

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 2 fills not to exceed 68 total day's supply in the first 90 days of eligibility.. Please note, the timeframe for PA requirements on controlled medications may be shorter than 90 days. This will allow you and your doctor time to consider other medications that do not require PA and to learn the proper steps for obtaining a PA. SilverSummit's PDL and PA List identify the drugs that will require PA once you have been a managed care member for 90 days. If you are not sure when you will need to have your medications prior authorized or you have other questions about continuing to get your medications, call member services at 1-844-366-2880 (TTY 1-844-804-6086).

96-Hour Emergency Supply Policy

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

Step Therapy

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

Dispensing Limits, Quantity Limits, and Age Limits

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

Medical Necessity Requests

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

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

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

Appropriate Use and Safety Edits

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

DUR (Drug Utilization Review) Programs

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

Mandatory Generic Substitution

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

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

Over-The-Counter Medications

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

Filling a Prescription

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

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

Maintenance Medications

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

SilverSummit Healthplan Pharmacy Program - Additional Information

Working with Our Pharmacy Benefit Managers

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

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

AcariaHealth – Biopharmaceuticals and Injectables

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

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

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

Pharmacy and Therapeutics Committee

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

Unapproved Use of Preferred Medication

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

Benefit Exclusions

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

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

Newly Approved Products

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

Medical Benefits

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

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

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

DME/Home Health Benefits

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

1. Enteral products
2. Nebulizers
3. Medical supplies

Injectable Drugs

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

We help keep you informed

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

Contacts for Pharmacy Appeals/Grievances

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

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

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

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

Abbreviations

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

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

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

Drug Tier Definitions

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl tbc</i> 18 mg, 20 mg, 27 mg, 54 mg	F	QL(1 ea daily); AL(At least 6 yrs old)
NUVIGIL TABS (Use <i>Armodafinil</i>)	NF	PA
RITALIN TABS 10 MG, 20 MG (Use <i>Methylphenidate HCl</i>)	NF	QL(3 ea daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (Use <i>Methylphenidate HCl</i>)	NF	QL(6 ea daily); AL(At least 3 yrs old)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

Allergenic Extracts

GRASTEK SUBL 2800 BAU	F	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
ORALAIR ADULT SAMPLE KIT SUBL	F	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR ADULT STARTER PACK SUBL	F	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR CHILDREN/ADOLESCENT S STARTER PACK SUBL	F	QL(3 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR SUBL	F	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
RAGWITEK SUBL 12 AMB A 1-U	F	QL(1 ea daily); AL(At least 18 yrs old - Up to 65 yrs old)

ALTERNATIVE MEDICINES

Alternative Medicine - M's

<i>melatonin tabs</i> or 3 mg, 5 mg	F	QL(1 ea daily)
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AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

Aminoglycosides

Drug Name	Drug Tier	Requirements/ Limits
BETHKIS NEBU	F	PA; QL(1 ml daily); SP
KITABIS PAK NEBU	F	PA; QL(1 ml daily); SP
<i>neomycin sulfate tabs</i>	F	
TOBI NEBU (Use <i>Tobramycin</i>)	NF	PA; QL(1 ml daily); SP
TOBI PODHALER CAPS	F	PA; QL(2 ea daily); SP
TOBRAMYCIN NEBU	F	PA; QL(1 ml daily); SP
<i>tobramycin nebu</i>	F	PA; QL(1 ml daily); SP
TOBRAMYCIN SULFATE SOLN 10 MG/ML, 40 MG/ML	F	
<i>tobramycin sulfate soln</i> 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml	F	
<i>tobramycin sulfate solr</i> 1.2 gm	F	

ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions

Anti-TNF-alpha - Monoclonal Antibodies

HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	F	PA; SP
HUMIRA PEN PNKT 40 MG/0.8ML	F	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	F	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	F	PA; SP
HUMIRA PSKT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	F	PA; SP

Antirheumatic Antimetabolites

OTREXUP SOAJ	F	SP
RASUVO SOAJ	F	SP

Drug Name	Drug Tier	Requirements/ Limits
RHEUMATREX TABS	F	
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	F	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (Use Ibuprofen)	NF	
ALEVE ARTHRITIS TABS (Use Naproxen Sodium)	NF	QL(2 ea daily)
ALEVE TABS (Use Naproxen Sodium)	NF	QL(2 ea daily)
ANAPROX DS TABS (Use Naproxen Sodium)	NF	
CELEBREX CAPS 400 MG (Use Celecoxib)	NF	PA; QL(2 ea daily)
CELEBREX CAPS 50 MG, 100 MG, 200 MG (Use Celecoxib)	NF	PA; QL(1 ea daily)
celecoxib caps 400 mg	F	PA; QL(2 ea daily)
celecoxib caps 50 mg, 100 mg, 200 mg	F	PA; QL(1 ea daily)
CHILDRENS ADVIL SUSP (Use Ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use Ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use Oxaprozin)	NF	
diclofenac potassium tabs 50 mg	F	
diclofenac sodium tb24 or 100 mg	F	
diclofenac sodium tbec or 25 mg, 50 mg, 75 mg	F	
EC-NAPROSYN TBEC (Use Naproxen)	NF	QL(2 ea daily)
etodolac caps	F	
etodolac tabs	F	
etodolac tb24	F	
FELDENE CAPS (Use Piroxicam)	NF	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	F	
<i>naproxen tbec 375 mg, 500 mg</i>	F	QL(2 ea daily)
<i>oxaprozin tabs 600 mg</i>	F	
<i>piroxicam caps</i>	F	
<i>sulindac tabs</i>	F	
TOLMETIN SODIUM CAPS 400 MG	F	
<i>tolmetin sodium caps 400 mg</i>	F	
TOLMETIN SODIUM TABS 200 MG, 600 MG	F	
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	F	PA; SP
ENBREL SOSY	F	PA; SP
ENBREL SURECLICK SOAJ	F	PA; SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	F	
<i>butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg</i>	F	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg</i>	F	QL(4 ea daily)
<i>butalbital-aspirin-caffeine caps 50mg-40mg-325mg</i>	F	QL(4 ea daily)
ESGIC TABS (Use Butalbital-Acetaminophen-Caffeine)	NF	QL(4 ea daily)
FIORINAL CAPS (Use Butalbital-Aspirin-Caffeine)	NF	QL(4 ea daily)
TENCON TABS 325MG-50MG	F	
Analgesics Other		
<i>acetaminophen caps or 500 mg</i>	F	

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>aspirin tbec or 81 mg, 324 mg, 325 mg</i>	F	
BUFFERIN TABS (<i>Use Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide)</i>)	NF	
<i>choline & mag salicylate liqd</i>	F	
<i>diflunisal tabs</i>	F	
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, 30 mg, 60 mg</i>	F	QL(2 ea daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS 15 MG, 30 MG, 60 MG (<i>Use Codeine Sulfate</i>)	NF	QL(2 ea daily); AL(At least 12 yrs old)
DEMEROL TABS OR 100 MG (<i>Use Meperidine HCl</i>)	NF	QL(6 ea daily)
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (<i>Use Hydromorphone HCl</i>)	NF	QL(8 ea daily)
DOLOPHINE TABS 10 MG (<i>Use Methadone HCl</i>)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (<i>Use Methadone HCl</i>)	NF	QL(4 ea daily)
DURAGESIC PT72 (<i>Use Fentanyl</i>)	NF	Limit 10 patches per month; QL(0.34 ea daily)
EMBEDA CPCR	F	
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	F	Limit 10 patches per month; QL(0.34 ea daily)
HYDROMORPHONE HCL SUPP RE 3 MG	F	QL(12 ea per fill retail)

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

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

Drug Name	Drug Tier	Requirements/ Limits
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (Use Oxycodone w/ Acetaminophen)	NF	QL(6 ea daily)
<i>tramadol-acetaminophen tabs 37.5mg-325mg</i>	F	QL(4 ea daily); AL(At least 18 yrs old)
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	NF	QL(6 ea daily); AL(At least 12 yrs old)
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	NF	QL(6 ea daily); AL(At least 12 yrs old)
ULTRACET TABS (Use Tramadol-Acetaminophen)	NF	QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	F	PA
<i>buprenorphine hcl-naloxone hcl dihydrate film</i>	F	PA
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	F	PA
SUBOXONE FILM	F	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24	F	QL(1 ea daily)
ANDROXY TABS	F	
DEPO-TESTOSTERONE SOLN 200 MG/ML (Use Testosterone Cypionate)	NF	Limit 4mls per month;QL(0.14 29 ml daily)
METHITEST TABS 10 MG	F	
<i>testosterone cypionate soln 200 mg/ml</i>	F	Limit 4mls per month;QL(0.14 29 ml daily)
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		

Drug Name	Drug Tier	Requirements/ Limits
CORTENEMA ENEM (Use Hydrocortisone (Intrarectal))	NF	QL(420 ml per fill retail)
hydrocortisone (intrarectal) enem 100 mg/60ml	F	QL(420 ml per fill retail)
Rectal Combinations		
phenylephrine-shark liver oil-cocoa butter supp	F	QL(12 ea per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum oint	F	QL(30 gm per fill retail)
Rectal Local Anesthetics		
pramoxine hcl (rectal) foam 1 %	F	QL(15 gm per fill retail)
PROCTOFOAM FOAM (Use Pramoxine HCl (Rectal))	NF	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC CREA (Use Hydrocortisone (Rectal))	NF	QL(30 gm per fill retail)
hydrocortisone (rectal) crea 2.5 %	F	QL(30 gm per fill retail)
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone chew 200mg-25mg-200mg	F	
alum & mag hydrox-simethicone liqd 200mg/5ml-20mg/5ml-200mg/5ml	F	QL(24 ml daily)
alum & mag hydrox-simethicone liqd 400mg/5ml-40mg/5ml-400mg/5ml	F	
alum & mag hydrox-simethicone susp 200mg/5ml-20mg/5ml-200mg/5ml, 200mg/5ml-20mg/5ml-200mg/5ml-20mg/5ml-200mg/5ml	F	QL(24 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
alum & mag hydrox-simethicone susp 400mg/5ml-40mg/5ml-400mg/5ml, 400mg/5ml-40mg/5ml-400mg/5ml-40mg/5ml-400mg/5ml	F	
GELUSIL CHEW 200MG-25MG-200MG (Use Alum & Mag Hydrox-Simethicone)	NF	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use Alum & Mag Hydrox-Simethicone)	NF	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP OR	F	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs	F	Limit 496 per month;QL(16.5 4 ea daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) chew 500 mg, 750 mg, 1000 mg	F	
TUMS CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS CHEWY BITES CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS E-X 750 CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS EXTRA STRENGTH 750 CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS KIDS CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS LASTING EFFECTS CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS SMOOTHIES CHEW (Use Calcium Carbonate (Antacid))	NF	

Drug Name	Drug Tier	Requirements/ Limits
TUMS ULTRA 1000 CHEW (Use Calcium Carbonate (Antacid))	NF	
Antacids - Magnesium Salts		
magnesium oxide tabs 400 mg	F	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FIRVANQ SOLR	F	QL(300 ml per fill retail)
FLAGYL TABS 250 MG, 500 MG (Use Metronidazole)	NF	
metronidazole tabs or 250 mg, 500 mg	F	
trimethoprim tabs	F	
VANCOCIN HCL CAPS 125 MG (Use Vancomycin HCl)	NF	QL(4 ea daily)
VANCOCIN HCL CAPS 250 MG (Use Vancomycin HCl)	NF	QL(8 ea daily)
vancomycin hcl caps or 125 mg	F	QL(4 ea daily)
vancomycin hcl caps or 250 mg	F	QL(8 ea daily)
vancomycin hcl solr iv 1000 mg	F	QL(14 ea per fill retail)
vancomycin hcl solr iv 500 mg	F	Limit 14 per month;QL(0.46 7 ea daily)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use Sulfamethoxazole-Trimethoprim)	NF	
BACTRIM TABS (Use Sulfamethoxazole-Trimethoprim)	NF	
sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml	F	
sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg	F	

Drug Name	Drug Tier	Requirements/ Limits
Leprostatics		
dapsone tabs	F	
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG (Use Clindamycin HCl)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (Use Clindamycin Palmitate Hydrochloride)	NF	Limit 1 package per claim;QL(100 ml per fill retail)
clindamycin hcl caps 150 mg, 300 mg	F	
clindamycin palmitate hydrochloride solr 75 mg/5ml	F	Limit 1 package per claim;QL(100 ml per fill retail)
Oxazolidinones		
SIVEXTRO TABS OR 200 MG	F	PA; QL(6 ea per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate)	NF	
ISOSORBIDE DINITRATE ER TBCR	F	
isosorbide dinitrate tabs	F	
isosorbide mononitrate tabs 10 mg, 20 mg	F	QL(2 ea daily)
isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg	F	QL(1 ea daily)
NITRO-BID OINT	F	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use Nitroglycerin)	NF	
nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg	F	
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	F	
NITROSTAT SUBL (Use Nitroglycerin)	NF	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs 15 mg</i>	F	QL(4 ea daily)
<i>buspirone hcl tabs 30 mg, 7.5 mg</i>	F	QL(3 ea daily)
<i>buspirone hcl tabs 5 mg, 10 mg</i>	F	QL(6 ea daily)
<i>droperidol soln</i>	F	
HYDROXYZINE HCL SOLN IM 25 MG/ML	F	
<i>hydroxyzine hcl soln im 50 mg/ml</i>	F	
<i>hydroxyzine hcl syrup or 10 mg/5ml</i>	F	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	F	
HYDROXYZINE PAMOATE CAPS 100 MG	F	
<i>hydroxyzine pamoate caps 25 mg, 50 mg</i>	F	
<i>meprobamate tabs</i>	F	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	NF	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	QL(4 ea daily)
ATIVAN SOLN IJ 2 MG/ML, 4 MG/ML (Use Lorazepam)	NF	
ATIVAN TABS OR 0.5 MG, 2 MG (Use Lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use Lorazepam)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	F	QL(4 ea daily)
<i>clorazepate dipotassium tabs</i>	F	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DIAZEPAM SOLN IJ 5 MG/ML	F	
DIAZEPAM SOLN OR 5 MG/5ML	F	QL(500 ml per fill retail)
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	F	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	F	
<i>lorazepam soln i/j 2 mg/ml, 4 mg/ml, 20 mg/10ml</i>	F	
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	F	QL(3 ea daily)
<i>lorazepam tabs or 1 mg</i>	F	QL(4 ea daily)
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	F	QL(4 ea daily)
OXAZEPAM CAPS 30 MG	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		
<i>disopyramide phosphate caps</i>	F	
NORPACE CAPS (Use Disopyramide Phosphate)	NF	
NORPACE CR CP12 150 MG	F	
<i>quinidine gluconate tbc or 324 mg</i>	F	
QUINIDINE SULFATE TABS	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 150 mg, 225 mg, 300 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
RYTHMOL TABS (<i>Use Propafenone HCl</i>)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs or 200 mg</i>	F	
<i>dofetilide caps</i>	F	
TIKOSYN CAPS (<i>Use Dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	F	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	F	Limit 1 package per month;QL(0.87 gm daily)
INCRUSE ELLIPTA AEPB	F	QL(1 ea daily)
<i>ipratropium bromide soln</i>	F	Limit 1 package per month;QL(12.5 ml daily)
TUDORZA PRESSAIR AEPB	F	Limit 1 package per month;QL(0.03 4 ea daily)
Leukotriene Modulators		
<i>montelukast sodium chew</i>	F	QL(1 ea daily)
<i>montelukast sodium pack</i>	F	QL(1 ea daily)
<i>montelukast sodium tabs</i>	F	QL(1 ea daily)
SINGULAIR CHEW (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR TABS (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 500 MCG	F	PA

Drug Name	Drug Tier	Requirements/ Limits
Steroid Inhalants		
AEROSPAN AERS	F	Limit 1 package per month;QL(0.3 gm daily)
<i>budesonide (inhalation) susp</i>	F	QL(4 ml daily); AL(Up to 6 yrs old)
FLOVENT DISKUS AEPB	F	QL(2 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	F	Limit 1 package per month;QL(0.4 gm daily)
FLOVENT HFA AERO 44 MCG/ACT	F	Limit 1 package per month;QL(0.36 7 gm daily)
PULMICORT FLEXHALER AEPB	F	Limit 1 package per month;QL(0.04 ea daily)
PULMICORT SUSP (<i>Use Budesonide (Inhalation)</i>)	NF	QL(4 ml daily); AL(Up to 6 yrs old)
Sympathomimetics		
ALBUTEROL SULFATE ER TB12	F	
<i>albuterol sulfate nebu in 0.5 %</i>	F	QL(2 ml daily)
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 1.25 mg/3ml</i>	F	QL(12.5 ml daily)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	F	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	F	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	F	
ANORO ELLIPTA AEPB	F	PA
COMBIVENT RESPIMAT AERS	F	Limit 1 package per month;QL(0.13 4 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
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 10 MG, 20 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 or 5 mg, 2.5 mg</i>	F	
VENTOLIN HFA AERS	F	Limit 2 packages per month;QL(0.54 gm daily,8 gm per fill retail)
VENTOLIN HFA AERS	F	Limit 2 packages per month;QL(1.2 gm daily,18 gm per fill retail)
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	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 100 mg, 200 mg, 300 mg, 450 mg</i>	F	
<i>theophylline tb24 400 mg, 600 mg</i>	F	
ANTICOAGULANTS - Blood Thinners		

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

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(9 ml per 7 days retail); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(12 ml per 7 days retail); SP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	F	QL(4 ea daily)
DIASTAT ACUDIAL GEL	F	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIASTAT PEDIATRIC GEL	F	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIAZEPAM GEL RE 10 MG, 20 MG, 2.5 MG	F	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIAZEPAM RECTAL GEL GEL	F	QL(1 ea per fill retail); AL(Up to 21 yrs old)
KLONOPIN TABS (<i>Use Clonazepam</i>)	NF	QL(4 ea daily)
Anticonvulsants - Misc.		
APTIOM TABS	F	
BANZEL SUSP	F	
BANZEL TABS	F	
<i>carbamazepine chew</i>	F	
<i>carbamazepine cp12</i>	F	
<i>carbamazepine susp</i>	F	
<i>carbamazepine tabs</i>	F	
<i>carbamazepine tb12</i>	F	
CARBATROL CP12 (<i>Use Carbamazepine</i>)	NF	
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	F	QL(9 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	F	
MYSOLINE TABS (<i>Use Primidone</i>)	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (<i>Use Gabapentin</i>)	NF	QL(9 ea daily)
NEURONTIN SOLN 250 MG/5ML (<i>Use Gabapentin</i>)	NF	
NEURONTIN TABS 600 MG (<i>Use Gabapentin</i>)	NF	QL(6 ea daily)
NEURONTIN TABS 800 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 100 MG (<i>Use Topiramate</i>)	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>Use Topiramate</i>)	NF	QL(3 ea daily)
TOPAMAX TABS 25 MG, 50 MG (<i>Use Topiramate</i>)	NF	QL(6 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</i>	F	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	F	QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
Succinimides		
CELONTIN CAPS	F	
<i>ethosuximide caps</i>	F	
<i>ethosuximide soln</i>	F	
ZARONTIN CAPS (<i>Use Ethosuximide</i>)	NF	
ZARONTIN SOLN (<i>Use Ethosuximide</i>)	NF	
Valproic Acid		
DEPACON SOLN (<i>Use Valproate Sodium</i>)	NF	
DEPAKENE CAPS (<i>Use Valproic Acid</i>)	NF	
DEPAKENE SOLN (<i>Use Valproate Sodium</i>)	NF	
DEPAKOTE ER TB24 (<i>Use Divalproex Sodium</i>)	NF	
DEPAKOTE SPRINKLES CSDR (<i>Use Divalproex Sodium</i>)	NF	
DEPAKOTE TBEC (<i>Use Divalproex Sodium</i>)	NF	
<i>divalproex sodium csdr</i>	F	
<i>divalproex sodium tb24</i>	F	
<i>divalproex sodium tbec</i>	F	
<i>valproate sodium soln</i>	F	
<i>valproic acid caps 250 mg</i>	F	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 15 mg</i>	F	QL(3 ea daily)
<i>mirtazapine tabs 30 mg</i>	F	QL(1.5 ea daily)
<i>mirtazapine tabs 45 mg, 7.5 mg</i>	F	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	F	QL(3 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl caps 40 mg</i>	F	QL(2 ea daily)
<i>fluoxetine hcl soln 20 mg/5ml</i>	F	QL(20 ml daily, 30 day(s) limit); AL(At least 7 yrs old)
<i>fluoxetine hcl tabs 10 mg</i>	F	QL(1 ea daily); AL(At least 13 yrs old)
<i>fluoxetine hcl tabs 20 mg</i>	F	QL(4 ea daily)
<i>fluoxetine hcl tabs 60 mg</i>	F	
FLUOXETINE HYDROCHLORIDE TABS	F	
FLUOXETINE HYDROCHLORIDE TABS (<i>Use Fluoxetine HCl</i>)	NF	
<i>fluvoxamine maleate cp24 100 mg, 150 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 10 MG (<i>Use Escitalopram Oxalate</i>)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (<i>Use Escitalopram Oxalate</i>)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (<i>Use Escitalopram Oxalate</i>)	NF	QL(4 ea daily)
<i>paroxetine hcl tabs 10 mg</i>	F	QL(6 ea daily)
<i>paroxetine hcl tabs 20 mg</i>	F	QL(3 ea daily)
<i>paroxetine hcl tabs 30 mg, 40 mg</i>	F	QL(2 ea daily)
<i>paroxetine hcl tb24 25 mg, 12.5 mg, 37.5 mg</i>	F	
PAXIL CR TB24 (<i>Use Paroxetine HCl</i>)	NF	
PAXIL SUSP 10 MG/5ML	F	QL(40 ml daily)
PAXIL TABS 10 MG (<i>Use Paroxetine HCl</i>)	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PAXIL TABS 20 MG (<i>Use Paroxetine HCl</i>)	NF	QL(3 ea daily)
PAXIL TABS 30 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 25 mg, 50 mg</i>	F	QL(4 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)
ZOLOFT TABS 25 MG, 50 MG (<i>Use Sertraline HCl</i>)	NF	QL(4 ea daily)
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG, 200 MG	F	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	F	
<i>trazodone hcl tabs or 300 mg</i>	F	QL(2 ea daily)
<i>trazodone hcl tabs or 50 mg, 100 mg, 150 mg</i>	F	
TRINTELLIX TABS	F	PA
VIIBRYD STARTER PACK KIT	F	PA
VIIBRYD TABS	F	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
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	
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>duloxetine hcl cpep 40 mg</i>	F	
EFFEXOR XR CP24 150 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(5 ea daily)
FETZIMA CP24	F	
FETZIMA TITRATION PACK C4PK	F	
KHEDEZLA TB24	F	
PRISTIQ TB24 (<i>Use Desvenlafaxine Succinate</i>)	NF	
<i>venlafaxine hcl cp24 150 mg</i>	F	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	F	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 mg</i>	F	QL(5 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	F	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG, 150 MG, 37.5 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(1 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	F	
<i>venlafaxine hcl tb24 75 mg, 150 mg, 225 mg, 37.5 mg</i>	F	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	F	
AMOXAPINE TABS	F	
ANAFRANIL CAPS (<i>Use Clomipramine HCl</i>)	NF	
<i>clomipramine hcl caps</i>	F	
<i>desipramine hcl tabs or 10 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	F	
<i>desipramine hcl tabs or 25 mg</i>	F	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxepin hcl caps or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	F	
<i>doxepin hcl conc or 10 mg/ml</i>	F	
ELAVIL TABS (Use Amitriptyline HCl)	NF	
<i>imipramine hcl tabs or 10 mg, 25 mg, 50 mg</i>	F	
<i>imipramine pamoate caps</i>	F	
NORPRAMIN TABS 10 MG (Use Desipramine HCl)	NF	
NORPRAMIN TABS 25 MG (Use Desipramine HCl)	NF	QL(2 ea daily)
<i>nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg</i>	F	
<i>nortriptyline hcl soln or 10 mg/5ml</i>	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	
<i>trimipramine maleate caps or 25 mg, 50 mg, 100 mg</i>	F	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	F	
GLYSET TABS 50 MG (Use Miglitol)	NF	
<i>miglitol tabs 50 mg</i>	F	
PRECOSE TABS (Use Acarbose)	NF	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	F	Limit 4 pens per month;QL(0.36 ml daily,100 day(s) limit)

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

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Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TABS	F	QL(2 ea daily)
JENTADUETO XR TB24	F	QL(2 ea daily, 100 day(s) limit)
KAZANO TABS (<i>Use Alogliptin-Metformin HCl</i>)	NF	QL(1 ea daily)
KOMBIGLYZE XR TB24 5MG-1000MG, 2.5MG-1000MG	F	QL(2 ea daily, 100 day(s) limit)
KOMBIGLYZE XR TB24 5MG-500MG	F	QL(4 ea daily, 100 day(s) limit)
OSENI TABS (<i>Use Alogliptin-Pioglitazone</i>)	NF	QL(1 ea daily)
<i>pioglitazone hcl-glimepiride tabs</i>	F	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	F	QL(2 ea daily)
QTERN TABS	F	
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	F	QL(4 ea daily)
SOLIQUA 100/33 SOPN	F	
SYNJARDY TABS 5MG-1000MG, 12.5MG-1000MG	F	QL(2 ea daily)
SYNJARDY TABS 5MG-500MG, 12.5MG-500MG	F	QL(4 ea daily)
SYNJARDY XR TB24	F	
XIGDUO XR TB24 5MG-1000MG, 10MG-1000MG	F	QL(2 ea daily)
XIGDUO XR TB24 5MG-500MG, 10MG-500MG	F	QL(4 ea daily)
Biguanides		
FORTAMET TB24 1000 MG (<i>Use Metformin HCl</i>)	NF	QL(2 ea daily)
FORTAMET TB24 500 MG (<i>Use Metformin HCl</i>)	NF	QL(4 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
GLUMETZA TB24 1000 MG (<i>Use Metformin HCl</i>)	NF	QL(2 ea daily)
GLUMETZA TB24 500 MG (<i>Use Metformin HCl</i>)	NF	QL(4 ea daily)
<i>metformin hcl tabs 1000 mg</i>	F	QL(2 ea daily)
<i>metformin hcl tabs 500 mg</i>	F	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	F	QL(3 ea daily)
<i>metformin hcl tb24 500 mg</i>	F	QL(4 ea daily)
<i>metformin hcl tb24 750 mg, 1000 mg</i>	F	QL(2 ea daily)
METFORMIN HYDROCHLORIDE SOLN	F	
RIOMET SOLN	F	
Diabetic Other		
CVS GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
<i>dextrose (diabetic use) gel 40 %, 15 gm/38gm</i>	F	
GLUCAGEN HYPOKIT SOLR	F	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT KIT	F	QL(1 ea per fill retail)
GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)
GNP GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
GNP QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
KORLYM TABS	F	QL(100 day(s) limit)
LEADER QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
PROGLYCEM SUSP	F	QL(100 day(s) limit)
SM GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)
WALGREENS GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	F	QL(1 ea daily)
JANUVIA TABS	F	QL(1 ea daily)
NESINA TABS (<i>Use Alogliptin Benzoate</i>)	NF	QL(1 ea daily)
ONGLYZA TABS	F	QL(1 ea daily)
TRADJENTA TABS	F	QL(1 ea daily); AL(At least 18 yrs old)
Incretin Mimetic Agents (GLP-1 Receptor		
ADLYXIN SOPN	F	
ADLYXIN STARTER PACK PNKT	F	
BYDUREON PEN PEN	F	Limit 1 syringe per month;QL(0.14 3 ea daily)
BYDUREON SRER	F	Limit 1 syringe per month;QL(0.14 3 ea daily)
BYETTA SOPN 10 MCG/0.04ML	F	Limit 1 syringe per month;QL(0.08 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
BYETTA SOPN 5 MCG/0.02ML	F	Limit 1 syringe per month;QL(0.04 ml daily)
OZEMPIC SOPN	F	
TANZEUM PEN	F	
TRULICITY SOPN	F	
VICTOZA SOPN	F	Limit 3 syringes per month;QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use Pioglitazone HCl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	F	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	F	QL(1 ea daily)
Insulin		
ADMELOG SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
ADMELOG SOLOSTAR SOPN	F	QL(1 ml daily)
AFREZZA POWD	F	
APIDRA SOLN	F	Limit 30mls per month;QL(1 ml daily)
APIDRA SOLOSTAR SOPN	F	QL(1 ml daily)
BASAGLAR KWIKPEN SOPN	F	QL(1 ml daily)
FIASP FLEXTOUCH SOPN	F	QL(1 ml daily)
FIASP SOLN	F	Limit 30mls per month;QL(1 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	F	QL(1 ml daily)
HUMALOG KWIKPEN SOPN	F	QL(1 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	F	QL(1 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 50/50 SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	F	QL(1 ml daily)
HUMALOG MIX 75/25 SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG SOCT	F	QL(1 ml daily)
HUMALOG SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	F	QL(1 ml daily)
HUMULIN 70/30 SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	F	QL(1 ml daily)
HUMULIN N SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN	F	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN	F	QL(1.34 ml daily)
LANTUS SOLN	F	Limit 30mls per month;QL(1 ml daily)
LANTUS SOLOSTAR SOPN	F	QL(1 ml daily)
LEVEMIR FLEXTOUCH SOPN	F	
LEVEMIR SOLN	F	
NOVOLIN 70/30 RELION SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN 70/30 SUSP	F	Limit 40mls per month;QL(1.34 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN N RELION SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN N SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN R RELION SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN R SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLOG FLEXPEN SOPN	F	QL(1 ml daily)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	F	QL(1 ml daily)
NOVOLOG MIX 70/30 SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLOG PENFILL SOCT	F	QL(1 ml daily)
NOVOLOG SOLN	F	Limit 30mls per month;QL(1 ml daily)
TOUJEO MAX SOLOSTAR SOPN	F	
TOUJEO SOLOSTAR SOPN	F	
TRESIBA FLEXTOUCH SOPN	F	
Meglitinide Analogues		
<i>nateglinide tabs</i>	F	QL(3 ea daily)
PRANDIN TABS (<i>Use Repaglinide</i>)	NF	
<i>repaglinide tabs</i>	F	
STARLIX TABS (<i>Use Nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	F	
INVOKANA TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
JARDIANCE TABS	F	QL(1 ea daily, 100 day(s) limit)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (Use Glimepiride)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (Use Glimepiride)	NF	QL(2 ea daily)
CHLORPROPAMIDE TABS	F	
glimepiride tabs 1 mg, 2 mg	F	QL(4 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	
TOLAZAMIDE TABS	F	
TOLBUTAMIDE TABS	F	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic 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	

Drug Name	Drug Tier	Requirements/ Limits
PEPTO-BISMOL INSTACOOOL CHEW (Use Bismuth Subsalicylate)	NF	
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 2 MG (Use Loperamide HCl)	NF	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS 2 MG (Use Loperamide HCl)	NF	QL(8 ea daily)
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	NF	
loperamide hcl caps 2 mg	F	QL(8 ea daily); RX/OTC
loperamide hcl liqd 1 mg/5ml	F	QL(40 ml daily)
loperamide hcl tabs 2 mg	F	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	F	
JADENU TABS	F	PA; SP
Antidotes and Specific Antagonists		
SM IPECAC SYRUP SYRP	F	
Opioid Antagonists		
naloxone hcl soln 0.4 mg/ml	F	QL(2 ml per 90 days retail)
naltrexone hcl tabs	F	
NARCAN LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
VIVITROL SUSR	F	PA; SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml</i>	F	
<i>ondansetron hcl soln or 4 mg/5ml</i>	F	QL(50 ml per fill retail)
<i>ondansetron hcl tabs or 24 mg</i>	F	QL(1 ea per 14 days retail)
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	F	QL(2 ea daily)
ONDANSETRON HYDROCHLORIDE SOLN	F	
<i>ondansetron tbdp</i>	F	QL(2 ea daily)
ZOFRAN ODT TBDP (<i>Use Ondansetron</i>)	NF	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML (<i>Use Ondansetron HCl</i>)	NF	QL(50 ml per fill retail)
ZOFRAN TABS 4 MG, 8 MG (<i>Use Ondansetron HCl</i>)	NF	QL(2 ea daily)
Antiemetics - Anticholinergic		
<i>dimenhydrinate tabs or 50 mg</i>	F	
DRAMAMINE TABS (<i>Use Dimenhydrinate</i>)	NF	
<i>meclizine hcl chew 25 mg</i>	F	
<i>meclizine hcl tabs 25 mg, 12.5 mg</i>	F	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
GRIS-PEG TABS (<i>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
LAMISIL TABS (<i>Use Terbinafine HCl</i>)	NF	QL(1 ea daily, 90 ea per 120 days retail)
<i>nystatin tabs 500000 unit</i>	F	QL(6 ea daily)
<i>terbinafine hcl tabs 250 mg</i>	F	QL(1 ea daily, 90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (<i>Use Fluconazole</i>)	NF	Limit 1 package per claim; QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG (<i>Use Fluconazole</i>)	NF	QL(1 ea daily)
DIFLUCAN TABS 150 MG (<i>Use Fluconazole</i>)	NF	QL(2 ea per fill retail)
DIFLUCAN TABS 200 MG (<i>Use Fluconazole</i>)	NF	QL(2 ea daily)
DIFLUCAN TABS 50 MG (<i>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 100 mg</i>	F	PA; QL(1 ea daily)
SPORANOX CAPS 100 MG (<i>Use Itraconazole</i>)	NF	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS (<i>Use Itraconazole</i>)	NF	PA; QL(1 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
CHLOR-TRIMETON SYRP 2 MG/5ML (<i>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 12.5 MG/5ML (<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)
<i>clemastine fumarate tabs 1.34 mg</i>	F	QL(2 ea daily)
<i>diphenhydramine hcl caps or 25 mg</i>	F	QL(4 ea daily)
<i>diphenhydramine hcl caps or 50 mg</i>	F	QL(4 ea daily); RX/OTC
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	F	QL(240 ml per fill retail); RX/OTC
<i>diphenhydramine hcl liqd or 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml</i>	F	QL(240 ml per fill retail)
<i>diphenhydramine hcl syrp or 12.5 mg/5ml</i>	F	QL(240 ml per fill retail)
<i>diphenhydramine hcl tabs or 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)
ALLEGRA ALLERGY TABS 60 MG (<i>Use Fexofenadine HCl</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>cetirizine hcl chew 5 mg, 10 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(Up to 12 yrs old); RX/OTC
<i>cetirizine hcl syrp 1 mg/ml, 5 mg/5ml</i>	F	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	F	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (<i>Use Loratadine</i>)	NF	QL(240 ml per fill retail)
CLARITIN REDITABS TBDP 10 MG (<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>levocetirizine dihydrochloride tabs 5 mg</i>	F	RX/OTC
<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	
XYZAL ALLERGY 24HR TABS (<i>Use Levocetirizine Dihydrochloride</i>)	NF	RX/OTC
XYZAL TABS 5 MG (<i>Use Levocetirizine Dihydrochloride</i>)	NF	RX/OTC
ZYRTEC ALLERGY TABS (<i>Use Cetirizine HCl</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl)	NF	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
Antihistamines - Phenothiazines		
<i>promethazine hcl soln or 6.25 mg/5ml</i>	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl supp re 25 mg, 50 mg, 12.5 mg</i>	F	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	F	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>ciproheptadine hcl syrp</i>	F	
<i>ciproheptadine hcl tabs</i>	F	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	F	PA
<i>VYTORIN TABS (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	
<i>COLESTID FLAVORED GRAN 5 GM (Use Colestipol HCl)</i>	NF	
<i>COLESTID GRAN 5 GM (Use Colestipol HCl)</i>	NF	
<i>COLESTID TABS 1 GM (Use Colestipol HCl)</i>	NF	
<i>colestipol hcl gran 5 gm</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>colestipol hcl tabs 1 gm</i>	F	
<i>QUESTRAN LIGHT POWD (Use Cholestyramine Light)</i>	NF	
<i>QUESTRAN PACK (Use Cholestyramine)</i>	NF	
<i>QUESTRAN POWD (Use Cholestyramine)</i>	NF	
Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134 mg, 200 mg</i>	F	QL(1 ea daily)
<i>fenofibrate micronized caps 67 mg</i>	F	QL(2 ea daily)
<i>fenofibrate tabs 160 mg</i>	F	QL(1 ea daily)
<i>fenofibrate tabs 54 mg</i>	F	QL(3 ea daily)
<i>gemfibrozil tabs 600 mg</i>	F	QL(2 ea daily)
<i>LOFIBRA CAPS 134 MG, 200 MG (Use Fenofibrate Micronized)</i>	NF	QL(1 ea daily)
<i>LOFIBRA CAPS 67 MG (Use Fenofibrate Micronized)</i>	NF	QL(2 ea daily)
<i>LOFIBRA TABS 160 MG (Use Fenofibrate)</i>	NF	QL(1 ea daily)
<i>LOFIBRA TABS 54 MG (Use Fenofibrate)</i>	NF	QL(3 ea daily)
<i>LOPID TABS (Use Gemfibrozil)</i>	NF	QL(2 ea daily)
<i>TRIGLIDE TABS</i>	F	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs</i>	F	QL(1 ea daily)
<i>CRESTOR TABS (Use Rosuvastatin Calcium)</i>	NF	ST; QL(1 ea daily)
<i>LIPITOR TABS (Use Atorvastatin Calcium)</i>	NF	QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	F	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	F	QL(2 ea daily)
<i>MEVACOR TABS (Use Lovastatin)</i>	NF	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
PRAVACHOL TABS (<i>Use Pravastatin Sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	F	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	F	ST; QL(1 ea daily)
<i>simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg</i>	F	QL(1 ea daily)
<i>simvastatin tabs 80 mg</i>	F	
ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (<i>Use Simvastatin</i>)	NF	QL(1 ea daily)
ZOCOR TABS 80 MG (<i>Use Simvastatin</i>)	NF	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs 10 mg</i>	F	PA
ZETIA TABS (<i>Use Ezetimibe</i>)	NF	PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	F	
NIACOR TABS	F	
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	NF	
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, 10 mg, 20 mg</i>	F	QL(1 ea daily)
<i>captopril tabs</i>	F	QL(3 ea daily)
<i>enalapril maleate tabs</i>	F	QL(2 ea daily)
EPANED SOLR	F	AL(Up to 8 yrs old)
<i>fosinopril sodium tabs</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril tabs 2.5 mg</i>	F	QL(1 ea daily)
<i>lisinopril tabs 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	F	QL(2 ea daily)
LOTENSIN TABS 10 MG, 20 MG (<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 (<i>Use Trandolapril</i>)	NF	QL(1 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 1 mg, 2 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)
ZESTRIL TABS 2.5 MG (<i>Use Lisinopril</i>)	NF	QL(1 ea daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>Use Lisinopril</i>)	NF	QL(2 ea daily)
Angiotensin II Receptor Antagonists		
ATACAND TABS (<i>Use Candesartan Cilexetil</i>)	NF	
AVAPRO TABS (<i>Use Irbesartan</i>)	NF	QL(1 ea daily)
BENICAR TABS (<i>Use Olmesartan Medoxomil</i>)	NF	ST
<i>candesartan cilexetil tabs</i>	F	
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)

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Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil tabs</i>	F	ST
<i>telmisartan tabs</i>	F	QL(1 ea daily)
<i>valsartan tabs</i>	F	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (<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 or 1 mg, 2 mg, 4 mg, 8 mg</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	
TENEX TABS (<i>Use Guanfacine HCl</i>)	NF	
<i>terazosin hcl caps</i>	F	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	NF	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide tabs 10mg-12.5mg, 20mg-12.5mg</i>	F	QL(2 ea daily)
<i>lisinopril & hydrochlorothiazide tabs 20mg-25mg</i>	F	QL(1 ea daily)
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	NF	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	NF	QL(1 ea daily)
LOTREL CAPS 5MG-10MG, 5MG-20MG, 10MG-20MG (Use Amlodipine Besylate-Benazepril HCl)	NF	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide tabs</i>	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)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	F	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	F	ST
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	F	
<i>quinapril-hydrochlorothiazide tabs 10mg-12.5mg</i>	F	QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>minoxidil tabs</i>	F	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM TABS	F	QL(24 ea per fill retail)
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	F	QL(2 ea daily)
<i>chloroquine phosphate tabs 500 mg</i>	F	QL(8 ea per 56 days retail)
<i>hydroxychloroquine sulfate tabs 200 mg</i>	F	
<i>mefloquine hcl tabs</i>	F	
MEFLOQUINE HCL TABS	F	
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	NF	
PRIMAQUINE PHOSPHATE TABS	F	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	NF	
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	NF	
<i>pyridostigmine bromide tabs</i>	F	
<i>pyridostigmine bromide tbcrr</i>	F	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs</i>	F	
ISONIAZID SYRP OR 50 MG/5ML	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>isoniazid tabs or 100 mg, 300 mg</i>	F	
MYAMBUTOL TABS (Use Ethambutol HCl)	NF	
<i>pyrazinamide tabs</i>	F	
RIFADIN CAPS OR 150 MG, 300 MG (Use Rifampin)	NF	
<i>rifampin caps or 150 mg, 300 mg</i>	F	
TRECTOR TABS	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS OR 2 MG (Use Melphalan)	NF	
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	F	
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (Use Cyclophosphamide)	NF	
LEUKERAN TABS	F	
<i>melphalan tabs 2 mg</i>	F	
MYLERAN TABS 2 MG	F	
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use Temozolomide)	NF	PA; SP
TEMODAR SOLR IV 100 MG	F	PA; SP
<i>temozolomide caps</i>	F	PA; SP
Antimetabolites		
<i>capecitabine tabs</i>	F	PA; SP
<i>mercaptopurine tabs</i>	F	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 200 mg/8ml, 250 mg/10ml</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	F	
<i>methotrexate sodium tabs or 2.5 mg</i>	F	
PURIXAN SUSP	F	AL(Up to 8 yrs old)
TREXALL TABS	F	
XELODA TABS (Use <i>Capecitabine</i>)	NF	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	F	PA; SP
ODOMZO CAPS	F	PA; SP
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs 1 mg</i>	F	
ARIMIDEX TABS (Use <i>Anastrozole</i>)	NF	
AROMASIN TABS (Use <i>Exemestane</i>)	NF	ST; Try anastrozole or letrozole first;SP
<i>bicalutamide tabs 50 mg</i>	F	QL(1 ea daily)
CASODEX TABS (Use <i>Bicalutamide</i>)	NF	QL(1 ea daily)
ELIGARD KIT	F	PA; SP
EMCYT CAPS	F	SP
ERLEADA TABS	F	PA
<i>exemestane tabs 25 mg</i>	F	ST; Try anastrozole or letrozole first;SP
FARESTON TABS	F	PA
FEMARA TABS (Use <i>Letrozole</i>)	NF	ST; Try anastrozole or exemastane first
FIRMAGON SOLR	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>flutamide caps</i>	F	
HYDROXYPROGESTERONE CAPROATE SOLN 1.25 GM/5ML	F	PA; Limit 5ml per month;QL(0.16 7 ml daily); AL(At least 16 yrs old); SP
<i>letrozole tabs 2.5 mg</i>	F	ST; Try anastrozole or exemastane first
<i>leuprolide acetate kit</i>	F	PA; SP
LUPRON DEPOT (1-MONTH) KIT	F	PA; SP
LUPRON DEPOT (3-MONTH) KIT	F	PA; SP
LUPRON DEPOT (4-MONTH) KIT	F	PA; SP
LUPRON DEPOT (6-MONTH) KIT	F	PA; SP
LYSODREN TABS	F	SP
MEGACE ORAL SUSP (Use <i>Megestrol Acetate</i>)	NF	
<i>megestrol acetate susp or 40 mg/ml, 400 mg/10ml</i>	F	
<i>megestrol acetate tabs or 20 mg, 40 mg</i>	F	
<i>tamoxifen citrate tabs</i>	F	
TRELSTAR MIXJECT SUSR	F	PA; SP
TRELSTAR SUSR	F	PA; SP
VANTAS KIT	F	PA; SP
XTANDI CAPS	F	PA; SP
ZOLADEX IMPL	F	PA; SP
ZYTIGA TABS 250 MG	F	PA; SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	F	PA; SP
AFINITOR TABS	F	PA; SP
BOSULIF TABS	F	PA; SP
COTELLIC TABS	F	PA; SP
FARYDAK CAPS	F	PA; SP
GILOTRIF TABS	F	PA; SP
GLEEVEC TABS (<i>Use Imatinib Mesylate</i>)	NF	PA; SP
IBRANCE CAPS	F	PA; SP
ICLUSIG TABS	F	PA; SP
<i>imatinib mesylate tabs</i>	F	PA; SP
INLYTA TABS	F	PA; SP
ISTODAX (<i>OVERFILL</i>) SOLR	F	PA; SP
ISTODAX SOLR	F	PA; SP
JAKAFI TABS	F	PA; SP
MEKINIST TABS	F	PA; SP
NEXAVAR TABS	F	PA; SP
NINLARO CAPS	F	PA; SP
ROMIDEPSIN SOLR	F	PA; SP
SPRYCEL TABS	F	PA; SP
STIVARGA TABS	F	PA; SP
SUTENT CAPS	F	PA; SP
TAFINLAR CAPS	F	PA; SP
TARCEVA TABS	F	PA; SP
TASIGNA CAPS 150 MG, 200 MG	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TYKERB TABS	F	PA; SP
VOTRIENT TABS	F	PA; SP
XALKORI CAPS	F	PA; SP
ZELBORAF TABS	F	PA; SP
ZOLINZA CAPS	F	PA; SP
ZYKADIA CAPS	F	PA; SP
Antineoplastics Misc.		
<i>bexarotene caps 75 mg</i>	F	PA; SP
HYDREA CAPS (<i>Use Hydroxyurea</i>)	NF	
<i>hydroxyurea caps 500 mg</i>	F	
MATULANE CAPS	F	SP
TARGRETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	NF	PA; SP
<i>tretinoin (chemotherapy) caps</i>	F	SP
Chemotherapy Rescue/Antidote Agents		
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	F	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	F	
MESNEX TABS OR 400 MG	F	SP
Mitotic Inhibitors		
ETOPOSIDE CAPS OR 50 MG	F	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS OR 0.25 MG, 1 MG	F	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs 25 mg</i>	F	
LODOSYN TABS (<i>Use Carbidopa</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	F	
<i>benztropine mesylate tabs</i>	F	
COGENTIN SOLN (Use <i>Benzotropine Mesylate</i>)	NF	
<i>trihexyphenidyl hcl elix 0.4 mg/ml</i>	F	QL(16.67 ml daily)
<i>trihexyphenidyl hcl tabs 2 mg, 5 mg</i>	F	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps 100 mg</i>	F	
<i>amantadine hcl syrp 50 mg/5ml</i>	F	
<i>bromocriptine mesylate caps</i>	F	
<i>bromocriptine mesylate tabs</i>	F	
<i>carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	F	
<i>carbidopa-levodopa tbc</i> 25mg-100mg, 50mg-200mg	F	
MIRAPEX TABS (Use <i>Pramipexole Dihydrochloride</i>)	NF	QL(3 ea daily)
PARLODEL CAPS (Use <i>Bromocriptine Mesylate</i>)	NF	
PARLODEL TABS (Use <i>Bromocriptine Mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	F	QL(3 ea daily)
REQUIP TABS 0.25 MG, 3 MG, 4 MG (Use <i>Ropinirole Hydrochloride</i>)	NF	QL(6 ea daily)
REQUIP TABS 0.5 MG, 1 MG, 2 MG, 5 MG (Use <i>Ropinirole Hydrochloride</i>)	NF	QL(3 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg</i>	F	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg, 5 mg</i>	F	QL(3 ea daily)
SINEMET CR TBCR (Use <i>Carbidopa-Levodopa</i>)	NF	
SINEMET TABS (Use <i>Carbidopa-Levodopa</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
ELDEPRYL CAPS (Use <i>Selegiline HCl</i>)	NF	
<i>selegiline hcl caps 5 mg</i>	F	
<i>selegiline hcl tabs 5 mg</i>	F	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps or 150 mg, 300 mg, 600 mg</i>	F	
LITHIUM CARBONATE CAPS OR 150 MG, 600 MG (Use <i>Lithium Carbonate</i>)	NF	
<i>lithium carbonate tabs or 300 mg</i>	F	
<i>lithium carbonate tbc</i> or 300 mg, 450 mg	F	
LITHIUM SOLN	F	
LITHOBID TBCR (Use <i>Lithium Carbonate</i>)	NF	
Antipsychotics - Misc.		
EQUETRO CP12	F	
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use <i>Ziprasidone HCl</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)
GEODON SOLR IM 20 MG	F	SP
LATUDA TABS 20 MG, 40 MG, 80 MG, 120 MG	F	
NUPLAZID TABS 17 MG	F	QL(2 ea daily)
VRAYLAR CAPS 3 MG, 6 MG, 1.5 MG, 4.5 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>ziprasidone hcl caps</i>	F	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	F	
FANAPT TITRATION PACK TABS	F	
INVEGA SUSTENNA SUSP 117 MG/0.75ML	F	PA; Limit 1 syringe per month; QL(0.02 7 ml daily); SP
INVEGA SUSTENNA SUSP 156 MG/ML	F	PA; Limit 1 syringe per month; QL(0.03 6 ml daily); SP
INVEGA SUSTENNA SUSP 234 MG/1.5ML	F	PA; Limit 1 syringe per month; QL(0.05 4 ml daily); SP
INVEGA SUSTENNA SUSP 39 MG/0.25ML	F	PA; Limit 1 syringe per month; QL(0.00 9 ml daily); SP
INVEGA SUSTENNA SUSP 78 MG/0.5ML	F	PA; Limit 1 syringe per month; QL(0.01 8 ml daily); SP
INVEGA TB24 (<i>Use Paliperidone</i>)	NF	
INVEGA TRINZA SUSP 273 MG/0.875ML, 410 MG/1.315ML	F	PA; Limit 1 syringe every 3 months; QL(1 ml per 84 days retail); SP
INVEGA TRINZA SUSP 546 MG/1.75ML	F	PA; Limit 1 syringe every 3 months; QL(2 ml per 84 days retail); SP
INVEGA TRINZA SUSP 819 MG/2.625ML	F	PA; Limit 1 syringe every 3 months; QL(3 ml per 84 days retail); SP
<i>paliperidone tb24</i>	F	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	F	QL(2 ea daily)
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	F	
SAPHRIS SUBL	F	
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use Quetiapine Fumarate)	NF	QL(4 ea daily)
SEROQUEL TABS 300 MG, 400 MG (Use Quetiapine Fumarate)	NF	QL(2 ea daily)
SEROQUEL XR TB24 (Use Quetiapine Fumarate)	NF	
VERSACLOZ SUSP	F	
ZYPREXA RELPREVV SUSR	F	PA; Limit 2 vials per month; QL(0.07 2 ea daily); SP
ZYPREXA SOLR IM 10 MG (Use Olanzapine)	NF	
ZYPREXA TABS OR 10 MG, 7.5 MG (Use Olanzapine)	NF	QL(2 ea daily); AL(At least 13 yrs old)
ZYPREXA TABS OR 15 MG, 20 MG (Use Olanzapine)	NF	QL(1 ea daily); AL(At least 13 yrs old)
ZYPREXA TABS OR 5 MG, 2.5 MG (Use Olanzapine)	NF	QL(4 ea daily); AL(At least 13 yrs old)
ZYPREXA ZYDIS TBDP (Use Olanzapine)	NF	QL(1 ea daily); AL(At least 13 yrs old)
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS	F	
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML	F	
<i>chlorpromazine hcl tabs or 10 mg</i>	F	QL(10 ea daily)
<i>chlorpromazine hcl tabs or 25 mg, 50 mg, 100 mg, 200 mg</i>	F	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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, 5 mg, 10 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		
ABILIFY TABS (Use Aripiprazole)	NF	QL(1 ea daily)
<i>aripiprazole soln 1 mg/ml</i>	F	QL(25 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	F	QL(1 ea daily)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	F	QL(1 ea daily)
ARISTADA PRSY 441 MG/1.6ML	F	PA; Limit 1 syringe per month; QL(0.05 7 ml daily); SP
ARISTADA PRSY 662 MG/2.4ML	F	PA; Limit 1 syringe per month; QL(0.08 6 ml daily); SP
ARISTADA PRSY 882 MG/3.2ML	F	PA; Limit 1 syringe per month; QL(0.11 4 ml daily); SP
REXULTI TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
Thioxanthenes		
<i>thiothixene caps</i>	F	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde soln 10%, 10 %</i>	F	QL(90 ml per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate liqd 4 %</i>	F	
<i>dakin's solution soln</i>	F	
DAKINS SOLUTION QUARTER STRENGTH SOLN (Use Dakin's Solution)	NF	
HIBICLENS LIQD (Use Chlorhexidine Gluconate)	NF	
Iodine Antiseptics		
BETADINE SOLN 10 % (Use Povidone-Iodine)	NF	
<i>povidone-iodine soln 10 %</i>	F	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	F	QL(30 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	F	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs 600mg-300mg</i>	F	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs 300mg-150mg-300mg</i>	F	QL(2 ea daily)
APTIVUS CAPS 250 MG	F	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	F	QL(10 ml daily)
<i>atazanavir sulfate caps</i>	F	QL(2 ea daily)
ATRIPLA TABS	F	QL(1 ea daily)
COMBIVIR TABS (Use Lamivudine-Zidovudine)	NF	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
<i>efavirenz caps 200 mg</i>	F	QL(1 ea daily)
<i>efavirenz caps 50 mg</i>	F	QL(2 ea daily)
<i>efavirenz tabs 600 mg</i>	F	QL(1 ea daily)
EMTRIVA CAPS 200 MG	F	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	F	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (Use Lamivudine)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (Use Lamivudine)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (Use Lamivudine)	NF	QL(1 ea daily)
EPZICOM TABS (Use Abacavir Sulfate-Lamivudine)	NF	QL(1 ea daily)
EVOTAZ TABS	F	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	F	QL(4 ea daily)
FUZEON SOLR	F	SP
GENVOYA TABS	F	QL(1 ea daily)
INTELENCE TABS 200 MG	F	QL(2 ea daily)
INTELENCE TABS 25 MG, 100 MG	F	QL(4 ea daily)
INVIRASE CAPS 200 MG	F	QL(10 ea daily)
INVIRASE TABS 500 MG	F	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
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 (Use Atazanavir Sulfate)	NF	QL(2 ea daily)
REYATAZ PACK 50 MG	F	QL(6 ea daily)
<i>ritonavir tabs</i>	F	QL(12 ea daily)
SELZENTRY TABS 150 MG	F	QL(2 ea daily)
SELZENTRY TABS 25 MG, 75 MG	F	QL 2 per day;SL(2 ea daily)
SELZENTRY TABS 300 MG	F	QL(4 ea daily)
<i>stavudine caps</i>	F	QL(2 ea daily)
STRIBILD TABS	F	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use Efavirenz)	NF	QL(1 ea daily)
SUSTIVA CAPS 50 MG (Use Efavirenz)	NF	QL(2 ea daily)
SUSTIVA TABS 600 MG (Use Efavirenz)	NF	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TIVICAY TABS 50 MG	F	
TRIUMEQ TABS	F	QL(1 ea daily)
TRIZIVIR TABS (Use Abacavir Sulfate-Lamivudine-Zidovudine)	NF	QL(2 ea daily)
TRUVADA TABS	F	QL(1 ea daily)
TYBOST TABS	F	QL(1 ea daily)
VIDEX EC CPDR 125 MG	F	QL(1 ea daily)
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (Use Didanosine)	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	F	QL(20 ml daily)
VIRACEPT TABS 250 MG	F	QL(9 ea daily)
VIRACEPT TABS 625 MG	F	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (Use Nevirapine)	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use Nevirapine)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (Use Nevirapine)	NF	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (Use Nevirapine)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	F	QL(8 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	F	QL(1 ea daily)
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	NF	QL(1 ea daily)
VITEKTA TABS	F	QL(1 ea daily)
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	F	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (Use Abacavir Sulfate)	NF	QL(30 ml daily)
ZIAGEN TABS 300 MG (Use Abacavir Sulfate)	NF	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine caps 100 mg</i>	F	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	F	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	F	QL(2 ea daily)
CMV Agents		
VALCYTE TABS 450 MG (Use Valganciclovir HCl)	NF	QL(2 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	F	QL(2 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs 10 mg</i>	F	
BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir)	NF	
<i>entecavir tabs</i>	F	
HEPSERA TABS (Use Adefovir Dipivoxil)	NF	
Herpes Agents		
<i>acyclovir caps 200 mg</i>	F	Limit 50 per month;QL(1.67 ea daily)
<i>acyclovir susp 200 mg/5ml</i>	F	Limit 400ml per month;QL(13.3 4 ml daily)
<i>acyclovir tabs 400 mg</i>	F	QL(3 ea daily)
<i>acyclovir tabs 800 mg</i>	F	Limit 50 per month;QL(1.67 ea daily)
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	F	Limit 21 per Month;QL(42 ea per 21 days retail)
<i>valacyclovir hcl tabs 500 mg</i>	F	QL(2 ea daily)
VALTREX TABS 1 GM (Use Valacyclovir HCl)	NF	Limit 21 per Month;QL(42 ea per 21 days retail)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NF	Limit 50 per month;QL(1.67 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>labetalol hcl tabs or 100 mg</i>	F	QL(3 ea daily)
<i>labetalol hcl tabs or 200 mg</i>	F	QL(6 ea daily)
<i>labetalol hcl tabs or 300 mg</i>	F	QL(8 ea daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	F	
<i>atenolol tabs</i>	F	QL(2 ea daily)
<i>bisoprolol fumarate tabs</i>	F	QL(1 ea daily)
LOPRESSOR TABS 100 MG (<i>Use Metoprolol Tartrate</i>)	NF	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (<i>Use Metoprolol Tartrate</i>)	NF	QL(4 ea daily)
<i>metoprolol succinate tb24 200 mg</i>	F	QL(2 ea daily)
<i>metoprolol succinate tb24 25 mg, 50 mg, 100 mg</i>	F	QL(4 ea daily)
<i>metoprolol tartrate tabs or 100 mg</i>	F	QL(4.5 ea daily)
<i>metoprolol tartrate tabs or 25 mg, 50 mg</i>	F	QL(4 ea daily)
SECTRAL CAPS (<i>Use Acebutolol HCl</i>)	NF	
TENORMIN TABS (<i>Use Atenolol</i>)	NF	QL(2 ea daily)
TOPROL XL TB24 200 MG (<i>Use Metoprolol Succinate</i>)	NF	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use Metoprolol Succinate</i>)	NF	QL(4 ea daily)
ZEBETA TABS (<i>Use Bisoprolol Fumarate</i>)	NF	QL(1 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (<i>Use Sotalol HCl (AFIB/AFL)</i>)	NF	QL(2 ea daily)
BETAPACE TABS (<i>Use Sotalol HCl</i>)	NF	QL(2 ea daily)
CORGARD TABS (<i>Use Nadolol</i>)	NF	QL(2 ea daily)
HEMANGEOL SOLN	F	PA;

Drug Name	Drug Tier	Requirements/ Limits
INDERAL LA CP24 (<i>Use Propranolol HCl</i>)	NF	QL(2 ea daily)
<i>nadolol tabs</i>	F	QL(2 ea daily)
<i>pindolol tabs</i>	F	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	F	QL(2 ea daily)
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	F	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol hcl (afib/afl) tabs</i>	F	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	F	
<i>sotalol hcl tabs 80 mg, 120 mg, 160 mg</i>	F	QL(2 ea daily)
TIMOLOL MALEATE TABS	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 120 MG, 180 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)

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Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg</i>	F	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 240 mg</i>	F	QL(2 ea daily)
<i>diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg</i>	F	QL(2 ea daily)
<i>diltiazem hcl cp24 or 120 mg, 180 mg</i>	F	QL(1 ea daily)
<i>diltiazem hcl cp24 or 240 mg</i>	F	QL(2 ea daily)
<i>diltiazem hcl extended release beads cp24</i>	F	QL(1 ea daily)
<i>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg</i>	F	QL(3 ea daily)
<i>felodipine tb24</i>	F	QL(1 ea daily)
<i>nicardipine hcl caps or 20 mg, 30 mg</i>	F	
<i>nifedipine caps 10 mg, 20 mg</i>	F	QL(4 ea daily)
<i>nifedipine tb24 30 mg, 90 mg</i>	F	QL(1 ea daily)
<i>nifedipine tb24 60 mg</i>	F	QL(2 ea daily)
NORVASC TABS (Use Amlodipine Besylate)	NF	QL(1 ea daily)
PROCARDIA CAPS (Use Nifedipine)	NF	QL(4 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (Use Nifedipine)	NF	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (Use Nifedipine)	NF	QL(2 ea daily)
TIAZAC CP24 (Use Diltiazem HCl Extended Release Beads)	NF	QL(1 ea daily)
<i>verapamil hcl cp24 or 120 mg, 180 mg, 240 mg</i>	F	QL(2 ea daily)
VERAPAMIL HCL SR CP24	F	QL(1 ea daily)
<i>verapamil hcl tabs or 40 mg, 80 mg, 120 mg</i>	F	QL(3 ea daily)
<i>verapamil hcl tbc or 120 mg, 180 mg, 240 mg</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VERELAN CP24 120 MG, 180 MG, 240 MG (Use Verapamil HCl)	NF	QL(2 ea daily)
VERELAN CP24 360 MG	F	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN OR 0.05 MG/ML	F	
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	F	
LANOXIN TABS OR 125 MCG, 250 MCG (Use Digoxin)	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Peripheral Vasodilators		
<i>isosuprine hcl tabs 10 mg</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; SP
TRACLEER TABS 125 MG, 62.5 MG	F	PA; SP
TRACLEER TBSO 32 MG	F	PA
Pulmonary Hypertension - Phosphodiesterase		
REVATIO SOLN IV 10 MG/12.5ML (Use Sildenafil Citrate (Pulmonary Hypertension))	NF	PA; SP
REVATIO SUSR OR 10 MG/ML	F	PA; SP

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

Drug Name	Drug Tier	Requirements/ Limits
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 ij 1 gm, 500 mg</i>	F	
<i>ceftriaxone sodium solr ij 250 mg</i>	F	QL(3 ea per fill retail)
<i>ceftriaxone sodium solr iv 1 gm</i>	F	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BREVICON-28 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	NF	QL(1 ea daily)
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)
ESTROSTEP FE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol-Fe</i>)	NF	
<i>ethynodiol diacet & eth estrad tabs</i>	F	QL(1 ea daily)
FEMCON FE CHEW (<i>Use Norethindrone & Ethinyl Estradiol-Fe</i>)	NF	
GENERESS FE CHEW (<i>Use Norethindrone & Ethinyl Estradiol-Fe</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<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)
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	QL(1 ea daily)
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	QL(1 ea daily)
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	NF	QL(1 ea daily)
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	NF	QL(1 ea daily)
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	NF	QL(1 ea daily)
MODICON TABS (Use Norethindrone & Eth Estradiol)	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)
<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 & ethinyl estradiol-fe chew</i>	F	
<i>norethindrone acet & eth estra tabs</i>	F	QL(1 ea daily)
<i>norethindrone acetate-ethinyl estradiol-fe tabs 75mg-1mg</i>	F	
<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 tabs 0.25mg-35mcg</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>norgestrel & ethinyl estradiol tabs</i>	F	QL(1 ea daily)
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	NF	QL(1 ea daily)
OGESTREL TABS	F	QL(1 ea daily)
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NF	QL(1 ea daily)
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NF	QL(1 ea daily)
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	NF	QL(1 ea daily)
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	NF	QL(1 ea daily)
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NF	QL(1 ea daily)
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	NF	QL(1 ea daily)
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	QL(1 ea daily)
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NF	QL(1 ea daily)
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	NF	QL(1 ea daily)
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	NF	QL(1 ea daily)
Combination Contraceptives - Transdermal		
XULANE PTWK	F	Limit 3 patches per month;QL(0.11 ea daily)
Combination Contraceptives - Vaginal		
NUVARING RING	F	QL(1 ea per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
Emergency Contraceptives		
ELLA TABS	F	QL(4 ea per 365 days retail)
<i>levonorgestrel (emergency oc) tabs 1.5 mg</i>	F	QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (Use <i>Levonorgestrel (Emergency OC)</i>)	NF	QL(1 ea per 21 days retail)
Progestin Contraceptives - IUD		
SKYLA IUD 13.5 MG	F	SP
Progestin Contraceptives - Implants		
NEXPLANON IMPL	F	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	QL(1 ml per fill retail)
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 (Use <i>Norethindrone (Contraceptive)</i>)	NF	QL(1 ea daily)
<i>norethindrone (contraceptive) tabs 0.35 mg</i>	F	QL(1 ea daily)
ORTHO MICRONOR TABS (Use <i>Norethindrone (Contraceptive)</i>)	NF	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		

Drug Name	Drug Tier	Requirements/ Limits
CORTEF TABS (Use <i>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 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	F	QL(5 ml daily)
DEXAMETHASONE SOLN 0.5 MG/5ML	F	
<i>dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	F	
DEXAMETHASONE TABS 1 MG, 2 MG	F	
<i>hydrocortisone tabs</i>	F	
MEDROL DOSEPAK TBPB (Use <i>Methylprednisolone</i>)	NF	
MEDROL TABS 4 MG, 8 MG (Use <i>Methylprednisolone</i>)	NF	
<i>methylprednisolone tabs or 4 mg, 8 mg</i>	F	
<i>methylprednisolone tbpb or 4 mg</i>	F	
MILLIPRED TABS 5 MG	F	
<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</i>	F	
PREDNISOLONE SOLN	F	
<i>prednisolone soln</i>	F	
<i>prednisolone syrp</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
PREDNISON INTENSOL CONC	F	
PREDNISON SOLN 5 MG/5ML	F	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	F	
PREDNISON TABS 50 MG	F	
PREDNISON TBP 5 MG, 10 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(At least 10 yrs old)
<i>benzonatate caps 200 mg</i>	F	QL(1 ea daily); AL(At least 10 yrs old)
DELSYM COUGH CHILDRENS SUER (Use Dextromethorphan Polistirex)	NF	
DELSYM SUER (Use Dextromethorphan Polistirex)	NF	
<i>dextromethorphan polistirex suer 30 mg/5ml</i>	F	
<i>hydrocodone w/ homatropine syrp 5mg/5ml-1.5mg/5ml</i>	F	AL(At least 18 yrs old)
TESSALON PERLES CAPS (Use Benzonatate)	NF	AL(At least 10 yrs old)
Cough/Cold/Allergy Combinations		
<i>acetaminophen w/ dm liqd 5mg/5ml-160mg/5ml, 5mg/5ml-5mg/5ml-160mg/5ml-160mg/5ml</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
ADVIL COLD & SINUS TABS (Use Pseudoephedrine-Ibuprofen)	NF	
<i>brompheniramine & phenyleph elix 1mg/5ml-2.5mg/5ml, 1mg/5ml-1mg/5ml-2.5mg/5ml-2.5mg/5ml</i>	F	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph elix 1mg/5ml-15mg/5ml</i>	F	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph liqd 1mg/5ml-15mg/5ml</i>	F	QL(120 ml per fill retail)
BROTAPP DM LIQD	F	
<i>cetirizine-pseudoephedrine 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)
CLEAR COUGH PM MULTI-SYMPTOM LIQD (Use Dextromethorphan-Doxylamine-Acetaminophen)	NF	
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (Use Dextromethorphan-Phenylephrine-Acetaminophen)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-doxylamine-acetaminophen liqd 6.25mg/15ml-15mg/15ml-500mg/15ml, 12.5mg/30ml-30mg/30ml-1000mg/30ml, 6.25mg/15ml-6.25mg/15ml-15mg/15ml-15mg/15ml-500mg/15ml-500mg/15ml-10%</i>	F	
<i>dextromethorphan-guaifenesin liqd 5mg/5ml-100mg/5ml, 10mg/5ml-100mg/5ml, 10mg/5ml-200mg/5ml, 20mg/10ml-200mg/10ml, 20mg/10ml-400mg/10ml, 20mg/20ml-400mg/20ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml</i>	F	
<i>dextromethorphan-guaifenesin soln 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml</i>	F	
<i>dextromethorphan-guaifenesin syrup 10mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml</i>	F	
<i>dextromethorphan-guaifenesin tabs 20mg-400mg, 20mg-20mg-400mg-400mg</i>	F	
<i>dextromethorphan-guaifenesin tb12 30mg-600mg</i>	F	
<i>dextromethorphan-phenylephrine-acetaminophen caps 10mg-325mg-5mg, 10mg-10mg-325mg-325mg-5mg-5mg</i>	F	
DIMETAPP COLD & ALLERGY ELIX 1MG/5ML-2.5MG/5ML (Use Brompheniramine & Phenyleph)	NF	QL(120 ml per fill retail)
ED BRON GP LIQD 100MG/5ML-5MG/5ML	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>guaifenesin-codeine liqd 100mg/5ml-10mg/5ml</i>	F	QL(240 ml per fill retail)
<i>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</i>	F	QL(240 ml per fill retail)
<i>guaifenesin-codeine syrup 100mg/5ml-10mg/5ml</i>	F	QL(240 ml per fill retail)
LOHIST-D LIQD 30MG/5ML-2MG/5ML	F	
<i>loratadine & pseudoephedrine tb12 5mg-120mg</i>	F	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg</i>	F	QL(1 ea daily)
MUCINEX D MAXIMUM STRENGTH TB12 (Use Pseudoephedrine-Guaifenesin)	NF	
MUCINEX D TB12 (Use Pseudoephedrine-Guaifenesin)	NF	
MUCINEX DM TB12 (Use Dextromethorphan-Guaifenesin)	NF	
<i>phenylephrine-chlorphen-dm liqd 15mg/5ml-4mg/5ml-10mg/5ml</i>	F	
<i>phenylephrine-dm liqd</i>	F	QL(240 ml per fill retail)
<i>phenylephrine-dm soln</i>	F	QL(240 ml per fill retail)
<i>promethazine & phenylephrine soln</i>	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine & phenylephrine syrup</i>	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine w/codeine soln</i>	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>promethazine w/codeine syrup</i>	F	QL(240 ml per fill retail); AL(At least 18 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>guaifenesin liqd 100 mg/5ml, 200 mg/10ml, 400 mg/20ml</i>	F	
<i>guaifenesin soln 100 mg/5ml, 200 mg/10ml, 300 mg/15ml</i>	F	
<i>guaifenesin syrp 100 mg/5ml, 200 mg/10ml</i>	F	
<i>guaifenesin tb12 600 mg, 1200 mg</i>	F	
MUCINEX MAXIMUM STRENGTH TB12 (Use <i>Guaifenesin</i>)	NF	
MUCINEX TB12 (Use <i>Guaifenesin</i>)	NF	
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) nebu 0.9 %, 3 %, 10 %</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 (Use <i>Benzoyl Peroxide</i>)	NF	RX/OTC
<i>benzoyl peroxide bar 10 %</i>	F	
BENZOYL PEROXIDE CLEANSER LOTN 6 %	F	
<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 4 %</i>	F	
<i>benzoyl peroxide liqd 5 %, 10 %</i>	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide lotn 6 %</i>	F	
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 1 %</i>	F	
<i>clindamycin phosphate (topical) lotn 1 %</i>	F	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) soln 1 %</i>	F	
DESQUAM-X WASH LIQD (<i>Use Benzoyl Peroxide</i>)	NF	RX/OTC
ERYGEL GEL (<i>Use Erythromycin (Acne Aid)</i>)	NF	QL(60 gm per fill retail)
<i>erythromycin (acne aid) gel 2 %</i>	F	QL(60 gm per fill retail)
<i>erythromycin (acne aid) soln 2 %</i>	F	
<i>isotretinoin caps 10 mg, 20 mg, 40 mg</i>	F	PA; QL(2 ea daily); AL(At least 12 yrs old - Up to 22 yrs old)
KLARON LOTN (<i>Use Sulfacetamide Sodium (Acne)</i>)	NF	QL(120 ml per fill retail)
PANOXYL-4 CREAMY WASH LIQD (<i>Use Benzoyl Peroxide</i>)	NF	
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (<i>Use Tretinoin</i>)	NF	QL(20 gm per fill retail); AL(Up to 21 yrs old)
RETIN-A GEL 0.01 % (<i>Use Tretinoin</i>)	NF	QL(15 gm per fill retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A GEL 0.025 % (<i>Use Tretinoin</i>)	NF	QL(20 gm per fill retail); AL(Up to 21 yrs old)
SODIUM SULFACETAMIDE/SULFUR LOTN 5%-10%	F	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP 5%-10%	F	QL(30 gm per fill retail)
<i>sulfacetamide sodium (acne) lotn 10 %</i>	F	QL(120 ml per fill retail)
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	F	QL(20 gm per fill retail); AL(Up to 21 yrs old)
<i>tretinoin gel 0.01 %</i>	F	QL(15 gm per fill retail); AL(Up to 21 yrs old)
<i>tretinoin gel 0.025 %</i>	F	QL(20 gm per fill retail); AL(Up to 21 yrs old)
Antibiotics - Topical		
BACIGUENT OINT (<i>Use Bacitracin (Topical)</i>)	NF	QL(30 gm per fill retail)
<i>bacitracin (topical) oint 500 unit/gm</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 (<i>Use Mupirocin Calcium (Topical)</i>)	NF	QL(30 gm per fill retail)
CENTANY OINT 2 %	F	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) crea</i>	F	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) oint</i>	F	QL(30 gm per fill retail)
<i>mupirocin calcium (topical) crea 2 %</i>	F	QL(30 gm per fill retail)
<i>mupirocin oint 2 %</i>	F	QL(30 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-bacitracin-polymyxin oint</i>	F	QL(30 gm per fill retail)
<i>neomycin-polymyxin w/ pramoxine crea 10000unit/gm-3.5mg/gm-10mg/gm</i>	F	QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT (<i>Use Neomycin-Bacitracin-Polymyxin</i>)	NF	QL(30 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (<i>Use Neomycin-Polymyxin w/ Pramoxine</i>)	NF	QL(30 gm per fill retail)
POLYSPORIN OINT (<i>Use Bacitracin-Polymyxin B</i>)	NF	
Antifungals - Topical		
<i>clotrimazole (topical) crea 1 %</i>	F	QL(30 gm per fill retail); RX/OTC
<i>clotrimazole (topical) soln 1 %</i>	F	QL(30 ml per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone crea 1%-0.05%</i>	F	QL(45 gm per fill retail)
<i>clotrimazole w/ betamethasone lotn 1%-0.05%</i>	F	QL(30 ml per fill retail)
<i>econazole nitrate crea 1 %</i>	F	QL(30 gm per fill retail)
<i>ketoconazole (topical) crea 2 %</i>	F	Limit 1 package per claim;QL(60 gm per fill retail)
<i>ketoconazole (topical) sham 2 %</i>	F	QL(120 ml per fill retail)
LAMISIL AT CREA (<i>Use Terbinafine HCl (Topical)</i>)	NF	QL(30 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (<i>Use Terbinafine HCl (Topical)</i>)	NF	QL(30 gm per fill retail)
LOTRIMIN AF CREA 1 % (<i>Use Clotrimazole (Topical)</i>)	NF	QL(30 gm per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN AF FOR HER CREA (<i>Use Clotrimazole (Topical)</i>)	NF	QL(30 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (<i>Use Clotrimazole (Topical)</i>)	NF	QL(30 gm per fill retail); RX/OTC
LOTRISONE CREA (<i>Use Clotrimazole w/ Betamethasone</i>)	NF	QL(45 gm per fill retail)
MICATIN CREA (<i>Use Miconazole Nitrate (Topical)</i>)	NF	QL(45 ml per fill retail)
<i>miconazole nitrate (topical) crea 2 %</i>	F	QL(45 ml per fill retail)
NIZORAL SHAM (<i>Use 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 1 %</i>	F	QL(30 gm per fill retail)
TINACTIN CREA (<i>Use Tolnaftate</i>)	NF	QL(30 gm per fill retail)
TINACTIN JOCK ITCH CREA (<i>Use Tolnaftate</i>)	NF	QL(30 gm per fill retail)
<i>tolnaftate crea 1 %</i>	F	QL(30 gm per fill retail)
Antihistamines-Topical		
<i>diphenhydramine hcl (topical) crea 2 %</i>	F	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	F	QL(30 gm per fill retail)
EFUDEX CREA (<i>Use Fluorouracil (Topical)</i>)	NF	QL(40 gm per fill retail)
<i>fluorouracil (topical) crea</i>	F	QL(40 gm per fill retail)
FLUOROURACIL CREA EX 0.5 %	F	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
FLUOROURACIL SOLN EX 2 %, 5 %	F	QL(10 ml per fill retail)
VALCHLOR GEL	F	PA; SP
Antipruritics - Topical		
<i>camphor & menthol lotn 0.5%-0.5%</i>	F	QL(222 ml per fill retail)
SARNA LOTN (<i>Use Camphor & Menthol</i>)	NF	QL(222 ml per fill retail)
Antipsoriatics		
<i>calcipotriene crea 0.005 %</i>	F	QL(60 gm per fill retail)
<i>calcipotriene soln 0.005 %</i>	F	QL(60 ml per fill retail)
DOVONEX CREA (<i>Use Calcipotriene</i>)	NF	QL(60 gm per fill retail)
<i>tazarotene crea</i>	F	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC CREA 0.05 %	F	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC CREA 0.1 % (<i>Use Tazarotene</i>)	NF	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC GEL 0.05 %, 0.1 %	F	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
Antiseborrheic Products		
OVACE PLUS WASH LIQD (<i>Use Sulfacetamide Sodium</i>)	NF	QL(360 ml per fill retail)
OVACE WASH LIQD (<i>Use Sulfacetamide Sodium</i>)	NF	QL(360 ml per fill retail)
<i>selenium sulfide lotn 1 %</i>	F	QL(240 ml per fill retail)
<i>selenium sulfide lotn 2.5 %</i>	F	QL(120 ml per fill retail)
<i>selenium sulfide sham 1 %</i>	F	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
SELSUN BLUE DAILY LOTN (<i>Use Selenium Sulfide</i>)	NF	QL(240 ml per fill retail)
SELSUN BLUE LOTN (<i>Use Selenium Sulfide</i>)	NF	QL(240 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (<i>Use Selenium Sulfide</i>)	NF	QL(240 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (<i>Use Selenium Sulfide</i>)	NF	QL(240 ml per fill retail)
<i>sulfacetamide sodium liqd ex 10 %</i>	F	QL(360 ml per fill retail)
Antivirals - Topical		
<i>acyclovir topical oint 5 %</i>	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 % (<i>Use Acyclovir Topical</i>)	NF	Limit 1 package per month;QL(1 gm daily)
Burn Products		
SILVADENE CREA (<i>Use Silver Sulfadiazine</i>)	NF	QL(50 gm per fill retail)
<i>silver sulfadiazine crea 1 %</i>	F	QL(50 gm per fill retail)
Corticosteroids - Topical		
APEXICON E CREA	F	QL(60 gm per fill retail)
<i>betamethasone dipropionate (topical) crea 0.05 %</i>	F	1 rtl pack lmt per fill,
<i>betamethasone dipropionate augmented crea 0.05 %</i>	F	QL(50 gm per fill retail)
<i>betamethasone valerate crea 0.1 %</i>	F	QL(45 gm per fill retail)
<i>betamethasone valerate lotn 0.1 %</i>	F	QL(60 ml per fill retail)
<i>betamethasone valerate oint 0.1 %</i>	F	QL(45 gm per fill retail)
<i>clobetasol propionate crea 0.05 %</i>	F	QL(45 gm per fill retail)
<i>clobetasol propionate emollient base crea 0.05 %</i>	F	QL(60 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate gel 0.05 %</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate oint 0.05 %</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate soln 0.05 %</i>	F	QL(25 ml per fill retail)
DERMATOP CREA (Use Prednicarbate)	NF	QL(60 gm per fill retail)
<i>desonide crea 0.05 %</i>	F	1 rtl pack lmt per fill,
<i>desonide oint 0.05 %</i>	F	1 rtl pack lmt per fill,
DESOWEN CREA (Use Desonide)	NF	1 rtl pack lmt per fill,
<i>desoximetasone crea 0.05 %</i>	F	QL(60 gm per fill retail)
DIFLORASONE DIACETATE CREA	F	QL(60 gm per fill retail)
<i>diflorasone diacetate oint</i>	F	QL(60 gm per fill retail)
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	NF	QL(50 gm per fill retail)
ELOCON CREA (Use Mometasone Furoate)	NF	QL(45 gm per fill retail)
ELOCON OINT (Use Mometasone Furoate)	NF	QL(45 gm per fill retail)
EPIFOAM FOAM 1%-1%	F	
<i>fluocinonide crea 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluocinonide emulsified base crea</i>	F	QL(60 gm per fill retail)
<i>fluocinonide gel 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluocinonide oint 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluocinonide soln 0.05 %</i>	F	QL(60 ml per fill retail)
<i>fluticasone propionate crea 0.05 %</i>	F	Limit 1 package per month;QL(2 gm daily)
<i>fluticasone propionate oint 0.005 %</i>	F	QL(60 gm per fill retail)

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

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Drug Name	Drug Tier	Requirements/ Limits
TOPICORT CREA 0.05 % (Use Desoximetasone)	NF	QL(60 gm per fill retail)
triamcinolone acetonide (topical) crea 0.025 %	F	QL(454 gm per fill retail)
triamcinolone acetonide (topical) crea 0.1 %	F	QL(30 gm per fill retail)
triamcinolone acetonide (topical) crea 0.5 %	F	QL(15 gm per fill retail)
triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %	F	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint 0.025 %, 0.1 %	F	QL(80 gm per fill retail)
triamcinolone acetonide (topical) oint 0.5 %	F	QL(15 gm per fill retail)
TRIDESILON CREA (Use Desonide)	NF	1 rtl pack lmt per fill,
Diaper Rash Products		
diaper rash products oint	F	
Emollient/Keratolytic Agents		
urea crea 40 %	F	QL(210 gm per fill retail); RX/OTC
urea lotn 40 %	F	QL(240 ml per fill retail)
Emollients		
AQUAPHILIC OINT	F	
AQUAPHOR ADVANCED THERAPY OINT	F	
AQUAPHOR OINT	F	
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN OINT	F	
DAILY CONDITIONING TREATMENT OINT	F	
emollient oint 0.16gm/30gm-300mg/30gm-100unit/30gm, 41 %, 52 %, 52 %	F	
GOLD BOND ULTIMATE HEALING OINT	F	

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

Drug Name	Drug Tier	Requirements/ Limits
CONDYLOX SOLN (<i>Use Podofilox</i>)	NF	QL(4 ml per fill retail)
KERALYT GEL 6 % (<i>Use Salicylic Acid</i>)	NF	QL(40 gm per fill retail)
<i>podofilox soln 0.5 %</i>	F	QL(4 ml per fill retail)
<i>salicylic acid gel ex 6 %</i>	F	QL(40 gm per fill retail)
Local Anesthetics - Topical		
ARTHRITIS PAIN RELIEVING CREA	F	QL(60 gm per fill retail)
<i>capsaicin crea 0.025 %</i>	F	
<i>capsaicin crea 0.075 %</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)
<i>lidocaine crea 4 %</i>	F	QL(30 gm per fill retail)
<i>lidocaine hcl crea ex 3 %</i>	F	QL(30 gm per fill retail); RX/OTC
<i>lidocaine hcl crea ex 4 %</i>	F	QL(65 ml per fill retail)
<i>lidocaine hcl gel ex 2 %</i>	F	QL(30 ml per fill retail); RX/OTC
<i>lidocaine-prilocaine crea 2.5%-2.5%</i>	F	QL(30 gm per fill retail)
LMX 4 CREA (<i>Use Lidocaine</i>)	NF	QL(30 gm per fill retail)
PREDATOR CREA (<i>Use Lidocaine HCl</i>)	NF	QL(65 ml per fill retail)
Misc. Topical		
4-N-1 CREA 1 %	F	
COOL BOTTOMS CREA 1 %	F	
DRYSOL SOLN	F	QL(60 ml per fill retail)
NEUTRAPHOR CREA 1 %	F	

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

Drug Name	Drug Tier	Requirements/ Limits
<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 0.5%-0.33%-4%</i>	F	
RID COMPLETE LICE ELIMINATION KIT (<i>Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover</i>)	NF	
RID LIQD (<i>Use Pyrethrins-Piperonyl Butoxide</i>)	NF	QL(60 ml per fill retail)
SPINOSAD SUSP	F	QL(120 ml per fill retail); AL(At least 1 yrs old)
Sunscreens		
ANTHELIOS 60 MELT-IN SUNSCREEN LOTN	F	
AVEENO ABSOLUTELY AGELESSLEAVE-ON DAY MASK SPF 30 LOTN	F	
AVEENO ACTIVE NATURALS PROTECT+HYDRATE/SP F 30 LOTN	F	
AVEENO BABY CONTINUOUS PROTECTION LOTN	F	
AVEENO BABY CONTINUOUS PROTECTION SUNBLOCK SPF55 LOTN	F	
AVEENO BABY NATURAL PROTECTION SPF 50 LOTN	F	
AVEENO NATURAL PROTECTIONSPF 50 LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
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	
AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF30 LOTN	F	
BULL FROG SUPERBLOCK SPF50 LOTN	F	
BULL FROG ULTIMATE SHEERPROTECTION FACE SUNBLOCK SPF 30 LOTN	F	
BULL FROG ULTIMATE SHEERPROTECTION SUNBLOCK SPF 30 LOTN	F	
BULL FROG WATER ARMOR SPORT FACE SPF 30 LOTN	F	
CERAVE SUNSCREEN FACE/SPF50 LOTN	F	

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Drug Name	Drug Tier	Requirements/ Limits
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	
FACE COTZ LOTN	F	
HUGGIES LITTLE SWIMMERS SPF50 LOTN 1%-5%-0.8%-7.5%-5%	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	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
PRE SUN KIDS LOTN	F	
PURE & FREE BABY SUNSCREEN BROAD SPECTRUM SPF 60+ LOTN	F	
RA RX SUNCARE ADVANCED PROTECTION SPF50 LOTN	F	
ROC MULTI CORREXION 5 IN1 DAILY MOISTURIZER SPF 30 LOTN	F	
ROC RETINOL CORREXION SPF30 LOTN	F	
SHADE SUNBLOCK SPF 45 LOTN (<i>Use Sunscreens</i>)	NF	
SHADE UVAGUARD SPF 15 LOTN (<i>Use Sunscreens</i>)	NF	
SOLBAR AVO LOTN	F	
SOLBAR PF SPF15 LOTN 7.5%-6%	F	

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

Drug Name	Drug Tier	Requirements/ Limits
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	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TRUETEST BLOOD GLUCOSE TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
DEPLIN 15 CAPS	F	
DEPLIN 7.5 CAPS	F	
ELFOLATE TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
L-METHYLFOLATE CA/S-ALGAL CAPS	F	
L-METHYLFOLATE CALCIUM TABS	F	
L-METHYLFOLATE FORMULA 15 CAPS	F	
L-METHYLFOLATE FORMULA 7.5 CAPS	F	
L-METHYLFOLATE FORTE CAPS	F	
L-METHYLFOLATE TABS	F	
LEVOMEFOLATE CALCIUM ALGAL POWDER CAPS	F	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP 19000UNIT-6000UNIT-30000UNIT, 38000UNIT-12000UNIT-60000UNIT, 76000UNIT-24000UNIT-120000UNIT	F	
PANCREAZE CPEP 14200UNIT-4200UNIT-24600UNIT, 35500UNIT-10500UNIT-61500UNIT, 54700UNIT-21000UNIT-83900UNIT, 56800UNIT-16800UNIT-98400UNIT	F	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	F	
<i>acetazolamide tabs</i>	F	
DIAMOX CP12 (<i>Use Acetazolamide</i>)	NF	
<i>methazolamide tabs</i>	F	
NEPTAZANE TABS (<i>Use Methazolamide</i>)	NF	
Diuretic Combinations		

Drug Name	Drug Tier	Requirements/ Limits
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NF	
amiloride & hydrochlorothiazide tabs	F	QL(1 ea daily)
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NF	QL(1 ea daily)
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	NF	QL(1 ea daily)
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	NF	QL(1 ea daily)
spironolactone & hydrochlorothiazide tabs 25mg-25mg	F	
triamterene & hydrochlorothiazide caps	F	QL(1 ea daily)
triamterene & hydrochlorothiazide tabs	F	QL(1 ea daily)
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	F	QL(1 ea daily)
Loop Diuretics		
bumetanide tabs or 0.5 mg, 1 mg, 2 mg	F	
BUMEX TABS (Use Bumetanide)	NF	
DEMADEX TABS (Use Torsemide)	NF	QL(1 ea daily)
furosemide soln ij 10 mg/ml	F	
furosemide soln or 10 mg/ml	F	
FUROSEMIDE SOLN OR 8 MG/ML	F	
furosemide tabs or 20 mg, 40 mg, 80 mg	F	
LASIX TABS (Use Furosemide)	NF	
torsemide tabs	F	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	NF	

Drug Name	Drug Tier	Requirements/ Limits
amiloride hcl tabs	F	QL(4 ea daily)
spironolactone tabs	F	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	F	QL(2 ea daily)
chlorothiazide tabs 500 mg	F	QL(4 ea daily)
chlorthalidone tabs	F	
hydrochlorothiazide caps	F	
hydrochlorothiazide tabs	F	
indapamide tabs	F	
metolazone tabs	F	
MICROZIDE CAPS (Use Hydrochlorothiazide)	NF	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (Use Risedronate Sodium)	NF	PA; Limit 4 per month;QL(0.13 4 ea daily)
ACTONEL TABS 5 MG, 30 MG (Use Risedronate Sodium)	NF	PA; QL(1 ea daily)
ALENDRONATE SODIUM SOLN 70 MG/75ML	F	PA; QL(10.8 ml daily)
alendronate sodium tabs 35 mg, 70 mg	F	PA; Limit 4 per month;QL(0.13 4 ea daily)
ALENDRONATE SODIUM TABS 40 MG	F	PA; QL(1 ea daily)
alendronate sodium tabs 5 mg, 10 mg	F	PA; QL(1 ea daily)
ATELVIA TBEC (Use Risedronate Sodium)	NF	PA; QL(0.15 ea daily)
calcitonin (salmon) soln	F	QL(0.143 ml daily)
FORTICAL SOLN	F	QL(0.143 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	NF	PA; Limit 4 per month; QL(0.13 4 ea daily)
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 (<i>Use Calcitonin (Salmon)</i>)	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 FLEXPPO SOLN	F	PA; SP
SAIZEN CLICK.EASY SOLR	F	PA; SP
SAIZEN SOLR	F	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	F	PA; SP
SEROSTIM SOLR	F	PA; SP
ZORBTIVE SOLR	F	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	NF	QL(1 ea daily)
<i>raloxifene hcl tabs 60 mg</i>	F	QL(1 ea daily)
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN	F	PA; SP
Metabolic Modifiers		
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	F	
CARNITOR SF SOLN (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	NF	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
CARNITOR SOLN OR 1 GM/10ML (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	NF	QL(30 ml daily)
CARNITOR TABS OR 330 MG (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	NF	QL(3 ea daily); RX/OTC
FABRAZYME SOLR	F	PA; SP
<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
ROCALTROL CAPS 0.25 MCG, 0.5 MCG (<i>Use Calcitriol</i>)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (<i>Use Desmopressin Acetate</i>)	NF	PA; SP
DDAVP SOLN NA 0.01 %	F	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (<i>Use Desmopressin Acetate Spray</i>)	NF	PA; QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG (<i>Use Desmopressin Acetate</i>)	NF	QL(3 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	F	PA; SP
<i>desmopressin acetate spray refrigerated soln</i>	F	QL(5 ml per fill retail)
<i>desmopressin acetate spray soln 0.01 %</i>	F	PA; QL(5 ml per fill retail)
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	F	QL(3 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (<i>Use Estradiol & Norethindrone Acetate</i>)	NF	QL(1 ea daily)
COMBIPATCH PTTW	F	Limit 8 patches per month; QL(0.29 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol & norethindrone acetate tabs</i>	F	QL(1 ea daily)
FEMHRT LOW DOSE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	F	
PREMPHASE TABS	F	QL(1 ea daily)
PREMPRO TABS	F	QL(1 ea daily)
Estrogens		
ALORA PTTW	F	Limit 8 patches per month;QL(0.29 ea daily)
CLIMARA PTWK (<i>Use Estradiol</i>)	NF	Limit 4 patches per month;QL(0.14 3 ea daily)
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (<i>Use Estradiol</i>)	NF	
<i>estradiol pttw td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	F	Limit 8 patches per month;QL(0.29 ea daily)
<i>estradiol pttw td 0.0375 mg/24hr</i>	F	QL(0.29 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	F	Limit 4 patches per month;QL(0.14 3 ea daily)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	F	
ESTROPIRATE TABS 0.75 MG, 1.5 MG	F	QL(1 ea daily)
ESTROPIRATE TABS 3 MG	F	QL(2 ea daily)
MINIVELLE PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR	F	Limit 8 patches per month;QL(0.29 ea daily)
MINIVELLE PTTW 0.0375 MG/24HR	F	QL(0.29 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	F	QL(1 ea daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR (<i>Use Estradiol</i>)	NF	Limit 8 patches per month;QL(0.29 ea daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR (<i>Use Estradiol</i>)	NF	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (<i>Use Ciprofloxacin HCl</i>)	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 (<i>Use Levofloxacin</i>)	NF	QL(1 ea daily, 14 ea per fill retail)
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</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 (<i>Use Simethicone</i>)	NF	
MYLICON INFANTS GAS RELIEF SUSP (<i>Use Simethicone</i>)	NF	QL(30 ml per fill retail)
MYLICON SUSP (<i>Use Simethicone</i>)	NF	QL(30 ml per fill retail)
<i>simethicone chew 80 mg</i>	F	
<i>simethicone susp 20 mg/0.3ml, 40 mg/0.6ml</i>	F	QL(30 ml per fill retail)
Bile Acid Synthesis Disorder Agents		

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Drug Name	Drug Tier	Requirements/ Limits
CHOLBAM CAPS	F	PA; SP
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 or 5 mg/5ml, 10 mg/10ml</i>	F	
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	F	
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	NF	
Inflammatory Bowel Agents		
ASACOL HD TBEC	F	ST; QL(3 ea daily)
ASACOL HD TBEC (<i>Use Mesalamine</i>)	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 750 mg</i>	F	QL(9 ea daily)
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	NF	QL(9 ea daily)
LIALDA TBEC (<i>Use Mesalamine</i>)	NF	
<i>mesalamine enem re 4 gm</i>	F	QL(60 ml daily)
<i>mesalamine tbec or 1.2 gm</i>	F	
<i>mesalamine tbec or 800 mg</i>	F	ST; QL(3 ea daily)
SFROWASA ENEM	F	
<i>sulfasalazine tabs 500 mg</i>	F	
<i>sulfasalazine tbec 500 mg</i>	F	
Intestinal Acidifiers		

Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose (encephalopathy) soln</i>	F	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps 667 mg</i>	F	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 540 mg, 1080 mg</i>	F	
<i>potassium citrate-citric acid pack 3300mg-1002mg</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 5 mg</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 0.4 mg</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Urinary Analgesics		
<i>phenazopyridine hcl tabs 95 mg, 100 mg, 200 mg</i>	F	
PYRIDIUM 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 0.6 MG	F	PA; Limit 6 per claim; QL(6 ea per fill retail)
COLCRYS TABS 0.6 MG	F	PA; Limit 6 per claim; QL(6 ea per fill retail)
ZYLOPRIM TABS (<i>Use Allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR	F	SP
ADYNOVATE SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	F	SP
ADYNOVATE SOLR 750 UNIT, 1500 UNIT, 3000 UNIT	F	
AFSTYLA KIT 1500 UNIT, 2500 UNIT	F	
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	F	SP
ALPHANINE SD SOLR	F	SP
ALPROLIX SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	F	SP

Drug Name	Drug Tier	Requirements/ Limits
ALPROLIX SOLR 4000 UNIT	F	
BEBULIN SOLR	F	SP
BENEFIX KIT	F	SP
CORIFACT KIT	F	SP
ELOCTATE SOLR	F	SP
FEIBA SOLR	F	SP
FIBRYGA SOLR	F	SP
HELIXATE FS KIT	F	SP
HEMOFIL M SOLR	F	SP
HUMATE-P SOLR	F	SP
IDELVION SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	F	SP
IXINITY SOLR	F	SP
KOATE SOLR	F	SP
KOATE-DVI SOLR	F	SP
KOGENATE FS BIO-SET KIT	F	SP
KOGENATE FS KIT	F	SP
KOVALTRY SOLR	F	SP
MONOCLATE-P KIT	F	SP
MONONINE SOLR	F	SP
NOVOEIGHT SOLR	F	SP
NOVOSEVEN RT SOLR	F	SP
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	F	
OBIZUR SOLR	F	SP

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Drug Name	Drug Tier	Requirements/ Limits
PROFILNINE SD SOLR	F	SP
PROFILNINE SOLR	F	SP
RECOMBINATE SOLR	F	SP
RIASTAP SOLR	F	SP
RIXUBIS SOLR	F	SP
TRETEN SOLR	F	SP
WILATE KIT	F	SP
XYNTHA KIT	F	SP
XYNTHA SOLOFUSE KIT	F	SP
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 75 mg</i>	F	QL(1 ea daily)
<i>dipyridamole tabs</i>	F	
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	NF	QL(1 ea daily)
PLAVIX TABS 75 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	F	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	F	PA; SP
CEREZYME SOLR	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>miglustat caps 100 mg</i>	F	PA; SP
VPRIV SOLR	F	PA; SP
ZAVESCA CAPS (<i>Use Miglustat</i>)	NF	PA; SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	F	
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	F	
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	F	RX/OTC
<i>folic acid tabs or 400 mcg, 800 mcg</i>	F	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	F	PA; SP
ARANESP ALBUMIN FREE SOSY	F	PA; SP
EPOGEN SOLN	F	PA; SP
MIRCERA SOSY	F	PA; SP
NPLATE SOLR	F	PA; SP
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	F	PA; SP
PROMACTA TABS	F	PA; SP
ZARXIO SOSY	F	PA; SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</i>	F	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	NF	100 / 30 days QL(3.4 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
FERRETT'S TABS	F	QL(2 ea daily)
<i>ferrous fumarate tabs 324 mg</i>	F	
<i>ferrous gluconate tabs 27 mg, 240 mg</i>	F	
FERROUS GLUCONATE TABS 324 MG	F	AL(Up to 50 yrs old)
<i>ferrous sulfate dried tbc 160 mg</i>	F	
<i>ferrous sulfate elix 220 mg/5ml</i>	F	QL(16 ml daily)
FERROUS SULFATE LIQD 220 MG/5ML	F	
<i>ferrous sulfate soln 15 mg/ml</i>	F	100 / 30 days QL(3.4 ml daily)
<i>ferrous sulfate tabs 65 mg, 325 mg</i>	F	
FERROUS SULFATE TBEC 324 MG	F	
<i>ferrous sulfate tbec 325 mg</i>	F	
HEMOCYTE TABS (Use Ferrous Fumarate)	NF	
IRON CHEWS PEDIATRIC CHEW 15 MG	F	
<i>polysaccharide iron complex caps 150 mg</i>	F	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL SOLN	F	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 500 MG	F	QL(24 ea per fill retail); SP
LYSTEDA TABS (Use Tranexamic Acid)	NF	QL(30 ea per 5 days retail); AL(At least 12 yrs old - Up to 49 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>tranexamic acid tabs or 650 mg</i>	F	QL(30 ea per 5 days retail); AL(At least 12 yrs old - Up to 49 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) caps 25 mg, 50 mg</i>	F	
<i>diphenhydramine hcl (sleep) liqd 50 mg/30ml</i>	F	
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	F	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	F	
<i>doxylamine succinate (sleep) tabs 25 mg</i>	F	
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	

Drug Name	Drug Tier	Requirements/ Limits
PHENOBARBITAL TABS OR 15 MG, 30 MG, 60 MG, 100 MG	F	
<i>phenobarbital tabs or 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	F	
SECONAL SODIUM CAPS	F	
Hypnotics - Tricyclic Agents		
SILENOR TABS	F	ST; Try 2 preferred hypnotics first
Non-Barbiturate Hypnotics		
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(At least 18 yrs old)
RESTORIL CAPS 30 MG (<i>Use Temazepam</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS 7.5 MG, 22.5 MG (<i>Use Temazepam</i>)	NF	ST; Try 2 preferred hypnotics first
SONATA CAPS (<i>Use Zaleplon</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam caps 15 mg</i>	F	QL(1 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>temazepam caps 30 mg</i>	F	QL(2 ea daily); AL(At least 18 yrs old)
<i>temazepam caps 7.5 mg, 22.5 mg</i>	F	ST; Try 2 preferred hypnotics first
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(At least 18 yrs old)
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	F	QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs 625 mg</i>	F	QL(10 ea daily)
EVAC POWD (<i>Use Psyllium</i>)	NF	
FIBERCON TABS (<i>Use Calcium Polycarbophil</i>)	NF	QL(10 ea daily)
KONSYL PACK 100 %	F	
KONSYL POWD 100 % (<i>Use Psyllium</i>)	NF	
METAMUCIL CAPS 0.52 GM (<i>Use Psyllium</i>)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use Psyllium</i>)	NF	
METAMUCIL POWD 48.57 % (<i>Use Psyllium</i>)	NF	
<i>psyllium caps 0.52 gm, 520 mg</i>	F	
<i>psyllium powd 30 %, 33 %, 100 %, 28.3 %, 30.9 %, 58.6 %, 48.57 %,</i>	F	
Laxative Combinations		
COLYTE-FLAVOR PACKS SOLR (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NF	QL(4000 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	NF	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS SOLR (Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride)	NF	QL(4000 ml per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	F	QL(4000 ml per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr 420gm-11.2gm-1.48gm-5.72gm	F	QL(4000 ml per fill retail)
sennosides-docusate sodium tabs	F	QL(4 ea daily)
SENOKOT S TABS (Use Sennosides-Docusate Sodium)	NF	QL(4 ea daily)
Laxatives - Miscellaneous		
glycerin (laxative) supp 2 gm, 1.2 gm, 2.1 gm	F	
GLYCERIN ADULT SUPP (Use Glycerin (Laxative))	NF	
lactulose soln	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 RE 2.8 GM	F	
polyethylene glycol 3350 pack	F	RX/OTC
polyethylene glycol 3350 powd	F	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	F	
Saline Laxatives		
FLEET ENEMA ENEM (Use Sodium Phosphates)	NF	
FLEET ENEMA SIX PACK ENEM (Use Sodium Phosphates)	NF	

Drug Name	Drug Tier	Requirements/ Limits
FLEET PEDIATRIC ENEM (Use Sodium Phosphates)	NF	
magnesium citrate soln 1.745gm/30ml, 1.745 gm/30ml,	F	
magnesium hydroxide susp	F	QL(33 ml daily)
MILK OF MAGNESIA CONCENTRATE SUSP	F	
sodium phosphates enem re 16gm/133ml-6gm/133ml, 19gm/118ml-7gm/118ml, 9.5gm/59ml-3.5gm/59ml, 19gm/118ml-19gm/118ml-7gm/118ml-7gm/118ml	F	
Stimulant Laxatives		
bisacodyl supp re 10 mg	F	QL(12 ea per fill retail)
bisacodyl tbec or 5 mg	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 176 MG/5ML	F	
sennosides liqd 8.8 mg/5ml	F	
sennosides syrp 8.8 mg/5ml	F	
sennosides tabs 15 mg, 8.6 mg, 17.2 mg	F	
SENOKOT TABS (Use Sennosides)	NF	
SENOKOT XTRA TABS (Use Sennosides)	NF	
Surfactant Laxatives		
COLACE CAPS (Use Docusate Sodium)	NF	QL(3 ea daily)
docusate calcium caps	F	
docusate sodium caps or 100 mg, 250 mg	F	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>docusate sodium liqd or 50 mg/5ml, 150 mg/15ml</i>	F	
<i>docusate sodium syrp or 60 mg/15ml</i>	F	
<i>docusate sodium tabs or 100 mg</i>	F	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	F	QL(2 ea per fill retail)
<i>azithromycin susr or 100 mg/5ml</i>	F	Limit 1 package per claim;QL(15 ml per fill retail)
<i>azithromycin susr or 200 mg/5ml</i>	F	Limit 1 package per claim;QL(30 ml per fill retail)
<i>azithromycin tabs or 250 mg</i>	F	QL(6 ea per fill retail)
<i>azithromycin tabs or 500 mg</i>	F	QL(4 ea daily)
<i>azithromycin tabs or 600 mg</i>	F	Limit 8 per 28 days;QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM	F	QL(2 ea per fill retail)
ZITHROMAX SUSR OR 100 MG/5ML (<i>Use Azithromycin</i>)	NF	Limit 1 package per claim;QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (<i>Use Azithromycin</i>)	NF	Limit 1 package per claim;QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG (<i>Use Azithromycin</i>)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (<i>Use Azithromycin</i>)	NF	QL(4 ea daily)
ZITHROMAX TABS OR 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
CLARITHROMYCIN SUSR 125 MG/5ML	F	Limit 1 package per claim;QL(100 ml per fill retail)
CLARITHROMYCIN SUSR 250 MG/5ML	F	
<i>clarithromycin susr 250 mg/5ml</i>	F	
<i>clarithromycin tabs 250 mg, 500 mg</i>	F	QL(28 ea per fill retail)
<i>clarithromycin tb24 500 mg</i>	F	QL(14 ea per fill retail)
Erythromycins		
E.E.S. 400 TABS	F	
E.E.S. GRANULES SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	NF	
ERY-TAB TBEC	F	
ERYPED 200 SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	NF	
ERYPED 400 SUSR	F	
ERYTHROCIN STEARATE TABS	F	
<i>erythromycin base cpep</i>	F	
<i>erythromycin base tabs</i>	F	
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
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 LARGE 4" X 4" PADS	F	RX/OTC
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	F	
BAND-AID GAUZE PADS SMALL 2" 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
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC
BORDERED GAUZE PADS	F	RX/OTC
CARRASMART FOAM PADS	F	RX/OTC
CARRASMART PADS XX	F	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 ANTIMICROBIAL GAUZE SPONGES 2"X2" 8 PLY PADS	F	RX/OTC
CURITY AMD ANTIMICROBIAL GAUZE 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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
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	
QC STERILE PADS PADS	F	RX/OTC
RA ALL PURPOSE DRESSINGS4"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 DETECTABLESPONGES 4" X 4" 16 PLY MISC	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	F	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	F	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	F	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	F	RX/OTC
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS	F	
SM GAUZE PADS 2"X2" PADS	F	RX/OTC
SM GAUZE PADS 3"X3" PADS	F	
SM GAUZE PADS 4"X4" PADS	F	RX/OTC
SM STERILE PADS 2"X2" PADS	F	RX/OTC
SM STERILE PADS PADS	F	RX/OTC
SOF-WICK 4"X4" PADS	F	RX/OTC
STERILE GAUZE PADS 2"X2" PADS	F	RX/OTC
STERILE GAUZE PADS 3"X3" PADS	F	
STERILE PADS 2"X2" PADS	F	RX/OTC
STERILE PADS 3"X3" PADS	F	
STERILE PADS 4"X4" PADS	F	RX/OTC
SURGICAL GAUZE SPONGE PADS	F	RX/OTC
TEGADERM FOAM DRESSING 2"X2" PADS	F	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	F	RX/OTC
THERAGAUZE PADS	F	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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)
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/SPERMICIDE 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)

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

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

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED/SPERMICID E EXTRA STRENGTH MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/SPERMICID E 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/STUDDDED 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/SPERMICID E MISC	F	QL(36 ea per fill retail)
ULTIMATE FEELING DEVI	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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 DEVI	F	QL(1 ea per 180 days retail)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	F	QL(5 ea daily)
ASSURE LANCE LANCETS 21G MISC	F	QL(5 ea daily)
ASSURE LANCE LANCETS MISC	F	QL(5 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	F	QL(5 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
CVS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS 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 Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
GENTEEL LANCING DEVICE/BUFF BLACK MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/BUTTERFLY BLUE MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PLAYFUL PURPLE MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PRINCESS PINK MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/STATELY SILVER MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/WILLOWY WHITE MISC	F	QL(1 ea per 180 days retail)
GENTLE-LET GP LANCETS MISC	F	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	F	QL(5 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	F	QL(5 ea daily)
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)
GLUCOSOURCE LANCET DEVICE MISC	F	QL(1 ea per 180 days retail)
GLUCOSOURCE LANCETS MISC	F	QL(5 ea daily)
GNP LANCETS 21G MISC	F	QL(5 ea daily)
GNP LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
GNP LANCETS MISC	F	QL(5 ea daily)
GNP LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
GNP LANCETS THIN 26G MISC	F	QL(5 ea daily)
GNP LANCETS THIN MISC	F	QL(5 ea daily)
GNP MICRO THIN LANCETS 33G MISC	F	QL(5 ea daily)
GNP SUPER THIN LANCETS/30G MISC	F	QL(5 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	F	QL(5 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	F	QL(5 ea daily)
GOODSENSE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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)
KROGER LANCETS SUPER THIN MISC	F	QL(5 ea daily)
KROGER LANCETS THIN 26G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS THIN MISC	F	QL(5 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	F	QL(5 ea daily)
KROGER LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LANCET DEVICE ADJUSTABLE MISC	F	QL(1 ea per 180 days retail)
LANCET DEVICE WITH EJECTOR MISC	F	QL(1 ea per 180 days retail)
LANCETS 26G TWIST TOP MISC	F	QL(5 ea daily)
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)
LANCETSBULLSEYE SAFETY MISC	F	QL(5 ea daily)
LANCING DEVICE ADJUSTABLE MISC	F	QL(1 ea per 180 days retail)
LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)

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

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
MINI LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
MM LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
MONOLET LANCETS MISC	F	QL(5 ea daily)
MONOLET OPD LANCETS MISC	F	QL(5 ea daily)
MONOLETTOR SAFETY LANCETS MISC	F	QL(5 ea daily)
MULTI-LANCET DEVICE MISC	F	QL(1 ea per 180 days retail)
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 ULTRASOFT LANCETS MISC	F	QL(5 ea daily)
PC LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
PERFECT LANCETS 30G MISC	F	QL(5 ea daily)
PHARMACY COUNTER LANCETS MISC	F	QL(5 ea daily)
PRECISION THIN LANCETS MISC	F	QL(5 ea daily)
PRECISION THINS GP LANCET MISC	F	QL(5 ea daily)
PRECISION ULTRA LANCET MISC	F	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
PUSH BUTTON SAFETY LANCETS 21G MISC	F	QL(5 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	F	QL(5 ea daily)
PX ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
PX LANCET AUTO INJECTOR MISC	F	QL(1 ea per 180 days retail)
PX LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
QC ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
QC LANCETS SUPER THIN MISC	F	QL(5 ea daily)
QC LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	F	QL(5 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	F	QL(5 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	F	QL(5 ea daily)
RA E-ZJECT LANCETS 28G MISC	F	QL(5 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
RIGHTTEST GD500 LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
RIGHTTEST GL300 LANCETS MISC	F	QL(5 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	F	QL(5 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	F	QL(5 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	F	QL(5 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	F	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
SM TRUEDRAW LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SMART DIABETES VANTAGE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	F	QL(5 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	F	QL(5 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	F	QL(5 ea daily)
SMARTTEST 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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
TGT LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
THINLETS GP LANCETS MISC	F	QL(5 ea daily)
THINLETS LANCET MISC	F	QL(5 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	F	QL(5 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	F	QL(5 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	F	QL(5 ea daily)
TRAVEL LANCETS 30G MISC	F	QL(5 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	F	QL(5 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	F	
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	F	
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	F	
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	F	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	F	
TRUEDRAW LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
TRUEPLUS LANCETS 26G MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 28G MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 30G MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	F	QL(5 ea daily)

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)
ULTILET CLASSIC LANCETS MISC	F	QL(5 ea daily)
ULTILET LANCETS 33G MISC	F	QL(5 ea daily)
ULTILET LANCETS MISC	F	QL(5 ea daily)
ULTRA THIN LANCETS 28G 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)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	F	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
WALGREENS ULTRA THIN LANCETS MISC	F	QL(5 ea daily)
Misc. Devices		

Drug Name	Drug Tier	Requirements/ Limits
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
APLICARE ALCOHOL SWABSTICK PADS	F	QL(400 ea per fill retail); RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS	F	QL(400 ea per fill retail); RX/OTC
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 PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS	F	QL(400 ea per fill retail); RX/OTC
EQL ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
GNP ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
H-E-B INCONTROL ALCOHOL PADS PADS	F	QL(400 ea per fill retail); RX/OTC
HM STERILE ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS	F	QL(400 ea per fill retail); RX/OTC
PRO COMFORT ALCOHOL PADS PADS	F	QL(400 ea per fill retail); RX/OTC
QC ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
RA ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
REALITY SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
RELION ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
SB ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
SHOPKO ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
SM ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
TGT ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
ULTICARE ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS	F	QL(400 ea per fill retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS	F	QL(400 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS	F	QL(400 ea per fill retail); RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	F	QL(5 ea daily)
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); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	F	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	F	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AURORA PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
AUTOPEN DEVI	F	QL(1 ea per 180 days retail); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD AUTOSHIELD 29G X 5/16" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/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 SAFETYGLIDE/U-100/1ML/31G X 15/64" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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 SYSYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G MISC	F	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" MISC	F	QL(5 ea daily)
CAREFINE PEN NEEDLE 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	F	QL(5 ea daily); 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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/32" MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC	F	QL(5 ea daily)
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	F	QL(5 ea daily)
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); RX/OTC
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/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	F	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX3/16" MISC	F	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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)
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

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

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC	F	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	F	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 32GX3/16" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
EASY TOUCH 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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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 SHORT PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
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); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC	F	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
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); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
HEALTHWISE PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
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
INPEN 100/BLUE/LILLY DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/BLUE/NOVO DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/GRAY/LILLY DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/GREY/NOVO DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/PINK/LILLY DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/PINK/NOVO DEVI	F	QL(1 ea per 180 days retail); RX/OTC

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

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

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Drug Name	Drug Tier	Requirements/ Limits
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 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN PEN NEEDLES 32G X4MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	F	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	F	QL(5 ea daily); 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)

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

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

Drug Name	Drug Tier	Requirements/ Limits
LITE TOUCH PEN NEEDLES/31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
LIVE BETTER PEN NEEDLES 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
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
MARATHON MEDICAL PENTIPS29GX12MM MISC	F	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	F	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	F	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	F	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	F	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM MISC	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	F	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	F	QL(5 ea daily)
MM PEN NEEDLES 31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MM PEN NEEDLES 31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	F	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
NOVOTWIST 32GX5MM MISC	F	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	F	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	F	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	F	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	F	QL(5 ea daily); 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); RX/OTC
PEN NEEDLES 31G X 5MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	F	QL(5 ea daily)
PEN NEEDLES 31GX8MM (5/16") MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 5MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 6MM MISC	F	QL(5 ea daily)
PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PENTIPS 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	F	QL(5 ea daily)
PENTIPS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	F	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
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
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

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

Drug Name	Drug Tier	Requirements/ Limits
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
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	F	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	F	QL(5 ea daily); RX/OTC
SM INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 MISC	F	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC	F	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC	F	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC	F	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM MISC	F	QL(5 ea daily)
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC	F	QL(5 ea daily)
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	F	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC	F	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE PEN NEEDLES/31GX 5MM MISC	F	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC	F	QL(5 ea daily)
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); RX/OTC
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
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 SYRINGE/ULTRAFINE U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/ULTRAFINE 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
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 NEEDLES/31GX6MM MISC	F	QL(5 ea daily)
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	F	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	F	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX3/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	F	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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)
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); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	F	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	F	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	F	QL(5 ea daily)
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
EASIVENT/MASK-LARGE MISC	F	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	F	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	F	QL(2 ea per 360 days retail); RX/OTC
FLEXICHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK /MEDIUM DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK /SMALL DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	F	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE RESERVOIR BAGS MISC	F	QL(3 ea per 180 days retail)
LITEAIRE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
MICROCHAMBER MISC	F	QL(2 ea per 360 days retail); RX/OTC
MICROSPACER MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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		

Drug Name	Drug Tier	Requirements/ Limits
Migraine Products		
D.H.E. 45 SOLN (<i>Use Dihydroergotamine Mesylate</i>)	NF	AL(At least 18 yrs old)
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	F	AL(At least 18 yrs old)
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	F	AL(At least 18 yrs old)
MIGRANAL SOLN	F	AL(At least 18 yrs old)
Serotonin Agonists		
AMERGE TABS (<i>Use Naratriptan HCl</i>)	NF	Limit 9 per month;QL(0.3 ea daily); AL(At least 18 yrs old)
<i>eletriptan hydrobromide tabs</i>	F	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (<i>Use Sumatriptan</i>)	NF	Limit 6 per month;QL(0.2 ea daily); AL(At least 12 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	Limit 2 per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	Limit 2 syringes per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (<i>Use Sumatriptan Succinate</i>)	NF	Limit 9 per month;QL(0.3 ea daily); AL(At least 12 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	F	Limit 9 per month; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tabs</i>	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan tbdp</i>	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
ZOMIG SOLN NA 5 MG	F	Limit 6 per month; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 5 MG, 2.5 MG (<i>Use Zolmitriptan</i>)	NF	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
ZOMIG ZMT TBDP (<i>Use Zolmitriptan</i>)	NF	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)

MINERALS & ELECTROLYTES

Calcium

CALCI-CHEW CHEW	F	
<i>calcium carbonate tabs 500 mg, 1250 mg</i>	F	
<i>calcium carbonate-cholecalciferol chew 500mg-100unit, 500mg-400unit</i>	F	
<i>calcium carbonate-cholecalciferol tabs 500mg-200unit, 500mg-400unit, 600mg-200unit, 600mg-400unit, 600mg-800unit, 500mg-500mg-400unit-400unit, 600mg-600mg-800unit-400unit</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate-vitamin d tabs 125unit-250mg, 125unit-500mg, 200unit-500mg, 250mg-125unit, 500mg-125unit, 500mg-200unit, 500mg-500mg-200unit-200unit</i>	F	
<i>calcium carbonate-vitamin d tabs 200unit-600mg, 400unit-600mg, 600mg-200unit, 600mg-400unit</i>	F	QL(2 ea daily)
<i>calcium citrate tabs 200 mg, 950 mg</i>	F	
CALCIUM TABS 600MG-200UNIT	F	
<i>calcium w/ vitamin d tabs 600mg-200unit</i>	F	
CALTRATE 600+D TABS (Use Calcium Carbonate-Cholecalciferol)	NF	
<i>oyster shell tabs</i>	F	
PARVA-CAL TABS 500MG-200UNIT	F	
Electrolyte Mixtures		
CERASPORT EX1 SOLN	F	
CERASPORT SOLN 4MEQ/L-18MEQ/L-20MEQ/L-6MEQ/L	F	
ENFAMIL ENFALYTE SOLN	F	
HYDRALYTE FREEZER POPS SOLN	F	
HYDRALYTE SOLN 270MG/250ML-210MG/250ML, 45MEQ/L-45MEQ/L-20MEQ/L-90MEQ/L-16GM/L	F	
<i>oral electrolytes soln</i>	F	
PEDIALYTE FREEZER POPS SOLN (Use Oral Electrolytes)	NF	

Drug Name	Drug Tier	Requirements/ Limits
PEDIALYTE SOLN 20MEQ/L-45MEQ/L-35MEQ/L-5GM/L-20GM/L, 20MEQ/L-45MEQ/L-35MEQ/L-30MEQ/L-25GM/L (Use Oral Electrolytes)	NF	
Fluoride		
LURIDE SOLN (Use Sodium Fluoride)	NF	AL(Up to 15 yrs old)
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 1.1 mg, 2.2 mg</i>	F	AL(Up to 15 yrs old)
<i>sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml</i>	F	AL(Up to 15 yrs old)
Magnesium		
<i>magnesium oxide (mg supplement) tabs 400 mg, 241.3 mg</i>	F	
MAGOX 400 TABS (Use Magnesium Oxide (Mg Supplement))	NF	
Phosphate		
K-PHOS NEUTRAL TABS (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic)	NF	QL(8 ea daily)
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs 130mg-155mg-852mg</i>	F	QL(8 ea daily)
Potassium		
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	NF	
K-TAB TBCR 8 MEQ, 20 MEQ	F	
KLOR-CON M15 TBCR	F	
MICRO-K CPCR 10 MEQ (Use Potassium Chloride)	NF	
MICRO-K CPCR 8 MEQ (Use Potassium Chloride)	NF	QL(1 ea daily)
<i>potassium bicarbonate tbef</i>	F	

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

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

Drug Name	Drug Tier	Requirements/ Limits
NEORAL SOLN 100 MG/ML (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	NF	QL(8 ml daily)
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 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 or</i>	F	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	F	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	F	QL(100 ml per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat) susp</i>	F	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorhexidine gluconate (mouth-throat) soln 0.12 %</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)
<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	
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
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

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Drug Name	Drug Tier	Requirements/ Limits
MOUTHKOTE SOLN	F	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	F	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	F	QL(900 ml per fill retail); RX/OTC
<i>pilocarpine hcl (oral) tabs 5 mg</i>	F	QL(6 ea daily)
RA DRY MOUTH SOLN	F	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS 5 MG (Use Pilocarpine HCl (Oral))	NF	QL(6 ea daily)
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins caps or 70mg-100mg-1mg-10mg-2mg-1.5mg-100mcg, 60mg-60mg-3mg-5mg-20mg-3mg-1mcg-0.5mg, 60mg-60mg-5mg-20mg-3mg-1mcg-3mg-0.5mg</i>	F	QL(1 ea daily)
<i>b-complex vitamins tabs or 0.1mg-20mg-2mg-5mcg-3mg-1mg, 10mg-10mg-2mg-1.5mg-0.2mg, 10mg-14mg-25mcg-7mg-4.5mg, 15mg-2mg-5mg-2mcg-2mg-2mg, 3mg-10mg-20mg-3mg-6mcg-2mg, 3mg-20mg-3mg-10mg-6mcg-2mg, 83mg-3mg-20mg-2mg-5mcg-1mg, 100mg-50mg-40mg-10mg-20mg-5mg-4.6mg-1mcg-5mg-1mg, 3mg-3mg-20mg-20mg-3mg-3mg-10mg-10mg-6mcg-6mcg-2mg-2mg, 30mg-50mg-50mg-50mg-50mg-50mg-50mcg-50mg-100mcg-50mcg-50mg</i>	F	QL(1 ea daily)
B-Complex w/ Folic Acid		

Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex w/ c & folic acid caps 1.5mg-5mg-20mg-1.7mg-6mcg-1mg-150mcg-10mg-100mg, 5mg-1.7mg-6mcg-20mg-1.5mg-1mg-150mcg-10mg-100mg</i>	F	QL(1 ea daily); RX/OTC
NEPHROCAPS CAPS (Use B-Complex w/ C & Folic Acid)	NF	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals		
ACTIVESSENTIALS PACK	F	
AIRBORNE LOZG	F	
ANTIOXIDANT FORMULA SG CPCR	F	
BIOVOL SYRP	F	
C-BUFF POWD	F	
CENTRUM MULTIVITAMIN FLAVOR BURST DRINK PACK	F	
CONCEPTIONXR MOTILITY SUPPORT FORMULA MISC	F	
CORVITE TABS (Use Multiple Vitamins w/ Minerals & Folic Acid)	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	

Drug Name	Drug Tier	Requirements/ Limits
EMERGEN-C FIVE PACK	F	
EMERGEN-C HEART HEALTH PACK	F	
EMERGEN-C IMMUNE PACK	F	
EMERGEN-C IMMUNE PLUS PACK	F	
EMERGEN-C IMMUNE+ WARMERS PACK	F	
EMERGEN-C JOINT HEALTH PACK	F	
EMERGEN-C KIDZ PACK	F	
EMERGEN-C MSM LITE PACK	F	
EMERGEN-C PINK PACK	F	
EMERGEN-C SUPER FRUIT PACK	F	
EMERGEN-C VITAMIN C LITE PACK	F	
EMERGEN-C VITAMIN C PACK	F	
EMERGEN-C VITAMIN D & CALCIUM PACK	F	
END FATIGUE DAILY ENERGYENFUSION POWD	F	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	
SYNAGEX CAPS	F	
SYNATEK CAPS	F	
THERANATAL LACTATION COMPLETE MISC	F	
ULTRA MENS PACK MISC	F	
ULTRA WOMENS PACK MISC	F	

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Drug Name	Drug Tier	Requirements/ Limits
VITAMENT PACK	F	
VITAMIN C EFFERVESCENT BLEND PACK	F	
VITAMIN C/ELECTROLYTES PACK	F	
VITAMINS TO GO MAXIMUM MISC	F	
VITAMINS TO GO MEN MISC	F	
VITAMINS TO GO WOMEN MISC	F	
WOMENS PACK MISC	F	
ZINC LOZG OR 50MG-15MG-500UNIT-100MG, 50MG-15MG-10MG-500UNIT-100MG, 10MG-5MG-10MG-10MG-15MG-500UNIT-60MG	F	
Ped MV w/ Fluoride		
<i>pediatric vitamins acd w/ fluoride soln</i>	F	QL(50 ml per fill retail); AL(Up to 13 yrs old)
Ped Multi Vitamins w/FI & FE		
<i>ped multivitamins w/fl & iron soln</i>	F	QL(50 ml per fill retail); AL(Up to 13 yrs old)
TRI-VIT/FLUORIDE/IRON SOLN 0.25MG/ML-1500UNIT/ML-10MG/ML-400UNIT/ML-35MG/ML	F	QL(50 ml per fill retail); AL(Up to 13 yrs old)
Pediatric Multiple Vitamins		
<i>pediatric multiple vitamins liqd</i>	F	
Pediatric Vitamins		
<i>pediatric vitamins adc soln 1500unit/ml-400unit/ml-35mg/ml</i>	F	QL(50 ml per fill retail)
Prenatal Vitamins		
CLASSIC PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
CVS PRENATAL GUMMY/DHA/FOLIC ACID CHEW	F	
CVS PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
EQL PRENATAL FORMULA TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
GNP PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
GOODSENSE PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
HM PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
KP PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
KPN PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
M-VIT TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
MULTI PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
MYNATAL CAPS	F	QL(1 ea daily); AL(Up to 45 yrs old)
NAT-RUL PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
NIVA-PLUS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
O-CAL FA TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
PNV PRENATAL PLUS MULTIVITAMIN TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRE-NATAL FORMULA TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL AND IRON TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL FORMULA CAPS 35MG-30UNIT-4000UNIT-200MG-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG	F	
PRENATAL FORTE TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL LOW IRON TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL MULTIVITAMIN TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL ONE DAILY TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL PLUS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 11UNIT-263MG-25MG-1.5MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-0.8MG-2.6MG-120MG, 30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-4000UNIT-8MCG-400UNIT-800MCG-2.6MG-120MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-200MG-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 160MG-11UNIT-200MG-25MG-1.84MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-800MCG-2.6MG-100MG	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	F	QL(1 ea daily); AL(Up to 45 yrs old); 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(Up to 45 yrs old)
PRENATAL VITAMIN & MINERAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL VITAMIN TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMIN/IRON TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL VITAMINS PLUS LOW IRON TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PREPLUS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
QC PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
RA PRENATAL FORMULA/FOLICACID TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
RA PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
RIGHT STEP PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
SM PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
THERANATAL CORE NUTRITION TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
TRICARE TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
VOL-PLUS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
Vitamins w/ Lipotropics		

Drug Name	Drug Tier	Requirements/ Limits
<i>vitamins w/ lipotropics caps 50mg-50mg-50mg-50mg-50mcg-50mcg-50mcg-50mg, 86mg-2mg-10mg-83mg-240mg-3mg-2mcg-3mg-110mg-1.65mg, 50mg-50mg-50mg-50mg-50mg-50mg-50mg-50mcg-100mcg-50mcg-50mg, 75mg-30mg-2unit-10000unit-40mg-15mg-31mg-2.5mg-4mg-2mcg-75mg-400unit, 10000unit-3mg-0.5mg-2mg-75mg-58mg-30mg-2unit-0.5mg-4mg-40mg-15mg-31.4mg-2.5mg-2mcg-5mg-1mg-75mg-400unit</i>	F	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg, 20 mg</i>	F	
CHLORZOXAZONE TABS 500 MG	F	
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg</i>	F	QL(3 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	F	
ROBAXIN TABS OR 500 MG (Use Methocarbamol)	NF	
ROBAXIN-750 TABS (Use Methocarbamol)	NF	
<i>tizanidine hcl tabs 2 mg, 4 mg</i>	F	
ZANAFLEX TABS 4 MG (Use Tizanidine HCl)	NF	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (Use Saline)	NF	QL(90 ml per fill retail)
<i>saline soln 0.65%-0.002%, 0.65 %, 0.65%</i>	F	QL(90 ml per fill retail)
Nasal Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
BACTROBAN NASAL OINT	F	
Nasal Antiallergy		
ASTEPRO SOLN (<i>Use Azelastine HCl</i>)	NF	Limit 1 package per month; QL(1 ml daily)
<i>azelastine hcl soln</i>	F	Limit 1 package per month; QL(1 ml daily)
<i>cromolyn sodium (nasal) aers 5.2 mg/act</i>	F	QL(26 ml per fill retail)
NASALCROM AERS (<i>Use Cromolyn Sodium (Nasal)</i>)	NF	QL(26 ml per fill retail)
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	F	Limit 1 package per month; QL(1.2 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	F	Limit 1 package per month; QL(0.5 ml daily)
Nasal Steroids		
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>Use Fluticasone Propionate (Nasal)</i>)	NF	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>Use Fluticasone Propionate (Nasal)</i>)	NF	QL(16 ml per fill retail); RX/OTC
FLUNISOLIDE SOLN	F	QL(25 ml per fill retail)
<i>fluticasone propionate (nasal) susp 50 mcg/act</i>	F	QL(16 ml per fill retail); RX/OTC
<i>mometasone furoate (nasal) susp 50 mcg/act</i>	F	QL(17 gm per fill retail); AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO 55 MCG/ACT	F	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NASACORT ALLERGY 24HR AERO 55 MCG/ACT (<i>Use Triamcinolone Acetonide (Nasal)</i>)	F	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO 55 MCG/ACT (<i>Use Triamcinolone Acetonide (Nasal)</i>)	F	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASONEX SUSP (<i>Use Mometasone Furoate (Nasal)</i>)	NF	QL(17 gm per fill retail); AL(At least 2 yrs old)
<i>triamcinolone acetonide (nasal) aero 55 mcg/act</i>	F	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
ADRENALIN SOLN NA 0.1 %	F	
NASAL DECONGESTANT LIQD	F	
NASAL DECONGESTANT SYRP	F	
<i>phenylephrine hcl (oral) tabs 10 mg</i>	F	QL(24 ea per fill retail)
<i>pseudoephedrine hcl liqd 15 mg/5ml</i>	F	
<i>pseudoephedrine hcl tabs 30 mg, 60 mg</i>	F	
<i>pseudoephedrine hcl tb12 120 mg</i>	F	QL(2 ea daily)
SUDAFED CHILDRENS LIQD (<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)

NUTRIENTS

Drug Name	Drug Tier	Requirements/ Limits
Misc. Nutritional Substances		
<i>omega-3 fatty acids caps 1000mg, 1200mg, 1000 mg, 1200 mg, 180mg-120mg, 1200mg-2unit, 300mg-1000mg, 350mg-1000mg, 360mg-1200mg, 600mg-1000mg, 600mg-1200mg, 180mg-120mg-5unit, 300mg-180mg-120mg, 300mg-200mg-1unit, 1000mg-180mg-120mg, 160mg-1000mg-100mg, 180mg-1000mg-120mg, 180mg-1200mg-144mg, 216mg-1200mg-144mg, 270mg-1000mg-180mg, 300mg-1000mg-1unit, 300mg-1000mg-200mg, 300mg-1unit-1000mg, 336mg-1200mg-276mg, 350mg-1000mg-250mg, 400mg-1000mg-300mg, 500mg-1000mg-250mg, 180mg-120mg-1.8unit, 300mg-180mg-1gm-120mg, 1000mg-180mg-120mg-1mg, 210mg-1000mg-75mg-90mg, 60mg-180mg-1200mg-120mg, 60mg-360mg-1200mg-300mg, 1000mg-180mg-120mg-1unit, 100mg-300mg-1000mg-200mg, 180mg-1000mg-120mg-1unit, 180mg-1unit-1000mg-120mg, 300mg-1000mg-200mg-1unit, 300mg-180mg-1000mg-120mg, 360mg-216mg-1200mg-144mg, 600mg-324mg-1200mg-216mg, 700mg-350mg-1000mg-250mg, 900mg-455mg-1000mg-360mg, 100mg-1000mg-500mg-10unit, 216mg-1200mg-144mg-15unit, 300mg-1000mg-1000mg-1unit, 340mg-180mg-1unit-1000mg-120mg</i>	F	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Proteins		
ARGININE TABS 500 MG	F	
<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	
<i>polyvinyl alcohol soln 1.4 %</i>	F	QL(15 ml per fill retail)
TEARS NATURALE PM OINT (Use White Petrolatum-Mineral Oil)	NF	QL(4 gm per fill retail)
<i>white petrolatum-mineral oil oint</i>	F	QL(4 gm per fill retail)
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use Levobunolol HCl)	NF	QL(10 ml per fill retail)
<i>betaxolol hcl (ophth) soln 0.5 %</i>	F	QL(10 ml per fill retail)
<i>carteolol hcl (ophth) soln</i>	F	Limit 1 package per month;QL(0.5 ml daily)
CARTEOLOL HCL SOLN	F	Limit 1 package per month;QL(0.5 ml daily)
COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)	NF	QL(10 ml per fill retail)
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	F	QL(10 ml per fill retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	F	QL(10 ml per fill retail)
<i>levobunolol hcl soln 0.5 %</i>	F	QL(10 ml per fill retail)
METIPRANOLOL SOLN	F	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>apraclonidine hcl soln</i>	F	
<i>brimonidine tartrate soln 0.2 %</i>	F	QL(15 ml per fill retail)
IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl)	NF	
IOPIDINE SOLN 1 %	F	
Ophthalmic Anti-infectives		
<i>bacitracin-polymyxin b (ophth) oint</i>	F	QL(4 gm per fill retail)
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	NF	QL(15 ml per fill retail)
<i>erythromycin (ophth) oint</i>	F	QL(4 gm per fill retail)
GENTAK OINT	F	QL(4 gm per fill retail)
<i>gentamicin sulfate (ophth) 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 0.5 %</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 0.025mg/ml-10000unit/ml-1.75mg/ml</i>	F	QL(10 ml per fill retail)
NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)	NF	QL(10 ml per fill retail)
OCUFLOX SOLN (Use Ofloxacin (Ophth))	NF	QL(10 ml per fill retail)
<i>ofloxacin (ophth) soln 0.3 %</i>	F	QL(10 ml per fill retail)
<i>polymyxin b-trimethoprim soln 0.1%-10000unit/ml</i>	F	QL(10 ml per fill retail)
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	NF	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) soln 10 %</i>	F	QL(15 ml per fill retail)
SULFACETAMIDE SODIUM OINT OP 10 %	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin (ophth) soln 0.3 %</i>	F	QL(5 ml per fill retail)
TOBREX OINT 0.3 %	F	QL(4 gm per fill retail)
TOBREX SOLN (Use Tobramycin (Ophth))	NF	QL(5 ml per fill retail)
<i>trifluridine soln 1 %</i>	F	QL(8 ml per fill retail)
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	NF	QL(3 ml per fill retail)
VIROPTIC SOLN (Use Trifluridine)	NF	QL(8 ml per fill retail)
Ophthalmic Decongestants		
<i>phenylephrine hcl (ophth) soln 2.5 %</i>	F	QL(15 ml per fill retail)
<i>tetrahydrozoline hcl (ophth) soln 0.05 %</i>	F	Limit 1 package per month;QL(0.5 ml daily)
VISINE EXTRA SOLN (Use Tetrahydrozoline HCl (Ophth))	NF	Limit 1 package per month;QL(0.5 ml daily)
VISINE SOLN (Use Tetrahydrozoline HCl (Ophth))	NF	Limit 1 package per month;QL(0.5 ml daily)
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth) soln</i>	F	
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	F	QL(4 gm per fill retail)
BLEPHAMIDE SUSP	F	QL(10 ml per fill retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	F	QL(5 ml per fill retail)
<i>fluorometholone (ophth) susp 0.1 %</i>	F	QL(15 ml per fill retail)
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	NF	QL(15 ml per fill retail)
FML OINT 0.1 %	F	QL(4 gm per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits
VEXOL SUSP	F	QL(10 ml per fill retail)
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	
ACULAR SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	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 2 %</i>	F	QL(10 ml per fill retail)
DORZOLAMIDE HCL SOLN 2 %	F	QL(10 ml per fill retail)
<i>flurbiprofen sodium soln 0.03 %</i>	F	QL(3 ml per fill retail)
<i>ketorolac tromethamine (ophth) soln 0.4 %</i>	F	
<i>ketorolac tromethamine (ophth) soln 0.5 %</i>	F	QL(10 ml per fill retail)
<i>ketotifen fumarate (ophth) soln 0.025 %</i>	F	QL(10 ml per fill retail)
NEVANAC SUSP 0.1 %	F	QL(3 ml per fill retail)
OCUFEN SOLN (<i>Use Flurbiprofen Sodium</i>)	NF	QL(3 ml per fill retail)
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	NF	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ZADITOR SOLN (<i>Use Ketotifen Fumarate (Ophth)</i>)	NF	QL(10 ml per fill retail)
Prostaglandins - Ophthalmic		
LATANOPROST SOLN 0.005 %	F	QL(3 ml per fill retail)
<i>latanoprost soln 0.005 %</i>	F	QL(3 ml per fill retail)
XALATAN SOLN (<i>Use Latanoprost</i>)	NF	QL(3 ml per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	F	QL(15 ml per fill retail)
<i>carbamide peroxide (otic) soln 6.5 %</i>	F	Limit 1 package per month;QL(0.5 ml daily)
DEBROX SOLN (<i>Use Carbamide Peroxide (Otic)</i>)	NF	Limit 1 package per month;QL(0.5 ml daily)
Otic Anti-infectives		
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	NF	QL(10 ml per fill retail)
<i>ofloxacin (otic) soln 0.3 %</i>	F	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX SUSP	F	QL(7.5 ml per 30 days retail)
CORTANE-B-OTIC SOLN (<i>Use Pramoxine-HC-Chloroxylonol</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-Chloroxylonol</i>)	NF	Limit 1 package per month;QL(0.34 ml daily)
PRAMOTIC LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>pramoxine-hc-chloroxylenol soln 10mg/ml-1mg/ml-10mg/ml</i>	F	Limit 1 package per month;QL(0.34 ml daily)
Otic Steroids		
DERMOTIC OIL (Use Fluocinolone Acetonide (Otic))	NF	Limit 1 package per month;QL(0.67 ml daily)
<i>fluocinolone acetonide (otic) oil 0.01 %</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		
<i>methylergonovine maleate tabs or 0.2 mg</i>	F	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	F	PA; SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	F	
AMOXICILLIN CHEW 125 MG, 250 MG	F	
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	F	
<i>amoxicillin tabs 875 mg</i>	F	
<i>ampicillin caps 250 mg, 500 mg</i>	F	
AMPICILLIN CAPS 500 MG	F	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	F	
Natural Penicillins		

Drug Name	Drug Tier	Requirements/ Limits
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	F	
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	F	
<i>penicillin v potassium tabs 250 mg, 500 mg</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 500mg-125mg, 875mg-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)

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (<i>Use Amoxicillin & Pot Clavulanate</i>)	NF	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (<i>Use Amoxicillin & Pot Clavulanate</i>)	NF	Limit 40 per 30 days;QL(1.34 ea daily)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	F	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>Use Norethindrone Acetate</i>)	NF	
<i>hydroxyprogesterone caproate oil 250 mg/ml</i>	F	SP
MAKENA OIL IM 250 MG/ML (<i>Use Hydroxyprogesterone Caproate</i>)	NF	SP
MAKENA SOAJ SC 275 MG/1.1ML	F	
<i>medroxyprogesterone acetate tabs</i>	F	
MEGACE ES SUSP (<i>Use Megestrol Acetate (Appetite)</i>)	NF	
<i>megestrol acetate (appetite) susp 625 mg/5ml</i>	F	
<i>norethindrone acetate tabs 5 mg</i>	F	
<i>progesterone micronized caps 100 mg</i>	F	QL(1 ea daily)
<i>progesterone micronized caps 200 mg</i>	F	Limit 20 per month;QL(0.67 ea daily)
PROMETRIUM CAPS 100 MG (<i>Use Progesterone Micronized</i>)	NF	QL(1 ea daily)
PROMETRIUM CAPS 200 MG (<i>Use Progesterone Micronized</i>)	NF	Limit 20 per month;QL(0.67 ea daily)
PROVERA TABS (<i>Use Medroxyprogesterone Acetate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
ANTABUSE TABS 250 MG (<i>Use Disulfiram</i>)	NF	
<i>disulfiram tabs 250 mg</i>	F	
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (<i>Use Donepezil Hydrochloride</i>)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	F	QL(1 ea daily)
EXELON CAPS OR 3 MG, 6 MG, 1.5 MG, 4.5 MG (<i>Use Rivastigmine Tartrate</i>)	NF	PA; QL(2 ea daily)
EXELON PT24 TD 4.6 MG/24HR, 9.5 MG/24HR, 13.3 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 4 mg, 8 mg, 12 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)

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Drug Name	Drug Tier	Requirements/ Limits
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		
AMPYRA TB12	F	PA; SP
AUBAGIO TABS	F	PA; SP
AVONEX KIT	F	PA; SP
AVONEX PEN AJKT	F	PA; SP
AVONEX PSKT	F	PA; SP
BETASERON KIT 0.3 MG	F	PA; SP
COPAXONE SOSY (<i>Use Glatiramer Acetate</i>)	NF	PA; SP
GILENYA CAPS 0.5 MG	F	PA; SP
<i>glatiramer acetate sosy</i>	F	PA; SP
LEMTRADA SOLN	F	PA; SP
PLEGRIDY SOPN	F	PA; SP
PLEGRIDY SOSY	F	PA; SP
PLEGRIDY STARTER PACK SOPN	F	PA; SP
PLEGRIDY STARTER PACK SOSY	F	PA; SP
REBIF REBIDOSE SOAJ	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
REBIF REBIDOSE TITRATIONPACK SOAJ	F	PA; SP
REBIF SOSY	F	PA; SP
REBIF TITRATION PACK SOSY	F	PA; SP
TECFIDERA CPDR	F	PA; SP
TECFIDERA STARTER PACK MISC	F	PA; SP
TYSABRI CONC	F	PA; SP
ZINBRYTA SOSY	F	PA; SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS	F	
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	F	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12 150 mg</i>	F	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	F	
CHANTIX STARTING MONTH PAK TABS	F	
CHANTIX TABS	F	
NICODERM CQ PT24 (<i>Use Nicotine</i>)	NF	
NICORETTE GUM (<i>Use Nicotine Polacrilex</i>)	NF	
NICORETTE LOZG (<i>Use Nicotine Polacrilex</i>)	NF	
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	NF	
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	NF	
<i>nicotine polacrilex gum</i>	F	
<i>nicotine polacrilex lozg</i>	F	
<i>nicotine pt24</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
NICOTINE TRANSDERMAL SYSTEM KIT	F	
NICOTROL INHALER INHA	F	
NICOTROL NS SOLN	F	
ZYBAN TB12 (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	NF	QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	F	PA; SP
KALYDECO TABS	F	PA; SP
ORKAMBI TABS 100MG-125MG, 200MG-125MG	F	PA; SP
PULMOZYME SOLN	F	PA; SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	
ADOXA PAK 2/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	
ADOXA TABS 50 MG, 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	F	
<i>doxycycline (monohydrate) tabs 50 mg, 100 mg</i>	F	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	F	
<i>doxycycline hyclate tabs or 100 mg</i>	F	
MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (<i>Use Minocycline HCl</i>)	NF	
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
MONODOX CAPS 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	
VIBRAMYCIN CAPS 100 MG (<i>Use Doxycycline Hyclate</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	F	
<i>propylthiouracil tabs</i>	F	
TAPAZOLE TABS (<i>Use Methimazole</i>)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (<i>Use Thyroid</i>)	NF	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	F	
CYTOMEL TABS (<i>Use Liothyronine Sodium</i>)	NF	
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	F	
<i>liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg</i>	F	
SYNTHROID TABS (<i>Use Levothyroxine Sodium</i>)	NF	
<i>thyroid tabs</i>	F	
THYROLAR-1 TABS	F	
THYROLAR-1/2 TABS	F	
THYROLAR-1/4 TABS	F	
THYROLAR-2 TABS	F	
THYROLAR-3 TABS	F	
TOXOIDS		

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Drug Name	Drug Tier	Requirements/ Limits
Toxoid Combinations		
ADACEL SUSP	F	AL(At least 19 yrs old)
BOOSTRIX SUSP	F	AL(At least 19 yrs old)
TENIVAC INJ	F	AL(At least 19 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED SUSP	F	AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (Use Hyoscyamine Sulfate)	NF	
BENTYL CAPS OR 10 MG (Use Dicyclomine HCl)	NF	
BENTYL TABS OR 20 MG (Use Dicyclomine HCl)	NF	
dicyclomine hcl caps or 10 mg	F	
dicyclomine hcl soln or 10 mg/5ml	F	QL(40 ml daily)
dicyclomine hcl tabs or 20 mg	F	
glycopyrrolate tabs or 1 mg, 2 mg	F	QL(4 ea daily)
hyoscyamine sulfate elix 0.125 mg/5ml	F	
hyoscyamine sulfate soln 0.125 mg/ml	F	
hyoscyamine sulfate tb12 0.375 mg	F	QL(4 ea daily)
hyoscyamine sulfate tbdp 0.125 mg	F	
LEVBIID TB12 (Use Hyoscyamine Sulfate)	NF	QL(4 ea daily)
ROBINUL FORTE TABS (Use Glycopyrrolate)	NF	QL(4 ea daily)
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	NF	QL(4 ea daily)
H-2 Antagonists		
CIMETIDINE HCL SOLN	F	QL(27 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
cimetidine tabs 200 mg	F	RX/OTC
cimetidine tabs 300 mg, 400 mg, 800 mg	F	
famotidine susr or 40 mg/5ml	F	
famotidine tabs or 10 mg, 40 mg	F	
famotidine tabs or 20 mg	F	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (Use Famotidine)	NF	RX/OTC
PEPCID AC TABS (Use Famotidine)	NF	
PEPCID SUSR 40 MG/5ML (Use Famotidine)	NF	
PEPCID TABS 20 MG (Use Famotidine)	NF	RX/OTC
PEPCID TABS 40 MG (Use Famotidine)	NF	
ranitidine hcl caps or 150 mg	F	QL(2 ea daily)
ranitidine hcl caps or 300 mg	F	QL(1 ea daily)
ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml	F	QL(40 ml daily); AL(Up to 6 yrs old)
ranitidine hcl tabs or 150 mg	F	QL(2 ea daily); RX/OTC
ranitidine hcl tabs or 75 mg, 300 mg	F	QL(2 ea daily)
TAGAMET HB TABS (Use Cimetidine)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use Ranitidine HCl)	NF	QL(2 ea daily); RX/OTC
ZANTAC 75 TABS (Use Ranitidine HCl)	NF	QL(2 ea daily)
ZANTAC TABS OR 150 MG (Use Ranitidine HCl)	NF	QL(2 ea daily); RX/OTC
ZANTAC TABS OR 300 MG (Use Ranitidine HCl)	NF	QL(2 ea daily)
Misc. Anti-Ulcer		

Drug Name	Drug Tier	Requirements/ Limits
CARAFATE SUSP 1 GM/10ML	F	QL(420 ml per fill retail); AL(Up to 6 yrs old)
CARAFATE TABS 1 GM (Use Sucralfate)	NF	QL(4 ea daily)
<i>sucralfate tabs</i>	F	QL(4 ea daily)
Proton Pump Inhibitors		
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)
<i>lansoprazole cpdr 15 mg</i>	F	QL(4 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	F	
<i>lansoprazole tbdp 15 mg, 30 mg</i>	F	
NEXIUM CPDR 40 MG (Use Esomeprazole Magnesium)	NF	
<i>omeprazole cpdr 10 mg</i>	F	
<i>omeprazole cpdr 20 mg</i>	F	QL(2 ea daily); RX/OTC
<i>omeprazole cpdr 40 mg</i>	F	QL(2 ea daily)
OMEPRAZOLE TBEC 20 MG	F	QL(1 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	F	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	F	QL(2 ea daily)
PREVACID 24HR CPDR (Use Lansoprazole)	NF	QL(4 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PREVACID CPDR 15 MG (Use Lansoprazole)	NF	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use Lansoprazole)	NF	
PREVACID SOLUTAB TBDP (Use Lansoprazole)	NF	
PRIOSEC CPDR 10 MG (Use Omeprazole)	NF	
PRIOSEC CPDR 20 MG (Use Omeprazole)	NF	QL(2 ea daily); RX/OTC
PRIOSEC CPDR 40 MG (Use Omeprazole)	NF	QL(2 ea daily)
PROTONIX TBEC OR 20 MG (Use Pantoprazole Sodium)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use Pantoprazole Sodium)	NF	QL(2 ea daily)
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		
CYTOTEC TABS (Use Misoprostol)	NF	
<i>misoprostol tabs</i>	F	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg</i>	F	
Urinary Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
FURADANTIN SUSP (<i>Use Nitrofurantoin</i>)	NF	QL(40 ml daily); AL(Up to 6 yrs old)
MACROBID CAPS (<i>Use Nitrofurantoin Monohyd Macro</i>)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (<i>Use Nitrofurantoin Macrocrystal</i>)	NF	
<i>methenamine mandelate tabs</i>	F	
<i>nitrofurantoin macrocrystal caps 50 mg, 100 mg</i>	F	
<i>nitrofurantoin monohyd macro caps 100 mg</i>	F	
<i>nitrofurantoin susp 25 mg/5ml</i>	F	QL(40 ml daily); AL(Up to 6 yrs old)
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 syrp 5 mg/5ml</i>	F	QL(16 ml daily)
<i>oxybutynin chloride tabs 5 mg</i>	F	QL(3 ea daily)
<i>oxybutynin chloride tb24 5 mg, 10 mg, 15 mg</i>	F	QL(2 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	F	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	F	QL(2 ea daily)
<i>trospium chloride tabs 20 mg</i>	F	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	F	
URECHOLINE TABS (<i>Use Bethanechol Chloride</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	F	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	F	AL(At least 19 yrs old)
BEXSERO SUSY	F	AL(At least 19 yrs old)
HIBERIX SOLR	F	AL(At least 19 yrs old)
MENACTRA INJ	F	AL(At least 19 yrs old)
MENVEO SOLR	F	AL(At least 19 yrs old)
PEDVAX HIB SUSP	F	AL(At least 19 yrs old)
PNEUMOVAX 23 INJ	F	One per lifetime; AL(At least 65 yrs old)
PNEUMOVAX 23/1 DOSE INJ	F	One per lifetime; AL(At least 65 yrs old)
PREVNAR 13 SUSP	F	One per lifetime; AL(At least 65 yrs old)
TRUMENBA SUSY	F	AL(At least 19 yrs old)
Viral Vaccines		
ENGRIX-B INJ	F	AL(At least 19 yrs old)
ENGRIX-B SUSP	F	AL(At least 19 yrs old)
FLUMIST QUADRIVALENT SUSP	F	1 rtl MAX fill, 180 rtl day(s) supply;; AL(At least 19 yrs old - Up to 49 yrs old)
GARDASIL 9 SUSP	F	AL(At least 19 yrs old - Up to 26 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSY	F	AL(At least 19 yrs old - Up to 26 yrs old)
GARDASIL SUSP	F	AL(At least 19 yrs old - Up to 26 yrs old)
HAVRIX SUSP	F	AL(At least 19 yrs old)
IPOL INACTIVATED IPV INJ	F	AL(At least 19 yrs old)
M-M-R II INJ	F	AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	F	AL(At least 19 yrs old)
Seasonal Influenza Vaccine	F	QL(1 ea per 180 days retail); AL: At least 19 yrs old
SHINGRIX SUSR	F	AL(At least 50 yrs old)
STAMARIL SUSR	F	AL(At least 19 yrs old)
TWINRIX SUSP	F	AL(At least 19 yrs old)
VAQTA SUSP	F	AL(At least 19 yrs old)
VARIVAX INJ	F	AL(At least 19 yrs old)
ZOSTAVAX SUSR	F	AL(At least 60 yrs old)
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use <i>Clindamycin Phosphate Vaginal</i>)	NF	QL(40 gm per fill retail)
<i>clindamycin phosphate vaginal crea 2 %</i>	F	QL(40 gm per fill retail)
<i>clotrimazole vaginal crea 1 %</i>	F	QL(45 gm per fill retail)
<i>clotrimazole vaginal crea 2 %</i>	F	QL(20 gm per fill retail)
GYNAZOLE-1 CREA	F	
GYNE-LOTRIMIN 3 CREA (Use <i>Clotrimazole Vaginal</i>)	NF	QL(20 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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 0.75 %</i>	F	QL(70 gm per fill retail)
MICONAZOLE 3 SUPP	F	QL(3 ea per fill retail)
<i>miconazole nitrate vaginal crea 2 %</i>	F	QL(45 gm per fill retail)
<i>miconazole nitrate vaginal crea 4 %</i>	F	Limit 1 package per month;QL(1.5 gm daily)
<i>miconazole nitrate vaginal kit</i>	F	QL(1 gm per fill retail)
<i>miconazole nitrate vaginal kit</i>	F	
<i>miconazole nitrate vaginal supp 100 mg</i>	F	QL(7 ea per fill retail)
MONISTAT 1 COMBO PACK KIT (Use <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)
TERCONAZOLE CREA	F	QL(20 gm per fill retail)
<i>terconazole vaginal crea 0.4 %</i>	F	QL(45 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<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 6.5 %</i>	F	QL(5 gm per fill retail)
VAGISTAT-1 OINT (<i>Use Tioconazole Vaginal</i>)	NF	QL(5 gm per fill retail)
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (<i>Use Estradiol Vaginal</i>)	NF	Limit 1 package per month;QL(1.5 gm daily)
<i>estradiol vaginal crea 0.1 mg/gm</i>	F	Limit 1 package per month;QL(1.5 gm daily)
PREMARIN CREA VA 0.625 MG/GM	F	Limit 1 package per month;QL(1.5 gm daily)
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 400 unit, 1000 unit</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
D-VI-SOL LIQD (<i>Use Cholecalciferol</i>)	NF	
DRISDOL CAPS (<i>Use Ergocalciferol</i>)	NF	
<i>ergocalciferol caps</i>	F	
<i>ergocalciferol soln</i>	F	
MEPHYTON TABS (<i>Use Phytonadione</i>)	NF	
<i>phytonadione tabs or 5 mg</i>	F	
<i>vitamin a caps 10000 unit</i>	F	
<i>vitamin a tabs 10000 unit</i>	F	
<i>vitamin e caps or 100 unit, 200 unit, 400 unit</i>	F	QL(2 ea daily)
<i>vitamin e soln or 15 unit/0.3ml</i>	F	
Water Soluble Vitamins		
ASCOCID POWD	F	
<i>ascorbic acid chew or 500mg, 500 mg, 7.5mg-500mg</i>	F	
ASCORBIC ACID POWD OR	F	
<i>ascorbic acid tabs or 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg</i>	F	100 / 30 days;QL(100 ea per 34 days retail)
<i>biotin caps or 5 mg, 5000 mcg</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 250 mg, 500 mg, 750 mg</i>	F	
NIACIN TR TBCR	F	
<i>pyridoxine hcl tabs or 25 mg, 50 mg, 100 mg, 250 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>riboflavin tabs 50 mg, 100 mg</i>	F	100 / 30 days;QL(100 ea per 34 days retail)
SLO-NIACIN TBCR (<i>Use Niacin</i>)	NF	
<i>thiamine hcl tabs or 50 mg, 100 mg, 250 mg</i>	F	100 / 30 days;QL(100 ea per 34 days retail)
<i>thiamine mononitrate tabs 100 mg</i>	F	100 / 30 days;QL(100 ea per 34 days retail)
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AUBAGIO.....	131	RADIANTTINTED		bacitracin-polymyxin b	
AUGMENTIN.....	129,130	MOISTURIZER SPF30		(ophth).....	126
		FAIR/LIGHT.....	52		

baclofen.....	123	BD INSULIN SYRINGE SAFETYGLIDE/U- 100/0.3ML/31G X 5/16".....	84	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	84
BACTRIM.....	8	BD INSULIN SYRINGE SAFETYGLIDE/U- 100/1ML/31G X 15/64".....	84	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	84
BACTRIM DS.....	8	BD INSULIN SYRINGE U- 100/0.3ML/29G X 1/2".....	84	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64".....	85
BACTROBAN.....	46	BD INSULIN SYRINGE U- 100/1ML/29G X 1/2".....	84	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	85
BACTROBAN NASAL.....	124	BD INSULIN SYRINGE ULTRAFINE HALF- UNIT/0.3ML/31G X 5/16".....	84	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	85
balsalazide disodium.....	59	BD INSULIN SYRINGE ULTRAFINE II/SHORT/0.5ML/31G X 5/16".....	84	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	85
BAND-AID GAUZE PADS LARGE4" X 4".....	66	BD INSULIN SYRINGE ULTRAFINE II/SHORT/1ML/31G X 5/16".....	84	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	85
BAND-AID GAUZE PADS MEDIUM 3" X 3".....	66	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	84	BD INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	85
BAND-AID GAUZE PADS SMALL2" X 2".....	66	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	84	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	85
BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4".....	66	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	84	BD INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	85
BANZEL.....	12	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	84	BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	85
BARACLUDE.....	37	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	84	BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1".....	85
BASAGLAR KWIKPEN.....	19	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16".....	84	BD LANCET DEVICE.....	72
BAYER MICROLET 2 LANCING DEVICE.....	72	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	84	BD LANCET ULTRAFINE 30G.....	72
BAYER MICROLET LANCETS.....	72	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2".....	84	BD MICROTAINER LANCETS.....	72
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2".....	83	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16".....	84	BD PEN.....	85
BD AUTOSHIELD 29G X 5/16".....	83	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	84	BD PEN MINI.....	85
BD INSULIN SYRINGE MICROFINE IV/U- 100/0.3ML/28G X 1/2".....	83	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2".....	84	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16".....	85
BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X 1/2".....	83	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	84	BD PEN NEEDLE/NANO/ULTRAFINE/32 G X 4MM.....	85
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8".....	83	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2".....	84	BD PEN NEEDLE/SHORT/ULTRAFINE/31 G X 5/16".....	85
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	84	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16".....	84	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM.....	85
BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2".....	84			BD PEN NEEDLE/ULTRAFINE/29GX1/2" 12.7MM.....	85
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	84				
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	84				
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	84				
BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2".....	84				
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	84				

BD PEN NEEDLES		bexarotene.....	30	BRILINTA.....	61
SHORT/ULTRAFINE/31G X		BEXSERO.....	135	brimonidine tartrate.....	126
5/16".....	85	BIATAIN ADHESIVE FOAM		bromocriptine mesylate.....	31
BD SAFETY-GLIDE INSULIN		DRESSING 4"X4".....	66	brompheniramine &	
SYRINGE/0.5ML/29G X 1/2" 85		BIATAIN FOAM DRESSING		phenyleph.....	43
BD SAFETY-LOK INSULIN		4"X4".....	66	brompheniramine &	
SYRINGE/PERM		BIAXIN.....	65	pseudoeph.....	43
NEEDLE/UF/1ML/29G X		bicalutamide.....	29	BROTAPP DM.....	43
1/2".....	85	BIOGUARD GAUZE SPONGE		budesonide (inhalation).....	10
BD SAFETYGLIDE INSULIN		2"X2" 8 PLY.....	66	BUFFERIN.....	5
SYRINGE/0.5ML/30G X		BIOGUARD GAUZE		BULL FROG SUPERBLOCK	
5/16".....	85	SPONGES 4"X4" 12 PLY.....	66	SPF50.....	52
BD SWABS SINGLE USE.....	81	BIOTENE DRY MOUTH		BULL FROG ULTIMATE	
BD SWABS SINGLE USE		MOISTURIZING SPRAY.....	118	SHEERPROTECTION FACE	
BUTTERFLY.....	81	biotin.....	137	SUNBLOCK SPF 30.....	52
BD ULTRA-FINE MICRO PEN		BIOVOL.....	119	BULL FROG ULTIMATE	
NEEDLES 6MM X 32G.....	85	bisacodyl.....	64	SHEERPROTECTION	
BD VEO INSULIN SYRINGE		bismuth subsalicylate.....	21	SUNBLOCK SPF 30.....	52
ULTRAFINE/U-100/1ML/31G X		bisoprolol &		BULL FROG WATER ARMOR	
15/64".....	85	hydrochlorothiazide.....	26	SPORT FACE SPF 30.....	52
BEBULIN.....	60	bisoprolol fumarate.....	38	BULLSEYE MINI SAFETY	
BENADRYL ALLERGY.....	23	BLEPH-10.....	126	LANCETS.....	72
BENADRYL ALLERGY		BLEPHAMIDE.....	127	BULLSEYE SAFETY	
CHILDRENS.....	23	BLEPHAMIDE S.O.P.....	127	LANCETS.....	72
benazepril &		BOOSTRIX.....	133	bumetanide.....	56
hydrochlorothiazide.....	26	BORDERED GAUZE.....	66	BUMEX.....	56
benazepril hcl.....	25	BOSULIF.....	30	buprenorphine hcl.....	6
BENEFIX.....	60	BOUDREAUXS BABY BUTT		buprenorphine hcl-naloxone hcl	
BENICAR.....	25	SMOOTH DRY SKIN.....	50	dihydrate.....	6
BENICAR HCT.....	26	BREATHERITE.....	112	bupropion hcl.....	14
BENTYL.....	133	BREATHERITE		bupropion hcl (smoking	
BENZAC AC WASH.....	45	COLLAPSIBLEADULT		deterrent).....	131
benzonatate.....	43	SPACER W/MASK.....	112	buspirone hcl.....	9
benzoyl peroxide.....	45	BREATHERITE		butalbital-acetaminophen.....	4
BENZOYL PEROXIDE.....	45	COLLAPSIBLECHILD SPACER		butalbital-acetaminophen-	
benzoyl peroxide.....	45,46	W/MASK.....	112	caffeine.....	4
BENZOYL PEROXIDE		BREATHERITE		butalbital-acetaminophen-	
CLEANSER.....	45	COLLAPSIBLEINFANT		caffeine w/ codeine.....	6
benztropine mesylate.....	31	SPACER W/MASK.....	112	butalbital-aspirin-caffeine.....	4
BETADINE.....	34	BREATHERITE		butalbital-aspirin-caffeine	
BETAGAN.....	125	COLLAPSIBLESMALL CHILD		w/cod.....	6
betamethasone dipropionate		SPACER W/MASK.....	112	BUTISOL SODIUM.....	62
(topical).....	48	BREATHERITE		BYDUREON.....	19
betamethasone dipropionate		COLLAPSIBLESPACER W/		BYDUREON PEN.....	19
augmented.....	48	NEONATE MASK.....	112	BYETTA.....	19
betamethasone valerate.....	48	BREATHERITE RIGID		C-BUFF.....	119
BETAPACE.....	38	SPACERW/MASK.....	112	caffeine citrate.....	1
BETAPACE AF.....	38	BREATHERITE W/LARGE		CALAN.....	38
BETASERON.....	131	MASK.....	113	CALAN SR.....	38
betaxolol hcl (ophth).....	125	BREATHERITE W/MEDIUM		CALCI-CHEW.....	115
bethanechol chloride.....	135	MASK.....	113	calcipotriene.....	48
BETHKIS.....	2	BREATHERITE W/SMALL		calcitonin (salmon).....	56
		MASK.....	113		
		BREVICON-28.....	40		

calcitriol.....	57	CAREONE ADVANCED LANCINGDEVICE.....	72	CARETOUCH PEN NEEDLES 32GX 4MM.....	86
CALCIUM.....	116	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	86	CARETOUCH PEN NEEDLES 32GX 5MM.....	86
calcium acetate (phosphate binder).....	59	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	86	CARETOUCH TWIST LANCETS 30G.....	72
calcium carbonate.....	115	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	86	CARNITOR.....	57
calcium carbonate (antacid).....	7	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16".....	86	CARNITOR SF.....	57
calcium carbonate-cholecalciferol.....	115	CAREONE INSULIN SYRINGES/1ML/30G X 1/2".....	86	CARRASMART.....	66
calcium carbonate-vitamin d.....	116	CAREONE INSULIN SYRINGES/1ML/31GX5/16".....	86	CARRASMART FOAM.....	66
calcium citrate.....	116	CAREONE LANCET THIN.....	72	CARTEOLOL HCL.....	125
calcium polycarbophil.....	63	CAREONE LANCET ULTRA THIN.....	72	carteolol hcl (ophth).....	125
calcium w/ vitamin d.....	116	CAREONE UNIFINE PENTIPS 29GX12MM.....	86	carvedilol.....	37
CALTRATE 600+D.....	116	CAREONE UNIFINE PENTIPS 31GX5MM.....	86	carvedilol phosphate.....	37
camphor & menthol.....	48	CAREONE UNIFINE PENTIPS 31GX6MM.....	86	CASODEX.....	29
candesartan cilexetil.....	25	CAREONE UNIFINE PENTIPS 31GX8MM.....	86	CATAPRES.....	26
candesartan cilexetil-hydrochlorothiazide.....	26	CAREONE UNIFINE PENTIPS 31GX8MM.....	86	CATAPRES-TTS-1.....	26
capecitabine.....	28	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	86	CATAPRES-TTS-2.....	26
CAPHOSOL.....	118	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	86	CATAPRES-TTS-3.....	26
capsaicin.....	51	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	86	cefaclor.....	40
captopril.....	25	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	86	CEFACLOL.....	40
CAPTOPRIL/HYDROCHLOROTHIAZIDE.....	26	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	86	cefadroxil.....	40
CAPZASIN-HP.....	51	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	cefdinir.....	40
CARAC.....	47	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	cefprozil.....	40
CARAFATE.....	134	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CEFTIN.....	40
carbamazepine.....	12	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	ceftriaxone sodium.....	40
carbamide peroxide (otic).....	128	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	cefuroxime axetil.....	40
CARBATROL.....	12	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CELEBREX.....	3
carbidopa.....	30	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	celecoxib.....	3
carbidopa-levodopa.....	31	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CELEXA.....	15
CARDIOCOM LANCING DEVICE.....	72	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CELLCEPT.....	117
CARDIZEM.....	38	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CELLCEPT INTRAVENOUS.....	117
CARDIZEM CD.....	38	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CELONTIN.....	14
CARDURA.....	26	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CENTANY.....	46
CAREFINE PEN NEEDLE 32GX4MM.....	85	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CENTRUM MULTIVITAMIN FLAVOR BURST DRINK.....	119
CAREFINE PEN NEEDLES 29GX1/2".....	85	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	cephalexin.....	40
CAREFINE PEN NEEDLES 30GX5/16".....	85	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CERASPORT.....	116
CAREFINE PEN NEEDLES 31GX6MM.....	85	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CERASPORT EX1.....	116
CAREFINE PEN NEEDLES 31GX8MM.....	85	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CERAVE SUNSCREEN FACE/SPF50.....	52
CAREFINE PEN NEEDLES 31GX8MM.....	85	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CERAVE SUNSCREEN/BODY.....	53
CAREFINE PEN NEEDLES 32GX5MM.....	85	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CERAVE SUNSCREEN/FACE.....	53
CAREFINE PEN NEEDLES 32GX6MM.....	86	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CERDELGA.....	61
		CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	CEREZYME.....	61
		CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	cetirizine hcl.....	23
		CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	cetirizine-pseudoephedrine.....	43

CHANTAL SUN SCREEN SPF 30.....	53	CLARITIN ALLERGY CHILDRENS.....	23	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" 87	
CHANTIX.....	131	CLARITIN REDITABS.....	23	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" 87	
CHANTIX CONTINUING MONTHPAK.....	131	CLARITIN-D 12 HOUR....	43	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	87
CHANTIX STARTING MONTH PAK.....	131	CLARITIN-D 24 HOUR....	43	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	87
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CHEK-STIX CONTROL.....	54	CLASSIC PRENATAL....	121	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2".....	87
CHEMET.....	21	CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER.....	46	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	87
CHEMSTRIP-K.....	54	CLEANLET LANCETS 28G.....	73	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	87
CHERACOL PLUS.....	43	CLEAR COUGH PM MULTI-SYMPTOM.....	43	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16".....	87
CHERACOL-D COUGH.....	43	clemastine fumarate.....	23	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM.....	87
CHILDRENS ADVIL.....	3	CLEOCIN.....	8,136	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	87
CHILDRENS MOTRIN.....	3	CLEOCIN PEDIATRIC GRANULES.....	8	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	87
CHLOR-TRIMETON.....	22,23	CLEOCIN-T.....	46	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM.....	87
chlordiazepoxide hcl.....	9	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE.....	113	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	87
chlorhexidine gluconate.....	34	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM.....	113	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	87
chlorhexidine gluconate (mouth-throat).....	118	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL.....	113	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	87
CHLOROQUINE PHOSPHATE.....	28	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
chloroquine phosphate.....	28	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
CHLOROTHIAZIDE.....	56	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
chlorothiazide.....	56	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
chlorpheniramine maleate...	23	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
CHLORPROMAZINE HCL...	33	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
chlorpromazine hcl.....	33	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
CHLORPROPAMIDE.....	21	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
chlorthalidone.....	56	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
CHLORZOXAZONE.....	123	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
CHOLBAM.....	59	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
cholecalciferol.....	137	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
cholestyramine.....	24	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
cholestyramine light.....	24	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
choline & mag salicylate.....	5	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
cilostazol.....	61	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
cimetidine.....	133	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
CIMETIDINE HCL.....	133	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
CIPRO.....	58	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
CIPRODEX.....	128	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
CIPROFLOXACIN HCL.....	58	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
ciprofloxacin hcl.....	58	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
citalopram hydrobromide...	15	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
clarithromycin.....	65	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
CLARITHROMYCIN.....	65	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
clarithromycin.....	65	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87
CLARITIN.....	23	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	86	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5/32".....	87

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CLIMARA.....	58	COTELLIC.....	30
clindamycin hcl.....	8	COTZ.....	53
clindamycin palmitate		COUMADIN.....	11
hydrochloride.....	8	COVRSITE COVER	
clindamycin phosphate		DRESSING.....	66
(topical).....	46	COVRSITE PLUS COMPOSITE	
clindamycin phosphate		DRESSING.....	66
vaginal.....	136	COZAAR.....	25
clobetasol propionate.....	48	CREON.....	55
clobetasol propionate emollient		CRESTOR.....	24
base.....	48	CRIVAN.....	35
clomipramine hcl.....	16	cromolyn sodium.....	10
clonazepam.....	12	cromolyn sodium (nasal)...	124
clonidine hcl.....	26	cromolyn sodium (ophth)...	128
clopidogrel bisulfate.....	61	crotamiton.....	51
clorazepate dipotassium.....	9	CUREX ALL-PURPOSE	
CLOSERCARE.....	73	SPONGES 4"X4" 4 PLY.....	66
clotrimazole (topical).....	47	CURITY ALCOHOL	
clotrimazole vaginal.....	136	PREPS/MEDIUM 2 PLY.....	81
clotrimazole w/		CURITY ALCOHOL SWABS.....	81
betamethasone.....	47	CURITY ALL PURPOSE	
clozapine.....	33	SPONGES 2"X2".....	66
CLOZAPINE ODT.....	33	CURITY ALL PURPOSE	
CLOZARIL.....	33	SPONGES 2"X2" 4PLY.....	66
coal tar extract.....	54	CURITY ALL PURPOSE	
COARTEM.....	28	SPONGES 3"X3" 4PLY.....	66
codeine sulfate.....	5	CURITY ALL PURPOSE	
CODEINE SULFATE.....	5	SPONGES 4 PLY.....	66
COGENTIN.....	31	CURITY ALL PURPOSE	
COLACE.....	64	SPONGES 4"X4".....	66
COLAZAL.....	59	CURITY ALL PURPOSE	
COLCHICINE.....	60	SPONGES 4"X4" 4PLY.....	66
colchicine w/ probenecid.....	60	CURITY ALL PURPOSE	
COLCRYS.....	60	SPONGES 4"X4" 4PLY/SOFT	
COLESTID.....	24	POUCH.....	66
COLESTID FLAVORED.....	24	CURITY AMD	
colestipol hcl.....	24	ANTIMICROBIALGAUZE	
COLYTE-FLAVOR PACKS.....	63	SPONGES 2"X2" 8 PLY.....	66
COMBIPATCH.....	57	CURITY AMD	
COMBIVENT RESPIMAT.....	10	ANTIMICROBIALGAUZE	
COMBIVIR.....	34	SPONGES 4"X4" 12 PLY.....	66
COMFORT ASSIST INSULIN		CURITY COVER SPONGE	
SYRINGE 0.3ML/29G X 1/2".....	87	4"X4".....	66
COMFORT ASSIST INSULIN		CURITY COVER SPONGES	
SYRINGE/0.3ML/30G X		3"X3".....	66
5/16".....	87	CURITY COVER SPONGES	
		4"X4".....	66
		CURITY DRESSING SPONGES	
		4"X4" 6 PLY.....	66
		CURITY GAUZE PADS	
		2"X2".....	67
COMFORT ASSIST INSULIN			
SYRINGE/0.3ML/31G X			
5/16".....	87		
COMFORT ASSIST INSULIN			
SYRINGE/0.5ML/29G X			
1/2".....	87		
COMFORT ASSIST INSULIN			
SYRINGE/0.5ML/30G X			
5/16".....	88		
COMFORT ASSIST INSULIN			
SYRINGE/0.5ML/31G X			
5/16".....	88		
COMFORT ASSIST INSULIN			
SYRINGE/1ML/29G X 1/2".....	88		
COMFORT ASSIST INSULIN			
SYRINGE/1ML/30G X			
5/16".....	88		
COMFORT ASSIST INSULIN			
SYRINGE/1ML/31G X			
5/16".....	88		
COMFORT ASSURED			
LANCETS MICRO THIN			
33G.....	73		
COMFORT ASSURED			
LANCETS SUPER THIN			
28G.....	73		
COMFORT LANCETS.....	73		
COMPACT SPACE			
CHAMBER/ANTI-STATIC			
.....	113		
COMPACT SPACE			
CHAMBER/ANTI-			
STATIC/LARGE MASK.....	113		
COMPACT SPACE			
CHAMBER/ANTI-			
STATIC/MEDIUM MASK.....	113		
COMPACT SPACE			
CHAMBER/ANTI-			
STATIC/SMALL MASK.....	113		
COMPLERA.....	35		
CONCEPTIONXR MOTILITY			
SUPPORT FORMULA.....	119		
CONCERTA.....	1		
CONDYLOX.....	51		
COOL BOTTOMS.....	51		
COPA ISLAND BORDERED			
FOAM DRESSING 4"X4".....	66		
COPA PLUS HYDROPHILIC			
FOAM DRESSING 4"X4".....	66		
COPAXONE.....	131		
COREG.....	37		
COREG CR.....	37		
CORGARD.....	38		
CORIFACT.....	60		
CORTANE-B-OTIC.....	128		
CORTEF.....	42		

CURITY GAUZE PADS 2"X2" 12 PLY.....	67	CVS OMEPRAZOLE.....	134	DEPAKOTE ER.....	14
CURITY GAUZE PADS 3"X3".....	67	CVS PRENATAL.....	121	DEPAKOTE SPRINKLES.....	14
CURITY GAUZE PADS 4"X4" 12 PLY.....	67	CVS PRENATAL GUMMY/DHA/FOLIC ACID.....	121	DEPEN TITRATABS.....	117
CURITY GAUZE SPONGE 2"X2" 8 PLY.....	67	CVS PREP PADS.....	81	DEPLIN 15.....	55
CURITY GAUZE SPONGE 2"X2" 12 PLY.....	67	CVS ULTRA THIN LANCETS.....	73	DEPLIN 7.5.....	55
CURITY GAUZE SPONGE 3"X3" 12 PLY.....	67	cyanocobalamin.....	61	DEPO-PROVERA CONTRACEPTIVE.....	42
CURITY GAUZE SPONGE 4"X4" 12 PLY.....	67	CYCLESSA.....	40	DEPO-SUBQ PROVERA 104.....	42
CURITY GAUZE SPONGE 4"X4" 16 PLY.....	67	cyclobenzaprine hcl.....	123	DEPO-TESTOSTERONE.....	6
CURITY GAUZE SPONGES 4"X4" 12 PLY.....	67	CYCLOGYL.....	126	DERMACEA DRAIN SPONGES 4"X4".....	67
CURITY GAUZE SPONGES 4"X4" 8 PLY.....	67	cyclopentolate hcl.....	126	DERMACEA GAUZE SPONGE 2"X2" 12 PLY.....	67
CURITY NON-ADHERENT STRIPS 3"X3".....	67	cyclophosphamide.....	28	DERMACEA GAUZE SPONGE 2"X2" 8 PLY.....	67
CURITY SPONGES/CELLULOSE FILLED/ 2"X2".....	67	CYCLOPHOSPHAMIDE.....	28	DERMACEA GAUZE SPONGE 3"X3" 12 PLY.....	67
CURITY SPONGES/CELLULOSE FILLED/ 4"X4".....	67	cyclosporine.....	117	DERMACEA GAUZE SPONGE 3"X3" 8 PLY.....	67
CVS ALCOHOL PREP SWABS.....	81	CYCLOSPORINE MODIFIED.....	117	DERMACEA GAUZE SPONGE 4"X4" 12 PLY.....	67
CVS DIABETES HEALTH SUPPORT.....	119	cyclosporine modified (for microemulsion).....	117	DERMACEA GAUZE SPONGE 4"X4" 16 PLY.....	67
CVS DRY MOUTH SPRAY.....	118	CYMBALTA.....	16	DERMACEA GAUZE SPONGE 4"X4" 8 PLY.....	67
CVS GAUZE PAD 3"X3".....	67	cyproheptadine hcl.....	24	DERMACEA I.V. DRAIN SPONGES 2"X2".....	67
CVS GAUZE PADS 2"X2" 12-PLY.....	67	CYTOMEL.....	132	DERMACEA I.V. DRAIN SPONGES 4"X4".....	67
CVS GAUZE PADS 4"X4" 12-PLY.....	67	CYTOTEC.....	134	DERMACEA I.V. SPONGES 2"X2".....	67
CVS GAUZE PADS STERILE 4"X4" 12-PLY.....	67	D-VI-SOL.....	137	DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY.....	67
CVS GLUCOSE.....	18	D.H.E. 45.....	114	DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY.....	67
CVS LANCETS 21G.....	73	DAILY CONDITIONING TREATMENT.....	50	DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY.....	67
CVS LANCETS MICRO THIN 33G.....	73	DAILY HEART HEALTH SUPPORT.....	119	DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY.....	67
CVS LANCETS MICRO-THIN 33G.....	73	DAILY PAK MAXIMUM MULTIVITAMIN/ASIAN GINSENG EXTRACT.....	119	DERMACEA TYPE VII GAUZE 2"X2" 12 PLY.....	67
CVS LANCETS ORIGINAL.....	73	dakin's solution.....	34	DERMACEA TYPE VII GAUZE 2"X2" 8 PLY.....	67
CVS LANCETS THIN 26G.....	73	DAKINS SOLUTION QUARTER STRENGTH.....	34	DERMACEA TYPE VII GAUZE 3"X3" 12 PLY.....	68
CVS LANCETS ULTRA THIN 30G.....	73	DALIRESP.....	10	DERMACEA TYPE VII GAUZE 3"X3" 12PLY.....	68
CVS LANCETS ULTRA-THIN 30G.....	73	dapsone.....	8	DERMACEA TYPE VII GAUZE 4"X4" 12 PLY.....	68
CVS LANCING DEVICE.....	73	DAY TIME MULTI-SYMTOM COLD/FLU RELIEF.....	43	DERMACEA TYPE VII GAUZE 4"X4" 16 PLY.....	68
		DAYPRO.....	3	DERMACEA TYPE VII GAUZE 4"X4" 8 PLY.....	68
		DDAVP.....	57	DERMACEA X-RAY SPONGES 4"X4" 16 PLY.....	68
		DEBROX.....	128	DERMALEVIN ADHESIVE FOAMDRESSING 4"X4".....	68
		DELSYM.....	43		
		DELSYM COUGH CHILDRENS.....	43		
		DEMADEX.....	56		
		DEMEROL.....	5		
		DEPACON.....	14		
		DEPAKENE.....	14		
		DEPAKOTE.....	14		

DERMATOP.....	49	DIABETIDERM SUNSCREEN		dipyridamole.....	61
DERMOTIC.....	129	SPF15.....	53	DISALCID.....	5
DESCOVY.....	35	DIAMOX.....	55	disopyramide phosphate.....	9
desipramine hcl.....	16	diaper rash products.....	50	disulfiram.....	130
desmopressin acetate.....	57	DIASTAT ACUDIAL.....	12	DITROPAN XL.....	135
desmopressin acetate spray.....	57	DIASTAT PEDIATRIC.....	12	divalproex sodium.....	14
desmopressin acetate spray		DIAZEPAM.....	9	docusate calcium.....	64
refrigerated.....	57	diazepam.....	9	docusate sodium.....	64,65
DESOGEN.....	40	DIAZEPAM.....	12	dofetilide.....	10
desogestrel & ethinyl		DIAZEPAM RECTAL GEL.....	12	DOLOPHINE.....	5
estradiol.....	40	dibucaine.....	51	donepezil hydrochloride.....	130
desogestrel-ethinyl estradiol		diclofenac potassium.....	3	dorzolamide hcl.....	128
(biphasic).....	40	diclofenac sodium.....	3	DORZOLAMIDE HCL.....	128
desogestrel-ethinyl estradiol		diclofenac sodium (ophth).....	128	dorzolamide hcl-timolol	
(triphasic).....	40	dicloxacin sodium.....	130	maleate.....	125
desonide.....	49	dicyclomine hcl.....	133	DORZOLAMIDE HCL/TIMOLOL	
DESOWEN.....	49	didanosine.....	35	MALEATE.....	125
desoximetasone.....	49	DIFLORASONE		DOVONEX.....	48
DESQUAM-X WASH.....	46	DIACETATE.....	49	doxazosin mesylate.....	26
DESVENLAFAXINE ER.....	16	diflorasone diacetate.....	49	doxepin hcl.....	17
desvenlafaxine succinate.....	16	DIFLUCAN.....	22	doxycycline (monohydrate).....	132
DETROL.....	135	diflunisal.....	5	doxycycline hyclate.....	132
DETROL LA.....	135	DIGOXIN.....	39	doxylamine succinate	
DEX4 QUICK DISSOLVE		digoxin.....	39	(sleep).....	62
GLUCOSE.....	18	dihydroergotamine		DRAMAMINE.....	22
dexamethasone.....	42	mesylate.....	114	DRISDOL.....	137
DEXAMETHASONE.....	42	DIHYDROERGOTAMINE		droperidol.....	9
dexamethasone.....	42	MESYLATE.....	114	DROPLET LANCETS ULTRA	
DEXAMETHASONE.....	42	DILANTIN.....	13	THIN 30G.....	73
DEXAMETHASONE		DILANTIN INFATABS.....	13	DROPLET LANCING	
INTENSOL.....	42	DILANTIN-125.....	13	DEVICE.....	73
dexamethasone sodium		DILAUDID.....	5	DROPLET PEN NEEDLES	
phosphate.....	42	diltiazem hcl.....	39	29GX12MM.....	88
DEXAMETHASONE SODIUM		diltiazem hcl coated beads.....	39	DROPLET PEN NEEDLES	
PHOSPHATE.....	127	diltiazem hcl extended release		31GX5MM.....	88
DEXEDRINE.....	1	beads.....	39	DROPLET PEN NEEDLES	
dexmethylphenidate hcl.....	1	dimenhydrinate.....	22	31GX6MM.....	88
dextroamphetamine sulfate.....	1	DIMETAPP COLD &		DROPLET PEN NEEDLES	
dextromethorphan polistirex.....	43	ALLERGY.....	44	31GX8MM.....	88
dextromethorphan-doxylamine-		DIOVAN.....	25	DROPLET PEN NEEDLES 32G	
acetaminophen.....	44	DIOVAN HCT.....	26	X 1/4".....	88
dextromethorphan-guaifenesin		diphenhydramine hcl.....	23	DROPLET PEN NEEDLES 32G	
.....	44	diphenhydramine hcl		X 3/16".....	88
dextromethorphan-		(sleep).....	62	DROPLET PEN NEEDLES 32G	
phenylephrine-acetaminophen		diphenhydramine hcl		X 5/32".....	88
.....	44	(topical).....	47	DROPLET PEN NEEDLES	
dextrose (diabetic use).....	18	diphenoxylate w/ atropine.....	21	32GX4MM.....	88
DHS TAR.....	54	DIPHENOXYLATE/ATROPINE		DROPLET PEN NEEDLES	
DHS TAR GEL.....	54	.....	21	32GX5MM.....	88
DIABETES HEALTH PACK.....	119	DIPROLENE AF.....	49	DROPLET PEN NEEDLES	
DIABETES SUPPORT				32GX6MM.....	88
PACK.....	119			DROPSAFE SAFETY PEN	
				NEEDLES/31G X 5/16".....	88

DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4".....	88	E-Z JECT LANCETS SUPER THIN 30G.....	73	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	89
drospirenone-ethinyl estradiol.....	40	E-Z JECT LANCETS THIN 26G.....	73	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	89
DROXIA.....	61	E-Z SPACER.....	113	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	89
DRUG MART ADJUSTABLE LANCING DEVICE.....	73	E-Z SPACER THE BODY GUARDS PACK.....	113	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	89
DRUG MART LANCETS THIN.....	73	E-ZJECT LANCETS MICRO- THIN 33G.....	73	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	89
DRUG MART ON-THE-GO LANCETS GENTLE 30G.....	73	E.E.S. 400.....	65	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	89
DRUG MART UNIFINE PENTIPS 31GX5MM.....	88	E.E.S. GRANULES.....	65	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	89
DRUG MART UNIFINE PENTIPS29G X 12MM.....	88	EASIVENT.....	113	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	89
DRUG MART UNIFINE PENTIPS31GX6MM.....	88	EASIVENT/MASK-LARGE.....	113	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2".....	89
DRUG MART UNIFINE PENTIPS31GX8MM.....	88	EASIVENT/MASK-MEDIUM.....	113	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16".....	89
DRUG MART UNIFINE PENTIPS32GX4MM.....	88	EASIVENT/MASK-SMALL.....	113	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/29G X 1/2".....	89
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM.....	88	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	88	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	89
DRUG MART UNILET LANCETSSUPER THIN 30G.....	73	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	88	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	89
DRUG MART UNILET LANCETSULTRA THIN 28G.....	73	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	88	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	89
DRYMAX EXTRA.....	68	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	88	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	89
DRYSOL.....	51	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	88	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	89
DUANE READE LANCET ALTERNATE SITE 26G.....	73	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	88	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	89
DUANE READE LANCET SUPERTHIN 30G.....	73	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	88	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	89
DUANE READE LANCET ULTRATHIN 28G.....	73	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	88	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	89
DUANE READE UNIFINE PENTIPS 29G X 12MM.....	88	EASY COMFORT PEN NEEDLES31GX1/4".....	88	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	89
DUANE READE UNIFINE PENTIPS 31G X 6MM ULTRA SHORT.....	88	EASY COMFORT PEN NEEDLES31GX3/16".....	88	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	89
DUANE READE UNIFINE PENTIPS 31G X 8MM SHORT.....	88	EASY COMFORT PEN NEEDLES31GX5/16".....	89	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	89
DUETACT.....	17	EASY COMFORT PEN NEEDLES32GX5/32".....	89	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	89
DULCOLAX.....	64	EASY MINI EJECT LANCING DEVICE.....	73	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	89
DULERA.....	11	EASY MINI LANCING DEVICE.....	73	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	89
duloxetine hcl.....	16	EASY TOUCH 32GX5MM.....	89	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	89
DURAGESIC.....	5	EASY TOUCH 32GX6MM.....	89	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	89
DUREX EXTRA SENSITIVE.....	70	EASY TOUCH ALCOHOL PREP PADS/MEDIUM.....	81	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	89
DUTOPROL.....	26	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	89	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	89
DYAZIDE.....	56				
E-Z JECT LANCETS.....	73				
E-Z JECT LANCETS 21G.....	73				
E-Z JECT LANCETS COLOR.....	73				

EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	89	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	90	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	90
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	89	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	90	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	90
EASY TOUCH LANCETS 26G/PULL-TOP.....	73	EASY TWIST & CAP LANCETS.....	74	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	90
EASY TOUCH LANCETS 26G/TWIST.....	73	EASYTEST II LANCETS.....	74	ELIXOPHYLLIN.....	11
EASY TOUCH LANCETS 28G/PULL-TOP.....	73	EASYTEST LANCETS.....	74	ELLA.....	42
EASY TOUCH LANCETS 28G/TWIST.....	73	EC-NAPROSYN.....	3	ELLIS TONIC.....	119
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	73	econazole nitrate.....	47	ELMIRON.....	59
EASY TOUCH LANCETS 30G/PULL-TOP.....	73	ECOTRIN REGULAR STRENGTH.....	5	ELOCON.....	49
EASY TOUCH LANCETS 30G/TWIST.....	73	ED BRON GP.....	44	ELOCTATE.....	60
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	73	EDURANT.....	35	EMBEDA.....	5
EASY TOUCH LANCETS 32G/PULL-TOP.....	73	efavirenz.....	35	EMCYT.....	29
EASY TOUCH LANCETS 32G/TWIST.....	74	EFFEXOR XR.....	16	EMERGEN-C BLUE.....	119
EASY TOUCH LANCETS 33G/TWIST.....	74	EFFIENT.....	61	EMERGEN-C FIVE.....	120
EASY TOUCH LANCING DEVICE/EJECTOR.....	74	EFUDEX.....	47	EMERGEN-C HEART HEALTH.....	120
EASY TOUCH PEN NEEDLE 30G X 5/16".....	89	ELAVIL.....	17	EMERGEN-C IMMUNE.....	120
EASY TOUCH PEN NEEDLES 29GX1/2".....	90	ELDEPRYL.....	31	EMERGEN-C IMMUNE PLUS.....	120
EASY TOUCH PEN NEEDLES 31GX1/4".....	90	ELDERTONIC.....	119	EMERGEN-C IMMUNE+ WARMERS.....	120
EASY TOUCH PEN NEEDLES 31GX5/16".....	90	eletriptan hydrobromide.....	114	EMERGEN-C JOINT HEALTH.....	120
EASY TOUCH PEN NEEDLES 32GX1/4".....	90	ELEXA NATURAL FEEL.....	70	EMERGEN-C KIDZ.....	120
EASY TOUCH PEN NEEDLES 32GX3/16".....	90	ELEXA STIMULATING.....	70	EMERGEN-C MSM LITE.....	120
EASY TOUCH PEN NEEDLES 32GX5/32".....	90	ELEXA ULTRA SENSITIVE.....	70	EMERGEN-C PINK.....	120
EASY TOUCH PEN NEEDLES/31G X 3/16".....	90	ELFOLATE.....	55	EMERGEN-C SUPER FRUIT.....	120
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	74	ELIDEL.....	50	EMERGEN-C VITAMIN C.....	120
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	74	ELIGARD.....	29	EMERGEN-C VITAMIN C LITE.....	120
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	90	ELIMITE.....	51	EMERGEN-C VITAMIN D & CALCIUM.....	120
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	90	ELIQUIS.....	11	emollient.....	50
		ELIQUIS STARTER PACK.....	11	EMSAM.....	15
		ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	90	EMTRIVA.....	35
		ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	90	enalapril maleate.....	25
		ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	90	enalapril maleate & hydrochlorothiazide.....	26
		ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	90	ENBREL.....	4
		ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	90	ENBREL SURECLICK.....	4
		ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	90	END FATIGUE DAILY ENERGYENFUSION.....	120
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				ENFAMIL ENFALYTE.....	116
				ENGERIX-B.....	135
				enoxaparin sodium.....	11

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EPANED.....	25	ERLEADA.....	29	INSULIN PEN NEEDLES 29G X	
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EPIVIR.....	35	ERYPED 200.....	65	INSULIN PEN NEEDLES 31G X	
EPOGEN.....	61	ERYPED 400.....	65	6MM.....	91
EPZICOM.....	35	ERYTHROCIN		EXEL COMFORT POINT	
EQ OMEPRAZOLE.....	134	STEARATE.....	65	INSULIN PEN NEEDLES 31G X	
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EQL COLOR LANCETS 21G74		erythromycin (ophth).....	126	EXEL COMFORT POINT	
EQL COLOR LANCETS MICRO		erythromycin base.....	65	INSULIN SYRINGE/0.3ML/29G X	
THIN 33G.....	74	erythromycin		1/2".....	91
EQL DRY MOUTH ORAL		ethylsuccinate.....	65	EXEL COMFORT POINT	
RINSE.....	118	ERYTHROMYCIN		INSULIN SYRINGE/0.3ML/30G X	
EQL GAUZE PADS		ETHYLSUCCINATE.....	66	5/16".....	91
2"X2"/SMALL.....	68	escitalopram oxalate.....	15	EXEL COMFORT POINT	
EQL GAUZE PADS		ESGIC.....	4	INSULIN SYRINGE/0.5ML/28G X	
4"X4"/LARGE.....	68	esomeprazole.....	134	1/2".....	91
EQL GAUZE STERILE PADS		magnesium.....	63	EXEL COMFORT POINT	
3"X3".....	68	estazolam.....	58,137	INSULIN SYRINGE/0.5ML/30G X	
EQL INSULIN		ESTRACE.....	58	5/16".....	91
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EQL INSULIN		estradiol & norethindrone		INSULIN SYRINGE/1ML/28G X	
SYRINGE/0.3ML/30G X		acetate.....	137	1/2".....	91
5/16".....	90	estradiol vaginal.....	58	EXEL COMFORT POINT	
EQL INSULIN		ESTROPIPATE.....	40	INSULIN SYRINGE/1ML/29G X	
SYRINGE/0.3ML/31G X		ESTROSTEP FE.....	63	1/2".....	91
5/16".....	90	eszopiclone.....	28	EXEL COMFORT POINT	
EQL INSULIN		ethambutol hcl.....	14	INSULIN SYRINGE/1ML/30G X	
SYRINGE/0.5ML/29G X 1/2" 90		ethosuximide.....	40	5/16".....	91
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5/16".....	90	etodolac.....	30	EXFORGE.....	26
EQL INSULIN		ETOPOSIDE.....	51	EXFORGE HCT.....	26
SYRINGE/1ML/29G X 1/2" 90		EURAX.....	63	EXTRA SENSITIVE	
EQL INSULIN		EVAC.....	57	SPERMICIDAL.....	70
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EQL INSULIN		EVOTAZ.....	64	LANCETS.....	74
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EQL OMEPRAZOLE.....	134	EXCILON AMD		EZ-LETS LANCETS 23G....	74
EQL PRENATAL		ANTIMICROBIALDRAIN		EZ-LETS LANCETS 26G	
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EQL SHORT PEN NEEDLES		EXCILON AMD		EZ-LETS LANCETS 28G	
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EQL SUPER THIN LANCETS		SPONGES 4"X4" 6 PLY... 68		EZ-LETS LANCETS 30G....	74
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EQL THIN LANCETS 26G... 74		4"X4".....	68	ezetimibe-simvastatin.....	24
EQL ULTRA SHORT PEN		EXCILON DRAIN SPONGES		FABRAZYME.....	57
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	70	NEEDLES/32GX4MM	91	fluorouracil (topical)	47
FARESTON	29	FIFTY50 PEN		FLUOXETINE	131
FARXIGA	20	NEEDLES/32GX6MM	91	FLUOXETINE DR	15
FARYDAK	30	FIFTY50 SAFETY SEAL		fluoxetine hcl	15
FAZACLO	33	LANCETS 32G	74	FLUOXETINE	
FEIBA	60	FIFTY50 SUPERIOR		HYDROCHLORIDE	15
felbamate	13	COMFORTINSULIN		fluphenazine decanoate	34
FELBATOL	13	SYRINGE/0.3ML/31G X		FLUPHENAZINE HCL	34
FELDENE	3	5/16"	91	fluphenazine hcl	34
felodipine	39	FIFTY50 SUPERIOR		FLURAZEPAM HCL	63
FEMARA	29	COMFORTINSULIN		flurbiprofen	3
FEMCON FE	40	SYRINGE/0.5ML/31G X		flurbiprofen sodium	128
FEMHRT LOW DOSE	58	5/16"	91	flutamide	29
fenofibrate	24	FIFTY50 SUPERIOR		fluticasone propionate	49
fenofibrate micronized	24	COMFORTINSULIN		fluticasone propionate	
fentanyl	5	SYRINGE/1ML/31G X		(nasal)	124
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FERRETTS	62	FIFTY50 UNILET LANCETS		FML	127
ferrous fumarate	62	33G	74	FML LIQUIFILM	127
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X5/16" (8MM)	91	FLUMIST		FREDS PHARMACY UNILET	
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		fluocinonide	49		

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FREESTYLE PRECISION			
INSULIN SYRINGE/U-			
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FREESTYLE PRECISION			
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furosemide.....	56		
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100/0.3ML/30G X 1/2".....	92		
GLOBAL INJECT EASE			
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GLOBAL INJECT EASE INSULIN			
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1/2".....	92		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/0.5ML/30G X			
1/2".....	92		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/0.5ML/31G X			
5/16".....	92		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/1ML/28G X			
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GLOBAL INJECT EASE INSULIN			
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GLOBAL INJECT EASE INSULIN			
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GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	93	GNP INSULIN SYRINGE/1ML/28G X 1/2" 93		GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	94
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GLUCOSE.....	18	GNP INSULIN SYRINGE/1ML/31G X 5/16".....	93	GOLYTELY.....	64
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GLUCOSOURCE LANCETS	75	GNP LANCETS 21G.....	75	GOODSENSE LANCETS ULTRA-THIN 30G.....	75
GLUCOTROL.....	21	GNP LANCETS MICRO THIN 33G.....	75	GOODSENSE LANCING DEVICE.....	75
GLUCOTROL XL.....	21	GNP LANCETS SUPER THIN 30G.....	75	GOODSENSE PRENATAL VITAMINS.....	121
GLUCOVANCE.....	17	GNP LANCETS THIN.....	75	GRASTEK.....	2
GLUMETZA.....	18	GNP LANCETS THIN 26G	75	GRIS-PEG.....	22
glyburide.....	21	GNP MICRO THIN LANCETS 33G.....	75	griseofulvin microsize.....	22
glyburide micronized.....	21	GNP OMEPRAZOLE.....	134	griseofulvin ultramicrosize...	22
glyburide-metformin.....	17	GNP PRENATAL.....	121	guaifenesin.....	45
glycerin (laxative).....	64	GNP QUICK DISSOLVE GLUCOSE.....	19	guaifenesin-codeine.....	44
GLYCERIN ADULT.....	64	GNP STERILE PADS 3"X3".....	68	guanfacine hcl.....	26
glycopyrrolate.....	133	GNP SUPER THIN LANCETS/30G.....	75	guanfacine hcl (adhd).....	1
GLYNASE.....	21	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	93	GYNAZOLE-1.....	136
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GLYXAMBI.....	17	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	93	GYNE-LOTRIMIN 3.....	136
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GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"....	93	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	93	H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	94
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"....	93	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	94	H-E-B IN CONTROL LANCETS MICRO THIN 33G.....	75
GNP GLUCOSE.....	18				
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GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	93				
GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	93				
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" 93					
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" 93					

H-E-B INCONTROL LANCETS SUPER THIN 30G.....	75	HEMOCYTE.....	62	HYDRALYTE FREEZER POPS.....	116
H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	75	HEMOFIL M.....	60	HYDREA.....	30
H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	94	heparin sodium (porcine) ..	11	HYDROCELL ADHESIVE DRESSING 4"X4".....	68
HAEMOLANCE.....	75	HEPSERA.....	37	HYDROCELL DRESSING 4"X4".....	68
HAEMOLANCE LOW FLOW LANCETS.....	75	HIBERIX.....	135	hydrochlorothiazide.....	56
HAEMOLANCE PLUS.....	75	HIBICLENS.....	34	hydrocodone w/ homatropine.....	43
HAEMOLANCE PLUS LOW FLOW.....	75	HIGH SENSATION SPERMICIDAL.....	70	hydrocodone-acetaminophen.	6
HALCION.....	63	HM OMEPRAZOLE.....	134	hydrocortisone.....	42
HALDOL.....	32	HM PRENATAL.....	121	hydrocortisone (intrarectal) ..	7
HALDOL DECANOATE 100.	32	HM STERILE ALCOHOL PREP PADS.....	82	hydrocortisone (rectal).....	7
HALDOL DECANOATE 50..	32	HM STERILE PADS.....	68	hydrocortisone (topical).....	49
haloperidol.....	32,33	HM STERILE PADS 2"X2".	68	hydrocortisone butyrate.....	49
haloperidol decanoate.....	32	HUGGIES LITTLE SWIMMERS SPF50.....	53	hydrocortisone w/acetic acid.....	129
haloperidol lactate.....	32	HUMALOG.....	20	hydrocortisone-aloe vera....	49
HAVRIX.....	136	HUMALOG JUNIOR.....	19	HYDROMORPHONE HCL.....	5
HEALTH CARE LANCING DEVICE.....	75	KWIKPEN.....	19	hydromorphone hcl.....	5
HEALTHWISE LANCING PEN.....	75	HUMALOG KWIKPEN.....	19	hydroxychloroquine sulfate ..	28
HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	94	HUMALOG MIX 50/50.....	20	HYDROXYPROGESTERONE CAPROATE.....	29
HEALTHWISE PEN NEEDLES 29GX12MM.....	94	HUMALOG MIX 50/50 KWIKPEN.....	19	hydroxyprogesterone caproate.....	130
HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	94	HUMALOG MIX 75/25.....	20	hydroxyurea.....	30
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	94	HUMALOG MIX 75/25 KWIKPEN.....	20	HYDROXYZINE HCL.....	9
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	75	HUMAPEN LUXURA HD..	94	hydroxyzine hcl.....	9
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	94	HUMATE-P.....	60	HYDROXYZINE PAMOATE ..	9
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	94	HUMIRA.....	2	hydroxyzine pamoate.....	9
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	94	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.	2	hyoscyamine sulfate.....	133
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	94	HUMIRA PEN.....	2	HYSINGLA ER.....	5
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	94	HUMIRA PEN-CD/UC/HS STARTER.....	2	HYVEE ADVANCED ANTACID MAXIMUM STRENGTH.....	7
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	75	HUMIRA PEN-PS/UV STARTER.....	2	HYZAAR.....	27
HELIKATE FS.....	60	HUMULIN 70/30.....	20	IBRANCE.....	30
HEMANGEOL.....	38	HUMULIN 70/30 KWIKPEN.....	20	ibuprofen.....	3
		HUMULIN N.....	20	ICLUSIG.....	30
		HUMULIN N KWIKPEN.....	20	IDELVION.....	60
		HUMULIN R.....	20	imatinib mesylate.....	30
		HUMULIN R U-500 (CONCENTRATED).....	20	imipramine hcl.....	17
		HUMULIN R U-500 KWIKPEN.....	20	imipramine pamoate.....	17
		HY-VEE LANCETS.....	75	imiquimod.....	50
		HY-VEE THIN LANCETS..	75	IMITREX.....	114
		HYCAMTIN.....	30	IMITREX STATDOSE REFILL.....	114
		hydralazine hcl.....	27	IMITREX STATDOSE SYSTEM.....	114
		HYDRALYTE.....	116	IMMUNE SUPPORT VITAMIN C.....	120

IMODIUM A-D.....	21	INSULIN SYRINGE/NEEDLE	INSULIN
IMURAN.....	117	0.3ML/30G X 5/16".....	SYRINGES/1ML/29GX1/2" .
IN TOUCH LANCING		INSULIN SYRINGE/NEEDLE	INSULIN
DEVICE.....	75	0.3ML/31G X 5/16".....	SYRINGES/1ML/30GX1/2" .
INCRUSE ELLIPTA.....	10	INSULIN SYRINGE/NEEDLE	INSULIN
indapamide.....	56	0.5ML/29G X 1/2".....	SYRINGES/1ML/31GX5/16" 96
INDERAL LA.....	38	INSULIN SYRINGE/NEEDLE	INSUPEN 29G X 12MM.....
indomethacin.....	3	0.5ML/30G X 5/16".....	INSUPEN 31G X 5MM.....
INFANTS ADVIL.....	3	INSULIN SYRINGE/NEEDLE	INSUPEN 31G X 8MM.....
INLYTA.....	30	0.5ML/31G X 5/16".....	INSUPEN 32G X 4MM.....
INPEN 100/BLUE/LILLY.....	94	INSULIN SYRINGE/NEEDLE	INSUPEN PEN NEEDLES 32G
INPEN 100/BLUE/NOVO.....	94	1ML/29G X 1/2".....	X4MM.....
INPEN 100/GRAY/LILLY.....	94	INSULIN SYRINGE/NEEDLE	INSUPEN SENSITIVE
INPEN 100/GREY/NOVO.....	94	1ML/30G X 5/16".....	32GX6MM.....
INPEN 100/PINK/LILLY.....	94	INSULIN SYRINGE/NEEDLE	INSUPEN ULTRAFIN
INPEN 100/PINK/NOVO.....	94	1ML/31G X 5/16".....	29GX12MM.....
INSPIRACHAMBER/ANTI-		INSULIN SYRINGE/U-	INSUPEN ULTRAFIN
STATIC		100/0.3ML/29G X 1/2".....	30GX8MM.....
VALVED/MOUTHPIECE... 113		INSULIN SYRINGE/U-	INSUPEN ULTRAFIN
INSPIRACHAMBER/LARGE		100/0.5ML/28G X 1/2".....	31GX6MM.....
.....113		INSULIN SYRINGE/U-	INSUPEN ULTRAFIN
INSPIRACHAMBER/SOOTHER		100/0.5ML/29G X 1/2".....	31GX8MM.....
MASK/INSPIRAMASK/MEDIUM		INSULIN SYRINGE/U-	INTELENCE.....
.....113		100/1ML/28G X 1/2".....	INTENSE SENSATION.....
INSPIRACHAMBER/SOOTHER		INSULIN SYRINGE/U-	INTUNIV.....
MASK/INSPIRAMASK/SMALL		100/1ML/29G X 1/2".....	INVEGA.....
.....113		INSULIN SYRINGE/U-	INVEGA SUSTENNA.....
INSPIREASE DRUG		100/1ML/30G X 5/16".....	INVEGA TRINZA.....
DELIVERYSYSTEM..... 113		INSULIN SYRINGE/U-	INVIRASE.....
INSPIREASE RESERVOIR		100/1ML/31G X 5/16".....	INVOKAMET.....
BAGS..... 113		INSULIN	INVOKAMET XR.....
INSULIN SYRINGE/0.3ML/29G X		SYRINGES/0.5ML/27GX1/2"	INVOKANA.....
1"..... 95		95	IOPIDINE.....126
INSULIN SYRINGE/0.3ML/29G X		INSULIN	IPOLE INACTIVATED IPV...136
1/2"..... 95		SYRINGES/0.5ML/29GX1/2"	ipratropium bromide..... 10
INSULIN SYRINGE/0.3ML/30G X		95	ipratropium bromide (nasal)124
5/16"..... 95		INSULIN	ipratropium-albuterol.....11
INSULIN SYRINGE/0.3ML/31G X		SYRINGES/0.5ML/30GX5/16"	irbesartan.....25
5/16"..... 95		95	irbesartan-hydrochlorothiazide
INSULIN SYRINGE/0.5ML/27G X		INSULIN	27
1/2"..... 95		SYRINGES/0.5ML/31GX	IRON CHEWS PEDIATRIC.. 62
INSULIN SYRINGE/0.5ML/28G X		5/16"..... 95	ISENTRESS.....35
1/2"..... 95		INSULIN	ISONIAZID.....28
INSULIN SYRINGE/0.5ML/30G X		SYRINGES/0.5ML/31GX5/16"	isoniazid.....28
1/2"..... 95		96	ISOPTO ATROPINE..... 126
INSULIN SYRINGE/0.5ML/30G X		INSULIN	ISOPTO CARPINE.....126
5/16"..... 95		SYRINGES/1ML/27GX1/2"	ISORDIL TITRADOSE..... 8
INSULIN SYRINGE/0.5ML/31G X		96	isosorbide dinitrate.....8
5/16"..... 95		INSULIN	ISOSORBIDE DINITRATE ER8
INSULIN SYRINGE/1ML/28G X		SYRINGES/1ML/28GX1/2"	isosorbide mononitrate.....8
1/2"..... 95		96	
INSULIN SYRINGE/1ML/29G X			
1/2"..... 95			
INSULIN SYRINGE/1ML/30G X			
5/16"..... 95			

isotretinoin.....	46	KERLIX SPONGES 4" X 4" 16		KLOR-CON M15.....	116
isoxsuprine hcl.....	39	PLY.....	69	KLS OMEPRAZOLE.....	134
ISTODAX.....	30	KETOCARE.....	54	KOATE.....	60
ISTODAX (OVERFILL).....	30	ketoconazole (topical).....	47	KOATE-DVI.....	60
itraconazole.....	22	KETONE TEST STRIPS.....	54	KOGENATE FS.....	60
IXINITY.....	60	KETOPROFEN.....	3	KOGENATE FS BIO-SET.....	60
J & J GAUZE 2"X2" 8 PLY.....	68	ketoprofen.....	3	KOMBIGLYZE XR.....	18
J & J GAUZE 4"X4" 12 PLY.....	68	KETOPROFEN ER.....	3	KONSYL.....	63
J & J GAUZE 4"X4" 8 PLY.....	68	ketorolac tromethamine.....	3	KORLYM.....	19
J & J GAUZE SPONGES 12-PLY		ketorolac tromethamine		KOVALTRY.....	60
4" X 4".....	68	(ophth).....	128	KP MENS DAILY PACK.....	120
J & J GAUZE SPONGES 16-PLY		KETOSTIX.....	54	KP PRENATAL	
4" X 4".....	68	ketotifen fumarate (ophth).....	128	MULTIVITAMINS.....	121
J & J GAUZE SPONGES 8-		KHEDEZLA.....	16	KP WOMENS DAILY	
PLY 4" X 4".....	68	KIMONO COLORS.....	70	PACK.....	120
JADENU.....	21	KIMONO LUBRICATED.....	70	KPN PRENATAL.....	121
JAKAFI.....	30	KIMONO MICRO THIN PLUS		KROGER INSULIN	
JANUMET.....	17	SPERMICIDE		SYRINGE/0.3ML/29G X 1/2".....	96
JANUMET XR.....	17	LUBRICATED.....	70	KROGER INSULIN	
JANUVIA.....	19	KIMONO PLUS SPERMICIDE		SYRINGE/0.3ML/30G X	
JARDIANCE.....	21	LUBRICATED.....	70	5/16".....	96
JENTADUETO.....	18	KIMONO PLUS		KROGER INSULIN	
JENTADUETO XR.....	18	SPERMICIDE/LUBRICATED		SYRINGE/0.3ML/31G X	
K-PHOS NEUTRAL.....	116	.....	70	5/16".....	96
K-TAB.....	116	KIMONO PS		KROGER INSULIN	
KALETRA.....	35	LUBRICATED.....	70	SYRINGE/0.5ML/29G X 1/2".....	96
KALYDECO.....	132	KIMONO PS PLUS		KROGER INSULIN	
KAMELEON LUBRICATED.....	70	SPERMICIDE/LUBRICATED		SYRINGE/0.5ML/30G X	
KAYEXALATE.....	118	.....	70	5/16".....	96
KAZANO.....	18	KIMONO SENSATION		KROGER INSULIN	
KEFLEX.....	40	LUBRICATED.....	70	SYRINGE/0.5ML/31G X	
KENDALL HYDROPHILIC		KIMONO SENSATION PLUS		5/16".....	96
FOAMDRESSING 2"X2".....	68	SPERMICIDE		KROGER INSULIN	
KENDALL HYDROPHILIC		LUBRICATED.....	70	SYRINGE/1ML/29G X 1/2".....	96
FOAMDRESSING 3"X3".....	68	KIMONO SPECIAL.....	70	KROGER INSULIN	
KENDALL HYDROPHILIC		KINERET.....	3	SYRINGE/1ML/30G X 5/16".....	96
FOAMDRESSING 4"X4".....	68	KINNEY LANCETS.....	75	KROGER INSULIN	
KENDALL HYDROPHILIC		KINNEY THIN LANCETS.....	75	SYRINGE/1ML/31G X 5/16".....	96
FOAMPLUS DRESSING		KINRAY INSULIN SYRINGE		KROGER LANCETS.....	75
2"X2".....	68	PREFERRED		KROGER LANCETS 21G.....	75
KENDALL HYDROPHILIC		PLUS/0.3ML/31G X 5/16".....	96	KROGER LANCETS MICRO	
FOAMPLUS DRESSING		KINRAY INSULIN SYRINGE		THIN33G.....	75
3"X3".....	69	PREFERRED		KROGER LANCETS SUPER	
KEPPRA.....	12	PLUS/0.5ML/31G X 5/16".....	96	THIN.....	75
KEPPRA XR.....	12	KINRAY INSULIN SYRINGE		KROGER LANCETS THIN.....	76
KERALYT.....	51	PREFERRED PLUS/1ML/31G		KROGER LANCETS THIN	
KERI AGE DEFY &		X 5/16".....	96	26G.....	75
PROTECT.....	53	KINRAY INSULIN		KROGER LANCETS	
KERLIX SPONGES 4" X 4" 12		SYRINGE/0.5ML/29G X		ULTRATHIN30G.....	76
PLY.....	69	1/2".....	96	KROGER LANCING	
		KITABIS PAK.....	2	DEVICE.....	76
		KLARON.....	46	KROGER PEN NEEDLES 29G	
		KLONOPIN.....	12	X12MM.....	96
				KROGER PEN NEEDLES 31G	
				X8MM.....	96

LIFESCAN UNISTIK II			
LANCETS	76	LITHOBID	31
liothyronine sodium	132	LIVE BETTER ADVANCED	
LIPITOR	24	LANCING DEVICE	76
lisinopril	25	LIVE BETTER LANCET	
lisinopril &		SUPERTHIN 30G	76
hydrochlorothiazide	27	LIVE BETTER LANCET	
LITE TOUCH LANCETS	76	ULTRATHIN 28G	76
LITE TOUCH LANCING		LIVE BETTER PEN NEEDLES	
PEN	76	29G X 12MM	98
LITE TOUCH PEN		LIVE BETTER PEN NEEDLES	
NEEDLES/31G X 3/16"	97	31G X 12MM	98
LITEAIRE	113	LIVE BETTER PEN NEEDLES	
LITETOUCH INSULIN		31G X 6MM	98
SYRINGE/0.3ML/29G X 1/2"	97	LMX 4	51
LITETOUCH INSULIN		LOCOID	49
SYRINGE/0.3ML/30G X		LODINE	3
5/16"	97	LODOSYN	30
LITETOUCH INSULIN		LOESTRIN 1.5/30-21	41
SYRINGE/0.3ML/31G X		LOESTRIN 1/20-21	41
5/16"	97	LOESTRIN FE 1.5/30	41
LITETOUCH INSULIN		LOESTRIN FE 1/20	41
SYRINGE/0.5ML/30G X		LOFIBRA	24
5/16"	97	LOHIST-D	44
LITETOUCH INSULIN		LOMOTIL	21
SYRINGE/0.5ML/31G X		LONGS INSULIN	
5/16"	97	SYRINGE/0.5ML/31G X	
LITETOUCH INSULIN		5/16"	98
SYRINGE/1ML/30G X 5/16"	97	LONGS LANCETS	
LITETOUCH INSULIN		STANDARD	76
SYRINGE/U-100/0.5ML/28G X		LONGS LANCETS THIN	76
1/2"	97	LONGS LANCETS ULTRA	
LITETOUCH INSULIN		THIN	76
SYRINGE/U-100/0.5ML/29G X		loperamide hcl	21
1/2"	97	LOPID	24
LITETOUCH INSULIN		lopinavir-ritonavir	35
SYRINGE/U-100/1ML/28G X		LOPRESSOR	38
1/2"	97	LOPRESSOR HCT	27
LITETOUCH INSULIN		loratadine	23
SYRINGE/U-100/1ML/29G X		loratadine &	
1/2"	97	pseudoephedrine	44
LITETOUCH INSULIN		lorazepam	9
SYRINGE/U-100/1ML/31G X		losartan potassium	25
5/16"	97	losartan potassium &	
LITETOUCH LANCETS MICRO		hydrochlorothiazide	27
THIN 33G	76	LOTENSIN	25
LITETOUCH PEN NEEDLES		LOTENSIN HCT	27
29GX12.7MM	97	LOTREL	27
LITETOUCH PEN NEEDLES		LOTRIMIN AF	47
31G X 6MM	97	LOTRIMIN AF FOR HER	47
LITETOUCH PEN NEEDLES		LOTRIMIN AF JOCK ITCH	47
31GX8MM SHORT	97	LOTRISONE	47
LITHIUM	31		
lithium carbonate	31		
LITHIUM CARBONATE	31		
lithium carbonate	31		
		lovastatin	24
		LOVENOX	11,12
		loxapine succinate	33
		LUBRIDERM DAILY	
		MOISTURE/SUNSCREEN SPF	
		15	53
		LUNESTA	63
		LUPRON DEPOT (1-	
		MONTH)	29
		LUPRON DEPOT (3-	
		MONTH)	29
		LUPRON DEPOT (4-	
		MONTH)	29
		LUPRON DEPOT (6-	
		MONTH)	29
		LURIDE	116
		LYSODREN	29
		LYSTEDA	62
		M-M-R II	136
		M-VIT	121
		MACROBID	135
		MACRODANTIN	135
		MAGELLAN INSULIN SAFETY	
		SYRINGE/U-100/0.3ML/29G X	
		1/2"	98
		MAGELLAN INSULIN SAFETY	
		SYRINGE/U-100/0.3ML/30G X	
		5/16"	98
		MAGELLAN INSULIN SAFETY	
		SYRINGE/U-100/0.5ML/29G X	
		1/2"	98
		MAGELLAN INSULIN SAFETY	
		SYRINGE/U-100/0.5ML/30G X	
		5/16"	98
		MAGELLAN INSULIN SAFETY	
		SYRINGE/U-100/1ML/29G X	
		1/2"	98
		MAGELLAN INSULIN SAFETY	
		SYRINGE/U-100/1ML/30G X	
		5/16"	98
		magnesium citrate	64
		magnesium hydroxide	64
		magnesium oxide	8
		magnesium oxide (mg	
		supplement)	116
		MAGOX 400	116
		MAKENA	130
		malathion	51
		MAPROTILINE HCL	14
		MARATHON MEDICAL	
		PENTIPS29GX12MM	98
		MARATHON MEDICAL	
		PENTIPS31GX5MM	98

MARATHON MEDICAL PENTIPS31GX8MM.....	98	MEDLANCE PLUS LANCETS.....	77	melphalan.....	28
MARATHON MEDICAL PENTIPS32GX4MM.....	98	MEDLANCE PLUS LANCETS LITE 25G.....	77	memantine hcl.....	130
MARPLAN.....	15	MEDLANCE PLUS LITE LANCETS 25G.....	77	MENACTRA.....	135
MATULANE.....	30	MEDLANCE PLUS SPECIAL LANCETS 0.8MM.....	77	MENS PACK.....	120
MAVIK.....	25	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX.....	77	MENVEO.....	135
MAXALT.....	115	MEDLANCE PLUS UNIVERSAL LANCETS 21G.....	77	MEPERIDINE HCL.....	5
MAXALT-MLT.....	115	MEDLANCE/EXTRA.....	77	meperidine hcl.....	5
MAXI-COMFORT INSULIN SYRINGE/U- 100/0.5ML/28GX1/2".....	98	MEDLANCE/LITE.....	77	MEPHYTON.....	137
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2".....	98	MEDLANCE/UNIVERSAL.....	77	meprobamate.....	9
MAXIMIN PACK.....	120	MEDROL.....	42	mercaptopurine.....	28
MAXITROL.....	127	MEDROL DOSEPAK.....	42	mesalamine.....	59
MAXX LUBRICATED.....	70	medroxyprogesterone acetate.....	130	MESNEX.....	30
MAXX PLUS SPERMICIDE LUBRICATED.....	70	medroxyprogesterone acetate (contraceptive).....	42	MESTINON.....	28
MAXZIDE.....	56	mefloquine hcl.....	28	MESTINON TIMESPAN.....	28
MAXZIDE-25.....	56	MEFLOQUINE HCL.....	28	METADATE CD.....	1
meclizine hcl.....	22	MEGA MULTIVITAMIN.....	120	METAMUCIL.....	63
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16".....	98	MEGACE ES.....	130	METAMUCIL ORIGINAL TEXTURE.....	63
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16".....	98	MEGACE ORAL.....	29	METAPROTERENOL SULFATE.....	11
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE.....	76	megestrol acetate.....	29	metformin hcl.....	18
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW.....	76	megestrol acetate (appetite).....	130	METFORMIN HYDROCHLORIDE.....	18
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW.....	76	MEIJER ALCOHOL SWABS EXTRA-THICK.....	82	methadone hcl.....	5
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW.....	76	MEIJER COLOR LANCETS UNIVERSAL 33G.....	77	methazolamide.....	55
MEDICHOICE SAFETY LANCETEXTRA.....	76	MEIJER LANCETS.....	77	methenamine mandelate.....	135
MEDICHOICE SAFETY LANCETNORMAL.....	77	MEIJER LANCETS THIN.....	77	methenamine-hyosc-methylene blue-sod phos-phenyl sal.....	134
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM.....	98	MEIJER LANCETS UNIVERSAL21G.....	77	methimazole.....	132
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM.....	98	MEIJER LANCETS UNIVERSAL30G.....	77	METHITEST.....	6
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM.....	98	MEIJER LANCETS UNIVERSAL33G.....	77	methocarbamol.....	123
MEDISENSE THIN LANCETS.....	77	MEIJER PEN NEEDLES 29G X12MM.....	98	methotrexate sodium.....	28
MEDLANCE PLUS EXTRA LANCETS 21G.....	77	MEIJER PEN NEEDLES 31G X6MM.....	98	METHOTREXATE SODIUM.....	29
		MEIJER PEN NEEDLES 31G X8MM.....	98	methotrexate sodium.....	29
		MEIJER SUPER THIN LANCETS.....	77	methyl dopa.....	26
		MEKINIST.....	30	methylergonovine maleate.....	129
		melatonin.....	2	methylphenidate hcl.....	1,2
		meloxicam.....	3	METHYLPHENIDATE HCL ER.....	1
				methylprednisolone.....	42
				METIPRANOLOL.....	125
				metoclopramide hcl.....	59
				metolazone.....	56
				metoprolol & hydrochlorothiazide.....	27
				metoprolol succinate.....	38
				METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	27

metoprolol tartrate.....	38	misoprostol.....	134	MONOJECT INSULIN	
METOPROLOL/HYDROCHLOR		MM INSULIN SYRINGE/U-		SYRINGE/PERM NEEDLE/U-	
OTHIAZIDE	27	100/0.3ML/30G X 5/16"....	98	100/0.5ML/28G X 1/2"	99
METROCREAM.....	51	MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
METROGEL-VAGINAL.....	136	100/0.3ML/31G X 5/16"....	98	SYRINGE/SAFETY/PERM	
METROLOTION.....	51	MM INSULIN SYRINGE/U-		NEEDLE/0.3ML/29G X 1/2" ..	99
metronidazole.....	8	100/1/2ML/30G X 5/16"....	98	MONOJECT INSULIN	
metronidazole (topical).....	51	MM INSULIN SYRINGE/U-		SYRINGE/SAFETY/PERM	
metronidazole vaginal.....	136	100/1/2ML/31G X 5/16"....	98	NEEDLE/0.3ML/29GX1/2" ..	99
MEVACOR.....	24	MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
mexiletine hcl.....	9	100/1ML/30G X 5/16".....	98	SYRINGE/SAFETY/PERM	
MH MACULAR HEALTH... ..	120	100/1ML/31G X 5/16".....	98	NEEDLE/0.5ML/29G X 1/2" ..	99
MIACALCIN.....	57	MM LANCING DEVICE	77	MONOJECT INSULIN	
MICARDIS.....	25	MM PEN NEEDLES 31G X		SYRINGE/SAFETY/PERM	
MICARDIS HCT.....	27	1/4".....	98	NEEDLE/1ML/29G X 1/2" ...	99
MICATIN.....	47	MM PEN NEEDLES 31G X		MONOJECT INSULIN	
MICONAZOLE 3.....	136	3/16".....	98	SYRINGE/SOFTPACK/1ML/27G	
miconazole nitrate (topical) ..	47	MM PEN NEEDLES 31G X		X 1/2".....	99
miconazole nitrate vaginal.....	136	5/16".....	99	MONOJECT INSULIN	
MICRO-K.....	116	MM PEN NEEDLES 32G X		SYRINGE/SOFTPACK/U-	
MICROCHAMBER.....	113	5/32".....	99	100/0.5ML/28G X 1/2"	99
MICROLET LANCETS.....	77	MOBIC.....	3	MONOJECT INSULIN	
MICROLET NEXT.....	77	MODICON.....	41	SYRINGE/U-100/0.3ML/30G X	
MICROSPACER.....	113	MOI-STIR.....	118	5/16".....	99
MICROZIDE.....	56	MOLINDONE		MONOJECT INSULIN	
midazolam hcl.....	63	HYDROCHLORIDE.....	33	SYRINGE/U-100/0.5ML/28G X	
midodrine hcl.....	137	mometasone furoate.....	49	1/2".....	99
miglitol.....	17	mometasone furoate		MONOJECT INSULIN	
miglustat.....	61	(nasal).....	124	SYRINGE/U-100/0.5ML/30G X	
MIGRANAL.....	114	MONISTAT 1 COMBO		5/16".....	99
MILK OF MAGNESIA		PACK.....	136	MONOJECT INSULIN	
CONCENTRATE.....	64	MONISTAT 1 DAY OR NIGHT		SYRINGE/U-100/1ML/28G X	
MILLIPRED.....	42	COMBO PACK.....	136	1/2".....	99
MINI LANCING DEVICE.....	77	MONISTAT 3.....	136	MONOJECT INSULIN	
MINIPRESS.....	26	MONISTAT 3 COMBINATION		SYRINGE/U-100/1ML/30G X	
MINIVELLE.....	58	PACK.....	136	5/16".....	99
MINOCIN.....	132	MONISTAT 7 SIMPLY		MONOJECT ULTRA COMFORT	
minocycline hcl.....	132	CURE.....	136	INSULIN SYRINGE/0.3ML/29G X	
minoxidil.....	28	MONISTAT SOOTHING CARE		1/2".....	99
MIRALAX.....	64	ITCH RELIEF.....	49	MONOJECT ULTRA COMFORT	
MIRAPEX.....	31	MONOCATE-P.....	60	INSULIN SYRINGE/0.3ML/30G X	
MIRASORB SPONGES 2" X		MONODOX.....	132	5/16".....	99
2".....	69	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MIRASORB SPONGES 4" X		SYRINGE/1ML/31G X		INSULIN SYRINGE/0.5ML/28G X	
4".....	69	5/16".....	99	1/2".....	99
MIRCERA.....	61	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MIRCETTE.....	41	SYRINGE/DETACH		INSULIN SYRINGE/0.5ML/29G X	
mirtazapine.....	14	NEEDLE/1ML/25G X 5/8" ..	99	1/2".....	99
		MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
		SYRINGE/DETACH		INSULIN SYRINGE/0.5ML/30G X	
		NEEDLE/1ML/27G X 1/2" ..	99	5/16".....	99
		MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
		SYRINGE/PERM		INSULIN SYRINGE/0.5ML/31G X	
		NEEDLE/1ML/28G X 1/2" ..	99	5/16".....	99

MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	100	multiple vitamins w/ minerals & folic acid.....	120	neomycin-bacitracin-polymyxin	47
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	100	mupirocin.....	46	neomycin-polymy- dexameth.....	127
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	100	mupirocin calcium (topical).....	46	neomycin-polymyxin w/ pramoxine.....	47
MONOLET LANCETS.....	77	MYAMBUTOL.....	28	neomycin-polymyxin-gramicidin	126
MONOLET OPD LANCETS.....	77	mycophenolate mofetil... ..	117	neomycin-polymyxin-hc (otic).....	128
MONOLETTOR SAFETY LANCETS.....	77	mycophenolate mofetil hcl.....	117	NEOMYCIN/POLYMYXIN/HYDR OCORTISONE.....	127
MONONINE.....	60	mycophenolate sodium... ..	117	NEORAL.....	117,118
montelukast sodium.....	10	MYDRIACYL.....	126	NEOSPORIN.....	126
MOORE MED MONOJECT INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	100	MYFORTIC.....	117	NEOSPORIN ORIGINAL... ..	47
MOORE MED MONOJECT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	100	MYLERAN.....	28	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH.....	47
MOORE MED MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	100	MYLICON.....	58	NEPHROCAPS.....	119
MOORE MED MONOJECT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	100	MYLICON INFANTS GAS RELIEF.....	58	NEPTAZANE.....	55
morphine sulfate.....	5	MYNATAL.....	121	NESINA.....	19
MORPHINE SULFATE.....	5	MYSOLINE.....	13	NEURONTIN.....	13
morphine sulfate.....	5	nabumetone.....	3	NEUTRAPHOR.....	51
MOTRIN INFANTS DROPS... ..	3	nadolol.....	38	NEUTRAPHORUS REX.....	51
MOUTHKOTE.....	119	naloxone hcl.....	21	NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF110.....	53
moxifloxacin hcl (ophth)....	126	naltrexone hcl.....	21	NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF70.....	53
MOZOBIL.....	62	NAMENDA.....	130	NEUTROGENA COOLDRY SPORTWITH HELIOPLEX SPF 30.....	53
MS CONTIN.....	5	NAMENDA TITRATION PAK.....	130	NEUTROGENA HEALTHY DEFENSE DAILY MOISTURIZER PURESCREEN.....	53
MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	100	NAPROSYN.....	3	NEUTROGENA MEN SPF 20.....	53
MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	100	naproxen.....	3,4	NEUTROGENA MOISTURE SPF15UNTINTED.....	53
MS INSULIN SYRINGE/1ML/31G X 5/16".....	100	naproxen sodium.....	3	NEUTROGENA SPORT FACE SUNBLOCK WITH HELIOPLEX SPF70.....	53
MUCINEX.....	45	naratriptan hcl.....	115	NEUTROGENA T/GEL.....	54
MUCINEX D.....	44	NARCAN.....	21	NEUTROGENA T/GEL STUBBORN ITCH CONTROL.....	54
MUCINEX D MAXIMUM STRENGTH.....	44	NARDIL.....	15	NEUTROGENA ULTRA SHEER DRY-TOUCH SPF 45.....	53
MUCINEX DM.....	44	NASACORT ALLERGY 24HR.....	124	NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 100.....	53
MUCINEX MAXIMUM STRENGTH.....	45	NASACORT ALLERGY 24HR CHILDRENS.....	124	NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 55.....	53
MULTI FOR HER.....	120	NASAL DECONGESTANT.....	124		
MULTI FOR HIM.....	120	NASALCROM.....	124		
MULTI PRENATAL.....	121	NASONEX.....	124		
MULTI-LANCET DEVICE... ..	77	NAT-RUL PRENATAL VITAMINS.....	121		
		nateglinide.....	20		
		NATROBA.....	51		
		NECON 1/50-28.....	41		
		NECON 10/11-28.....	41		
		NEFAZODONE HCL.....	16		
		nefazodone hcl.....	16		
		neomycin sulfate.....	2		
		neomycin-bacitracin zn- polymyxin.....	126		

NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 70.....	53	norethindrone (contraceptive).....	42	NOVOTWIST 30GX8MM...100	
NEVANAC.....	128	norethindrone acet & eth estra.....	41	NOVOTWIST 32GX5MM...100	
nevirapine.....	35	norethindrone acetate....	130	NPLATE.....	61
NEXAVAR.....	30	norethindrone acetate-ethinyl estradiol.....	58	NU GAUZE 4PLY 4"X4".....	69
NEXIUM.....	134	norethindrone acetate-ethinyl estradiol-fe.....	41	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY.....	69
NEXPLANON.....	42	norethindrone-eth estradiol (triphasic).....	41	NULYTELY/FLAVOR PACKS.....	64
niacin.....	137	norgestimate-ethinyl estradiol.....	41	NUMOISYN.....	119
niacin (antihyperlipidemic)...	25	norgestimate-ethinyl estradiol (triphasic).....	41	NUPLAZID.....	31
NIACIN TR.....	137	norgestrel & ethinyl estradiol.....	41	NUVARING.....	41
NIACOR.....	25	NORINYL 1+35.....	41	NUVIGIL.....	2
NIASPAN.....	25	NORPACE.....	9	NUWIQ.....	60
nicardipine hcl.....	39	NORPACE CR.....	9	nystatin.....	22
NICODERM CQ.....	131	NORPRAMIN.....	17	nystatin (mouth-throat)....	118
NICORETTE.....	131	NORTEMP INFANTS.....	4	nystatin (topical).....	47
NICORETTE MINI.....	131	nortriptyline hcl.....	17	nystatin-triamcinolone.....	47
NICORETTE STARTER KIT.....	131	NORVASC.....	39	NYTOL MAXIMUM STRENGTH.....	62
nicotine.....	131	NORVIR.....	35	O-CAL FA.....	121
nicotine polacrilex.....	131	NOVA MAX PLUS KETONE TESTSTRIPS.....	54	OBIZUR.....	60
NICOTINE TRANSDERMAL SYSTEM.....	132	NOVA SUREFLEX LANCETS.....	77	OCEAN NASAL SPRAY...123	
NICOTROL INHALER.....	132	NOVA SUREFLEX LANCING DEVICE.....	77	OCUFEN.....	128
NICOTROL NS.....	132	NOVOEIGHT.....	60	OCUFLOX.....	126
nifedipine.....	39	NOVOFINE 30GX8MM...100		ODOMZO.....	29
NINLARO.....	30	NOVOFINE 32GX6MM...100		OFLOXACIN.....	58
NITRO-BID.....	8	NOVOFINE AUTOCOVER 30GX8MM.....	100	ofloxacin.....	58
NITRO-DUR.....	8	NOVOFINE PLUS 32GX4MM.....	100	ofloxacin (ophth).....	126
nitrofurantoin.....	135	NOVOLIN 70/30.....	20	ofloxacin (otic).....	128
nitrofurantoin macrocrystal	135	NOVOLIN 70/30 RELION...20		OGESTREL.....	41
nitrofurantoin monohyd macro.....	135	NOVOLIN N.....	20	OINTMENT BASE.....	50
nitroglycerin.....	8,9	NOVOLIN N RELION.....	20	olanzapine.....	33
NITROSTAT.....	9	NOVOLIN R.....	20	olmesartan medoxomil.....	26
NIVA-PLUS.....	121	NOVOLIN R RELION.....	20	olmesartan medoxomil- amlodipine-hydrochlorothiazide	27
NIVEA HAND THERAPY....	53	NOVOLOG.....	20	olmesartan medoxomil- hydrochlorothiazide.....	27
NIVEA VISAGE UV CARE DAILY FACIAL.....	53	NOVOLOG FLEXPEN.....	20	omega-3 fatty acids.....	125
NIX CREME RINSE.....	51	NOVOLOG MIX 70/30.....	20	omeprazole.....	134
NIZORAL.....	47	NOVOLOG MIX 70/30 PREFILLED FLEXPEN....	20	OMEPRAZOLE.....	134
NOR-QD.....	42	NOVOLOG PENFILL.....	20	OMNIPRED.....	127
NORCO.....	6	NOVOPEN ECHO.....	100	ON CALL LANCING DEVICE.....	77
NORDITROPIN FLEXPRO..	57	NOVOSEVEN RT.....	60	ON CALL PLUS LANCING DEVICE.....	77
norethin acet & estrad-fe....	41			ondansetron.....	22
norethindrone & eth estradiol	41			ondansetron hcl.....	22
norethindrone & ethinyl estradiol- fe.....	41			ONDANSETRON HYDROCHLORIDE.....	22

ONETOUCH CLUB LANCETS FINE POINT.....	77	ORTHO TRI-CYCLEN LO. 41	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	100
ONETOUCH COMBO PACK	77	ORTHO-CYCLEN.....	PC UNIFINE PENTIPS 31G X8MM SHORT.....	100
ONETOUCH DELICA LANCETS EXTRA FINE 33G.....	77	ORTHO-NOVUM 1/35.....	PCE.....	66
ONETOUCH DELICA LANCETS FINE 30G.....	77	ORTHO-NOVUM 7/7/7.....	ped multivitamins w/fl & iron.....	121
ONETOUCH DELICA LANCING DEVICE.....	77	oseltamivir phosphate.....	PEDIA-LAX.....	64
ONETOUCH ULTRASOFT LANCETS.....	77	OSENI.....	PEDIALYTE.....	116
ONGLYZA.....	19	OTICIN HC NR.....	PEDIALYTE FREEZER POPS.....	116
OPTICHAMBER ADVANTAGE/LARGE MASK.....	113	OTREXUP.....	pediatric multiple vitamins.....	121
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK.....	113	OVACE PLUS WASH.....	pediatric vitamins acd w/ fluoride.....	121
OPTICHAMBER ADVANTAGE/SMALL FACE MASK.....	113	OVACE WASH.....	pediatric vitamins adc.....	121
OPTICHAMBER DIAMOND	114	OVCON-35.....	PEDVAX HIB.....	135
OPTICHAMBER DIAMOND/LARGEFACE MASK.....	114	OVIDE.....	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	64
OPTICHAMBER DIAMOND/MEDIUM FACE MASK.....	114	oxaprozin.....	peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	64
OPTICHAMBER DIAMOND/SMALLFACE MASK.....	114	oxazepam.....	PEGANONE.....	13
OPTICHAMBER FACE MASK/LARGE.....	114	OXAZEPAM.....	PEN NEEDLES 29G X 12MM.....	100
OPTICHAMBER FACE MASK/MEDIUM.....	114	oxcarbazepine.....	PEN NEEDLES 29GX1/2".....	100
OPTICHAMBER FACE MASK/SMALL.....	114	oxybutynin chloride.....	PEN NEEDLES 30GX5/16".....	100
OPTIFOAM.....	69	oxycodone hcl.....	PEN NEEDLES 30GX8MM.....	100
OPTIHALER.....	114	oxycodone w/ acetaminophen.....	PEN NEEDLES 31G X 1/4" SHORT.....	100
OPTIHALER MDI DRUG DELIVERY SYSTEM.....	114	oxycodone-aspirin.....	PEN NEEDLES 31G X 3/16".....	100
oral electrolytes.....	116	OXYCODONE/ACETAMINOPH EN.....	PEN NEEDLES 31G X 5MM.....	100
ORAL RELIEF SPRAY FOR DRY MOUTH & DISCOMFORT.....	119	oyster shell.....	PEN NEEDLES 31G X 6MM.....	100
ORALAIR.....	2	OZEMPIC.....	PEN NEEDLES 31G X 8MM.....	100
ORALAIR ADULT SAMPLE KIT.....	2	PA MENS 50 PLUS VITAPAK.....	PEN NEEDLES 31GX5/16".....	100
ORALAIR ADULT STARTER PACK.....	2	PA MENS VITAPAK.....	PEN NEEDLES 31GX6MM (1/4").....	100
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK.....	2	PA WOMENS 50 PLUS VITAPAK.....	PEN NEEDLES 31GX8MM.....	100
ORKAMBI.....	132	PA WOMENS VITAPAK.....	PEN NEEDLES 31GX8MM (5/16").....	100
ORTHO MICRONOR.....	42	paliperidone.....	PEN NEEDLES 32G X 4MM.....	100
ORTHO TRI-CYCLEN.....	41	PAMELOR.....	PEN NEEDLES 32G X 5MM.....	100
		PANCREAZE.....	PEN NEEDLES 32G X 6MM.....	100
		PANOXYL-4 CREAMY WASH.....	PEN NEEDLES 32GX4MM.....	100
		pantoprazole sodium.....	PENICILLIN V POTASSIUM.....	129
		PARLODEL.....	penicillin v potassium.....	129
		PARNATE.....	PENTIPS 29G X 12MM.....	101
		paroxetine hcl.....	PENTIPS 29GX12MM.....	101
		PARVA-CAL.....	PENTIPS 31G X 5MM.....	101
		PAXIL.....		
		PAXIL CR.....		
		PC LANCETS SUPER THIN 30G.....		
		PC UNIFINE PENTIPS 29G X1/2".....		
		PC UNIFINE PENTIPS 31G X5MM MINI.....		

PENTIPS 31G X 8MM.....	101	pioglitazone hcl.....	19	pramoxine-hc-chloroxylenol	129
PENTIPS 31GX5MM.....	101	pioglitazone hcl- glimepiride.....	18	PRANDIN.....	20
PENTIPS 31GX6MM.....	101	pioglitazone hcl-metformin hcl.....	18	prasugrel hcl.....	61
PENTIPS 31GX8MM.....	101	piroxicam.....	4	PRAVACHOL.....	25
PENTIPS 32G X 4MM.....	101	PLAN B ONE-STEP.....	42	pravastatin sodium.....	25
PENTIPS 32GX4MM.....	101	PLAQUENIL.....	28	prazosin hcl.....	26
pentoxifylline.....	61	PLAVIX.....	61	PRE SUN KIDS.....	53
PEPCID.....	133	PLEGRIDY.....	131	PRE-NATAL FORMULA.....	122
PEPCID AC.....	133	PLEGRIDY STARTER PACK.....	131	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16".....	101
PEPCID AC MAXIMUM STRENGTH.....	133	PNEUMOVAX 23.....	135	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2".....	101
PEPTO BISMOL.....	21	PNEUMOVAX 23/1 DOSE.....	135	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".....	101
PEPTO-BISMOL.....	21	PNV FOLIC ACID + IRON MULTIVITAMIN.....	121	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".....	101
PEPTO-BISMOL INSTACOOOL.....	21	PNV PRENATAL PLUS MULTIVITAMIN.....	121	PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2".....	101
PEPTO-BISMOL MAX STRENGTH.....	21	POCKET CHAMBER.....	114	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	101
PEPTO-BISMOL TO-GO.....	21	POCKET SPACER.....	114	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	101
PERCOCET.....	6	podofilox.....	51	PRECISION THIN LANCETS.....	77
PERFECT LANCETS 30G.....	77	polyethylene glycol 3350.....	64	PRECISION THINS GP LANCET.....	77
PERIDEX.....	118	POLYMEM DRESSING/3" X 3".....	69	PRECISION ULTRA LANCET.....	77
permethrin.....	51	POLYMEM DRESSING/4" X 4".....	69	PRECISION XTRA.....	54
perphenazine.....	34	polymyxin b-trimethoprim.....	126	PRECOSE.....	17
PERPHENAZINE/AMITRIPTYLIN E.....	131	polysaccharide iron complex.....	62	PRED FORTE.....	127
PEXEVA.....	16	POLYSPORIN.....	47	PRED MILD.....	127
PHARMACY COUNTER LANCETS.....	77	POLYTRIM.....	126	PRED-G.....	127
phenazopyridine hcl.....	60	polyvinyl alcohol.....	125	PREDATOR.....	51
phenelzine sulfate.....	15	POMALYST.....	29	PREDNICARBATE.....	49
phenobarbital.....	62	pot phosphate monobasic w/ sod phosphate dibasic & monobasic.....	116	prednicarbate.....	49
PHENOBARBITAL.....	63	potassium bicarbonate.....	116	PREDNISOLONE.....	42
phenobarbital.....	63	potassium chloride.....	117	prednisolone.....	42
PHENOBARBITAL SODIUM.....	62	POTASSIUM CHLORIDE ER.....	117	prednisolone acetate (ophth).....	127
phenylephrine hcl (ophth).....	127	potassium chloride microencapsulated crystals er.....	117	PREDNISOLONE ACETATE P- F.....	127
phenylephrine hcl (oral).....	124	potassium citrate (alkalinizer).....	59	prednisolone sodium phosphate.....	42
phenylephrine-chlorphen-dm	44	potassium citrate-citric acid.....	59		
phenylephrine-dm.....	44	POTIGA.....	13		
phenylephrine-shark liver oil- cocoa butter.....	7	povidone-iodine.....	34		
phenylephrine-shark liver oil- mineral oil-petrolatum.....	7	pramipexole dihydrochloride.....	31		
phenytoin.....	13	PRAMOTIC.....	128		
phenytoin sodium extended.....	13	pramoxine hcl (rectal).....	7		
PHLEXY-VITS.....	120				
phytonadione.....	137				
pilocarpine hcl.....	126				
pilocarpine hcl (oral).....	119				
pindolol.....	38				

PREDNISOLONE SODIUM PHOSPHATE.....	127	PRENATAL FORMULA..	122	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2".....	102
PREDNISONE.....	43	PRENATAL FORTE.....	122	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16".....	102
prednisone.....	43	PRENATAL LOW IRON..	122	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16".....	102
PREDNISONE.....	43	PRENATAL.....		PRO COMFORT PEN NEEDLES/31G X 8MM.....	102
PREDNISONE INTENSOL..	43	MULTIVITAMIN.....	122	PRO COMFORT PEN NEEDLES/32G X 4MM.....	102
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	101	PRENATAL ONE DAILY..	122	PRO COMFORT PEN NEEDLES/32G X 5MM.....	102
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	101	PRENATAL PLUS.....	122	PRO COMFORT PEN NEEDLES/32G X 6MM.....	102
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	101	PRENATAL VITAMIN....	122	probenecid.....	60
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	101	PRENATAL VITAMIN & MINERAL.....	122	PROCARDIA.....	39
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	101	PRENATAL.....		PROCARDIA XL.....	39
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	101	VITAMIN/IRON.....	123	prochlorperazine.....	34
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	101	PRENATAL VITAMINS..	123	prochlorperazine edisylate..	34
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	101	PRENATAL VITAMINS PLUS LOW IRON.....	123	prochlorperazine maleate....	34
PREFERRED PLUS LANCETS COLORED 21G.....	78	PREPLUS.....	123	PROCRT.....	61
PREFERRED PLUS LANCETS SUPER THIN 30G.....	78	PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS MENS.....	120	PROCTOFOAM.....	7
PREFERRED PLUS LANCETS THIN 26G.....	78	PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS WOMENS.....	120	PRODIGY INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	102
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM.....	101	PRESSURE ACTIVATED SAFETYLANCET 21G.....	78	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16".....	102
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT.....	101	PREVACID.....	134	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2".....	102
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT.....	101	PREVACID 24HR.....	134	PRODIGY LANCING DEVICE.....	78
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM.....	101	PREVACID SOLUTAB...	134	PRODIGY TWIST TOP LANCETS.....	78
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM.....	101	PREVIDENT 5000 DRY MOUTH.....	118	PROFILNINE.....	61
PREMARIN.....	58,137	PREVIDENT 5000 PLUS..	118	PROFILNINE SD.....	61
PREMIUM CONDOMS LUBRICATED.....	70	PREVIDENT FLUORIDE..	118	progesterone micronized...	130
PREMIUM PACKETS.....	120	PREVNAR 13.....	135	PROGLYCEM.....	19
PREMPHASE.....	58	PREZCOBIX.....	36	PROGRAF.....	118
PREMPRO.....	58	PREZISTA.....	36	PROMACTA.....	61
PRENATAL.....	122	PRILOSEC.....	134	promethazine & phenylephrine.....	44
PRENATAL AND IRON....	122	PRIMAQUINE.....	28	promethazine hcl.....	24
		PHOSPHATE.....	28	promethazine w/codeine....	44
		primidone.....	13	promethazine-dm.....	45
		PRINIVIL.....	25	promethazine-phenylephrine- codeine.....	45
		PRISTIQ.....	16	PROMETHAZINE/PHENYLEPHR INE.....	45
		PRO COMFORT ALCOHOL PADS.....	82	PROMETRIUM.....	130
		PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2".....	102	propafenone hcl.....	9
		PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16".....	102	propranolol hcl.....	38
		PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16".....	102		

PROPRANOLOL HCL.....	38	PX INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	102	quinapril-hydrochlorothiazide.....	27
propranolol hcl.....	38	PX LANCET AUTO INJECTOR.....	78	quinidine gluconate.....	9
PROPRANOLOL/HYDROCHLOROTHIAZIDE.....	27	PX LANCETS ULTRA THIN.....	78	QUINIDINE SULFATE.....	9
propylthiouracil.....	132	PX MINI PEN NEEDLES 31GX5MM.....	102	RA ADVANCED HEALING.....	50
PROSCAR.....	59	PX OMEPRAZOLE.....	134	RA ALCOHOL SWABS.....	82
PROSHIELD PLUS SKIN PROTECTANT.....	51	PX PEN NEEDLE 29GX12MM.....	102	RA ALL PURPOSE DRESSINGS4"X4".....	69
PROTONIX.....	134	PX PEN NEEDLE 31GX8MM.....	102	RA DRESSING SPONGES 4"X4".....	69
PROTOPIC.....	50	PX PRENATAL MULTIVITAMINS.....	123	RA DRY MOUTH.....	119
protriptyline hcl.....	17	PX SHORTLENGTH PEN NEEDLES/31GX8MM.....	102	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G 78	
PROVERA.....	130	pyrazinamide.....	28	RA E-ZJECT LANCETS 28G 78	
PROZAC.....	16	pyrethrins-piperonyl butoxide.....	52	RA E-ZJECT LANCETS THIN 26G.....	78
pseudoephed-bromphen-dm	45	pyrethrins-piperonyl butoxide-permethrin-nit remover.....	52	RA E-ZJECT LANCETS THIN 28G.....	78
pseudoephedrine hcl.....	124	PYRIDIDIUM.....	60	RA E-ZJECT LANCETS ULTRATHIN 30G.....	78
pseudoephedrine w/ codeine-gg.....	45	pyridostigmine bromide.....	28	RA ESSENCE-C.....	120
pseudoephedrine-chlorphen-dm	45	pyridoxine hcl.....	137	RA GAUZE SPONGES 4"X4".....	69
pseudoephedrine-guaifenesin.....	45	QC ADVANCED LANCING DEVICE.....	78	RA INSULIN SYRINGE/0.5ML/29G X 1/2".....	102
pseudoephedrine-ibuprofen.....	45	QC ALCOHOL SWABS.....	82	RA INSULIN SYRINGE/1ML/29G X 1/2".....	102
PSORCON.....	49	QC ALL PURPOSE DRESSINGS4"X4".....	69	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	102
PSS SELECT GP LANCETS	78	QC BORDER ISLAND GAUZE PAD 2"X2".....	69	RA INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	102
PSS SELECT SAFETY LANCETS.....	78	QC LANCETS SUPER THIN.....	78	RA LANCING DEVICE.....	78
psyllium.....	63	QC LANCETS ULTRA THIN.....	78	RA OMEPRAZOLE.....	134
PTS PANELS KETONE TEST.....	54	QC PEN NEEDLES 29G X 12MM.....	102	RA PEN NEEDLES 31G X 5MM3/16".....	102
PULMICORT.....	10	QC PEN NEEDLES 31G X 6MM.....	102	RA PEN NEEDLES 31G X 8MM5/16".....	102
PULMICORT FLEXHALER.....	10	QC PEN NEEDLES 31G X 8MM.....	102	RA PRENATAL.....	123
PULMOZYME.....	132	QC PRENATAL.....	123	RA PRENATAL FORMULA/FOLICACID.....	123
PURE & FREE BABY SUNSCREEN BROAD SPECTRUM SPF 60+.....	53	QC STERILE PADS.....	69	RA RX SUNCARE ADVANCED PROTECTION SPF50.....	53
PURIXAN.....	29	QC UNIFINE PENTIPS 32GX4MM.....	102	RA STERILE PADS 2"X2".....	69
PUSH BUTTON SAFETY LANCETS 21G.....	78	QC UNILET LANCETS 28G/ULTRA THIN.....	78	RA STERILE PADS 3"X3".....	69
PUSH BUTTON SAFETY LANCETS 28G.....	78	QC UNILET LANCETS 33G/MICRO THIN.....	78	RA STERILE PADS 4"X4".....	69
PX ADVANCED LANCING DEVICE.....	78	QTERN.....	18	RAGWITEK.....	2
PX EXTRA SHORT PEN NEEDLES 31GX6MM.....	102	QUESTRAN.....	24	raloxifene hcl.....	57
PX INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	102	QUESTRAN LIGHT.....	24	ramipril.....	25
PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	102	quetiapine fumarate.....	33	ranitidine hcl.....	133
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	102	quinapril hcl.....	25	RAPAMUNE.....	118
PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	102			RASUVO.....	2
PX INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	102				

RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY.....	69	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	103	RETROVIR.....	36
RAZADYNE.....	131	RELION KETONE.....	54	RETROVIR IV INFUSION...	36
RAZADYNE ER.....	130	RELION KETONE TEST STRIPS.....	54	REVATIO.....	39,40
REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	103	RELION LANCETS MICRO- THIN33G.....	78	REXALL LANCETS ULTRA THIN.....	78
REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	103	RELION LANCETS STANDARD 21G.....	78	REXULTI.....	34
REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	103	RELION LANCETS THIN 26G.....	78	REYATAZ.....	36
REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	103	RELION LANCETS ULTRA- THIN30G.....	78	RHEUMATREX.....	3
REALITY LANCETS.....	78	RELION LANCING DEVICE.....	78	RIASTAP.....	61
REALITY LATEX CONDOMS/LUBRICATED..	70	RELION MINI PEN NEEDLES 31GX6MM.....	103	riboflavin.....	138
REALITY LATEX/ULTRA TEXTURED.....	70	RELION PEN NEEDLES 29GX12MM.....	103	RID.....	52
REALITY LATEX/ULTRA THIN.....	70	RELION PEN NEEDLES 31GX6MM.....	103	RID COMPLETE LICE ELIMINATION.....	52
REALITY SWABS.....	82	RELION PEN NEEDLES 31GX8MM.....	103	RIFADIN.....	28
REBIF.....	131	RELION PEN NEEDLES 32GX4MM.....	103	rifampin.....	28
REBIF REBIDOSE.....	131	RELION SHORT PEN NEEDLES31GX8MM.....	103	RIGHT STEP PRENATAL..	123
REBIF REBIDOSE TITRATIONPACK.....	131	RELION ULTRA THIN LANCETS30G.....	78	RIGHTEST GD500 LANCING DEVICE.....	78
REBIF TITRATION PACK..	131	RELION ULTRA THIN PLUS LANCETS 32G.....	78	RIGHTEST GL300 LANCETS.....	78
RECOMBINATE.....	61	RELION ULTRA THIN PLUS LANCETS 33G.....	78	RIOMET.....	18
RECOMBIVAX HB.....	136	RELPAK.....	115	risedronate sodium.....	57
REGLAN.....	59	REMEDY NUTRASHIELD..	51	RISPERDAL.....	32
RELENZA DISKHALER.....	37	REMERON.....	14	RISPERDAL CONSTA.....	32
RELION 2-IN-1 LANCING DEVICE 25G.....	78	REMERON SOLTAB.....	14	RISPERDAL M-TAB.....	32
RELION 2-IN-1 LANCING DEVICE 30G.....	78	repaglinide.....	20	risperidone.....	32
RELION ALCOHOL SWABS..	82	REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	18	RISPERIDONE ODT.....	32
RELION INSULIN SYRINGE 1ML/31GX15/64".....	103	REQUIP.....	31	RITALIN.....	2
RELION INSULIN SYRINGE/U- 00/1ML/29G X 1/2".....	103	RESCRIPTOR.....	36	RITEFLO.....	114
RELION INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	103	RESTORE CONTACT LAYER/NON-ADHERENT 2"X2".....	69	ritonavir.....	36
RELION INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16".....	103	RESTORE FOAM DRESSING BORDERED 4"X4".....	69	rivastigmine.....	131
RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	103	RESTORE FOAM DRESSING NON-BORDERED 4"X4".....	69	rivastigmine tartrate.....	131
RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	103	RESTORE ODOR ABSORBING DRESSING 4"X4".....	69	RIXUBIS.....	61
RELION INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	103	RESTORE TRIO ABSORBENT DRESSING 3"X3".....	69	rizatriptan benzoate.....	115
RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16".....	103	RESTORIL.....	63	ROBAXIN.....	123
RELION INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	103	RETIN-A.....	46	ROBAXIN-750.....	123
RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64".....	103			ROBINUL.....	133
				ROBINUL FORTE.....	133
				ROBITUSSIN DM.....	45
				ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH.....	45
				ROBITUSSIN PEAK COLD DM.....	45
				ROC MULTI CORREXION 5 IN1 DAILY MOISTURIZER SPF 30.....	53
				ROC RETINOL CORREXION SPF30.....	53
				ROCALTROL.....	57

ROMIDEPSIN.....	30	SANDIMMUNE.....	118	SEROQUEL XR.....	33
ropinirole hydrochloride.....	31	SAPHRIS.....	33	SEROSTIM.....	57
rosuvastatin calcium.....	25	SARNA.....	48	sertraline hcl.....	16
ROXICODONE.....	5	SAVELLA.....	131	SFROWASA.....	59
RYTHMOL.....	10	SAVELLA TITRATION		SHADE SUNBLOCK SPF 4553	
SAFE-T-LANCE LOW FLOW		PACK.....	131	SHADE UVAGUARD SPF	
25G.....	78	SB ALCOHOL PREP		15.....	53
SAFE-T-LANCE NORMAL		PADS.....	82	SHINGRIX.....	136
FLOW21G.....	78	SB INSULIN SYRINGE/U-		SHOHL'S SOLUTION	
SAFE-T-LANCE PLUS		100/0.5ML/29G X 1/2".....	104	MODIFIED.....	59
SAFETYLANCET LOW		SB INSULIN SYRINGE/U-		SHOPKO ALCOHOL	
FLOW.....	78	100/0.5ML/30G X 5/16".....	104	SWABS.....	82
SAFE-T-LANCE PLUS		SB INSULIN SYRINGE/U-		SHOPKO AUTOLET LANCING	
SAFETYLANCET NORMAL		100/1ML/29G X 1/2".....	104	DEVICE.....	79
FLOW.....	78	SB INSULIN SYRINGE/U-		SHOPKO ON-THE-GO	
SAFESNAP INSULIN		100/1ML/30G X 5/16".....	104	COMFORTLANCETS 30G.....	79
SYRINGE/0.3ML/30G X		SB INSULIN SYRINGE/U-		SHOPKO UNIFINE PENTIPS	
5/16".....	103	100/1ML/31G X 5/16".....	104	PEN	
SAFESNAP INSULIN		SB LANCETS THIN.....	79	NEEDLES/MICRO/32GX4MM	
SYRINGE/0.5ML/29G X		SB LANCETS ULTRA		.....	104
1/2".....	103	THIN.....	79	SHOPKO UNIFINE PENTIPS	
SAFESNAP INSULIN		SB OMEPRAZOLE.....	134	PEN NEEDLES/MINI/31GX5MM	
SYRINGE/0.5ML/30G X		SCHNUCKS INSULIN		.....	104
5/16".....	103	SYRINGEULTI-FINE/U-		SHOPKO UNIFINE PENTIPS	
SAFESNAP INSULIN		100/0.5ML/29G X 1/2".....	104	PEN	
SYRINGE/1ML/28G X 1/2".....	103	SCHNUCKS INSULIN		NEEDLES/ORIGINAL/29GX12M	
SAFESNAP INSULIN		SYRINGEULTI-FINE/U-		M.....	104
SYRINGE/1ML/29G X 1/2".....	103	100/0.5ML/30G X 5/16".....	104	SHOPKO UNIFINE PENTIPS	
SAFETY INSULIN SYRINGES		Seasonal Influenza		PEN	
0.5ML/29GX1/2".....	103	Vaccine.....	136	NEEDLES/SHORT/31GX8MM	
SAFETY INSULIN SYRINGES		SEASONIQUE.....	41	.....	104
0.5ML/30GX5/16".....	103	SECONAL SODIUM.....	63	SHOPKO UNIFINE PENTIPS	
SAFETY INSULIN SYRINGES		SECTRAL.....	38	PLUS PEN	
1ML/27GX1/2".....	103	SELECT-LITE LANCING		NEEDLES/MICRO/REMOVR/32	
SAFETY INSULIN SYRINGES		DEVICE.....	79	GX4MM.....	104
1ML/29GX1/2".....	103	selegiline hcl.....	31	SHOPKO UNIFINE PENTIPS	
SAFETY INSULIN SYRINGES		selenium sulfide.....	48	PLUS PEN	
1ML/30GX1/2".....	104	SELSUN BLUE.....	48	NEEDLES/MINI/REMOVER/31G	
SAFETY LANCETS 28G.....	79	SELSUN BLUE DAILY.....	48	X5MM.....	104
SAFETY LET LANCETS.....	79	SELSUN BLUE		SHOPKO UNIFINE PENTIPS	
SAFETY SEAL LANCETS		MEDICATED.....	48	PLUS PEN	
28G.....	79	SELSUN BLUE		NEEDLES/REMOVER/29GX12M	
SAFETY SEAL LANCETS		MOISTURIZING.....	48	M.....	104
30G.....	79	SELZENTRY.....	36	SHOPKO UNIFINE PENTIPS	
SAFETY-GLIDE INSULIN		SENNAL.....	64	PLUS PEN	
SYRINGE/0.3ML/29G X		sennosides.....	64	NEEDLES/SHORT/REMOVR/31	
1/2".....	104	sennosides-docusate		GX8MM.....	104
SAIZEN.....	57	sodium.....	64	SHOPKO UNILET LANCETS	
SAIZEN CLICK.EASY.....	57	SENOKOT.....	64	SUPER THIN 30G.....	79
SAIZENPREP		SENOKOT S.....	64	SHOPKO UNILET LANCETS	
RECONSTITUTIONKIT.....	57	SENOKOT XTRA.....	64	ULTRA THIN 28G.....	79
SALAGEN.....	119	SEREVENT DISKUS.....	11	SIDE BUTTON SAFETY	
salicylic acid.....	51	SEROQUEL.....	33	LANCET21G.....	79
saline.....	123			sildenafil citrate (pulmonary	
salsalate.....	5			hypertension).....	40
				SILENOR.....	63
				SILPHEN COUGH.....	23

SILVADENE.....	48	sodium fluoride (dental) ..	118	sulfacetamide sod-	
silver sulfadiazine.....	48	sodium phosphates.....	64	prednisolone.....	127
simethicone.....	58	sodium polystyrene		sulfacetamide sodium.....	48
SIMPLE DIAGNOSTICS		sulfonate.....	118	SULFACETAMIDE	
LANCING DEVICE.....	79	SODIUM		SODIUM.....	126
simvastatin.....	25	SULFACETAMIDE/SULFUR		sulfacetamide sodium (acne)	46
SINEMET.....	31	.....	46	sulfacetamide sodium	
SINEMET CR.....	31	SOF-WICK 4"X4".....	69	(ophth).....	126
SINGLE-LET.....	79	SOLBAR AVO.....	53	sulfamethoxazole-	
SINGULAIR.....	10	SOLBAR PF SPF15.....	53	trimethoprim.....	8
sirolimus.....	118	SOLQUA 100/33.....	18	sulfasalazine.....	59
SIVEXTRO.....	8	SOLUS V2 LANCING		sulindac.....	4
SKIN BEAUTY &		DEVICE.....	79	sumatriptan.....	115
WELLNESS.....	120	SONATA.....	63	sumatriptan succinate.....	115
SKYLA.....	42	SORBITOL.....	64	SUMATRIPTAN	
SLO-NIACIN.....	138	sotalol hcl.....	38	SUCCINATE.....	115
SM ALCOHOL PREP PADS	82	sotalol hcl (afib/afl).....	38	sumatriptan succinate.....	115
SM GAUZE PADS 2"X2"....	69	SPINOSAD.....	52	sunscreens.....	54
SM GAUZE PADS 3"X3"....	69	spironolactone.....	56	SUPER NU-THERA.....	120
SM GAUZE PADS 4"X4"....	69	spironolactone &		SUPER THIN LANCETS.....	79
SM GLUCOSE.....	19	hydrochlorothiazide.....	56	SURE COMFORT INSULIN	
SM INSULIN SYRINGE/1ML/31G		SPORANOX.....	22	SYRINGE/U-100/0.3ML/29G X	
X 5/16".....	104	SPORANOX PULSEPAK.....	22	1/2".....	104
SM IPECAC SYRUP.....	21	SPRYCEL.....	30	SURE COMFORT INSULIN	
SM MICRO THIN LANCETS		STAMARIL.....	136	SYRINGE/U-100/0.3ML/30G X	
33G.....	79	STARLIX.....	20	1/2".....	104
SM OMEPRAZOLE.....	134	stavudine.....	36	SURE COMFORT INSULIN	
SM PRENATAL VITAMINS	123	STERILANCE TL.....	79	SYRINGE/U-100/0.3ML/30G X	
SM STERILE PADS.....	69	STERILE GAUZE PADS		5/16".....	104
SM STERILE PADS 2"X2"....	69	2"X2".....	69	SURE COMFORT INSULIN	
SM TRUEDRAW LANCING		STERILE GAUZE PADS		SYRINGE/U-100/0.3ML/31G X	
DEVICE.....	79	3"X3".....	69	5/16".....	104
SMART DIABETES VANTAGE		STERILE PADS 2"X2".....	69	SURE COMFORT INSULIN	
LANCING DEVICE.....	79	STERILE PADS 3"X3".....	69	SYRINGE/U-100/0.5ML/28G X	
SMART SENSE COLOR		STERILE PADS 4"X4".....	69	1/2".....	104
LANCETS UNIVERSAL 33G	79	STIOLTO RESPIMAT.....	11	SURE COMFORT INSULIN	
SMART SENSE STANDARD		STIVARGA.....	30	SYRINGE/U-100/0.5ML/29G X	
LANCETS UNIVERSAL 21G	79	STRATTERA.....	1	1/2".....	104
SMART SENSE SUPER THIN		STRIBILD.....	36	SURE COMFORT INSULIN	
LANCETS UNIVERSAL 30G	79	STROVITE FORTE.....	120	SYRINGE/U-100/0.5ML/30G X	
SMART SENSE THIN		SUBOXONE.....	6	1/2".....	104
LANCETSUNIVERSAL 26G	79	sucralfate.....	134	SURE COMFORT INSULIN	
SMARTEST LANCETS 28G	79	SUDAFED CHILDRENS.....	124	SYRINGE/U-100/0.5ML/30G X	
sodium bicarbonate (antacid)	7	SUDAFED		5/16".....	105
sodium chloride.....	117	CONGESTION.....	124	SURE COMFORT INSULIN	
SODIUM CHLORIDE.....	117	SUDAFED NASAL		SYRINGE/U-100/0.5ML/31G X	
sodium chloride (gu irrigant)	59	DECONGESTANT MAXIMUM		5/16".....	105
sodium chloride (inhalant)...	45	STRENGTH.....	124	SURE COMFORT INSULIN	
sodium citrate & citric acid...	59	SUDAFED PE		SYRINGE/U-100/1ML/28G X	
sodium fluoride.....	116	CONGESTION.....	124	1/2".....	105

SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	105	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	105	TECFIDERA STARTER PACK.....	131
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105	TECHLITE AST LANCETS ..	79
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	105	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	105	TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2".....	105
SURE COMFORT LANCING PEN.....	79	SURE-LANCE THIN LANCETS 28G.....	79	TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 1/2".....	106
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM.....	105	SURE-LANCE ULTRA THIN LANCETS.....	79	TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16".....	106
SURE COMFORT PEN NEEDLES30GX5/16" SHORT.....	105	SURE-PEN.....	79	TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16".....	106
SURE COMFORT PEN NEEDLES31GX3/16" (5MM).....	105	SURE-TOUCH LANCETS UNIVERSAL.....	79	TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2".....	106
SURE COMFORT PEN NEEDLES31GX5/16" (8MM).....	105	SURELITE LANCETS.....	79	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2".....	106
SURE COMFORT PEN NEEDLES32GX5/32".....	105	SURGICAL GAUZE SPONGE.....	69	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16".....	106
SURE COMFORT PEN NEEDLES32GX6MM.....	105	SURMONTIL.....	17	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16".....	106
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM.....	105	SUSTIVA.....	36	TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2".....	106
SURE-FINE PEN NEEDLES 31GX3/16" 5MM.....	105	SUTENT.....	30	TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2".....	106
SURE-FINE PEN NEEDLES 31GX5/16" 8MM.....	105	SW OMEPRAZOLE.....	134	TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 5/16".....	106
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	105	SYMBICORT.....	11	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64".....	106
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	105	SYMLINPEN 120.....	17	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16".....	106
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	105	SYMLINPEN 60.....	17	TECHLITE LANCETS.....	79
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	105	SYNAGEX.....	120	TECHLITE LANCETS 30G ..	79
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	105	SYNAGIS.....	129	TECHLITE PEN NEEDLES 29GX 12 MM.....	106
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	105	SYNAREL.....	57	TECHLITE PEN NEEDLES 31GX 5MM.....	106
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	105	SYNATEK.....	120	TECHLITE PEN NEEDLES/31GX 5MM.....	106
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	105	SYNJARDY.....	18	TECHLITE PEN NEEDLES/31GX 6 MM.....	106
		SYNJARDY XR.....	18	TECHLITE PEN NEEDLES/31GX 8MM.....	106
		SYNTHROID.....	132	TECHLITE PEN NEEDLES/32GX 4MM.....	106
		tacrolimus.....	118	TECHLITE PEN NEEDLES/32GX 6MM.....	106
		tacrolimus (topical).....	50	TEGADERM FOAM DRESSING 2"X2".....	69
		TAFINLAR.....	30	TEGADERM FOAM DRESSING 4"X4".....	69
		TAGAMET HB.....	133	TEGRETOL.....	13
		TAMIFLU.....	37	TEGRETOL-XR.....	13
		tamoxifen citrate.....	29	TEKTRUNA.....	27
		tamsulosin hcl.....	59	TEKTRUNA HCT.....	27
		TANZEUM.....	19	telmisartan.....	26
		TAPAZOLE.....	132	telmisartan-amlodipine.....	27
		TARCEVA.....	30	telmisartan-hydrochlorothiazide	27
		TARGRETIN.....	30		
		TASIGNA.....	30		
		TAVIST ALLERGY.....	23		
		tazarotene.....	48		
		TAZORAC.....	48		
		TEARS NATURALE PM.....	125		
		TECFIDERA.....	131		

temazepam.....	63	THERANATAL LACTATION COMPLETE.....	120	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16".....	106
TEMODAR.....	28	thiamine hcl.....	138	TODAYS HEALTH SUPER THINLANCETS 30G.....	80
TEMOVATE.....	49	thiamine mononitrate.....	138	TODAYS HEALTH ULTRA THINLANCETS 28G.....	80
TEMOVATE E.....	49	THINLETS GP LANCETS.....	80	TOFRANIL.....	17
temozolomide.....	28	THINLETS LANCET.....	80	TOLAZAMIDE.....	21
TENCON.....	4	thioridazine hcl.....	34	TOLBUTAMIDE.....	21
TENEX.....	26	thiothixene.....	34	TOLMETIN SODIUM.....	4
TENIVAC.....	133	thyroid.....	132	tolmetin sodium.....	4
tenofovir disoproxil fumarate.....	36	THYROLAR-1.....	132	TOLMETIN SODIUM.....	4
TENORETIC 100.....	27	THYROLAR-1/2.....	132	tolnaftate.....	47
TENORETIC 50.....	27	THYROLAR-1/4.....	132	tolterodine tartrate.....	135
TENORMIN.....	38	THYROLAR-2.....	132	TOPAMAX.....	13
TERAZOL 3.....	136	THYROLAR-3.....	132	TOPAMAX SPRINKLE.....	13
TERAZOL 7.....	136	tiagabine hcl.....	13	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4".....	106
terazosin hcl.....	26	TIAZAC.....	39	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16".....	106
terbinafine hcl.....	22	TIKOSYN.....	10	TOPCARE LANCETS MICRO- THIN 33G.....	80
terbinafine hcl (topical).....	47	TIMOLOL MALEATE.....	38	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	106
terbutaline sulfate.....	11	timolol maleate (ophth).....	126	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	106
TERCONAZOLE.....	136	TIMOLOL MALEATE OPHTHALMIC GEL FORMING.....	126	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	106
terconazole vaginal.....	136,137	TIMOPTIC.....	126	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	106
TESSALON PERLES.....	43	TIMOPTIC OCUDOSE.....	126	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	107
testosterone cypionate.....	6	TIMOPTIC-XE.....	126	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	107
TETANUS/DIPHThERIA		TINACTIN.....	47	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	107
TOXOIDS-ADSORBED.....	133	TINACTIN JOCK ITCH.....	47	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	107
tetracaine hcl (ophth).....	127	tioconazole vaginal.....	137	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	107
tetrahydrozoline hcl (ophth).....	127	TIVICAY.....	36	TOPCO INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	107
TGT ADVANCED LANCING DEVICE.....	79	tizanidine hcl.....	123	TOPCO INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	107
TGT ALCOHOL SWABS.....	82	TOBI.....	2		
TGT LANCET ALTERNATE SITE.....	79	TOBI PODHALER.....	2		
TGT LANCET MICRO THIN 33G.....	79	TOBRADEX.....	127		
TGT LANCET SUPER THIN 30G.....	79	TOBRAMYCIN.....	2		
TGT LANCET THIN 23G.....	79	tobramycin.....	2		
TGT LANCET THIN 26G.....	79	tobramycin (ophth).....	127		
TGT LANCET ULTRA THIN 28G.....	79	TOBRAMYCIN SULFATE.....	2		
TGT LANCET ULTRA THIN 30G.....	79	tobramycin sulfate.....	2		
TGT LANCING DEVICE.....	80	tobramycin- dexamethasone.....	127		
TGT OMEPRAZOLE.....	134	TOBREX.....	127		
THEO-24.....	11	TODAYS HEALTH ADVANCED LANCING DEVICE.....	80		
theophylline.....	11	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4".....	106		
THERA-FLUR-N.....	118	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2".....	106		
THERAGAUZE.....	69				
THERANATAL CORE NUTRITION.....	123				

TOPCO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	107	TRIAZOLAM.....	63	tropium chloride.....	135
TOPCO INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	107	triazolam.....	63	TRUE METRIX BLOOD	
TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	107	TRIBENZOR.....	27	GLUCOSETEST STRIPS.....	54
TOPICORT.....	50	TRICARE.....	123	TRUE METRIX CONTROL	
topiramate.....	13	TRIDESILON.....	50	SOLUTION LEVEL 1.....	80
TOPPER DRESSING SPONGES		trifluoperazine hcl.....	34	TRUE METRIX CONTROL	
4"X4".....	69	trifluridine.....	127	SOLUTION LEVEL 2.....	80
TOPROL XL.....	38	TRIGLIDE.....	24	TRUE METRIX CONTROL	
torsemide.....	56	trihexyphenidyl hcl.....	31	SOLUTION LEVEL 3.....	80
TOTAL BLOCK SPF 60		TRILEPTAL.....	13	TRUE METRIX SELF	
COVERUP.....	54	trimethoprim.....	8	MONITORING BLOOD	
TOTAL BLOCK SPF 65		trimipramine maleate.....	17	GLUCOSE STRIPS.....	54
CLEAR.....	54	TRINTELLIX.....	16	TRUECONTROL GLUCOSE	
TOUJEO MAX SOLOSTAR.....	20	TRIUMEQ.....	36	CONTROL LEVEL 0.....	80
TOUJEO SOLOSTAR.....	20	TRIZIVIR.....	36	TRUECONTROL GLUCOSE	
TRACLEER.....	39	TROJAN EXTENDED		CONTROL LEVEL 1.....	80
TRADJENTA.....	19	PLEASURE/LUBRICATED		TRUEDRAW LANCING	
tramadol hcl.....	5	.....	70	DEVICE.....	80
tramadol-acetaminophen.....	6	TROJAN MAGNUM.....	70	TRUEPLUS INSULIN	
trandolapril.....	25	TROJAN MAGNUM WARM		SYRINGE/U-100/0.3ML/29G X	
tranexamic acid.....	62	SENSATIONS.....	70	1/2".....	107
TRANXENE T.....	9	TROJAN MAGNUM XL		TRUEPLUS INSULIN	
tranylcypromine sulfate.....	15	LUBRICATED.....	70	SYRINGE/U-100/0.3ML/31G X	
TRAVEL LANCETS 30G.....	80	TROJAN PLEASURE		5/16".....	107
TRAVEL LANCETS ADVANCED		MESH/SPERMICIDAL.....	71	TRUEPLUS INSULIN	
28G.....	80	TROJAN RIBBED		SYRINGE/U-100/0.5ML/28G X	
trazodone hcl.....	16	W/SPERMICIDAL.....	71	1/2".....	107
TRECATOR.....	28	TROJAN SHARED		TRUEPLUS INSULIN	
TRELSTAR.....	29	SENSATION/LUBRICATED		SYRINGE/U-100/0.5ML/29G X	
TRELSTAR MIXJECT.....	29	.....	71	1/2".....	107
TRESIBA FLEXTOUCH.....	20	TROJAN SUPRAS		TRUEPLUS INSULIN	
tretinoin.....	46	SPERMICIDAL.....	71	SYRINGE/U-100/0.5ML/30G X	
tretinoin (chemotherapy).....	30	TROJAN TWISTED		5/16".....	107
TRETEN.....	61	PLEASURE.....	71	TRUEPLUS INSULIN	
TREXALL.....	29	TROJAN ULTRA		SYRINGE/U-100/0.5ML/31G X	
TRI-NORINYL 28.....	41	PLEASURE/LUBRICATED		5/16".....	107
TRI-VIT/FLUORIDE/IRON.....	121	.....	71	TRUEPLUS INSULIN	
triamcinolone acetoneide		TROJAN VERY SENSITIVE		SYRINGE/U-100/1ML/28G X	
(mouth).....	118	LUBRICATED.....	71	1/2".....	107
triamcinolone acetoneide		TROJAN VERY SENSITIVE		TRUEPLUS INSULIN	
(nasal).....	124	SPERMICIDAL.....	71	SYRINGE/U-100/1ML/29G X	
triamcinolone acetoneide		LUBRICANT.....	71	1/2".....	107
(topical).....	50	TROJAN VERY THIN		TRUEPLUS INSULIN	
TRIAMINIC COLD & COUGH		LUBRICATED.....	71	SYRINGE/U-100/1ML/30G X	
DAY TIME CHILDRENS.....	45	TROJAN VERY THIN		5/16".....	107
triamterene &		SPERMICIDAL.....	71	TRUEPLUS INSULIN	
hydrochlorothiazide.....	56	LUBRICANT.....	71	SYRINGE/U-100/1ML/31G X	
TRIAMTERENE/HYDROCHLOR		TROJAN-ENZ		5/16".....	107
OTHIAZIDE.....	56	LUBRICANT.....	71	TRUEPLUS LANCETS 26G.....	80
		TROJAN-ENZ		TRUEPLUS LANCETS 28G.....	80
		LUBRICATED.....	71	TRUEPLUS LANCETS 28G	
		TROJAN-ENZ		SUPER THIN.....	80
		W/SPERMICIDAL.....	71	TRUEPLUS LANCETS 30G.....	80
		tropicamide.....	126	TRUEPLUS LANCETS 30G	
				ULTRA THIN.....	80

TRUEPLUS LANCETS 33G	80	TRUSTEX/RIA LUBRICATED		ULTICARE INSULIN	
TRUEPLUS PEN NEEDLES		SPERMICIDE	71	SYRINGE/0.3ML/30G X	
29GX12MM	107	TRUSTEX/RIA		5/16"	108
TRUEPLUS PEN NEEDLES		LUBRICATED/SPERMICIDE	71	ULTICARE INSULIN	
31GX5MM	107			SYRINGE/0.5ML/28G X	
TRUEPLUS PEN NEEDLES		TRUVADA	36	1/2"	108
31GX6MM	107	TUDORZA PRESSAIR	10	ULTICARE INSULIN	
TRUEPLUS PEN NEEDLES		TUMS	7	SYRINGE/0.5ML/29G X	
31GX8MM	107	TUMS CHEWY BITES	7	1/2"	108
TRUEPLUS PEN NEEDLES		TUMS E-X 750	7	ULTICARE INSULIN	
32GX4MM	107	TUMS EXTRA STRENGTH		SYRINGE/0.5ML/30G X	
TRUEPLUS SAFETY LANCETS		750	7	1/2"	108
28G	80	TUMS KIDS	7	ULTICARE INSULIN	
TRUETEST BLOOD GLUCOSE		TUMS LASTING EFFECTS	7	SYRINGE/0.5ML/30G X	
TEST	55	TUMS SMOOTHIES	7	5/16"	108
TRUETEST BLOOD GLUCOSE		TUMS ULTRA 1000	8	ULTICARE INSULIN	
TEST STRIPS	54	TWINRIX	136	SYRINGE/1ML/28G X 1/2"	108
TRUETEST GLUCOSE		TWYNSTA	27	ULTICARE INSULIN	
CONTROLLEVEL 1	80	TYBOST	36	SYRINGE/1ML/29G X 1/2"	108
TRUETEST GLUCOSE		TYKERB	30	ULTICARE INSULIN	
CONTROLLEVEL 2	80	TYLENOL	4	SYRINGE/1ML/30G X 1/2"	108
TRUETEST GLUCOSE		TYLENOL CHILDRENS	4	ULTICARE INSULIN	
CONTROLLEVEL 3	80	TYLENOL CHILDRENS		SYRINGE/SHORT/0.3ML/30G X	
TRUETEST STRIPS	55	CHEWABLES/PAIN +		5/16"	108
TRUETRACK BLOOD		FEVER	4	ULTICARE INSULIN	
GLUCOSE TEST	55	TYLENOL EXTRA	4	SYRINGE/SHORT/0.3ML/31G X	
TRUETRACK TEST	55	STRENGTH	4	5/16"	108
TRULICITY	19	TYLENOL INFANTS	4	ULTICARE INSULIN	
TRUMENBA	135	TYLENOL INFANTS		SYRINGE/SHORT/0.5ML/30G X	
TRUSOPT	128	PAIN+FEVER	4	5/16"	108
TRUSTEX COLOR CONDOMS +		TYLENOL/CODEINE #3	6	ULTICARE INSULIN	
LUBE	71	TYLENOL/CODEINE #4	6	SYRINGE/SHORT/1ML/30G X	
TRUSTEX LUBRICATED	71	TYSABRI	131	5/16"	108
TRUSTEX LUBRICATED		TYVASO	39	ULTICARE INSULIN	
EXTRALARGE	71	TYVASO REFILL	39	SYRINGE/SHORT/1ML/31G X	
TRUSTEX LUBRICATED		TYVASO STARTER	39	5/16"	108
EXTRASTRENGTH	71	ULTI-LANCE AUTOMATIC/		ULTICARE INSULIN	
TRUSTEX		CLEAR TIP	80	SYRINGE/SHORT/1ML/31G X	
LUBRICATED/RIBBED/STUDDED	71	ULTICARE ALCOHOL		5/16"	108
TRUSTEX		SWABS	82	ULTICARE INSULIN	
LUBRICATED/SPERMICIDE		ULTICARE INSULIN SAFETY		SYRINGE/U-100/0.3ML/29G X	
EXTRA LARGE	71	SYRINGE/0.5ML/29G X		1/2"	108
TRUSTEX		1/2"	108	ULTICARE INSULIN	
LUBRICATED/SPERMICIDE		ULTICARE INSULIN SAFETY		SYRINGE/U-100/0.3ML/30G X	
EXTRA STRENGTH	71	SYRINGE/1ML/29G X		1/2"	108
TRUSTEX NATURAL		1/2"	108	ULTICARE INSULIN	
CONDOMS		ULTICARE INSULIN		SYRINGE/U-100/0.3ML/30G X	
+LUBE/LUBRICATED	71	SYRINGE/0.3ML/29G X		5/16"	108
TRUSTEX WITH NONOXYNOL-		1/2"	108	ULTICARE INSULIN	
9/RIBBED/STUDDDED	71	ULTICARE INSULIN		SYRINGE/U-100/0.5ML/29G X	
TRUSTEX/RIA		SYRINGE/0.3ML/30G X		1/2"	108
LUBRICATED	71	1/2"	108		

ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	108	ULTILET CLASSIC LANCETS.....	80	ULTILET SHORT PEN NEEDLES31GX3/16".....	110
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	108	ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM.....	109	ULTIMATE FEELING.....	71
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	108	ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM.....	109	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	110
ULTICARE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	108	ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....	109	ULTRA MENS PACK.....	120
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	109	ULTILET INSULIN SYRINGE/1ML/30G X 8MM.....	109	ULTRA THIN LANCETS 28G.....	80
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	109	ULTILET INSULIN SYRINGE/1ML/31G X 8MM.....	109	ULTRA WOMENS PACK..	120
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	109	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM.....	109	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	110
ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16".....	109	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	109	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	110
ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.5ML/31G X 5/16".....	109	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	109	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	110
ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16".....	109	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	109	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	110
ULTICARE MICRO PEN NEEDLES 31G X 8MM.....	109	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	109	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	110
ULTICARE MICRO PEN NEEDLES 32G X 4MM.....	109	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	109	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	110
ULTICARE MICRO PEN NEEDLES/32G X 4MM.....	109	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	109	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	110
ULTICARE MINI PEN NEEDLES 31GX6MM.....	109	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	109	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	110
ULTICARE MINI PEN NEEDLES ULTI-FINE IV.....	109	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	109	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	110
ULTICARE MINI PEN NEEDLES/31G X 6MM.....	109	ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	110	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	110
ULTICARE MINI PEN NEEDLES31GX6MM.....	109	ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	110	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	110
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE.....	109	ULTILET LANCETS.....	80	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/30GX5/16".....	110
ULTICARE PEN NEEDLES 31GX 5MM/MINI.....	109	ULTILET LANCETS 33G..	80	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/31GX5/16".....	110
ULTICARE PEN NEEDLES/29GX 12.7MM..	109	ULTILET PEN NEEDLE 29GX12.7MM.....	110	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16".....	110
ULTICARE SHORT PEN NEEDLES 31GX8MM.....	109	ULTILET PEN NEEDLE 31GX5MM.....	110	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	110
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV...	109	ULTILET PEN NEEDLE 31GX8MM.....	110	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16".....	110
ULTICARE SHORT PEN NEEDLES/31G X 8MM.....	109	ULTILET PEN NEEDLE 32GX4MM.....	110	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	110
ULTICARE THIN LANCETS 30G.....	80	ULTILET PEN NEEDLE 32GX4MM/SHORT.....	110	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16".....	110
		ULTILET SHORT PEN NEEDLES 31GX5/16"....	110		

ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16".....	110	UNILET LANCETS ULTRA- THIN 28G.....	80	VALUE PLUS LANCETS STANDARD 21G.....	81
ULTRA-THIN II INSULIN SYRINGE/U- 100/0.3ML/29GX1/2".....	110	UNILET SUPERLITE LANCET.....	80	VALUE PLUS LANCETS SUPERTHIN 30G.....	81
ULTRA-THIN II INSULIN SYRINGE/U- 100/0.5ML/29GX1/2".....	111	UNISOM.....	62	VALUE PLUS LANCETS THIN 26G.....	81
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	111	UNISOM SLEEPGELS.....	62	VALUE PLUS LANCING DEVICE.....	81
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16".....	111	UNISTIK TOUCH SAFETY LANCETS 23G.....	80	VALUMARK LANCET SUPER THIN 30G.....	81
ULTRA-THIN II PEN NEEDLES 29GX1/2".....	111	UNIVERSAL 1 LANCETS THIN26G.....	81	VALUMARK LANCET ULTRA THIN 28G.....	81
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	111	UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	81	VALUMARK PEN NEEDLES 29GX12MM.....	111
ULTRACET.....	6	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	81	VALUMARK PEN NEEDLES 31GX 6MM.....	111
ULTRAM.....	5	urea.....	50	VALUMARK PEN NEEDLES 31GX 8MM.....	111
UNIFINE PENTIPS 29GX12MM.....	111	URECHOLINE.....	135	VALVED HOLDING CHAMBER.....	114
UNIFINE PENTIPS 31G X 3/16".....	111	UROCIT-K 10.....	59	VANCOCIN HCL.....	8
UNIFINE PENTIPS 31GX5MM.....	111	UROCIT-K 5.....	59	vancomycin hcl.....	8
UNIFINE PENTIPS 31GX6MM.....	111	URSO 250.....	59	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2".....	111
UNIFINE PENTIPS 31GX8MM.....	111	ursodiol.....	59	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16".....	111
UNIFINE PENTIPS 31GX8MM.....	111	V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	111	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2".....	111
UNIFINE PENTIPS 32GX4MM.....	111	V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	111	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16".....	111
UNIFINE PENTIPS PLUS 29GX12MM.....	111	V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	111	VANTAS.....	29
UNIFINE PENTIPS PLUS 31GX5MM.....	111	V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	111	VAQTA.....	136
UNIFINE PENTIPS PLUS 31GX6MM.....	111	VAGISTAT-1.....	137	VARIVAX.....	136
UNIFINE PENTIPS PLUS 31GX8MM.....	111	valacyclovir hcl.....	37	VASERETIC.....	27
UNIFINE PENTIPS PLUS 32GX4MM.....	111	VALCHLOR.....	48	VASOTEC.....	25
UNILET COMFORTOUCH LANCET.....	80	VALCYTE.....	37	venlafaxine hcl.....	16
UNILET EXCELITE.....	80	valganciclovir hcl.....	37	VENLAFAXINE HCL ER.....	16
UNILET EXCELITE II.....	80	VALIUM.....	9	VENTAVIS.....	39
UNILET G.P. LANCET.....	80	valproate sodium.....	14	VENTOLIN HFA.....	11
UNILET G.P. SUPERLITE LANCET.....	80	valproic acid.....	14	verapamil hcl.....	39
UNILET GP 28 ULTRA THIN	80	valsartan.....	26	VERAPAMIL HCL SR.....	39
UNILET LANCET.....	80	valsartan-hydrochlorothiazide	27	VERELAN.....	39
UNILET LANCETS MICRO- THIN33G.....	80	VALTREX.....	37	VERIPRED 20.....	43
UNILET LANCETS SUPER- THIN30G.....	80	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	111	VERSACLOZ.....	33
		VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	111	VERSIVA XC 3" X 3" FOAM DRESSING/HYDROFIBER TECHNOLOGY.....	70
				VERSIVA XC 4" X 4" FOAM DRESSING/HYDROFIBER TECHNOLOGY.....	70
				VEXOL.....	128

VIBRAMYCIN.....	132	VIVITROL.....	22	XANAX.....	9
VICTOZA.....	19	VOL-PLUS.....	123	XARELTO.....	11
VIDA MIA AUTOLET		VORTEX VALVED HOLDING		XELODA.....	29
LANCINGDEVICE.....	81	CHAMBER.....	114	XIGDUO XR.....	18
VIDA MIA UNIFINE		VOSPIRE ER.....	11	XTANDI.....	29
PENTIPS32GX4MM.....	111	VOTRIENT.....	30	XULANE.....	41
VIDA MIA UNIFINE		VP INSULIN SYRINGE/U-		XYNTHA.....	61
PENTIPSMINI 31GX6MM..	111	100/0.3ML/29G X 1/2"....	112	XYNTHA SOLOFUSE.....	61
VIDA MIA UNIFINE		VPRIV.....	61	XYZAL.....	23
PENTIPSORIGINAL		VRAYLAR.....	31	XYZAL ALLERGY 24HR....	23
29GX12MM.....	111	VYTORIN.....	24	YASMIN 28.....	41
VIDA MIA UNILET LANCETS		VYVANSE.....	1	YAZ.....	41
SUPER THIN 30G.....	81	W&F LANCETS 26G.....	81	ZADITOR.....	128
VIDA MIA UNILET LANCETS		W&F LANCETS COLORED		zaleplon.....	63
ULTRA THIN 28G.....	81	21G.....	81	ZANAFLEX.....	123
VIDA MIA UNIPFINE		WALGREENS COMFORT		ZANTAC.....	133
PENTIPSSHORT		ASSUREDLANCETS MICRO		ZANTAC 150 MAXIMUM	
31GX8MM.....	112	THIN/33G.....	81	STRENGTH.....	133
VIDEX EC.....	36	WALGREENS COMFORT		ZANTAC 75.....	133
VIDEXPEDIATRIC.....	36	ASSUREDLANCETS SUPER		ZARONTIN.....	14
VIGAMOX.....	127	THIN/28G.....	81	ZARXIO.....	61
VIIBRYD.....	16	WALGREENS GLUCOSE.....	19	ZAVESCA.....	61
VIIBRYD STARTER PACK..	16	WALGREENS LANCETS.....	81	ZEBETA.....	38
VIMPAT.....	13	WALGREENS THIN		ZELBORAF.....	30
VIRACEPT.....	36	LANCETS.....	81	ZERIT.....	36
VIRAMUNE.....	36	WALGREENS ULTRA THIN		ZESTORETIC.....	27
VIRAMUNE XR.....	36	LANCETS.....	81	ZESTRIL.....	25
VIREAD.....	36	warfarin sodium.....	11	ZETIA.....	25
VIROPTIC.....	127	WATCHHALER.....	114	ZIAC.....	27
VISINE.....	127	WATER BABIES SPF 30..	54	ZIAGEN.....	36
VISINE EXTRA.....	127	WEBCOL ALCOHOL PREP		zidovudine.....	37
VISTARIL.....	9	LARGE 1 PLY.....	82	ZINBRYTA.....	131
VISTEC X-RAY DETECTABLE		WEBCOL ALCOHOL PREP		ZINC.....	121
SPONGES 4"X4" 16 PLY....	70	LARGE 2 PLY.....	82	zinc oxide (topical).....	51
VITALET PRO PLUS		WEBCOL ALCOHOL PREP		zinc sulfate.....	117
LANCETS.....	81	MEDIUM 2 PLY.....	82	ziprasidone hcl.....	32
VITAMENT.....	121	WEGMANS UNIFINE PENTIPS		ZITHROMAX.....	65
vitamin a.....	137	PLUS 32GX4MM.....	112	ZITHROMAX TRI-PAK.....	65
VITAMIN C.....	138	WEGMANS UNIFINE PENTIPS		ZITHROMAX Z-PAK.....	65
VITAMIN C EFFERVESCENT		PLUS/MINI/31GX5MM....	112	ZOCOR.....	25
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