

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

Envolve Pharmacy Solutions

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

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the SilverSummit Healthplan/Envolve Pharmacy Solutions form: Medication Prior Authorization Request Form.
2. Fax to Envolve Pharmacy Solutions at 1-866-399-0929.
3. Once approved, Envolve Pharmacy Solutions notifies the prescriber by fax.
4. If the clinical information provided does not explain the medical necessity for the requested PA medication, Envolve 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 first 68 days they are enrolled in our plan. 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 68 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 a 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 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

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 (<i>Use Amphetamine-Dextroamphetamine</i>)	NF	QL(2 ea daily); AL
ADDERALL XR CP24 (<i>Use Amphetamine-Dextroamphetamine</i>)	NF	QL(1 ea daily); AL
<i>amphetamine-dextroamphetamine cp24 6.25mg-6.25mg-6.25mg-6.25mg, 1.25mg-1.25mg-1.25mg-1.25mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 7.5mg-7.5mg-7.5mg-7.5mg, 5mg-5mg-5mg-5mg</i>	F	QL(1 ea daily); AL
<i>amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 2.5mg-2.5mg-2.5mg-2.5mg, 1.875mg-1.875mg-1.875mg-1.875mg, 1.25mg-1.25mg-1.25mg-1.25mg, 7.5mg-7.5mg-7.5mg-7.5mg, 3.125mg-3.125mg-3.125mg-3.125mg</i>	F	QL(2 ea daily); AL
DEXEDRINE CP24 15 MG, 10 MG (<i>Use Dextroamphetamine Sulfate</i>)	NF	QL(2 ea daily); AL
DEXEDRINE CP24 5 MG (<i>Use Dextroamphetamine Sulfate</i>)	NF	QL(1 ea daily); AL
<i>dextroamphetamine sulfate cp24 15 mg, 10 mg</i>	F	QL(2 ea daily); AL
<i>dextroamphetamine sulfate cp24 5 mg</i>	F	QL(1 ea daily); AL
<i>dextroamphetamine sulfate tabs 5 mg, 10 mg</i>	F	QL(3 ea daily); AL
VYVANSE CAPS	F	PA; QL(1 ea daily)
Analeptics		

Drug Name	Drug Tier	Requirements/ Limits
<i>caffeine citrate soln</i>	F	QL(45 ml per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>guanfacine hcl (adhd) tb24</i>	F	QL(1 ea daily); MO
INTUNIV TB24 (<i>Use Guanfacine HCl (ADHD)</i>)	NF	QL(1 ea daily); MO
Stimulants - Misc.		
<i>armodafinil tabs</i>	F	PA
CONCERTA TBCR 36 MG (<i>Use Methylphenidate HCl</i>)	NF	QL(2 ea daily); AL
CONCERTA TBCR 54 MG, 27 MG, 18 MG (<i>Use Methylphenidate HCl</i>)	NF	QL(1 ea daily); AL
<i>dexmethylphenidate hcl tabs</i>	F	QL(2 ea daily)
FOCALIN TABS (<i>Use Dexmethylphenidate HCl</i>)	NF	QL(2 ea daily)
METADATE CD CPCR (<i>Use Methylphenidate HCl</i>)	NF	QL(1 ea daily); AL
<i>methylphenidate hcl cpcr 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	F	QL(1 ea daily); AL
METHYLPHENIDATE HCL ER TBCR	F	QL(1 ea daily); AL
<i>methylphenidate hcl tabs 20 mg, 10 mg, 5 mg</i>	F	QL(3 ea daily); AL
<i>methylphenidate hcl tbc 10 mg, 36 mg</i>	F	QL(2 ea daily); AL
<i>methylphenidate hcl tbc 54 mg, 18 mg, 20 mg, 27 mg</i>	F	QL(1 ea daily); AL
NUVIGIL TABS (<i>Use Armodafinil</i>)	NF	PA
RITALIN TABS (<i>Use Methylphenidate HCl</i>)	NF	QL(3 ea daily); AL
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	F	QL(1 ea daily); AL
ORALAIR ADULT SAMPLE KIT SUBL	F	QL(1 ea daily); AL
ORALAIR ADULT STARTER PACK SUBL	F	QL(1 ea daily); AL

Drug Name	Drug Tier	Requirements/ Limits
ORALAIR CHILDREN/ADOLESCENT S STARTER PACK SUBL	F	QL(3 ea daily); AL
ORALAIR SUBL	F	QL(1 ea daily); AL
RAGWITEK SUBL	F	QL(1 ea daily); AL
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
<i>melatonin tabs</i>	F	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU	F	PA; QL(1 ml daily)
KITABIS PAK NEBU	F	PA; QL(1 ml daily)
<i>neomycin sulfate tabs</i>	F	
TOBI NEBU (Use Tobramycin)	NF	PA; QL(1 ml daily)
TOBI PODHALER CAPS	F	PA; QL(2 ea daily)
<i>tobramycin nebu</i>	F	PA; QL(1 ml daily)
TOBRAMYCIN NEBU	F	PA; QL(1 ml daily)
<i>tobramycin sulfate soln 10 mg/ml, 1.2 gm/30ml, 80 mg/2ml, 40 mg/ml</i>	F	
TOBRAMYCIN SULFATE SOLN 10 MG/ML, 40 MG/ML	F	
<i>tobramycin sulfate solr 1.2 gm</i>	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
HUMIRA PEN PNKT	F	PA

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	F	PA
HUMIRA PEN-PSORIASIS STARTER PNKT	F	PA
HUMIRA PSKT	F	PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ	F	
RASUVO SOAJ	F	
RHEUMATREX TABS	F	
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	F	PA
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 100 MG, 200 MG, 50 MG (Use Celecoxib)	NF	PA; QL(1 ea daily)
CELEBREX CAPS 400 MG (Use Celecoxib)	NF	PA; QL(2 ea daily)
<i>celecoxib caps 400 mg</i>	F	PA; QL(2 ea daily)
<i>celecoxib caps 50 mg, 100 mg, 200 mg</i>	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	
<i>diclofenac potassium tabs</i>	F	
<i>diclofenac sodium tb24</i>	F	
<i>diclofenac sodium tbec</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
EC-NAPROSYN 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	
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 600 mg, 200 mg, 400 mg, 800 mg	F	
indomethacin caps	F	
indomethacin cpcr	F	
INFANTS ADVIL SUSP (Use Ibuprofen)	NF	
ketoprofen caps	F	
KETOPROFEN ER CP24	F	
ketorolac tromethamine tabs	F	QL(20 ea per 30 days retail); AL
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	

Drug Name	Drug Tier	Requirements/ Limits
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 susp 125 mg/5ml	F	
naproxen tabs 375 mg, 500 mg, 250 mg	F	
naproxen tbec 500 mg, 375 mg	F	QL(2 ea daily)
oxaprozin tabs	F	
piroxicam caps	F	
sulindac tabs	F	
TOLMETIN SODIUM CAPS 400 MG	F	
tolmetin sodium caps 400 mg	F	
TOLMETIN SODIUM TABS 200 MG, 600 MG	F	
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	F	PA
ENBREL SOSY	F	PA
ENBREL SURECLICK SOAJ	F	PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen tabs	F	
butalbital-acetaminophen-caffeine caps	F	QL(4 ea daily)
butalbital-acetaminophen-caffeine tabs	F	QL(4 ea daily)
butalbital-aspirin-caffeine caps	F	QL(4 ea daily)
ESGIC TABS (Use Butalbital-Acetaminophen-Caffeine)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FIORINAL CAPS (<i>Use Butalbital-Aspirin-Caffeine</i>)	NF	QL(4 ea daily)
TENCON TABS	F	
Analgesics Other		
<i>acetaminophen caps or 500 mg</i>	F	
<i>acetaminophen chew or 160 mg, 80 mg</i>	F	
<i>acetaminophen liqd or 160 mg/5ml</i>	F	
<i>acetaminophen soln or 650 mg/20.3ml, 160 mg/5ml, 325 mg/10.15ml</i>	F	
<i>acetaminophen supp re 650 mg, 120 mg, 325 mg</i>	F	QL(12 ea per fill retail)
<i>acetaminophen susp or 160 mg/5ml, 80 mg/2.5ml, 80 mg/0.8ml</i>	F	
<i>acetaminophen tabs or 500 mg, 325 mg</i>	F	
FEVERALL INFANTS SUPP	F	
INFANTS SILAPAP SOLN	F	QL(30 ml per fill retail)
TYLENOL CHILDRENS SUSP (<i>Use Acetaminophen</i>)	NF	
TYLENOL EXTRA STRENGTH TABS (<i>Use Acetaminophen</i>)	NF	
TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use Acetaminophen</i>)	NF	
TYLENOL INFANTS SUSP (<i>Use Acetaminophen</i>)	NF	
TYLENOL TABS (<i>Use Acetaminophen</i>)	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	F	QL(12 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>aspirin supp re 300 mg, 600 mg</i>	F	QL(12 ea per fill retail)
<i>aspirin tabs or 325 mg</i>	F	
<i>aspirin tbec or 325 mg, 324 mg, 81 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	
DISALCID TABS (<i>Use Salsalate</i>)	NF	
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		
<i>codeine sulfate tabs 15 mg, 60 mg, 30 mg</i>	F	QL(2 ea daily)
CODEINE SULFATE TABS 60 MG, 15 MG, 30 MG (<i>Use Codeine Sulfate</i>)	NF	QL(2 ea daily)
DEMEROL TABS (<i>Use Meperidine HCl</i>)	NF	QL(6 ea daily)
DILAUDID TABS (<i>Use Hydromorphone HCl</i>)	NF	QL(8 ea daily)
DOLOPHINE TABS 10 MG (<i>Use Methadone HCl</i>)	NF	PA; QL(10 ea daily)
DOLOPHINE TABS 5 MG (<i>Use Methadone HCl</i>)	NF	PA; 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</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 8 mg, 4 mg, 2 mg</i>	F	QL(8 ea daily)
HYSINGLA ER T24A	F	
MEPERIDINE HCL SOLN 50 MG/5ML	F	QL(500 ml per fill retail)
<i>meperidine hcl tabs 50 mg, 100 mg</i>	F	QL(6 ea daily)
<i>methadone hcl tabs 10 mg</i>	F	PA; QL(10 ea daily)
<i>methadone hcl tabs 5 mg</i>	F	PA; QL(4 ea daily)
<i>morphine sulfate soln or 100 mg/5ml, 20 mg/ml</i>	F	QL(240 ml per fill retail)
<i>morphine sulfate soln or 20 mg/5ml, 10 mg/5ml</i>	F	QL(16.67 ml daily)
MORPHINE SULFATE SUPP RE 20 MG, 30 MG, 10 MG, 5 MG	F	QL(24 ea per fill retail)
MORPHINE SULFATE TABS OR 30 MG, 15 MG	F	QL(6 ea daily)
<i>morphine sulfate tbcrl or 60 mg, 30 mg, 15 mg, 100 mg, 200 mg</i>	F	QL(3 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	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 20 mg, 5 mg, 15 mg, 10 mg, 30 mg</i>	F	QL(6 ea daily)
ROXICODONE TABS (Use Oxycodone HCl)	NF	QL(6 ea daily)
<i>tramadol hcl tabs</i>	F	QL(8 ea daily)
ULTRAM TABS (Use Tramadol HCl)	NF	QL(8 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	F	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine tabs 300mg-30mg, 300mg-15mg, 300mg-60mg</i>	F	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i>	F	QL(4 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	F	QL(4 ea daily)
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	NF	QL(4 ea daily)
HYCET SOLN (Use Hydrocodone-Acetaminophen)	NF	QL(180 ml daily)
<i>hydrocodone-acetaminophen soln 7.5mg/15ml-325mg/15ml, 5mg/10ml-217mg/10ml, 2.5mg/5ml-108mg/5ml</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 (Use Hydrocodone-Acetaminophen)	NF	QL(6 ea daily)
NORCO TABS 5MG-325MG (Use Hydrocodone-Acetaminophen)	NF	QL(12 ea daily)
NORCO TABS 7.5MG-325MG (Use Hydrocodone-Acetaminophen)	NF	QL(8 ea daily)
<i>oxycodone w/ acetaminophen tabs</i>	F	QL(6 ea daily)
<i>oxycodone-aspirin tabs</i>	F	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	F	QL(30 ml daily)
PERCOCET TABS (Use Oxycodone w/ Acetaminophen)	NF	QL(6 ea daily)
<i>tramadol-acetaminophen tabs</i>	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TYLENOL/CODEINE #3 TABS (<i>Use Acetaminophen w/ Codeine</i>)	NF	QL(6 ea daily)
TYLENOL/CODEINE #4 TABS (<i>Use Acetaminophen w/ Codeine</i>)	NF	QL(6 ea daily)
ULTRACET TABS (<i>Use Tramadol-Acetaminophen</i>)	NF	QL(4 ea daily)
Opioid Partial Agonists		
<i>buprenorphine hcl subl</i>	F	PA
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	F	PA
SUBOXONE FILM 2MG-0.5MG, 4MG-1MG	F	PA; QL(1 ea daily)
SUBOXONE FILM 8MG-2MG, 12MG-3MG	F	PA; QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24	F	QL(1 ea daily)
ANDROXY TABS	F	
DEPO-TESTOSTERONE SOLN (<i>Use Testosterone Cypionate</i>)	NF	Limit 4ml per month;QL(0.13 4 ml daily)
METHITEST TABS	F	
<i>testosterone cypionate soln</i>	F	Limit 4ml per month;QL(0.13 4 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</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)

Drug Name	Drug Tier	Requirements/ Limits
<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</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</i>	F	QL(30 gm per fill retail)
ANTACIDS - Ulcer and Stomach Acid Drugs		
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-200mg/5ml-20mg/5ml-20mg/5ml-200mg/5ml-200mg/5ml, 200mg/5ml-20mg/5ml-200mg/5ml</i>	F	QL(24 ml daily)
<i>alum & mag hydrox-simethicone susp 400mg/5ml-40mg/5ml-400mg/5ml, 400mg/5ml-400mg/5ml-40mg/5ml-400mg/5ml-400mg/5ml</i>	F	
GELUSIL CHEW 200MG-25MG-200MG (<i>Use Alum & Mag Hydrox-Simethicone</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (<i>Use Alum & Mag Hydrox-Simethicone</i>)	NF	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP	F	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) tabs</i>	F	Limit 496 per month;QL(16.5 4 ea daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) chew</i>	F	
TUMS CHEW (<i>Use Calcium Carbonate (Antacid)</i>)	NF	
TUMS CHEWY BITES CHEW (<i>Use Calcium Carbonate (Antacid)</i>)	NF	
TUMS E-X 750 CHEW (<i>Use Calcium Carbonate (Antacid)</i>)	NF	
TUMS KIDS CHEW (<i>Use Calcium Carbonate (Antacid)</i>)	NF	
TUMS LASTING EFFECTS CHEW (<i>Use Calcium Carbonate (Antacid)</i>)	NF	
TUMS SMOOTHIES CHEW (<i>Use Calcium Carbonate (Antacid)</i>)	NF	
TUMS ULTRA 1000 CHEW (<i>Use Calcium Carbonate (Antacid)</i>)	NF	
Antacids - Magnesium Salts		
<i>magnesium oxide tabs</i>	F	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS (<i>Use Metronidazole</i>)	NF	
<i>metronidazole tabs</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>trimethoprim tabs</i>	F	
VANCOCIN HCL CAPS 125 MG (<i>Use Vancomycin HCl</i>)	NF	QL(4 ea daily)
VANCOCIN HCL CAPS 250 MG (<i>Use Vancomycin HCl</i>)	NF	QL(8 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 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)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
BACTRIM TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim susp</i>	F	
<i>sulfamethoxazole-trimethoprim tabs</i>	F	
Leprostatics		
<i>dapsone tabs</i>	F	
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG (<i>Use Clindamycin HCl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use Clindamycin Palmitate Hydrochloride</i>)	NF	Limit 1 package per claim;QL(100 ml per fill retail)
<i>clindamycin hcl caps</i>	F	
<i>clindamycin palmitate hydrochloride solr</i>	F	Limit 1 package per claim;QL(100 ml per fill retail)
Oxazolidinones		

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Drug Name	Drug Tier	Requirements/ Limits
SIVEXTRO TABS	F	PA; QL(6 ea per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS (Use Isosorbide Dinitrate)	NF	
ISOSORBIDE DINITRATE ER TBCR	F	
<i>isosorbide dinitrate tabs</i>	F	
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	F	QL(2 ea daily)
<i>isosorbide mononitrate tb24 120 mg, 60 mg, 30 mg</i>	F	QL(1 ea daily)
NITRO-BID OINT	F	
NITRO-DUR PT24 (Use Nitroglycerin)	NF	
<i>nitroglycerin cpcr</i>	F	
<i>nitroglycerin pt24</i>	F	
<i>nitroglycerin subl</i>	F	
NITROSTAT SUBL (Use Nitroglycerin)	NF	
ANTIANKXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs</i>	F	QL(3 ea daily)
<i>droperidol soln</i>	F	
HYDROXYZINE HCL SOLN IM 25 MG/ML	F	
<i>hydroxyzine hcl soln im 50 mg/ml</i>	F	
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	F	
<i>hydroxyzine hcl tabs or 10 mg, 50 mg, 25 mg</i>	F	
HYDROXYZINE PAMOATE CAPS 100 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
<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</i>	F	QL(4 ea daily)
ATIVAN SOLN IJ 4 MG/ML, 2 MG/ML (Use Lorazepam)	NF	
ATIVAN TABS OR 1 MG (Use Lorazepam)	NF	QL(4 ea daily)
ATIVAN TABS OR 2 MG, 0.5 MG (Use Lorazepam)	NF	QL(3 ea daily)
<i>chlordiazepoxide hcl caps</i>	F	QL(4 ea daily)
<i>clorazepate dipotassium tabs</i>	F	QL(3 ea daily)
DIAZEPAM SOLN IJ 5 MG/ML	F	
DIAZEPAM SOLN OR 1 MG/ML	F	QL(500 ml per fill retail)
<i>diazepam tabs or 10 mg, 5 mg, 2 mg</i>	F	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	F	
<i>lorazepam soln ij 4 mg/ml, 20 mg/10ml, 2 mg/ml</i>	F	
<i>lorazepam tabs or 1 mg</i>	F	QL(4 ea daily)
<i>lorazepam tabs or 2 mg, 0.5 mg</i>	F	QL(3 ea daily)
<i>oxazepam caps</i>	F	QL(4 ea daily)
TRANXENE T TABS (Use Clorazepate Dipotassium)	NF	QL(3 ea daily)
VALIUM TABS (Use Diazepam)	NF	QL(4 ea daily)
XANAX TABS (Use Alprazolam)	NF	QL(4 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		

Drug Name	Drug Tier	Requirements/ Limits
<i>disopyramide phosphate caps</i>	F	
NORPACE CAPS (Use Disopyramide Phosphate)	NF	
NORPACE CR CP12	F	
<i>quinidine gluconate tbc</i>	F	
QUINIDINE SULFATE ER TBCR	F	
<i>quinidine sulfate tabs 300 mg</i>	F	
QUINIDINE SULFATE TABS 300 MG, 200 MG	F	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	F	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	F	
<i>propafenone hcl tabs</i>	F	
RYTHMOL TABS (Use Propafenone HCl)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs</i>	F	
CORDARONE TABS (Use Amiodarone HCl)	NF	
<i>dofetilide caps</i>	F	
TIKOSYN CAPS (Use Dofetilide)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
CROMOLYN SODIUM NEBU	F	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	F	Limit 1 package per month;QL(0.87 gm daily)
INCRUSE ELLIPTA AEPB	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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 Montelukast Sodium)	NF	QL(1 ea daily)
SINGULAIR PACK (Use Montelukast Sodium)	NF	QL(1 ea daily)
SINGULAIR TABS (Use Montelukast Sodium)	NF	QL(1 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	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
FLOVENT DISKUS AEPB	F	QL(2 ea daily)
FLOVENT HFA AERO 220 MCG/ACT, 110 MCG/ACT	F	Limit 1 package per month;QL(0.4 gm daily)
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 (Use Budesonide (Inhalation))	NF	QL(4 ml daily); AL

Drug Name	Drug Tier	Requirements/ Limits
Sympathomimetics		
<i>albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	F	QL(12.5 ml daily)
<i>albuterol sulfate nebu in 0.5 %</i>	F	QL(2 ml daily)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	F	
<i>albuterol sulfate tabs or 4 mg, 2 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>ipratropium-albuterol soln</i>	F	QL(12 ml daily)
METAPROTERENOL SULFATE SYRP 10 MG/5ML	F	QL(30 ml daily)
METAPROTERENOL SULFATE TABS 20 MG, 10 MG	F	
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</i>	F	
VENTOLIN HFA AERS	F	Limit 2 packages per month;QL(1.2 gm daily, 18 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
VENTOLIN HFA AERS	F	Limit 2 packages per month;QL(0.54 gm daily, 8 gm per fill retail)
VOSPIRE ER TB12 (Use Albuterol Sulfate)	NF	
Xanthines		
ELIXOPHYLLIN ELIX	F	
THEO-24 CP24	F	
<i>theophylline soln 80 mg/15ml</i>	F	QL(475 ml per fill retail)
<i>theophylline tb12 450 mg, 200 mg, 300 mg, 100 mg</i>	F	
<i>theophylline tb24 600 mg, 400 mg</i>	F	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (Use Warfarin Sodium)	NF	
<i>warfarin sodium tabs</i>	F	
Direct Factor Xa Inhibitors		
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)
<i>enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml</i>	F	QL(12 ml per 7 days retail)
<i>enoxaparin sodium soln sc 150 mg/ml, 100 mg/ml</i>	F	QL(14 ml per 7 days retail)
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	F	QL(5 ml per 7 days retail)
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	F	QL(6 ml per 7 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	F	QL(9 ml per 7 days retail)
<i>heparin sodium (porcine) soln</i>	F	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(42 ml per 7 days retail)
LOVENOX SOLN SC 150 MG/ML, 100 MG/ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(14 ml per 7 days retail)
LOVENOX SOLN SC 30 MG/0.3ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(5 ml per 7 days retail)
LOVENOX SOLN SC 40 MG/0.4ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(6 ml per 7 days retail)
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(9 ml per 7 days retail)
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(12 ml per 7 days retail)
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs</i>	F	QL(4 ea daily)
DIASTAT ACUDIAL GEL	F	QL(1 ea per fill retail); AL
DIASTAT PEDIATRIC GEL	F	QL(1 ea per fill retail); AL
DIAZEPAM GEL RE 10 MG, 20 MG, 2.5 MG	F	QL(1 ea per fill retail); AL
KLONOPIN TABS (<i>Use Clonazepam</i>)	NF	QL(4 ea daily)
Anticonvulsants - Misc.		
APTOM TABS	F	
BANZEL SUSP	F	
BANZEL TABS	F	
<i>carbamazepine chew</i>	F	
<i>carbamazepine cp12</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine susp</i>	F	
<i>carbamazepine tabs</i>	F	
<i>carbamazepine tb12</i>	F	
CARBATROL CP12 (<i>Use Carbamazepine</i>)	NF	
<i>gabapentin caps 300 mg, 400 mg, 100 mg</i>	F	QL(4 ea daily)
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	F	
<i>gabapentin tabs 600 mg, 800 mg</i>	F	QL(4 ea daily)
KEPPRA SOLN IV 500 MG/5ML (<i>Use Levetiracetam</i>)	NF	
KEPPRA SOLN OR 100 MG/ML (<i>Use Levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (<i>Use Levetiracetam</i>)	NF	
KEPPRA TABS OR 500 MG, 250 MG, 750 MG (<i>Use Levetiracetam</i>)	NF	QL(4 ea daily)
KEPPRA XR TB24 (<i>Use Levetiracetam</i>)	NF	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use Lamotrigine</i>)	NF	
LAMICTAL TABS (<i>Use Lamotrigine</i>)	NF	
<i>lamotrigine chew</i>	F	
<i>lamotrigine tabs</i>	F	
<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	
<i>levetiracetam tabs or 250 mg, 750 mg, 500 mg</i>	F	QL(4 ea daily)
<i>levetiracetam tb24 or 750 mg, 500 mg</i>	F	

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

Drug Name	Drug Tier	Requirements/ Limits
<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 12 MG, 16 MG	F	
GABITRIL TABS 2 MG, 4 MG (<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	
<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	

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Drug Name	Drug Tier	Requirements/ Limits
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</i>	F	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	F	QL(1 ea daily)
<i>mirtazapine tbdp</i>	F	QL(1 ea daily)
REMERON SOLTAB TBDP (<i>Use Mirtazapine</i>)	NF	QL(1 ea daily)
REMERON TABS (<i>Use Mirtazapine</i>)	NF	QL(1 ea daily)
Antidepressants - Misc.		
APLENZIN TB24	F	
<i>bupropion hcl tabs 100 mg, 75 mg</i>	F	QL(3 ea daily)
<i>bupropion hcl tb12 150 mg, 100 mg, 200 mg</i>	F	QL(2 ea daily)
<i>bupropion hcl tb24 300 mg, 150 mg</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FORFIVO XL TB24	F	
MAPROTILINE HCL TABS	F	
WELLBUTRIN SR TB12 (<i>Use Bupropion HCl</i>)	NF	QL(2 ea daily)
WELLBUTRIN TABS (<i>Use Bupropion HCl</i>)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 (<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</i>	F	
<i>tranylcypromine sulfate tabs</i>	F	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG, 20 MG (<i>Use Citalopram Hydrobromide</i>)	NF	QL(1.5 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, 20 mg</i>	F	QL(1.5 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	F	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	F	
<i>escitalopram oxalate tabs 5 mg, 10 mg, 20 mg</i>	F	QL(1 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)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl soln 20 mg/5ml</i>	F	QL(4 ml daily); AL
<i>fluoxetine hcl tabs 10 mg</i>	F	QL(1 ea daily); AL
<i>fluoxetine hcl tabs 20 mg</i>	F	
FLUOXETINE HCL TABS 60 MG	F	
<i>fluvoxamine maleate cp24 150 mg, 100 mg</i>	F	
<i>fluvoxamine maleate tabs 100 mg</i>	F	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	F	QL(2 ea daily)
LEXAPRO SOLN 5 MG/5ML (<i>Use Escitalopram Oxalate</i>)	NF	
LEXAPRO TABS 20 MG, 5 MG, 10 MG (<i>Use Escitalopram Oxalate</i>)	NF	QL(1 ea daily)
<i>paroxetine hcl tabs 20 mg, 10 mg, 30 mg, 40 mg</i>	F	QL(2 ea daily)
<i>paroxetine hcl tb24 37.5 mg, 25 mg, 12.5 mg</i>	F	
PAXIL CR TB24 (<i>Use Paroxetine HCl</i>)	NF	
PAXIL SUSP 10 MG/5ML	F	QL(40 ml daily)
PAXIL TABS 30 MG, 10 MG, 20 MG, 40 MG (<i>Use Paroxetine HCl</i>)	NF	QL(2 ea daily)
PEXEVA TABS	F	
PROZAC CAPS 10 MG, 20 MG (<i>Use Fluoxetine HCl</i>)	NF	QL(4 ea daily)
PROZAC CAPS 40 MG (<i>Use Fluoxetine HCl</i>)	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 50 mg, 25 mg</i>	F	QL(1.5 ea daily)
ZOLOFT CONC 20 MG/ML (<i>Use Sertraline HCl</i>)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (<i>Use Sertraline HCl</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZOLOFT TABS 50 MG, 25 MG (<i>Use Sertraline HCl</i>)	NF	QL(1.5 ea daily)
Serotonin Modulators		
BRINTELLIX TABS	F	PA
NEFAZODONE HCL TABS 100 MG, 200 MG, 150 MG	F	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	F	
OLEPTRO TB24	F	
<i>trazodone hcl tabs or 150 mg, 100 mg, 50 mg</i>	F	
<i>trazodone hcl tabs or 300 mg</i>	F	QL(2 ea daily)
TRINTELLIX TABS	F	PA
VIIBRYD KIT	F	PA; QL(30 ea per 365 days retail)
VIIBRYD STARTER PACK KIT	F	PA
VIIBRYD TABS 20 MG, 10 MG, 40 MG	F	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Use Duloxetine HCl</i>)	NF	QL(1 ea daily)
DESVENLAFAXINE ER TB24 50 MG, 100 MG	F	
<i>desvenlafaxine succinate tb24</i>	F	
DULOXETINE HCL CPEP 40 MG	F	
<i>duloxetine hcl cpep 60 mg, 20 mg, 30 mg</i>	F	QL(1 ea daily)
EFFEXOR XR CP24 (<i>Use Venlafaxine HCl</i>)	NF	QL(1 ea daily)
FETZIMA CP24	F	
FETZIMA TITRATION PACK C4PK	F	
KHEDEZLA TB24	F	
PRISTIQ TB24 (<i>Use Desvenlafaxine Succinate</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl cp24 75 mg, 150 mg, 37.5 mg</i>	F	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	F	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 37.5 MG, 150 MG, 75 MG (Use Venlafaxine HCl)	NF	QL(1 ea daily)
<i>venlafaxine hcl tabs 50 mg, 25 mg, 75 mg, 100 mg, 37.5 mg</i>	F	
<i>venlafaxine hcl tb24 37.5 mg, 225 mg, 150 mg, 75 mg</i>	F	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	F	
AMOXAPINE TABS	F	
ANAFRANIL CAPS (Use Clomipramine HCl)	NF	
<i>clomipramine hcl caps</i>	F	
<i>desipramine hcl tabs or 100 mg, 75 mg, 50 mg, 150 mg, 10 mg</i>	F	
<i>desipramine hcl tabs or 25 mg</i>	F	QL(2 ea daily)
<i>doxepin hcl caps or 10 mg, 25 mg, 150 mg, 50 mg, 100 mg</i>	F	
DOXEPIN HCL CAPS OR 75 MG	F	
<i>doxepin hcl conc or 10 mg/ml</i>	F	
ELAVIL TABS (Use Amitriptyline HCl)	NF	
<i>imipramine hcl tabs or 50 mg, 25 mg, 10 mg</i>	F	
<i>imipramine pamoate caps</i>	F	
NORPRAMIN TABS 150 MG, 50 MG, 10 MG, 75 MG, 100 MG (Use Desipramine HCl)	NF	
NORPRAMIN TABS 25 MG (Use Desipramine HCl)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg</i>	F	
NORTRIPTYLINE HCL SOLN OR 10 MG/5ML	F	QL(20 ml daily)
PAMELOR CAPS (Use Nortriptyline HCl)	NF	
<i>protriptyline hcl tabs</i>	F	
SURMONTIL CAPS (Use Trimipramine Maleate)	NF	
TOFRANIL TABS (Use Imipramine HCl)	NF	
TOFRANIL-PM CAPS (Use Imipramine Pamoate)	NF	
<i>trimipramine maleate caps or 100 mg, 25 mg, 50 mg</i>	F	

ANTIDIABETICS - Drugs to Regulate Blood Sugar

Antidiabetic - Amylin Analogs

SYMLINPEN 120 SOPN	F	Limit 4 pens per month;QL(0.36 ml daily,100 day(s) limit)
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)
<i>alogliptin-metformin hcl tabs</i>	F	QL(1 ea daily)
<i>alogliptin-pioglitazone tabs</i>	F	QL(1 ea daily)
<i>glipizide-metformin hcl tabs</i>	F	
GLUCOVANCE TABS (Use Glyburide-Metformin)	NF	
<i>glyburide-metformin tabs</i>	F	
JENTADUETO TABS	F	QL(2 ea daily)
KAZANO TABS (Use Alogliptin-Metformin HCl)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
OSENI TABS (<i>Use Alogliptin-Pioglitazone</i>)	NF	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	F	QL(2 ea daily)
SOLIQUA 100/33 SOPN	F	
Biguanides		
GLUCOPHAGE TABS 1000 MG (<i>Use Metformin HCl</i>)	NF	QL(2 ea daily)
GLUCOPHAGE TABS 500 MG (<i>Use Metformin HCl</i>)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (<i>Use Metformin HCl</i>)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 500 MG (<i>Use Metformin HCl</i>)	NF	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG (<i>Use Metformin HCl</i>)	NF	QL(2 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</i>	F	QL(2 ea daily)
Diabetic Other		
CVS GLUCOSE CHEW	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</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	F	Limit 50 per month;QL(1.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GNP GLUCOSE CHEW	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)
LEADER QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
SM GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
WALGREENS GLUCOSE CHEW	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)
NESINA TABS (<i>Use Alogliptin Benzoate</i>)	NF	QL(1 ea daily)
TRADJENTA TABS	F	QL(1 ea daily); AL
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)
VICTOZA SOPN	F	Limit 3 syringes per month;QL(0.3 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
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		
AFREZZA POWD	F	
APIDRA SOLN	F	Limit 30ml per month;QL(1 ml daily)
APIDRA SOLOSTAR SOPN	F	QL(1 ml daily)
BASAGLAR KWIKPEN SOPN	F	QL(1 ml daily, 100 day(s) limit)
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 40ml 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 40ml per month;QL(1.34 ml daily)
HUMALOG SOCT	F	QL(1 ml daily)
HUMALOG SOLN	F	Limit 40ml per month;QL(1.34 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	F	QL(1 ml daily)
HUMULIN 70/30 SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	F	QL(1 ml daily)
HUMULIN N SUSP	F	Limit 40ml per month;QL(1.34 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R SOLN	F	Limit 40ml per month;QL(1.34 ml daily)
LANTUS SOLN	F	Limit 30ml per month;QL(1 ml daily)
LANTUS SOLOSTAR SOPN	F	QL(1 ml daily, 100 day(s) limit)
NOVOLIN 70/30 RELION SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLIN 70/30 SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLIN N RELION SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLIN N SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLIN R RELION SOLN	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLIN R SOLN	F	Limit 40ml 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)
NOVOLOG MIX 70/30 SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLOG PENFILL SOCT	F	QL(1 ml daily)
NOVOLOG SOLN	F	Limit 30ml per month;QL(1 ml daily)
Meglitinide Analogues		
<i>nateglinide tabs</i>	F	QL(3 ea daily)
STARLIX TABS (<i>Use Nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		

Drug Name	Drug Tier	Requirements/ Limits
FARXIGA TABS	F	
INVOKANA TABS	F	
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (Use Glimepiride)	NF	QL(1 ea daily)
AMARYL TABS 4 MG (Use Glimepiride)	NF	QL(2 ea daily)
DIABETA TABS	F	
glimepiride tabs 1 mg, 2 mg	F	QL(1 ea daily)
glimepiride tabs 4 mg	F	QL(2 ea daily)
glipizide tabs	F	
glipizide tb24	F	
GLUCOTROL TABS (Use Glipizide)	NF	
GLUCOTROL XL TB24 (Use Glipizide)	NF	
glyburide micronized tabs	F	
glyburide tabs	F	
GLYNASE TABS (Use Glyburide Micronized)	NF	
ANTIDIARRHEALS - Drugs to Treat Diarrhea		
Antidiarrheal Agents - Misc.		
bismuth subsalicylate chew	F	
bismuth subsalicylate susp	F	
bismuth subsalicylate tabs	F	
PEPTO BISMOL TABS (Use Bismuth Subsalicylate)	NF	
PEPTO-BISMOL CHEW 262 MG (Use Bismuth Subsalicylate)	NF	
PEPTO-BISMOL INSTACOOOL CHEW (Use Bismuth Subsalicylate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
PEPTO-BISMOL MAX STRENGTH SUSP (Use Bismuth Subsalicylate)	NF	
PEPTO-BISMOL SUSP 262 MG/15ML (Use Bismuth Subsalicylate)	NF	
PEPTO-BISMOL TO-GO CHEW (Use Bismuth Subsalicylate)	NF	
Antiperistaltic Agents		
diphenoxylate w/ atropine tabs	F	
DIPHENOXYLATE/ATROPINE LIQD	F	
IMODIUM A-D CAPS (Use Loperamide HCl)	NF	RX/OTC
IMODIUM A-D TABS (Use Loperamide HCl)	NF	QL(2 ea daily)
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	NF	
loperamide hcl caps 2 mg	F	RX/OTC
loperamide hcl liqd 1 mg/5ml	F	
loperamide hcl tabs 2 mg	F	QL(2 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	F	
JADENU TABS	F	PA
Antidotes and Specific Antagonists		
SM IPECAC SYRUP SYRP	F	
Opioid Antagonists		
naloxone hcl soln	F	QL(2 ml per 90 days retail)
naltrexone hcl tabs	F	PA
NARCAN LIQD	F	
REVIA TABS (Use Naltrexone HCl)	NF	PA

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Drug Name	Drug Tier	Requirements/ Limits
VIVITROL SUSR	F	PA
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 8 mg, 4 mg</i>	F	QL(2 ea daily)
<i>ondansetron tbdp</i>	F	QL(2 ea daily)
<i>ZOFRAN ODT TBDP (Use Ondansetron)</i>	NF	QL(2 ea daily)
<i>ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)</i>	NF	QL(50 ml per fill retail)
<i>ZOFRAN TABS 8 MG, 4 MG (Use Ondansetron HCl)</i>	NF	QL(2 ea daily)
Antiemetics - Anticholinergic		
<i>dimenhydrinate tabs</i>	F	
<i>DRAMAMINE TABS (Use Dimenhydrinate)</i>	NF	
<i>meclizine hcl chew 25 mg</i>	F	
<i>meclizine hcl tabs 12.5 mg, 25 mg</i>	F	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>GRIFULVIN V TABS (Use Griseofulvin Microsize)</i>	NF	
<i>GRIS-PEG TABS (Use Griseofulvin Ultramicrosize)</i>	NF	
<i>griseofulvin microsize susp</i>	F	
<i>griseofulvin microsize tabs</i>	F	
<i>griseofulvin ultramicrosize tabs</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>LAMISIL TABS (Use Terbinafine HCl)</i>	NF	QL(1 ea daily, 90 ea per 120 days retail)
<i>nystatin tabs</i>	F	QL(6 ea daily)
<i>terbinafine hcl tabs</i>	F	QL(1 ea daily, 90 ea per 120 days retail)
Imidazole-Related Antifungals		
<i>DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (Use Fluconazole)</i>	NF	Limit 1 package per claim; QL(70 ml per fill retail)
<i>DIFLUCAN TABS 100 MG (Use Fluconazole)</i>	NF	QL(1 ea daily)
<i>DIFLUCAN TABS 150 MG (Use Fluconazole)</i>	NF	QL(2 ea per fill retail)
<i>DIFLUCAN TABS 200 MG (Use Fluconazole)</i>	NF	QL(2 ea daily)
<i>DIFLUCAN TABS 50 MG (Use Fluconazole)</i>	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</i>	F	PA; QL(1 ea daily)
<i>SPORANOX CAPS (Use Itraconazole)</i>	NF	PA; QL(1 ea daily)
<i>SPORANOX PULSEPAK CAPS (Use Itraconazole)</i>	NF	PA; QL(1 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>CHLOR-TRIMETON SYRP 2 MG/5ML (Use Chlorpheniramine Maleate)</i>	NF	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
CHLOR-TRIMETON TABS 4 MG (<i>Use Chlorpheniramine Maleate</i>)	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)
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CAPS (<i>Use Diphenhydramine HCl</i>)	NF	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use Diphenhydramine HCl</i>)	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY TABS (<i>Use Diphenhydramine HCl</i>)	NF	QL(4 ea daily)
BENADRYL DYE-FREE ALLERGYLIQUID-GELS CAPS (<i>Use Diphenhydramine HCl</i>)	NF	QL(4 ea daily)
<i>clemastine fumarate tabs</i>	F	QL(2 ea daily)
<i>diphenhydramine hcl caps 25 mg</i>	F	QL(4 ea daily)
<i>diphenhydramine hcl caps 50 mg</i>	F	QL(4 ea daily); RX/OTC
<i>diphenhydramine hcl elix 12.5 mg/5ml</i>	F	QL(240 ml per fill retail); RX/OTC
<i>diphenhydramine hcl liqd 50 mg/20ml, 12.5 mg/5ml, 25 mg/10ml</i>	F	QL(240 ml per fill retail)
<i>diphenhydramine hcl syrp 12.5 mg/5ml</i>	F	QL(240 ml per fill retail)
<i>diphenhydramine hcl tabs 25 mg</i>	F	QL(4 ea daily)
SILPHEN COUGH SYRP	F	QL(240 ml per fill retail)
TAVIST ALLERGY TABS (<i>Use Clemastine Fumarate</i>)	NF	QL(2 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG (<i>Use Fexofenadine HCl</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ALLEGRA ALLERGY TABS 60 MG (<i>Use Fexofenadine HCl</i>)	NF	QL(2 ea daily)
<i>cetirizine hcl chew 10 mg, 5 mg</i>	F	QL(1 ea daily)
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	F	QL(240 ml per fill retail); AL; RX/OTC
<i>cetirizine hcl syrp 5 mg/5ml, 1 mg/ml</i>	F	QL(240 ml per fill retail); AL; RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	F	QL(1 ea daily)
CLARITIN REDITABS TBDP (<i>Use Loratadine</i>)	NF	
CLARITIN SYRP 5 MG/5ML (<i>Use Loratadine</i>)	NF	QL(240 ml per fill retail)
CLARITIN TABS 10 MG (<i>Use Loratadine</i>)	NF	
<i>fexofenadine hcl tabs 180 mg</i>	F	QL(1 ea daily)
<i>fexofenadine hcl tabs 60 mg</i>	F	QL(2 ea daily)
<i>loratadine soln 5 mg/5ml</i>	F	QL(240 ml per fill retail)
<i>loratadine syrp 5 mg/5ml</i>	F	QL(240 ml per fill retail)
<i>loratadine tabs 10 mg</i>	F	
<i>loratadine tbdp 10 mg</i>	F	
ZYRTEC ALLERGY TABS (<i>Use Cetirizine HCl</i>)	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SYRP (<i>Use Cetirizine HCl</i>)	NF	QL(240 ml per fill retail); AL; RX/OTC
Antihistamines - Phenothiazines		
<i>promethazine hcl soln or 6.25 mg/5ml</i>	F	QL(240 ml per fill retail); AL
<i>promethazine hcl supp re 12.5 mg, 25 mg, 50 mg</i>	F	QL(12 ea per fill retail); AL
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	F	QL(240 ml per fill retail); AL
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	F	AL
Antihistamines - Piperidines		

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Drug Name	Drug Tier	Requirements/ Limits
<i>cypheptadine hcl syrp</i>	F	
<i>cypheptadine hcl tabs</i>	F	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	F	PA
VYTORIN TABS (<i>Use Ezetimibe-Simvastatin</i>)	NF	PA
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 (<i>Use Colestipol HCl</i>)	NF	
COLESTID GRAN (<i>Use Colestipol HCl</i>)	NF	
COLESTID TABS (<i>Use Colestipol HCl</i>)	NF	
<i>colestipol hcl gran</i>	F	
<i>colestipol hcl tabs</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 200 mg, 134 mg</i>	F	QL(1 ea daily)
<i>fenofibrate micronized caps 67 mg</i>	F	QL(2 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</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LOFIBRA CAPS 200 MG, 134 MG (<i>Use Fenofibrate Micronized</i>)	NF	QL(1 ea daily)
LOFIBRA CAPS 67 MG (<i>Use Fenofibrate Micronized</i>)	NF	QL(2 ea daily)
LOFIBRA TABS 160 MG (<i>Use Fenofibrate</i>)	NF	QL(1 ea daily)
LOFIBRA TABS 54 MG (<i>Use Fenofibrate</i>)	NF	QL(3 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)
LIPITOR TABS (<i>Use Atorvastatin Calcium</i>)	NF	QL(1 ea daily)
<i>lovastatin tabs 20 mg, 10 mg</i>	F	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	F	QL(2 ea daily)
MEVACOR TABS (<i>Use Lovastatin</i>)	NF	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>simvastatin tabs 20 mg, 10 mg, 5 mg, 40 mg</i>	F	QL(1 ea daily)
<i>simvastatin tabs 80 mg</i>	F	
ZOCOR TABS 40 MG, 10 MG, 5 MG, 20 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</i>	F	PA
ZETIA TABS (<i>Use Ezetimibe</i>)	NF	PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	F	MO

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Drug Name	Drug Tier	Requirements/ Limits
NIACOR TABS	F	
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	NF	MO
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Use Quinapril HCl</i>)	NF	QL(1 ea daily)
ALTACE CAPS (<i>Use Ramipril</i>)	NF	QL(2 ea daily)
<i>benazepril hcl tabs 40 mg</i>	F	QL(2 ea daily)
<i>benazepril hcl tabs 5 mg, 20 mg, 10 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)
EPANED SOLR	F	AL
<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, 20 mg, 30 mg, 40 mg, 10 mg</i>	F	QL(2 ea daily)
LOTENSIN TABS 20 MG (<i>Use Benazepril HCl</i>)	NF	QL(1 ea daily)
LOTENSIN TABS 40 MG (<i>Use Benazepril HCl</i>)	NF	QL(2 ea daily)
MAVIK TABS 1 MG, 2 MG (<i>Use Trandolapril</i>)	NF	QL(1 ea daily)
MAVIK TABS 4 MG (<i>Use Trandolapril</i>)	NF	QL(2 ea daily)
PRINIVIL TABS (<i>Use Lisinopril</i>)	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 2 mg, 1 mg</i>	F	QL(1 ea daily)
<i>trandolapril tabs 4 mg</i>	F	QL(2 ea daily)
VASOTEC TABS (<i>Use Enalapril Maleate</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZESTRIL TABS 10 MG, 30 MG, 20 MG, 40 MG, 5 MG (<i>Use Lisinopril</i>)	NF	QL(2 ea daily)
ZESTRIL TABS 2.5 MG (<i>Use Lisinopril</i>)	NF	QL(1 ea daily)
Angiotensin II Receptor Antagonists		
AVAPRO TABS (<i>Use Irbesartan</i>)	NF	QL(1 ea daily)
COZAAR TABS (<i>Use Losartan Potassium</i>)	NF	QL(1 ea daily)
DIOVAN TABS (<i>Use Valsartan</i>)	NF	QL(1 ea daily)
<i>irbesartan tabs</i>	F	QL(1 ea daily)
<i>losartan potassium tabs</i>	F	QL(1 ea daily)
MICARDIS TABS (<i>Use Telmisartan</i>)	NF	QL(1 ea daily); MO
<i>telmisartan tabs</i>	F	QL(1 ea daily); MO
<i>valsartan tabs</i>	F	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (<i>Use Doxazosin Mesylate</i>)	NF	
CATAPRES TABS (<i>Use Clonidine HCl</i>)	NF	
CATAPRES-TTS-1 PTWK (<i>Use Clonidine HCl</i>)	NF	
CATAPRES-TTS-2 PTWK (<i>Use Clonidine HCl</i>)	NF	
CATAPRES-TTS-3 PTWK (<i>Use Clonidine HCl</i>)	NF	
<i>clonidine hcl ptwk</i>	F	
<i>clonidine hcl tabs</i>	F	
<i>doxazosin mesylate tabs</i>	F	
<i>guanfacine hcl tabs</i>	F	
<i>methyldopa tabs</i>	F	
MINIPRESS CAPS (<i>Use Prazosin HCl</i>)	NF	
<i>prazosin hcl caps</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
RESERPINE TABS	F	
TENEX TABS (Use Guanfacine HCl)	NF	
terazosin hcl caps	F	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (Use Quinapril-Hydrochlorothiazide)	NF	QL(3 ea daily); MO
ACCURETIC TABS 20MG-12.5MG (Use Quinapril-Hydrochlorothiazide)	NF	QL(4 ea daily); MO
ACCURETIC TABS 20MG-25MG (Use Quinapril-Hydrochlorothiazide)	NF	QL(2 ea daily); MO
amlodipine besylate-benazepril hcl caps	F	QL(1 ea daily)
atenolol & chlorthalidone tabs	F	QL(1 ea daily)
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	NF	QL(1 ea daily)
benazepril & hydrochlorothiazide tabs	F	QL(1 ea daily)
bisoprolol & hydrochlorothiazide tabs	F	QL(1 ea daily)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 (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)
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	F	
quinapril-hydrochlorothiazide tabs 10mg-12.5mg	F	QL(3 ea daily); MO
quinapril-hydrochlorothiazide tabs 20mg-12.5mg	F	QL(4 ea daily); MO
quinapril-hydrochlorothiazide tabs 20mg-25mg	F	QL(2 ea daily); MO
TEKTURNA HCT TABS	F	
telmisartan-hydrochlorothiazide tabs	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)

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
VASERETIC TABS (<i>Use Enalapril Maleate & Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
ZESTORETIC TABS 20MG-12.5MG, 10MG-12.5MG (<i>Use Lisinopril & Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
ZESTORETIC TABS 20MG-25MG (<i>Use Lisinopril & Hydrochlorothiazide</i>)	NF	QL(1 ea daily)
ZIAC TABS (<i>Use Bisoprolol & Hydrochlorothiazide</i>)	NF	QL(1 ea daily)
Direct Renin Inhibitors		
TEKTURN TABS	F	
Vasodilators		
<i>hydralazine hcl tabs</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 250 mg</i>	F	QL(2 ea daily)
<i>chloroquine phosphate tabs 500 mg</i>	F	QL(8 ea per 56 days retail)
<i>hydroxychloroquine sulfate tabs</i>	F	
<i>mefloquine hcl tabs</i>	F	
PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>)	NF	
PRIMAQUINE PHOSPHATE TABS	F	PA

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

Drug Name	Drug Tier	Requirements/ Limits
TEMODAR CAPS OR 20 MG, 250 MG, 100 MG, 140 MG, 5 MG, 180 MG (<i>Use Temozolomide</i>)	NF	PA
TEMODAR SOLR IV 100 MG	F	PA
<i>temozolomide caps</i>	F	PA
Antimetabolites		
<i>capecitabine tabs</i>	F	PA
<i>mercaptopurine tabs</i>	F	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	F	
<i>methotrexate sodium soln ij 250 mg/10ml, 100 mg/4ml, 50 mg/2ml, 1 gm/40ml, 200 mg/8ml</i>	F	
<i>methotrexate sodium tabs or 2.5 mg</i>	F	
PURIXAN SUSP	F	AL
TREXALL TABS	F	
XELODA TABS (<i>Use Capecitabine</i>)	NF	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	F	PA
ODOMZO CAPS	F	PA
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs</i>	F	
ARIMIDEX TABS (<i>Use Anastrozole</i>)	NF	
AROMASIN TABS (<i>Use Exemestane</i>)	NF	ST; Try anastrozole or letrozole first
<i>bicalutamide tabs</i>	F	QL(1 ea daily)
CASODEX TABS (<i>Use Bicalutamide</i>)	NF	QL(1 ea daily)
ELIGARD KIT	F	PA

Drug Name	Drug Tier	Requirements/ Limits
EMCYT CAPS	F	
<i>exemestane tabs</i>	F	ST; Try anastrozole or letrozole first
FARESTON TABS	F	PA
FEMARA TABS (<i>Use Letrozole</i>)	NF	ST; Try anastrozole or exemestane first
FIRMAGON SOLR	F	PA
<i>flutamide caps</i>	F	
HYDROXYPROGESTERONE CAPROATE SOLN	F	PA; Limit 5ml per month; QL(0.16 7 ml daily); AL
<i>letrozole tabs</i>	F	ST; Try anastrozole or exemestane first
<i>leuprolide acetate kit</i>	F	PA
LUPRON DEPOT (1-MONTH) KIT	F	PA
LUPRON DEPOT (3-MONTH) KIT	F	PA
LUPRON DEPOT (4-MONTH) KIT	F	PA
LUPRON DEPOT (6-MONTH) KIT	F	PA
LYSODREN TABS	F	
MEGACE ORAL SUSP (<i>Use Megestrol Acetate</i>)	NF	
<i>megestrol acetate susp</i>	F	
<i>megestrol acetate tabs</i>	F	
<i>tamoxifen citrate tabs</i>	F	
TRELSTAR MIXJECT SUSR	F	PA
TRELSTAR SUSR	F	PA

Drug Name	Drug Tier	Requirements/ Limits
VANTAS KIT	F	PA
XTANDI CAPS	F	PA
ZOLADEX IMPL	F	PA
ZYTIGA TABS	F	PA
Antineoplastic - Immunomodulators		
POMALYST CAPS	F	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	F	PA
AFINITOR TABS	F	PA
BOSULIF TABS	F	PA
COTELLIC TABS	F	PA
FARYDAK CAPS	F	PA
GILOTRIF TABS	F	PA
GLEEVEC TABS 100 MG, 400 MG (<i>Use Imatinib Mesylate</i>)	NF	PA
GLEEVEC TABS 400 MG	F	PA
IBRANCE CAPS	F	PA
ICLUSIG TABS	F	PA
<i>imatinib mesylate tabs</i>	F	PA
INLYTA TABS	F	PA
ISTODAX (<i>OVERFILL</i>) SOLR	F	PA
ISTODAX SOLR	F	PA
JAKAFI TABS	F	PA
MEKINIST TABS	F	PA
NEXAVAR TABS	F	PA
NINLARO CAPS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
SPRYCEL TABS	F	PA
STIVARGA TABS	F	PA
SUTENT CAPS	F	PA
TAFINLAR CAPS	F	PA
TARCEVA TABS	F	PA
TASIGNA CAPS	F	PA
TYKERB TABS	F	PA
VOTRIENT TABS	F	PA
XALKORI CAPS	F	PA
ZELBORAF TABS	F	PA
ZOLINZA CAPS	F	PA
ZYKADIA CAPS	F	PA
Antineoplastics Misc.		
<i>bexarotene caps</i>	F	PA
HYDREA CAPS (<i>Use Hydroxyurea</i>)	NF	
<i>hydroxyurea caps</i>	F	
MATULANE CAPS	F	
TARGRETIN CAPS (<i>Use Bexarotene</i>)	NF	PA
<i>tretinoin (chemotherapy) caps</i>	F	
Chemotherapy Rescue/Antidote Agents		
LEUCOVORIN CALCIUM TABS 10 MG, 15 MG	F	
<i>leucovorin calcium tabs 5 mg, 25 mg</i>	F	
MESNEX TABS	F	
Mitotic Inhibitors		
ETOPOSIDE CAPS	F	

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Drug Name	Drug Tier	Requirements/ Limits
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	F	PA
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs</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 elix 0.4 mg/ml</i>	F	QL(16.67 ml daily)
<i>trihexyphenidyl hcl tabs 5 mg, 2 mg</i>	F	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	F	
<i>amantadine hcl syrp</i>	F	
<i>bromocriptine mesylate caps</i>	F	
<i>bromocriptine mesylate tabs</i>	F	
<i>carbidopa-levodopa tabs</i>	F	
<i>carbidopa-levodopa tbc</i>	F	
MIRAPEX TABS (<i>Use Pramipexole Dihydrochloride</i>)	NF	PA; QL(3 ea daily)
PARLODEL CAPS (<i>Use Bromocriptine Mesylate</i>)	NF	
PARLODEL TABS (<i>Use Bromocriptine Mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs</i>	F	PA; QL(3 ea daily)
REQUIP TABS 4 MG, 3 MG, 0.25 MG (<i>Use Ropinirole Hydrochloride</i>)	NF	PA; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
REQUIP TABS 5 MG, 2 MG, 1 MG, 0.5 MG (<i>Use Ropinirole Hydrochloride</i>)	NF	PA; QL(3 ea daily)
<i>ropinirole hydrochloride tabs 4 mg, 3 mg, 0.25 mg</i>	F	PA; QL(6 ea daily)
<i>ropinirole hydrochloride tabs 5 mg, 0.5 mg, 2 mg, 1 mg</i>	F	PA; 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</i>	F	
<i>selegiline hcl tabs</i>	F	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
LITHIUM CARBONATE CAPS OR 600 MG, 150 MG (<i>Use Lithium Carbonate</i>)	NF	
<i>lithium carbonate caps or 600 mg, 150 mg, 300 mg</i>	F	
<i>lithium carbonate tabs or 300 mg</i>	F	
<i>lithium carbonate tbc</i>	F	
LITHIUM SOLN	F	
LITHOBID TBCR (<i>Use Lithium Carbonate</i>)	NF	
Antipsychotics - Misc.		
EQUETRO CP12	F	
GEODON CAPS OR 40 MG, 20 MG, 80 MG, 60 MG (<i>Use Ziprasidone HCl</i>)	NF	QL(2 ea daily); AL
GEODON SOLR IM 20 MG	F	
LATUDA TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
NUPLAZID TABS	F	QL(2 ea daily)
VRAYLAR CAPS	F	
<i>ziprasidone hcl caps</i>	F	QL(2 ea daily); AL
Benzisoxazoles		
FANAPT TABS	F	
FANAPT TITRATION PACK TABS	F	
INVEGA SUSTENNA SUSP 117 MG/0.75ML	F	PA; Limit 1 syringe per month;QL(0.02 7 ml daily)
INVEGA SUSTENNA SUSP 156 MG/ML	F	PA; Limit 1 syringe per month;QL(0.03 6 ml daily)
INVEGA SUSTENNA SUSP 234 MG/1.5ML	F	PA; Limit 1 syringe per month;QL(0.05 4 ml daily)
INVEGA SUSTENNA SUSP 39 MG/0.25ML	F	PA; Limit 1 syringe per month;QL(0.00 9 ml daily)
INVEGA SUSTENNA SUSP 78 MG/0.5ML	F	PA; Limit 1 syringe per month;QL(0.01 8 ml daily)
INVEGA TB24 (<i>Use Paliperidone</i>)	NF	
INVEGA TRINZA SUSP 273 MG/0.875ML	F	PA; Limit 1 syringe every 3 months;QL(0.8 75 ml per 84 days retail)
INVEGA TRINZA SUSP 410 MG/1.315ML	F	PA; Limit 1 syringe every 3 months;QL(1.3 15 ml per 84 days retail)
INVEGA TRINZA SUSP 546 MG/1.75ML	F	PA; Limit 1 syringe every 3 months;QL(1.7 5 ml per 84 days retail)

Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA SUSP 819 MG/2.625ML	F	PA; Limit 1 syringe every 3 months;QL(2.6 25 ml per 84 days retail)
<i>paliperidone tb24</i>	F	
RISPERDAL CONSTA SUSR	F	PA; Limit 2 vials per month;QL(0.07 2 ea daily)
RISPERDAL M-TAB TBDP (<i>Use Risperidone</i>)	NF	QL(2 ea daily); AL
RISPERDAL SOLN 1 MG/ML (<i>Use Risperidone</i>)	NF	QL(4 ml daily); AL
RISPERDAL TABS 1 MG, 4 MG, 0.5 MG, 0.25 MG, 2 MG, 3 MG (<i>Use Risperidone</i>)	NF	QL(2 ea daily); AL
<i>risperidone soln 1 mg/ml</i>	F	QL(4 ml daily); AL
<i>risperidone tabs 0.25 mg, 4 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	F	QL(2 ea daily); AL
<i>risperidone tbdp 0.25 mg</i>	F	QL(1 ea daily); AL
<i>risperidone tbdp 3 mg, 1 mg, 4 mg, 2 mg, 0.5 mg</i>	F	QL(2 ea daily); AL
Butyrophenones		
HALDOL DECANOATE 100 SOLN (<i>Use Haloperidol Decanoate</i>)	NF	
HALDOL DECANOATE 50 SOLN (<i>Use Haloperidol Decanoate</i>)	NF	
HALDOL SOLN (<i>Use Haloperidol Lactate</i>)	NF	
<i>haloperidol decanoate soln</i>	F	
<i>haloperidol lactate conc</i>	F	
<i>haloperidol lactate soln</i>	F	
<i>haloperidol tabs 1 mg, 0.5 mg, 10 mg</i>	F	QL(3 ea daily)
<i>haloperidol tabs 5 mg, 2 mg, 20 mg</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
Dibenzapines		
CLOZAPINE ODT TBDP	F	QL(3 ea daily)
<i>clozapine tabs 100 mg</i>	F	QL(9 ea daily); AL
<i>clozapine tabs 50 mg, 200 mg, 25 mg</i>	F	QL(3 ea daily); AL
<i>clozapine tbdp 100 mg</i>	F	QL(9 ea daily)
<i>clozapine tbdp 25 mg</i>	F	QL(3 ea daily)
CLOZARIL TABS 100 MG (Use Clozapine)	NF	QL(9 ea daily); AL
CLOZARIL TABS 25 MG (Use Clozapine)	NF	QL(3 ea daily); AL
FAZACLO TBDP 100 MG (Use Clozapine)	NF	QL(9 ea daily)
FAZACLO TBDP 150 MG, 200 MG, 12.5 MG	F	QL(3 ea daily)
FAZACLO TBDP 25 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 20 mg, 15 mg, 10 mg, 7.5 mg, 2.5 mg, 5 mg</i>	F	QL(1 ea daily); AL
<i>olanzapine tbdp or 20 mg, 15 mg, 5 mg, 10 mg</i>	F	QL(1 ea daily); AL
<i>quetiapine fumarate tabs 50 mg, 200 mg, 100 mg, 25 mg, 400 mg, 300 mg</i>	F	QL(2 ea daily)
<i>quetiapine fumarate tb24 300 mg, 200 mg, 400 mg, 50 mg, 150 mg</i>	F	
SAPHRIS SUBL	F	
SEROQUEL TABS (Use Quetiapine Fumarate)	NF	QL(2 ea daily)
SEROQUEL XR TB24 (Use Quetiapine Fumarate)	NF	
VERSACLOZ SUSP	F	

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV SUSR	F	PA; Limit 2 vials per month; QL(0.07 2 ea daily)
ZYPREXA SOLR IM 10 MG (Use Olanzapine)	NF	
ZYPREXA TABS OR 5 MG, 15 MG, 20 MG, 7.5 MG, 10 MG, 2.5 MG (Use Olanzapine)	NF	QL(1 ea daily); AL
ZYPREXA ZYDIS TBDP (Use Olanzapine)	NF	QL(1 ea daily); AL
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)
<i>chlorpromazine hcl tabs or 50 mg, 100 mg, 200 mg, 25 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	
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 5 mg, 2.5 mg</i>	F	
<i>perphenazine tabs</i>	F	QL(4 ea daily)
<i>prochlorperazine edisylate soln</i>	F	
<i>prochlorperazine maleate tabs or 5 mg, 10 mg</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		

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA SUSR	F	PA; Limit 1 vial per month; QL(0.03 6 ea daily)
ABILIFY TABS (Use Aripiprazole)	NF	QL(1 ea daily)
<i>aripiprazole soln 1 mg/ml</i>	F	QL(25 ml daily); AL
<i>aripiprazole tabs 10 mg, 2 mg, 20 mg, 30 mg, 5 mg, 15 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)
ARISTADA PRSY 662 MG/2.4ML	F	PA; Limit 1 syringe per month; QL(0.08 6 ml daily)
ARISTADA PRSY 882 MG/3.2ML	F	PA; Limit 1 syringe per month; QL(0.11 4 ml daily)
REXULTI TABS	F	
Thioxanthenes		
<i>thiothixene caps</i>	F	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS - Drugs to Prevent Bacterial Skin Infections		
Antiseptics & Disinfectants		
<i>formaldehyde soln</i>	F	QL(90 ml per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate liqd</i>	F	
<i>dakin's solution soln</i>	F	
DAKINS SOLUTION QUARTER STRENGTH SOLN (Use Dakin's Solution)	NF	
HIBICLENS LIQD (Use Chlorhexidine Gluconate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Iodine Antiseptics		
BETADINE SOLN (Use Povidone-Iodine)	NF	
<i>povidone-iodine soln</i>	F	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate tabs</i>	F	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	F	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</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)
ATRIPLA TABS	F	QL(1 ea daily)
COMBIVIR TABS (Use Lamivudine-Zidovudine)	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)
DESCOVY TABS	F	QL(1 ea daily)
<i>didanosine cpdr</i>	F	QL(1 ea daily)
EDURANT TABS	F	QL(1 ea daily)
EMTRIVA CAPS 200 MG	F	QL(1 ea daily)
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)

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Drug Name	Drug Tier	Requirements/ Limits
EVOTAZ TABS	F	QL(1 ea daily)
FUZEON SOLR	F	
GENVOYA TABS	F	QL(1 ea daily)
INTELENCE TABS 100 MG, 25 MG	F	QL(4 ea daily)
INTELENCE TABS 200 MG	F	QL(2 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)
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)
<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</i>	F	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	F	QL(56 ml daily)
LEXIVA TABS 700 MG	F	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	F	Limit 1 package per claim;QL(160 ml per fill retail)
NEVIRAPINE SUSP 50 MG/5ML	F	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<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 SOLN 80 MG/ML	F	QL(15 ml daily)
NORVIR TABS 100 MG	F	QL(12 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)
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	F	QL(2 ea daily)
REYATAZ PACK 50 MG	F	QL(6 ea daily)
SELZENTRY TABS 150 MG	F	QL(2 ea daily)
SELZENTRY TABS 300 MG	F	QL(4 ea daily)
SELZENTRY TABS 75 MG, 25 MG	F	QL 2 per day;SL(2 ea daily)
<i>stavudine caps 30 mg, 40 mg, 15 mg, 20 mg</i>	F	QL(2 ea daily)
<i>stavudine solr 1 mg/ml</i>	F	QL(80 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
STRIBILD TABS	F	QL(1 ea daily)
SUSTIVA CAPS 200 MG	F	QL(1 ea daily)
SUSTIVA CAPS 50 MG	F	QL(2 ea daily)
SUSTIVA TABS 600 MG	F	QL(1 ea daily)
TIVICAY TABS	F	
TRIUMEQ TABS	F	QL(1 ea daily)
TRIZIVIR TABS (<i>Use Abacavir Sulfate-Lamivudine-Zidovudine</i>)	NF	QL(2 ea daily)
TRUVADA TABS	F	QL(1 ea daily)
TYBOST TABS	F	QL(1 ea daily)
VIDEX EC CPDR (<i>Use Didanosine</i>)	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	F	QL(40 ml daily)
VIRAMUNE TABS 200 MG (<i>Use Nevirapine</i>)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (<i>Use Nevirapine</i>)	NF	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (<i>Use Nevirapine</i>)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	F	QL(8 gm daily)
VIREAD TABS 250 MG, 200 MG, 150 MG, 300 MG	F	QL(1 ea daily)
VITEKTA TABS	F	QL(1 ea daily)
ZERIT CAPS 20 MG, 15 MG, 30 MG, 40 MG (<i>Use Stavudine</i>)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	F	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML	F	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
ZIAGEN TABS 300 MG (<i>Use Abacavir Sulfate</i>)	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 (<i>Use Valganciclovir HCl</i>)	NF	QL(2 ea daily)
<i>valganciclovir hcl tabs</i>	F	QL(2 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	F	
BARACLUDE TABS (<i>Use Entecavir</i>)	NF	
<i>entecavir tabs</i>	F	
EPCLUSA TABS	F	PA; QL(1 ea daily)
HEPSERA TABS (<i>Use Adefovir Dipivoxil</i>)	NF	
ZEPATIER TABS	F	PA; QL(1 ea daily)
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 1000 mg, 1 gm</i>	F	Limit 21 per month;QL(1 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	F	QL(2 ea daily)
VALTREX TABS 1 GM (<i>Use Valacyclovir HCl</i>)	NF	Limit 21 per month;QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
Beta Blockers Cardio-Selective		
acebutolol hcl caps	F	
atenolol tabs	F	QL(2 ea daily)
bisoprolol fumarate tabs	F	QL(1 ea daily)
LOPRESSOR TABS 100 MG (Use Metoprolol Tartrate)	NF	QL(2 ea daily)
LOPRESSOR TABS 50 MG (Use Metoprolol Tartrate)	NF	QL(3 ea daily)
metoprolol succinate tb24 200 mg	F	QL(2 ea daily)
metoprolol succinate tb24 50 mg, 25 mg, 100 mg	F	QL(1 ea daily)
metoprolol tartrate tabs 25 mg, 100 mg	F	QL(2 ea daily)
metoprolol tartrate tabs 50 mg	F	QL(3 ea daily)
SECTRAL CAPS (Use Acebutolol HCl)	NF	
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 50 MG, 25 MG, 100 MG (Use Metoprolol Succinate)	NF	QL(1 ea daily)
ZEBETA TABS (Use Bisoprolol Fumarate)	NF	QL(1 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
INDERAL LA CP24 (Use Propranolol HCl)	NF	QL(2 ea daily)
nadolol tabs	F	QL(2 ea daily)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
DIGOXIN SOLN 0.05 MG/ML	F	
<i>digoxin tabs 250 mcg, 125 mcg, 0.25 mg, 0.125 mg</i>	F	
LANOXIN TABS (Use <i>Digoxin</i>)	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Peripheral Vasodilators		
<i>isoxsuprine hcl tabs</i>	F	
Prostaglandin Vasodilators		
TYVASO REFILL SOLN	F	PA
TYVASO SOLN	F	PA
TYVASO STARTER SOLN	F	PA
VENTAVIS SOLN	F	PA
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	F	PA
TRACLEER TABS	F	PA
Pulmonary Hypertension - Phosphodiesterase		
REVATIO SOLN IV 10 MG/12.5ML (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA
REVATIO SUSR OR 10 MG/ML	F	PA
REVATIO TABS OR 20 MG (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA
<i>sildenafil citrate (pulmonary hypertension) soln</i>	F	PA
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	F	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	F	
<i>cefadroxil susr</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefadroxil tabs</i>	F	
<i>cephalexin caps</i>	F	
<i>cephalexin susr</i>	F	
KEFLEX CAPS (<i>Use Cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 500 mg, 250 mg</i>	F	
CEFACLOR 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
<i>cefprozil tabs 500 mg, 250 mg</i>	F	QL(20 ea per fill retail)
CEFTIN SUSR 250 MG/5ML, 125 MG/5ML	F	Limit 1 package per claim; QL(100 ml per fill retail); AL
CEFTIN TABS 250 MG, 500 MG (<i>Use Cefuroxime Axetil</i>)	NF	QL(20 ea per fill retail)
<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)
<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</i>	F	QL(3 ea per fill retail)
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BREVICON-28 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	NF	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
CYCLESSA TABS (<i>Use Desogestrel-Ethinyl Estradiol (Triphasic)</i>)	NF	QL(1 ea daily)
DESOGEN TABS (<i>Use Desogestrel & Ethinyl Estradiol</i>)	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)
<i>ethynodiol diacet & eth estrad tabs</i>	F	QL(1 ea daily)
<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,91 day(s) limit)
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	F	QL(91 ea per fill retail)
LOESTRIN 1.5/30-21 TABS (<i>Use Norethindrone Acet & Eth Estra</i>)	NF	QL(1 ea daily)
LOESTRIN 1/20-21 TABS (<i>Use Norethindrone Acet & Eth Estra</i>)	NF	QL(1 ea daily)
LOESTRIN FE 1.5/30 TABS (<i>Use Norethin Acet & Estrad-Fe</i>)	NF	QL(1 ea daily)
LOESTRIN FE 1/20 TABS (<i>Use Norethin Acet & Estrad-Fe</i>)	NF	QL(1 ea daily)
MIRCETTE TABS (<i>Use Desogestrel-Ethinyl Estradiol (Biphasic)</i>)	NF	QL(1 ea daily)
MODICON TABS (<i>Use Norethindrone & Eth Estradiol</i>)	NF	QL(1 ea daily)
NECON 1/50-28 TABS	F	QL(1 ea daily)
NECON 10/11-28 TABS	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>norethin acet & estrad-fe tabs 75mg-20mcg-1mg</i>	F	
<i>norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg</i>	F	QL(1 ea daily)
<i>norethindrone & eth estradiol tabs</i>	F	QL(1 ea daily)
<i>norethindrone acet & eth estra tabs</i>	F	QL(1 ea daily)
<i>norethindrone-eth estradiol (triphasic) tabs</i>	F	QL(1 ea daily)
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	F	QL(1 ea daily)
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	F	
<i>norgestimate-ethinyl estradiol tabs</i>	F	QL(1 ea daily)
<i>norgestrel & ethinyl estradiol tabs</i>	F	QL(1 ea daily)
NORINYL 1+35 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	NF	QL(1 ea daily)
NORINYL 1+50 TABS	F	QL(1 ea daily)
OGESTREL TABS	F	QL(1 ea daily)
ORTHO TRI-CYCLEN LO TABS (<i>Use Norgestimate-Ethinyl Estradiol (Triphasic)</i>)	NF	
ORTHO TRI-CYCLEN TABS (<i>Use Norgestimate-Ethinyl Estradiol (Triphasic)</i>)	NF	QL(1 ea daily)
ORTHO-CEPT TABS (<i>Use Desogestrel & Ethinyl Estradiol</i>)	NF	QL(1 ea daily)
ORTHO-CYCLEN TABS (<i>Use Norgestimate-Ethinyl Estradiol</i>)	NF	QL(1 ea daily)
ORTHO-NOVUM 1/35 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	NF	QL(1 ea daily)
ORTHO-NOVUM 7/7/7 TABS (<i>Use Norethindrone-Eth Estradiol (Triphasic)</i>)	NF	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
OVCON-35 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	NF	QL(1 ea daily)
SEASONIQUE TABS (<i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	NF	QL(1 ea daily,91 day(s) limit)
TRI-NORINYL 28 TABS (<i>Use Norethindrone-Eth Estradiol (Triphasic)</i>)	NF	QL(1 ea daily)
YASMIN 28 TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	NF	QL(1 ea daily)
YAZ TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	NF	QL(1 ea daily)
Combination Contraceptives - Transdermal		
XULANE PTWK	F	Limit 3 patches per month;QL(0.11 ea daily)
Combination Contraceptives - Vaginal		
NUVARING RING	F	QL(1 ea per fill retail)
Emergency Contraceptives		
ELLA TABS	F	QL(4 ea per 365 days retail)
<i>levonorgestrel (emergency oc) tabs</i>	F	QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (<i>Use Levonorgestrel (Emergency OC)</i>)	NF	QL(1 ea per 21 days retail)
Progestin Contraceptives - IUD		
SKYLA IUD	F	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	F	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (<i>Use Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (<i>Use Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104 SUSY	F	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susp</i>	F	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	F	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
NOR-QD TABS (<i>Use Norethindrone (Contraceptive)</i>)	NF	QL(1 ea daily)
<i>norethindrone (contraceptive) tabs</i>	F	QL(1 ea daily)
ORTHO MICRONOR TABS (<i>Use Norethindrone (Contraceptive)</i>)	NF	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS (<i>Use Hydrocortisone</i>)	NF	
CORTISONE ACETATE TABS	F	
<i>dexamethasone elix 0.5 mg/5ml</i>	F	
DEXAMETHASONE INTENSOL CONC	F	
<i>dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	F	QL(5 ml daily)
DEXAMETHASONE SOLN 0.5 MG/5ML	F	
<i>dexamethasone tabs 0.5 mg, 1.5 mg, 6 mg, 0.75 mg, 4 mg</i>	F	
DEXAMETHASONE TABS 1 MG, 2 MG	F	
<i>hydrocortisone tabs</i>	F	
MEDROL DOSEPAK TBPk (<i>Use Methylprednisolone</i>)	NF	
MEDROL TABS (<i>Use Methylprednisolone</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone tabs</i>	F	
<i>methylprednisolone tbpk</i>	F	
MILLIPRED TABS	F	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	NF	
<i>prednisolone sodium phosphate soln or 15 mg/5ml</i>	F	QL(240 ml per fill retail)
<i>prednisolone sodium phosphate soln or 20 mg/5ml</i>	F	QL(150 ml per fill retail)
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 6.7 mg/5ml</i>	F	
<i>prednisolone soln</i>	F	
<i>prednisolone syrp</i>	F	
PREDNISONONE INTENSOL CONC	F	
PREDNISONONE SOLN 5 MG/5ML	F	
<i>prednisone tabs 10 mg, 1 mg, 5 mg, 2.5 mg, 20 mg</i>	F	
PREDNISONONE TABS 50 MG	F	
PREDNISONONE TBPK 10 MG, 5 MG	F	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	NF	QL(150 ml per fill retail)
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	F	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	F	AL
<i>benzonatate caps 200 mg</i>	F	QL(1 ea daily); AL

Drug Name	Drug Tier	Requirements/ Limits
DELSYM COUGH CHILDRENS SUER (Use Dextromethorphan Polistirex)	NF	
DELSYM SUER (Use Dextromethorphan Polistirex)	NF	
<i>dextromethorphan polistirex suer</i>	F	
<i>hydrocodone w/ homatropine syrp</i>	F	
TESSALON PERLES CAPS (Use Benzonatate)	NF	AL
Cough/Cold/Allergy Combinations		
<i>acetaminophen w/ dm liqd</i>	F	
ADVIL COLD & SINUS TABS (Use Pseudoephedrine-Ibuprofen)	NF	
<i>brompheniramine & phenyleph elix</i>	F	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph elix</i>	F	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph liqd</i>	F	QL(120 ml per fill retail)
BROTAPP DM LIQD	F	
<i>cetirizine-pseudoephedrine tb12</i>	F	QL(2 ea daily)
CHERACOL PLUS LIQD (Use Dextromethorphan-Guaifenesin)	NF	
CHERACOL-D COUGH LIQD (Use Dextromethorphan-Guaifenesin)	NF	
CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine)	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CLEAR COUGH PM MULTI-SYMPTOM LIQD (Use Dextromethorphan-Doxylamine-Acetaminophen)	NF	
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (Use Dextromethorphan-Phenylephrine-Acetaminophen)	NF	
dextromethorphan-doxylamine-acetaminophen liqd	F	
dextromethorphan-guaifenesin liqd 10mg/5ml-200mg/5ml, 5mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/5ml, 10mg/5ml-100mg/5ml, 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml, 15mg/7.5ml-150mg/7.5ml, 20mg/20ml-400mg/20ml	F	
dextromethorphan-guaifenesin soln 20mg/10ml-200mg/10ml, 10mg/5ml-100mg/5ml	F	
dextromethorphan-guaifenesin syrup 10mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/5ml	F	
dextromethorphan-guaifenesin tabs 20mg-20mg-400mg-400mg, 20mg-400mg	F	
dextromethorphan-guaifenesin tb12 30mg-600mg	F	
dextromethorphan-phenylephrine-acetaminophen caps	F	
DIMETAPP COLD & ALLERGY ELIX (Use Brompheniramine & Phenyleph)	NF	QL(120 ml per fill retail)
ED BRON GP LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
guaifenesin-codeine liqd	F	QL(240 ml per fill retail)
guaifenesin-codeine soln	F	QL(240 ml per fill retail)
guaifenesin-codeine syrup	F	QL(240 ml per fill retail)
LOHIST-D LIQD	F	
loratadine & pseudoephedrine tb12 5mg-120mg	F	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10mg-10mg-240mg-240mg, 10mg-240mg	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	
phenylephrine-chlorphen-dm liqd	F	
phenylephrine-dm liqd	F	QL(240 ml per fill retail)
phenylephrine-dm soln	F	QL(240 ml per fill retail)
phenylephrine-guaifenesin liqd	F	
promethazine & phenylephrine soln	F	QL(240 ml per fill retail); AL
promethazine & phenylephrine syrup	F	QL(240 ml per fill retail); AL
promethazine w/codeine syrup	F	QL(240 ml per fill retail); AL
promethazine-dm syrup	F	QL(240 ml per fill retail)
promethazine-phenylephrine-codeine syrup	F	QL(240 ml per fill retail); AL
PROMETHAZINE/PHENYL EPHRINE SYRP	F	QL(240 ml per fill retail); AL
pseudoephed-bromphen-dm elix	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>pseudoephed-bromphen-dm syrp</i>	F	
<i>pseudoephedrine w/ codeine-gg soln</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	
RESCON-GG LIQD (<i>Use Phenylephrine-Guaifenesin</i>)	NF	
ROBITUSSIN DM SYRP (<i>Use Dextromethorphan-Guaifenesin</i>)	NF	
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH LIQD (<i>Use Dextromethorphan-Guaifenesin</i>)	NF	
ROBITUSSIN PEAK COLD DM SYRP (<i>Use Dextromethorphan-Guaifenesin</i>)	NF	
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SOLN	F	
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	F	
ZYRTEC-D ALLERGY/CONGESTION TB12 (<i>Use Cetirizine-Pseudoephedrine</i>)	NF	QL(2 ea daily)
Expectorants		
<i>guaifenesin liqd</i>	F	
<i>guaifenesin soln</i>	F	
<i>guaifenesin syrp</i>	F	
<i>guaifenesin tb12</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX MAXIMUM STRENGTH TB12 (<i>Use Guaifenesin</i>)	NF	
MUCINEX TB12 (<i>Use Guaifenesin</i>)	NF	
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) nebu 10 %, 0.9 %, 3 %</i>	F	
Mucolytics		
<i>acetylcysteine soln</i>	F	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ACNE MEDICATION 10 LOTN	F	
ACNE MEDICATION 5 LOTN	F	
BENZAC AC WASH LIQD (<i>Use Benzoyl Peroxide</i>)	NF	RX/OTC
<i>benzoyl peroxide crea 10 %</i>	F	
<i>benzoyl peroxide gel 10 %</i>	F	RX/OTC
BENZOYL PEROXIDE GEL 2.5 %	F	
<i>benzoyl peroxide gel 5 %</i>	F	
<i>benzoyl peroxide liqd 10 %, 5 %</i>	F	RX/OTC
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	F	
CLEOCIN-T GEL (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	
CLEOCIN-T LOTN (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	QL(60 ml per fill retail)
CLEOCIN-T SOLN (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	
<i>clindamycin phosphate (topical) gel</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) lotn</i>	F	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) soln</i>	F	
DESQUAM-X WASH LIQD (Use Benzoyl Peroxide)	NF	RX/OTC
ERYGEL GEL (Use Erythromycin (Acne Aid))	NF	QL(60 gm per fill retail)
<i>erythromycin (acne aid) gel</i>	F	QL(60 gm per fill retail)
<i>erythromycin (acne aid) soln</i>	F	
<i>isotretinoin caps</i>	F	PA; QL(2 ea daily); AL
KLARON LOTN (Use Sulfacetamide Sodium (Acne))	NF	QL(120 ml per fill retail)
RETIN-A CREA 0.1 %, 0.025 %, 0.05 % (Use Tretinoin)	NF	QL(20 gm per fill retail); AL
RETIN-A GEL 0.01 % (Use Tretinoin)	NF	QL(15 gm per fill retail); AL
RETIN-A GEL 0.025 % (Use Tretinoin)	NF	QL(20 gm per fill retail); AL
SODIUM SULFACETAMIDE/SULFUR LOTN	F	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP	F	QL(30 gm per fill retail)
<i>sulfacetamide sodium (acne) lotn</i>	F	QL(120 ml per fill retail)
<i>sulfacetamide sodium (acne) susp</i>	F	QL(120 ml per fill retail)
<i>sulfacetamide sodium w/ sulfur lotn</i>	F	QL(60 gm per fill retail)
<i>tretinoin crea 0.05 %, 0.1 %, 0.025 %</i>	F	QL(20 gm per fill retail); AL
<i>tretinoin gel 0.01 %</i>	F	QL(15 gm per fill retail); AL
<i>tretinoin gel 0.025 %</i>	F	QL(20 gm per fill retail); AL
Antibiotics - Topical		
BACIGUENT OINT (Use Bacitracin (Topical))	NF	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin (topical) oint</i>	F	QL(30 gm per fill retail)
<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)
BACTROBAN OINT (Use Mupirocin)	NF	QL(30 gm per fill retail)
CENTANY OINT	F	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) crea</i>	F	QL(30 gm per fill retail)
GENTAMICIN SULFATE OINT	F	QL(30 gm per fill retail)
<i>mupirocin calcium (topical) crea</i>	F	QL(30 gm per fill retail)
<i>mupirocin oint</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</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</i>	F	QL(30 gm per fill retail); RX/OTC
<i>clotrimazole (topical) soln</i>	F	QL(30 ml per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	F	QL(45 gm per fill retail)
<i>clotrimazole w/ betamethasone lotn</i>	F	QL(30 ml per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits
TINACTIN JOCK ITCH CREA (Use <i>Tolnaftate</i>)	NF	QL(30 gm per fill retail)
<i>tolnaftate crea</i>	F	QL(30 gm per fill retail)
Antihistamines-Topical		
<i>diphenhydramine hcl (topical) crea</i>	F	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	F	QL(30 gm per fill retail)
EFUDEX CREA (Use <i>Fluorouracil (Topical)</i>)	NF	QL(40 gm per fill retail)
<i>fluorouracil (topical) crea 5 %</i>	F	QL(40 gm per fill retail)
<i>fluorouracil (topical) soln 2 %, 5 %</i>	F	QL(10 ml per fill retail)
FLUOROURACIL CREA 0.5 %	F	QL(30 gm per fill retail)
FLUOROURACIL SOLN 2 %, 5 %	F	QL(10 ml per fill retail)
Antipruritics - Topical		
<i>camphor & menthol lotn</i>	F	QL(222 ml per fill retail)
SARNA LOTN (Use <i>Camphor & Menthol</i>)	NF	QL(222 ml per fill retail)
Antipsoriatics		
<i>calcipotriene crea</i>	F	QL(60 gm per fill retail)
<i>calcipotriene soln</i>	F	QL(60 ml per fill retail)
DOVONEX CREA (Use <i>Calcipotriene</i>)	NF	QL(60 gm per fill retail)
<i>tazarotene crea</i>	F	PA; QL(60 gm per fill retail); AL
TAZORAC CREA 0.05 %	F	PA; QL(60 gm per fill retail); AL
TAZORAC CREA 0.1 % (Use <i>Tazarotene</i>)	NF	PA; QL(60 gm per fill retail); AL
TAZORAC GEL 0.1 %, 0.05 %	F	PA; QL(60 gm per fill retail); AL
Antiseborrheic Products		

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Drug Name	Drug Tier	Requirements/ Limits
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	F	QL(360 ml per fill retail)
Antivirals - Topical		
acyclovir topical oint	F	Limit 1 package per month;QL(1 gm daily)
ZOVIRAX CREA EX 5 %	F	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NF	Limit 1 package per month;QL(1 gm daily)
Burn Products		
SILVADENE CREA (Use Silver Sulfadiazine)	NF	QL(50 gm per fill retail)
silver sulfadiazine crea	F	QL(50 gm per fill retail)
Corticosteroids - Topical		
APEXICON E CREA	F	QL(60 gm per fill retail)
betamethasone dipropionate augmented crea	F	QL(50 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
betamethasone valerate crea	F	QL(45 gm per fill retail)
betamethasone valerate lotn	F	QL(60 ml per fill retail)
betamethasone valerate oint	F	QL(45 gm per fill retail)
clobetasol propionate crea	F	QL(45 gm per fill retail)
clobetasol propionate emollient base crea	F	QL(60 gm per fill retail)
clobetasol propionate gel	F	QL(60 gm per fill retail)
clobetasol propionate oint	F	QL(60 gm per fill retail)
clobetasol propionate soln	F	QL(25 ml per fill retail)
CUTIVATE CREA (Use Fluticasone Propionate)	NF	Limit 1 package per month;QL(2 gm daily)
DERMATOP CREA (Use Prednicarbate)	NF	QL(60 gm per fill retail)
DERMATOP OINT (Use Prednicarbate)	NF	QL(60 gm per fill retail)
desoximetasone crea	F	QL(60 gm per fill retail)
DIFLORASONE DIACETATE CREA	F	QL(60 gm per fill retail)
DIFLORASONE DIACETATE OINT	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	F	
fluocinonide crea	F	QL(60 gm per fill retail)
fluocinonide emulsified base crea	F	QL(60 gm per fill retail)
fluocinonide gel	F	QL(60 gm per fill retail)
fluocinonide oint	F	QL(60 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide soln</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 1%, 1 %</i>	F	QL(60 gm per fill retail); RX/OTC
<i>hydrocortisone (topical) crea 2.5 %, 0.5 %</i>	F	QL(30 gm per fill retail)
<i>hydrocortisone (topical) lotn 2.5 %, 1 %</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
<i>hydrocortisone (topical) oint 2.5 %</i>	F	Limit 1 package per month;QL(1 gm daily)
<i>hydrocortisone butyrate soln</i>	F	QL(60 ml per fill retail)
<i>hydrocortisone-aloe vera crea</i>	F	QL(60 gm per fill retail)
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	QL(60 ml per fill retail)
<i>mometasone furoate crea</i>	F	QL(45 gm per fill retail)
<i>mometasone furoate oint</i>	F	QL(45 gm per fill retail)
<i>mometasone furoate soln</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
<i>prednicarbate crea</i>	F	QL(60 gm per fill retail)
<i>prednicarbate oint</i>	F	QL(60 gm per fill retail)
PSORCON CREA	F	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TEMOVATE CREA (Use Clobetasol Propionate)	NF	QL(45 gm per fill retail)
TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base)	NF	QL(60 gm per fill retail)
TEMOVATE GEL (Use Clobetasol Propionate)	NF	QL(60 gm per fill retail)
TEMOVATE OINT (Use Clobetasol Propionate)	NF	QL(60 gm per fill retail)
TEMOVATE SOLN (Use Clobetasol Propionate)	NF	QL(25 ml per fill retail)
TOPICORT CREA (Use Desoximetasone)	NF	QL(60 gm per fill retail)
<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)
<i>triamcinolone acetonide (topical) lotn 0.1 %, 0.025 %</i>	F	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) oint 0.1 %, 0.025 %</i>	F	QL(80 gm per fill retail)
<i>triamcinolone acetonide (topical) oint 0.5 %</i>	F	QL(15 gm per fill retail)
Diaper Rash Products		
<i>diaper rash products oint</i>	F	
Emollient/Keratolytic Agents		
<i>urea crea</i>	F	QL(210 gm per fill retail)
<i>urea lotn</i>	F	QL(240 ml per fill retail)
Emollients		
AQUAPHILIC OINT	F	
AQUAPHOR ADVANCED THERAPY OINT	F	
AQUAPHOR OINT	F	
AVEENO ACTIVE NATURALS SKIN RELIEF HEALING OINT	F	

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Drug Name	Drug Tier	Requirements/ Limits
BOUDREAU'S BABY BUTT SMOOTH DRY SKIN OINT	F	
DAILY CONDITIONING TREATMENT OINT	F	
<i>emollient oint</i>	F	
GOLD BOND ULTIMATE HEALING OINT	F	
LAC-HYDRIN CREA (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	QL(140 gm per fill retail); RX/OTC
LAC-HYDRIN LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	Limit 1 package per month;QL(13.3 4 ml daily); RX/OTC
LAC-HYDRIN TWELVE LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	Limit 1 package per month;QL(13.3 4 ml daily); RX/OTC
<i>lactic acid (ammonium lactate) crea</i>	F	QL(140 gm per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) lotn</i>	F	Limit 1 package per month;QL(13.3 4 ml daily); RX/OTC
LANAPHILIC OINT	F	
OINTMENT BASE OINT	F	
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use Imiquimod</i>)	NF	QL(48 ea per 180 days retail)
<i>imiquimod crea</i>	F	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA	F	PA; Limit 1 package per month;QL(1 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
PROTOPIC OINT (<i>Use Tacrolimus (Topical)</i>)	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		
CONDYLOX SOLN (<i>Use Podofilox</i>)	NF	QL(4 ml per fill retail)
KERALYT GEL (<i>Use Salicylic Acid</i>)	NF	QL(40 gm per fill retail)
<i>podofilox soln</i>	F	QL(4 ml per fill retail)
<i>salicylic acid gel</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 0.075 %</i>	F	QL(60 gm per fill retail)
<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)
EMLA CREA (<i>Use Lidocaine-Prilocaine</i>)	NF	QL(30 gm per fill retail)
<i>lidocaine crea 4 %</i>	F	QL(30 gm per fill retail)
<i>lidocaine hcl crea 3 %</i>	F	QL(30 gm per fill retail)
<i>lidocaine hcl gel 2 %</i>	F	QL(30 ml per fill retail); RX/OTC
<i>lidocaine-prilocaine crea</i>	F	QL(30 gm per fill retail)
LMX 4 CREA (<i>Use Lidocaine</i>)	NF	QL(30 gm per fill retail)
NEUROMED7 CREA	F	QL(65 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
PREDATOR CREA	F	QL(65 ml per fill retail)
RA ARTHRITIS PAIN RELIEF CREA	F	QL(60 gm per fill retail)
RA PAIN RELIEF CREA	F	QL(65 ml per fill retail)
XOLIDO XP CREA	F	QL(65 ml per fill retail)
ZOSTRIX ARTHRITIS PAIN RELIEF CREA (<i>Use Capsaicin</i>)	NF	
ZOSTRIX DIABETIC FOOT PAIN CREA (<i>Use Capsaicin</i>)	NF	QL(60 gm per fill retail)
Misc. Topical		
4-N-1 CREA	F	
COOL BOTTOMS CREA	F	
DRYSOL SOLN	F	QL(60 ml per fill retail)
NEUTRAPHOR CREA	F	
NEUTRAPHORUS REX CREA	F	
PROSHIELD PLUS SKIN PROTECTANT CREA	F	
REMEDY NUTRASHIELD CREA	F	
<i>zinc oxide (topical) oint</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</i>	F	QL(45 gm per fill retail)
<i>metronidazole (topical) gel</i>	F	QL(45 gm per fill retail)
<i>metronidazole (topical) lotn</i>	F	
Scabicides & Pediculicides		

Drug Name	Drug Tier	Requirements/ Limits
ELIMITE CREA (<i>Use Permethrin</i>)	NF	QL(60 gm per fill retail)
EURAX CREA	F	QL(60 gm per fill retail)
EURAX LOTN	F	QL(60 gm per fill retail)
<i>malathion lotn</i>	F	QL(59 ml per fill retail)
NATROBA SUSP	F	QL(120 ml per fill retail); AL
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)
<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</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
Sunscreens		
ANTHELIOS 60 MELT-IN SUNSCREEN LOTN	F	
AVEENO ACTIVE NATURALS PROTECT+HYDRATE/SP F 30 LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
AVEENO BABY CONTINUOUS PROTECTION SUNBLOCK SPF55 LOTN	F	
AVEENO BABY NATURAL PROTECTION SPF 50 LOTN	F	
AVEENO NATURAL PROTECTIONSPF 50 LOTN	F	
AVEENO POSITIVELY AGELESSLIFTING & FIRMING MOISTURIZER SPF30 LOTN	F	
AVEENO POSITIVELY AGELESSSUNBLOCK SPF70 LOTN	F	
AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF15 LOTN	F	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
CERAVE SUNSCREEN/BODY LOTN	F	
CERAVE SUNSCREEN/FACE LOTN	F	
CHANTAL SUN SCREEN SPF 30 LOTN	F	
COTZ LOTN	F	
DIABETIDERM SUNSCREEN SPF15 LOTN	F	
ELTA BLOCK SPF 32 LOTN	F	
FACE COTZ LOTN	F	
HUGGIES LITTLE SWIMMERS SPF50 LOTN	F	
KERI AGE DEFY & PROTECT LOTN	F	
LUBRIDERM DAILY MOISTURE/SUNSCREEN SPF 15 LOTN	F	
NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF110 LOTN	F	
NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF70 LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
NEUTROGENA COOLDRY SPORTWITH HELIOPLEX SPF 30 LOTN	F	
NEUTROGENA HEALTHY DEFENSE DAILY MOISTURIZER PURESSCREEN 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	
NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 70 LOTN	F	
NIVEA HAND THERAPY LOTN	F	
NIVEA VISAGE UV CARE DAILY FACIAL LOTN	F	
OIL OF BEAUTY COMPLETE MOISTURE SPF 15 LOTN	F	
PRE SUN KIDS LOTN	F	
PURE & FREE BABY SUNSCREEN BROAD SPECTRUM SPF 60+ LOTN	F	
RA RX SUNCARE ADVANCED PROTECTION SPF50 LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
ROC MULTI CORREXION 5 IN1 DAILY MOISTURIZER SPF 30 LOTN	F	
ROC MULTI CORREXION LIFTANTI-GRAVITY DAY MOISTURIZER SPF30 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	F	
<i>sunscreens lotn</i>	F	
TOTAL BLOCK SPF 60 COVERUP LOTN	F	
TOTAL BLOCK SPF 65 CLEAR LOTN	F	
WATER BABIES SPF 30 LOTN (<i>Use Sunscreens</i>)	NF	
Tar Products		
<i>coal tar extract sham</i>	F	
DHS TAR GEL SHAM (<i>Use Coal Tar Extract</i>)	NF	
DHS TAR SHAM (<i>Use Coal Tar Extract</i>)	NF	
NEUTROGENA T/GEL SHAM (<i>Use Coal Tar Extract</i>)	NF	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (<i>Use Coal Tar Extract</i>)	NF	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		

Drug Name	Drug Tier	Requirements/ Limits
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	F	
CHEK-STIX CONTROL STRP	F	
CHEMSTRIP-K STRP	F	
KETOCARE 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	QL(5 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	F	QL(5 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	F	QL(5 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	F	QL(5 ea daily); RX/OTC
TRUETEST STRIPS STRP	F	QL(5 ea daily); RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	F	QL(5 ea daily); RX/OTC
TRUETRACK TEST STRP	F	QL(5 ea daily); RX/OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
DEPLIN 15 CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
DEPLIN 7.5 CAPS	F	
ELFOLATE TABS	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		
CREON CPEP	F	
PANCREAZE CPEP	F	
PANCRELIPASE CPEP	F	
ZENPEP CPEP	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 (Use Spironolactone & Hydrochlorothiazide)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>amiloride & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
DYAZIDE CAPS (<i>Use Triamterene & Hydrochlorothiazide</i>)	NF	QL(1 ea daily)
MAXZIDE TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	NF	QL(1 ea daily)
MAXZIDE-25 TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	NF	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide tabs</i>	F	
<i>triamterene & hydrochlorothiazide caps</i>	F	QL(1 ea daily)
<i>triamterene & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
TRIAMTERENE/HYDROC HLOROTHIAZIDE CAPS	F	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide tabs</i>	F	
BUMEX TABS (<i>Use Bumetanide</i>)	NF	
DEMADEX TABS (<i>Use Torsemide</i>)	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 40 mg, 20 mg, 80 mg</i>	F	
LASIX TABS (<i>Use Furosemide</i>)	NF	
<i>torsemide tabs</i>	F	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use Spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	F	QL(4 ea daily)
<i>spironolactone tabs</i>	F	
Thiazides and Thiazide-Like Diuretics		

Drug Name	Drug Tier	Requirements/ Limits
CHLOROTHIAZIDE TABS 250 MG	F	QL(2 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	
MICROZIDE CAPS (<i>Use Hydrochlorothiazide</i>)	NF	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (<i>Use Risedronate Sodium</i>)	NF	PA; Limit 4 per month;QL(0.13 4 ea daily)
ACTONEL TABS 5 MG, 30 MG (<i>Use Risedronate Sodium</i>)	NF	PA; QL(1 ea daily)
ALENDRONATE SODIUM SOLN 70 MG/75ML	F	PA; QL(10.8 ml daily)
<i>alendronate sodium tabs 10 mg, 5 mg</i>	F	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	F	PA; Limit 4 per month;QL(0.13 4 ea daily)
ALENDRONATE SODIUM TABS 40 MG	F	PA; QL(1 ea daily)
ATELVIA TBEC (<i>Use Risedronate Sodium</i>)	NF	PA; QL(0.15 ea daily)
<i>calcitonin (salmon) soln</i>	F	QL(0.143 ml daily)
FORTICAL SOLN	F	QL(0.143 ml daily)
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	NF	PA; Limit 4 per month;QL(0.13 4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MIACALCIN SOLN IJ 200 UNIT/ML	F	Limit 1 package per month; QL(0.06 7 ml daily, 2 ml per fill retail)
MIACALCIN SOLN NA 200 UNIT/ACT (Use Calcitonin (Salmon))	NF	QL(0.143 ml daily)
<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 FLEXPLO SOLN	F	PA
SAIZEN CLICK.EASY SOLR	F	PA
SAIZEN SOLR	F	PA
SAIZENPREP RECONSTITUTIONKIT SOLR	F	PA
SEROSTIM SOLR	F	PA
ZORBTIVE SOLR	F	PA
Hormone Receptor Modulators		
EVISTA TABS (Use Raloxifene HCl)	NF	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	F	QL(1 ea daily)
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN	F	PA
Metabolic Modifiers		
<i>calcitriol caps</i>	F	
CARNITOR SF SOLN (Use Levocarnitine (Metabolic Modifiers))	NF	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
CARNITOR SOLN 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))	NF	QL(30 ml daily)
CARNITOR TABS 330 MG (Use Levocarnitine (Metabolic Modifiers))	NF	QL(3 ea daily); RX/OTC
FABRAZYME SOLR	F	PA
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	F	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	F	QL(3 ea daily); RX/OTC
ROCALTRON CAPS (Use Calcitriol)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use Desmopressin Acetate)	NF	PA
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Refrigerated)	NF	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)
<i>desmopressin acetate refrigerated soln</i>	F	QL(5 ml per fill retail)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	F	PA
<i>desmopressin acetate spray refrigerated soln</i>	F	QL(5 ml per fill retail)
<i>desmopressin acetate spray soln</i>	F	PA; QL(5 ml per fill retail)
<i>desmopressin acetate tabs or 0.2 mg, 0.1 mg</i>	F	QL(3 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (Use Estradiol & Norethindrone Acetate)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
COMBIPATCH PTTW	F	Limit 8 patches per month;QL(0.29 ea daily)
<i>esterified estrogens & methyltestosterone tabs</i>	F	QL(1 ea daily)
<i>estradiol & norethindrone acetate tabs</i>	F	QL(1 ea daily)
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)
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	
<i>estradiol pttw td 0.0375 mg/24hr</i>	F	QL(0.29 ea daily)
<i>estradiol pttw td 0.1 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.025 mg/24hr</i>	F	Limit 8 patches per month;QL(0.29 ea daily)
<i>estradiol ptwk td 0.05 mg/24hr, 0.025 mg/24hr, 0.1 mg/24hr, 0.075 mg/24hr, 37.5 mcg/24hr, 0.06 mg/24hr</i>	F	Limit 4 patches per month;QL(0.14 3 ea daily)
<i>estradiol tabs or 2 mg, 0.5 mg, 1 mg</i>	F	
<i>estropipate tabs 0.75 mg, 1.5 mg</i>	F	QL(1 ea daily)
ESTROPIPATE TABS 1.5 MG, 0.75 MG	F	QL(1 ea daily)
ESTROPIPATE TABS 3 MG	F	QL(2 ea daily)
MINIVELLE PTTW 0.0375 MG/24HR	F	QL(0.29 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MINIVELLE PTTW 0.05 MG/24HR, 0.1 MG/24HR, 0.025 MG/24HR, 0.075 MG/24HR	F	Limit 8 patches per month;QL(0.29 ea daily)
PREMARIN TABS OR 0.45 MG, 1.25 MG, 0.3 MG, 0.625 MG, 0.9 MG	F	QL(1 ea daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.1 MG/24HR, 0.075 MG/24HR, 0.05 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		
CIPRO TABS (Use Ciprofloxacin HCl)	NF	
CIPROFLOXACIN HCL TABS 100 MG	F	QL(6 ea per fill retail)
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	F	
LEVAQUIN TABS (Use Levofloxacin)	NF	QL(1 ea daily, 14 ea per fill retail)
<i>levofloxacin tabs</i>	F	QL(1 ea daily, 14 ea per fill retail)
OFLOXACIN TABS 300 MG	F	QL(56 ea per fill retail)
<i>ofloxacin tabs 400 mg</i>	F	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS-X CHEW (Use Simethicone)	NF	
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)
<i>simethicone chew 80 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>simethicone susp 20 mg/0.3ml, 40 mg/0.6ml</i>	F	QL(30 ml per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	F	PA
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use Ursodiol</i>)	NF	QL(3 ea daily)
URSO 250 TABS (<i>Use Ursodiol</i>)	NF	QL(7 ea daily)
<i>ursodiol caps 300 mg</i>	F	QL(3 ea daily)
<i>ursodiol tabs 250 mg</i>	F	QL(7 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln</i>	F	
<i>metoclopramide hcl tabs</i>	F	
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	NF	
Inflammatory Bowel Agents		
ASACOL HD TBEC	F	ST; QL(3 ea daily)
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	F	QL(9 ea daily)
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	NF	QL(9 ea daily)
DELZICOL CPDR	F	PA; QL(6 ea daily)
MESALAMINE DR TBEC	F	ST; QL(3 ea daily)
<i>mesalamine enem</i>	F	QL(60 ml daily)
SFROWASA ENEM	F	
<i>sulfasalazine tabs</i>	F	
<i>sulfasalazine tbec</i>	F	
Intestinal Acidifiers		

Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose (encephalopathy) soln</i>	F	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	F	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc</i>	F	
<i>potassium citrate-citric acid pack</i>	F	
SHOHL'S SOLUTION MODIFIED SOLN (<i>Use Sodium Citrate & Citric Acid</i>)	NF	Limit 1 package per month; QL(16.6 7 ml daily); RX/OTC
<i>sodium citrate & citric acid soln</i>	F	Limit 1 package per month; QL(16.6 7 ml daily); RX/OTC
UROCIT-K 10 TBCR (<i>Use Potassium Citrate (Alkalinizer)</i>)	NF	
UROCIT-K 5 TBCR (<i>Use 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</i>	F	QL(1 ea daily)
FLOMAX CAPS (<i>Use Tamsulosin HCl</i>)	NF	QL(2 ea daily)
PROSCAR TABS (<i>Use Finasteride</i>)	NF	QL(1 ea daily)
<i>tamsulosin hcl caps</i>	F	QL(2 ea daily)
Urinary Analgesics		

Drug Name	Drug Tier	Requirements/ Limits
<i>phenazopyridine hcl tabs</i>	F	
PYRIDIDIUM TABS (<i>Use 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	
COLCHICINE TABS	F	PA; Limit 6 per claim; QL(6 ea per fill retail)
COLCRYS TABS	F	PA; Limit 6 per claim; QL(6 ea per fill retail)
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	
ADYNOVATE SOLR	F	
AFSTYLA KIT	F	
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	F	
ALPHANINE SD SOLR	F	
ALPROLIX SOLR	F	
BEBULIN SOLR	F	
BENEFIX KIT	F	
CORIFACT KIT	F	
ELOCTATE SOLR	F	

Drug Name	Drug Tier	Requirements/ Limits
FEIBA NF SOLR	F	
FEIBA SOLR	F	
HELIXATE FS KIT	F	
HEMOFIL M SOLR	F	
HUMATE-P SOLR	F	
IDELVION SOLR	F	
IXINITY SOLR	F	
KOATE SOLR	F	
KOATE-DVI SOLR	F	
KOGENATE FS BIO-SET KIT	F	
KOGENATE FS KIT	F	
KOVALTRY SOLR	F	
MONOCLATE-P KIT	F	
MONONINE SOLR	F	
NOVOEIGHT SOLR	F	
NOVOSEVEN RT SOLR	F	
NUWIQ SOLR	F	
OBIZUR SOLR	F	
PROFILNINE SD SOLR	F	
PROFILNINE SOLR	F	
RECOMBINATE SOLR	F	
RIASTAP SOLR	F	
RIXUBIS SOLR	F	
TRETTEN SOLR	F	
WILATE KIT	F	

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Drug Name	Drug Tier	Requirements/ Limits
WILATE SOLR	F	
XYNTHA KIT	F	
XYNTHA SOLOFUSE KIT	F	
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	F	
Platelet Aggregation Inhibitors		
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</i>	F	QL(1 ea daily)
<i>dipyridamole tabs</i>	F	
EFFIENT TABS	F	QL(1 ea daily)
PERSANTINE TABS (<i>Use Dipyridamole</i>)	NF	
PLAVIX TABS (<i>Use Clopidogrel Bisulfate</i>)	NF	QL(1 ea daily)
PLETAL TABS (<i>Use Cilostazol</i>)	NF	QL(2 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	F	PA
CEREZYME SOLR	F	PA
VPRIV SOLR	F	PA
ZAVESCA CAPS	F	PA
Agents for Sickle Cell Anemia		
DROXIA CAPS	F	
Cobalamins		
<i>cyanocobalamin soln</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
Folic Acid/Folates		
<i>folic acid tabs 1 mg</i>	F	RX/OTC
<i>folic acid tabs 800 mcg, 400 mcg</i>	F	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	F	PA
ARANESP ALBUMIN FREE SOSY	F	PA
EPOGEN SOLN	F	PA
MIRCERA SOSY 100 MCG/0.3ML, 75 MCG/0.3ML, 50 MCG/0.3ML, 200 MCG/0.3ML	F	PA
NEUMEGA SOLR	F	PA
NPLATE SOLR	F	PA
PROCRT SOLN 40000 UNIT/ML, 2000 UNIT/ML, 10000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 20000 UNIT/ML	F	PA
PROMACTA TABS	F	PA
ZARXIO SOSY	F	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</i>	F	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	NF	100 / 30 days;QL(3.4 ml daily); AL
FERGON TABS (<i>Use Ferrous Gluconate</i>)	NF	
FERRETT'S TABS	F	QL(2 ea daily)
<i>ferrous fumarate tabs</i>	F	
<i>ferrous gluconate tabs 27 mg, 240 mg</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
FERROUS GLUCONATE TABS 324 MG	F	AL
<i>ferrous sulfate dried tbcr</i>	F	
<i>ferrous sulfate elix 220 mg/5ml</i>	F	QL(16 ml daily); AL
FERROUS SULFATE LIQD 220 MG/5ML	F	
<i>ferrous sulfate soln 15 mg/ml</i>	F	100 / 30 days;QL(3.4 ml daily); AL
<i>ferrous sulfate tabs 65 mg, 325 mg</i>	F	AL
FERROUS SULFATE TBEC 324 MG	F	AL
<i>ferrous sulfate tbec 325 mg</i>	F	AL
HEMOCYTE TABS (Use Ferrous Fumarate)	NF	
IRON CHEWS PEDIATRIC CHEW	F	
<i>polysaccharide iron complex caps</i>	F	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL SOLN	F	PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS	F	QL(24 ea per fill retail)
LYSTEDA TABS (Use Tranexamic Acid)	NF	QL(30 ea per 5 days retail); AL
<i>tranexamic acid tabs</i>	F	QL(30 ea per 5 days retail); AL
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)

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	F	
<i>doxylamine succinate (sleep) tabs</i>	F	
NYTOL MAXIMUM STRENGTH TABS (Use Diphenhydramine HCl (Sleep))	NF	
UNISOM SLEEPGELS CAPS (Use Diphenhydramine HCl (Sleep))	NF	
UNISOM 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 or 20 mg/5ml</i>	F	
PHENOBARBITAL SODIUM SOLN	F	
<i>phenobarbital soln or 20 mg/5ml</i>	F	
PHENOBARBITAL TABS OR 15 MG, 30 MG, 60 MG, 100 MG	F	
<i>phenobarbital tabs or 64.8 mg, 32.4 mg, 97.2 mg, 16.2 mg</i>	F	
SECONAL CAPS	F	
SECONAL SODIUM CAPS	F	
Hypnotics - Tricyclic Agents		
SILENOR TABS	F	ST; Try 2 preferred hypnotics first
Non-Barbiturate Hypnotics		

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Drug Name	Drug Tier	Requirements/ Limits
AMBIEN TABS (<i>Use Zolpidem Tartrate</i>)	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)
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
RESTORIL CAPS 30 MG (<i>Use Temazepam</i>)	NF	QL(2 ea daily); AL
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
<i>temazepam caps 15 mg</i>	F	QL(1 ea daily); AL
<i>temazepam caps 30 mg</i>	F	QL(2 ea daily); AL
<i>temazepam caps 7.5 mg, 22.5 mg</i>	F	ST; Try 2 preferred hypnotics first
TRIAZOLAM TABS 0.125 MG	F	QL(1 ea daily)
<i>triazolam tabs 0.25 mg</i>	F	QL(1 ea daily)
<i>zaleplon caps</i>	F	QL(1 ea daily); AL
<i>zolpidem tartrate tabs</i>	F	QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	F	QL(10 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EVAC POWD (<i>Use Psyllium</i>)	NF	
FIBERCON TABS (<i>Use Calcium Polycarbophil</i>)	NF	QL(10 ea daily)
KONSYL PACK	F	
KONSYL POWD (<i>Use Psyllium</i>)	NF	
METAMUCIL CAPS (<i>Use Psyllium</i>)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use Psyllium</i>)	NF	
METAMUCIL POWD (<i>Use Psyllium</i>)	NF	
<i>psyllium caps 0.52 gm, 520 mg</i>	F	
<i>psyllium powd 30.9 %, 58.6 %, 33 %, 28.3 %, , 48.57 %, 30 %, 100 %</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 (<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</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)
Laxatives - Miscellaneous		
<i>glycerin (laxative) supp 2.1 gm, 2 gm, 1.2 gm</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
GLYCERIN ADULT SUPP (Use Glycerin (Laxative))	NF	
<i>lactulose soln</i>	F	
MIRALAX PACK (Use Polyethylene Glycol 3350)	NF	RX/OTC
MIRALAX POWD (Use Polyethylene Glycol 3350)	NF	QL(34 gm daily); RX/OTC
PEDIA-LAX SUPP 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	F	
Saline Laxatives		
FLEET ENEMA ENEM (Use Sodium Phosphates)	NF	
FLEET ENEMA SIX PACK ENEM (Use Sodium Phosphates)	NF	
FLEET PEDIATRIC ENEM (Use Sodium Phosphates)	NF	
<i>magnesium citrate soln</i>	F	
<i>magnesium hydroxide susp</i>	F	QL(33 ml daily)
MILK OF MAGNESIA CONCENTRATE SUSP	F	
<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 Bisacodyl)	NF	QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (Use Bisacodyl)	NF	QL(1 ea daily)
EX-LAX TABS (Use Sennosides)	NF	
SENNA SYRP	F	
<i>sennosides liqd</i>	F	

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

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Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX SUSR 100 MG/5ML (<i>Use Azithromycin</i>)	NF	Limit 1 package per claim; QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (<i>Use Azithromycin</i>)	NF	Limit 1 package per claim; QL(30 ml per fill retail)
ZITHROMAX TABS 250 MG (<i>Use Azithromycin</i>)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (<i>Use Azithromycin</i>)	NF	QL(4 ea daily)
ZITHROMAX TABS 600 MG (<i>Use Azithromycin</i>)	NF	Limit 8 per 28 days; QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (<i>Use Azithromycin</i>)	NF	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (<i>Use Azithromycin</i>)	NF	QL(6 ea per fill retail)
Clarithromycin		
BIAXIN SUSR 250 MG/5ML (<i>Use Clarithromycin</i>)	NF	
BIAXIN TABS 250 MG, 500 MG (<i>Use Clarithromycin</i>)	NF	QL(28 ea per fill retail)
<i>clarithromycin susr 125 mg/5ml</i>	F	Limit 1 package per claim; QL(100 ml per fill retail)
<i>clarithromycin susr 250 mg/5ml</i>	F	
<i>clarithromycin tabs 500 mg, 250 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 (<i>Use Erythromycin Ethylsuccinate</i>)	NF	
ERY-TAB TBEC	F	
ERYPED 200 SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ERYPED 400 SUSR	F	
ERYTHROCIN STEARATE TABS	F	
<i>erythromycin base cpep 250 mg</i>	F	
ERYTHROMYCIN BASE TABS 250 MG, 500 MG	F	
<i>erythromycin ethylsuccinate susr 200 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	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
CUREX ALL-PURPOSE SPONGES 4"X4" 4 PLY 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

Drug Name	Drug Tier	Requirements/ Limits
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC
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/CELLULOSEFI LLED/2"X2" PADS	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS	F	RX/OTC
CVS GAUZE PADS 2"X2" 12-PLY PADS	F	RX/OTC
CVS GAUZE PADS 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
DRESSING SPONGES 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 PADS STERILE 3"X3"/MEDIUM PADS	F	
EQL GAUZE STERILE PADS 3"X3" PADS	F	
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	F	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	F	RX/OTC
FLEXZAN 4 X 4 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
GAUZE SPONGES 4"X4" PADS	F	RX/OTC
GNP STERILE PADS 3"X3" PADS	F	
HM STERILE PADS PADS	F	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	F	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	F	RX/OTC
ISLAND GARD-GRX 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

Drug Name	Drug Tier	Requirements/ Limits
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-PLY4" X 4" MISC	F	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS	F	RX/OTC
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
QC ALL PURPOSE DRESSINGS4"X4" PADS	F	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS	F	RX/OTC
QC STERILE PADS PADS	F	

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Drug Name	Drug Tier	Requirements/ Limits
QC STERILE PADS PADS	F	RX/OTC
RA ALL PURPOSE DRESSINGS 4"X4" PADS	F	RX/OTC
RA DRESSING SPONGES 4"X4" PADS	F	RX/OTC
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 DETECTABLE SPONGES 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

Drug Name	Drug Tier	Requirements/ Limits
STERILE GAUZE PADS 3"X3" PADS	F	
STERILE PADS 2"X2" PADS	F	RX/OTC
STERILE PADS 3"X3" PADS	F	
STERILE PADS 4"X4" 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
VISTEC X-RAY DETECTABLE SPONGES 4"X4" 16 PLY PADS	F	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	F	QL(36 ea per fill retail)
ATLAS COLORED LUBRICATED CONDOM 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)

Drug Name	Drug Tier	Requirements/ Limits
ELEXA ULTRA SENSITIVE MISC	F	QL(36 ea per fill retail)
EXTRA SENSITIVE SPERMICIDAL DEVI	F	QL(36 ea per fill retail)
FANTASY LUBRICATED MISC	F	QL(36 ea per fill retail)
FANTASY LUBRICATED/SPERMICID E MISC	F	QL(36 ea per fill retail)
HIGH SENSATION SPERMICIDAL DEVI	F	QL(36 ea per fill retail)
INTENSE SENSATION DEVI	F	QL(36 ea per fill retail)
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/LUBRICATE D MISC	F	QL(36 ea per fill retail)
KIMONO PS LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO PS PLUS SPERMICIDE/LUBRICATE D 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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/LUBRICATE D 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)

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Drug Name	Drug Tier	Requirements/ Limits
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/STUDDERED MISC	F	QL(36 ea per fill retail)
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/STUDDERED 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)
ULTIMATE FEELING DEVICE	F	QL(36 ea per fill retail)
Diabetic Supplies		
1ST CHOICE LANCETS SUPERTHIN MISC	F	QL(5 ea daily)
1ST CHOICE LANCETS THIN MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
1ST CHOICE LANCETS ULTRATHIN MISC	F	QL(5 ea daily)
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)
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)
ALTERNATE SITE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
AQUA LANCE ADJUSTABLE LANCING DEVICE	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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
BAYER MICROLET 2 LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
BAYER MICROLET LANCETS MISC	F	QL(5 ea daily)
BD LANCET DEVICE MISC	F	QL(1 ea per 180 days retail)
BD LANCET ULTRAFINE 30G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
CVS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS MISC	F	QL(5 ea daily)
DIASTAR EASY TEST II LANCETS 30G MISC	F	QL(5 ea daily)
DIASTAR EASY TEST LANCETS30G MISC	F	QL(5 ea daily)
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 MART UNILET LANCETSSUPER THIN 30G MISC	F	QL(5 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	F	QL(5 ea daily)
DUANE READE LANCET ALTERNATE SITE 26G MISC	F	QL(5 ea daily)
DUANE READE LANCET SUPERTHIN 30G MISC	F	QL(5 ea daily)
DUANE READE LANCET ULTRATHIN 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
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)
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)
GENTLE-LET GP LANCETS MISC	F	QL(5 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	F	QL(5 ea daily)
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)
GLUCOLET 2 AUTOMATIC LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
GLUCOSOURCE LANCET DEVICE MISC	F	QL(1 ea per 180 days retail)
GLUCOSOURCE LANCETS MISC	F	QL(5 ea daily)
GMATE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
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)

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Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL ADVANCED LANCING 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)
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)
HEALTHWISE LANCING PEN 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 THIN 33G MISC	F	QL(5 ea daily)
KROGER LANCETS MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 ULTRATHIN 30G 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
LIFESCAN UNISTIK II LANCETS MISC	F	QL(5 ea daily)
LITE TOUCH LANCETS MISC	F	QL(5 ea daily)
LITE TOUCH LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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 LANCETS MISC	F	QL(5 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
PUBLIX ADVANCED LANCING DVICE MISC	F	QL(1 ea per 180 days retail)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
SMART DIABETES VANTAGE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
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 LANCETS UNIVERSAL 26G MISC	F	QL(5 ea daily)
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 ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
TGT LANCET ALTERNATE SITE MISC	F	QL(5 ea daily)
TGT LANCET MICRO THIN 33G MISC	F	QL(5 ea daily)
TGT LANCET SUPER THIN 30G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TGT LANCET THIN 23G MISC	F	QL(5 ea daily)
TGT LANCET THIN 26G MISC	F	QL(5 ea daily)
TGT LANCET ULTRA THIN 28G 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 THIN LANCETS 30G MISC	F	QL(5 ea daily)
TODAYS HEALTH ULTRA THIN LANCETS 28G MISC	F	QL(5 ea daily)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 33G MISC	F	QL(5 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	F	QL(5 ea daily)
TRUETEST GLUCOSE CONTROLLEVEL 1 LIQD	F	
TRUETEST GLUCOSE CONTROLLEVEL 2 LIQD	F	
TRUETEST GLUCOSE CONTROLLEVEL 3 LIQD	F	
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	F	QL(1 ea per 180 days retail)
ULTICARE THIN LANCETS 30G MISC	F	QL(5 ea daily)
ULILET CLASSIC LANCETS MISC	F	QL(5 ea daily)
ULILET LANCETS 33G MISC	F	QL(5 ea daily)
ULILET LANCETS MISC	F	QL(5 ea daily)
ULTRA THIN LANCETS 28G MISC	F	QL(5 ea daily)
ULTRA THIN LANCETS 30G MISC	F	QL(5 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
W&F LANCETS 26G MISC	F	QL(5 ea daily)
W&F LANCETS COLORED 21G MISC	F	QL(5 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	F	QL(5 ea daily)
WALGREENS COMFORT ASSURED LANCETS 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)

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Drug Name	Drug Tier	Requirements/ Limits
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 PREPS 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
BD SWABS SINGLE USE BUTTERFLY PADS	F	QL(400 ea per fill retail); RX/OTC
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 ALCOHOL PREP SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
CVS 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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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)
1ST TIER UNIFINE PENTIPS29GX12MM MISC	F	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS31GX6MM MISC	F	QL(5 ea daily)
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 PENTIPSPLUS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
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)
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	F	QL(5 ea daily)
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	F	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	F	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
AURORA PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
AURORA PEN NEEDLES 31G X6MM MISC	F	QL(5 ea daily)
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)
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)
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)
B-D INSULIN SYRINGE ULTRAFINE/1ML/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-100/0.3ML/28G X 1/2" 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)

Drug Name	Drug Tier	Requirements/ Limits
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-100/0.3ML/28G X 1/2" MISC	F	QL(5 ea daily)
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/0.5ML/29G 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 SAFETYGLIDE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE II/SHORT/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE II/SHORT/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)

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

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-100/0.5ML/30G 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 INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1" MISC	F	QL(5 ea daily)
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/MINI/ULTRAFINE /31G X 3/16" MISC	F	QL(5 ea daily)
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	F	QL(5 ea daily)
BD PEN NEEDLE/ULTRAFINE/29G X 1/2" 12.7MM MISC	F	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16" 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
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLE 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily)
CAREFINE PEN NEEDLES 30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
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)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
CAREONE UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 31GX6MM MISC	F	QL(5 ea daily)
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)
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily)
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
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)
CARETOUCH PEN NEEDLES 31GX 5MM MISC	F	QL(5 ea daily)
CARETOUCH PEN NEEDLES 31GX 8MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
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
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	F	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	F	QL(5 ea daily)
CLICKFINE PEN NEEDLES/31GX5/16" 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
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

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX8MM 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)
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	F	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX6MM MISC	F	QL(5 ea daily)
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
DUANE READE UNIFINE PENTIPS 29G X 12MM MISC	F	QL(5 ea daily)
DUANE READE UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	F	QL(5 ea daily)
DUANE READE UNIFINE PENTIPS 31G X 8MM SHORT MISC	F	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
EASY COMFORT PEN NEEDLES31GX3/16" MISC	F	QL(5 ea daily)
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)

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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 NEEDLES 29GX1/2" MISC	F	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 31GX1/4" MISC	F	QL(5 ea daily)
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)
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
EQL INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EQL SHORT PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
EQL ULTRA COMFORT INSULINSYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
EQL ULTRA COMFORT INSULINSYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EQL ULTRA SHORT PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	F	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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
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)
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)
FIFTY50 PEN NEEDLES/31GX8MM MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC	F	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	F	QL(5 ea daily)
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)
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM MISC	F	QL(5 ea daily)
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	F	QL(5 ea daily)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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
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/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

Drug Name	Drug Tier	Requirements/ Limits
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)
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
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)
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)
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
HEALTHWISE PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily)
HEALTHWISE SHORT PEN NEEDLES 31GX8MM 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)

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
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
HUMAPEN LUXURA HD 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
INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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/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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
INSULIN SYRINGES/1ML/31GX5/16 " MISC	F	QL(5 ea daily)
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)
INSUPEN ULTRAFIN 30GX8MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX6MM MISC	F	QL(5 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
KROGER PEN NEEDLES 31G X8MM MISC	F	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	F	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)
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
LITE TOUCH PEN NEEDLES/31G X 3/16" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
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-100/1ML/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/31G X 5/16" MISC	F	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	F	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	F	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 29G X 12MM MISC	F	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
LIVE BETTER PEN NEEDLES 31G X 12MM MISC	F	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
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
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
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)

Drug Name	Drug Tier	Requirements/ Limits
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
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)
MEIJER PEN NEEDLES 31G X6MM MISC	F	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM 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
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

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/SOFTPACK/1M L/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/28G X 1/2" 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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/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); RX/OTC
NOVOFINE 32GX6MM MISC	F	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
NOVOFINE AUTOCOVER 30GX8MM MISC	F	QL(5 ea daily); RX/OTC
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 30GX8MM MISC	F	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	F	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	F	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X5MM MINI MISC	F	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	F	QL(5 ea daily)
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)
PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily)
PEN NEEDLES 30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC	F	QL(5 ea daily)
PEN NEEDLES 31G X 3/16" MISC	F	QL(5 ea daily)
PEN NEEDLES 31G X 5MM MISC	F	QL(5 ea daily)
PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	F	QL(5 ea daily)
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 32GX4MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PENTIPS 29GX12MM MISC	F	QL(5 ea daily)
PENTIPS 31GX5MM MISC	F	QL(5 ea daily)
PENTIPS 31GX6MM MISC	F	QL(5 ea daily)
PENTIPS 31GX8MM 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
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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)
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	F	QL(5 ea daily)
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
PX INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily)
PX PEN NEEDLE 29GX12MM MISC	F	QL(5 ea daily)
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)
QC PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
QC PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
QC UNIFINE PENTIPS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-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)
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
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

Drug Name	Drug Tier	Requirements/ Limits
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 5/16" MISC	F	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
RELION PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily)
RELION PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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)
SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
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
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	F	QL(5 ea daily)
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	F	QL(5 ea daily)
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)
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	F	QL(5 ea daily)
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC	F	QL(5 ea daily)
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)
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	F	QL(5 ea daily)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 PEN NEEDLES 29GX 12 MM MISC	F	QL(5 ea daily)
TECHLITE PEN NEEDLES 31GX 5MM MISC	F	QL(5 ea daily)
TECHLITE PEN NEEDLES/31GX 5MM MISC	F	QL(5 ea daily)
TECHLITE PEN NEEDLES/31GX 6 MM MISC	F	QL(5 ea daily)
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)
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	F	QL(5 ea daily)
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	F	QL(5 ea daily)
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" MISC	F	QL(5 ea daily)
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
TRUEPLUS PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
ULTILET PEN NEEDLE 31GX5MM MISC	F	QL(5 ea daily)
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)
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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-100/1ML/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 NEEEDLES/31GX3/16" MISC	F	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS 31G X 3/16" MISC	F	QL(5 ea daily)
UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS 31GX6MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS PLUS 29GX12MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX5MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX6MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" 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)
VALUMARK PEN NEEDLES 31GX 6MM MISC	F	QL(5 ea daily)
VALUMARK PEN NEEDLES 31GX 8MM MISC	F	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	F	QL(5 ea daily)
VIDA MIA UNIFINE 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)
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)
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
AEROCHAMBER PLUS FLOW VU 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/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/FLOWSIGNAL 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/FLOWSIGNAL 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
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

Drug Name	Drug Tier	Requirements/ Limits
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
CLEVER CHOICE ANTI-STATICVALVED 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

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Drug Name	Drug Tier	Requirements/ Limits
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
E-Z SPACER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
E-Z SPACER THE BODY GUARDS PACK 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/SOOT HERMASK/INSPIRAMASK /MEDIUM DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOT HERMASK/INSPIRAMASK /SMALL DEVI	F	QL(2 ea per 360 days retail); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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 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 DEVI	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
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
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	F	AL
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	F	AL
MIGRANAL SOLN	F	AL
Serotonin Agonists		
AMERGE TABS (<i>Use Naratriptan HCl</i>)	NF	Limit 9 per month;QL(0.3 ea daily); AL
<i>eletriptan hydrobromide tabs</i>	F	Limit 6 per month;QL(0.2 ea daily); AL
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (<i>Use Sumatriptan</i>)	NF	Limit 6 per month;QL(0.2 ea daily); AL
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	Limit 2 per month;QL(0.06 7 ml daily); AL

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL SOCT (<i>Use Sumatriptan Succinate</i>)	NF	Limit 2 per month;QL(0.06 7 ml daily); AL
IMITREX STATDOSE SYSTEM SOAJ (<i>Use Sumatriptan Succinate</i>)	NF	Limit 2 syringes per month;QL(0.06 7 ml daily); AL
IMITREX TABS OR 25 MG, 100 MG, 50 MG (<i>Use Sumatriptan Succinate</i>)	NF	Limit 9 per month;QL(0.3 ea daily); AL
MAXALT TABS (<i>Use Rizatriptan Benzoate</i>)	NF	Limit 12 per month;QL(0.4 ea daily); AL
<i>naratriptan hcl tabs</i>	F	Limit 9 per month;QL(0.3 ea daily); AL
RELPAK TABS (<i>Use Eletriptan Hydrobromide</i>)	NF	Limit 6 per month;QL(0.2 ea daily); AL
<i>rizatriptan benzoate tabs</i>	F	Limit 12 per month;QL(0.4 ea daily); AL
<i>sumatriptan soln</i>	F	Limit 6 per month;QL(0.2 ea daily); AL
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	F	Limit 2 syringes per month;QL(0.06 7 ml daily); AL
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	F	Limit 2 per month;QL(0.06 7 ml daily); AL
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	F	Limit 2 per month;QL(0.06 7 ml daily); AL
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	F	Limit 2 syringes per month;QL(0.06 7 ml daily); AL
<i>sumatriptan succinate tabs or 50 mg, 25 mg, 100 mg</i>	F	Limit 9 per month;QL(0.3 ea daily); AL
<i>zolmitriptan tabs</i>	F	Limit 6 per month;QL(0.2 ea daily); AL
<i>zolmitriptan tbdp</i>	F	Limit 6 per month;QL(0.2 ea daily); AL

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Drug Name	Drug Tier	Requirements/ Limits
ZOMIG SOLN NA 5 MG	F	Limit 6 per month;QL(0.2 ea daily); AL
ZOMIG TABS OR 5 MG, 2.5 MG (<i>Use Zolmitriptan</i>)	NF	Limit 6 per month;QL(0.2 ea daily); AL
ZOMIG ZMT TBDP (<i>Use Zolmitriptan</i>)	NF	Limit 6 per month;QL(0.2 ea daily); AL

MINERALS & ELECTROLYTES

Calcium

CALCI-CHEW CHEW	F	
<i>calcium carbonate susp 1250 mg/5ml</i>	F	QL(16.67 ml daily)
<i>calcium carbonate tabs 1250 mg, 500 mg</i>	F	
<i>calcium carbonate-cholecalciferol chew</i>	F	
<i>calcium carbonate-cholecalciferol tabs</i>	F	
<i>calcium carbonate-vitamin d tabs 500mg-500mg-200unit-200unit, 125unit-500mg, 200unit-500mg, 125unit-250mg, 250mg-125unit, 500mg-200unit, 500mg-125unit</i>	F	
<i>calcium carbonate-vitamin d tabs 600mg-200unit, 400unit-600mg, 200unit-600mg, 600mg-400unit</i>	F	QL(2 ea daily)
<i>calcium citrate tabs</i>	F	
CALCIUM TABS 600MG-200UNIT	F	
<i>calcium w/ vitamin d tabs</i>	F	
CALTRATE 600+D TABS (<i>Use Calcium Carbonate-Cholecalciferol</i>)	NF	
<i>oyster shell tabs</i>	F	
PARVA-CAL TABS	F	

Electrolyte Mixtures

Drug Name	Drug Tier	Requirements/ Limits
CERALYTE 70 SOLN	F	
CERASPORT EX1 SOLN	F	
CERASPORT SOLN	F	
ENFAMIL ENFALYTE SOLN	F	
<i>oral electrolytes soln</i>	F	
PEDIALYTE FREEZER POPS SOLN (<i>Use Oral Electrolytes</i>)	NF	
PEDIALYTE SOLN 20MEQ/L-45MEQ/L-35MEQ/L-5GM/L-20GM/L, 20MEQ/L-45MEQ/L-35MEQ/L-30MEQ/L-25GM/L (<i>Use Oral Electrolytes</i>)	NF	
Fluoride		
LURIDE SOLN (<i>Use Sodium Fluoride</i>)	NF	AL
<i>sodium fluoride chew</i>	F	AL
<i>sodium fluoride soln</i>	F	AL
Iodine Products		
SSKI SOLN	F	
Magnesium		
MAG64 TBCR	F	
<i>magnesium oxide (mg supplement) tabs</i>	F	
MAGOX 400 TABS (<i>Use Magnesium Oxide (Mg Supplement)</i>)	NF	
Phosphate		
K-PHOS NEUTRAL TABS (<i>Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic</i>)	NF	QL(8 ea daily)
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i>	F	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Potassium		
K-TAB TBCR 10 MEQ (<i>Use Potassium Chloride</i>)	NF	
K-TAB TBCR 8 MEQ	F	
KLOR-CON M15 TBCR	F	
MICRO-K CPCR 10 MEQ (<i>Use Potassium Chloride</i>)	NF	
MICRO-K CPCR 8 MEQ (<i>Use Potassium Chloride</i>)	NF	QL(1 ea daily)
<i>potassium bicarbonate tbcf</i>	F	
<i>potassium chloride cpcr 10 meq</i>	F	
<i>potassium chloride cpcr 8 meq</i>	F	QL(1 ea daily)
POTASSIUM CHLORIDE ER TBCR	F	
<i>potassium chloride microencapsulated crystals cr tbcf</i>	F	
<i>potassium chloride pack 20 meq</i>	F	
<i>potassium chloride soln 10 %, 20 %</i>	F	
POTASSIUM CHLORIDE SOLN 20 %	F	
<i>potassium chloride tbcf 10 meq, 8 meq</i>	F	
Sodium		
<i>sodium chloride soln</i>	F	
Zinc		
<i>zinc sulfate caps</i>	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS	F	
Immunosuppressive Agents		
AZASAN TABS	F	QL(3 ea daily)
<i>azathioprine tabs</i>	F	

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

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Drug Name	Drug Tier	Requirements/ Limits
NEORAL CAPS 100 MG, 25 MG (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	NF	QL(4 ea daily)
NEORAL SOLN 100 MG/ML (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	NF	QL(8 ml daily)
PROGRAF CAPS OR 5 MG, 0.5 MG, 1 MG (<i>Use Tacrolimus</i>)	NF	QL(3 ea daily)
PROGRAF SOLN IV 5 MG/ML	F	
RAPAMUNE SOLN 1 MG/ML	F	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (<i>Use Sirolimus</i>)	NF	
SANDIMMUNE CAPS OR 25 MG, 100 MG (<i>Use Cyclosporine</i>)	NF	QL(4 ea daily)
SANDIMMUNE SOLN IV 50 MG/ML (<i>Use Cyclosporine</i>)	NF	
SANDIMMUNE SOLN OR 100 MG/ML	F	QL(8 ml daily)
<i>sirolimus tabs</i>	F	
<i>tacrolimus caps</i>	F	QL(3 ea daily)
ZORTRESS TABS	F	
Potassium Removing Agents		
KAYEXALATE POWD (<i>Use Sodium Polystyrene Sulfonate</i>)	NF	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate powd</i>	F	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate susp</i>	F	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	F	QL(100 ml per fill retail)
Anti-infectives - Throat		

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (mouth-throat) susp</i>	F	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	F	
PERIDEX SOLN (<i>Use Chlorhexidine Gluconate (Mouth-Throat)</i>)	NF	
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL (<i>Use Sodium Fluoride (Dental)</i>)	NF	QL(60 ml per fill retail)
PREVIDENT 5000 PLUS CREA (<i>Use Sodium Fluoride (Dental)</i>)	NF	QL(60 gm per fill retail)
PREVIDENT FLUORIDE GEL (<i>Use Sodium Fluoride (Dental)</i>)	NF	QL(60 ml per fill retail)
PREVIDENT SOLN (<i>Use Sodium Fluoride (Dental)</i>)	NF	RX/OTC
<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	RX/OTC
THERA-FLUR-N GEL (<i>Use Sodium Fluoride (Dental)</i>)	NF	QL(60 ml per fill retail)
Steroids - Mouth/Throat		
<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

Drug Name	Drug Tier	Requirements/ Limits
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
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</i>	F	QL(6 ea daily)
RA DRY MOUTH SOLN	F	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS (<i>Use Pilocarpine HCl (Oral)</i>)	NF	QL(6 ea daily)
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins caps</i>	F	QL(1 ea daily)
<i>b-complex vitamins tabs</i>	F	QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid caps</i>	F	QL(1 ea daily)
NEPHROCAPS CAPS (<i>Use B-Complex w/ C & Folic Acid</i>)	NF	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
AIRBORNE LOZG	F	
ANTIOXIDANT FORMULA SG CPCR	F	
BIOVOL SYRP	F	
C-BUFF POWD	F	

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM MULTIVITAMIN FLAVOR BURST DRINK PACK	F	
CONCEPTIONXR MOTILITY SUPPORT FORMULA MISC	F	
CORVITE TABS (<i>Use Multiple Vitamins w/ Minerals & Folic Acid</i>)	NF	
CVS DIABETES HEALTH SUPPORT MISC	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	
ELDERTONIC ELIX	F	
ELLIS TONIC ELIX	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	

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Drug Name	Drug Tier	Requirements/ Limits
EMERGEN-C VITAMIN C LITE PACK	F	
EMERGEN-C VITAMIN C PACK	F	
EMERGEN-C VITAMIN D & CALCIUM PACK	F	
END FATIGUE DAILY ENERGYENFUSION POWD	F	
ENERGY BOOSTER PACK	F	
EQL SUPER ENERGY BOOSTER 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	
<i>multiple vitamins w/ minerals & folic acid tabs</i>	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	

Drug Name	Drug Tier	Requirements/ Limits
PREMIUM PACKETS MISC	F	
PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS MENS MISC	F	
PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS WOMENS MISC	F	
RA ESSENCE-C PACK	F	
SKIN BEAUTY & WELLNESS PACK	F	
STROVITE FORTE SYRP	F	
SUPER NU-THERA POWD	F	
SUPERVITE EC TBEC	F	
SYNAGEX CAPS	F	
SYNATEK CAPS	F	
THERANATAL LACTATION COMPLETE MISC	F	
THERANATAL LACTATION SUPPORT 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	

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL
PREPLUS TABS	F	QL(1 ea daily); AL; RX/OTC
PX PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); AL
QC PRENATAL TABS	F	QL(1 ea daily); AL
RA PRENATAL FORMULA/FOLICACID TABS	F	QL(1 ea daily); AL
RA PRENATAL TABS	F	QL(1 ea daily); AL
RIGHT STEP PRENATAL TABS	F	QL(1 ea daily); AL
SM PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL
TH PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL
THERANATAL CORE NUTRITION TABS	F	QL(1 ea daily); AL; RX/OTC
TRICARE TABS	F	QL(1 ea daily); AL; RX/OTC
VOL-PLUS TABS	F	QL(1 ea daily); AL; RX/OTC
Vitamins w/ Lipotropics		
<i>vitamins w/ lipotropics caps</i>	F	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs</i>	F	
<i>chlorzoxazone tabs</i>	F	
<i>cyclobenzaprine hcl tabs</i>	F	QL(3 ea daily)
<i>methocarbamol tabs</i>	F	
PARAFON FORTE DSC TABS (<i>Use Chlorzoxazone</i>)	NF	
ROBAXIN TABS (<i>Use Methocarbamol</i>)	NF	
ROBAXIN-750 TABS (<i>Use Methocarbamol</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>tizanidine hcl tabs</i>	F	
ZANAFLEX TABS (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</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</i>	F	QL(26 ml per fill retail)
NASALCROM AERS (Use Cromolyn Sodium (Nasal))	NF	QL(26 ml per fill retail)
Nasal Anticholinergics		
ATROVENT SOLN 0.03 % (Use Ipratropium Bromide (Nasal))	NF	Limit 1 package per month;QL(1.2 ml daily)
ATROVENT SOLN 0.06 % (Use Ipratropium Bromide (Nasal))	NF	Limit 1 package per month;QL(0.5 ml daily)
<i>ipratropium bromide (nasal) soln 0.03 %</i>	F	Limit 1 package per month;QL(1.2 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	F	Limit 1 package per month;QL(0.5 ml daily)
Nasal Steroids		

Drug Name	Drug Tier	Requirements/ Limits
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</i>	F	QL(16 ml per fill retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	F	QL(17 gm per fill retail); AL
NASACORT ALLERGY 24HR AERO	F	QL(17 ml per fill retail); AL; RX/OTC; MO
NASACORT ALLERGY 24HR AERO (Use Triamcinolone Acetonide (Nasal))	F	QL(17 ml per fill retail); AL; RX/OTC; MO
NASACORT ALLERGY 24HR CHILDRENS AERO (Use Triamcinolone Acetonide (Nasal))	F	QL(17 ml per fill retail); AL; RX/OTC; MO
NASONEX SUSP (Use Mometasone Furoate (Nasal))	NF	QL(17 gm per fill retail); AL
<i>triamcinolone acetonide (nasal) aero</i>	F	QL(17 ml per fill retail); AL; RX/OTC
Sympathomimetic Decongestants		
ADRENALIN SOLN	F	
NASAL DECONGESTANT LIQD	F	
NASAL DECONGESTANT SYRP	F	
<i>phenylephrine hcl (oral) tabs</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)

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Drug Name	Drug Tier	Requirements/ Limits
SUDAFED CHILDRENS LIQD (<i>Use Pseudoephedrine HCl</i>)	NF	
SUDAFED CONGESTION TABS (<i>Use Pseudoephedrine HCl</i>)	NF	
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS (<i>Use Pseudoephedrine HCl</i>)	NF	
SUDAFED PE CONGESTION TABS (<i>Use Phenylephrine HCl (Oral)</i>)	NF	QL(24 ea per fill retail)
SUDAFED TABS (<i>Use Pseudoephedrine HCl</i>)	NF	
NUTRIENTS		
Misc. Nutritional Substances		
<i>omega-3 fatty acids caps</i>	F	QL(6 ea daily)
Proteins		
<i>arginine tabs 500 mg</i>	F	
L-TRYPTOPHAN TABS OR	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	
ARTIFICIAL TEARS SOLN	F	QL(15 ml per fill retail)
GENTEAL TEARS MODERATEPF SOLN	F	
<i>hypromellose (ophth) soln 0.4 %</i>	F	QL(15 ml per fill retail)
<i>polyvinyl alcohol soln</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)

Drug Name	Drug Tier	Requirements/ Limits
Beta-blockers - Ophthalmic		
BETAGAN SOLN (<i>Use Levobunolol HCl</i>)	NF	QL(10 ml per fill retail)
<i>betaxolol hcl (ophth) soln</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)
COSOPT SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	NF	QL(10 ml per fill retail)
<i>dorzolamide hcl-timolol maleate soln</i>	F	QL(10 ml per fill retail)
<i>levobunolol hcl soln</i>	F	QL(10 ml per fill retail)
METIPRANOLOL SOLN	F	
<i>timolol maleate (ophth) solg 0.5 %</i>	F	QL(5 ml per fill retail)
<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)
TIMOPTIC OCUDOSE SOLN	F	QL(60 ea per fill retail)
TIMOPTIC SOLN 0.25 % (<i>Use Timolol Maleate (Ophth)</i>)	NF	QL(10 ml per fill retail)
TIMOPTIC SOLN 0.5 % (<i>Use Timolol Maleate (Ophth)</i>)	NF	QL(15 ml per fill retail)
TIMOPTIC-XE SOLG (<i>Use Timolol Maleate (Ophth)</i>)	NF	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 % (<i>Use Cyclopentolate HCl</i>)	NF	QL(15 ml per fill retail)
CYCLOGYL SOLN 2 % (<i>Use Cyclopentolate HCl</i>)	NF	
<i>cyclopentolate hcl soln 1 %, 0.5 %</i>	F	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclopentolate hcl soln 2 %</i>	F	
MYDRIACYL SOLN (<i>Use Tropicamide</i>)	NF	QL(15 ml per fill retail)
<i>tropicamide soln</i>	F	QL(15 ml per fill retail)
Miotics		
ISOPTO CARPINE SOLN (<i>Use Pilocarpine HCl</i>)	NF	
<i>pilocarpine hcl soln</i>	F	
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl soln</i>	F	
<i>brimonidine tartrate soln</i>	F	QL(15 ml per fill retail)
IOPIDINE SOLN 0.5 % (<i>Use Apraclonidine HCl</i>)	NF	
IOPIDINE SOLN 1 %	F	
Ophthalmic Anti-infectives		
<i>bacitracin-polymyxin b (ophth) oint</i>	F	QL(4 gm per fill retail)
BLEPH-10 SOLN (<i>Use Sulfacetamide Sodium (Ophth)</i>)	NF	QL(15 ml per fill retail)
<i>erythromycin (ophth) oint</i>	F	QL(4 gm per fill retail)
<i>gentamicin sulfate (ophth) oint</i>	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</i>	F	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin oint</i>	F	QL(4 gm per fill retail)
<i>neomycin-polymyxin-gramicidin soln</i>	F	QL(10 ml per fill retail)
NEOSPORIN SOLN (<i>Use Neomycin-Polymyxin-Gramicidin</i>)	NF	QL(10 ml per fill retail)
OCUFLOX SOLN (<i>Use Ofloxacin (Ophth)</i>)	NF	QL(10 ml per fill retail)
<i>ofloxacin (ophth) soln</i>	F	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>polymyxin b-trimethoprim soln</i>	F	QL(10 ml per fill retail)
POLYTRIM SOLN (<i>Use Polymyxin B-Trimethoprim</i>)	NF	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) soln</i>	F	QL(15 ml per fill retail)
SULFACETAMIDE SODIUM OINT OP	F	
<i>tobramycin (ophth) soln</i>	F	QL(5 ml per fill retail)
TOBREX OINT	F	QL(4 gm per fill retail)
TOBREX SOLN (<i>Use Tobramycin (Ophth)</i>)	NF	QL(5 ml per fill retail)
<i>trifluridine soln</i>	F	QL(8 ml per fill retail)
VIGAMOX SOLN (<i>Use Moxifloxacin HCl (Ophth)</i>)	NF	QL(3 ml per fill retail)
VIROPTIC SOLN (<i>Use Trifluridine</i>)	NF	QL(8 ml per fill retail)
Ophthalmic Decongestants		
NAPHAZOLINE HCL SOLN	F	QL(16 ml per fill retail)
<i>phenylephrine hcl (ophth) soln</i>	F	QL(15 ml per fill retail)
<i>tetrahydrozoline hcl (ophth) soln</i>	F	Limit 1 package per month;QL(0.5 ml daily)
VISINE EXTRA SOLN (<i>Use Tetrahydrozoline HCl (Ophth)</i>)	NF	Limit 1 package per month;QL(0.5 ml daily)
VISINE SOLN (<i>Use Tetrahydrozoline HCl (Ophth)</i>)	NF	Limit 1 package per month;QL(0.5 ml daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorometholone (ophth) susp</i>	F	QL(15 ml per fill retail)
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	NF	QL(15 ml per fill retail)
FML OINT	F	QL(4 gm per fill retail)
MAXITROL OINT 10000UNIT/GM-3.5MG/GM-0.1% (Use Neomycin-Polymy-Dexameth)	NF	QL(4 gm per fill retail)
MAXITROL SUSP 10000UNIT/ML-3.5MG/ML-0.1% (Use Neomycin-Polymy-Dexameth)	NF	QL(5 ml per fill retail)
<i>neomycin-polymy-dexameth oint 10000unit/gm-3.5mg/gm-0.1%</i>	F	QL(4 gm per fill retail)
<i>neomycin-polymy-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 (Use Prednisolone Acetate (Ophth))	NF	QL(15 ml per fill retail)
PRED MILD SUSP	F	QL(10 ml per fill retail)
PRED-G SUSP	F	QL(5 ml per fill retail)
<i>prednisolone acetate (ophth) susp</i>	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)
TOBRADEX OINT	F	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX SUSP (Use Tobramycin-Dexamethasone)	NF	QL(10 ml per fill retail)
<i>tobramycin-dexamethasone susp</i>	F	QL(10 ml per fill retail)
VEXOL SUSP	F	QL(10 ml per fill retail)
Ophthalmics - Misc.		
ACULAR LS SOLN (Use Ketorolac Tromethamine (Ophth))	NF	
ACULAR SOLN (Use Ketorolac Tromethamine (Ophth))	NF	QL(10 ml per fill retail)
ALOCRIOL 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)
<i>dorzolamide hcl soln</i>	F	QL(10 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</i>	F	QL(10 ml per fill retail)
NEVANAC SUSP	F	QL(3 ml per fill retail)
OCUFEN SOLN (Use Flurbiprofen Sodium)	NF	QL(3 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>latanoprost soln</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</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</i>	F	QL(10 ml per fill retail)
Otic Combinations		
<i>antipyrine-benzocaine soln</i>	F	QL(10 ml per fill 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	

Drug Name	Drug Tier	Requirements/ Limits
<i>pramoxine-hc-chloroxylenol soln</i>	F	Limit 1 package per month;QL(0.34 ml daily)
Otic Steroids		
DERMOTIC OIL (<i>Use Fluocinolone Acetonide (Otic)</i>)	NF	Limit 1 package per month;QL(0.67 ml daily)
<i>fluocinolone acetonide (otic) oil</i>	F	Limit 1 package per month;QL(0.67 ml daily)
<i>hydrocortisone w/acetic acid soln</i>	F	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
METHERGINE TABS	F	
<i>methylergonovine maleate tabs</i>	F	
PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	F	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	F	
AMOXICILLIN CHEW 250 MG, 125 MG	F	
<i>amoxicillin susr 125 mg/5ml, 400 mg/5ml, 200 mg/5ml, 250 mg/5ml</i>	F	
<i>amoxicillin tabs 875 mg</i>	F	
<i>ampicillin caps 250 mg, 500 mg</i>	F	
AMPICILLIN SUSR 250 MG/5ML, 125 MG/5ML	F	
Natural Penicillins		

Drug Name	Drug Tier	Requirements/ Limits
<i>penicillin v potassium solr</i>	F	
<i>penicillin v potassium tabs</i>	F	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml</i>	F	Limit 1 package per claim;QL(100 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 250mg/5ml-62.5mg/5ml</i>	F	Limit 1 package per claim;QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 400mg/5ml-57mg/5ml</i>	F	
<i>amoxicillin & pot clavulanate susr 600mg/5ml-42.9mg/5ml</i>	F	Limit 2 packages per claim;QL(400 ml per fill retail)
<i>amoxicillin & pot clavulanate tabs 250mg-125mg</i>	F	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate tabs 875mg-125mg, 500mg-125mg</i>	F	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate tb12 1000mg-62.5mg</i>	F	Limit 40 per 30 days;QL(1.34 ea daily)
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	F	QL(20 ea per fill retail)
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 875MG-125MG, 500MG-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)

Drug Name	Drug Tier	Requirements/ Limits
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	F	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	NF	
MAKENA OIL	F	PA
<i>medroxyprogesterone acetate tabs</i>	F	
<i>norethindrone acetate tabs</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 (Use Disulfiram)	NF	
<i>disulfiram tabs</i>	F	
Antidementia Agents		
ARICEPT TABS (Use Donepezil Hydrochloride)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs</i>	F	QL(1 ea daily)
EXELON CAPS OR 3 MG, 6 MG, 1.5 MG, 4.5 MG (Use Rivastigmine Tartrate)	NF	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EXELON PT24 TD 4.6 MG/24HR, 13.3 MG/24HR, 9.5 MG/24HR (<i>Use Rivastigmine</i>)	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 12 mg, 4 mg, 8 mg</i>	F	QL(2 ea daily)
<i>memantine hcl soln 2 mg/ml</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 5 MG, 10 MG (<i>Use Memantine HCl</i>)	NF	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (<i>Use Memantine HCl</i>)	NF	Limit 1 package per 28 days;QL(1.75 ea daily)
RAZADYNE ER CP24 (<i>Use Galantamine Hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (<i>Use Galantamine Hydrobromide</i>)	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/AMITRIPTYLINE TABS	F	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	F	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	F	PA; QL(55 ea per 365 days retail)
Multiple Sclerosis Agents		

Drug Name	Drug Tier	Requirements/ Limits
AMPYRA TB12	F	PA
AUBAGIO TABS	F	PA
AVONEX KIT	F	PA
AVONEX PEN AJKT	F	PA
AVONEX PSKT	F	PA
BETASERON KIT	F	PA
COPAXONE SOSY 20 MG/ML (<i>Use Glatiramer Acetate</i>)	NF	PA
COPAXONE SOSY 40 MG/ML	F	PA
GILENYA CAPS	F	PA
<i>glatiramer acetate sosy</i>	F	PA
LEMTRADA SOLN	F	PA
PLEGRIDY SOPN	F	PA
PLEGRIDY SOSY	F	PA
PLEGRIDY STARTER PACK SOPN	F	PA
PLEGRIDY STARTER PACK SOSY	F	PA
REBIF REBIDOSE SOAJ	F	PA
REBIF REBIDOSE TITRATIONPACK SOAJ	F	PA
REBIF SOSY	F	PA
REBIF TITRATION PACK SOSY	F	PA
TECFIDERA CPDR	F	PA
TECFIDERA STARTER PACK MISC	F	PA
TYSABRI CONC	F	PA
ZINBRYTA SOSY	F	PA
Premenstrual Dysphoric Disorder (PMDD) Agents		

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Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE CAPS	F	
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	F	
<i>ergoloid mesylates tabs</i>	F	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	F	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	F	
CHANTIX STARTING MONTH PAK TABS	F	
CHANTIX TABS	F	
NICODERM CQ PT24 (Use Nicotine)	NF	
NICORETTE GUM (Use Nicotine Polacrilex)	NF	
NICORETTE LOZG (Use Nicotine Polacrilex)	NF	
NICORETTE MINI LOZG (Use Nicotine Polacrilex)	NF	
NICORETTE STARTER KIT GUM (Use Nicotine Polacrilex)	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 (Use Bupropion HCl (Smoking Deterrent))	NF	QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		

Drug Name	Drug Tier	Requirements/ Limits
KALYDECO PACK	F	PA
KALYDECO TABS	F	PA
ORKAMBI TABS	F	PA
PULMOZYME SOLN	F	PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline hyclate caps</i>	F	
<i>doxycycline hyclate tabs</i>	F	
MINOCIN CAPS (Use Minocycline HCl)	NF	
<i>minocycline hcl caps</i>	F	
VIBRAMYCIN CAPS (Use Doxycycline Hyclate)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	F	
<i>propylthiouracil tabs</i>	F	
TAPAZOLE TABS (Use Methimazole)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 180 MG, 300 MG, 240 MG	F	
ARMOUR THYROID TABS 90 MG, 30 MG, 15 MG, 120 MG, 60 MG (Use Thyroid)	NF	
CYTOMEL TABS (Use Liothyronine Sodium)	NF	
<i>levothyroxine sodium tabs</i>	F	
<i>liothyronine sodium tabs</i>	F	
SYNTHROID TABS (Use Levothyroxine Sodium)	NF	
<i>thyroid tabs</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
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	QL(0.5 ml per 9999 days retail); AL
BOOSTRIX SUSP	F	QL(0.5 ml per 9999 days retail); AL
TENIVAC INJ	F	QL(0.5 ml per 9999 days retail); AL
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	F	QL(0.5 ml per 9999 days retail); AL
TETANUS/DIPHThERIA TOXOIDS-ADSORBED SUSP	F	QL(0.5 ml per 9999 days retail); AL
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (Use Hyoscyamine Sulfate)	NF	
BENTYL CAPS (Use Dicyclomine HCl)	NF	
BENTYL TABS (Use Dicyclomine HCl)	NF	
dicyclomine hcl caps 10 mg	F	
dicyclomine hcl soln 10 mg/5ml	F	QL(40 ml daily)
dicyclomine hcl tabs 20 mg	F	
DONNATAL TABS (Use Phenobarbital-Hyoscyamine-Atropine-Scopolamine)	NF	

Drug Name	Drug Tier	Requirements/ Limits
glycopyrrolate tabs	F	QL(4 ea daily)
hyoscyamine sulfate elix or 0.125 mg/5ml	F	
hyoscyamine sulfate soln or 0.125 mg/ml	F	
hyoscyamine sulfate subl sl 0.125 mg	F	
hyoscyamine sulfate tabs or 0.125 mg	F	
hyoscyamine sulfate tb12 or 0.375 mg	F	QL(4 ea daily)
hyoscyamine sulfate tbdp or 0.125 mg	F	
LEVBIID TB12 (Use Hyoscyamine Sulfate)	NF	QL(4 ea daily)
LEVSIN TABS (Use Hyoscyamine Sulfate)	NF	
LEVSIN/SL SUBL (Use Hyoscyamine Sulfate)	NF	
phenobarbital-hyoscyamine-atropine-scopolamine tabs	F	
ROBINUL FORTE TABS (Use Glycopyrrolate)	NF	QL(4 ea daily)
ROBINUL TABS (Use Glycopyrrolate)	NF	QL(4 ea daily)
H-2 Antagonists		
cimetidine hcl soln	F	QL(27 ml daily)
cimetidine tabs 200 mg	F	RX/OTC
cimetidine tabs 400 mg, 800 mg, 300 mg	F	
famotidine tabs 20 mg	F	RX/OTC
famotidine tabs 40 mg, 10 mg	F	
PEPCID AC MAXIMUM STRENGTH TABS (Use Famotidine)	NF	RX/OTC
PEPCID AC TABS (Use Famotidine)	NF	
PEPCID TABS 20 MG (Use Famotidine)	NF	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PEPCID TABS 40 MG (<i>Use Famotidine</i>)	NF	
<i>ranitidine hcl caps 150 mg</i>	F	QL(2 ea daily)
<i>ranitidine hcl caps 300 mg</i>	F	QL(1 ea daily)
<i>ranitidine hcl syrp 150 mg/10ml, 75 mg/5ml, 15 mg/ml</i>	F	QL(20 ml daily); AL
<i>ranitidine hcl tabs 150 mg</i>	F	QL(2 ea daily); RX/OTC
<i>ranitidine hcl tabs 300 mg, 75 mg</i>	F	QL(2 ea daily)
TAGAMET HB TABS (<i>Use Cimetidine</i>)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (<i>Use Ranitidine HCl</i>)	NF	QL(2 ea daily); RX/OTC
ZANTAC 75 TABS (<i>Use Ranitidine HCl</i>)	NF	QL(2 ea daily)
ZANTAC TABS 150 MG (<i>Use Ranitidine HCl</i>)	NF	QL(2 ea daily); RX/OTC
ZANTAC TABS 300 MG (<i>Use Ranitidine HCl</i>)	NF	QL(2 ea daily)
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	F	QL(420 ml per fill retail); AL
CARAFATE TABS 1 GM (<i>Use Sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate tabs</i>	F	QL(4 ea daily)
Proton Pump Inhibitors		
CVS OMEPRAZOLE TBEC	F	QL(1 ea daily)
EQ OMEPRAZOLE TBEC	F	QL(1 ea daily)
EQL OMEPRAZOLE TBEC	F	QL(1 ea daily)
<i>esomeprazole magnesium cpdr 40 mg</i>	F	
GNP OMEPRAZOLE TBEC	F	QL(1 ea daily)
HM OMEPRAZOLE TBEC	F	QL(1 ea daily)
KLS OMEPRAZOLE TBEC	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>lansoprazole cpdr 15 mg</i>	F	QL(4 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	F	
NEXIUM CPDR 40 MG (<i>Use Esomeprazole Magnesium</i>)	NF	
<i>omeprazole cpdr 10 mg</i>	F	
<i>omeprazole cpdr 40 mg, 20 mg</i>	F	QL(1 ea daily)
OMEPRAZOLE TBEC 20 MG	F	QL(1 ea daily)
<i>pantoprazole sodium tbec 20 mg</i>	F	QL(1 ea daily)
<i>pantoprazole sodium tbec 40 mg</i>	F	QL(2 ea daily)
PREVACID 24HR CPDR (<i>Use Lansoprazole</i>)	NF	QL(4 ea daily); RX/OTC
PREVACID CPDR 15 MG (<i>Use Lansoprazole</i>)	NF	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG (<i>Use Lansoprazole</i>)	NF	
PREVACID SOLUTAB TBP	F	
PRILOSEC CPDR 10 MG (<i>Use Omeprazole</i>)	NF	
PRILOSEC CPDR 40 MG, 20 MG (<i>Use Omeprazole</i>)	NF	QL(1 ea daily)
PROTONIX TBEC 20 MG (<i>Use Pantoprazole Sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC 40 MG (<i>Use Pantoprazole Sodium</i>)	NF	QL(2 ea daily)
PX OMEPRAZOLE TBEC	F	QL(1 ea daily)
RA OMEPRAZOLE TBEC	F	QL(1 ea daily)
SB OMEPRAZOLE TBEC	F	QL(1 ea daily)
SM OMEPRAZOLE TBEC	F	QL(1 ea daily)
SW OMEPRAZOLE TBEC	F	QL(1 ea daily)
TGT OMEPRAZOLE TBEC	F	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		

Drug Name	Drug Tier	Requirements/ Limits
CYTOTEC TABS (<i>Use Misoprostol</i>)	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 phos-phenyl sal tabs</i>	F	
Urinary Anti-infectives		
FURADANTIN SUSP (<i>Use Nitrofurantoin</i>)	NF	QL(40 ml daily); AL
MACROBID CAPS (<i>Use Nitrofurantoin Monohyd Macro</i>)	NF	
MACRODANTIN CAPS (<i>Use Nitrofurantoin Macrocrystal</i>)	NF	
METHENAMINE MANDELATE TABS 0.5 GM	F	
<i>methenamine mandelate tabs 1 gm</i>	F	
<i>nitrofurantoin macrocrystal caps</i>	F	
<i>nitrofurantoin monohyd macro caps</i>	F	
<i>nitrofurantoin susp</i>	F	QL(40 ml daily); AL
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
DETROL LA CP24 (<i>Use Tolterodine Tartrate</i>)	NF	QL(1 ea daily)
DETROL TABS (<i>Use Tolterodine Tartrate</i>)	NF	QL(2 ea daily)
DITROPAN XL TB24 (<i>Use Oxybutynin Chloride</i>)	NF	QL(2 ea daily)
<i>oxybutynin chloride syrpf 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 10 mg, 5 mg, 15 mg</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>tolterodine tartrate cp24 4 mg, 2 mg</i>	F	QL(1 ea daily)
<i>tolterodine tartrate tabs 2 mg, 1 mg</i>	F	QL(2 ea daily)
<i>trospium chloride tabs</i>	F	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	F	
URECHOLINE TABS (<i>Use Bethanechol Chloride</i>)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	F	
VACCINES		
Bacterial Vaccines		
PNEUMOVAX 23 INJ	F	One per lifetime;QL(0.5 ml per 9999 days retail); AL
PNEUMOVAX 23/1 DOSE INJ	F	One per lifetime;QL(0.5 ml per 9999 days retail); AL
PREVNAR 13 SUSP	F	One per lifetime;QL(0.5 ml per 9999 days retail); AL
Mixed Vaccine Combinations		
COMVAX SUSP	F	AL
Viral Vaccines		
AFLURIA 2015-2016 SUSP	F	QL(1 ml per 180 days retail); AL
AFLURIA 2016-2017 SUSP	F	QL(1 ml per 180 days retail); AL
AFLURIA 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL
AFLURIA PF 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL

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Drug Name	Drug Tier	Requirements/ Limits
AFLURIA PF 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
AFLURIA PF 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
AFLURIA QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
AFLURIA QUADRIVALENT 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL
AFLURIA QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
CERVARIX SUSP	F	QL(1.5 ml per 9999 days retail); AL
ENGRIX-B INJ	F	AL
ENGRIX-B SUSP	F	AL
FLUAD 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLUAD 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
FLUARIX QUADRIVALENT 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL
FLUARIX QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLUARIX QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
FLUBLOK 2015-2016 SOLN	F	QL(1 ml per 180 days retail); AL
FLUBLOK 2016-2017 SOLN	F	QL(1 ml per 180 days retail); AL
FLUBLOK 2017-2018 SOLN	F	QL(1 ml per 180 days retail); AL

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL
FLUCELVAX QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLUCELVAX QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
FLULAVAL 2014-2015 SUSP	F	QL(1 ml per 180 days retail); AL
FLULAVAL QUADRIVALENT 2014-2015 SUSY	F	QL(1 ml per 180 days retail); AL
FLULAVAL QUADRIVALENT 2015-2016 SUSP	F	QL(1 ml per 180 days retail); AL
FLULAVAL QUADRIVALENT 2016-2017 SUSP	F	QL(1 ml per 180 days retail); AL
FLULAVAL QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLULAVAL QUADRIVALENT 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL
FLULAVAL QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
FLUVIRIN 2015-2016 SUSP	F	QL(1 ml per 180 days retail); AL
FLUVIRIN 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL
FLUVIRIN 2016-2017 SUSP	F	QL(1 ml per 180 days retail); AL
FLUVIRIN 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLUVIRIN 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL
FLUVIRIN 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL

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Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE PF 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL
FLUZONE HIGH-DOSE PF 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLUZONE HIGH-DOSE PF 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
FLUZONE INTRADERMAL QUADRIVALENT 2015-2016 SUPN	F	QL(1 ml per 180 days retail); AL
FLUZONE INTRADERMAL QUADRIVALENT 2016-2017 SUPN	F	QL(1 ml per 180 days retail); AL
FLUZONE INTRADERMAL QUADRIVALENT 2017-2018 SUPN	F	QL(1 ml per 180 days retail); AL
FLUZONE QUADRIVALENT 2015-2016 SUSP	F	QL(1 ml per 180 days retail); AL
FLUZONE QUADRIVALENT 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL
FLUZONE QUADRIVALENT 2016-2017 SUSP	F	QL(1 ml per 180 days retail); AL
FLUZONE QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLUZONE QUADRIVALENT 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL
FLUZONE QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
FLUZONE SPLIT 2015-2016 SUSP	F	QL(1 ml per 180 days retail); AL
GARDASIL 9 SUSP	F	QL(1.5 ml per 9999 days retail); AL
GARDASIL 9 SUSY	F	QL(1.5 ml per 9999 days retail); AL
GARDASIL SUSP	F	QL(1.5 ml per 9999 days retail); AL

Drug Name	Drug Tier	Requirements/ Limits
HAVRIX SUSP	F	AL
MEDICAL PROVIDER EZ FLU SHOT 2015-2016 PSKT	F	QL(1 ea per 180 days retail); AL
MEDICAL PROVIDER SINGLE USE EZ FLU SHOT PSKT	F	QL(1 ea per 180 days retail); AL
RECOMBIVAX HB SUSP	F	AL
TWINRIX SUSP	F	AL
VAQTA SUSP	F	AL
ZOSTAVAX SUSR	F	AL
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use <i>Clindamycin Phosphate Vaginal</i>)	NF	QL(40 gm per fill retail)
<i>clindamycin phosphate vaginal crea</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-LOTRIMIN 3 CREA (Use <i>Clotrimazole Vaginal</i>)	NF	QL(20 gm per fill retail)
GYNE-LOTRIMIN CREA (Use <i>Clotrimazole Vaginal</i>)	NF	QL(45 gm per fill retail)
METROGEL-VAGINAL GEL (Use <i>Metronidazole Vaginal</i>)	NF	QL(70 gm per fill retail)
<i>metronidazole vaginal gel</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)

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Drug Name	Drug Tier	Requirements/ Limits
<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 <i>Miconazole Nitrate Vaginal</i>)	NF	
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (Use <i>Miconazole Nitrate Vaginal</i>)	NF	
MONISTAT 3 COMBINATION PACK KIT (Use <i>Miconazole Nitrate Vaginal</i>)	NF	QL(1 gm per fill retail)
MONISTAT 3 CREA (Use <i>Miconazole Nitrate Vaginal</i>)	NF	Limit 1 package per month;QL(1.5 gm daily)
MONISTAT 7 SIMPLY CURE CREA (Use <i>Miconazole Nitrate Vaginal</i>)	NF	QL(45 gm per fill retail)
TERAZOL 3 CREA (Use <i>Terconazole Vaginal</i>)	NF	QL(20 gm per fill retail)
TERAZOL 7 CREA (Use <i>Terconazole Vaginal</i>)	NF	QL(45 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)
<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)
VAGISTAT-1 OINT (Use <i>Tioconazole Vaginal</i>)	NF	QL(5 gm per fill retail)
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM	F	Limit 1 package per month;QL(1.5 gm daily)
PREMARIN CREA VA 0.625 MG/GM	F	Limit 1 package per month;QL(1.5 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj</i>	F	QL(4 ea per 365 days retail)
Vasopressors		
<i>midodrine hcl tabs</i>	F	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps 1000 unit, 2000 unit</i>	F	
<i>cholecalciferol caps 5000 unit</i>	F	QL(2 ea daily)
<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</i>	F	
<i>cholecalciferol tabs 1000 unit, 400 unit</i>	F	
D-VI-SOL LIQD (Use <i>Cholecalciferol</i>)	NF	
DRISDOL CAPS (Use <i>Ergocalciferol</i>)	NF	
DRISDOL SOLN (Use <i>Ergocalciferol</i>)	NF	
<i>ergocalciferol caps</i>	F	
<i>ergocalciferol soln</i>	F	
MEPHYTON TABS	F	
<i>vitamin a caps</i>	F	
<i>vitamin a tabs</i>	F	
<i>vitamin e caps 400 unit, 200 unit, 100 unit</i>	F	QL(2 ea daily)
<i>vitamin e soln 15 unit/0.3ml</i>	F	
Water Soluble Vitamins		

Drug Name	Drug Tier	Requirements/ Limits
ASCOCID POWD	F	
<i>ascorbic acid chew 500 mg, 500mg, 7.5mg-500mg</i>	F	
ASCORBIC ACID POWD	F	
<i>ascorbic acid tabs 250 mg, 37mg-1000mg, 500 mg, 10mg-500mg, 37mg-500mg, 1000mg, 500mg, 14mg-25mg-500mg, 1000 mg</i>	F	100 / 30 days;QL(100 ea per 34 days retail)
<i>biotin caps</i>	F	
<i>niacin cpcr 250 mg, 500 mg</i>	F	
<i>niacin tabs 50 mg, 100 mg, 500 mg</i>	F	
<i>niacin tbcr 500 mg, 250 mg, 750 mg</i>	F	
NIACIN TR TBCR	F	
<i>pyridoxine hcl tabs 50 mg, 250 mg, 100 mg, 25 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</i>	F	100 / 30 days;QL(100 ea per 34 days retail)
<i>thiamine mononitrate tabs</i>	F	100 / 30 days;QL(100 ea per 34 days retail)
VITAMIN C POWD	F	
VITAMIN C SYRP	F	

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1ST CHOICE LANCETS THIN	65	acetaminophen 500 mg, 325 mg.....	4	ADVATE.....	54
1ST CHOICE LANCETS ULTRATHIN	65	acetaminophen 650 mg, 120 mg, 325 mg.....	4	ADVIL.....	2
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM ..	76	acetaminophen 650 mg/20.3ml, 160 mg/5ml, 325 mg/10.15ml.....	4	ADVIL COLD & SINUS.....	38
1ST TIER UNIFINE PENTIPS29GX12MM	76	acetaminophen w/ codeine 120mg/5ml-12mg/5ml.....	5	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM.....	76
1ST TIER UNIFINE PENTIPS31GX6MM	76	acetaminophen w/ codeine 300mg-30mg, 300mg-15mg, 300mg-60mg.....	5	ADVOCATE INSULIN PEN NEEDLES 31GX5MM.....	76
1ST TIER UNIFINE PENTIPS31GX8MM	76	acetaminophen w/ dm.....	38	ADVOCATE INSULIN PEN NEEDLES 31GX8MM.....	76
1ST TIER UNIFINE PENTIPS32GX4MM	76	acetaminophen w/ dm.....	38	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2"	76
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM ..	76	acetazolamide.....	49	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16"	76
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM ..	76	acetic acid (otic).....	118	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16"	76
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	76	acetylcysteine.....	40	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2"	76
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX 12MM	76	ACNE MEDICATION 10... 40		ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16"	76
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	76	ACNE MEDICATION 5... 40		ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16"	76
1ST TIER UNILET COMFORTOUCH LANCETS 28G	65	ACTI-LANCE LANCETS 28G.....	65	ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	76
1ST TIER UNILET COMFORTOUCH LANCETS 30G	65	ACTI-LANCE LITE SAFETY LANCETS 28G.....	65	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	76
4-N-1	46	ACTI-LANCE SPECIAL SAFETY LANCETS 17G... 65		ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	76
abacavir sulfate.....	30	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G... 65		ADVOCATE LANCING DEVICE.....	65
abacavir sulfate-lamivudine ..	30	ACTIGALL.....	53	ADVOCATE RAPID-SAFE LANCING DEVICE.....	65
abacavir sulfate-lamivudine- zidovudine	30	ACTIVELLA.....	51	ADYNOVATE.....	54
ABILIFY.....	30	ACTONEL 35 MG.....	50	AEROCHAMBER MINI AEROSOLCHAMBER.....	103
ABILIFY MAINTENA.....	30	ACTONEL 5 MG, 30 MG..	50	AEROCHAMBER MV.....	103
ACCU-CHEK FASTCLIX LANCETS.....	65	ACTOPLUS MET.....	15	AEROCHAMBER PLUS FLOW VU.....	103
ACCU-CHEK SOFTCLIX LANCETS.....	65	ACTOS.....	17	AEROCHAMBER PLUS FLOW- VU.....	104
ACCUPRIL.....	22	ACULAR.....	117	AEROCHAMBER PLUS FLOW- VU/LARGE MASK.....	104
ACCURETIC 10MG-12.5MG	23	ACULAR LS.....	117	AEROCHAMBER PLUS FLOW- VU/MASK.....	104
ACCURETIC 20MG-12.5MG	23	acyclovir 200 mg.....	32	AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK.....	104
ACCURETIC 20MG-25MG..	23	acyclovir 200 mg/5ml.....	32	AEROCHAMBER PLUS FLOW- VU/SMALL MASK.....	104
acebutolol hcl.....	33	acyclovir 400 mg.....	32		
acetaminophen 160 mg, 80 mg.....	4	acyclovir 800 mg.....	32		
acetaminophen 160 mg/5ml... 4		acyclovir topical.....	43		
acetaminophen 160 mg/5ml, 80 mg/2.5ml, 80 mg/0.8ml.....	4	ADACEL.....	122		
		ADALAT CC 30 MG, 90 MG.....	34		
		ADALAT CC 60 MG.....	34		
		ADDERALL.....	1		
		ADDERALL XR.....	1		
		adefovir dipivoxil.....	32		
		ADJUSTABLE LANCING DEVICE.....	65		
		ADLYXIN.....	16		
		ADLYXIN STARTER PACK.....	16		

AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU	104	alendronate sodium 35 mg, 70 mg	50	AMARYL 1 MG, 2 MG	18
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL	104	ALENDRONATE SODIUM 40 MG	50	AMARYL 4 MG	18
AEROCHAMBER Z-STAT PLUS/LARGE MASK	104	ALENDRONATE SODIUM 70 MG/75ML	50	AMBIEN	57
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK	104	ALEVE	2	AMD FOAM DRESSING 4"X4"	59
AEROCHAMBER Z-STAT PLUS/SMALL MASK	104	ALEVE ARTHRITIS	2	AMD FOAM DRESSING/TOPSHEET 4"X4"	59
AEROCHAMBER/FLOWSIGNAL	104	ALKERAN	24	AMERGE	106
AEROSPAN	9	ALLEGRA ALLERGY 180 MG	20	AMICAR	56
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE	104	ALLEGRA ALLERGY 60 MG	20	amiloride & hydrochlorothiazide	50
AFINITOR	26	ALLEVYN PLUS CAVITY	59	amiloride hcl	50
AFINITOR DISPERZ	26	ALLEVYN THIN	59	amiodarone hcl	9
AFLURIA 2015-2016	124	allopurinol	54	amitriptyline hcl	15
AFLURIA 2016-2017	124	ALOCIL	117	amlodipine besylate	34
AFLURIA 2017-2018	124	alogliptin benzoate	16	amlodipine besylate-benazepril hcl	23
AFLURIA PF 2015-2016	124	alogliptin-metformin hcl	15	AMOXAPINE	15
AFLURIA PF 2016-2017	125	alogliptin-pioglitazone	15	amoxicillin & pot clavulanate 1000mg-62.5mg	119
AFLURIA PF 2017-2018	125	ALOMIDE	117	amoxicillin & pot clavulanate 200mg/5ml-28.5mg/5ml	119
AFLURIA QUADRIVALENT 2016-2017	125	ALORA	52	amoxicillin & pot clavulanate 250mg-125mg	119
AFLURIA QUADRIVALENT 2017-2018	125	ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN	54	amoxicillin & pot clavulanate 250mg/5ml-62.5mg/5ml	119
AFREZZA	17	ALPHANINE SD	54	amoxicillin & pot clavulanate 400mg/5ml-57mg/5ml	119
AFSTYLA	54	alprazolam	8	amoxicillin & pot clavulanate 600mg/5ml-42.9mg/5ml	119
AGAMATRIX ULTRA-THIN LANCETS 33G	65	ALPROLIX	54	amoxicillin & pot clavulanate 875mg-125mg, 500mg-125mg	119
AGRYLIN	55	ALTACE	22	amoxicillin 125 mg/5ml, 400 mg/5ml, 200 mg/5ml, 250 mg/5ml	118
AIMSCO LUBRICATED	63	ALTERNATE SITE LANCING DEVICE	65	AMOXICILLIN 250 MG, 125 MG	118
AIRBORNE	110	alum & mag hydrox-simethicone 200mg-25mg-200mg	6	amoxicillin 250 mg, 500 mg	118
albuterol sulfate 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml	10	alum & mag hydrox-simethicone 200mg/5ml-200mg/5ml-200mg/5ml-200mg/5ml-200mg/5ml, 200mg/5ml-200mg/5ml	6	amoxicillin 875 mg	118
albuterol sulfate 0.5 %	10	alum & mag hydrox-simethicone 200mg/5ml-20mg/5ml-200mg/5ml	6	AMOXICILLIN/CLAVULANATE POTASSIUM	119
albuterol sulfate 2 mg/5ml	10	alum & mag hydrox-simethicone 400mg/5ml-40mg/5ml-400mg/5ml	6	amphetamine-dextroamphetamine 5mg-5mg-5mg-5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 2.5mg-2.5mg-2.5mg-2.5mg, 1.875mg-1.875mg-1.875mg-1.875mg, 1.25mg-1.25mg-1.25mg-1.25mg, 7.5mg-7.5mg-7.5mg-7.5mg, 3.125mg-3.125mg-3.125mg-3.125mg	1
albuterol sulfate 4 mg, 2 mg	10	alum & mag hydrox-simethicone 400mg/5ml-40mg/5ml-400mg/5ml	6		
albuterol sulfate 4 mg, 8 mg	10	alum & mag hydrox-simethicone 400mg/5ml-40mg/5ml-400mg/5ml	6		
ALCOHOL PREP PADS	75	ALUMINUM HYDROXIDE	7		
ALCOHOL PREPS	75	amantadine hcl	27		
ALCOHOL SWABS	75				
ALCOHOL SWABSTICK	75				
ALCOHOL WIPES	75				
ALDACTAZIDE	49				
ALDACTONE	50				
ALDARA	45				
alendronate sodium 10 mg, 5 mg	50				

amphetamine- dextroamphetamine 6.25mg- 6.25mg-6.25mg-6.25mg, 1.25mg- 1.25mg-1.25mg-1.25mg, 2.5mg- 2.5mg-2.5mg-2.5mg, 3.75mg- 3.75mg-3.75mg-3.75mg, 7.5mg- 7.5mg-7.5mg-7.5mg, 5mg-5mg- 5mg-5mg.....1	ARANESP ALBUMIN FREE.....55	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G.....66
ampicillin 250 mg, 500 mg.....118	arginine 500 mg.....115	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE.....66
AMPICILLIN 250 MG/5ML, 125 MG/5ML.....118	ARIAL CHAMBER.....104	ASSURE ID INSULIN SAFETYSYRINGE/U- 100/0.5ML/29G X 1/2".....76
AMPYRA.....120	ARICEPT.....119	ASSURE ID INSULIN SAFETYSYRINGE/U- 100/1ML/29G X 1/2".....76
AMYTAL SODIUM.....56	ARIMIDEX.....25	ASSURE LANCE LANCETS.....66
ANAFRANIL.....15	aripiprazole 1 mg/ml.....30	ASSURE LANCE LANCETS 21G.....66
anagrelide hcl.....55	aripiprazole 10 mg, 15 mg.....30	ASSURE LANCE PLUS SAFETYLANCETS 25G.....66
ANAPROX DS.....2	aripiprazole 10 mg, 2 mg, 20 mg, 30 mg, 5 mg, 15 mg.....30	ASSURE LANCE PLUS SAFETYLANCETS 30G.....66
ANASPAZ.....122	ARISTADA 441 MG/1.6ML 30	ASTEPRO.....114
anastrozole.....25	ARISTADA 662 MG/2.4ML 30	AT LAST LANCETS.....66
ANDRODERM.....6	ARISTADA 882 MG/3.2ML 30	ATELVIA.....50
ANDROXY.....6	armodafinil.....1	atenolol.....33
ANORO ELLIPTA.....10	ARMOUR THYROID 180 MG, 300 MG, 240 MG.....121	atenolol & chlorthalidone.....23
ANTABUSE.....119	ARMOUR THYROID 90 MG, 30 MG, 15 MG, 120 MG, 60 MG.....121	ATIVAN 1 MG.....8
ANTHELIOS 60 MELT-IN SUNSCREEN.....46	AROMASIN.....25	ATIVAN 2 MG, 0.5 MG.....8
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....76	ARTHRITIS PAIN RELIEVING.....45	ATIVAN 4 MG/ML, 2 MG/ML.....8
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....76	artificial tear ointment.....115	ATLAS COLORED LUBRICATEDCONDOM.....63
ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2".....76	artificial tear solution.....115	ATLAS LUBRICATED CONDOM.....63
ANTIOXIDANT FORMULA SG.....110	ARTIFICIAL TEARS.....115	ATLAS LUBRICATED CONDOM/SPERMICIDE.....63
antipyrine-benzocaine.....118	ASACOL HD.....53	atorvastatin calcium.....21
ANUSOL-HC.....6	ASCOCID.....128	ATRIPLA.....30
APEXICON E.....43	ASCORBIC ACID.....128	ATROPINE SULFATE 1 %.....115
APIDRA.....17	ascorbic acid 250 mg, 37mg- 1000mg, 500 mg, 10mg- 500mg, 37mg-500mg, 1000mg, 500mg, 14mg-25mg-500mg, 1000 mg.....128	ATROVENT 0.03 %.....114
APIDRA SOLOSTAR.....17	ascorbic acid 500 mg, 500mg, 7.5mg-500mg.....128	ATROVENT 0.06 %.....114
APLENZIN.....13	ASPIRIN 120 MG, 200 MG.....4	ATROVENT HFA.....9
apraclonidine hcl.....116	aspirin 300 mg, 600 mg.....4	AUBAGIO.....120
APTIOM.....11	aspirin 325 mg.....4	AUGMENTIN 125MG/5ML- 31.25MG/5ML.....119
APTIVUS 100 MG/ML.....30	aspirin 325 mg, 324 mg, 81 mg.....4	AUGMENTIN 250MG/5ML- 62.5MG/5ML.....119
APTIVUS 250 MG.....30	aspirin 81 mg.....4	AUGMENTIN 875MG-125MG, 500MG-125MG.....119
AQUA LANCE ADJUSTABLE LANCING DEVICE.....65	aspirin buffered (cal carb-mag carb-mag oxide).....4	AUGMENTIN ES-600.....119
AQUAPHILIC.....44	ASSURE COMFORT LANCETS ULTRA THIN 28G.....65	AUGMENTIN XR.....119
AQUAPHOR.....44	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G.....65	AURORA LANCET SUPER THIN30G.....66
AQUAPHOR ADVANCED THERAPY.....44	ASSURE HAEMOLANCE PLUS LOW FLOW 25G.....65	AURORA LANCET THIN 23G.....66
AQUORAL.....109	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G.....66	AURORA PEN NEEDLES 29GX12MM.....76
		AURORA PEN NEEDLES 31G X6MM.....77

AURORA PEN NEEDLES 31G X8MM.....	77	AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF15.....	47	balsalazide disodium.....	53
AURORA UNIFINE PENTIPS/32GX5/32".....	77	AVONEX.....	120	BAND-AID GAUZE PADS LARGE4" X 4".....	59
AURORA UNIFINE PENTIPS/MINI/31GX3/16" ..	77	AVONEX PEN.....	120	BAND-AID GAUZE PADS MEDIUM 3" X 3".....	59
AUTO-LANCET.....	66	AYGESTIN.....	119	BAND-AID GAUZE PADS SMALL2" X 2".....	59
AUTO-LANCET MINI.....	66	AZASAN.....	108	BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4" ..	59
AUTOLET IMPRESSION LANCING DEVICE.....	66	azathioprine.....	108	BANZEL.....	11
AUTOLET LANCING DEVICE.....	66	azelastine hcl.....	114	BARACLUDE.....	32
AUTOLET MINI.....	66	azelastine hcl (ophth).....	117	BASAGLAR KWIKPEN.....	17
AUTOLET PLUS.....	66	AZITHROMYCIN 1 GM... ..	58	BAYER MICROLET 2 LANCING DEVICE.....	66
AUTOPEN.....	77	azithromycin 100 mg/5ml..	58	BAYER MICROLET LANCETS.....	66
AVALIDE.....	23	azithromycin 200 mg/5ml..	58	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2".....	77
AVANDIA.....	17	azithromycin 250 mg.....	58	BD AUTOSHIELD 29G X 5/16".....	77
AVAPRO.....	22	azithromycin 500 mg.....	58	BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2".....	77
AVEENO ACTIVE NATURALS PROTECT+HYDRATE/SPF 30.....	46	azithromycin 600 mg.....	58	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2".....	77
AVEENO ACTIVE NATURALS SKIN RELIEF HEALING.....	44	AZOPT.....	117	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8".....	77
AVEENO BABY CONTINUOUS PROTECTION SUNBLOCK SPF55.....	47	AZULFIDINE.....	53	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	77
AVEENO BABY NATURAL PROTECTION SPF 50.....	47	AZULFIDINE EN-TABS... ..	53	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	77
AVEENO NATURAL PROTECTIONSPF 50.....	47	b-complex vitamins.....	110	BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2".....	77
AVEENO POSITIVELY AGELESSLIFTING & FIRING MOISTURIZER SPF30.....	47	b-complex w/ c & folic acid.....	110	BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	77
AVEENO POSITIVELY AGELESSSUNBLOCK SPF70.....	47	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16".....	77	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	77
AVEENO POSITIVELY AGELESSSUNBLOCK SPF70.....	47	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16".....	77	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	77
AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF15.....	47	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16".....	77	BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2".....	77
AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF30.....	47	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	77	BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	77
AVEENO POSITIVELY RADIANTTINTED MOISTURIZER SPF30 FAIR/LIGHT.....	47	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	77	BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2".....	77
AVEENO POSITIVELY RADIANTTINTED MOISTURIZER SPF30 MEDIUM.....	47	B-D INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	77	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	77
AVEENO PROTECT + HYDRATESPF 50.....	47	BACIGUENT.....	41	BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16".....	77
AVEENO PROTECT + HYDRATESPF 70.....	47	bacitracin (topical).....	41	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"....	77
AVEENO SMART ESSENTIALS DAILY NOURISHING MOISTURIZER SPF30.....	47	bacitracin zinc.....	41		
		bacitracin-polymyxin b.....	41		
		bacitracin-polymyxin b (ophth).....	116		
		baclofen.....	113		
		BACTRIM.....	7		
		BACTRIM DS.....	7		
		BACTROBAN.....	41		
		BACTROBAN NASAL....	114		

BD INSULIN SYRINGE ULTRAFINE II/SHORT/0.5ML/31G X 5/16".....	77	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	78	BEBULIN.....	54
BD INSULIN SYRINGE ULTRAFINE II/SHORT/1ML/31G X 5/16".....	77	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	78	BENADRYL ALLERGY.....	20
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	77	BD INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	78	BENADRYL ALLERGY CHILDRENS.....	20
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	77	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	78	BENADRYL DYE-FREE ALLERGYLIQUID-GELS....	20
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	77	BD INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	78	benazepril & hydrochlorothiazide.....	23
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	78	BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	78	benazepril hcl 40 mg.....	22
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	78	BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1".....	78	benazepril hcl 5 mg, 20 mg, 10 mg.....	22
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16".....	78	BD LANCET DEVICE.....	66	BENEFIX.....	54
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	78	BD LANCET ULTRAFINE 30G.....	66	BENTYL.....	122
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2".....	78	BD MICROTAINER LANCETS.....	66	BENZAC AC WASH.....	40
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16".....	78	BD PEN.....	78	benzonatate 100 mg.....	38
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	78	BD PEN MINI.....	78	benzonatate 200 mg.....	38
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2".....	78	BD PEN NEEDLE/MINI/ULTRAFINE/31 G X 3/16".....	78	benzoyl peroxide 10 %.....	40
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	78	BD PEN NEEDLE/NANO/ULTRAFINE/3 2G X 4MM.....	78	benzoyl peroxide 10 %, 5 %.....	40
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2".....	78	BD PEN NEEDLE/SHORT/ULTRAFINE/ 31G X 5/16".....	78	BENZOYL PEROXIDE 2.5 %.....	40
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16".....	78	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM.....	78	benzoyl peroxide 5 %.....	40
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	78	BD PEN NEEDLE/ULTRAFINE/29GX1/2 " 12.7MM.....	78	benztropine mesylate.....	27
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	78	BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16".....	79	BETADINE.....	30
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64".....	78	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	79	BETAGAN.....	115
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	78	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	79	betamethasone dipropionate augmented.....	43
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	78	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	79	betamethasone valerate....	43
		BD SWABS SINGLE USE.....	75	BETAPACE.....	33
		BD SWABS SINGLE USE BUTTERFLY.....	75	BETAPACE AF.....	33
				BETASERON.....	120
				betaxolol hcl (ophth).....	115
				bethanechol chloride.....	124
				BETHKIS.....	2
				bexarotene.....	26
				BIATAIN ADHESIVE FOAM DRESSING 4"X4".....	59
				BIATAIN FOAM DRESSING 4"X4".....	59
				BIAXIN 250 MG, 500 MG....	59
				BIAXIN 250 MG/5ML.....	59
				bicalutamide.....	25
				BIOGUARD GAUZE SPONGE 2"X2" 8 PLY.....	59
				BIOGUARD GAUZE SPONGES 4"X4" 12 PLY.....	60
				BIOTENE DRY MOUTH MOISTURIZING SPRAY....	109
				biotin.....	128
				BIOVOL.....	110
				bisacodyl 10 mg.....	58
				bisacodyl 5 mg.....	58

bismuth subsalicylate.....	18	BULL FROG ULTIMATE SHEERPROTECTION SUNBLOCK SPF 30.....	47	calcium carbonate- cholecalciferol.....	107
bisoprolol & hydrochlorothiazide.....	23	BULL FROG WATER ARMOR SPORT FACE SPF 30.....	47	calcium carbonate-vitamin d 500mg-500mg-200unit-200unit, 125unit-500mg, 200unit-500mg, 125unit-250mg, 250mg-125unit, 500mg-200unit, 500mg- 125unit.....	107
bisoprolol fumarate.....	33	BULLSEYE MINI SAFETY LANCETS.....	66	calcium carbonate-vitamin d 600mg-200unit, 400unit-600mg, 200unit-600mg, 600mg- 400unit.....	107
BLEPH-10.....	116	BULLSEYE SAFETY LANCETS.....	66	calcium citrate.....	107
BLEPHAMIDE.....	116	bumetanide.....	50	calcium polycarbophil.....	57
BLEPHAMIDE S.O.P.....	116	BUMEX.....	50	calcium w/ vitamin d.....	107
BOOSTRIX.....	122	buprenorphine hcl.....	6	CALTRATE 600+D.....	107
BORDERED GAUZE.....	60	buprenorphine hcl-naloxone hcl dihydrate.....	6	camphor & menthol.....	42
BOSULIF.....	26	bupropion hcl (smoking deterrent).....	121	capecitabine.....	25
BOUDREAU'S BABY BUTT SMOOTH DRY SKIN.....	45	bupropion hcl 100 mg, 75 mg.....	13	CAPHOSOL.....	109
BREATHERITE.....	104	bupropion hcl 150 mg, 100 mg, 200 mg.....	13	capsaicin 0.025 %.....	45
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK.....	104	bupropion hcl 300 mg, 150 mg.....	13	capsaicin 0.075 %.....	45
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK.....	104	buspirone hcl.....	8	capsaicin 0.1 %.....	45
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK.....	104	butalbital-acetaminophen... 3		captopril.....	22
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK.....	104	butalbital-acetaminophen- caffeine.....	3	CAPTOPRIL/HYDROCHLOROT HIAZIDE.....	23
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK.....	104	butalbital-acetaminophen- caffeine w/ codeine.....	5	CAPZASIN-HP.....	45
BREATHERITE RIGID SPACERW/MASK.....	104	butalbital-aspirin-caffeine... 3		CARAC.....	42
BREATHERITE W/LARGE MASK.....	104	butalbital-aspirin-caffeine w/cod.....	5	CARAFATE 1 GM.....	123
BREATHERITE W/MEDIUM MASK.....	104	BUTISOL SODIUM.....	56	CARAFATE 1 GM/10ML... 123	
BREATHERITE W/SMALL MASK.....	104	BYDUREON.....	16	carbamazepine.....	11
BREVICON-28.....	35	BYDUREON PEN.....	16	carbamide peroxide (otic)... 118	
BRILINTA.....	55	BYETTA 10 MCG/0.04ML... 16		CARBATROL.....	11
brimonidine tartrate.....	116	BYETTA 5 MCG/0.02ML... 16		carbidopa.....	27
BRINTELLIX.....	14	C-BUFF.....	110	carbidopa-levodopa.....	27
bromocriptine mesylate.....	27	caffeine citrate.....	1	CARDIOCOM LANCING DEVICE.....	66
brompheniramine & phenyleph.....	38	CALAN.....	34	CARDIZEM.....	34
brompheniramine & pseudoeph.....	38	CALAN SR.....	34	CARDIZEM CD 180 MG, 120 MG, 300 MG.....	34
BROTAPP DM.....	38	CALCI-CHEW.....	107	CARDIZEM CD 240 MG.... 34	
budesonide (inhalation).....	9	calcipotriene.....	42	CARDURA.....	22
BUFFERIN.....	4	calcitonin (salmon).....	50	CAREFINE PEN NEEDLE 32GX4MM.....	79
BULL FROG SUPERBLOCK SPF50.....	47	calcitriol.....	51	CAREFINE PEN NEEDLES 29GX1/2".....	79
BULL FROG ULTIMATE SHEERPROTECTION FACE SUNBLOCK SPF 30.....	47	CALCIUM 600MG- 200UNIT.....	107	CAREFINE PEN NEEDLES 30GX5/16".....	79
		calcium acetate (phosphate binder).....	53	CAREFINE PEN NEEDLES 31GX6MM.....	79
		calcium carbonate (antacid) 7		CAREFINE PEN NEEDLES 31GX8MM.....	79
		calcium carbonate 1250 mg, 500 mg.....	107	CAREFINE PEN NEEDLES 32GX5MM.....	79
		calcium carbonate 1250 mg/5ml.....	107		

CAREFINE PEN NEEDLES		CARETOUCH PEN NEEDLES		CENTRUM MULTIVITAMIN	
32GX6MM.....	79	32GX 4MM.....	80	FLAVOR BURST DRINK.....	110
CAREONE ADVANCED		CARETOUCH PEN NEEDLES		cephalexin.....	35
LANCINGDEVICE.....	66	32GX 5MM.....	80	CERALYTE 70.....	107
CAREONE INSULIN		CARETOUCH TWIST		CERASPORT.....	107
SYRINGES/0.3ML/30G X		LANCETS 30G.....	66	CERASPORT EX1.....	107
1/2".....	79	CARNITOR 1 GM/10ML.....	51	CERAVE SUNSCREEN	
CAREONE INSULIN		CARNITOR 330 MG.....	51	FACE/SPF50.....	47
SYRINGES/0.3ML/31G X		CARNITOR SF.....	51	CERAVE	
5/16".....	79	CARRASMART.....	60	SUNSCREEN/BODY.....	47
CAREONE INSULIN		CARRASMART FOAM.....	60	CERAVE	
SYRINGES/0.5ML/30G X		carteolol hcl (ophth).....	115	SUNSCREEN/FACE.....	47
1/2".....	79	carvedilol 12.5 mg, 6.25 mg,		CERDELGA.....	55
CAREONE INSULIN		3.125 mg.....	33	CEREZYME.....	55
SYRINGES/0.5ML/31G X		carvedilol 25 mg.....	33	CERVARIX.....	125
5/16".....	79	CASODEX.....	25	cetirizine hcl 1 mg/ml, 5	
CAREONE INSULIN		CATAPRES.....	22	mg/5ml.....	20
SYRINGES/1ML/30G X 1/2".....	79	CATAPRES-TTS-1.....	22	cetirizine hcl 10 mg, 5 mg.....	20
CAREONE INSULIN		CATAPRES-TTS-2.....	22	cetirizine hcl 5 mg, 10 mg.....	20
SYRINGES/1ML/31GX5/16".....	79	CATAPRES-TTS-3.....	22	cetirizine hcl 5 mg/5ml, 1	
CAREONE LANCET THIN.....	66	CEFACLOR 125 MG/5ML, 250		mg/ml.....	20
CAREONE LANCET ULTRA		MG/5ML, 375 MG/5ML.....	35	cetirizine-pseudoephedrine.....	38
THIN.....	66	cefaclor 500 mg, 250 mg.....	35	CHANTAL SUN SCREEN SPF	
CAREONE UNIFINE PENTIPS		cefadroxil.....	35	30.....	47
29GX12MM.....	79	cefdinir 125 mg/5ml, 250		CHANTIX.....	121
CAREONE UNIFINE PENTIPS		mg/5ml.....	35	CHANTIX CONTINUING	
31GX5MM.....	79	cefdinir 300 mg.....	35	MONTHPAK.....	121
CAREONE UNIFINE PENTIPS		cefprozil 125 mg/5ml, 250		CHANTIX STARTING MONTH	
31GX6MM.....	79	mg/5ml.....	35	PAK.....	121
CAREONE UNIFINE PENTIPS		cefprozil 500 mg, 250 mg.....	35	CHEK-STIX COMBO PAK	
31GX8MM.....	79	CEFTIN 250 MG, 500 MG.....	35	URINALYSIS CONTROL.....	49
CAREONE UNIFINE PENTIPS		CEFTIN 250 MG/5ML, 125		CHEK-STIX CONTROL.....	49
PEN NEEDLES 32GX4MM.....	79	MG/5ML.....	35	CHEMET.....	18
CAREONE UNIFINE PENTIPS		ceftriaxone sodium.....	35	CHEMSTRIP-K.....	49
PLUS PEN NEEDLES		cefuroxime axetil.....	35	CHERACOL PLUS.....	38
29GX12MM.....	79	CELEBREX 100 MG, 200 MG,		CHERACOL-D COUGH.....	38
CAREONE UNIFINE PENTIPS		50 MG.....	2	CHILDRENS ADVIL.....	2
PLUS PEN NEEDLES		CELEBREX 400 MG.....	2	CHILDRENS MOTRIN.....	2
31GX5MM.....	79	celecoxib 400 mg.....	2	CHLOR-TRIMETON 2	
CAREONE UNIFINE PENTIPS		celecoxib 50 mg, 100 mg, 200		MG/5ML.....	19
PLUS PEN NEEDLES		mg.....	2	CHLOR-TRIMETON 4 MG.....	20
31GX8MM.....	79	CELEXA 10 MG, 20 MG.....	13	chlordiazepoxide hcl.....	8
CAREONE UNIFINE PENTIPS		CELEXA 40 MG.....	13	chlorhexidine gluconate.....	30
PLUS PEN NEEDLES		CELLCEPT 200 MG/ML.....	108	chlorhexidine gluconate (mouth-	
32GX4MM.....	79	CELLCEPT 250 MG.....	108	throat).....	109
CARETOUCH ALCOHOL PREP		CELLCEPT 500 MG.....	108	CHLOROQUINE PHOSPHATE	
PADS.....	75	CELLCEPT		250 MG.....	24
CARETOUCH LANCING		INTRAVENOUS.....	108	chloroquine phosphate 250	
DEVICEWITH EJECTOR.....	66	CELONTIN.....	12	mg.....	24
CARETOUCH PEN NEEDLES		CENTANY.....	41	chloroquine phosphate 500	
31G X 6 MM.....	79			mg.....	24
CARETOUCH PEN NEEDLES				CHLOROTHIAZIDE 250 MG.....	50
31GX 5MM.....	79			chlorothiazide 500 mg.....	50
CARETOUCH PEN NEEDLES					
31GX 8MM.....	79				

chlorpheniramine maleate 2
 mg/5ml.....20
 chlorpheniramine maleate 4
 mg.....20
 chlorpromazine hcl 10 mg... 29
 CHLORPROMAZINE HCL 25
 MG/ML.....29
 chlorpromazine hcl 50 mg, 100
 mg, 200 mg, 25 mg.....29
 chlorthalidone.....50
 chlorzoxazone.....113
 CHOLBAM.....53
 cholecalciferol 1000 unit, 2000
 unit.....127
 cholecalciferol 1000 unit, 400
 unit.....127
 cholecalciferol 400 unit.....127
 cholecalciferol 400 unit/ml...127
 cholecalciferol 5000 unit...127
 cholecalciferol 50000 unit...127
 cholestyramine.....21
 cholestyramine light.....21
 choline & mag salicylate.....4
 cilostazol.....55
 cimetidine 200 mg.....122
 cimetidine 400 mg, 800 mg, 300
 mg.....122
 cimetidine hcl.....122
 CIPRO.....52
 CIPROFLOXACIN HCL 100
 MG.....52
 ciprofloxacin hcl 250 mg, 500 mg,
 750 mg.....52
 citalopram hydrobromide 10 mg,
 20 mg.....13
 citalopram hydrobromide 10
 mg/5ml.....13
 citalopram hydrobromide 40
 mg.....13
 clarithromycin 125 mg/5ml...59
 clarithromycin 250 mg/5ml...59
 clarithromycin 500 mg.....59
 clarithromycin 500 mg, 250
 mg.....59
 CLARITIN 10 MG.....20
 CLARITIN 5 MG/5ML.....20
 CLARITIN REDITABS.....20
 CLARITIN-D 12 HOUR.....38
 CLARITIN-D 24 HOUR.....38
 CLASS ACT LUBRICATED...63
 CLASSIC PRENATAL.....112

CLEAN & CLEAR
 ADVANTAGE 3-IN-1
 EXFOLIATING.....40
 CLEANSER.....40
 CLEANLET LANCETS
 28G.....66
 CLEAR COUGH PM MULTI-
 SYMPTOM.....39
 clemastine fumarate.....20
 CLEOCIN 150 MG, 300 MG.7
 CLEOCIN 2 %.....126
 CLEOCIN PEDIATRIC
 GRANULES.....7
 CLEOCIN-T.....40
 CLEVER CHOICE ANTI-
 STATICVALVED HOLDING
 CHAMBER/ADULT
 LARGE.....104
 CLEVER CHOICE ANTI-
 STATICVALVED HOLDING
 CHAMBER/MEDIUM.....104
 CLEVER CHOICE ANTI-
 STATICVALVED HOLDING
 CHAMBER/SMALL.....104
 CLEVER CHOICE COMFORT
 EZINSULIN PEN NEEDLES
 31GX8MM.....80
 CLEVER CHOICE COMFORT
 EZINSULIN
 SYRINGE/0.3ML/29G X
 1/2".....80
 CLEVER CHOICE COMFORT
 EZINSULIN
 SYRINGE/0.3ML/30G X
 1/2".....80
 CLEVER CHOICE COMFORT
 EZINSULIN
 SYRINGE/0.3ML/30G X
 5/16".....80
 CLEVER CHOICE COMFORT
 EZINSULIN
 SYRINGE/0.3ML/31G X
 5/16".....80
 CLEVER CHOICE COMFORT
 EZINSULIN
 SYRINGE/0.5ML/28G X
 1/2".....80
 CLEVER CHOICE COMFORT
 EZINSULIN
 SYRINGE/0.5ML/29G X
 1/2".....80
 CLEVER CHOICE COMFORT
 EZINSULIN
 SYRINGE/0.5ML/30G X
 1/2".....80

CLEVER CHOICE COMFORT
 EZINSULIN
 SYRINGE/0.5ML/30G X
 5/16".....80
 CLEVER CHOICE COMFORT
 EZINSULIN
 SYRINGE/0.5ML/31G X
 5/16".....80
 CLEVER CHOICE COMFORT
 EZINSULIN
 SYRINGE/1.0ML/30G X 1/2" 80
 CLEVER CHOICE COMFORT
 EZINSULIN SYRINGE/1ML/28G
 X 1/2".....80
 CLEVER CHOICE COMFORT
 EZINSULIN SYRINGE/1ML/29G
 X 1/2".....80
 CLEVER CHOICE COMFORT
 EZINSULIN SYRINGE/1ML/30G
 X 5/16".....80
 CLEVER CHOICE COMFORT
 EZINSULIN SYRINGE/U-
 100/1ML/31GX5/16".....80
 CLEVER CHOICE COMFORT
 EZPEN NEEDLES
 29GX12MM.....80
 CLEVER CHOICE COMFORT
 EZPEN NEEDLES
 31GX5MM.....80
 CLEVER CHOICE COMFORT
 EZPEN NEEDLES
 31GX6MM.....80
 CLEVER CHOICE COMFORT
 EZPEN NEEDLES
 31GX8MM.....80
 CLEVER CHOICE COMFORT
 EZPEN NEEDLES
 32GX4MM.....80
 CLEVER CHOICE COMFORT
 EZPEN NEEDLES
 32GX5MM.....80
 CLEVER CHOICE COMFORT
 EZPEN NEEDLES
 32GX6MM.....80
 CLICKFINE PEN NEEDLE
 32GX5/32".....81
 CLICKFINE PEN NEEDLE
 UNIVERSAL/31GX1/4".....81
 CLICKFINE PEN NEEDLE
 UNIVERSAL/31GX5/16".....81
 CLICKFINE PEN
 NEEDLES/31GX1/4".....81
 CLICKFINE PEN
 NEEDLES/31GX5/16".....81
 CLICKFINE UNIVERSAL PEN
 NEEDLES 31GX5/16".....81
 CLIMARA.....52
 clindamycin hcl.....7

clindamycin palmitate hydrochloride.....	7	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	81	COREG 6.25 MG, 12.5 MG, 3.125 MG.....	33
clindamycin phosphate (topical).....	40	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2".....	81	COREG CR.....	33
clindamycin phosphate vaginal.....	126	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	81	CORGARD.....	33
clobetasol propionate.....	43	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	81	CORIFACT.....	54
clobetasol propionate emollient base.....	43	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2".....	81	CORTANE-B-OTIC.....	118
clomipramine hcl.....	15	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16".....	81	CORTEF.....	37
clonazepam.....	11	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16".....	81	CORTENEMA.....	6
clonidine hcl.....	22	COMFORT ASSURED LANCETS MICRO THIN 33G.....	66	CORTISONE ACETATE.....	37
clopidogrel bisulfate.....	55	COMFORT ASSURED LANCETS SUPER THIN 28G.....	66	CORVITE.....	110
clorazepate dipotassium.....	8	COMFORT LANCETS.....	66	COSOPT.....	115
CLOSERCARE.....	66	COMPACT SPACE CHAMBER/ANTI-STATIC.....	104	COTELIC.....	26
clotrimazole (topical).....	41	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK.....	104	COTZ.....	47
clotrimazole vaginal 1 %.....	126	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK.....	105	COUMADIN.....	10
clotrimazole vaginal 2 %.....	126	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK.....	105	COVRSITE COVER DRESSING.....	60
clotrimazole w/ betamethasone.....	41	COMPLERA.....	30	COVRSITE PLUS COMPOSITE DRESSING.....	60
clozapine 100 mg.....	29	COMVAX.....	124	COZAAR.....	22
clozapine 25 mg.....	29	CONCEPTIONXR MOTILITY SUPPORT FORMULA.....	110	CREON.....	49
clozapine 50 mg, 200 mg, 25 mg.....	29	CONCERTA 36 MG.....	1	CRIVAN 200 MG.....	30
CLOZAPINE ODT.....	29	CONCERTA 54 MG, 27 MG, 18 MG.....	1	CRIVAN 400 MG.....	30
CLOZARIL 100 MG.....	29	CONDYLOX.....	45	CROMOLYN SODIUM.....	9
CLOZARIL 25 MG.....	29	COOL BOTTOMS.....	46	cromolyn sodium (nasal).....	114
coal tar extract.....	48	COPA ISLAND BORDERED FOAM DRESSING 4"X4".....	60	cromolyn sodium (ophth).....	117
COARTEM.....	24	COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4".....	60	CUREX ALL-PURPOSE SPONGES 4"X4" 4 PLY.....	60
codeine sulfate 15 mg, 60 mg, 30 mg.....	4	COPAXONE 20 MG/ML.....	120	CURITY ALCOHOL PREPS/MEDIUM 2 PLY.....	75
CODEINE SULFATE 60 MG, 15 MG, 30 MG.....	4	COPAXONE 40 MG/ML.....	120	CURITY ALCOHOL SWABS.....	75
COGENTIN.....	27	CORDARONE.....	9	CURITY ALL PURPOSE SPONGES 2"X2".....	60
COLACE.....	58	COREG 25 MG.....	33	CURITY ALL PURPOSE SPONGES 2"X2" 4PLY.....	60
COLAZAL.....	53			CURITY ALL PURPOSE SPONGES 3"X3" 4PLY.....	60
COLCHICINE.....	54			CURITY ALL PURPOSE SPONGES 4 PLY.....	60
colchicine w/ probenecid.....	54			CURITY ALL PURPOSE SPONGES 4"X4".....	60
COLCRYS.....	54			CURITY ALL PURPOSE SPONGES 4"X4" 4PLY.....	60
COLESTID.....	21			CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH.....	60
COLESTID FLAVORED.....	21			CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY.....	60
colestipol hcl.....	21			CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY.....	60
COLYTE-FLAVOR PACKS.....	57			CURITY COVER SPONGE 4"X4".....	60
COMBIPATCH.....	52				
COMBIVENT RESPIMAT.....	10				
COMBIVIR.....	30				
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2".....	81				
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	81				

CURITY COVER SPONGES 3"X3".....	60	CVS LANCETS THIN 26G.....	66	DAY TIME MULTI-SYMP TOM COLD/FLU RELIEF.....	39
CURITY COVER SPONGES 4"X4".....	60	CVS LANCETS ULTRA THIN 30G.....	66	DAYPRO.....	2
CURITY DRESSING SPONGES 4"X4" 6 PLY.....	60	CVS LANCETS ULTRA-THIN 30G.....	66	DDAVP 0.01 %.....	51
CURITY GAUZE PADS 2"X2".....	60	CVS LANCING DEVICE.....	67	DDAVP 0.1 MG, 0.2 MG.....	51
CURITY GAUZE PADS 2"X2" 12 PLY.....	60	CVS OMEPRAZOLE.....	123	DDAVP 4 MCG/ML.....	51
CURITY GAUZE PADS 3"X3".....	60	CVS PRENATAL.....	112	DEBROX.....	118
CURITY GAUZE PADS 4"X4" 12 PLY.....	60	CVS PRENATAL GUMMY/DHA/FOLIC ACID.....	112	DELSYM.....	38
CURITY GAUZE SPONGE 2"X2" 8 PLY.....	60	CVS PREP PADS.....	75	DELSYM COUGH CHILDRENS.....	38
CURITY GAUZE SPONGE 2"X2"12 PLY.....	60	CVS ULTRA THIN LANCETS.....	67	DELZICOL.....	53
CURITY GAUZE SPONGE 3"X3" 12 PLY.....	60	cyanocobalamin.....	55	DEMADEX.....	50
CURITY GAUZE SPONGE 4"X4" 12 PLY.....	60	CYCLESSA.....	36	DEMEROL.....	4
CURITY GAUZE SPONGE 4"X4" 16 PLY.....	60	cyclobenzaprine hcl.....	113	DEPACON.....	13
CURITY GAUZE SPONGE 4"X4" 8 PLY.....	60	CYCLOGYL 0.5 %, 1 %.....	115	DEPAKENE.....	13
CURITY GAUZE SPONGE 4"X4"16 PLY.....	60	CYCLOGYL 2 %.....	115	DEPAKOTE.....	13
CURITY GAUZE SPONGES 4"X4" 12 PLY.....	60	cyclopentolate hcl 1 %, 0.5 %.....	115	DEPAKOTE ER.....	13
CURITY GAUZE SPONGES 4"X4" 8 PLY.....	60	cyclopentolate hcl 2 %.....	116	DEPAKOTE SPRINKLES.....	13
CURITY NON-ADHERENT STRIPS 3"X3".....	60	CYCLOPHOSPHAMIDE.....	24	DEPEN TITRATABS.....	108
CURITY SPONGES/CELLULOSEFILLED/ 2"X2".....	60	cyclosporine 100 mg, 25 mg.....	108	DEPLIN 15.....	49
CURITY SPONGES/CELLULOSEFILLED/ 4"X4".....	61	cyclosporine 50 mg/ml.....	108	DEPLIN 7.5.....	49
CUTIVATE.....	43	CYCLOSPORINE MODIFIED.....	108	DEPO-PROVERA CONTRACEPTIVE.....	37
CVS ALCOHOL PREP SWABS.....	75	cyclosporine modified (for microemulsion) 100 mg, 50 mg, 25 mg.....	108	DEPO-SUBQ PROVERA 104.....	37
CVS ALCOHOL SWABS.....	75	cyclosporine modified (for microemulsion) 100 mg/ml.....	108	DEPO-TESTOSTERONE.....	6
CVS DIABETES HEALTH SUPPORT.....	110	CYMBALTA.....	14	DERMACEA DRAIN SPONGES 4"X4".....	61
CVS DRY MOUTH SPRAY.....	109	cyproheptadine hcl.....	21	DERMACEA GAUZE SPONGE 2"X2" 12 PLY.....	61
CVS GAUZE PADS 2"X2" 12- PLY.....	61	CYTOMEL.....	121	DERMACEA GAUZE SPONGE 2"X2" 8 PLY.....	61
CVS GAUZE PADS 4"X4" 12- PLY.....	61	CYTOTEC.....	124	DERMACEA GAUZE SPONGE 3"X3" 12 PLY.....	61
CVS GLUCOSE.....	16	D-VI-SOL.....	127	DERMACEA GAUZE SPONGE 3"X3" 8 PLY.....	61
CVS LANCETS 21G.....	66	D.H.E. 45.....	106	DERMACEA GAUZE SPONGE 4"X4" 12 PLY.....	61
CVS LANCETS MICRO THIN 33G.....	66	DAILY CONDITIONING TREATMENT.....	45	DERMACEA GAUZE SPONGE 4"X4" 16 PLY.....	61
CVS LANCETS MICRO-THIN 33G.....	66	DAILY HEART HEALTH SUPPORT.....	110	DERMACEA GAUZE SPONGE 4"X4" 8 PLY.....	61
CVS LANCETS ORIGINAL.....	66	DAILY PAK MAXIMUM MULTIVITAMIN/ASIAN GINSENG EXTRACT.....	110	DERMACEA I.V. DRAIN SPONGES 2"X2".....	61
		dakin's solution.....	30	DERMACEA I.V. DRAIN SPONGES 4"X4".....	61
		DAKINS SOLUTION QUARTER STRENGTH.....	30	DERMACEA I.V. SPONGES 2"X2".....	61
		DALIRESP.....	9	DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY.....	61
		dapsone.....	7	DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY.....	61
				DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY.....	61

DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY	61	DEXAMETHASONE 1 MG, 2 MG	37	DIAMOX	49
DERMACEA TYPE VII GAUZE 2"X2" 12 PLY	61	DEXAMETHASONE INTENSOL	37	diaper rash products	44
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY	61	DEXAMETHASONE SODIUM PHOSPHATE 0.1 %	116	DIASTAR EASY TEST II	
DERMACEA TYPE VII GAUZE 3"X3" 12 PLY	61	dexamethasone sodium phosphate 120 mg/30ml, 20 mg/5ml, 4 mg/ml	37	LANCETS 30G	67
DERMACEA TYPE VII GAUZE 3"X3" 12PLY	61	DEXEDRINE 15 MG, 10 MG	1	DIASTAR EASY TEST LANCETS30G	67
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY	61	DEXEDRINE 5 MG	1	DIASTAT ACUDIAL	11
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY	61	dexmethylphenidate hcl	1	DIASTAT PEDIATRIC	11
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY	61	dextroamphetamine sulfate 15 mg, 10 mg	1	DIAZEPAM 1 MG/ML	8
DERMACEA X-RAY SPONGES 4"X4" 16 PLY	61	dextroamphetamine sulfate 5 mg	1	DIAZEPAM 10 MG, 20 MG, 2.5 MG	11
DERMALEVIN ADHESIVE FOAMDRESSING 4"X4"	61	dextroamphetamine sulfate 5 mg, 10 mg	1	diazepam 10 mg, 5 mg, 2 mg	8
DERMATOP	43	dextromethorphan polistirex	38	DIAZEPAM 5 MG/ML	8
DERMOTIC	118	dextromethorphan-doxylamine-acetaminophen	39	dibucaine	45
DESCOVY	30	dextromethorphan-guaifenesin 10mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml	39	diclofenac potassium	2
desipramine hcl 100 mg, 75 mg, 50 mg, 150 mg, 10 mg	15	dextromethorphan-guaifenesin 10mg/5ml-200mg/5ml, 5mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml, 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml, 15mg/7.5ml-150mg/7.5ml, 20mg/20ml-400mg/20ml	39	diclofenac sodium	2
desipramine hcl 25 mg	15	dextromethorphan-guaifenesin 20mg-20mg-400mg-400mg, 20mg-400mg	39	diclofenac sodium (ophth)	117
desmopressin acetate 0.2 mg, 0.1 mg	51	dextromethorphan-guaifenesin 20mg/10ml-200mg/10ml, 10mg/5ml-100mg/5ml	39	dicloxacillin sodium	119
desmopressin acetate 4 mcg/ml	51	dextromethorphan-guaifenesin 30mg-600mg	39	dicyclomine hcl 10 mg	122
desmopressin acetate refrigerated	51	dextromethorphan-phenylephrine-acetaminophen	39	dicyclomine hcl 10 mg/5ml	122
desmopressin acetate spray	51	dextrose (diabetic use)	16	dicyclomine hcl 20 mg	122
desmopressin acetate spray refrigerated	51	DHS TAR	48	didanosine	30
DESOGEN	36	DHS TAR GEL	48	DIFLORASONE	
desogestrel & ethinyl estradiol	36	DIABETA	18	DIACETATE	43
desogestrel-ethinyl estradiol (biphasic)	36	DIABETES HEALTH PACK	110	DIFLUCAN 10 MG/ML, 40 MG/ML	19
desogestrel-ethinyl estradiol (triphasic)	36	DIABETES SUPPORT PACK	110	DIFLUCAN 100 MG	19
desoximetasone	43	DIABETIDERM SUNSCREEN SPF15	47	DIFLUCAN 150 MG	19
DESQUAM-X WASH	41			DIFLUCAN 200 MG	19
DESVENLAFAXINE ER 50 MG, 100 MG	14			DIFLUCAN 50 MG	19
desvenlafaxine succinate	14			diflunisal	4
DETROL	124			DIGOXIN 0.05 MG/ML	35
DETROL LA	124			digoxin 250 mcg, 125 mcg, 0.25 mg, 0.125 mg	35
DEX4 QUICK DISSOLVE GLUCOSE	16			dihydroergotamine mesylate 1 mg/ml	106
dexamethasone 0.5 mg, 1.5 mg, 6 mg, 0.75 mg, 4 mg	37			DIHYDROERGOTAMINE MESYLATE 4 MG/ML	106
dexamethasone 0.5 mg/5ml	37			DILANTIN 100 MG	12
DEXAMETHASONE 0.5 MG/5ML	37			DILANTIN 30 MG	12
				DILANTIN INFATABS	12
				DILANTIN-125	12
				DILAUDID	4
				diltiazem hcl 120 mg, 60 mg, 90 mg	34
				diltiazem hcl 180 mg, 120 mg	34
				diltiazem hcl 240 mg	34
				diltiazem hcl 60 mg, 120 mg, 90 mg, 30 mg	34

diltiazem hcl coated beads 180 mg, 300 mg, 120 mg	34	dorzolamide hcl-timolol maleate	115	DRUG MART UNILET LANCETSSUPER THIN 30G	67
diltiazem hcl coated beads 240 mg	34	DOVONEX	42	DRUG MART UNILET LANCETSULTRA THIN 28G	67
diltiazem hcl extended release beads	34	doxazosin mesylate	22	DRY MOUTH SPRAY	110
dimenhydrinate	19	doxepin hcl 10 mg, 25 mg, 150 mg, 50 mg, 100 mg	15	DRYMAX EXTRA	61
DIMETAPP COLD & ALLERGY	39	doxepin hcl 10 mg/ml	15	DRYSOL	46
DIOVAN	22	DOXEPIN HCL 75 MG	15	DUANE READE LANCET ALTERNATE SITE 26G	67
DIOVAN HCT	23	doxycycline hyclate	121	DUANE READE LANCET SUPERTHIN 30G	67
diphenhydramine hcl (sleep) 25 mg	56	doxylamine succinate (sleep)	56	DUANE READE LANCET ULTRATHIN 28G	67
diphenhydramine hcl (sleep) 25 mg, 50 mg	56	DRAMAMINE	19	DUANE READE UNIFINE PENTIPS 29G X 12MM	81
diphenhydramine hcl (sleep) 50 mg	56	DRESSING SPONGES 4"X4"	61	DUANE READE UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	81
diphenhydramine hcl (sleep) 50 mg/30ml	56	DRISDOL	127	DUANE READE UNIFINE PENTIPS 31G X 8MM SHORT	81
diphenhydramine hcl (topical)	42	droperidol	8	DULCOLAX 10 MG	58
diphenhydramine hcl 12.5 mg/5ml	20	DROPLET LANCETS ULTRA THIN 30G	67	DULCOLAX 5 MG	58
diphenhydramine hcl 25 mg	20	DROPLET LANCING DEVICE	67	DULERA	10
diphenhydramine hcl 50 mg	20	DROPLET PEN NEEDLES 29GX12MM	81	DULOXETINE HCL 40 MG	14
diphenhydramine hcl 50 mg/20ml, 12.5 mg/5ml, 25 mg/10ml	20	DROPLET PEN NEEDLES 31GX5MM	81	duloxetine hcl 60 mg, 20 mg, 30 mg	14
diphenoxylate w/ atropine	18	DROPLET PEN NEEDLES 31GX6MM	81	DURAGESIC	4
DIPHENOXYLATE/ATROPINE	18	DROPLET PEN NEEDLES 31GX8MM	81	DUREX EXTRA SENSITIVE	63
DIPROLENE AF	43	DROPLET PEN NEEDLES 32GX4MM	81	DUTOPROL	23
dipyridamole	55	DROPLET PEN NEEDLES 32GX5MM	81	DYAZIDE	50
DISALCID	4	DROPLET PEN NEEDLES 32GX6MM	81	E-Z JECT LANCETS	67
disopyramide phosphate	9	drospirenone-ethinyl estradiol	36	E-Z JECT LANCETS 21G	67
disulfiram	119	DROXIA	55	E-Z JECT LANCETS COLOR	67
DITROPAN XL	124	DRUG MART ADJUSTABLE LANCING DEVICE	67	E-Z JECT LANCETS SUPER THIN 30G	67
divalproex sodium	13	DRUG MART LANCETS THIN	67	E-Z JECT LANCETS THIN 26G	67
docusate calcium	58	DRUG MART ON-THE-GO LANCETS GENTLE 30G	67	E-Z SPACER	105
docusate sodium 100 mg	58	DRUG MART UNIFINE PENTIPS 31GX5MM	81	E-Z SPACER THE BODY GUARDS PACK	105
docusate sodium 150 mg/15ml, 50 mg/5ml	58	DRUG MART UNIFINE PENTIPS29G X 12MM	81	E-ZJECT LANCETS MICRO-THIN 33G	67
docusate sodium 250 mg, 100 mg	58	DRUG MART UNIFINE PENTIPS31GX6MM	81	E.E.S. 400	59
docusate sodium 60 mg/15ml	58	DRUG MART UNIFINE PENTIPS31GX8MM	81	E.E.S. GRANULES	59
dofetilide	9	DRUG MART UNIFINE PENTIPS32GX4MM	81	EASIVENT	105
DOLOPHINE 10 MG	4	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	81	EASIVENT/MASK-LARGE	105
DOLOPHINE 5 MG	4			EASIVENT/MASK-MEDIUM	105
donepezil hydrochloride	119			EASIVENT/MASK-SMALL	105
DONNATAL	122			EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	81
dorzolamide hcl	117				

EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	81	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2".....	82	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	67
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	82	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16".....	82	EASY TOUCH LANCETS 32G/PULL-TOP.....	67
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	82	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/29G X 1/2".....	82	EASY TOUCH LANCETS 32G/TWIST.....	67
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	82	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	82	EASY TOUCH LANCETS 33G/TWIST.....	67
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	82	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	82	EASY TOUCH LANCING DEVICE/EJECTOR.....	67
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	82	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	82	EASY TOUCH PEN NEEDLES 29GX1/2".....	83
EASY COMFORT PEN NEEDLES31GX1/4".....	82	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	82	EASY TOUCH PEN NEEDLES 31GX1/4".....	83
EASY COMFORT PEN NEEDLES31GX3/16".....	82	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	82	EASY TOUCH PEN NEEDLES 31GX5/16".....	83
EASY COMFORT PEN NEEDLES31GX5/16".....	82	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	82	EASY TOUCH PEN NEEDLES 32GX1/4".....	83
EASY COMFORT PEN NEEDLES32GX5/32".....	82	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	83	EASY TOUCH PEN NEEDLES 32GX3/16".....	83
EASY MINI EJECT LANCING DEVICE.....	67	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	83	EASY TOUCH PEN NEEDLES 32GX5/32".....	83
EASY MINI LANCING DEVICE.....	67	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	83	EASY TOUCH PEN NEEDLES/31G X 3/16".....	83
EASY TOUCH 32GX5MM.....	82	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	83	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	67
EASY TOUCH 32GX6MM.....	82	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	83	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	67
EASY TOUCH ALCOHOL PREP PADS/MEDIUM.....	75	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	83	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	83
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	82	EASY TOUCH LANCETS 26G/PULL-TOP.....	67	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	83
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	82	EASY TOUCH LANCETS 26G/TWIST.....	67	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	83
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	82	EASY TOUCH LANCETS 28G/PULL-TOP.....	67	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	83
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	82	EASY TOUCH LANCETS 28G/TWIST.....	67	EASY TWIST & CAP LANCETS.....	67
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	82	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	67	EASYTEST II LANCETS.....	67
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	82	EASY TOUCH LANCETS 30G/PULL-TOP.....	67	EASYTEST LANCETS.....	67
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	82	EASY TOUCH LANCETS 30G/TWIST.....	67	EC-NAPROSYN.....	3
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	82			econazole nitrate.....	42
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	82			ECOTRIN REGULAR STRENGTH.....	4
				ED BRON GP.....	39
				EDURANT.....	30
				EFFEXOR XR.....	14
				EFFIENT.....	55
				EFUDEX.....	42

ELAVIL.....	15	EMERGEN-C IMMUNE PLUS.....	110	EPZICOM.....	30
ELDEPRYL.....	27	EMERGEN-C IMMUNE+ WARMERS.....	110	EQ OMEPRAZOLE.....	123
ELDERTONIC.....	110	EMERGEN-C JOINT HEALTH.....	110	EQL ALCOHOL SWABS.....	75
eletriptan hydrobromide.....	106	EMERGEN-C KIDZ.....	110	EQL COLOR LANCETS 21G67	
ELEXA NATURAL FEEL.....	63	EMERGEN-C MSM LITE.....	110	EQL COLOR LANCETS MICRO THIN 33G.....	67
ELEXA STIMULATING.....	63	EMERGEN-C PINK.....	110	EQL DRY MOUTH ORAL RINSE.....	110
ELEXA ULTRA SENSITIVE.....	64	EMERGEN-C SUPER FRUIT.....	110	EQL GAUZE PADS 2"X2"/SMALL.....	61
ELFOLATE.....	49	EMERGEN-C VITAMIN C.....	111	EQL GAUZE PADS 4"X4"/LARGE.....	61
ELIDEL.....	45	EMERGEN-C VITAMIN C LITE.....	111	EQL GAUZE PADS STERILE 3"X3"/MEDIUM.....	61
ELIGARD.....	25	EMERGEN-C VITAMIN D & CALCIUM.....	111	EQL GAUZE STERILE PADS 3"X3".....	61
ELIMITE.....	46	EMLA.....	45	EQL INSULIN SYRINGE/0.3ML/29G X 1/2".....	83
ELIQUIS.....	10	emollient.....	45	EQL INSULIN SYRINGE/0.3ML/30G X 5/16".....	83
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	83	EMSAM.....	13	EQL INSULIN SYRINGE/0.3ML/31G X 5/16".....	83
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	83	EMTRIVA 10 MG/ML.....	30	EQL INSULIN SYRINGE/0.5ML/29G X 1/2".....	84
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	83	EMTRIVA 200 MG.....	30	EQL INSULIN SYRINGE/0.5ML/30G X 5/16".....	84
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	83	enalapril maleate.....	22	EQL INSULIN SYRINGE/0.5ML/31G X 5/16".....	84
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	83	enalapril maleate & hydrochlorothiazide.....	23	EQL INSULIN SYRINGE/1ML/29G X 1/2".....	84
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	83	ENBREL.....	3	EQL INSULIN SYRINGE/1ML/30G X 5/16".....	84
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	83	ENBREL SURECLICK.....	3	EQL INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	84
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	83	END FATIGUE DAILY ENERGYENFUSION.....	111	EQL INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	84
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	83	ENERGY BOOSTER.....	111	EQL INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	84
ELIXOPHYLLIN.....	10	ENFAMIL ENFALYTE.....	107	EQL OMEPRAZOLE.....	123
ELLA.....	37	ENGERIX-B.....	125	EQL PRENATAL FORMULA.....	112
ELLIS TONIC.....	110	enoxaparin sodium 120 mg/0.8ml, 80 mg/0.8ml.....	10	EQL SHORT PEN NEEDLES 31G X 8MM.....	84
ELMIRON.....	53	enoxaparin sodium 150 mg/ml, 100 mg/ml.....	10	EQL SUPER ENERGY BOOSTER.....	111
ELOCON.....	43	enoxaparin sodium 30 mg/0.3ml.....	10	EQL SUPER THIN LANCETS 30G.....	68
ELOCTATE.....	54	enoxaparin sodium 300 mg/3ml.....	10	EQL THIN LANCETS 26G.....	68
ELTA BLOCK SPF 32.....	47	enoxaparin sodium 40 mg/0.4ml.....	10	EQL ULTRA COMFORT INSULINSYRINGE/0.3ML/31G X 5/16".....	84
EMBEDA.....	4	enoxaparin sodium 60 mg/0.6ml.....	11		
EMCYT.....	25	entecavir.....	32		
EMERGEN-C BLUE.....	110	EPANED.....	22		
EMERGEN-C FIVE.....	110	EPCLUSA.....	32		
EMERGEN-C HEART HEALTH.....	110	EPIFOAM.....	43		
EMERGEN-C IMMUNE.....	110	epinephrine (anaphylaxis).....	127		
		EPIVIR 10 MG/ML.....	30		
		EPIVIR 150 MG.....	30		
		EPIVIR 300 MG.....	30		
		EPOGEN.....	55		

EQL ULTRA COMFORT INSULINSYRINGE/1ML/30G X 5/16"	84	ethambutol hcl	24	EXELON 3 MG, 6 MG, 1.5 MG, 4.5 MG	119
EQL ULTRA SHORT PEN NEEDLES 31G X 6MM	84	ethosuximide	12	EXELON 4.6 MG/24HR, 13.3 MG/24HR, 9.5 MG/24HR	120
EQUETRO	27	ethynodiol diacet & eth estradiol	36	exemestane	25
ergocalciferol	127	etodolac	3	EXTRA SENSITIVE SPERMICIDAL	64
ERGOLOID MESYLATES	121	ETOPOSIDE	26	EZ SMART BLOOD GLUCOSE LANCETS	68
ergoloid mesylates	121	EURAX	46	EZ-LETS LANCETS 21G	68
ERIVEDGE	25	EVAC	57	EZ-LETS LANCETS 23G	68
ERY-TAB	59	EVISTA	51	EZ-LETS LANCETS 26G SUPER-SOFT	68
ERYGEL	41	EVOTAZ	31	EZ-LETS LANCETS 28G ULTRA-SOFT	68
ERYPED 200	59	EX-LAX	58	EZ-LETS LANCETS 30G	68
ERYPED 400	59	EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY	61	ezetimibe	21
ERYTHROCIN STEARATE	59	EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY	62	ezetimibe-simvastatin	21
erythromycin (acne aid)	41	EXCILON DRAIN SPONGE 4"X4"	62	FABRAZYME	51
erythromycin (ophth)	116	EXCILON DRAIN SPONGES 4"X4" 6 PLY	62	FACE COTZ	47
erythromycin base 250 mg	59	EXCILON I.V. SPONGES 2"X2" 6 PLY	62	famotidine 20 mg	122
ERYTHROMYCIN BASE 250 MG, 500 MG	59	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	84	famotidine 40 mg, 10 mg	122
erythromycin ethylsuccinate 200 mg/5ml	59	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	84	FANAPT	28
ERYTHROMYCIN ETHYLSUCCINATE 400 MG	59	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	84	FANAPT TITRATION PACK	28
escitalopram oxalate 5 mg, 10 mg, 20 mg	13	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	84	FANTASY LUBRICATED	64
escitalopram oxalate 5 mg/5ml	13	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	84	FANTASY LUBRICATED/SPERMICIDE	64
ESGIC	3	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	84	FARESTON	25
esomeprazole magnesium 40 mg	123	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	84	FARXIGA	18
estazolam	57	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	84	FARYDAK	26
esterified estrogens & methyltestosterone	52	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	84	FAZACLO 100 MG	29
ESTRACE 0.1 MG/GM	127	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	84	FAZACLO 150 MG, 200 MG, 12.5 MG	29
ESTRACE 0.5 MG, 1 MG, 2 MG	52	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	84	FAZACLO 25 MG	29
estradiol & norethindrone acetate	52			FEIBA	54
estradiol 0.0375 mg/24hr	52			FEIBA NF	54
estradiol 0.05 mg/24hr, 0.025 mg/24hr, 0.1 mg/24hr, 0.075 mg/24hr, 37.5 mcg/24hr, 0.06 mg/24hr	52			felbamate	12
estradiol 0.1 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.025 mg/24hr	52			FELBATOL	12
estradiol 2 mg, 0.5 mg, 1 mg	52			FELDENE	3
estropipate 0.75 mg, 1.5 mg	52			felodipine	34
ESTROPIPATE 1.5 MG, 0.75 MG	52			FEMARA	25
ESTROPIPATE 3 MG	52			fenofibrate 160 mg	21
eszopiclone	57			fenofibrate 54 mg	21
				fenofibrate micronized 200 mg, 134 mg	21
				fenofibrate micronized 67 mg	21
				fentanyl	4
				FER-IN-SOL	55
				FERGON	55

FERRETTIS.....	55	FINE 30.....	68	FLULAVAL QUADRIVALENT	
ferrous fumarate.....	55	FINGERSTIX LANCETS...68		2015-2016.....	125
ferrous fumarate-fa-b complex-c-		FIORINAL.....	4	FLULAVAL QUADRIVALENT	
zn-mg-mn-cu.....	55	FIORINAL/CODEINE #3...5		2016-2017.....	125
ferrous gluconate 27 mg, 240		FIRMAGON.....	25	FLULAVAL QUADRIVALENT	
mg.....	55	FLAGYL.....	7	2017-2018.....	125
FERROUS GLUCONATE 324		flavoxate hcl.....	124	FLUNISOLIDE.....	114
MG.....	56	flecainide acetate.....	9	fluocinolone acetonide	
ferrous sulfate 15 mg/ml.....	56	FLEET ENEMA.....	58	(otic).....	118
ferrous sulfate 220 mg/5ml..	56	FLEET ENEMA SIX PACK.58		fluocinonide.....	43
FERROUS SULFATE 220		FLEET PEDIATRIC.....	58	fluocinonide emulsified base.43	
MG/5ML.....	56	FLEXICHAMBER.....	105	fluorometholone (ophth)....	117
FERROUS SULFATE 324		FLEXZAN 4 X 4.....	62	fluorouracil (topical) 2 %, 5	
MG.....	56	FLOMAX.....	53	%.....	42
ferrous sulfate 325 mg.....	56	FLONASE ALLERGY		fluorouracil (topical) 5 %....	42
ferrous sulfate 65 mg, 325		RELIEF.....	114	FLUOROURACIL 0.5 %.....	42
mg.....	56	FLONASE ALLERGY RELIEF		FLUOROURACIL 2 %, 5 %..	42
ferrous sulfate dried.....	56	CHILDRENS.....	114	FLUOXETINE.....	121
FETZIMA.....	14	FLOVENT DISKUS.....	9	FLUOXETINE DR.....	13
FETZIMA TITRATION PACK14		FLOVENT HFA 220 MCG/ACT,		fluoxetine hcl 10 mg.....	14
FEVERALL INFANTS.....	4	110 MCG/ACT.....	9	fluoxetine hcl 10 mg, 20 mg..	13
fexofenadine hcl 180 mg.....	20	FLOVENT HFA 44		fluoxetine hcl 20 mg.....	14
fexofenadine hcl 60 mg.....	20	MCG/ACT.....	9	fluoxetine hcl 20 mg/5ml....	14
FIBERCON.....	57	FLOXIN OTIC.....	118	fluoxetine hcl 40 mg.....	13
FIFTY50 ALCOHOL PREP		FLUAD 2016-2017.....	125	FLUOXETINE HCL 60 MG..	14
PADS.....	75	FLUAD 2017-2018.....	125	fluphenazine decanoate.....	29
FIFTY50 LANCING DEVICE.68		FLUARIX QUADRIVALENT		fluphenazine hcl 1 mg, 10 mg, 5	
FIFTY50 PEN NEEDLES 31G		2015-2016.....	125	mg, 2.5 mg.....	29
X3/16" (5MM).....	84	FLUARIX QUADRIVALENT		FLUPHENAZINE HCL 2.5	
FIFTY50 PEN NEEDLES 31G		2016-2017.....	125	MG/5ML.....	29
X5/16" (8MM).....	84	FLUARIX QUADRIVALENT		FLUPHENAZINE HCL 2.5	
FIFTY50 PEN NEEDLES		2017-2018.....	125	MG/ML.....	29
31GX5MM.....	84	FLUBLOK 2015-2016....	125	FLUPHENAZINE HCL 5	
FIFTY50 PEN		FLUBLOK 2016-2017....	125	MG/ML.....	29
NEEDLES/31GX8MM.....	84	FLUBLOK 2017-2018....	125	FLURAZEPAM HCL.....	57
FIFTY50 PEN		FLUCELVAX 2015-2016. 125		flurbiprofen.....	3
NEEDLES/32GX4MM.....	84	FLUCELVAX QUADRIVALENT		flurbiprofen sodium.....	117
FIFTY50 PEN		2016-2017.....	125	flutamide.....	25
NEEDLES/32GX6MM.....	85	FLUCELVAX QUADRIVALENT		fluticasone propionate	
FIFTY50 SAFETY SEAL		2017-2018.....	125	(nasal).....	114
LANCETS 32G.....	68	fluconazole 10 mg/ml, 40		fluticasone propionate 0.005	
FIFTY50 SUPERIOR		mg/ml.....	19	%.....	44
COMFORTINSULIN		fluconazole 100 mg.....	19	fluticasone propionate 0.05	
SYRINGE/0.3ML/31G X		fluconazole 150 mg.....	19	%.....	44
5/16".....	85	fluconazole 200 mg.....	19	FLUVIRIN 2015-2016.....	125
FIFTY50 SUPERIOR		fluconazole 50 mg.....	19	FLUVIRIN 2016-2017.....	125
COMFORTINSULIN		fludrocortisone acetate....	38	FLUVIRIN 2017-2018.....	125
SYRINGE/0.5ML/31G X		FLULAVAL 2014-2015... 125		fluvoxamine maleate 100 mg14	
5/16".....	85	FLULAVAL QUADRIVALENT		fluvoxamine maleate 150 mg,	
FIFTY50 SUPERIOR		2014-2015.....	125	100 mg.....	14
COMFORTINSULIN				fluvoxamine maleate 25 mg, 50	
SYRINGE/1ML/31G X 5/16".85				mg.....	14
FIFTY50 UNILET LANCETS					
33G.....	68				
finasteride.....	53				

FLUZONE HIGH-DOSE PF 2015-2016	126	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	85	GENTEAL TEARS MODERATEPF	115
FLUZONE HIGH-DOSE PF 2016-2017	126	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	85	GENTLE-LET GP LANCETS	68
FLUZONE HIGH-DOSE PF 2017-2018	126	FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	85	GENTLE-LET LANCETS GENERAL PURPOSE	
FLUZONE INTRADERMAL QUADRIVALENT 2015-2016	126	FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16"	85	STYLE/FINE POINT	68
FLUZONE INTRADERMAL QUADRIVALENT 2016-2017	126	FURADANTIN	124	GENTLE-LET LANCETS GENERAL PURPOSE	
FLUZONE INTRADERMAL QUADRIVALENT 2017-2018	126	furosemide 10 mg/ml	50	STYLE/MEDIUM POINT	68
FLUZONE QUADRIVALENT 2015-2016	126	furosemide 40 mg, 20 mg, 80 mg	50	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	68
FLUZONE QUADRIVALENT 2016-2017	126	FUROSEMIDE 8 MG/ML	50	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	68
FLUZONE QUADRIVALENT 2017-2018	126	FUZEON	31	GENVOYA	31
FLUZONE SPLIT 2015-2016	126	gabapentin 250 mg/5ml, 300 mg/6ml	11	GEODON 20 MG	27
FML	117	gabapentin 300 mg, 400 mg, 100 mg	11	GEODON 40 MG, 20 MG, 80 MG, 60 MG	27
FML LIQUIFILM	117	gabapentin 600 mg, 800 mg	11	GILENYA	120
FOCALIN	1	GABITRIL 12 MG, 16 MG	12	GILOTRIF	26
folic acid 1 mg	55	GABITRIL 2 MG, 4 MG	12	glatiramer acetate	120
folic acid 800 mcg, 400 mcg	55	galantamine hydrobromide 12 mg, 4 mg, 8 mg	120	GLEEVEC 100 MG, 400 MG	26
FORA LANCETS	68	GALANTAMINE HYDROBROMIDE 4 MG/ML	120	GLEEVEC 400 MG	26
FORA LANCING DEVICE	68	galantamine hydrobromide 8 mg, 16 mg, 24 mg	120	glimepiride 1 mg, 2 mg	18
FORA LANCING DEVICE/CLEARCAP	68	GARDASIL	126	glimepiride 4 mg	18
FORFIVO XL	13	GARDASIL 9	126	glipizide	18
formaldehyde	30	GAS-X	52	glipizide-metformin hcl	15
FORTICAL	50	GAUZE DRESSING 4"X4"	62	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	85
FOSAMAX	50	GAUZE PADS 2"X2"	62	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	85
fosinopril sodium	22	GAUZE PADS 3"X3"	62	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	85
fosinopril sodium & hydrochlorothiazide	23	GAUZE PADS 4"X4"	62	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	85
FREDS PHARMACY AUTOLET LANCING DEVICE	68	GAUZE PADS 4"X4" 12 PLY	62	GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	85
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	85	GAUZE SPONGE TYPE VII	62	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	85
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	85	MEDI-PAK 2"X2" 8PLY	62	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	85
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	85	GAUZE SPONGES 4"X4"	62	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	85
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	68	GAUZE SPONGES 4"X4" 12 PLY	62	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	85
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	68	GELUSIL 200MG-25MG-200MG	6	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	85
		gemfibrozil	21	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	85
		GENTAMICIN SULFATE	41		
		gentamicin sulfate (ophth)	116		
		gentamicin sulfate (topical)	41		

GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	85	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	86	GNP INSULIN SYRINGE/0.5ML/29G X 1/2" 86	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	85	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	86	GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	86
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	85	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	86	GNP INSULIN SYRINGE/1ML/28G X 1/2" ..	87
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	86	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	86	GNP INSULIN SYRINGE/1ML/29G X 1/2" ..	87
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	86	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	86	GNP INSULIN SYRINGE/1ML/30G X 5/16" ..	87
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	86	GLUCOSE.....	16	GNP INSULIN SYRINGE/1ML/31G X 5/16" ..	87
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	86	GLUCOSOURCE LANCET DEVICE.....	68	GNP LANCETS.....	68
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	86	GLUCOSOURCE LANCETS.....	68	GNP LANCETS 21G.....	68
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	86	GLUCOTROL.....	18	GNP LANCETS MICRO THIN 33G.....	68
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	86	GLUCOTROL XL.....	18	GNP LANCETS SUPER THIN 30G.....	68
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	86	GLUCOVANCE.....	15	GNP LANCETS THIN.....	68
GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2".....	86	glyburide.....	18	GNP LANCETS THIN 26G ..	68
GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16"	86	glyburide micronized.....	18	GNP MICRO THIN LANCETS 33G.....	68
GLOBAL LANCING DEVICE	68	glyburide-metformin	15	GNP OMEPRAZOLE.....	123
GLUCAGEN HYPOKIT.....	16	glycerin (laxative) 2.1 gm, 2 gm, 1.2 gm.....	57	GNP PRENATAL.....	112
GLUCAGON EMERGENCY KIT.....	16	GLYCERIN ADULT.....	58	GNP QUICK DISSOLVE GLUCOSE.....	16
GLUCOCOM LANCETS 33G.....	68	glycopyrrolate.....	122	GNP STERILE PADS 3"X3" ..	62
GLUCOLET 2 AUTOMATIC LANCING DEVICE.....	68	GLYNASE.....	18	GNP SUPER THIN LANCETS/30G.....	68
GLUCOPHAGE 1000 MG... ..	16	GMATE LANCING DEVICE.....	68	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	87
GLUCOPHAGE 500 MG.....	16	GNP ALCOHOL SWABS ..	75	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	87
GLUCOPHAGE 850 MG.....	16	GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/1 6".....	86	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	87
GLUCOPHAGE XR 500 MG.....	16	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" ..	86	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	87
GLUCOPHAGE XR 750 MG.....	16	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	86	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	87
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	86	GNP GLUCOSE.....	16	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	87
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	86	GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	86	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	87
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	86	GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	86	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	87
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	86	GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	86	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	87

GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	87	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	69	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	69
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	87	H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	69	HELIKATE FS.....	54
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	87	H-E-B INCONTROL PEN NEEDLES 29GX12MM....	87	HEMANGEOL.....	33
GOLD BOND ULTIMATE HEALING.....	45	HAEMOLANCE.....	69	HEMOCYTE.....	56
GOLYTELY.....	57	HAEMOLANCE LOW FLOW LANCETS.....	69	HEMOFIL M.....	54
GOODSENSE LANCETS MICRO-THIN 33G.....	68	HAEMOLANCE PLUS.....	69	heparin sodium (porcine)....	11
GOODSENSE LANCETS ULTRA-THIN 30G.....	68	HAEMOLANCE PLUS LOW FLOW.....	69	HEPSERA.....	32
GOODSENSE LANCING DEVICE.....	68	HALCION.....	57	HIBICLENS.....	30
GOODSENSE PRENATAL VITAMINS.....	112	HALDOL.....	28	HIGH SENSATION SPERMICIDAL.....	64
GRASTEK.....	1	HALDOL DECANOATE 100.....	28	HM OMEPRAZOLE.....	123
GRIFULVIN V.....	19	HALDOL DECANOATE 50 28 haloperidol 1 mg, 0.5 mg, 10 mg.....	28	HM PRENATAL.....	112
GRIS-PEG.....	19	haloperidol 5 mg, 2 mg, 20 mg.....	28	HM STERILE PADS.....	62
griseofulvin microsize.....	19	haloperidol decanoate.....	28	HUGGIES LITTLE SWIMMERS SPF50.....	47
griseofulvin ultramicrosize....	19	haloperidol lactate.....	28	HUMALOG.....	17
guaifenesin.....	40	HAVRIX.....	126	HUMALOG KWIKPEN.....	17
guaifenesin-codeine.....	39	HEALTH CARE LANCING DEVICE.....	69	HUMALOG MIX 50/50.....	17
guanfacine hcl.....	22	HEALTHWISE LANCING PEN.....	69	HUMALOG MIX 50/50 KWIKPEN.....	17
guanfacine hcl (adhd).....	1	HEALTHWISE MINI PEN NEEDLES 31GX6MM....	87	HUMALOG MIX 75/25.....	17
GYNAZOLE-1.....	126	HEALTHWISE PEN NEEDLES 29GX12MM.....	87	HUMALOG MIX 75/25 KWIKPEN.....	17
GYNE-LOTRIMIN.....	126	HEALTHWISE SHORT PEN NEEDLES 31GX8MM....	87	HUMAPEN LUXURA HD....	88
GYNE-LOTRIMIN 3.....	126	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	87	HUMATE-P.....	54
H-E-B IN CONTROL PEN NEEDLES 31GX5MM....	87	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	69	HUMIRA.....	2
H-E-B IN CONTROL PEN NEEDLES 31GX6MM....	87	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	87	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK...2	
H-E-B IN CONTROL PEN NEEDLES 31GX8MM....	87	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	88	HUMIRA PEN.....	2
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	87	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	88	HUMIRA PEN-CROHNS DISEASESTARTER.....	2
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	87	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	88	HUMIRA PEN-PSORIASIS STARTER.....	2
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	87	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	88	HUMULIN 70/30.....	17
H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	69			HUMULIN 70/30 KWIKPEN..17	
H-E-B INCONTROL ALCOHOL PADS.....	75			HUMULIN N.....	17
H-E-B INCONTROL LANCETS MICRO THIN 33G.....	69			HUMULIN N KWIKPEN.....	17
				HUMULIN R.....	17
				HY-VEE LANCETS.....	69
				HY-VEE THIN LANCETS....	69
				HYCANTIN.....	27
				HYCET.....	5
				hydralazine hcl.....	24
				HYDREA.....	26
				HYDROCELL ADHESIVE DRESSING 4"X4".....	62
				HYDROCELL DRESSING 4"X4".....	62
				hydrochlorothiazide.....	50

hydrocodone w/ homatropine.....	38	hypromellose (ophth) 0.4 %.....	115	INSPIREASE DRUG DELIVERY SYSTEM.....	105
hydrocodone-acetaminophen 10mg-325mg.....	5	HYSINGLA ER.....	5	INSPIREASE RESERVOIR BAGS.....	105
hydrocodone-acetaminophen 5mg-325mg.....	5	HYVEE ADVANCED ANTACID MAXIMUM STRENGTH.....	7	INSULIN SYRINGE/0.3ML/29G X 1".....	88
hydrocodone-acetaminophen 7.5mg-325mg.....	5	HYZAAR.....	23	INSULIN SYRINGE/0.3ML/29G X 1/2".....	88
hydrocodone-acetaminophen 7.5mg/15ml-325mg/15ml, 5mg/10ml-217mg/10ml, 2.5mg/5ml-108mg/5ml.....	5	IBRANCE.....	26	INSULIN SYRINGE/0.3ML/30G X 5/16".....	88
hydrocortisone.....	37	ibuprofen 100 mg.....	3	INSULIN SYRINGE/0.3ML/31G X 5/16".....	88
hydrocortisone (intrarectal).....	6	ibuprofen 100 mg/5ml.....	3	INSULIN SYRINGE/0.5ML/27G X 1/2".....	88
hydrocortisone (rectal).....	6	ibuprofen 40 mg/ml, 50 mg/1.25ml.....	3	INSULIN SYRINGE/0.5ML/28G X 1/2".....	88
hydrocortisone (topical) 0.5 %.....	44	ibuprofen 600 mg, 200 mg, 400 mg, 800 mg.....	3	INSULIN SYRINGE/0.5ML/29G X 1/2".....	88
hydrocortisone (topical) 1 %.....	44	ICLUSIG.....	26	INSULIN SYRINGE/0.5ML/30G X 1/2".....	88
hydrocortisone (topical) 1%, 1 %.....	44	IDELVION.....	54	INSULIN SYRINGE/0.5ML/31G X 5/16".....	88
hydrocortisone (topical) 2.5 %.....	44	imatinib mesylate.....	26	INSULIN SYRINGE/0.5ML/31G X 5/16".....	88
hydrocortisone (topical) 2.5 %, 1 %.....	44	imipramine hcl 50 mg, 25 mg, 10 mg.....	15	INSULIN SYRINGE/1ML/28G X 1/2".....	88
hydrocortisone butyrate.....	44	imipramine pamoate.....	15	INSULIN SYRINGE/1ML/29G X 1/2".....	88
hydrocortisone w/acetic acid.....	118	imiquimod.....	45	INSULIN SYRINGE/1ML/30G X 5/16".....	88
hydrocortisone-aloe vera.....	44	IMITREX 25 MG, 100 MG, 50 MG.....	106	INSULIN SYRINGE/1ML/31G X 5/16".....	88
HYDROMORPHONE HCL 3 MG.....	5	IMITREX 5 MG/ACT, 20 MG/ACT.....	106	INSULIN SYRINGE/1ML/31G X 5/16".....	88
hydromorphone hcl 8 mg, 4 mg, 2 mg.....	5	IMITREX 6 MG/0.5ML.....	106	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	88
hydroxychloroquine sulfate.....	24	IMITREX STATDOSE REFILL.....	106	INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	88
HYDROXYPROGESTERONE CAPROATE.....	25	IMITREX STATDOSE SYSTEM.....	106	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	88
hydroxyurea.....	26	IMMUNE SUPPORT VITAMIN C.....	111	INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	88
hydroxyzine hcl 10 mg, 50 mg, 25 mg.....	8	IMODIUM A-D.....	18	INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	88
hydroxyzine hcl 10 mg/5ml.....	8	IMURAN.....	108	INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	88
HYDROXYZINE HCL 25 MG/ML.....	8	IN TOUCH LANCING DEVICE.....	69	INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	88
hydroxyzine hcl 50 mg/ml.....	8	INCRUSE ELLIPTA.....	9	INSULIN SYRINGES/0.5ML/27GX1/2".....	88
HYDROXYZINE PAMOATE 100 MG.....	8	indapamide.....	50	INSULIN SYRINGES/0.5ML/28GX1/2".....	88
hydroxyzine pamoate 25 mg, 50 mg.....	8	INDERAL LA.....	33	INSULIN SYRINGES/0.5ML/29GX1/2".....	88
hyoscyamine sulfate 0.125 mg.....	122	indomethacin.....	3	INSULIN SYRINGES/0.5ML/30GX5/16".....	88
hyoscyamine sulfate 0.125 mg/5ml.....	122	INFANTS ADVIL.....	3		88
hyoscyamine sulfate 0.125 mg/ml.....	122	INFANTS SILAPAP.....	4		
hyoscyamine sulfate 0.375 mg.....	122	INLYTA.....	26		
		INSPIRACHAMBER/ANTI- STATIC VALVED/MOUTHPIECE.....	105		
		INSPIRACHAMBER/LARGE	105		
		INSPIRACHAMBER/SOOTHE RMASK/INSPIRAMASK/MEDIU M.....	105		
		INSPIRACHAMBER/SOOTHE RMASK/INSPIRAMASK/SMAL L.....	105		

INSULIN SYRINGES/0.5ML/31GX 5/16".....	89	IOPIDINE 0.5 %.....	116	KALETRA 200MG-50MG....	31
INSULIN SYRINGES/0.5ML/31GX5/16".....	89	IOPIDINE 1 %.....	116	KALETRA 400MG/5ML- 100MG/5ML	31
INSULIN SYRINGES/1ML/27GX1/2" ..	89	ipratropium bromide.....	9	KALYDECO.....	121
INSULIN SYRINGES/1ML/27GX1/2" ..	89	ipratropium bromide (nasal) 0.03 %.....	114	KAMELEON LUBRICATED ..	64
INSULIN SYRINGES/1ML/28GX1/2" ..	89	ipratropium bromide (nasal) 0.06 %.....	114	KAYEXALATE.....	109
INSULIN SYRINGES/1ML/29GX1/2" ..	89	ipratropium-albuterol.....	10	KAZANO.....	15
INSULIN SYRINGES/1ML/30GX1/2" ..	89	irbesartan.....	22	KEFLEX.....	35
INSUPEN SENSITIVE 32GX6MM.....	89	irbesartan-hydrochlorothiazide	23	KENDALL HYDROPHILIC FOAMDRESSING 2"X2".....	62
INSUPEN ULTRAFIN 29GX12MM.....	89	IRON CHEWS PEDIATRIC.....	56	KENDALL HYDROPHILIC FOAMDRESSING 3"X3".....	62
INSUPEN ULTRAFIN 30GX8MM.....	89	ISENTRESS 100 MG.....	31	KENDALL HYDROPHILIC FOAMDRESSING 4"X4".....	62
INSUPEN ULTRAFIN 31GX6MM.....	89	ISENTRESS 25 MG.....	31	KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2".....	62
INSUPEN ULTRAFIN 31GX8MM.....	89	ISENTRESS 400 MG.....	31	KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3".....	62
INTELENCE 100 MG, 25 MG.....	31	ISLAND GARD-GRX.....	62	KEPPRA 100 MG/ML.....	11
INTELENCE 200 MG.....	31	isoniazid 100 mg, 300 mg ..	24	KEPPRA 1000 MG.....	11
INTENSE SENSATION.....	64	ISONIAZID 50 MG/5ML....	24	KEPPRA 500 MG, 250 MG, 750 MG.....	11
INTUNIV.....	1	ISOPTO CARPINE.....	116	KEPPRA 500 MG/5ML.....	11
INVEGA.....	28	ISORDIL TITRADOSE.....	8	KEPPRA XR.....	11
INVEGA SUSTENNA 117 MG/0.75ML.....	28	isosorbide dinitrate.....	8	KERALYT.....	45
INVEGA SUSTENNA 156 MG/ML.....	28	ISOSORBIDE DINITRATE ER.....	8	KERI AGE DEFY & PROTECT.....	47
INVEGA SUSTENNA 234 MG/1.5ML.....	28	isosorbide mononitrate 10 mg, 20 mg.....	8	KERLIX SPONGES 4" X 4" 12 PLY.....	62
INVEGA SUSTENNA 39 MG/0.25ML.....	28	isosorbide mononitrate 120 mg, 60 mg, 30 mg.....	8	KERLIX SPONGES 4" X 4" 16 PLY.....	62
INVEGA SUSTENNA 78 MG/0.5ML.....	28	isotretinoin.....	41	KETOCARE.....	49
INVEGA TRINZA 273 MG/0.875ML.....	28	isoxsuprine hcl.....	35	ketoconazole (topical).....	42
INVEGA TRINZA 410 MG/1.315ML.....	28	ISTODAX.....	26	KETONE TEST STRIPS.....	49
INVEGA TRINZA 546 MG/1.75ML.....	28	ISTODAX (OVERFILL).....	26	ketoprofen.....	3
INVEGA TRINZA 819 MG/2.625ML.....	28	itraconazole.....	19	KETOPROFEN ER.....	3
INVIRASE 200 MG.....	31	IXINITY.....	54	ketorolac tromethamine.....	3
INVIRASE 500 MG.....	31	J & J GAUZE 2"X2" 8 PLY ..	62	ketorolac tromethamine (ophth) 0.4 %.....	117
INVOKANA.....	18	J & J GAUZE 4"X4" 12 PLY.....	62	ketorolac tromethamine (ophth) 0.5 %.....	117
		J & J GAUZE 4"X4" 8 PLY ..	62	KETOSTIX.....	49
		J & J GAUZE SPONGES 12- PLY 4" X 4".....	62	ketotifen fumarate (ophth) ..	117
		J & J GAUZE SPONGES 16- PLY 4" X 4".....	62	KHEDEZLA.....	14
		J & J GAUZE SPONGES 8- PLY4" X 4".....	62	KIMONO COLORS.....	64
		JADENU.....	18	KIMONO LUBRICATED.....	64
		JAKAFI.....	26	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	64
		JENTADUETO.....	15	KIMONO PLUS SPERMICIDE LUBRICATED.....	64
		K-PHOS NEUTRAL.....	107		
		K-TAB 10 MEQ.....	108		
		K-TAB 8 MEQ.....	108		
		KALETRA 100MG-25MG.....	31		

KIMONO PLUS SPERMICIDE/LUBRICATED	64	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	89	LAMISIL	19
KIMONO PS LUBRICATED	64	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	89	LAMISIL AT	42
KIMONO PS PLUS SPERMICIDE/LUBRICATED	64	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	89	LAMISIL AT JOCK ITCH	42
KIMONO SENSATION LUBRICATED	64	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	89	lamivudine 10 mg/ml	31
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED	64	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	89	lamivudine 150 mg	31
KIMONO SPECIAL	64	KROGER LANCETS	69	lamivudine 300 mg	31
KINERET	2	KROGER LANCETS 21G	69	lamivudine-zidovudine	31
KINNEY LANCETS	69	KROGER LANCETS MICRO THIN33G	69	lamotrigine	11
KINNEY THIN LANCETS	69	KROGER LANCETS SUPER THIN	69	LANAPHILIC	45
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	89	KROGER LANCETS THIN	69	LANCET DEVICE ADJUSTABLE	69
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	89	KROGER LANCETS THIN 26G	69	LANCET DEVICE WITH EJECTOR	69
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	89	KROGER LANCETS ULTRATHIN30G	69	LANCETS	69
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	89	KROGER LANCING DEVICE	69	LANCETS 26G TWIST TOP	69
KITABIS PAK	2	KROGER PEN NEEDLES 29G X12MM	89	LANCETS 28G	69
KLARON	41	KROGER PEN NEEDLES 31G X8MM	89	LANCETS 30G	69
KLONOPIN	11	KROGER PEN NEEDLES 31GX1/4"	89	LANCETS 31G TWIST TOP	69
KLOR-CON M15	108	L-METHYLFOLATE	49	LANCETS MICRO THIN 33G	69
KLS OMEPRAZOLE	123	L-METHYLFOLATE CALCIUM	49	LANCETS SAFETY SEAL 21G	69
KOATE	54	L-METHYLFOLATE FORMULA 15	49	LANCETS SAFETY SEAL 26G	69
KOATE-DVI	54	L-METHYLFOLATE FORMULA 7.5	49	LANCETS SAFETY SEAL 28G	69
KOGENATE FS	54	L-METHYLFOLATE FORTE	49	LANCETS SAFETY SEAL 30G	69
KOGENATE FS BIO-SET	54	L-TRYPTOPHAN	115	LANCETS SUPER THIN 28G	69
KONSYL	57	labetalol hcl 100 mg	33	LANCETS THIN	69
KOVALTRY	54	labetalol hcl 200 mg	33	LANCETS ULTRA FINE	69
KP MENS DAILY PACK	111	labetalol hcl 300 mg	33	LANCETS ULTRA THIN	69
KP PRENATAL MULTIVITAMINS	112	LAC-HYDRIN	45	LANCETS ULTRA THIN 30G	69
KP WOMENS DAILY PACK	111	LAC-HYDRIN TWELVE	45	LANCETSBULLSEYE SAFETY	69
KPN PRENATAL	112	lactic acid (ammonium lactate)	45	LANCING DEVICE	70
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	89	lactulose	58	LANCING DEVICE ADJUSTABLE	70
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	89	lactulose (encephalopathy)	53	LANOXIN	35
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	89	LAMICTAL	11	lansoprazole 15 mg	123
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	89	LAMICTAL CHEWABLE DISPERSIBLE	11	lansoprazole 30 mg	123
				LANTUS	17
				LANTUS SOLOSTAR	17
				LANZO	70
				LASIX	50
				latanoprost	118
				LATUDA	27
				LEADER ADVANCED LANCING DEVICE	70

LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" 89	levobunolol hcl..... 115	LITE TOUCH LANCING PEN..... 70
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16".....89	levocarnitine (metabolic modifiers) 1 gm/10ml..... 51	LITE TOUCH PEN NEEDLES/31G X 3/16"..... 90
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16".....90	levocarnitine (metabolic modifiers) 330 mg..... 51	LITEAIRE.....105
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" 90	levofloxacin.....52	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" 90
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" 90	LEVOMEFOLATE CALCIUM/ALGAL POWDER.....49	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....90
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16".....90	levonorgestrel & eth estradiol..... 36	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....90
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16".....90	levonorgestrel (emergency oc).....37	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....90
LEADER INSULIN SYRINGE/1ML/28G X 1/2" 90	levonorgestrel-eth estradiol (triphasic).....36	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....90
LEADER INSULIN SYRINGE/1ML/29G X 1/2" 90	levonorgestrel-ethinyl estradiol (91-day).....36	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" 90
LEADER INSULIN SYRINGE/1ML/30G X 5/16" 90	levothyroxine sodium.....121	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....90
LEADER INSULIN SYRINGE/1ML/31G X 5/16" 90	LEVSIN.....122	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....90
LEADER QUICK DISSOLVE GLUCOSE.....16	LEVSIN/SL.....122	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....90
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16".....90	LEXAPRO 20 MG, 5 MG, 10 MG.....14	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....90
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" 90	LEXAPRO 5 MG/5ML.....14	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....90
LEADER UNIFINE PENTIPS/MINI/31GX3/16" 90	LEXIVA 50 MG/ML..... 31	LITETOUCH LANCETS MICRO THIN 30G.....70
LEADER UNIFINE PENTIPS/NANO/32GX5/32" 90	LEXIVA 700 MG.....31	LITETOUCH PEN NEEDLES 29GX12.7MM.....90
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" 90	LIBERTY MEDICAL LANCETS 30G.....70	LITETOUCH PEN NEEDLES 31G X 6MM.....90
LEMTRADA.....120	LIBERTY MINI LANCING DEVICE.....70	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....90
LETAIRIS.....35	lidocaine 4 %.....45	LITHIUM.....27
letrozole.....25	lidocaine hcl (mouth- throat).....109	lithium carbonate 300 mg...27
LEUCOVORIN CALCIUM 10 MG, 15 MG.....26	lidocaine hcl 2 %.....45	lithium carbonate 300 mg, 450 mg.....27
leucovorin calcium 5 mg, 25 mg.....26	lidocaine hcl 3 %.....45	LITHIUM CARBONATE 600 MG, 150 MG.....27
LEUKERAN.....24	lidocaine-prilocaine.....45	lithium carbonate 600 mg, 150 mg, 300 mg.....27
leuprolide acetate.....25	LIFE PACK MENS.....111	LITHOBID.....27
LEVAQUIN.....52	LIFE PACK WOMENS...111	LIVE BETTER ADVANCED LANCING DEVICE.....70
LEVBID.....122	LIFESCAN UNISTIK 2 DEEP PENETRATION.....70	LIVE BETTER LANCET SUPERTHIN 30G.....70
levetiracetam 100 mg/ml, 500 mg/5ml.....11	LIFESCAN UNISTIK II LANCETS.....70	
levetiracetam 1000 mg.....11	liothyronine sodium.....121	
levetiracetam 250 mg, 750 mg, 500 mg.....11	LIPITOR.....21	
levetiracetam 500 mg/5ml...11	lisinopril & hydrochlorothiazide 10mg-12.5mg, 20mg- 12.5mg.....23	
levetiracetam 750 mg, 500 mg.....11	lisinopril & hydrochlorothiazide 20mg-25mg.....23	
	lisinopril 2.5 mg.....22	
	lisinopril 5 mg, 20 mg, 30 mg, 40 mg, 10 mg.....22	
	LITE TOUCH LANCETS...70	
	LITE TOUCH LANCING DEVICE.....70	

LIVE BETTER LANCET		losartan potassium &		MAGELLAN INSULIN SAFETY	
ULTRATHIN 28G.....	70	hydrochlorothiazide.....	23	SYRINGE/U-100/1ML/29G X	
LIVE BETTER PEN NEEDLES		LOTENSIN 20 MG.....	22	1/2".....	91
29G X 12MM.....	90	LOTENSIN 40 MG.....	22	MAGELLAN INSULIN SAFETY	
LIVE BETTER PEN NEEDLES		LOTENSIN HCT.....	23	SYRINGE/U-100/1ML/30G X	
31G X 12MM.....	91	LOTREL.....	23	5/16".....	91
LIVE BETTER PEN NEEDLES		LOTRIMIN AF.....	42	magnesium citrate.....	58
31G X 6MM.....	91	LOTRIMIN AF FOR HER..	42	magnesium hydroxide.....	58
LMX 4.....	45	LOTRIMIN AF JOCK ITCH	42	magnesium oxide.....	7
LOCOID.....	44	LOTRISONE.....	42	magnesium oxide (mg	
LODINE.....	3	lovastatin 20 mg, 10 mg...	21	supplement).....	107
LODOSYN.....	27	lovastatin 40 mg.....	21	MAGOX 400.....	107
LOESTRIN 1.5/30-21.....	36	LOVENOX 150 MG/ML, 100		MAKENA.....	119
LOESTRIN 1/20-21.....	36	MG/ML.....	11	malathion.....	46
LOESTRIN FE 1.5/30.....	36	LOVENOX 30 MG/0.3ML..	11	MAPROTILINE HCL.....	13
LOESTRIN FE 1/20.....	36	LOVENOX 300 MG/3ML..	11	MARPLAN.....	13
LOFIBRA 160 MG.....	21	LOVENOX 40 MG/0.4ML..	11	MATULANE.....	26
LOFIBRA 200 MG, 134 MG	21	LOVENOX 60 MG/0.6ML..	11	MAVIK 1 MG, 2 MG.....	22
LOFIBRA 54 MG.....	21	LOVENOX 80 MG/0.8ML, 120		MAVIK 4 MG.....	22
LOFIBRA 67 MG.....	21	MG/0.8ML.....	11	MAXALT.....	106
LOHIST-D.....	39	loxapine succinate.....	29	MAXI-COMFORT INSULIN	
LOMOTIL.....	18	LUBRIDERM DAILY		SYRINGE/U-	
LONGS INSULIN		MOISTURE/SUNSCREEN SPF		100/0.5ML/28GX1/2".....	91
SYRINGE/0.5ML/31G X		15.....	47	MAXI-COMFORT INSULIN	
5/16".....	91	LUNESTA.....	57	SYRINGE/U-100/1ML/28GX1/2"	
LONGS LANCETS		LUPRON DEPOT (1-			91
STANDARD.....	70	MONTH).....	25	MAXIMIN PACK.....	111
LONGS LANCETS THIN....	70	LUPRON DEPOT (3-		MAXITROL 10000UNIT/GM-	
LONGS LANCETS ULTRA		MONTH).....	25	3.5MG/GM-0.1%.....	117
THIN.....	70	LUPRON DEPOT (4-		MAXITROL 10000UNIT/ML-	
loperamide hcl 1 mg/5ml.....	18	MONTH).....	25	3.5MG/ML-0.1%.....	117
loperamide hcl 2 mg.....	18	LUPRON DEPOT (6-		MAXX LUBRICATED.....	64
LOPID.....	21	MONTH).....	25	MAXX PLUS SPERMICIDE	
lopinavir-ritonavir.....	31	LURIDE.....	107	LUBRICATED.....	64
LOPRESSOR 100 MG.....	33	LYSODREN.....	25	MAXZIDE.....	50
LOPRESSOR 50 MG.....	33	LYSTEDA.....	56	MAXZIDE-25.....	50
LOPRESSOR HCT.....	23	M-VIT.....	112	meclizine hcl 12.5 mg, 25	
loratadine & pseudoephedrine		MACROBID.....	124	mg.....	19
10mg-10mg-240mg-240mg,		MACRODANTIN.....	124	meclizine hcl 25 mg.....	19
10mg-240mg.....	39	MAG64.....	107	MEDIC INSULIN	
loratadine & pseudoephedrine		MAGELLAN INSULIN SAFETY		SYRINGE/0.3ML/30G X	
5mg-120mg.....	39	SYRINGE/U-100/0.3ML/29G X		5/16".....	91
loratadine 10 mg.....	20	1/2".....	91	MEDIC INSULIN	
loratadine 5 mg/5ml.....	20	MAGELLAN INSULIN SAFETY		SYRINGE/0.5ML/30G X	
lorazepam 1 mg.....	8	SYRINGE/U-100/0.3ML/30G X		5/16".....	91
lorazepam 2 mg, 0.5 mg.....	8	5/16".....	91	MEDICAL PROVIDER EZ FLU	
lorazepam 2 mg/ml.....	8	MAGELLAN INSULIN SAFETY		SHOT 2015-2016.....	126
lorazepam 4 mg/ml, 20 mg/10ml,		SYRINGE/U-100/0.5ML/29G X		MEDICAL PROVIDER SINGLE	
2 mg/ml.....	8	1/2".....	91	USE EZ FLU SHOT.....	126
losartan potassium.....	22	MAGELLAN INSULIN SAFETY		MEDICHOICE PRE-SET	
		SYRINGE/U-100/0.5ML/30G X		SAFETY LANCET DUAL	
		5/16".....	91	USE.....	70

MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW.....	70	MEIJER LANCETS UNIVERSAL30G.....	70	methenamine-hyosc-methylene blue-sod phos-phenyl sal... 124
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW.....	70	MEIJER LANCETS UNIVERSAL33G.....	70	METHERGINE.....
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW.....	70	MEIJER PEN NEEDLES 29G X12MM.....	91	methimazole.....
MEDICHOICE SAFETY LANCETEXTRA.....	70	MEIJER PEN NEEDLES 31G X6MM.....	91	METHITEST.....
MEDICHOICE SAFETY LANCETNORMAL.....	70	MEIJER PEN NEEDLES 31G X8MM.....	91	methocarbamol.....
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM.....	91	MEIJER SUPER THIN LANCETS.....	71	methotrexate sodium 2.5 mg 25
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM.....	91	MEKINIST.....	26	METHOTREXATE SODIUM 250 MG/10ML.....
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM.....	91	melatonin.....	2	methotrexate sodium 250 mg/10ml, 100 mg/4ml, 50 mg/2ml, 1 gm/40ml, 200 mg/8ml.....
MEDISENSE THIN LANCETS.....	70	meloxicam.....	3	methyldopa.....
MEDLANCE PLUS EXTRA LANCETS 21G.....	70	melphalan.....	24	methylergonovine maleate. 118
MEDLANCE PLUS LANCETS.....	70	memantine hcl.....	120	methylphenidate hcl 10 mg, 36 mg.....
MEDLANCE PLUS LANCETS LITE 25G.....	70	memantine hcl 2 mg/ml.....	120	methylphenidate hcl 20 mg, 10 mg, 5 mg.....
MEDLANCE PLUS LITE LANCETS 25G.....	70	memantine hcl 5 mg, 10 mg.....	120	methylphenidate hcl 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg.....
MEDLANCE PLUS SPECIAL LANCETS 0.8MM.....	70	MENS PACK.....	111	methylphenidate hcl 54 mg, 18 mg, 20 mg, 27 mg.....
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX.....	70	meperidine hcl 50 mg, 100 mg.....	5	METHYLPHENIDATE HCL ER.....
MEDLANCE PLUS UNIVERSAL LANCETS 21G.....	70	MEPERIDINE HCL 50 MG/5ML.....	5	1
MEDLANCE/EXTRA.....	70	MEPHYTON.....	127	methylprednisolone.....
MEDLANCE/LITE.....	70	meprobamate.....	8	38
MEDLANCE/UNIVERSAL.....	70	mercaptopurine.....	25	METIPRANOLOL.....
MEDROL.....	37	mesalamine.....	53	115
MEDROL DOSEPAK.....	37	MESALAMINE DR.....	53	metoclopramide hcl.....
medroxyprogesterone acetate.....	119	MESNEX.....	26	53
medroxyprogesterone acetate (contraceptive).....	37	MESTINON.....	24	metolazone.....
mefloquine hcl.....	24	MESTINON TIMESPAN.....	24	50
MEGA MULTIVITAMIN.....	111	METADATE CD.....	1	metoprolol & hydrochlorothiazide.....
MEGACE ORAL.....	25	METAMUCIL.....	57	23
megestrol acetate.....	25	METAMUCIL ORIGINAL TEXTURE.....	57	metoprolol succinate 200 mg 33
MEIJER ALCOHOL SWABS EXTRA-THICK.....	75	METAPROTERENOL SULFATE 10 MG/5ML.....	10	metoprolol succinate 50 mg, 25 mg, 100 mg.....
MEIJER COLOR LANCETS UNIVERSAL 33G.....	70	METAPROTERENOL SULFATE 20 MG, 10 MG.....	10	33
MEIJER LANCETS.....	70	metformin hcl 1000 mg.....	16	METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE.....
MEIJER LANCETS THIN.....	70	metformin hcl 500 mg.....	16	23
MEIJER LANCETS UNIVERSAL21G.....	70	metformin hcl 750 mg.....	16	metoprolol tartrate 25 mg, 100 mg.....
		metformin hcl 850 mg.....	16	33
		methadone hcl 10 mg.....	5	metoprolol tartrate 50 mg.....
		methadone hcl 5 mg.....	5	33
		methazolamide.....	49	METOPROLOL/HYDROCHLOR OTHIAZIDE.....
		METHENAMINE MANDELATE 0.5 GM.....	124	23
		methenamine mandelate 1 gm.....	124	METROCREAM.....
				46
				METROGEL-VAGINAL.....
				126
				METROLOTION.....
				46
				metronidazole.....
				7
				metronidazole (topical).....
				46
				metronidazole vaginal.....
				126
				MEVACOR.....
				21
				mexiletine hcl.....
				9
				MH MACULAR HEALTH.....
				111
				MIACALCIN 200 UNIT/ACT. 51

MIACALCIN 200 UNIT/ML	51	MOI-STIR	110	MONOJECT INSULIN	
MICARDIS	22	MOLINDONE		SYRINGE/U-100/0.5ML/28G X	
MICARDIS HCT	23	HYDROCHLORIDE	29	1/2"	92
MICATIN	42	mometasone furoate	44	MONOJECT INSULIN	
MICONAZOLE 3	126	mometasone furoate		SYRINGE/U-100/0.5ML/30G X	
miconazole nitrate (topical)	42	(nasal)	114	5/16"	92
miconazole nitrate vaginal	127	MONISTAT 1 COMBO		MONOJECT INSULIN	
miconazole nitrate vaginal 100		PACK	127	SYRINGE/U-100/1ML/28G X	
mg	127	MONISTAT 1 DAY OR NIGHT		1/2"	92
miconazole nitrate vaginal 2		COMBO PACK	127	MONOJECT INSULIN	
%	126	MONISTAT 3	127	SYRINGE/U-100/1ML/30G X	
miconazole nitrate vaginal 4		MONISTAT 3 COMBINATION		5/16"	92
%	126	PACK	127	MONOJECT ULTRA COMFORT	
MICRO-K 10 MEQ	108	MONISTAT 7 SIMPLY		INSULIN SYRINGE/0.3ML/29G X	
MICRO-K 8 MEQ	108	CURE	127	1/2"	92
MICROCHAMBER	105	MONISTAT SOOTHING CARE		MONOJECT ULTRA COMFORT	
MICROLET LANCETS	71	ITCH RELIEF	44	INSULIN SYRINGE/0.3ML/30G X	
MICROLET NEXT	71	MONOCLATE-P	54	5/16"	92
MICROSPACER	105	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MICROZIDE	50	SYRINGE/1ML/31G X		INSULIN SYRINGE/0.3ML/31G X	
midazolam hcl	57	5/16"	91	5/16"	92
midodrine hcl	127	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MIGRANAL	106	SYRINGE/DETACH		INSULIN SYRINGE/0.5ML/28G X	
MILK OF MAGNESIA		NEEDLE/1ML/25G X 5/8"	91	1/2"	92
CONCENTRATE	58	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MILLIPRED	38	SYRINGE/DETACH		INSULIN SYRINGE/0.5ML/29G X	
MINI LANCING DEVICE	71	NEEDLE/1ML/27G X 1/2"	91	1/2"	92
MINIPRESS	22	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MINIVELLE 0.0375		SYRINGE/PERM		INSULIN SYRINGE/0.5ML/30G X	
MG/24HR	52	NEEDLE/1ML/28G X 1/2"	91	5/16"	92
MINIVELLE 0.05 MG/24HR, 0.1		MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MG/24HR, 0.025 MG/24HR,		SYRINGE/PERM NEEDLE/U-		INSULIN SYRINGE/0.5ML/31G X	
0.075 MG/24HR	52	100/0.5ML/28G X 1/2"	91	5/16"	92
MINOCIN	121	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
minocycline hcl	121	SYRINGE/SAFETY/PERM		INSULIN SYRINGE/1ML/28G X	
minoxidil	24	NEEDLE/0.3ML/29G X		1/2"	92
MIRALAX	58	1/2"	91	MONOJECT ULTRA COMFORT	
MIRAPEX	27	MONOJECT INSULIN		INSULIN SYRINGE/1ML/29G X	
MIRASORB SPONGES 2" X		SYRINGE/SAFETY/PERM		1/2"	92
2"	62	NEEDLE/0.3ML/29GX1/2"	91	MONOJECT ULTRA COMFORT	
MIRASORB SPONGES 4" X		MONOJECT INSULIN		INSULIN SYRINGE/1ML/30G X	
4"	62	SYRINGE/SAFETY/PERM		5/16"	92
MIRCERA 100 MCG/0.3ML, 75		NEEDLE/1ML/29G X 1/2"	91	MONOJECT ULTRA COMFORT	
MCG/0.3ML, 50 MCG/0.3ML, 200		MONOJECT INSULIN		INSULIN SYRINGE/1ML/29G X	
MCG/0.3ML	55	SYRINGE/SOFTPACK/1ML/27		1/2"	92
MIRCETTE	36	G X 1/2"	92	MONOJECT ULTRA COMFORT	
mirtazapine	13	MONOJECT INSULIN		INSULIN SYRINGE/1ML/30G X	
misoprostol	124	SYRINGE/SOFTPACK/U-		5/16"	92
MOBIC	3	100/0.5ML/28G X 1/2"	92	MONOJECT ULTRA COMFORT	
MODICON	36	MONOJECT INSULIN		INSULIN SYRINGE/1ML/29G X	
		SYRINGE/U-100/0.3ML/30G X		1/2"	92
		5/16"	92	MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/29G X	
				1/2"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/30G X	
				5/16"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/29G X	
				1/2"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/30G X	
				5/16"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/29G X	
				1/2"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/30G X	
				5/16"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/29G X	
				1/2"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/30G X	
				5/16"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/29G X	
				1/2"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/30G X	
				5/16"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/29G X	
				1/2"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/30G X	
				5/16"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/29G X	
				1/2"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/30G X	
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				INSULIN SYRINGE/1ML/29G X	
				1/2"	92
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				INSULIN SYRINGE/1ML/30G X	
				5/16"	92
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				5/16"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/29G X	
				1/2"	92
				MONOJECT ULTRA COMFORT	
				INSULIN SYRINGE/1ML/30G X	
				5/16"	92
			</		

MOORE MED MONOJECT			
INSULIN SYRINGE/U-			
100/1ML/29G X 1/2"	92		
morphine sulfate 100 mg/5ml, 20			
mg/ml	5		
MORPHINE SULFATE 20 MG,			
30 MG, 10 MG, 5 MG	5		
morphine sulfate 20 mg/5ml, 10			
mg/5ml	5		
MORPHINE SULFATE 30 MG,			
15 MG	5		
morphine sulfate 60 mg, 30 mg,			
15 mg, 100 mg, 200 mg	5		
MOTRIN INFANTS DROPS	3		
MOUTHKOTE	110		
moxifloxacin hcl (ophth)	116		
MOZOBIL	56		
MS CONTIN	5		
MS INSULIN			
SYRINGE/0.3ML/31G X			
5/16"	92		
MS INSULIN			
SYRINGE/0.5ML/31G X			
5/16"	92		
MS INSULIN SYRINGE/1ML/31G			
X 5/16"	92		
MUCINEX	40		
MUCINEX D	39		
MUCINEX D MAXIMUM			
STRENGTH	39		
MUCINEX DM	39		
MUCINEX MAXIMUM			
STRENGTH	40		
MULTI FOR HER	111		
MULTI FOR HIM	111		
MULTI PRENATAL	112		
MULTI-LANCET DEVICE	71		
multiple vitamins w/ minerals &			
folic acid	111		
mupirocin	41		
mupirocin calcium (topical)	41		
MYAMBUTOL	24		
mycophenolate mofetil 200			
mg/ml	108		
mycophenolate mofetil 250			
mg	108		
mycophenolate mofetil 500			
mg	108		
mycophenolate mofetil hcl	108		
mycophenolate sodium 180			
mg	108		
mycophenolate sodium 360			
mg	108		
MYDRIACYL	116		
MYFORTIC 180 MG	108		
MYFORTIC 360 MG	108		
MYLERAN	24		
MYLICON	52		
MYLICON INFANTS GAS			
RELIEF	52		
MYNATAL	112		
MYSOLINE	12		
nabumetone	3		
nadolol	33		
naloxone hcl	18		
naltrexone hcl	18		
NAMENDA 5 MG, 10 MG	120		
NAMENDA TITRATION			
PAK	120		
NAPHAZOLINE HCL	116		
NAPROSYN	3		
NAPROXEN 125 MG/5ML	3		
naproxen 125 mg/5ml	3		
naproxen 375 mg, 500 mg, 250			
mg	3		
naproxen 500 mg, 375 mg	3		
naproxen sodium 220 mg	3		
naproxen sodium 275 mg, 550			
mg	3		
naratriptan hcl	106		
NARCAN	18		
NARDIL	13		
NASACORT ALLERGY			
24HR	114		
NASACORT ALLERGY 24HR			
CHILDRENS	114		
NASAL			
DECONGESTANT	114		
NASALCROM	114		
NASONEX	114		
NAT-RUL PRENATAL			
VITAMINS	112		
nateglinide	17		
NATROBA	46		
NECON 1/50-28	36		
NECON 10/11-28	36		
NEFAZODONE HCL 100 MG,			
200 MG, 150 MG	14		
nefazodone hcl 50 mg, 250			
mg	14		
neomycin sulfate	2		
neomycin-bacitracin zn-			
polymyxin	116		
neomycin-bacitracin-polymyxin			
	41		
neomycin-polymy-dexameth			
10000unit/gm-3.5mg/gm-0.1%			
	117		
neomycin-polymy-dexameth			
10000unit/ml-3.5mg/ml-0.1%			
	117		
neomycin-polymyxin w/			
pramoxine	41		
neomycin-polymyxin-gramicidin			
	116		
neomycin-polymyxin-hc			
(otic)	118		
NEOMYCIN/POLYMYXIN/HYDR			
OCORTISONE	117		
NEORAL 100 MG, 25 MG	109		
NEORAL 100 MG/ML	109		
NEOSPORIN	116		
NEOSPORIN ORIGINAL	41		
NEOSPORIN PLUS PAIN			
RELIEF MAXIMUM			
STRENGTH	41		
NEPHROCAPS	110		
NEPTAZANE	49		
NESINA	16		
NEUMEGA	55		
NEUROMED7	45		
NEURONTIN 250 MG/5ML	12		
NEURONTIN 300 MG, 400 MG,			
100 MG	12		
NEURONTIN 800 MG, 600			
MG	12		
NEUTRAPHOR	46		
NEUTRAPHORUS REX	46		
NEUTROGENA AGE SHIELD			
FACE SUNBLOCK WITH			
HELIOPLEX SPF110	47		
NEUTROGENA AGE SHIELD			
FACE SUNBLOCK WITH			
HELIOPLEX SPF70	47		
NEUTROGENA COOLDRY			
SPORTWITH HELIOPLEX SPF			
30	48		
NEUTROGENA HEALTHY			
DEFENSE DAILY			
MOISTURIZER			
PURESCREEN	48		
NEUTROGENA MEN SPF			
20	48		
NEUTROGENA MOISTURE			
SPF15UNTINTED	48		
NEUTROGENA SPORT FACE			
SUNBLOCK WITH HELIOPLEX			
SPF70	48		
NEUTROGENA T/GEL	48		

NEUTROGENA T/GEL		nitrofurantoin monohyd		NOVA SUREFLEX LANCING	
STUBBORN ITCH		macro	124	DEVICE	71
CONTROL	48	nitroglycerin	8	NOVOEIGHT	54
NEUTROGENA ULTRA SHEER		NITROSTAT	8	NOVOFINE 30GX8MM	92
DRY-TOUCH SPF 45	48	NIVA-PLUS	112	NOVOFINE 32GX6MM	92
NEUTROGENA ULTRA SHEER		NIVEA HAND THERAPY	48	NOVOFINE AUTOCOVER	
DRY-TOUCH WITH HELIOPLEX		NIVEA VISAGE UV CARE		30GX8MM	93
SPF 100	48	DAILY FACIAL	48	NOVOFINE PLUS	
NEUTROGENA ULTRA SHEER		NIX CREME RINSE	46	32GX4MM	93
DRY-TOUCH WITH HELIOPLEX		NIZORAL	42	NOVOLIN 70/30	17
SPF 55	48	NOR-QD	37	NOVOLIN 70/30 RELION	17
NEUTROGENA ULTRA SHEER		NORCO 10MG-325MG	5	NOVOLIN N	17
DRY-TOUCH WITH HELIOPLEX		NORCO 5MG-325MG	5	NOVOLIN N RELION	17
SPF 70	48	NORCO 7.5MG-325MG	5	NOVOLIN R	17
NEVANAC	117	NORDITROPIN FLEXPRO	51	NOVOLIN R RELION	17
nevirapine 100 mg	31	norethin acet & estrad-fe 75mg-		NOVOLOG	17
nevirapine 200 mg	31	20mcg-1mg	36	NOVOLOG FLEXPEN	17
nevirapine 400 mg	31	norethin acet & estrad-fe 75mg-		NOVOLOG MIX 70/30	17
NEVIRAPINE 50 MG/5ML	31	20mcg-1mg, 75mg-30mcg-		NOVOLOG MIX 70/30	
NEXAVAR	26	1.5mg	36	PREFILLED FLEXPEN	17
NEXIUM 40 MG	123	norethindrone & eth		NOVOLOG PENFILL	17
NEXPLANON	37	estradiol	36	NOVOPEN ECHO	93
niacin (antihyperlipidemic)	21	norethindrone		NOVOSEVEN RT	54
niacin 250 mg, 500 mg	128	(contraceptive)	37	NOVOTWIST 30GX8MM	93
niacin 50 mg, 100 mg, 500		norethindrone acet & eth		NOVOTWIST 32GX5MM	93
mg	128	estra	36	NPLATE	55
niacin 500 mg, 250 mg, 750		norethindrone acetate	119	NU GAUZE 4PLY 4"X4"	62
mg	128	norethindrone-eth estradiol		NU GAUZE GENERAL-USE	
NIACIN TR	128	(triphasic)	36	SPONGES 4"X4" 4 PLY	62
NIACOR	22	norgestimate-ethinyl		NULYTELY/FLAVOR	
NIASPAN	22	estradiol	36	PACKS	57
nicardipine hcl	34	norgestimate-ethinyl estradiol		NUMOISYN	110
NICODERM CQ	121	(triphasic)	36	NUPLAZID	28
NICORETTE	121	norgestrel & ethinyl		NUVARING	37
NICORETTE MINI	121	estradiol	36	NUVIGIL	1
NICORETTE STARTER		NORINYL 1+35	36	NUWIQ	54
KIT	121	NORINYL 1+50	36	nystatin	19
nicotine	121	NORPACE	9	nystatin (mouth-throat)	109
nicotine polacrilex	121	NORPACE CR	9	nystatin (topical)	42
NICOTINE TRANSDERMAL		NORPRAMIN 150 MG, 50 MG,		nystatin-triamcinolone	42
SYSTEM	121	10 MG, 75 MG, 100 MG	15	NYTOL MAXIMUM	
NICOTROL INHALER	121	NORPRAMIN 25 MG	15	STRENGTH	56
NICOTROL NS	121	nortriptyline hcl 10 mg, 25 mg,		O-CAL FA	112
nifedipine 20 mg, 10 mg	34	50 mg, 75 mg	15	OBIZUR	54
nifedipine 30 mg, 90 mg	34	NORTRIPTYLINE HCL 10		OCEAN NASAL SPRAY	114
nifedipine 60 mg	34	MG/5ML	15	OCUFEN	117
NINLARO	26	NORVASC	34	OCUFLOX	116
NITRO-BID	8	NORVIR 100 MG	31	ODOMZO	25
NITRO-DUR	8	NORVIR 80 MG/ML	31	ofloxacin (ophth)	116
nitrofurantoin	124	NOVA MAX PLUS KETONE			
nitrofurantoin macrocrystal	124	TESTSTRIPS	49		
		NOVA SUREFLEX			
		LANCETS	71		

ofloxacin (otic).....	118	OPTICHAMBER		oxybutynin chloride 5	
OFLOXACIN 300 MG.....	52	DIAMOND/LARGEFACE		mg/5ml.....	124
ofloxacin 400 mg.....	52	MASK.....	105	oxycodone hcl 100 mg/5ml....	5
OGESTREL.....	36	OPTICHAMBER		oxycodone hcl 20 mg, 5 mg, 15	
OIL OF BEAUTY COMPLETE		DIAMOND/MEDIUM FACE		mg, 10 mg, 30 mg.....	5
MOISTURE SPF 15.....	48	MASK.....	105	oxycodone hcl 5 mg.....	5
OINTMENT BASE.....	45	OPTICHAMBER		oxycodone hcl 5 mg/5ml.....	5
olanzapine 10 mg.....	29	DIAMOND/SMALLFACE		oxycodone w/ acetaminophen	5
olanzapine 20 mg, 15 mg, 10 mg,		MASK.....	105	oxycodone-aspirin.....	5
7.5 mg, 2.5 mg, 5 mg.....	29	OPTICHAMBER FACE		OXYCODONE/ACETAMINOPHE	
olanzapine 20 mg, 15 mg, 5 mg,		MASK/LARGE.....	105	N.....	5
10 mg.....	29	OPTICHAMBER FACE		oyster shell.....	107
OLEPTRO.....	14	MASK/MEDIUM.....	105	PA MENS 50 PLUS	
omega-3 fatty acids.....	115	OPTICHAMBER FACE		VITAPAK.....	111
omeprazole 10 mg.....	123	MASK/SMALL.....	105	PA MENS VITAPAK.....	111
OMEPRAZOLE 20 MG.....	123	OPTIFOAM.....	62	PA WOMENS 50 PLUS	
omeprazole 40 mg, 20 mg.....	123	OPTIHALER.....	106	VITAPAK.....	111
OMNIPRED.....	117	OPTIHALER MDI DRUG		PA WOMENS VITAPAK.....	111
ON CALL LANCING		DELIVERY SYSTEM.....	105	paliperidone.....	28
DEVICE.....	71	oral electrolytes.....	107	PAMELOR.....	15
ON CALL PLUS LANCING		ORAL RELIEF SPRAY FOR		PANCREAZE.....	49
DEVICE.....	71	DRY MOUTH &		PANCRELIPASE.....	49
ondansetron.....	19	DISCOMFORT.....	110	pantoprazole sodium 20	
ondansetron hcl 24 mg.....	19	ORALAIR.....	2	mg.....	123
ondansetron hcl 4 mg/2ml, 40		ORALAIR ADULT SAMPLE		pantoprazole sodium 40	
mg/20ml.....	19	KIT.....	1	mg.....	123
ondansetron hcl 4 mg/5ml....	19	ORALAIR ADULT STARTER		PARAFON FORTE DSC....	113
ondansetron hcl 8 mg, 4 mg.....	19	PACK.....	1	PARLODEL.....	27
ONETOUCH CLUB LANCETS		ORALAIR.....		PARNATE.....	13
FINE POINT.....	71	CHILDREN/ADOLESCENTS		paroxetine hcl 20 mg, 10 mg, 30	
ONETOUCH COMBO PACK.....	71	STARTER PACK.....	2	mg, 40 mg.....	14
ONETOUCH DELICA LANCETS		ORKAMBI.....	121	paroxetine hcl 37.5 mg, 25 mg,	
EXTRA FINE 33G.....	71	ORTHO MICRONOR.....	37	12.5 mg.....	14
ONETOUCH DELICA LANCETS		ORTHO TRI-CYCLEN.....	36	PARVA-CAL.....	107
FINE 30G.....	71	ORTHO TRI-CYCLEN LO.....	36	PAXIL 10 MG/5ML.....	14
ONETOUCH DELICA LANCING		ORTHO-CEPT.....	36	PAXIL 30 MG, 10 MG, 20 MG, 40	
DEVICE.....	71	ORTHO-CYCLEN.....	36	MG.....	14
ONETOUCH LANCETS.....	71	ORTHO-NOVUM 1/35.....	36	PAXIL CR.....	14
ONETOUCH ULTRASOFT		ORTHO-NOVUM 7/7/7....	36	PC LANCETS SUPER THIN	
LANCETS.....	71	OSENI.....	16	30G.....	71
OPTICHAMBER		OTICIN HC NR.....	118	PC UNIFINE PENTIPS 29G	
ADVANTAGE.....	105	OTREXUP.....	2	X1/2".....	93
OPTICHAMBER		OVACE PLUS WASH.....	43	PC UNIFINE PENTIPS 31G	
ADVANTAGE/LARGE		OVACE WASH.....	43	X5MM MINI.....	93
MASK.....	105	OVCON-35.....	37	PC UNIFINE PENTIPS 31G	
OPTICHAMBER		OVIDE.....	46	X6MM ULTRA SHORT.....	93
ADVANTAGE/MEDIUM FACE		oxaprozin.....	3	PC UNIFINE PENTIPS 31G	
MASK.....	105	oxazepam.....	8	X8MM SHORT.....	93
OPTICHAMBER		oxcarbazepine.....	12	PCE.....	59
ADVANTAGE/SMALL FACE		oxybutynin chloride 10 mg, 5		ped multivitamins w/fl &	
MASK.....	105	mg, 15 mg.....	124	iron.....	112
OPTICHAMBER DIAMOND.....	105	oxybutynin chloride 5 mg.....	124	PEDIA-LAX 2.8 GM.....	58

PEDIALYTE 20MEQ/L-45MEQ/L-35MEQ/L-5GM/L-20GM/L, 20MEQ/L-45MEQ/L-35MEQ/L-30MEQ/L-25GM/L	107	PEPTO-BISMOL MAX STRENGTH	18	PLEGRIDY STARTER PACK	120
PEDIALYTE FREEZER POPS	107	PEPTO-BISMOL TO-GO	18	PLETAL	55
PEDIAPRED	38	PERCOCET	5	PNEUMOVAX 23	124
pediatric multiple vitamins	112	PERFECT LANCETS 30G	71	PNEUMOVAX 23/1 DOSE	124
pediatric vitamins acid w/ fluoride	112	PERIDEX	109	PNV FOLIC ACID + IRON MULTIVITAMIN	112
pediatric vitamins adc	112	permethrin 1 %	46	PNV PRENATAL PLUS MULTIVITAMIN	112
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	57	permethrin 5 %	46	POCKET CHAMBER	106
peg 3350-potassium chloride-sod bicarbonate-sod chloride	57	perphenazine	29	POCKET SPACER	106
PEGANONE	12	PERPHENAZINE/AMITRIPTYLINE	120	podofilox	45
PEN NEEDLES 29G X 12MM	93	PERSANTINE	55	polyethylene glycol 3350	58
PEN NEEDLES 29GX1/2"	93	PEXEVA	14	POLYMEM DRESSING/3" X 3"	62
PEN NEEDLES 30GX5/16"	93	PHARMACY COUNTER LANCETS	71	POLYMEM DRESSING/4" X 4"	62
PEN NEEDLES 30GX8MM	93	phenazopyridine hcl	54	polymyxin b-trimethoprim	116
PEN NEEDLES 31G X 1/4" SHORT	93	phenelzine sulfate	13	polysaccharide iron complex	56
PEN NEEDLES 31G X 3/16"	93	PHENOBARBITAL 15 MG, 30 MG, 60 MG, 100 MG	56	POLYSPORIN	41
PEN NEEDLES 31G X 5MM	93	phenobarbital 20 mg/5ml	56	POLYTRIM	116
PEN NEEDLES 31G X 6MM	93	phenobarbital 64.8 mg, 32.4 mg, 97.2 mg, 16.2 mg	56	polyvinyl alcohol	115
PEN NEEDLES 31GX5/16"	93	PHENOBARBITAL SODIUM	56	POMALYST	26
PEN NEEDLES 31GX6MM (1/4")	93	phenobarbital-hyoscyamine-atropine-scopolamine	122	pot phosphate monobasic w/ sod phosphate dibasic & monobasic	107
PEN NEEDLES 31GX8MM (5/16")	93	phenylephrine hcl (ophth)	116	potassium bicarbonate	108
PEN NEEDLES 31GX8MM	93	phenylephrine hcl (oral)	114	potassium chloride 10 %, 20 %	108
PEN NEEDLES 32GX4MM	93	phenylephrine-chlorphen-dm	39	potassium chloride 10 meq	108
penicillin v potassium	119	phenylephrine-dm	39	potassium chloride 10 meq, 8 meq	108
PENTIPS 29GX12MM	93	phenylephrine-guaifenesin	39	POTASSIUM CHLORIDE 20 %	108
PENTIPS 31GX5MM	93	phenylephrine-shark liver oil-cocoa butter	6	potassium chloride 20 meq	108
PENTIPS 31GX6MM	93	phenylephrine-shark liver oil-mineral oil-petrolatum	6	potassium chloride 8 meq	108
PENTIPS 31GX8MM	93	phenytoin	12	POTASSIUM CHLORIDE ER	108
PENTIPS 32GX4MM	93	phenytoin sodium extended	12	potassium chloride microencapsulated crystals cr	108
pentoxifylline	55	PHLEXY-VITS	111	potassium citrate (alkalinizer)	53
PEPCID 20 MG	122	pilocarpine hcl	116	potassium citrate-citric acid	53
PEPCID 40 MG	123	pilocarpine hcl (oral)	110	POTIGA	12
PEPCID AC	122	pindolol	34	povidone-iodine	30
PEPCID AC MAXIMUM STRENGTH	122	pioglitazone hcl	17	pramipexole dihydrochloride	27
PEPTO BISMOL	18	pioglitazone hcl-metformin hcl	16	PRAMOTIC	118
PEPTO-BISMOL 262 MG	18	piroxicam	3	pramoxine hcl (rectal)	6
PEPTO-BISMOL 262 MG/15ML	18	PLAN B ONE-STEP	37	pramoxine-hc-chloroxylonol	118
PEPTO-BISMOL INSTACOOOL	18	PLAQUENIL	24	PRAVACHOL	21
		PLAVIX	55		
		PLEGRIDY	120		

pravastatin sodium.....	21	PREFERRED PLUS INSULIN	PRENATAL 160MG-11UNIT-
prazosin hcl.....	22	SYRINGE/U-100/0.3ML/29G X	200MG-25MG-1.84MG-27MG-
PRE SUN KIDS.....	48	1/2".....	4000UNIT-18MG-1.7MG-4MCG-
PRE-NATAL FORMULA... ..	112	PREFERRED PLUS INSULIN	400UNIT-800MCG-2.6MG-
PRECISION SURE-DOSE		SYRINGE/U-100/0.3ML/30G X	100MG, 30UNIT-4000UNIT-
INSULIN SYRINGE/0.3ML/30G X		5/16".....	25MG-1.8MG-200MG-28MG-
5/16".....	93	PREFERRED PLUS INSULIN	20MG-1.7MG-8MCG-400UNIT-
PRECISION SURE-DOSE		SYRINGE/U-100/0.5ML/28G X	0.8MG-2.6MG-120MG,
INSULIN SYRINGE/0.5ML/28G X		1/2".....	4000UNIT-30UNIT-25MG-
1/2".....	93	PREFERRED PLUS INSULIN	1.8MG-200MG-28MG-20MG-
PRECISION SURE-DOSE		SYRINGE/U-100/0.5ML/29G X	1.7MG-8MCG-400UNIT-
INSULIN SYRINGE/0.5ML/29G X		1/2".....	800MCG-2.6MG-120MG,
1/2".....	93	PREFERRED PLUS INSULIN	11UNIT-263MG-25MG-1.5MG-
PRECISION SURE-DOSE		SYRINGE/U-100/0.5ML/30G X	27MG-4000UNIT-18MG-1.7MG-
INSULIN SYRINGE/0.5ML/30G X		5/16".....	4MCG-400UNIT-0.8MG-2.6MG-
3/8".....	93	PREFERRED PLUS INSULIN	100MG, 4000UNIT-30UNIT-
PRECISION SURE-DOSE		SYRINGE/U-100/1ML/28G X	200MG-25MG-1.8MG-28MG-
INSULIN SYRINGE/1ML/28G X		1/2".....	20MG-1.7MG-8MCG-400UNIT-
1/2".....	93	PREFERRED PLUS INSULIN	800MCG-2.6MG-120MG,
PRECISION SURE-DOSE		SYRINGE/U-100/1ML/29G X	30UNIT-4000UNIT-25MG-
PLUSINSULIN		1/2".....	1.8MG-200MG-28MG-20MG-
SYRINGE/0.3ML/29G X 1/2" 93		PREFERRED PLUS INSULIN	1.7MG-8MCG-400UNIT-
PRECISION SURE-DOSE		SYRINGE/U-100/1ML/30G X	800MCG-2.6MG-120MG,
PLUSINSULIN		5/16".....	30UNIT-25MG-1.8MG-200MG-
SYRINGE/1ML/29G X 1/2" ..	93	PREFERRED PLUS LANCETS	28MG-20MG-1.7MG-4000UNIT-
PRECISION THIN		COLORED 21G.....	8MCG-400UNIT-800MCG-
LANCETS.....	71	PREFERRED PLUS LANCETS	2.6MG-120MG.....
PRECISION THINS GP		SUPER THIN 30G.....	113
LANCET.....	71	PREFERRED PLUS LANCETS	PRENATAL 22MG-2MG-25MG-
PRECISION ULTRA		THIN 26G.....	1.84MG-200MG-27MG-
LANCET.....	71	PREFERRED PLUS UNIFINE	4000UNIT-20MG-3MG-12MCG-
PRECISION XTRA.....	49	PENTIPS 29G X 12MM... ..	400UNIT-1MG-10MG-120MG
PRED FORTE.....	117	PREFERRED PLUS UNIFINE	
PRED MILD.....	117	PENTIPS 31G X 6MM ULTRA	113
PRED-G.....	117	SHORT.....	PRENATAL 4000UNIT-200MG-
PREDATOR.....	46	PREFERRED PLUS UNIFINE	11UNIT-27MG-25MG-1.84MG-
prednicarbate.....	44	PENTIPS 31G X 8MM	18MG-1.7MG-4MCG-400UNIT-
prednisolone.....	38	SHORT.....	0.8MG-2.6MG-100MG.....
prednisolone acetate		PREFERRED PLUS UNIFINE	113
(ophth).....	117	PENTIPS 32GX4MM.....	PRENATAL AND IRON... ..
PREDNISOLONE SODIUM		PREFERRED PLUS UNIFINE	112
PHOSPHATE 1 %.....	117	PENTIPS/MINI/31GX5MM	PRENATAL FORMULA 30UNIT-
prednisolone sodium phosphate		PREMARIN 0.45 MG, 1.25 MG,	200MG-4000UNIT-25MG-1.8MG-
15 mg/5ml.....	38	0.3 MG, 0.625 MG, 0.9 MG52	28MG-20MG-1.7MG-8MCG-
prednisolone sodium phosphate		PREMARIN 0.625	800MCG-2.6MG-120MG-
20 mg/5ml.....	38	MG/GM.....	400UNIT.....
prednisolone sodium phosphate		127	112
5 mg/5ml, 6.7 mg/5ml.....	38	PREMIUM CONDOMS	PRENATAL FORMULA 35MG-
prednisone 10 mg, 1 mg, 5 mg,		LUBRICATED.....	30UNIT-4000UNIT-200MG-
2.5 mg, 20 mg.....	38	PREMIUM PACKETS....	25MG-1.8MG-200MG-28MG-
PREDNISONE 10 MG, 5 MG38		PREMPHASE.....	20MG-1.7MG-8MCG-400UNIT-
PREDNISONE 5 MG/5ML... ..	38	52	800MCG-2.6MG-120MG ..
PREDNISONE 50 MG.....	38	PREMPRO.....	112
PREDNISONE INTENSOL..	38		PRENATAL FORTE.....
			112
			PRENATAL LOW IRON... ..
			112
			PRENATAL
			MULTIVITAMIN.....
			112
			PRENATAL ONE DAILY... ..
			112
			PRENATAL PLUS.....
			112
			PRENATAL VITAMIN.....
			113
			PRENATAL
			VITAMIN/IRON.....
			113

PRENATAL VITAMINS.....	113	PROCRIT 40000 UNIT/ML, 2000 UNIT/ML, 10000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 20000 UNIT/ML.55	PROTONIX 20 MG.....	123
PRENATAL VITAMINS PLUS LOW IRON.....	113	PROCTOFOAM.....	PROTONIX 40 MG.....	123
PREPLUS.....	113	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	PROTOPIC.....	45
PREScriptive FORMULAS OPTIMAL VITAMIN PACKS MENS.....	111	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16".....	protriptyline hcl.....	15
PREScriptive FORMULAS OPTIMAL VITAMIN PACKS WOMENS.....	111	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" 94	PROVERA.....	119
PRESSURE ACTIVATED SAFETYLANCET 21G.....	71	PRODIGY LANCING DEVICE.....	PROZAC 10 MG, 20 MG... 14	
PREVACID 15 MG.....	123	PRODIGY TWIST TOP LANCETS.....	PROZAC 40 MG.....	14
PREVACID 24HR.....	123	PROFILNINE.....	pseudoephed-bromphen-dm.39	
PREVACID 30 MG.....	123	PROFILNINE SD.....	pseudoephedrine hcl 120 mg.....	114
PREVIDENT.....	109	progesterone micronized 100 mg.....	pseudoephedrine hcl 15 mg/5ml.....	114
PREVIDENT 5000 DRY MOUTH.....	109	progesterone micronized 200 mg.....	pseudoephedrine hcl 30 mg, 60 mg.....	114
PREVIDENT 5000 PLUS...109		PROGRAF 5 MG, 0.5 MG, 1 MG.....	pseudoephedrine w/ codeine- gg.....	40
PREVIDENT FLUORIDE...109		PROGRAF 5 MG/ML.....	pseudoephedrine-chlorphen-dm	40
PREVNAR 13.....	124	PROMACTA.....	pseudoephedrine-guaifenesin 60mg-600mg, 120mg- 1200mg.....	40
PREZCOBIX.....	31	promethazine & phenylephrine.....	pseudoephedrine-ibuprofen 200mg-30mg.....	40
PREZISTA 100 MG/ML.....	31	promethazine hcl 12.5 mg, 25 mg, 50 mg.....	PSORCON.....	44
PREZISTA 150 MG.....	31	promethazine hcl 25 mg, 50 mg, 12.5 mg.....	PSS SELECT GP LANCETS 71	
PREZISTA 75 MG, 600 MG. 31		promethazine hcl 6.25 mg/5ml.....	PSS SELECT SAFETY LANCETS.....	71
PREZISTA 800 MG.....	31	promethazine w/codeine...39	psyllium 0.52 gm, 520 mg...57	
PRILOSEC 10 MG.....	123	promethazine-dm.....	psyllium 30.9 %, 58.6 %, 33 %, 28.3 %, , 48.57 %, 30 %, 100 %.....	57
PRILOSEC 40 MG, 20 MG.123		promethazine-phenylephrine- codeine.....	PTS PANELS KETONE TEST.....	49
PRIMAQUINE PHOSPHATE 24		PROMETHAZINE/PHENYLEP HRINE.....	PUBLIX ADVANCED LANCING DVICE.....	71
primidone.....	12	PROMETRIUM 100 MG...119	PULMICORT.....	9
PRINIVIL.....	22	PROMETRIUM 200 MG...119	PULMICORT FLEXHALER...9	
PRISTIQ.....	14	propafenone hcl.....	PULMOZYME.....	121
PRO COMFORT ALCOHOL PADS.....	75	propranolol hcl 160 mg, 60 mg, 80 mg, 120 mg.....	PURE & FREE BABY SUNSCREEN BROAD SPECTRUM SPF 60+.....	48
PRO COMFORT PEN NEEDLES/31G X 8MM.....	94	PROPRANOLOL HCL 20 MG/5ML, 40 MG/5ML.....	PURIXAN.....	25
PRO COMFORT PEN NEEDLES/32G X 4MM.....	94	propranolol hcl 40 mg, 10 mg, 20 mg, 80 mg, 60 mg.....	PUSH BUTTON SAFETY LANCETS 21G.....	71
PRO COMFORT PEN NEEDLES/32G X 5MM.....	94	PROPRANOLOL/HYDROCHL OROTHIAZIDE.....	PUSH BUTTON SAFETY LANCETS 28G.....	71
PRO COMFORT PEN NEEDLES/32G X 6MM.....	94	propylthiouracil.....	PX ADVANCED LANCING DEVICE.....	71
probenecid.....	54	PROSCAR.....	PX EXTRA SHORT PEN NEEDLES 31GX6MM.....	94
PROCARDIA.....	34	PROSHIELD PLUS SKIN PROTECTANT.....	PX INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2".....	94
PROCARDIA XL 30 MG, 90 MG.....	34		PX INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	94
PROCARDIA XL 60 MG...34				
prochlorperazine.....	29			
prochlorperazine edisylate...29				
prochlorperazine maleate 5 mg, 10 mg.....	29			

PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	94	QUESTRAN	21	RA PEN NEEDLES 31G X 8MM5/16"	95
PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	94	QUESTRAN LIGHT	21	RA PRENATAL	113
PX INSULIN SYRINGE/U-100/1ML/30G X 1/2"	94	quetiapine fumarate 300 mg, 200 mg, 400 mg, 50 mg, 150 mg	29	RA PRENATAL FORMULA/FOLICACID	113
PX INSULIN SYRINGE/U-100/1ML/31G X 5/16"	94	quetiapine fumarate 50 mg, 200 mg, 100 mg, 25 mg, 400 mg, 300 mg	29	RA RX SUNCARE ADVANCED PROTECTION SPF50	48
PX LANCET AUTO INJECTOR	71	quinapril hcl	22	RA STERILE PADS 2"X2"	63
PX LANCETS ULTRA THIN	71	quinapril-hydrochlorothiazide 10mg-12.5mg	23	RA STERILE PADS 3"X3"	63
PX MINI PEN NEEDLES 31GX5MM	94	quinapril-hydrochlorothiazide 20mg-12.5mg	23	RA STERILE PADS 4"X4"	63
PX OMEPRAZOLE	123	quinapril-hydrochlorothiazide 20mg-25mg	23	RAGWITEK	2
PX PEN NEEDLE 29GX12MM	94	quinidine gluconate	9	raloxifene hcl	51
PX PEN NEEDLE 31GX8MM	94	quinidine sulfate 300 mg	9	ramipril	22
PX PRENATAL MULTIVITAMINS	113	QUINIDINE SULFATE 300 MG, 200 MG	9	ranitidine hcl 150 mg	123
PX SHORTLENGTH PEN NEEDLES/31GX8MM	94	QUINIDINE SULFATE ER	9	ranitidine hcl 150 mg/10ml, 75 mg/5ml, 15 mg/ml	123
pyrazinamide	24	RA ALCOHOL SWABS	75	ranitidine hcl 300 mg	123
pyrethrins-piperonyl butoxide 0.3%-0.33%-4%, 0.33%-4%	46	RA ALL PURPOSE DRESSINGS4"X4"	63	ranitidine hcl 300 mg, 75 mg	123
pyrethrins-piperonyl butoxide 0.33%-4%	46	RA ARTHRITIS PAIN RELIEF	46	RAPAMUNE 0.5 MG, 1 MG, 2 MG	109
pyrethrins-piperonyl butoxide-permethrin-nit remover	46	RA DRESSING SPONGES 4"X4"	63	RAPAMUNE 1 MG/ML	109
PYRIDIUM	54	RA DRY MOUTH	110	RASUVO	2
pyridostigmine bromide	24	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	72	RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY	63
pyridoxine hcl 50 mg, 250 mg, 100 mg, 25 mg	128	RA E-ZJECT LANCETS 28G	72	RAZADYNE	120
QC ADVANCED LANCING DEVICE	71	RA E-ZJECT LANCETS THIN 26G	72	RAZADYNE ER	120
QC ALCOHOL SWABS	75	RA E-ZJECT LANCETS THIN 28G	72	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	95
QC ALL PURPOSE DRESSINGS4"X4"	62	RA E-ZJECT LANCETS ULTRATHIN 30G	72	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	95
QC BORDER ISLAND GAUZE PAD 2"X2"	62	RA E-ZJECT LANCETS	72	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	95
QC LANCETS SUPER THIN	71	RA E-ZJECT LANCETS	72	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	95
QC LANCETS ULTRA THIN	71	RA ESSENCE-C	111	REALITY LANCETS	72
QC PEN NEEDLES 29G X 12MM	94	RA GAUZE SPONGES 4"X4"	63	REALITY LATEX CONDOMS/LUBRICATED	64
QC PEN NEEDLES 31G X 6MM	94	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	95	REALITY LATEX/ULTRA TEXTURED	64
QC PEN NEEDLES 31G X 8MM	94	RA INSULIN SYRINGE/1ML/29G X 1/2"	95	REALITY LATEX/ULTRA THIN	64
QC PRENATAL	113	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	95	REALITY SWABS	75
QC STERILE PADS	62	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	95	REBIF	120
QC UNIFINE PENTIPS 32GX4MM	95	RA LANCING DEVICE	72	REBIF REBIDOSE	120
QC UNILET LANCETS 28G/ULTRA THIN	71	RA OMEPRAZOLE	123	REBIF REBIDOSE TITRATIONPACK	120
QC UNILET LANCETS 33G/MICRO THIN	72	RA PAIN RELIEF	46	REBIF TITRATION PACK	120
		RA PEN NEEDLES 31G X 5MM3/16"	95	RECOMBINATE	54
				RECOMBIVAX HB	126
				REGLAN	53
				RELENZA DISKHALER	33

RELION 2-IN-1 LANCING DEVICE 25G.....	72	REMERON SOLTAB.....	13	RIGHTEST GD500 LANCING DEVICE.....	72
RELION 2-IN-1 LANCING DEVICE 30G.....	72	REQUIP 4 MG, 3 MG, 0.25 MG.....	27	RIGHTEST GL300 LANCETS.....	72
RELION ALCOHOL SWABS.....	75	REQUIP 5 MG, 2 MG, 1 MG, 0.5 MG.....	27	risedronate sodium 35 mg.....	51
RELION INSULIN SYRINGE 1ML/31GX15/64".....	95	RESCON-GG.....	40	risedronate sodium 5 mg, 30 mg.....	51
RELION INSULIN SYRINGE/U- 00/1ML/29G X 1/2".....	95	RESCRIPTOR 100 MG.....	31	RISPERDAL 1 MG, 4 MG, 0.5 MG, 0.25 MG, 2 MG, 3 MG.....	28
RELION INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	95	RESCRIPTOR 200 MG.....	31	RISPERDAL 1 MG/ML.....	28
RELION INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16".....	95	RESERPINE.....	23	RISPERDAL CONSTA.....	28
RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	95	RESTORE CONTACT LAYER/NON-ADHERENT 2"X2".....	63	RISPERDAL M-TAB.....	28
RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	95	RESTORE FOAM DRESSING BORDERED 4"X4".....	63	risperidone 0.25 mg.....	28
RELION INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	95	RESTORE FOAM DRESSING NON-BORDERED 4"X4".....	63	risperidone 0.25 mg, 4 mg, 0.5 mg, 1 mg, 2 mg, 3 mg.....	28
RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16".....	95	RESTORE ODOR ABSORBING DRESSING 4"X4".....	63	risperidone 1 mg/ml.....	28
RELION INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	95	RESTORE TRIO ABSORBENT DRESSING 3"X3".....	63	risperidone 3 mg, 1 mg, 4 mg, 2 mg, 0.5 mg.....	28
RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	95	RESTORIL 15 MG.....	57	RITALIN.....	1
RELION KETONE.....	49	RESTORIL 30 MG.....	57	RITEFLO.....	106
RELION KETONE TEST STRIPS.....	49	RESTORIL 7.5 MG, 22.5 MG.....	57	rivastigmine.....	120
RELION LANCETS MICRO- THIN33G.....	72	RETIN-A 0.01 %.....	41	rivastigmine tartrate.....	120
RELION LANCETS STANDARD 21G.....	72	RETIN-A 0.025 %.....	41	RIXUBIS.....	54
RELION LANCETS THIN 26G.....	72	RETIN-A 0.1 %, 0.025 %, 0.05 %.....	41	rizatriptan benzoate.....	106
RELION LANCETS ULTRA- THIN30G.....	72	RETROVIR 100 MG.....	31	ROBAXIN.....	113
RELION LANCING DEVICE.....	72	RETROVIR 50 MG/5ML.....	31	ROBAXIN-750.....	113
RELION MINI PEN NEEDLES 31GX6MM.....	95	RETROVIR IV INFUSION.....	31	ROBINUL.....	122
RELION PEN NEEDLES 29GX12MM.....	95	REVATIO 10 MG/12.5ML.....	35	ROBINUL FORTE.....	122
RELION PEN NEEDLES 31GX6MM.....	95	REVATIO 10 MG/ML.....	35	ROBITUSSIN DM.....	40
RELION PEN NEEDLES 31GX8MM.....	95	REVATIO 20 MG.....	35	ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH.....	40
RELION PEN NEEDLES 32GX4MM.....	95	REVIA.....	18	ROBITUSSIN PEAK COLD DM.....	40
RELION SHORT PEN NEEDLES31GX8MM.....	95	REXALL LANCETS ULTRA THIN.....	72	ROC MULTI CORREXION 5 IN1 DAILY MOISTURIZER SPF 30.....	48
RELION ULTRA THIN LANCETS30G.....	72	REXULTI.....	30	ROC MULTI CORREXION LIFTANTI-GRAVITY DAY MOISTURIZER SPF30.....	48
RELION ULTRA THIN PLUS LANCETS 32G.....	72	REYATAZ 150 MG, 200 MG, 300 MG.....	31	ROC RETINOL CORREXION SPF30.....	48
RELION ULTRA THIN PLUS LANCETS 33G.....	72	REYATAZ 50 MG.....	31	ROCALTROL.....	51
RELPAK.....	106	RHEUMATREX.....	2	ropinirole hydrochloride 4 mg, 3 mg, 0.25 mg.....	27
REMEDY NUTRASHIELD.....	46	RIASTAP.....	54	ropinirole hydrochloride 5 mg, 0.5 mg, 2 mg, 1 mg.....	27
REMERON.....	13	riboflavin 50 mg, 100 mg.....	128	ROXICODONE.....	5
		RID.....	46	RYTHMOL.....	9
		RID COMPLETE LICE ELIMINATION.....	46	SAFE-T-LANCE LOW FLOW 25G.....	72
		RIFADIN.....	24	SAFE-T-LANCE NORMAL FLOW21G.....	72
		rifampin.....	24		
		RIGHT STEP PRENATAL.....	113		

SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW.....72	SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....96	sertraline hcl 50 mg, 25 mg..14
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW.....72	SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....96	SFROWASA.....53
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....95	SB INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....96	SHADE SUNBLOCK SPF 4548
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" 95	SB INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....96	SHADE UVAGUARD SPF 15.....48
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16".....95	SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....96	SHOHL'S SOLUTION MODIFIED.....53
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2".. 95	SB LANCETS THIN.....72	SHOPKO ALCOHOL SWABS.....75
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2".....96	SB LANCETS ULTRA THIN.....72	SHOPKO AUTOLET LANCING DEVICE.....72
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2".....96	SB OMEPRAZOLE.....123	SHOPKO ON-THE-GO COMFORTLANCETS 30G...72
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....96	SCHNUCKS INSULIN SYRINGEULTI-FINE/U- 100/0.5ML/29G X 1/2".....96	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM.....96
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....96	SCHNUCKS INSULIN SYRINGEULTI-FINE/U- 100/0.5ML/30G X 5/16".....96	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM.....96
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salicylic acid.....45	SELZENTRY 150 MG.....31	SILVADENE.....43
saline.....114	SELZENTRY 300 MG.....31	silver sulfadiazine.....43
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SAVELLA.....120	SENOKOT XTRA.....58	
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SB ALCOHOL PREP PADS.75	SEROQUEL.....29	
	SEROQUEL XR.....29	
	SEROSTIM.....51	
	sertraline hcl 100 mg.....14	
	sertraline hcl 20 mg/ml.....14	

simethicone 20 mg/0.3ml, 40 mg/0.6ml.....	53	sodium fluoride (dental) 1.1 %.....	109	SUDAFED CONGESTION.....	115
simethicone 80 mg.....	52	sodium phosphates.....	58	SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH.....	115
SIMPLE DIAGNOSTICS LANCING DEVICE.....	72	sodium polystyrene sulfonate.....	109	SUDAFED PE CONGESTION.....	115
simvastatin 20 mg, 10 mg, 5 mg, 40 mg.....	21	SODIUM SULFACETAMIDE/SULFUR.....	41	sulfacetamide sod-prednisolone.....	117
simvastatin 80 mg.....	21	SOF-WICK 4"X4".....	63	sulfacetamide sodium.....	43
SINEMET.....	27	SOLBAR AVO.....	48	SULFACETAMIDE SODIUM.....	116
SINEMET CR.....	27	SOLBAR PF SPF15.....	48	sulfacetamide sodium (acne).....	41
SINGLE-LET.....	72	SOLQUA 100/33.....	16	sulfacetamide sodium (ophth).....	116
SINGULAIR.....	9	SOLUS V2 LANCING DEVICE.....	73	sulfacetamide sodium w/ sulfur.....	41
sirolimus.....	109	SONATA.....	57	sulfamethoxazole-trimethoprim.....	7
SIVEXTRO.....	8	SORBITOL.....	58	sulfasalazine.....	53
SKIN BEAUTY & WELLNESS.....	111	sotalol hcl (afib/afl).....	34	sulindac.....	3
SKYLA.....	37	sotalol hcl 240 mg.....	34	sumatriptan.....	106
SLO-NIACIN.....	128	sotalol hcl 80 mg, 120 mg, 160 mg.....	34	sumatriptan succinate 50 mg, 25 mg, 100 mg.....	106
SM ALCOHOL PREP PADS.....	75	SPINOSAD.....	46	sumatriptan succinate 6 mg/0.5ml.....	106
SM GAUZE PADS 2"X2".....	63	spironolactone.....	50	SUMATRIPTAN SUCCINATE 6 MG/0.5ML.....	106
SM GAUZE PADS 3"X3".....	63	spironolactone & hydrochlorothiazide.....	50	sunscreens.....	48
SM GAUZE PADS 4"X4".....	63	SPORANOX.....	19	SUPER NU-THERA.....	111
SM GLUCOSE.....	16	SPORANOX PULSEPAK.....	19	SUPER THIN LANCETS.....	73
SM INSULIN SYRINGE/1ML/31G X 5/16".....	96	SPRYCEL.....	26	SUPERVITE EC.....	111
SM IPECAC SYRUP.....	18	SSKI.....	107	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	96
SM MICRO THIN LANCETS 33G.....	72	STARLIX.....	17	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	96
SM OMEPRAZOLE.....	123	stavudine 1 mg/ml.....	31	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	96
SM PRENATAL VITAMINS.....	113	stavudine 30 mg, 40 mg, 15 mg, 20 mg.....	31	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	96
SM STERILE PADS.....	63	STERILANCE TL.....	73	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	97
SM STERILE PADS 2"X2".....	63	STERILE GAUZE PADS 2"X2".....	63	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	97
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SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	73	STERILE PADS 2"X2".....	63	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	97
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SMART SENSE THIN LANCETS UNIVERSAL 26G.....	73	STIOLTO RESPIMAT.....	10		
SMARTEST LANCETS 28G.....	73	STIVARGA.....	26		
sodium bicarbonate (antacid).....	7	STRIBILD.....	32		
sodium chloride.....	108	STROVITE FORTE.....	111		
sodium chloride (gu irrigant).....	53	SUBOXONE 2MG-0.5MG, 4MG-1MG.....	6		
sodium chloride (inhalant) 10 %, 0.9 %, 3 %.....	40	SUBOXONE 8MG-2MG, 12MG-3MG.....	6		
sodium citrate & citric acid.....	53	sucralfate.....	123		
sodium fluoride.....	107	SUDAFED.....	115		
sodium fluoride (dental) 0.2 %.....	109	SUDAFED CHILDRENS.....	115		

SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	97	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	97	TARGRETIN.....	26
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	97	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	97	TASIGNA.....	26
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	97	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	98	TAVIST ALLERGY.....	20
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	97	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	98	tazarotene.....	42
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	97	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	98	TAZORAC 0.05 %.....	42
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	97	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	98	TAZORAC 0.1 %.....	42
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	97	SURE-LANCE THIN LANCETS 28G.....	73	TAZORAC 0.1 %, 0.05 %...	42
SURE COMFORT LANCING PEN.....	73	SURE-LANCE ULTRA THIN LANCETS.....	73	TEARS NATURALE PM...	115
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	97	SURE-PEN.....	73	TECFIDERA.....	120
SURE COMFORT PEN NEEDLES30GX5/16".....	97	SURE-TOUCH LANCETS UNIVERSAL.....	73	TECFIDERA STARTER PACK.....	120
SHORT.....	97	SURELITE LANCETS.....	73	TECHLITE AST LANCETS..	73
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	97	SURMONTIL.....	15	TECHLITE LANCETS.....	73
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	97	SUSTIVA 200 MG.....	32	TECHLITE LANCETS 30G..	73
SURE COMFORT PEN NEEDLES32GX5/32".....	97	SUSTIVA 50 MG.....	32	TECHLITE PEN NEEDLES 29GX 12 MM.....	98
SURE COMFORT PEN NEEDLES32GX6MM.....	97	SUSTIVA 600 MG.....	32	TECHLITE PEN NEEDLES 31GX 5MM.....	98
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM.....	97	SUTENT.....	26	TECHLITE PEN NEEDLES/31GX 5MM.....	98
SURE-FINE PEN NEEDLES 31GX3/16" 5MM.....	97	SW OMEPRAZOLE.....	123	TECHLITE PEN NEEDLES/31GX 6 MM.....	98
SURE-FINE PEN NEEDLES 31GX5/16" 8MM.....	97	SYMBICORT.....	10	TECHLITE PEN NEEDLES/31GX 8MM.....	98
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	97	SYMLINPEN 120.....	15	TECHLITE PEN NEEDLES/32GX 4MM.....	98
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	97	SYMLINPEN 60.....	15	TECHLITE PEN NEEDLES/32GX 6MM.....	98
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	97	SYNAGEX.....	111	TEGADERM FOAM DRESSING 2"X2".....	63
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	97	SYNAGIS.....	118	TEGADERM FOAM DRESSING 4"X4".....	63
		SYNAREL.....	51	TEGRETOL.....	12
		SYNATEK.....	111	TEGRETOL-XR.....	12
		SYNTHROID.....	121	TEKTURNA.....	24
		tacrolimus.....	109	TEKTURNA HCT.....	23
		tacrolimus (topical).....	45	telmisartan.....	22
		TAFINLAR.....	26	telmisartan-hydrochlorothiazide	23
		TAGAMET HB.....	123	temazepam 15 mg.....	57
		TAMIFLU 30 MG.....	33	temazepam 30 mg.....	57
		TAMIFLU 6 MG/ML.....	33	temazepam 7.5 mg, 22.5 mg	57
		TAMIFLU 75 MG, 45 MG..	33	TEMODAR 100 MG.....	25
		tamoxifen citrate.....	25	TEMODAR 20 MG, 250 MG, 100 MG, 140 MG, 5 MG, 180 MG	25
		tamsulosin hcl.....	53	TEMOVATE.....	44
		TAPAZOLE.....	121	TEMOVATE E.....	44
		TARCEVA.....	26	temozolomide.....	25
				TENCON.....	4
				TENEX.....	23
				TENIVAC.....	122

TENORETIC 100.....	23	thiamine mononitrate.....	128	TODAYS HEALTH SHORT PEN	
TENORETIC 50.....	23	THINLETS GP LANCETS.....	73	NEEDLES 31G X 5/16".....	98
TENORMIN.....	33	THINLETS LANCET.....	73	TODAYS HEALTH SUPER	
TERAZOL 3.....	127	thioridazine hcl.....	29	THINLANCETS 30G.....	73
TERAZOL 7.....	127	thiothixene.....	30	TODAYS HEALTH ULTRA	
terazosin hcl.....	23	thyroid.....	121	THINLANCETS 28G.....	73
terbinafine hcl.....	19	THYROLAR-1.....	122	TOFRANIL.....	15
terbinafine hcl (topical).....	42	THYROLAR-1/2.....	122	TOFRANIL-PM.....	15
terbutaline sulfate.....	10	THYROLAR-1/4.....	122	TOLMETIN SODIUM 200 MG,	
terconazole vaginal 0.4 %.....	127	THYROLAR-2.....	122	600 MG.....	3
terconazole vaginal 0.8 %.....	127	THYROLAR-3.....	122	TOLMETIN SODIUM 400 MG.....	3
terconazole vaginal 80 mg.....	127	tiagabine hcl.....	12	tolmetin sodium 400 mg.....	3
TESSALON PERLES.....	38	TIAZAC.....	34	tolnaftate.....	42
testosterone cypionate.....	6	TIKOSYN.....	9	tolterodine tartrate 2 mg, 1	
TETANUS/DIPHTHERIA		TIMOLOL MALEATE.....	34	mg.....	124
TOXOIDS-ADSORBED.....	122	timolol maleate (ophth) 0.25		tolterodine tartrate 4 mg, 2	
TETANUS/DIPHTHERIA		%.....	115	mg.....	124
TOXOIDS-ADSORBED		timolol maleate (ophth) 0.5		TOPAMAX.....	12
ADULT.....	122	%.....	115	TOPAMAX SPRINKLE 15	
tetrahydrozoline hcl (ophth).....	116	TIMOPTIC 0.25 %.....	115	MG.....	12
TGT ADVANCED LANCING		TIMOPTIC 0.5 %.....	115	TOPAMAX SPRINKLE 25	
DEVICE.....	73	TIMOPTIC OCUDOSE.....	115	MG.....	12
TGT ALCOHOL SWABS.....	75	TIMOPTIC-XE.....	115	TOPCARE CLICKFINE	
TGT LANCET ALTERNATE		TINACTIN.....	42	UNIVERSAL PEN EEDLES	
SITE.....	73	TINACTIN JOCK ITCH.....	42	31GX1/4".....	98
TGT LANCET MICRO THIN		tioconazole vaginal.....	127	TOPCARE CLICKFINE	
33G.....	73	TIVICAY.....	32	UNIVERSAL PEN EEDLES	
TGT LANCET SUPER THIN		tizanidine hcl.....	114	31GX5/16".....	98
30G.....	73	TOBI.....	2	TOPCARE LANCETS MICRO-	
TGT LANCET THIN 23G.....	73	TOBI PODHALER.....	2	THIN 33G.....	73
TGT LANCET THIN 26G.....	73	TOBRADEX.....	117	TOPCARE ULTRA COMFORT	
TGT LANCET ULTRA THIN		tobramycin.....	2	INSULIN SYRINGE/0.3ML/30G X	
28G.....	73	tobramycin (ophth).....	116	5/16".....	98
TGT LANCET ULTRA THIN		tobramycin sulfate 1.2 gm.....	2	TOPCARE ULTRA COMFORT	
30G.....	73	tobramycin sulfate 10 mg/ml,		INSULIN SYRINGE/0.3ML/31G X	
TGT LANCING DEVICE.....	73	1.2 gm/30ml, 80 mg/2ml, 40		5/16".....	98
TGT OMEPRAZOLE.....	123	mg/ml.....	2	TOPCARE ULTRA COMFORT	
TH PRENATAL VITAMINS.....	113	TOBRAMYCIN SULFATE 10		INSULIN SYRINGE/0.5ML/31G X	
THEO-24.....	10	MG/ML, 40 MG/ML.....	2	5/16".....	98
theophylline 450 mg, 200 mg,		tobramycin-		TOPCARE ULTRA COMFORT	
300 mg, 100 mg.....	10	dexamethasone.....	117	INSULIN SYRINGE/1ML/30G X	
theophylline 600 mg, 400 mg.....	10	TOBREX.....	116	5/16".....	98
theophylline 80 mg/15ml.....	10	TODAYS HEALTH ADVANCED		TOPCARE ULTRA COMFORT	
THERA-FLUR-N.....	109	LANCING DEVICE.....	73	INSULIN SYRINGE/U-	
THERAGAUZE.....	63	TODAYS HEALTH MINI PEN		100/0.3ML/29G X 1/2".....	98
THERANATAL CORE		NEEDLES 31G X 1/4".....	98	TOPCARE ULTRA COMFORT	
NUTRITION.....	113	TODAYS HEALTH ORIGINAL		INSULIN SYRINGE/U-	
THERANATAL LACTATION		PEN NEEDLES 29G X		100/0.5ML/29G X 1/2".....	98
COMPLETE.....	111	1/2".....	98	TOPCARE ULTRA COMFORT	
THERANATAL LACTATION				INSULIN SYRINGE/U-	
SUPPORT.....	111			100/1ML/29G X 1/2".....	98
thiamine hcl.....	128				

TOPCO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	98	triamcinolone acetonide (mouth).....	109	TROJAN ULTRA PLEASURE/LUBRICATED ..	64
TOPCO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	98	triamcinolone acetonide (nasal).....	114	TROJAN VERY SENSITIVE LUBRICATED.....	64
TOPCO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	99	triamcinolone acetonide (topical) 0.025 %.....	44	TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT	64
TOPCO INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	99	triamcinolone acetonide (topical) 0.1 %.....	44	TROJAN VERY THIN LUBRICATED.....	64
TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	99	triamcinolone acetonide (topical) 0.1 %, 0.025 %...	44	TROJAN VERY THIN SPERMICIDAL LUBRICANT	64
TOPICORT.....	44	triamcinolone acetonide (topical) 0.5 %.....	44	TROJAN-ENZ LUBRICANT ..	64
topiramate 100 mg, 25 mg, 200 mg, 50 mg.....	12	TRIAMINIC COLD & COUGH DAY TIME CHILDRENS...	40	TROJAN-ENZ LUBRICATED.....	64
topiramate 15 mg.....	12	triamterene & hydrochlorothiazide.....	50	TROJAN-ENZ W/SPERMICIDAL.....	65
topiramate 25 mg.....	12	TRIAMTERENE/HYDROCHLOROTHIAZIDE ..	50	tropicamide.....	116
TOPPER DRESSING SPONGES 4"X4".....	63	TRIAZOLAM 0.125 MG.....	57	trospium chloride.....	124
TOPROL XL 200 MG.....	33	triazolam 0.25 mg.....	57	TRUE METRIX BLOOD GLUCOSE TEST STRIPS...	49
TOPROL XL 50 MG, 25 MG, 100 MG.....	33	TRICARE.....	113	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS.....	49
torsemide.....	50	trifluoperazine hcl.....	29	TRUECONTROL GLUCOSE CONTROL LEVEL 0.....	73
TOTAL BLOCK SPF 60 COVERUP.....	48	trifluridine.....	116	TRUECONTROL GLUCOSE CONTROL LEVEL 1.....	73
TOTAL BLOCK SPF 65 CLEAR.....	48	TRIGLIDE.....	21	TRUEDRAW LANCING DEVICE.....	73
TRACLEER.....	35	trihexyphenidyl hcl 0.4 mg/ml.....	27	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	99
TRADJENTA.....	16	trihexyphenidyl hcl 5 mg, 2 mg.....	27	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	99
tramadol hcl.....	5	TRILEPTAL.....	12	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	99
tramadol-acetaminophen.....	5	trimethoprim.....	7	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	99
trandolapril 2 mg, 1 mg.....	22	trimipramine maleate 100 mg, 25 mg, 50 mg.....	15	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	99
trandolapril 4 mg.....	22	TRINTELLIX.....	14	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	99
tranexamic acid.....	56	TRIUMEQ.....	32	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	99
TRANXENE T.....	8	TRIZIVIR.....	32	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	99
tranylcypromine sulfate.....	13	TROJAN EXTENDED PLEASURE/LUBRICATED ..	64	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	99
TRAVEL LANCETS 30G.....	73	TROJAN MAGNUM.....	64	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	99
TRAVEL LANCETS ADVANCED 28G.....	73	TROJAN MAGNUM WARM SENSATIONS.....	64	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	99
trazodone hcl 150 mg, 100 mg, 50 mg.....	14	TROJAN MAGNUM XL LUBRICATED.....	64	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	99
trazodone hcl 300 mg.....	14	TROJAN PLEASURE MESH/SPERMICIDAL.....	64	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	99
TRECATOR.....	24	TROJAN RIBBED W/SPERMICIDAL.....	64	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	99
TRELSTAR.....	25	TROJAN SHARED SENSATION/LUBRICATED ..	64		
TRELSTAR MIXJECT.....	25	TROJAN SUPRAS SPERMICIDAL.....	64		
tretinoin (chemotherapy).....	26	TROJAN TWISTED PLEASURE.....	64		
tretinoin 0.01 %.....	41				
tretinoin 0.025 %.....	41				
tretinoin 0.05 %, 0.1 %, 0.025 %.....	41				
TRETEN.....	54				
TREXALL.....	25				
TRI-NORINYL 28.....	37				
TRI-VIT/FLUORIDE/IRON ..	112				

TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	99	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED.....	65	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16".....	99
TRUEPLUS LANCETS 26G.....	73	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDDERED.....	65	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2".....	99
TRUEPLUS LANCETS 28G.....	73	TRUSTEX/RIA LUBRICATED.....	65	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2".....	99
SUPER THIN.....	73	TRUSTEX/RIA LUBRICATED SPERMICIDE.....	65	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2".....	99
TRUEPLUS LANCETS 30G.....	73	TRUSTEX/RIA LUBRICATED/SPERMICIDE	65	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2".....	100
TRUEPLUS LANCETS 30G ULTRA THIN.....	73	TRUVADA.....	32	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2".....	100
TRUEPLUS LANCETS 33G.....	74	TUDORZA PRESSAIR.....	9	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	100
TRUEPLUS PEN NEEDLES 29GX12MM.....	99	TUMS.....	7	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16".....	100
TRUEPLUS PEN NEEDLES 31GX5MM.....	99	TUMS CHEWY BITES.....	7	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	100
TRUEPLUS PEN NEEDLES 31GX6MM.....	99	TUMS E-X 750.....	7	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	100
TRUEPLUS PEN NEEDLES 31GX8MM.....	99	TUMS KIDS.....	7	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	100
TRUEPLUS PEN NEEDLES 32GX4MM.....	99	TUMS LASTING EFFECTS.....	7	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	100
TRUEPLUS SAFETY LANCETS 28G.....	74	TUMS SMOOTHIES.....	7	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	100
TRUETEST BLOOD GLUCOSE TEST.....	49	TUMS ULTRA 1000.....	7	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	100
TRUETEST BLOOD GLUCOSE TEST STRIPS.....	49	TWINRIX.....	126	ULTICARE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	100
TRUETEST GLUCOSE CONTROLLEVEL 1.....	74	TYBOST.....	32	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	100
TRUETEST GLUCOSE CONTROLLEVEL 2.....	74	TYKERB.....	26	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	100
TRUETEST GLUCOSE CONTROLLEVEL 3.....	74	TYLENOL.....	4	ULTICARE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	100
TRUETEST STRIPS.....	49	TYLENOL CHILDRENS.....	4	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
TRUETRACK BLOOD GLUCOSE TEST.....	49	TYLENOL EXTRA STRENGTH.....	4	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
TRUETRACK TEST.....	49	TYLENOL INFANTS.....	4	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
TRUSOPT.....	118	TYLENOL INFANTS PAIN+FEVER.....	4	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
TRUSTEX COLOR CONDOMS + LUBE.....	65	TYLENOL/CODEINE #3.....	6	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
TRUSTEX LUBRICATED.....	65	TYLENOL/CODEINE #4.....	6	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
TRUSTEX LUBRICATED EXTRALARGE.....	65	TYSABRI.....	120	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
TRUSTEX LUBRICATED EXTRASTRENGTH.....	65	TYVASO.....	35	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
TRUSTEX LUBRICATED/RIBBED/STUDDERED	65	TYVASO REFILL.....	35	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
TRUSTEX LUBRICATED/SPERMICIDE	65	TYVASO STARTER.....	35	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	65	ULTI-LANCE AUTOMATIC/ CLEAR TIP.....	74	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH.....	65	ULTICARE ALCOHOL SWABS.....	75	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
		ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2".....	99	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
		ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2".....	99	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
		ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2".....	99	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
		ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2".....	99		

ULTICARE INSULIN
 SYRINGE/U-100/0.5ML/30G X
 5/16".....100
 ULTICARE INSULIN
 SYRINGE/U-100/0.5ML/31G X
 5/16".....100
 ULTICARE INSULIN
 SYRINGE/U-100/1ML/29G X
 1/2".....100
 ULTICARE INSULIN
 SYRINGE/U-100/1ML/30G X
 1/2".....100
 ULTICARE INSULIN
 SYRINGE/U-100/1ML/30G X
 5/16".....100
 ULTICARE INSULIN
 SYRINGE/U-100/1ML/31G X
 5/16".....100
 ULTICARE INSULIN
 SYRINGEULTRAFINE U-
 100/0.3ML/31G X 5/16".....100
 ULTICARE INSULIN
 SYRINGEULTRAFINE U-
 100/0.5ML/31G X 5/16".....100
 ULTICARE INSULIN
 SYRINGEULTRAFINE U-
 100/1ML/31G X 5/16".....100
 ULTICARE MICRO PEN
 NEEDLES 31G X 8MM.....100
 ULTICARE MICRO PEN
 NEEDLES 32G X 4MM.....100
 ULTICARE MICRO PEN
 NEEDLES/32G X 4MM.....101
 ULTICARE MINI PEN NEEDLES
 31GX6MM.....101
 ULTICARE MINI PEN NEEDLES
 ULTI-FINE IV.....101
 ULTICARE MINI PEN
 NEEDLES/31G X 6MM.....101
 ULTICARE MINI PEN
 NEEDLES31GX6MM.....101
 ULTICARE ORIGINAL PEN
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 SYRINGE/0.3ML/31G X
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 ULTILET INSULIN
 SYRINGE/0.5ML/30G X
 8MM.....101
 ULTILET INSULIN
 SYRINGE/1ML/30G X
 8MM.....101
 ULTILET INSULIN
 SYRINGE/1ML/31G X
 8MM.....101
 ULTILET INSULIN
 SYRINGE/SHORT/0.3ML/30G
 X 12.7MM.....101
 ULTILET INSULIN
 SYRINGE/SHORT/0.3ML/30G
 X 5/16".....101
 ULTILET INSULIN
 SYRINGE/SHORT/0.3ML/31G
 X 5/16".....101
 ULTILET INSULIN
 SYRINGE/SHORT/0.5ML/30G
 X 5/16".....101
 ULTILET INSULIN
 SYRINGE/SHORT/0.5ML/31G
 X 5/16".....101
 ULTILET INSULIN
 SYRINGE/SHORT/1ML/30G X
 5/16".....101
 ULTILET INSULIN
 SYRINGE/SHORT/1ML/31G X
 5/16".....101
 ULTILET INSULIN
 SYRINGE/U-100/0.5ML/30G X
 1/2".....101
 ULTILET INSULIN
 SYRINGE/U-100/1ML/30G X
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 ULTILET PEN NEEDLE
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 ULTILET SHORT PEN
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 NEEDLES31GX3/16"....101
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 ULTRA-COMFORT INSULIN
 SYRINGE/U-100/0.3ML/30G X
 5/16".....102
 ULTRA-COMFORT INSULIN
 SYRINGE/U-100/0.3ML/31G X
 5/16".....102
 ULTRA-COMFORT INSULIN
 SYRINGE/U-100/0.5ML/28G X
 1/2".....102
 ULTRA-COMFORT INSULIN
 SYRINGE/U-100/0.5ML/29G X
 1/2".....102
 ULTRA-COMFORT INSULIN
 SYRINGE/U-100/0.5ML/30G X
 5/16".....102
 ULTRA-COMFORT INSULIN
 SYRINGE/U-100/0.5ML/31G X
 5/16".....102
 ULTRA-COMFORT INSULIN
 SYRINGE/U-100/1ML/28G X
 1/2".....102
 ULTRA-COMFORT INSULIN
 SYRINGE/U-100/1ML/29G X
 1/2".....102
 ULTRA-COMFORT INSULIN
 SYRINGE/U-100/1ML/30G X
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 ULTRA-COMFORT INSULIN
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 ULTRA-THIN II INSULIN
 SYRINGE SHORT/U-
 100/0.3ML/31GX5/16"....102
 ULTRA-THIN II INSULIN
 SYRINGE SHORT/U-
 100/0.5ML/30GX5/16"....102
 ULTRA-THIN II INSULIN
 SYRINGE SHORT/U-
 100/0.5ML/31GX5/16"....102
 ULTRA-THIN II INSULIN
 SYRINGE SHORT/U-
 100/1ML/30GX5/16".....102

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ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	102	UNISOM SLEEPGELS.....	56	VALUE PLUS LANCETS THIN 26G.....	74
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UNIFINE PENTIPS 31GX5MM.....	102	UROCIT-K 5.....	53	VANCOCIN HCL 125 MG.....	7
UNIFINE PENTIPS 31GX6MM.....	102	URSO 250.....	53	VANCOCIN HCL 250 MG.....	7
UNIFINE PENTIPS 31GX8MM.....	102	ursodiol 250 mg.....	53	vancomycin hcl 1000 mg.....	7
UNIFINE PENTIPS 32GX4MM.....	102	ursodiol 300 mg.....	53	vancomycin hcl 125 mg.....	7
UNIFINE PENTIPS PLUS 29GX12MM.....	103	V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	103	vancomycin hcl 250 mg.....	7
UNIFINE PENTIPS PLUS 31GX5MM.....	103	V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	103	vancomycin hcl 500 mg.....	7
UNIFINE PENTIPS PLUS 31GX6MM.....	103	V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	103	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2".....	103
UNIFINE PENTIPS PLUS 31GX8MM.....	103	V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	103	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16".....	103
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UNILET COMFORTOUCH LANCET.....	74	VAGISTAT-1.....	127	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16".....	103
UNILET EXCELITE.....	74	valacyclovir hcl 1000 mg, 1 gm.....	32	VANTAS.....	26
UNILET EXCELITE II.....	74	valacyclovir hcl 500 mg.....	32	VAQTA.....	126
UNILET G.P. LANCET.....	74	VALCYTE.....	32	VASERETIC.....	24
UNILET G.P. SUPERLITE LANCET.....	74	valganciclovir hcl.....	32	VASOTEC.....	22
UNILET GP 28 ULTRA THIN.....	74	VALIUM.....	8	venlafaxine hcl 37.5 mg, 225 mg, 150 mg, 75 mg.....	15
UNILET LANCET.....	74	valproate sodium.....	13	venlafaxine hcl 50 mg, 25 mg, 75 mg, 100 mg, 37.5 mg.....	15
UNILET LANCETS MICRO- THIN33G.....	74	valproic acid.....	13	venlafaxine hcl 75 mg, 150 mg, 37.5 mg.....	15
UNILET LANCETS SUPER- THIN30G.....	74	valsartan.....	22	VENLAFAXINE HCL ER 225 MG.....	15
		valsartan-hydrochlorothiazide	24	VENLAFAXINE HCL ER 37.5 MG, 150 MG, 75 MG.....	15
		VALTREX 1 GM.....	32	VENTAVIS.....	35
		VALTREX 500 MG.....	33	VENTOLIN HFA.....	10
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verapamil hcl 120 mg, 180 mg, 240 mg.....	34	VIROPTIC.....	116	WALGREENS THIN LANCETS.....	74
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verapamil hcl 360 mg.....	34	VISINE EXTRA.....	116	warfarin sodium.....	10
verapamil hcl 80 mg, 120 mg, 40 mg.....	34	VISTARIL.....	8	WATCHHALER.....	106
VERELAN 180 MG, 120 MG, 240 MG.....	34	VISTEC X-RAY DETECTABLE SPONGES 4"X4" 16 PLY..	63	WATER BABIES SPF 30....	48
VERELAN 360 MG.....	34	VITALET PRO PLUS LANCETS.....	74	WEBCOL ALCOHOL PREP LARGE 1 PLY.....	75
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VERSACLOZ.....	29	vitamin a.....	127	WEBCOL ALCOHOL PREP MEDIUM 2 PLY.....	76
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VEXOL.....	117	VITAMIN C/ELECTROLYTES.....	111	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM..	103
VIBRAMYCIN.....	121	vitamin e 15 unit/0.3ml...	127	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM.....	103
VICTOZA.....	16	vitamin e 400 unit, 200 unit, 100 unit.....	127	WELLBUTRIN.....	13
VIDA MIA AUTOLET LANCINGDEVICE.....	74	VITAMINS TO GO MAXIMUM.....	111	WELLBUTRIN SR.....	13
VIDA MIA UNIFINE PENTIPS32GX4MM.....	103	VITAMINS TO GO MEN.....	111	WELLBUTRIN XL.....	13
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM..	103	VITAMINS TO GO WOMEN.....	111	white petrolatum-mineral oil	115
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM.....	103	vitamins w/ lipotropics....	113	WILATE.....	54
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VIDA MIA UNILET LANCETS ULTRA THIN 28G.....	74	VIVELLE-DOT 0.025 MG/24HR, 0.1 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR.	52	XALATAN.....	118
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM.....	103	VIVELLE-DOT 0.0375 MG/24HR.....	52	XALKORI.....	26
VIDEX EC.....	32	VIVITROL.....	19	XANAX.....	8
VIDEXPEDIATRIC.....	32	VOL-PLUS.....	113	XARELTO 10 MG.....	10
VIGAMOX.....	116	VORTEX VALVED HOLDING CHAMBER.....	106	XARELTO 15 MG.....	10
VIIBRYD.....	14	VOSPIRE ER.....	10	XARELTO 20 MG.....	10
VIIBRYD 20 MG, 10 MG, 40 MG.....	14	VOTRIENT.....	26	XELODA.....	25
VIIBRYD STARTER PACK..	14	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"....	103	XOLIDO XP.....	46
VIMPAT.....	12	VPRIV.....	55	XTANDI.....	26
VIRACEPT 250 MG.....	32	VRAYLAR.....	28	XULANE.....	37
VIRACEPT 625 MG.....	32	VYTORIN.....	21	XYNTHA.....	55
VIRAMUNE 200 MG.....	32	VYVANSE.....	1	XYNTHA SOLOFUSE.....	55
VIRAMUNE 50 MG/5ML.....	32	W&F LANCETS 26G.....	74	YASMIN 28.....	37
VIRAMUNE XR 100 MG.....	32	W&F LANCETS COLORED 21G.....	74	YAZ.....	37
VIRAMUNE XR 400 MG.....	32	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G.....	74	ZADITOR.....	118
VIREAD 250 MG, 200 MG, 150 MG, 300 MG.....	32	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G.....	74	zaleplon.....	57
VIREAD 40 MG/GM.....	32	WALGREENS GLUCOSE.....	16	ZANAFLEX.....	114
		WALGREENS LANCETS.....	74	ZANTAC 150 MAXIMUM STRENGTH.....	123
				ZANTAC 150 MG.....	123
				ZANTAC 300 MG.....	123
				ZANTAC 75.....	123
				ZARONTIN.....	12

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ZAVESCA.....	55	ZOMIG 5 MG, 2.5 MG....	107
ZEBETA.....	33	ZOMIG ZMT.....	107
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ZENPEP.....	49	zonisamide.....	12
ZEPATIER.....	32	ZORBTIVE.....	51
ZERIT 1 MG/ML.....	32	ZORTRESS.....	109
ZERIT 20 MG, 15 MG, 30 MG, 40 MG.....	32	ZOSTAVAX.....	126
ZESTORETIC 20MG-12.5MG, 10MG-12.5MG.....	24	ZOSTRIX ARTHRITIS PAIN RELIEF.....	46
ZESTORETIC 20MG-25MG.....	24	ZOSTRIX DIABETIC FOOT PAIN.....	46
ZESTRIL 10 MG, 30 MG, 20 MG, 40 MG, 5 MG.....	22	ZOVIRAX 200 MG.....	33
ZESTRIL 2.5 MG.....	22	ZOVIRAX 200 MG/5ML....	33
ZETIA.....	21	ZOVIRAX 400 MG.....	33
ZIAC.....	24	ZOVIRAX 5 %.....	43
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ZIAGEN 300 MG.....	32	ZYBAN.....	121
zidovudine 100 mg.....	32	ZYKADIA.....	26
zidovudine 300 mg.....	32	ZYLOPRIM.....	54
zidovudine 50 mg/5ml.....	32	ZYPREXA 10 MG.....	29
ZINBRYTA.....	120	ZYPREXA 5 MG, 15 MG, 20 MG, 7.5 MG, 10 MG, 2.5 MG.....	29
ZINC.....	112	ZYPREXA RELPREVV....	29
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zinc sulfate.....	108	ZYRTEC ALLERGY.....	20
ziprasidone hcl.....	28	ZYRTEC CHILDRENS ALLERGY.....	20
ZITHROMAX 1 GM.....	58	ZYRTEC-D ALLERGY/CONGESTION.....	40
ZITHROMAX 100 MG/5ML..	59	ZYTIGA.....	26
ZITHROMAX 200 MG/5ML..	59	ZZZQUIL.....	56
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