



FROM



western sky
community care.

2021 Prescription Drug List

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Ambetter.WesternSkyCommunityCare.com

Formulary Introduction

FORMULARY

The Ambetter from Western Sky Community Care Formulary, or Preferred Drug List, is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your prescription drug benefit. Generic drugs have the same active ingredients as their brand name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition. Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not suitable for your condition.

Please note, the Formulary is not meant to be a complete list of the drugs covered under your prescription benefit. Not all dosage forms or strengths of a drug may be covered. This list is periodically reviewed and updated and may be subject to change. Drugs may be added or removed, or additional requirements may be added in order to approve continued usage of a specific drug.

Specific prescription benefit plan designs may not cover certain products or categories, regardless of their appearance in this document. Please check your benefits for coverage limitations and your share of cost for your drugs.

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.
Drugs are covered under different copay tiers depending on your benefit:

- Tier 0 - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age or gender limits apply.
- Tier 1 - Lowest copayment for those drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC), generic or brand name drugs may be covered under this tier.
- Tier 2 - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3 - Highest copayment covers higher cost brand name drugs. This tier may also cover non-specialty drugs that are not on the Preferred Drug List but approval has been granted for coverage
- Tier 4 - Coverage for this tier is for "specialty" drugs. Specialty drugs are used to treat complex, chronic conditions and may require special handling, storage, or clinical management. Prescription drugs covered under the specialty tier require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. Envelope Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

Formulary Abbreviations:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
PA	Prior Authorization	Your doctor must ask for approval from Ambetter before some drugs will be covered.
ST	Step Therapy	In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first.
NF	Non-formulary	This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.

Formulary contraceptives available for up to a 12 month supply.

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG (Use amphetamine-dextroamphetamine)	NF	QL(3 ea daily)
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADDERALL XR CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(1 ea daily)
ADDERALL XR CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG (Use amphetamine-dextroamphetamine)	NF	
ADDERALL XR CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADZENYS ER SUER (Use amphetamine)	NF	
amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg	1	QL(1 ea daily)
amphetamine-dextroamphetamine cp24 3.75 mg-3.75 mg-3.75 mg-3.75 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	QL(2 ea daily)
amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg	1	QL(3 ea daily)
amphetamine-dextroamphetamine tabs 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	QL(2 ea daily)
DESOXYN TABS (Use methamphetamine hcl)	NF	QL(5 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NF	QL(4 ea daily)
DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate)	NF	
dextroamphetamine sulfate cp24 10 mg, 15 mg	1	QL(4 ea daily)
dextroamphetamine sulfate cp24 5 mg	1	
dextroamphetamine sulfate tabs 10 mg, 5 mg	1	QL(4 ea daily)
methamphetamine hcl tabs	3	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL(1 ea daily)
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (Use phentermine hcl)	NF	PA
phendimetrazine tartrate tabs	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>phentermine hcl caps</i>	1	PA
Anti-Obesity Agents		
BELVIQ TABS	3	PA; QL(2 ea daily)
CONTRACE TB12	3	PA; QL(4 ea daily)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 25 mg, 40 mg, 18 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl caps 100 mg, 60 mg, 80 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	1	
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (<i>Use guanfacine hcl (adhd)</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (<i>Use clonidine hcl (adhd)</i>)	NF	
STRATTERA CAPS 10 MG, 25 MG, 40 MG, 18 MG (<i>Use atomoxetine hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 100 MG, 60 MG, 80 MG (<i>Use atomoxetine hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake		
SUNOSI TABS	3	PA
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA; QL(1 ea daily); AL(At least 17 yrs old)
CONCERTA TBCR 18 MG, 27 MG (<i>Use methylphenidate hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG (<i>Use methylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl cp24 35 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 40 mg, 5 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (<i>Use dexmethylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	NF	QL(1 ea daily)
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	NF	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 20 mg, 40 mg</i>	1	AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 30 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr 40 mg, 20 mg, 60 mg, 10 mg, 30 mg, 50 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 10 mg, 20 mg</i>	1	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 5 mg</i>	1	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 18 mg, 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>modafinil tabs 100 mg</i>	1	PA; QL(1 ea daily); AL(At least 16 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil tabs 200 mg</i>	1	PA; QL(2 ea daily); AL(At least 16 yrs old)
NUVIGIL TABS (<i>Use armodafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 17 yrs old)
PROVIGIL TABS 100 MG (<i>Use modafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 16 yrs old)
PROVIGIL TABS 200 MG (<i>Use modafinil</i>)	NF	PA; QL(2 ea daily); AL(At least 16 yrs old)
RITALIN LA CP24 20 MG, 40 MG (<i>Use methylphenidate hcl</i>)	NF	AL(At least 6 yrs old)
RITALIN LA CP24 30 MG (<i>Use methylphenidate hcl</i>)	NF	QL(3 ea daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NF	QL(5 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NF	QL(6 ea daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASSTK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC PACK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	1	
ARIKAYCE SUSP	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin in saline soln 0.8 mg/ml-0.9 %, 0.9 %-1 mg/ml, 0.9 %-1.2 mg/ml, 0.9 %-1.6 mg/ml</i>	1	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
HUMATIN CAPS (<i>Use paromomycin sulfate</i>)	NF	
KITABIS PAK NEBU (<i>Use tobramycin</i>)	NF	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
<i>streptomycin sulfate solr</i>	3	
TOBI NEBU (<i>Use tobramycin</i>)	NF	PA
<i>tobramycin nebu 300 mg/5ml</i>	4	PA
<i>tobramycin sulfate soln 10 mg/ml, 40 mg/ml, 80 mg/2ml</i>	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	PA; 1 rtl pack lmt amt,180 rtl pack lmt day(s),1 mail pack lmt amt,180 mail pack lmt day(s),
HUMIRA PEN PNKT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEN PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt,180 rtl pack lmt day(s),1 mail pack lmt amt,180 mail pack lmt day(s),
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; QL(0.143 ea daily)
HUMIRA PSKT	4	PA; QL(0.143 ea daily)
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24	4	PA; QL(1 ea daily)
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 ea daily); SP
XELJANZ XR TB24	4	PA; QL(1 ea daily)
Antirheumatic Antimetabolites		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
Gold Compounds		
RIDAURA CAPS	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
Interleukin-1beta Blockers		
ILARIS SOLN	4	PA; QL(0.072 ml daily)
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	NF	
ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	NF	
CELEBREX CAPS (Use celecoxib)	NF	PA
celecoxib caps	1	PA
CHILDRENS ADVIL SUSP (Use ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use oxaprozin)	NF	
diclofenac potassium tabs 50 mg	1	
diclofenac sodium tb24	1	
diclofenac sodium tbec	1	
diclofenac w/ misoprostol tbec	1	
EC-NAPROSYN TBEC 500 MG (Use naproxen)	NF	
etodolac caps 200 mg, 300 mg	1	
etodolac tabs 400 mg, 500 mg	1	
FELDENE CAPS (Use piroxicam)	NF	
fenoprofen calcium tabs 600 mg	1	ST; QL(4 ea daily)
flurbiprofen tabs	1	
ibuprofen susp 100 mg/5ml	1	RX/OTC
ibuprofen tabs 400 mg, 600 mg, 800 mg	1	
indomethacin caps 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>indomethacin cpr 75 mg</i>	1	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(0.667 ea daily)
LODINE TABS (<i>Use etodolac</i>)	NF	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>meloxicam tabs 15 mg, 7.5 mg</i>	1	QL(1 ea daily)
MOBIC TABS (<i>Use meloxicam</i>)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG (<i>Use fenoprofen calcium</i>)	NF	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML (<i>Use naproxen</i>)	NF	PA
NAPROSYN TABS 500 MG (<i>Use naproxen</i>)	NF	
<i>naproxen sodium tabs 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	PA
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
<i>sulindac tabs</i>	1	
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
OTEZLA TBPk	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s),
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (<i>Use leflunomide</i>)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA; QL(0.15 ml daily)
ENBREL SOLN 25 MG/0.5ML	4	PA; QL(0.146 ml daily)
ENBREL SOLR 25 MG	4	PA; QL(0.286 ea daily); SP
ENBREL SOSY 25 MG/0.5ML	4	PA; QL(0.146 ml daily); SP
ENBREL SOSY 50 MG/ML	4	PA; QL(0.28 ml daily); SP
ENBREL SURECLICK SOAJ	4	PA; QL(0.143 ml daily); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 50 mg-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps 40 mg-50 mg-300 mg, 40 mg-50 mg-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
BUTALBITAL/ACETAMINOPHEN CAPS (<i>Use butalbital-acetaminophen</i>)	NF	
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	
FIORICET CAPS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
FIORINAL CAPS (<i>Use butalbital-aspirin-caffeine</i>)	NF	
Salicylates		
<i>aspirin chew</i>	0	AL (At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tabs</i>	0	AL (At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec</i>	0	AL (At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1	
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (<i>Use fentanyl citrate</i>)	NF	PA; QL(4 ea daily)
CODEINE SULFATE TABS 15 MG, 60 MG	1	New starts limited to 7 day supply
<i>codeine sulfate tabs 30 mg</i>	1	New starts limited to 7 day supply
CONZIP CP24 (<i>Use tramadol hcl</i>)	NF	
DEMEROL SOLN 100 MG/ML, 25 MG/ML, 50 MG/ML (<i>Use meperidine hcl</i>)	NF	
DILAUDID LIQD OR 1 MG/ML (<i>Use hydromorphone hcl</i>)	NF	New starts limited to 7 day supply
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML (<i>Use hydromorphone hcl</i>)	NF	
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (<i>Use hydromorphone hcl</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
DURAGESIC PT72 (<i>Use fentanyl</i>)	NF	QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL(4 ea daily)
<i>fentanyl pt72 td 12 mcg/hr, 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL(0.34 ea daily)
FENTORA TABS (<i>Use fentanyl citrate</i>)	NF	
<i>hydrocodone bitartrate cp12 10 mg, 15 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL(2 ea daily)
HYDROCODONE BITARTRATE ER CP12	1	PA; QL(2 ea daily)
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1	New starts limited to 7 day supply
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
<i>hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl tb24 or 32 mg</i>	1	PA; QL(1 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 10 MG/ML (<i>Use hydromorphone hcl</i>)	NF	
KADIAN CP24 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (<i>Use morphine sulfate</i>)	NF	PA; QL(2 ea daily)
<i>levorphanol tartrate tabs 2 mg</i>	1	New starts limited to 7 day supply
<i>meperidine hcl soln ij 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	
<i>meperidine hcl soln or 50 mg/5ml</i>	1	New starts limited to 7 day supply; QL(500 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>meperidine hcl tabs or 50 mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>methadone hcl conc or 10 mg/ml</i>	1	QL(10 ml daily)
<i>methadone hcl soln ij 10 mg/ml</i>	1	
METHADONE HCL SOLN IJ 10 MG/ML (Use <i>methadone hcl</i>)	1	
<i>methadone hcl soln or 10 mg/5ml</i>	1	QL(50 ml daily)
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(100 ml daily)
<i>methadone hcl tabs or 10 mg</i>	1	QL(10 ea daily)
<i>methadone hcl tabs or 5 mg</i>	1	QL(4 ea daily)
<i>methadone hcl tbso or 40 mg</i>	1	QL(2 ea daily)
METHADOSE CONC (Use <i>methadone hcl</i>)	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i>)	NF	QL(10 ml daily)
MORPHABOND ER T12A 100 MG, 30 MG, 60 MG	3	PA; QL(1 ea daily)
MORPHABOND ER T12A 15 MG	3	PA; QL(3 ea daily)
<i>morphine sulfate cp24 or 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL(2 ea daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	1	
MORPHINE SULFATE SOLN IV 10 MG/ML (Use <i>morphine sulfate</i>)	NF	
<i>morphine sulfate soln or 10 mg/5ml</i>	1	New starts limited to 7 day supply; QL(100 ml daily)
<i>morphine sulfate soln or 20 mg/5ml</i>	1	New starts limited to 7 day supply; QL(50 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate tabs or 15 mg</i>	1	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>morphine sulfate tbc or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
MS CONTIN TBCR (Use <i>morphine sulfate</i>)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (Use <i>oxymorphone hcl</i>)	NF	PA; QL(12 ea daily)
OXAYDO TABS 5 MG	2	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone hcl t12a 15 mg, 30 mg, 60 mg, 80 mg, 10 mg, 20 mg, 40 mg</i>	3	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
OXYCONTIN T12A	3	PA; QL(2 ea daily)
<i>oxymorphone hcl tabs 10 mg, 5 mg</i>	1	PA; QL(12 ea daily)
<i>oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA; QL(2 ea daily)
<i>oxymorphone hcl tb12 40 mg</i>	1	PA; QL(4 ea daily)
ROXICODONE TABS (Use <i>oxycodone hcl</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
SUBSYS LIQD 100 MCG	3	PA; QL(3 ea daily)
SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG	3	PA; QL(8 ea daily)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	PA; QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl tabs 50 mg</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	QL(1 ea daily)
ULTRAM TABS (Use <i>tramadol hcl</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
XTAMPZA ER C12A	2	PA; QL(2 ea daily)
ZOHYDRO ER CP12	1	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	1	New starts limited to 7 day supply; QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg</i>	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 30 mg-300 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 60 mg-300 mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	1	New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	3	PA; New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-300 mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
FIORICET/CODEINE CAPS (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 CAPS (Use <i>butalbital-aspirin-caffeine w/cod</i>)	NF	New starts limited to 7 day supply; QL(6 ea daily)
<i>hydrocodone-acetaminophen soln 10 mg/15ml-325 mg/15ml</i>	1	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	1	New starts limited to 7 day supply; QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 5 mg-300 mg, 7.5 mg-300 mg</i>	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 10 mg-200 mg, 5 mg-200 mg</i>	1	PA
<i>hydrocodone-ibuprofen tabs 7.5 mg-200 mg</i>	1	New starts limited to 7 day supply; QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply; QL(60 ml daily)
NORCO TABS (Use <i>hydrocodone-acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone-ibuprofen tabs</i>	1	New starts limited to 7 day supply; QL(1 ea daily)
PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (Use <i>oxycodone w/ acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (Use <i>acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (Use <i>acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply; QL(6 ea daily)
ULTRACET TABS (Use <i>tramadol-acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
Opioid Partial Agonists		
BUNAVAIL FILM 0.3 MG-2.1 MG	3	PA; QL(4 ea daily)
BUNAVAIL FILM 0.7 MG-4.2 MG	3	PA; QL(2 ea daily)
BUNAVAIL FILM 1 MG-6.3 MG	3	PA; QL(1 ea daily)
BUPRENEX SOLN (Use <i>buprenorphine hcl</i>)	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 2 mg-8 mg, 3 mg-12 mg</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine ptwk td 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	PA; QL(0.143 ea daily)
<i>butorphanol tartrate soln ij 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	PA
BUTRANS PTWK 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (Use <i>buprenorphine</i>)	NF	PA; QL(0.143 ea daily)
BUTRANS PTWK 7.5 MCG/HR (Use <i>buprenorphine</i>)	3	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl tabs</i>	1	New starts limited to 7 day supply
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(3 ea daily)
SUBOXONE FILM 2 MG-8 MG, 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
<i>oxandrolone tabs</i>	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (Use <i>testosterone</i>)	NF	
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (Use <i>testosterone cypionate</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
METHITEST TABS	3	
TESTIM GEL (<i>Use testosterone</i>)	NF	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1	
<i>testosterone cypionate soln ij 200 mg/ml</i>	1	
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate soln</i>	1	
VOGELXO GEL (<i>Use testosterone</i>)	NF	
VOGELXO PUMP GEL (<i>Use testosterone</i>)	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use hydrocortisone (intrarectal)</i>)	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	4	PA; QL(3.2 gm daily)
Rectal Steroids		
ANUSOL-HC CREA (<i>Use hydrocortisone (rectal)</i>)	NF	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT CREA (<i>Use hydrocortisone (rectal)</i>)	NF	
PROCTOCORT SUPP (<i>Use hydrocortisone acetate (rectal)</i>)	NF	
Vasodilating Agents		
RECTIV OINT	3	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		

Drug Name	Drug Tier	Requirements/ Limits
<i>albendazole tabs</i>	1	PA
ALBENZA TABS (<i>Use albendazole</i>)	NF	PA
BILTRICIDE TABS (<i>Use praziquantel</i>)	NF	PA
EMVERM CHEW	2	QL(2 ea daily, 6 ea per fill retail, 6 ea per fill mail) 1 rtl MAX fill, 60 rtl day(s) supply, 1 mail MAX fill, 60 mail day(s) supply,
<i>ivermectin tabs or 3 mg</i>	1	
<i>praziquantel tabs</i>	1	PA
STROMEKTOL TABS (<i>Use ivermectin</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin solr</i>	3	
FLAGYL TABS 500 MG (<i>Use metronidazole</i>)	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
<i>trimethoprim tabs</i>	1	
XIFAXAN TABS	3	PA; AL(At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR 100 MG/5ML	2	PA
ALINIA TABS 500 MG (<i>Use nitazoxanide</i>)	2	PA
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use atovaquone</i>)	NF	
<i>nitazoxanide tabs or</i>	1	PA
Carbapenems		
<i>ertapenem sodium solr</i>	1	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR (<i>Use ertapenem sodium</i>)	NF	
<i>meropenem solr</i>	1	
MERREM SOLR (<i>Use meropenem</i>)	NF	
PRIMAXIN IV SOLR (<i>Use imipenem-cilastatin</i>)	NF	
Chloramphenicols		
<i>chloramphenicol sodium succinate solr</i>	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (<i>Use daptomycin</i>)	NF	
CUBICIN SOLR (<i>Use daptomycin</i>)	NF	
DAPTOMYCIN SOLR 350 MG (<i>Use daptomycin</i>)	NF	
<i>daptomycin solr 500 mg</i>	1	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily,40 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
VANCOCIN HCL CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg, 1 gm, 10 gm, 1000 mg</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone tabs</i>	1	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>Use clindamycin hcl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use clindamycin palmitate hydrochloride</i>)	NF	
CLEOCIN PHOSPHATE SOLN IJ 600 MG/4ML, 900 MG/6ML, 300 MG/2ML, 9 GM/60ML (<i>Use clindamycin phosphate</i>)	NF	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
<i>clindamycin phosphate soln</i>	1	
LINCOCIN SOLN (<i>Use lincomycin hcl</i>)	NF	
<i>lincomycin hcl soln</i>	1	
Monobactams		
AZACTAM SOLR (<i>Use aztreonam</i>)	NF	
<i>aztreonam solr</i>	1	
CAYSTON SOLR	4	PA; QL(3 ml daily)
Oxazolidinones		

Drug Name	Drug Tier	Requirements/ Limits
<i>linezolid susr or 100 mg/5ml</i>	1	
<i>linezolid tabs or 600 mg</i>	1	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (<i>Use linezolid</i>)	NF	
ZYVOX TABS OR 600 MG (<i>Use linezolid</i>)	NF	PA; QL(2 ea daily)
Polymyxins		
<i>polymyxin b sulfate solr</i>	1	
Urinary Anti-infectives		
<i>fosfomycin tromethamine pack</i>	1	
HIPREX TABS (<i>Use methenamine hippurate</i>)	NF	
MACROBID CAPS (<i>Use nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (<i>Use nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate tabs</i>	1	
MONUROL PACK (<i>Use fosfomycin tromethamine</i>)	3	
<i>nitrofurantoin macrocrystal caps 50 mg, 100 mg</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (<i>Use ranolazine</i>)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (<i>Use ranolazine</i>)	NF	QL(3 ea daily)
<i>ranolazine tb12 1000 mg</i>	1	QL(2 ea daily)
<i>ranolazine tb12 500 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>	1	
<i>isosorbide dinitrate tbc 40 mg</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.4 MG/HR, 0.2 MG/HR, 0.6 MG/HR (<i>Use nitroglycerin</i>)	NF	
<i>nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg</i>	1	QL(4 ea daily)
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.4 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i>	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs 10 mg, 30 mg, 7.5 mg, 15 mg</i>	1	
<i>buspirone hcl tabs 5 mg</i>	1	QL(6 ea daily)
<i>hydroxyzine hcl soln im 50 mg/ml</i>	1	
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>meprobamate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
VISTARIL CAPS (<i>Use hydroxyzine pamoate</i>)	NF	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
ATIVAN TABS OR 0.5 MG, 2 MG (<i>Use lorazepam</i>)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (<i>Use lorazepam</i>)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc or 5 mg/ml</i>	1	
<i>diazepam soln or 5 mg/5ml</i>	1	
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	1	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	1	
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	1	QL(3 ea daily)
<i>lorazepam tabs or 1 mg</i>	1	QL(4 ea daily)
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	1	
TRANXENE T TABS (<i>Use clorazepate dipotassium</i>)	NF	
VALIUM TABS (<i>Use diazepam</i>)	NF	QL(4 ea daily)
XANAX TABS (<i>Use alprazolam</i>)	NF	QL(4 ea daily)
XANAX XR TB24 (<i>Use alprazolam</i>)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>procainamide hcl soln 500 mg/ml</i>	1	
<i>quinidine sulfate tabs</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps 250 mg, 150 mg, 200 mg</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 (<i>Use propafenone hcl</i>)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln iv 150 mg/3ml, 50 mg/ml</i>	1	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	
<i>dofetilide caps</i>	1	
MULTAQ TABS	3	
TIKOSYN CAPS (<i>Use dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA
NUCALA SOAJ	4	PA
NUCALA SOLR	4	PA
NUCALA SOSY	4	PA
XOLAIR SOLR 150 MG	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	QL(0.44 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
Leukotriene Modulators		
ACCOLATE TABS (<i>Use zafirlukast</i>)	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack 4 mg</i>	1	PA; QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily)
SINGULAIR CHEW 4 MG, 5 MG (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK 4 MG (<i>Use montelukast sodium</i>)	NF	PA; QL(1 ea daily)
SINGULAIR TABS 10 MG (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	1	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rtl MAX day(s) supply,180 rtl lmt day(s),30 mail MAX day(s) supply,180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	QL(1 ea daily)
Steroid Inhalants		

Drug Name	Drug Tier	Requirements/ Limits
ARNUIITY ELLIPTA AEPB	2	
<i>budesonide (inhalation) susp</i>	1	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB	2	
FLOVENT HFA AERO	2	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NF	PA; QL(4 ml daily)
QVAR REDIHALER AERB	2	
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
ADVAIR HFA AERO	2	
AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
<i>albuterol sulfate aers in 108 mcg/act</i>	1	2 rtl pack lmt amt,30 rtl pack lmt day(s),
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml, 0.083 %</i>	1	QL(15 ml daily)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	2	
<i>arformoterol tartrate nebu</i>	1	PA; QL(4 ml daily)
BEVESPI AEROSPHERE AERO	2	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	
BROVANA NEBU (<i>Use arformoterol tartrate</i>)	3	PA; QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1	
<i>fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/dose-100 mcg/dose, 50 mcg/dose-250 mcg/dose</i>	1	
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	PA; QL(12 ml daily)
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1	PA
<i>levalbuterol tartrate aero</i>	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	NF	
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	NF	
SEREVENT DISKUS AEPB	2	

Drug Name	Drug Tier	Requirements/ Limits
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO (<i>Use budesonide-formoterol fumarate dihydrate</i>)	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS	3	PA; QL(2 ea daily)
VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	NF	
XOPENEX CONCENTRATE NEBU (<i>Use levalbuterol hcl</i>)	NF	PA
XOPENEX HFA AERO (<i>Use levalbuterol tartrate</i>)	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
XOPENEX NEBU (<i>Use levalbuterol hcl</i>)	NF	PA; QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	1	
<i>theophylline soln 80 mg/15ml</i>	1	QL(56 ml daily)
<i>theophylline tb12 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use warfarin sodium</i>)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail,42 ea per 42 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily)
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill,365 rtl day(s) supply,
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG, 2.5 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (<i>Use fondaparinux sodium</i>)	NF	QL(7.2 ml per 180 days retail,7.2 ml per 180 days mail); SP
ARIXTRA SOLN 2.5 MG/0.5ML (<i>Use fondaparinux sodium</i>)	NF	QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP
ARIXTRA SOLN 5 MG/0.4ML (<i>Use fondaparinux sodium</i>)	NF	QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP
ARIXTRA SOLN 7.5 MG/0.6ML (<i>Use fondaparinux sodium</i>)	NF	QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	QL(6 ml daily)
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	4	QL(2 ml daily)
<i>enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	4	QL(0.8 ml daily,30 day(s) limit); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	4	QL(1.2 ml daily,30 day(s) limit); SP

Drug Name	Drug Tier	Requirements/ Limits
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	QL(7.2 ml per 180 days retail,7.2 ml per 180 days mail); SP
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP
FRAGMIN SOLN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	4	PA; SP
HEPARIN LOCK FLUSH SOLN (<i>Use heparin sodium (porcine)</i> lock flush)	NF	
<i>heparin sod (porcine) in d5w soln 5 %-40 unit/ml</i>	1	
<i>heparin sodium (porcine) soln 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
HEPARIN SODIUM/NACL 0.45% SOLN 0.45 %-12500 UNIT/250ML	1	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NF	QL(2 ml daily)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NF	QL(1.6 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOLN SC 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NF	QL(1.2 ml daily,30 day(s) limit); SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	1	PA; QL(16 ml daily)
<i>clobazam tabs 10 mg, 20 mg</i>	1	PA; QL(2 ea daily)
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	3	
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	3	
<i>diazepam (anticonvulsant) gel</i>	3	
KLONOPIN TABS (<i>Use clonazepam</i>)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (<i>Use clobazam</i>)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (<i>Use clobazam</i>)	NF	PA; QL(2 ea daily)
VALTOCO LIQD	4	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	4	PA; QL(10 ea per 30 days retail)
Anticonvulsants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (<i>Use rufinamide</i>)	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG (<i>Use rufinamide</i>)	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG (<i>Use rufinamide</i>)	2	PA; QL(8 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS OR 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	
<i>carbamazepine cp12 200 mg</i>	1	QL(6 ea daily)
<i>carbamazepine cp12 300 mg</i>	1	QL(4 ea daily)
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg, 400 mg</i>	1	QL(4 ea daily)
<i>carbamazepine tb12 200 mg</i>	1	QL(6 ea daily)
CARBATROL CP12 100 MG (<i>Use carbamazepine</i>)	NF	
CARBATROL CP12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1	
KEPPRA SOLN IV 500 MG/5ML (<i>Use levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (<i>Use levetiracetam</i>)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (<i>Use levetiracetam</i>)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (<i>Use levetiracetam</i>)	NF	QL(6 ea daily)
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (<i>Use lamotrigine</i>)	NF	QL(20 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (<i>Use lamotrigine</i>)	NF	QL(100 ea daily)
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (<i>Use lamotrigine</i>)	NF	QL(1 ea daily)
LAMICTAL TABS (<i>Use lamotrigine</i>)	NF	
<i>lamotrigine chew 25 mg</i>	1	QL(20 ea daily)
<i>lamotrigine chew 5 mg</i>	1	QL(100 ea daily)
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL(1 ea daily)
<i>levetiracetam soln iv 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam tabs or 1000 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam tabs or 250 mg, 750 mg</i>	1	QL(4 ea daily)
<i>levetiracetam tabs or 500 mg</i>	1	QL(6 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG (<i>Use pregabalin</i>)	NF	PA; QL(3 ea daily)
LYRICA CAPS 225 MG, 300 MG (<i>Use pregabalin</i>)	NF	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML (<i>Use pregabalin</i>)	NF	PA; QL(30 ml daily)
MYSOLINE TABS (<i>Use primidone</i>)	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (<i>Use gabapentin</i>)	NF	
NEURONTIN SOLN 250 MG/5ML (<i>Use gabapentin</i>)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (<i>Use gabapentin</i>)	NF	
<i>oxcarbazepine susp 300 mg/5ml, 60 mg/ml</i>	1	QL(40 ml daily)
<i>oxcarbazepine tabs 150 mg, 300 mg</i>	1	QL(3 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
<i>pregabalin caps 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL(3 ea daily)
<i>pregabalin caps 225 mg, 300 mg</i>	1	PA; QL(2 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1	PA; QL(30 ml daily)
<i>primidone tabs</i>	1	
QUDEXY XR CS24 (<i>Use topiramate</i>)	NF	
<i>rufinamide susp 40 mg/ml</i>	1	PA; QL(80 ml daily)
<i>rufinamide tabs 200 mg</i>	1	PA; QL(2 ea daily)
<i>rufinamide tabs 400 mg</i>	1	PA; QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TEGRETOL SUSP (<i>Use carbamazepine</i>)	2	
TEGRETOL TABS (<i>Use carbamazepine</i>)	2	
TEGRETOL-XR TB12 100 MG, 400 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)
TEGRETOL-XR TB12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG, 25 MG (<i>Use topiramate</i>)	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NF	QL(2 ea daily)
TOPAMAX TABS 50 MG (<i>Use topiramate</i>)	NF	QL(6 ea daily)
<i>topiramate csp 15 mg</i>	1	QL(6 ea daily)
<i>topiramate csp 25 mg</i>	1	QL(8 ea daily)
<i>topiramate tabs 100 mg, 25 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 50 mg</i>	1	QL(6 ea daily)
TRILEPTAL SUSP 300 MG/5ML (<i>Use oxcarbazepine</i>)	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG (<i>Use oxcarbazepine</i>)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (<i>Use oxcarbazepine</i>)	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZONEGRAN CAPS (<i>Use zonisamide</i>)	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1	QL(6 ea daily)
Carbamates		
<i>felbamate susp 600 mg/5ml</i>	1	QL(30 ml daily)
<i>felbamate tabs 400 mg</i>	1	QL(9 ea daily)
<i>felbamate tabs 600 mg</i>	1	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML (<i>Use felbamate</i>)	NF	QL(30 ml daily)
FELBATOL TABS 400 MG (<i>Use felbamate</i>)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (<i>Use felbamate</i>)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL TABS 2 MG, 4 MG (<i>Use tiagabine hcl</i>)	NF	
SABRIL PACK (<i>Use vigabatrin</i>)	NF	PA; QL(6 ea daily); SP
SABRIL TABS (<i>Use vigabatrin</i>)	NF	PA; QL(6 ea daily); SP
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
<i>vigabatrin tabs</i>	4	PA; QL(6 ea daily); SP
Hydantoins		
CEREBYX SOLN (<i>Use fosphenytoin sodium</i>)	NF	
DILANTIN CAPS 100 MG (<i>Use phenytoin sodium extended</i>)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	2	
<i>fosphenytoin sodium soln</i>	1	
PEGANONE TABS	3	

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Drug Name	Drug Tier	Requirements/ Limits
PHENYTEK CAPS (<i>Use phenytoin sodium extended</i>)	2	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin sodium soln</i>	1	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS	3	QL(4 ea daily)
<i>ethosuximide caps 250 mg</i>	1	QL(6 ea daily)
<i>ethosuximide soln 250 mg/5ml</i>	1	QL(30 ml daily)
ZARONTIN CAPS 250 MG (<i>Use ethosuximide</i>)	2	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (<i>Use ethosuximide</i>)	NF	QL(30 ml daily)
Valproic Acid		
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NF	
DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NF	
<i>divalproex sodium tb24 250 mg, 500 mg</i>	1	
<i>divalproex sodium tbec 125 mg, 250 mg, 500 mg</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps or</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tabs 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tabs 45 mg, 7.5 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine tbdp 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	1	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NF	QL(1 ea daily)
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 100 mg</i>	1	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 200 mg</i>	1	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	1	QL(1 ea daily)
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NF	
<i>maprotiline hcl tabs</i>	1	
WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (<i>Use phenelzine sulfate</i>)	NF	
PARNATE TABS (<i>Use tranylcypromine sulfate</i>)	NF	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	1	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	1	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	QL(20 ml daily)
<i>escitalopram oxalate tabs 10 mg</i>	1	QL(2 ea daily)
<i>escitalopram oxalate tabs 20 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate tabs 5 mg</i>	1	QL(4 ea daily)
<i>fluoxetine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl caps 20 mg</i>	1	QL(3 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	1	QL(2 ea daily)
<i>fluoxetine hcl cpdr 90 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(20 ml daily)
<i>fluoxetine hcl tabs 10 mg, 60 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl tabs 20 mg</i>	1	QL(3 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (<i>Use fluoxetine hcl</i>)	NF	QL(1 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	QL(2 ea daily)
LEXAPRO TABS 10 MG (<i>Use escitalopram oxalate</i>)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (<i>Use escitalopram oxalate</i>)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (<i>Use escitalopram oxalate</i>)	NF	QL(4 ea daily)
<i>paroxetine hcl susp 10 mg/5ml</i>	3	QL(30 ml daily)
<i>paroxetine hcl tabs 10 mg</i>	1	QL(6 ea daily)
<i>paroxetine hcl tabs 20 mg</i>	1	QL(3 ea daily)
<i>paroxetine hcl tabs 30 mg</i>	1	QL(2 ea daily)
<i>paroxetine hcl tabs 40 mg</i>	1	QL(1 ea daily)
<i>paroxetine hcl tb24 12.5 mg</i>	1	QL(1 ea daily)
<i>paroxetine hcl tb24 37.5 mg, 25 mg</i>	1	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (<i>Use paroxetine hcl</i>)	NF	QL(1 ea daily)
PAXIL CR TB24 37.5 MG, 25 MG (<i>Use paroxetine hcl</i>)	NF	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
PAXIL SUSP 10 MG/5ML (Use paroxetine hcl)	3	QL(30 ml daily)
PAXIL TABS 10 MG (Use paroxetine hcl)	NF	QL(6 ea daily)
PAXIL TABS 20 MG (Use paroxetine hcl)	NF	QL(3 ea daily)
PAXIL TABS 30 MG (Use paroxetine hcl)	NF	QL(2 ea daily)
PAXIL TABS 40 MG (Use paroxetine hcl)	NF	QL(1 ea daily)
PROZAC CAPS 10 MG (Use fluoxetine hcl)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use fluoxetine hcl)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use fluoxetine hcl)	NF	QL(2 ea daily)
sertraline hcl conc 20 mg/ml	1	QL(10 ml daily)
sertraline hcl tabs 100 mg	1	QL(2 ea daily)
sertraline hcl tabs 25 mg, 50 mg	1	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (Use sertraline hcl)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use sertraline hcl)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	NF	QL(4 ea daily)
Serotonin Modulators		
nefazodone hcl tabs	1	
trazodone hcl tabs	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s),
VIIBRYD TABS	3	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use duloxetine hcl)	NF	QL(2 ea daily)
desvenlafaxine succinate tb24 100 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
desvenlafaxine succinate tb24 25 mg, 50 mg	1	QL(1 ea daily)
duloxetine hcl cpep or 20 mg, 60 mg, 30 mg	1	QL(2 ea daily)
duloxetine hcl cpep or 40 mg	1	
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
KHEDEZLA TB24 (Use desvenlafaxine)	NF	
PRISTIQ TB24 100 MG (Use desvenlafaxine succinate)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use desvenlafaxine succinate)	NF	QL(1 ea daily)
venlafaxine hcl cp24 150 mg	1	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	1	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	1	QL(5 ea daily)
venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	QL(3 ea daily)
venlafaxine hcl tb24 150 mg	1	QL(2 ea daily)
venlafaxine hcl tb24 225 mg	1	ST; QL(1 ea daily)
venlafaxine hcl tb24 75 mg, 37.5 mg	1	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs	1	
amoxapine tabs	3	
ANAFRANIL CAPS (Use clomipramine hcl)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clomipramine hcl caps</i>	1	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (Use <i>desipramine hcl</i>)	NF	
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	
PAMELOR CAPS (Use <i>nortriptyline hcl</i>)	NF	
<i>protriptyline hcl tabs</i>	1	
TOFRANIL TABS (Use <i>imipramine hcl</i>)	NF	
<i>trimipramine maleate caps</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	QL(3 ea daily)
GLYSET TABS (Use <i>miglitol</i>)	NF	
<i>miglitol tabs</i>	1	
PRECOSE TABS (Use <i>acarbose</i>)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (Use <i>pioglitazone hcl-metformin hcl</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DUETACT TABS (Use <i>pioglitazone hcl-glimepiride</i>)	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs</i> 2.5 mg-250 mg, 2.5 mg-500 mg	1	QL(2 ea daily)
<i>glipizide-metformin hcl tabs</i> 5 mg-500 mg	1	QL(4 ea daily)
<i>glyburide-metformin tabs</i> 1.25 mg-250 mg	1	QL(2 ea daily)
<i>glyburide-metformin tabs</i> 2.5 mg-500 mg, 5 mg-500 mg	1	QL(4 ea daily)
GLYXAMBI TABS	2	
JANUMET TABS	2	QL(2 ea daily)
JANUMET XR TB24 100 MG-1000 MG	2	QL(1 ea daily)
JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG	2	QL(2 ea daily)
KAZANO TABS (Use <i>alogliptin-metformin hcl</i>)	NF	
OSANI TABS (Use <i>alogliptin-pioglitazone</i>)	NF	
<i>pioglitazone hcl-glimepiride tabs</i>	1	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
<i>repaglinide-metformin hcl tabs</i>	1	QL(2 ea daily)
SEGLUROMET TABS	2	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
SYNJARDY XR TB24 10 MG-1000 MG, 12.5 MG-1000 MG, 5 MG-1000 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 25 MG-1000 MG	2	QL(1 ea daily)
TRIJARDY XR TB24	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG, 5 MG-500 MG	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR TB24 2.5 MG-1000 MG	3	QL(2 ea daily)
XIGDUO XR TB24 5 MG-1000 MG	3	PA; QL(2 ea daily)
XULTOPHY 100/3.6 SOPN	2	PA; QL(0.5 ml daily)
Biguanides		
<i>metformin hcl tabs 1000 mg</i>	1	QL(2.5 ea daily)
<i>metformin hcl tabs 500 mg</i>	1	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	1	QL(3 ea daily)
<i>metformin hcl tb24 500 mg</i>	1	QL(4 ea daily)
<i>metformin hcl tb24 750 mg</i>	1	QL(3 ea daily)
Diabetic Other		
BAQSIMI ONE PACK POWD	3	QL(0.069 ea daily)
BAQSIMI TWO PACK POWD	3	QL(0.069 ea daily)
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
<i>glucagon (rdna) kit</i>	1	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT (Use <i>glucagon (rdna)</i>)	3	QL(0.035 ea daily)
GVOKE PFS SOSY	3	QL(0.02 ml daily)
PROGLYCEM SUSP (Use <i>diazoxide</i>)	NF	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	1	QL(1 ea daily)
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS (Use <i>alogliptin benzoate</i>)	NF	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor		

Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC SOPN 2 MG/1.5ML	2	PA; QL(0.054 ml daily)
OZEMPIC SOPN 2 MG/1.5ML, 4 MG/3ML	2	PA; QL(0.108 ml daily)
TRULICITY SOPN	2	PA; QL(0.143 ml daily)
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (Use <i>pioglitazone hcl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
Insulin		
APIDRA SOLN	3	PA
APIDRA SOLOSTAR SOPN	3	PA
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP PENFILL SOCT	2	
FIASP SOLN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN	2	
HUMULIN R U-500 KWIKPEN SOPN	2	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 RELION SUSP	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N RELION SUSP	2	

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Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN N SUSP	2	
NOVOLIN R RELION SOLN	2	
NOVOLIN R SOLN	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	
NOVOLOG MIX 70/30 SUSP	2	
NOVOLOG PENFILL SOCT	2	
NOVOLOG SOLN	2	
TRESIBA FLEXTOUCH SOPN	2	
TRESIBA SOLN	2	
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily)
<i>repaglinide tabs 0.5 mg, 1 mg</i>	1	QL(4 ea daily)
<i>repaglinide tabs 2 mg</i>	1	QL(8 ea daily)
STARLIX TABS (Use <i>nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	2	QL(1 ea daily)
STEGLATRO TABS	2	QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (Use <i>glimepiride</i>)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (Use <i>glimepiride</i>)	NF	QL(2 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide tabs 10 mg, 5 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (Use <i>glipizide</i>)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use <i>glipizide</i>)	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1	QL(4 ea daily)
<i>glyburide tabs</i>	1	QL(4 ea daily)
GLYNASE TABS (Use <i>glyburide micronized</i>)	NF	QL(4 ea daily)
<i>tolbutamide tabs</i>	1	QL(6 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
IMODIUM A-D CAPS (Use <i>loperamide hcl</i>)	NF	RX/OTC
LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i>)	NF	
<i>loperamide hcl caps 2 mg</i>	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox tabs 180 mg, 360 mg, 90 mg</i>	4	PA; SP
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA; SP
<i>deferiprone tabs</i>	1	
EXJADE TBSO (Use <i>deferasirox</i>)	NF	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
FERRIPROX TABS 500 MG (<i>Use deferiprone</i>)	3	
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	NF	PA
JADENU TABS (<i>Use deferasirox</i>)	NF	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA
Opioid Antagonists		
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	3	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI SOLN (<i>Use palonosetron hcl</i>)	NF	
ANZEMET TABS	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	QL(0.34 ea daily)
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(3.34 ml daily)
<i>ondansetron hcl tabs or 24 mg</i>	1	QL(0.143 ea daily)
<i>ondansetron hcl tabs or 4 mg</i>	1	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
<i>ondansetron hcl tabs or 8 mg</i>	1	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<i>ondansetron tbdp 4 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron tbdp 8 mg</i>	1	
<i>palonosetron hcl soln</i>	1	
ZOFRAN TABS 4 MG (<i>Use ondansetron hcl</i>)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (<i>Use ondansetron hcl</i>)	NF	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs</i>	1	RX/OTC
<i>scopolamine pt72</i>	1	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG (<i>Use trimethobenzamide hcl</i>)	NF	
TRANSDERM SCOP PT72 (<i>Use scopolamine</i>)	2	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (<i>Use scopolamine</i>)	2	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	PA
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	NF	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>dronabinol caps</i>	1	
MARINOL CAPS (<i>Use dronabinol</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	1	PA
<i>aprepitant caps 125 mg, 40 mg</i>	1	PA; QL(0.067 ea daily)
<i>aprepitant caps 80 mg</i>	1	PA; QL(0.134 ea daily)
<i>aprepitant misc</i>	1	PA
EMEND CAPS OR 40 MG (<i>Use aprepitant</i>)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (<i>Use aprepitant</i>)	NF	PA; QL(0.134 ea daily)
EMEND SOLR IV 150 MG (<i>Use fosaprepitant dimeglumine</i>)	NF	
EMEND TRIPACK CAPS (<i>Use aprepitant</i>)	NF	PA
VARUBI TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (<i>Use caspofungin acetate</i>)	NF	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	1	
ERAXIS SOLR	3	
<i>micafungin sodium solr 100 mg, 50 mg</i>	1	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
<i>amphotericin b solr</i>	3	
ANCOBON CAPS (<i>Use flucytosine</i>)	NF	
<i>flucytosine caps</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NF	
DIFLUCAN TABS (<i>Use fluconazole</i>)	NF	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps 100 mg</i>	1	PA; QL(4 ea daily)
<i>itraconazole soln 10 mg/ml</i>	1	PA; QL(20 ml daily)
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP OR 40 MG/ML	3	QL(20 ml daily)
SPORANOX CAPS 100 MG (<i>Use itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (<i>Use itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (<i>Use itraconazole</i>)	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG (<i>Use voriconazole</i>)	NF	QL(4 ea daily)
<i>voriconazole tabs or 200 mg, 50 mg</i>	1	QL(4 ea daily)
ANTIHIISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate soln</i>	1	
Antihistamines - Ethanolamines		

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Drug Name	Drug Tier	Requirements/ Limits
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CLEMASTINE FUMARATE SYRP 0.67 MG/5ML	1	
<i>clemastine fumarate tabs 2.68 mg</i>	1	
<i>diphenhydramine hcl caps or 50 mg</i>	1	
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl liqd or 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (<i>Use fexofenadine hcl</i>)	1	QL(30 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	1	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	1	QL(2 ea daily)
<i>cetirizine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl chew 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl syrp 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
CLARINEX TABS (<i>Use desloratadine</i>)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (<i>Use loratadine</i>)	1	
CLARITIN CAPS (<i>Use loratadine</i>)	1	

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN CHEW (<i>Use loratadine</i>)	1	
CLARITIN CHILDRENS CHEW (<i>Use loratadine</i>)	1	
CLARITIN REDITABS TBDP 10 MG (<i>Use loratadine</i>)	1	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP (<i>Use loratadine</i>)	1	
CLARITIN TABS (<i>Use loratadine</i>)	1	
<i>desloratadine tabs 5 mg</i>	1	QL(1 ea daily)
<i>desloratadine tbdp 2.5 mg</i>	1	QL(1 ea daily)
<i>fexofenadine hcl susp 30 mg/5ml</i>	1	QL(30 ml daily)
<i>fexofenadine hcl tabs 180 mg</i>	1	QL(1 ea daily)
<i>fexofenadine hcl tabs 60 mg</i>	1	QL(2 ea daily)
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	QL(1 ea daily); RX/OTC
<i>loratadine caps</i>	1	
<i>loratadine chew</i>	1	
<i>loratadine soln</i>	1	
<i>loratadine syrp</i>	1	
<i>loratadine tabs</i>	1	
<i>loratadine tbdp</i>	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>Use levocetirizine dihydrochloride</i>)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (<i>Use levocetirizine dihydrochloride</i>)	NF	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC ALLERGY CAPS (Use cetirizine hcl)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use cetirizine hcl)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use promethazine hcl)	NF	
promethazine hcl soln	1	
promethazine hcl supp	1	
promethazine hcl syrup	1	
promethazine hcl tabs	1	
Antihistamines - Piperidines		
cyproheptadine hcl syrup	1	
cyproheptadine hcl tabs	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs	1	QL(1 ea daily)
VYTORIN TABS (Use ezetimibe-simvastatin)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
icosapent ethyl caps	1	PA; QL(4 ea daily)
LOVAZA CAPS (Use omega-3-acid ethyl esters)	NF	QL(4 ea daily)
omega-3-acid ethyl esters caps	1	QL(4 ea daily)
VASCEPA CAPS 0.5 GM	3	PA
VASCEPA CAPS 1 GM	3	PA; QL(4 ea daily)
Bile Acid Sequestrants		
cholestyramine light pack 4 gm	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
cholestyramine light powd 4 gm/dose	1	QL(24 gm daily)
cholestyramine pack 4 gm	1	QL(6 ea daily)
cholestyramine powd 4 gm/dose	1	QL(25.2 gm daily)
colesevelam hcl pack 3.75 gm	1	PA; QL(1 ea daily)
colesevelam hcl tabs 625 mg	1	QL(7 ea daily)
COLESTID FLAVORED GRAN 5 GM (Use colestipol hcl)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (Use colestipol hcl)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (Use colestipol hcl)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (Use colestipol hcl)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (Use colestipol hcl)	NF	QL(16 ea daily)
colestipol hcl gran 5 gm	1	QL(6 gm daily)
colestipol hcl pack 5 gm	1	QL(6 ea daily)
colestipol hcl tabs 1 gm	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (Use cholestyramine light)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (Use cholestyramine)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use cholestyramine)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (Use colesevelam hcl)	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (Use colesevelam hcl)	NF	QL(7 ea daily)
Fibric Acid Derivatives		
choline fenofibrate cpdr	1	QL(1 ea daily)
fenofibrate micronized caps 134 mg, 200 mg, 67 mg	1	QL(1 ea daily)
fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FIBRICOR TABS (<i>Use fenofibric acid</i>)	NF	
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LIPOFEN CAPS (<i>Use fenofibrate</i>)	NF	
LOPID TABS (<i>Use gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (<i>Use fenofibrate</i>)	NF	QL(1 ea daily)
TRILIPIX CPDR (<i>Use choline fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	1	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	1	QL(2 ea daily)
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 20 mg, 10 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin tabs 40 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
PRAVACHOL TABS (<i>Use pravastatin sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	3	QL(1 ea daily)
<i>simvastatin tabs 5 mg, 80 mg, 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
ZOCOR TABS (<i>Use simvastatin</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)
ZETIA TABS (<i>Use ezetimibe</i>)	NF	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc 1000 mg, 500 mg, 750 mg</i>	1	QL(2 ea daily)
NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>)	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA PUSHTRONEX SYSTEM SOCT	4	PA; QL(0.25 ml daily)
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Use quinapril hcl</i>)	NF	
ALTACE CAPS (<i>Use ramipril</i>)	NF	
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS (<i>Use benazepril hcl</i>)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (<i>Use lisinopril</i>)	NF	
<i>quinapril hcl tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS (<i>Use enalapril maleate</i>)	NF	
ZESTRIL TABS (<i>Use lisinopril</i>)	NF	
Agents for Pheochromocytoma		
DIBENZYLINE CAPS (<i>Use phenoxybenzamine hcl</i>)	NF	PA
<i>phenoxybenzamine hcl caps</i>	3	PA
Angiotensin II Receptor Antagonists		
ATACAND TABS (<i>Use candesartan cilexetil</i>)	NF	QL(1 ea daily)
AVAPRO TABS (<i>Use irbesartan</i>)	NF	QL(1 ea daily)
BENICAR TABS (<i>Use olmesartan medoxomil</i>)	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS (<i>Use losartan potassium</i>)	NF	QL(1 ea daily)
DIOVAN TABS (<i>Use valsartan</i>)	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
<i>eprosartan mesylate tabs</i>	1	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(1 ea daily)
MICARDIS TABS (<i>Use telmisartan</i>)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1	QL(1 ea daily)
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (<i>Use doxazosin mesylate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
CATAPRES TABS (<i>Use clonidine hcl</i>)	NF	QL(8 ea daily)
CATAPRES-TTS-1 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
<i>clonidine hcl tabs</i>	1	QL(8 ea daily)
<i>clonidine ptwk</i>	3	QL(0.15 ea daily)
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS 10 MG-12.5 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
AVALIDE TABS (<i>Use irbesartan-hydrochlorothiazide</i>)	NF	
AZOR TABS (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NF	ST
<i>benazepril & hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NF	
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
DIOVAN HCT TABS (<i>Use valsartan-hydrochlorothiazide</i>)	NF	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS	2	
EXFORGE TABS (<i>Use amlodipine besylate-valsartan</i>)	NF	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS 12.5 MG-100 MG, 25 MG-100 MG (<i>Use losartan potassium & hydrochlorothiazide</i>)	NF	QL(1 ea daily)
HYZAAR TABS 12.5 MG-50 MG (<i>Use losartan potassium & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (<i>Use metoprolol & hydrochlorothiazide</i>)	NF	
<i>losartan potassium & hydrochlorothiazide tabs 12.5 mg-100 mg, 25 mg-100 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium & hydrochlorothiazide tabs 12.5 mg-50 mg</i>	1	QL(2 ea daily)
LOTENSIN HCT TABS (<i>Use benazepril & hydrochlorothiazide</i>)	NF	
LOTREL CAPS (<i>Use amlodipine besylate-benazepril hcl</i>)	NF	
<i>metoprolol & hydrochlorothiazide tabs</i>	1	
MICARDIS HCT TABS (<i>Use telmisartan-hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(2 ea daily)
TARKA TBCR (<i>Use trandolapril-verapamil hcl</i>)	NF	
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS (<i>Use atenolol & chlorthalidone</i>)	NF	
TENORETIC 50 TABS (<i>Use atenolol & chlorthalidone</i>)	NF	
<i>trandolapril-verapamil hcl tbc</i>	1	
TRANOLAPRIL/VERAPAMIL HCL ER TBCR	2	

Drug Name	Drug Tier	Requirements/ Limits
TRIBENZOR TABS (<i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
TWYNSTA TABS (<i>Use telmisartan-amlodipine</i>)	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS (<i>Use enalapril maleate & hydrochlorothiazide</i>)	NF	
ZESTORETIC TABS (<i>Use lisinopril & hydrochlorothiazide</i>)	NF	
ZIAC TABS (<i>Use bisoprolol & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	1	QL(1 ea daily)
TEKTURNA TABS (<i>Use aliskiren fumarate</i>)	NF	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	
INSPRA TABS (<i>Use eplerenone</i>)	NF	
Vasodilators		
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>atovaquone-proguanil hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
COARTEM TABS	2	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(24 ea per fill retail,24 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
MALARONE TABS (<i>Use atovaquone-proguanil hcl</i>)	NF	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antimalarials		
<i>chloroquine phosphate tabs</i>	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
KRINTAFEL TABS	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
PLAQUENIL TABS (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NF	
<i>pyrimethamine tabs</i>	1	PA; QL(3 ea daily)
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	NF	PA;
<i>quinine sulfate caps</i>	1	PA;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NF	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide tbcrl 180 mg</i>	1	
RUZURGI TABS	4	PA; QL(10 ea daily)
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
Antimycobacterial Agents		
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</i>	1	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid soln</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</i>	1	
MYAMBUTOL TABS (<i>Use ethambutol hcl</i>)	NF	
MYCOBUTIN CAPS (<i>Use rifabutin</i>)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	PA
RIFADIN CAPS (<i>Use rifampin</i>)	NF	
RIFADIN SOLR (<i>Use rifampin</i>)	NF	
<i>rifampin caps</i>	1	
<i>rifampin solr</i>	1	
SIRTURO TABS 100 MG	3	PA

Drug Name	Drug Tier	Requirements/ Limits
TRECATOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (<i>Use melphalan hcl</i>)	NF	
ALKERAN TABS (<i>Use melphalan</i>)	NF	
BICNU SOLR (<i>Use carmustine</i>)	NF	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (<i>Use busulfan</i>)	NF	PA; SP
<i>carboplatin soln 50 mg/5ml</i>	4	PA; SP
<i>carmustine solr</i>	4	PA; SP
<i>cisplatin soln 100 mg/100ml</i>	4	PA; SP
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	1	PA
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 100 MG, 40 MG	4	PA
IFEX SOLR 1 GM (<i>Use ifosfamide</i>)	NF	PA; SP
<i>ifosfamide soln 1 gm/20ml</i>	4	PA; SP
<i>ifosfamide solr 1 gm</i>	4	PA; SP
LEUKERAN TABS	4	PA; SP
<i>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MYLERAN TABS	4	PA; SP
<i>oxaliplatin soln 100 mg/20ml, 50 mg/10ml</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>Use temozolomide</i>)	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	
<i>temozolomide caps</i>	4	PA; SP
TEPADINA SOLR 100 MG (<i>Use thiotepa</i>)	NF	
TEPADINA SOLR 15 MG (<i>Use thiotepa</i>)	NF	PA; SP
<i>thiotepa solr 15 mg</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
ZANOSAR SOLR	4	PA; SP
Antimetabolites		
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN (<i>Use nelarabine</i>)	4	PA; SP
<i>azacitidine susr</i>	4	PA; SP
<i>capecitabine tabs</i>	4	PA; SP
<i>clofarabine soln</i>	4	PA; SP
COLAR SOLN (<i>Use clofarabine</i>)	NF	PA; SP
<i>cytarabine soln 100 mg/ml, 20 mg/ml</i>	4	PA; SP
DACOGEN SOLR (<i>Use decitabine</i>)	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln</i>	4	PA; SP
<i>fludarabine phosphate solr</i>	4	PA; SP
<i>fluorouracil soln 500 mg/10ml</i>	4	PA; SP
FOLOTYN SOLN 20 MG/ML	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>gemcitabine hcl solr 2 gm, 200 mg</i>	4	PA; SP
GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML (Use <i>gemcitabine hcl</i>)	NF	
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium solr ij 1 gm</i>	1	SP
<i>methotrexate sodium tabs or 2.5 mg</i>	1	SP
<i>nelarabine soln</i>	4	PA; SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR (Use <i>azacitidine</i>)	NF	PA; SP
XELODA TABS (Use <i>capecitabine</i>)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
INLYTA TABS	4	PA; QL(2 ea daily); SP
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 12MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 4 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
MVASI SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
ZIRABEV SOLN	4	PA
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN SOLR	4	PA; SP
PERJETA SOLN	4	PA; SP
TUKYSA TABS	4	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
RITUXAN SOLN	4	PA; SP
RUXIENCE SOLN	4	PA
YERVOY SOLN	4	PA; SP
Antineoplastic - EGFR Inhibitors		
ERBITUX SOLN	4	PA; SP
<i>erlotinib hcl tabs</i>	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
TARCEVA TABS (Use <i>erlotinib hcl</i>)	NF	PA; QL(1 ea daily); SP
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
VIZIMPRO TABS	4	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	4	PA
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs 250 mg</i>	4	PA; QL(4 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
<i>abiraterone acetate tabs 500 mg</i>	4	PA; QL(2 ea daily)
<i>anastrozole tabs</i>	1	QL(1 ea daily)
ARIMIDEX TABS (<i>Use anastrozole</i>)	NF	QL(1 ea daily)
AROMASIN TABS (<i>Use exemestane</i>)	NF	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	4	PA; QL(1 ea daily); SP
CASODEX TABS (<i>Use bicalutamide</i>)	NF	PA; QL(1 ea daily); SP
ELIGARD KIT 22.5 MG	4	PA; SP
ELIGARD KIT 30 MG	4	PA; SP
ELIGARD KIT 45 MG	4	PA; SP
ELIGARD KIT 7.5 MG	4	PA; QL(0.0089 ea daily); SP
EMCYT CAPS	4	PA; SP
<i>exemestane tabs</i>	4	QL(1 ea daily); SP
FARESTON TABS (<i>Use toremifene citrate</i>)	NF	
FASLODEX SOLN (<i>Use fulvestrant</i>)	NF	PA; QL(0.357 ml daily); SP
FEMARA TABS (<i>Use letrozole</i>)	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP
<i>fulvestrant soln</i>	4	PA; QL(0.357 ml daily); SP
<i>letrozole tabs</i>	1	
<i>leuprolide acetate kit</i>	4	PA; SP
LUPRON DEPOT (1-MONTH) KIT	4	PA; QL(0.0357 ea daily); SP
LUPRON DEPOT (3-MONTH) KIT	4	PA; SP
LUPRON DEPOT (4-MONTH) KIT	4	PA; QL(0.1339 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (6-MONTH) KIT	4	PA; QL(0.0089 ea daily); SP
LYSODREN TABS	4	PA; SP
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS (<i>Use nilutamide</i>)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)
NUBEQA TABS	4	PA
<i>tamoxifen citrate tabs</i>	0	
<i>toremifene citrate tabs</i>	1	
TRELSTAR MIXJECT SUSR	4	PA; SP
XTANDI CAPS 40 MG	4	PA; QL(4 ea daily); SP
YONSA TABS	4	PA
ZOLADEX IMPL 10.8 MG	4	PA; QL(0.0119 ea daily); SP
ZOLADEX IMPL 3.6 MG	4	PA; QL(0.0357 ea daily); SP
ZYTIGA TABS 250 MG (<i>Use abiraterone acetate</i>)	NF	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG (<i>Use abiraterone acetate</i>)	4	PA; QL(2 ea daily)
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA; QL(1 ea daily)
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABS 100 MG, 200 MG, 300 MG	4	PA; SL(1 ea daily)
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPK	4	PA

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO 80 MG TWICE WEEKLY TBPB	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr 15 unit</i>	4	PA; SP
COSMEGEN SOLR (<i>Use dactinomycin</i>)	NF	PA; SP
<i>dactinomycin solr</i>	4	PA; SP
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (<i>Use daunorubicin hcl</i>)	NF	
DOXIL INJ (<i>Use doxorubicin hcl liposomal</i>)	NF	PA; SP
<i>doxorubicin hcl liposomal inj</i>	4	PA; SP
<i>doxorubicin hcl soln 2 mg/ml, 200 mg/100ml</i>	4	PA; SP
<i>doxorubicin hcl solr 50 mg, 10 mg</i>	4	PA; SP
ELLENCE SOLN 50 MG/25ML (<i>Use epirubicin hcl</i>)	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML (<i>Use idarubicin hcl</i>)	NF	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML (<i>Use idarubicin hcl</i>)	NF	PA
<i>idarubicin hcl soln 10 mg/10ml, 5 mg/5ml</i>	4	PA; SP
<i>idarubicin hcl soln 20 mg/20ml</i>	4	PA
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
<i>valrubicin soln</i>	4	PA; SP
VALSTAR SOLN (<i>Use valrubicin</i>)	NF	PA; SP
Antineoplastic Combinations		

Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA 200 DOSE TBPB	3	PA
KISQALI FEMARA 400 DOSE TBPB	3	PA
KISQALI FEMARA 600 DOSE TBPB	3	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (<i>Use everolimus</i>)	NF	PA; QL(1 ea daily); SP
ALECENSA CAPS	4	PA; QL(4 ea daily)
ALUNBRIG TABS	4	PA; QL(1 ea daily)
ALUNBRIG TBPB	4	PA; QL(1 ea daily)
BALVERSA TABS	4	PA
BORTEZOMIB SOLR	4	PA;
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;
BRAFTOVI CAPS	4	PA; SP
BRUKINSA CAPS	4	PA
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COPIKTRA CAPS	4	PA
<i>everolimus tabs 10 mg, 5 mg, 7.5 mg, 2.5 mg</i>	4	PA; QL(1 ea daily); SP
GLEEVEC TABS (<i>Use imatinib mesylate</i>)	NF	PA; QL(2 ea daily); SP
IBRANCE CAPS	3	PA
IBRANCE TABS	3	PA
ICLUSIG TABS 10 MG, 30 MG, 45 MG	4	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ICLUSIG TABS 15 MG	4	PA; QL(2 ea daily)
<i>imatinib mesylate tabs</i>	4	PA; QL(2 ea daily); SP
IMBRUVICA CAPS 140 MG	4	PA; QL(3 ea daily)
IMBRUVICA CAPS 70 MG	4	PA; QL(1 ea daily)
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL(1 ea daily)
INREBIC CAPS	4	PA
ISTODAX (OVERFILL) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 20 MG	4	PA; SP
JAKAFI TABS 15 MG, 25 MG, 5 MG	4	PA; QL(2 ea daily); SP
KISQALI TBPB	3	PA
KOSELUGO CAPS	4	PA
KYPROLIS SOLR	4	PA
<i>lapatinib ditosylate tabs</i>	4	PA; QL(6 ea daily); SP
LORBRENA TABS	4	PA
LYNPARZA TABS	4	PA; QL(16 ea daily)
MEKINIST TABS 0.5 MG	4	PA; QL(3 ea daily)
MEKINIST TABS 2 MG	4	PA; QL(1 ea daily)
MEKTOVI TABS	4	PA; SP
NEXAVAR TABS	4	PA; QL(4 ea daily); SP
NINLARO CAPS	4	PA; QL(0.143 ea daily)
PEMAZYRE TABS	4	PA; QL(1 ea daily)
PIQRAY 200MG DAILY DOSE TBPB	4	PA
PIQRAY 250MG DAILY DOSE TBPB	4	PA

Drug Name	Drug Tier	Requirements/ Limits
PIQRAY 300MG DAILY DOSE TBPB	4	PA
QINLOCK TABS	4	PA
RETEVMO CAPS	4	PA
ROMIDEPSIN SOLR 10 MG	4	PA; SP
ROZLYTREK CAPS	4	PA
RUBRACA TABS	4	PA; QL(4 ea daily)
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
<i>sunitinib malate caps 12.5 mg, 25 mg, 50 mg</i>	4	PA; QL(1 ea daily); SP
SUTENT CAPS 12.5 MG, 25 MG, 50 MG (Use <i>sunitinib malate</i>)	4	PA; QL(1 ea daily); SP
TABRECTA TABS	4	PA
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TALZENNA CAPS	4	PA
TASIGNA CAPS 150 MG, 200 MG	4	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	4	PA; QL(4 ea daily)
TAZVERIK TABS	4	PA
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP
TIBSOVO TABS	4	PA
TORISEL SOLN (Use <i>temsirolimus</i>)	NF	PA; QL(0.143 ml daily); SP
TURALIO CAPS	4	PA
TYKERB TABS (Use <i>lapatinib ditosylate</i>)	4	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VERZENIO TABS	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
XOSPATA TABS	4	PA
ZEJULA CAPS	4	PA; QL(3 ea daily)
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
Antineoplastic Enzymes		
ERWINASE SOLR	4	PA; SP
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA; SP
<i>arsenic trioxide soln 10 mg/10ml</i>	4	PA; SP
<i>bexarotene caps</i>	4	PA; SP
<i>dacarbazine solr 200 mg</i>	4	PA; SP
HYDREA CAPS (<i>Use hydroxyurea</i>)	NF	
<i>hydroxyurea caps</i>	1	
INTRON A SOLR 18 MU	4	PA; SP
MATULANE CAPS	4	PA; SP
NIPENT SOLR	4	PA; SP
PHOTOFRIN SOLR	4	PA; SP
PROLEUKIN SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
SYNRIBO SOLR	4	PA; SP
TARGRETIN CAPS OR 75 MG (<i>Use bexarotene</i>)	NF	PA; SP
<i>tretinoin (chemotherapy) caps</i>	1	
UVADEX SOLN	4	PA; SP
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium solr ij 500 mg, 100 mg, 200 mg, 350 mg, 50 mg</i>	1	
<i>leucovorin calcium tabs or 25 mg, 5 mg, 10 mg, 15 mg</i>	1	
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
DOCETAXEL CONC 20 MG/ML (<i>Use docetaxel</i>)	NF	PA; SP
DOCETAXEL CONC 80 MG/4ML (<i>Use docetaxel</i>)	NF	
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (<i>Use docetaxel</i>)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
<i>etoposide caps or 50 mg</i>	4	PA; SP
<i>etoposide soln iv 1 gm/50ml, 500 mg/25ml, 100 mg/5ml</i>	4	
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
JEVTANA SOLN	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
NAVELBINE SOLN 10 MG/ML (<i>Use vinorelbine tartrate</i>)	NF	PA; SP
<i>paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml</i>	4	PA; SP
TAXOTERE CONC (<i>Use docetaxel</i>)	NF	PA; SP
TENIPOSIDE SOLN	4	PA; SP
<i>vincristine sulfate soln</i>	4	PA; SP
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	PA; SP
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 100 MG/5ML, 40 MG/2ML (<i>Use irinotecan hcl</i>)	NF	PA; SP
HYCANTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCANTIN SOLR IV 4 MG (<i>Use topotecan hcl</i>)	NF	
<i>irinotecan hcl soln 100 mg/5ml, 40 mg/2ml</i>	4	PA; SP
<i>topotecan hcl soln 4 mg/4ml</i>	4	
TOPOTECAN HCL SOLN 4 MG/4ML (<i>Use topotecan hcl</i>)	NF	
<i>topotecan hcl solr 4 mg</i>	4	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa tabs</i>	1	
LODOSYN TABS (<i>Use carbidopa</i>)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (<i>Use benztropine mesylate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (<i>Use entacapone</i>)	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1	QL(8 ea daily)
TASMAR TABS (<i>Use tolcapone</i>)	NF	
<i>tolcapone tabs</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl tabs</i>	1	
APOKYN SOCT	4	PA;
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbc</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
CARBIDOPA/LEVODOPA ODT TBDP	1	
MIRAPEX TABS 0.125 MG (<i>Use pramipexole dihydrochloride</i>)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (<i>Use pramipexole dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NF	
PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
REQUIP XL TB24 12 MG, 8 MG (<i>Use ropinirole hydrochloride</i>)	NF	ST; QL(2 ea daily)
REQUIP XL TB24 6 MG (<i>Use ropinirole hydrochloride</i>)	NF	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 1 mg, 2 mg, 4 mg, 5 mg, 0.5 mg</i>	1	
<i>ropinirole hydrochloride tb24 12 mg, 8 mg</i>	1	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	1	ST; QL(1 ea daily)
SINEMET CR TBCR (<i>Use carbidopa-levodopa</i>)	NF	
SINEMET TABS (<i>Use carbidopa-levodopa</i>)	NF	
STALEVO 100 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 100 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 125 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 125 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 150 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 150 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 200 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 200 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 50 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 50 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 75 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 75 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use rasagiline mesylate</i>)	NF	PA; QL(1 ea daily)
<i>rasagiline mesylate tabs</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1	
<i>selegiline hcl tabs</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium carbonate tbc</i>	1	
LITHIUM SOLN	1	
LITHOBID TBCR (<i>Use lithium carbonate</i>)	NF	
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily)
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use ziprasidone hcl)	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS 120 MG, 20 MG, 40 MG, 60 MG	3	PA; QL(1 ea daily)
LATUDA TABS 80 MG	3	PA; QL(2 ea daily)
ziprasidone hcl caps	1	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 1.5 MG, 3 MG, 9 MG (Use paliperidone)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (Use paliperidone)	NF	QL(2 ea daily)
paliperidone tb24 1.5 mg, 3 mg, 9 mg	1	QL(1 ea daily)
paliperidone tb24 6 mg	1	QL(2 ea daily)
PERSERIS PRSY	2	PA; QL(0.072 ea daily)
RISPERDAL CONSTA SRER	2	PA; QL(0.072 ea daily)
RISPERDAL SOLN 1 MG/ML (Use risperidone)	NF	QL(8 ml daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NF	QL(4 ea daily)
risperidone soln 1 mg/ml	1	QL(8 ml daily)
risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL(4 ea daily)
risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL(2 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (Use haloperidol decanoate)	NF	QL(0.036 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
HALDOL DECANOATE 50 SOLN (Use haloperidol decanoate)	NF	QL(0.036 ml daily)
HALDOL SOLN (Use haloperidol lactate)	NF	
haloperidol decanoate soln	1	QL(0.036 ml daily)
haloperidol lactate conc	1	
haloperidol lactate soln	1	
haloperidol tabs	1	
Dibenzapines		
asenapine maleate subl 10 mg, 5 mg	1	PA; QL(2 ea daily)
asenapine maleate subl 2.5 mg	1	PA; QL(4 ea daily)
clozapine tabs 200 mg, 50 mg, 100 mg, 25 mg	1	
clozapine tbdp 100 mg	1	QL(9 ea daily)
clozapine tbdp 12.5 mg, 150 mg	1	QL(6 ea daily)
clozapine tbdp 200 mg	1	QL(4 ea daily)
clozapine tbdp 25 mg	1	QL(3 ea daily)
CLOZARIL TABS (Use clozapine)	NF	
FAZACLO TBDP 100 MG (Use clozapine)	NF	QL(9 ea daily)
FAZACLO TBDP 12.5 MG (Use clozapine)	NF	QL(6 ea daily)
FAZACLO TBDP 150 MG (Use clozapine)	1	QL(6 ea daily)
FAZACLO TBDP 200 MG (Use clozapine)	1	QL(4 ea daily)
FAZACLO TBDP 25 MG (Use clozapine)	NF	QL(3 ea daily)
loxapine succinate caps	1	
olanzapine solr im 10 mg	1	QL(0.215 ea daily)
olanzapine tabs or 10 mg, 15 mg, 20 mg, 7.5 mg	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tabs or 2.5 mg, 5 mg</i>	1	QL(4 ea daily)
<i>olanzapine tbdp or 10 mg, 15 mg, 5 mg</i>	1	QL(2 ea daily)
<i>olanzapine tbdp or 20 mg</i>	1	QL(1 ea daily)
<i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tb24 150 mg, 200 mg, 50 mg</i>	1	PA; QL(1 ea daily)
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1	PA; QL(2 ea daily)
SAPHRIS SUBL 10 MG, 5 MG (<i>Use asenapine maleate</i>)	3	PA; QL(2 ea daily)
SAPHRIS SUBL 2.5 MG (<i>Use asenapine maleate</i>)	3	PA; QL(4 ea daily)
SAPHRIS SUBL 5 MG	3	PA; QL(2 ea daily)
SEROQUEL TABS 100 MG, 200 MG, 25 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 150 MG, 200 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NF	PA; QL(1 ea daily)
SEROQUEL XR TB24 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NF	PA; QL(2 ea daily)
ZYPREXA SOLR IM 10 MG (<i>Use olanzapine</i>)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (<i>Use olanzapine</i>)	NF	QL(2 ea daily)
ZYPREXA TABS OR 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 5 MG (<i>Use olanzapine</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA ZYDIS TBDP 20 MG (<i>Use olanzapine</i>)	NF	QL(1 ea daily)
Phenothiazines		
<i>chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	
<i>fluphenazine hcl elix or 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl soln ij 2.5 mg/ml</i>	1	
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
ABILIFY TABS (<i>Use aripiprazole</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI TABS	3	PA
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	1	QL(32 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate tabs 300 mg</i>	1	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	1	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	QL(10 ml daily)
<i>atazanavir sulfate caps 150 mg, 300 mg</i>	1	QL(1 ea daily)
<i>atazanavir sulfate caps 200 mg</i>	1	QL(2 ea daily)
ATRIPLA TABS (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	3	QL(1 ea daily)
BIKTARVY TABS	2	QL(1 ea daily)
CIMDUO TABS	2	ST; QL(1 ea daily)
COMBIVIR TABS (<i>Use lamivudine-zidovudine</i>)	NF	QL(2 ea daily)
COMPLERA TABS	3	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DELSTRIGO TABS	3	QL(1 ea daily)
DESCOVY TABS	2	PA; QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg, 400 mg</i>	1	QL(1 ea daily)
DOVATO TABS	2	QL(1 ea daily)
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
<i>emtricitabine caps</i>	1	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 100 mg-150 mg, 133 mg-200 mg, 167 mg-250 mg</i>	1	QL(1 ea daily, 30 day(s) limit)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg</i>	0	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg</i>	0	QL(1 ea daily, 30 day(s) limit)
EMTRIVA CAPS 200 MG (<i>Use emtricitabine</i>)	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (<i>Use lamivudine</i>)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NF	QL(1 ea daily)
EPZICOM TABS (<i>Use abacavir sulfate-lamivudine</i>)	NF	QL(1 ea daily)
<i>etravirine tabs 100 mg</i>	1	QL(4 ea daily)
<i>etravirine tabs 200 mg</i>	1	QL(2 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
GENVOYA TABS	2	QL(1 ea daily)
INTELENCE TABS 100 MG (<i>Use etravirine</i>)	2	QL(4 ea daily)
INTELENCE TABS 200 MG (<i>Use etravirine</i>)	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
INVIRASE TABS	2	QL(4 ea daily)
ISENTRESS CHEW 100 MG, 25 MG	2	QL(6 ea daily)
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	3	QL(1 ea daily)
KALETRA SOLN 100 MG/5ML-400 MG/5ML (Use lopinavir-ritonavir)	NF	QL(12.5 ml daily)
KALETRA TABS 25 MG-100 MG, 50 MG-200 MG (Use lopinavir-ritonavir)	2	QL(4 ea daily)
<i>lamivudine soln 10 mg/ml</i>	1	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	1	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	1	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)
LEXIVA TABS 700 MG (Use fosamprenavir calcium)	NF	QL(4 ea daily)
<i>lopinavir-ritonavir soln 100 mg/5ml-400 mg/5ml</i>	1	QL(12.5 ml daily)
<i>lopinavir-ritonavir tabs 25 mg-100 mg, 50 mg-200 mg</i>	1	QL(4 ea daily)
<i>nevirapine tabs 200 mg</i>	1	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	1	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	1	QL(1 ea daily)
NORVIR PACK 100 MG	2	QL(12 ea daily)30 rti lmt day(s),30 mail lmt day(s),
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG (Use ritonavir)	NF	QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ODEFSEY TABS	2	QL(1 ea daily)
PIFELTRO TABS	2	QL(1 ea daily)
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 600 MG, 75 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS	2	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use zidovudine)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP 50 MG/5ML (Use zidovudine)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 300 MG (Use atazanavir sulfate)	NF	QL(1 ea daily)
REYATAZ CAPS 200 MG (Use atazanavir sulfate)	NF	QL(2 ea daily)
<i>ritonavir tabs</i>	1	QL(12 ea daily)
RUKOBIA TB12	4	PA
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG, 25 MG, 75 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps 15 mg, 20 mg, 30 mg, 40 mg</i>	1	QL(2 ea daily)
STAVUDINE CAPS 15 MG, 30 MG	2	QL(2 ea daily)
STAVUDINE CAPS 20 MG, 40 MG	1	QL(2 ea daily)
STRIBILD TABS	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use efavirenz)	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SUSTIVA TABS 600 MG (<i>Use efavirenz</i>)	NF	QL(1 ea daily)
SYMFI LO TABS (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	2	QL(1 ea daily)
SYMFI TABS (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	2	QL(1 ea daily)
SYMTUZA TABS	3	ST; QL(1 ea daily)
TEMIXYS TABS	2	ST; QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	2	QL(1 ea daily)
TRIZIVIR TABS (<i>Use abacavir sulfate-lamivudine-zidovudine</i>)	NF	QL(2 ea daily)
TRUVADA TABS (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	2	QL(1 ea daily, 30 day(s) limit)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	QL(2 ea daily)
VIDEX EC CPDR 200 MG (<i>Use didanosine</i>)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG (<i>Use didanosine</i>)	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (<i>Use nevirapine</i>)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 (<i>Use nevirapine</i>)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	

Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (<i>Use tenofovir disoproxil fumarate</i>)	NF	
ZIAGEN SOLN 20 MG/ML (<i>Use abacavir sulfate</i>)	NF	QL(32 ml daily)
ZIAGEN TABS 300 MG (<i>Use abacavir sulfate</i>)	NF	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	1	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (<i>Use ganciclovir sodium</i>)	NF	
<i>ganciclovir sodium solr</i>	1	
VALCYTE TABS 450 MG (<i>Use valganciclovir hcl</i>)	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (<i>Use entecavir</i>)	NF	PA; QL(1 ea daily); SP
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS 100 MG-400 MG, 50 MG-200 MG	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (<i>Use lamivudine (hbv)</i>)	NF	QL(3 ea daily); SP
HEPSERA TABS (<i>Use adefovir dipivoxil</i>)	NF	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	QL(3 ea daily); SP

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Drug Name	Drug Tier	Requirements/ Limits
MAVYRET TABS 40 MG-100 MG	4	PA; QL(3 ea daily)
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
<i>ribavirin (hepatitis c) caps</i>	1	QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs</i>	1	PA; QL(7 ea daily)
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; QL(1 ea daily)
VEMLIDY TABS	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA; QL(1 ea daily)
ZEPATIER TABS	4	PA
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
<i>acyclovir susp 200 mg/5ml</i>	1	QL(13.34 ml daily)
<i>acyclovir tabs 400 mg, 800 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs 125 mg, 250 mg</i>	1	QL(3 ea daily)
<i>famciclovir tabs 500 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM (Use <i>valacyclovir hcl</i>)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use <i>valacyclovir hcl</i>)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use <i>acyclovir</i>)	NF	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML (Use <i>acyclovir</i>)	NF	QL(13.34 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX TABS OR 400 MG, 800 MG (Use <i>acyclovir</i>)	NF	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (Use <i>rimantadine hydrochloride</i>)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg</i>	1	Limit 1 fill every 90 days.;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
RELENZA DISKHALER AEPB	2	1 rtl pack lmt amt,30 rtl pack lmt day(s),
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use <i>oseltamivir phosphate</i>)	NF	Limit 1 fill every 90 days.;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
TAMIFLU SUSR 6 MG/ML (Use <i>oseltamivir phosphate</i>)	NF	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		

Drug Name	Drug Tier	Requirements/ Limits
<i>carvedilol tabs</i>	1	
COREG TABS (<i>Use carvedilol</i>)	NF	
<i>labetalol hcl soln iv 5 mg/ml</i>	1	
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs or 10 mg, 5 mg</i>	1	
BYSTOLIC TABS 2.5 MG, 10 MG, 5 MG (<i>Use nebivolol hcl</i>)	2	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG (<i>Use nebivolol hcl</i>)	2	PA; QL(2 ea daily)
LOPRESSOR TABS (<i>Use metoprolol tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1	
<i>nebivolol hcl tabs 2.5 mg, 10 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<i>nebivolol hcl tabs 20 mg</i>	1	PA; QL(2 ea daily)
TENORMIN TABS (<i>Use atenolol</i>)	NF	
TOPROL XL TB24 (<i>Use metoprolol succinate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (<i>Use sotalol hcl (afib/af)</i>)	NF	
BETAPACE TABS (<i>Use sotalol hcl</i>)	NF	QL(2 ea daily)
CORGARD TABS (<i>Use nadolol</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NF	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	
<i>propranolol hcl soln iv 1 mg/ml</i>	1	
<i>propranolol hcl soln or 40 mg/5ml, 20 mg/5ml</i>	1	
<i>propranolol hcl tabs or 10 mg, 20 mg, 80 mg, 40 mg, 60 mg</i>	1	
<i>sotalol hcl (afib/af)</i> tabs	1	
<i>sotalol hcl tabs 120 mg, 160 mg, 80 mg</i>	1	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1	
<i>timolol maleate tabs</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (<i>Use nifedipine</i>)	NF	
<i>amlodipine besylate tabs</i>	1	
CALAN SR TBCR (<i>Use verapamil hcl</i>)	NF	
CARDIZEM CD CP24 (<i>Use diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl coated beads</i>)	NF	
CARDIZEM TABS (<i>Use diltiazem hcl</i>)	NF	
<i>diltiazem hcl coated beads cp24</i>	1	
<i>diltiazem hcl coated beads tb24</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl extended release beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl soln iv 50 mg/10ml</i>	1	
DILTIAZEM HCL SOLR IV 100 MG	1	
<i>diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>felodipine tb24</i>	1	
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nicardipine hcl soln</i>	1	
<i>nifedipine caps</i>	1	
<i>nifedipine tb24</i>	1	
<i>nimodipine caps</i>	1	
<i>nisoldipine tb24 17 mg, 20 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORVASC TABS (Use <i>amlodipine besylate</i>)	NF	
PROCARDIA CAPS (Use <i>nifedipine</i>)	NF	
PROCARDIA XL TB24 (Use <i>nifedipine</i>)	NF	
SULAR TB24 (Use <i>nisoldipine</i>)	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use <i>diltiazem hcl extended release beads</i>)	NF	
<i>verapamil hcl cp24</i>	1	
<i>verapamil hcl soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use <i>verapamil hcl</i>)	NF	
VERELAN CP24 360 MG (Use <i>verapamil hcl</i>)	1	
VERELAN PM CP24 100 MG, 200 MG (Use <i>verapamil hcl</i>)	NF	
VERELAN PM CP24 300 MG (Use <i>verapamil hcl</i>)	1	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln</i>	1	
<i>digoxin tabs</i>	1	
LANOXIN SOLN IJ 0.25 MG/ML (Use <i>digoxin</i>)	2	
LANOXIN TABS OR 250 MCG, 125 MCG (Use <i>digoxin</i>)	2	
LANOXIN TABS OR 62.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardioplegic Solutions		
PLEGISOL SOLN (Use <i>cardioplegic soln</i>)	NF	
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	QL(1 ea daily)
BIDIL TABS	2	
CADUET TABS (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA
Impotence Agents		

Drug Name	Drug Tier	Requirements/ Limits
CIALIS TABS 5 MG (<i>Use tadalafil</i>)	NF	PA; BPH Only; QL(1 ea daily)
<i>sildenafil citrate tabs</i>	1	PA; QL(0.1334 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
<i>tadalafil tabs 5 mg</i>	1	PA; BPH Only; QL(1 ea daily)
VIAGRA TABS (<i>Use sildenafil citrate</i>)	NF	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR (<i>Use epoprostenol sodium</i>)	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
<i>treprostinil soln</i>	4	PA; SP
VELETRI SOLR (<i>Use epoprostenol sodium</i>)	NF	PA
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	4	PA; QL(1 ea daily); SP
<i>bosentan tabs 125 mg</i>	4	PA; QL(2 ea daily); SP
<i>bosentan tabs 62.5 mg</i>	4	PA; QL(2 ea daily)
LETAIRIS TABS (<i>Use ambrisentan</i>)	NF	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG (<i>Use bosentan</i>)	NF	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG (<i>Use bosentan</i>)	NF	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Phosphodiesterase		

Drug Name	Drug Tier	Requirements/ Limits
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	NF	PA; QL(2 ea daily); SP
REVATIO SOLN IV 10 MG/12.5ML (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(37.5 ml daily); SP
REVATIO SUSR OR 10 MG/ML (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(6 ml daily)
REVATIO TABS OR 20 MG (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(3 ea daily); SP
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	4	PA; QL(37.5 ml daily); SP
<i>sildenafil citrate (pulmonary hypertension) susr or 10 mg/ml</i>	4	PA; QL(6 ml daily)
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	4	PA; QL(3 ea daily); SP
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL(3 ea daily)
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML	3	PA; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
Transthyretin Stabilizers		
VYNDAMAX CAPS	4	PA; QL(1 ea daily)
VYNDAQEL CAPS	4	PA; QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr ij 500 mg, 1 gm, 10 gm</i>	1	
<i>cephalexin caps</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
KEFLEX CAPS (Use <i>cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	1	
<i>cefaclor susr</i>	1	
CEFOTAN SOLR (Use <i>cefotetan disodium</i>)	NF	
<i>cefotetan disodium solr</i>	1	
<i>cefoxitin sodium solr 1 gm, 2 gm</i>	1	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr ij 750 mg</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
<i>cefditoren pivoxil tabs 200 mg</i>	3	
<i>cefditoren pivoxil tabs 400 mg</i>	1	
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1	ST
<i>cefotaxime sodium solr</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftazidime solr ij 6 gm, 1 gm</i>	1	
<i>ceftriaxone sodium solr ij 250 mg, 500 mg, 1 gm, 2 gm</i>	1	
FORTAZ SOLR IJ 1 GM (Use <i>ceftazidime</i>)	NF	
FORTAZ SOLR IV 2 GM (Use <i>ceftazidime</i>)	NF	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use <i>cefixime</i>)	NF	ST
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (Use <i>cefepime hcl</i>)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	0	
BEYAZ TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	
<i>desogestrel & ethinyl estradiol tabs</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	
<i>drospirenone-ethinyl estradiol tabs</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	
ESTROSTEP FE TABS (Use <i>norethindrone acetate-ethinyl estradiol-fe</i>)	NF	
<i>ethynodiol diacet & eth estrad tabs</i>	0	

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Drug Name	Drug Tier	Requirements/ Limits
FALESSA KIT	0	
GENERESS FE CHEW (Use norethindrone & ethinyl estradiol-fe)	NF	
levonorgestrel & eth estradiol tabs	0	
levonorgestrel-eth estradiol (triphasic) tabs	0	
levonorgestrel-ethinyl estradiol (91-day) tabs	0	
levonorgestrel-ethinyl estradiol (continuous) tabs	0	
LO LOESTRIN FE TABS	0	
LOSEASONIQUE TABS (Use levonorgestrel-ethinyl estradiol (91-day))	NF	
MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	NF	
MIRCETTE TABS (Use desogestrel-ethinyl estradiol (biphasic))	NF	
NATAZIA TABS	0	
norethin acet & estrad-fe caps	0	
norethin acet & estrad-fe chew	0	
norethin acet & estrad-fe tabs	0	
norethindrone & eth estradiol tabs	0	
norethindrone & ethinyl estradiol-fe chew	0	
norethindrone acet & eth estra tabs	0	
norethindrone acetate-ethinyl estradiol-fe tabs	0	
norethindrone-eth estradiol (triphasic) tabs	0	
norgestimate-ethinyl estradiol (triphasic) tabs	0	
norgestimate-ethinyl estradiol tabs	0	

Drug Name	Drug Tier	Requirements/ Limits
norgestrel & ethinyl estradiol tabs	0	
ORTHO TRI-CYCLEN LO TABS (Use norgestimate-ethinyl estradiol (triphasic))	NF	
ORTHO-NOVUM 1/35 TABS (Use norethindrone & eth estradiol)	NF	
ORTHO-NOVUM 7/7/7 TABS (Use norethindrone-eth estradiol (triphasic))	NF	
QUARTETTE TABS (Use levonorgestrel-ethinyl estradiol (91-day))	NF	
SAFYRAL TABS (Use drospirenone-ethinyl estradiol-levomefolate calcium)	NF	
SEASONIQUE TABS (Use levonorgestrel-ethinyl estradiol (91-day))	NF	
TAYTULLA CAPS (Use norethin acet & estrad-fe)	0	
TYBLUME CHEW	0	
YASMIN 28 TABS (Use drospirenone-ethinyl estradiol)	NF	
YAZ TABS (Use drospirenone-ethinyl estradiol)	NF	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol ptwk	0	
TWIRLA PTWK	0	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
ANNOVERA RING	0	PA
etonogestrel-ethinyl estradiol ring	0	
NUVARING RING (Use etonogestrel-ethinyl estradiol)	NF	
Copper Contraceptives - IUD		

Drug Name	Drug Tier	Requirements/ Limits
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
Emergency Contraceptives		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	
PLAN B ONE-STEP TABS (Use <i>levonorgestrel (emergency oc)</i>)	NF	
Progestin Contraceptives - IUD		
KYLEENA IUD	0	
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(90 day(s) limit, 1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(90 day(s) limit, 1 ml per 90 days retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive) tabs</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
ORTHO MICRONOR TABS (Use <i>norethindrone (contraceptive)</i>)	NF	
SLYND TABS	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep 3 mg</i>	1	QL(3 ea daily)
CELESTONE SOLUSPAN SUSP (Use <i>betamethasone sod phosphate & acetate</i>)	NF	
CELESTONE-SOLUSPAN SUSP (Use <i>betamethasone sod phosphate & acetate</i>)	NF	
CORTEF TABS (Use <i>hydrocortisone</i>)	NF	
<i>cortisone acetate tabs</i>	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 80 MG/ML, 40 MG/ML (Use <i>methylprednisolone acetate</i>)	NF	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	1	
<i>dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 4 mg, 0.5 mg, 0.75 mg, 6 mg</i>	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (Use <i>budesonide</i>)	NF	QL(3 ea daily)
<i>hydrocortisone tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
KENALOG-40 SUSP (<i>Use triamcinolone acetonide</i>)	NF	
MEDROL DOSEPAK TBPk (<i>Use methylprednisolone</i>)	NF	
MEDROL TABS 16 MG, 32 MG, 4 MG, 8 MG (<i>Use methylprednisolone</i>)	NF	
MEDROL TABS 2 MG	3	
<i>methylprednisolone acetate susp 80 mg/ml, 40 mg/ml</i>	1	
<i>methylprednisolone sod succ solr</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPk	3	
MILLIPRED TABS	3	
ORAPRED ODT TBPk (<i>Use prednisolone sodium phosphate</i>)	NF	
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 25 mg/5ml, 20 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisone soln</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk</i>	1	
SOLU-CORTEF SOLR 100 MG, 1000 MG, 500 MG	3	2 rti MAX fill,30 rti day(s) supply,
SOLU-CORTEF SOLR 250 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG, 1000 MG, 125 MG, 40 MG (<i>Use methylprednisolone sod succ</i>)	NF	
<i>triamcinolone acetonide susp 40 mg/ml</i>	1	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (<i>Use benzonatate</i>)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (<i>Use fexofenadine-pseudoephedrine</i>)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (<i>Use fexofenadine-pseudoephedrine</i>)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (<i>Use loratadine & pseudoephedrine</i>)	1	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 60 mg-120 mg</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>fexofenadine-pseudoephedrine tb24 180 mg-240 mg</i>	1	QL(1 ea daily)
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
<i>loratadine & pseudoephedrine tb12 5 mg-120 mg</i>	1	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg</i>	1	QL(1 ea daily)
TUZISTRA XR SUER	2	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use <i>cetirizine-pseudoephedrine</i>)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use <i>sodium chloride (inhalant)</i>)	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (Use <i>sodium chloride (inhalant)</i>)	NF	
NEBUSAL NEBU	1	
<i>sodium chloride (inhalant) nebu 7 %</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 30 MG, 10 MG, 20 MG, 40 MG (Use <i>isotretinoin</i>)	NF	PA; AL(At least 12 yrs old)
<i>adapalene crea 0.1 %</i>	1	PA; AL(At least 12 yrs old)
<i>adapalene gel 0.1 %</i>	1	PA; AL(At least 12 yrs old); RX/OTC
<i>adapalene gel 0.3 %</i>	1	ST; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene-benzoyl peroxide gel</i>	1	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)
BENZACLIN GEL (Use <i>clindamycin phosphate-benzoyl peroxide</i>)	NF	PA; AL(At least 12 yrs old)
BENZACLIN WITH PUMP GEL (Use <i>clindamycin phosphate-benzoyl peroxide</i>)	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL (Use <i>benzoyl peroxide-erythromycin</i>)	NF	PA; AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
<i>benzoyl peroxide foam 5.3 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide gel 5 %, 10 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide liqd 4 %, 7 %, 10 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel</i>	1	PA; AL(At least 12 yrs old)
CLEOCIN-T GEL (Use <i>clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T LOTN (Use <i>clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
CLINDAGEL GEL (Use <i>clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) foam</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) lotn</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1	QL(4 ml daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	PA; AL (At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>	1	PA; AL (At least 12 yrs old)
<i>clindamycin phosphate-tretinoin gel</i>	1	ST; AL (At least 12 yrs old)
DIFFERIN CREA 0.1 % (<i>Use adapalene</i>)	NF	PA; AL (At least 12 yrs old)
DIFFERIN GEL 0.1 % (<i>Use adapalene</i>)	NF	PA; AL (At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (<i>Use adapalene</i>)	NF	ST; AL (At least 12 yrs old)
DIFFERIN LOTN 0.1 %	1	ST; AL (At least 12 yrs old)
DUAC GEL (<i>Use clindamycin phosphate-benzoyl peroxide (refrigerate)</i>)	NF	PA; AL (At least 12 yrs old)
EPIDUO GEL (<i>Use adapalene-benzoyl peroxide</i>)	NF	ST; AL (At least 12 yrs old)
<i>erythromycin (acne aid) pads</i>	1	AL (At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1	AL (At least 12 yrs old)
EVOCLIN FOAM (<i>Use clindamycin phosphate (topical)</i>)	NF	PA; AL (At least 12 yrs old)
<i>isotretinoin caps 30 mg, 10 mg, 20 mg, 40 mg</i>	3	PA; AL (At least 12 yrs old)
KLARON LOTN (<i>Use sulfacetamide sodium (acne)</i>)	NF	AL (At least 12 yrs old)
RETIN-A CREA (<i>Use tretinoin</i>)	NF	AL (At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (<i>Use tretinoin</i>)	NF	AL (At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (<i>Use tretinoin microsphere</i>)	NF	PA; AL (At least 12 yrs old - Up to 30 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A MICRO PUMP GEL 0.1 % (<i>Use tretinoin microsphere</i>)	NF	PA; AL (At least 12 yrs old - Up to 30 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1	AL (At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 5 %-10 %</i>	1	AL (At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %</i>	1	ST; AL (At least 12 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle emul</i>	1	AL (At least 12 yrs old)
SUMADAN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	ST; AL (At least 12 yrs old)
<i>tretinoin crea 0.05 %, 0.1 %, 0.025 %</i>	1	AL (At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin gel 0.01 %, 0.025 %</i>	1	AL (At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL (At least 12 yrs old - Up to 30 yrs old)
VELTIN GEL (<i>Use clindamycin phosphate-tretinoin</i>)	NF	ST; AL (At least 12 yrs old)
ZIANA GEL (<i>Use clindamycin phosphate-tretinoin</i>)	NF	ST; AL (At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine ptch</i>	1	PA; QL (2 ea daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL (3.34 gm daily); RX/OTC
FLECTOR PTCH (<i>Use diclofenac epolamine</i>)	3	PA; QL (2 ea daily)
VOLTAREN GEL (<i>Use diclofenac sodium (topical)</i>)	NF	QL (3.34 gm daily); RX/OTC
Antibiotics - Topical		
ALTABAX OINT	2	
<i>gentamicin sulfate (topical) crea</i>	1	QL (1 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin oint</i>	1	
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
<i>butenafine hcl crea</i>	1	RX/OTC
<i>ciclopirox gel ex 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham ex 1 %</i>	1	
<i>ciclopirox soln ex 8 %</i>	1	
<i>clotrimazole (topical) crea</i>	1	RX/OTC
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	
<i>clotrimazole w/ betamethasone lotn</i>	1	
<i>econazole nitrate crea</i>	1	QL(85 gm per fill retail,85 gm per fill mail)
ERTACZO CREA	3	
EXELDERM CREA (<i>Use sulconazole nitrate</i>)	3	
EXELDERM SOLN	3	
EXELDERM SOLN (<i>Use sulconazole nitrate</i>)	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN (<i>Use tavaborole</i>)	3	PA
<i>ketoconazole (topical) crea 2 %</i>	1	
<i>ketoconazole (topical) sham 2 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
LOPROX CREA (<i>Use ciclopirox olamine</i>)	NF	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
LOPROX SHAMPOO SHAM (<i>Use ciclopirox</i>)	NF	
LOPROX SUSP (<i>Use ciclopirox olamine</i>)	NF	
LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN ULTRA CREA (<i>Use butenafine hcl</i>)	1	RX/OTC
LOTRISONE CREA (<i>Use clotrimazole w/ betamethasone</i>)	NF	
<i>luliconazole crea</i>	1	PA
LUZU CREA (<i>Use luliconazole</i>)	3	PA
<i>naftifine hcl crea 1 %</i>	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl crea 2 %</i>	1	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl gel 1 %</i>	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

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Drug Name	Drug Tier	Requirements/ Limits
NAFTIFINE HYDROCHLORIDE CREA (Use <i>naftifine hcl</i>)	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN CREA 2 % (Use <i>naftifine hcl</i>)	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN GEL 1 % (Use <i>naftifine hcl</i>)	NF	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NIZORAL SHAM (Use <i>ketoconazole (topical)</i>)	NF	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT CREA (Use <i>oxiconazole nitrate</i>)	NF	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
OXISTAT LOTN	2	Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PENLAC NAIL LACQUER SOLN (Use <i>ciclopirox</i>)	NF	
<i>sulconazole nitrate crea</i>	1	
<i>sulconazole nitrate soln</i>	1	
<i>tavaborole soln</i>	1	PA
VUSION OINT (Use <i>miconazole-zinc oxide-white petrolatum</i>)	NF	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (Use <i>fluorouracil (topical)</i>)	NF	
<i>diclofenac sodium (actinic keratoses) gel</i>	1	PA; QL(3.34 gm daily)
EFUDEX CREA (Use <i>fluorouracil (topical)</i>)	NF	
<i>fluorouracil (topical) crea 5 %</i>	1	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1	
PANRETIN GEL	3	
PICATO GEL 0.015 %	2	QL(3 ea per fill retail,3 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
PICATO GEL 0.05 %	2	QL(2 ea per fill retail,2 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	PA; Limit 1 fill every 180 days; QL(45 gm per fill retail, 45 gm per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
<i>PRUDOXIN CREA (Use doxepin hcl (antipruritic))</i>	3	PA; Limit 1 fill every 180 days; QL(45 gm per fill retail, 45 gm per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
<i>ZONALON CREA (Use doxepin hcl (antipruritic))</i>	3	PA; Limit 1 fill every 180 days; QL(45 gm per fill retail, 45 gm per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
Antipsoriatics		
<i>acitretin caps 17.5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1	QL(2 ea daily)
<i>calcipotriene crea</i>	1	PA; QL(4 gm daily)
<i>calcipotriene oint</i>	1	PA; QL(4 gm daily)
<i>calcipotriene soln</i>	1	PA; QL(4 ml daily)
<i>calcitriol (topical) oint</i>	1	QL(3.34 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SENSOREADY PEN SOAJ	4	PA; QL(0.072 ml daily)
COSENTYX SOSY 150 MG/ML	4	PA; QL(0.036 ml daily)
COSENTYX SOSY 150 MG/ML	4	PA; QL(0.072 ml daily)
DOVONEX CREA (<i>Use calcipotriene</i>)	NF	PA; QL(4 gm daily)
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (<i>Use methoxsalen rapid</i>)	NF	QL(4 ea daily)
SKYRIZI PEN SOAJ	4	PA; QL(0.025 ml daily)
SKYRIZI PSKT 75 MG/0.83ML	4	PA; QL(0.025 ea daily)
SKYRIZI SOSY 150 MG/ML	4	PA; QL(0.025 ml daily)
SORIATANE CAPS 10 MG (<i>Use acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (<i>Use acitretin</i>)	NF	QL(2 ea daily)
STELARA SOLN SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 90 MG/ML	4	PA; QL(0.018 ml daily); SP
<i>tazarotene crea</i>	1	PA
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (<i>Use tazarotene</i>)	NF	PA
TAZORAC GEL 0.05 %, 0.1 %	2	
TREMFYA SOPN	4	PA; QL(0.018 ml daily)
TREMFYA SOSY	4	PA; QL(0.018 ml daily)
VECTICAL OINT (<i>Use calcitriol (topical)</i>)	1	QL(3.34 gm daily)
Antiseborrheic Products		
<i>selenium sulfide lotn</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
Antivirals - Topical		
<i>acyclovir topical crea</i>	1	
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	QL(0.18 gm daily)
ZOVIRAX CREA EX 5 % (Use acyclovir topical)	NF	
ZOVIRAX OINT EX 5 % (Use acyclovir topical)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use silver sulfadiazine)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use mafenide acetate)	NF	
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
<i>amcinonide crea</i>	1	QL(60 gm per fill retail,60 gm per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
<i>amcinonide lotn</i>	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea 0.1 %</i>	1	
<i>betamethasone valerate foam 0.12 %</i>	1	QL(1.67 gm daily)
<i>betamethasone valerate lotn 0.1 %</i>	1	
<i>betamethasone valerate oint 0.1 %</i>	1	
<i>calcipotriene-betamethasone dipropionate oint</i>	1	ST
<i>calcipotriene-betamethasone dipropionate susp</i>	1	ST
<i>clobetasol propionate crea</i>	1	PA; QL(3 gm daily)
<i>clobetasol propionate emollient base crea</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate foam</i>	1	ST; QL(3 gm daily)
<i>clobetasol propionate gel</i>	1	ST; QL(2 gm daily)
<i>clobetasol propionate oint</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	PA; QL(3.34 ml daily)
<i>clocortolone pivalate crea</i>	3	
CLODERM CREA (Use clocortolone pivalate)	3	
CORDRAN CREA 0.05 % (Use flurandrenolide)	NF	
CORDRAN LOTN 0.05 % (Use flurandrenolide)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	

Drug Name	Drug Tier	Requirements/ Limits
CUTIVATE LOTN (<i>Use fluticasone propionate</i>)	NF	QL(6 ml daily)
DERMA-SMOOTH/FS BODY OIL (<i>Use fluocinolone acetonide</i>)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (<i>Use fluocinolone acetonide</i>)	NF	
<i>desonide crea</i>	1	QL(4 gm daily)
<i>desonide lotn</i>	1	QL(4 ml daily)
<i>desonide oint</i>	1	QL(3 gm daily)
DESOWEN CREA (<i>Use desonide</i>)	NF	QL(4 gm daily)
<i>desoximetasone crea 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone oint 0.25 %</i>	1	
<i>diflorasone diacetate crea</i>	1	PA
<i>diflorasone diacetate oint</i>	1	PA
DIPROLENE AF CREA (<i>Use betamethasone dipropionate augmented</i>)	NF	
DIPROLENE OINT (<i>Use betamethasone dipropionate augmented</i>)	NF	
ELOCON CREA (<i>Use mometasone furoate</i>)	NF	
<i>fluocinolone acetonide crea 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide oil 0.01 %</i>	1	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>fluocinolone acetonide oil 0.01 %</i>	1	
<i>fluocinolone acetonide oint 0.025 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide crea 0.05 %</i>	1	QL(2 gm daily)
<i>fluocinonide emulsified base crea</i>	1	QL(2 gm daily)
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	QL(2 gm daily)
<i>fluocinonide soln 0.05 %</i>	1	QL(2 ml daily)
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate lotn 0.05 %</i>	1	QL(6 ml daily)
<i>fluticasone propionate oint 0.005 %</i>	1	
<i>halcinonide crea</i>	1	PA
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA (<i>Use halcinonide</i>)	NF	PA
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
LOCOID CREA (<i>Use hydrocortisone butyrate</i>)	NF	
LOCOID SOLN (<i>Use hydrocortisone butyrate</i>)	NF	
LUXIQ FOAM (<i>Use betamethasone valerate</i>)	NF	QL(1.67 gm daily)
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (<i>Use hydrocortisone topical</i>)	NF	RX/OTC
OLUX FOAM (<i>Use clobetasol propionate</i>)	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
<i>prednicarbate oint</i>	1	
PSORCON CREA	2	PA
SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NF	
SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	NF	
SYNALAR SOLN (<i>Use fluocinolone acetonide</i>)	NF	
TACLONEX OINT (<i>Use calcipotriene-betamethasone dipropionate</i>)	NF	ST
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	3	ST
TEMOVATE CREA (<i>Use clobetasol propionate</i>)	NF	PA; QL(3 gm daily)
TEMOVATE OINT (<i>Use clobetasol propionate</i>)	NF	PA; QL(1 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
TOPICORT CREA 0.25 % (<i>Use desoximetasone</i>)	NF	
TOPICORT GEL 0.05 % (<i>Use desoximetasone</i>)	NF	
TOPICORT OINT 0.25 % (<i>Use desoximetasone</i>)	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) crea 0.1 %</i>	1	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	PA
TRIDESILON CREA (<i>Use desonide</i>)	NF	QL(4 gm daily)
Eczema Agents		
DUPIXENT SOPN 300 MG/2ML	4	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA
Emollient/Keratolytic Agents		
HYDRO 35 FOAM (<i>Use urea in lactic acid vehicle</i>)	NF	
Emollients		
LAC-HYDRIN CREA (<i>Use lactic acid (ammonium lactate)</i>)	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (<i>Use lactic acid (ammonium lactate)</i>)	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		

Drug Name	Drug Tier	Requirements/ Limits
ALDARA CREA (<i>Use imiquimod</i>)	NF	QL(12 ea per fill retail,12 ea per fill mail)
<i>imiquimod crea 5 %</i>	1	QL(12 ea per fill retail,12 ea per fill mail)
ZYCLARA CREA (<i>Use imiquimod</i>)	NF	
ZYCLARA PUMP CREA 3.75 % (<i>Use imiquimod</i>)	NF	
Immunosuppressive Agents - Topical		
ELIDEL CREA (<i>Use pimecrolimus</i>)	NF	PA; AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1	PA; AL(At least 2 yrs old)
PROTOPIC OINT (<i>Use tacrolimus (topical)</i>)	NF	PA; AL(At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1	PA; AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
<i>podofilox soln</i>	1	
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily); RX/OTC
<i>lidocaine hcl prsy ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch ex 5 %</i>	1	PA
<i>lidocaine-prilocaine crea</i>	1	QL(1 gm daily)
LIDODERM PTCH (<i>Use lidocaine</i>)	NF	PA
SYNERA PTCH	3	QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		

Drug Name	Drug Tier	Requirements/ Limits
EUCRISA OINT	3	PA; QL(2 gm daily)
Rosacea Agents		
<i>azelaic acid gel</i>	1	PA
FINACEA GEL (<i>Use azelaic acid</i>)	NF	PA
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NF	
METROGEL GEL (<i>Use metronidazole (topical)</i>)	NF	
METROLOTION LOTN (<i>Use metronidazole (topical)</i>)	NF	
<i>metronidazole (topical) crea</i>	1	
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	
MIRVASO GEL	3	PA; QL(1 gm daily)
ORACEA CPDR (<i>Use doxycycline (rosacea)</i>)	NF	
SOOLANTRA CREA (<i>Use ivermectin (rosacea)</i>)	NF	
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	PA
ELIMITE CREA (<i>Use permethrin</i>)	NF	
EURAX CREA	3	
EURAX LOTN (<i>Use crotamiton</i>)	NF	PA
<i>ivermectin (pediculicide) lotn</i>	1	PA; RX/OTC
IVERMECTIN LOTN EX 0.5 %	3	PA; RX/OTC
<i>lindane sham</i>	1	
<i>malathion lotn</i>	1	
NATROBA SUSP (<i>Use spinosad</i>)	1	PA

Drug Name	Drug Tier	Requirements/ Limits
NIX CREME RINSE LIQD (Use <i>permethrin</i>)	NF	
OVIDE LOTN (Use <i>malathion</i>)	NF	
<i>permethrin crea</i>	1	
<i>permethrin liqd</i>	1	
SKLICE LOTN (Use <i>ivermectin (pediculicide)</i>)	3	PA; RX/OTC
<i>spinosad susp</i>	1	PA
ULESFIA LOTN	3	
Wound Care Products		
REGRANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
Diagnostic Tests		
CHEMSTRIP-K STRP	1	
FORA GTEL BLOOD KETONE TEST STRIPS STRP	1	
GOJJI BLOOD KETONE TEST STRIPS STRP	1	
KETONE STRP	1	
KETONE TEST STRIPS STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1	
PRECISION XTRA STRP VI	1	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE TEST STRIPS STRP	1	

Drug Name	Drug Tier	Requirements/ Limits
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
SUCRAID SOLN	3	
ZENPEP CPEP	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide sodium solr</i>	1	
<i>acetazolamide tabs 125 mg</i>	1	QL(8 ea daily)
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
KEVEYIS TABS	4	PA; QL(4 ea daily)
<i>methazolamide tabs</i>	1	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (Use <i>spironolactone & hydrochlorothiazide</i>)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE-25 TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
Loop Diuretics		
<i>bumetanide soln ij 0.25 mg/ml</i>	1	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS (<i>Use bumetanide</i>)	NF	QL(5 ea daily)
EDECIN TABS (<i>Use ethacrynic acid</i>)	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1	QL(16 ea daily)
<i>furosemide soln</i>	1	
<i>furosemide tabs</i>	1	
LASIX TABS (<i>Use furosemide</i>)	NF	
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (<i>Use triamterene</i>)	NF	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DIURIL SUSP	2	QL(20 ml daily)
<i>hydrochlorothiazide caps</i>	1	QL(2 ea daily)
<i>hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>indapamide tabs 1.25 mg</i>	1	QL(1 ea daily)
<i>indapamide tabs 2.5 mg</i>	1	QL(2 ea daily)
<i>metolazone tabs</i>	1	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>Use risedronate sodium</i>)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (<i>Use risedronate sodium</i>)	NF	PA; QL(0.143 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
ATELVIA TBEC (<i>Use risedronate sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use ibandronate sodium</i>)	NF	PA; SP
BONIVA TABS OR 150 MG (<i>Use ibandronate sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln na 200 unit/act</i>	1	
<i>etidronate disodium tabs</i>	1	
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (<i>Use alendronate sodium</i>)	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(0.036 ea daily)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
<i>pamidronate disodium solr 30 mg, 90 mg</i>	4	PA; SP
PROLIA SOSY	4	PA; 1 rtl MAX fill, 180 rtl day(s) supply,; SP
RECLAST SOLN (<i>Use zoledronic acid</i>)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	PA
TYMLOS SOPN	4	PA;
XGEVA SOLN	4	PA; SP
<i>zoledronic acid conc 4 mg/5ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	4	PA; SP
<i>zoledronic acid soln 4 mg/100ml, 5 mg/100ml</i>	4	PA; SP
Corticotropin		
ACTHAR GEL	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
<i>ganirelix acetate sosy</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
GANIRELIX ACETATE SOSY (<i>Use ganirelix acetate</i>)	NF	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	4	PA
EGRIFTA SV SOLR	4	PA
Growth Hormones		
GENOTROPIN MINIQUEL SOLR 0.2 MG	4	PA; SP
GENOTROPIN SOLR 5 MG	4	PA; SP
HUMATROPE COMBO PACK SOLR	4	PA; SP
HUMATROPE SOLR	4	PA; SP
NORDITROPIN FLEXPOR SOPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXPOR SOPN 30 MG/3ML	4	PA
NUTROPIN AQ NUSPIN 10 SOPN	4	PA; SP
OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use raloxifene hcl</i>)	NF	QL(1 ea daily)
OSPHEA TABS	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
FENSOLVI KIT	4	PA; SP
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (1-MONTH) KIT	4	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	4	PA; SP
SYNAREL SOLN	4	PA; SP
Metabolic Modifiers		
ALDURAZYPE SOLN	4	PA; SP
BUPHENYL POWD (Use sodium phenylbutyrate)	NF	PA
BUPHENYL TABS (Use sodium phenylbutyrate)	NF	PA
<i>calcitriol caps</i>	1	
<i>calcitriol soln</i>	1	
CARBAGLU TABS	4	PA; SP
<i>cinacalcet hcl tabs</i>	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL SOLN 4 MCG/2ML (Use <i>doxercalciferol</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
KUVAN PACK (Use <i>sapropterin dihydrochloride</i>)	NF	PA
KUVAN TABS (Use <i>sapropterin dihydrochloride</i>)	NF	PA
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (Use <i>nitisinone</i>)	NF	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALtrol CAPS (Use <i>calcitriol</i>)	NF	
ROCALtrol SOLN (Use <i>calcitriol</i>)	NF	
<i>sapropterin dihydrochloride pack</i>	4	PA
<i>sapropterin dihydrochloride tabs</i>	4	PA
SENSIPAR TABS (Use <i>cinacalcet hcl</i>)	NF	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd</i>	1	PA
<i>sodium phenylbutyrate tabs</i>	1	PA
ZEMPLAR CAPS (Use <i>paricalcitol</i>)	NF	
ZEMPLAR SOLN (Use <i>paricalcitol</i>)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use <i>desmopressin acetate</i>)	NF	PA
DDAVP SOLN NA 0.01 % (Use <i>desmopressin acetate spray</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
DDAVP TABS OR 0.1 MG (Use <i>desmopressin acetate</i>)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use <i>desmopressin acetate</i>)	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA
DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML	4	PA; SP
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (Use <i>octreotide acetate</i>)	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.011 ml daily); SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPk	4	PA; SP
SAMSCA TABS (Use <i>tolvaptan</i>)	4	PA; QL(2 ea daily); SP
<i>tolvaptan tabs</i>	4	PA; QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVERE TABS	3	PA
FEMHRT TABS (Use <i>norethindrone acetate-ethinyl estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
CLIMARA PTWK (Use <i>estradiol</i>)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Use <i>estradiol valerate</i>)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (Use <i>estradiol</i>)	NF	
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL(0.286 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr</i>	1	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX SOLN (<i>Use moxifloxacin hcl in sodium chloride</i>)	1	
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	2 rtl MAX fill,30 rtl day(s) supply,
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl tabs</i>	1	
<i>ciprofloxacin in d5w soln 5 %-200 mg/100ml</i>	3	
<i>ciprofloxacin susr</i>	1	2 rtl MAX fill,30 rtl day(s) supply,
LEVAQUIN TABS (<i>Use levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln 5 %-500 mg/100ml</i>	1	
<i>levofloxacin soln</i>	1	
<i>levofloxacin tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>moxifloxacin hcl in sodium chloride soln</i>	1	
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin tabs</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use ursodiol</i>)	NF	
URSO 250 TABS (<i>Use ursodiol</i>)	NF	
URSO FORTE TABS (<i>Use ursodiol</i>)	NF	
<i>ursodiol caps 300 mg</i>	1	
<i>ursodiol tabs 250 mg, 500 mg</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS (<i>Use lubiprostone</i>)	2	PA; QL(2 ea daily)
<i>lubiprostone caps</i>	1	PA; QL(2 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1	
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	1	QL(60 ml daily)
<i>metoclopramide hcl tabs or 10 mg, 5 mg</i>	1	QL(6 ea daily)
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NF	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NF	QL(6 ea daily)
AVSOLA SOLR	4	PA
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP (<i>Use mesalamine</i>)	NF	
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF	
DELZICOL CPDR (<i>Use mesalamine</i>)	NF	
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s), 30 mail lmt day(s),
LIALDA TBEC (<i>Use mesalamine</i>)	NF	
<i>mesalamine cp24 or 0.375 gm</i>	1	
<i>mesalamine cpdr or 400 mg</i>	1	
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine supp re 1000 mg</i>	1	
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(6 ea daily)
RENFLEXIS SOLR	4	PA; 30 rtl lmt day(s), 30 mail lmt day(s),
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	1	QL(2 ea daily)
LINZESS CAPS	2	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LOTIRONEX TABS (<i>Use alosetron hcl</i>)	NF	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan caps</i>	1	
ENTEREG CAPS (<i>Use alvimopan</i>)	3	
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	3	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL CHEW 1000 MG, 500 MG, 750 MG (<i>Use lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
RENVELA PACK (<i>Use sevelamer carbonate</i>)	NF	
RENVELA TABS (<i>Use sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	
VELPHORO CHEW	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 10 meq, 1080 mg</i>	1	
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	
<i>glycine (gu irrigant) soln</i>	1	
RESECTISOL SOLN	1	
<i>sodium chloride (gu irrigant) soln</i>	1	
SORBITOL SOLN	1	
SORBITOL-MANNITOL SOLN	1	
SORBITOL/MANNITOL IRRIGATION SOLN	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (<i>Use dutasteride</i>)	NF	QL(1 ea daily)
<i>dutasteride caps</i>	1	QL(1 ea daily)
<i>finasteride tabs</i>	1	5 mg only
FLOMAX CAPS (<i>Use tamsulosin hcl</i>)	NF	
PROSCAR TABS (<i>Use finasteride</i>)	NF	5 mg only
RAPAFLO CAPS (<i>Use silodosin</i>)	NF	
<i>silodosin caps 8 mg, 4 mg</i>	1	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (<i>Use alfuzosin hcl</i>)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1	
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		

Drug Name	Drug Tier	Requirements/ Limits
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	QL(1 ea daily)
COLCRYS TABS (<i>Use colchicine</i>)	NF	QL(1 ea daily)
<i>febuxostat tabs</i>	1	PA; QL(1 ea daily)
KRYSTEXXA SOLN	4	PA
MITIGARE CAPS (<i>Use colchicine</i>)	NF	
ULORIC TABS (<i>Use febuxostat</i>)	NF	PA; QL(1 ea daily)
ZYLOPRIM TABS (<i>Use allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (<i>Use icatibant acetate</i>)	NF	PA; QL(9 ml daily)
<i>icatibant acetate soln</i>	4	PA; QL(9 ml daily)
Complement Inhibitors		
CINRYZE SOLR	4	PA
HAEGARDA SOLR	4	PA
RUCONEST SOLR	4	PA; QL(0.143 ea daily)
SOLIRIS SOLN	4	PA
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	1	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
TAKHZYRO SOLN	4	PA;

Drug Name	Drug Tier	Requirements/ Limits
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use aspirin-dipyridamole</i>)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (<i>Use anagrelide hcl</i>)	NF	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	PA; QL(2 ea daily)
BRILINTA TABS	2	
CABLIVI KIT	4	PA
<i>cilostazol tabs</i>	1	
<i>clopidogrel bisulfate tabs 300 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>Use prasugrel hcl</i>)	NF	QL(1 ea daily)
PLAVIX TABS (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
ZONTIVITY TABS	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	4	PA; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS (<i>Use miglustat</i>)	NF	PA; QL(3 ea daily); SP
Agents for Sickle Cell Disease		

Drug Name	Drug Tier	Requirements/ Limits
DROXIA CAPS	3	
OXBRYTA TABS	4	PA
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	0	RX/OTC
<i>folic acid tabs or 400 mcg</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; SP
DOPTelet TABS	4	PA
EPOGEN SOLN	3	PA; SP
FULPHILA SOSY	4	PA;
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
MULPLETA TABS	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA

Drug Name	Drug Tier	Requirements/ Limits
NPLATE SOLR 250 MCG, 500 MCG	4	PA; SP
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; SP
PROCRIT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA PACK 12.5 MG	4	PA; QL(1 ea daily)
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA
ZARXIO SOSY	4	PA; 30 rtl lmt day(s), 30 mail lmt day(s),
ZIEXTENZO SOSY	4	PA;
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	0	AL(Up to 1 yrs old)
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tabs or 325 mg, 65 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG, 500 MG (<i>Use aminocaproic acid</i>)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>aminocaproic acid tabs or 1000 mg, 500 mg</i>	1	PA
CYKLOKAPRON SOLN (<i>Use tranexamic acid</i>)	NF	
LYSTEDA TABS (<i>Use tranexamic acid</i>)	NF	
<i>tranexamic acid soln</i>	1	
<i>tranexamic acid tabs</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital elix 20 mg/5ml</i>	1	
<i>phenobarbital soln 20 mg/5ml</i>	1	
<i>phenobarbital tabs 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg, 15 mg, 30 mg</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep) tabs</i>	1	PA; QL(1 ea daily)
SILENOR TABS (<i>Use doxepin hcl (sleep)</i>)	NF	PA; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NF	ST; Must try immediate release zolpidem.; QL(1 ea daily)
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
DORAL TABS (<i>Use quazepam</i>)	NF	
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS (<i>Use triazolam</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
LUNESTA TABS (<i>Use eszopiclone</i>)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS (<i>Use temazepam</i>)	NF	QL(1 ea daily)
<i>temazepam caps</i>	1	QL(1 ea daily)
<i>triazolam tabs</i>	1	
<i>zaleplon caps 10 mg</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 5 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tbcr or 6.25 mg, 12.5 mg</i>	1	ST; Must try immediate release zolpidem.; QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA; QL(1 ea daily)
<i>ramelteon tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS (<i>Use ramelteon</i>)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1	
FIBERCON TABS (<i>Use calcium polycarbophil</i>)	NF	
Laxative Combinations		

Drug Name	Drug Tier	Requirements/ Limits
CLENPIQ SOLN	3	PA
COLYTE-FLAVOR PACKS SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NF	
GOLYTELY SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	0	
MOVIPREP SOLR (<i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	2	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	1	PA
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 2.97 gm-5.86 gm-6.74 gm-22.74 gm-236 gm</i>	0	
PREPOPIK PACK	3	PA
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
Saline Laxatives		
OSMOPREP TABS	3	PA
Stimulant Laxatives		
<i>bisacodyl tbec</i>	1	
DULCOLAX TBEC (<i>Use bisacodyl</i>)	NF	
Surfactant Laxatives		
COLACE CAPS (<i>Use docusate sodium</i>)	NF	
<i>docusate calcium caps</i>	1	
<i>docusate sodium caps</i>	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		

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Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl (local anesth.) soln 0.5 %, 1 %, 2 %</i>	1	
MARCAINE SOLN 0.5 % (Use bupivacaine hcl)	NF	
NAROPIN SOLN 5 MG/ML, 2 MG/ML (Use ropivacaine hcl)	NF	
XYLOCAINE SOLN 0.5 %, 1 % (Use lidocaine hcl (local anesth.))	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (Use lidocaine hcl (local anesth.))	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack or 1 gm</i>	1	
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail,6 ea per fill mail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea per fill retail,4 ea per fill mail)
<i>azithromycin tabs or 600 mg</i>	1	QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM (Use azithromycin)	NF	
ZITHROMAX SOLR IV 500 MG (Use azithromycin)	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use azithromycin)	NF	
ZITHROMAX TABS OR 250 MG (Use azithromycin)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (Use azithromycin)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (Use azithromycin)	NF	QL(0.286 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX TRI-PAK TABS (Use azithromycin)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (Use azithromycin)	NF	QL(6 ea per fill retail,6 ea per fill mail)
Clarithromycin		
<i>clarithromycin susr</i>	1	
<i>clarithromycin tabs</i>	1	
<i>clarithromycin tb24</i>	1	
Erythromycins		
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	NF	
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	NF	
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	3	
<i>erythromycin base cpep 250 mg</i>	3	
<i>erythromycin base tabs 250 mg, 500 mg</i>	3	
<i>erythromycin base tbec 333 mg, 500 mg, 250 mg</i>	1	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	3	
Fidaxomicin		
DIFICID TABS 200 MG	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
CAYA DPRH	0	
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	QL(1 ea daily)
FEMCAP DEVI	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SPECIAL DEVI	0	QL(2 ea daily)
MAXX LUBRICATED MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM DPRH	0	

Drug Name	Drug Tier	Requirements/ Limits
PREMIUM CONDOMS LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)
REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ADJUSTABLE LANCING DEVICE MISC	1	
ADVANCED MOBILE LANCET 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCING DEVICE MISC	1	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)
ADVOCATE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 32G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	1	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	1	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS 21G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
ASSURE LANCETS MISC	1	QL(6.6667 ea daily)
AURORA LANCET SUPER THIN30G MISC	1	QL(6.6667 ea daily)
AURORA LANCET THIN 23G MISC	1	QL(6.6667 ea daily)
AUTO-LANCET MINI MISC	1	
AUTO-LANCET MISC	1	
AUTOLET IMPRESSION LANCING DEVICE MISC	1	
AUTOLET LANCING DEVICE MISC	1	
AUTOLET MINI MISC	1	
AUTOLET PLUS MISC	1	
BD LANCET ULTRAFINE 30G MISC	1	QL(6.6667 ea daily)
BD LANCET ULTRAFINE 33G MISC	1	QL(6.6667 ea daily)
BD MICROTAINER LANCETS MISC	1	QL(6.6667 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
BULLSEYE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CARDIOCOM LANCING DEVICE MISC	1	
CAREONE ADVANCED LANCINGDEVICE MISC	1	
CAREONE LANCET SUPER THIN/30G MISC	1	QL(6.6667 ea daily)
CAREONE LANCET THIN MISC	1	QL(6.6667 ea daily)
CARESENS LANCETS MISC	1	QL(6.6667 ea daily)
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	1	
CARETOUCH SAFETY LANCETS/26G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/28G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)
COAGUCHEK LANCETS MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
CVS LANCETS 21G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ORIGINAL MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCING DEVICE MISC	1	
CVS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCING DEVICE MISC	1	
DROPLET GENTEEL LANCING DEVICE MISC	1	
DROPLET LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1	
DROPLET PERSONAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1	
DRUG MART LANCETS THIN MISC	1	QL(6.6667 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS 21G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS COLOR MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
E-Z JECT LANCETS MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	1	
EASY MINI LANCING DEVICE MISC	1	
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 33G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TWIST & CAP LANCETS MISC	1	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1	
EQL COLOR LANCETS 21G MISC	1	QL(6.6667 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
EQL THIN LANCETS 26G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 21G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 SAFETY SEAL LANCETS 32G MISC	1	QL(6.6667 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
FINE 30 MISC	1	QL(6.6667 ea daily)
FINGERSTIX LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1	
FORA LANCING DEVICE/CLEARCAP MISC	1	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
FREESTYLE LANCETS MISC	1	QL(6.6667 ea daily)
FREESTYLE UNISTICK II LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL BUTTERFLY TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1	
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	1	
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	1	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	1	
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	1	
GENTLE-LET GP LANCETS MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GLOBAL LANCING DEVICE MISC	1	
GLUCOCOM LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS 21G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN MISC	1	QL(6.6667 ea daily)
GNP LANCING SYSTEM DEVICE MISC	1	
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	
GOJJI STERILE LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1	
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	1	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	1	QL(6.6667 ea daily)
HEALTH CARE LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
HY-VEE LANCETS MISC	1	QL(6.6667 ea daily)
HY-VEE THIN LANCETS MISC	1	QL(6.6667 ea daily)
IN TOUCH LANCING DEVICE MISC	1	
IN TOUCH STERILE LANCETS30G MISC	1	QL(6.6667 ea daily)
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	1	
KROGER HEALTHPRO TWIST LANCETS/26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN33G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	
LANCET DEVICE WITH EJECTOR MISC	1	
LANCETS 26G TWIST TOP MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS 30G MISC	1	QL(6.6667 ea daily)
LANCETS 30G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 30G/TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 31G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 33G EXTRA FINE MISC	1	QL(6.6667 ea daily)
LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LANCETS MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 21G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 26G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 28G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 30G MISC	1	QL(6.6667 ea daily)
LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
LANCETS THIN MISC	1	QL(6.6667 ea daily)
LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
LANCETSBULLSEYE SAFETY MISC	1	QL(6.6667 ea daily)
LANCING DEVICE ADJUSTABLE MISC	1	
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	1	
LIBERTY MEDICAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
LIBERTY MINI LANCING DEVICE MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	1	QL(6.6667 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCING PEN MISC	1	
LITETOUCH LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LIVE BETTER ADVANCED LANCING DEVICE MISC	1	
LIVE BETTER LANCET SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	1	QL(6.6667 ea daily)
LONGS LANCETS STANDARD MISC	1	QL(6.6667 ea daily)
LONGS LANCETS THIN MISC	1	QL(6.6667 ea daily)
LONGS LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETEXTRA MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	1	QL(6.6667 ea daily)
MEDISENSE THIN LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS/LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE/EXTRA MISC	1	QL(6.6667 ea daily)
MEDLANCE/LITE MISC	1	QL(6.6667 ea daily)
MEDLANCE/UNIVERSAL MISC	1	QL(6.6667 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS THIN MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	1	QL(6.6667 ea daily)
MEIJER SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET NEXT MISC	1	
MINI LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
MM LANCING DEVICE MISC	1	
MM TWIST LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET OPD LANCETS MISC	1	QL(6.6667 ea daily)
MONOLETTOR SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCETS 23G/1.8MM MISC	1	QL(6.6667 ea daily)
MULTI-LANCET DEVICE MISC	1	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCETS MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	1	
ON CALL LANCING DEVICE MISC	1	
ON CALL PLUS LANCING DEVICE MISC	1	
ONETOUCH CLUB LANCETS FINE POINT MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1	
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	1	
ONETOUCH FINEPOINT LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	1	QL(6.6667 ea daily)
PC LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PERFECT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACY COUNTER LANCETS MISC	1	QL(6.6667 ea daily)
PIP LANCETS/28G MISC	1	QL(6.6667 ea daily)
PIP LANCETS/30G MISC	1	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	1	QL(6.6667 ea daily)
PRODIGY LANCING DEVICE MISC	1	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
PRODIGY SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT GP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PX ADVANCED LANCING DEVICE MISC	1	
PX LANCET AUTO INJECTOR MISC	1	
PX LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
PX LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC ADVANCED LANCING DEVICE MISC	1	
QC LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
QC LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	1	QL(6.6667 ea daily)
REALITY LANCETS MISC	1	QL(6.6667 ea daily)
REALITY TRIGGER LANCETS MISC	1	QL(6.6667 ea daily)
RELION 2-IN-1 LANCET DEVICES 30G MISC	1	
RELION 2-IN-1 LANCING DEVICE 25G MISC	1	
RELION 2-IN-1 LANCING DEVICE 30G MISC	1	
RELION LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
RELION LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1	QL(6.6667 ea daily)
RELION LANCING DEVICE MISC	1	
RELION ULTRA THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN LANCETS30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
REXALL LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
RIGHTTEST GD500 LANCING DEVICE MISC	1	
RIGHTTEST GL300 LANCETS MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAFE-T-LANCE NORMAL FLOW 21G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETY LANCET HIGH FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETY LANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETY LANCET NORMAL FLOW MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY LET LANCETS MISC	1	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1	QL(6.6667 ea daily)
SB LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
SELECT-LITE LANCING DEVICE MISC	1	
SHOPKO AUTOLET LANCING DEVICE MISC	1	
SHOPKO ON-THE-GO COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
SIDE BUTTON SAFETY LANCET 21G MISC	1	QL(6.6667 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
SINGLE-LET MISC	1	QL(6.6667 ea daily)
SM MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	1	
SMART DIABETES VANTAGE LANCING DEVICE MISC	1	
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	1	QL(6.6667 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	1	QL(6.6667 ea daily)
SMART SENSE THIN LANCETS UNIVERSAL 26G MISC	1	QL(6.6667 ea daily)
SMARTEST LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 LANCING DEVICE MISC	1	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
STERILANCE TL MISC	1	QL(6.6667 ea daily)
SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 18G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 21G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 23G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCING PEN MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
SURE-LANCE FLAT LANCETS MISC	1	QL(6.6667 ea daily)
SURE-LANCE LANCETS 26G MISC	1	QL(6.6667 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE-PEN MISC	1	
SURE-TOUCH LANCETS UNIVERSAL MISC	1	QL(6.6667 ea daily)
SURELITE LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE AST LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS 30G MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS MISC	1	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
TGT LANCET THIN 26G MISC	1	QL(6.6667 ea daily)
TGT LANCET ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
TGT LANCING DEVICE MISC	1	
THINLETS GP LANCETS MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1	QL(6.6667 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	1	QL(6.6667 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
TRUEDRAW LANCING DEVICE MISC	1	
TRUEPLUS LANCETS 26G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	1	
ULTILET CLASSIC LANCETS MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ULTRA THIN LANCETS 31G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II AUTO LANCET MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNILET COMFORTOUCH LANCET MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE II MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNILET G.P. LANCET MISC	1	QL(6.6667 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNILET GP 28 ULTRA THIN MISC	1	QL(6.6667 ea daily)
UNILET LANCET MISC	1	QL(6.6667 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1	QL(6.6667 ea daily)
UNILET SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNISTIK 3 GENTLE MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 25G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VALUE PLUS LANCETS SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCING DEVICE MISC	1	
VALUMARK LANCET SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	1	
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCING DEVICE MISC	1	
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	1	QL(6.6667 ea daily)
WALGREENS LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS THIN LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
Parenteral Therapy Supplies		
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD AUTOSHIELD 29G X 3/16" MISC	1	QL(5 ea daily)
BD AUTOSHIELD 29G X 5/16" MISC	1	QL(5 ea daily)
BD AUTOSHIELD DUO 30G X 5MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE HALF- UNIT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U- 100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U- 100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U- 100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U- 100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTR A-FINE/29G X 12.7MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC	1	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREETSTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FREETSTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREETSTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREETSTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGES/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGES/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16" MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/27GX1/2" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC	1	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MAGELLAN INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/1ML MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	1	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	1	QL(5 ea daily)
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ	2	PA; QL(0.04 ml daily)
EMGALITY SOAJ 120 MG/ML	2	PA; QL(0.07 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOSY 100 MG/ML	3	PA; QL(0.1 ml daily)
EMGALITY SOSY 120 MG/ML	2	PA; QL(0.07 ml daily)
Migraine Combinations		
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs or 1 mg-100 mg</i>	1	
<i>sumatriptan-naproxen sodium tabs</i>	3	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
TREXIMET TABS (<i>Use sumatriptan-naproxen sodium</i>)	NF	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
Migraine Products		
D.H.E. 45 SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	PA; QL(0.267 ml daily)
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	ST; QL(0.267 ml daily)
Serotonin Agonists		
<i>almotriptan malate tabs 12.5 mg</i>	1	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
<i>almotriptan malate tabs 6.25 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
AMERGE TABS (<i>Use naratriptan hcl</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>eletriptan hydrobromide tabs</i>	1	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
FROVA TABS (<i>Use frovatriptan succinate</i>)	NF	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
<i>frovatriptan succinate tabs</i>	1	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (<i>Use sumatriptan</i>)	NF	QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE REFILL SOCT (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX TABS OR 100 MG, 25 MG, 50 MG (<i>Use sumatriptan succinate</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAK TABS (<i>Use eletriptan hydrobromide</i>)	NF	ST; QL(0.2 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soaj sc 6 mg/0.5ml, 4 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soct sc 6 mg/0.5ml, 4 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan soln na 2.5 mg, 5 mg</i>	1	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tabs or 2.5 mg, 5 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp or 2.5 mg, 5 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZOMIG SOLN NA 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP (<i>Use zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)

MINERALS & ELECTROLYTES

Bicarbonates

SODIUM ACETATE SOLN 2 MEQ/ML (<i>Use sodium acetate</i>)	1	
<i>sodium acetate soln 2 meq/ml, 4 meq/ml</i>	1	

Calcium

<i>calcium chloride (dihydrate) soln</i>	1	
CALCIUM GLUCONATE SOLN	1	
<i>calcium gluconate soln</i>	1	

Electrolyte Mixtures

DEXTROSE 5%/NACL 0.3% SOLN (<i>Use dextrose w/ sodium chloride</i>)	NF	
<i>dextrose in lactated ringers soln</i>	1	
DEXTROSE/SODIUM CHLORIDE SOLN (<i>Use dextrose w/ sodium chloride</i>)	NF	
IONOSOL-MB/DEXTROSE 5% SOLN 3 MEQ/L-3 MEQ/L-5 %-20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L, 3 MEQ/L-3 MMOLE/L-5 %-20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	

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Drug Name	Drug Tier	Requirements/ Limits
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml, 3 meq/l-4 meq/l-28 meq/l-109 meq/l-130 meq/l</i>	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-M/D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
<i>potassium chloride in dextrose & sodium chloride soln</i>	1	
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln 0.15 %-0.9 %, 0.45 %-20 meq/l, 0.9 %-40 meq/l</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 2.7 MEQ/L-5 %-24 MEQ/L-28 MEQ/L-129 MEQ/L-130 MEQ/L, 3 MEQ/L-5 %-24 MEQ/L-28 MEQ/L-130 MEQ/L-149 MEQ/L	1	
POTASSIUM CHLORIDE/SODIUM CHLORIDE SOLN 0.45 %-20 MEQ/L (Use <i>potassium chloride in nacl</i>)	1	
<i>ringer's soln</i>	1	
Fluoride		

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	0	QL(1 ea daily)
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	
Phosphate		
<i>potassium phosphates soln 224 mg/ml-236 mg/ml</i>	1	
Potassium		
K-TAB TBCR 10 MEQ (Use <i>potassium chloride</i>)	NF	
K-TAB TBCR 8 MEQ (Use <i>potassium chloride</i>)	1	
<i>potassium acetate soln</i>	1	
<i>potassium bicarbonate tbef</i>	1	
<i>potassium chloride cpr or 10 meq, 8 meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbc 15 meq, 20 meq, 10 meq</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML	1	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML (Use <i>potassium chloride</i>)	1	
<i>potassium chloride soln iv 10 meq/50ml, 20 meq/50ml, 2 meq/ml</i>	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML, 20 MEQ/50ML (Use <i>potassium chloride</i>)	NF	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbc or 10 meq, 8 meq</i>	1	
Sodium		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
sodium chloride soln iv 3 %, 5 %, 4 meq/ml, 0.45 %, 0.9 %	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use penicillamine)	NF	PA
DEPEN TITRATABS TABS (Use penicillamine)	NF	QL(8 ea daily)
penicillamine caps	1	PA
penicillamine tabs	1	QL(8 ea daily)
SYPRINE CAPS (Use trientine hcl)	NF	PA; QL(8 ea daily); SP
trientine hcl caps	4	PA; QL(8 ea daily); SP
Immunomodulators		
REVLIMID CAPS 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	4	PA; QL(1 ea daily); SP
REVLIMID CAPS 20 MG	4	PA;
THALOMID CAPS	4	PA; QL(3 ea daily); SP
Immunosuppressive Agents		
ATGAM INJ	4	PA; SP
AZATHIOPRINE SOLR IJ 100 MG	1	
azathioprine tabs or 100 mg, 50 mg, 75 mg	1	
CELLCEPT CAPS 250 MG (Use mycophenolate mofetil)	NF	
CELLCEPT TABS 500 MG (Use mycophenolate mofetil)	NF	
cyclosporine caps	1	
cyclosporine modified (for microemulsion) caps	1	
cyclosporine modified (for microemulsion) soln	1	

Drug Name	Drug Tier	Requirements/ Limits
cyclosporine soln	1	
everolimus (immunosuppressant) tabs 0.25 mg, 0.5 mg, 0.75 mg	4	PA; QL(20 ea daily); SP
IMURAN TABS (Use azathioprine)	NF	
mycophenolate mofetil caps or 250 mg	1	
mycophenolate mofetil tabs or 500 mg	1	
mycophenolate sodium tbec	1	
MYFORTIC TBEC (Use mycophenolate sodium)	NF	
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NF	
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NF	
NULOJIX SOLR	4	PA; SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use tacrolimus)	NF	
PROGRAF PACK OR 0.2 MG, 1 MG	2	PA
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use sirolimus)	NF	
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use cyclosporine)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	NF	
SIMULECT SOLR	3	
sirolimus tabs 0.5 mg, 1 mg, 2 mg	1	
tacrolimus caps	1	
THYMOGLOBULIN SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (<i>Use everolimus (immunosuppressant)</i>)	NF	PA; QL(20 ea daily); SP
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	
<i>lactated ringer's (irrigation) soln</i>	1	
<i>ringer's irrigation soln</i>	1	
<i>water for irrigation, sterile soln</i>	1	
Potassium Removing Agents		
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) soln 4 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
DEBACTEROL SOLN	2	
PERIDEX SOLN (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		
<i>stannous fluoride conc</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (<i>Use cevimeline hcl</i>)	NF	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (<i>Use pilocarpine hcl (oral)</i>)	NF	
MULTIVITAMINS		
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	2	QL(1 ea daily)
HM PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)
NEONATAL COMPLETE TABS 0.2 MG-1.84 MG-2 MG-2 MG-3 MG-5 MG-9.2 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1000 MCG-1200 MCG	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
O-CAL FA TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL LOW IRON TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL TABS 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT, 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-4000 UNIT, 1.5 MG-1.7 MG-2.6 MG-4 MCG-5 MG-10 MCG-18 MG-25 MG-27 MG-100 MG-200 MG-800 MCG-1200 MCG, 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-160 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	2	QL(1 ea daily)
PRENATAL TABS 1 MG-1.84 MG-2 MG-3 MG-10 MCG-10 MG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMINS TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
VOL-PLUS TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg, 20 mg</i>	1	
<i>carisoprodol tabs</i>	1	
<i>chlorzoxazone tabs 500 mg</i>	1	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 10 mg, 5 mg</i>	1	QL(3 ea daily)
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>orphenadrine citrate tb12 or 100 mg</i>	1	QL(2 ea daily)
ROBAXIN-750 TABS (<i>Use methocarbamol</i>)	NF	
SKELAXIN TABS (<i>Use metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (<i>Use carisoprodol</i>)	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (<i>Use tizanidine hcl</i>)	NF	
ZANAFLEX TABS (<i>Use tizanidine hcl</i>)	NF	
Direct Muscle Relaxants		
DANTRUM CAPS (<i>Use dantrolene sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 100 mg, 25 mg, 50 mg</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (<i>Use olopatadine hcl (nasal)</i>)	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY RELIEF SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
<i>flunisolide (nasal) soln</i>	1	1 rtl pack lmt per fill,
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; QL(1.14 gm daily)
NASACORT ALLERGY 24HR AERO (<i>Use triamcinolone acetonide (nasal)</i>)	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>Use triamcinolone acetonide (nasal)</i>)	NF	
NASONEX SUSP (<i>Use mometasone furoate (nasal)</i>)	NF	PA; QL(1.14 gm daily)
<i>triamcinolone acetonide (nasal) aero</i>	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (<i>Use riluzole</i>)	NF	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORE SOLR	3	PA
XEOMIN SOLR	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	1	
<i>carteolol hcl (ophth) soln</i>	1	
COMBIGAN SOLN	2	
COSOPT SOLN (<i>Use dorzolamide hcl-timolol maleate</i>)	NF	
<i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml</i>	1	
<i>levobunolol hcl soln</i>	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
TIMOPTIC SOLN (<i>Use timolol maleate (ophth)</i>)	NF	
TIMOPTIC-XE SOLG (<i>Use timolol maleate (ophth)</i>)	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NF	
<i>tropicamide soln</i>	1	
Miotics		

Drug Name	Drug Tier	Requirements/ Limits
ISOPTO CARPINE SOLN (<i>Use pilocarpine hcl</i>)	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (<i>Use brimonidine tartrate</i>)	NF	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN	3	
SIMBRINZA SUSP	3	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
<i>bacitracin (ophthalmic) oint</i>	3	
BLEPH-10 SOLN (<i>Use sulfacetamide sodium (ophth)</i>)	NF	
CILOXAN SOLN (<i>Use ciprofloxacin hcl (ophth)</i>)	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
<i>gentamicin sulfate (ophth) oint</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN	3	
<i>levofloxacin (ophth) soln</i>	1	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
OCUFLOX SOLN (<i>Use ofloxacin (ophth)</i>)	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (<i>Use polymyxin b-trimethoprim</i>)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBREX SOLN (<i>Use tobramycin (ophth)</i>)	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (<i>Use moxifloxacin hcl (ophth)</i>)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (<i>Use gatifloxacin (ophth)</i>)	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (<i>Use proparacaine hcl</i>)	NF	
<i>proparacaine hcl soln</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	4	PA
Ophthalmic Steroids		
ALREX SUSP	3	PA
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	
<i>difluprednate emul</i>	1	PA
DUREZOL EMUL (<i>Use difluprednate</i>)	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	NF	
FML OINT	3	PA
LOTEMAX GEL (<i>Use loteprednol etabonate</i>)	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	NF	PA
<i>loteprednol etabonate gel</i>	1	PA
<i>loteprednol etabonate susp</i>	1	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT (<i>Use neomycin-polymy-dexameth</i>)	NF	
MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	NF	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
PRED FORTE SUSP (<i>Use prednisolone acetate (ophth)</i>)	NF	
PRED MILD SUSP	3	PA
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE ACETATE P-F SUSP	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin-dexamethasone susp</i>	1	
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use ketorolac tromethamine (ophth)</i>)	NF	
ACULAR SOLN (<i>Use ketorolac tromethamine (ophth)</i>)	NF	
ALOCRI SOLN	3	PA
ALOMIDE SOLN	3	PA
<i>azelastine hcl (ophth) soln</i>	1	
<i>bepotastine besilate soln</i>	3	PA
BEPREVE SOLN (<i>Use bepotastine besilate</i>)	3	PA
<i>bromfenac sodium (ophth) soln</i>	1	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	2	PA; QL(2.143 ml daily)
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
<i>ketorolac tromethamine (ophth) soln</i>	1	
<i>ketotifen fumarate (ophth) soln</i>	1	
LASTACFT SOLN	3	PA
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
<i>olopatadine hcl soln</i>	1	RX/OTC
PATADAY SOLN (<i>Use olopatadine hcl</i>)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PATANOL SOLN (<i>Use olopatadine hcl</i>)	NF	RX/OTC
TRUSOPT SOLN (<i>Use dorzolamide hcl</i>)	NF	
ZADITOR SOLN (<i>Use ketotifen fumarate (ophth)</i>)	NF	
ZERVIAE SOLN	3	PA
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN (<i>Use travoprost</i>)	NF	
<i>travoprost soln</i>	1	
XALATAN SOLN (<i>Use latanoprost</i>)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN (<i>Use ciprofloxacin hcl (otic)</i>)	1	
<i>ciprofloxacin hcl (otic) soln</i>	1	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP (<i>Use ciprofloxacin-dexamethasone</i>)	NF	PA
<i>ciprofloxacin-dexamethasone susp</i>	1	PA
<i>ciprofloxacin-fluocinolone acetate soln</i>	1	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	

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Drug Name	Drug Tier	Requirements/ Limits
CORTISPORIN-TC SUSP	3	
neomycin-polymyxin-hc (otic) soln	1	
neomycin-polymyxin-hc (otic) susp	1	
OTOVEL SOLN (Use ciprofloxacin-fluocinolone acetoneide)	3	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (Use fluocinolone acetoneide (otic))	NF	
fluocinolone acetoneide (otic) oil	1	
hydrocortisone w/acetic acid soln	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	4	PA; SP
GAMMAGARD LIQUID SOLN 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN	4	PA; SP
GAMUNEX-C SOLN	4	PA; SP
HIZENTRA SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
Passive Immunizing Agents - Combinations		
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin caps	1	
amoxicillin chew	1	
amoxicillin susr	1	
amoxicillin tabs	1	
ampicillin caps	1	
ampicillin sodium solr ij 1 gm	1	
ampicillin sodium solr iv 10 gm	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000 UNIT/ML, 60000 UNIT/ML	1	
penicillin g potassium solr 5000000 unit	1	
PENICILLIN G PROCAINE SUSP	3	
penicillin g sodium solr	3	
penicillin v potassium solr	1	
penicillin v potassium tabs	1	
Penicillin Combinations		
amoxicillin & pot clavulanate chew	1	
amoxicillin & pot clavulanate susr	1	
amoxicillin & pot clavulanate tabs	1	
amoxicillin & pot clavulanate tb12	1	
ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm, 1 gm-2 gm	1	
ampicillin & sulbactam sodium solr iv 5 gm-10 gm	1	
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use ampicillin & sulbactam sodium)	NF	
UNASYN SOLR (Use ampicillin & sulbactam sodium)	NF	
ZOSYN SOLR 0.25 GM-2 GM, 0.375 GM-3 GM, 0.5 GM-4 GM, 4.5 GM-36 GM (Use piperacillin sodium-tazobactam sodium)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
<i>nafcillin sodium solr iv 10 gm</i>	1	
<i>oxacillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr iv 10 gm</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use norethindrone acetate)	NF	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use megesterol acetate (appetite))	NF	PA
<i>megesterol acetate (appetite) susp</i>	1	PA
<i>norethindrone acetate tabs</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>progesterone caps or 100 mg, 200 mg</i>	1	
PROMETRIUM CAPS (Use progesterone)	NF	
PROVERA TABS (Use medroxyprogesterone acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use disulfiram)	NF	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Anti-Cataleptic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
Antidementia Agents		
ARICEPT TABS 10 MG (Use donepezil hydrochloride)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use donepezil hydrochloride)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide soln 4 mg/ml</i>	1	QL(6 ml daily)
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(1 ea daily)
NAMENDA TABS 10 MG (Use <i>memantine hcl</i>)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (Use <i>memantine hcl</i>)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NF	
RAZADYNE ER CP24 (Use <i>galantamine hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (Use <i>galantamine hydrobromide</i>)	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
<i>perphenazine-amitriptyline tabs</i>	1	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	4	PA; QL(4 ea daily)
<i>tetrabenazine tabs</i>	4	PA; QL(3 ea daily); SP
XENAZINE TABS (Use <i>tetrabenazine</i>)	NF	PA; QL(3 ea daily); SP
Multiple Sclerosis Agents		
AMPYRA TB12 (Use <i>dalfampridine</i>)	NF	PA; QL(2 ea daily); SP
AUBAGIO TABS	4	PA
AVONEX PEN AJKT	4	PA; QL(0.0714 ml daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.5 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
COPAXONE SOSY 20 MG/ML (Use <i>glatiramer acetate</i>)	3	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i>)	3	PA; QL(0.429 ml daily); SP
<i>dalfampridine tb12</i>	4	PA; QL(2 ea daily); SP
<i>dimethyl fumarate cpdr</i>	4	PA
<i>dimethyl fumarate misc</i>	4	PA
EXTAVIA KIT	4	PA; QL(0.5 ea daily); SP
GILENYA CAPS	4	PA
<i>glatiramer acetate sosy 20 mg/ml</i>	3	PA; QL(1 ml daily); SP
<i>glatiramer acetate sosy 40 mg/ml</i>	3	PA; QL(0.429 ml daily); SP
MAVENCLAD TBPK	4	PA
MAYZENT STARTER PACK TBPK	4	PA
MAYZENT TABS	4	PA
OCREVUS SOLN	4	PA
PLEGRIDY SOPN SC	4	PA; QL(0.036 ml daily)
PLEGRIDY SOSY IM	4	PA; QL(0.036 ml daily)
PLEGRIDY SOSY SC	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA
PLEGRIDY STARTER PACK SOSY	4	PA; QL(0.036 ml daily)
REBIF REBIDOSE SOAJ	4	PA; QL(0.214 ml daily); SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; QL(0.214 ml daily); SP
REBIF TITRATION PACK SOSY	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NF	PA
TECFIDERA STARTER PACK MISC (<i>Use dimethyl fumarate</i>)	NF	PA
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
LYRICA CR TB24 165 MG, 82.5 MG (<i>Use pregabalin (once-daily)</i>)	3	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG (<i>Use pregabalin (once-daily)</i>)	3	PA; QL(2 ea daily)
<i>pregabalin (once-daily) tb24 165 mg, 82.5 mg</i>	3	PA; QL(1 ea daily)
<i>pregabalin (once-daily) tb24 330 mg</i>	3	PA; QL(2 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	1	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	PA; QL(2 ea daily)
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 ea daily)
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 (<i>Use nicotine</i>)	NF	QL(1 ea daily)
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NF	
<i>nicotine polacrilex gum</i>	0	
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine pt24</i>	0	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
VARENICLINE TARTRATE TABS	0	QL(2 ea daily)
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	4	PA; SP
ARALAST NP SOLR 500 MG	4	PA
PROLASTIN-C SOLN 1000 MG/20ML	4	PA;
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	PA; QL(2 ea daily)
ORKAMBI TABS 100 MG-125 MG, 125 MG-200 MG	4	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
TRIKAFTA TBP 50 MG-100 MG	4	PA; QL(3 ea daily)
Pulmonary Fibrosis Agents		
OFEV CAPS	4	PA; QL(2 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
tigecycline solr	1	
TYGACIL SOLR (Use tigecycline)	NF	
Tetracyclines		
demeclocycline hcl tabs	1	
doxycycline (monohydrate) caps 50 mg, 100 mg	1	QL(2 ea daily)
doxycycline (monohydrate) caps 75 mg	1	
doxycycline (monohydrate) tabs 100 mg	1	QL(2 ea daily)
doxycycline (monohydrate) tabs 50 mg	1	
doxycycline hyclate caps or 50 mg, 100 mg	1	QL(2 ea daily)
doxycycline hyclate solr iv 100 mg	1	
doxycycline hyclate tabs or 20 mg, 100 mg	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG (Use minocycline hcl)	NF	QL(3 ea daily)
minocycline hcl caps 100 mg, 50 mg, 75 mg	1	QL(3 ea daily)
minocycline hcl tabs 100 mg, 50 mg, 75 mg	1	QL(3 ea daily)
TARGADOX TABS (Use doxycycline hyclate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
tetracycline hcl caps	1	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (Use doxycycline hyclate)	NF	QL(2 ea daily)
XIMINO CP24 135 MG, 45 MG, 90 MG (Use minocycline hcl)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	1	
propylthiouracil tabs	1	
TAPAZOLE TABS (Use methimazole)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (Use thyroid)	2	QL(1 ea daily)
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
CYTOMEL TABS (Use liothyronine sodium)	NF	
levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine sodium soln	1	
liothyronine sodium tabs	1	
NATURE-THROID NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS (Use levothyroxine sodium)	2	
thyroid tabs	1	QL(1 ea daily)
TRIOSTAT SOLN (Use liothyronine sodium)	NF	

Drug Name	Drug Tier	Requirements/ Limits
WESTHROID TABS	2	
WP THYROID TABS	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
DAPTACEL SUSP	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX SUSP	0	
KINRIX SUSP	0	
PEDIARIX SUSP	0	
PENTACEL SUSP	0	
QUADRACEL SUSP	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate soln ij 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine sulfate sosy ij 0.25 mg/5ml</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps or 10 mg</i>	1	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dicyclomine hcl tabs or 20 mg</i>	1	
<i>glycopyrrolate soln ij 4 mg/20ml</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
LIBRAX CAPS (<i>Use chlordiazepoxide hcl-clidinium bromide</i>)	NF	
<i>methscopolamine bromide tabs</i>	1	
H-2 Antagonists		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	QL(20 ml daily)
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine in nacl soln</i>	1	
<i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	1	
<i>famotidine susr or 40 mg/5ml</i>	1	QL(10 ml daily)
<i>famotidine tabs or 20 mg</i>	1	RX/OTC
<i>famotidine tabs or 40 mg</i>	1	
<i>nizatidine caps 150 mg, 300 mg</i>	1	
<i>nizatidine soln 15 mg/ml</i>	1	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID AC TABS (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID TABS 20 MG (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID TABS 40 MG (<i>Use famotidine</i>)	NF	
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1	
TAGAMET HB TABS (Use <i>cimetidine</i>)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use <i>ranitidine hcl</i>)	NF	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (Use <i>sucralfate</i>)	NF	QL(40 ml daily)
CARAFATE TABS 1 GM (Use <i>sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate susp 1 gm/10ml</i>	1	QL(40 ml daily)
<i>sucralfate tabs 1 gm</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use <i>rabeprazole sodium</i>)	NF	QL(1 ea daily)
DEXILANT CPDR	3	PA; QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium tbec 20 mg</i>	1	QL(2 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR TBEC (Use <i>esomeprazole magnesium</i>)	1	QL(2 ea daily)
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (Use <i>esomeprazole magnesium</i>)	NF	QL(1 ea daily)
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>omeprazole cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)
<i>omeprazole magnesium tbec</i>	1	QL(4 ea daily)
<i>omeprazole tbec 20 mg</i>	1	QL(2 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1	
PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use <i>lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NF	
PRILOSEC OTC TBEC (Use <i>omeprazole magnesium</i>)	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (Use <i>pantoprazole sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use <i>pantoprazole sodium</i>)	NF	
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use <i>misoprostol</i>)	NF	QL(4 ea daily)
<i>misoprostol tabs</i>	1	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>omeprazole-sodium bicarbonate caps 20 mg-1100 mg</i>	1	QL(1 ea daily); RX/OTC
ZEGERID CAPS 20 MG-1100 MG (Use <i>omeprazole-sodium bicarbonate</i>)	NF	RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		

Drug Name	Drug Tier	Requirements/ Limits
<i>darifenacin hydrobromide tb24</i>	1	QL(1 ea daily)
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NF	QL(1 ea daily)
DETROL TABS (<i>Use tolterodine tartrate</i>)	NF	
DITROPAN XL TB24 (<i>Use oxybutynin chloride</i>)	NF	
ENABLEX TB24 (<i>Use darifenacin hydrobromide</i>)	NF	QL(1 ea daily)
<i>oxybutynin chloride syrp</i>	1	
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	
<i>solifenacin succinate tabs</i>	1	PA; QL(1 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
<i>trospium chloride cp24 60 mg</i>	1	QL(1 ea daily)
<i>trospium chloride tabs 20 mg</i>	1	
VESICARE TABS (<i>Use solifenacin succinate</i>)	NF	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24 25 MG, 50 MG	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs 10 mg, 5 mg, 50 mg</i>	1	QL(4 ea daily)
<i>bethanechol chloride tabs 25 mg</i>	1	
URECHOLINE TABS 10 MG, 5 MG, 50 MG (<i>Use bethanechol chloride</i>)	NF	QL(4 ea daily)
URECHOLINE TABS 25 MG (<i>Use bethanechol chloride</i>)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		

Drug Name	Drug Tier	Requirements/ Limits
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	0	
BEXSERO SUSY	0	
HIBERIX SOLR	0	
MENQUADFI SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
TRUMENBA SUSY	0	
Viral Vaccines		
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,

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Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
ENGERIX-B INJ	0	3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
ENGERIX-B SUSP	0	3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
FLUAD 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD QUADRIVALENT 2021-2022 PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2019-2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUBLOK QUADRIVALENT 2020-2021 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2021-2022 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUMIST QUADRIVALENT SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2021-2022 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
GARDASIL 9 SUSP	0	3 rtl MAX fill,365 rtl day(s) supply,
GARDASIL 9 SUSY	0	3 rtl MAX fill,365 rtl day(s) supply,
HAVRIX SUSP	0	
HEPLISAV-B SOSY	0	

Drug Name	Drug Tier	Requirements/ Limits
IPOL INACTIVATED IPV INJ	0	
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply,
RECOMBIVAX HB SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX SUSR	0	2 rtl pack lmt amt,999 rtl pack lmt day(s); AL(At least 18 yrs old)
TWINRIX SUSY	0	
VAQTA SUSP	0	
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply,
ZOSTAVAX SUSR	0	1 rtl pack lmt amt,999 rtl pack lmt day(s); AL(At least 50 yrs old)
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA INST	3	PA
Spermicides		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use <i>clindamycin phosphate vaginal</i>)	NF	
<i>clindamycin phosphate vaginal crea</i>	1	
<i>clotrimazole vaginal crea</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	NF	
metronidazole vaginal gel	1	
miconazole nitrate vaginal supp	1	
terconazole vaginal crea	1	
terconazole vaginal supp	1	
Vaginal Contraceptive - pH Modulators		
PHEXXI GEL	0	PV
Vaginal Estrogens		
ESTRACE CREA (Use estradiol vaginal)	NF	
estradiol vaginal crea	1	
estradiol vaginal tabs	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (Use estradiol vaginal)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENALIN SOLN IJ 30 MG/30ML (Use epinephrine (anaphylaxis))	NF	
epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml	1	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF	
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
Vasopressors		
midodrine hcl tabs	1	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 1.25 mg, 50000 unit	1	
cholecalciferol tabs 400 unit	0	
DRISDOL CAPS (Use ergocalciferol)	0	
ergocalciferol caps or 1.25 mg, 50000 unit	0	
ergocalciferol soln or 200 mcg/ml, 8000 unit/ml	1	
VITAMIN D2 TABS	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
niacin cpcr or 500 mg, 250 mg	1	
niacin tabs or 250 mg, 50 mg, 100 mg, 500 mg	1	
niacin tbcrr or 750 mg, 250 mg, 500 mg	1	
NIACIN TR TBCR	1	
niacinamide tabs or 100 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
SLO-NIACIN TBCR (<i>Use niacin</i>)	1	

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ATRIPLA.....	45	B-D INSULIN SYRINGE	BD INSULIN SYRINGE SLIP
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AURORA LANCET THIN		1/2".....	BD INSULIN SYRINGE ULTRA-
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AUTOLET IMPRESSION		ULTRAFINE/0.5ML/30G X	FINE/1/2 UNIT/0.3ML/31G X
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DEVICE.....	79	bacitracin (ophthalmic)...	BD INSULIN SYRINGE ULTRA-
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azelastine hcl (ophth).....	121	70	1/2".....
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AZOR.....	32	IV/0.5ML/28G X 1/2".....	5/16".....
aztreonam.....	11	90	BD INSULIN SYRINGE
AZULFIDINE.....	71	BD AUTOSHIELD 29G X	ULTRAFINE/1ML/30G X
AZULFIDINE EN-TABS.....	70	3/16".....	1/2".....
		90	91
		BD AUTOSHIELD 29G X	BD INSULIN SYRINGE
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		90	1/2".....
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		BD INSULIN SYRINGE	ULTRAFINE/U-100/1ML/29G X
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		90	BD INSULIN SYRINGE
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		100/1ML/27G X 5/8"....	91
		90	BD INSULIN
		BD INSULIN SYRINGE	SYRINGE/0.3ML/29G X
		MICROFINE IV/U-	12.7MM.....
		100/1ML/28G X 1/2"....	91
		90	BD INSULIN
		BD INSULIN SYRINGE	SYRINGE/0.5ML/29G X
		MICROFINE/U-100/1ML/27G X	12.7MM.....
		5/8".....	91
		90	BD INSULIN SYRINGE/1ML/27G
		BD INSULIN SYRINGE	X 12.7MM.....
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		1/2".....	
		90	

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BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	91	benazepril & hydrochlorothiazide.....	32	BORTEZOMIB.....	38
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BD LANCET ULTRAFINE 33G.....	79	BENICAR HCT.....	32	BOTOX.....	118
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BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM.....	91	BENZACLIN WITH PUMP.....	56	BREO ELLIPTA.....	15
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM.....	91	BENZAMYCIN.....	56	BRILINTA.....	73
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	91	benzonatate.....	55	brimonidine tartrate.....	119
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM.....	91	benzoyl peroxide.....	56	BRIVIACT.....	17
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM.....	91	BENZOYL PEROXIDE CLEANSER.....	56	bromfenac sodium (ophth).....	121
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM.....	91	benzoyl peroxide-erythromycin.....	56	bromocriptine mesylate.....	41
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BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	92	bepotastine besilate.....	121	BRUKINSA.....	38
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	92	BEPREVE.....	121	budesonide.....	54
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BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	92	BETAPACE.....	49	BULLSEYE MINI SAFETY LANCETS.....	79
		BETAPACE AF.....	49	BULLSEYE SAFETY LANCETS.....	79
		BETASERON.....	124	bumetanide.....	66
		betaxolol hcl.....	49	BUMEX.....	66
		betaxolol hcl (ophth).....	119	BUNAVAIL.....	9
		bethanechol chloride.....	129	BUPHENYL.....	68
		BEVESPI AEROSPHERE.....	15	BUPRENEX.....	9
		BEVYXXA.....	15	buprenorphine.....	9
		bexarotene.....	40	buprenorphine hcl.....	9
		BEXSERO.....	129	buprenorphine hcl-naloxone hcl dihydrate.....	9
		BEYAZ.....	52	bupropion hcl.....	20
		bicalutamide.....	37	bupropion hcl (smoking deterrent).....	125
		BICNU.....	35	buspirone hcl.....	12
		BIDIL.....	50	busulfan.....	35
		BIKTARVY.....	45	BUSULFEX.....	35
		BILTRICIDE.....	10	butalbital-acetaminophen.....	5
		bimatoprost.....	121	butalbital-acetaminophen-caffeine.....	5
		bisacodyl.....	75	butalbital-acetaminophen-caffeine w/ codeine.....	8
		bisoprolol & hydrochlorothiazide.....	32	butalbital-aspirin-caffeine.....	5
		bisoprolol fumarate.....	49	butalbital-aspirin-caffeine w/cod.....	8
		bleomycin sulfate.....	38	BUTALBITAL/ACETAMINOPHEN.....	5

butenafine hcl.....	58	CARDURA.....	31	carvedilol.....	49
butorphanol tartrate.....	9	CAREONE ADVANCED		CASODEX.....	37
BUTRANS.....	9	LANCINGDEVICE.....	79	caspofungin acetate.....	27
BYSTOLIC.....	49	CAREONE INSULIN		CATAPRES.....	31
cabergoline.....	69	SYRINGES/0.3ML/30G X		CATAPRES-TTS-1.....	31
CABLIVI.....	73	1/2".....	92	CATAPRES-TTS-2.....	31
CADUET.....	50	CAREONE INSULIN		CATAPRES-TTS-3.....	31
CAFERGOT.....	112	SYRINGES/0.3ML/31G X		CAYA.....	76
CALAN SR.....	49	5/16".....	92	CAYSTON.....	11
calcipotriene.....	60	CAREONE INSULIN		cefaclor.....	52
calcipotriene-betamethasone		SYRINGES/0.5ML/30G X		cefadroxil.....	51
dipropionate.....	61	1/2".....	92	cefazolin sodium.....	52
calcitonin (salmon).....	66	CAREONE INSULIN		cefdinir.....	52
calcitriol.....	68	SYRINGES/1ML/30G X		cefditoren pivoxil.....	52
calcitriol (topical).....	60	1/2".....	92	cefepime hcl.....	52
calcium acetate (phosphate		CAREONE INSULIN		cefixime.....	52
binder).....	71	SYRINGES/1ML/31GX5/16"		CEFOTAN.....	52
calcium chloride (dihydrate)	113		92	cefotaxime sodium.....	52
CALCIUM GLUCONATE.....	113	CAREONE LANCET SUPER		cefotetan disodium.....	52
calcium gluconate.....	113	THIN/30G.....	79	cefoxitin sodium.....	52
calcium polycarbophil.....	75	CAREONE LANCET THIN.....	79	cefpodoxime proxetil.....	52
CAMPTOSAR.....	41	CARESENS LANCETS.....	79	cefprozil.....	52
CANASA.....	71	CARETOUCH INSULIN		ceftazidime.....	52
CANCIDAS.....	27	SYRINGE/0.3ML/31GX5/16"		ceftriaxone sodium.....	52
candesartan cilexetil.....	31		92	cefuroxime axetil.....	52
candesartan cilexetil-		CARETOUCH INSULIN		cefuroxime sodium.....	52
hydrochlorothiazide.....	32	SYRINGE/0.5ML/31GX5/16"		CELEBREX.....	4
CAPASTAT SULFATE.....	34		92	celecoxib.....	4
capecitabine.....	35	CARETOUCH INSULIN		CELESTONE SOLUSPAN.....	54
CAPRELSA.....	38	SYRINGE/1ML/31GX5/16"		CELESTONE-SOLUSPAN.....	54
captopril.....	30		92	CELEXA.....	21
CARAC.....	59	CARETOUCH INSULIN		CELLCEPT.....	115
CARAFATE.....	128	SYRINGE0.5ML/30GX5/16"		CELONTIN.....	20
CARBAGLU.....	68		92	cephalexin.....	52
carbamazepine.....	17	CARETOUCH LANCING		CERDELGA.....	73
CARBATROL.....	17	DEVICewith EJECTOR.....	79	CEREBYX.....	19
carbidopa.....	41	CARETOUCH SAFETY		CEREZYME.....	73
carbidopa-levodopa.....	41	LANCETS/26G.....	79	cetirizine hcl.....	28
carbidopa-levodopa-entacapone		CARETOUCH SAFETY		cetirizine-pseudoephedrine	55
.....	41	LANCETS/28G.....	79	CETRAXAL.....	121
CARBIDOPA/LEVODOPA		CARETOUCH SAFETY		CETROTIDE.....	67
ODT.....	41	LANCETS/30G.....	79	cevimeline hcl.....	116
carbinoxamine maleate.....	28	CARETOUCH TWIST		CHANTIX.....	125
carboplatin.....	35	LANCETS 28G.....	79	CHANTIX CONTINUING	
CARDIOCOM LANCING		CARETOUCH TWIST		MONTHPAK.....	125
DEVICE.....	79	LANCETS 30G.....	79	CHANTIX STARTING MONTH	
CARDIZEM.....	49	CARETOUCH TWIST		PAK.....	125
CARDIZEM CD.....	49	LANCETS 33G.....	79		
CARDIZEM LA.....	49	carisoprodol.....	117		
		carmustine.....	35		
		carteolol hcl (ophth).....	119		

CHEMET	25	CLARITIN	28	CLEVER CHOICE COMFORT	
CHEMSTRIP-K	65	CLARITIN ALLERGY		EZINSULIN	
CHILDRENS ADVIL	4	CHILDRENS	28	SYRINGE/1.0ML/30G X 1/2" 93	
CHILDRENS MOTRIN	4	CLARITIN CHILDRENS ...	28	CLEVER CHOICE COMFORT	
chloramphenicol sodium		CLARITIN REDITABS	28	EZINSULIN SYRINGE/1ML/28G	
succinate	11	CLARITIN-D 12 HOUR ...	55	X 1/2"	93
chlordiazepoxide hcl	13	CLARITIN-D 24 HOUR ...	55	CLEVER CHOICE COMFORT	
chlordiazepoxide hcl-clidinium		CLASSIC PRENATAL ...	116	EZINSULIN SYRINGE/1ML/29G	
bromide	127	CLEANLET LANCETS		X 1/2"	93
chlorhexidine gluconate (mouth-		28G	79	CLEVER CHOICE COMFORT	
throat)	116	CLEMASTINE		EZINSULIN SYRINGE/1ML/30G	
chloroquine phosphate	33	FUMARATE	28	X 5/16"	93
chlorpromazine hcl	44	clemastine fumarate	28	CLEVER CHOICE COMFORT	
chlorthalidone	66	CLENPIQ	75	EZINSULIN SYRINGE/U-	
chlorzoxazone	117	CLEOCIN	11,131	100/1ML/31GX5/16"	93
CHOLBAM	70	CLEOCIN PEDIATRIC		CLIMARA	69
cholecalciferol	132	GRANULES	11	CLIMARA PRO	69
cholestyramine	29	CLEOCIN PHOSPHATE ...	11	CLINDAGEL	56
cholestyramine light	29	CLEOCIN-T	56	clindamycin hcl	11
choline fenofibrate	29	CLEVER CHOICE COMFORT		clindamycin palmitate	
CHORIONIC		EZINSULIN		hydrochloride	11
GONADOTROPIN	67	SYRINGE/0.3ML/29G X		clindamycin phosphate	11
CIALIS	51	1/2"	92	clindamycin phosphate	
ciclopirox	58	CLEVER CHOICE COMFORT		(topical)	56
ciclopirox olamine	58	EZINSULIN		clindamycin phosphate	
cidofovir	47	SYRINGE/0.3ML/30G X		vaginal	131
cilostazol	73	1/2"	92	clindamycin phosphate-benzoyl	
CILOXAN	119	CLEVER CHOICE COMFORT		peroxide	57
CIMDUO	45	EZINSULIN		clindamycin phosphate-benzoyl	
cimetidine	127	SYRINGE/0.3ML/31G X		peroxide (refrigerate)	57
cimetidine hcl	127	5/16"	92	clindamycin phosphate-	
cinacalcet hcl	68	CLEVER CHOICE COMFORT		tretinoin	57
CINRYZE	72	EZINSULIN		CLINIMIX 4.25%/DEXTROSE	
CIPRO	70	SYRINGE/0.3ML/30G X		10%	118
CIPRO HC	121	5/16"	92	CLINIMIX 4.25%/DEXTROSE	
CIPRODEX	121	CLEVER CHOICE COMFORT		25%	119
ciprofloxacin	70	EZINSULIN		CLINIMIX 4.25%/DEXTROSE	
ciprofloxacin hcl	70	SYRINGE/0.5ML/28G X		5%	119
ciprofloxacin hcl (ophth) ...	119	1/2"	92	CLINIMIX 5%/DEXTROSE	
ciprofloxacin hcl (otic)	121	CLEVER CHOICE COMFORT		25%	119
ciprofloxacin in d5w	70	EZINSULIN		CLINIMIX E 5%/DEXTROSE	
ciprofloxacin-dexamethasone		SYRINGE/0.5ML/29G X		20%	119
.....	121	1/2"	92	clobazam	17
ciprofloxacin-fluocinolone		CLEVER CHOICE COMFORT		clobetasol propionate	61
acetonide	121	EZINSULIN		clobetasol propionate emollient	
cisplatin	35	SYRINGE/0.5ML/30G X		base	61
citalopram hydrobromide ...	21	1/2"	92	clocortolone pivalate	61
CLARINEX	28	CLEVER CHOICE COMFORT		CLODERM	61
clarithromycin	76	EZINSULIN		clofarabine	35
		SYRINGE/0.5ML/31G X		CLOLAR	35
		5/16"	93	clomipramine hcl	23
				clonazepam	17
				clonidine	31
				clonidine hcl	31
				clonidine hcl (adhd)	2

clopidogrel bisulfate.....	73	COMFORT ASSURED LANCETS MICRO THIN 33G.....	79	CVS LANCETS MICRO THIN 33G.....	79
clorazepate dipotassium.....	13	COMFORT ASSURED LANCETS SUPER THIN 28G.....	79	CVS LANCETS MICRO-THIN 33G.....	79
clotrimazole.....	116	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	93	CVS LANCETS ORIGINAL... 79	
clotrimazole (topical).....	58	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	93	CVS LANCETS THIN 26G... 80	
clotrimazole vaginal.....	131	COMFORT LANCETS.....	79	CVS LANCETS ULTRA THIN 30G.....	80
clotrimazole w/ betamethasone.....	58	COMPLERA.....	45	CVS LANCETS ULTRA-THIN 30G.....	80
clozapine.....	43	COMTAN.....	41	CVS LANCING DEVICE.... 80	
CLOZARIL.....	43	CONCERTA.....	2	CVS PRENATAL.....	116
COAGUCHEK LANCETS... 79		CONTRAVE.....	2	CVS ULTRA THIN LANCETS.....	80
COARTEM.....	33	CONZIP.....	6	cyanocobalamin.....	73
CODEINE SULFATE.....	6	COPAXONE.....	124	cyclobenzaprine hcl.....	117
codeine sulfate.....	6	COPIKTRA.....	38	cyclophosphamide.....	35
COGENTIN.....	41	CORDRAN.....	61	cycloserine.....	34
COLACE.....	75	COREG.....	49	CYCLOSET.....	24
COLAZAL.....	71	CORGARD.....	49	cyclosporine.....	115
colchicine.....	72	CORLANOR.....	51	cyclosporine modified (for microemulsion).....	115
colchicine w/ probenecid... 72		CORTEF.....	54	CYKLOKAPRON.....	74
COLCRYS.....	72	CORTENEMA.....	10	CYMBALTA.....	22
colesevelam hcl.....	29	cortisone acetate.....	54	cyproheptadine hcl.....	29
COLESTID.....	29	CORTISPORIN-TC.....	122	CYSTADANE.....	68
COLESTID FLAVORED.... 29		COSENTYX.....	60	CYSTAGON.....	71
colestipol hcl.....	29	COSENTYX SENSOREADY PEN.....	60	CYSTARAN.....	121
COLY-MYCIN S.....	121	COSMEGEN.....	38	cytarabine.....	35
COLYTE-FLAVOR PACKS... 75		COSOPT.....	119	CYTOMEL.....	126
COMBIGAN.....	119	COUMADIN.....	15	CYTOTEC.....	128
COMBIVIR.....	45	COZAAR.....	31	CYTOVENE.....	47
COMETRIQ.....	38	CREON.....	65	D.H.E. 45.....	112
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" 93		CRESEMBA.....	27	dacarbazine.....	40
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	93	CRESTOR.....	30	DACOGEN.....	35
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	93	CRIVAN.....	45	dactinomycin.....	38
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" 93		cromolyn sodium.....	13	dalfampridine.....	124
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	93	cromolyn sodium (ophth). 121		DALIRESP.....	14
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	93	crotamiton.....	64	danazol.....	9
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" 93		CUBICIN.....	11	DANTRIUM.....	118
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" 93		CUBICIN RF.....	11	dantrolene sodium.....	118
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" 93		CUPRIMINE.....	115	dapsone.....	11
		CUTIVATE.....	62	DAPTACEL.....	127
		CUVITRU.....	122	DAPTOMYCIN.....	11
		CVS LANCETS 21G.....	79	daptomycin.....	11
				DARAPRIM.....	33
				darifenacin hydrobromide.. 129	
				DAUNORUBICIN HYDROCHLORIDE.....	38

DAURISMO.....	36	DETROL.....	129	difluprednate.....	120
DAYPRO.....	4	DETROL LA.....	129	digoxin.....	50
DAYTRANA.....	2	dexamethasone.....	54	dihydroergotamine mesylate.....	112
DDAVP.....	68,69	DEXAMETHASONE INTENSOL.....	54	DILANTIN.....	19
DEBACTEROL.....	116	dexamethasone sodium phosphate.....	54	DILANTIN INFATABS.....	19
decitabine.....	35	dexamethasone sodium phosphate (ophth).....	120	DILANTIN-125.....	19
deferasirox.....	25	dexchlorpheniramine maleate.....	27	DILAUDID.....	6
deferiprone.....	25	DEXEDRINE.....	1	diltiazem hcl.....	50
DELESTROGEN.....	69	DEXILANT.....	128	DILTIAZEM HCL.....	50
DELSTRIGO.....	45	dexmethylphenidate hcl.....	2	diltiazem hcl.....	50
DELZICOL.....	71	dextroamphetamine sulfate.....	1	diltiazem hcl coated beads.....	49
demeclocycline hcl.....	126	DEXTROSE 5%/NACL 0.3%.....	113	diltiazem hcl extended release beads.....	50
DEMEROL.....	6	dextrose in lactated ringers.....	113	dimethyl fumarate.....	124
DENAVIR.....	61	DEXTROSE/SODIUM CHLORIDE.....	113	DIOVAN.....	31
DEPAKOTE.....	20	DIACOMIT.....	17	DIOVAN HCT.....	32
DEPAKOTE ER.....	20	DIASTAT ACUDIAL.....	17	DIPENTUM.....	71
DEPEN TITRATABS.....	115	DIASTAT PEDIATRIC.....	17	diphenhydramine hcl.....	28
DEPO-ESTRADIOL.....	69	DIATHRIVE LANCETS.....	80	diphenoxylate w/ atropine.....	25
DEPO-MEDROL.....	54	DIATHRIVE LANCETS ULTRA THIN 30G.....	80	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	127
DEPO-PROVERA CONTRACEPTIVE.....	54	DIATHRIVE LANCING DEVICE.....	80	DIPROLENE.....	62
DEPO-SUBQ PROVERA 104.....	54	diazepam.....	13	DIPROLENE AF.....	62
DEPO-TESTOSTERONE.....	9	diazepam (anticonvulsant).....	17	dipyridamole.....	73
DERMA-SMOOTH/FS BODY.....	62	diazoxide.....	24	disopyramide phosphate.....	13
DERMA-SMOOTH/FS SCALP.....	62	DIBENZYLINE.....	31	disulfiram.....	123
DERMOTIC.....	122	DICLEGIS.....	26	DITROPAN XL.....	129
DESCOVY.....	45	diclofenac epolamine.....	57	DIURIL.....	66
desipramine hcl.....	23	diclofenac potassium.....	4	divalproex sodium.....	20
desloratadine.....	28	diclofenac sodium.....	4	DIVIGEL.....	69
desmopressin acetate.....	69	diclofenac sodium (actinic keratoses).....	59	docetaxel.....	40
DESMOPRESSIN ACETATE.....	69	diclofenac sodium (ophth).....	121	DOCETAXEL.....	40
desmopressin acetate.....	69	diclofenac sodium (topical).....	57	docetaxel.....	40
desmopressin acetate spray.....	69	diclofenac w/ misoprostol.....	4	docusate calcium.....	75
desogestrel & ethinyl estradiol.....	52	dicloxacin sodium.....	123	docusate sodium.....	75
desogestrel-ethinyl estradiol (biphasic).....	52	dicyclomine hcl.....	127	dofetilide.....	13
desogestrel-ethinyl estradiol (triphasic).....	52	didanosine.....	45	donepezil hydrochloride.....	123
desonide.....	62	DIFFERIN.....	57	DOPTelet.....	73
DESOWEN.....	62	DIFICID.....	76	DORAL.....	74
desoximetasone.....	62	diflorasone diacetate.....	62	dorzolamide hcl.....	121
DESOXYN.....	1	DIFLUCAN.....	27	dorzolamide hcl-timolol maleate.....	119
desvenlafaxine succinate.....	22	diflunisal.....	6	DOVATO.....	45
				DOVONEX.....	60
				doxazosin mesylate.....	31
				doxepin hcl.....	23

doxepin hcl (antipruritic).....	60	DROPLET INSULIN		EASY COMFORT INSULIN	
doxepin hcl (sleep).....	74	SYRINGE/U-100/1ML/31G X		SYRINGE/0.5ML/30G X	
doxercalciferol.....	68	5/16".....	94	5/16".....	94
DOXIL.....	38	DROPLET LANCETS ULTRA		EASY COMFORT INSULIN	
doxorubicin hcl.....	38	THIN 30G.....	80	SYRINGE/0.5ML/31G X	
doxorubicin hcl liposomal....	38	DROPLET LANCING		5/16".....	94
doxycycline (monohydrate).....	126	DEVICE.....	80	EASY COMFORT INSULIN	
doxycycline hyclate.....	126	DROPLET PERSONAL		SYRINGE/1ML/30G X 5/16".....	94
doxylamine-pyridoxine.....	26	LANCETS30G.....	80	EASY COMFORT INSULIN	
DRISDOL.....	132	drosiprenone-ethinyl		SYRINGE/1ML/31G X 5/16".....	94
dronabinol.....	26	estradiol.....	52	EASY COMFORT INSULIN	
DROPLET GENTEEL LANCING		drosiprenone-ethinyl estradiol-		SYRINGE/U-100/0.5ML/30G X	
DEVICE.....	80	levomefolate calcium.....	52	1/2".....	94
DROPLET INSULIN SYRINGE		DROXIA.....	73	EASY COMFORT INSULIN	
0.3ML/29G X 1/2".....	93	DRUG MART ADJUSTABLE		SYRINGE/U-100/1ML/30G X	
DROPLET INSULIN SYRINGE		LANCING DEVICE.....	80	1/2".....	94
0.5ML/29G X 1/2".....	93	DRUG MART LANCETS		EASY MINI EJECT LANCING	
DROPLET INSULIN SYRINGE		THIN.....	80	DEVICE.....	80
1ML/29G X 1/2".....	93	DRUG MART ON-THE-GO		EASY MINI LANCING	
DROPLET INSULIN SYRINGE		LANCETS GENTLE 30G.....	80	DEVICE.....	80
U-100/0.3/31G X 5/16".....	93	DRUG MART UNILET		EASY TOUCH FLIPLOCK	
DROPLET INSULIN SYRINGE		LANCETSSUPER THIN		SAFETY INSULIN SYRINGE	
U-100/0.3ML/30G X 1/2".....	93	30G.....	80	1ML/29GX1/2".....	94
DROPLET INSULIN SYRINGE		DRUG MART UNILET		EASY TOUCH FLIPLOCK	
U-100/0.3ML/30G X 5/16".....	93	LANCETSULTRA THIN		SAFETY INSULIN SYRINGE	
DROPLET INSULIN SYRINGE		28G.....	80	1ML/30GX1/2".....	94
U-100/0.3ML/30G X 5/16".....	93	DRUG MART UNILET MICRO		EASY TOUCH FLIPLOCK	
DROPLET INSULIN SYRINGE		THIN LANCETS 33G.....	80	SAFETY INSULIN SYRINGE	
U-100/0.5ML/30G X 1/2".....	93	DUAC.....	57	1ML/30GX5/16".....	94
DROPLET INSULIN SYRINGE		DUAVEE.....	69	EASY TOUCH FLIPLOCK	
U-100/0.5ML/30G X 5/16".....	93	DUETACT.....	23	SAFETY INSULIN SYRINGE	
DROPLET INSULIN SYRINGE		DULCOLAX.....	75	1ML/31GX5/16".....	94
U-100/0.5ML/31G X 5/16".....	94	duloxetine hcl.....	22	EASY TOUCH INSULIN	
DROPLET INSULIN SYRINGE		DUPIXENT.....	63	SYRINGE/0.3ML/30G X	
U-100/1ML/30G X 1/2".....	94	DURAGESIC.....	6	5/16".....	94
DROPLET INSULIN SYRINGE		DUREX EXTRA		EASY TOUCH INSULIN	
U-100/1ML/30G X 5/16".....	94	SENSITIVE.....	76	SYRINGE/0.3ML/31G X	
DROPLET INSULIN SYRINGE		DUREZOL.....	120	5/16".....	94
U-100/1ML/31G X 15/64".....	94	dutasteride.....	72	EASY TOUCH INSULIN	
DROPLET INSULIN SYRINGE		DYAZIDE.....	65	SYRINGE/0.5ML/29G X 1/2".....	94
U-100/1ML/31G X 5/16".....	94	DYRENIUM.....	66	EASY TOUCH INSULIN	
DROPLET INSULIN		DYSPOET.....	118	SYRINGE/0.5ML/30G X	
SYRINGE/U-100/0.3ML/31G X		E-Z JECT LANCETS.....	80	5/16".....	94
5/16".....	94	E-Z JECT LANCETS 21G.....	80	EASY TOUCH INSULIN	
DROPLET INSULIN		E-Z JECT LANCETS		SYRINGE/SAFETY/U-	
SYRINGE/U-100/0.5ML/30G X		COLOR.....	80	100/0.5ML/29G X 1/2".....	94
1/2".....	94	E-Z JECT LANCETS SUPER		EASY TOUCH INSULIN	
DROPLET INSULIN		THIN 30G.....	80	SYRINGE/SAFETY/U-	
SYRINGE/U-100/0.5ML/31G X		E-Z JECT LANCETS THIN		100/0.5ML/30G X 5/16".....	95
5/16".....	94	26G.....	80	EASY TOUCH INSULIN	
DROPLET INSULIN		E-ZJECT LANCETS MICRO-		SYRINGE/SAFETY/U-	
SYRINGE/U-100/1ML/30G X		THIN 33G.....	80	100/1ML/29G X 1/2".....	95
1/2".....	94	E.E.S. GRANULES.....	76	EASY TOUCH INSULIN	
DROPLET INSULIN				SYRINGE/SAFETY/U-	
SYRINGE/U-100/1ML/31G X				100/1ML/30G X 1/2".....	95
15/64".....	94				

EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	95	EASY TOUCH LANCETS 30G/TWIST.....	80	EFFIENT.....	73
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	95	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	80	EFUDEX.....	59
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	95	EASY TOUCH LANCETS 32G/PULL-TOP.....	80	EGRIFTA.....	67
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	95	EASY TOUCH LANCETS 32G/TWIST.....	80	EGRIFTA SV.....	67
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	95	EASY TOUCH LANCETS 33G/TWIST.....	81	ELAPRASE.....	68
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	95	EASY TOUCH LANCING DEVICE/EJECTOR.....	81	ELELYSO.....	73
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	95	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	81	ELESTRIN.....	69
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	95	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	81	eletriptan hydrobromide....	112
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	95	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	81	ELIDEL.....	64
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	95	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	81	ELIGARD.....	37
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	95	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	81	ELIMITE.....	64
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	80	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	81	ELIQUIS.....	16
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	80	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	95	ELIQUIS STARTER PACK....	16
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	80	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	95	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	95
EASY TOUCH LANCETS 26G/PULL-TOP.....	80	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	95	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	95
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	80	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	95	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	95
EASY TOUCH LANCETS 28G/PULL-TOP.....	80	EASY TWIST & CAP LANCETS.....	81	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	95
EASY TOUCH LANCETS 28G/TWIST.....	80	EC-NAPROSYN.....	4	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	95
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	80	econazole nitrate.....	58	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	95
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	80	EDARBI.....	31	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	95
EASY TOUCH LANCETS 30G/PULL-TOP.....	80	EDECRIN.....	66	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	95
		EDURANT.....	45	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	95
		efavirenz.....	45	ELIXOPHYLLIN.....	15
		efavirenz-emtricitabine- tenofovir disoproxil fumarate.....	45	ELLA.....	54
		efavirenz-lamivudine-tenofovir disoproxil fumarate.....	45	ELLENCE.....	38
		EFFEXOR XR.....	22	ELMIRON.....	72
				ELOCON.....	62
				EMBRACE LANCETS ULTRA THIN 30G.....	81
				EMBRACE LANCING DEVICE WITH EJECTOR.....	81
				EMCYT.....	37
				EMEND.....	27
				EMEND TRIPACK.....	27
				EMFLAZA.....	54
				EMGALITY.....	111,112

EMSAM.....	21	EQL INSULIN SYRINGE/0.5ML/30G X 5/16".....	96	ethacrynic acid.....	66
emtricitabine.....	45	EQL INSULIN SYRINGE/0.5ML/31G X 5/16".....	96	ethambutol hcl.....	34
emtricitabine-tenofovir disoproxil fumarate.....	45	EQL INSULIN SYRINGE/1ML/29G X 1/2".....	96	ethosuximide.....	20
EMTRIVA.....	45	EQL INSULIN SYRINGE/1ML/30G X 5/16".....	96	ethynodiol diacet & eth estrad.....	52
EMVERM.....	10	EQL INSULIN SYRINGE/1ML/31G X 5/16".....	96	etidronate disodium.....	66
ENABLEX.....	129	EQL PRENATAL FORMULA.....	116	etodolac.....	4
enalapril maleate.....	30	EQL SUPER THIN LANCETS 30G.....	81	etonogestrel-ethinyl estradiol.....	53
enalapril maleate & hydrochlorothiazide.....	32	EQL THIN LANCETS 26G.....	81	ETOPOPHOS.....	40
ENBREL.....	5	EQUETRO.....	42	etoposide.....	40
ENBREL MINI.....	5	ERAXIS.....	27	etravirine.....	45
ENBREL SURECLICK.....	5	ERBITUX.....	36	EUCRISA.....	64
ENGERIX-B.....	130	ergocalciferol.....	132	EURAX.....	64
enoxaparin sodium.....	16	ergoloid mesylates.....	125	EVAMIST.....	70
entacapone.....	41	ERGOMAR.....	112	everolimus.....	38
entecavir.....	47	ergotamine w/ caffeine.....	112	everolimus (immunosuppressant).....	115
ENTEREG.....	71	ERIVEDGE.....	36	EVISTA.....	67
ENTOCORT EC.....	54	erlotinib hcl.....	36	EVOCLIN.....	57
ENTRESTO.....	50	ERTACZO.....	58	EVOXAC.....	116
EPCLUSA.....	47	ertapenem sodium.....	11	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2".....	96
EPIDIOLEX.....	17	ERWINASE.....	40	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16".....	96
EPIDUO.....	57	ERWINAZE.....	40	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2".....	96
epinastine hcl (ophth).....	121	ERYPED 200.....	76	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2".....	96
epinephrine (anaphylaxis).....	132	ERYPED 400.....	76	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16".....	96
EPIPEN 2-PAK.....	132	erythromycin (acne aid).....	57	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2".....	96
EPIPEN-JR 2-PAK.....	132	erythromycin (ophth).....	119	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2".....	96
epirubicin hcl.....	38	erythromycin base.....	76	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16".....	96
EPIVIR.....	45	erythromycin.....	76	EXELDERM.....	58
EPIVIR HBV.....	47	ethylsuccinate.....	76	exemestane.....	37
eplerenone.....	33	escitalopram oxalate.....	21	EXFORGE.....	32
EPOGEN.....	73	ESGIC.....	5	EXFORGE HCT.....	32
epoprostenol sodium.....	51	esomeprazole.....	128	EXJADE.....	25
eprosartan mesylate.....	31	magnesium.....	74	EXTAVIA.....	124
EPZICOM.....	45	estazolam.....	69	EZ-LETS LANCETS 21G.....	81
EQL COLOR LANCETS 21G.....	81	ESTRACE.....	69	EZ-LETS LANCETS 26G SUPER-SOFT.....	81
EQL COLOR LANCETS MICRO THIN 33G.....	81	estradiol.....	69		
EQL INSULIN SYRINGE/0.3ML/29G X 1/2".....	96	estradiol vaginal.....	132		
EQL INSULIN SYRINGE/0.3ML/30G X 5/16".....	96	estradiol valerate.....	69		
EQL INSULIN SYRINGE/0.3ML/31G X 5/16".....	96	ESTROGEL.....	70		
EQL INSULIN SYRINGE/0.5ML/29G X 1/2".....	96	ESTROSTEP FE.....	52		
		eszopiclone.....	74		

EZ-LETS LANCETS 28G	FIASP	FLUAD QUADRIVALENT 2021-2022
ULTRA-SOFT	FIASP FLEXTOUCH	FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS
EZ-LETS LANCETS 30G	FIASP PENFILL	FLUARIX QUADRIVALENT 2019-2020
ezetimibe	FIBERCON	FLUARIX QUADRIVALENT 2020-2021
ezetimibe-simvastatin	FIBRICOR	FLUARIX QUADRIVALENT 2021-2022
FABRAZYME	FIFTY50 SAFETY SEAL LANCETS 30G	FLUBLOK QUADRIVALENT 2019-2020
FALESSA	FIFTY50 SAFETY SEAL LANCETS 32G	FLUBLOK QUADRIVALENT 2020-2021
famciclovir	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	FLUBLOK QUADRIVALENT 2021-2022
famotidine	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	FLUCELVAX QUADRIVALENT 2019-2020
famotidine in nacl	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	FLUCELVAX QUADRIVALENT 2020-2021
FANAPT	FIFTY50 UNILET LANCETS 33G	FLUCELVAX QUADRIVALENT 2021-2022
FANAPT TITRATION PACK	FINACEA	fluconazole
FANTASY LUBRICATED	finasteride	flucytosine
FANTASY LUBRICATED/SPERMICIDE	FINE 30	fludarabine phosphate
FARESTON	FINGERSTIX LANCETS	fludrocortisone acetate
FARXIGA	FIORICET	FLULAVAL QUADRIVALENT 2019-2020
FASENRA	FIORICET/CODEINE	FLULAVAL QUADRIVALENT 2020-2021
FASENRA PEN	FIORINAL	FLULAVAL QUADRIVALENT 2021-2022
FASLODEX	FIORINAL/CODEINE #3	FLUMADINE
FAZACLO	FIRAZYR	FLUMIST QUADRIVALENT
FC FEMALE CONDOM	FIRDAPSE	flunisolide (nasal)
febuxostat	FIRMAGON	fluocinolone acetate
felbamate	FIRVANQ	fluocinolone acetate (otic)
FELBATOL	FLAGYL	fluocinonide
FELDENE	flavoxate hcl	fluocinonide emulsified base
felodipine	flecainide acetate	fluorometholone (ophth)
FEMARA	FLECTOR	fluorouracil
FEMCAP	FLOLAN	fluorouracil (topical)
FEMHRT	FLOMAX	fluoxetine hcl
FEMRING	FLONASE ALLERGY RELIEF	FLUOXETINE
fenofibrate	FLONASE ALLERGY RELIEF CHILDRENS	HYDROCHLORIDE
fenofibrate micronized	FLOVENT DISKUS	fluphenazine hcl
fenopropfen calcium	FLOVENT HFA	flurandrenolide
FENSOLVI	floxuridine	flurbiprofen
fentanyl	FLUAD 2019-2020	flurbiprofen sodium
fentanyl citrate	FLUAD 2020-2021	flutamide
FENTORA		fluticasone propionate
FER-IN-SOL		
FERRIPROX		
ferrous fumarate-folic acid		
ferrous sulfate		
FETZIMA		
FETZIMA TITRATION PACK		
fexofenadine hcl		
fexofenadine-pseudoephedrine		

fluticasone propionate (nasal).....	118	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	96	GENTEEL LANCING DEVICE/GLORIOUS GOLD.....	81
fluticasone-salmeterol.....	15	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	96	GENTEEL LANCING DEVICE/PRECIOUS PLATINUM.....	81
fluvastatin sodium.....	30	FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	96	GENTEEL LANCING DEVICE/STATELY SILVER.....	81
fluvoxamine maleate.....	21	FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16".....	96	GENTEEL PLUS LANCING DEVICE/BUFF BLACK.....	81
FLUZONE HIGH-DOSE PF 2019-2020.....	131	FREESTYLE UNISTICK II LANCETS.....	81	GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE.....	81
FLUZONE HIGH-DOSE PF 2020-2021.....	131	FROVA.....	112	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE.....	81
FLUZONE HIGH-DOSE PF 2021-2022.....	131	frovatriptan succinate.....	112	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK.....	82
FLUZONE QUADRIVALENT 2019-2020.....	131	FULPHILA.....	73	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE.....	82
FLUZONE QUADRIVALENT 2020-2021.....	131	fulvestrant.....	37	GENTLE-LET GP LANCETS.....	82
FLUZONE QUADRIVALENT 2021-2022.....	131	furosemide.....	66	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	82
FML.....	120	FUZEON.....	45	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	82
FML FORTE.....	120	FYCOMPA.....	17	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	82
FML LIQUIFILM.....	120	gabapentin.....	18	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	82
FOCALIN.....	2	GABITRIL.....	19	GENVOYA.....	45
FOCALIN XR.....	2	GALAFOLD.....	68	GEODON.....	43
folic acid.....	73	galantamine hydrobromide.....	123	GILENYA.....	124
FOLOTYN.....	35	GAMMAGARD LIQUID.....	122	GILOTRIF.....	36
fondaparinux sodium.....	16	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	122	glatiramer acetate.....	124
FORA GTEL BLOOD KETONE TEST STRIPS.....	65	GAMMAKED.....	122	GLEEVEC.....	38
FORA LANCETS.....	81	GAMUNEX-C.....	122	GLEOSTINE.....	35
FORA LANCING DEVICE.....	81	ganciclovir sodium.....	47	glimepiride.....	25
FORA LANCING DEVICE/CLEARCAP.....	81	ganirelix acetate.....	67	glipizide.....	25
FORFIVO XL.....	20	GANIRELIX ACETATE.....	67	glipizide-metformin hcl.....	23
FORTAZ.....	52	GARDASIL 9.....	131	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	96
FOSAMAX.....	66	gatifloxacin (ophth).....	119	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16".....	96
FOSAMAX PLUS D.....	66	gemcitabine hcl.....	36	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	97
fosamprenavir calcium.....	45	GEMCITABINE HYDROCHLORIDE.....	36	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	97
fosfomycin tromethamine.....	12	gemfibrozil.....	30	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	97
fosinopril sodium.....	30	GENERESS FE.....	53		
fosinopril sodium & hydrochlorothiazide.....	32	GENOTROPIN.....	67		
fosphenytoin sodium.....	19	GENOTROPIN MINIQUICK.....	67		
FOSRENOL.....	71	gentamicin in saline.....	3		
FRAGMIN.....	16	gentamicin sulfate.....	3		
FREDS PHARMACY AUTOLET LANCING DEVICE.....	81	gentamicin sulfate (ophth).....	119		
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G.....	81	gentamicin sulfate (topical).....	57		
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G.....	81	GENTEEL BUTTERFLY TOUCH LANCETS.....	81		
FREESTYLE LANCETS.....	81				

GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	97	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	97	GNP INSULIN SYRINGE/1ML/31G X 5/16" .	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	97	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	97	GNP INSULIN SYRINGES/0.3ML/30GX5/16"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	97	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	97	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	97	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	97	GNP INSULIN SYRINGES/1ML/28GX1/2" .	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	97	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	97	GNP INSULIN SYRINGES/1ML/29GX1/2" .	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	97	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	98	GNP INSULIN SYRINGES/1ML/30GX5/16" .	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	97	GLUCOTROL.....	25	GNP INSULIN SYRINGES/3ML/31GX5/16" .	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	97	GLUCOTROL XL.....	25	GNP LANCETS 21G.....	82
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	97	glyburide.....	25	GNP LANCETS MICRO THIN 33G.....	82
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	97	glyburide micronized.....	25	GNP LANCETS SUPER THIN 30G.....	82
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	97	glyburide-metformin.....	23	GNP LANCETS THIN.....	82
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	97	glycine (gu irrigant).....	72	GNP LANCETS THIN 26G..	82
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	97	glycopyrrolate.....	127	GNP LANCING SYSTEM DEVICE.....	82
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	97	GLYNASE.....	25	GNP PRENATAL.....	116
GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2".....	97	GLYSET.....	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	98
GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16".....	97	GLYXAMBI.....	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	98
GLOBAL LANCING DEVICE	82	GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	98
GLUCAGEN DIAGNOSTIC.....	65	GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	98
GLUCAGEN HYPOKIT.....	24	GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	98
glucagon (rdna).....	24	GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	98
GLUCAGON EMERGENCY KIT.....	24	GNP INSULIN SYRINGE/0.5ML/29G X 1/2".....	98	GOJJI BLOOD KETONE TEST STRIPS.....	65
GLUCOCOM LANCETS 28G.....	82	GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	98	GOJJI LANCING DEVICE/CLEAR CAP.....	82
GLUCOCOM LANCETS 30G.....	82	GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....	98	GOJJI STERILE LANCETS 30G.....	82
GLUCOCOM LANCETS 33G.....	82	GNP INSULIN SYRINGE/1ML/28G X 1/2" .	98	GOLYTELY.....	75
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	97	GNP INSULIN SYRINGE/1ML/29G X 1/2" .	98	GOODSENSE COLOR LANCETS MICRO-THIN 33G	
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	97	GNP INSULIN SYRINGE/1ML/30G X 5/16".....	98	UNIVERSAL.....	82
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	97			GOODSENSE LANCETS MICRO-THIN 33G.....	82

GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....82	HALOG.....62 haloperidol.....43 haloperidol decanoate.....43 haloperidol lactate.....43	HUMATROPE.....67 HUMATROPE COMBO PACK.....67
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....82	HAVRIX.....131	HUMIRA.....4 HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK...3
GOODSENSE LANCETS ULTRA-THIN 30G.....82	HEALTH CARE LANCING DEVICE.....82	HUMIRA PEN.....3 HUMIRA PEN-CD/UC/HS STARTER.....3,4
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL.....82	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....98	HUMIRA PEN-PEDIATRIC UC STARTER PACK.....4
GOODSENSE LANCING DEVICE.....82	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....98	HUMIRA PEN-PS/UV STARTER.....4
GOODSENSE PRENATAL VITAMINS.....116	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....98	HUMULIN R U-500 (CONCENTRATED).....24
granisetron hcl.....26	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....98	HUMULIN R U-500 KWIKPEN.....24
GRASTEK.....3	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....99	HY-VEE LANCETS.....83
griseofulvin microsize.....27	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....99	HY-VEE THIN LANCETS...83
griseofulvin ultramicrosize...27	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....83	HYCAMTIN.....41
guanfacine hcl.....31	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....83	hydralazine hcl.....33
guanfacine hcl (adhd).....2	HECTOROL.....68	HYDREA.....40
GUANIDINE HCL.....34	HEMANGEOL.....49	HYDRO 35.....63
GVOKE PFS.....24	HEPARIN LOCK FLUSH..16	hydrochlorothiazide.....66
GYNAZOLE-1.....132	heparin sod (porcine) in d5w.....16	hydrocodone bitartrate.....6
GYNE-LOTRIMIN.....132	heparin sodium (porcine)..16	HYDROCODONE BITARTRATE ER.....6
H-E-B INCONTROL ADVANCED LANCING DEVICE.....82	HEPARIN SODIUM/NACL 0.45%.....16	hydrocodone polistirex- chlorpheniramine polistirex..56
H-E-B INCONTROL LANCETS MICRO THIN 33G.....82	HEPLISAV-B.....131	hydrocodone-acetaminophen.8
H-E-B INCONTROL LANCETS SUPER THIN 30G.....82	HEPSERA.....47	hydrocodone-ibuprofen.....8
H-E-B INCONTROL LANCETS ULTRA THIN 28G.....82	HERCEPTIN.....36	hydrocortisone.....54
HAEGARDA.....72	HETLIOZ.....75	hydrocortisone (intrarectal)..10
HAEMOLANCE.....82	HIBERIX.....129	hydrocortisone (rectal).....10
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HALCION.....74		hydroxyurea.....40
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HYZAAR.....	32	INSULIN SYRINGE/0.5ML/27G X 1/2".....	99	INSULIN SYRINGES/0.5ML/31GX5/16".....	100
ibandronate sodium.....	66	INSULIN SYRINGE/0.5ML/28G X 1/2".....	99	INSULIN SYRINGES/1ML/27GX1/2".....	100
IBRANCE.....	38	INSULIN SYRINGE/0.5ML/30G X 1/2".....	99	INSULIN SYRINGES/1ML/27GX1/2".....	100
ibuprofen.....	4	INSULIN SYRINGE/0.5ML/30G X 5/16".....	99	INSULIN SYRINGES/1ML/28GX1/2".....	100
icatibant acetate.....	72	INSULIN SYRINGE/0.5ML/31G X 5/16".....	99	INSULIN SYRINGES/1ML/29GX1/2".....	100
ICLUSIG.....	38,39	INSULIN SYRINGE/1ML/28G X 1/2".....	99	INSULIN SYRINGES/1ML/30GX1/2".....	100
icosapent ethyl.....	29	INSULIN SYRINGE/1ML/29G X 1/2".....	99	INSULIN SYRINGES/1ML/31GX5/16".....	100
IDAMYCIN PFS.....	38	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	99	INTELENCE.....	45
idarubicin hcl.....	38	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	99	INTRAROSA.....	131
IFEX.....	35	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	99	INTRON A.....	40
ifosfamide.....	35	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	99	INTUNIV.....	2
ILARIS.....	4	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	99	INVANZ.....	11
ILEVRO.....	121	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	99	INVEGA.....	43
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IMBRUVICA.....	39	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	99	IONOSOL-MB/DEXTROSE 5%.....	113
imipenem-cilastatin.....	11	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	99	IOPIDINE.....	119
imipramine hcl.....	23	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	99	IOL INACTIVATED IPV.....	131
imipramine pamoate.....	23	INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	99	ipratropium bromide.....	14
imiquimod.....	64	INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	99	ipratropium bromide (nasal).....	118
IMITREX.....	112	INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	99	ipratropium-albuterol.....	15
IMITREX STATDOSE REFILL.....	112	INSULIN SYRINGES/0.5ML/27GX1/2".....	99	irbesartan.....	31
IMITREX STATDOSE SYSTEM.....	112	INSULIN SYRINGES/0.5ML/28GX1/2".....	100	irbesartan-hydrochlorothiazide.....	32
IMODIUM A-D.....	25	INSULIN SYRINGES/0.5ML/29GX1/2".....	100	irinotecan hcl.....	41
IMPAVIDO.....	10	INSULIN SYRINGES/0.5ML/30GX5/16".....	100	irrigation solutions, physiological.....	116
IMURAN.....	115	INSULIN SYRINGES/0.5ML/31GX 5/16".....	100	ISENTRESS.....	46
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INCRUSE ELLIPTA.....	14			isoniazid.....	34
indapamide.....	66			ISOPTO CARPINE.....	119
INDERAL LA.....	49			ISORDIL TITRADOSE.....	12
indomethacin.....	4,5			isosorbide dinitrate.....	12
INFANRIX.....	127			isosorbide mononitrate.....	12
INFLECTRA.....	71			isotretinoin.....	57
INLYTA.....	36			isradipine.....	50
INREBIC.....	39			ISTODAX (OVERFILL).....	39
INSPIRA.....	33			itraconazole.....	27
INSULIN SYRINGE/0.3ML/29G X 1".....	99			ivermectin.....	10
INSULIN SYRINGE/0.3ML/29G X 1/2".....	99				
INSULIN SYRINGE/0.3ML/30G X 5/16".....	99				
INSULIN SYRINGE/0.3ML/31G X 5/16".....	99				

IVERMECTIN.....	64	KIMONO PLUS SPERMICIDE		KROGER INSULIN	
ivermectin (pediculicide).....	64	LUBRICATED.....	77	SYRINGE/0.3ML/29G X	
IXEMPRA KIT.....	40	KIMONO PLUS		1/2".....	100
JADENU.....	26	SPERMICIDE/LUBRICATED	77	KROGER INSULIN	
JADENU SPRINKLE.....	26			SYRINGE/0.3ML/30G X	
JAKAFI.....	39	KIMONO PS		5/16".....	100
JANUMET.....	23	LUBRICATED.....	77	KROGER INSULIN	
JANUMET XR.....	23	KIMONO PS PLUS		SYRINGE/0.3ML/31G X	
JANUVIA.....	24	SPERMICIDE/LUBRICATED	77	5/16".....	100
JARDIANCE.....	25			KROGER INSULIN	
JEVTANA.....	40	KIMONO SENSATION		SYRINGE/0.5ML/29G X	
JUBLIA.....	58	LUBRICATED.....	77	1/2".....	100
JULUCA.....	46	KIMONO SENSATION PLUS		KROGER INSULIN	
JYNARQUE.....	69	SPERMICIDE		SYRINGE/0.5ML/30G X	
K-TAB.....	114	LUBRICATED.....	77	5/16".....	100
K-Y ME & YOU EXTRA		KIMONO SPECIAL.....	77	KROGER INSULIN	
LUBRICATED.....	77	KINNEY LANCETS.....	83	SYRINGE/0.5ML/31G X	
K-Y ME & YOU INTENSE...	77	KINNEY THIN LANCETS..	83	5/16".....	100
KADIAN.....	6	KINRAY INSULIN SYRINGE		KROGER INSULIN	
KALETRA.....	46	PREFERRED		SYRINGE/1ML/29G X 1/2" .	100
KALYDECO.....	125	PLUS/0.3ML/31G X 5/16" 100		KROGER INSULIN	
KAMELEON LUBRICATED..	77	KINRAY INSULIN SYRINGE		SYRINGE/1ML/30G X	
KAPVAY.....	2	PREFERRED		5/16".....	100
KAZANO.....	23	PLUS/0.5ML/31G X 5/16" 100		KROGER INSULIN	
KCL 0.3%/D5W/NACL		KINRAY INSULIN SYRINGE		SYRINGE/1ML/31G X	
0.9%.....	114	PREFERRED PLUS/1ML/31G		5/16".....	100
KEFLEX.....	52	X 5/16".....	100	KROGER LANCETS.....	83
KENALOG-40.....	55	KINRAY INSULIN		KROGER LANCETS 21G...	83
KEPIVANCE.....	40	SYRINGE/0.5ML/29G X		KROGER LANCETS MICRO	
KEPPRA.....	18	1/2".....	100	THIN33G.....	83
KEPPRA XR.....	18	KINRIX.....	127	KROGER LANCETS SUPER	
KERYDIN.....	58	KISQALI.....	39	THIN.....	83
ketoconazole.....	27	KISQALI FEMARA 200		KROGER LANCETS THIN..	83
ketoconazole (topical).....	58	DOSE.....	38	KROGER LANCETS THIN	
KETONE.....	65	KISQALI FEMARA 400		26G.....	83
KETONE TEST STRIPS.....	65	DOSE.....	38	KROGER LANCETS	
ketoprofen.....	5	KISQALI FEMARA 600		ULTRATHIN30G.....	83
ketorolac tromethamine.....	5	DOSE.....	38	KROGER LANCING	
ketorolac tromethamine		KITABIS PAK.....	3	DEVICE.....	83
(ophth).....	121	KLARITY-A.....	119	KRYSTEXXA.....	72
KETOSTIX.....	65	KLARON.....	57	KUVAN.....	68
ketotifen fumarate (ophth)..	121	KLONOPIN.....	17	KYLEENA.....	54
KEVEYIS.....	65	KMART VALU PLUS INSULIN		KYPROLIS.....	39
KHEDEZLA.....	22	SYRINGE/1ML/29G.....	100	labetalol hcl.....	49
KIMONO COLORS.....	77	KMART VALU PLUS INSULIN		LAC-HYDRIN.....	63
KIMONO LUBRICATED.....	77	SYRINGE/1ML/30G.....	100	LAC-HYDRIN TWELVE.....	63
KIMONO MICRO THIN PLUS		KOSELUGO.....	39	LACRISERT.....	119
SPERMICIDE LUBRICATED77		KP PRENATAL		lactated ringer's.....	114
		MULTIVITAMINS.....	116	lactated ringer's (irrigation) .	116
		KRINTAFEL.....	34	lactic acid (ammonium	
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		DEVICE.....	83	lactulose.....	75
		KROGER HEALTHPRO TWIST		lactulose (encephalopathy)..	71
		LANCETS/26G.....	83	LAMICTAL.....	18

LAMICTAL CHEWABLE DISPERSIBLE.....	18	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2".....	100	levalbuterol tartrate.....	15
LAMICTAL ODT.....	18	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16".....	100	LEVAQUIN.....	70
lamivudine.....	46	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16".....	100	LEVEMIR.....	24
lamivudine (hbv).....	47	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2".....	100	LEVEMIR FLEXTOUCH.....	24
lamivudine-zidovudine.....	46	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2".....	100	levetiracetam.....	18
lamotrigine.....	18	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	levobunolol hcl.....	119
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LANCET DEVICE WITH EJECTOR.....	83	LEADER INSULIN SYRINGE/1ML/28G X 1/2".....	101	levofloxacin.....	70
LANCETS.....	83	LEADER INSULIN SYRINGE/1ML/29G X 1/2".....	101	levofloxacin (ophth).....	119
LANCETS 26G TWIST TOP.....	83	LEADER INSULIN SYRINGE/1ML/30G X 5/16".....	101	levofloxacin in d5w.....	70
LANCETS 30G.....	83	LEADER INSULIN SYRINGE/1ML/31G X 5/16".....	101	levonorgestrel & eth estradiol.....	53
LANCETS 30G TWIST TOP.....	83	leflunomide.....	5	levonorgestrel (emergency oc).....	54
LANCETS 30G/TWIST TOP.....	83	LENVIMA 10 MG DAILY DOSE.....	36	levonorgestrel-eth estradiol (triphasic).....	53
LANCETS 31G TWIST TOP.....	83	LENVIMA 12MG DAILY DOSE.....	36	levonorgestrel-ethinyl estradiol (91-day).....	53
LANCETS 33G EXTRA FINE.....	83	LENVIMA 14 MG DAILY DOSE.....	36	levonorgestrel-ethinyl estradiol (continuous).....	53
LANCETS MICRO THIN 33G.....	83	LENVIMA 18 MG DAILY DOSE.....	36	levorphanol tartrate.....	6
LANCETS SAFETY SEAL 21G.....	83	LENVIMA 20 MG DAILY DOSE.....	36	levothyroxine sodium.....	126
LANCETS SAFETY SEAL 26G.....	83	LENVIMA 24 MG DAILY DOSE.....	36	LEXAPRO.....	21
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LANCETS BULLSEYE SAFETY.....	83	leucovorin calcium.....	40	LIBRAX.....	127
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LANCING DEVICE ADJUSTABLE.....	83	LEUKINE.....	73	lidocaine hcl.....	64
LANOXIN.....	50	leuprolide acetate.....	37	lidocaine hcl (local anesth.).....	76
lansoprazole.....	128	levalbuterol hcl.....	15	lidocaine hcl (mouth-throat).....	116
lanthanum carbonate.....	71			lidocaine-prilocaine.....	64
LANZO.....	83			LIDODERM.....	64
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LASIX.....	66			LIFESCAN UNISTIK II LANCETS.....	84
LASTACRAFT.....	121			LILETTA.....	54
latanoprost.....	121			LINCOCIN.....	11
LATUDA.....	43			lincomycin hcl.....	11
LEADER ADVANCED LANCING DEVICE.....	83			lindane.....	64
				linezolid.....	12
				LINZESS.....	71
				liothyronine sodium.....	126
				LIPITOR.....	30
				LIPOFEN.....	30
				lisinopril.....	30

lisinopril & hydrochlorothiazide.....	32	LIVALO.....	30	loxapine succinate.....	43
LITE TOUCH LANCETS.....	84	LIVE BETTER ADVANCED LANCING DEVICE.....	84	lubiprostone.....	70
LITE TOUCH LANCING PEN.....	84	LIVE BETTER LANCET SUPERTHIN 30G.....	84	LUCEMYRA.....	123
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	101	LIVE BETTER LANCET ULTRATHIN 28G.....	84	luliconazole.....	58
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	101	LO LOESTRIN FE.....	53	LUMIGAN.....	121
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	101	LOCOID.....	63	LUMIZYME.....	68
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	LODINE.....	5	LUNESTA.....	75
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	101	LODOSYN.....	41	LUPANETA PACK.....	68
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	101	LOMOTIL.....	25	LUPRON DEPOT (1- MONTH).....	37
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	101	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16".....	101	LUPRON DEPOT (3- MONTH).....	37
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	101	LONGS LANCETS STANDARD.....	84	LUPRON DEPOT (4- MONTH).....	37
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	101	LONGS LANCETS THIN..	84	LUPRON DEPOT (6- MONTH).....	37
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	101	LONGS LANCETS ULTRA THIN.....	84	LUPRON DEPOT-PED (1- MONTH).....	68
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	101	loramide hcl.....	25	LUPRON DEPOT-PED (3- MONTH).....	68
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	101	LOPID.....	30	LUXIQ.....	63
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	101	lopinavir-ritonavir.....	46	LUZU.....	58
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	101	LOPRESSOR.....	49	LYNPARZA.....	39
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	101	LOPRESSOR HCT.....	32	LYRICA.....	18
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	101	LOPROX.....	58	LYRICA CR.....	125
LITETOUCH LANCETS MICRO THIN 33G.....	84	LOPROX SHAMPOO.....	58	LYSODREN.....	37
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lithium carbonate.....	42	loratadine & pseudoephedrine.....	56	M-M-R II.....	131
LITHOBID.....	42	lorazepam.....	13	M-NATAL PLUS.....	116
		LORBRENA.....	39	MACROBID.....	12
		LORTAB.....	8	MACRODANTIN.....	12
		losartan potassium.....	31	mafenide acetate.....	61
		losartan potassium & hydrochlorothiazide.....	32	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2".....	101
		LOSEASONIQUE.....	53	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16".....	101
		LOTEMAX.....	120	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2".....	101
		LOTENSIN.....	30	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16".....	101
		LOTENSIN HCT.....	32	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2".....	101
		loteprednol etabonate....	120	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	102
		LOTREL.....	32	magnesium sulfate.....	114
		LOTRIMIN AF.....	58	MALARONE.....	33
		LOTRIMIN AF JOCK ITCH	58	malathion.....	64
		LOTRIMIN ULTRA.....	58		
		LOTRISONE.....	58		
		LOTRONEX.....	71		
		lovastatin.....	30		
		LOVAZA.....	29		
		LOVENOX.....	16,17		

maprotiline hcl.....	20	MEDLANCE PLUS EXTRA		MENOSTAR.....	70
MARCAINE.....	76	LANCETS 21G.....	84	MENQUADFI.....	129
MARINOL.....	26	MEDLANCE PLUS		MENVEO.....	129
MARPLAN.....	21	LANCETS.....	84	meperidine hcl.....	6,7
MATULANE.....	40	MEDLANCE PLUS LANCETS		meprobamate.....	12
MAVENCLAD.....	124	LITE 25G.....	84	MEPRON.....	11
MAVYRET.....	48	MEDLANCE PLUS LITE		mercaptopurine.....	36
MAXALT.....	112	LANCETS 25G.....	84	meropenem.....	11
MAXALT-MLT.....	112	MEDLANCE PLUS SPECIAL		MERREM.....	11
MAXI-COMFORT INSULIN		LANCETS 0.8MM.....	84	mesalamine.....	71
SYRINGE/U-		MEDLANCE PLUS		MESTINON.....	34
100/0.5ML/28GX1/2".....	102	SUPERLITE 30G.....	84	MESTINON TIMESPAN.....	34
MAXI-COMFORT INSULIN		MEDLANCE PLUS		metaxalone.....	117
SYRINGE/U-100/1ML/28GX1/2".....	102	SUPERLITE 30G/COMFORT		metformin hcl.....	24
		MAX.....	84	methadone hcl.....	7
MAXICOMFORT INSULIN		MEDLANCE PLUS		METHADONE HCL.....	7
SYRINGES 27G X 1/2".....	102	UNIVERSAL LANCETS		methadone hcl.....	7
MAXIDEX.....	120	21G.....	84	METHADOSE.....	7
MAXIPIME.....	52	MEDLANCE PLUS/LITE		METHADOSE SUGAR-FREE.....	7
MAXITROL.....	120	25G.....	84	methamphetamine hcl.....	1
MAXX LUBRICATED.....	77	MEDLANCE/EXTRA.....	84	methazolamide.....	65
MAXX PLUS SPERMICIDE		MEDLANCE/LITE.....	84	methenamine hippurate.....	12
LUBRICATED.....	77	MEDLANCE/UNIVERSAL.....	84	methimazole.....	126
MAXZIDE.....	66	MEDROL.....	55	METHITEST.....	10
MAXZIDE-25.....	66	MEDROL DOSEPAK.....	55	methocarbamol.....	117
MAYZENT.....	124	medroxyprogesterone		METHOTREXATE.....	4
MAYZENT STARTER		acetate.....	123	methotrexate sodium.....	36
PACK.....	124	medroxyprogesterone acetate		methoxsalen rapid.....	60
meclizine hcl.....	26	(contraceptive).....	54	methscopolamine bromide.....	127
meclofenamate sodium.....	5	mefenamic acid.....	5	METHYLIN.....	2
MEDIC INSULIN		mefloquine hcl.....	34	methylphenidate hcl.....	2
SYRINGE/0.3ML/30G X		MEGACE ES.....	123	methylprednisolone.....	55
5/16".....	102	megestrol acetate.....	37	methylprednisolone acetate.....	55
MEDIC INSULIN		megestrol acetate		methylprednisolone sod	
SYRINGE/0.5ML/30G X		(appetite).....	123	succ.....	55
5/16".....	102	MEIJER COLOR LANCETS		metoclopramide hcl.....	70
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SAFETY LANCET DUAL		MEIJER LANCETS.....	84	metoprolol &	
USE.....	84	MEIJER LANCETS THIN.....	84	hydrochlorothiazide.....	32
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SAFETY LANCET MEDIUM		MEIJER LANCETS		METROLOTION.....	64
FLOW.....	84	UNIVERSAL33G.....	84	metronidazole.....	10
MEDICHOICE PRE-SET		MEIJER SUPER THIN		metronidazole (topical).....	64
SAFETY LANCET MODERATE		LANCETS.....	84	metronidazole vaginal.....	132
FLOW.....	84	MEKINIST.....	39		
MEDICHOICE SAFETY		MEKTOVI.....	39		
LANCETEXTRA.....	84	meloxicam.....	5		
MEDICHOICE SAFETY		melphalan.....	35		
LANCETNORMAL.....	84	melphalan hcl.....	35		
MEDISENSE THIN		memantine hcl.....	123,124		
LANCETS.....	84	MENEST.....	70		

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RELION ULTRA THIN PLUS LANCETS 33G.....	86	rifampin.....	34	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	105
RELISTOR.....	71	RIFATER.....	34	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2".....	105
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REPATHA.....	30	ringer's irrigation.....	116	SAFETY INSULIN SYRINGES 1ML/30GX1/2".....	105
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SAFETY LANCETS 21G	87		
SAFETY LANCETS 28G	87		
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SAFYRAL	53		
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SAIZENPREP			
RECONSTITUTIONKIT	67		
SALAGEN	116		
salsalate	6		
SAMSCA	69		
SANDIMMUNE	115		
SANDOSTATIN	69		
SANTYL	63		
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SB INSULIN SYRINGE/U-			
100/0.5ML/30G X 5/16"	105		
SB INSULIN SYRINGE/U-			
100/1ML/29G X 1/2"	105		
SB INSULIN SYRINGE/U-			
100/1ML/30G X 5/16"	105		
SB INSULIN SYRINGE/U-			
100/1ML/31G X 5/16"	105		
SB LANCETS THIN	87		
SB LANCETS ULTRA THIN	87		
scopolamine	26		
SEASONIQUE	53		
SECURESAFE SAFETY			
INSULIN SYRINGES/U-			
100/0.5ML/29GX1/2"	105		
SECURESAFE SAFETY			
INSULIN SYRINGES/U-			
100/1ML/29GX1/2"	105		
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SELECT-LITE LANCING			
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selenium sulfide	60		
SELZENTRY	46		
SENSIPAR	68		
SEREVENT DISKUS	15		
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SIDE BUTTON SAFETY			
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silodosin	72		
SILVADENE	61		
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SIMBRINZA	119		
SIMPLE DIAGNOSTICS			
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SIMULECT	115		
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sirolimus	115		
SIRTURO	34		
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SMART SENSE STANDARD			
LANCETS UNIVERSAL 21G	87		
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LANCETS UNIVERSAL 30G	87		
SMART SENSE THIN			
LANCETSUNIVERSAL 26G	87		
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SODIUM ACETATE	113		
sodium acetate	113		
sodium chloride	114,115		
sodium chloride (gu irrigant)	72		
sodium chloride (inhalant)	56		
sodium citrate & citric acid	71		
sodium fluoride	114		
sodium phenylbutyrate	68		
sodium polystyrene			
sulfonate	116		
SOFOSBUVIR/VELPATASVIR			
	48		
solifenacin succinate	129		
SOLIRIS	72		
SOLOSEC	3		
SOLU-CORTEF	55		
SOLU-MEDROL	55		
SOLUS V2 LANCING			
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ACTIVATED SAFETY LANCETS			
28G	87		
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30G	87		
SOMA	118		
SOMATULINE DEPOT	69		
SOMAVERT	67		
SOOLANTRA	64		
SORBITOL	72		
SORBITOL-MANNITOL	72		
SORBITOL/MANNITOL			
IRRIGATION	72		
SORIATANE	60		
sotalol hcl	49		
sotalol hcl (afib/af)	49		
spinosad	65		
SPIRIVA HANDIHALER	14		
SPIRIVA RESPIMAT	14		
spironolactone	66		
spironolactone &			
hydrochlorothiazide	66		
SPORANOX	27		
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SPRYCEL.....	39	SUPER THIN LANCETS...	87	30G.....	87
STALEVO 100.....	42	SUPRAX.....	52	SURE COMFORT LANCING	
STALEVO 125.....	42	SUPREP BOWEL PREP		PEN.....	87
STALEVO 150.....	42	KIT.....	75	SURE-JECT INSULIN	
STALEVO 200.....	42	SURE COMFORT INSULIN		SYRINGE/U-100/0.3ML/29G X	
STALEVO 50.....	42	1/2".....	105	1/2".....	106
STALEVO 75.....	42	SURE COMFORT INSULIN		SURE-JECT INSULIN	
stannous fluoride.....	116	SYRINGE/U-100/0.3ML/30G X		SYRINGE/U-100/0.3ML/30G X	
STARLIX.....	25	1/2".....	105	5/16".....	106
stavudine.....	46	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STAVUDINE.....	46	SYRINGE/U-100/0.3ML/30G X		SYRINGE/U-100/0.3ML/31G X	
STEGLATRO.....	25	5/16".....	105	5/16".....	106
STELARA.....	60,71	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STENDRA.....	51	SYRINGE/U-100/0.3ML/31G X		SYRINGE/U-100/0.5ML/28G X	
STERILANCE TL.....	87	5/16".....	105	1/2".....	106
STIMATE.....	69	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STIVARGA.....	39	SYRINGE/U-100/0.5ML/28G X		SYRINGE/U-100/0.5ML/30G X	
STRATTERA.....	2	1/2".....	105	5/16".....	106
streptomycin sulfate.....	3	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STRIBILD.....	46	SYRINGE/U-100/0.5ML/29G X		SYRINGE/U-100/1ML/28G X	
STRIVERDI RESPIMAT.....	15	1/2".....	105	1/2".....	106
STROMEKTOL.....	10	SURE COMFORT INSULIN		SURE-JECT INSULIN	
SUBOXONE.....	9	SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/1ML/29G X	
SUBSYS.....	7	5/16".....	105	1/2".....	106
SUCRAID.....	65	SURE COMFORT INSULIN		SURE-JECT INSULIN	
sucralfate.....	128	SYRINGE/U-100/0.5ML/31G X		SYRINGE/U-100/1ML/30G X	
SULAR.....	50	5/16".....	105	5/16".....	106
sulconazole nitrate.....	59	SURE COMFORT INSULIN		SURE-JECT INSULIN	
sulfacetamide sodium (acne)	57	SYRINGE/U-100/1ML/28G X		SYRINGE/U-100/1ML/31G X	
sulfacetamide sodium		1/2".....	105	5/16".....	106
(ophth).....	120	SURE COMFORT INSULIN		SURE-LANCE FLAT	
sulfacetamide sodium w/		SYRINGE/U-100/1ML/29G X		LANCETS.....	88
sulfur.....	57	1/2".....	106	SURE-LANCE LANCETS	
sulfacetamide sodium-sulfur in		SURE COMFORT INSULIN		26G.....	88
urea vehicle.....	57	SYRINGE/U-100/1ML/30G X		SURE-LANCE THIN LANCETS	
SULFADIAZINE.....	126	1/2".....	106	28G.....	88
sulfamethoxazole-trimethoprim		SURE COMFORT INSULIN		SURE-LANCE ULTRA THIN	
.....	10	SYRINGE/U-100/1ML/30G X		LANCETS.....	88
SULFAMYLON.....	61	5/16".....	106	SURE-PEN.....	88
sulfasalazine.....	71	SURE COMFORT INSULIN		SURE-TOUCH LANCETS	
sulindac.....	5	SYRINGE/U-100/1ML/31G X		UNIVERSAL.....	88
SUMADAN WASH.....	57	5/16".....	106	SURELITE LANCETS.....	88
sumatriptan.....	113	SURE COMFORT LANCETS		SUSTIVA.....	46,47
sumatriptan succinate.....	113	18G.....	87	SUTENT.....	39
sumatriptan-naproxen		SURE COMFORT LANCETS		SYMBICORT.....	15
sodium.....	112	21G.....	87	SYMFI.....	47
sunitinib malate.....	39	SURE COMFORT LANCETS		SYMFI LO.....	47
		23G.....	87	SYMLINPEN 120.....	23
		SURE COMFORT LANCETS		SYMLINPEN 60.....	23
		28G.....	87		

SYMTUZA.....	47	TECHLITE INSULIN		TENORMIN.....	49
SYNALAR.....	63	SYRINGEU-100/0.3ML/31G X		TEPADINA.....	35
SYNAREL.....	68	5/16".....	106	terazosin hcl.....	31
SYNERA.....	64	TECHLITE INSULIN		terbinafine hcl.....	27
SYNJARDY.....	23	SYRINGEU-100/0.5ML/29G X		terbutaline sulfate.....	15
SYNJARDY XR.....	23	1/2".....	106	terconazole vaginal.....	132
SYNRIBO.....	40	TECHLITE INSULIN		TESSALON PERLES.....	55
SYNTHROID.....	126	SYRINGEU-100/0.5ML/30G X		TESTIM.....	10
SYPRINE.....	115	1/2".....	106	TESTOSTERONE	
TABLOID.....	36	5/16".....	106	CYPIONATE.....	10
TABRECTA.....	39	TECHLITE INSULIN		testosterone cypionate.....	10
TACLONEX.....	63	SYRINGEU-100/0.5ML/31G X		testosterone enanthate.....	10
tacrolimus.....	115	5/16".....	106	TETANUS/DIPHThERIA	
tacrolimus (topical).....	64	TECHLITE INSULIN		TOXOIDS-ADSORBED	
tadalafil.....	51	SYRINGEU-100/1ML/29G X		ADULT.....	127
tadalafil (pulmonary		1/2".....	106	tetrabenazine.....	124
hypertension).....	51	TECHLITE INSULIN		tetracycline hcl.....	126
TAFINLAR.....	39	SYRINGEU-100/1ML/30G X		TGT LANCET MICRO THIN	
TAGAMET HB.....	128	1/2".....	106	33G.....	88
TAKHZYRO.....	72	TECHLITE INSULIN		TGT LANCET THIN 26G....	88
TALZENNA.....	39	SYRINGEU-100/1ML/30G X		TGT LANCET ULTRA THIN	
TAMIFLU.....	48	5/16".....	106	30G.....	88
tamoxifen citrate.....	37	TECHLITE INSULIN		TGT LANCING DEVICE.....	88
tamsulosin hcl.....	72	SYRINGEU-100/1ML/31G X		THALOMID.....	115
TAPAZOLE.....	126	15/64".....	107	theophylline.....	15
TARCEVA.....	36	TECHLITE INSULIN		THERANATAL CORE	
TARGADOX.....	126	SYRINGEU-100/1ML/31G X		NUTRITION.....	117
TARGRETIN.....	40,60	5/16".....	107	THINLETS GP LANCETS...	88
TARKA.....	32	TECHLITE LANCETS.....	88	thioridazine hcl.....	44
TASIGNA.....	39	TECHLITE LANCETS 30G	88	thiotepa.....	35
TASMAR.....	41	TEFLARO.....	52	thiothixene.....	44
tavaborole.....	59	TEGRETOL.....	19	THYMOGLOBULIN.....	115
TAXOTERE.....	41	TEGRETOL-XR.....	19	thyroid.....	126
TAYTULLA.....	53	TEGSEDI.....	125	tiagabine hcl.....	19
tazarotene.....	60	TEKTURN.....	33	TIAZAC.....	50
TAZORAC.....	60	telmisartan.....	31	TIBSOVO.....	39
TAZVERIK.....	39	telmisartan-amlodipine....	32	TIGAN.....	26
TDVAX.....	127	telmisartan-hydrochlorothiazide		tigecycline.....	126
TECFIDERA.....	125		32	TIKOSYN.....	13
TECFIDERA STARTER		temazepam.....	75	timolol maleate.....	49
PACK.....	125	TEMIXYS.....	47	timolol maleate (ophth)....	119
TECHLITE AST LANCETS..	88	TEMODAR.....	35	TIMOPTIC.....	119
TECHLITE INSULIN SYRINGEU-		TEMOVATE.....	63	TIMOPTIC-XE.....	119
100/0.3ML/29G X 1/2"....	106	temozolomide.....	35	TIVICAY.....	47
TECHLITE INSULIN SYRINGEU-		temsirolimus.....	39	tizanidine hcl.....	118
100/0.3ML/30G X 1/2"....	106	TENIPOSIDE.....	41	TOBI.....	3
TECHLITE INSULIN SYRINGEU-		TENIVAC.....	127	TOBRADEX.....	120
100/0.3ML/30G X 5/16"....	106	tenofovir disoproxil		tobramycin.....	3
		fumarate.....	47		
		TENORETIC 100.....	32		
		TENORETIC 50.....	32		

tobramycin (ophth).....	120	topotecan hcl.....	41	triazolam.....	75
tobramycin sulfate.....	3	TOPROL XL.....	49	TRIBENZOR.....	33
tobramycin-dexamethasone.....	121	toremifene citrate.....	37	TRICARE.....	117
TOBREX.....	120	TORISEL.....	39	TRICOR.....	30
TODAY SPONGE.....	131	torsemide.....	66	TRIDESILON.....	63
TODAYS HEALTH ADVANCED LANCING DEVICE.....	88	TOVIAZ.....	129	trientine hcl.....	115
TODAYS HEALTH SUPER THINLANCETS 30G.....	88	TRACLEER.....	51	trifluoperazine hcl.....	44
TODAYS HEALTH ULTRA THINLANCETS 28G.....	88	tramadol hcl.....	8	trifluridine.....	120
TOFRANIL.....	23	tramadol-acetaminophen...	9	trihexyphenidyl hcl.....	41
tolbutamide.....	25	trandolapril.....	31	TRIJARDY XR.....	23
tolcapone.....	41	trandolapril-verapamil hcl..	32	TRIKAFTA.....	126
tolmetin sodium.....	5	TRANDOLAPRIL/VERAPAMIL HCL ER.....	32	TRILEPTAL.....	19
TOLSURA.....	27	tranexamic acid.....	74	TRILIPIX.....	30
tolterodine tartrate.....	129	TRANSDERM SCOP.....	26	trimethobenzamide hcl.....	26
tolvaptan.....	69	TRANSDERM-SCOP.....	26	trimethoprim.....	10
TOPAMAX.....	19	TRANXENE T.....	13	trimipramine maleate.....	23
TOPAMAX SPRINKLE.....	19	tranylcypromine sulfate...	21	TRINTELLIX.....	22
TOPCARE LANCETS MICRO-THIN 33G.....	88	TRAVATAN Z.....	121	TRIOSTAT.....	126
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	107	TRAVEL LANCETS 30G...	88	TRIUMEQ.....	47
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	107	TRAVEL LANCETS ADVANCED 28G.....	88	TRIZIVIR.....	47
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	107	travoprost.....	121	tropicamide.....	119
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	107	trazodone hcl.....	22	trospium chloride.....	129
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	107	TREANDA.....	35	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	107
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	107	TRECATOR.....	35	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	107
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Phone: (505) 490-4060
Fax: (505) 490-4883

Spanish: Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter from Western Sky Community Care, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-833-945-2029 (TTY/TDD 711)

Navajo: Din4 k'ehj7 y1n7ti'go ata' hane' n1 h0l= d00 naaltsoos t'11 Din4 k'ehj7 bee bik'e'ashch%go nich'8' 1dooln7i[go bee haz'3 a[d0' lko d77 t'11 1t'4 t'11 j77k'e k0t'4ego nich'8' 22'1t'4. Koj8' h0lne' 1-833-945-2029 (TTY/TDD 711)

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Western Sky Community Care, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-833-945-2029 (TTY/TDD 711)

German: Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Western Sky Community Care hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-833-945-2029 (TTY/TDD 711)an.

Chinese: 如果您，或是您正在協助的對象，有關於 Ambetter from Western Sky Community Care方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-833-945-2029 (TTY/TDD 711)。

Arabic: إذا كان لديك أو لدى شخص تساعد أسئلة حول ، Ambetter from Western Sky Community Care لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-833-945-2029 (TTY/TDD 711).

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Western Sky Community Care에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-833-945-2029 (TTY/TDD 711) 로 전화하십시오.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter from Western Sky Community Care, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-833-945-2029 (TTY/TDD 711).

Japanese: Ambetter from Western Sky Community Careについて何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-833-945-2029 (TTY/TDD 711)までお電話ください。

French: Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Western Sky Community Care, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-833-945-2029 (TTY/TDD 711)

Italian: Se lei, o una persona che lei sta aiutando, avesse domande su Ambetter from Western Sky Community Care, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l'1-833-945-2029 (TTY/TDD 711).

Russian: В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Western Sky Community Care вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-833-945-2029 (TTY/TDD 711).

Hindi: आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Western Sky Community Care के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-833-945-2029 (TTY/TDD 711) पर कॉल करें।

Persian: دارید، از این حق برخوردارید که کمک و اطلاعات Ambetter from Western Sky Community Care اگر شما، یا کسی که به او کمک می کنید سؤالی در مورد تماس بگیرید. 1-833-945-2029 (TTY/TDD 711) را بصورت رایگان به زبان خود دریافت کنید. برای صحبت کردن با مترجم با شماره

Thai: หากท่านหรือผู้ที่ท่านให้ความช่วยเหลืออยู่ในขณะนี้มีความเกี่ยวข้องกับ Ambetter from Western Sky Community Care ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่าน โดยไม่เสียค่าใช้จ่ายใด ๆ ทั้งสิ้น หากต้องการใช้บริการล่าม กรุณาโทรศัพท์ติดต่อที่หมายเลข 1-833-945-2029 (TTY/TDD 711).