

Preferred Drug List

The SilverSummit Healthplan Formulary includes a list of drugs covered by your prescription benefit. The formulary is updated often and may change. To get the most up-to-date information, you may view the latest formulary on our website at silversummithealthplan.com or call us at 1-844-366-2880 (TTY/TDD: 1-844-804-6086).

Preferred Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find
2. In the Find box type the name of the medication you want to locate
3. Click the Next button until you find the medication(s) you are looking for

SilverSummit Healthplan Pharmacy Program

SilverSummit Healthplan, Inc. (SilverSummit) is committed to providing appropriate, high quality, and cost effective drug therapy to all SilverSummit members. SilverSummit works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. SilverSummit covers prescription medications and certain over-the-counter (OTC) medications when ordered by a physician/clinician. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities. This section provides an overview of the SilverSummit pharmacy program. For more detailed information, please visit our website at www.silversummithealthplan.com.

Plan Preferred Drug List and Prior Authorization List

The SilverSummit Preferred Drug List (PDL) describes the circumstances under which contracted pharmacy providers will be reimbursed for medications dispensed to members covered under the program. All drugs covered under the Nevada Medicaid program are available for SilverSummit members. The PDL includes all drugs available without PA and those agents that have the restrictions of Step Therapy (ST). The PA list includes those drugs that require PA for coverage. The PDL applies to drugs you receive at retail pharmacies. The PDL is continually evaluated by the SilverSummit Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the SilverSummit Medical Director, SilverSummit Pharmacy Director, and several Nevada primary care physicians, pharmacists, and specialists. The PDL does not:

- Require or prohibit the prescribing or dispensing of any medication
- Substitute for the independent professional judgment of the physician/clinician or pharmacist, or
- Relieve the physician/clinician or pharmacist of any obligation to the patient or others

Involve Pharmacy Solutions

With the exceptions of biopharmaceuticals and specialty drugs, SilverSummit works with Involve Pharmacy Solutions to process all pharmacy claims for prescribed drugs. Some drugs on the SilverSummit PDL and PA list require a PA and Involve Pharmacy Solutions is responsible for administering this process. Involve Pharmacy Solutions is our Pharmacy Benefit Manager.

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the SilverSummit Healthplan/Involve Pharmacy Solutions form: Medication Prior Authorization Request Form.
2. Fax to Involve Pharmacy Solutions at 1-866-399-0929.
3. Once approved, Involve Pharmacy Solutions notifies the prescriber by fax.
4. If the clinical information provided does not explain the medical necessity for the requested PA medication, Involve Pharmacy Solutions will deny the request and offer PDL alternatives to the prescriber by fax.
5. For urgent or after-hours requests, a pharmacy can provide up to a 96-hour emergency supply of medication by calling 1-844-214-2606.

Prior Authorization Process

The SilverSummit PDL includes a broad spectrum of brand name and generic drugs. Clinicians are encouraged to prescribe from the SilverSummit PDL for their patients who are members of SilverSummit. Some drugs will require PA and are listed on the PA list. In addition, all name brand drugs not listed on either the PDL or PA list will require prior authorization. If a request for authorization is needed the information should be submitted by your physician/clinician to Envolve Pharmacy Solutions on the SilverSummit Healthplan/Envolve Pharmacy Solutions form: Medication Prior Authorization Request Form. This form should be faxed to Envolve Pharmacy Solutions at 1-866-399-0929. This document is located on the SilverSummit website at www.silversummithealthplan.com.

SilverSummit will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.
2. Depending on the medication, other medications on the PDL have not worked.

All reviews are performed by a licensed clinical pharmacist using the criteria established by the SilverSummit P&T Committee. Once approved, Envolve Pharmacy Solutions notifies the physician/clinician by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, SilverSummit will notify you and your physician/clinician of alternatives and provide information, regarding the appeal process.

The P&T committee has reviewed and approved, with input from its members and in consideration of medical evidence, the list of drugs requiring prior authorization. This PDL attempts to provide appropriate and cost-effective drug therapy to all members covered under the SilverSummit pharmacy program. If a patient requires a brand name medication that does not appear on the PDL, the physician/clinician can make a PA request for the brand name medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions.

Clinicians are requested to utilize the PDL when prescribing medication for those patients covered by the SilverSummit pharmacy program. If a pharmacist receives a prescription for a drug that requires a PA, the pharmacist should attempt to contact the clinician to request a change to a product included on the PDL.

Phone Numbers for SilverSummit Healthplan Member Services

The phone and fax lines listed in the Prior Authorization Process section are dedicated to clinicians requesting PA medication items only. Members cannot be assisted if they call the PA toll-free number. SilverSummit Member Services may be reached at 1-844-366-2880 (TTY 1-844-804-6086).

Transition Period

SilverSummit members new to managed care will be able to receive their prescription drugs with no new PA requirements for 2 fills not to exceed 68 total day's supply in the first 90 days of eligibility. Please note, the timeframe for PA requirements on controlled medications may be shorter than 90 days. This will allow you and your doctor time to consider other medications that do not require PA and to learn the proper steps for obtaining a PA. SilverSummit's PDL and PA List identify the drugs that will require PA once you have been a managed care member for 90 days. If you are not sure when you will need to have your medications prior authorized or you have other questions about continuing to get your medications, call member services at 1-844-366-2880 (TTY 1-844-804-6086).

96-Hour Emergency Supply Policy

State and federal law requires that a pharmacy dispense a 96-hour (4-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 96-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 96-hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call the Envolve Pharmacy Solutions Pharmacy Help Desk at 1-844-214-2606 for a prescription override to submit the 96-hour medication supply for payment.

Step Therapy

Some medications listed on the SilverSummit PDL may require specific medications to be used before you can receive the step therapy medication. If SilverSummit has a record that the required medication was tried first the ST medications are automatically covered. If SilverSummit does not have a record that the required medication was tried, you or your physician/clinician may be required to provide additional information. If SilverSummit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

Dispensing Limits, Quantity Limits, and Age Limits

Drugs may be dispensed up to a maximum 34 day supply for each new or refill non-controlled substance. A total of 80 percent (80%) of the days supplied must have elapsed before the prescription can be refilled. Dispensing outside the quantity limit (QL) or age limits (AL) requires PA. SilverSummit may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If SilverSummit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process. Some medications on the SilverSummit PDL may have AL. These are set for certain drugs based on Food and Drug Administration (FDA) approved labeling, for safety concerns and quality standards of care. The AL aligns with current FDA alerts for the appropriate use of pharmaceuticals.

Medical Necessity Requests

If you require a medication that does not appear on the PDL, you or your physician/clinician can make a medical necessity request for the medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions. SilverSummit requires:

- Documentation of failure of at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g. migraine, neuropathic pain, etc.); or
- Documented intolerance or contraindication to at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications); or
- Documented clinical history or presentation where the patient is not a candidate for any of the PDL agents for the indication.

All reviews are performed by a licensed clinical pharmacist using the criteria established by the SilverSummit P&T Committee. If the clinical information provided does not meet the coverage criteria for the requested medication, SilverSummit will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

Appropriate Use and Safety Edits

Your health and safety is a priority for SilverSummit. One of the ways we address your safety is through Point-of-Sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

DUR (Drug Utilization Review) Programs

SilverSummit will monitor ongoing prescribing of medications for clinical appropriateness. SilverSummit reviews prescribing retrospectively to review for both safety and efficacy. SilverSummit will work with Envolve Pharmacy Solutions to review for such things as disease management, fraud and abuse (i.e. Coordinated Services Program), and prescriber profiling. Prescriber or member outreach may occur based on prescribing/dispensing patterns. SilverSummit will continue to monitor for issues going forward and take action as needed.

Mandatory Generic Substitution

When generic drugs are available, the brand name drug will not be covered without SilverSummit PA. Generic drugs have the same active ingredient and work the same as brand name drugs. If you or your physician/clinician feels a brand name drug is medically necessary, the physician/clinician can ask for PA.

We will cover the brand name drug according to our clinical guidelines if there is a medical reason you need the particular brand name drug. If SilverSummit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

Over-The-Counter Medications

The pharmacy program covers a large selection of OTC medications. All covered OTC medications appear in the PDL. All OTC medications must be written on a valid prescription by a licensed physician/clinician in order to be reimbursed.

Filling a Prescription

You can have prescriptions filled at a SilverSummit network pharmacy. If you decide to have a prescription filled at a network pharmacy you can locate a pharmacy near you by contacting a SilverSummit Member Services Representative. At the pharmacy, you will need to provide the pharmacist with your prescription and your SilverSummit ID card.

Please visit the SilverSummit website at www.silversummithealthplan.com to access the SilverSummit PDL, SilverSummit PA lists, important forms, and provider/member information 24 hours a day, seven days a week.

Maintenance Medications

SilverSummit Healthplan offers up to 100 day supply of maintenance medications. These drugs are used to treat long-term conditions or illnesses. Please contact a SilverSummit Member Service Representative if you have any questions.

SilverSummit Healthplan Pharmacy Program - Additional Information

Working with Our Pharmacy Benefit Managers

SilverSummit works with two Pharmacy Benefit Managers (PBMs). Acaria Health is the preferred provider of biopharmaceuticals and injectables for SilverSummit. Envolve Pharmacy Solutions administers all other prescribed drugs. Certain drugs require PA to be approved for payment by SilverSummit. These include:

- Some SilverSummit drugs listed on the PA list
- Most injectables including Procrit, Neulasta and Neupogen.

AcariaHealth – Biopharmaceuticals and Injectables

AcariaHealth is the provider of biopharmaceuticals and injectables for SilverSummit. Most injectables require PA to be approved for payment. Our Medical Director oversees the clinical review. SilverSummit provides a number of biopharmaceutical products through the Biopharmaceutical Program. Most biopharmaceuticals and injectables require a PA to be approved for payment by SilverSummit; however, PA requirements are programmed specific to the drug as indicated in the list provided in the Biopharmaceutical Program document located on the SilverSummit website at www.silversummithealthplan.com. Follow these guidelines for the most efficient processing of your authorization requests.

Providers can request that AcariaHealth deliver the specialty drug to the office/member. If you want AcariaHealth to deliver the specialty drug to the office/member:

1. Fax the AcariaHealth PA form to 1-855-217-0926 for PA.
2. If approved, AcariaHealth will contact the provider or member for delivery confirmation.

Pharmacy and Therapeutics Committee

The SilverSummit Pharmacy and Therapeutics (P&T) Committee continually evaluates the therapeutic classes included in the PDL. The Committee is composed of the SilverSummit Medical Director, SilverSummit Pharmacy Director, and several community based primary care physicians and specialists. The primary purpose of the Committee is to assist in developing and monitoring the SilverSummit PDL and to establish programs and procedures that promote the appropriate and cost-effective use of medications. The P&T Committee schedules meetings at least quarterly and coordinates reviews with a national P&T Committee which meets at least 4 times a year. Changes to the SilverSummit PDL are done in conjunction with the approval of the State of Nevada. SilverSummit will meet with the State quarterly to review any proposed changes and update the PDL and PA lists accordingly based on the results of both the SilverSummit P&T Committee and the requirements from the State of Nevada. SilverSummit will follow all State policies regarding member notification when changes are made to the PA list.

Unapproved Use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by SilverSummit. Experimental drugs and investigational drugs are not eligible for coverage.

Benefit Exclusions

The following drug categories are not part of the SilverSummit PDL and are not covered by the 96-hour emergency supply policy:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Bulk powders, because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established.

Newly Approved Products

We review new drugs for safety and effectiveness for the first 12 months before adding them to the SilverSummit PDL. During this period, access to these medications will be considered through the PA review process. If SilverSummit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

Medical Benefits

The following drugs and medical services are a part of the SilverSummit medical benefit and are not available at the retail pharmacy:

1. Botox is a medical benefit that is covered for non-cosmetic purposes only, it requires a PA from SilverSummit.
2. Blood and blood products.
3. Those specialty injectable drugs available as a medical benefit. Most injectables require PA from SilverSummit.

Prescribers who request medical prior authorizations at Envolve Pharmacy Solutions will be redirected to contact SilverSummit Healthplan as applicable.

DME/Home Health Benefits

The following medical services are a part of the SilverSummit medical benefit and are not available at the retail pharmacy:

1. Enteral products
2. Nebulizers
3. Medical supplies

Injectable Drugs

Injections that are self-administered by the member and/or a family member and appear on the PDL are covered by the SilverSummit pharmacy program. Insulin vials, Glucagon Kit, Epinephrine, Imitrex, and Depo-Provera IM are covered by SilverSummit and do not require a PA.. All other injectables require PA.

We help keep you informed

The SilverSummit Pharmacy Director, a registered pharmacist, compiles current pharmacological policy and information about important seasonal topics such as Respiratory Syncytial Virus (RSV) and influenza. The information is consistent with published guidelines and is mailed to network providers as a service. The most current SilverSummit PDL and PA List can be downloaded from our website at www.silversummithealthplan.com.

Contacts for Pharmacy Appeals/Grievances

Members: In the event that a member disagrees with the decision regarding coverage of a medication, the member may file an appeal with SilverSummit by calling SilverSummit Member Services at 1-844-366-2880 (TTY 1-844-804-6086).

Physicians / Clinicians: In the event that a clinician disagrees with the decision regarding coverage of a medication, the clinician may request an appeal by submitting additional information to SilverSummit in writing to the Appeals Department at the following address:

SilverSummit Healthplan
Appeal Department
2500 North Buffalo Drive
Las Vegas, NV 89128
Fax: 1-855-742-0125

A decision will be rendered and the clinician will be notified with a mailed response. An expedited appeal may be requested at any time if the provider believes the adverse determination might seriously jeopardize the life or health of a member by calling SilverSummit Healthplan at 1-844-366-2880 ext. 24084 (TTY 1-844-804-6086). A response will be rendered the same day as receipt of complete information. In circumstances that require research, a same day response may not be possible.

Abbreviations

The following notations and abbreviations may be found throughout the drug listing in the limitations and restrictions column.

AL:	Age Limit
PA:	Prior Authorization
QL:	Quantity Limit
ST:	Step Therapy
SP:	Specialty Drugs*

*Specialty Drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.

Drug Tier Definitions

F: Formulary	These drugs are covered on the drug list
NF: Non-Formulary	These drugs are not covered on the drug list

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (Use Amphetamine-Dextroamphetamine)	NF	QL(2 ea daily); AL(At least 3 yrs old)
ADDERALL XR CP24 (Use Amphetamine-Dextroamphetamine)	NF	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg	F	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg	F	QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use Dextroamphetamine Sulfate)	NF	QL(2 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG (Use Dextroamphetamine Sulfate)	NF	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 10 mg, 15 mg	F	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 5 mg	F	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate tabs 5 mg, 10 mg	F	QL(3 ea daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VYVANSE CAPS	F	PA; QL(1 ea daily)
Analeptics		
caffeine citrate soln or 20 mg/ml, 60 mg/3ml	F	QL(45 ml per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps	F	ST; AL(At least 6 yrs old)
guanfacine hcl (adhd) tb24	F	QL(1 ea daily)
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	NF	QL(1 ea daily)
STRATTERA CAPS (Use Atomoxetine HCl)	NF	ST; AL(At least 6 yrs old)
Stimulants - Misc.		
armodafinil tabs	F	PA
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use Methylphenidate HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (Use Methylphenidate HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg	F	QL(2 ea daily)
FOCALIN TABS (Use Dexmethylphenidate HCl)	NF	QL(2 ea daily)
methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	F	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tabs 10 mg, 20 mg	F	QL(3 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tabs 5 mg	F	QL(6 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tbcR 10 mg, 36 mg	F	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcR 18 mg, 20 mg, 27 mg, 54 mg	F	QL(1 ea daily); AL(At least 6 yrs old)
NUVIGIL TABS (Use Armodafinil)	NF	PA

Drug Name	Drug Tier	Requirements/Limits
RITALIN TABS 10 MG, 20 MG (Use Methylphenidate HCl)	NF	QL(3 ea daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (Use Methylphenidate HCl)	NF	QL(6 ea daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL 2800 BAU	F	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
ORALAIR ADULT SAMPLE KIT SUBL	F	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR ADULT STARTER PACK SUBL	F	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR CHILDREN/ADOLESCENT S STARTER PACK SUBL	F	QL(3 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR SUBL	F	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
RAGWITEK SUBL 12 AMB A 1-U	F	QL(1 ea daily); AL(At least 18 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
melatonin tabs or 3 mg, 5 mg	F	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE SUSP	F	PA
BETHKIS NEBU	F	PA; QL(1 ml daily); SP
KITABIS PAK NEBU	F	PA; QL(1 ml daily); SP

Drug Name	Drug Tier	Requirements/Limits
neomycin sulfate tabs	F	
TOBI NEBU (Use Tobramycin)	NF	PA; QL(1 ml daily); SP
TOBI PODHALER CAPS	F	PA; QL(2 ea daily); SP
TOBRAMYCIN NEBU	F	PA; QL(1 ml daily); SP
tobramycin nebu	F	PA; QL(1 ml daily); SP
TOBRAMYCIN SULFATE SOLN 10 MG/ML, 40 MG/ML	F	
tobramycin sulfate soln 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml	F	
tobramycin sulfate solr 1.2 gm	F	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	F	PA; SP
HUMIRA PEN PNKT	F	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT	F	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	F	PA; SP
HUMIRA PSKT	F	PA; SP
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	F	PA
XELJANZ XR TB24	F	PA
Antirheumatic Antimetabolites		
METHOTREXATE TABS	F	
OTREXUP SOAJ	F	SP
RASUVO SOAJ	F	SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		

Drug Name	Drug Tier	Requirements/ Limits
KINERET SOSY	F	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (Use Ibuprofen)	NF	
ALEVE ARTHRITIS TABS (Use Naproxen Sodium)	NF	QL(2 ea daily)
ALEVE TABS (Use Naproxen Sodium)	NF	QL(2 ea daily)
ANAPROX DS TABS (Use Naproxen Sodium)	NF	
CELEBREX CAPS 400 MG (Use Celecoxib)	NF	PA; QL(2 ea daily)
CELEBREX CAPS 50 MG, 100 MG, 200 MG (Use Celecoxib)	NF	PA; QL(1 ea daily)
celecoxib caps 400 mg	F	PA; QL(2 ea daily)
celecoxib caps 50 mg, 100 mg, 200 mg	F	PA; QL(1 ea daily)
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	F	
diclofenac sodium tb24 or 100 mg	F	
diclofenac sodium tbec or 25 mg, 50 mg, 75 mg	F	
EC-NAPROSYN TBEC (Use Naproxen)	NF	QL(2 ea daily)
EC-NAPROXEN TBEC (Use Naproxen)	NF	QL(2 ea daily)
etodolac caps	F	
etodolac tabs	F	
etodolac tb24	F	
FELDENE CAPS (Use Piroxicam)	NF	
flurbiprofen tabs	F	

Drug Name	Drug Tier	Requirements/ Limits
ibuprofen chew 100 mg	F	
ibuprofen susp 100 mg/5ml	F	RX/OTC
ibuprofen susp 40 mg/ml, 50 mg/1.25ml	F	
ibuprofen tabs 200 mg, 400 mg, 600 mg, 800 mg	F	
indomethacin caps	F	
indomethacin cpcr	F	
INFANTS ADVIL SUSP (Use Ibuprofen)	NF	
ketoprofen caps 50 mg, 75 mg	F	
KETOPROFEN CAPS 75 MG	F	
KETOPROFEN ER CP24	F	
ketorolac tromethamine tabs or 10 mg	F	QL(20 ea per 30 days retail); AL(At least 17 yrs old)
LODINE TABS (Use Etodolac)	NF	
meloxicam tabs	F	
MOBIC TABS (Use Meloxicam)	NF	
MOTRIN INFANTS DROPS SUSP (Use Ibuprofen)	NF	
nabumetone tabs	F	
NAPROSYN SUSP (Use Naproxen)	NF	
NAPROSYN TABS (Use Naproxen)	NF	
naproxen sodium tabs 220 mg	F	QL(2 ea daily)
naproxen sodium tabs 275 mg, 550 mg	F	
naproxen susp 125 mg/5ml	F	
naproxen tabs 250 mg, 375 mg, 500 mg	F	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen tbec 375 mg, 500 mg</i>	F	QL(2 ea daily)
<i>oxaprozin tabs 600 mg</i>	F	
<i>piroxicam caps</i>	F	
<i>sulindac tabs</i>	F	
TOLMETIN SODIUM CAPS	F	
TOLMETIN SODIUM TABS	F	
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	F	PA
ENBREL SOLR	F	PA; SP
ENBREL SOSY	F	PA; SP
ENBREL SURECLICK SOAJ	F	PA; SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	F	
<i>butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg</i>	F	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg</i>	F	QL(4 ea daily)
<i>butalbital-aspirin-caffeine caps 50mg-40mg-325mg</i>	F	QL(4 ea daily)
ESGIC TABS (Use Butalbital-Acetaminophen-Caffeine)	NF	QL(4 ea daily)
FIORINAL CAPS (Use Butalbital-Aspirin-Caffeine)	NF	QL(4 ea daily)
TENCON TABS 325MG-50MG	F	
Analgesics Other		
<i>acetaminophen caps or 500 mg</i>	F	
<i>acetaminophen chew or 80 mg, 160 mg</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen liqd or 160 mg/5ml</i>	F	
<i>acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml</i>	F	
<i>acetaminophen supp re 120 mg, 325 mg, 650 mg</i>	F	QL(12 ea per fill retail)
<i>acetaminophen susp or 160 mg/5ml, 80 mg/0.8ml, 80 mg/2.5ml, 650 mg/20.3ml</i>	F	
<i>acetaminophen tabs or 325 mg, 500 mg</i>	F	
FEVERALL INFANTS SUPP	F	
FEVERALL JUNIOR STRENGTH SUPP	F	QL(12 ea per fill retail)
NORTEMP INFANTS SUSP	F	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use Acetaminophen)	NF	
TYLENOL CHILDRENS SUSP (Use Acetaminophen)	NF	
TYLENOL EXTRA STRENGTH TABS (Use Acetaminophen)	NF	
TYLENOL INFANTS PAIN+FEVER SUSP (Use Acetaminophen)	NF	
TYLENOL INFANTS SUSP (Use Acetaminophen)	NF	
TYLENOL TABS (Use Acetaminophen)	NF	
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide) tabs</i>	F	
<i>aspirin chew or 81 mg</i>	F	
ASPIRIN SUPP RE 120 MG, 200 MG, 300 MG, 600 MG	F	QL(12 ea per fill retail)
<i>aspirin supp re 300 mg, 600 mg</i>	F	QL(12 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>aspirin tabs or 325 mg</i>	F	
<i>aspirin tbec or 81 mg, 324 mg, 325 mg</i>	F	
BUFFERIN TABS (<i>Use Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide)</i>)	NF	
<i>choline & mag salicylate liqd</i>	F	
<i>diflunisal tabs</i>	F	
ECOTRIN REGULAR STRENGTH TBEC (<i>Use Aspirin</i>)	NF	
<i>salsalate tabs</i>	F	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
CODEINE SULFATE TABS 15 MG, 60 MG	F	QL(2 ea daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS 30 MG (<i>Use Codeine Sulfate</i>)	NF	QL(2 ea daily); AL(At least 12 yrs old)
<i>codeine sulfate tabs 30 mg, 60 mg</i>	F	QL(2 ea daily); AL(At least 12 yrs old)
DEMEROL TABS OR 100 MG (<i>Use Meperidine HCl</i>)	NF	QL(6 ea daily)
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (<i>Use Hydromorphone HCl</i>)	NF	QL(8 ea daily)
DOLOPHINE TABS 10 MG (<i>Use Methadone HCl</i>)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (<i>Use Methadone HCl</i>)	NF	QL(4 ea daily)
DURAGESIC PT72 (<i>Use Fentanyl</i>)	NF	Limit 10 patches per month; QL(0.34 ea daily)
EMBEDA CPCR	F	
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	F	Limit 10 patches per month; QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HYDROMORPHONE HCL SUPP RE 3 MG	F	QL(12 ea per fill retail)
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	F	QL(8 ea daily)
HYSINGLA ER T24A	F	
MEPERIDINE HCL SOLN OR 50 MG/5ML	F	QL(500 ml per fill retail)
MEPERIDINE HCL TABS OR 50 MG, 100 MG	F	QL(6 ea daily)
<i>meperidine hcl tabs or 50 mg, 100 mg</i>	F	QL(6 ea daily)
<i>methadone hcl tabs or 10 mg</i>	F	QL(10 ea daily)
<i>methadone hcl tabs or 5 mg</i>	F	QL(4 ea daily)
<i>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml</i>	F	QL(16.67 ml daily)
<i>morphine sulfate soln or 20 mg/ml, 100 mg/5ml</i>	F	QL(240 ml per fill retail)
MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 20 MG, 30 MG	F	QL(24 ea per fill retail)
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	F	QL(6 ea daily)
MORPHINE SULFATE TABS OR 15 MG, 30 MG (<i>Use Morphine Sulfate</i>)	NF	QL(6 ea daily)
<i>morphine sulfate tbc or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	F	QL(3 ea daily)
MS CONTIN TBCR (<i>Use Morphine Sulfate</i>)	NF	QL(3 ea daily)
<i>oxycodone hcl caps 5 mg</i>	F	QL(6 ea daily)
<i>oxycodone hcl conc 100 mg/5ml</i>	F	QL(6 ml daily)
<i>oxycodone hcl soln 5 mg/5ml</i>	F	
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	F	QL(6 ea daily)
ROXICODONE TABS (<i>Use Oxycodone HCl</i>)	NF	QL(6 ea daily)
<i>tramadol hcl tabs 50 mg</i>	F	QL(8 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ULTRAM TABS (<i>Use Tramadol HCl</i>)	NF	QL(8 ea daily); AL(At least 18 yrs old)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	F	QL(30 ml daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg, 300mg-60mg</i>	F	QL(6 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	F	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine w/cod caps 50mg-40mg-30mg-325mg</i>	F	QL(4 ea daily); AL(At least 12 yrs old)
FIORINAL/CODEINE #3 CAPS (<i>Use Butalbital-Aspirin-Caffeine w/Cod</i>)	NF	QL(4 ea daily); AL(At least 12 yrs old)
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	F	QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10mg-325mg</i>	F	QL(6 ea daily)
<i>hydrocodone-acetaminophen tabs 5mg-325mg</i>	F	QL(12 ea daily)
<i>hydrocodone-acetaminophen tabs 7.5mg-325mg</i>	F	QL(8 ea daily)
NORCO TABS 10MG-325MG (<i>Use Hydrocodone-Acetaminophen</i>)	NF	QL(6 ea daily)
NORCO TABS 5MG-325MG (<i>Use Hydrocodone-Acetaminophen</i>)	NF	QL(12 ea daily)
NORCO TABS 7.5MG-325MG (<i>Use Hydrocodone-Acetaminophen</i>)	NF	QL(8 ea daily)
<i>oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	F	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-aspirin tabs</i>	F	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	F	QL(30 ml daily)
OXYCODONE/ASPIRIN TABS	F	QL(6 ea daily)
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (<i>Use Oxycodone w/ Acetaminophen</i>)	NF	QL(6 ea daily)
<i>tramadol-acetaminophen tabs 37.5mg-325mg</i>	F	QL(4 ea daily); AL(At least 18 yrs old)
TYLENOL/CODEINE #3 TABS (<i>Use Acetaminophen w/ Codeine</i>)	NF	QL(6 ea daily); AL(At least 12 yrs old)
TYLENOL/CODEINE #4 TABS (<i>Use Acetaminophen w/ Codeine</i>)	NF	QL(6 ea daily); AL(At least 12 yrs old)
ULTRACET TABS (<i>Use Tramadol-Acetaminophen</i>)	NF	QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	F	
<i>buprenorphine hcl-naloxone hcl dihydrate film 2mg-0.5mg</i>	F	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 4mg-1mg</i>	F	QL(1 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg, 12mg-3mg</i>	F	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg, 2mg-0.5mg</i>	F	QL(3 ea daily)
SUBOXONE FILM 2MG-0.5MG (<i>Use Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	NF	QL(3 ea daily)
SUBOXONE FILM 4MG-1MG (<i>Use Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM 8MG-2MG, 12MG-3MG (<i>Use Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	NF	QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24	F	QL(1 ea daily)
DEPO-TESTOSTERONE SOLN 200 MG/ML (<i>Use Testosterone Cypionate</i>)	NF	Limit 4mls per month;QL(0.14 29 ml daily)
METHITEST TABS 10 MG	F	
TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	F	Limit 4mls per month;QL(0.14 29 ml daily)
<i>testosterone cypionate soln im 200 mg/ml</i>	F	Limit 4mls per month;QL(0.14 29 ml daily)
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use Hydrocortisone (Intrarectal)</i>)	NF	QL(420 ml per fill retail)
<i>hydrocortisone (intrarectal) enem 100 mg/60ml</i>	F	QL(420 ml per fill retail)
Rectal Combinations		
<i>phenylephrine-shark liver oil-cocoa butter supp</i>	F	QL(12 ea per fill retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum oint</i>	F	QL(30 gm per fill retail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) foam 1 %</i>	F	QL(15 gm per fill retail)
PROCTOFOAM FOAM (<i>Use Pramoxine HCl (Rectal)</i>)	NF	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC CREA (<i>Use Hydrocortisone (Rectal)</i>)	NF	QL(30 gm per fill retail)
<i>hydrocortisone (rectal) crea 2.5 %</i>	F	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone chew 200mg-25mg-200mg</i>	F	
<i>alum & mag hydrox-simethicone liqd 200mg/5ml-20mg/5ml-200mg/5ml</i>	F	QL(24 ml daily)
<i>alum & mag hydrox-simethicone liqd 400mg/5ml-40mg/5ml-400mg/5ml</i>	F	
<i>alum & mag hydrox-simethicone susp 200mg/5ml-20mg/5ml-200mg/5ml, 400mg/10ml-40mg/10ml-400mg/10ml-0.2%, 200mg/5ml-200mg/5ml-20mg/5ml-200mg/5ml-200mg/5ml</i>	F	QL(24 ml daily)
<i>alum & mag hydrox-simethicone susp 400mg/5ml-40mg/5ml-400mg/5ml, 40mg/5ml-400mg/5ml-400mg/5ml, 400mg/5ml-400mg/5ml-40mg/5ml-40mg/5ml-400mg/5ml-400mg/5ml</i>	F	
GELUSIL CHEW (<i>Use Alum & Mag Hydrox-Simethicone</i>)	NF	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (<i>Use Alum & Mag Hydrox-Simethicone</i>)	NF	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP OR	F	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) tabs</i>	F	Limit 496 per month;QL(16.5 4 ea daily)
Antacids - Calcium Salts		

Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate (antacid) chew 500 mg, 750 mg, 1000 mg</i>	F	
TUMS CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS CHEWY BITES CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS E-X 750 CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS EXTRA STRENGTH 750 CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS KIDS CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS LASTING EFFECTS CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS SMOOTHIES CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS ULTRA 1000 CHEW (Use Calcium Carbonate (Antacid))	NF	
Antacids - Magnesium Salts		
<i>magnesium oxide tabs 400 mg</i>	F	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS 250 MG, 500 MG (Use Metronidazole)	NF	
<i>metronidazole tabs or 250 mg, 500 mg</i>	F	
<i>trimethoprim tabs</i>	F	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use Sulfamethoxazole-Trimethoprim)	NF	

Drug Name	Drug Tier	Requirements/Limits
BACTRIM TABS (Use Sulfamethoxazole-Trimethoprim)	NF	
<i>sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml</i>	F	
<i>sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg</i>	F	
Glycopeptides		
FIRVANQ SOLR	F	QL(300 ml per fill retail)
VANCOCIN CAPS (Use Vancomycin HCl)	NF	QL(8 ea daily)
VANCOCIN HCL CAPS (Use Vancomycin HCl)	NF	QL(4 ea daily)
<i>vancomycin hcl caps or 125 mg</i>	F	QL(4 ea daily)
<i>vancomycin hcl caps or 250 mg</i>	F	QL(8 ea daily)
<i>vancomycin hcl solr iv 1 gm, 1000 mg</i>	F	QL(14 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg</i>	F	Limit 14 per month;QL(0.46 7 ea daily)
Leprostatics		
<i>dapsone tabs</i>	F	
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG (Use Clindamycin HCl)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (Use Clindamycin Palmitate Hydrochloride)	NF	Limit 1 package per claim;QL(100 ml per fill retail)
<i>clindamycin hcl caps 150 mg, 300 mg</i>	F	
<i>clindamycin palmitate hydrochloride solr 75 mg/5ml</i>	F	Limit 1 package per claim;QL(100 ml per fill retail)
Oxazolidinones		
SIVEXTRO TABS OR 200 MG	F	PA; QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate)	NF	
ISOSORBIDE DINITRATE ER TBCR	F	
ISOSORBIDE DINITRATE TABS 30 MG	F	
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg</i>	F	
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	F	QL(2 ea daily)
<i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</i>	F	QL(1 ea daily)
NITRO-BID OINT	F	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use Nitroglycerin)	NF	
NITRO-TIME CPR	F	
<i>nitroglycerin cpr or 9 mg, 2.5 mg, 6.5 mg</i>	F	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	F	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	F	
NITROSTAT SUBL (Use Nitroglycerin)	NF	
ANTIANSIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs 15 mg</i>	F	QL(4 ea daily)
<i>bupirone hcl tabs 30 mg, 7.5 mg</i>	F	QL(3 ea daily)
<i>bupirone hcl tabs 5 mg, 10 mg</i>	F	QL(6 ea daily)
<i>droperidol soln</i>	F	
HYDROXYZINE HCL SOLN IM 25 MG/ML	F	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	F	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	F	
HYDROXYZINE HYDROCHLORIDE SOLN	F	
HYDROXYZINE PAMOATE CAPS 100 MG	F	
<i>hydroxyzine pamoate caps 25 mg, 50 mg</i>	F	
<i>meprobamate tabs</i>	F	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	NF	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	QL(4 ea daily)
ATIVAN SOLN IJ 2 MG/ML, 4 MG/ML (Use Lorazepam)	NF	
ATIVAN TABS OR 0.5 MG, 2 MG (Use Lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use Lorazepam)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	F	QL(4 ea daily)
<i>clorazepate dipotassium tabs</i>	F	QL(3 ea daily)
<i>diazepam soln ij 5 mg/ml</i>	F	
DIAZEPAM SOLN IJ 5 MG/ML	F	
DIAZEPAM SOLN OR 5 MG/5ML	F	QL(500 ml per fill retail)
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	F	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	F	
<i>lorazepam soln ij 2 mg/ml, 4 mg/ml, 20 mg/10ml</i>	F	
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	F	QL(3 ea daily)
<i>lorazepam tabs or 1 mg</i>	F	QL(4 ea daily)
OXAZEPAM CAPS 10 MG, 15 MG, 30 MG	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	F	QL(4 ea daily)
TRANXENE T TABS (Use <i>Clorazepate Dipotassium</i>)	NF	QL(3 ea daily)
VALIUM TABS (Use <i>Diazepam</i>)	NF	QL(4 ea daily)
XANAX TABS (Use <i>Alprazolam</i>)	NF	QL(4 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	F	
NORPACE CAPS (Use <i>Disopyramide Phosphate</i>)	NF	
NORPACE CR CP12 150 MG	F	
<i>quinidine gluconate tbcr or 324 mg</i>	F	
QUINIDINE SULFATE TABS	F	
Antiarrhythmics Type I-B		
MEXILETINE HCL CAPS 150 MG, 200 MG, 250 MG	F	
<i>mexiletine hcl caps 200 mg, 250 mg</i>	F	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	F	
<i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i>	F	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs or 200 mg</i>	F	
<i>dofetilide caps</i>	F	
TIKOSYN CAPS (Use <i>Dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	F	QL(8 ml daily)
Bronchodilators - Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA AERS	F	Limit 1 package per month;QL(0.87 gm daily)
INCRUSE ELLIPTA AEPB	F	QL(1 ea daily)
<i>ipratropium bromide soln</i>	F	Limit 1 package per month;QL(12.5 ml daily)
TUDORZA PRESSAIR AEPB	F	Limit 1 package per month;QL(0.03 4 ea daily)
Leukotriene Modulators		
<i>montelukast sodium chew</i>	F	QL(1 ea daily)
<i>montelukast sodium pack</i>	F	QL(1 ea daily)
<i>montelukast sodium tabs</i>	F	QL(1 ea daily)
SINGULAIR CHEW (Use <i>Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK (Use <i>Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR TABS (Use <i>Montelukast Sodium</i>)	NF	QL(1 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 500 MCG	F	PA
Steroid Inhalants		
AEROSPAN AERS	F	Limit 1 package per month;QL(0.3 gm daily)
<i>budesonide (inhalation) susp</i>	F	QL(4 ml daily); AL(Up to 6 yrs old)
FLOVENT DISKUS AEPB	F	QL(2 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	F	Limit 1 package per month;QL(0.4 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
FLOVENT HFA AERO 44 MCG/ACT	F	Limit 1 package per month;QL(0.36 7 gm daily)
PULMICORT FLEXHALER AEPB	F	Limit 1 package per month;QL(0.04 ea daily)
PULMICORT SUSP (<i>Use Budesonide (Inhalation)</i>)	NF	QL(4 ml daily); AL(Up to 6 yrs old)
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>Use Fluticasone-Salmeterol</i>)	NF	QL(2 ea daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	F	QL(0.45 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	F	QL(0.57 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	F	QL(1.2 gm daily)
ALBUTEROL SULFATE ER TB12	F	
<i>albuterol sulfate nebu in 0.5 %</i>	F	QL(2 ml daily)
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 1.25 mg/3ml</i>	F	QL(12.5 ml daily)
<i>albuterol sulfate syrup or 2 mg/5ml</i>	F	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	F	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	F	
ANORO ELLIPTA AEPB	F	PA
COMBIVENT RESPIMAT AERS	F	Limit 1 package per month;QL(0.13 4 gm daily)
DULERA AERO	F	Limit 1 package per month;QL(0.43 4 gm daily)
<i>fluticasone-salmeterol aepb</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium-albuterol soln</i>	F	QL(12 ml daily)
METAPROTERENOL SULFATE SYRP 10 MG/5ML	F	QL(30 ml daily)
METAPROTERENOL SULFATE TABS 10 MG, 20 MG	F	
PROAIR HFA AERS (<i>Use Albuterol Sulfate</i>)	NF	
PROVENTIL HFA AERS (<i>Use Albuterol Sulfate</i>)	NF	
SEREVENT DISKUS AEPB	F	QL(2 ea daily)
STIOLTO RESPIMAT AERS	F	PA
SYMBICORT AERO	F	Limit 1 package per month;QL(0.36 7 gm daily)
<i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i>	F	
VENTOLIN HFA AERS (<i>Use Albuterol Sulfate</i>)	NF	Limit 2 packages per month
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	NF	
Xanthines		
ELIXOPHYLLIN ELIX	F	
THEO-24 CP24	F	
THEOCHRON TB12	F	
THEOPHYLLINE ER TB12	F	
<i>theophylline soln 80 mg/15ml</i>	F	QL(475 ml per fill retail)
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	F	
<i>theophylline tb24 400 mg, 600 mg</i>	F	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use Warfarin Sodium</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>warfarin sodium tabs</i>	F	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TABS	F	QL(4 ea daily)
ELIQUIS TABS	F	QL(4 ea daily)
XARELTO TABS 10 MG	F	QL(1 ea daily, 35 ea per 180 days retail)
XARELTO TABS 15 MG	F	QL(2 ea daily)
XARELTO TABS 20 MG	F	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	F	QL(42 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	F	QL(14 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	F	QL(5 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	F	QL(6 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	F	QL(9 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	F	QL(12 ml per 7 days retail); SP
<i>heparin sodium (porcine) soln</i>	F	
LOVENOX SOLN IJ 300 MG/3ML (Use Enoxaparin Sodium)	NF	QL(42 ml per 7 days retail); SP
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use Enoxaparin Sodium)	NF	QL(14 ml per 7 days retail); SP
LOVENOX SOLN SC 30 MG/0.3ML (Use Enoxaparin Sodium)	NF	QL(5 ml per 7 days retail); SP
LOVENOX SOLN SC 40 MG/0.4ML (Use Enoxaparin Sodium)	NF	QL(6 ml per 7 days retail); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use Enoxaparin Sodium)	NF	QL(9 ml per 7 days retail); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (Use Enoxaparin Sodium)	NF	QL(12 ml per 7 days retail); SP

Drug Name	Drug Tier	Requirements/ Limits
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	F	
FYCOMPA TABS	F	
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	F	QL(4 ea daily)
DIASTAT ACUDIAL GEL	F	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIASTAT PEDIATRIC GEL	F	QL(1 ea per fill retail); AL(Up to 21 yrs old)
<i>diazepam (anticonvulsant) gel</i>	F	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIAZEPAM RECTAL GEL GEL	F	QL(1 ea per fill retail); AL(Up to 21 yrs old)
KLONOPIN TABS (Use Clonazepam)	NF	QL(4 ea daily)
Anticonvulsants - Misc.		
APTIOM TABS	F	
BANZEL SUSP	F	SP
BANZEL TABS	F	SP
BRIVIACT SOLN OR 10 MG/ML	F	
BRIVIACT TABS OR 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	F	
<i>carbamazepine chew</i>	F	
<i>carbamazepine cp12</i>	F	
<i>carbamazepine susp</i>	F	
<i>carbamazepine tabs</i>	F	
<i>carbamazepine tb12</i>	F	

Drug Name	Drug Tier	Requirements/Limits
CARBATROL CP12 (Use Carbamazepine)	NF	
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	F	QL(9 ea daily)
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	F	
<i>gabapentin tabs 600 mg</i>	F	QL(6 ea daily)
<i>gabapentin tabs 800 mg</i>	F	QL(4 ea daily)
KEPPRA SOLN IV 500 MG/5ML (Use Levetiracetam)	NF	
KEPPRA SOLN OR 100 MG/ML (Use Levetiracetam)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (Use Levetiracetam)	NF	
KEPPRA TABS OR 250 MG, 750 MG (Use Levetiracetam)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (Use Levetiracetam)	NF	QL(6 ea daily)
KEPPRA XR TB24 (Use Levetiracetam)	NF	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	NF	
LAMICTAL TABS (Use Lamotrigine)	NF	
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (Use Lamotrigine)	NF	ST
<i>lamotrigine chew 5 mg, 25 mg</i>	F	
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	F	
<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	F	ST
<i>levetiracetam soln iv 500 mg/5ml</i>	F	
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	F	QL(30 ml daily)
<i>levetiracetam tabs or 1000 mg</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tabs or 250 mg, 750 mg</i>	F	QL(4 ea daily)
<i>levetiracetam tabs or 500 mg</i>	F	QL(6 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	F	
MYSOLINE TABS (Use Primidone)	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (Use Gabapentin)	NF	QL(9 ea daily)
NEURONTIN SOLN 250 MG/5ML (Use Gabapentin)	NF	
NEURONTIN TABS 600 MG (Use Gabapentin)	NF	QL(6 ea daily)
NEURONTIN TABS 800 MG (Use Gabapentin)	NF	QL(4 ea daily)
<i>oxcarbazepine susp</i>	F	
<i>oxcarbazepine tabs</i>	F	
<i>primidone tabs</i>	F	
TEGRETOL SUSP (Use Carbamazepine)	NF	
TEGRETOL TABS (Use Carbamazepine)	NF	
TEGRETOL-XR TB12 (Use Carbamazepine)	NF	
TOPAMAX SPRINKLE CPSP 15 MG (Use Topiramate)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (Use Topiramate)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG (Use Topiramate)	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG (Use Topiramate)	NF	QL(3 ea daily)
TOPAMAX TABS 25 MG, 50 MG (Use Topiramate)	NF	QL(6 ea daily)
<i>topiramate csp 15 mg</i>	F	QL(6 ea daily)
<i>topiramate csp 25 mg</i>	F	QL(8 ea daily)
<i>topiramate tabs 100 mg</i>	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tabs 200 mg</i>	F	QL(3 ea daily)
<i>topiramate tabs 25 mg, 50 mg</i>	F	QL(6 ea daily)
TRILEPTAL SUSP (<i>Use Oxcarbazepine</i>)	NF	
TRILEPTAL TABS (<i>Use Oxcarbazepine</i>)	NF	
VIMPAT SOLN OR 10 MG/ML	F	
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	F	
ZONEGRAN CAPS (<i>Use Zonisamide</i>)	NF	
<i>zonisamide caps</i>	F	
Carbamates		
<i>felbamate susp</i>	F	
<i>felbamate tabs</i>	F	
FELBATOL SUSP (<i>Use Felbamate</i>)	NF	
FELBATOL TABS (<i>Use Felbamate</i>)	NF	
GABA Modulators		
GABITRIL TABS (<i>Use Tiagabine HCl</i>)	NF	
<i>tiagabine hcl tabs</i>	F	
Hydantoins		
DILANTIN CAPS 100 MG (<i>Use Phenytoin Sodium Extended</i>)	NF	
DILANTIN CAPS 30 MG	F	
DILANTIN INFATABS CHEW (<i>Use Phenytoin</i>)	NF	
DILANTIN-125 SUSP (<i>Use Phenytoin</i>)	NF	
PEGANONE TABS	F	
PHENYTEK CAPS (<i>Use Phenytoin Sodium Extended</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin chew</i>	F	
<i>phenytoin sodium extended caps</i>	F	
<i>phenytoin susp</i>	F	
Succinimides		
CELONTIN CAPS	F	
<i>ethosuximide caps</i>	F	
<i>ethosuximide soln</i>	F	
ZARONTIN CAPS (<i>Use Ethosuximide</i>)	NF	
ZARONTIN SOLN (<i>Use Ethosuximide</i>)	NF	
Valproic Acid		
DEPACON SOLN (<i>Use Valproate Sodium</i>)	NF	
DEPAKENE CAPS (<i>Use Valproic Acid</i>)	NF	
DEPAKENE SOLN (<i>Use Valproate Sodium</i>)	NF	
DEPAKOTE ER TB24 (<i>Use Divalproex Sodium</i>)	NF	
DEPAKOTE SPRINKLES CSDR (<i>Use Divalproex Sodium</i>)	NF	
DEPAKOTE TBEC (<i>Use Divalproex Sodium</i>)	NF	
<i>divalproex sodium csdr</i>	F	
<i>divalproex sodium tb24</i>	F	
<i>divalproex sodium tbec</i>	F	
<i>valproate sodium soln</i>	F	
<i>valproic acid caps or 250 mg</i>	F	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 15 mg</i>	F	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tabs 30 mg</i>	F	QL(1.5 ea daily)
<i>mirtazapine tabs 45 mg, 7.5 mg</i>	F	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	F	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	F	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	F	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)
REMERON TABS 45 MG (<i>Use Mirtazapine</i>)	NF	QL(1 ea daily)
Antidepressants - Misc.		
APLENZIN TB24	F	
<i>bupropion hcl tabs 75 mg, 100 mg</i>	F	QL(3 ea daily)
<i>bupropion hcl tb12 100 mg</i>	F	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	F	QL(3 ea daily)
<i>bupropion hcl tb12 200 mg</i>	F	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg</i>	F	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	F	QL(1 ea daily)
BUPROPION HYDROCHLORIDE ER (XL) TB24	F	
FORFIVO XL TB24	F	
MAPROTILINE HCL TABS	F	
WELLBUTRIN SR TB12 100 MG (<i>Use Bupropion HCl</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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)
WELLBUTRIN XL TB24 300 MG (<i>Use Bupropion HCl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	F	
MARPLAN TABS	F	
NARDIL TABS (<i>Use Phenelzine Sulfate</i>)	NF	
PARNATE TABS (<i>Use Tranylcypromine Sulfate</i>)	NF	
<i>phenelzine sulfate tabs 15 mg</i>	F	
<i>tranylcypromine sulfate tabs 10 mg</i>	F	
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>	F	QL(8 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	F	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	F	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	F	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate tabs 10 mg</i>	F	QL(2 ea daily)
<i>escitalopram oxalate tabs 20 mg</i>	F	QL(1 ea daily)
<i>escitalopram oxalate tabs 5 mg</i>	F	QL(4 ea daily)
FLUOXETINE DR CPDR	F	
<i>fluoxetine hcl caps 10 mg, 20 mg</i>	F	QL(4 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	F	QL(2 ea daily)
<i>fluoxetine hcl soln 20 mg/5ml</i>	F	QL(20 ml daily, 30 day(s) limit); AL(At least 7 yrs old)
<i>fluoxetine hcl tabs 10 mg</i>	F	QL(1 ea daily); AL(At least 13 yrs old)
<i>fluoxetine hcl tabs 20 mg</i>	F	QL(4 ea daily)
<i>fluoxetine hcl tabs 60 mg</i>	F	
FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)	NF	
<i>flvoxamine maleate cp24 100 mg, 150 mg</i>	F	
<i>flvoxamine maleate tabs 100 mg</i>	F	QL(3 ea daily)
<i>flvoxamine maleate tabs 25 mg, 50 mg</i>	F	QL(2 ea daily)
LEXAPRO TABS 10 MG (Use Escitalopram Oxalate)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (Use Escitalopram Oxalate)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use Escitalopram Oxalate)	NF	QL(4 ea daily)
<i>paroxetine hcl tabs 10 mg</i>	F	QL(6 ea daily)
<i>paroxetine hcl tabs 20 mg</i>	F	QL(3 ea daily)
<i>paroxetine hcl tabs 30 mg, 40 mg</i>	F	QL(2 ea daily)
<i>paroxetine hcl tb24 25 mg, 12.5 mg, 37.5 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
PAXIL CR TB24 (Use Paroxetine HCl)	NF	
PAXIL SUSP 10 MG/5ML	F	QL(40 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, 40 MG (Use Paroxetine HCl)	NF	QL(2 ea daily)
PEXEVA TABS	F	
PROZAC CAPS 10 MG, 20 MG (Use Fluoxetine HCl)	NF	QL(4 ea daily)
PROZAC CAPS 40 MG (Use Fluoxetine HCl)	NF	QL(2 ea daily)
<i>sertraline hcl conc 20 mg/ml</i>	F	QL(10 ml daily)
<i>sertraline hcl tabs 100 mg</i>	F	QL(2 ea daily)
<i>sertraline hcl tabs 25 mg, 50 mg</i>	F	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 100 MG, 150 MG	F	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	F	
NEFAZODONE HYDROCHLORIDE TABS	F	
<i>trazodone hcl tabs 300 mg</i>	F	QL(2 ea daily)
<i>trazodone hcl tabs 50 mg, 100 mg, 150 mg</i>	F	
TRINTELLIX TABS	F	PA
VIIBRYD STARTER PACK KIT	F	PA
VIIBRYD TABS	F	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
CYMBALTA CPEP (Use Duloxetine HCl)	NF	QL(1 ea daily)
DESVENLAFAXINE ER TB24 50 MG, 100 MG	F	
desvenlafaxine succinate tb24	F	
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	F	QL(1 ea daily)
duloxetine hcl cpep 40 mg	F	
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	F	
FETZIMA TITRATION PACK C4PK	F	
KHEDEZLA TB24	F	
PRISTIQ TB24 (Use Desvenlafaxine Succinate)	NF	
venlafaxine hcl cp24 150 mg	F	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	F	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	F	QL(5 ea daily)
venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg	F	
venlafaxine hcl tb24 75 mg, 150 mg, 225 mg, 37.5 mg	F	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs	F	
AMOXAPINE TABS	F	
ANAFRANIL CAPS (Use Clomipramine HCl)	NF	
clomipramine hcl caps	F	
desipramine hcl tabs 10 mg, 50 mg, 75 mg, 100 mg, 150 mg	F	

Drug Name	Drug Tier	Requirements/Limits
desipramine hcl tabs 25 mg	F	QL(2 ea daily)
doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	F	
DOXEPIN HCL CAPS 150 MG	F	
doxepin hcl conc 10 mg/ml	F	
ELAVIL TABS (Use Amitriptyline HCl)	NF	
imipramine hcl tabs	F	
imipramine pamoate caps	F	
NORPRAMIN TABS 10 MG (Use Desipramine HCl)	NF	
NORPRAMIN TABS 25 MG (Use Desipramine HCl)	NF	QL(2 ea daily)
nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg	F	
nortriptyline hcl soln 10 mg/5ml	F	QL(20 ml daily)
NORTRIPTYLINE HCL SOLN 10 MG/5ML	F	QL(20 ml daily)
PAMELOR CAPS (Use Nortriptyline HCl)	NF	
protriptyline hcl tabs	F	
SURMONTIL CAPS (Use Trimipramine Maleate)	NF	
TOFRANIL TABS (Use Imipramine HCl)	NF	
trimipramine maleate caps	F	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose tabs	F	
GLYSET TABS (Use Miglitol)	NF	
miglitol tabs	F	
PRECOSE TABS (Use Acarbose)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	F	Limit 4 pens per month; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	F	Limit 4 pens per month; QL(0.2 ml daily, 100 day(s) limit)
Antidiabetic Combinations		
ACTOPLUS MET TABS (Use Pioglitazone HCl-Metformin HCl)	NF	QL(2 ea daily)
ACTOPLUS MET XR TB24	F	QL(2 ea daily)
<i>alogliptin-metformin hcl tabs</i>	F	QL(1 ea daily)
<i>alogliptin-pioglitazone tabs</i>	F	QL(1 ea daily)
DUETACT TABS (Use Pioglitazone HCl-Glimepiride)	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs</i>	F	
GLUCOVANCE TABS (Use Glyburide-Metformin)	NF	
<i>glyburide-metformin tabs</i>	F	
GLYXAMBI TABS	F	QL(1 ea daily)
INVOKAMET TABS 50MG-1000MG, 150MG-1000MG	F	QL(2 ea daily)
INVOKAMET TABS 50MG-500MG, 150MG-500MG	F	QL(4 ea daily)
INVOKAMET XR TB24 50MG-1000MG, 150MG-1000MG	F	QL(2 ea daily)
INVOKAMET XR TB24 50MG-500MG, 150MG-500MG	F	QL(4 ea daily)
JANUMET TABS 50MG-1000MG	F	QL(2 ea daily, 100 day(s) limit)
JANUMET TABS 50MG-500MG	F	QL(4 ea daily, 100 day(s) limit)

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR TB24 50MG-1000MG, 100MG-1000MG	F	QL(2 ea daily, 100 day(s) limit)
JANUMET XR TB24 50MG-500MG	F	QL(4 ea daily, 100 day(s) limit)
JENTADUETO TABS	F	QL(2 ea daily)
JENTADUETO XR TB24	F	QL(2 ea daily, 100 day(s) limit)
KAZANO TABS (Use Alogliptin-Metformin HCl)	F	QL(2 ea daily)
KOMBIGLYZE XR TB24 5MG-1000MG, 2.5MG-1000MG	F	QL(2 ea daily, 100 day(s) limit)
KOMBIGLYZE XR TB24 5MG-500MG	F	QL(4 ea daily, 100 day(s) limit)
OSENI TABS 12.5MG-15MG, 12.5MG-30MG (Use Alogliptin-Pioglitazone)	F	QL(2 ea daily)
OSENI TABS 25MG-15MG, 25MG-30MG, 25MG-45MG, 12.5MG-45MG (Use Alogliptin-Pioglitazone)	F	QL(1 ea daily)
<i>pioglitazone hcl-glimepiride tabs</i>	F	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	F	QL(2 ea daily)
QTERN TABS	F	
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	F	QL(4 ea daily)
SEGLUROMET TABS	F	QL(2 ea daily)
SOLIQUA 100/33 SOPN	F	
STEGLUJAN TABS	F	QL(1 ea daily)
SYNJARDY TABS 5MG-1000MG, 12.5MG-1000MG	F	QL(2 ea daily)
SYNJARDY TABS 5MG-500MG, 12.5MG-500MG	F	QL(4 ea daily)
SYNJARDY XR TB24	F	

Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR TB24 5MG-1000MG, 10MG-1000MG, 2.5MG-1000MG	F	QL(2 ea daily)
XIGDUO XR TB24 5MG-500MG, 10MG-500MG	F	QL(4 ea daily)
Biguanides		
FORTAMET TB24 1000 MG (Use Metformin HCl)	NF	QL(2 ea daily)
FORTAMET TB24 500 MG (Use Metformin HCl)	NF	QL(4 ea daily)
GLUCOPHAGE TABS 1000 MG (Use Metformin HCl)	NF	QL(2 ea daily)
GLUCOPHAGE TABS 500 MG (Use Metformin HCl)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (Use Metformin HCl)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 500 MG (Use Metformin HCl)	NF	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG (Use Metformin HCl)	NF	QL(2 ea daily)
GLUMETZA TB24 1000 MG (Use Metformin HCl)	NF	QL(2 ea daily)
GLUMETZA TB24 500 MG (Use Metformin HCl)	NF	QL(4 ea daily)
<i>metformin hcl tabs 1000 mg</i>	F	QL(2 ea daily)
<i>metformin hcl tabs 500 mg</i>	F	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	F	QL(3 ea daily)
<i>metformin hcl tb24 500 mg</i>	F	QL(4 ea daily)
<i>metformin hcl tb24 750 mg, 1000 mg</i>	F	QL(2 ea daily)
METFORMIN HYDROCHLORIDE SOLN	F	
RIOMET SOLN	F	
Diabetic Other		
BAQSIMI ONE PACK POWD	F	
BAQSIMI TWO PACK POWD	F	

Drug Name	Drug Tier	Requirements/ Limits
CVS GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
<i>dextrose (diabetic use) gel 40 %, 15 gm/38gm</i>	F	
GLUCAGEN HYPOKIT SOLR	F	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT KIT	F	QL(1 ea per fill retail)
GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)
GNP GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)
GNP QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
KORLYM TABS	F	SP
LEADER QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
PROGLYCEM SUSP	F	QL(100 day(s) limit)
SM GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)
WALGREENS GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	F	QL(1 ea daily)
JANUVIA TABS	F	QL(1 ea daily)
NESINA TABS 12.5 MG (Use Alogliptin Benzoate)	F	QL(2 ea daily)
NESINA TABS 25 MG (Use Alogliptin Benzoate)	F	QL(1 ea daily)
NESINA TABS 6.25 MG (Use Alogliptin Benzoate)	F	QL(4 ea daily)
ONGLYZA TABS	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRADJENTA TABS	F	QL(1 ea daily); AL(At least 18 yrs old)
Incretin Mimetic Agents (GLP-1 Receptor)		
ADLYXIN SOPN	F	
ADLYXIN STARTER PACK PNKT	F	
BYDUREON PEN PEN	F	Limit 1 syringe per month;QL(0.14 3 ea daily)
BYDUREON SRER	F	Limit 1 syringe per month;QL(0.14 3 ea daily)
BYETTA SOPN 10 MCG/0.04ML	F	Limit 1 syringe per month;QL(0.08 ml daily)
BYETTA SOPN 5 MCG/0.02ML	F	Limit 1 syringe per month;QL(0.04 ml daily)
OZEMPIC SOPN	F	
TANZEUM PEN	F	
TRULICITY SOPN	F	
VICTOZA SOPN	F	Limit 3 syringes per month;QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use Pioglitazone HCl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	F	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	F	QL(1 ea daily)
Insulin		
ADMELOG SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
ADMELOG SOLOSTAR SOPN	F	QL(1 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
AFREZZA POWD	F	
APIDRA SOLN	F	Limit 30mls per month;QL(1 ml daily)
APIDRA SOLOSTAR SOPN	F	QL(1 ml daily)
BASAGLAR KWIKPEN SOPN	F	QL(1 ml daily)
FIASP FLEXTOUCH SOPN	F	QL(1 ml daily)
FIASP SOLN	F	Limit 30mls per month;QL(1 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	F	QL(1 ml daily)
HUMALOG KWIKPEN SOPN	F	QL(1 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	F	QL(1 ml daily)
HUMALOG MIX 50/50 SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	F	QL(1 ml daily)
HUMALOG MIX 75/25 SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG SOCT	F	QL(1 ml daily)
HUMALOG SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	F	QL(1 ml daily)
HUMULIN 70/30 SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	F	QL(1 ml daily)
HUMULIN N SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN	F	Limit 40mls per month;QL(1.34 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 (CONCENTRATED) SOLN	F	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN	F	QL(1.34 ml daily)
INSULIN LISPRO KWIKPEN SOPN	F	QL(1 ml daily)
INSULIN LISPRO SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
LANTUS SOLN	F	Limit 30mls per month;QL(1 ml daily)
LANTUS SOLOSTAR SOPN	F	QL(1 ml daily)
LEVEMIR FLEXTOUCH SOPN	F	
LEVEMIR SOLN	F	
MYXREDLIN SOLN	F	
NOVOLIN 70/30 FLEXPEN RELION SUPN	F	QL(1 ml daily)
NOVOLIN 70/30 FLEXPEN SUPN	F	QL(1 ml daily)
NOVOLIN 70/30 RELION SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN 70/30 SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN N RELION SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN N SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN R RELION SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN R SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLOG FLEXPEN SOPN	F	QL(1 ml daily)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	F	QL(1 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30 SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLOG PENFILL SOCT	F	QL(1 ml daily)
NOVOLOG SOLN	F	Limit 30mls per month;QL(1 ml daily)
TOUJEO MAX SOLOSTAR SOPN	F	
TOUJEO SOLOSTAR SOPN	F	
TRESIBA FLEXTOUCH SOPN	F	
TRESIBA SOLN	F	
Meglitinide Analogues		
<i>nateglinide tabs</i>	F	QL(3 ea daily)
PRANDIN TABS (<i>Use Repaglinide</i>)	NF	
<i>repaglinide tabs</i>	F	
STARLIX TABS (<i>Use Nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	F	
INVOKANA TABS	F	
JARDIANCE TABS	F	QL(1 ea daily, 100 day(s) limit)
STEGLATRO TABS	F	QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (<i>Use Glimepiride</i>)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (<i>Use Glimepiride</i>)	NF	QL(2 ea daily)
CHLORPROPAMIDE TABS	F	
<i>glimepiride tabs 1 mg, 2 mg</i>	F	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tabs</i>	F	
<i>glipizide tb24</i>	F	
GLUCOTROL TABS (<i>Use Glipizide</i>)	NF	
GLUCOTROL XL TB24 (<i>Use Glipizide</i>)	NF	
<i>glyburide micronized tabs</i>	F	
<i>glyburide tabs</i>	F	
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	NF	
TOLAZAMIDE TABS	F	
TOLBUTAMIDE TABS	F	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate chew</i>	F	
<i>bismuth subsalicylate susp</i>	F	
<i>bismuth subsalicylate tabs</i>	F	
PEPTO BISMOL TABS (<i>Use Bismuth Subsalicylate</i>)	NF	
PEPTO-BISMOL CHEW (<i>Use Bismuth Subsalicylate</i>)	NF	
PEPTO-BISMOL INSTACOO CHEW (<i>Use Bismuth Subsalicylate</i>)	NF	
PEPTO-BISMOL MAX STRENGTH SUSP (<i>Use Bismuth Subsalicylate</i>)	NF	
PEPTO-BISMOL SUSP (<i>Use Bismuth Subsalicylate</i>)	NF	
PEPTO-BISMOL TO-GO CHEW (<i>Use Bismuth Subsalicylate</i>)	NF	
Antiperistaltic Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine tabs</i>	F	
DIPHENOXYLATE/ATROPINE LIQD	F	
IMODIUM A-D CAPS 2 MG (<i>Use Loperamide HCl</i>)	NF	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS 2 MG (<i>Use Loperamide HCl</i>)	NF	QL(8 ea daily)
LOMOTIL TABS (<i>Use Diphenoxylate w/ Atropine</i>)	NF	
<i>loperamide hcl caps 2 mg</i>	F	QL(8 ea daily); RX/OTC
<i>loperamide hcl liqd 1 mg/5ml</i>	F	QL(40 ml daily)
<i>loperamide hcl tabs 2 mg</i>	F	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	F	
JADENU TABS	F	PA; SP
Antidotes and Specific Antagonists		
SM IPECAC SYRUP SYRP	F	
Opioid Antagonists		
<i>naloxone hcl soln 0.4 mg/ml</i>	F	QL(2 ml per 90 days retail)
<i>naltrexone hcl tabs</i>	F	
NARCAN LIQD	F	
VIVITROL SUSR	F	PA; SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml</i>	F	
<i>ondansetron hcl soln or 4 mg/5ml</i>	F	QL(50 ml per fill retail)
<i>ondansetron hcl tabs or 24 mg</i>	F	QL(1 ea per 14 days retail)
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ONDANSETRON HYDROCHLORIDE SOLN	F	
<i>ondansetron tbdp</i>	F	QL(2 ea daily)
ZOFRAN ODT TBDP (Use Ondansetron)	NF	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	NF	QL(50 ml per fill retail)
ZOFRAN TABS 4 MG, 8 MG (Use Ondansetron HCl)	NF	QL(2 ea daily)
Antiemetics - Anticholinergic		
<i>dimenhydrinate tabs or 50 mg</i>	F	
DRAMAMINE TABS (Use Dimenhydrinate)	NF	
<i>meclizine hcl chew 25 mg</i>	F	
<i>meclizine hcl tabs 25 mg, 12.5 mg</i>	F	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
GRIS-PEG TABS (Use Griseofulvin Ultramicrosized)	NF	
<i>griseofulvin microsize susp</i>	F	
<i>griseofulvin microsize tabs</i>	F	
<i>griseofulvin ultramicrosized tabs</i>	F	
LAMISIL TABS (Use Terbinafine HCl)	NF	QL(1 ea daily,90 ea per 120 days retail)
<i>nystatin tabs 500000 unit</i>	F	QL(6 ea daily)
<i>terbinafine hcl tabs 250 mg</i>	F	QL(1 ea daily,90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (Use Fluconazole)	NF	Limit 1 package per claim;QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG (Use Fluconazole)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN TABS 150 MG (Use Fluconazole)	NF	QL(2 ea per fill retail)
DIFLUCAN TABS 200 MG (Use Fluconazole)	NF	QL(2 ea daily)
DIFLUCAN TABS 50 MG (Use Fluconazole)	NF	QL(7 ea per fill retail)
<i>fluconazole susr 10 mg/ml, 40 mg/ml</i>	F	Limit 1 package per claim;QL(70 ml per fill retail)
<i>fluconazole tabs 100 mg</i>	F	QL(1 ea daily)
<i>fluconazole tabs 150 mg</i>	F	QL(2 ea per fill retail)
<i>fluconazole tabs 200 mg</i>	F	QL(2 ea daily)
<i>fluconazole tabs 50 mg</i>	F	QL(7 ea per fill retail)
<i>itraconazole caps 100 mg</i>	F	PA; QL(1 ea daily)
SPORANOX CAPS 100 MG (Use Itraconazole)	NF	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS (Use Itraconazole)	NF	PA; QL(1 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
CHLOR-TRIMETON SYRP 2 MG/5ML (Use Chlorpheniramine Maleate)	NF	QL(60 ml daily)
CHLOR-TRIMETON TABS 4 MG (Use Chlorpheniramine Maleate)	NF	QL(120 ea per fill retail)
<i>chlorpheniramine maleate syrp 2 mg/5ml</i>	F	QL(60 ml daily)
<i>chlorpheniramine maleate tabs 4 mg</i>	F	QL(120 ea per fill retail)
DEXCHLORPHENIRAMINE MALEATE SOLN	F	
RYCLOLA SOLN	F	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CAPS (Use Diphenhydramine HCl)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (Use Diphenhydramine HCl)	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY TABS (Use Diphenhydramine HCl)	NF	QL(4 ea daily)
clemastine fumarate tabs 1.34 mg	F	QL(2 ea daily)
diphenhydramine hcl caps or 25 mg, 50 mg	F	QL(4 ea daily)
diphenhydramine hcl elix or 12.5 mg/5ml	F	QL(240 ml per fill retail); RX/OTC
diphenhydramine hcl liqd or 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml	F	QL(240 ml per fill retail)
diphenhydramine hcl tabs or 25 mg	F	QL(4 ea daily)
SILPHEN COUGH SYRP	F	QL(240 ml per fill retail)
TAVIST ALLERGY TABS (Use Clemastine Fumarate)	NF	QL(2 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG (Use Fexofenadine HCl)	NF	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (Use Fexofenadine HCl)	NF	QL(2 ea daily)
cetirizine hcl chew 5 mg, 10 mg	F	QL(1 ea daily)
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	F	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
cetirizine hcl syrp 1 mg/ml, 5 mg/5ml	F	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
cetirizine hcl tabs 5 mg, 10 mg	F	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use Loratadine)	NF	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CLARITIN REDITABS TBDP 10 MG (Use Loratadine)	NF	
CLARITIN SYRP 5 MG/5ML (Use Loratadine)	NF	QL(240 ml per fill retail)
CLARITIN TABS 10 MG (Use Loratadine)	NF	
fexofenadine hcl tabs 180 mg	F	QL(1 ea daily)
fexofenadine hcl tabs 60 mg	F	QL(2 ea daily)
levocetirizine dihydrochloride tabs 5 mg	F	RX/OTC
loratadine soln 5 mg/5ml	F	QL(240 ml per fill retail)
loratadine syrp 5 mg/5ml	F	QL(240 ml per fill retail)
loratadine tabs 10 mg	F	
loratadine tbdp 10 mg	F	
XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride)	NF	RX/OTC
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl)	NF	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl soln or 6.25 mg/5ml	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl supp re 25 mg, 50 mg, 12.5 mg	F	QL(12 ea per fill retail); AL(At least 2 yrs old)
promethazine hcl syrp or 6.25 mg/5ml	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg	F	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl syrp	F	
cyproheptadine hcl tabs	F	

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	F	ST
VYTORIN TABS (<i>Use Ezetimibe-Simvastatin</i>)	NF	ST
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	F	
<i>cholestyramine light powd</i>	F	
<i>cholestyramine pack</i>	F	
<i>cholestyramine powd</i>	F	
COLESTID FLAVORED GRAN 5 GM (<i>Use Colestipol HCl</i>)	NF	
COLESTID GRAN 5 GM (<i>Use Colestipol HCl</i>)	NF	
COLESTID TABS 1 GM (<i>Use Colestipol HCl</i>)	NF	
<i>colestipol hcl gran 5 gm</i>	F	
<i>colestipol hcl tabs 1 gm</i>	F	
QUESTRAN LIGHT POWD (<i>Use Cholestyramine Light</i>)	NF	
QUESTRAN PACK (<i>Use Cholestyramine</i>)	NF	
QUESTRAN POWD (<i>Use Cholestyramine</i>)	NF	
Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134 mg, 200 mg</i>	F	QL(1 ea daily)
<i>fenofibrate micronized caps 67 mg</i>	F	QL(2 ea daily)
FENOFIBRATE TABS 160 MG	F	QL(1 ea daily)
<i>fenofibrate tabs 160 mg</i>	F	QL(1 ea daily)
<i>fenofibrate tabs 54 mg</i>	F	QL(3 ea daily)
<i>gemfibrozil tabs 600 mg</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LOFIBRA CAPS (<i>Use Fenofibrate Micronized</i>)	NF	QL(1 ea daily)
LOPID TABS (<i>Use Gemfibrozil</i>)	NF	QL(2 ea daily)
TRIGLIDE TABS	F	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs</i>	F	QL(1 ea daily)
CRESTOR TABS (<i>Use Rosuvastatin Calcium</i>)	NF	ST; QL(1 ea daily)
LIPITOR TABS (<i>Use Atorvastatin Calcium</i>)	NF	QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	F	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	F	QL(2 ea daily)
PRAVACHOL TABS (<i>Use Pravastatin Sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	F	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	F	ST; QL(1 ea daily)
<i>simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg</i>	F	QL(1 ea daily)
<i>simvastatin tabs 80 mg</i>	F	
ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (<i>Use Simvastatin</i>)	NF	QL(1 ea daily)
ZOCOR TABS 80 MG (<i>Use Simvastatin</i>)	NF	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs 10 mg</i>	F	ST
ZETIA TABS (<i>Use Ezetimibe</i>)	NF	ST
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	F	
NIACIN TABS 500 MG	F	
NIACOR TABS	F	
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Use Quinapril HCl)	NF	QL(1 ea daily)
ALTACE CAPS (Use Ramipril)	NF	QL(2 ea daily)
<i>benazepril hcl tabs 40 mg</i>	F	QL(2 ea daily)
<i>benazepril hcl tabs 5 mg, 10 mg, 20 mg</i>	F	QL(1 ea daily)
<i>captopril tabs</i>	F	QL(3 ea daily)
<i>enalapril maleate tabs</i>	F	QL(2 ea daily)
<i>fosinopril sodium tabs</i>	F	QL(1 ea daily)
<i>lisinopril tabs 2.5 mg</i>	F	QL(1 ea daily)
<i>lisinopril tabs 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	F	QL(2 ea daily)
LOTENSIN TABS 10 MG, 20 MG (Use Benazepril HCl)	NF	QL(1 ea daily)
LOTENSIN TABS 40 MG (Use Benazepril HCl)	NF	QL(2 ea daily)
PRINIVIL TABS (Use Lisinopril)	NF	QL(2 ea daily)
<i>quinapril hcl tabs</i>	F	QL(1 ea daily)
<i>ramipril caps</i>	F	QL(2 ea daily)
<i>trandolapril tabs 1 mg, 2 mg</i>	F	QL(1 ea daily)
<i>trandolapril tabs 4 mg</i>	F	QL(2 ea daily)
VASOTEC TABS (Use Enalapril Maleate)	NF	QL(2 ea daily)
ZESTRIL TABS 2.5 MG (Use Lisinopril)	NF	QL(1 ea daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use Lisinopril)	NF	QL(2 ea daily)
Angiotensin II Receptor Antagonists		
ATACAND TABS (Use Candesartan Cilexetil)	NF	

Drug Name	Drug Tier	Requirements/ Limits
AVAPRO TABS (Use Irbesartan)	NF	QL(1 ea daily)
BENICAR TABS (Use Olmesartan Medoxomil)	NF	ST
<i>candesartan cilexetil tabs</i>	F	
COZAAR TABS (Use Losartan Potassium)	NF	QL(1 ea daily)
DIOVAN TABS (Use Valsartan)	NF	QL(1 ea daily)
<i>irbesartan tabs</i>	F	QL(1 ea daily)
<i>losartan potassium tabs</i>	F	QL(1 ea daily)
MICARDIS TABS (Use Telmisartan)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	F	ST
<i>telmisartan tabs</i>	F	QL(1 ea daily)
<i>valsartan tabs</i>	F	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (Use Doxazosin Mesylate)	NF	
CATAPRES TABS (Use Clonidine HCl)	NF	
<i>clonidine hcl tabs</i>	F	
<i>doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg</i>	F	
<i>guanfacine hcl tabs</i>	F	
<i>methyldopa tabs</i>	F	
MINIPRESS CAPS (Use Prazosin HCl)	NF	
<i>prazosin hcl caps</i>	F	
<i>terazosin hcl caps</i>	F	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (Use Quinapril-Hydrochlorothiazide)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ACCURETIC TABS 20MG-12.5MG (Use Quinapril-Hydrochlorothiazide)	NF	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (Use Quinapril-Hydrochlorothiazide)	NF	QL(2 ea daily)
amlodipine besylate-benazepril hcl caps 5mg-10mg, 5mg-20mg, 10mg-20mg, 2.5mg-10mg	F	QL(1 ea daily)
amlodipine besylate-olmesartan medoxomil tabs	F	ST
amlodipine besylate-valsartan tabs	F	ST
amlodipine-valsartan-hydrochlorothiazide tabs	F	ST
ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)	NF	
atenolol & chlorthalidone tabs	F	QL(1 ea daily)
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	NF	QL(1 ea daily)
AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil)	NF	ST
benazepril & hydrochlorothiazide tabs	F	QL(1 ea daily)
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	NF	ST
bisoprolol & hydrochlorothiazide tabs 5mg-6.25mg, 10mg-6.25mg	F	QL(1 ea daily)
candesartan cilexetil-hydrochlorothiazide tabs	F	
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS	F	QL(2 ea daily)
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	NF	QL(1 ea daily)
DUTOPROL TB24	F	QL(1 ea daily)
enalapril maleate & hydrochlorothiazide tabs	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	NF	ST
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	NF	ST
fosinopril sodium & hydrochlorothiazide tabs	F	QL(1 ea daily)
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	NF	QL(1 ea daily)
irbesartan-hydrochlorothiazide tabs	F	QL(1 ea daily)
lisinopril & hydrochlorothiazide tabs 10mg-12.5mg, 20mg-12.5mg	F	QL(2 ea daily)
lisinopril & hydrochlorothiazide tabs 20mg-25mg	F	QL(1 ea daily)
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	NF	QL(2 ea daily)
losartan potassium & hydrochlorothiazide tabs	F	QL(1 ea daily)
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	NF	QL(1 ea daily)
LOTREL CAPS 5MG-10MG, 5MG-20MG, 10MG-20MG (Use Amlodipine Besylate-Benazepril HCl)	NF	QL(1 ea daily)
metoprolol & hydrochlorothiazide tabs	F	QL(2 ea daily)
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	F	QL(1 ea daily)
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	F	QL(2 ea daily)
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	NF	QL(1 ea daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	F	ST

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	F	ST
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	F	
<i>quinapril-hydrochlorothiazide tabs 10mg-12.5mg</i>	F	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20mg-12.5mg</i>	F	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20mg-25mg</i>	F	QL(2 ea daily)
TEKTURNA HCT TABS	F	
<i>telmisartan-amlodipine tabs</i>	F	
<i>telmisartan-hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	NF	QL(1 ea daily)
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	NF	QL(1 ea daily)
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	NF	ST
TWYNSTA TABS (Use Telmisartan-Amlodipine)	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	NF	QL(2 ea daily)
ZESTORETIC TABS 10MG-12.5MG, 20MG-12.5MG (Use Lisinopril & Hydrochlorothiazide)	NF	QL(2 ea daily)
ZESTORETIC TABS 20MG-25MG (Use Lisinopril & Hydrochlorothiazide)	NF	QL(1 ea daily)
ZIAC TABS 5MG-6.25MG, 10MG-6.25MG (Use Bisoprolol & Hydrochlorothiazide)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	F	
TEKTURNA TABS 150 MG, 300 MG	F	
TEKTURNA TABS 150 MG, 300 MG (Use Aliskiren Fumarate)	NF	
Vasodilators		
<i>hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	F	
<i>minoxidil tabs</i>	F	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM TABS	F	QL(24 ea per fill retail)
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	F	QL(2 ea daily)
<i>chloroquine phosphate tabs 500 mg</i>	F	QL(8 ea per 56 days retail)
<i>hydroxychloroquine sulfate tabs 200 mg</i>	F	
KRINTAFEL TABS 150 MG	F	QL(2 ea per 30 days retail)
MEFLOQUINE HCL TABS	F	
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	NF	
PRIMAQUINE PHOSPHATE TABS (Use Primaquine Phosphate)	NF	PA
<i>primaquine phosphate tabs 26.3 mg</i>	F	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	NF	

Drug Name	Drug Tier	Requirements/Limits
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	NF	
<i>pyridostigmine bromide tabs 60 mg</i>	F	
<i>pyridostigmine bromide tbcr 180 mg</i>	F	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs</i>	F	
ISONIAZID SYRP OR 50 MG/5ML	F	
<i>isoniazid tabs or 100 mg, 300 mg</i>	F	
MYAMBUTOL TABS (Use Ethambutol HCl)	NF	
<i>pyrazinamide tabs</i>	F	
RIFADIN CAPS OR 150 MG, 300 MG (Use Rifampin)	NF	
<i>rifampin caps or 150 mg, 300 mg</i>	F	
TRECTOR TABS	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS OR 2 MG (Use Melphalan)	NF	
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	F	
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (Use Cyclophosphamide)	NF	
LEUKERAN TABS	F	
<i>melphalan tabs 2 mg</i>	F	
MYLERAN TABS 2 MG	F	

Drug Name	Drug Tier	Requirements/Limits
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use Temozolomide)	NF	PA; SP
TEMODAR SOLR IV 100 MG	F	PA; SP
<i>temozolomide caps</i>	F	PA; SP
Antimetabolites		
<i>capecitabine tabs</i>	F	PA; SP
<i>mercaptopurine tabs</i>	F	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	F	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	F	
<i>methotrexate sodium tabs or 2.5 mg</i>	F	
PURIXAN SUSP	F	AL(Up to 8 yrs old)
TREXALL TABS	F	
XELODA TABS (Use Capecitabine)	NF	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	F	PA; SP
ODOMZO CAPS	F	PA; SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs 250 mg</i>	F	PA; SP
<i>anastrozole tabs 1 mg</i>	F	
ARIMIDEX TABS (Use Anastrozole)	NF	
AROMASIN TABS (Use Exemestane)	NF	ST; Try anastrozole or letrozole first;SP
<i>bicalutamide tabs 50 mg</i>	F	QL(1 ea daily)
CASODEX TABS (Use Bicalutamide)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD KIT	F	PA; SP
EMCYT CAPS	F	SP
ERLEADA TABS	F	PA; SP
<i>exemestane tabs 25 mg</i>	F	ST; Try anastrozole or letrozole first; SP
FARESTON TABS (<i>Use Toremifene Citrate</i>)	NF	PA
FEMARA TABS (<i>Use Letrozole</i>)	NF	
FIRMAGON SOLR	F	PA; SP
<i>flutamide caps</i>	F	
HYDROXYPROGESTERONE CAPROATE SOLN 1.25 GM/5ML	F	PA; Limit 5ml per month; QL(0.16 7 ml daily); AL(At least 16 yrs old); SP
<i>letrozole tabs 2.5 mg</i>	F	
<i>leuprolide acetate kit</i>	F	PA; SP
LUPRON DEPOT (1-MONTH) KIT	F	PA; SP
LUPRON DEPOT (3-MONTH) KIT	F	PA; SP
LUPRON DEPOT (4-MONTH) KIT	F	PA; SP
LUPRON DEPOT (6-MONTH) KIT	F	PA; SP
LYSODREN TABS	F	SP
<i>megestrol acetate susp</i>	F	
<i>megestrol acetate tabs</i>	F	
<i>tamoxifen citrate tabs</i>	F	
<i>toremifene citrate tabs 60 mg</i>	F	PA
TRELSTAR MIXJECT SUSR	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
VANTAS KIT	F	PA; SP
XTANDI CAPS	F	PA; SP
ZOLADEX IMPL	F	PA; SP
ZYTIGA TABS (<i>Use Abiraterone Acetate</i>)	NF	PA; SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	F	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	F	PA; SP
AFINITOR TABS	F	PA; SP
BOSULIF TABS	F	PA; SP
BRAFTOVI CAPS	F	PA; SP
COTELLIC TABS	F	PA; SP
<i>erlotinib hcl tabs</i>	F	PA; SP
FARYDAK CAPS	F	PA; SP
GILOTRIF TABS	F	PA; SP
GLEEVEC TABS (<i>Use Imatinib Mesylate</i>)	NF	PA; SP
IBRANCE CAPS	F	PA; SP
ICLUSIG TABS	F	PA; SP
<i>imatinib mesylate tabs</i>	F	PA; SP
INLYTA TABS	F	PA; SP
ISTODAX (<i>OVERFILL</i>) SOLR	F	PA; SP
JAKAFI TABS	F	PA; SP
MEKINIST TABS	F	PA; SP
MEKTOVI TABS	F	PA; SP
NEXAVAR TABS	F	PA; SP

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAPS	F	PA; SP
ROMIDEPSIN SOLR	F	PA; SP
SPRYCEL TABS	F	PA; SP
STIVARGA TABS	F	PA; SP
SUTENT CAPS	F	PA; SP
TAFINLAR CAPS	F	PA; SP
TARCEVA TABS (<i>Use Erlotinib HCl</i>)	NF	PA; SP
TASIGNA CAPS 150 MG, 200 MG	F	PA; SP
TYKERB TABS	F	PA; SP
VOTRIENT TABS	F	PA; SP
XALKORI CAPS	F	PA; SP
ZELBORAF TABS	F	PA; SP
ZOLINZA CAPS	F	PA; SP
ZYKADIA CAPS 150 MG	F	PA; SP
Antineoplastics Misc.		
<i>bexarotene caps 75 mg</i>	F	PA; SP
HYDREA CAPS (<i>Use Hydroxyurea</i>)	NF	
<i>hydroxyurea caps 500 mg</i>	F	
MATULANE CAPS	F	SP
TARGRETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	NF	PA; SP
<i>tretinoin (chemotherapy) caps</i>	F	SP
Chemotherapy Rescue/Antidote Agents		
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	F	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	F	
MESNEX TABS OR 400 MG	F	SP

Drug Name	Drug Tier	Requirements/Limits
Mitotic Inhibitors		
ETOPOSIDE CAPS OR 50 MG	F	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS OR 0.25 MG, 1 MG	F	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs 25 mg</i>	F	
LODOSYN TABS (<i>Use Carbidopa</i>)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	F	
<i>benztropine mesylate tabs</i>	F	
COGENTIN SOLN (<i>Use Benztropine Mesylate</i>)	NF	
<i>trihexyphenidyl hcl soln 0.4 mg/ml</i>	F	QL(16.67 ml daily)
<i>trihexyphenidyl hcl tabs 2 mg, 5 mg</i>	F	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps 100 mg</i>	F	
<i>amantadine hcl syrp 50 mg/5ml</i>	F	
<i>bromocriptine mesylate caps</i>	F	
<i>bromocriptine mesylate tabs</i>	F	
<i>carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	F	
<i>carbidopa-levodopa tbcr 25mg-100mg, 50mg-200mg</i>	F	
MIRAPEX TABS (<i>Use Pramipexole Dihydrochloride</i>)	NF	QL(3 ea daily)
PARLODEL CAPS (<i>Use Bromocriptine Mesylate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
PARLODEL TABS (<i>Use Bromocriptine Mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	F	QL(3 ea daily)
REQUIP TABS 0.25 MG, 3 MG, 4 MG (<i>Use Ropinirole Hydrochloride</i>)	NF	QL(6 ea daily)
REQUIP TABS 0.5 MG, 1 MG, 2 MG, 5 MG (<i>Use Ropinirole Hydrochloride</i>)	NF	QL(3 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg</i>	F	QL(6 ea daily)
<i>ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg, 5 mg</i>	F	QL(3 ea daily)
SINEMET CR TBCR (<i>Use Carbidopa-Levodopa</i>)	NF	
SINEMET TABS (<i>Use Carbidopa-Levodopa</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
ELDEPRYL CAPS (<i>Use Selegiline HCl</i>)	NF	
<i>selegiline hcl caps 5 mg</i>	F	
SELEGILINE HCL TABS 5 MG	F	
<i>selegiline hcl tabs 5 mg</i>	F	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps 150 mg, 300 mg, 600 mg</i>	F	
LITHIUM CARBONATE CAPS 150 MG, 600 MG (<i>Use Lithium Carbonate</i>)	NF	
<i>lithium carbonate tabs 300 mg</i>	F	
<i>lithium carbonate tbcr 300 mg, 450 mg</i>	F	
LITHIUM SOLN	F	
LITHOBID TBCR (<i>Use Lithium Carbonate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics - Misc.		
EQUETRO CP12	F	
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (<i>Use Ziprasidone HCl</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)
GEODON SOLR IM 20 MG	F	SP
LATUDA TABS	F	
NUPLAZID TABS 17 MG	F	QL(2 ea daily)
VRAYLAR CAPS 3 MG, 6 MG, 1.5 MG, 4.5 MG	F	
<i>ziprasidone hcl caps</i>	F	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	F	
FANAPT TITRATION PACK TABS	F	
INVEGA SUSTENNA SUSY 117 MG/0.75ML	F	PA; Limit 1 syringe per month; QL(0.02 7 ml daily); SP
INVEGA SUSTENNA SUSY 156 MG/ML	F	PA; Limit 1 syringe per month; QL(0.03 6 ml daily); SP
INVEGA SUSTENNA SUSY 234 MG/1.5ML	F	PA; Limit 1 syringe per month; QL(0.05 4 ml daily); SP
INVEGA SUSTENNA SUSY 39 MG/0.25ML	F	PA; Limit 1 syringe per month; QL(0.00 9 ml daily); SP
INVEGA SUSTENNA SUSY 78 MG/0.5ML	F	PA; Limit 1 syringe per month; QL(0.01 8 ml daily); SP
INVEGA TB24 (<i>Use Paliperidone</i>)	NF	
INVEGA TRINZA SUSY	F	PA; Limit 1 syringe every 3 months; SP

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone tb24</i>	F	
RISPERDAL CONSTA SUSR	F	PA; Limit 2 vials per month; QL(0.07 2 ea daily); SP
RISPERDAL M-TAB TBDP (Use Risperidone)	NF	QL(2 ea daily); AL(At least 5 yrs old)
RISPERDAL SOLN 1 MG/ML (Use Risperidone)	NF	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use Risperidone)	NF	QL(4 ea daily); AL(At least 5 yrs old)
RISPERIDONE ODT TBDP	F	QL(1 ea daily); AL(At least 5 yrs old)
<i>risperidone soln 1 mg/ml</i>	F	QL(4 ml daily); AL(At least 5 yrs old)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	F	QL(4 ea daily); AL(At least 5 yrs old)
<i>risperidone tbdp 0.25 mg</i>	F	QL(1 ea daily); AL(At least 5 yrs old)
<i>risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	F	QL(2 ea daily); AL(At least 5 yrs old)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (Use Haloperidol Decanoate)	NF	
HALDOL DECANOATE 50 SOLN (Use Haloperidol Decanoate)	NF	
HALDOL SOLN (Use Haloperidol Lactate)	NF	
<i>haloperidol decanoate soln</i>	F	
<i>haloperidol lactate conc</i>	F	
<i>haloperidol lactate soln</i>	F	
<i>haloperidol tabs 0.5 mg, 1 mg, 10 mg</i>	F	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tabs 2 mg, 5 mg, 20 mg</i>	F	
Dibenzapines		
CLOZAPINE ODT TBDP	F	QL(3 ea daily)
<i>clozapine tabs 100 mg</i>	F	QL(9 ea daily); AL(At least 18 yrs old)
<i>clozapine tabs 25 mg, 50 mg, 200 mg</i>	F	QL(3 ea daily); AL(At least 18 yrs old)
CLOZAPINE TABS 50 MG, 200 MG (Use Clozapine)	NF	QL(3 ea daily); AL(At least 18 yrs old)
<i>clozapine tbdp 100 mg</i>	F	QL(9 ea daily)
<i>clozapine tbdp 25 mg, 12.5 mg</i>	F	QL(3 ea daily)
CLOZARIL TABS 100 MG (Use Clozapine)	NF	QL(9 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS 25 MG (Use Clozapine)	NF	QL(3 ea daily); AL(At least 18 yrs old)
FAZACLO TBDP 100 MG (Use Clozapine)	NF	QL(9 ea daily)
FAZACLO TBDP 150 MG, 200 MG	F	QL(3 ea daily)
FAZACLO TBDP 25 MG, 12.5 MG (Use Clozapine)	NF	QL(3 ea daily)
<i>loxapine succinate caps</i>	F	QL(4 ea daily)
<i>olanzapine solr im 10 mg</i>	F	
<i>olanzapine tabs or 10 mg, 7.5 mg</i>	F	QL(2 ea daily); AL(At least 13 yrs old)
<i>olanzapine tabs or 15 mg, 20 mg</i>	F	QL(1 ea daily); AL(At least 13 yrs old)
<i>olanzapine tabs or 5 mg, 2.5 mg</i>	F	QL(4 ea daily); AL(At least 13 yrs old)
<i>olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg</i>	F	QL(1 ea daily); AL(At least 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	F	QL(4 ea daily)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	F	QL(2 ea daily)
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	F	
SAPHRIS SUBL	F	
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use Quetiapine Fumarate)	NF	QL(4 ea daily)
SEROQUEL TABS 300 MG, 400 MG (Use Quetiapine Fumarate)	NF	QL(2 ea daily)
SEROQUEL XR TB24 (Use Quetiapine Fumarate)	NF	
VERSACLOZ SUSP	F	
ZYPREXA RELPREVV SUSR	F	PA; Limit 2 vials per month; QL(0.07 2 ea daily); SP
ZYPREXA SOLR IM 10 MG (Use Olanzapine)	NF	
ZYPREXA TABS OR 10 MG, 7.5 MG (Use Olanzapine)	NF	QL(2 ea daily); AL(At least 13 yrs old)
ZYPREXA TABS OR 15 MG, 20 MG (Use Olanzapine)	NF	QL(1 ea daily); AL(At least 13 yrs old)
ZYPREXA TABS OR 5 MG, 2.5 MG (Use Olanzapine)	NF	QL(4 ea daily); AL(At least 13 yrs old)
ZYPREXA ZYDIS TBDP (Use Olanzapine)	NF	QL(1 ea daily); AL(At least 13 yrs old)
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS	F	
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML	F	
<i>chlorpromazine hcl tabs or 10 mg</i>	F	QL(10 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl tabs or 25 mg, 50 mg, 100 mg, 200 mg</i>	F	QL(3 ea daily)
<i>fluphenazine decanoate soln</i>	F	
FLUPHENAZINE HCL CONC OR 5 MG/ML	F	
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	F	
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	F	
FLUPHENAZINE HCL TABS OR 1 MG, 5 MG, 10 MG, 2.5 MG	F	
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	F	
<i>perphenazine tabs</i>	F	QL(4 ea daily)
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	F	
PROCHLORPERAZINE EDISYLATE SOLN 50 MG/10ML	F	
<i>prochlorperazine maleate tabs</i>	F	
<i>prochlorperazine supp</i>	F	
<i>thioridazine hcl tabs</i>	F	QL(3 ea daily)
<i>trifluoperazine hcl tabs</i>	F	QL(3 ea daily)
Quinolinone Derivatives		
ABILIFY TABS (Use Aripiprazole)	NF	QL(1 ea daily)
<i>aripiprazole soln 1 mg/ml</i>	F	QL(25 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	F	QL(1 ea daily)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	F	QL(1 ea daily)
ARISTADA PRSY 441 MG/1.6ML	F	PA; Limit 1 syringe per month; QL(0.05 7 ml daily); SP

Drug Name	Drug Tier	Requirements/Limits
ARISTADA PRSY 662 MG/2.4ML	F	PA; Limit 1 syringe per month; QL(0.08 6 ml daily); SP
ARISTADA PRSY 882 MG/3.2ML	F	PA; Limit 1 syringe per month; QL(0.11 4 ml daily); SP
REXULTI TABS	F	
Thioxanthenes		
<i>thiothixene caps</i>	F	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
FORMALDEHYDE SOLN 10 %	F	QL(90 ml per fill retail)
<i>formaldehyde soln 10%, 10 %</i>	F	QL(90 ml per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate liqd 4 %</i>	F	
<i>dakin's solution soln</i>	F	
DAKINS SOLUTION FULL STRENGTH SOLN (Use <i>Dakin's Solution</i>)	NF	
DAKINS SOLUTION HALF STRENGTH SOLN (Use <i>Dakin's Solution</i>)	NF	
DAKINS SOLUTION QUARTER STRENGTH SOLN (Use <i>Dakin's Solution</i>)	NF	
HIBICLENS LIQD (Use <i>Chlorhexidine Gluconate</i>)	NF	
Iodine Antiseptics		
BETADINE SOLN 10 % (Use <i>Povidone-Iodine</i>)	NF	
<i>povidone-iodine soln 10 %</i>	F	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate soln 20 mg/ml</i>	F	QL(30 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	F	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs 600mg-300mg</i>	F	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs 300mg-150mg-300mg</i>	F	QL(2 ea daily)
APTIVUS CAPS 250 MG	F	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	F	QL(10 ml daily)
<i>atazanavir sulfate caps</i>	F	QL(2 ea daily)
ATRIPLA TABS	F	QL(1 ea daily)
BIKTARVY TABS	F	QL(1 ea daily)
CIMDUO TABS	F	QL(1 ea daily)
COMBIVIR TABS (Use <i>Lamivudine-Zidovudine</i>)	NF	QL(2 ea daily)
COMPLERA TABS	F	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	F	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	F	QL(6 ea daily)
DELSTRIGO TABS	F	ST; QL(1 ea daily)
DESCOVY TABS	F	QL(1 ea daily)
<i>didanosine cpdr</i>	F	QL(1 ea daily)
DOVATO TABS	F	
EDURANT TABS	F	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	F	QL(1 ea daily)
<i>efavirenz caps 50 mg</i>	F	QL(2 ea daily)
<i>efavirenz tabs 600 mg</i>	F	QL(1 ea daily)
EMTRIVA CAPS 200 MG	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA SOLN 10 MG/ML	F	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (Use Lamivudine)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (Use Lamivudine)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (Use Lamivudine)	NF	QL(1 ea daily)
EPZICOM TABS (Use Abacavir Sulfate-Lamivudine)	NF	QL(1 ea daily)
EVOTAZ TABS	F	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	F	QL(4 ea daily)
FUZEON SOLR	F	SP
GENVOYA TABS	F	QL(1 ea daily)
INTELENCE TABS 200 MG	F	QL(2 ea daily)
INTELENCE TABS 25 MG, 100 MG	F	QL(4 ea daily)
INVIRASE CAPS 200 MG	F	QL(10 ea daily)
INVIRASE TABS 500 MG	F	QL(4 ea daily)
ISENTRESS CHEW 100 MG	F	QL(6 ea daily)
ISENTRESS CHEW 25 MG	F	QL(12 ea daily)
ISENTRESS PACK 100 MG	F	QL(2 ea daily)
ISENTRESS TABS 400 MG	F	QL(2 ea daily)
JULUCA TABS	F	
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	NF	Limit 1 package per claim;QL(160 ml per fill retail)
KALETRA TABS 100MG-25MG	F	QL(4 ea daily)
KALETRA TABS 200MG-50MG	F	QL(6 ea daily)
<i>lamivudine soln 10 mg/ml</i>	F	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine tabs 150 mg</i>	F	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	F	QL(1 ea daily)
<i>lamivudine-zidovudine tabs 150mg-300mg</i>	F	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	F	QL(56 ml daily)
LEXIVA TABS 700 MG (Use Fosamprenavir Calcium)	NF	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	F	Limit 1 package per claim;QL(160 ml per fill retail)
<i>nevirapine susp 50 mg/5ml</i>	F	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	F	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	F	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	F	QL(1 ea daily)
NORVIR CAPS 100 MG	F	QL(12 ea daily)
NORVIR PACK 100 MG	F	QL(12 ea daily)
NORVIR SOLN 80 MG/ML	F	QL(15 ml daily)
NORVIR TABS 100 MG (Use Ritonavir)	NF	QL(12 ea daily)
ODEFSEY TABS	F	QL(1 ea daily)
PIFELTRO TABS	F	QL(1 ea daily)
PREZCOBIX TABS	F	
PREZISTA SUSP 100 MG/ML	F	QL(12 ml daily)
PREZISTA TABS 150 MG	F	QL(3 ea daily)
PREZISTA TABS 75 MG, 600 MG	F	QL(2 ea daily)
PREZISTA TABS 800 MG	F	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	F	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	F	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RETROVIR CAPS 100 MG (Use Zidovudine)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	F	
RETROVIR SYRP 50 MG/5ML (Use Zidovudine)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG, 300 MG (Use Atazanavir Sulfate)	NF	QL(2 ea daily)
REYATAZ PACK 50 MG	F	QL(6 ea daily)
<i>ritonavir tabs</i>	F	QL(12 ea daily)
SELZENTRY TABS 150 MG	F	QL(2 ea daily)
SELZENTRY TABS 25 MG, 75 MG	F	QL 2 per day;SL(2 ea daily)
SELZENTRY TABS 300 MG	F	QL(4 ea daily)
<i>stavudine caps</i>	F	QL(2 ea daily)
STRIBILD TABS	F	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use Efavirenz)	NF	QL(1 ea daily)
SUSTIVA CAPS 50 MG (Use Efavirenz)	NF	QL(2 ea daily)
SUSTIVA TABS 600 MG (Use Efavirenz)	NF	QL(1 ea daily)
SYMFI LO TABS	F	QL(1 ea daily)
SYMFI TABS	F	QL(1 ea daily)
SYMTUZA TABS	F	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	F	QL(1 ea daily)
TIVICAY TABS	F	
TRIUMEQ TABS	F	QL(1 ea daily)
TRIZIVIR TABS (Use Abacavir Sulfate-Lamivudine-Zidovudine)	NF	QL(2 ea daily)
TRUVADA TABS	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TYBOST TABS	F	QL(1 ea daily)
VIDEX EC CPDR 125 MG	F	QL(1 ea daily)
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (Use Didanosine)	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	F	QL(20 ml daily)
VIRACEPT TABS 250 MG	F	QL(9 ea daily)
VIRACEPT TABS 625 MG	F	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (Use Nevirapine)	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use Nevirapine)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (Use Nevirapine)	NF	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (Use Nevirapine)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	F	QL(8 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	F	QL(1 ea daily)
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	NF	QL(1 ea daily)
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	F	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (Use Abacavir Sulfate)	NF	QL(30 ml daily)
ZIAGEN TABS 300 MG (Use Abacavir Sulfate)	NF	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	F	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	F	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	F	QL(2 ea daily)
CMV Agents		
VALCYTE TABS 450 MG (Use Valganciclovir HCl)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl tabs 450 mg</i>	F	QL(2 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs 10 mg</i>	F	
BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir)	NF	
<i>entecavir tabs</i>	F	
HEPSERA TABS (Use Adefovir Dipivoxil)	NF	
MAVYRET TABS	F	PA; QL(3 ea daily); SP
Herpes Agents		
<i>acyclovir caps 200 mg</i>	F	Limit 50 per month;QL(1.67 ea daily)
<i>acyclovir susp 200 mg/5ml</i>	F	Limit 400ml per month;QL(13.3 4 ml daily)
<i>acyclovir tabs 400 mg</i>	F	QL(3 ea daily)
<i>acyclovir tabs 800 mg</i>	F	Limit 50 per month;QL(1.67 ea daily)
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	F	Limit 21 per Month;QL(42 ea per 21 days retail)
<i>valacyclovir hcl tabs 500 mg</i>	F	QL(2 ea daily)
VALTREX TABS 1 GM (Use Valacyclovir HCl)	NF	Limit 21 per Month;QL(42 ea per 21 days retail)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NF	Limit 50 per month;QL(1.67 ea daily)
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NF	Limit 400ml per month;QL(13.3 4 ml daily)
ZOVIRAX TABS OR 400 MG (Use Acyclovir)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX TABS OR 800 MG (Use Acyclovir)	NF	Limit 50 per month;QL(1.67 ea daily)
Influenza Agents		
<i>oseltamivir phosphate caps or 30 mg</i>	F	QL(20 ea per 30 days retail)
<i>oseltamivir phosphate caps or 45 mg, 75 mg</i>	F	QL(10 ea per 30 days retail)
<i>oseltamivir phosphate susr or 6 mg/ml</i>	F	QL(120 ml per 30 days retail)
RELENZA DISKHALER AEPB	F	Limit 1 package per month;QL(0.67 ea daily); AL(At least 6 yrs old)
TAMIFLU CAPS 30 MG (Use Osetamivir Phosphate)	NF	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG (Use Osetamivir Phosphate)	NF	QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML (Use Osetamivir Phosphate)	NF	QL(120 ml per 30 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs 12.5 mg, 6.25 mg, 3.125 mg</i>	F	QL(3 ea daily)
<i>carvedilol tabs 25 mg</i>	F	QL(4 ea daily)
COREG CR CP24 (Use Carvedilol Phosphate)	NF	QL(1 ea daily)
COREG TABS 12.5 MG, 6.25 MG, 3.125 MG (Use Carvedilol)	NF	QL(3 ea daily)
COREG TABS 25 MG (Use Carvedilol)	NF	QL(4 ea daily)
<i>labetalol hcl tabs or 100 mg</i>	F	QL(3 ea daily)
<i>labetalol hcl tabs or 200 mg</i>	F	QL(6 ea daily)
<i>labetalol hcl tabs or 300 mg</i>	F	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	F	
<i>atenolol tabs</i>	F	QL(2 ea daily)
<i>bisoprolol fumarate tabs</i>	F	QL(1 ea daily)
LOPRESSOR TABS 100 MG (Use Metoprolol Tartrate)	NF	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (Use Metoprolol Tartrate)	NF	QL(4 ea daily)
<i>metoprolol succinate tb24 200 mg</i>	F	QL(2 ea daily)
<i>metoprolol succinate tb24 25 mg, 50 mg, 100 mg</i>	F	QL(4 ea daily)
<i>metoprolol tartrate tabs or 100 mg</i>	F	QL(4.5 ea daily)
<i>metoprolol tartrate tabs or 25 mg, 50 mg</i>	F	QL(4 ea daily)
TENORMIN TABS (Use Atenolol)	NF	QL(2 ea daily)
TOPROL XL TB24 200 MG (Use Metoprolol Succinate)	NF	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use Metoprolol Succinate)	NF	QL(4 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use Sotalol HCl (AFIB/AFL))	NF	QL(2 ea daily)
BETAPACE TABS (Use Sotalol HCl)	NF	QL(2 ea daily)
CORGARD TABS (Use Nadolol)	NF	QL(2 ea daily)
HEMANGEOL SOLN	F	PA; SP
INDERAL LA CP24 (Use Propranolol HCl)	NF	QL(2 ea daily)
<i>nadolol tabs</i>	F	QL(2 ea daily)
<i>pindolol tabs</i>	F	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	F	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol hcl (afib/afl) tabs</i>	F	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	F	
<i>sotalol hcl tabs 80 mg, 120 mg, 160 mg</i>	F	QL(2 ea daily)
TIMOLOL MALEATE TABS 10 MG, 20 MG	F	
<i>timolol maleate tabs 5 mg</i>	F	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 90 MG (Use Nifedipine)	NF	QL(1 ea daily)
ADALAT CC TB24 60 MG (Use Nifedipine)	NF	QL(2 ea daily)
<i>amlodipine besylate tabs</i>	F	QL(1 ea daily)
CALAN SR TBCR (Use Verapamil HCl)	NF	QL(2 ea daily)
CALAN TABS (Use Verapamil HCl)	NF	QL(3 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use Diltiazem HCl Coated Beads)	NF	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (Use Diltiazem HCl Coated Beads)	NF	QL(2 ea daily)
CARDIZEM TABS (Use Diltiazem HCl)	NF	QL(3 ea daily)
DILT-XR CP24	F	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg</i>	F	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 240 mg</i>	F	QL(2 ea daily)
<i>diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cp24 or 120 mg, 180 mg</i>	F	QL(1 ea daily)
<i>diltiazem hcl cp24 or 240 mg</i>	F	QL(2 ea daily)
<i>diltiazem hcl extended release beads cp24</i>	F	QL(1 ea daily)
<i>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg</i>	F	QL(3 ea daily)
<i>felodipine tb24</i>	F	QL(1 ea daily)
<i>nicardipine hcl caps or 20 mg, 30 mg</i>	F	
<i>nifedipine caps 10 mg, 20 mg</i>	F	QL(4 ea daily)
<i>nifedipine tb24 30 mg, 90 mg</i>	F	QL(1 ea daily)
<i>nifedipine tb24 60 mg</i>	F	QL(2 ea daily)
NORVASC TABS (Use <i>Amlodipine Besylate</i>)	NF	QL(1 ea daily)
PROCARDIA CAPS (Use <i>Nifedipine</i>)	NF	QL(4 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (Use <i>Nifedipine</i>)	NF	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (Use <i>Nifedipine</i>)	NF	QL(2 ea daily)
TIAZAC CP24 (Use <i>Diltiazem HCl Extended Release Beads</i>)	NF	QL(1 ea daily)
<i>verapamil hcl cp24 or 120 mg, 180 mg, 240 mg</i>	F	QL(2 ea daily)
VERAPAMIL HCL SR CP24	F	QL(1 ea daily)
<i>verapamil hcl tabs or 40 mg, 80 mg, 120 mg</i>	F	QL(3 ea daily)
<i>verapamil hcl tbcr or 120 mg, 180 mg, 240 mg</i>	F	QL(2 ea daily)
VERELAN CP24 120 MG, 180 MG, 240 MG (Use <i>Verapamil HCl</i>)	NF	QL(2 ea daily)
VERELAN CP24 360 MG	F	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		

Drug Name	Drug Tier	Requirements/Limits
DIGOXIN SOLN OR 0.05 MG/ML	F	
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	F	
LANOXIN TABS OR 125 MCG, 250 MCG (Use <i>Digoxin</i>)	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Peripheral Vasodilators		
<i>isoxsuprine hcl tabs 10 mg</i>	F	
Prostaglandin Vasodilators		
TYVASO REFILL SOLN 0.6 MG/ML	F	PA; SP
TYVASO SOLN 0.6 MG/ML	F	PA; SP
TYVASO STARTER SOLN 0.6 MG/ML	F	PA; SP
VENTAVIS SOLN	F	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	F	PA; SP
<i>bosentan tabs</i>	F	PA; SP
LETAIRIS TABS (Use <i>Ambrisentan</i>)	NF	PA; SP
TRACLEER TABS 125 MG, 62.5 MG (Use <i>Bosentan</i>)	NF	PA; SP
TRACLEER TBSO 32 MG	F	PA; SP
Pulmonary Hypertension - Phosphodiesterase		
REVATIO SOLN (Use <i>Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; SP
REVATIO SUSR (Use <i>Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; SP
REVATIO TABS (Use <i>Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; SP
<i>sildenafil citrate (pulmonary hypertension) soln</i>	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil citrate (pulmonary hypertension) susr</i>	F	PA; SP
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	F	PA; SP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	F	
<i>cefadroxil susr</i>	F	
<i>cefadroxil tabs</i>	F	
<i>cephalexin caps 250 mg, 500 mg</i>	F	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	F	
KEFLEX CAPS 250 MG, 500 MG (Use Cephalexin)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	F	
CEFACTOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	F	
<i>cefprozil susr 125 mg/5ml, 250 mg/5ml</i>	F	Limit 1 package per claim; QL(100 ml per fill retail); AL(Up to 12 yrs old)
<i>cefprozil tabs 250 mg, 500 mg</i>	F	QL(20 ea per fill retail)
CEFTIN SUSR	F	Limit 1 package per claim; QL(100 ml per fill retail); AL(Up to 12 yrs old)
<i>cefuroxime axetil tabs</i>	F	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir caps 300 mg</i>	F	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>cefdinir susr 125 mg/5ml, 250 mg/5ml</i>	F	Limit 1 package per claim; QL(100 ml per fill retail)
<i>ceftriaxone sodium solr ij 1 gm, 500 mg</i>	F	
<i>ceftriaxone sodium solr ij 250 mg</i>	F	QL(3 ea per fill retail)
<i>ceftriaxone sodium solr iv 1 gm</i>	F	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	NF	QL(1 ea daily)
CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))	NF	QL(1 ea daily)
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	NF	QL(1 ea daily)
<i>desogestrel & ethinyl estradiol tabs</i>	F	QL(1 ea daily)
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	F	QL(1 ea daily)
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	F	QL(1 ea daily)
<i>drospirenone-ethinyl estradiol tabs</i>	F	QL(1 ea daily)
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	NF	
<i>ethynodiol diacet & eth estrad tabs</i>	F	QL(1 ea daily)
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	NF	
<i>levonorgestrel & eth estradiol tabs</i>	F	QL(1 ea daily)
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	F	QL(1 ea daily)
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	QL(1 ea daily)
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	QL(1 ea daily)
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	NF	QL(1 ea daily)
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	NF	QL(1 ea daily)
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	NF	QL(1 ea daily)
NECON 1/50-28 TABS	F	QL(1 ea daily)
norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg	F	QL(1 ea daily)
norethindrone & eth estradiol tabs	F	QL(1 ea daily)
norethindrone & ethinyl estradiol-fe chew	F	
norethindrone acet & eth estra tabs	F	QL(1 ea daily)
norethindrone acetate-ethinyl estradiol-fe tabs 75mg-1mg	F	
norethindrone-eth estradiol (triphasic) tabs	F	QL(1 ea daily)
norgestimate-ethinyl estradiol (triphasic) tabs	F	QL(1 ea daily)
norgestimate-ethinyl estradiol tabs 0.25mg-35mcg	F	QL(1 ea daily)
norgestrel & ethinyl estradiol tabs	F	QL(1 ea daily)
OGESTREL TABS	F	QL(1 ea daily)
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NF	QL(1 ea daily)
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	NF	QL(1 ea daily)
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	NF	QL(1 ea daily)
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NF	QL(1 ea daily)
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	QL(1 ea daily)
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NF	QL(1 ea daily)
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	NF	QL(1 ea daily)
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	NF	QL(1 ea daily)
Combination Contraceptives - Transdermal		
XULANE PTWK	F	QL(0.11 ea daily)
Combination Contraceptives - Vaginal		
NUVARING RING	F	13 rtl MAX fill, 365 rtl day(s) supply,
Emergency Contraceptives		
ELLA TABS	F	QL(4 ea per 365 days retail)
levonorgestrel (emergency oc) tabs 1.5 mg	F	QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (Use Levonorgestrel (Emergency OC))	NF	QL(1 ea per 21 days retail)
Progestin Contraceptives - IUD		
SKYLA IUD 13.5 MG	F	SP
Progestin Contraceptives - Implants		
NEXPLANON IMPL	F	SP

Drug Name	Drug Tier	Requirements/ Limits
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use Medroxyprogesterone Acetate (Contraceptive))	NF	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use Medroxyprogesterone Acetate (Contraceptive))	NF	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY	F	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susp	F	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susy	F	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive) tabs 0.35 mg	F	QL(1 ea daily)
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	NF	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS (Use Hydrocortisone)	NF	
CORTISONE ACETATE TABS	F	
dexamethasone elix 0.5 mg/5ml	F	
DEXAMETHASONE INTENSOL CONC	F	
dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml	F	QL(5 ml daily)
DEXAMETHASONE SOLN 0.5 MG/5ML	F	
dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg	F	
DEXAMETHASONE TABS 1 MG, 2 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone tabs	F	
MEDROL DOSEPAK TBPK (Use Methylprednisolone)	NF	
MEDROL TABS 4 MG, 8 MG (Use Methylprednisolone)	NF	
methylprednisolone tabs 4 mg, 8 mg	F	
methylprednisolone tbpk 4 mg	F	
MILLIPRED TABS 5 MG	F	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	NF	
prednisolone sodium phosphate soln or 15 mg/5ml	F	QL(240 ml per fill retail)
prednisolone sodium phosphate soln or 20 mg/5ml	F	QL(150 ml per fill retail)
prednisolone sodium phosphate soln or 5 mg/5ml	F	
PREDNISOLONE SOLN	F	
prednisolone soln	F	
prednisolone syr	F	
PREDNISON INTENSOL CONC	F	
PREDNISON SOLN 5 MG/5ML	F	
prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg	F	
PREDNISON TABS 50 MG	F	
prednisone tbpk 5 mg, 10 mg	F	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	NF	QL(150 ml per fill retail)
Mineralocorticoids		
fludrocortisone acetate tabs	F	

Drug Name	Drug Tier	Requirements/Limits
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	F	AL(At least 10 yrs old)
<i>benzonatate caps 200 mg</i>	F	QL(1 ea daily); AL(At least 10 yrs old)
DELSYM COUGH CHILDRENS SUER (Use <i>Dextromethorphan Polistirex</i>)	NF	
DELSYM SUER (Use <i>Dextromethorphan Polistirex</i>)	NF	
<i>dextromethorphan polistirex suer 30 mg/5ml</i>	F	
<i>hydrocodone w/ homatropine syrps 5mg/5ml-1.5mg/5ml</i>	F	AL(At least 18 yrs old)
TESSALON PERLES CAPS (Use <i>Benzonatate</i>)	NF	AL(At least 10 yrs old)
Cough/Cold/Allergy Combinations		
<i>acetaminophen w/ dm liqd 5mg/5ml-160mg/5ml, 5mg/5ml-5mg/5ml-160mg/5ml-160mg/5ml</i>	F	
ADVIL COLD & SINUS TABS (Use <i>Pseudoephedrine-Ibuprofen</i>)	NF	
<i>brompheniramine & phenyleph elix 1mg/5ml-2.5mg/5ml, 1mg/5ml-1mg/5ml-2.5mg/5ml-2.5mg/5ml</i>	F	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph elix 1mg/5ml-15mg/5ml</i>	F	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph liqd 1mg/5ml-15mg/5ml</i>	F	QL(120 ml per fill retail)
BROTAPP DM LIQD	F	
<i>cetirizine-pseudoephedrine tb 12</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CHERACOL PLUS LIQD (Use <i>Dextromethorphan-Guaifenesin</i>)	NF	
CHERACOL-D COUGH LIQD (Use <i>Dextromethorphan-Guaifenesin</i>)	NF	
CLARITIN-D 12 HOUR TB12 (Use <i>Loratadine & Pseudoephedrine</i>)	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use <i>Loratadine & Pseudoephedrine</i>)	NF	QL(1 ea daily)
CLEAR COUGH PM MULTI-SYMPTOM LIQD (Use <i>Dextromethorphan-Doxylamine-Acetaminophen</i>)	NF	
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (Use <i>Dextromethorphan-Phenylephrine-Acetaminophen</i>)	NF	
<i>dextromethorphan-doxylamine-acetaminophen liqd 6.25mg/15ml-15mg/15ml-500mg/15ml, 12.5mg/30ml-30mg/30ml-1000mg/30ml, 6.25mg/15ml-6.25mg/15ml-15mg/15ml-15mg/15ml-500mg/15ml-500mg/15ml-10%</i>	F	
<i>dextromethorphan-guaifenesin liqd 5mg/5ml-100mg/5ml, 10mg/5ml-100mg/5ml, 10mg/5ml-200mg/5ml, 20mg/10ml-200mg/10ml, 20mg/10ml-400mg/10ml, 20mg/20ml-400mg/20ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml</i>	F	
<i>dextromethorphan-guaifenesin syrps 10mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-guaifenesin tabs 20mg-400mg, 20mg-20mg-400mg-400mg</i>	F	
<i>dextromethorphan-guaifenesin tb12 30mg-600mg</i>	F	
<i>dextromethorphan-phenylephrine-acetaminophen caps 10mg-325mg-5mg, 10mg-10mg-325mg-325mg-5mg-5mg</i>	F	
DIMETAPP COLD & ALLERGY ELIX (Use Brompheniramine & Phenyleph)	NF	QL(120 ml per fill retail)
ED BRON GP LIQD 100MG/5ML-5MG/5ML	F	
<i>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</i>	F	QL(240 ml per fill retail)
<i>guaifenesin-codeine syrup 100mg/5ml-10mg/5ml</i>	F	QL(240 ml per fill retail)
LOHIST-D LIQD 30MG/5ML-2MG/5ML	F	
<i>loratadine & pseudoephedrine tb12 5mg-120mg</i>	F	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg</i>	F	QL(1 ea daily)
MUCINEX D MAXIMUM STRENGTH TB12 (Use Pseudoephedrine-Guaifenesin)	NF	
MUCINEX D TB12 (Use Pseudoephedrine-Guaifenesin)	NF	
MUCINEX DM TB12 (Use Dextromethorphan-Guaifenesin)	NF	
PEDIATRIC COUGH/COLD LIQD	F	
<i>phenylephrine-chlorphen-dm liqd 15mg/5ml-4mg/5ml-10mg/5ml</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-dm liqd</i>	F	QL(240 ml per fill retail)
<i>phenylephrine-dm soln</i>	F	QL(240 ml per fill retail)
<i>promethazine & phenylephrine soln</i>	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine w/codeine soln</i>	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>promethazine w/codeine syrup</i>	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>promethazine-phenylephrine-codeine syrup</i>	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
PROMETHAZINE/DEXTR OMETHORPHAN SOLN	F	QL(240 ml per fill retail)
PROMETHAZINE/DEXTR OMETHORPHAN SYRP	F	QL(240 ml per fill retail)
PROMETHAZINE/PHENYL EPHRINE SYRP	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
PROMETHAZINE/PHENYL EPHRINE/CODEINE SYRP	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>pseudoephed-bromphen-dm syrup</i>	F	
<i>pseudoephedrine w/ codeine-gg soln 30mg/5ml-100mg/5ml-10mg/5ml-70%</i>	F	QL(240 ml per fill retail)
<i>pseudoephedrine-chlorphen-dm liqd</i>	F	
<i>pseudoephedrine-guaifenesin tb12 60mg-600mg, 120mg-1200mg</i>	F	
<i>pseudoephedrine-ibuprofen tabs 200mg-30mg</i>	F	
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH LIQD (Use Dextromethorphan-Guaifenesin)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ROBITUSSIN PEAK COLD DM SYRP (Use Dextromethorphan-Guaifenesin)	NF	
SCOT-TUSSIN LIQD 13.3MG/5ML-25MG/5ML-83.3MG/5ML-4.2MG/5ML-83.3MG/5ML (Use Pheniramine-PE w/ Sod Salicylate & Caffeine Citrate)	NF	
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	F	
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine)	NF	QL(2 ea daily)
Expectorants		
guaifenesin liqd 100 mg/5ml, 200 mg/10ml, 400 mg/20ml	F	
guaifenesin soln 100 mg/5ml, 200 mg/10ml, 300 mg/15ml	F	
guaifenesin syrp 100 mg/5ml, 200 mg/10ml	F	
guaifenesin tb12 600 mg, 1200 mg	F	
MUCINEX MAXIMUM STRENGTH TB12 (Use Guaifenesin)	NF	
MUCINEX TB12 (Use Guaifenesin)	NF	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) nebu 0.9 %, 3 %, 10 %	F	
Mucolytics		
acetylcysteine soln	F	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ACNE MEDICATION 10 LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
ACNE MEDICATION 5 LOTN	F	
BENZAC AC WASH LIQD (Use Benzoyl Peroxide)	NF	RX/OTC
benzoyl peroxide bar 10 %	F	
BENZOYL PEROXIDE CLEANSER LIQD 6 %	F	
benzoyl peroxide crea 10 %	F	
benzoyl peroxide gel 10 %	F	RX/OTC
BENZOYL PEROXIDE GEL 2.5 %	F	
benzoyl peroxide gel 5 %	F	
benzoyl peroxide liqd 4 %, 6 %	F	
benzoyl peroxide liqd 5 %, 10 %	F	RX/OTC
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	F	
CLEOCIN-T GEL (Use Clindamycin Phosphate (Topical))	NF	
CLEOCIN-T LOTN (Use Clindamycin Phosphate (Topical))	NF	QL(60 ml per fill retail)
CLEOCIN-T SOLN (Use Clindamycin Phosphate (Topical))	NF	
clindamycin phosphate (topical) gel 1 %	F	
clindamycin phosphate (topical) lotn 1 %	F	QL(60 ml per fill retail)
clindamycin phosphate (topical) soln 1 %	F	
DESQUAM-X WASH LIQD (Use Benzoyl Peroxide)	NF	RX/OTC
ERYGEL GEL (Use Erythromycin (Acne Aid))	NF	QL(60 gm per fill retail)
erythromycin (acne aid) gel 2 %	F	QL(60 gm per fill retail)
erythromycin (acne aid) soln 2 %	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>isotretinoin caps 10 mg, 20 mg, 40 mg</i>	F	PA; QL(2 ea daily); AL(At least 12 yrs old - Up to 22 yrs old)
KLARON LOTN (Use Sulfacetamide Sodium (Acne))	NF	QL(120 ml per fill retail)
PANOXYL-4 CREAMY WASH LIQD (Use Benzoyl Peroxide)	NF	
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (Use Tretinoin)	NF	QL(20 gm per fill retail); AL(Up to 21 yrs old)
RETIN-A GEL 0.01 % (Use Tretinoin)	NF	QL(15 gm per fill retail); AL(Up to 21 yrs old)
RETIN-A GEL 0.025 % (Use Tretinoin)	NF	QL(20 gm per fill retail); AL(Up to 21 yrs old)
SODIUM SULFACETAMIDE/SULFU R LOTN 5%-10%	F	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFU R SUSP 5%-10%	F	QL(30 gm per fill retail)
<i>sulfacetamide sodium (acne) lotn 10 %</i>	F	QL(120 ml per fill retail)
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	F	QL(20 gm per fill retail); AL(Up to 21 yrs old)
<i>tretinoin gel 0.01 %</i>	F	QL(15 gm per fill retail); AL(Up to 21 yrs old)
<i>tretinoin gel 0.025 %</i>	F	QL(20 gm per fill retail); AL(Up to 21 yrs old)
Antibiotics - Topical		
BACIGUENT OINT (Use Bacitracin (Topical))	NF	QL(30 gm per fill retail)
<i>bacitracin (topical) oint 500 unit/gm</i>	F	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin zinc oint</i>	F	QL(30 gm per fill retail)
<i>bacitracin-polymyxin b oint</i>	F	
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	NF	QL(30 gm per fill retail)
CENTANY OINT 2 %	F	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) crea</i>	F	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) oint</i>	F	QL(30 gm per fill retail)
<i>mupirocin calcium (topical) crea 2 %</i>	F	QL(30 gm per fill retail)
MUPIROCIN CREA 2 %	F	QL(30 gm per fill retail)
<i>mupirocin oint 2 %</i>	F	QL(30 gm per fill retail)
<i>neomycin-bacitracin-polymyxin oint</i>	F	QL(30 gm per fill retail)
<i>neomycin-polymyxin w/ pramoxine crea 10000unit/gm-3.5mg/gm-10mg/gm</i>	F	QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT (Use Neomycin-Bacitracin-Polymyxin)	NF	QL(30 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (Use Neomycin-Polymyxin w/ Pramoxine)	NF	QL(30 gm per fill retail)
POLYSPORIN OINT (Use Bacitracin-Polymyxin B)	NF	
Antifungals - Topical		
<i>clotrimazole (topical) crea 1 %</i>	F	QL(30 gm per fill retail); RX/OTC
<i>clotrimazole (topical) soln 1 %</i>	F	QL(30 ml per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone crea 1%-0.05%</i>	F	QL(45 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole w/ betamethasone lotn 1%-0.05%</i>	F	QL(30 ml per fill retail)
<i>econazole nitrate crea 1 %</i>	F	QL(30 gm per fill retail)
<i>ketoconazole (topical) crea 2 %</i>	F	Limit 1 package per claim;QL(60 gm per fill retail)
<i>ketoconazole (topical) sham 2 %</i>	F	QL(120 ml per fill retail)
LAMISIL AT CREA (Use Terbinafine HCl (Topical))	NF	QL(30 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (Use Terbinafine HCl (Topical))	NF	QL(30 gm per fill retail)
LOTRIMIN AF CREA 1 % (Use Clotrimazole (Topical))	NF	QL(30 gm per fill retail); RX/OTC
LOTRIMIN AF FOR HER CREA (Use Clotrimazole (Topical))	NF	QL(30 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use Clotrimazole (Topical))	NF	QL(30 gm per fill retail); RX/OTC
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	NF	QL(45 gm per fill retail)
MICATIN CREA (Use Miconazole Nitrate (Topical))	NF	QL(45 ml per fill retail)
<i>miconazole nitrate (topical) crea 2 %</i>	F	QL(45 ml per fill retail)
NIZORAL SHAM (Use Ketoconazole (Topical))	NF	QL(120 ml per fill retail)
<i>nystatin (topical) crea</i>	F	QL(30 gm per fill retail)
<i>nystatin (topical) oint</i>	F	QL(30 gm per fill retail)
<i>nystatin (topical) powd</i>	F	QL(60 gm per fill retail)
<i>nystatin-triamcinolone crea</i>	F	QL(30 gm per fill retail)
<i>nystatin-triamcinolone oint</i>	F	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>terbinafine hcl (topical) crea 1 %</i>	F	QL(30 gm per fill retail)
TINACTIN CREA (Use Tolnaftate)	NF	QL(30 gm per fill retail)
<i>tolnaftate crea 1 %</i>	F	QL(30 gm per fill retail)
Antihistamines-Topical		
<i>diphenhydramine hcl (topical) crea 2 %</i>	F	
ITCH RELIEF CREA 2 %	F	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	F	QL(30 gm per fill retail)
EFUDEX CREA (Use Fluorouracil (Topical))	NF	QL(40 gm per fill retail)
<i>fluorouracil (topical) crea</i>	F	QL(40 gm per fill retail)
FLUOROURACIL CREA EX 0.5 %	F	QL(30 gm per fill retail)
FLUOROURACIL SOLN EX 2 %, 5 %	F	QL(10 ml per fill retail)
VALCHLOR GEL	F	PA; SP
Antipruritics - Topical		
<i>camphor & menthol lotn 0.5%-0.5%</i>	F	QL(222 ml per fill retail)
SARNA LOTN (Use Camphor & Menthol)	NF	QL(222 ml per fill retail)
Antipsoriatics		
<i>calcipotriene crea 0.005 %</i>	F	QL(60 gm per fill retail)
<i>calcipotriene soln 0.005 %</i>	F	QL(60 ml per fill retail)
DOVONEX CREA (Use Calcipotriene)	NF	QL(60 gm per fill retail)
<i>tazarotene crea</i>	F	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC CREA 0.05 %	F	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TAZORAC CREA 0.1 % (Use Tazarotene)	NF	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC GEL 0.05 %, 0.1 %	F	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
Antiseborrheic Products		
OVACE PLUS WASH LIQD (Use Sulfacetamide Sodium)	NF	QL(360 ml per fill retail)
OVACE WASH LIQD (Use Sulfacetamide Sodium)	NF	QL(360 ml per fill retail)
selenium sulfide lotn 1 %	F	QL(240 ml per fill retail)
selenium sulfide lotn 2.5 %	F	QL(120 ml per fill retail)
selenium sulfide sham 1 %	F	QL(240 ml per fill retail)
SELSUN BLUE DAILY LOTN (Use Selenium Sulfide)	NF	QL(240 ml per fill retail)
SELSUN BLUE LOTN (Use Selenium Sulfide)	NF	QL(240 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (Use Selenium Sulfide)	NF	QL(240 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (Use Selenium Sulfide)	NF	QL(240 ml per fill retail)
sulfacetamide sodium liqd ex 10 %	F	QL(360 ml per fill retail)
Antivirals - Topical		
acyclovir topical crea 5 %	F	QL(5 gm per fill retail)
acyclovir topical oint 5 %	F	Limit 1 package per month;QL(1 gm daily)
ZOVIRAX CREA EX 5 % (Use Acyclovir Topical)	NF	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NF	Limit 1 package per month;QL(1 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
Burn Products		
SILVADENE CREA (Use Silver Sulfadiazine)	NF	QL(50 gm per fill retail)
silver sulfadiazine crea 1 %	F	QL(50 gm per fill retail)
Corticosteroids - Topical		
APEXICON E CREA	F	QL(60 gm per fill retail)
betamethasone dipropionate (topical) crea 0.05 %	F	1 rtl pack lmt per fill,
betamethasone dipropionate augmented crea 0.05 %	F	QL(50 gm per fill retail)
betamethasone valerate crea 0.1 %	F	QL(45 gm per fill retail)
betamethasone valerate lotn 0.1 %	F	QL(60 ml per fill retail)
betamethasone valerate oint 0.1 %	F	QL(45 gm per fill retail)
clobetasol propionate crea 0.05 %	F	QL(45 gm per fill retail)
clobetasol propionate emollient base crea	F	QL(60 gm per fill retail)
clobetasol propionate gel 0.05 %	F	QL(60 gm per fill retail)
clobetasol propionate oint 0.05 %	F	QL(60 gm per fill retail)
clobetasol propionate soln 0.05 %	F	QL(25 ml per fill retail)
DERMATOP OINT (Use Prednicarbate)	NF	QL(60 gm per fill retail)
desonide crea 0.05 %	F	1 rtl pack lmt per fill,
desonide oint 0.05 %	F	1 rtl pack lmt per fill,
DESOWEN CREA (Use Desonide)	NF	1 rtl pack lmt per fill,
desoximetasone crea 0.05 %	F	QL(60 gm per fill retail)
desoximetasone crea 0.25 %	F	QL(2 gm daily)
desoximetasone gel 0.05 %	F	QL(2 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone oint 0.25 %</i>	F	QL(2 gm daily)
DIFLORASONE DIACETATE CREA	F	QL(60 gm per fill retail)
<i>diflorasone diacetate oint</i>	F	QL(60 gm per fill retail)
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	NF	QL(50 gm per fill retail)
ELOCON CREA (Use Mometasone Furoate)	NF	QL(45 gm per fill retail)
ELOCON OINT (Use Mometasone Furoate)	NF	QL(45 gm per fill retail)
EPIFOAM FOAM 1%-1%	F	
<i>fluocinonide crea 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluocinonide emulsified base crea</i>	F	QL(60 gm per fill retail)
<i>fluocinonide gel 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluocinonide oint 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluocinonide soln 0.05 %</i>	F	QL(60 ml per fill retail)
<i>fluticasone propionate crea 0.05 %</i>	F	Limit 1 package per month;QL(2 gm daily)
<i>fluticasone propionate oint 0.005 %</i>	F	QL(60 gm per fill retail)
<i>hydrocortisone (topical) crea 0.5 %, 2.5 %</i>	F	QL(30 gm per fill retail)
<i>hydrocortisone (topical) crea 1 %</i>	F	QL(60 gm per fill retail); RX/OTC
<i>hydrocortisone (topical) lotn 1 %, 2.5 %</i>	F	QL(60 ml per fill retail)
<i>hydrocortisone (topical) oint 0.5 %</i>	F	
<i>hydrocortisone (topical) oint 1 %</i>	F	Limit 1 package per month;QL(2 gm daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical) oint 2.5 %</i>	F	Limit 1 package per month;QL(1 gm daily)
<i>hydrocortisone butyrate soln 0.1 %</i>	F	QL(60 ml per fill retail)
<i>hydrocortisone-aloe vera crea 1 %</i>	F	QL(60 gm per fill retail)
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	QL(60 ml per fill retail)
<i>mometasone furoate crea 0.1 %</i>	F	QL(45 gm per fill retail)
<i>mometasone furoate oint 0.1 %</i>	F	QL(45 gm per fill retail)
<i>mometasone furoate soln 0.1 %</i>	F	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone (Topical))	NF	QL(60 gm per fill retail); RX/OTC
PREDNICARBATE CREA 0.1 %	F	QL(60 gm per fill retail)
<i>prednicarbate crea 0.1 %</i>	F	QL(60 gm per fill retail)
PREDNICARBATE OINT 0.1 %	F	QL(60 gm per fill retail)
PSORCON CREA	F	QL(60 gm per fill retail)
TEMOVATE CREA (Use Clobetasol Propionate)	NF	QL(45 gm per fill retail)
TEMOVATE OINT (Use Clobetasol Propionate)	NF	QL(60 gm per fill retail)
TOPICORT CREA 0.05 % (Use Desoximetasone)	NF	QL(60 gm per fill retail)
TOPICORT CREA 0.25 % (Use Desoximetasone)	NF	QL(2 gm daily)
TOPICORT GEL 0.05 % (Use Desoximetasone)	NF	QL(2 gm daily)
TOPICORT OINT 0.25 % (Use Desoximetasone)	NF	QL(2 gm daily)
<i>triamcinolone acetonide (topical) crea 0.025 %</i>	F	QL(454 gm per fill retail)
<i>triamcinolone acetonide (topical) crea 0.1 %</i>	F	QL(30 gm per fill retail)
<i>triamcinolone acetonide (topical) crea 0.5 %</i>	F	QL(15 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	F	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %</i>	F	QL(80 gm per fill retail)
<i>triamcinolone acetonide (topical) oint 0.5 %</i>	F	QL(15 gm per fill retail)
TRIDESILON CREA (Use Desonide)	NF	1 rtl pack lmt per fill,
Diaper Rash Products		
<i>diaper rash products oint</i>	F	
Emollient/Keratolytic Agents		
<i>urea crea 40 %</i>	F	QL(210 gm per fill retail); RX/OTC
<i>urea lotn 40 %</i>	F	QL(240 ml per fill retail)
Emollients		
AQUAPHILIC OINT	F	
AQUAPHOR ADVANCED THERAPY BABY OINT	F	
AQUAPHOR ADVANCED THERAPY OINT	F	
AQUAPHOR OINT	F	
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN OINT	F	
DAILY CONDITIONING TREATMENT OINT	F	
<i>emollient oint 0.16gm/30gm-300mg/30gm-100unit/30gm, 41 %, 52 %,</i>	F	
GOLD BOND ULTIMATE HEALING OINT	F	
LAC-HYDRIN CREA (Use Lactic Acid (Ammonium Lactate))	NF	QL(140 gm per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LAC-HYDRIN LOTN (Use Lactic Acid (Ammonium Lactate))	NF	Limit 1 package per month;QL(13.3 4 ml daily); RX/OTC
LAC-HYDRIN TWELVE LOTN (Use Lactic Acid (Ammonium Lactate))	NF	Limit 1 package per month;QL(13.3 4 ml daily); RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	F	QL(140 gm per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	F	Limit 1 package per month;QL(13.3 4 ml daily); RX/OTC
LANAPHILIC OINT	F	
OINTMENT BASE OINT	F	
RA ADVANCED HEALING OINT	F	
Immunomodulating Agents - Topical		
ALDARA CREA (Use Imiquimod)	NF	QL(48 ea per 180 days retail)
<i>imiquimod crea 5 %</i>	F	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA (Use Pimecrolimus)	NF	PA; Limit 1 package per month;QL(1 gm daily)
<i>pimecrolimus crea 1 %</i>	F	PA; Limit 1 package per month;QL(1 gm daily)
PROTOPIC OINT (Use Tacrolimus (Topical))	NF	PA; Limit 1 package per month;QL(1 gm daily)
<i>tacrolimus (topical) oint</i>	F	PA; Limit 1 package per month;QL(1 gm daily)
Keratolytic/Antimitotic Agents		

Drug Name	Drug Tier	Requirements/ Limits
KERALYT GEL 6 % (<i>Use Salicylic Acid</i>)	NF	QL(40 gm per fill retail)
<i>podofilox soln 0.5 %</i>	F	QL(4 ml per fill retail)
<i>salicylic acid gel ex 6 %</i>	F	QL(40 gm per fill retail)
Local Anesthetics - Topical		
ARTHRITIS PAIN RELIEVING CREA	F	QL(60 gm per fill retail)
<i>capsaicin crea 0.025 %</i>	F	
<i>capsaicin crea 0.1 %</i>	F	QL(42.5 gm per fill retail)
CAPZASIN-HP CREA (<i>Use Capsaicin</i>)	NF	QL(42.5 gm per fill retail)
<i>dibucaine oint</i>	F	QL(30 gm per fill retail)
<i>lidocaine crea 4 %</i>	F	QL(30 gm per fill retail)
<i>lidocaine hcl crea ex 3 %</i>	F	QL(30 gm per fill retail); RX/OTC
<i>lidocaine hcl crea ex 4 %</i>	F	QL(65 ml per fill retail)
<i>lidocaine hcl gel ex 2 %</i>	F	QL(30 ml per fill retail); RX/OTC
<i>lidocaine hcl gel ex 2 %</i>	F	QL(30 ml per fill retail)
<i>lidocaine-prilocaine crea 2.5%-2.5%</i>	F	QL(30 gm per fill retail)
LMX 4 CREA (<i>Use Lidocaine</i>)	NF	QL(30 gm per fill retail)
PREDATOR CREA (<i>Use Lidocaine HCl</i>)	NF	QL(65 ml per fill retail)
Misc. Topical		
4-N-1 CREA 1 %	F	
COOL BOTTOMS CREA 1 %	F	
DRYSOL SOLN	F	QL(60 ml per fill retail)
NEUTRAPHOR CREA 1 %	F	
NEUTRAPHORUS REX CREA 1 %	F	

Drug Name	Drug Tier	Requirements/ Limits
PROSHIELD PLUS SKIN PROTECTANT CREA 1 %	F	
REMEDY NUTRASHIELD CREA 1 %	F	
<i>zinc oxide (topical) oint 20 %</i>	F	QL(60 gm per fill retail)
Rosacea Agents		
METROCREAM CREA (<i>Use Metronidazole (Topical)</i>)	NF	QL(45 gm per fill retail)
METROLOTION LOTN (<i>Use Metronidazole (Topical)</i>)	NF	
<i>metronidazole (topical) crea 0.75 %</i>	F	QL(45 gm per fill retail)
<i>metronidazole (topical) gel 0.75 %</i>	F	QL(45 gm per fill retail)
<i>metronidazole (topical) lotn 0.75 %</i>	F	
Scabicides & Pediculicides		
<i>crotamiton lotn 10 %</i>	F	QL(60 gm per fill retail)
ELIMITE CREA (<i>Use Permethrin</i>)	NF	QL(60 gm per fill retail)
EURAX CREA 10 %	F	QL(60 gm per fill retail)
EURAX LOTN (<i>Use Crotamiton</i>)	NF	QL(60 gm per fill retail)
<i>malathion lotn 0.5 %</i>	F	QL(59 ml per fill retail)
NATROBA SUSP	F	QL(120 ml per fill retail); AL(At least 1 yrs old)
NIX CREME RINSE LIQD (<i>Use Permethrin</i>)	NF	
OVIDE LOTN (<i>Use Malathion</i>)	NF	QL(59 ml per fill retail)
<i>permethrin crea 5 %</i>	F	QL(60 gm per fill retail)
<i>permethrin liqd 1 %</i>	F	
<i>permethrin lotn 1 %</i>	F	QL(120 ml per fill retail)
<i>pyrethrins-piperonyl butoxide liqd 0.33%-4%</i>	F	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>pyrethrins-piperonyl butoxide sham 0.3%-0.33%-4%, 0.33%-4%</i>	F	
<i>pyrethrins-piperonyl butoxide sham 0.33%-4%</i>	F	QL(60 ml per fill retail)
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover kit 0.5%-0.33%-4%</i>	F	
RID COMPLETE LICE ELIMINATION KIT (<i>Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover</i>)	NF	
RID LIQD (<i>Use Pyrethrins-Piperonyl Butoxide</i>)	NF	QL(60 ml per fill retail)
SPINOSAD SUSP	F	QL(120 ml per fill retail); AL(At least 1 yrs old)
Sunscreens		
ANTHELIOS 60 MELT-IN SUNSCREEN LOTN	F	
AVEENO ABSOLUTELY AGELESSLEAVE-ON DAY MASK SPF 30 LOTN	F	
AVEENO ACTIVE NATURALS PROTECT+HYDRATE/SP F 30 LOTN	F	
AVEENO BABY CONTINUOUS PROTECTION LOTN	F	
AVEENO BABY CONTINUOUS PROTECTION SPF50 LOTN	F	
AVEENO KIDS CONTINUOUS PROTECTION SPF 50 LOTN	F	
AVEENO NATURAL PROTECTIONSPF 50 LOTN	F	
AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF15 LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF30 LOTN	F	
AVEENO POSITIVELY RADIANTTINTED MOISTURIZER SPF30 FAIR/LIGHT LOTN	F	
AVEENO POSITIVELY RADIANTTINTED MOISTURIZER SPF30 MEDIUM LOTN	F	
AVEENO PROTECT + HYDRATESPF 50 LOTN	F	
AVEENO PROTECT + HYDRATESPF 70 LOTN	F	
AVEENO SMART ESSENTIALS DAILY NOURISHING MOISTURIZER SPF30 LOTN	F	
AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF15 LOTN	F	
AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF30 LOTN	F	
BULL FROG SUPERBLOCK SPF50 LOTN	F	
BULL FROG ULTIMATE SHEERPROTECTION FACE SUNBLOCK SPF 30 LOTN	F	
BULL FROG ULTIMATE SHEERPROTECTION SUNBLOCK SPF 30 LOTN	F	
BULL FROG WATER ARMOR SPORT FACE SPF 30 LOTN	F	
CERAVE SUNSCREEN FACE/SPF50 LOTN	F	
CHANTAL SUN SCREEN SPF 30 LOTN	F	
COTZ LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
DIABETIDERM SUNSCREEN SPF15 LOTN	F	
FACE COTZ LOTN	F	
HUGGIES LITTLE SWIMMERS SPF50 LOTN 1%-5%-0.8%-7.5%-5%	F	
KERI AGE DEFY & PROTECT LOTN	F	
NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF110 LOTN	F	
NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF70 LOTN	F	
NEUTROGENA CLEAR FACE SPF 55 LOTN	F	
NEUTROGENA COOLDRY SPORTWITH HELIOPLEX SPF 30 LOTN	F	
NEUTROGENA HEALTHY DEFENSE DAILY MOISTURIZER PURESCREEN LOTN	F	
NEUTROGENA MEN SPF 20 LOTN	F	
NEUTROGENA MOISTURE SPF15UNTINTED LOTN	F	
NEUTROGENA SPORT FACE SUNBLOCK WITH HELIOPLEX SPF70 LOTN	F	
NEUTROGENA ULTRA SHEER DRY-TOUCH SPF 45 LOTN	F	
NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 100 LOTN	F	
NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 55 LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 70 LOTN	F	
NIVEA HAND THERAPY LOTN	F	
NIVEA VISAGE UV CARE DAILY FACIAL LOTN	F	
PRE SUN KIDS LOTN	F	
PURE & FREE BABY SUNSCREEN BROAD SPECTRUM SPF 50 PURESCREEN LOTN	F	
RA RX SUNCARE ADVANCED PROTECTION SPF50 LOTN	F	
ROC MULTI CORREXION 5 IN1 DAILY MOISTURIZER SPF 30 LOTN	F	
ROC RETINOL CORREXION SPF30 LOTN	F	
SHADE SUNBLOCK SPF 45 LOTN (<i>Use Sunscreens</i>)	NF	
SHADE UVAGUARD SPF 15 LOTN (<i>Use Sunscreens</i>)	NF	
SOLBAR AVO LOTN	F	
SOLBAR PF SPF15 LOTN 7.5%-6%	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>sunscreens lotn 4%-5%, 9.1 %, 5%-10%, 1%-0.5%, 5.5%-8%, 4.9%-4.7%, 7.5%-4.5%, 7.5%-3%-5%, 2%-1%-1%-4%, 3%-7%-4%-13%, 2%-7.5%-6%-3%, 5%-7.5%-4%-9%, 5%-9%-7.5%-6%, 2%-5%-2%-2%-2%, 2%-5%-4%-5%-8%, 2%-2%-4%-5%-13%, 2%-2%-5%-2%-10%, 2%-5%-2%-2%-10%, 2%-5%-2%-4%-13%, 3%-5%-6%-5%-13%, 3%-7%-4%-5%-13%, 3%-10%-6%-5%-15%, 5%-2%-7.5%-6%-8%, 5%-3%-7.5%-6%-9%, 2%-2%-2%-5%-10.5%, 2%-5%-7.5%-6%-12%, 2%-5%-1%-7.5%-6%-15%,</i>	F	
TOTAL BLOCK SPF 60 COVERUP LOTN	F	
TOTAL BLOCK SPF 65 CLEAR LOTN	F	
WATER BABIES SPF 30 LOTN (Use Sunscreens)	NF	
Tar Products		
<i>coal tar extract sham 0.5 %</i>	F	
DHS TAR GEL SHAM (Use Coal Tar Extract)	NF	
DHS TAR SHAM (Use Coal Tar Extract)	NF	
NEUTROGENA T/GEL SHAM (Use Coal Tar Extract)	NF	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (Use Coal Tar Extract)	NF	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	F	
CHEK-STIX CONTROL STRP	F	

Drug Name	Drug Tier	Requirements/ Limits
CHEMSTRIP-K STRP	F	
FORA GTEL BLOOD KETONE TEST STRIPS STRP	F	QL(1 ea daily)
KETONE STRP	F	
KETONE TEST STRIPS STRP	F	
KETOSTIX STRP	F	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	F	QL(1 ea daily)
PRECISION XTRA STRP VI	F	QL(1 ea daily)
PTS PANELS KETONE TEST STRP	F	QL(1 ea daily)
RELION KETONE STRP	F	
RELION KETONE TEST STRIPS STRP	F	
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUETRACK BLOOD GLUCOSE TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

Dietary Management Products

DEPLIN 15 CAPS	F	
DEPLIN 7.5 CAPS	F	
ELFOLATE TABS	F	
L-METHYLFOLATE CA/S-ALGAL CAPS	F	
L-METHYLFOLATE CALCIUM TABS	F	
L-METHYLFOLATE FORMULA 15 CAPS	F	
L-METHYLFOLATE FORMULA 7.5 CAPS	F	
L-METHYLFOLATE FORTE CAPS	F	
L-METHYLFOLATE TABS	F	
LEVOMEFOLATE CALCIUM ALGAL POWDER CAPS	F	

DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

Digestive Enzymes

Drug Name	Drug Tier	Requirements/ Limits
CREON CPEP 19000UNIT-6000UNIT-30000UNIT, 38000UNIT-12000UNIT-60000UNIT, 76000UNIT-24000UNIT-120000UNIT	F	
PANCREAZE CPEP 14200UNIT-4200UNIT-24600UNIT, 35500UNIT-10500UNIT-61500UNIT, 54700UNIT-21000UNIT-83900UNIT, 56800UNIT-16800UNIT-98400UNIT	F	

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Carbonic Anhydrase Inhibitors

<i>acetazolamide cp12</i>	F	
<i>acetazolamide tabs</i>	F	
DIAMOX CP12 (Use Acetazolamide)	NF	
<i>methazolamide tabs</i>	F	
NEPTAZANE TABS (Use Methazolamide)	NF	

Diuretic Combinations

ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NF	QL(1 ea daily)
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	NF	QL(1 ea daily)
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	NF	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide tabs 25mg-25mg</i>	F	
<i>triamterene & hydrochlorothiazide caps</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	F	
BUMEX TABS (Use Bumetanide)	NF	
DEMADEX TABS (Use Toremide)	NF	QL(1 ea daily)
<i>furosemide soln ij 10 mg/ml</i>	F	
<i>furosemide soln or 10 mg/ml</i>	F	
FUROSEMIDE SOLN OR 8 MG/ML	F	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	F	
LASIX TABS (Use Furosemide)	NF	
<i>toremide tabs</i>	F	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	NF	
<i>amiloride hcl tabs</i>	F	QL(4 ea daily)
<i>spironolactone tabs</i>	F	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	F	QL(2 ea daily)
CHLOROTHIAZIDE TABS 500 MG	F	QL(4 ea daily)
<i>chlorothiazide tabs 500 mg</i>	F	QL(4 ea daily)
<i>chlorthalidone tabs</i>	F	
<i>hydrochlorothiazide caps</i>	F	
<i>hydrochlorothiazide tabs</i>	F	
<i>indapamide tabs</i>	F	
<i>metolazone tabs</i>	F	

Drug Name	Drug Tier	Requirements/Limits
MICROZIDE CAPS (Use Hydrochlorothiazide)	NF	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (Use Risedronate Sodium)	NF	PA; Limit 4 per month;QL(0.13 4 ea daily)
ACTONEL TABS 5 MG, 30 MG (Use Risedronate Sodium)	NF	PA; QL(1 ea daily)
ALENDRONATE SODIUM SOLN 70 MG/75ML	F	PA; QL(10.8 ml daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	F	PA; Limit 4 per month;QL(0.15 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	F	PA; QL(1 ea daily)
ALENDRONATE SODIUM TABS 5 MG, 40 MG	F	PA; QL(1 ea daily)
AELVIA TBEC (Use Risedronate Sodium)	NF	PA; QL(0.15 ea daily)
<i>calcitonin (salmon) soln</i>	F	QL(0.143 ml daily)
FOSAMAX TABS (Use Alendronate Sodium)	NF	PA; Limit 4 per month;QL(0.15 ea daily)
MIACALCIN SOLN	F	Limit 1 package per month;QL(0.06 7 ml daily,2 ml per fill retail)
<i>risedronate sodium tabs 35 mg</i>	F	PA; Limit 4 per month;QL(0.13 4 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	F	PA; QL(1 ea daily)
<i>risedronate sodium tbec 35 mg</i>	F	PA; QL(0.15 ea daily)
Growth Hormones		
NORDITROPIN FLEXPRO SOLN	F	PA; SP
SAIZEN CLICK.EASY SOLR	F	PA; SP

Drug Name	Drug Tier	Requirements/Limits
SAIZEN SOLR	F	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	F	PA; SP
SEROSTIM SOLR	F	PA; SP
ZORBTIVE SOLR	F	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (Use Raloxifene HCl)	NF	QL(1 ea daily)
raloxifene hcl tabs 60 mg	F	QL(1 ea daily)
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN	F	PA; SP
Metabolic Modifiers		
calcitriol caps or 0.25 mcg, 0.5 mcg	F	
CARNITOR SF SOLN (Use Levocarnitine (Metabolic Modifiers))	NF	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))	NF	QL(30 ml daily)
CARNITOR TABS OR 330 MG (Use Levocarnitine (Metabolic Modifiers))	NF	QL(3 ea daily); RX/OTC
FABRAZYME SOLR	F	PA; SP
GALAFOLD CAPS	F	PA; QL(0.5 ea daily)
levocarnitine (metabolic modifiers) soln 1 gm/10ml	F	QL(30 ml daily)
levocarnitine (metabolic modifiers) tabs 330 mg	F	QL(3 ea daily); RX/OTC
ROCALTROL CAPS 0.25 MCG, 0.5 MCG (Use Calcitriol)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use Desmopressin Acetate)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
DDAVP SOLN NA 0.01 %	F	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	NF	PA; QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG (Use Desmopressin Acetate)	NF	QL(3 ea daily)
desmopressin acetate soln ij 4 mcg/ml	F	PA; SP
desmopressin acetate spray refrigerated soln	F	QL(5 ml per fill retail)
desmopressin acetate spray soln 0.01 %	F	PA; QL(5 ml per fill retail)
desmopressin acetate tabs or 0.1 mg, 0.2 mg	F	QL(3 ea daily)
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	F	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVEVELLA TABS (Use Estradiol & Norethindrone Acetate)	NF	QL(1 ea daily)
COMBIPATCH PTTW	F	Limit 8 patches per month; QL(0.29 ea daily)
estradiol & norethindrone acetate tabs	F	QL(1 ea daily)
FEMHRT LOW DOSE TABS (Use Norethindrone Acetate-Ethinyl Estradiol)	NF	
norethindrone acetate-ethinyl estradiol tabs	F	
PREMPHASE TABS	F	QL(1 ea daily)
PREMPRO TABS	F	QL(1 ea daily)
Estrogens		
ALORA PTTW	F	Limit 8 patches per month; QL(0.29 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PTWK (Use Estradiol)	NF	Limit 4 patches per month;QL(0.14 3 ea daily)
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (Use Estradiol)	NF	
estradiol pttw td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr	F	Limit 8 patches per month;QL(0.29 ea daily)
estradiol pttw td 0.0375 mg/24hr	F	QL(0.29 ea daily)
estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr	F	Limit 4 patches per month;QL(0.14 3 ea daily)
estradiol tabs or 0.5 mg, 1 mg, 2 mg	F	
ESTROPIPATE TABS 0.75 MG, 1.5 MG	F	QL(1 ea daily)
ESTROPIPATE TABS 3 MG	F	QL(2 ea daily)
MINIVELLE PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR (Use Estradiol)	NF	Limit 8 patches per month;QL(0.29 ea daily)
MINIVELLE PTTW 0.0375 MG/24HR (Use Estradiol)	NF	QL(0.29 ea daily)
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	F	QL(1 ea daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR (Use Estradiol)	NF	Limit 8 patches per month;QL(0.29 ea daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR (Use Estradiol)	NF	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		

Drug Name	Drug Tier	Requirements/Limits
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	NF	
CIPROFLOXACIN HCL TABS 100 MG	F	QL(6 ea per fill retail)
ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg	F	
LEVAQUIN TABS (Use Levofloxacin)	NF	QL(1 ea daily, 14 ea per fill retail)
levofloxacin tabs or 250 mg, 500 mg, 750 mg	F	QL(1 ea daily, 14 ea per fill retail)
OFLOXACIN TABS 300 MG	F	QL(56 ea per fill retail)
ofloxacin tabs 400 mg	F	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS-X CHEW (Use Simethicone)	NF	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use Simethicone)	NF	QL(30 ml per fill retail)
MYLICON INFANTS GAS RELIEF SUSP (Use Simethicone)	NF	QL(30 ml per fill retail)
MYLICON SUSP (Use Simethicone)	NF	QL(30 ml per fill retail)
simethicone chew 80 mg	F	
simethicone susp 20 mg/0.3ml, 40 mg/0.6ml	F	QL(30 ml per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	F	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use Ursodiol)	NF	QL(3 ea daily)
URSO 250 TABS (Use Ursodiol)	NF	QL(7 ea daily)
ursodiol caps 300 mg	F	QL(3 ea daily)
ursodiol tabs 250 mg	F	QL(7 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	F	
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	F	
REGLAN TABS (Use <i>Metoclopramide HCl</i>)	NF	
Inflammatory Bowel Agents		
ASACOL HD TBEC (Use <i>Mesalamine</i>)	F	ST; QL(3 ea daily)
AZULFIDINE EN-TABS TBEC (Use <i>Sulfasalazine</i>)	NF	
AZULFIDINE TABS (Use <i>Sulfasalazine</i>)	NF	
<i>balsalazide disodium caps 750 mg</i>	F	QL(9 ea daily)
COLAZAL CAPS (Use <i>Balsalazide Disodium</i>)	NF	QL(9 ea daily)
LIALDA TBEC (Use <i>Mesalamine</i>)	NF	
<i>mesalamine enem re 4 gm</i>	F	QL(60 ml daily)
<i>mesalamine tbec or 1.2 gm</i>	F	
<i>mesalamine tbec or 800 mg</i>	F	ST; QL(3 ea daily)
SFROWASA ENEM	F	
<i>sulfasalazine tabs 500 mg</i>	F	
<i>sulfasalazine tbec 500 mg</i>	F	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	F	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps 667 mg</i>	F	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 540 mg, 1080 mg</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate-citric acid pack 3300mg-1002mg</i>	F	
UROKIT-K 10 TBCR (Use <i>Potassium Citrate (Alkalinizer)</i>)	NF	
UROKIT-K 5 TBCR (Use <i>Potassium Citrate (Alkalinizer)</i>)	NF	
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) soln</i>	F	
Interstitial Cystitis Agents		
ELMIRON CAPS	F	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>finasteride tabs 5 mg</i>	F	QL(1 ea daily)
FLOMAX CAPS (Use <i>Tamsulosin HCl</i>)	NF	QL(2 ea daily)
PROSCAR TABS (Use <i>Finasteride</i>)	NF	QL(1 ea daily)
<i>tamsulosin hcl caps 0.4 mg</i>	F	QL(2 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs 95 mg, 100 mg, 200 mg</i>	F	
PYRIDIDIUM TABS (Use <i>Phenazopyridine HCl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	F	
Gout Agents		
<i>allopurinol tabs</i>	F	
<i>colchicine tabs 0.6 mg</i>	F	PA; Limit 6 per claim; QL(6 ea per fill retail)
COLCHICINE TABS 0.6 MG	F	PA; Limit 6 per claim; QL(6 ea per fill retail)
COLCRYS TABS 0.6 MG	F	PA; Limit 6 per claim; QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ZYLOPRIM TABS (<i>Use Allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR	F	SP
ADYNOVATE SOLR	F	SP
AFSTYLA KIT 1500 UNIT, 2500 UNIT	F	SP
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	F	SP
ALPHANINE SD SOLR	F	SP
ALPROLIX SOLR	F	SP
BEBULIN SOLR	F	SP
BENEFIX KIT	F	SP
CORIFACT KIT	F	SP
ELOCTATE SOLR	F	SP
FEIBA SOLR	F	SP
FIBRYGA SOLR	F	SP
HELIXATE FS KIT	F	SP
HEMOFIL M SOLR	F	SP
HUMATE-P SOLR	F	SP
IDELVION SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	F	SP
IXINITY SOLR	F	SP
KOATE SOLR	F	SP
KOATE-DVI SOLR	F	SP

Drug Name	Drug Tier	Requirements/Limits
KOGENATE FS BIO-SET KIT	F	SP
KOGENATE FS KIT	F	SP
KOVALTRY SOLR	F	SP
MONOCLATE-P KIT	F	SP
MONONINE SOLR	F	SP
NOVOEIGHT SOLR	F	SP
NOVOSEVEN RT SOLR	F	SP
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	F	SP
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	F	SP
OBIZUR SOLR	F	SP
PROFILNINE SD SOLR	F	SP
PROFILNINE SOLR	F	SP
RECOMBINATE SOLR	F	SP
RIASTAP SOLR	F	SP
RIXUBIS SOLR	F	SP
TRETTEN SOLR	F	SP
WILATE KIT	F	SP
XYNTHA KIT	F	SP
XYNTHA SOLOFUSE KIT	F	SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS	F	PA
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	F	
Platelet Aggregation Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	NF	
<i>anagrelide hcl caps</i>	F	
BRILINTA TABS	F	QL(2 ea daily)
<i>cilostazol tabs</i>	F	QL(2 ea daily)
<i>clopidogrel bisulfate tabs 75 mg</i>	F	QL(1 ea daily)
<i>dipyridamole tabs</i>	F	
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	NF	QL(1 ea daily)
PLAVIX TABS 75 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	F	QL(1 ea daily)

HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders

Agents for Gaucher Disease

CERDELGA CAPS	F	PA; SP
CEREZYME SOLR	F	PA; SP
<i>miglustat caps 100 mg</i>	F	PA; SP
VPRIV SOLR	F	PA; SP
ZAVESCA CAPS (<i>Use Miglustat</i>)	NF	PA; SP

Agents for Sickle Cell Anemia

DROXIA CAPS	F	
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Cobalamins

<i>cyanocobalamin soln ij 1000 mcg/ml</i>	F	
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Folic Acid/Folates

<i>folic acid tabs or 1 mg</i>	F	RX/OTC
<i>folic acid tabs or 400 mcg, 800 mcg</i>	F	QL(1 ea daily)

Hematopoietic Growth Factors

ARANESP ALBUMIN FREE SOLN	F	PA; SP
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Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOLN	F	PA; SP
EPOGEN SOLN	F	PA; SP
MIRCERA SOSY	F	PA; SP
NPLATE SOLR	F	PA; SP
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	F	PA; SP
PROMACTA PACK 12.5 MG	F	PA
PROMACTA TABS 25 MG, 50 MG, 75 MG, 12.5 MG	F	PA; SP
ZARXIO SOSY	F	PA; SP

Hematopoietic Mixtures

<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</i>	F	QL(1 ea daily)
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Iron

FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	NF	100 / 30 days QL(3.4 ml daily)
FERRETT'S TABS	F	QL(2 ea daily)
<i>ferrous fumarate tabs 324 mg</i>	F	
<i>ferrous gluconate tabs 27 mg, 240 mg</i>	F	
FERROUS GLUCONATE TABS 324 MG	F	AL(Up to 50 yrs old)
<i>ferrous sulfate dried tbc 160 mg</i>	F	
<i>ferrous sulfate elix 220 mg/5ml</i>	F	QL(16 ml daily)
FERROUS SULFATE LIQD 220 MG/5ML	F	
<i>ferrous sulfate soln 15 mg/ml</i>	F	100 / 30 days QL(3.4 ml daily)
<i>ferrous sulfate tabs 65 mg, 325 mg</i>	F	

Drug Name	Drug Tier	Requirements/Limits
FERROUS SULFATE TBEC 324 MG	F	
<i>ferrous sulfate tbec 325 mg</i>	F	
HEMOCYTE TABS (Use Ferrous Fumarate)	NF	
IRON CHEWS PEDIATRIC CHEW 15 MG	F	
<i>polysaccharide iron complex caps 150 mg</i>	F	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL SOLN	F	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 500 MG (Use Aminocaproic Acid)	NF	QL(24 ea per fill retail); SP
<i>aminocaproic acid tabs or 500 mg</i>	F	QL(24 ea per fill retail); SP
LYSTEDA TABS (Use Tranexamic Acid)	NF	QL(30 ea per 5 days retail); AL(At least 12 yrs old - Up to 49 yrs old)
<i>tranexamic acid tabs or 650 mg</i>	F	QL(30 ea per 5 days retail); AL(At least 12 yrs old - Up to 49 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) caps 25 mg, 50 mg</i>	F	
<i>diphenhydramine hcl (sleep) liqd 50 mg/30ml</i>	F	
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	F	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	F	
<i>doxylamine succinate (sleep) tabs 25 mg</i>	F	

Drug Name	Drug Tier	Requirements/Limits
NYTOL MAXIMUM STRENGTH TABS (Use Diphenhydramine HCl (Sleep))	NF	
UNISOM SLEEPGELS CAPS (Use Diphenhydramine HCl (Sleep))	NF	
UNISOM SLEEPTABS TABS (Use Doxylamine Succinate (Sleep))	NF	
ZZZQUIL CAPS (Use Diphenhydramine HCl (Sleep))	NF	
ZZZQUIL LIQD (Use Diphenhydramine HCl (Sleep))	NF	
Barbiturate Hypnotics		
AMYTAL SODIUM SOLR	F	
BUTISOL SODIUM TABS	F	
<i>phenobarbital elix</i>	F	
PHENOBARBITAL SODIUM SOLN	F	
<i>phenobarbital soln</i>	F	
<i>phenobarbital tabs</i>	F	
SECONAL SODIUM CAPS	F	
Hypnotics - Tricyclic Agents		
SILENOR TABS	F	ST; Try 2 preferred hypnotics first
Non-Barbiturate Hypnotics		
AMBIEN TABS (Use Zolpidem Tartrate)	NF	QL(1 ea daily)
<i>estazolam tabs</i>	F	
<i>eszopiclone tabs</i>	F	ST; Try 2 preferred hypnotics first
FLURAZEPAM HCL CAPS	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
HALCION TABS (<i>Use Triazolam</i>)	NF	QL(1 ea daily)
LUNESTA TABS (<i>Use Eszopiclone</i>)	NF	ST; Try 2 preferred hypnotics first
<i>midazolam hcl soln</i>	F	
<i>midazolam hcl syrp</i>	F	
RESTORIL CAPS 15 MG (<i>Use Temazepam</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS 30 MG (<i>Use Temazepam</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS 7.5 MG, 22.5 MG (<i>Use Temazepam</i>)	NF	ST; Try 2 preferred hypnotics first
SONATA CAPS (<i>Use Zaleplon</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam caps 15 mg</i>	F	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam caps 30 mg</i>	F	QL(2 ea daily); AL(At least 18 yrs old)
<i>temazepam caps 7.5 mg, 22.5 mg</i>	F	ST; Try 2 preferred hypnotics first
<i>triazolam tabs</i>	F	QL(1 ea daily)
<i>zaleplon caps</i>	F	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	F	QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs 625 mg</i>	F	QL(10 ea daily)
EVAC POWD (<i>Use Psyllium</i>)	NF	
FIBERCON TABS (<i>Use Calcium Polycarbophil</i>)	NF	QL(10 ea daily)

Drug Name	Drug Tier	Requirements/Limits
KONSYL DAILY FIBER PACK 100 %	F	
KONSYL DAILY FIBER POWD 100 % (<i>Use Psyllium</i>)	NF	
KONSYL ORIGINAL FORMULADAILY FIBER POWD (<i>Use Psyllium</i>)	NF	
METAMUCIL CAPS 0.52 GM (<i>Use Psyllium</i>)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use Psyllium</i>)	NF	
METAMUCIL POWD 48.57 % (<i>Use Psyllium</i>)	NF	
<i>psyllium caps 0.52 gm, 520 mg</i>	F	
<i>psyllium powd 30 %, 33 %, 100 %, 28.3 %, 30.9 %, 58.6 %, 48.57 %,</i>	F	
Laxative Combinations		
COLYTE-FLAVOR PACKS SOLR (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NF	QL(4000 ml per fill retail)
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NF	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS SOLR (<i>Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride</i>)	NF	QL(4000 ml per fill retail)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	F	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr 420gm-11.2gm-1.48gm-5.72gm</i>	F	QL(4000 ml per fill retail)
<i>sennosides-docusate sodium tabs</i>	F	QL(4 ea daily)
SENOKOT S TABS (<i>Use Sennosides-Docusate Sodium</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Laxatives - Miscellaneous		
<i>glycerin (laxative) supp 2 gm, 1.2 gm, 2.1 gm</i>	F	
GLYCERIN ADULT SUPP (Use <i>Glycerin (Laxative)</i>)	NF	
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	F	
MIRALAX PACK (Use <i>Polyethylene Glycol 3350</i>)	NF	RX/OTC
MIRALAX POWD (Use <i>Polyethylene Glycol 3350</i>)	NF	QL(34 gm daily); RX/OTC
PEDIA-LAX SUPP RE 2.8 GM	F	
<i>polyethylene glycol 3350 pack</i>	F	RX/OTC
<i>polyethylene glycol 3350 powd</i>	F	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	F	
Saline Laxatives		
FLEET ENEMA ENEM (Use <i>Sodium Phosphates</i>)	NF	
FLEET ENEMA SIX PACK ENEM (Use <i>Sodium Phosphates</i>)	NF	
FLEET PEDIATRIC ENEM (Use <i>Sodium Phosphates</i>)	NF	
<i>magnesium citrate soln 1.745gm/30ml, 1.745 gm/30ml,</i>	F	
<i>magnesium hydroxide susp 2400 mg/10ml</i>	F	
<i>magnesium hydroxide susp 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml,</i>	F	QL(33 ml daily)
<i>sodium phosphates enem</i>	F	
Stimulant Laxatives		
<i>bisacodyl supp re 10 mg</i>	F	QL(12 ea per fill retail)
<i>bisacodyl tbec or 5 mg</i>	F	QL(1 ea daily)
DULCOLAX SUPP RE 10 MG (Use <i>Bisacodyl</i>)	NF	QL(12 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DULCOLAX TBEOR 5 MG (Use <i>Bisacodyl</i>)	NF	QL(1 ea daily)
EX-LAX TABS (Use <i>Sennosides</i>)	NF	
SENNA SYRP 176 MG/5ML	F	
<i>sennosides syrp 8.8 mg/5ml</i>	F	
<i>sennosides tabs 15 mg, 8.6 mg, 17.2 mg</i>	F	
SEKOT TABS (Use <i>Sennosides</i>)	NF	
Surfactant Laxatives		
COLACE CAPS (Use <i>Docusate Sodium</i>)	NF	QL(3 ea daily)
<i>docusate calcium caps</i>	F	
<i>docusate sodium caps or 100 mg, 250 mg</i>	F	QL(3 ea daily)
<i>docusate sodium liqd or 50 mg/5ml, 150 mg/15ml</i>	F	
<i>docusate sodium syrp or 60 mg/15ml</i>	F	
<i>docusate sodium tabs or 100 mg</i>	F	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	F	QL(2 ea per fill retail)
<i>azithromycin susr or 100 mg/5ml</i>	F	Limit 1 package per claim;QL(15 ml per fill retail)
<i>azithromycin susr or 200 mg/5ml</i>	F	Limit 1 package per claim;QL(30 ml per fill retail)
<i>azithromycin tabs or 250 mg</i>	F	QL(6 ea per fill retail)
<i>azithromycin tabs or 500 mg</i>	F	QL(4 ea daily)
<i>azithromycin tabs or 600 mg</i>	F	Limit 8 per 28 days;QL(0.286 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX PACK OR 1 GM	F	QL(2 ea per fill retail)
ZITHROMAX SUSR OR 100 MG/5ML (Use Azithromycin)	NF	Limit 1 package per claim;QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (Use Azithromycin)	NF	Limit 1 package per claim;QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (Use Azithromycin)	NF	QL(4 ea daily)
ZITHROMAX TABS OR 600 MG (Use Azithromycin)	NF	Limit 8 per 28 days;QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	NF	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (Use Azithromycin)	NF	QL(6 ea per fill retail)
Clarithromycin		
CLARITHROMYCIN SUSR 125 MG/5ML	F	Limit 1 package per claim;QL(100 ml per fill retail)
CLARITHROMYCIN SUSR 250 MG/5ML	F	
<i>clarithromycin tabs 250 mg, 500 mg</i>	F	QL(28 ea per fill retail)
<i>clarithromycin tb24 500 mg</i>	F	QL(14 ea per fill retail)
Erythromycins		
E.E.S. 400 TABS	F	
E.E.S. GRANULES SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERYPED 400 SUSR (Use Erythromycin Ethylsuccinate)	NF	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN STEARATE TABS	F	
<i>erythromycin base cpep</i>	F	
<i>erythromycin base tabs</i>	F	
<i>erythromycin base tbec</i>	F	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	F	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	F	
PCE TBEC	F	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ALLEVYN PLUS CAVITY PADS	F	RX/OTC
ALLEVYN THIN PADS	F	RX/OTC
AMD FOAM DRESSING 4"X4" PADS	F	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	F	RX/OTC
BAND-AID GAUZE PADS LARGE4" X 4" PADS	F	RX/OTC
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	F	
BAND-AID GAUZE PADS SMALL2" X 2" PADS	F	RX/OTC
BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4" PADS	F	RX/OTC
BIATAIN ADHESIVE FOAM DRESSING 4"X4" PADS	F	RX/OTC
BIATAIN FOAM DRESSING 4"X4" PADS	F	RX/OTC
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC
BORDERED GAUZE PADS	F	RX/OTC
CARRASMART FOAM PADS	F	RX/OTC
CARRASMART PADS XX	F	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	F	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	F	RX/OTC
COVRSITE COVER DRESSING PADS	F	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS	F	
CURITY ALL PURPOSE SPONGES 4 PLY PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	F	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS	F	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CURITY COVER SPONGE 4"X4" PADS	F	RX/OTC
CURITY COVER SPONGES 3"X3" PADS	F	
CURITY COVER SPONGES 4"X4" PADS	F	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
CURITY GAUZE PADS 2"X2" 12 PLY PADS	F	RX/OTC
CURITY GAUZE PADS 2"X2" PADS	F	RX/OTC
CURITY GAUZE PADS 3"X3" PADS	F	
CURITY GAUZE PADS 4"X4" 12 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 2"X2" 8 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 2"X2"12 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 3"X3" 12 PLY PADS	F	
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	F	RX/OTC
CURITY NON-ADHERENT STRIPS 3"X3" PADS	F	
CURITY SPONGES/CELLULOSEFILLED/2"X2" PADS	F	RX/OTC
CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS GAUZE PAD 3"X3" PADS	F	
CVS GAUZE PADS 2"X2" 12-PLY PADS	F	RX/OTC
CVS GAUZE PADS 4"X4" 12-PLY PADS	F	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	F	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS	F	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS	F	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS	F	RX/OTC
DERMACEA GAUZE SPONGE 3"X3" 12 PLY PADS	F	
DERMACEA GAUZE SPONGE 3"X3" 8 PLY PADS	F	
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	F	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	F	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	F	RX/OTC
DERMACEA I.V. DRAIN SPONGES 2"X2" PADS	F	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	F	RX/OTC
DERMACEA I.V. SPONGES 2"X2" PADS	F	RX/OTC
DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS	F	RX/OTC
DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY PADS	F	
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS	F	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS	F	RX/OTC
DERMACEA TYPE VII GAUZE 3"X3" 12 PLY PADS	F	
DERMACEA TYPE VII GAUZE 3"X3" 12PLY PADS	F	
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	F	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	F	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	F	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	F	RX/OTC
DERMALEVIN ADHESIVE FOAMDRESSING 4"X4" PADS	F	RX/OTC
DRYMAX EXTRA PADS	F	RX/OTC
EQL GAUZE PADS 2"X2"/SMALL PADS	F	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	F	RX/OTC
EQL GAUZE STERILE PADS 3"X3" PADS	F	
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	F	RX/OTC
GAUZE DRESSING 4"X4" PADS	F	RX/OTC
GAUZE PADS 2"X2" PADS	F	RX/OTC
GAUZE PADS 3"X3" PADS	F	
GAUZE PADS 4"X4" 12 PLY PADS	F	RX/OTC
GAUZE PADS 4"X4" PADS	F	RX/OTC
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	F	RX/OTC
GAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC
GNP STERILE PADS 3"X3" PADS	F	
HM STERILE PADS 2"X2" PADS	F	RX/OTC
HM STERILE PADS PADS	F	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	F	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	F	RX/OTC
J & J GAUZE 2"X2" 8 PLY PADS	F	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	F	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS	F	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	F	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	F	RX/OTC
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	F	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KENDALL HYDROPHILIC FOAMDRESSING 3"X3" PADS	F	
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	F	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS	F	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS	F	
KERLIX SPONGES 4" X 4" 12 PLY PADS	F	RX/OTC
KERLIX SPONGES 4" X 4" 16 PLY PADS	F	RX/OTC
MIRASORB SPONGES 2" X 2" MISC	F	RX/OTC
MIRASORB SPONGES 4" X 4" MISC	F	RX/OTC
NU GAUZE 4PLY 4"X4" PADS	F	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	F	RX/OTC
OPTIFOAM PADS	F	RX/OTC
POLYMEM DRESSING/3" X 3" PADS	F	
POLYMEM DRESSING/4" X 4" PADS	F	RX/OTC
POLYMEM FILM DOT PADS	F	RX/OTC
POLYMEM NON-ADHESIVE PAD PADS	F	RX/OTC
QC ALL PURPOSE DRESSINGS 4"X4" PADS	F	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS	F	RX/OTC
QC STERILE PADS PADS	F	RX/OTC
QC STERILE PADS PADS	F	
RA ALL PURPOSE DRESSINGS 4"X4" PADS	F	RX/OTC
RA DRESSING SPONGES 4"X4" PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
RA GAUZE SPONGES 4"X4" PADS	F	RX/OTC
RA STERILE PADS 2"X2" PADS	F	RX/OTC
RA STERILE PADS 3"X3" PADS	F	
RA STERILE PADS 4"X4" PADS	F	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	F	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	F	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	F	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	F	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	F	RX/OTC
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS	F	
SM GAUZE PADS 2"X2" PADS	F	RX/OTC
SM GAUZE PADS 3"X3" PADS	F	
SM GAUZE PADS 4"X4" PADS	F	RX/OTC
SM STERILE PADS 2"X2" PADS	F	RX/OTC
SM STERILE PADS PADS	F	RX/OTC
SOF-WICK 4"X4" PADS	F	RX/OTC
STERILE GAUZE PADS 2"X2" PADS	F	RX/OTC
STERILE GAUZE PADS 3"X3" PADS	F	
STERILE PADS 2"X2" PADS	F	RX/OTC
STERILE PADS 3"X3" PADS	F	

Drug Name	Drug Tier	Requirements/Limits
STERILE PADS 4"X4" PADS	F	RX/OTC
SURGICAL GAUZE SPONGE PADS	F	RX/OTC
TEGADERM FOAM DRESSING 2"X2" PADS	F	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	F	RX/OTC
THERAGAUZE PADS	F	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC	F	RX/OTC
VERSIVA XC 3" X 3" FOAM DRESSING/HYDROFIBER TECHNOLOGY PADS	F	
VERSIVA XC 4" X 4" FOAM DRESSING/HYDROFIBER TECHNOLOGY PADS	F	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	F	QL(36 ea per fill retail)
ATLAS COLORED LUBRICATEDCONDOM DEVI	F	QL(36 ea per fill retail)
ATLAS LUBRICATED CONDOM DEVI	F	QL(36 ea per fill retail)
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	F	QL(36 ea per fill retail)
CLASS ACT LUBRICATED MISC	F	QL(36 ea per fill retail)
DUREX EXTRA SENSITIVE DEVI	F	QL(36 ea per fill retail)
ELEXA NATURAL FEEL MISC	F	QL(36 ea per fill retail)
ELEXA STIMULATING MISC	F	QL(36 ea per fill retail)
ELEXA ULTRA SENSITIVE MISC	F	QL(36 ea per fill retail)
FANTASY LUBRICATED MISC	F	QL(36 ea per fill retail)
FANTASY LUBRICATED/SPERMICIDE MISC	F	QL(36 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
KAMELEON LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO COLORS DEVI	F	QL(36 ea per fill retail)
KIMONO LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO PS LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO SENSATION LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO SPECIAL DEVI	F	QL(36 ea per fill retail)
MAXX LUBRICATED MISC	F	QL(36 ea per fill retail)
MAXX PLUS SPERMICIDE LUBRICATED MISC	F	QL(36 ea per fill retail)
PREMIUM CONDOMS LUBRICATED MISC	F	QL(36 ea per fill retail)
REALITY LATEX CONDOMS/LUBRICATED MISC	F	QL(36 ea per fill retail)
REALITY LATEX/ULTRA TEXTURED DEVI	F	QL(36 ea per fill retail)
REALITY LATEX/ULTRA THIN DEVI	F	QL(36 ea per fill retail)
TROJAN EXTENDED PLEASURE/LUBRICATED DEVI	F	QL(36 ea per fill retail)
TROJAN MAGNUM MISC	F	QL(36 ea per fill retail)
TROJAN MAGNUM WARM SENSATIONS DEVI	F	QL(36 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TROJAN MAGNUM XL LUBRICATED DEVI	F	QL(36 ea per fill retail)
TROJAN PLEASURE MESH/SPERMICIDAL DEVI	F	QL(36 ea per fill retail)
TROJAN RIBBED W/SPERMICIDAL MISC	F	QL(36 ea per fill retail)
TROJAN SHARED SENSATION/LUBRICATED DEVI	F	QL(36 ea per fill retail)
TROJAN SUPRAS SPERMICIDAL DEVI	F	QL(36 ea per fill retail)
TROJAN TWISTED PLEASURE DEVI	F	QL(36 ea per fill retail)
TROJAN ULTRA PLEASURE/LUBRICATED DEVI	F	QL(36 ea per fill retail)
TROJAN VERY SENSITIVE LUBRICATED MISC	F	QL(36 ea per fill retail)
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC	F	QL(36 ea per fill retail)
TROJAN VERY THIN LUBRICATED MISC	F	QL(36 ea per fill retail)
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	F	QL(36 ea per fill retail)
TROJAN-ENZ LUBRICANT MISC	F	QL(36 ea per fill retail)
TROJAN-ENZ LUBRICATED MISC	F	QL(36 ea per fill retail)
TROJAN-ENZ W/SPERMICIDAL MISC	F	QL(36 ea per fill retail)
TRUSTEX COLOR CONDOMS + LUBE MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED EXTRALARGE MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	F	QL(36 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	F	QL(36 ea per fill retail)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	F	QL(36 ea per fill retail)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	F	QL(36 ea per fill retail)
TRUSTEX/RIA LUBRICATED MISC	F	QL(36 ea per fill retail)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	F	QL(36 ea per fill retail)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	F	QL(36 ea per fill retail)
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	F	QL(5 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	F	QL(5 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	F	QL(5 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	F	QL(5 ea daily)
ACTI-LANCE LANCETS 28G MISC	F	QL(5 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	F	QL(5 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	F	QL(5 ea daily)
ADJUSTABLE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ADVOCATE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	F	QL(5 ea daily)
AIMSCO TWIST LANCETS 32G MISC	F	QL(5 ea daily)
AIMSCO TWIST LANCETS 33G MISC	F	QL(5 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	F	QL(1 ea per 180 days retail)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	F	QL(5 ea daily)
ASSURE LANCE LANCETS 21G MISC	F	QL(5 ea daily)
ASSURE LANCE LANCETS MISC	F	QL(5 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	F	QL(5 ea daily)
AT LAST LANCETS MISC	F	QL(5 ea daily)
AURORA LANCET SUPER THIN30G MISC	F	QL(5 ea daily)
AURORA LANCET THIN 23G MISC	F	QL(5 ea daily)
AUTO-LANCET MINI MISC	F	QL(1 ea per 180 days retail)
AUTO-LANCET MISC	F	QL(1 ea per 180 days retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
AUTOLET MINI MISC	F	QL(1 ea per 180 days retail)
AUTOLET PLUS MISC	F	QL(1 ea per 180 days retail)
BD LANCET ULTRAFINE 30G MISC	F	QL(5 ea daily)
BD MICROTAINER LANCETS MISC	F	QL(5 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC	F	QL(5 ea daily)
BULLSEYE SAFETY LANCETS MISC	F	QL(5 ea daily)
CARDIOCOM LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
CAREONE ADVANCED LANCINGDEVICE MISC	F	QL(1 ea per 180 days retail)
CAREONE LANCET THIN MISC	F	QL(5 ea daily)
CAREONE LANCET ULTRA THIN MISC	F	QL(5 ea daily)
CARETOUCH LANCING DEVICewith EJECTOR MISC	F	QL(1 ea per 180 days retail)
CARETOUCH TWIST LANCETS 30G MISC	F	QL(5 ea daily)
CLEANLET LANCETS 28G MISC	F	QL(5 ea daily)
CLOSERCARE MISC	F	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	F	QL(5 ea daily)
COMFORT LANCETS MISC	F	QL(5 ea daily)
CVS LANCETS 21G MISC	F	QL(5 ea daily)
CVS LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	F	QL(5 ea daily)
CVS LANCETS ORIGINAL MISC	F	QL(5 ea daily)
CVS LANCETS THIN 26G MISC	F	QL(5 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	F	QL(5 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	F	QL(5 ea daily)
CVS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS MISC	F	QL(5 ea daily)
DIATHRIVE LANCETS MISC	F	QL(5 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	F	QL(5 ea daily)
DIATHRIVE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
DROPLET LANCETS ULTRA THIN 30G MISC	F	QL(5 ea daily)
DROPLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
DRUG MART LANCETS THIN MISC	F	QL(5 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	F	QL(5 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	F	QL(5 ea daily)
E-Z JECT LANCETS 21G MISC	F	QL(5 ea daily)
E-Z JECT LANCETS COLOR MISC	F	QL(5 ea daily)
E-Z JECT LANCETS MISC	F	QL(5 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
E-Z JECT LANCETS THIN 26G MISC	F	QL(5 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	F	QL(5 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
EASY MINI LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 26G/TWIST MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCING DEVICE/EJECTOR MISC	F	QL(1 ea per 180 days retail)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	F	QL(5 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	F	QL(5 ea daily)
EASY TWIST & CAP LANCETS MISC	F	QL(5 ea daily)
EASYTEST II LANCETS MISC	F	QL(5 ea daily)
EASYTEST LANCETS MISC	F	QL(5 ea daily)
EQL COLOR LANCETS 21G MISC	F	QL(5 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
EQL SUPER THIN LANCETS 30G MISC	F	QL(5 ea daily)
EQL THIN LANCETS 26G MISC	F	QL(5 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	F	QL(5 ea daily)
EZ-LETS LANCETS 21G MISC	F	QL(5 ea daily)
EZ-LETS LANCETS 23G MISC	F	QL(5 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	F	QL(5 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	F	QL(5 ea daily)
EZ-LETS LANCETS 30G MISC	F	QL(5 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	F	QL(5 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	F	QL(5 ea daily)
FINE 30 MISC	F	QL(5 ea daily)
FINGERSTIX LANCETS MISC	F	QL(5 ea daily)
FORA LANCETS MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FORA LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
FORA LANCING DEVICE/CLEARCAP MISC	F	QL(1 ea per 180 days retail)
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	F	QL(5 ea daily)
GENTEEL LANCING DEVICE/BUFF BLACK MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/BUTTERFLY BLUE MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PLAYFUL PURPLE MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PRINCESS PINK MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/STATELY SILVER MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/WILLOWY WHITE MISC	F	QL(1 ea per 180 days retail)
GENTLE-LET GP LANCETS MISC	F	QL(5 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	F	QL(5 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	F	QL(5 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	F	QL(5 ea daily)
GLOBAL LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
GLUCOCOM LANCETS 33G MISC	F	QL(5 ea daily)
GNP LANCETS 21G MISC	F	QL(5 ea daily)
GNP LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
GNP LANCETS MISC	F	QL(5 ea daily)
GNP LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
GNP LANCETS THIN 26G MISC	F	QL(5 ea daily)
GNP LANCETS THIN MISC	F	QL(5 ea daily)
GNP MICRO THIN LANCETS 33G MISC	F	QL(5 ea daily)
GNP SUPER THIN LANCETS/30G MISC	F	QL(5 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	F	QL(5 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	F	QL(5 ea daily)
GOODSENSE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	F	QL(5 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE MISC	F	QL(5 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	F	QL(5 ea daily)
HAEMOLANCE PLUS MISC	F	QL(5 ea daily)
HEALTH CARE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
HY-VEE LANCETS MISC	F	QL(5 ea daily)
HY-VEE THIN LANCETS MISC	F	QL(5 ea daily)
IN TOUCH LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
KINNEY LANCETS MISC	F	QL(5 ea daily)
KINNEY THIN LANCETS MISC	F	QL(5 ea daily)
KROGER LANCETS 21G MISC	F	QL(5 ea daily)
KROGER LANCETS MICRO THIN33G MISC	F	QL(5 ea daily)
KROGER LANCETS MISC	F	QL(5 ea daily)
KROGER LANCETS SUPER THIN MISC	F	QL(5 ea daily)
KROGER LANCETS THIN 26G MISC	F	QL(5 ea daily)
KROGER LANCETS THIN MISC	F	QL(5 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	F	QL(5 ea daily)
KROGER LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LANCET DEVICE ADJUSTABLE MISC	F	QL(1 ea per 180 days retail)
LANCET DEVICE WITH EJECTOR MISC	F	QL(1 ea per 180 days retail)
LANCETS 26G TWIST TOP MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS 28G MISC	F	QL(5 ea daily)
LANCETS 30G MISC	F	QL(5 ea daily)
LANCETS 31G TWIST TOP MISC	F	QL(5 ea daily)
LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
LANCETS MISC	F	QL(5 ea daily)
LANCETS SAFETY SEAL 21G MISC	F	QL(5 ea daily)
LANCETS SAFETY SEAL 26G MISC	F	QL(5 ea daily)
LANCETS SAFETY SEAL 28G MISC	F	QL(5 ea daily)
LANCETS SAFETY SEAL 30G MISC	F	QL(5 ea daily)
LANCETS SUPER THIN 28G MISC	F	QL(5 ea daily)
LANCETS THIN MISC	F	QL(5 ea daily)
LANCETS ULTRA FINE MISC	F	QL(5 ea daily)
LANCETS ULTRA THIN 30G MISC	F	QL(5 ea daily)
LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
LANCETS BULLSEYE SAFETY MISC	F	QL(5 ea daily)
LANCING DEVICE ADJUSTABLE MISC	F	QL(1 ea per 180 days retail)
LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LANZO MISC	F	QL(1 ea per 180 days retail)
LEADER ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LIBERTY MEDICAL LANCETS 30G MISC	F	QL(5 ea daily)
LIBERTY MINI LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LIFESCAN UNISTIK II LANCETS MISC	F	QL(5 ea daily)
LITE TOUCH LANCETS MISC	F	QL(5 ea daily)
LITE TOUCH LANCING PEN MISC	F	QL(1 ea per 180 days retail)
LITETOUCH LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
LIVE BETTER ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LIVE BETTER LANCET SUPERTHIN 30G MISC	F	QL(5 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	F	QL(5 ea daily)
LONGS LANCETS STANDARD MISC	F	QL(5 ea daily)
LONGS LANCETS THIN MISC	F	QL(5 ea daily)
LONGS LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	F	QL(5 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	F	QL(5 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	F	QL(5 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	F	QL(5 ea daily)
MEDICHOICE SAFETY LANCETEXTRA MISC	F	QL(5 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	F	QL(5 ea daily)
MEDISENSE THIN LANCETS MISC	F	QL(5 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	F	QL(5 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	F	QL(5 ea daily)
MEDLANCE PLUS LANCETS MISC	F	QL(5 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	F	QL(5 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	F	QL(5 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	F	QL(5 ea daily)
MEDLANCE/EXTRA MISC	F	QL(5 ea daily)
MEDLANCE/LITE MISC	F	QL(5 ea daily)
MEDLANCE/UNIVERSAL MISC	F	QL(5 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	F	QL(5 ea daily)
MEIJER LANCETS MISC	F	QL(5 ea daily)
MEIJER LANCETS THIN MISC	F	QL(5 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	F	QL(5 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	F	QL(5 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	F	QL(5 ea daily)
MEIJER SUPER THIN LANCETS MISC	F	QL(5 ea daily)
MICROLET LANCETS MISC	F	QL(5 ea daily)
MICROLET NEXT MISC	F	QL(1 ea per 180 days retail)
MINI LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
MM LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
MONOLET LANCETS MISC	F	QL(5 ea daily)
MONOLET OPD LANCETS MISC	F	QL(5 ea daily)
MONOLETTOR SAFETY LANCETS MISC	F	QL(5 ea daily)
MULTI-LANCET DEVICE MISC	F	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
NOVA SUREFLEX LANCETS MISC	F	QL(5 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ON CALL LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ON CALL PLUS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ONETOUCH CLUB LANCETS FINE POINT MISC	F	QL(5 ea daily)
ONETOUCH COMBO PACK MISC	F	QL(5 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	F	QL(5 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	F	QL(5 ea daily)
ONETOUCH DELICA LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ONETOUCH ULTRASOFT LANCETS MISC	F	QL(5 ea daily)
PC LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
PERFECT LANCETS 30G MISC	F	QL(5 ea daily)
PHARMACY COUNTER LANCETS MISC	F	QL(5 ea daily)
PRECISION THIN LANCETS MISC	F	QL(5 ea daily)
PRECISION THINS GP LANCET MISC	F	QL(5 ea daily)
PRECISION ULTRA LANCET MISC	F	QL(5 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	F	QL(5 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	F	QL(5 ea daily)
PRODIGY LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
PRODIGY TWIST TOP LANCETS MISC	F	QL(5 ea daily)
PSS SELECT GP LANCETS MISC	F	QL(5 ea daily)
PSS SELECT SAFETY LANCETS MISC	F	QL(5 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	F	QL(5 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	F	QL(5 ea daily)
PX ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
PX LANCET AUTO INJECTOR MISC	F	QL(1 ea per 180 days retail)
PX LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
QC ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
QC LANCETS SUPER THIN MISC	F	QL(5 ea daily)
QC LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	F	QL(5 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	F	QL(5 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	F	QL(5 ea daily)
RA E-ZJECT LANCETS 28G MISC	F	QL(5 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	F	QL(5 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	F	QL(5 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	F	QL(5 ea daily)
RA LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
REALITY LANCETS MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RELION 2-IN-1 LANCET DEVICES 30G MISC	F	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 25G MISC	F	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 30G MISC	F	QL(1 ea per 180 days retail)
RELION LANCETS MICRO-THIN33G MISC	F	QL(5 ea daily)
RELION LANCETS STANDARD 21G MISC	F	QL(5 ea daily)
RELION LANCETS THIN 26G MISC	F	QL(5 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	F	QL(5 ea daily)
RELION LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
RELION ULTRA THIN LANCETS/30G MISC	F	QL(5 ea daily)
RELION ULTRA THIN LANCETS30G MISC	F	QL(5 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	F	QL(5 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	F	QL(5 ea daily)
REXALL LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
RIGHTEST GD500 LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
RIGHTEST GL300 LANCETS MISC	F	QL(5 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	F	QL(5 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	F	QL(5 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	F	QL(5 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	F	QL(5 ea daily)
SAFETY LANCETS 28G MISC	F	QL(5 ea daily)
SAFETY LET LANCETS MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAFETY SEAL LANCETS 28G MISC	F	QL(5 ea daily)
SAFETY SEAL LANCETS 30G MISC	F	QL(5 ea daily)
SB LANCETS THIN MISC	F	QL(5 ea daily)
SB LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
SELECT-LITE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SHOPKO AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	F	QL(5 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	F	QL(5 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	F	QL(5 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SINGLE-LET MISC	F	QL(5 ea daily)
SM MICRO THIN LANCETS 33G MISC	F	QL(5 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SMART DIABETES VANTAGE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	F	QL(5 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	F	QL(5 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	F	QL(5 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SMARTEST LANCETS 28G MISC	F	QL(5 ea daily)
SOLUS V2 LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
STERILANCE TL MISC	F	QL(5 ea daily)
SUPER THIN LANCETS MISC	F	QL(5 ea daily)
SURE COMFORT LANCING PEN MISC	F	QL(1 ea per 180 days retail)
SURE-LANCE THIN LANCETS 28G MISC	F	QL(5 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	F	QL(5 ea daily)
SURE-PEN MISC	F	QL(1 ea per 180 days retail)
SURE-TOUCH LANCETS UNIVERSAL MISC	F	QL(5 ea daily)
SURELITE LANCETS MISC	F	QL(5 ea daily)
TECHLITE AST LANCETS MISC	F	QL(5 ea daily)
TECHLITE LANCETS 30G MISC	F	QL(5 ea daily)
TECHLITE LANCETS MISC	F	QL(5 ea daily)
TGT LANCET MICRO THIN 33G MISC	F	QL(5 ea daily)
TGT LANCET THIN 26G MISC	F	QL(5 ea daily)
TGT LANCET ULTRA THIN 30G MISC	F	QL(5 ea daily)
TGT LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
THINLETS GP LANCETS MISC	F	QL(5 ea daily)
THINLETS LANCET MISC	F	QL(5 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	F	QL(5 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE LANCETS MICRO-THIN 33G MISC	F	QL(5 ea daily)
TRAVEL LANCETS 30G MISC	F	QL(5 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	F	QL(5 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	F	
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	F	
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	F	
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	F	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	F	
TRUEDRAW LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
TRUEPLUS LANCETS 26G MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 28G MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 30G MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 33G MISC	F	QL(5 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	F	QL(5 ea daily)
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	F	QL(1 ea per 180 days retail)
ULTILET CLASSIC LANCETS MISC	F	QL(5 ea daily)
ULTILET LANCETS 33G MISC	F	QL(5 ea daily)
ULTILET LANCETS MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNILET COMFORTOUCH LANCET MISC	F	QL(5 ea daily)
UNILET EXCELITE II MISC	F	QL(5 ea daily)
UNILET EXCELITE MISC	F	QL(5 ea daily)
UNILET G.P. LANCET MISC	F	QL(5 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	F	QL(5 ea daily)
UNILET GP 28 ULTRA THIN MISC	F	QL(5 ea daily)
UNILET LANCET MISC	F	QL(5 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	F	QL(5 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	F	QL(5 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	F	QL(5 ea daily)
UNILET SUPERLITE LANCET MISC	F	QL(5 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	F	QL(5 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	F	QL(5 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	F	QL(5 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	F	QL(5 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	F	QL(5 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	F	QL(5 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	F	QL(5 ea daily)
VALUE PLUS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
VALUMARK LANCET SUPER THIN 30G MISC	F	QL(5 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	F	QL(5 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	F	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	F	QL(5 ea daily)
VITALET PRO PLUS LANCETS MISC	F	QL(5 ea daily)
VIVAGUARD LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
W&F LANCETS 26G MISC	F	QL(5 ea daily)
W&F LANCETS COLORED 21G MISC	F	QL(5 ea daily)
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G MISC	F	QL(5 ea daily)
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G MISC	F	QL(5 ea daily)
WALGREENS LANCETS MISC	F	QL(5 ea daily)
WALGREENS THIN LANCETS MISC	F	QL(5 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	F	QL(5 ea daily)
Misc. Devices		
ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
ALCOHOL SWABSTICK PADS	F	QL(400 ea per fill retail); RX/OTC
ALCOHOL WIPES PADS	F	QL(400 ea per fill retail); RX/OTC
APLICARE ALCOHOL SWABSTICK PADS	F	QL(400 ea per fill retail); RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS	F	QL(400 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD SWABS SINGLE USE PADS	F	QL(400 ea per fill retail); RX/OTC
CARETOUCH ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS	F	QL(400 ea per fill retail); RX/OTC
CURITY ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
CVS PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS	F	QL(400 ea per fill retail); RX/OTC
EQL ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
GNP ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
H-E-B INCONTROL ALCOHOL PADS PADS	F	QL(400 ea per fill retail); RX/OTC
HM STERILE ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS	F	QL(400 ea per fill retail); RX/OTC
PRO COMFORT ALCOHOL PADS PADS	F	QL(400 ea per fill retail); RX/OTC
QC ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
RA ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
REALITY SWABS PADS	F	QL(400 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
SB ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
SHOPKO ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
SM ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
TGT ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
ULTICARE ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS	F	QL(400 ea per fill retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS	F	QL(400 ea per fill retail); RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS	F	QL(400 ea per fill retail); RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM MISC	F	QL(5 ea daily)
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16" MISC	F	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16" MISC	F	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U- 100/1ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16" MISC	F	QL(5 ea daily)
ANTI-STICK INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U- 100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U- 100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	F	QL(5 ea daily)
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	F	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X8MM MISC	F	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC	F	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	F	QL(5 ea daily); RX/OTC
AUTOPEN DEVI	F	QL(1 ea per 180 days retail); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD PEN MINI MISC	F	QL(1 ea per 180 days retail); RX/OTC
BD PEN MISC	F	QL(1 ea per 180 days retail); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC	F	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	F	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC	F	QL(5 ea daily)
CAREFINE PEN NEEDLE 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	F	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC	F	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	F	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	F	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH PEN NEEDLES 31GX 8MM MISC	F	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC	F	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	F	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	F	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	F	QL(5 ea daily)
CLICKFINE PEN NEEDLE 32GX5/32" MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4" MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32" MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
COMFORT EZ MICRO/32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
COMFORT EZ SHORT/31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 5MM MISC	F	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 6MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" MISC	F	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	F	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/32" MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC	F	QL(5 ea daily)
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" MISC	F	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	F	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM MISC	F	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	F	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	F	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16" MISC	F	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX5MM MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX6MM MISC	F	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	F	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	F	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
EASY TOUCH PEN NEEDLE 30G X 5/16" MISC	F	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	F	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 32GX3/16" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM MISC	F	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC	F	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31G X5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	F	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC	F	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT MISC	F	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT MISC	F	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC	F	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC	F	QL(5 ea daily)
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC	F	QL(5 ea daily)
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC	F	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4M M MISC	F	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" MISC	F	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
HUMAPEN LUXURA HD DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/BLUE/LILLY DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/BLUE/NOVO DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/GRAY/LILLY DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/GREY/NOVO DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/PINK/LILLY DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/PINK/NOVO DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1" MISC	F	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	F	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/1ML/31GX5/16" MISC	F	QL(5 ea daily)
INSUPEN 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN PEN NEEDLES 32G X4MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	F	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	F	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
KROGER PEN NEEDLES 29G X12MM MISC	F	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	F	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	F	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	F	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	F	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	F	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC	F	QL(5 ea daily); RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC	F	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MARATHON MEDICAL PENTIPS31GX8MM MISC	F	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	F	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	F	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	F	QL(5 ea daily); RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" MISC	F	QL(5 ea daily)
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC	F	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	F	QL(5 ea daily)
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	F	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	F	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X8MM MISC	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	F	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	F	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	F	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
NOVOFINE 30GX8MM MISC	F	QL(5 ea daily)
NOVOFINE 32GX6MM MISC	F	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	F	QL(5 ea daily)
NOVOFINE PLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
NOVOPEN ECHO DEVI	F	QL(1 ea per 180 days retail); RX/OTC
NOVOTWIST 32GX5MM MISC	F	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PC UNIFINE PENTIPS 31G X5MM MINI MISC	F	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	F	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	F	QL(5 ea daily)
PEN NEEDLES 30GX8MM MISC	F	QL(5 ea daily)
PEN NEEDLES 31G X 1/4" SHORT MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM (5/16") MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 5MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 6MM MISC	F	QL(5 ea daily)
PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PENTIPS 31G X 5MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	F	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	F	QL(5 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC	F	QL(5 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC	F	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC	F	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	F	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PX PEN NEEDLE 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	F	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U- 100/1 ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	F	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	F	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	F	QL(5 ea daily)
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	F	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC	F	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	F	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	F	QL(5 ea daily)
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	F	QL(5 ea daily); RX/OTC
SM INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC	F	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	F	QL(5 ea daily)
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC	F	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC	F	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC	F	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM MISC	F	QL(5 ea daily)
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC	F	QL(5 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	F	QL(5 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC	F	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC	F	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC	F	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC	F	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC	F	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM MISC	F	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC	F	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	F	QL(5 ea daily); RX/OTC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES31G X 5MM MISC	F	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM MISC	F	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	F	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	F	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	F	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	F	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES/32G X 1/4" MISC	F	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM MISC	F	QL(5 ea daily); RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	F	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	F	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	F	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTILET PEN NEEDLE 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	F	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	F	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	F	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	F	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	F	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 1/4" MISC	F	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE PEN NEEDLES/32G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32" MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS PLUS 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	F	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	F	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	F	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	F	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	F	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	F	QL(5 ea daily); RX/OTC
Respiratory Therapy Supplies		
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MV MISC	F	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW VU MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLWSIGNAL MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER/FLWSIGNAL MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
ARIAL CHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BREATHE EASE/MEDIUM MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/LARGE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/MEDIUM MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/SMALL MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	F	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE ANTI-STATIC/VALVED HOLDING CHAMBER/SMALL DEVI	F	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	F	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC
EASIVENT MISC	F	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-LARGE MISC	F	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	F	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	F	QL(2 ea per 360 days retail); RX/OTC
FLEXICHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK /MEDIUM DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK /SMALL DEVI	F	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSPIREASE DRUG DELIVERY SYSTEM MISC	F	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE RESERVOIR BAGS MISC	F	QL(3 ea per 180 days retail)
LITEAIRE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
MICROCHAMBER MISC	F	QL(2 ea per 360 days retail); RX/OTC
MICROSPACER MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	F	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OPTIHALER MISC	F	QL(2 ea per 360 days retail); RX/OTC
POCKET CHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
POCKET SPACER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	F	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	F	QL(2 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC
RITEFLO DEVI	F	QL(2 ea per 360 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
WATCHHALER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Products		
D.H.E. 45 SOLN (<i>Use Dihydroergotamine Mesylate</i>)	NF	AL(At least 18 yrs old)
<i>dihydroergotamine mesylate soln</i>	F	AL(At least 18 yrs old)
MIGRANAL SOLN	F	AL(At least 18 yrs old)
Serotonin Agonists		

Drug Name	Drug Tier	Requirements/ Limits
AMERGE TABS (<i>Use Naratriptan HCl</i>)	NF	Limit 9 per month; QL(0.3 ea daily); AL(At least 18 yrs old)
<i>eletriptan hydrobromide tabs</i>	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (<i>Use Sumatriptan</i>)	NF	Limit 6 per month; QL(0.2 ea daily); AL(At least 12 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	Limit 2 per month; QL(0.06 7 ml daily); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	Limit 2 syringes per month; QL(0.06 7 ml daily); AL(At least 12 yrs old)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (<i>Use Sumatriptan Succinate</i>)	NF	Limit 9 per month; QL(0.3 ea daily); AL(At least 12 yrs old)
MAXALT TABS (<i>Use Rizatriptan Benzoate</i>)	NF	Limit 12 per month; QL(0.4 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP (<i>Use Rizatriptan Benzoate</i>)	NF	QL(0.4 ea daily)
<i>naratriptan hcl tabs</i>	F	Limit 9 per month; QL(0.3 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RELPAZ TABS (<i>Use Eletriptan Hydrobromide</i>)	NF	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 5 mg, 10 mg</i>	F	Limit 12 per month; QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg, 10 mg</i>	F	QL(0.4 ea daily)
<i>sumatriptan soln</i>	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 12 yrs old)
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	F	Limit 2 syringes per month; QL(0.06 7 ml daily); AL(At least 12 yrs old)
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	F	Limit 2 per month; QL(0.06 7 ml daily); AL(At least 12 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	F	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	F	Limit 2 syringes per month; QL(0.06 7 ml daily); AL(At least 12 yrs old)
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	F	Limit 9 per month; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tabs</i>	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan tbdp</i>	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
ZOMIG SOLN NA 5 MG	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 5 MG, 2.5 MG (<i>Use Zolmitriptan</i>)	NF	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
ZOMIG ZMT TBDP (<i>Use Zolmitriptan</i>)	NF	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
CALCI-CHEW CHEW	F	
<i>calcium carbonate tabs 500 mg, 1250 mg</i>	F	
<i>calcium carbonate-cholecalciferol chew 500mg-100unit, 500mg-400unit</i>	F	
<i>calcium carbonate-cholecalciferol tabs 500mg-5mcg, 500mg-200unit, 500mg-400unit, 600mg-200unit, 600mg-400unit, 600mg-800unit, 500mg-500mg-400unit-400unit, 600mg-600mg-800unit-400unit</i>	F	
<i>calcium carbonate-vitamin d tabs 125unit-250mg, 125unit-500mg, 200unit-500mg, 250mg-125unit, 500mg-125unit, 500mg-200unit, 500mg-500mg-200unit-200unit</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate-vitamin d tabs 200unit-600mg, 400unit-600mg, 600mg-200unit, 600mg-400unit</i>	F	QL(2 ea daily)
<i>calcium citrate tabs 200 mg, 950 mg</i>	F	
CALCIUM TABS 600MG-200UNIT	F	
CALTRATE 600+D3 TABS (Use Calcium Carbonate-Cholecalciferol)	NF	
<i>oyster shell tabs</i>	F	
PARVA-CAL TABS 500MG-200UNIT	F	
Electrolyte Mixtures		
CERASPORT EX1 SOLN	F	
CERASPORT SOLN 4MEQ/L-18MEQ/L-20MEQ/L-6MEQ/L	F	
ENFAMIL ENFALYTE SOLN	F	
EQUALYTE SOLN (Use Oral Electrolytes)	NF	
HYDRALYTE FREEZER POPS SOLN	F	
HYDRALYTE SOLN 270MG/250ML-210MG/250ML, 45MEQ/L-45MEQ/L-20MEQ/L-90MEQ/L-16GM/L	F	
<i>oral electrolytes soln</i>	F	
PEDIALYTE ADVANCED CARE SOLN (Use Oral Electrolytes)	NF	
PEDIALYTE FREEZER POPS SOLN (Use Oral Electrolytes)	NF	
PEDIALYTE SINGLES SOLN (Use Oral Electrolytes)	NF	

Drug Name	Drug Tier	Requirements/ Limits
PEDIALYTE SOLN 20MEQ/L-45MEQ/L-35MEQ/L-5GM/L-20GM/L, 20MEQ/L-45MEQ/L-35MEQ/L-30MEQ/L-25GM/L, 35MEQ/L-45MEQ/L-7.8MG/L-20MEQ/L-25GM/L, 4.7MEQ/237ML-10.6MEQ/237ML-8.3MEQ/237ML, 2.1MEQ/59ML-2.7MEQ/59ML-0.5MG/59ML-1.2MEQ/59ML-1.5GM/59ML (Use Oral Electrolytes)	NF	
Fluoride		
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	F	AL(Up to 15 yrs old)
<i>sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml</i>	F	AL(Up to 15 yrs old)
Magnesium		
<i>magnesium oxide (mg supplement) tabs 400 mg, 241.3 mg</i>	F	
MAGOX 400 TABS (Use Magnesium Oxide (Mg Supplement))	NF	
Phosphate		
K-PHOS NEUTRAL TABS (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic)	NF	QL(8 ea daily)
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs 130mg-155mg-852mg</i>	F	QL(8 ea daily)
Potassium		
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	NF	
K-TAB TBCR 8 MEQ, 20 MEQ	F	
KLOR-CON M15 TBCR	F	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium bicarbonate tbcf</i>	F	
<i>potassium chloride cpcr or 10 meq</i>	F	
<i>potassium chloride cpcr or 8 meq</i>	F	QL(1 ea daily)
POTASSIUM CHLORIDE ER TBCR	F	
<i>potassium chloride microencapsulated crystals er tbcf</i>	F	
<i>potassium chloride pack or 20 meq</i>	F	
<i>potassium chloride soln or 10 %, 20 %</i>	F	
<i>potassium chloride tbcf or 8 meq, 10 meq</i>	F	
Sodium		
SODIUM CHLORIDE SOLN IJ 0.9 %	F	
<i>sodium chloride soln ij 0.9 %</i>	F	
<i>sodium chloride soln iv 0.9 %</i>	F	
SODIUM CHLORIDE SOLN IV 0.9 %	F	
Zinc		
<i>zinc sulfate caps or 220 mg</i>	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS 250 MG	F	
Immunosuppressive Agents		
AZASAN TABS	F	QL(3 ea daily)
<i>azathioprine tabs or 50 mg</i>	F	
CELLCEPT CAPS 250 MG (Use Mycophenolate Mofetil)	NF	QL(2 ea daily)
CELLCEPT INTRAVENOUS SOLR (Use Mycophenolate Mofetil HCl)	NF	

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT SUSR 200 MG/ML (Use Mycophenolate Mofetil)	NF	QL(15 ml daily)
CELLCEPT TABS 500 MG (Use Mycophenolate Mofetil)	NF	QL(4 ea daily)
<i>cyclosporine caps or 25 mg, 100 mg</i>	F	QL(4 ea daily)
<i>cyclosporine modified (for microemulsion) caps 25 mg, 50 mg, 100 mg</i>	F	QL(4 ea daily)
<i>cyclosporine modified (for microemulsion) soln 100 mg/ml</i>	F	QL(8 ml daily)
CYCLOSPORINE MODIFIED CAPS	F	QL(4 ea daily)
<i>cyclosporine soln iv 50 mg/ml</i>	F	
IMURAN TABS (Use Azathioprine)	NF	
<i>mycophenolate mofetil caps 250 mg</i>	F	QL(2 ea daily)
<i>mycophenolate mofetil hcl solr 500 mg</i>	F	
<i>mycophenolate mofetil susr 200 mg/ml</i>	F	QL(15 ml daily)
<i>mycophenolate mofetil tabs 500 mg</i>	F	QL(4 ea daily)
<i>mycophenolate sodium tbcf 180 mg</i>	F	QL(2 ea daily)
<i>mycophenolate sodium tbcf 360 mg</i>	F	QL(4 ea daily)
MYFORTIC TBEC 180 MG (Use Mycophenolate Sodium)	NF	QL(2 ea daily)
MYFORTIC TBEC 360 MG (Use Mycophenolate Sodium)	NF	QL(4 ea daily)
NEORAL CAPS 25 MG, 100 MG (Use Cyclosporine Modified (For Microemulsion))	NF	QL(4 ea daily)
NEORAL SOLN 100 MG/ML (Use Cyclosporine Modified (For Microemulsion))	NF	QL(8 ml daily)

Drug Name	Drug Tier	Requirements/Limits
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use Tacrolimus)	NF	QL(3 ea daily)
PROGRAF PACK OR 0.2 MG, 1 MG	F	PA
PROGRAF SOLN IV 5 MG/ML	F	
RAPAMUNE SOLN (Use Sirolimus)	NF	
RAPAMUNE TABS (Use Sirolimus)	NF	
SANDIMMUNE CAPS OR 25 MG, 100 MG (Use Cyclosporine)	NF	QL(4 ea daily)
SANDIMMUNE SOLN IV 50 MG/ML (Use Cyclosporine)	NF	
SANDIMMUNE SOLN OR 100 MG/ML	F	QL(8 ml daily)
<i>sirolimus soln</i>	F	
<i>sirolimus tabs</i>	F	
<i>tacrolimus caps</i>	F	QL(3 ea daily)
ZORTRESS TABS	F	
Potassium Removing Agents		
<i>sodium polystyrene sulfonate powd or</i>	F	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	F	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	F	QL(100 ml per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat) susp</i>	F	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln 0.12 %</i>	F	

Drug Name	Drug Tier	Requirements/Limits
PERIDEX SOLN (Use Chlorhexidine Gluconate (Mouth-Throat))	NF	
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL (Use Sodium Fluoride (Dental))	NF	QL(60 ml per fill retail)
PREVIDENT 5000 PLUS CREA (Use Sodium Fluoride (Dental))	NF	QL(60 gm per fill retail)
PREVIDENT FLUORIDE GEL (Use Sodium Fluoride (Dental))	NF	QL(60 ml per fill retail)
PREVIDENT RINSE SOLN (Use Sodium Fluoride (Dental))	NF	
<i>sodium fluoride (dental) crea dt 1.1 %</i>	F	QL(60 gm per fill retail)
<i>sodium fluoride (dental) gel dt 1.1 %</i>	F	QL(60 ml per fill retail)
<i>sodium fluoride (dental) soln mt 0.2 %</i>	F	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	F	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	F	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	F	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	F	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	F	QL(900 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MOUTHKOTE SOLN	F	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	F	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	F	QL(900 ml per fill retail); RX/OTC
<i>pilocarpine hcl (oral) tabs 5 mg</i>	F	QL(6 ea daily)
RA DRY MOUTH SOLN	F	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS 5 MG (Use <i>Pilocarpine HCl (Oral)</i>)	NF	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins caps or 70mg-100mg-1mg-10mg-2mg-1.5mg-100mcg, 60mg-60mg-3mg-5mg-20mg-3mg-1mcg-0.5mg, 60mg-60mg-5mg-20mg-3mg-1mcg-3mg-0.5mg</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex vitamins tabs or 0.1mg-20mg-2mg-5mcg-3mg-1mg, 10mg-10mg-2mg-1.5mg-0.2mg, 10mg-14mg-25mcg-7mg-4.5mg, 15mg-2mg-5mg-2mcg-2mg-2mg, 3mg-10mg-20mg-3mg-6mcg-2mg, 3mg-20mg-3mg-10mg-6mcg-2mg, 83mg-3mg-20mg-2mg-5mcg-1mg, 100mg-50mg-40mg-10mg-20mg-5mg-4.6mg-1mcg-5mg-1mg, 3mg-3mg-20mg-20mg-3mg-3mg-10mg-10mg-6mcg-6mcg-2mg-2mg, 30mg-50mg-50mg-50mg-50mg-50mg-50mg-50mcg-50mg-100mcg-50mcg-50mg</i>	F	QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid caps 1.5mg-5mg-20mg-1.7mg-6mcg-1mg-150mcg-10mg-100mg, 5mg-1.7mg-6mcg-20mg-1.5mg-1mg-150mcg-10mg-100mg</i>	F	QL(1 ea daily); RX/OTC
NEPHROCAPS CAPS (Use <i>B-Complex w/ C & Folic Acid</i>)	NF	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals		
ACTIVESSENTIALS PACK	F	
AIRBORNE LOZG	F	
BIOVOL SYRP	F	
C-BUFF POWD	F	
CENTRUM MULTIVITAMIN FLAVOR BURST DRINK PACK	F	
CONCEPTIONXR MOTILITY SUPPORT FORMULA MISC	F	
CORVITA TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
CORVITE TABS (<i>Use Multiple Vitamins w/ Minerals & Folic Acid</i>)	NF	
CVS DIABETES HEALTH SUPPORT MISC	F	
CVS IMMUNE SUPPORT VITAMIN C PACK	F	
DAILY HEART HEALTH SUPPORT MISC	F	
DAILY PAK MAXIMUM MULTIVITAMIN/ASIAN GINSENG EXTRACT MISC	F	
DIABETES HEALTH PACK MISC	F	
DIABETES SUPPORT PACK MISC	F	
EMERGEN-C BLUE PACK	F	
EMERGEN-C FIVE PACK	F	
EMERGEN-C HEART HEALTH PACK	F	
EMERGEN-C IMMUNE PACK	F	
EMERGEN-C IMMUNE PLUS PACK	F	
EMERGEN-C IMMUNE+ WARMERS PACK	F	
EMERGEN-C JOINT HEALTH PACK	F	
EMERGEN-C KIDZ PACK	F	
EMERGEN-C MSM LITE PACK	F	
EMERGEN-C PINK PACK	F	
EMERGEN-C SUPER FRUIT PACK	F	
EMERGEN-C VITAMIN C LITE PACK	F	
EMERGEN-C VITAMIN C PACK	F	
EMERGEN-C VITAMIN D & CALCIUM PACK	F	

Drug Name	Drug Tier	Requirements/ Limits
END FATIGUE DAILY ENERGYENFUSION POWD	F	
ENERGY BOOSTER PACK	F	
EVOLUTION60 PACK	F	
IMMUNE SUPPORT VITAMIN C PACK	F	
KP MENS DAILY PACK MISC	F	
KP WOMENS DAILY PACK MISC	F	
LIFE PACK MENS MISC	F	
LIFE PACK WOMENS MISC	F	
MAXIMIN PACK PACK	F	
MEGA MULTIVITAMIN POWD	F	
MENS PACK MISC	F	
MH MACULAR HEALTH MISC	F	
MULTI FOR HER PACK	F	
MULTI FOR HIM PACK	F	
ONE-DAILY MULTI-VITAMIN/MINERAL PACK	F	
PA MENS 50 PLUS VITAPAK MISC	F	
PA MENS VITAPAK MISC	F	
PA WOMENS 50 PLUS VITAPAK MISC	F	
PA WOMENS VITAPAK MISC	F	
PHLEXY-VITS POWD	F	
PREMIUM PACKETS MISC	F	
PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS MENS MISC	F	

Drug Name	Drug Tier	Requirements/ Limits
PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS WOMENS MISC	F	
PROCEED PLUS PACK	F	
RA ESSENCE-C PACK	F	
SKIN BEAUTY & WELLNESS PACK	F	
STROVITE FORTE SYRP	F	
SUPER NU-THERA POWD	F	
SYNAGEX CAPS	F	
SYNATEK CAPS	F	
THERANATAL LACTATION COMPLETE MISC	F	
ULTRA MENS PACK MISC	F	
ULTRA WOMENS PACK MISC	F	
VITAMENT PACK	F	
VITAMIN C EFFERVESCENT BLEND PACK	F	
VITAMIN C/ELECTROLYTES PACK	F	
VITAMINS TO GO MAXIMUM MISC	F	
VITAMINS TO GO MEN MISC	F	
VITAMINS TO GO WOMEN MISC	F	
WOMENS PACK MISC	F	
ZINC LOZG OR 50MG-15MG-500UNIT-100MG, 50MG-15MG-10MG-500UNIT-100MG, 10MG-5MG-10MG-10MG-15MG-500UNIT-60MG	F	
Ped MV w/ Fluoride		

Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric vitamins acd w/ fluoride soln</i>	F	QL(50 ml per fill retail); AL(Up to 13 yrs old)
Ped Multi Vitamins w/FI & FE		
<i>ped multivitamins w/fl & iron soln</i>	F	QL(50 ml per fill retail); AL(Up to 13 yrs old)
TRI-VIT/FLUORIDE/IRON SOLN	F	QL(50 ml per fill retail); AL(Up to 13 yrs old)
Pediatric Multiple Vitamins		
<i>pediatric multiple vitamins liqd</i>	F	
Prenatal Vitamins		
CLASSIC PRENATAL TABS	F	QL(1 ea daily)
CVS PRENATAL GUMMY/DHA/FOLIC ACID CHEW	F	
CVS PRENATAL TABS	F	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	F	QL(1 ea daily)
GNP PRENATAL TABS	F	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	F	QL(1 ea daily)
HM PRENATAL TABS	F	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily)
KPN PRENATAL TABS	F	QL(1 ea daily)
M-NATAL PLUS TABS	F	QL(1 ea daily); RX/OTC
M-VIT TABS	F	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	F	QL(1 ea daily)
MYNATAL CAPS	F	QL(1 ea daily)
NEONATAL PLUS TABS	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEONATAL VITAMIN TABS	F	QL(1 ea daily)
NIVA-PLUS TABS	F	QL(1 ea daily); RX/OTC
O-CAL FA TABS	F	QL(1 ea daily); RX/OTC
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	F	QL(1 ea daily); RX/OTC
PNV PRENATAL PLUS MULTIVITAMIN TABS	F	QL(1 ea daily); RX/OTC
PRE-NATAL FORMULA TABS	F	QL(1 ea daily)
PRENATAL AND IRON TABS	F	QL(1 ea daily)
PRENATAL FORMULA CAPS 35MG-30UNIT-4000UNIT-200MG-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG	F	
PRENATAL FORTE TABS	F	QL(1 ea daily)
PRENATAL LOW IRON TABS	F	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	F	QL(1 ea daily)
PRENATAL ONE DAILY TABS	F	QL(1 ea daily)
PRENATAL PLUS TABS	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 11UNIT-263MG-25MG-1.5MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-0.8MG-2.6MG-120MG, 30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-4000UNIT-8MCG-400UNIT-800MCG-2.6MG-120MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-200MG-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 160MG-11UNIT-200MG-25MG-1.84MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-800MCG-2.6MG-100MG	F	QL(1 ea daily)
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	F	QL(1 ea daily); RX/OTC
PRENATAL TABS 4000UNIT-200MG-11UNIT-27MG-25MG-1.84MG-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG	F	QL(1 ea daily)
PRENATAL VITAMIN & MINERAL TABS	F	QL(1 ea daily)
PRENATAL VITAMIN TABS	F	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMINS PLUS LOW IRON TABS	F	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS	F	QL(1 ea daily)
PREPLUS TABS	F	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily)
QC PRENATAL TABS	F	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	F	QL(1 ea daily)
RA PRENATAL TABS	F	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	F	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	F	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	F	QL(1 ea daily); RX/OTC
TRICARE TABS	F	QL(1 ea daily); RX/OTC
VOL-PLUS TABS	F	QL(1 ea daily); RX/OTC
Vitamins w/ Lipotropics		
<i>vitamins w/ lipotropics caps 50mg-50mg-50mg-50mg-50mcg-50mcg-50mcg-50mg, 86mg-2mg-10mg-83mg-240mg-3mg-2mcg-3mg-110mg-1.65mg, 50mg-50mg-50mg-50mg-50mg-50mg-50mg-50mcg-100mcg-50mcg-50mg, 75mg-30mg-2unit-10000unit-40mg-15mg-31mg-2.5mg-4mg-2mcg-75mg-400unit, 10000unit-3mg-0.5mg-2mg-75mg-58mg-30mg-2unit-0.5mg-4mg-40mg-15mg-31.4mg-2.5mg-2mcg-5mg-1mg-75mg-400unit</i>	F	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tabs or 10 mg, 20 mg</i>	F	
CHLORZOXAZONE TABS 500 MG	F	
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg</i>	F	QL(3 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	F	
PARAFON FORTE DSC TABS (Use Chlorzoxazone)	NF	
ROBAXIN TABS OR 500 MG (Use Methocarbamol)	NF	
ROBAXIN-750 TABS (Use Methocarbamol)	NF	
<i>tizanidine hcl tabs 2 mg, 4 mg</i>	F	
ZANAFLEX TABS 4 MG (Use Tizanidine HCl)	NF	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (Use Saline)	NF	QL(90 ml per fill retail)
<i>saline soln 0.65%-0.002%, 0.65 %</i>	F	QL(90 ml per fill retail)
Nasal Anti-infectives		
BACTROBAN NASAL OINT	F	
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	NF	Limit 1 package per month;QL(1 ml daily)
<i>azelastine hcl soln</i>	F	Limit 1 package per month;QL(1 ml daily)
<i>cromolyn sodium (nasal) aers 5.2 mg/act</i>	F	QL(26 ml per fill retail)
NASALCROM AERS (Use Cromolyn Sodium (Nasal))	NF	QL(26 ml per fill retail)
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	F	Limit 1 package per month;QL(1.2 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide (nasal) soln 0.06 %</i>	F	Limit 1 package per month; QL(0.5 ml daily)
Nasal Steroids		
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))	NF	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	NF	QL(16 ml per fill retail); RX/OTC
FLUNISOLIDE SOLN	F	QL(25 ml per fill retail)
<i>fluticasone propionate (nasal) susp 50 mcg/act</i>	F	QL(16 ml per fill retail); RX/OTC
<i>mometasone furoate (nasal) susp 50 mcg/act</i>	F	QL(17 gm per fill retail); AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO (Use Triamcinolone Acetonide (Nasal))	NF	RX/OTC
NASACORT ALLERGY 24HR AERO 55 MCG/ACT	F	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR AERO 55 MCG/ACT (Use Triamcinolone Acetonide (Nasal))	F	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO 55 MCG/ACT (Use Triamcinolone Acetonide (Nasal))	F	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASONEX SUSP (Use Mometasone Furoate (Nasal))	NF	QL(17 gm per fill retail); AL(At least 2 yrs old)
<i>triamcinolone acetonide (nasal) aero 55 mcg/act</i>	F	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		

Drug Name	Drug Tier	Requirements/Limits
ADRENALIN SOLN NA 0.1 %	F	
NASAL DECONGESTANT LIQD	F	
NASAL DECONGESTANT SYRP	F	
<i>phenylephrine hcl (oral) tabs 10 mg</i>	F	QL(24 ea per fill retail)
<i>pseudoephedrine hcl liqd 15 mg/5ml</i>	F	
<i>pseudoephedrine hcl tabs 30 mg, 60 mg</i>	F	
<i>pseudoephedrine hcl tb12 120 mg</i>	F	QL(2 ea daily)
SUDAFED CHILDRENS LIQD (Use Pseudoephedrine HCl)	NF	
SUDAFED CONGESTION TABS (Use Pseudoephedrine HCl)	NF	
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS (Use Pseudoephedrine HCl)	NF	
SUDAFED PE CONGESTION TABS (Use Phenylephrine HCl (Oral))	NF	QL(24 ea per fill retail)
NUTRIENTS		
Misc. Nutritional Substances		

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 fatty acids caps</i> 1000mg, 1200mg, 1000 mg, 1200 mg, 180mg-120mg, 1200mg-2unit, 300mg-1000mg, 350mg-1000mg, 360mg-1200mg, 600mg-1000mg, 600mg-1200mg, 180mg-120mg-5unit, 300mg-180mg-120mg, 1000mg-180mg-120mg, 160mg-1000mg-100mg, 180mg-1000mg-120mg, 180mg-1200mg-144mg, 216mg-1200mg-144mg, 270mg-1000mg-180mg, 300mg-1000mg-1unit, 300mg-1000mg-200mg, 300mg-1unit-1000mg, 336mg-1200mg-276mg, 350mg-1000mg-250mg, 400mg-1000mg-300mg, 500mg-1000mg-250mg, 180mg-120mg-1.8unit, 300mg-180mg-1gm-120mg, 1000mg-180mg-120mg-1mg, 210mg-1000mg-75mg-90mg, 360mg-360mg-12mg-1200mg, 60mg-180mg-1200mg-120mg, 60mg-360mg-1200mg-300mg, 1000mg-180mg-120mg-1unit, 180mg-1000mg-120mg-1unit, 180mg-1unit-1000mg-120mg, 300mg-1000mg-200mg-1unit, 300mg-180mg-1000mg-120mg, 360mg-216mg-1200mg-144mg, 600mg-324mg-1200mg-216mg, 900mg-455mg-1000mg-360mg, 100mg-1000mg-500mg-10unit, 216mg-1200mg-144mg-15unit, 300mg-1000mg-1000mg-1unit, 340mg-180mg-1unit-1000mg-120mg	F	QL(6 ea daily)
Proteins		
ARGININE TABS	F	

Drug Name	Drug Tier	Requirements/Limits
L-TRYPTOPHAN TABS	F	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear ointment oint</i>	F	QL(4 gm per fill retail)
<i>artificial tear solution soln</i>	F	
<i>polyvinyl alcohol soln 1.4 %</i>	F	QL(15 ml per fill retail)
TEARS NATURALE PM OINT (<i>Use White Petrolatum-Mineral Oil</i>)	NF	QL(4 gm per fill retail)
<i>white petrolatum-mineral oil oint</i>	F	QL(4 gm per fill retail)
Beta-blockers - Ophthalmic		
BETAGAN SOLN (<i>Use Levobunolol HCl</i>)	NF	QL(10 ml per fill retail)
<i>betaxolol hcl (ophth) soln 0.5 %</i>	F	QL(10 ml per fill retail)
<i>carteolol hcl (ophth) soln</i>	F	Limit 1 package per month;QL(0.5 ml daily)
CARTEOLOL HCL SOLN	F	Limit 1 package per month;QL(0.5 ml daily)
COSOPT SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	NF	QL(10 ml per fill retail)
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	F	QL(10 ml per fill retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	F	QL(10 ml per fill retail)
<i>levobunolol hcl soln 0.5 %</i>	F	QL(10 ml per fill retail)
METIPRANOLOL SOLN	F	
<i>timolol maleate (ophth) soln 0.25 %</i>	F	QL(10 ml per fill retail)
<i>timolol maleate (ophth) soln 0.5 %</i>	F	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
TIMOLOL MALEATE OPTHALMIC GEL FORMING SOLG 0.5 %	F	QL(5 ml per fill retail)
TIMOPTIC OCUDOSE SOLN	F	QL(60 ea per fill retail)
TIMOPTIC SOLN 0.25 % (Use Timolol Maleate (Ophth))	NF	QL(10 ml per fill retail)
TIMOPTIC SOLN 0.5 % (Use Timolol Maleate (Ophth))	NF	QL(15 ml per fill retail)
TIMOPTIC-XE SOLG 0.5 %	F	QL(5 ml per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE OINT OP 1 %	F	QL(4 gm per fill retail)
ATROPINE SULFATE SOLN OP 1 %	F	QL(15 ml per fill retail)
CYCLOGYL SOLN 0.5 %, 1 % (Use Cyclopentolate HCl)	NF	QL(15 ml per fill retail)
CYCLOGYL SOLN 2 % (Use Cyclopentolate HCl)	NF	
<i>cyclopentolate hcl soln 0.5 %, 1 %</i>	F	QL(15 ml per fill retail)
<i>cyclopentolate hcl soln 2 %</i>	F	
ISOPTO ATROPINE SOLN 1 %	F	QL(15 ml per fill retail)
MYDRIACYL SOLN (Use Tropicamide)	NF	QL(15 ml per fill retail)
<i>tropicamide soln</i>	F	QL(15 ml per fill retail)
Miotics		
ISOPTO CARPINE SOLN (Use Pilocarpine HCl)	NF	
<i>pilocarpine hcl soln</i>	F	
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl soln</i>	F	
<i>brimonidine tartrate soln 0.2 %</i>	F	QL(15 ml per fill retail)
IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl)	NF	

Drug Name	Drug Tier	Requirements/Limits
IOPIDINE SOLN 1 %	F	
Ophthalmic Anti-infectives		
<i>bacitracin-polymyxin b (ophth) oint</i>	F	QL(4 gm per fill retail)
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	NF	QL(15 ml per fill retail)
<i>erythromycin (ophth) oint</i>	F	QL(4 gm per fill retail)
GENTAK OINT	F	QL(4 gm per fill retail)
<i>gentamicin sulfate (ophth) soln</i>	F	QL(15 ml per fill retail)
<i>moxifloxacin hcl (ophth) soln 0.5 %</i>	F	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin oint</i>	F	QL(4 gm per fill retail)
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN 0.025MG/ML-10000UNIT/ML-1.75MG/ML	F	QL(10 ml per fill retail)
NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)	NF	QL(10 ml per fill retail)
OCUFLOX SOLN (Use Ofloxacin (Ophth))	NF	QL(10 ml per fill retail)
<i>ofloxacin (ophth) soln 0.3 %</i>	F	QL(10 ml per fill retail)
<i>polymyxin b-trimethoprim soln 0.1%-10000unit/ml</i>	F	QL(10 ml per fill retail)
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	NF	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) soln 10 %</i>	F	QL(15 ml per fill retail)
SULFACETAMIDE SODIUM OINT OP 10 %	F	
<i>tobramycin (ophth) soln 0.3 %</i>	F	QL(5 ml per fill retail)
TOBREX OINT 0.3 %	F	QL(4 gm per fill retail)
TOBREX SOLN (Use Tobramycin (Ophth))	NF	QL(5 ml per fill retail)
<i>trifluridine soln 1 %</i>	F	QL(8 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TRIFLURIDINE SOLN 1 %	F	QL(8 ml per fill retail)
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	NF	QL(3 ml per fill retail)
VIROPTIC SOLN (Use Trifluridine)	NF	QL(8 ml per fill retail)
Ophthalmic Decongestants		
<i>phenylephrine hcl (ophth) soln 2.5 %</i>	F	QL(15 ml per fill retail)
<i>tetrahydrozoline hcl (ophth) soln 0.05 %</i>	F	Limit 1 package per month;QL(0.5 ml daily)
VISINE SOLN (Use Tetrahydrozoline HCl (Ophth))	NF	Limit 1 package per month;QL(0.5 ml daily)
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth) soln</i>	F	
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	F	QL(4 gm per fill retail)
BLEPHAMIDE SUSP	F	QL(10 ml per fill retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	F	QL(5 ml per fill retail)
<i>fluorometholone (ophth) susp 0.1 %</i>	F	QL(15 ml per fill retail)
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	NF	QL(15 ml per fill retail)
FML OINT 0.1 %	F	QL(4 gm per fill retail)
MAXITROL OINT 10000UNIT/GM-3.5MG/GM-0.1% (Use Neomycin-Polymyx-Dexameth)	NF	QL(4 gm per fill retail)
MAXITROL SUSP 10000UNIT/ML-3.5MG/ML-0.1% (Use Neomycin-Polymyx-Dexameth)	NF	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyx-dexameth oint 10000unit/gm-3.5mg/gm-0.1%</i>	F	QL(4 gm per fill retail)
<i>neomycin-polymyx-dexameth susp 10000unit/ml-3.5mg/ml-0.1%</i>	F	QL(5 ml per fill retail)
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	F	QL(8 ml per fill retail)
OMNIPRED SUSP (Use Prednisolone Acetate (Ophth))	NF	QL(15 ml per fill retail)
PRED FORTE SUSP	F	QL(15 ml per fill retail)
PRED MILD SUSP	F	QL(10 ml per fill retail)
PRED-G SUSP 0.3%-1%	F	QL(5 ml per fill retail)
PREDNISOLONE ACETATE P-F SUSP	F	QL(15 ml per fill retail)
PREDNISOLONE ACETATE SUSP	F	QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	F	Limit 1 package per month;QL(0.34 ml daily)
<i>sulfacetamide sod-prednisolone soln</i>	F	QL(10 ml per fill retail)
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN	F	QL(10 ml per fill retail)
TOBRADEX OINT 0.3%-0.1%	F	QL(4 gm per fill retail)
TOBRADEX SUSP (Use Tobramycin-Dexamethasone)	NF	QL(10 ml per fill retail)
<i>tobramycin-dexamethasone susp 0.3%-0.1%</i>	F	QL(10 ml per fill retail)
Ophthalmics - Misc.		
ACULAR LS SOLN (Use Ketorolac Tromethamine (Ophth))	NF	

Drug Name	Drug Tier	Requirements/Limits
ACULAR SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	QL(10 ml per fill retail)
ALOCRIIL SOLN	F	ST; Try ketotifen ophth. first;QL(5 ml per fill retail)
ALOMIDE SOLN	F	ST; Try ketotifen ophth. first;QL(10 ml per fill retail)
<i>azelastine hcl (ophth) soln</i>	F	ST; Try ketotifen ophth. first;QL(6 ml per fill retail)
AZOPT SUSP	F	QL(15 ml per fill retail)
<i>cromolyn sodium (ophth) soln</i>	F	QL(10 ml per fill retail)
<i>diclofenac sodium (ophth) soln</i>	F	QL(5 ml per fill retail)
DORZOLAMIDE HCL SOLN 2 %	F	QL(10 ml per fill retail)
<i>dorzolamide hcl soln 2 %</i>	F	QL(10 ml per fill retail)
FLURBIPROFEN SODIUM SOLN	F	QL(3 ml per fill retail)
<i>flurbiprofen sodium soln</i>	F	QL(3 ml per fill retail)
<i>ketorolac tromethamine (ophth) soln 0.4 %</i>	F	
<i>ketorolac tromethamine (ophth) soln 0.5 %</i>	F	QL(10 ml per fill retail)
<i>ketotifen fumarate (ophth) soln 0.025 %</i>	F	QL(10 ml per fill retail)
NEVANAC SUSP 0.1 %	F	QL(3 ml per fill retail)
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	NF	QL(10 ml per fill retail)
ZADITOR SOLN (<i>Use Ketotifen Fumarate (Ophth)</i>)	NF	QL(10 ml per fill retail)
Prostaglandins - Ophthalmic		
LATANOPROST SOLN 0.005 %	F	QL(3 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost soln 0.005 %</i>	F	QL(3 ml per fill retail)
XALATAN SOLN (<i>Use Latanoprost</i>)	NF	QL(3 ml per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	F	QL(15 ml per fill retail)
<i>carbamide peroxide (otic) soln 6.5 %</i>	F	Limit 1 package per month;QL(0.5 ml daily)
DEBROX SOLN (<i>Use Carbamide Peroxide (Otic)</i>)	NF	Limit 1 package per month;QL(0.5 ml daily)
Otic Anti-infectives		
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	NF	QL(10 ml per fill retail)
<i>ofloxacin (otic) soln 0.3 %</i>	F	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX SUSP	F	QL(7.5 ml per 30 days retail)
CORTANE-B-OTIC SOLN (<i>Use Pramoxine-HC-Chloroxylenol</i>)	NF	Limit 1 package per month;QL(0.34 ml daily)
<i>neomycin-polymyxin-hc (otic) soln</i>	F	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp</i>	F	QL(10 ml per fill retail)
OTICIN HC NR SOLN (<i>Use Pramoxine-HC-Chloroxylenol</i>)	NF	Limit 1 package per month;QL(0.34 ml daily)
PRAMOTIC LIQD	F	
<i>pramoxine-hc-chloroxylenol soln 10mg/ml-1mg/ml-10mg/ml</i>	F	Limit 1 package per month;QL(0.34 ml daily)
Otic Steroids		

Drug Name	Drug Tier	Requirements/Limits
DERMOTIC OIL (Use Fluocinolone Acetonide (Otic))	NF	Limit 1 package per month;QL(0.67 ml daily)
fluocinolone acetonide (otic) oil 0.01 %	F	Limit 1 package per month;QL(0.67 ml daily)
hydrocortisone w/acetic acid soln	F	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate tabs or 0.2 mg	F	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	F	PA; SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps 250 mg, 500 mg	F	
AMOXICILLIN CHEW 125 MG, 250 MG	F	
amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	F	
amoxicillin tabs 875 mg	F	
AMPICILLIN CAPS	F	
Natural Penicillins		
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	F	
penicillin v potassium tabs 250 mg, 500 mg	F	
Penicillin Combinations		

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml	F	Limit 1 package per claim;QL(100 ml per fill retail)
amoxicillin & pot clavulanate susr 250mg/5ml-62.5mg/5ml	F	Limit 1 package per claim;QL(150 ml per fill retail)
amoxicillin & pot clavulanate susr 400mg/5ml-57mg/5ml	F	
amoxicillin & pot clavulanate susr 600mg/5ml-42.9mg/5ml	F	Limit 2 packages per claim;QL(400 ml per fill retail)
amoxicillin & pot clavulanate tabs 250mg-125mg	F	QL(30 ea per fill retail)
amoxicillin & pot clavulanate tabs 500mg-125mg, 875mg-125mg	F	QL(20 ea per fill retail)
amoxicillin & pot clavulanate tb12 1000mg-62.5mg	F	Limit 40 per 30 days;QL(1.34 ea daily)
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	F	QL(20 ea per fill retail)
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12	F	Limit 40 per 30 days;QL(1.34 ea daily)
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NF	Limit 2 packages per claim;QL(400 ml per fill retail)
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	F	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NF	Limit 1 package per claim;QL(150 ml per fill retail)
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NF	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NF	Limit 40 per 30 days;QL(1.34 ea daily)
Penicillinase-Resistant Penicillins		

Drug Name	Drug Tier	Requirements/Limits
<i>dicloxacillin sodium caps</i>	F	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	NF	
<i>hydroxyprogesterone caproate oil 250 mg/ml</i>	F	SP
MAKENA OIL IM 250 MG/ML (Use Hydroxyprogesterone Caproate)	NF	SP
MAKENA SOAJ SC 275 MG/1.1ML	F	SP
<i>medroxyprogesterone acetate tabs</i>	F	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	NF	
<i>megestrol acetate (appetite) susp 625 mg/5ml</i>	F	
<i>norethindrone acetate tabs 5 mg</i>	F	
<i>progesterone micronized caps 100 mg</i>	F	QL(1 ea daily)
<i>progesterone micronized caps 200 mg</i>	F	Limit 20 per month;QL(0.67 ea daily)
PROMETRIUM CAPS 100 MG (Use Progesterone Micronized)	NF	QL(1 ea daily)
PROMETRIUM CAPS 200 MG (Use Progesterone Micronized)	NF	Limit 20 per month;QL(0.67 ea daily)
PROVERA TABS (Use Medroxyprogesterone Acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
ANTABUSE TABS 250 MG (Use Disulfiram)	NF	
<i>disulfiram tabs 250 mg</i>	F	

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (Use Donepezil Hydrochloride)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	F	QL(1 ea daily)
EXELON PT24 (Use Rivastigmine)	NF	PA; QL(1 ea daily)
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	F	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	F	QL(6 ml daily)
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	F	QL(2 ea daily)
<i>memantine hcl soln 2 mg/ml, 10 mg/5ml</i>	F	QL(10 ml daily)
<i>memantine hcl tabs</i>	F	Limit 1 package per 28 days;QL(1.75 ea daily)
<i>memantine hcl tabs 5 mg, 10 mg</i>	F	QL(2 ea daily)
NAMENDA TABS (Use Memantine HCl)	NF	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (Use Memantine HCl)	NF	Limit 1 package per 28 days;QL(1.75 ea daily)
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	NF	QL(1 ea daily)
RAZADYNE TABS (Use Galantamine Hydrobromide)	NF	QL(2 ea daily)
<i>rivastigmine pt24</i>	F	PA; QL(1 ea daily)
<i>rivastigmine tartrate caps</i>	F	PA; QL(2 ea daily)
Combination Psychotherapeutics		
PERPHENAZINE/AMITRIP TYLINE TABS	F	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	F	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK MISC	F	PA; QL(55 ea per 365 days retail)
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Use Dalfampridine</i>)	NF	PA; SP
AUBAGIO TABS	F	PA; SP
AVONEX KIT	F	PA; SP
AVONEX PEN AJKT	F	PA; SP
AVONEX PSKT	F	PA; SP
BETASERON KIT 0.3 MG	F	PA; SP
COPAXONE SOSY (<i>Use Glatiramer Acetate</i>)	NF	PA; SP
<i>dalfampridine tb12 10 mg</i>	F	PA; SP
GILENYA CAPS 0.5 MG	F	PA; SP
<i>glatiramer acetate sosy</i>	F	PA; SP
LEMTRADA SOLN	F	PA; SP
PLEGRIDY SOPN	F	PA; SP
PLEGRIDY SOSY	F	PA; SP
PLEGRIDY STARTER PACK SOPN	F	PA; SP
PLEGRIDY STARTER PACK SOSY	F	PA; SP
REBIF REBIDOSE SOAJ	F	PA; SP
REBIF REBIDOSE TITRATIONPACK SOAJ	F	PA; SP
REBIF SOSY	F	PA; SP
REBIF TITRATION PACK SOSY	F	PA; SP
TECFIDERA CPDR	F	PA; SP
TECFIDERA STARTER PACK MISC	F	PA; SP
TYSABRI CONC	F	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ZINBRYTA SOSY	F	PA; SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS	F	
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	F	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12 150 mg</i>	F	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	F	
CHANTIX STARTING MONTH PAK TABS	F	
CHANTIX TABS	F	
NICODERM CQ PT24 (<i>Use Nicotine</i>)	NF	
NICORETTE GUM (<i>Use Nicotine Polacrilex</i>)	NF	
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>	F	
<i>nicotine polacrilex lozg</i>	F	
<i>nicotine pt24</i>	F	
NICOTINE TRANSDERMAL SYSTEM KIT	F	
NICOTROL INHALER INHA	F	
NICOTROL NS SOLN	F	
ZYBAN TB12 (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	NF	QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		

Drug Name	Drug Tier	Requirements/Limits
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	F	PA; SP
KALYDECO TABS 150 MG	F	PA; SP
ORKAMBI PACK 100MG-125MG, 150MG-188MG	F	PA
ORKAMBI TABS 100MG-125MG, 200MG-125MG	F	PA; SP
PULMOZYME SOLN	F	PA; SP
SYMDEKO TBPK 100MG-150MG	F	PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	F	
<i>doxycycline (monohydrate) tabs 50 mg, 100 mg</i>	F	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	F	
<i>doxycycline hyclate tabs or 100 mg</i>	F	
MINOCIN CAPS OR 50 MG, 100 MG (Use <i>Minocycline HCl</i>)	NF	
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	F	
MONODOX CAPS 100 MG (Use <i>Doxycycline (Monohydrate)</i>)	NF	
VIBRAMYCIN CAPS 100 MG (Use <i>Doxycycline Hyclate</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	F	
<i>propylthiouracil tabs</i>	F	
TAPAZOLE TABS (Use <i>Methimazole</i>)	NF	
Thyroid Hormones		

Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (Use <i>Thyroid</i>)	NF	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	F	
CYTOMEL TABS (Use <i>Liothyronine Sodium</i>)	NF	
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	F	
<i>liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg</i>	F	
SYNTHROID TABS (Use <i>Levothyroxine Sodium</i>)	NF	
<i>thyroid tabs</i>	F	
THYROLAR-1 TABS	F	
THYROLAR-1/2 TABS	F	
THYROLAR-1/4 TABS	F	
THYROLAR-2 TABS	F	
THYROLAR-3 TABS	F	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	F	AL(At least 19 yrs old)
BOOSTRIX SUSP	F	AL(At least 19 yrs old)
TDVAX SUSP	F	AL(At least 19 yrs old)
TENIVAC INJ	F	AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (Use <i>Hyoscyamine Sulfate</i>)	NF	
BENTYL CAPS OR 10 MG (Use <i>Dicyclomine HCl</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>dicyclomine hcl caps or 10 mg</i>	F	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	F	QL(40 ml daily)
<i>dicyclomine hcl tabs or 20 mg</i>	F	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	F	QL(4 ea daily)
<i>hyoscyamine sulfate elix or 0.125 mg/5ml</i>	F	
<i>hyoscyamine sulfate soln or 0.125 mg/ml</i>	F	
<i>hyoscyamine sulfate tb12 or 0.375 mg</i>	F	QL(4 ea daily)
<i>hyoscyamine sulfate tbdp or 0.125 mg</i>	F	
LEVBIID TB12 (Use Hyoscyamine Sulfate)	NF	QL(4 ea daily)
ROBINUL FORTE TABS (Use Glycopyrrolate)	NF	QL(4 ea daily)
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	NF	QL(4 ea daily)
H-2 Antagonists		
CIMETIDINE HCL SOLN	F	QL(27 ml daily)
<i>cimetidine tabs 200 mg</i>	F	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	F	
<i>famotidine susr or 40 mg/5ml</i>	F	
<i>famotidine tabs or 10 mg, 40 mg</i>	F	
<i>famotidine tabs or 20 mg</i>	F	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (Use Famotidine)	NF	RX/OTC
PEPCID AC TABS (Use Famotidine)	NF	
PEPCID SUSR 40 MG/5ML (Use Famotidine)	NF	
PEPCID TABS 20 MG (Use Famotidine)	NF	RX/OTC
PEPCID TABS 40 MG (Use Famotidine)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>ranitidine hcl caps or 150 mg</i>	F	QL(2 ea daily)
<i>ranitidine hcl caps or 300 mg</i>	F	QL(1 ea daily)
<i>ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	F	QL(40 ml daily); AL(Up to 6 yrs old)
<i>ranitidine hcl tabs or 150 mg</i>	F	QL(2 ea daily); RX/OTC
<i>ranitidine hcl tabs or 75 mg, 300 mg</i>	F	QL(2 ea daily)
TAGAMET HB TABS (Use Cimetidine)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use Ranitidine HCl)	NF	QL(2 ea daily); RX/OTC
ZANTAC 75 TABS (Use Ranitidine HCl)	NF	QL(2 ea daily)
ZANTAC TABS OR 300 MG (Use Ranitidine HCl)	NF	QL(2 ea daily)
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	F	QL(420 ml per fill retail); AL(Up to 6 yrs old)
CARAFATE TABS 1 GM (Use Sucralfate)	NF	QL(4 ea daily)
<i>sucralfate tabs</i>	F	QL(4 ea daily)
Proton Pump Inhibitors		
<i>esomeprazole magnesium cpdr 40 mg</i>	F	
<i>lansoprazole cpdr 15 mg</i>	F	QL(4 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	F	
<i>lansoprazole tbdp 15 mg, 30 mg</i>	F	
NEXIUM CPDR 40 MG (Use Esomeprazole Magnesium)	NF	
<i>omeprazole cpdr 10 mg</i>	F	
<i>omeprazole cpdr 20 mg</i>	F	QL(2 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cpdr 40 mg</i>	F	QL(2 ea daily)
<i>omeprazole tbec 20 mg</i>	F	QL(1 ea daily)
OMEPRAZOLE TBEC 20 MG	F	QL(1 ea daily)
OMEPRAZOLE TBEC 20 MG (Use Omeprazole)	NF	QL(1 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	F	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	F	QL(2 ea daily)
PREVACID 24HR CPDR (Use Lansoprazole)	NF	QL(4 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use Lansoprazole)	NF	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use Lansoprazole)	NF	
PREVACID SOLUTAB TBDP (Use Lansoprazole)	NF	
PROTONIX TBEC OR 20 MG (Use Pantoprazole Sodium)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use Pantoprazole Sodium)	NF	QL(2 ea daily)
SW OMEPRAZOLE TBEC	F	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use Misoprostol)	NF	
<i>misoprostol tabs</i>	F	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
<i>methenamine-hyosc-methylene blue-sod phospheryl sal tabs 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg</i>	F	
Urinary Anti-infectives		
FURADANTIN SUSP (Use Nitrofurantoin)	NF	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/Limits
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (Use Nitrofurantoin Macrocrystal)	NF	
<i>methenamine mandelate tabs</i>	F	
<i>nitrofurantoin macrocrystal caps 50 mg, 100 mg</i>	F	
<i>nitrofurantoin monohyd macro caps 100 mg</i>	F	
<i>nitrofurantoin susp 25 mg/5ml</i>	F	QL(40 ml daily)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
DETROL LA CP24 (Use Tolterodine Tartrate)	NF	QL(1 ea daily)
DETROL TABS (Use Tolterodine Tartrate)	NF	QL(2 ea daily)
DITROPAN XL TB24 (Use Oxybutynin Chloride)	NF	QL(2 ea daily)
<i>oxybutynin chloride syrps 5 mg/5ml</i>	F	QL(16 ml daily)
<i>oxybutynin chloride tabs 5 mg</i>	F	QL(3 ea daily)
<i>oxybutynin chloride tb24 5 mg, 10 mg, 15 mg</i>	F	QL(2 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	F	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	F	QL(2 ea daily)
<i>trospium chloride tabs 20 mg</i>	F	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	F	
URECHOLINE TABS (Use Bethanechol Chloride)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	F	
VACCINES		

Drug Name	Drug Tier	Requirements/ Limits
Bacterial Vaccines		
ACTHIB SOLR	F	AL(At least 19 yrs old)
BEXSERO SUSY	F	AL(At least 19 yrs old)
HIBERIX SOLR	F	AL(At least 19 yrs old)
MENACTRA INJ	F	AL(At least 19 yrs old)
MENVEO SOLR	F	AL(At least 19 yrs old)
PEDVAX HIB SUSP	F	AL(At least 19 yrs old)
PNEUMOVAX 23 INJ	F	One per lifetime; AL(At least 65 yrs old)
PNEUMOVAX 23/1 DOSE INJ	F	One per lifetime; AL(At least 65 yrs old)
PREVNAR 13 SUSP	F	One per lifetime; AL(At least 65 yrs old)
TRUMENBA SUSY	F	AL(At least 19 yrs old)
Viral Vaccines		
ENGERIX-B INJ	F	AL(At least 19 yrs old)
ENGERIX-B SUSP	F	AL(At least 19 yrs old)
FLUMIST QUADRIVALENT SUSP	F	AL(At least 19 yrs old - Up to 49 yrs old)
GARDASIL 9 SUSP	F	QL(1.5 ml per 999 days retail); AL(At least 9 yrs old - Up to 45 yrs old)
GARDASIL 9 SUSY	F	QL(1.5 ml per 999 days retail); AL(At least 9 yrs old - Up to 45 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
HAVRIX SUSP	F	AL(At least 19 yrs old)
IPOL INACTIVATED IPV INJ	F	AL(At least 19 yrs old)
M-M-R II INJ	F	AL(At least 19 yrs old)
PROQUAD SUSR	F	AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	F	AL(At least 19 yrs old)
ROTARIX SUSR	F	AL(Up to 1 yrs old)
ROTATEQ SOLN	F	AL(Up to 1 yrs old)
SHINGRIX SUSR	F	AL(At least 50 yrs old)
STAMARIL SUSR	F	AL(At least 19 yrs old)
TWINRIX SUSP	F	AL(At least 19 yrs old)
TWINRIX SUSY	F	AL(At least 19 yrs old)
VAQTA SUSP	F	AL(At least 19 yrs old)
VARIVAX INJ	F	AL(At least 19 yrs old)
ZOSTAVAX SUSR	F	AL(At least 60 yrs old)

VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones

Vaginal Anti-infectives

CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal)	NF	QL(40 gm per fill retail)
<i>clindamycin phosphate vaginal crea 2 %</i>	F	QL(40 gm per fill retail)
<i>clotrimazole vaginal crea 1 %</i>	F	QL(45 gm per fill retail)
<i>clotrimazole vaginal crea 2 %</i>	F	QL(20 gm per fill retail)
GYNAZOLE-1 CREA	F	
GYNE-LOTTRIMIN 3 CREA (Use Clotrimazole Vaginal)	NF	QL(20 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
GYNE-LOTTRIMIN CREA (Use Clotrimazole Vaginal)	NF	QL(45 gm per fill retail)
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	NF	QL(70 gm per fill retail)
<i>metronidazole vaginal gel 0.75 %</i>	F	QL(70 gm per fill retail)
MICONAZOLE 3 SUPP	F	QL(3 ea per fill retail)
<i>miconazole nitrate vaginal crea 2 %</i>	F	QL(45 gm per fill retail)
<i>miconazole nitrate vaginal crea 4 %</i>	F	Limit 1 package per month;QL(1.5 gm daily)
<i>miconazole nitrate vaginal kit</i>	F	QL(1 gm per fill retail)
<i>miconazole nitrate vaginal kit</i>	F	
<i>miconazole nitrate vaginal supp 100 mg</i>	F	QL(7 ea per fill retail)
MONISTAT 1 COMBO PACK KIT (Use Miconazole Nitrate Vaginal)	NF	
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (Use Miconazole Nitrate Vaginal)	NF	
MONISTAT 3 COMBINATION PACK KIT (Use Miconazole Nitrate Vaginal)	NF	QL(1 gm per fill retail)
MONISTAT 3 CREA (Use Miconazole Nitrate Vaginal)	NF	Limit 1 package per month;QL(1.5 gm daily)
MONISTAT 7 SIMPLY CURE CREA (Use Miconazole Nitrate Vaginal)	NF	QL(45 gm per fill retail)
TERAZOL 7 CREA (Use Terconazole Vaginal)	NF	QL(45 gm per fill retail)
TERCONAZOLE CREA	F	QL(20 gm per fill retail)
<i>terconazole vaginal crea 0.4 %</i>	F	QL(45 gm per fill retail)
<i>terconazole vaginal crea 0.8 %</i>	F	QL(20 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal supp 80 mg</i>	F	QL(3 ea per fill retail)
<i>tioconazole vaginal oint</i>	F	QL(5 gm per fill retail)
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (Use Estradiol Vaginal)	NF	Limit 1 package per month;QL(1.5 gm daily)
<i>estradiol vaginal crea 0.1 mg/gm</i>	F	Limit 1 package per month;QL(1.5 gm daily)
<i>estradiol vaginal tabs 10 mcg</i>	F	
PREMARIN CREA VA 0.625 MG/GM	F	Limit 1 package per month;QL(1.5 gm daily)
VAGIFEM TABS (Use Estradiol Vaginal)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	F	QL(4 ea per 365 days retail)
EPIPEN 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	NF	QL(4 ea per 365 days retail)
EPIPEN-JR 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	NF	
Vasopressors		
<i>midodrine hcl tabs</i>	F	
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD 400 UT/0.028ML (Use Cholecalciferol)	NF	
<i>cholecalciferol caps 1000 unit, 2000 unit</i>	F	
<i>cholecalciferol caps 5000 unit</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol caps 50000 unit</i>	F	Limit 8 per month;QL(0.26 7 ea daily)
<i>cholecalciferol chew 400 unit</i>	F	
<i>cholecalciferol liqd 400 unit/ml, 5000 unit/ml, 400 ut/0.028ml</i>	F	
<i>cholecalciferol tabs 25 mcg, 400 unit, 1000 unit</i>	F	
D-VI-SOL LIQD (Use Cholecalciferol)	NF	
DRISDOL CAPS (Use Ergocalciferol)	NF	
<i>ergocalciferol caps</i>	F	
<i>ergocalciferol soln</i>	F	
MEPHYTON TABS (Use Phytonadione)	NF	
<i>phytonadione tabs or 5 mg</i>	F	
<i>vitamin a caps 10000 unit</i>	F	
<i>vitamin a tabs 10000 unit</i>	F	
<i>vitamin e caps or 100 unit, 200 unit, 400 unit</i>	F	QL(2 ea daily)
<i>vitamin e soln or 50 unit/ml, 15 unit/0.3ml</i>	F	
Water Soluble Vitamins		
ASCOCID POWD	F	
<i>ascorbic acid chew or 500mg, 500 mg, 7.5mg-500mg</i>	F	
ASCORBIC ACID POWD OR	F	
<i>ascorbic acid tabs or 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg, 25mg-35mg-500mg</i>	F	100 / 30 days;QL(100 ea per 34 days retail)
<i>biotin caps or 5 mg, 5000 mcg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin cpcr 250 mg, 500 mg</i>	F	
<i>niacin tabs 50 mg, 100 mg, 500 mg</i>	F	
<i>niacin tbcrc 250 mg, 500 mg, 750 mg</i>	F	
NIACIN TR TBCR	F	
<i>pyridoxine hcl tabs or 25 mg, 50 mg, 100 mg, 250 mg</i>	F	
<i>riboflavin tabs 50 mg, 100 mg</i>	F	100 / 30 days;QL(100 ea per 34 days retail)
SLO-NIACIN TBCR (Use Niacin)	NF	
<i>thiamine hcl tabs or 50 mg, 100 mg, 250 mg</i>	F	100 / 30 days;QL(100 ea per 34 days retail)
<i>thiamine mononitrate tabs 100 mg</i>	F	100 / 30 days;QL(100 ea per 34 days retail)
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baclofen.....	125	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM.....	84	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM.....	85
BACTRIM.....	8	BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM.....	84	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM.....	85
BACTRIM DS.....	8	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	84	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	85
BACTROBAN.....	47	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	84	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM.....	85
BACTROBAN NASAL.....	125	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	84	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM.....	85
balsalazide disodium.....	60	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	84	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM.....	85
BAND-AID GAUZE PADS LARGE4" X 4".....	66	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	84	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	85
BAND-AID GAUZE PADS MEDIUM 3" X 3".....	66	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	84	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	85
BAND-AID GAUZE PADS SMALL2" X 2".....	66	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	84	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	85
BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4".....	66	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	84	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	85
BANZEL.....	12	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	84	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	85
BAQSIMI ONE PACK.....	19	BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	84	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16".....	85
BAQSIMI TWO PACK.....	19	BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	84	BD SWABS SINGLE USE.....	82
BARACLUDE.....	38	BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	84	BD SWABS SINGLE USE BUTTERFLY.....	81
BASAGLAR KWIKPEN.....	20	BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	84	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	85
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2".....	84	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	85	BEBULIN.....	61
BD AUTOSHIELD 29G X 5/16".....	84	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	85	BENADRYL ALLERGY.....	23
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2".....	84	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	85	BENADRYL ALLERGY CHILDRENS.....	24
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8".....	84	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	85	benazepril & hydrochlorothiazide.....	27
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	84	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	85	benazepril hcl.....	26
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	84	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	85	BENEFIX.....	61
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	84	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	85	BENICAR.....	26
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	84	BD LANCET ULTRAFINE 30G.....	73	BENICAR HCT.....	27
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	84	BD MICROTAINER LANCETS.....	73	BENTYL.....	134
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM.....	84	BD PEN.....	85	BENZAC AC WASH.....	46
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM.....	84			benzonatate.....	44
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM.....	84			benzoyl peroxide.....	46
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM.....	84			BENZOYL PEROXIDE.....	46

benzoyl peroxide.....	46	BREATHE EASE/MEDIUM MASK.....	114	buprenorphine hcl.....	6
BENZOYL PEROXIDE CLEANSER.....	46	BREATHE EASE/SMALL MASK.....	114	buprenorphine hcl-naloxone hcl dihydrate.....	6
benztropine mesylate.....	31	BREATHERITE.....	114	bupropion hcl.....	15
BETADINE.....	35	BREATHERITE COLLAPSIBLEADULT SPACER W/MASK.....	114	bupropion hcl (smoking deterrent).....	133
BETAGAN.....	127	BREATHERITE COLLAPSIBLECHILD SPACER W/MASK.....	114	BUPROPION HYDROCHLORIDE ER (XL).....	15
betamethasone dipropionate (topical).....	49	BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK.....	114	buspirone hcl.....	9
betamethasone dipropionate augmented.....	49	BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK.....	114	butalbital-acetaminophen.....	4
betamethasone valerate.....	49	BREATHERITE COLLAPSIBLESPACER W/NEONATE MASK.....	114	butalbital-acetaminophen-caffeine.....	4
BETAPACE.....	39	BREATHERITE RIGID SPACER W/MASK.....	114	butalbital-acetaminophen-caffeine w/ codeine.....	6
BETAPACE AF.....	39	BREATHERITE W/LARGE MASK.....	114	butalbital-aspirin-caffeine.....	4
BETASERON.....	133	BREATHERITE W/MEDIUM MASK.....	114	butalbital-aspirin-caffeine w/cod.....	6
betaxolol hcl (ophth).....	127	BREATHERITE W/SMALL MASK.....	114	BUTISOL SODIUM.....	63
bethanechol chloride.....	136	BREVICON-28.....	41	BYDUREON.....	20
BETHKIS.....	2	BRILINTA.....	62	BYDUREON PEN.....	20
bexarotene.....	31	brimonidine tartrate.....	128	BYETTA.....	20
BEXSERO.....	137	BRIVIACT.....	12	C-BUFF.....	121
BIATAIN ADHESIVE FOAM DRESSING 4"X4".....	66	bromocriptine mesylate.....	31	caffeine citrate.....	1
BIATAIN FOAM DRESSING 4"X4".....	66	brompheniramine & phenyleph.....	44	CALAN.....	39
bicalutamide.....	29	brompheniramine & pseudoeph.....	44	CALAN SR.....	39
BIKTARVY.....	35	BROTAPP DM.....	44	CALCI-CHEW.....	117
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY.....	66	budesonide (inhalation).....	10	calcipotriene.....	48
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY.....	67	BUFFERIN.....	5	calcitonin (salmon).....	57
BIOTENE DRY MOUTH MOISTURIZING SPRAY.....	120	BULL FROG SUPERBLOCK SPF50.....	53	calcitriol.....	58
biotin.....	139	BULL FROG ULTIMATE SHEERPROTECTION FACE SUNBLOCK SPF 30.....	53	CALCIUM.....	118
BIOVOL.....	121	BULL FROG ULTIMATE SHEERPROTECTION SUNBLOCK SPF 30.....	53	calcium acetate (phosphate binder).....	60
bisacodyl.....	65	BULL FROG WATER ARMOR SPORT FACE SPF 30.....	53	calcium carbonate.....	117
bismuth subsalicylate.....	22	BULLSEYE MINI SAFETY LANCETS.....	73	calcium carbonate (antacid).....	8
bisoprolol & hydrochlorothiazide.....	27	BULLSEYE SAFETY LANCETS.....	73	calcium carbonate-cholecalciferol.....	117
bisoprolol fumarate.....	39	bumetanide.....	57	calcium carbonate-vitamin d.....	117,118
BLEPH-10.....	128	BUMEX.....	57	calcium citrate.....	118
BLEPHAMIDE.....	129			calcium polycarbophil.....	64
BLEPHAMIDE S.O.P.....	129			CALTRATE 600+D3.....	118
BOOSTRIX.....	134			camphor & menthol.....	48
BORDERED GAUZE.....	67			candesartan cilexetil.....	26
bosentan.....	40			candesartan cilexetil-hydrochlorothiazide.....	27
BOSULIF.....	30			capecitabine.....	29
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN.....	51			CAPHOSOL.....	120
BRAFTOVI.....	30			capsaicin.....	52
BREATHE EASE/LARGE MASK.....	114			captopril.....	26
				CAPTOPRIL/HYDROCHLOROTHIAZIDE.....	27

CAPZASIN-HP	52	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM86	86	CELEXA	15
CARAC	48	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES	86	CELLCEPT	119
CARAFATE	135	29GX12MM	86	CELLCEPT INTRAVENOUS	119
carbamazepine	12	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES	86	CELONTIN	14
carbamide peroxide (otic) ..	130	31GX5MM	86	CENTANY	47
CARBATROL	13	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES	86	CENTRUM MULTIVITAMIN FLAVOR BURST DRINK ..	121
carbidopa	31	31GX6MM	86	cephalexin	41
carbidopa-levodopa	31	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES	86	CERASPORT	118
CARDIOCOM LANCING DEVICE	73	31GX8MM	86	CERASPORT EX1	118
CARDIZEM	39	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES	86	CERAVE SUNSCREEN FACE/SPF50	53
CARDIZEM CD	39	32GX4MM	86	CERDELGA	62
CARDURA	26	CARETOUCH ALCOHOL PREP PADS	82	CEREZYME	62
CAREFINE PEN NEEDLE 32GX4MM	85	CARETOUCH LANCING DEVICEWITH EJECTOR ..	73	cetirizine hcl	24
CAREFINE PEN NEEDLES 29GX1/2"	85	CARETOUCH PEN NEEDLES 31G X 6 MM	86	cetirizine-pseudoephedrine .	44
CAREFINE PEN NEEDLES 30GX5/16"	85	CARETOUCH PEN NEEDLES 31GX 5MM	86	CHANTAL SUN SCREEN SPF 30	53
CAREFINE PEN NEEDLES 31GX6MM	85	CARETOUCH PEN NEEDLES 31GX 8MM	86	CHANTIX	133
CAREFINE PEN NEEDLES 31GX8MM	85	CARETOUCH PEN NEEDLES 31GX 8MM	86	CHANTIX CONTINUING MONTHPAK	133
CAREFINE PEN NEEDLES 32GX5MM	85	CARETOUCH PEN NEEDLES 32GX 4MM	86	CHANTIX STARTING MONTH PAK	133
CAREFINE PEN NEEDLES 32GX6MM	85	CARETOUCH PEN NEEDLES 32GX 5MM	86	CHEK-STIX COMBO PAK URINALYSIS CONTROL ..	55
CAREONE ADVANCED LANCINGDEVICE	73	CARETOUCH TWIST LANCETS 30G	73	CHEK-STIX CONTROL	55
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	85	CARNITOR	58	CHEMET	22
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	85	CARNITOR SF	58	CHEMSTRIP-K	55
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	85	CARRASMART	67	CHERACOL PLUS	44
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	86	CARRASMART FOAM	67	CHERACOL-D COUGH	44
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" ..	86	CARTEOLOL HCL	127	CHILDRENS ADVIL	3
CAREONE INSULIN SYRINGES/1ML/31GX5/16" ..	86	carteolol hcl (ophth)	127	CHILDRENS MOTRIN	3
CAREONE LANCET THIN ..	73	carvedilol	38	CHLOR-TRIMETON	23
CAREONE LANCET ULTRA THIN	73	carvedilol phosphate	38	chlordiazepoxide hcl	9
CAREONE UNIFINE PENTIPS 29GX12MM	86	CASODEX	29	chlorhexidine gluconate	35
CAREONE UNIFINE PENTIPS 31GX5MM	86	CATAPRES	26	chlorhexidine gluconate (mouth- throat)	120
CAREONE UNIFINE PENTIPS 31GX6MM	86	cefaclor	41	CHLOROQUINE PHOSPHATE	28
CAREONE UNIFINE PENTIPS 31GX8MM	86	CEFACLOR	41	chloroquine phosphate	28
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES	86	cefadroxil	41	CHLOROTHIAZIDE	57
		cefdinir	41	chlorothiazide	57
		cefprozil	41	chlorpheniramine maleate ..	23
		CEFTIN	41	CHLORPROMAZINE HCL ..	34
		ceftriaxone sodium	41	chlorpromazine hcl	34
		cefuroxime axetil	41	CHLORPROPAMIDE	21
		CELEBREX	3	chlorthalidone	57
		celecoxib	3	CHLORZOXAZONE	125
				CHOLBAM	59

cholecalciferol.....	138,139	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	87
cholestyramine.....	25	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	87
cholestyramine light.....	25	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	87
choline & mag salicylate.....	5	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2".....	86	CLICKFINE PEN NEEDLE 32GX5/32".....	87
cilostazol.....	62	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	86	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	87
CIMDUO.....	35	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	86	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16".....	87
cimetidine.....	135	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	86	CLICKFINE PEN NEEDLES 31G X 1/4".....	87
CIMETIDINE HCL.....	135	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	86	CLICKFINE PEN NEEDLES 31G X 3/16".....	87
CIPRO.....	59	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	86	CLICKFINE PEN NEEDLES 31G X 5/16".....	87
CIPRODEX.....	130	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	86	CLICKFINE PEN NEEDLES 31G X 8MM.....	87
CIPROFLOXACIN HCL.....	59	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	CLICKFINE PEN NEEDLES 32G X 5/32".....	87
ciprofloxacin hcl.....	59	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	CLICKFINE PEN NEEDLES/31GX1/4".....	87
cialopram hydrobromide....	15	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	87
CLARITHROMYCIN.....	66	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	CLIMARA.....	59
clarithromycin.....	66	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clindamycin hcl.....	8
CLARITIN.....	24	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clindamycin palmitate hydrochloride.....	8
CLARITIN ALLERGY CHILDRENS.....	24	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clindamycin phosphate (topical).....	46
CLARITIN REDITABS.....	24	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clindamycin phosphate vaginal.....	137
CLARITIN-D 12 HOUR.....	44	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clobetasol propionate.....	49
CLARITIN-D 24 HOUR.....	44	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clobetasol propionate emollient base.....	49
CLASS ACT LUBRICATED.....	70	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clomipramine hcl.....	17
CLASSIC PRENATAL.....	123	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clonazepam.....	12
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER.....	46	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clonidine hcl.....	26
CLEANLET LANCETS 28G.....	73	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clopidogrel bisulfate.....	62
CLEAR COUGH PM MULTI- SYMPTOM.....	44	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clorazepate dipotassium.....	9
clemastine fumarate.....	24	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	CLOSERCARE.....	73
CLEOCIN.....	8,137	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clotrimazole (topical).....	47
CLEOCIN PEDIATRIC GRANULES.....	8	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clotrimazole vaginal.....	137
CLEOCIN-T.....	46	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clotrimazole w/ betamethasone.....	47
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE.....	114	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clozapine.....	33
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM.....	114	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	CLOZAPINE.....	33
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL.....	115	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clozapine.....	33
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	86	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	CLOZAPINE ODT.....	33
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2".....	86	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	CLOZARIL.....	33
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86				

coal tar extract.....	55	COMFORT EZ SHORT/31G X 8MM.....	88	cromolyn sodium (nasal)...	125
COARTEM.....	28	COMFORT EZ/31G X 5MM.....	88	cromolyn sodium (ophth)...	130
CODEINE SULFATE.....	5	COMFORT EZ/31G X 6MM.....	88	crotamiton.....	52
codeine sulfate.....	5	COMFORT LANCETS.....	73	CURITY ALCOHOL PREPS/MEDIUM 2 PLY.....	82
COGENTIN.....	31	COMPACT SPACE CHAMBER/ANTI-STATIC	115	CURITY ALCOHOL SWABS	82
COLACE.....	65	COMPACT SPACE CHAMBER/ANTI- STATIC/LARGE MASK.....	115	CURITY ALL PURPOSE SPONGES 2"X2".....	67
COLAZAL.....	60	COMPACT SPACE CHAMBER/ANTI- STATIC/MEDIUM MASK.....	115	CURITY ALL PURPOSE SPONGES 2"X2" 4PLY.....	67
colchicine.....	60	COMPACT SPACE CHAMBER/ANTI- STATIC/SMALL MASK.....	115	CURITY ALL PURPOSE SPONGES 3"X3" 4PLY.....	67
COLCHICINE.....	60	COMPLERA.....	35	CURITY ALL PURPOSE SPONGES 4 PLY.....	67
colchicine w/ probenecid.....	60	CONCEPTIONXR MOTILITY SUPPORT FORMULA.....	121	CURITY ALL PURPOSE SPONGES 4"X4".....	67
COLCRYS.....	60	CONCERTA.....	1	CURITY ALL PURPOSE SPONGES 4"X4" 4PLY.....	67
COLESTID.....	25	COOL BOTTOMS.....	52	CURITY ALL PURPOSE POUCH.....	67
COLESTID FLAVORED.....	25	COPA ISLAND BORDERED FOAM DRESSING 4"X4".....	67	CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY.....	67
colestipol hcl.....	25	COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4".....	67	CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY.....	67
COLYTE-FLAVOR PACKS.....	64	COPAXONE.....	133	CURITY COVER SPONGE 4"X4".....	67
COMBIPATCH.....	58	COREG.....	38	CURITY COVER SPONGES 3"X3".....	67
COMBIVENT RESPIMAT.....	11	COREG CR.....	38	CURITY COVER SPONGES 4"X4".....	67
COMBIVIR.....	35	CORGARD.....	39	CURITY DRESSING SPONGES 4"X4" 6 PLY.....	67
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2".....	87	CORIFACT.....	61	CURITY GAUZE PADS 2"X2".....	67
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	87	CORTANE-B-OTIC.....	130	CURITY GAUZE PADS 2"X2" 12 PLY.....	67
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	87	CORTEF.....	43	CURITY GAUZE PADS 3"X3".....	67
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2".....	87	CORTENEMA.....	7	CURITY GAUZE PADS 4"X4" 12 PLY.....	67
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	88	CORTISONE ACETATE.....	43	CURITY GAUZE SPONGE 2"X2" 8 PLY.....	67
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	88	CORVITA.....	121	CURITY GAUZE SPONGE 2"X2"12 PLY.....	67
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2".....	88	CORVITE.....	122	CURITY GAUZE SPONGE 3"X3" 12 PLY.....	67
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16".....	88	COSOPT.....	127	CURITY GAUZE SPONGE 4"X4" 12 PLY.....	67
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16".....	88	COTELLIC.....	30	CURITY GAUZE SPONGE 4"X4" 16 PLY.....	67
COMFORT ASSURED LANCETS MICRO THIN 33G.....	73	COTZ.....	53	CURITY GAUZE SPONGE 4"X4" 8 PLY.....	67
COMFORT ASSURED LANCETS SUPER THIN 28G.....	73	COUMADIN.....	11	CURITY GAUZE SPONGE 2"X2"12 PLY.....	67
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	88	COVRSITE COVER DRESSING.....	67	CURITY GAUZE SPONGE 3"X3" 12 PLY.....	67
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	88	COVRSITE PLUS COMPOSITE DRESSING.....	67	CURITY GAUZE SPONGE 4"X4" 12 PLY.....	67
COMFORT EZ MICRO/32G X 4MM.....	88	COZAAR.....	26	CURITY GAUZE SPONGE 4"X4" 16 PLY.....	67
		CREON.....	56	CURITY GAUZE SPONGE 4"X4" 8 PLY.....	67
		CRESTOR.....	25	CURITY GAUZE SPONGE 4"X4"16 PLY.....	67
		CRIVAN.....	35		
		cromolyn sodium.....	10		

CURITY GAUZE SPONGES 4"X4" 12 PLY.....	67	cyclosporine modified (for microemulsion).....	119	DERMACEA GAUZE SPONGE 2"X2" 12 PLY.....	68
CURITY GAUZE SPONGES 4"X4" 8 PLY.....	67	CYMBALTA.....	17	DERMACEA GAUZE SPONGE 2"X2" 8 PLY.....	68
CURITY NON-ADHERENT STRIPS 3"X3".....	67	cyproheptadine hcl.....	24	DERMACEA GAUZE SPONGE 3"X3" 12 PLY.....	68
CURITY SPONGES/CELLULOSEFILLED/ 2"X2".....	67	CYTOMEL.....	134	DERMACEA GAUZE SPONGE 3"X3" 8 PLY.....	68
CURITY SPONGES/CELLULOSEFILLED/ 4"X4".....	67	CYTOTEC.....	136	DERMACEA GAUZE SPONGE 4"X4" 12 PLY.....	68
CVS DIABETES HEALTH SUPPORT.....	122	D-VI-SOL.....	139	DERMACEA GAUZE SPONGE 4"X4" 16 PLY.....	68
CVS DRY MOUTH SPRAY.....	120	D.H.E. 45.....	116	DERMACEA GAUZE SPONGE 4"X4" 8 PLY.....	68
CVS GAUZE PAD 3"X3".....	68	DAILY CONDITIONING TREATMENT.....	51	DERMACEA I.V. DRAIN SPONGES 2"X2".....	68
CVS GAUZE PADS 2"X2" 12- PLY.....	68	DAILY HEART HEALTH SUPPORT.....	122	DERMACEA I.V. DRAIN SPONGES 4"X4".....	68
CVS GAUZE PADS 4"X4" 12- PLY.....	68	DAILY PAK MAXIMUM MULTIVITAMIN/ASIAN GINSENG EXTRACT.....	122	DERMACEA I.V. SPONGES 2"X2".....	68
CVS GAUZE PADS STERILE 4"X4" 12-PLY.....	68	dakin's solution.....	35	DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY.....	68
CVS GLUCOSE.....	19	DAKINS SOLUTION FULL STRENGTH.....	35	DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY.....	68
CVS IMMUNE SUPPORT VITAMIN C.....	122	DAKINS SOLUTION HALF STRENGTH.....	35	DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY.....	68
CVS LANCETS 21G.....	73	DAKINS SOLUTION QUARTER STRENGTH.....	35	DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY.....	68
CVS LANCETS MICRO THIN 33G.....	73	dalfampridine.....	133	DERMACEA TYPE VII GAUZE 2"X2" 12 PLY.....	68
CVS LANCETS MICRO-THIN 33G.....	73	DALIRESP.....	10	DERMACEA TYPE VII GAUZE 2"X2" 8 PLY.....	68
CVS LANCETS ORIGINAL.....	73	dapsone.....	8	DERMACEA TYPE VII GAUZE 3"X3" 12 PLY.....	68
CVS LANCETS THIN 26G.....	73	DAY TIME MULTI-SYMP TOM COLD/FLU RELIEF.....	44	DERMACEA TYPE VII GAUZE 3"X3" 12PLY.....	68
CVS LANCETS ULTRA THIN 30G.....	73	DAYPRO.....	3	DERMACEA TYPE VII GAUZE 4"X4" 12 PLY.....	68
CVS LANCETS ULTRA-THIN 30G.....	73	DDAVP.....	58	DERMACEA TYPE VII GAUZE 4"X4" 16 PLY.....	68
CVS LANCING DEVICE.....	73	DEBROX.....	130	DERMACEA TYPE VII GAUZE 4"X4" 8 PLY.....	68
CVS PRENATAL.....	123	DELSTRIGO.....	35	DERMACEA X-RAY SPONGES 4"X4" 16 PLY.....	68
CVS PRENATAL GUMMY/DHA/FOLIC ACID.....	123	DELSYM.....	44	DERMALEVIN ADHESIVE FOAMDRESSING 4"X4".....	68
CVS PREP PADS.....	82	DELSYM COUGH CHILDRENS.....	44	DERMATOP.....	49
CVS ULTRA THIN LANCETS.....	73	DEMADEX.....	57	DERMOTIC.....	131
cyanocobalamin.....	62	DEMEROL.....	5	DESCOVY.....	35
CYCLESSA.....	41	DEPACON.....	14	desipramine hcl.....	17
cyclobenzaprine hcl.....	125	DEPAKENE.....	14	desmopressin acetate.....	58
CYCLOGYL.....	128	DEPAKOTE.....	14	desmopressin acetate spray.....	58
cyclopentolate hcl.....	128	DEPAKOTE ER.....	14	desmopressin acetate spray refrigerated.....	58
cyclophosphamide.....	29	DEPAKOTE SPRINKLES.....	14	DESOGEN.....	41
CYCLOPHOSPHAMIDE.....	29	DEPEN TITRATABS.....	119	desogestrel & ethinyl estradiol.....	41
cyclosporine.....	119	DEPLIN 15.....	56		
CYCLOSPORINE MODIFIED.....	119	DEPLIN 7.5.....	56		
		DEPO-PROVERA CONTRACEPTIVE.....	43		
		DEPO-SUBQ PROVERA 104.....	43		
		DEPO-TESTOSTERONE.....	7		
		DERMACEA DRAIN SPONGES 4"X4".....	68		

desogestrel-ethinyl estradiol (biphasic).....	41	DIATHRIVE LANCING DEVICE.....	73	divalproex sodium.....	14
desogestrel-ethinyl estradiol (triphasic).....	41	diazepam.....	9	docusate calcium.....	65
desonide.....	49	DIAZEPAM.....	9	docusate sodium.....	65
DESOWEN.....	49	diazepam.....	9	dofetilide.....	10
desoximetasone.....	49	diazepam (anticonvulsant).....	12	DOLOPHINE.....	5
DESQUAM-X WASH.....	46	DIAZEPAM RECTAL GEL.....	12	donepezil hydrochloride.....	132
DESVENLAFAXINE ER.....	17	dibucaine.....	52	DORZOLAMIDE HCL.....	130
desvenlafaxine succinate.....	17	diclofenac potassium.....	3	dorzolamide hcl.....	130
DETROL.....	136	diclofenac sodium.....	3	dorzolamide hcl-timolol maleate.....	127
DETROL LA.....	136	diclofenac sodium (ophth).....	130	DORZOLAMIDE HCL/TIMOLOL MALEATE.....	127
DEX4 QUICK DISSOLVE GLUCOSE.....	19	dicloxacillin sodium.....	132	DOVATO.....	35
dexamethasone.....	43	dicyclomine hcl.....	135	DOVONEX.....	48
DEXAMETHASONE.....	43	didanosine.....	35	doxazosin mesylate.....	26
dexamethasone.....	43	DIFLORASONE DIACETATE.....	50	doxepin hcl.....	17
DEXAMETHASONE.....	43	diflorasone diacetate.....	50	DOXEPIN HCL.....	17
DEXAMETHASONE INTENSOL.....	43	DIFLUCAN.....	23	doxepin hcl.....	17
dexamethasone sodium phosphate.....	43	diflunisal.....	5	doxycycline (monohydrate).....	134
DEXAMETHASONE SODIUM PHOSPHATE.....	129	DIGOXIN.....	40	doxycycline hyclate.....	134
DEXCHLORPHENIRAMINE MALEATE.....	23	digoxin.....	40	doxylamine succinate (sleep).....	63
DEXEDRINE.....	1	dihydroergotamine mesylate.....	116	DRAMAMINE.....	23
dexmethylphenidate hcl.....	1	DILANTIN.....	14	DRISDOL.....	139
dextroamphetamine sulfate.....	1	DILANTIN INFATABS.....	14	droperidol.....	9
dextromethorphan polistirex.....	44	DILANTIN-125.....	14	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2".....	88
dextromethorphan-doxylamine-acetaminophen.....	44	DILAUDID.....	5	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2".....	88
dextromethorphan-guaifenesin.....	44,45	DILT-XR.....	39	DROPLET INSULIN SYRINGE 1ML/29G X 1/2".....	88
dextromethorphan-phenylephrine-acetaminophen.....	45	diltiazem hcl.....	39,40	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16".....	88
dextrose (diabetic use).....	19	diltiazem hcl coated beads.....	39	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2".....	88
DHS TAR.....	55	diltiazem hcl extended release beads.....	40	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16".....	88
DHS TAR GEL.....	55	dimenhydrinate.....	23	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2".....	88
DIABETES HEALTH PACK.....	122	DIMETAPP COLD & ALLERGY.....	45	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16".....	88
DIABETES SUPPORT PACK.....	122	DIOVAN.....	26	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16".....	88
DIABETIDERM SUNSCREEN SPF15.....	54	DIOVAN HCT.....	27	DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16".....	88
DIAMOX.....	56	diphenhydramine hcl.....	24	DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2".....	88
diaper rash products.....	51	diphenhydramine hcl (sleep).....	63	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16".....	88
DIASTAT ACUDIAL.....	12	diphenhydramine hcl (topical).....	48	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64".....	88
DIASTAT PEDIATRIC.....	12	diphenoxylate w/ atropine.....	22	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	88
DIATHRIVE LANCETS.....	73	DIPHENOXYLATE/ATROPINE.....	22	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	88
DIATHRIVE LANCETS ULTRA THIN 30G.....	73	DIPROLENE AF.....	50	DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 5/16".....	88
		dipyridamole.....	62		
		disopyramide phosphate.....	10		
		disulfiram.....	132		
		DITROPAN XL.....	136		

DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	88	DRUG MART UNIFINE PENTIPS31GX8MM.....	89	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	89
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	88	DRUG MART UNIFINE PENTIPS32GX4MM.....	89	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	89
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	88	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	89	EASY COMFORT PEN NEEDLES31GX1/4".....	89
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	89	DRUG MART UNILET LANCETSSUPER THIN 30G.....	74	EASY COMFORT PEN NEEDLES31GX3/16".....	89
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	89	DRUG MART UNILET LANCETSULTRA THIN 28G.....	74	EASY COMFORT PEN NEEDLES31GX5/16".....	89
DROPLET LANCETS ULTRA THIN 30G.....	73	DRYMAX EXTRA.....	68	EASY COMFORT PEN NEEDLES32GX5/32".....	89
DROPLET LANCING DEVICE.....	73	DRYSOL.....	52	EASY MINI EJECT LANCING DEVICE.....	74
DROPLET PEN NEEDLES 29GX12MM.....	89	DUETACT.....	18	EASY MINI LANCING DEVICE.....	74
DROPLET PEN NEEDLES 31GX5MM.....	89	DULCOLAX.....	65	EASY TOUCH 32GX5MM.....	89
DROPLET PEN NEEDLES 31GX6MM.....	89	DULERA.....	11	EASY TOUCH 32GX6MM.....	89
DROPLET PEN NEEDLES 31GX8MM.....	89	duloxetine hcl.....	17	EASY TOUCH ALCOHOL PREP PADS/MEDIUM.....	82
DROPLET PEN NEEDLES 32G X 1/4".....	89	DURAGESIC.....	5	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	89
DROPLET PEN NEEDLES 32G X 3/16".....	89	DUREX EXTRA SENSITIVE.....	70	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	89
DROPLET PEN NEEDLES 32G X 5/32".....	89	DUTOPROL.....	27	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	89
DROPLET PEN NEEDLES 32GX4MM.....	89	DYAZIDE.....	56	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	89
DROPLET PEN NEEDLES 32GX5MM.....	89	E-Z JECT LANCETS.....	74	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	90
DROPLET PEN NEEDLES 32GX6MM.....	89	E-Z JECT LANCETS 21G.....	74	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	90
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16".....	89	E-Z JECT LANCETS COLOR.....	74	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	90
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4".....	89	E-Z JECT LANCETS SUPER THIN 30G.....	74	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	90
drospirenone-ethinyl estradiol.....	41	E-Z JECT LANCETS THIN 26G.....	74	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2".....	90
DROXIA.....	62	E-ZJECT LANCETS MICRO-THIN 33G.....	74	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16".....	90
DRUG MART ADJUSTABLE LANCING DEVICE.....	73	E.E.S. 400.....	66	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2".....	90
DRUG MART LANCETS THIN.....	73	E.E.S. GRANULES.....	66		
DRUG MART ON-THE-GO LANCETS GENTLE 30G.....	73	EASIVENT.....	115		
DRUG MART UNIFINE PENTIPS 31GX5MM.....	89	EASIVENT/MASK-LARGE.....	115		
DRUG MART UNIFINE PENTIPS29G X 12MM.....	89	EASIVENT/MASK-MEDIUM.....	115		
DRUG MART UNIFINE PENTIPS31GX6MM.....	89	EASIVENT/MASK-SMALL.....	115		
		EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	89		
		EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	89		
		EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	89		
		EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	89		

EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	90	EASY TOUCH LANCETS 26G/PULL-TOP.....	74	EASY TOUCH LANCETS 26G/TWIST.....	74	EASY TOUCH LANCETS 28G/PULL-TOP.....	74	EASY TOUCH LANCETS 28G/TWIST.....	74	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	74	EASY TOUCH LANCETS 30G/PULL-TOP.....	74	EASY TOUCH LANCETS 30G/TWIST.....	74	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	74	EASY TOUCH LANCETS 32G/PULL-TOP.....	74	EASY TOUCH LANCETS 32G/TWIST.....	74	EASY TOUCH LANCETS 33G/TWIST.....	74	EASY TOUCH LANCING DEVICE/EJECTOR.....	74	EASY TOUCH PEN NEEDLE 30G X 5/16".....	90	EASY TOUCH PEN NEEDLES 29GX1/2".....	90	EASY TOUCH PEN NEEDLES 31GX1/4".....	90	EASY TOUCH PEN NEEDLES 31GX5/16".....	90	EASY TOUCH PEN NEEDLES 32GX1/4".....	90	EASY TOUCH PEN NEEDLES 32GX3/16".....	90	EASY TOUCH PEN NEEDLES 32GX5/32".....	90	EASY TOUCH PEN NEEDLES/31G X 3/16".....	90	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	74	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	74	EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM.....	90	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	90	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	91	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	91	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	91	EASY TWIST & CAP LANCETS.....	74	EASYTEST II LANCETS.....	74	EASYTEST LANCETS.....	74	EC-NAPROSYN.....	3	EC-NAPROXEN.....	3	econazole nitrate.....	48	ECOTRIN REGULAR STRENGTH.....	5	ED BRON GP.....	45	EDURANT.....	35	efavirenz.....	35	EFFEXOR XR.....	17	EFFIENT.....	62	EFUDEX.....	48	ELAVIL.....	17	ELDEPRYL.....	32	eletriptan hydrobromide.....	116	ELEXA NATURAL FEEL.....	70	ELEXA STIMULATING.....	70	ELEXA ULTRA SENSITIVE.....	70	ELFOLATE.....	56	ELIDEL.....	51	ELIGARD.....	30	ELIMITE.....	52	ELIQUIS.....	12	ELIQUIS STARTER PACK.....	12	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	91	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	91	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	91	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	91	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	91	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	91	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	91	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	91	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	91	ELIXOPHYLLIN.....	11	ELLA.....	42	ELMIRON.....	60	ELOCON.....	50	ELOCTATE.....	61	EMBEDA.....	5	EMCYT.....	30	EMERGEN-C BLUE.....	122	EMERGEN-C FIVE.....	122	EMERGEN-C HEART HEALTH.....	122	EMERGEN-C IMMUNE.....	122	EMERGEN-C IMMUNE PLUS.....	122	EMERGEN-C IMMUNE+ WARMERS.....	122	EMERGEN-C JOINT HEALTH.....	122	EMERGEN-C KIDZ.....	122	EMERGEN-C MSM LITE.....	122
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EMERGEN-C PINK.....	122	EQL INSULIN		ethosuximide.....	14
EMERGEN-C SUPER		SYRINGE/0.5ML/30G X		ethynodiol diacet & eth	
FRUIT.....	122	5/16".....	91	estradiol.....	41
EMERGEN-C VITAMIN C..	122	EQL INSULIN		etodolac.....	3
EMERGEN-C VITAMIN C		SYRINGE/0.5ML/31G X		ETOPOSIDE.....	31
LITE.....	122	5/16".....	91	EURAX.....	52
EMERGEN-C VITAMIN D &		EQL INSULIN		EVAC.....	64
CALCIUM.....	122	SYRINGE/1ML/29G X 1/2"	91	EVISTA.....	58
emollient.....	51	EQL INSULIN		EVOLUTION60.....	122
EMSAM.....	15	SYRINGE/1ML/30G X		EVOTAZ.....	36
EMTRIVA.....	35,36	5/16".....	91	EX-LAX.....	65
enalapril maleate.....	26	EQL INSULIN		EXCILON AMD	
enalapril maleate &		SYRINGE/1ML/31G X		ANTIMICROBIALDRAIN	
hydrochlorothiazide.....	27	5/16".....	91	SPONGES 4"X4" 6 PLY.....	68
ENBREL.....	4	EQL PRENATAL		EXCILON AMD	
ENBREL MINI.....	4	FORMULA.....	123	ANTIMICROBIALNON-WOVEN	
ENBREL SURECLICK.....	4	EQL SUPER THIN LANCETS		SPONGES 4"X4" 6 PLY.....	68
END FATIGUE DAILY		30G.....	74	EXCILON DRAIN SPONGE	
ENERGYENFUSION.....	122	EQL THIN LANCETS 26G.	74	4"X4".....	68
ENERGY BOOSTER.....	122	EQUALYTE.....	118	EXCILON DRAIN SPONGES	
ENFAMIL ENFALYTE.....	118	EQUETRO.....	32	4"X4" 6 PLY.....	69
ENGERIX-B.....	137	ergocalciferol.....	139	EXCILON I.V. SPONGES 2"X2" 6	6
enoxaparin sodium.....	12	ERGOLOID		PLY.....	69
entecavir.....	38	MESYLATES.....	133	EXEL COMFORT POINT	
EPIFOAM.....	50	ERIVEDGE.....	29	INSULIN PEN NEEDLES 29G X	
epinephrine (anaphylaxis)..	138	ERLEADA.....	30	12MM.....	91
EPIPEN 2-PAK.....	138	erlotinib hcl.....	30	EXEL COMFORT POINT	
EPIPEN-JR 2-PAK.....	138	ERYGEL.....	46	INSULIN PEN NEEDLES 31G X	
EPIVIR.....	36	ERYPED 200.....	66	6MM.....	91
EPOGEN.....	62	ERYPED 400.....	66	EXEL COMFORT POINT	
EPZICOM.....	36	ERYTHROCIN		INSULIN PEN NEEDLES 31G X	
EQL ALCOHOL SWABS.....	82	STEARATE.....	66	8MM.....	91
EQL COLOR LANCETS 21G74		erythromycin (acne aid)....	46	EXEL COMFORT POINT	
EQL COLOR LANCETS MICRO		erythromycin (ophth).....	128	INSULIN SYRINGE/0.3ML/29G X	
THIN 33G.....	74	erythromycin base.....	66	1/2".....	91
EQL DRY MOUTH ORAL		erythromycin		EXEL COMFORT POINT	
RINSE.....	120	ethylsuccinate.....	66	INSULIN SYRINGE/0.3ML/30G X	
EQL GAUZE PADS		ERYTHROMYCIN		5/16".....	91
2"X2"/SMALL.....	68	ETHYLSUCCINATE.....	66	EXEL COMFORT POINT	
EQL GAUZE PADS		escitalopram oxalate.....	15,16	INSULIN SYRINGE/0.5ML/28G X	
4"X4"/LARGE.....	68	ESGIC.....	4	1/2".....	91
EQL GAUZE STERILE PADS		esomeprazole		EXEL COMFORT POINT	
3"X3".....	68	magnesium.....	135	INSULIN SYRINGE/0.5ML/30G X	
EQL INSULIN		estazolam.....	63	5/16".....	92
SYRINGE/0.3ML/29G X 1/2"	91	ESTRACE.....	59,138	EXEL COMFORT POINT	
EQL INSULIN		estradiol.....	59	INSULIN SYRINGE/1ML/28G X	
SYRINGE/0.3ML/30G X		estradiol & norethindrone		1/2".....	92
5/16".....	91	acetate.....	58	EXEL COMFORT POINT	
EQL INSULIN		estradiol vaginal.....	138	INSULIN SYRINGE/1ML/29G X	
SYRINGE/0.3ML/31G X		ESTROPIPATE.....	59	1/2".....	92
5/16".....	91	ESTROSTEP FE.....	41	EXEL COMFORT POINT	
EQL INSULIN		eszopiclone.....	63	INSULIN SYRINGE/1ML/30G X	
SYRINGE/0.5ML/29G X 1/2"	91	ethambutol hcl.....	29	5/16".....	92

EXELON.....	132	ferrous sulfate.....	62	flavoxate hcl.....	136
exemestane.....	30	FERROUS SULFATE.....	63	flecainide acetate.....	10
EXFORGE.....	27	ferrous sulfate.....	63	FLEET ENEMA.....	65
EXFORGE HCT.....	27	ferrous sulfate dried.....	62	FLEET ENEMA SIX PACK.....	65
EZ SMART BLOOD GLUCOSE LANCETS.....	74	FETZIMA.....	17	FLEET PEDIATRIC.....	65
EZ-LETS LANCETS 21G.....	74	FETZIMA TITRATION PACK.....	17	FLEXICHAMBER.....	115
EZ-LETS LANCETS 23G.....	74	FEVERALL INFANTS.....	4	FLOMAX.....	60
EZ-LETS LANCETS 26G SUPER-SOFT.....	74	FEVERALL JUNIOR STRENGTH.....	4	FLONASE ALLERGY RELIEF.....	126
EZ-LETS LANCETS 28G ULTRA-SOFT.....	74	fexofenadine hcl.....	24	FLONASE ALLERGY RELIEF CHILDRENS.....	126
EZ-LETS LANCETS 30G.....	74	FIASP.....	20	FLOVENT DISKUS.....	10
ezetimibe.....	25	FIASP FLEXTOUCH.....	20	FLOVENT HFA.....	10,11
ezetimibe-simvastatin.....	25	FIBERCON.....	64	FLOXIN OTIC.....	130
FABRAZYME.....	58	FIBRYGA.....	61	fluconazole.....	23
FACE COTZ.....	54	FIFTY50 ALCOHOL PREP PADS.....	82	fludrocortisone acetate.....	43
famotidine.....	135	FIFTY50 PEN NEEDLES 31G X3/16" (5MM).....	92	FLUMIST QUADRIVALENT.....	137
FANAPT.....	32	FIFTY50 PEN NEEDLES 31G X5/16" (8MM).....	92	FLUNISOLIDE.....	126
FANAPT TITRATION PACK.....	32	FIFTY50 PEN NEEDLES 31GX5MM.....	92	fluocinolone acetonide (otic).....	131
FANTASY LUBRICATED.....	70	FIFTY50 PEN NEEDLES/31GX8MM.....	92	fluocinonide.....	50
FANTASY LUBRICATED/SPERMICIDE	70	FIFTY50 PEN NEEDLES/32GX4MM.....	92	fluocinonide emulsified base.....	50
FARESTON.....	30	FIFTY50 PEN NEEDLES/32GX6MM.....	92	fluorometholone (ophth).....	129
FARXIGA.....	21	FIFTY50 SAFETY SEAL LANCETS 32G.....	74	FLUOROURACIL.....	48
FARYDAK.....	30	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16".....	92	fluorouracil (topical).....	48
FAZACLO.....	33	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16".....	92	FLUOXETINE.....	133
FEIBA.....	61	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16".....	92	FLUOXETINE DR.....	16
felbamate.....	14	FIFTY50 UNILET LANCETS 33G.....	74	fluoxetine hcl.....	16
FELBATOL.....	14	finasteride.....	60	FLUOXETINE HYDROCHLORIDE.....	16
FELDENE.....	3	FINE 30.....	74	fluphenazine decanoate.....	34
felodipine.....	40	FINGERSTIX LANCETS.....	74	FLUPHENAZINE HCL.....	34
FEMARA.....	30	FIORINAL.....	4	fluphenazine hcl.....	34
FEMHRT LOW DOSE.....	58	FIORINAL/CODEINE #3.....	6	FLURAZEPAM HCL.....	63
FENOFIBRATE.....	25	FIRMAGON.....	30	flurbiprofen.....	3
fenofibrate.....	25	FIRVANQ.....	8	FLURBIPROFEN SODIUM.....	130
fenofibrate micronized.....	25	FLAGYL.....	8	flurbiprofen sodium.....	130
fentanyl.....	5			flutamide.....	30
FER-IN-SOL.....	62			fluticasone propionate.....	50
FERRETTS.....	62			fluticasone propionate (nasal).....	126
ferrous fumarate.....	62			fluticasone-salmeterol.....	11
ferrous fumarate-fa-b complex-c- zn-mg-mn-cu.....	62			fluvoxamine maleate.....	16
ferrous gluconate.....	62			FML.....	129
FERROUS GLUCONATE.....	62			FML LIQUIFILM.....	129
ferrous sulfate.....	62			FOCALIN.....	1
FERROUS SULFATE.....	62			folic acid.....	62
				FORA GTEL BLOOD KETONE TEST STRIPS.....	55

FORA LANCETS	74	GARDASIL 9	137	GEODON	32
FORA LANCING DEVICE	75	GAS-X	59	GILENYA	133
FORA LANCING DEVICE/CLEARCAP	75	GAUZE DRESSING 4"X4"	69	GILOTRIF	30
FORFIVO XL	15	GAUZE PADS 2"X2"	69	glatiramer acetate	133
FORMALDEHYDE	35	GAUZE PADS 3"X3"	69	GLEEVEC	30
formaldehyde	35	GAUZE PADS 4"X4"	69	glimepiride	21
FORTAMET	19	GAUZE PADS 4"X4" 12 PLY	69	glipizide	22
FOSAMAX	57	GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY	69	glipizide-metformin hcl	18
fosamprenavir calcium	36	GAUZE SPONGES 4"X4" 12 PLY	69	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	92
fosinopril sodium	26	GELUSIL	7	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	92
fosinopril sodium & hydrochlorothiazide	27	gemfibrozil	25	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	92
FREDS PHARMACY AUTOLET LANCING DEVICE	75	GENERESS FE	41	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	92
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	92	GENTAK	128	GLOBAL EASY GLIDE INSULINSYRINGE/U- 100/0.3ML/31G X 5/16"	92
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	92	gentamicin sulfate (ophth)	128	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	92
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	92	gentamicin sulfate (topical)	47	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	92
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	75	GENTEEL LANCING DEVICE/BUFF BLACK	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	93
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	75	GENTEEL LANCING DEVICE/BUTTERFLY BLUE	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	93
FREESTYLE PRECISION INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	92	GENTEEL LANCING DEVICE/GLORIOUS GOLD	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	93
FREESTYLE PRECISION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	92	GENTEEL LANCING DEVICE/PLAYFUL PURPLE	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	93
FREESTYLE PRECISION INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	92	GENTEEL LANCING DEVICE/PRECIOUS PLATINUM	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	93
FREESTYLE PRECISION INSULIN SYRINGES/U- 100/1ML/30G X 5/16"	92	GENTEEL LANCING DEVICE/PRINCESS PINK	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	93
FURADANTIN	136	GENTEEL LANCING DEVICE/STATELY SILVER	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	93
furosemide	57	GENTEEL LANCING DEVICE/WILLOWY WHITE	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	93
FUROSEMIDE	57	GENTLE-LET GP LANCETS	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	93
furosemide	57	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	93
FUZEON	36	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	93
FYCOMPA	12	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	93
gabapentin	13	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	75	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	93
GABITRIL	14	GENVOYA	36		
GALAFOLD	58				
galantamine hydrobromide	132				
GALANTAMINE HYDROBROMIDE	132				
galantamine hydrobromide	132				

GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	93	glycopyrrolate.....	135	GNP QUICK DISSOLVE	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	93	GLYNASE.....	22	GLUCOSE.....	19
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	93	GLYSET.....	17	GNP STERILE PADS 3"X3"	69
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	93	GLYXAMBI.....	18	GNP SUPER THIN	
GLOBAL LANCING DEVICE	75	GNP ALCOHOL SWABS..	82	LANCETS/30G.....	75
GLUCAGEN HYPOKIT.....	19	GNP CLICKFINE PEN		GNP ULTRA COMFORT	
GLUCAGON EMERGENCY KIT.....	19	NEEDLEUNIVERSAL/31GX5/6"	93	INSULIN SYRINGE/0.3ML/29G X 1/2"	94
GLUCOCOM LANCETS 33G.....	75	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	94	GNP ULTRA COMFORT	
GLUCOPHAGE.....	19	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	94	INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	94
GLUCOPHAGE XR.....	19	GNP GLUCOSE.....	19	GNP ULTRA COMFORT	
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	93	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	94	INSULIN SYRINGE/0.5ML/28G X 1/2"	94
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	93	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	94	GNP ULTRA COMFORT	
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	93	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	94	INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	94
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	93	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	94	GNP ULTRA COMFORT	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	93	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	94	INSULIN SYRINGE/0.5ML/29G X 1/2"	94
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	93	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	94	GNP ULTRA COMFORT	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	93	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	94	INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	94
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	93	GNP INSULIN SYRINGE/1ML/28G X 1/2"	94	GNP ULTRA COMFORT	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	93	GNP INSULIN SYRINGE/1ML/29G X 1/2"	94	INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	94
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	93	GNP INSULIN SYRINGE/1ML/30G X 5/16"	94	GNP ULTRA COMFORT	
GLUCOSE.....	19	GNP INSULIN SYRINGE/1ML/28G X 1/2"	94	INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	94
GLUCOTROL.....	22	GNP INSULIN SYRINGE/1ML/29G X 1/2"	94	GOLD BOND ULTIMATE	
GLUCOTROL XL.....	22	GNP INSULIN SYRINGE/1ML/30G X 5/16"	94	HEALING.....	51
GLUCOVANCE.....	18	GNP INSULIN SYRINGE/1ML/30G X 5/16"	94	GOLYTELY.....	64
GLUMETZA.....	19	GNP INSULIN SYRINGE/1ML/31G X 5/16"	94	GOODSENSE CLICKFINE	
glyburide.....	22	GNP LANCETS.....	75	SAFETY PEN NEEDLE/31G X 3/16"	94
glyburide micronized.....	22	GNP LANCETS 21G.....	75	GOODSENSE LANCETS	
glyburide-metformin.....	18	GNP LANCETS MICRO THIN 33G.....	75	MICRO-THIN 33G.....	75
glycerin (laxative).....	65	GNP LANCETS SUPER THIN 30G.....	75	GOODSENSE LANCETS	
GLYCERIN ADULT.....	65	GNP LANCETS THIN.....	75	ULTRA-THIN 30G.....	75
		GNP LANCETS THIN 26G.....	75	GOODSENSE LANCING	
		GNP MICRO THIN LANCETS 33G.....	75	DEVICE.....	75
		GNP PRENATAL.....	123	GOODSENSE PEN	
				NEEDLE/PENFINE	
				CLASSIC/31G X 3/16".....	94
				GOODSENSE PEN	
				NEEDLE/PENFINE	
				CLASSIC/31G X 5/16".....	94

GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4".....	95	HALDOL DECANOATE 100.....	33	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	95
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32".....	95	HALDOL DECANOATE 50	33	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	76
GOODSENSE PRENATAL VITAMINS.....	123	haloperidol.....	33	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
GRASTEK.....	2	haloperidol decanoate.....	33	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
GRIS-PEG.....	23	haloperidol lactate.....	33	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
griseofulvin microsize.....	23	HAVRIX.....	137	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
griseofulvin ultramicrosize.....	23	HEALTH CARE LANCING DEVICE.....	76	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
guaifenesin.....	46	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
guaifenesin-codeine.....	45	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
guanfacine hcl.....	26	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
guanfacine hcl (adhd).....	1	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
GYNAZOLE-1.....	137	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
GYNE-LOTRIMIN.....	138	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
GYNE-LOTRIMIN 3.....	137	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	95	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	95	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	95	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	95	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	95	HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	95	HEALTHWISE PEN NEEDLES 29GX12MM.....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	75	HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
H-E-B INCONTROL ALCOHOL PADS.....	82	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
H-E-B INCONTROL LANCETS MICRO THIN 33G.....	75	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16".....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
H-E-B INCONTROL LANCETS SUPER THIN 30G.....	75	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	75	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	76	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
HAEMOLANCE.....	76	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
HAEMOLANCE LOW FLOW LANCETS.....	75	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
HAEMOLANCE PLUS.....	76	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
HAEMOLANCE PLUS LOW FLOW.....	76	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
HALCION.....	64	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	95	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76
HALDOL.....	33			HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 30G.....	76

HUMULIN R.....	20	IDELVION.....	61	INSULIN SYRINGE/0.3ML/31G X	5/16".....	96
HUMULIN R U-500		imatinib mesylate.....	30	INSULIN SYRINGE/0.5ML/27G X	1/2".....	96
(CONCENTRATED).....	21	imipramine hcl.....	17	INSULIN SYRINGE/0.5ML/28G X	1/2".....	96
HUMULIN R U-500		imipramine pamoate.....	17	INSULIN SYRINGE/0.5ML/30G X	1/2".....	96
KWIKPEN.....	21	imiquimod.....	51	INSULIN SYRINGE/0.5ML/30G X	1/2".....	96
HY-VEE LANCETS.....	76	IMITREX.....	116	INSULIN SYRINGE/0.5ML/30G X	5/16".....	96
HY-VEE THIN LANCETS.....	76	IMITREX STATDOSE		INSULIN SYRINGE/0.5ML/31G X	5/16".....	96
HYCAMTIN.....	31	REFILL.....	116	INSULIN SYRINGE/1ML/28G X	1/2".....	96
hydralazine hcl.....	28	IMITREX STATDOSE		INSULIN SYRINGE/1ML/29G X	1/2".....	96
HYDRALYTE.....	118	SYSTEM.....	116	INSULIN SYRINGE/1ML/30G X	5/16".....	96
HYDRALYTE FREEZER		IMMUNE SUPPORT VITAMIN		INSULIN SYRINGE/NEEDLE	0.3ML/30G X 5/16".....	96
POPS.....	118	C.....	122	INSULIN SYRINGE/NEEDLE	0.3ML/31G X 5/16".....	96
HYDREA.....	31	IMODIUM A-D.....	22	INSULIN SYRINGE/NEEDLE	0.5ML/29G X 1/2".....	96
HYDROCELL ADHESIVE		IMURAN.....	119	INSULIN SYRINGE/NEEDLE	0.5ML/30G X 5/16".....	96
DRESSING 4"X4".....	69	IN TOUCH LANCING		INSULIN SYRINGE/NEEDLE	0.5ML/31G X 5/16".....	96
HYDROCELL DRESSING		DEVICE.....	76	INSULIN SYRINGE/NEEDLE	1ML/29G X 1/2".....	96
4"X4".....	69	INCRUSE ELLIPTA.....	10	INSULIN SYRINGE/NEEDLE	1ML/30G X 5/16".....	96
hydrochlorothiazide.....	57	indapamide.....	57	INSULIN SYRINGE/NEEDLE	1ML/31G X 5/16".....	96
hydrocodone w/		INDERAL LA.....	39	INSULIN SYRINGE/U-	100/0.3ML/29G X 1/2".....	96
homatropine.....	44	indomethacin.....	3	INSULIN SYRINGE/U-	100/0.5ML/28G X 1/2".....	96
hydrocodone-acetaminophen.....	6	INFANTS ADVIL.....	3	INSULIN SYRINGE/U-	100/0.5ML/29G X 1/2".....	97
hydrocortisone.....	43	INLYTA.....	30	INSULIN SYRINGE/U-	100/1ML/28G X 1/2".....	97
hydrocortisone (intrarectal).....	7	INPEN 100/BLUE/LILLY.....	96	INSULIN SYRINGE/U-	100/1ML/29G X 1/2".....	97
hydrocortisone (rectal).....	7	INPEN 100/BLUE/NOVO.....	96	INSULIN SYRINGE/U-	100/1ML/30G X 5/16".....	97
hydrocortisone (topical).....	50	INPEN 100/GRAY/LILLY.....	96	INSULIN SYRINGE/U-	100/1ML/31G X 5/16".....	97
hydrocortisone butyrate.....	50	INPEN 100/GREY/NOVO.....	96	INSULIN		
hydrocortisone w/acetic		INPEN 100/PINK/LILLY.....	96	SYRINGES/0.5ML/27GX1/2"		
acid.....	131	INPEN 100/PINK/NOVO.....	96			
hydrocortisone-aloe vera.....	50	INSPIRACHAMBER/ANTI-				
HYDROMORPHONE HCL.....	5	STATIC				
hydromorphone hcl.....	5	VALVED/MOUTHPIECE.....	115			
hydroxychloroquine sulfate.....	28	INSPIRACHAMBER/LARGE				
HYDROXYPROGESTERONE			115			
CAPROATE.....	30	INSPIRACHAMBER/SOOTHE				
hydroxyprogesterone		RMASK/INSPIRAMASK/MEDIU				
caproate.....	132	M.....	115			
hydroxyurea.....	31	INSPIRACHAMBER/SOOTHE				
HYDROXYZINE HCL.....	9	RMASK/INSPIRAMASK/SMAL				
hydroxyzine hcl.....	9	L.....	115			
HYDROXYZINE		INSPIREASE DRUG				
HYDROCHLORIDE.....	9	DELIVERYSYSTEM.....	115			
HYDROXYZINE PAMOATE.....	9	INSPIREASE RESERVOIR				
hydroxyzine pamoate.....	9	BAGS.....	115			
hyoscyamine sulfate.....	135	INSULIN LISPRO.....	21			
HYSINGLA ER.....	5	INSULIN LISPRO				
HYVEE ADVANCED ANTACID		KWIKPEN.....	21			
MAXIMUM STRENGTH.....	7	INSULIN SYRINGE/0.3ML/29G				
HYZAAR.....	27	X 1".....	96			
IBRANCE.....	30	INSULIN SYRINGE/0.3ML/29G				
ibuprofen.....	3	X 1/2".....	96			
ICLUSIG.....	30	INSULIN SYRINGE/0.3ML/30G				
		X 5/16".....	96			

INSULIN SYRINGES/0.5ML/30GX5/16"	97	irbesartan-hydrochlorothiazide	27	KENDALL HYDROPHILIC FOAMDRESSING 2"X2".....	69
INSULIN SYRINGES/0.5ML/31GX 5/16".....	97	IRON CHEWS PEDIATRIC.....	63	KENDALL HYDROPHILIC FOAMDRESSING 3"X3".....	69
INSULIN SYRINGES/0.5ML/31GX5/16"	97	ISENTRESS.....	36	KENDALL HYDROPHILIC FOAMDRESSING 4"X4".....	69
INSULIN SYRINGES/1ML/27GX1/2".....	97	ISONIAZID.....	29	KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2".....	69
INSULIN SYRINGES/1ML/27GX1/2".....	97	isoniazid.....	29	KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3".....	69
INSULIN SYRINGES/1ML/28GX1/2".....	97	ISOPTO ATROPINE.....	128	KEPPRA.....	13
INSULIN SYRINGES/1ML/29GX1/2".....	97	ISOPTO CARPINE.....	128	KEPPRA XR.....	13
INSULIN SYRINGES/1ML/30GX1/2".....	97	ISORDIL TITRADOSE.....	9	KERALYT.....	52
INSULIN SYRINGES/1ML/31GX5/16".....	97	ISOSORBIDE DINITRATE.....	9	KERI AGE DEFY & PROTECT.....	54
INSUPEN 29G X 12MM.....	97	isosorbide dinitrate.....	9	KERLIX SPONGES 4" X 4" 12 PLY.....	69
INSUPEN 31G X 5MM.....	97	ISOSORBIDE DINITRATE ER.....	9	KERLIX SPONGES 4" X 4" 16 PLY.....	69
INSUPEN 31G X 8MM.....	97	isosorbide mononitrate.....	9	ketoconazole (topical).....	48
INSUPEN 32G X 4MM.....	97	isotretinoin.....	47	KETONE.....	55
INSUPEN PEN NEEDLES 32G X4MM.....	97	isoxsuprine hcl.....	40	KETONE TEST STRIPS.....	55
INSUPEN SENSITIVE 32GX6MM.....	97	ISTODAX (OVERFILL).....	30	ketoprofen.....	3
INSUPEN ULTRAFIN 29GX12MM.....	97	ITCH RELIEF.....	48	KETOPROFEN.....	3
INSUPEN ULTRAFIN 30GX8MM.....	97	itraconazole.....	23	KETOPROFEN ER.....	3
INSUPEN ULTRAFIN 31GX6MM.....	97	IXINITY.....	61	ketorolac tromethamine.....	3
INSUPEN ULTRAFIN 31GX8MM.....	97	J & J GAUZE 2"X2" 8 PLY.....	69	ketorolac tromethamine (ophth).....	130
INTELENCE.....	36	J & J GAUZE 4"X4" 12 PLY.....	69	KETOSTIX.....	55
INTUNIV.....	1	J & J GAUZE 4"X4" 8 PLY.....	69	ketotifen fumarate (ophth).....	130
INVEGA.....	32	J & J GAUZE SPONGES 12- PLY 4" X 4".....	69	KHEDEZLA.....	17
INVEGA SUSTENNA.....	32	J & J GAUZE SPONGES 16- PLY 4" X 4".....	69	KIMONO COLORS.....	71
INVEGA TRINZA.....	32	J & J GAUZE SPONGES 8- PLY 4" X 4".....	69	KIMONO LUBRICATED.....	71
INVIRASE.....	36	JADENU.....	22	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	71
INVOKAMET.....	18	JAKAFI.....	30	KIMONO PLUS SPERMICIDE LUBRICATED.....	71
INVOKAMET XR.....	18	JANUMET.....	18	KIMONO PLUS SPERMICIDE/LUBRICATED	71
INVOKANA.....	21	JANUMET XR.....	18	KIMONO PS LUBRICATED.....	71
IOPIDINE.....	128	JANUVIA.....	19	KIMONO PS PLUS SPERMICIDE/LUBRICATED	71
IPOL INACTIVATED IPV.....	137	JARDIANCE.....	21	KIMONO SENSATION LUBRICATED.....	71
ipratropium bromide.....	10	JENTADUETO.....	18	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	71
ipratropium bromide (nasal).....	125,126	JENTADUETO XR.....	18	KIMONO SPECIAL.....	71
ipratropium-albuterol.....	11	JULUCA.....	36	KINERET.....	3
irbesartan.....	26	JYNARQUE.....	58	KINNEY LANCETS.....	76
		K-PHOS NEUTRAL.....	118	KINNEY THIN LANCETS.....	76
		K-TAB.....	118		
		KALETRA.....	36		
		KALYDECO.....	134		
		KAMELEON LUBRICATED.....	71		
		KAZANO.....	18		
		KEFLEX.....	41		

KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16".....	97	KROGER LANCETS 21G.....	76	LANCETS 26G TWIST TOP.....	76
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16".....	97	KROGER LANCETS MICRO THIN33G.....	76	LANCETS 28G.....	76
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	97	KROGER LANCETS SUPER THIN.....	76	LANCETS 30G.....	76
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	97	KROGER LANCETS THIN.....	76	LANCETS 31G TWIST TOP.....	76
KITABIS PAK.....	2	KROGER LANCETS THIN 26G.....	76	LANCETS MICRO THIN 33G.....	76
KLARON.....	47	KROGER LANCETS ULTRATHIN30G.....	76	LANCETS SAFETY SEAL 21G.....	76
KLONOPIN.....	12	KROGER LANCING DEVICE.....	76	LANCETS SAFETY SEAL 26G.....	76
KLOR-CON M15.....	118	KROGER PEN NEEDLES 29G X12MM.....	98	LANCETS SAFETY SEAL 28G.....	76
KOATE.....	61	KROGER PEN NEEDLES 31G X8MM.....	98	LANCETS SAFETY SEAL 30G.....	76
KOATE-DVI.....	61	KROGER PEN NEEDLES 31GX1/4".....	98	LANCETS SUPER THIN 28G.....	76
KOGENATE FS.....	61	L-METHYLFOLATE.....	56	LANCETS THIN.....	76
KOGENATE FS BIO-SET.....	61	L-METHYLFOLATE CA/S- ALGAL.....	56	LANCETS ULTRA FINE.....	76
KOMBIGLYZE XR.....	18	L-METHYLFOLATE CALCIUM.....	56	LANCETS ULTRA THIN.....	76
KONSYL DAILY FIBER.....	64	L-METHYLFOLATE FORMULA 15.....	56	LANCETS ULTRA THIN 30G.....	76
KONSYL ORIGINAL FORMULADAILY FIBER.....	64	L-METHYLFOLATE FORMULA 7.5.....	56	LANCETS BULLSEYE SAFETY.....	76
KORLYM.....	19	L-METHYLFOLATE FORTE.....	56	LANCING DEVICE.....	76
KOVALTRY.....	61	L-TRYPTOPHAN.....	127	LANCING DEVICE ADJUSTABLE.....	76
KP MENS DAILY PACK.....	122	labetalol hcl.....	38	LANOXIN.....	40
KP PRENATAL MULTIVITAMINS.....	123	LAC-HYDRIN.....	51	lansoprazole.....	135
KP WOMENS DAILY PACK.....	122	LAC-HYDRIN TWELVE.....	51	LANTUS.....	21
KPN PRENATAL.....	123	lactic acid (ammonium lactate).....	51	LANTUS SOLOSTAR.....	21
KRINTAFEL.....	28	lactulose.....	65	LANZO.....	76
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2".....	97	lactulose (encephalopathy).....	60	LASIX.....	57
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	97	LAMICTAL.....	13	LATANOPROST.....	130
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16".....	97	LAMICTAL CHEWABLE DISPERSIBLE.....	13	latanoprost.....	130
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	98	LAMICTAL XR.....	13	LATUDA.....	32
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	98	LAMISIL.....	23	LEADER ADVANCED LANCING DEVICE.....	76
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	98	LAMISIL AT.....	48	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2".....	98
KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	98	LAMISIL AT JOCK ITCH.....	48	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16".....	98
KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	98	lamivudine.....	36	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16".....	98
KROGER INSULIN SYRINGE/1ML/31G X 5/16".....	98	lamivudine-zidovudine.....	36	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2".....	98
KROGER LANCETS.....	76	lamotrigine.....	13	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2".....	98
		LANAPHILIC.....	51	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16".....	98
		LANCET DEVICE ADJUSTABLE.....	76		
		LANCET DEVICE WITH EJECTOR.....	76		
		LANCETS.....	76		

LEADER INSULIN SYRINGE/0.5ML/31G X 5/16".....	98	LIBERTY MEDICAL LANCETS 30G.....	76	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	99
LEADER INSULIN SYRINGE/1ML/28G X 1/2".....	98	LIBERTY MINI LANCING DEVICE.....	76	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	99
LEADER INSULIN SYRINGE/1ML/29G X 1/2".....	98	lidocaine.....	52	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	99
LEADER INSULIN SYRINGE/1ML/30G X 5/16".....	98	lidocaine hcl.....	52	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	99
LEADER INSULIN SYRINGE/1ML/31G X 5/16".....	98	lidocaine hcl (mouth- throat).....	120	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	99
LEADER QUICK DISSOLVE GLUCOSE.....	19	lidocaine-prilocaine.....	52	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	99
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16".....	98	LIFE PACK MENS.....	122	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	99
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16".....	98	LIFE PACK WOMENS.....	122	LITETOUCH LANCETS MICRO THIN 33G.....	77
LEADER UNIFINE PENTIPS/MINI/31GX3/16".....	98	LIFESCAN UNISTIK 2 DEEP PENETRATION.....	76	LITETOUCH PEN NEEDLES 29GX12.7MM.....	99
LEADER UNIFINE PENTIPS/NANO/32GX5/32".....	98	LIFESCAN UNISTIK II LANCETS.....	77	LITETOUCH PEN NEEDLES 31G X 6MM.....	99
LEADER UNIFINE PENTIPS/PLUS/32GX5/32".....	98	liothyronine sodium.....	134	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT.....	99
LEMTRADA.....	133	LIPITOR.....	25	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	99
LETAIRIS.....	40	lisinopril.....	26	LITETOUCH PEN NEEDLES/31G X 3/16".....	99
letrozole.....	30	lisinopril & hydrochlorothiazide.....	27	LITETOUCH PEN NEEDLES/31G X 5MM/MINI.....	99
LEUCOVORIN CALCIUM.....	31	LITE TOUCH LANCETS.....	77	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT.....	99
leucovorin calcium.....	31	LITE TOUCH LANCING PEN.....	77	LITHIUM.....	32
LEUKERAN.....	29	LITEAIRE.....	115	lithium carbonate.....	32
leuprolide acetate.....	30	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI.....	98	LITHIUM CARBONATE.....	32
LEVAQUIN.....	59	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	98	lithium carbonate.....	32
LEVBID.....	135	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	98	LITHOBID.....	32
LEVEMIR.....	21	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	98	LIVE BETTER ADVANCED LANCING DEVICE.....	77
LEVEMIR FLEXTOUCH.....	21	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	98	LIVE BETTER LANCET SUPERTHIN 30G.....	77
levetiracetam.....	13	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	98	LIVE BETTER LANCET ULTRATHIN 28G.....	77
levobunolol hcl.....	127	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	98	LMX 4.....	52
levocarnitine (metabolic modifiers).....	58	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	99	LOCOID.....	50
levocetirizine dihydrochloride.....	24	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	99	LODINE.....	3
levofloxacin.....	59	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	99	LODOSYN.....	31
LEVOMEFOLATE CALCIUM ALGAL POWDER.....	56	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	99	LOESTRIN 1.5/30-21.....	42
levonorgestrel & eth estradiol.....	41	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	99	LOESTRIN 1/20-21.....	42
levonorgestrel (emergency oc).....	42	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	99	LOESTRIN FE 1.5/30.....	42
levonorgestrel-eth estradiol (triphasic).....	41				
levonorgestrel-ethinyl estradiol (91-day).....	41				
levothyroxine sodium.....	134				
LEXAPRO.....	16				
LEXIVA.....	36				
LIALDA.....	60				

LOESTRIN FE 1/20.....	42	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2".....	99	MAXX LUBRICATED.....	71
LOFIBRA.....	25	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16".....	99	MAXX PLUS SPERMICIDE LUBRICATED.....	71
LOHIST-D.....	45	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2".....	99	MAXZIDE.....	56
LOMOTIL.....	22	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16".....	99	MAXZIDE-25.....	56
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16".....	99	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2".....	99	meclizine hcl.....	23
LONGS LANCETS STANDARD.....	77	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	99	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16".....	100
LONGS LANCETS THIN.....	77	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	99	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16".....	100
LONGS LANCETS ULTRA THIN.....	77	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2".....	99	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE.....	77
loperamide hcl.....	22	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	99	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW.....	77
LOPID.....	25	magnesium citrate.....	65	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW.....	77
lopinavir-ritonavir.....	36	magnesium hydroxide.....	65	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW.....	77
LOPRESSOR.....	39	magnesium oxide.....	8	MEDICHOICE SAFETY LANCETEXTRA.....	77
LOPRESSOR HCT.....	27	magnesium oxide (mg supplement).....	118	MEDICHOICE SAFETY LANCETNORMAL.....	77
loratadine.....	24	MAGOX 400.....	118	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM.....	100
loratadine & pseudoephedrine.....	45	MAKENA.....	132	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM.....	100
lorazepam.....	9	malathion.....	52	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM.....	100
losartan potassium.....	26	MAPROTILINE HCL.....	15	MEDISENSE THIN LANCETS.....	77
losartan potassium & hydrochlorothiazide.....	27	MARATHON MEDICAL PENTIPS29GX12MM.....	99	MEDLANCE PLUS EXTRA LANCETS 21G.....	77
LOTENSIN.....	26	MARATHON MEDICAL PENTIPS31GX5MM.....	99	MEDLANCE PLUS LANCETS.....	77
LOTENSIN HCT.....	27	MARATHON MEDICAL PENTIPS31GX8MM.....	100	MEDLANCE PLUS LANCETS LITE 25G.....	77
LOTREL.....	27	MARATHON MEDICAL PENTIPS32GX4MM.....	100	MEDLANCE PLUS LITE LANCETS 25G.....	77
LOTRIMIN AF.....	48	MARPLAN.....	15	MEDLANCE PLUS SPECIAL LANCETS 0.8MM.....	77
LOTRIMIN AF FOR HER.....	48	MATULANE.....	31	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX.....	77
LOTRIMIN AF JOCK ITCH.....	48	MAVYRET.....	38	MEDLANCE PLUS UNIVERSAL LANCETS 21G.....	77
LOTRISONE.....	48	MAXALT.....	116	MEDLANCE/EXTRA.....	77
lovastatin.....	25	MAXALT-MLT.....	116	MEDLANCE/LITE.....	77
LOVENOX.....	12	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2".....	100	MEDLANCE/UNIVERSAL.....	77
loxapine succinate.....	33	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2".....	100	MEDROL.....	43
LUNESTA.....	64	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16".....	100	MEDROL DOSEPAK.....	43
LUPRON DEPOT (1-MONTH).....	30	MAXICOMFORT II PEN NEEDLES/31G X 1/4".....	100	medroxyprogesterone acetate.....	132
LUPRON DEPOT (3-MONTH).....	30	MAXICOMFORT INSULIN SYRINGES 27G X 1/2".....	100		
LUPRON DEPOT (4-MONTH).....	30	MAXIMIN PACK.....	122		
LUPRON DEPOT (6-MONTH).....	30	MAXITROL.....	129		
LYSODREN.....	30				
LYSTEDA.....	63				
M-M-R II.....	137				
M-NATAL PLUS.....	123				
M-VIT.....	123				
MACROBID.....	136				
MACRODANTIN.....	136				

medroxyprogesterone acetate (contraceptive).....	43	METFORMIN HYDROCHLORIDE.....	19	MICROLET LANCETS.....	77
MEFLOQUINE HCL.....	28	methadone hcl.....	5	MICROLET NEXT.....	77
MEGA MULTIVITAMIN.....	122	methazolamide.....	56	MICROSPACER.....	115
MEGACE ES.....	132	methenamine mandelate.....	136	MICROZIDE.....	57
megestrol acetate.....	30	methenamine-hyosc-methylene blue-sod phos-phenyl sal.....	136	midazolam hcl.....	64
megestrol acetate (appetite).....	132	methimazole.....	134	midodrine hcl.....	138
MEIJER ALCOHOL SWABS EXTRA-THICK.....	82	METHITEST.....	7	miglitol.....	17
MEIJER COLOR LANCETS UNIVERSAL 33G.....	77	methocarbamol.....	125	miglustat.....	62
MEIJER LANCETS.....	77	METHOTREXATE.....	2	MIGRANAL.....	116
MEIJER LANCETS THIN.....	77	methotrexate sodium.....	29	MILLIPRED.....	43
MEIJER LANCETS UNIVERSAL21G.....	77	METHOTREXATE SODIUM.....	29	MINI LANCING DEVICE.....	77
MEIJER LANCETS UNIVERSAL30G.....	77	methotrexate sodium.....	29	MINIPRESS.....	26
MEIJER LANCETS UNIVERSAL33G.....	77	methyldopa.....	26	MINIVELLE.....	59
MEIJER PEN NEEDLES 29G X12MM.....	100	methylergonovine maleate.....	131	MINOCIN.....	134
MEIJER PEN NEEDLES 31G X6MM.....	100	methylphenidate hcl.....	1	minocycline hcl.....	134
MEIJER PEN NEEDLES 31G X8MM.....	100	methylprednisolone.....	43	minoxidil.....	28
MEIJER SUPER THIN LANCETS.....	77	METIPRANOLOL.....	127	MIRALAX.....	65
MEKINIST.....	30	metoclopramide hcl.....	60	MIRAPEX.....	31
MEKTOVI.....	30	metolazone.....	57	MIRASORB SPONGES 2" X 2".....	69
melatonin.....	2	metoprolol & hydrochlorothiazide.....	27	MIRASORB SPONGES 4" X 4".....	69
meloxicam.....	3	metoprolol succinate.....	39	MIRCERA.....	62
melphalan.....	29	METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE.....	27	MIRCETTE.....	42
memantine hcl.....	132	metoprolol tartrate.....	39	mirtazapine.....	14,15
MENACTRA.....	137	METOPROLOL/HYDROCHLOROTHIAZIDE.....	27	misoprostol.....	136
MENS PACK.....	122	METROCREAM.....	52	MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	100
MENVEO.....	137	METROGEL-VAGINAL.....	138	MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	100
MEPERIDINE HCL.....	5	METROLOTION.....	52	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16".....	100
meperidine hcl.....	5	metronidazole.....	8	MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16".....	100
MEPHYTON.....	139	metronidazole (topical).....	52	MM INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	100
meprobamate.....	9	metronidazole vaginal.....	138	MM INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	100
mercaptapurine.....	29	MEXILETINE HCL.....	10	MM LANCING DEVICE.....	77
mesalamine.....	60	mexiletine hcl.....	10	MM PEN NEEDLES 31G X 1/4".....	100
MESNEX.....	31	MH MACULAR HEALTH.....	122	MM PEN NEEDLES 31G X 3/16".....	100
MESTINON.....	28	MIACALCIN.....	57	MM PEN NEEDLES 31G X 5/16".....	100
MESTINON TIMESPAN.....	29	MICARDIS.....	26	MM PEN NEEDLES 32G X 5/32".....	100
METAMUCIL.....	64	MICARDIS HCT.....	27	MOBIC.....	3
METAMUCIL ORIGINAL TEXTURE.....	64	MICATIN.....	48	MOI-STIR.....	120
METAPROTERENOL SULFATE.....	11	MICONAZOLE 3.....	138	MOLINDONE HYDROCHLORIDE.....	34
metformin hcl.....	19	miconazole nitrate (topical).....	48	mometasone furoate.....	50
		miconazole nitrate vaginal.....	138		
		MICROCHAMBER.....	115		

mometasone furoate (nasal).....	126	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	101	MS CONTIN.....	5
MONISTAT 1 COMBO PACK.....	138	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	101	MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	101
MONISTAT 1 DAY OR NIGHT COMBO PACK.....	138	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	101	MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	101
MONISTAT 3.....	138	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	101	MS INSULIN SYRINGE/1ML/31G X 5/16".....	101
MONISTAT 3 COMBINATION PACK.....	138	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	101	MUCINEX.....	46
MONISTAT 7 SIMPLY CURE.....	138	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	101	MUCINEX D.....	45
MONISTAT SOOTHING CARE ITCH RELIEF.....	50	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	MUCINEX D MAXIMUM STRENGTH.....	45
MONOCLATE-P.....	61	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	101	MUCINEX DM.....	45
MONODOX.....	134	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	MUCINEX MAXIMUM STRENGTH.....	46
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16".....	100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	101	MULTI FOR HER.....	122
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8".....	100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	101	MULTI FOR HIM.....	122
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2".....	100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	MULTI PRENATAL.....	123
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2".....	100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	101	MULTI-LANCET DEVICE.....	77
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2".....	100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	101	MUPIROCIN.....	47
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2".....	100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	101	mupirocin.....	47
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2".....	101	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	101	mupirocin calcium (topical).....	47
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	101	MONOLET LANCETS.....	77	MYAMBUTOL.....	29
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	101	MONOLET OPD LANCETS.....	77	mycophenolate mofetil.....	119
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2".....	101	MONOLETTOR SAFETY LANCETS.....	77	mycophenolate mofetil hcl.....	119
MONOJECT INSULIN SYRINGE/SOFTPACK/U- 100/0.5ML/28G X 1/2".....	101	MONONINE.....	61	mycophenolate sodium.....	119
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	101	montelukast sodium.....	10	MYDRIACYL.....	128
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	101	morphine sulfate.....	5	MYFORTIC.....	119
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	101	MORPHINE SULFATE.....	5	MYLERAN.....	29
		morphine sulfate.....	5	MYLICON.....	59
		MORPHINE SULFATE.....	5	MYLICON INFANTS GAS RELIEF.....	59
		morphine sulfate.....	5	MYLICON INFANTS GAS RELIEF DYE FREE.....	59
		MOTRIN INFANTS DROPS.....	3	MYNATAL.....	123
		MOUTHKOTE.....	121	MYSOLINE.....	13
		moxifloxacin hcl (ophth).....	128	MYXREDLIN.....	21
		MOZOBIL.....	63	nabumetone.....	3
				nadolol.....	39
				naloxone hcl.....	22
				naltrexone hcl.....	22
				NAMENDA.....	132
				NAMENDA TITRATION PAK.....	132
				NAPROSYN.....	3
				naproxen.....	3,4
				naproxen sodium.....	3
				naratriptan hcl.....	116
				NARCAN.....	22

NARDIL.....	15	NEUTROGENA COOLDRY SPORTWITH HELIOPLEX SPF 30.....	54	nifedipine.....	40
NASACORT ALLERGY 24HR.....	126	NEUTROGENA HEALTHY DEFENSE DAILY MOISTURIZER PURESCREEN.....	54	NINLARO.....	31
NASACORT ALLERGY 24HR CHILDRENS.....	126	NEUTROGENA MEN SPF 20.....	54	NITRO-BID.....	9
NASAL DECONGESTANT.....	126	NEUTROGENA MOISTURE SPF15UNTINTED.....	54	NITRO-DUR.....	9
NASALCROM.....	125	NEUTROGENA SPORT FACE SUNBLOCK WITH HELIOPLEX SPF70.....	54	NITRO-TIME.....	9
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nateglinide.....	21	NEUTROGENA T/GEL STUBBORN ITCH CONTROL.....	55	nitrofurantoin macrocrystal.....	136
NATROBA.....	52	NEUTROGENA ULTRA SHEER DRY-TOUCH SPF 45.....	54	nitrofurantoin monohyd macro.....	136
NECON 1/50-28.....	42	NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 100.....	54	nitroglycerin.....	9
NEFAZODONE HCL.....	16	NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 55.....	54	NITROSTAT.....	9
nefazodone hcl.....	16	NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 70.....	54	NIVA-PLUS.....	124
NEFAZODONE HYDROCHLORIDE.....	16	NEVANAC.....	130	NIVEA HAND THERAPY.....	54
neomycin sulfate.....	2	nevirapine.....	36	NIVEA VISAGE UV CARE DAILY FACIAL.....	54
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neomycin-bacitracin-polymyxin	47	NEXIUM.....	135	NIZORAL.....	48
neomycin-polymy- dexameth.....	129	NEXPLANON.....	42	NORCO.....	6
neomycin-polymyxin w/ pramoxine.....	47	NIACIN.....	25	NORDITROPIN FLEXPY.....	57
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NEOMYCIN/POLYMYXIN/HYDR OCORTISONE.....	129	NIACIN TR.....	139	norethindrone & ethinyl estradiol- fe.....	42
NEONATAL PLUS.....	123	NIACOR.....	25	norethindrone (contraceptive).....	43
NEONATAL VITAMIN.....	124	NIASPAN.....	25	norethindrone acet & eth estra.....	42
NEORAL.....	119	nicardipine hcl.....	40	norethindrone acetate.....	132
NEOSPORIN.....	128	NICODERM CQ.....	133	norethindrone acetate-ethinyl estradiol.....	58
NEOSPORIN ORIGINAL.....	47	NICORETTE.....	133	norethindrone acetate-ethinyl estradiol-fe.....	42
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH.....	47	NICORETTE MINI.....	133	norethindrone-eth estradiol (triphasic).....	42
NEPHROCAPS.....	121	NICORETTE STARTER KIT.....	133	norgestimate-ethinyl estradiol.....	42
NEPTAZANE.....	56	nicotine.....	133	norgestimate-ethinyl estradiol (triphasic).....	42
NESINA.....	19	nicotine polacrilex.....	133	norgestrel & ethinyl estradiol.....	42
NEURONTIN.....	13	NICOTINE TRANSDERMAL SYSTEM.....	133	NORPACE.....	10
NEUTRAPHOR.....	52	NICOTROL INHALER.....	133	NORPACE CR.....	10
NEUTRAPHORUS REX.....	52	NICOTROL NS.....	133	NORPRAMIN.....	17
NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF110.....	54			NORTEMP INFANTS.....	4
NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF70.....	54			nortriptyline hcl.....	17
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				NORVASC.....	40
				NORVIR.....	36
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NOVOFINE 32GX6MM.....	101	ofloxacin (otic).....	130	OPTICHAMBER FACE MASK/LARGE.....	115
NOVOFINE AUTOCOVER 30GX8MM.....	101	OGESTREL.....	42	OPTICHAMBER FACE MASK/MEDIUM.....	115
NOVOFINE PLUS 32GX4MM.....	101	OINTMENT BASE.....	51	OPTICHAMBER FACE MASK/SMALL.....	115
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NOVOLIN 70/30 FLEXPEN.....	21	olmesartan medoxomil.....	26	OPTIHALER.....	116
NOVOLIN 70/30 FLEXPEN RELION.....	21	olmesartan medoxomil-amlodipine-hydrochlorothiazide.....	27	OPTIHALER MDI DRUG DELIVERY SYSTEM.....	115
NOVOLIN 70/30 RELION.....	21	olmesartan medoxomil-hydrochlorothiazide.....	28	oral electrolytes.....	118
NOVOLIN N.....	21	omega-3 fatty acids.....	127	ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT.....	121
NOVOLIN N RELION.....	21	omeprazole.....	135,136	ORALAIR.....	2
NOVOLIN R.....	21	OMEPRAZOLE.....	136	ORALAIR ADULT SAMPLE KIT.....	2
NOVOLIN R RELION.....	21	OMNIPRED.....	129	ORALAIR ADULT STARTER PACK.....	2
NOVOLOG.....	21	ON CALL LANCING DEVICE.....	78	ORALAIR CHILDREN/ADOLESCENTS STARTER PACK.....	2
NOVOLOG FLEXPEN.....	21	ON CALL PLUS LANCING DEVICE.....	78	ORKAMBI.....	134
NOVOLOG MIX 70/30.....	21	ondansetron.....	23	ORTHO MICRONOR.....	43
NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	21	ondansetron hcl.....	22	ORTHO TRI-CYCLEN.....	42
NOVOLOG PENFILL.....	21	ONDANSETRON HYDROCHLORIDE.....	23	ORTHO TRI-CYCLEN LO.....	42
NOVOPEN ECHO.....	101	ONE-DAILY MULTI-VITAMIN/MINERAL.....	122	ORTHO-CYCLEN.....	42
NOVOSEVEN RT.....	61	ONETOUCH CLUB LANCETS FINE POINT.....	78	ORTHO-NOVUM 1/35.....	42
NOVOTWIST 32GX5MM.....	101	ONETOUCH COMBO PACK.....	78	ORTHO-NOVUM 7/7/7.....	42
NPLATE.....	62	ONETOUCH DELICA LANCETS EXTRA FINE 33G.....	78	oseltamivir phosphate.....	38
NU GAUZE 4PLY 4"X4".....	69	ONETOUCH DELICA LANCETS FINE 30G.....	78	OSENI.....	18
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY.....	69	ONETOUCH DELICA LANCING DEVICE.....	78	OTICIN HC NR.....	130
NULYTELY/FLAVOR PACKS.....	64	ONETOUCH DELICA PLUS LANCING DEVICE.....	78	OTREXUP.....	2
NUMOISYN.....	121	ONETOUCH ULTRASOFT LANCETS.....	78	OVACE PLUS WASH.....	49
NUPLAZID.....	32	ONGLYZA.....	19	OVACE WASH.....	49
NUVARING.....	42	OPTICHAMBER ADVANTAGE/LARGE MASK.....	115	OVIDE.....	52
NUVIGIL.....	1	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK.....	115	oxaprozin.....	4
NUWIQ.....	61	OPTICHAMBER ADVANTAGE/SMALL FACE MASK.....	115	OXAZEPAM.....	9
nystatin.....	23	OPTICHAMBER DIAMOND.....	115	oxazepam.....	10
nystatin (mouth-throat).....	120			oxcarbazepine.....	13
nystatin (topical).....	48			oxybutynin chloride.....	136
nystatin-triamcinolone.....	48			oxycodone hcl.....	5
NYTOL MAXIMUM STRENGTH.....	63			oxycodone w/ acetaminophen.....	6
O-CAL FA.....	124				
OBIZUR.....	61				
OCEAN NASAL SPRAY.....	125				
OCUFLOX.....	128				
ODEFSEY.....	36				
ODOMZO.....	29				

oxycodone-aspirin.....	6	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	64	PEPCID AC MAXIMUM STRENGTH.....	135
OXYCODONE/ACETAMINOPHE N.....	6	peg 3350-potassium chloride- sod bicarbonate-sod chloride.....	64	PEPTO BISMOL.....	22
OXYCODONE/ASPIRIN.....	6	PEGANONE.....	14	PEPTO-BISMOL.....	22
oyster shell.....	118	PEN NEEDLES 29G X 12MM.....	102	PEPTO-BISMOL INSTACOOOL.....	22
OZEMPIC.....	20	PEN NEEDLES 29GX1/2".....	102	PEPTO-BISMOL MAX STRENGTH.....	22
PA MENS 50 PLUS VITAPAK.....	122	PEN NEEDLES 30GX5/16".....	102	PEPTO-BISMOL TO-GO.....	22
PA MENS VITAPAK.....	122	PEN NEEDLES 30GX8MM.....	102	PERCOCET.....	6
PA WOMENS 50 PLUS VITAPAK.....	122	PEN NEEDLES 31G X 1/4" SHORT.....	102	PERFECT LANCETS 30G.....	78
PA WOMENS VITAPAK.....	122	PEN NEEDLES 31G X 3/16".....	102	PERIDEX.....	120
paliperidone.....	33	PEN NEEDLES 31G X 5MM.....	102	permethrin.....	52
PAMELOR.....	17	PEN NEEDLES 31G X 6MM.....	102	perphenazine.....	34
PANCREAZE.....	56	PEN NEEDLES 31G X 8MM.....	102	PERPHENAZINE/AMITRIPTYLIN E.....	132
PANOXYL-4 CREAMY WASH.....	47	PEN NEEDLES 31G X 31GX5/16".....	102	PEXEVA.....	16
pantoprazole sodium.....	136	PEN NEEDLES 31GX6MM (1/4").....	102	PHARMACY COUNTER LANCETS.....	78
PARAFON FORTE DSC.....	125	PEN NEEDLES 31GX8MM PEN NEEDLES 32G X 4MM.....	102	phenazopyridine hcl.....	60
PARLODEL.....	31	PEN NEEDLES 32G X 5MM.....	102	phenelzine sulfate.....	15
PARNATE.....	15	PEN NEEDLES 32G X 6MM.....	102	phenobarbital.....	63
paroxetine hcl.....	16	PEN NEEDLES 32G X POTASSIUM.....	131	PHENOBARBITAL SODIUM.....	63
PARVA-CAL.....	118	PENICILLIN V POTASSIUM.....	131	phenylephrine hcl (ophth).....	129
PAXIL.....	16	PENTIPS 29G X 12MM.....	102	phenylephrine hcl (oral).....	126
PAXIL CR.....	16	PENTIPS 29GX12MM.....	102	phenylephrine-chlorphen-dm	45
PC LANCETS SUPER THIN 30G.....	78	PENTIPS 31G X 5MM.....	102	phenylephrine-dm.....	45
PC UNIFINE PENTIPS 29G X1/2".....	101	PENTIPS 31G X 8MM.....	102	phenylephrine-shark liver oil- cocoa butter.....	7
PC UNIFINE PENTIPS 31G X5MM MINI.....	102	PENTIPS 31GX5MM.....	102	phenylephrine-shark liver oil- mineral oil-petrolatum.....	7
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	102	PENTIPS 31GX6MM.....	102	PHENYTEK.....	14
PC UNIFINE PENTIPS 31G X8MM SHORT.....	102	PENTIPS 31GX8MM.....	102	phenytoin.....	14
PCE.....	66	PENTIPS 32G X 4MM.....	102	phenytoin sodium extended.....	14
ped multivitamins w/fl & iron.....	123	PENTIPS 32GX4MM.....	102	PHLEXY-VITS.....	122
PEDIA-LAX.....	65	penicillin v potassium.....	131	phytonadione.....	139
PEDIALYTE.....	118	PENTIPS 29G X 12MM.....	102	PIFELTRO.....	36
PEDIALYTE ADVANCED CARE.....	118	PENTIPS 31G X 5MM.....	102	pilocarpine hcl.....	128
PEDIALYTE FREEZER POPS.....	118	PENTIPS 31G X 8MM.....	102	pilocarpine hcl (oral).....	121
PEDIALYTE SINGLES.....	118	PENTIPS 31GX5MM.....	102	pimecrolimus.....	51
PEDIAPRED.....	43	PENTIPS 31GX6MM.....	102	pindolol.....	39
PEDIATRIC COUGH/COLD.....	45	PENTIPS 31GX8MM.....	102	pioglitazone hcl.....	20
pediatric multiple vitamins.....	123	PENTIPS 32G X 4MM.....	102	pioglitazone hcl-glimepiride.....	18
pediatric vitamins acid w/ fluoride.....	123	PENTIPS 32GX4MM.....	102	pioglitazone hcl-metformin hcl.....	18
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		PEPCID.....	135	PLAN B ONE-STEP.....	42
		PEPCID AC.....	135	PLAQUENIL.....	28
				PLAVIX.....	62

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PLEGRIDY STARTER		PRECISION SURE-DOSE		SYRINGE/U-100/0.3ML/29G X	
PACK.....	133	INSULIN SYRINGE/0.3ML/30G		1/2".....	102
PNEUMOVAX 23.....	137	X 5/16".....	102	PREFERRED PLUS INSULIN	
PNEUMOVAX 23/1 DOSE.....	137	PRECISION SURE-DOSE		SYRINGE/U-100/0.3ML/30G X	
PNV FOLIC ACID + IRON		INSULIN SYRINGE/0.5ML/28G		5/16".....	103
MULTIVITAMIN.....	124	X 1/2".....	102	PREFERRED PLUS INSULIN	
PNV PRENATAL PLUS		PRECISION SURE-DOSE		SYRINGE/U-100/0.5ML/28G X	
MULTIVITAMIN.....	124	INSULIN SYRINGE/0.5ML/29G		1/2".....	103
POCKET CHAMBER.....	116	X 1/2".....	102	PREFERRED PLUS INSULIN	
POCKET SPACER.....	116	PRECISION SURE-DOSE		SYRINGE/U-100/0.5ML/29G X	
podofilox.....	52	INSULIN SYRINGE/0.5ML/30G		1/2".....	103
polyethylene glycol 3350.....	65	X 3/8".....	102	PREFERRED PLUS INSULIN	
POLYMEM DRESSING/3" X		PRECISION SURE-DOSE		SYRINGE/U-100/0.5ML/30G X	
3".....	69	INSULIN SYRINGE/1ML/28G X		5/16".....	103
POLYMEM DRESSING/4" X		1/2".....	102	PREFERRED PLUS INSULIN	
4".....	69	PRECISION SURE-DOSE		SYRINGE/U-100/1ML/28G X	
POLYMEM FILM DOT.....	69	PLUSINSULIN		1/2".....	103
POLYMEM NON-ADHESIVE		SYRINGE/0.3ML/29G X		PREFERRED PLUS INSULIN	
PAD.....	69	1/2".....	102	SYRINGE/U-100/1ML/29G X	
polymyxin b-trimethoprim.....	128	PRECISION SURE-DOSE		1/2".....	103
polysaccharide iron complex.....	63	PLUSINSULIN		PREFERRED PLUS INSULIN	
POLYSPORIN.....	47	SYRINGE/1ML/29G X		SYRINGE/U-100/1ML/30G X	
POLYTRIM.....	128	1/2".....	102	5/16".....	103
polyvinyl alcohol.....	127	PRECISION THIN		PREFERRED PLUS LANCETS	
POMALYST.....	30	LANCETS.....	78	COLOR 21G.....	78
pot phosphate monobasic w/ sod		PRECISION THINS GP		PREFERRED PLUS LANCETS	
phosphate dibasic &		LANCET.....	78	SUPER THIN 30G.....	78
monobasic.....	118	PRECISION ULTRA		PREFERRED PLUS LANCETS	
potassium bicarbonate.....	119	LANCET.....	78	THIN 26G.....	78
potassium chloride.....	119	PRECISION XTRA.....	55	PREFERRED PLUS UNIFINE	
POTASSIUM CHLORIDE		PRECOSE.....	17	PENTIPS 29G X 12MM.....	103
ER.....	119	PRED FORTE.....	129	PREFERRED PLUS UNIFINE	
potassium chloride		PRED MILD.....	129	PENTIPS 31G X 6MM ULTRA	
microencapsulated crystals		PRED-G.....	129	SHORT.....	103
er.....	119	PREDATOR.....	52	PREFERRED PLUS UNIFINE	
potassium citrate		PREDNICARBATE.....	50	PENTIPS 31G X 8MM	
(alkalinizer).....	60	prednicarbate.....	50	SHORT.....	103
potassium citrate-citric acid.....	60	PREDNISOLONE.....	43	PREFERRED PLUS UNIFINE	
povidone-iodine.....	35	prednisolone.....	43	PENTIPS/MINI/31GX5MM.....	103
pramipexole dihydrochloride.....	32	PREDNISOLONE		PREMARIN.....	59,138
PRAMOTIC.....	130	ACETATE.....	129	PREMIUM CONDOMS	
pramoxine hcl (rectal).....	7	PREDNISOLONE ACETATE P-		LUBRICATED.....	71
pramoxine-hc-chloroxylenol		F.....	129	PREMIUM PACKETS.....	122
.....	130	prednisolone sodium		PREMPHASE.....	58
PRANDIN.....	21	phosphate.....	43	PREMPRO.....	58
prasugrel hcl.....	62	PREDNISOLONE SODIUM		PRENATAL.....	124
PRAVACHOL.....	25	PHOSPHATE.....	129	PRENATAL AND IRON.....	124
pravastatin sodium.....	25	PREDNISONE.....	43	PRENATAL FORMULA.....	124
prazosin hcl.....	26	prednisone.....	43	PRENATAL FORTE.....	124
PRE SUN KIDS.....	54	PREDNISONE.....	43	PRENATAL LOW IRON.....	124
		prednisone.....	43	PRENATAL	
		PREDNISONE INTENSOL.....	43	MULTIVITAMIN.....	124
				PRENATAL ONE DAILY.....	124

PRENATAL PLUS	124	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	103	PROMACTA	62
PRENATAL VITAMIN	124	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	103	promethazine & phenylephrine	45
PRENATAL VITAMIN & MINERAL	124	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	103	promethazine hcl	24
PRENATAL VITAMIN/IRON	124	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	103	promethazine w/codeine	45
PRENATAL VITAMINS	125	PRO COMFORT PEN NEEDLES/31G X 8MM	103	promethazine-phenylephrine-codeine	45
PRENATAL VITAMINS PLUS LOW IRON	125	PRO COMFORT PEN NEEDLES/32G X 4MM	103	PROMETHAZINE/DEXTROMET HOPHAN	45
PREPLUS	125	PRO COMFORT PEN NEEDLES/32G X 5MM	103	PROMETHAZINE/PHENYLEPHRINE	45
PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS MENS	122	PRO COMFORT PEN NEEDLES/32G X 6MM	103	PROMETHAZINE/PHENYLEPHRINE/CODEINE	45
PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS WOMENS	123	PROAIR HFA	11	PROMETRIUM	132
PRESSURE ACTIVATED SAFETYLANCET 21G	78	probenecid	61	propafenone hcl	10
PREVACID	136	PROCARDIA	40	propranolol hcl	39
PREVACID 24HR	136	PROCARDIA XL	40	PROPRANOLOL HCL	39
PREVACID SOLUTAB	136	PROCARE SPACER CHAMBER W/ADULT MASK	116	propranolol hcl	39
PREVENT SAFETY PEN NEEDLES 31GX1/4"	103	PROCARE SPACER CHAMBER W/CHILD MASK	116	PROPRANOLOL/HYDROCHLOROTHIAZIDE	28
PREVENT SAFETY PEN NEEDLES 31GX5/16"	103	prochlorperazine	34	propylthiouracil	134
PREVIDENT 5000 DRY MOUTH	120	prochlorperazine edisylate	34	PROQUAD	137
PREVIDENT 5000 PLUS	120	PROCHLORPERAZINE EDISYLATE	34	PROSCAR	60
PREVIDENT FLUORIDE	120	prochlorperazine maleate	34	PROSHIELD PLUS SKIN PROTECTANT	52
PREVIDENT RINSE	120	PROCRIT	62	PROTONIX	136
PREVNAR 13	137	PROCTOFOAM	7	PROTOPIC	51
PREZCOBIX	36	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	103	protriptyline hcl	17
PREZISTA	36	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	103	PROVENTIL HFA	11
PRIMAQUINE PHOSPHATE	28	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	103	PROVERA	132
primaquine phosphate	28	PRODIGY LANCING DEVICE	78	PROXEED PLUS	123
primidone	13	PRODIGY TWIST TOP LANCETS	78	PROZAC	16
PRINIVIL	26	PROFILNINE	61	pseudoephed-bromphen-dm	45
PRISTIQ	17	PROFILNINE SD	61	pseudoephedrine hcl	126
PRO COMFORT ALCOHOL PADS	82	progesterone micronized	132	pseudoephedrine w/ codeine-gg	45
PRO COMFORT INHALER SPACER CHAMBER ADULT	116	PROGLYCEM	19	pseudoephedrine-chlorphen-dm	45
PRO COMFORT INHALER SPACER CHAMBER CHILD	116	PROGRAF	120	pseudoephedrine-guaifenesin	45
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	103			pseudoephedrine-ibuprofen	45
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	103			PSORCON	50

PURE & FREE BABY SUNSCREEN BROAD SPECTRUM SPF 50 PURESCREEN.....	54	QC UNILET LANCETS 28G/ULTRA THIN.....	78	RA STERILE PADS 3"X3"...	70
PURIXAN.....	29	QC UNILET LANCETS 33G/MICRO THIN.....	78	RA STERILE PADS 4"X4"...	70
PUSH BUTTON SAFETY LANCETS 21G.....	78	QTERN.....	18	RAGWITEK.....	2
PUSH BUTTON SAFETY LANCETS 28G.....	78	QUESTRAN.....	25	raloxifene hcl.....	58
PX ADVANCED LANCING DEVICE.....	78	QUESTRAN LIGHT.....	25	ramipril.....	26
PX EXTRA SHORT PEN NEEDLES 31GX6MM.....	103	quetiapine fumarate.....	34	ranitidine hcl.....	135
PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	103	quinapril hcl.....	26	RAPAMUNE.....	120
PX LANCET AUTO INJECTOR.....	78	quinapril-hydrochlorothiazide	28	RASUVO.....	2
PX LANCETS ULTRA THIN.....	78	quinidine gluconate.....	10	RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY.....	70
PX MINI PEN NEEDLES 31GX5MM.....	103	QUINIDINE SULFATE.....	10	RAZADYNE.....	132
PX PEN NEEDLE 29GX12MM.....	104	RA ADVANCED HEALING.....	51	RAZADYNE ER.....	132
PX PEN NEEDLE 31GX8MM.....	104	RA ALCOHOL SWABS.....	82	REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	104
PX PRENATAL MULTIVITAMINS.....	125	RA ALL PURPOSE DRESSINGS4"X4".....	69	REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	104
PX SHORTLENGTH PEN NEEDLES/31GX8MM.....	104	RA DRESSING SPONGES 4"X4".....	69	REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	104
pyrazinamide.....	29	RA DRY MOUTH.....	121	REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	104
pyrethrins-piperonyl butoxide.....	52,53	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G.....	78	REALITY LANCETS.....	78
pyrethrins-piperonyl butoxide- permethrin-nit remover.....	53	RA E-ZJECT LANCETS 28G.....	78	REALITY LATEX CONDOMS/LUBRICATED..	71
PYRIDIDIUM.....	60	RA E-ZJECT LANCETS THIN 26G.....	78	REALITY LATEX/ULTRA TEXTURED.....	71
pyridostigmine bromide.....	29	RA E-ZJECT LANCETS THIN 28G.....	78	REALITY LATEX/ULTRA THIN.....	71
pyridoxine hcl.....	139	RA E-ZJECT LANCETS ULTRATHIN 30G.....	78	REALITY SWABS.....	82
QC ADVANCED LANCING DEVICE.....	78	RA ESSENCE-C.....	123	REBIF.....	133
QC ALCOHOL SWABS.....	82	RA GAUZE SPONGES 4"X4".....	70	REBIF REBIDOSE.....	133
QC ALL PURPOSE DRESSINGS4"X4".....	69	RA INSULIN SYRINGE/0.5ML/29G X 1/2".....	104	REBIF REBIDOSE TITRATIONPACK.....	133
QC BORDER ISLAND GAUZE PAD 2"X2".....	69	RA INSULIN SYRINGE/1ML/29G X 1/2".....	104	REBIF TITRATION PACK..	133
QC LANCETS SUPER THIN.....	78	RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	104	RECOMBINATE.....	61
QC LANCETS ULTRA THIN.....	78	RA INSULIN SYRINGE/U- 100/1 ML/30G X 5/16".....	104	RECOMBIVAX HB.....	137
QC PEN NEEDLES 29G X 12MM.....	104	RA LANCING DEVICE.....	78	REGLAN.....	60
QC PEN NEEDLES 31G X 6MM.....	104	RA PEN NEEDLES 31G X 5MM3/16".....	104	RELENZA DISKHALER.....	38
QC PEN NEEDLES 31G X 8MM.....	104	RA PEN NEEDLES 31G X 8MM5/16".....	104	RELION 2-IN-1 LANCET DEVICES 30G.....	79
QC PRENATAL.....	125	RA PRENATAL.....	125	RELION 2-IN-1 LANCING DEVICE 25G.....	79
QC STERILE PADS.....	69	RA PRENATAL FORMULA/FOLICACID..	125	RELION 2-IN-1 LANCING DEVICE 30G.....	79
QC UNIFINE PENTIPS 32GX4MM.....	104	RA RX SUNCARE ADVANCED PROTECTION SPF50.....	54	RELION ALCOHOL SWABS.....	82
		RA STERILE PADS 2"X2".....	70	RELION INSULIN SYRINGE 1ML/31GX15/64".....	104

RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	104	RESTORE CONTACT LAYER/NON-ADHERENT 2"X2".....	70	ROBINUL FORTE.....	135
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	104	RESTORE FOAM DRESSING BORDERED 4"X4".....	70	ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH.....	45
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	104	RESTORE FOAM DRESSING NON-BORDERED 4"X4".....	70	ROBITUSSIN PEAK COLD DM.....	46
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	104	RESTORE ODOR ABSORBING DRESSING 4"X4".....	70	ROC MULTI CORREXION 5 IN1 DAILY MOISTURIZER SPF 30.....	54
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	104	RESTORE TRIO ABSORBENT DRESSING 3"X3".....	70	ROC RETINOL CORREXION SPF30.....	54
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	104	RESTORIL.....	64	ROCALTROL.....	58
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104	RETIN-A.....	47	ROMIDEPSIN.....	31
RELION KETONE.....	55	RETROVIR.....	37	ropinirole hydrochloride.....	32
RELION KETONE TEST STRIPS.....	55	RETROVIR IV INFUSION.....	37	rosuvastatin calcium.....	25
RELION LANCETS MICRO-THIN33G.....	79	REVATIO.....	40	ROTARIX.....	137
RELION LANCETS STANDARD 21G.....	79	REXALL LANCETS ULTRA THIN.....	79	ROTATEQ.....	137
RELION LANCETS THIN 26G.....	79	REXULTI.....	35	ROXICODONE.....	5
RELION LANCETS ULTRA-THIN30G.....	79	REYATAZ.....	37	RYCLORA.....	23
RELION LANCING DEVICE.....	79	RIASTAP.....	61	SAFE-T-LANCE LOW FLOW 25G.....	79
RELION MINI PEN NEEDLES 31GX6MM.....	104	riboflavin.....	139	SAFE-T-LANCE NORMAL FLOW21G.....	79
RELION PEN NEEDLES 29GX12MM.....	104	RID.....	53	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW.....	79
RELION PEN NEEDLES 31GX6MM.....	104	RID COMPLETE LICE ELIMINATION.....	53	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW.....	79
RELION PEN NEEDLES 31GX8MM.....	104	RIFADIN.....	29	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	105
RELION PEN NEEDLES 32GX4MM.....	105	rifampin.....	29	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2".....	105
RELION SHORT PEN NEEDLES31GX8MM.....	105	RIGHT STEP PRENATAL.....	125	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16".....	105
RELION ULTRA THIN LANCETS/30G.....	79	RIGHTEST GD500 LANCING DEVICE.....	79	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2".....	105
RELION ULTRA THIN LANCETS30G.....	79	RIGHTEST GL300 LANCETS.....	79	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2".....	105
RELION ULTRA THIN PLUS LANCETS 32G.....	79	RIOMET.....	19	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2".....	105
RELION ULTRA THIN PLUS LANCETS 33G.....	79	risedronate sodium.....	57	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....	105
RELPAK.....	117	RISPERDAL.....	33	SAFETY INSULIN SYRINGES 1ML/27GX1/2".....	105
REMEDY NUTRASHIELD.....	52	RISPERDAL CONSTA.....	33	SAFETY INSULIN SYRINGES 1ML/29GX1/2".....	105
REMERON.....	15	RISPERDAL M-TAB.....	33	SAFETY INSULIN SYRINGES 1ML/30GX1/2".....	105
REMERON SOLTAB.....	15	risperidone.....	33	SAFETY LANCETS 28G.....	79
repaglinide.....	21	RISPERIDONE ODT.....	33	SAFETY LET LANCETS.....	79
REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	18	RITALIN.....	2	SAFETY SEAL LANCETS 28G.....	79
REQUIP.....	32	RITEFLO.....	116		
RESCRIPTOR.....	36	ritonavir.....	37		
		rivastigmine.....	132		
		rivastigmine tartrate.....	132		
		RIXUBIS.....	61		
		rizatriptan benzoate.....	117		
		ROBAXIN.....	125		
		ROBAXIN-750.....	125		
		ROBINUL.....	135		

SAFETY SEAL LANCETS		SHOPKO UNILET LANCETS	
30G.....	79	ULTRA THIN 28G.....	79
SAIZEN.....	58	SIDE BUTTON SAFETY	
SAIZEN CLICK.EASY.....	57	LANCET21G.....	79
SAIZENPREP		sildenafil citrate (pulmonary	
RECONSTITUTIONKIT.....	58	hypertension).....	40
SALAGEN.....	121	SILENOR.....	63
salicylic acid.....	52	SILPHEN COUGH.....	24
saline.....	125	SILVADENE.....	49
salsalate.....	5	silver sulfadiazine.....	49
SANDIMMUNE.....	120	simethicone.....	59
SAPHRIS.....	34	SIMPLE DIAGNOSTICS	
SARNA.....	48	LANCING DEVICE.....	79
SAVELLA.....	132	simvastatin.....	25
SAVELLA TITRATION		SINEMET.....	32
PACK.....	133	SINEMET CR.....	32
SB ALCOHOL PREP PADS.....	82	SINGLE-LET.....	79
SB INSULIN SYRINGE/U-		SINGULAIR.....	10
100/0.5ML/29G X 1/2".....	105	sirolimus.....	120
SB INSULIN SYRINGE/U-		SIVEXTRO.....	8
100/0.5ML/30G X 5/16".....	105	SKIN BEAUTY &	
SB INSULIN SYRINGE/U-		WELLNESS.....	123
100/1ML/29G X 1/2".....	105	SKYLA.....	42
SB INSULIN SYRINGE/U-		SLO-NIACIN.....	139
100/1ML/30G X 5/16".....	105	SM ALCOHOL PREP PADS.....	82
SB INSULIN SYRINGE/U-		SM GAUZE PADS 2"X2".....	70
100/1ML/31G X 5/16".....	105	SM GAUZE PADS 3"X3".....	70
SB LANCETS THIN.....	79	SM GAUZE PADS 4"X4".....	70
SB LANCETS ULTRA THIN.....	79	SM GLUCOSE.....	19
SCOT-TUSSIN.....	46	SM INSULIN SYRINGE/1ML/31G	
SEASONIQUE.....	42	X 5/16".....	105
SECONAL SODIUM.....	63	SM IPECAC SYRUP.....	22
SECURESAFE SAFETY		SM MICRO THIN LANCETS	
INSULIN SYRINGES/U-		33G.....	79
100/0.5ML/29GX1/2".....	105	SM PRENATAL VITAMINS.....	125
SECURESAFE SAFETY		SM STERILE PADS.....	70
INSULIN SYRINGES/U-		SM STERILE PADS 2"X2".....	70
100/1ML/29GX1/2".....	105	SM TRUEDRAW LANCING	
SEGLUROMET.....	18	DEVICE.....	79
SELECT-LITE LANCING		SMART DIABETES VANTAGE	
DEVICE.....	79	LANCING DEVICE.....	79
selegiline hcl.....	32	SMART SENSE COLOR	
SELEGILINE HCL.....	32	LANCETS UNIVERSAL 33G.....	79
selenium sulfide.....	49	SMART SENSE STANDARD	
SELSUN BLUE.....	49	LANCETS UNIVERSAL 21G.....	79
SELSUN BLUE DAILY.....	49	SMART SENSE SUPER THIN	
SELSUN BLUE		LANCETS UNIVERSAL 30G.....	79
MEDICATED.....	49	SMART SENSE THIN	
SELSUN BLUE		LANCETSUNIVERSAL 26G.....	79
MOISTURIZING.....	49	SMARTEST LANCETS 28G.....	80
SELZENTRY.....	37	sodium bicarbonate (antacid).....	7
SENNA.....	65	SODIUM CHLORIDE.....	119
sennosides.....	65		
sennosides-docusate			
sodium.....	64		
SENOKOT.....	65		
SENOKOT S.....	64		
SEREVENT DISKUS.....	11		
SEROQUEL.....	34		
SEROQUEL XR.....	34		
SEROSTIM.....	58		
sertraline hcl.....	16		
SFROWASA.....	60		
SHADE SUNBLOCK SPF			
45.....	54		
SHADE UVAGUARD SPF			
15.....	54		
SHINGRIX.....	137		
SHOPKO ALCOHOL			
SWABS.....	82		
SHOPKO AUTOLET LANCING			
DEVICE.....	79		
SHOPKO ON-THE-GO			
COMFORTLANCETS 30G.....	79		
SHOPKO UNIFINE PENTIPS			
PEN			
NEEDLES/MICRO/32GX4MM			
.....	105		
SHOPKO UNIFINE PENTIPS			
PEN			
NEEDLES/MINI/31GX5MM			
.....	105		
SHOPKO UNIFINE PENTIPS			
PEN			
NEEDLES/ORIGINAL/29GX12			
MM.....	105		
SHOPKO UNIFINE PENTIPS			
PEN			
NEEDLES/SHORT/31GX8MM			
.....	105		
SHOPKO UNIFINE PENTIPS			
PLUS PEN			
NEEDLES/MICRO/REMOVR/3			
2GX4MM.....	105		
SHOPKO UNIFINE PENTIPS			
PLUS PEN			
NEEDLES/MINI/REMOVER/31			
GX5MM.....	105		
SHOPKO UNIFINE PENTIPS			
PLUS PEN			
NEEDLES/REMOVER/29GX12			
MM.....	105		
SHOPKO UNIFINE PENTIPS			
PLUS PEN			
NEEDLES/SHORT/REMOVR/3			
1GX8MM.....	105		
SHOPKO UNILET LANCETS			
SUPER THIN 30G.....	79		

sodium chloride.....	119	SUDAFED		SURE COMFORT INSULIN	
sodium chloride (gu irrigant).	60	CONGESTION.....	126	SYRINGE/U-100/0.5ML/30G X	
sodium chloride (inhalant)...	46	SUDAFED NASAL		5/16".....	106
sodium fluoride.....	118	DECONGESTANT MAXIMUM		SURE COMFORT INSULIN	
sodium fluoride (dental)....	120	STRENGTH.....	126	SYRINGE/U-100/0.5ML/31G X	
sodium phosphates.....	65	SUDAFED PE		5/16.....	106
sodium polystyrene		CONGESTION.....	126	SURE COMFORT INSULIN	
sulfonate.....	120	sulfacetamide sod-		SYRINGE/U-100/1ML/28G X	
SODIUM		prednisolone.....	129	1/2".....	106
SULFACETAMIDE/SULFUR		sulfacetamide sodium.....	49	SURE COMFORT INSULIN	
.....	47	SULFACETAMIDE		SYRINGE/U-100/1ML/29G X	
SOF-WICK 4"X4".....	70	SODIUM.....	128	1/2".....	106
SOLBAR AVO.....	54	sulfacetamide sodium		SURE COMFORT INSULIN	
SOLBAR PF SPF15.....	54	(acne).....	47	SYRINGE/U-100/1ML/30G X	
SOLLIQUA 100/33.....	18	sulfacetamide sodium		1/2".....	106
SOLUS V2 LANCING		(ophth).....	128	SURE COMFORT INSULIN	
DEVICE.....	80	SULFACETAMIDE		SYRINGE/U-100/1ML/30G X	
SONATA.....	64	SODIUM/PREDNISOLONE		5/16".....	106
SORBITOL.....	65	SODIUM PHOSPHATE..	129	SURE COMFORT INSULIN	
sotalol hcl.....	39	sulfamethoxazole-		SYRINGE/U-100/1ML/31G X	
sotalol hcl (afib/afib).....	39	trimethoprim.....	8	5/16".....	106
SPINOSAD.....	53	sulfasalazine.....	60	SURE COMFORT LANCING	
spironolactone.....	57	sulindac.....	4	PEN.....	80
spironolactone &		sumatriptan.....	117	SURE COMFORT PEN	
hydrochlorothiazide.....	56	sumatriptan succinate.....	117	NEEDLES29GX1/2"	
SPORANOX.....	23	SUMATRIPTAN		12.7MM.....	106
SPORANOX PULSEPAK.....	23	SUCCINATE.....	117	SURE COMFORT PEN	
SPRYCEL.....	31	sumatriptan succinate.....	117	NEEDLES30GX5/16"	
STAMARIL.....	137	sunscreens.....	55	SHORT.....	106
STARLIX.....	21	SUPER NU-THERA.....	123	SURE COMFORT PEN	
stavudine.....	37	SUPER THIN LANCETS.....	80	NEEDLES31GX3/16"	
STEGLATRO.....	21	SURE COMFORT INSULIN		(5MM).....	106
STEGLUJAN.....	18	SYRINGE/U-100/0.3ML/29G X		SURE COMFORT PEN	
STERILANCE TL.....	80	1/2".....	105	NEEDLES31GX5/16"	
STERILE GAUZE PADS		SURE COMFORT INSULIN		(8MM).....	106
2"X2".....	70	SYRINGE/U-100/0.3ML/30G X		SURE COMFORT PEN	
STERILE GAUZE PADS		1/2".....	106	NEEDLES32GX5/32".....	106
3"X3".....	70	SURE COMFORT INSULIN		SURE COMFORT PEN	
STERILE PADS 2"X2".....	70	SYRINGE/U-100/0.3ML/30G X		NEEDLES32GX6MM.....	106
STERILE PADS 3"X3".....	70	5/16.....	106	SURE-FINE PEN NEEDLES	
STERILE PADS 4"X4".....	70	SURE COMFORT INSULIN		29GX1/2" 12.7MM.....	106
STIOLTO RESPIMAT.....	11	SYRINGE/U-100/0.3ML/31G X		SURE-FINE PEN NEEDLES	
STIVARGA.....	31	5/16.....	106	31GX3/16" 5MM.....	106
STRATTERA.....	1	SURE COMFORT INSULIN		SURE-FINE PEN NEEDLES	
STRIBILD.....	37	SYRINGE/U-100/0.3ML/31G X		31GX5/16" 8MM.....	106
STROVITE FORTE.....	123	5/16.....	106	SURE-JECT INSULIN	
SUBOXONE.....	6,7	SURE COMFORT INSULIN		SYRINGE/U-100/0.3ML/29G X	
sucralfate.....	135	SYRINGE/U-100/0.5ML/28G X		1/2".....	106
SUDAFED CHILDRENS.....	126	1/2".....	106	SURE-JECT INSULIN	
		SURE COMFORT INSULIN		SYRINGE/U-100/0.3ML/30G X	
		SYRINGE/U-100/0.3ML/31G X		5/16".....	106
		1/2".....	106	SURE-JECT INSULIN	
		SURE COMFORT INSULIN		SYRINGE/U-100/0.3ML/31G X	
		SYRINGE/U-100/0.5ML/29G X		5/16".....	106
		1/2".....	106	SURE-JECT INSULIN	
		SURE COMFORT INSULIN		SYRINGE/U-100/0.3ML/31G X	
		SYRINGE/U-100/0.5ML/30G X		5/16".....	106
		1/2".....	106	SURE-JECT INSULIN	
		SURE COMFORT INSULIN		SYRINGE/U-100/0.5ML/28G X	
		SYRINGE/U-100/0.5ML/30G X		1/2".....	107
		1/2".....	106		

SURE-JECT INSULIN			
SYRINGE/U-100/0.5ML/29G X			
1/2"			107
SURE-JECT INSULIN			
SYRINGE/U-100/0.5ML/30G X			
5/16"			107
SURE-JECT INSULIN			
SYRINGE/U-100/0.5ML/31G X			
5/16"			107
SURE-JECT INSULIN			
SYRINGE/U-100/1ML/28G X			
1/2"			107
SURE-JECT INSULIN			
SYRINGE/U-100/1ML/29G X			
1/2"			107
SURE-JECT INSULIN			
SYRINGE/U-100/1ML/30G X			
5/16"			107
SURE-JECT INSULIN			
SYRINGE/U-100/1ML/31G X			
5/16"			107
SURE-LANCE THIN LANCETS			
28G			80
SURE-LANCE ULTRA THIN			
LANCETS			80
SURE-PEN			80
SURE-TOUCH LANCETS			
UNIVERSAL			80
SURELITE LANCETS			80
SURGICAL GAUZE			
SPONGE			70
SURMONTIL			17
SUSTIVA			37
SUTENT			31
SW OMEPRAZOLE			136
SYMBICORT			11
SYMDEKO			134
SYMFI			37
SYMFI LO			37
SYMLINPEN 120			18
SYMLINPEN 60			18
SYMTUZA			37
SYNAGEX			123
SYNAGIS			131
SYNAREL			58
SYNATEK			123
SYNJARDY			18
SYNJARDY XR			18
SYNTHROID			134
tacrolimus			120
tacrolimus (topical)			51
TAFINLAR			31
TAGAMET HB			135
TAMIFLU			38
tamoxifen citrate			30
tamsulosin hcl			60
TANZEUM			20
TAPAZOLE			134
TARCEVA			31
TARGRETIN			31
TASIGNA			31
TAVALISSE			61
TAVIST ALLERGY			24
tazarotene			48
TAZORAC			48,49
TDVAX			134
TEARS NATURALE PM			127
TECFIDERA			133
TECFIDERA STARTER			
PACK			133
TECHLITE AST LANCETS			80
TECHLITE INSULIN			
SYRINGEU-100/0.3ML/29G X			
1/2"			107
TECHLITE INSULIN			
SYRINGEU-100/0.3ML/30G X			
1/2"			107
TECHLITE INSULIN			
SYRINGEU-100/0.3ML/30G X			
5/16"			107
TECHLITE INSULIN			
SYRINGEU-100/0.5ML/29G X			
1/2"			107
TECHLITE INSULIN			
SYRINGEU-100/0.5ML/30G X			
1/2"			107
TECHLITE INSULIN			
SYRINGEU-100/0.5ML/30G X			
5/16"			107
TECHLITE INSULIN			
SYRINGEU-100/0.5ML/31G X			
5/16"			107
TECHLITE INSULIN			
SYRINGEU-100/1ML/29G X			
1/2"			107
TECHLITE INSULIN			
SYRINGEU-100/1ML/30G X			
1/2"			107
TECHLITE INSULIN			
SYRINGEU-100/1ML/30G X			
5/16"			107
TECHLITE INSULIN SYRINGEU-			
100/1ML/31G X 15/64"			107
TECHLITE INSULIN SYRINGEU-			
100/1ML/31G X 5/16"			107
TECHLITE LANCETS			80
TECHLITE LANCETS 30G			80
TECHLITE PEN NEEDLES 29GX			
12 MM			107
TECHLITE PEN NEEDLES 31GX			
5MM			107
TECHLITE PEN NEEDLES/31GX			
5MM			107
TECHLITE PEN NEEDLES/31GX			
6 MM			107
TECHLITE PEN NEEDLES/31GX			
8MM			107
TECHLITE PEN NEEDLES/32GX			
4MM			107
TECHLITE PEN NEEDLES/32GX			
6MM			107
TEGADERM FOAM DRESSING			
2"X2"			70
TEGADERM FOAM DRESSING			
4"X4"			70
TEGRETOL			13
TEGRETOL-XR			13
TEKURNA			28
TEKURNA HCT			28
telmisartan			26
telmisartan-amlodipine			28
telmisartan-hydrochlorothiazide			
			28
temazepam			64
TEMODAR			29
TEMOVATE			50
temozolomide			29
TENCON			4
TENIVAC			134
tenofovir disoproxil fumarate			37
TENORETIC 100			28
TENORETIC 50			28
TENORMIN			39
TERAZOL 7			138
terazosin hcl			26
terbinafine hcl			23
terbinafine hcl (topical)			48
terbutaline sulfate			11
TERCONAZOLE			138
terconazole vaginal			138
TESSALON PERLES			44
TESTOSTERONE			
CYPIONATE			7

testosterone cypionate.....	7	TOBI PODHALER.....	2	TOPCARE ULTRA COMFORT	
tetracaine hcl (ophth).....	129	TOBRADEX.....	129	INSULIN SYRINGE/1ML/31G X	
tetrahydrozoline hcl (ophth)	129	TOBRAMYCIN.....	2	5/16".....	108
TGT ALCOHOL SWABS.....	82	tobramycin.....	2	TOPCARE ULTRA COMFORT	
TGT LANCET MICRO THIN		tobramycin (ophth).....	128	INSULIN SYRINGE/U-	
33G.....	80	TOBRAMYCIN SULFATE...2		100/0.3ML/29G X 1/2".....	108
TGT LANCET THIN 26G.....	80	tobramycin sulfate.....	2	TOPCARE ULTRA COMFORT	
TGT LANCET ULTRA THIN		tobramycin-		INSULIN SYRINGE/U-	
30G.....	80	dexamethasone.....	129	100/0.5ML/29G X 1/2".....	108
TGT LANCING DEVICE.....	80	TOBREX.....	128	TOPCARE ULTRA COMFORT	
THEO-24.....	11	TODAYS HEALTH ADVANCED		INSULIN SYRINGE/U-	
THEOCHRON.....	11	LANCING DEVICE.....	80	100/1ML/29G X 1/2".....	108
theophylline.....	11	TODAYS HEALTH MINI PEN		TOPICORT.....	50
THEOPHYLLINE ER.....	11	NEEDLES 31G X 1/4"....	108	topiramate.....	13,14
THERAGAUZE.....	70	TODAYS HEALTH ORIGINAL		TOPPER DRESSING SPONGES	
THERANATAL CORE		PEN NEEDLES 29G X		4"X4".....	70
NUTRITION.....	125	1/2".....	108	TOPROL XL.....	39
THERANATAL LACTATION		TODAYS HEALTH SHORT		toremifene citrate.....	30
COMPLETE.....	123	PEN NEEDLES 31G X		torsemide.....	57
thiamine hcl.....	139	5/16".....	108	TOTAL BLOCK SPF 60	
thiamine mononitrate.....	139	TODAYS HEALTH SUPER		COVERUP.....	55
THINLETS GP LANCETS...80		THINLANCETS 30G.....	80	TOTAL BLOCK SPF 65	
THINLETS LANCET.....	80	TODAYS HEALTH ULTRA		CLEAR.....	55
thioridazine hcl.....	34	THINLANCETS 28G.....	80	TOUJEO MAX SOLOSTAR..21	
thiothixene.....	35	TOFRANIL.....	17	TOUJEO SOLOSTAR.....	21
thyroid.....	134	TOLAZAMIDE.....	22	TRACLEER.....	40
THYROLAR-1.....	134	TOLBUTAMIDE.....	22	TRADJENTA.....	20
THYROLAR-1/2.....	134	TOLMETIN SODIUM.....	4	tramadol hcl.....	5
THYROLAR-1/4.....	134	tolnaftate.....	48	tramadol-acetaminophen.....	6
THYROLAR-2.....	134	tolterodine tartrate.....	136	trandolapril.....	26
THYROLAR-3.....	134	TOPAMAX.....	13	tranexamic acid.....	63
tiagabine hcl.....	14	TOPAMAX SPRINKLE.....	13	TRANXENE T.....	10
TIAZAC.....	40	TOPCARE CLICKFINE		tranylcypropramine sulfate.....	15
TIKOSYN.....	10	UNIVERSAL PEN NEEDLES		TRAVEL LANCETS 30G....80	
TIMOLOL MALEATE.....	39	31GX1/4".....	108	TRAVEL LANCETS ADVANCED	
timolol maleate.....	39	TOPCARE CLICKFINE		28G.....	80
timolol maleate (ophth).....	127	UNIVERSAL PEN NEEDLES		trazodone hcl.....	16
TIMOLOL MALEATE		31GX5/16".....	108	TRECTOR.....	29
OPHTHALMIC GEL		TOPCARE LANCETS MICRO-		TRELSTAR MIXJECT.....	30
FORMING.....	128	THIN 33G.....	80	TRESIBA.....	21
TIMOPTIC.....	128	TOPCARE ULTRA COMFORT		TRESIBA FLEXTOUCH.....	21
TIMOPTIC OCUDOSE.....	128	INSULIN SYRINGE/0.3ML/30G		tretinoin.....	47
TIMOPTIC-XE.....	128	X 5/16".....	108	tretinoin (chemotherapy)....	31
TINACTIN.....	48	TOPCARE ULTRA COMFORT		TRETTEN.....	61
tioconazole vaginal.....	138	INSULIN SYRINGE/0.3ML/31G		TREXALL.....	29
TIVICAY.....	37	X 5/16".....	108	TRI-NORINYL 28.....	42
tizanidine hcl.....	125	TOPCARE ULTRA COMFORT		TRI-VIT/FLUORIDE/IRON..123	
TOBI.....	2	INSULIN SYRINGE/0.5ML/30G		triamcinolone acetonide	
		X 5/16".....	108	(mouth).....	120
		TOPCARE ULTRA COMFORT		triamcinolone acetonide	
		INSULIN SYRINGE/1ML/30G X		(nasal).....	126
		5/16".....	108		

triamcinolone acetonide (topical).....	50,51	tropium chloride.....	136	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	109
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS.....	46	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	108	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	109
triamterene & hydrochlorothiazide.....	56	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	108	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	109
triazolam.....	64	TRUE COMFORT PEN NEEDLES31G X 5MM.....	108	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	109
TRIBENZOR.....	28	TRUE COMFORT PEN NEEDLES31G X 6MM.....	108	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	109
TRICARE.....	125	TRUE COMFORT PEN NEEDLES32G X 4MM.....	108	TRUEPLUS LANCETS 26G.....	80
TRIDESILON.....	51	TRUE METRIX BLOOD GLUCOSETEST STRIPS.....	55	TRUEPLUS LANCETS 28G.....	80
trifluoperazine hcl.....	34	TRUE METRIX CONTROL SOLUTION LEVEL 1.....	80	TRUEPLUS LANCETS 28G SUPER THIN.....	80
trifluridine.....	128	TRUE METRIX CONTROL SOLUTION LEVEL 2.....	80	TRUEPLUS LANCETS 30G.....	80
TRIFLURIDINE.....	129	TRUE METRIX CONTROL SOLUTION LEVEL 3.....	80	TRUEPLUS LANCETS 30G ULTRA THIN.....	80
TRIGLIDE.....	25	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS.....	55	TRUEPLUS LANCETS 33G.....	80
trihexyphenidyl hcl.....	31	TRUECONTROL GLUCOSE CONTROL LEVEL 0.....	80	TRUEPLUS PEN NEEDLES 29GX12MM.....	109
TRILEPTAL.....	14	TRUECONTROL GLUCOSE CONTROL LEVEL 1.....	80	TRUEPLUS PEN NEEDLES 31GX5MM.....	109
trimethoprim.....	8	TRUEDRAW LANCING DEVICE.....	80	TRUEPLUS PEN NEEDLES 31GX6MM.....	109
trimipramine maleate.....	17	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM.....	108	TRUEPLUS PEN NEEDLES 31GX8MM.....	109
TRINTELLIX.....	16	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM.....	108	TRUEPLUS PEN NEEDLES 32GX4MM.....	109
TRIUMEQ.....	37	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM.....	108	TRUEPLUS SAFETY LANCETS 28G.....	80
TRIZIVIR.....	37	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM.....	108	TRUETRACK BLOOD GLUCOSE TEST.....	56
TROJAN EXTENDED PLEASURE/LUBRICATED.....	71	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM.....	108	TRUETRACK TEST.....	56
TROJAN MAGNUM.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	108	TRULICITY.....	20
TROJAN MAGNUM WARM SENSATIONS.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	108	TRUMENBA.....	137
TROJAN MAGNUM XL LUBRICATED.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	109	TRUSOPT.....	130
TROJAN PLEASURE MESH/SPERMICIDAL.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	109	TRUSTEX COLOR CONDOMS + LUBE.....	71
TROJAN RIBBED W/SPERMICIDAL.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	109	TRUSTEX LUBRICATED.....	71
TROJAN SHARED SENSATION/LUBRICATED.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	109	TRUSTEX LUBRICATED EXTRALARGE.....	71
TROJAN SUPRAS SPERMICIDAL.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	109	TRUSTEX LUBRICATED EXTRASTRENGTH.....	71
TROJAN TWISTED PLEASURE.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	109	TRUSTEX LUBRICATED/RIBBED/STUDDED.....	71
TROJAN ULTRA PLEASURE/LUBRICATED.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	109	TRUSTEX LUBRICATED/SPERMICIDE.....	72
TROJAN VERY SENSITIVE LUBRICATED.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	109	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	72
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT.....	71				
TROJAN VERY THIN LUBRICATED.....	71				
TROJAN VERY THIN SPERMICIDAL LUBRICANT.....	71				
TROJAN-ENZ LUBRICANT.....	71				
TROJAN-ENZ LUBRICATED.....	71				
TROJAN-ENZ W/SPERMICIDAL.....	71				
tropicamide.....	128				

TRUSTEX	ULTICARE INSULIN SAFETY	ULTICARE INSULIN
LUBRICATED/SPERMICIDE	SYRINGE/1ML/29G X	SYRINGE/U-100/0.3ML/31G X
EXTRA STRENGTH.....72	1/2".....109	5/16".....110
TRUSTEX NATURAL	ULTICARE INSULIN	ULTICARE INSULIN
CONDOMS	SYRINGE/0.3ML/29G X	SYRINGE/U-100/0.5ML/30G X
+LUBE/LUBRICATED.....72	1/2".....109	1/2".....110
TRUSTEX WITH NONOXYNOL-	ULTICARE INSULIN	ULTICARE INSULIN
9/RIBBED/STUDDED.....72	SYRINGE/0.3ML/30G X	SYRINGE/U-100/0.5ML/31G X
TRUSTEX/RIA	1/2".....109	5/16".....110
LUBRICATED.....72	ULTICARE INSULIN	ULTICARE INSULIN
TRUSTEX/RIA LUBRICATED	SYRINGE/0.3ML/30G X	SYRINGE/U-100/1ML/30G X
SPERMICIDE.....72	5/16".....109	1/2".....110
TRUSTEX/RIA	ULTICARE INSULIN	ULTICARE INSULIN
LUBRICATED/SPERMICIDE	SYRINGE/0.5ML/28G X	SYRINGE/U-100/1ML/31G X
.....72	1/2".....109	5/16".....110
TRUVADA.....37	ULTICARE INSULIN	ULTICARE INSULIN
TUDORZA PRESSAIR.....10	SYRINGE/0.5ML/29G X	SYRINGEULTRAFINE U-
TUMS.....8	1/2".....109	100/0.3ML/31G X 5/16".....110
TUMS CHEWY BITES.....8	ULTICARE INSULIN	ULTICARE INSULIN
TUMS E-X 750.....8	SYRINGE/0.5ML/30G X	SYRINGEULTRAFINE U-
TUMS EXTRA STRENGTH	1/2".....109	100/0.5ML/31G X 5/16".....110
750.....8	ULTICARE INSULIN	ULTICARE INSULIN
TUMS KIDS.....8	SYRINGE/0.5ML/30G X	SYRINGEULTRAFINE U-
TUMS LASTING EFFECTS.....8	5/16".....109	100/1ML/31G X 5/16".....110
TUMS SMOOTHIES.....8	ULTICARE INSULIN	ULTICARE MICRO PEN
TUMS ULTRA 1000.....8	SYRINGE/1ML/28G X	NEEDLES 31G X 8MM.....110
TWINRIX.....137	1/2".....109	ULTICARE MICRO PEN
TWYNSTA.....28	ULTICARE INSULIN	NEEDLES 32G X 4MM.....110
TYBOST.....37	SYRINGE/1ML/30G X	ULTICARE MICRO PEN
TYKERB.....31	1/2".....109	NEEDLES/31G X 1/4".....110
TYLENOL.....4	ULTICARE INSULIN	ULTICARE MICRO PEN
TYLENOL CHILDRENS.....4	SYRINGE/1ML/30G X	NEEDLES/31G X 5/16".....110
TYLENOL CHILDRENS	5/16".....109	ULTICARE MICRO PEN
CHEWABLES/PAIN + FEVER	ULTICARE INSULIN	NEEDLES/32G X 4MM.....110
4	SYRINGE/SHORT/0.3ML/30G	ULTICARE MICRO PEN
TYLENOL EXTRA	X 5/16".....109	NEEDLES/32G X 5/32".....110
STRENGTH.....4	ULTICARE INSULIN	ULTICARE MINI PEN NEEDLES
TYLENOL INFANTS.....4	SYRINGE/SHORT/0.3ML/31G	31GX6MM.....110
TYLENOL INFANTS	X 5/16".....109	ULTICARE MINI PEN NEEDLES
PAIN+FEVER.....4	ULTICARE INSULIN	ULTI-FINE IV.....110
TYLENOL/CODEINE #3.....6	SYRINGE/SHORT/0.5ML/30G	ULTICARE MINI PEN
TYLENOL/CODEINE #4.....6	X 5/16".....110	NEEDLES/31G X 6MM.....110
TYSABRI.....133	ULTICARE INSULIN	ULTICARE MINI PEN
TYVASO.....40	SYRINGE/SHORT/0.5ML/31G	NEEDLES/32G X 1/4".....110
TYVASO REFILL.....40	X 5/16".....110	ULTICARE MINI PEN
TYVASO STARTER.....40	ULTICARE INSULIN	NEEDLES31GX6MM.....110
ULTI-LANCE AUTOMATIC/	SYRINGE/SHORT/1ML/30G X	ULTICARE ORIGINAL PEN
CLEAR TIP.....80	5/16".....110	NEEDLES ULTI-FINE.....110
ULTICARE ALCOHOL	ULTICARE INSULIN	ULTICARE PEN NEEDLES
SWABS.....82	SYRINGE/SHORT/1ML/31G X	31GX 5MM/MINI.....110
ULTICARE INSULIN SAFETY	5/16".....110	ULTICARE PEN
SYRINGE/0.5ML/29G X	ULTICARE INSULIN	NEEDLES/29GX 12.7MM.....110
1/2".....109	SYRINGE/U-100/0.3ML/30G X	ULTICARE SHORT PEN
	1/2".....110	NEEDLES 31GX8MM.....110
		ULTICARE SHORT PEN
		NEEDLES ULTI-FINE IV.....110
		ULTICARE SHORT PEN
		NEEDLES/31G X 8MM.....111

ULTILET CLASSIC		ULTRA COMFORT INSULIN	ULTRA-THIN II INSULIN
LANCETS.....	80	SYRINGE/U-100/0.3ML/30G X	SYRINGE/U-
ULTILET INSULIN		5/16".....	100/0.3ML/29GX1/2".....
SYRINGE/0.3ML/30G X		111	112
8MM.....	111	ULTRA MENS PACK.....	ULTRA-THIN II INSULIN
ULTILET INSULIN		123	SYRINGE/U-
SYRINGE/0.3ML/31G X		ULTRA THIN PEN NEEDLES	100/0.5ML/29GX1/2".....
8MM.....	111	32G X 4MM.....	112
ULTILET INSULIN		111	ULTRA-THIN II INSULIN
SYRINGE/0.5ML/30G X		ULTRA WOMENS PACK.....	SYRINGE/U-100/1ML/29GX1/2"
8MM.....	111	123
ULTILET INSULIN		ULTRA-COMFORT INSULIN	112
SYRINGE/0.5ML/30G X		SYRINGE/U-100/0.3ML/29G X	ULTRA-THIN II MINI PEN
8MM.....	111	1/2".....	NEEDLES/31GX3/16".....
ULTILET INSULIN		111	112
SYRINGE/1ML/30G X 8MM	111	ULTRA-COMFORT INSULIN	ULTRA-THIN II PEN NEEDLES
ULTILET INSULIN		SYRINGE/U-100/0.3ML/30G X	29GX1/2".....
SYRINGE/1ML/31G X 8MM	111	5/16".....	112
ULTILET INSULIN		111	ULTRA-THIN II PEN
SYRINGE/SHORT/0.3ML/30G X		ULTRA-COMFORT INSULIN	NEEDLES/SHORT/31GX5/16"
12.7MM.....	111	SYRINGE/U-100/0.3ML/31G X
ULTILET INSULIN		5/16".....	112
SYRINGE/SHORT/0.3ML/30G X		111	ULTRACARE INSULIN
5/16".....	111	ULTRA-COMFORT INSULIN	SYRINGE/U-100/0.3ML/30G X
ULTILET INSULIN		SYRINGE/U-100/0.5ML/28G X	5/16".....
SYRINGE/SHORT/0.3ML/31G X		1/2".....	112
5/16".....	111	111	ULTRACARE INSULIN
ULTILET INSULIN		ULTRA-COMFORT INSULIN	SYRINGE/U-100/0.3ML/31G X
SYRINGE/SHORT/0.3ML/31G X		SYRINGE/U-100/0.5ML/29G X	5/16".....
5/16".....	111	1/2".....	112
ULTILET INSULIN		111	ULTRACARE INSULIN
SYRINGE/SHORT/0.5ML/30G X		ULTRA-COMFORT INSULIN	SYRINGE/U-100/0.5ML/30G X
5/16".....	111	SYRINGE/U-100/0.5ML/30G X	1/2".....
ULTILET INSULIN		5/16".....	112
SYRINGE/SHORT/0.5ML/31G X		111	ULTRACARE INSULIN
5/16".....	111	ULTRA-COMFORT INSULIN	SYRINGE/U-100/0.5ML/30G X
ULTILET INSULIN		SYRINGE/U-100/0.5ML/31G X	5/16".....
SYRINGE/SHORT/0.5ML/31G X		5/16".....	112
5/16".....	111	111	ULTRACARE INSULIN
ULTILET INSULIN		ULTRA-COMFORT INSULIN	SYRINGE/U-100/0.5ML/31G X
SYRINGE/SHORT/1ML/30G X		SYRINGE/U-100/1ML/28G X	5/16".....
5/16".....	111	1/2".....	112
ULTILET INSULIN		112	ULTRACARE INSULIN
SYRINGE/SHORT/1ML/31G X		ULTRA-COMFORT INSULIN	SYRINGE/U-100/1ML/30G X
5/16".....	111	SYRINGE/U-100/1ML/29G X	1/2".....
ULTILET INSULIN		1/2".....	112
SYRINGE/SHORT/1ML/31G X		112	ULTRACARE INSULIN
5/16".....	111	ULTRA-COMFORT INSULIN	SYRINGE/U-100/1ML/30G X
ULTILET INSULIN SYRINGE/U-		SYRINGE/U-100/1ML/30G X	5/16".....
100/0.5ML/30G X 1/2".....	111	5/16".....	112
ULTILET INSULIN SYRINGE/U-		112	ULTRACARE INSULIN
100/1ML/30G X 1/2".....	111	ULTRA-COMFORT INSULIN	SYRINGE/U-100/1ML/31G X
ULTILET LANCETS.....	80	SYRINGE/U-100/1ML/31G X	5/16".....
ULTILET LANCETS 33G.....	80	5/16".....	112
ULTILET PEN NEEDLE		ULTRA-THIN II INSULIN	ULTRACARE PEN
29GX12.7MM.....	111	SYRINGE SHORT/U-	NEEDLES/31G X 1/4".....
ULTILET PEN NEEDLE		100/0.3ML/30GX5/16".....	112
31GX5MM.....	111	112	ULTRACARE PEN
ULTILET PEN NEEDLE		ULTRA-THIN II INSULIN	NEEDLES/31G X 3/16".....
31GX8MM.....	111	SYRINGE SHORT/U-	112
ULTILET PEN NEEDLE		100/0.3ML/31GX5/16".....	ULTRACARE PEN
32GX4MM.....	111	112	NEEDLES/31G X 5/16".....
ULTILET PEN NEEDLE		ULTRA-THIN II INSULIN	112
32GX4MM/SHORT.....	111	SYRINGE SHORT/U-	ULTRACARE PEN
ULTILET SHORT PEN		100/0.5ML/30GX5/16".....	NEEDLES/32G X 1/14".....
NEEDLES 31GX5/16".....	111	112	112
ULTILET SHORT PEN		ULTRA-THIN II INSULIN	ULTRACARE PEN
NEEDLES31GX3/16".....	111	SYRINGE SHORT/U-	NEEDLES/32G X 3/16".....
		100/0.5ML/31GX5/16".....	113
		112	ULTRACARE PEN
		ULTRA-THIN II INSULIN	NEEDLES/32G X 5/32".....
		SYRINGE SHORT/U-	113
		100/1ML/30GX5/16".....	ULTRACET.....
		112	6
		ULTRA-THIN II INSULIN	ULTRAM.....
		SYRINGE SHORT/U-	6
		100/1ML/31GX5/16".....	UNIFINE PENTIPS
		112	29GX12MM.....
			113
			UNIFINE PENTIPS 31G X
			3/16".....
			113

UNIFINE PENTIPS 31GX5MM	113	valacyclovir hcl	38	VASERETIC	28
UNIFINE PENTIPS 31GX6MM	113	VALCHLOR	48	VASOTEC	26
UNIFINE PENTIPS 31GX8MM	113	VALCYTE	37	venlafaxine hcl	17
UNIFINE PENTIPS 32GX4MM	113	valganciclovir hcl	38	VENTAVIS	40
UNIFINE PENTIPS 32GX6MM	113	VALIUM	10	VENTOLIN HFA	11
UNIFINE PENTIPS PLUS 29GX12MM	113	valproate sodium	14	verapamil hcl	40
UNIFINE PENTIPS PLUS 31GX5MM	113	valproic acid	14	VERAPAMIL HCL SR	40
UNIFINE PENTIPS PLUS 31GX6MM	113	valsartan	26	VERELAN	40
UNIFINE PENTIPS PLUS 31GX8MM	113	valsartan-hydrochlorothiazide	28	VERIPRED 20	43
UNIFINE PENTIPS PLUS 32GX4MM	113	VALTREX	38	VERSACLOZ	34
UNILET COMFORTOUCH LANCET	81	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	113	VERSIVA XC 3" X 3" FOAM DRESSING/HYDROFIBER TECHNOLOGY	70
UNILET EXCELITE	81	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	113	VERSIVA XC 4" X 4" FOAM DRESSING/HYDROFIBER TECHNOLOGY	70
UNILET EXCELITE II	81	VALUE PLUS LANCETS STANDARD 21G	81	VIBRAMYCIN	134
UNILET G.P. LANCET	81	VALUE PLUS LANCETS SUPERTHIN 30G	81	VICTOZA	20
UNILET G.P. SUPERLITE LANCET	81	VALUE PLUS LANCETS THIN 26G	81	VIDA MIA AUTOLET LANCINGDEVICE	81
UNILET GP 28 ULTRA THIN	81	VALUE PLUS LANCING DEVICE	81	VIDA MIA UNIFINE PENTIPS32GX4MM	113
UNILET LANCET	81	VALUMARK LANCET SUPER THIN 30G	81	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	113
UNILET LANCETS MICRO- THIN33G	81	VALUMARK LANCET ULTRA THIN 28G	81	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	113
UNILET LANCETS SUPER- THIN30G	81	VALUMARK PEN NEEDLES 29GX12MM	113	VIDA MIA UNILET LANCETS SUPER THIN 30G	81
UNILET LANCETS ULTRA-THIN 28G	81	VALUMARK PEN NEEDLES 31GX 6MM	113	VIDA MIA UNILET LANCETS ULTRA THIN 28G	81
UNILET SUPERLITE LANCET	81	VALUMARK PEN NEEDLES 31GX 8MM	113	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	113
UNISOM SLEEPGELS	63	VALVED HOLDING CHAMBER	116	VIDEX EC	37
UNISOM SLEEPTABS	63	VANCOCIN	8	VIDEXPEDIATRIC	37
UNISTIK TOUCH SAFETY LANCETS 23G	81	VANCOCIN HCL	8	VIGAMOX	129
UNIVERSAL 1 LANCETS THIN26G	81	vancomycin hcl	8	VIIBRYD	16
UNIVERSAL 1 LANCETS ULTRA THIN 30G	81	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	113	VIIBRYD STARTER PACK	16
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	81	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	113	VIMPAT	14
urea	51	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	113	VIRACEPT	37
URECHOLINE	136	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	113	VIRAMUNE	37
UROCIT-K 10	60	VANTAS	30	VIRAMUNE XR	37
UROCIT-K 5	60	VAQTA	137	VIREAD	37
URSO 250	59	VARIVAX	137	VIROPTIC	129
ursodiol	59			VISINE	129
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				VITALET PRO PLUS LANCETS	81
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				vitamin a	139

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VITAMINS TO GO MEN.....	123	white petrolatum-mineral oil.....	127	ZITHROMAX TRI-PAK.....	66
VITAMINS TO GO WOMEN.....	123	WILATE.....	61	ZITHROMAX Z-PAK.....	66
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VIVITROL.....	22	XANAX.....	10	ZOLADEX.....	30
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VORTEX VALVED HOLDING CHAMBER.....	116	XELJANZ.....	2	zolmitriptan.....	117
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VYTORIN.....	25	XULANE.....	42	zonisamide.....	14
VYVANSE.....	1	XYNTHA.....	61	ZORBTIVE.....	58
W&F LANCETS 26G.....	81	XYNTHA SOLOFUSE.....	61	ZORTRESS.....	120
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WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G.....	81	YAZ.....	42	ZYBAN.....	133
WALGREENS GLUCOSE.....	19	ZADITOR.....	130	ZYKADIA.....	31
WALGREENS LANCETS.....	81	zaleplon.....	64	ZYLOPRIM.....	61
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WALGREENS ULTRA THIN LANCETS.....	81	ZANTAC.....	135	ZYPREXA RELPREVV.....	34
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		ZESTRIL.....	26		
		ZETIA.....	25		
		ZIAC.....	28		
		ZIAGEN.....	37		
		zidovudine.....	37		
		ZINBRYTA.....	133		