

Comprehensive
PREFERRED DRUG LIST

MHS Indiana Effective

HIP PLUS

HIP STATE PLUS





Pharmacy Program

Managed Health Services (MHS) is committed to providing appropriate, high-quality, and cost-effective drug therapy to all MHS members. MHS works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. MHS covers prescription medications and certain over-the-counter (OTC) medications when ordered by an Indiana Medicaid enrolled MHS practitioner. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

For the most current information about the MHS Pharmacy Program you may call Member Services at 1-877-647-4848 (TTY/TTD 1-800-743-3333) or visit the MHS website mhsindiana.com.

HIP Plus and HIP State Plus Member Benefits:

MHS HIP Plus and HIP State Plus have additional pharmacy benefits. These benefits include:

- No Pharmacy Copay
- Ability to get 90 day supply of maintenance medications at mail order or participating retail pharmacies
- Greater access to brand name drugs compared to HIP Basic
- Medication Therapy Management (MTM) Services

Preferred Drug List

The MHS Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs that members can receive at retail pharmacies. The MHS PDL is continually evaluated by the MHS Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the MHS Medical Director, MHS Pharmacy Director, and several Indiana physicians, pharmacists, and specialists.

Pharmacy Benefit Manager

Envolve Pharmacy Solutions (EPS) is our Pharmacy Benefit Manager. MHS works with EPS to process all pharmacy claims for prescribed drugs. Some drugs on the MHS PDL require PA, and EPS is responsible for administering this process.



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Specialty Drugs

Certain medications are only covered when supplied by MHS' specialty pharmacy provider. AcariaHealth is our specialty pharmacy provider. A medical provider can obtain specialty medications through Acaria Health. Acaria Health will ship these medications to the medical provider's office. Some selected medications are also available through the medical benefit upon administration within the medical provider's office for providers who choose to inventory these medications for office administration. Billing instructions for this situation can be found in the provider handbook.

The MHS Pharmacy Director and MHS Medical Director oversee the clinical review of these medications and AcariaHealth provides members with the following services:

- Deliver drugs to the member's home or provider's office
- Provide staff pharmacists who can help 24 hours a day, seven days a week to answer member questions and offer help with drugs
- Give information, materials, and ongoing support to help members take the drug(s) to appropriately manage their health condition(s)

These drugs are not usually available at retail pharmacies. Additional information about the drugs that AcariaHealth provides is in the Biopharmaceutical Pharmacy Program document located on the MHS website at mhsindiana.com.

Mental Health Drugs

In accordance with Indiana law, all antianxiety, antidepressant, antipsychotic drugs are considered as being preferred and do not require prior authorizations. If such a mental health drug is not listed on the PDL it is still considered preferred. Although considered preferred and no prior authorization is required, mental health drugs may be subject to utilization edits such as quantity and age limits, duplicate therapy edits and other authorization requirements.

Dispensing Limits

Drugs may be dispensed up to a maximum of 30 days supply for each new prescription or refill. A total of 80% of the days supply or 25 days must have elapsed before the prescription can be refilled for 30 days supply, non-controlled-substance PDL drugs. A total of 88% of the days supply must have elapsed before the prescription can be refilled for controlled substances and narcotic PDL drugs.



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Maintenance medications can be filled up to 90 days through mail order or at most retail pharmacies for HIP Plus members. You can find a complete list of maintenance medications on the MHS website mhsindiana.com. Visit the MHS website for more information on how to enroll your prescription in our HomeScripts mail order program or for a listing of participating pharmacies.

Appropriate Use and Safety Edits

Member health and safety is a priority for MHS. One of the ways we address member safety is through point-of sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on the Food and Drug Administration (FDA) recommendations and promote safe and effective medication utilization. A primary example of these recommendations would be limiting the number of fills each month to one medication in the same therapy classes.

Additional information about the drugs that are part of these edits can be found in the **Appropriate Use and Safety Edits** document located on the MHS website at mhsindiana.com.

Prior Authorizations

Some medications listed on the MHS PDL may require PA. The information should be submitted by the practitioner or pharmacist to EPS on the **Medication Prior Authorization Form**. This document is located on the MHS website at mhsindiana.com. The completed form and all clinicals to support the request should be **faxed to Involve Pharmacy Solutions at 1-866-399-0929**.

MHS will cover the medication if it is determined that:

1. There is a medical reason the member needs 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 MHS P&T Committee. If the request is approved, EPS notifies the practitioner by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, MHS will notify the member and their practitioner of alternatives and provide information regarding the appeal process.



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Step Therapy

Some medications listed on the MHS PDL may require specific medications to be used before the member can receive the step therapy medication. If MHS has a record that the required medication was tried first, the step therapy medications are automatically covered. If MHS does not have a record that the required medication was tried, the member's practitioner may be required to provide additional information. If MHS does not grant PA we will notify the member and their practitioner and provide information regarding the appeal process.

Quantity Limits

MHS may limit how much of a medication a member can get at one time. If the practitioner feels the member has a medical reason for getting a larger amount, a PA may be requested. If MHS does not grant PA we will notify the member and their practitioner and provide information regarding the appeal process.

Age Limits

Some medications on the MHS PDL may have age limits. These are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Age limits align with current FDA alerts for the appropriate use of pharmaceuticals.

Medical Necessity Requests

If the member requires a medication that does not appear on the PDL, the member's practitioner can make a medical necessity (MN) 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. MHS 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 or physician using the criteria established by the MHS P&T Committee. If the clinical information provided does not meet the

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coverage criteria for the requested medication, MHS will notify the member and their practitioner of alternatives and provide information regarding the appeal process.

72 Hour Emergency Supply Policy

State and Federal law require that a pharmacy dispense a 72 hour (3 day) supply of medication to any member awaiting 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 72 hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72 hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must **call EPS at 1-855-772-7125** for a prescription override to submit the 72 hour medication supply for payment.

Exclusions

The following drug categories are not part of the MHS PDL and are not covered by the 72 hour emergency supply policy:

- Drugs that are considered experimental
- Drug Efficacy Study and Implementation (DESI) drugs
- Drugs prescribed for weight loss (with the exception of Orlistat)
- Drugs prescribed for infertility
- Drugs prescribed for erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Cough and cold preparations, minus those covered by OTC program
- Infusion therapy and supplies
- Immunizations and vaccines (except flu vaccine)
- Physician administered drugs that are not listed in the PDL, Specialty Drug Benefit, or the Physician Administered Drug Prior Authorization List
- Hepatitis C Agents*

Effective **September 1, 2016** all drugs used in the treatment of Hepatitis C will be provided by the Office of Medicaid Policy and Planning (OMPP) through the FFS pharmacy benefit. Any member of MHS who is presently treated with a Hepatitis C agent prior to September 1, 2016 will continue to get their medication with no



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interruption. Any MHS member requesting a Hepatitis C agent *after* September 1, 2016 will need to have their physician send the prior authorization (PA) request to:

- Optum Clinical Call Center
- Phone: 1-855-577-6317
- Fax: 1-855-577-6384

Newly Approved Products

MHS reviews new drugs for safety and effectiveness before adding them to the PDL. During this period, access to these medications will be considered through the PA review process. If MHS does not grant PA, we will notify the member and their practitioner and provide information regarding the appeal process.

Over-the-Counter Medications

The MHS OTC list covers a variety of medications. A list of covered OTC medications can be found in the **Over-the-Counter Medications** program document. These OTCs are covered when the member has a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

A list of covered OTC medications in the Over-the-Counter Pharmacy Program is also located on the MHS website at mhsindiana.com.

Tobacco Cessation Medications

The following types of tobacco cessation medications will be covered by MHS: generic nicotine replacement products (gum, lozenges, and patches), Bupropion SR 150mg (Zyban), Commit lozenges, Nicoderm, Nicorette, Nicotine gum, and Nicotine patches. Varenicline is also allowed with a PA. A prescription will be required for all tobacco cessation medications.

MHS authorizes benefits for tobacco cessation medications for the purpose of supporting members who are trying to quit tobacco use with the temporary assistance of nicotine replacement therapy. It is expected that utilization of these products will be in accordance with medical standards of practice, FDA guidelines, and manufacturers' recommendations. There is a 180 day maximum benefit limit per year for smoking cessation products.



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Generic Drugs

When generic drugs are available, the brand-name drug will not be covered without prior MHS authorization. Generic drugs have the same active ingredient, work the same as brand-name drugs, and have lower copayments. If the member or their practitioner feels a brand-name drug is medically necessary, the practitioner can request the drug using the PA process. We will cover the brand-name drug according to our clinical guidelines if there is a medical reason the member needs the particular brand-name drug. If MHS does not grant PA, we will notify the member and their practitioner and provide information regarding the appeal process.

Drug Efficacy Study and Implementation Drugs

Drug Efficacy Study and Implementation (DESI) products and known related drug products are defined as less than effective by the Food and Drug Administration 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. DESI products are not covered by MHS.

Filling a Prescription

A member can have prescriptions filled at an MHS network pharmacy. If the member decides to have a prescription filled at a network pharmacy they can locate a pharmacy near them by contacting MHS Member Services or by visiting mhsindiana.com. At the pharmacy the member will need to provide the pharmacist with the prescription and their MHS ID card.

Ordering, Prescribing and Referring (OPR) Provider Requirements

To ensure compliance with Indiana Medicaid and the Center for Medicaid and Medicare Services (CMS) regulations, MHS and EPS edit pharmacy claims for the presence of a participating Medicaid provider or an enrolled ordering, prescribing, or referring (OPR) provider. All pharmacy claims must contain the NPI of the prescribing provider. All prescriptions written by a non-registered or non-OPR prescriber will result in a claim denial.

Pharmacies will be notified through claim transactions if the submitted prescribing provider is not enrolled with the Department of Community Health (DCH) as a participating provider or an ordering, prescribing or rendering provider. Pharmacies will also receive a claims message if their own store NPI is not enrolled in Indiana Medicaid.



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Copayments (Copays)

The table below lists the copayment for the drugs according to the actual cost of the prescription. Copayments are not required for pregnant women, family planning supplies, members in the hospital or a nursing home, or Native Americans.

Plan Type	Generic /Preferred Drug	Non-Preferred Drug
HIP Plus, State Plus	No Cost	No Cost

Contact Information

MHS Member & Provider Services	Phone: 1-877-647-4848 Fax: 1-866-714-7993 TTY/TDD: 1-800-743-3333
Engolve Pharmacy Solutions Prior Authorizations	Phone: 1-855-772-7125 Fax: 1-866-399-0929
Specialty Medication Prior Authorization Fax	Fax: 1-855-678-6976
CVS Pharmacy Help Desk	Phone: HIP: 1-800-311-0557 HCC: 1-800-378-0779 HHW: 1-800-378-0815
AcariaHealth Specialty Medication Shipping Questions	Phone: 1-855-535-1815



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Preferred Drug List Abbreviations

Look for your drug in the index at the end of this booklet. The index lists all of the drugs on the drug list. Both brand name drugs and generic drugs are listed in the index. Next to your drug, you will see the page number where you can find your drug.

Abbreviation	Term	What it means
Tier 1	Drug Tier 1	Tier 1 drugs are preferred generic drugs. These will have the lowest plan copay if your plan has copays.
Tier 2	Drug Tier 2	Tier 2 drugs are preferred brand drugs. These will have the highest plan copay if your plan has copays.
AL	Age Limit	Some drugs are only covered for certain ages.
CO	Carved Out	Medication is available only through the state pharmacy benefit.
NP	Non-preferred	These drugs are on formulary that may still need to meet prior authorization/class criteria before they will be covered.
PA	Prior Authorization	Your doctor must ask for approval from MHS before some drugs will be covered.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.
SP	Specialty Drug	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.



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ST	Step Therapy	<p>In some cases, you must first try certain drugs before MHS covers another drug for your medical condition.</p> <p>For example, if Drug A and Drug B both treat your medical condition, MHS may not cover Drug B unless you try Drug A first.</p>
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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>)	NP	QL(3 ea daily); AL(At least 3 yrs old)
ADDERALL XR CP24 2.5MG-2.5MG-2.5MG-2.5MG, 1.25MG-1.25MG-1.25MG-1.25MG, 3.75MG-3.75MG-3.75MG-3.75MG (<i>Use Amphetamine-Dextroamphetamine</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL XR CP24 5MG-5MG-5MG-5MG, 7.5MG-7.5MG-7.5MG-7.5MG, 6.25MG-6.25MG-6.25MG-6.25MG (<i>Use Amphetamine-Dextroamphetamine</i>)	NP	QL(2 ea daily); AL(At least 6 yrs old)
ADZENYS ER SUER	2	QL(16 ml daily); AL(At least 6 yrs old)
ADZENYS XR-ODT TBED	2	QL(1 ea daily); AL(At least 6 yrs old)
<i>amphetamine sulfate tabs 10 mg</i>	1	QL(6 ea daily); AL(At least 3 yrs old)
<i>amphetamine sulfate tabs 5 mg</i>	1	QL(1 ea daily); AL(At least 3 yrs old)
<i>amphetamine-dextroamphetamine cp24 2.5mg-2.5mg-2.5mg-2.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 6.25mg-6.25mg-6.25mg-6.25mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<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>	1	QL(3 ea daily); AL(At least 3 yrs old)
DESOXYN TABS (<i>Use Methamphetamine HCl</i>)	NP	AL(At least 6 yrs old)
DEXEDRINE CP24 (<i>Use Dextroamphetamine Sulfate</i>)	NP	QL(2 ea daily); AL(At least 6 yrs old)
<i>dextroamphetamine sulfate cp24 5 mg, 10 mg, 15 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>dextroamphetamine sulfate soln 5 mg/5ml</i>	1	QL(40 ml daily); AL(At least 3 yrs old)
<i>dextroamphetamine sulfate tabs 10 mg</i>	1	QL(4 ea daily); AL(At least 3 yrs old)
<i>dextroamphetamine sulfate tabs 5 mg</i>	1	QL(1 ea daily); AL(At least 3 yrs old)
DYANAVEL XR SUER	2	QL(8 ml daily); AL(At least 6 yrs old)
EVEKEO TABS 10 MG (<i>Use Amphetamine Sulfate</i>)	NP	QL(6 ea daily); AL(At least 3 yrs old)
EVEKEO TABS 5 MG (<i>Use Amphetamine Sulfate</i>)	NP	QL(1 ea daily); AL(At least 3 yrs old)
<i>methamphetamine hcl tabs</i>	1	AL(At least 6 yrs old)
MYDAYIS CP24	2	QL(1 ea daily); AL(At least 18 yrs old)
PROCENTRA SOLN (<i>Use Dextroamphetamine Sulfate</i>)	NP	QL(40 ml daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VYVANSE CAPS	2	QL(1 ea daily); AL(At least 6 yrs old)
VYVANSE CHEW	2	QL(1 ea daily); AL(At least 6 yrs old)
ZENZEDI TABS 15 MG, 2.5 MG	2	QL(1 ea daily); AL(At least 3 yrs old)
ZENZEDI TABS 20 MG, 30 MG, 7.5 MG	2	QL(2 ea daily); AL(At least 3 yrs old)
Analeptics		
CAFCIT SOLN (<i>Use Caffeine Citrate</i>)	NP	QL(45 ml per fill retail)
<i>caffeine citrate soln</i>	1	QL(45 ml per fill retail)
DOPRAM SOLN	2	
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl caps 60 mg, 80 mg, 100 mg</i>	1	QL(1 ea daily)
<i>clonidine hcl (adhd) tb12</i>	1	QL(4 ea daily)
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily)
INTUNIV TB24 (<i>Use Guanfacine HCl (ADHD)</i>)	NP	QL(1 ea daily)
KAPVAY TB12 (<i>Use Clonidine HCl (ADHD)</i>)	NP	QL(4 ea daily)
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (<i>Use Atomoxetine HCl</i>)	NP	QL(2 ea daily)
STRATTERA CAPS 60 MG, 80 MG, 100 MG (<i>Use Atomoxetine HCl</i>)	NP	QL(1 ea daily)
Stimulants - Misc.		
APTENSIO XR CP24	2	QL(1 ea daily); AL(At least 6 yrs old)
<i>armodafinil tabs 150 mg, 200 mg, 250 mg</i>	1	QL(1 ea daily)
<i>armodafinil tabs 50 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CONCERTA TBCR 18 MG, 27 MG (<i>Use Methylphenidate HCl</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG (<i>Use Methylphenidate HCl</i>)	NP	QL(2 ea daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED 17.3 MG, 25.9 MG	2	QL(2 ea daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED 8.6 MG	2	QL(1 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH	2	QL(1 ea daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl tabs 10 mg</i>	1	QL(4 ea daily); AL(At least 3 yrs old)
<i>dexmethylphenidate hcl tabs 5 mg, 2.5 mg</i>	1	QL(2 ea daily); AL(At least 3 yrs old)
FOCALIN TABS 10 MG (<i>Use Dexmethylphenidate HCl</i>)	NP	QL(4 ea daily); AL(At least 3 yrs old)
FOCALIN TABS 5 MG, 2.5 MG (<i>Use Dexmethylphenidate HCl</i>)	NP	QL(2 ea daily); AL(At least 3 yrs old)
FOCALIN XR CP24 (<i>Use Dexmethylphenidate HCl</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
METADATE CD CPR (<i>Use Methylphenidate HCl</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
METHYLIN CHEW 5 MG, 10 MG, 2.5 MG (<i>Use Methylphenidate HCl</i>)	NP	QL(3 ea daily); AL(At least 3 yrs old)
METHYLIN SOLN 10 MG/5ML (<i>Use Methylphenidate HCl</i>)	NP	QL(30 ml daily); AL(At least 3 yrs old)
METHYLIN SOLN 5 MG/5ML (<i>Use Methylphenidate HCl</i>)	NP	QL(60 ml daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl chew 5 mg, 10 mg, 2.5 mg</i>	1	QL(3 ea daily); AL(At least 3 yrs old)
<i>methylphenidate hcl cp24 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 30 mg</i>	1	QL(2 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>	1	QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HCL ER TBCR	2	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL(30 ml daily); AL(At least 3 yrs old)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL(60 ml daily); AL(At least 3 yrs old)
<i>methylphenidate hcl tabs 5 mg, 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 3 yrs old)
<i>methylphenidate hcl tbc 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 18 mg, 27 mg, 72 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER (LA) CP24	2	QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18 MG, 27 MG	2	QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 36 MG, 54 MG	2	QL(2 ea daily); AL(At least 6 yrs old)
<i>modafinil tabs 100 mg</i>	1	QL(1 ea daily)
<i>modafinil tabs 200 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NUVIGIL TABS 150 MG, 200 MG, 250 MG (<i>Use Armodafinil</i>)	NP	QL(1 ea daily)
NUVIGIL TABS 50 MG (<i>Use Armodafinil</i>)	NP	QL(2 ea daily)
PROVIGIL TABS 100 MG (<i>Use Modafinil</i>)	NP	QL(1 ea daily)
PROVIGIL TABS 200 MG (<i>Use Modafinil</i>)	NP	QL(2 ea daily)
QUILLICHEW ER CHER 20 MG, 40 MG	2	QL(1 ea daily); AL(At least 6 yrs old)
QUILLICHEW ER CHER 30 MG	2	QL(2 ea daily); AL(At least 6 yrs old)
QUILLIVANT XR SUSR	2	QL(12 ml daily); AL(At least 6 yrs old)
RITALIN LA CP24 10 MG, 20 MG, 40 MG (<i>Use Methylphenidate HCl</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
RITALIN LA CP24 30 MG (<i>Use Methylphenidate HCl</i>)	NP	QL(2 ea daily); AL(At least 6 yrs old)
RITALIN LA CP24 60 MG	2	QL(1 ea daily); AL(At least 6 yrs old)
RITALIN TABS (<i>Use Methylphenidate HCl</i>)	NP	QL(3 ea daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR ADULT SAMPLE KIT SUBL	2	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR ADULT STARTER PACK SUBL	2	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR CHILDREN/ADOLESCENT S STARTER PACK SUBL	2	QL(3 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ORALAIR SUBL	2	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
CVS MELATONIN CHEW	2	
MELATONIN CAPS OR 1 MG, 2.5 MG	2	
<i>melatonin caps or 3 mg, 5 mg, 10 mg</i>	1	
<i>melatonin chew or 2.5 mg</i>	1	
<i>melatonin liqd or 1 mg/ml, 5 mg/15ml</i>	1	
MELATONIN LIQD OR 5 MG/ML, 1 MG/4ML, 2.5 MG/10ML	2	
<i>melatonin tabs or 1 mg, 10 mg, 300 mcg</i>	1	
MELATONIN TABS OR 200 MCG	2	
<i>melatonin tabs or 3 mg, 5 mg</i>	1	QL(1 ea daily)
SLEEP SOUNDLY LIQD	2	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU	2	PA; SP
KITABIS PAK NEBU	2	PA; SP
<i>neomycin sulfate tabs</i>	1	
TOBI NEBU (<i>Use Tobramycin</i>)	NP	PA; SP
TOBI PODHALER CAPS	2	PA; SP
TOBRAMYCIN NEBU	2	PA; SP
<i>tobramycin nebu</i>	1	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TOBRAMYCIN SULFATE SOLN 10 MG/ML, 40 MG/ML	2	PA
<i>tobramycin sulfate soln 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	1	PA
<i>tobramycin sulfate solr 1.2 gm</i>	1	PA
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	2	PA; SP
HUMIRA PEN PNKT 40 MG/0.8ML	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	2	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	2	PA; SP
HUMIRA PSKT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	2	PA; SP
SIMPONI ARIA SOLN	2	PA; SP
SIMPONI SOAJ	2	PA; SP
SIMPONI SOSY	2	PA; SP
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS 5 MG	2	PA; SP
XELJANZ XR TB24	2	PA; SP
Antirheumatic Antimetabolites		
OTREXUP SOAJ	2	PA; SP
RASUVO SOAJ	2	PA; SP
Interleukin-1 Blockers		
ARCALYST SOLR	2	PA; SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		

Drug Name	Drug Tier	Requirements/ Limits
KINERET SOSY	2	PA; SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	2	PA; SP
ACTEMRA SOSY	2	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (Use <i>Ibuprofen</i>)	NP	
ALEVE ARTHRITIS TABS (Use <i>Naproxen Sodium</i>)	NP	QL(2 ea daily)
ALEVE TABS (Use <i>Naproxen Sodium</i>)	NP	QL(2 ea daily)
ANAPROX DS TABS (Use <i>Naproxen Sodium</i>)	NP	
CELEBREX CAPS (Use <i>Celecoxib</i>)	NP	PA; QL(2 ea daily)
<i>celecoxib caps</i>	1	PA; QL(2 ea daily)
CHILDRENS ADVIL SUSP (Use <i>Ibuprofen</i>)	NP	RX/OTC
CHILDRENS MOTRIN SUSP (Use <i>Ibuprofen</i>)	NP	RX/OTC
DAYPRO TABS (Use <i>Oxaprozin</i>)	NP	
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24 or 100 mg</i>	1	
<i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i>	1	
EC-NAPROSYN TBEC (Use <i>Naproxen</i>)	NP	QL(2 ea daily)
<i>etodolac caps</i>	1	
<i>etodolac tabs</i>	1	
<i>etodolac tb24</i>	1	
FELDENE CAPS (Use <i>Piroxicam</i>)	NP	
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen chew 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC
<i>ibuprofen susp 40 mg/ml, 50 mg/1.25ml</i>	1	
<i>ibuprofen tabs 200 mg, 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</i>	1	
INFANTS ADVIL SUSP (Use <i>Ibuprofen</i>)	NP	
KETOPROFEN CAPS 50 MG, 75 MG	2	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
KETOPROFEN ER CP24	2	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(0.67 ea daily); AL(At least 17 yrs old)
LODINE TABS (Use <i>Etodolac</i>)	NP	
<i>meloxicam tabs</i>	1	
MOBIC TABS (Use <i>Meloxicam</i>)	NP	
MOTRIN INFANTS DROPS SUSP (Use <i>Ibuprofen</i>)	NP	
<i>nabumetone tabs</i>	1	
NAPROSYN SUSP (Use <i>Naproxen</i>)	NP	
NAPROSYN TABS (Use <i>Naproxen</i>)	NP	
<i>naproxen sodium tabs 220 mg</i>	1	QL(2 ea daily)
<i>naproxen sodium tabs 275 mg, 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 375 mg, 500 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
<i>sulindac tabs</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	2	PA; SP
OTEZLA TBPk	2	PA; SP
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (<i>Use Leflunomide</i>)	NP	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	2	PA; SP
ORENCIA SOLR	2	PA; SP
ORENCIA SOSY	2	PA; SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	2	PA; SP
ENBREL SOSY	2	PA; SP
ENBREL SURECLICK SOAJ	2	PA; SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg</i>	1	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg</i>	1	QL(4 ea daily)
<i>butalbital-aspirin-caffeine caps</i>	1	QL(4 ea daily)
BUTALBITAL/ASPIRIN/CAFFEINE TABS	2	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ESGIC TABS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	NP	QL(4 ea daily)
FIORINAL CAPS (<i>Use Butalbital-Aspirin-Caffeine</i>)	NP	QL(4 ea daily)
TENCON TABS	2	
Analgesics Other		
<i>acetaminophen caps or 500 mg</i>	1	
<i>acetaminophen chew or 80 mg, 160 mg</i>	1	
<i>acetaminophen liqd or 160 mg/5ml</i>	1	
<i>acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml</i>	1	
<i>acetaminophen supp re 120 mg, 325 mg, 650 mg</i>	1	QL(0.4 ea daily)
<i>acetaminophen susp or 160 mg/5ml, 80 mg/2.5ml</i>	1	QL(240 ml per fill retail)
<i>acetaminophen tabs or 325 mg, 500 mg</i>	1	
FEVERALL INFANTS SUPP	2	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>Use Acetaminophen</i>)	NP	
TYLENOL CHILDRENS SUSP (<i>Use Acetaminophen</i>)	NP	QL(240 ml per fill retail)
TYLENOL EXTRA STRENGTH TABS (<i>Use Acetaminophen</i>)	NP	
TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use Acetaminophen</i>)	NP	QL(240 ml per fill retail)
TYLENOL INFANTS SUSP (<i>Use Acetaminophen</i>)	NP	QL(240 ml per fill retail)
TYLENOL TABS (<i>Use Acetaminophen</i>)	NP	
Analgesics-Peptide Channel Blockers		
PRIALT SOLN	2	PA; SP
Salicylates		

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin buffered (cal carb-mag carb-mag oxide) tabs</i>	1	
<i>aspirin chew or 81 mg</i>	1	
ASPIRIN SUPP RE 300 MG, 600 MG	2	QL(0.4 ea daily)
<i>aspirin supp re 300 mg, 600 mg</i>	1	QL(0.4 ea daily)
<i>aspirin tabs or 325 mg</i>	1	
<i>aspirin tbec or 81 mg, 324 mg, 325 mg</i>	1	
BUFFERIN TABS (Use Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide))	NP	
<i>diflunisal tabs</i>	1	
DISALCID TABS (Use Salsalate)	NP	
ECOTRIN REGULAR STRENGTH TBEC (Use Aspirin)	NP	
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate tabs 15 mg, 30 mg, 60 mg</i>	1	AL(At least 12 yrs old)
CODEINE SULFATE TABS 15 MG, 30 MG, 60 MG (Use Codeine Sulfate)	NP	AL(At least 12 yrs old)
DEMEROL TABS OR 100 MG (Use Meperidine HCl)	NP	QL(6 ea daily)
DILAUDID TABS OR 2 MG (Use Hydromorphone HCl)	NP	QL(8 ea daily)
DILAUDID TABS OR 4 MG (Use Hydromorphone HCl)	NP	
DILAUDID TABS OR 8 MG (Use Hydromorphone HCl)	NP	QL(4 ea daily)
DOLOPHINE TABS (Use Methadone HCl)	NP	PA
DURAGESIC PT72 (Use Fentanyl)	NP	QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	QL(0.34 ea daily)
HYDROMORPHONE HCL SUPP RE 3 MG	2	QL(2 ea daily)
<i>hydromorphone hcl tabs or 2 mg</i>	1	QL(8 ea daily)
<i>hydromorphone hcl tabs or 4 mg</i>	1	
<i>hydromorphone hcl tabs or 8 mg</i>	1	QL(4 ea daily)
MEPERIDINE HCL SOLN OR 50 MG/5ML	2	
<i>meperidine hcl tabs or 100 mg</i>	1	QL(6 ea daily)
<i>meperidine hcl tabs or 50 mg</i>	1	QL(12 ea daily)
<i>methadone hcl tabs or 5 mg, 10 mg</i>	1	PA
<i>morphine sulfate soln or 10 mg/5ml</i>	1	QL(30 ml daily)
<i>morphine sulfate soln or 20 mg/5ml</i>	1	QL(15 ml daily)
<i>morphine sulfate soln or 20 mg/ml, 100 mg/5ml</i>	1	QL(240 ml per fill retail)
MORPHINE SULFATE SUPP RE 10 MG	2	QL(6 ea daily)
MORPHINE SULFATE SUPP RE 20 MG	2	QL(3 ea daily)
MORPHINE SULFATE SUPP RE 30 MG	2	QL(2 ea daily)
MORPHINE SULFATE SUPP RE 5 MG	2	QL(12 ea daily)
MORPHINE SULFATE TABS OR 15 MG, 30 MG	2	QL(6 ea daily)
<i>morphine sulfate tbc or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	1	QL(3 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	NP	QL(3 ea daily)
NUCYNTA ER TB12	2	PA
NUCYNTA TABS	2	PA
<i>oxycodone hcl caps 5 mg</i>	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl conc 100 mg/5ml</i>	1	QL(120 ml per fill retail)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL(30 ml daily)
<i>oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL(6 ea daily)
<i>oxycodone hcl tabs 5 mg</i>	1	QL(8 ea daily)
ROXICODONE TABS 15 MG, 30 MG (Use Oxycodone HCl)	NP	QL(6 ea daily)
ROXICODONE TABS 5 MG (Use Oxycodone HCl)	NP	QL(8 ea daily)
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily); AL(At least 18 yrs old)
ULTRAM TABS (Use Tramadol HCl)	NP	QL(8 ea daily); AL(At least 18 yrs old)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	QL(167 ml daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg</i>	1	QL(13 ea daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	QL(7 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	QL(4 ea daily); AL(At least 12 yrs old)
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	NP	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>	1	QL(180 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tabs 10mg-325mg</i>	1	QL(6 ea daily)
<i>hydrocodone-acetaminophen tabs 5mg-325mg</i>	1	QL(12 ea daily)
<i>hydrocodone-acetaminophen tabs 7.5mg-325mg</i>	1	QL(8 ea daily)
NORCO TABS 10MG-325MG (Use Hydrocodone-Acetaminophen)	NP	QL(6 ea daily)
NORCO TABS 5MG-325MG (Use Hydrocodone-Acetaminophen)	NP	QL(12 ea daily)
NORCO TABS 7.5MG-325MG (Use Hydrocodone-Acetaminophen)	NP	QL(8 ea daily)
<i>oxycodone w/ acetaminophen tabs 10mg-325mg, 7.5mg-325mg</i>	1	QL(6 ea daily)
<i>oxycodone w/ acetaminophen tabs 5mg-325mg</i>	1	QL(8 ea daily)
<i>oxycodone-aspirin tabs</i>	1	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	2	QL(16.67 ml daily)
PERCOCET TABS 10MG-325MG, 7.5MG-325MG (Use Oxycodone w/ Acetaminophen)	NP	QL(6 ea daily)
PERCOCET TABS 5MG-325MG (Use Oxycodone w/ Acetaminophen)	NP	QL(8 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	QL(8 ea daily); AL(At least 18 yrs old)
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	NP	QL(13 ea daily); AL(At least 12 yrs old)
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	NP	QL(7 ea daily); AL(At least 12 yrs old)
ULTRACET TABS (Use Tramadol-Acetaminophen)	NP	QL(8 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
Opioid Partial Agonists		
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	1	QL(3 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24	2	QL(1 ea daily)
ANDROXY TABS	2	
DEPO-TESTOSTERONE SOLN 200 MG/ML (Use Testosterone Cypionate)	NP	QL(0.134 ml daily)
METHITEST TABS	2	
<i>testosterone cypionate soln 200 mg/ml</i>	1	QL(0.134 ml daily)
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (Use Hydrocortisone (Intrarectal))	NP	
<i>hydrocortisone (intrarectal) enem</i>	1	
Rectal Combinations		
<i>phenylephrine in hard fat supp</i>	1	
<i>phenylephrine-cocoa butter supp 88.44%-0.25%</i>	1	
<i>phenylephrine-shark liver oil-mineral oil-petrolatum oint</i>	1	QL(1 gm daily)
Rectal Local Anesthetics		
<i>dibucaine (rectal) oint</i>	1	QL(1 gm daily)
NUPERCAINAL OINT (Use Dibucaine (Rectal))	NP	QL(1 gm daily)
Rectal Steroids		
ANUSOL-HC CREA (Use Hydrocortisone (Rectal))	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (rectal) crea 2.5 %</i>	1	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone chew 200mg-25mg-200mg</i>	1	
<i>alum & mag hydrox-simethicone liqd 200mg/5ml-20mg/5ml-200mg/5ml</i>	1	QL(24 ml daily)
<i>alum & mag hydrox-simethicone liqd 400mg/5ml-40mg/5ml-400mg/5ml</i>	1	
<i>alum & mag hydrox-simethicone susp 200mg/5ml-20mg/5ml-200mg/5ml, 200mg/5ml-200mg/5ml-20mg/5ml-200mg/5ml-200mg/5ml-200mg/5ml</i>	1	QL(24 ml daily)
<i>alum & mag hydrox-simethicone susp 400mg/5ml-40mg/5ml-400mg/5ml, 400mg/5ml-400mg/5ml-40mg/5ml-400mg/5ml-400mg/5ml</i>	1	
GELUSIL CHEW (Use Alum & Mag Hydrox-Simethicone)	NP	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use Alum & Mag Hydrox-Simethicone)	NP	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP OR	2	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) tabs</i>	1	QL(16.54 ea daily)
Antacids - Calcium Salts		

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate (antacid) chew 500 mg, 750 mg, 1000 mg</i>	1	
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	1	QL(16.67 ml daily)
TUMS CHEW (Use Calcium Carbonate (Antacid))	NP	
TUMS CHEWY BITES CHEW (Use Calcium Carbonate (Antacid))	NP	
TUMS E-X 750 CHEW (Use Calcium Carbonate (Antacid))	NP	
TUMS EXTRA STRENGTH 750 CHEW (Use Calcium Carbonate (Antacid))	NP	
TUMS KIDS CHEW (Use Calcium Carbonate (Antacid))	NP	
TUMS LASTING EFFECTS CHEW (Use Calcium Carbonate (Antacid))	NP	
TUMS SMOOTHIES CHEW (Use Calcium Carbonate (Antacid))	NP	
TUMS ULTRA 1000 CHEW (Use Calcium Carbonate (Antacid))	NP	
Antacids - Magnesium Salts		
<i>magnesium oxide tabs 400 mg</i>	1	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
EMVERM CHEW	2	QL(1 ea per 14 days retail)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FIRST-METRONIDAZOLE 100 SUSR	2	QL(150 ml per fill retail)
FIRST-METRONIDAZOLE 50 SUSR	2	QL(150 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
FLAGYL TABS 250 MG, 500 MG (Use Metronidazole)	NP	
METRONIDAZOLE BENZOATE/SYRSPEND SF PH4 SUSR	2	QL(150 ml per fill retail)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
<i>trimethoprim tabs</i>	1	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use Sulfamethoxazole-Trimethoprim)	NP	
BACTRIM TABS (Use Sulfamethoxazole-Trimethoprim)	NP	
<i>sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg</i>	1	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN HCL CAPS 125 MG (Use Vancomycin HCl)	NP	QL(4 ea daily)
VANCOCIN HCL CAPS 250 MG (Use Vancomycin HCl)	NP	QL(8 ea daily)
<i>vancomycin hcl caps or 125 mg</i>	1	QL(4 ea daily)
<i>vancomycin hcl caps or 250 mg</i>	1	QL(8 ea daily)
<i>vancomycin hcl solr iv 1 gm</i>	1	QL(14 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg</i>	1	QL(0.467 ea daily)
Leprostatics		
<i>dapsone tabs</i>	1	
Lincosamides		

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN CAPS OR 150 MG, 300 MG (Use <i>Clindamycin HCl</i>)	NP	
CLEOCIN PEDIATRIC GRANULES SOLR (Use <i>Clindamycin Palmitate Hydrochloride</i>)	NP	QL(300 ml per fill retail)
<i>clindamycin hcl caps 150 mg, 300 mg</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	QL(300 ml per fill retail)
Oxazolidinones		
SIVEXTRO TABS OR	2	PA; QL(6 ea per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use <i>Isosorbide Dinitrate</i>)	NP	
ISOSORBIDE DINITRATE ER TBCR	2	
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	1	QL(2 ea daily)
<i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</i>	1	QL(1 ea daily)
NITRO-BID OINT	2	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use <i>Nitroglycerin</i>)	NP	
<i>nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg</i>	1	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use <i>Nitroglycerin</i>)	NP	
ANTIANSIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl tabs or 30 mg</i>	1	QL(2 ea daily)
<i>buspirone hcl tabs or 5 mg, 10 mg, 15 mg, 7.5 mg</i>	1	QL(3 ea daily)
DROPERIDOL POWD XX	2	
<i>droperidol soln ij</i>	1	
HYDROXYZINE HCL SOLN IM 25 MG/ML	2	
<i>hydroxyzine hcl soln im 50 mg/ml</i>	1	
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	QL(100 ml daily)
<i>hydroxyzine hcl tabs or 10 mg, 25 mg</i>	1	QL(4 ea daily)
<i>hydroxyzine hcl tabs or 50 mg</i>	1	QL(8 ea daily)
HYDROXYZINE PAMOATE CAPS OR 100 MG	2	QL(4 ea daily)
<i>hydroxyzine pamoate caps or 25 mg, 50 mg</i>	1	QL(4 ea daily)
HYDROXYZINE PAMOATE POWD XX	2	
<i>meprobamate tabs</i>	1	QL(4 ea daily)
VISTARIL CAPS (Use <i>Hydroxyzine Pamoate</i>)	NP	QL(4 ea daily)
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	2	QL(4 ml daily)
<i>alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>alprazolam tb24 or 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL(1 ea daily)
<i>alprazolam tbdp or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
ATIVAN SOLN IJ 2 MG/ML, 4 MG/ML (Use <i>Lorazepam</i>)	NP	
ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG (Use <i>Lorazepam</i>)	NP	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tabs</i>	1	QL(4 ea daily)
<i>diazepam conc or 5 mg/ml</i>	1	QL(8 ml daily)
DIAZEPAM SOLN IJ 5 MG/ML	2	
DIAZEPAM SOLN OR 5 MG/5ML	2	
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	1	
<i>lorazepam soln ij 2 mg/ml, 4 mg/ml, 20 mg/10ml</i>	1	
<i>lorazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	1	QL(4 ea daily)
OXAZEPAM CAPS 30 MG	2	QL(4 ea daily)
TRANXENE T TABS (Use <i>Clorazepate Dipotassium</i>)	NP	QL(4 ea daily)
VALIUM TABS (Use <i>Diazepam</i>)	NP	QL(4 ea daily)
XANAX TABS (Use <i>Alprazolam</i>)	NP	QL(4 ea daily)
XANAX XR TB24 (Use <i>Alprazolam</i>)	NP	QL(1 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use <i>Disopyramide Phosphate</i>)	2	
NORPACE CR CP12 150 MG	2	
<i>quinidine gluconate tbcr or 324 mg</i>	1	
QUINIDINE SULFATE TABS	2	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	1	
Antiarrhythmics Type I-C		

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i>	1	
RYTHMOL TABS (Use <i>Propafenone HCl</i>)	2	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs or 200 mg</i>	1	
<i>dofetilide caps</i>	1	
TIKOSYN CAPS (Use <i>Dofetilide</i>)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA SOSY	2	PA
NUCALA SOLR	2	PA; SP
XOLAIR SOLR	2	PA; SP
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	2	QL(0.86 gm daily)
INCRUSE ELLIPTA AEPB	2	
<i>ipratropium bromide soln</i>	1	QL(12.5 ml daily)
SPIRIVA HANDIHALER CAPS	2	
TUDORZA PRESSAIR AEPB	2	QL(0.034 ea daily)
Leukotriene Modulators		
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
SINGULAIR CHEW (Use <i>Montelukast Sodium</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SINGULAIR PACK (<i>Use Montelukast Sodium</i>)	NP	QL(1 ea daily)
SINGULAIR TABS (<i>Use Montelukast Sodium</i>)	NP	QL(1 ea daily)
Steroid Inhalants		
AEROSPAN AERS	2	QL(0.6 gm daily)
<i>budesonide (inhalation) susp 0.25 mg/2ml, 0.5 mg/2ml</i>	1	QL(120 ml per fill retail); AL(Up to 8 yrs old)
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	QL(2 ml daily); AL(Up to 8 yrs old)
FLOVENT DISKUS AEPB	2	QL(2 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	2	QL(0.4 gm daily)
FLOVENT HFA AERO 44 MCG/ACT	2	QL(0.367 gm daily)
PULMICORT FLEXHALER AEPB	2	QL(1 ea per fill retail)
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (<i>Use Budesonide (Inhalation)</i>)	NP	QL(120 ml per fill retail); AL(Up to 8 yrs old)
PULMICORT SUSP 1 MG/2ML (<i>Use Budesonide (Inhalation)</i>)	NP	QL(2 ml daily); AL(Up to 8 yrs old)
Sympathomimetics		
ALBUTEROL SULFATE ER TB12	2	
<i>albuterol sulfate nebu in 0.5 %</i>	1	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 1.25 mg/3ml</i>	1	QL(12.5 ml daily)
<i>albuterol sulfate syrup or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
COMBIVENT RESPIMAT AERS	2	QL(0.134 gm daily)

Drug Name	Drug Tier	Requirements/Limits
DULERA AERO	2	QL(13 gm per fill retail)
<i>ipratropium-albuterol soln</i>	1	QL(12 ml daily)
METAPROTERENOL SULFATE SYRP 10 MG/5ML	2	QL(30 ml daily)
METAPROTERENOL SULFATE TABS 10 MG, 20 MG	2	
SEREVENT DISKUS AEPB	2	
SYMBICORT AERO	2	QL(11 gm per fill retail)
<i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i>	1	
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	NP	
Xanthines		
ELIXOPHYLLIN ELIX	2	
THEO-24 CP24	2	
<i>theophylline soln 80 mg/15ml</i>	1	QL(475 ml per fill retail)
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use Warfarin Sodium</i>)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TABS	2	QL(4 ea daily)
ELIQUIS TABS	2	QL(4 ea daily)
XARELTO TABS 10 MG	2	QL(1 ea daily, 35 ea per 180 days retail)
XARELTO TABS 15 MG	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 20 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN (Use Fondaparinux Sodium)	NP	PA; SP
enoxaparin sodium soln	1	
fondaparinux sodium soln	1	PA; SP
FRAGMIN SOLN	2	PA; SP
heparin sodium (porcine) lock flush soln 10 unit/ml	1	
heparin sodium (porcine) soln	1	
LOVENOX SOLN (Use Enoxaparin Sodium)	NP	
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clobazam susp 2.5 mg/ml	1	QL(32 ml daily)
clobazam tabs 10 mg	1	QL(8 ea daily)
clobazam tabs 20 mg	1	QL(4 ea daily)
clonazepam tabs	1	QL(3 ea daily)
clonazepam tbdp	1	QL(3 ea daily)
DIASTAT ACUDIAL GEL	2	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIASTAT PEDIATRIC GEL	2	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIAZEPAM GEL RE 20 MG, 2.5 MG	2	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIAZEPAM RECTAL GEL GEL	2	QL(1 ea per fill retail); AL(Up to 21 yrs old)
KLONOPIN TABS (Use Clonazepam)	NP	QL(3 ea daily)
ONFI SUSP 2.5 MG/ML (Use Clobazam)	NP	QL(32 ml daily)

Drug Name	Drug Tier	Requirements/Limits
ONFI TABS 10 MG (Use Clobazam)	NP	QL(8 ea daily)
ONFI TABS 20 MG (Use Clobazam)	NP	QL(4 ea daily)
Anticonvulsants - Misc.		
carbamazepine chew or 100 mg	1	
carbamazepine cp12 or 100 mg, 200 mg, 300 mg	1	
CARBAMAZEPINE POWD XX	2	
carbamazepine susp or 100 mg/5ml	1	
carbamazepine tabs or 200 mg	1	
carbamazepine tb12 or 100 mg, 200 mg, 400 mg	1	
CARBATROL CP12 (Use Carbamazepine)	2	
gabapentin caps 100 mg, 300 mg, 400 mg	1	
gabapentin soln 250 mg/5ml, 300 mg/6ml	1	
gabapentin tabs 600 mg	1	
gabapentin tabs 800 mg	1	QL(4 ea daily)
KEPPRA SOLN (Use Levetiracetam)	NP	
KEPPRA TABS (Use Levetiracetam)	NP	
KEPPRA XR TB24 (Use Levetiracetam)	NP	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	NP	
LAMICTAL ODT KIT	2	
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (Use Lamotrigine)	NP	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use Lamotrigine)	NP	

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use Lamotrigine)	NP	
LAMICTAL STARTER/TAKING VALPROATE KIT (Use Lamotrigine)	NP	
LAMICTAL TABS (Use Lamotrigine)	NP	
LAMICTAL XR KIT	2	
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (Use Lamotrigine)	NP	
lamotrigine chew	1	
lamotrigine kit	1	
lamotrigine tabs	1	
lamotrigine tb24	1	
lamotrigine tbdp	1	
levetiracetam in sodium chloride soln	1	
levetiracetam soln iv 500 mg/5ml	1	
LEVETIRACETAM SOLN IV 500MG/100ML-820MG/100ML, 1000MG/100ML-750MG/100ML, 1500MG/100ML-540MG/100ML (Use Levetiracetam in Sodium Chloride)	NP	
levetiracetam soln or 100 mg/ml, 500 mg/5ml	1	
levetiracetam tabs or 250 mg, 500 mg, 750 mg, 1000 mg	1	
levetiracetam tb24 or 500 mg, 750 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
LYRICA CAPS 225 MG, 300 MG	2	QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	2	QL(3 ea daily)
LYRICA SOLN 20 MG/ML	2	QL(30 ml daily)
MYSOLINE TABS (Use Primidone)	NP	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (Use Gabapentin)	NP	
NEURONTIN SOLN 250 MG/5ML (Use Gabapentin)	NP	
NEURONTIN TABS 600 MG (Use Gabapentin)	NP	
NEURONTIN TABS 800 MG (Use Gabapentin)	NP	QL(4 ea daily)
oxcarbazepine susp	1	
oxcarbazepine tabs	1	
OXTELLAR XR TB24	2	
primidone tabs	1	
QUDEXY XR CS24	2	QL(2 ea daily)
TEGRETOL SUSP (Use Carbamazepine)	2	
TEGRETOL TABS (Use Carbamazepine)	2	
TEGRETOL-XR TB12 (Use Carbamazepine)	2	
TOPAMAX SPRINKLE CPSP (Use Topiramate)	NP	
TOPAMAX TABS (Use Topiramate)	NP	
topiramate cpsp	1	
TOPIRAMATE ER CS24	2	QL(2 ea daily)
topiramate tabs	1	
TRILEPTAL SUSP (Use Oxcarbazepine)	NP	

Drug Name	Drug Tier	Requirements/ Limits
TRILEPTAL TABS (<i>Use Oxcarbazepine</i>)	NP	
TROKENDI XR CP24	2	QL(2 ea daily)
VIMPAT SOLN IV 200 MG/20ML	2	
ZONEGRAN CAPS (<i>Use Zonisamide</i>)	NP	
<i>zonisamide caps</i>	1	
Carbamates		
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	
FELBATOL SUSP (<i>Use Felbamate</i>)	NP	
FELBATOL TABS (<i>Use Felbamate</i>)	NP	
GABA Modulators		
GABITRIL TABS (<i>Use Tiagabine HCl</i>)	NP	
SABRIL PACK (<i>Use Vigabatrin</i>)	NP	PA; SP
SABRIL TABS	2	PA; SP
<i>tiagabine hcl tabs</i>	1	
<i>vigabatrin pack</i>	1	PA; SP
Hydantoins		
DILANTIN CAPS 100 MG (<i>Use Phenytoin Sodium Extended</i>)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (<i>Use Phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>Use Phenytoin</i>)	2	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps 100 mg</i>	1	
<i>phenytoin susp</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Succinimides		
<i>ethosuximide caps</i>	1	
<i>ethosuximide soln</i>	1	
ZARONTIN CAPS (<i>Use Ethosuximide</i>)	2	
ZARONTIN SOLN (<i>Use Ethosuximide</i>)	2	
Valproic Acid		
DEPACON SOLN (<i>Use Valproate Sodium</i>)	2	
DEPAKENE CAPS 250 MG (<i>Use Valproic Acid</i>)	2	
DEPAKENE SOLN 250 MG/5ML (<i>Use Valproate Sodium</i>)	NP	
DEPAKOTE ER TB24 (<i>Use Divalproex Sodium</i>)	2	
DEPAKOTE SPRINKLES CSDR (<i>Use Divalproex Sodium</i>)	2	
DEPAKOTE TBEC (<i>Use Divalproex Sodium</i>)	2	
<i>divalproex sodium csdr</i>	1	
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>valproate sodium soln iv 100 mg/ml, 500 mg/5ml</i>	1	
<i>valproate sodium soln or 250 mg/5ml</i>	1	
<i>valproic acid caps</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp</i>	1	QL(1 ea daily)
REMERON SOLTAB TBDP (<i>Use Mirtazapine</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
REMERON TABS (Use Mirtazapine)	NP	QL(1 ea daily)
Antidepressants - Misc.		
APLENZIN TB24	2	QL(1 ea daily)
bupropion hcl tabs or 75 mg, 100 mg	1	QL(4 ea daily)
bupropion hcl tb12 or 100 mg, 150 mg, 200 mg	1	QL(2 ea daily)
bupropion hcl tb24 or 150 mg, 300 mg	1	QL(1 ea daily)
BUPROPION HYDROCHLORIDE ER TB24	2	QL(1 ea daily)
FORFIVO XL TB24	2	QL(1 ea daily)
MAPROTILINE HCL TABS	2	QL(3 ea daily)
WELLBUTRIN SR TB12 (Use Bupropion HCl)	NP	QL(2 ea daily)
WELLBUTRIN XL TB24 (Use Bupropion HCl)	NP	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	2	QL(1 ea daily)
MARPLAN TABS	2	QL(3 ea daily)
NARDIL TABS (Use Phenelzine Sulfate)	NP	QL(6 ea daily)
PARNATE TABS (Use Tranylcypromine Sulfate)	NP	QL(6 ea daily)
phenelzine sulfate tabs or	1	QL(6 ea daily)
tranylcypromine sulfate tabs	1	QL(6 ea daily)
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (Use Citalopram Hydrobromide)	NP	QL(1 ea daily)
citalopram hydrobromide soln 10 mg/5ml	1	QL(20 ml daily)
citalopram hydrobromide tabs 10 mg, 20 mg, 40 mg	1	QL(1 ea daily)
escitalopram oxalate soln 5 mg/5ml	1	QL(20 ml daily)
escitalopram oxalate tabs 20 mg	1	QL(1.5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate tabs 5 mg, 10 mg	1	QL(1 ea daily)
FLUOXETINE DR CPDR	2	QL(0.143 ea daily)
fluoxetine hcl caps or 10 mg	1	QL(1 ea daily)
fluoxetine hcl caps or 20 mg	1	QL(4 ea daily)
fluoxetine hcl caps or 40 mg	1	QL(2 ea daily)
fluoxetine hcl soln or 20 mg/5ml	1	QL(20 ml daily)
fluoxetine hcl tabs or 10 mg	1	QL(1.5 ea daily)
fluoxetine hcl tabs or 20 mg	1	QL(4 ea daily)
fluoxetine hcl tabs or 60 mg	1	QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS	2	QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)	NP	QL(1 ea daily)
fluvoxamine maleate cp24 100 mg, 150 mg	1	QL(2 ea daily)
fluvoxamine maleate tabs 100 mg	1	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	1	QL(1 ea daily)
LEXAPRO SOLN 5 MG/5ML (Use Escitalopram Oxalate)	NP	QL(20 ml daily)
LEXAPRO TABS 20 MG (Use Escitalopram Oxalate)	NP	QL(1.5 ea daily)
LEXAPRO TABS 5 MG, 10 MG (Use Escitalopram Oxalate)	NP	QL(1 ea daily)
paroxetine hcl tabs 10 mg, 20 mg	1	QL(1 ea daily); AL(At least 18 yrs old)
paroxetine hcl tabs 30 mg, 40 mg	1	QL(2 ea daily); AL(At least 18 yrs old)
paroxetine hcl tb24 25 mg, 12.5 mg, 37.5 mg	1	QL(1 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PAXIL CR TB24 (<i>Use Paroxetine HCl</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old)
PAXIL SUSP 10 MG/5ML	2	QL(40 ml daily); AL(At least 18 yrs old)
PAXIL TABS 10 MG, 20 MG (<i>Use Paroxetine HCl</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old)
PAXIL TABS 30 MG, 40 MG (<i>Use Paroxetine HCl</i>)	NP	QL(2 ea daily); AL(At least 18 yrs old)
PEXEVA TABS	2	QL(1 ea daily); AL(At least 18 yrs old)
PROZAC CAPS 10 MG (<i>Use Fluoxetine HCl</i>)	NP	QL(1 ea daily)
PROZAC CAPS 20 MG (<i>Use Fluoxetine HCl</i>)	NP	QL(4 ea daily)
PROZAC CAPS 40 MG (<i>Use Fluoxetine HCl</i>)	NP	QL(2 ea daily)
PROZAC WEEKLY CPDR (<i>Use Fluoxetine HCl</i>)	NP	QL(0.143 ea daily)
<i>sertraline hcl conc or 20 mg/ml</i>	1	QL(10 ml daily)
<i>sertraline hcl tabs or 100 mg</i>	1	QL(3 ea daily)
<i>sertraline hcl tabs or 25 mg, 50 mg</i>	1	QL(2 ea daily)
ZOLOFT CONC 20 MG/ML (<i>Use Sertraline HCl</i>)	NP	QL(10 ml daily)
ZOLOFT TABS 100 MG (<i>Use Sertraline HCl</i>)	NP	QL(3 ea daily)
ZOLOFT TABS 25 MG, 50 MG (<i>Use Sertraline HCl</i>)	NP	QL(2 ea daily)
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG	2	QL(2 ea daily)
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	1	QL(2 ea daily)
NEFAZODONE HYDROCHLORIDE TABS	2	QL(2 ea daily)
TRAZODONE HCL POWD XX	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>trazodone hcl tabs or 100 mg, 150 mg</i>	1	QL(3 ea daily)
<i>trazodone hcl tabs or 50 mg, 300 mg</i>	1	QL(2 ea daily)
TRINTELLIX TABS	2	QL(1 ea daily)
VIIBRYD STARTER PACK KIT	2	
VIIBRYD TABS	2	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Use Duloxetine HCl</i>)	NP	QL(2 ea daily)
DESVENLAFAXINE ER TB24 100 MG	2	QL(2 ea daily)
DESVENLAFAXINE ER TB24 50 MG	2	QL(1 ea daily)
<i>desvenlafaxine succinate tb24 100 mg</i>	1	QL(2 ea daily)
<i>desvenlafaxine succinate tb24 25 mg, 50 mg</i>	1	QL(1 ea daily)
<i>duloxetine hcl cpep</i>	1	QL(2 ea daily)
EFFEXOR XR CP24 150 MG (<i>Use Venlafaxine HCl</i>)	NP	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (<i>Use Venlafaxine HCl</i>)	NP	QL(1 ea daily)
EFFEXOR XR CP24 75 MG (<i>Use Venlafaxine HCl</i>)	NP	QL(3 ea daily)
FETZIMA CP24	2	QL(1 ea daily)
FETZIMA TITRATION PACK C4PK	2	QL(1 ea daily)
KHEDEZLA TB24 100 MG	2	QL(2 ea daily)
KHEDEZLA TB24 50 MG	2	QL(1 ea daily)
PRISTIQ TB24 100 MG (<i>Use Desvenlafaxine Succinate</i>)	NP	QL(2 ea daily)
PRISTIQ TB24 25 MG, 50 MG (<i>Use Desvenlafaxine Succinate</i>)	NP	QL(1 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cp24 75 mg</i>	1	QL(3 ea daily)
VENLAFAXINE HCL ER TB24 150 MG (Use Venlafaxine HCl)	NP	QL(2 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	2	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 37.5 MG (Use Venlafaxine HCl)	NP	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG (Use Venlafaxine HCl)	NP	QL(3 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	QL(3 ea daily)
<i>venlafaxine hcl tb24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tb24 225 mg, 37.5 mg</i>	1	QL(1 ea daily)
<i>venlafaxine hcl tb24 75 mg</i>	1	QL(3 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	QL(3 ea daily)
AMOXAPINE TABS 25 MG, 150 MG	2	QL(2 ea daily)
AMOXAPINE TABS 50 MG, 100 MG	2	QL(4 ea daily)
ANAFRANIL CAPS 25 MG (Use Clomipramine HCl)	NP	QL(2 ea daily)
ANAFRANIL CAPS 50 MG (Use Clomipramine HCl)	NP	QL(5 ea daily)
ANAFRANIL CAPS 75 MG (Use Clomipramine HCl)	NP	QL(3 ea daily)
<i>clomipramine hcl caps 25 mg</i>	1	QL(2 ea daily)
<i>clomipramine hcl caps 50 mg</i>	1	QL(5 ea daily)
<i>clomipramine hcl caps 75 mg</i>	1	QL(3 ea daily)
DESIPRAMINE HCL POWD XX	2	
<i>desipramine hcl tabs or 10 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tabs or 100 mg</i>	1	QL(3 ea daily)
<i>desipramine hcl tabs or 25 mg, 50 mg, 75 mg, 150 mg</i>	1	QL(2 ea daily)
<i>doxepin hcl caps or 10 mg</i>	1	QL(4 ea daily)
<i>doxepin hcl caps or 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	QL(2 ea daily)
<i>doxepin hcl conc or 10 mg/ml</i>	1	QL(30 ml daily)
DOXEPIN HCL POWD XX	2	
DOXEPIN HYDROCHLORIDE POWD XX	2	
ELAVIL TABS (Use Amitriptyline HCl)	NP	QL(3 ea daily)
IMIPRAMINE HCL POWD XX	2	
<i>imipramine hcl tabs or 10 mg</i>	1	QL(2 ea daily)
<i>imipramine hcl tabs or 25 mg</i>	1	QL(1 ea daily)
<i>imipramine hcl tabs or 50 mg</i>	1	QL(6 ea daily)
<i>imipramine pamoate caps 100 mg</i>	1	QL(3 ea daily)
<i>imipramine pamoate caps 125 mg, 150 mg</i>	1	QL(2 ea daily)
<i>imipramine pamoate caps 75 mg</i>	1	QL(1 ea daily)
NORPRAMIN TABS 10 MG (Use Desipramine HCl)	NP	QL(4 ea daily)
NORPRAMIN TABS 25 MG (Use Desipramine HCl)	NP	QL(2 ea daily)
<i>nortriptyline hcl caps or 10 mg, 25 mg</i>	1	QL(4 ea daily)
<i>nortriptyline hcl caps or 50 mg</i>	1	QL(3 ea daily)
<i>nortriptyline hcl caps or 75 mg</i>	1	QL(2 ea daily)
NORTRIPTYLINE HCL POWD XX	2	
<i>nortriptyline hcl soln or 10 mg/5ml</i>	1	QL(20 ml daily)

Drug Name	Drug Tier	Requirements/Limits
NORTRIPTYLINE HCL SOLN OR 10 MG/5ML	2	QL(20 ml daily)
PAMELOR CAPS 10 MG, 25 MG (Use Nortriptyline HCl)	NP	QL(4 ea daily)
PAMELOR CAPS 50 MG (Use Nortriptyline HCl)	NP	QL(3 ea daily)
PAMELOR CAPS 75 MG (Use Nortriptyline HCl)	NP	QL(2 ea daily)
<i>protriptyline hcl tabs</i>	1	QL(4 ea daily)
SURMONTIL CAPS 100 MG (Use Trimipramine Maleate)	NP	QL(3 ea daily)
SURMONTIL CAPS 25 MG, 50 MG (Use Trimipramine Maleate)	NP	QL(1 ea daily)
TOFRANIL TABS 10 MG (Use Imipramine HCl)	NP	QL(2 ea daily)
TOFRANIL TABS 25 MG (Use Imipramine HCl)	NP	QL(1 ea daily)
TOFRANIL TABS 50 MG (Use Imipramine HCl)	NP	QL(6 ea daily)
<i>trimipramine maleate caps or 100 mg</i>	1	QL(3 ea daily)
<i>trimipramine maleate caps or 25 mg, 50 mg</i>	1	QL(1 ea daily)
TRIMIPRAMINE MALEATE POWD XX	2	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (Use Pioglitazone HCl-Metformin HCl)	NP	QL(2 ea daily)
<i>glipizide-metformin hcl tabs</i>	1	
GLUCOVANCE TABS (Use Glyburide-Metformin)	NP	
<i>glyburide-metformin tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TABS	2	QL(2 ea daily); AL(At least 18 yrs old)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
SEGLUROMET TABS	2	ST; QL(2 ea daily)
Biguanides		
GLUCOPHAGE TABS 500 MG (Use Metformin HCl)	NP	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG, 1000 MG (Use Metformin HCl)	NP	
GLUCOPHAGE XR TB24 500 MG (Use Metformin HCl)	NP	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG (Use Metformin HCl)	NP	QL(3 ea daily)
<i>metformin hcl tabs 500 mg</i>	1	QL(5 ea daily)
<i>metformin hcl tabs 850 mg, 1000 mg</i>	1	
<i>metformin hcl tb24 500 mg</i>	1	QL(4 ea daily)
<i>metformin hcl tb24 750 mg</i>	1	QL(3 ea daily)
Diabetic Other		
CVS GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily)
GLUCAGEN HYPOKIT SOLR	2	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT KIT	2	QL(1 ea per fill retail)
GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
GNP GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily)
LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SM GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
WALGREENS GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
TRADJENTA TABS	2	QL(1 ea daily); AL(At least 18 yrs old)
Incretin Mimetic Agents (GLP-1 Receptor)		
BYDUREON PEN PEN	2	PA; Limit 4 per 28 days; QL(0.143 ea daily); AL(At least 18 yrs old)
BYDUREON SRER	2	PA
BYETTA SOPN 10 MCG/0.04ML	2	PA; Limit 2.4ml per month; QL(0.08 ml daily); AL(At least 18 yrs old)
BYETTA SOPN 5 MCG/0.02ML	2	PA; Limit 1.2ml per month; QL(0.04 ml daily); AL(At least 18 yrs old)
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use Pioglitazone HCl</i>)	NP	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
Insulin		
ADMELOG SOLN	2	QL(1 ml daily)
ADMELOG SOLOSTAR SOPN	2	QL(1 ml daily)
APIDRA SOLN	2	QL(1.34 ml daily)
APIDRA SOLOSTAR SOPN	2	QL(1 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
FIASP FLEXTOUCH SOPN	2	QL(1 ml daily)
FIASP SOLN	2	QL(1.34 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	QL(1 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(1 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(1 ml daily)
HUMALOG MIX 50/50 SUSP	2	QL(1.34 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(1 ml daily)
HUMALOG MIX 75/25 SUSP	2	QL(1.34 ml daily)
HUMALOG SOCT	2	QL(1 ml daily)
HUMALOG SOLN	2	QL(1 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	2	QL(1 ml daily)
HUMULIN 70/30 SUSP	2	QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	2	QL(1 ml daily)
HUMULIN N SUSP	2	QL(1.34 ml daily)
HUMULIN R SOLN	2	QL(1.34 ml daily)
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	QL(1 ml daily)
NOVOLIN 70/30 FLEXPEN SUPN	2	QL(1 ml daily)
NOVOLIN 70/30 RELION SUSP	2	QL(1.34 ml daily)
NOVOLIN 70/30 SUSP	2	QL(1.34 ml daily)
NOVOLIN N RELION SUSP	2	QL(1.34 ml daily)
NOVOLIN N SUSP	2	QL(1.34 ml daily)
NOVOLIN R RELION SOLN	2	QL(1.34 ml daily)
NOVOLIN R SOLN	2	QL(1.34 ml daily)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN SOPN	2	QL(1 ml daily)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	QL(1 ml daily)
NOVOLOG MIX 70/30 SUSP	2	QL(1.34 ml daily)
NOVOLOG PENFILL SOCT	2	QL(1 ml daily)
NOVOLOG SOLN	2	QL(1.34 ml daily)
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily)
STARLIX TABS (<i>Use Nateglinide</i>)	NP	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	2	PA; QL(1 ea daily); AL(At least 18 yrs old)
JARDIANCE TABS	2	
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (<i>Use Glimepiride</i>)	NP	QL(4 ea daily)
AMARYL TABS 4 MG (<i>Use Glimepiride</i>)	NP	QL(2 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)
<i>glipizide tabs</i>	1	
<i>glipizide tb24</i>	1	
GLUCOTROL TABS (<i>Use Glipizide</i>)	NP	
GLUCOTROL XL TB24 (<i>Use Glipizide</i>)	NP	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs</i>	1	
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate chew 262 mg</i>	1	
<i>bismuth subsalicylate susp 525 mg/15ml</i>	1	
<i>bismuth subsalicylate tabs 262 mg</i>	1	
PEPTO BISMOL TABS (<i>Use Bismuth Subsalicylate</i>)	NP	
PEPTO-BISMOL CHEW 262 MG (<i>Use Bismuth Subsalicylate</i>)	NP	
PEPTO-BISMOL INSTACOOOL CHEW (<i>Use Bismuth Subsalicylate</i>)	NP	
PEPTO-BISMOL MAX STRENGTH SUSP (<i>Use Bismuth Subsalicylate</i>)	NP	
PEPTO-BISMOL TO-GO CHEW (<i>Use Bismuth Subsalicylate</i>)	NP	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs</i>	1	
DIPHENOXYLATE/ATROPINE LIQD	2	
IMODIUM A-D CAPS 2 MG (<i>Use Loperamide HCl</i>)	NP	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS 2 MG (<i>Use Loperamide HCl</i>)	NP	QL(8 ea daily)
LOMOTIL TABS (<i>Use Diphenoxylate w/ Atropine</i>)	NP	
<i>loperamide hcl caps 2 mg</i>	1	QL(8 ea daily); RX/OTC
<i>loperamide hcl liqd 1 mg/5ml</i>	1	QL(40 ml daily)
<i>loperamide hcl tabs 2 mg</i>	1	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	2	

Drug Name	Drug Tier	Requirements/Limits
EXJADE TBSO	2	PA; SP
JADENU SPRINKLE PACK	2	PA
JADENU TABS	2	PA; SP
Antidotes and Specific Antagonists		
<i>deferoxamine mesylate solr</i>	1	PA; SP
DESFERAL SOLR (<i>Use Deferoxamine Mesylate</i>)	NP	PA; SP
Opioid Antagonists		
<i>naloxone hcl soln 0.4 mg/ml</i>	1	QL(2 ml per 90 days retail)
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	2	
VIVITROL SUSR	2	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(2 ml daily)
<i>ondansetron hcl tabs or 24 mg</i>	1	QL(1 ea per 14 days retail)
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	1	QL(2 ea daily)
ONDANSETRON HYDROCHLORIDE SOLN	2	
<i>ondansetron tbdp</i>	1	QL(2 ea daily)
ZOFRAN ODT TBDP (<i>Use Ondansetron</i>)	NP	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML (<i>Use Ondansetron HCl</i>)	NP	QL(2 ml daily)
ZOFRAN TABS 4 MG, 8 MG (<i>Use Ondansetron HCl</i>)	NP	QL(2 ea daily)
Antiemetics - Anticholinergic		
<i>dimenhydrinate tabs or 50 mg</i>	1	QL(24 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DRAMAMINE TABS (<i>Use Dimenhydrinate</i>)	NP	QL(24 ea per fill retail)
<i>meclizine hcl chew 25 mg</i>	1	
<i>meclizine hcl tabs 25 mg, 12.5 mg</i>	1	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>)	NP	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
LAMISIL TABS (<i>Use Terbinafine HCl</i>)	NP	QL(1 ea daily, 90 ea per 120 days retail)
<i>nystatin tabs</i>	1	QL(6 ea daily)
<i>terbinafine hcl tabs</i>	1	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>)	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG, 200 MG (<i>Use Fluconazole</i>)	NP	
DIFLUCAN TABS 150 MG (<i>Use Fluconazole</i>)	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG (<i>Use Fluconazole</i>)	NP	QL(3 ea per 14 days retail)
<i>fluconazole susr 10 mg/ml, 40 mg/ml</i>	1	QL(70 ml per fill retail)
<i>fluconazole tabs 100 mg, 200 mg</i>	1	
<i>fluconazole tabs 150 mg</i>	1	QL(2 ea per fill retail)
<i>fluconazole tabs 50 mg</i>	1	QL(3 ea per 14 days retail)
<i>itraconazole caps 100 mg</i>	1	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SPORANOX CAPS 100 MG (Use Itraconazole)	NP	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS (Use Itraconazole)	NP	PA; QL(1 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
CHLOR-TRIMETON SYRP 2 MG/5ML (Use Chlorpheniramine Maleate)	NP	
CHLOR-TRIMETON TABS 4 MG (Use Chlorpheniramine Maleate)	NP	QL(120 ea per fill retail)
chlorpheniramine maleate syrp 2 mg/5ml	1	
chlorpheniramine maleate tabs 4 mg	1	QL(120 ea per fill retail)
RYCLORA SYRP	2	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CAPS (Use Diphenhydramine HCl)	NP	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (Use Diphenhydramine HCl)	NP	QL(240 ml per fill retail)
BENADRYL ALLERGY TABS (Use Diphenhydramine HCl)	NP	QL(4 ea daily)
clemastine fumarate tabs 1.34 mg	1	QL(2 ea daily)
diphenhydramine hcl caps or 25 mg	1	QL(4 ea daily)
diphenhydramine hcl caps or 50 mg	1	QL(4 ea daily); RX/OTC
diphenhydramine hcl liqd or 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml	1	QL(240 ml per fill retail)
diphenhydramine hcl tabs or 25 mg	1	QL(4 ea daily)
SILPHEN COUGH SYRP	2	QL(240 ml per fill retail)
TAVIST ALLERGY TABS (Use Clemastine Fumarate)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG (Use Fexofenadine HCl)	NP	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (Use Fexofenadine HCl)	NP	QL(2 ea daily)
cetirizine hcl chew 5 mg, 10 mg	1	QL(1 ea daily)
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	1	QL(240 ml per fill retail); RX/OTC
cetirizine hcl syrp 1 mg/ml, 5 mg/5ml	1	QL(240 ml per fill retail); RX/OTC
cetirizine hcl tabs 5 mg, 10 mg	1	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use Loratadine)	NP	QL(240 ml per fill retail)
CLARITIN REDITABS TBDP 10 MG (Use Loratadine)	NP	QL(1 ea daily)
CLARITIN SYRP 5 MG/5ML (Use Loratadine)	NP	QL(240 ml per fill retail)
CLARITIN TABS 10 MG (Use Loratadine)	NP	QL(1 ea daily)
fexofenadine hcl tabs 180 mg	1	QL(1 ea daily)
fexofenadine hcl tabs 60 mg	1	QL(2 ea daily)
levocetirizine dihydrochloride tabs 5 mg	1	RX/OTC
loratadine soln 5 mg/5ml	1	QL(240 ml per fill retail)
loratadine syrp 5 mg/5ml	1	QL(240 ml per fill retail)
loratadine tabs 10 mg	1	QL(1 ea daily)
loratadine tbdp 10 mg	1	QL(1 ea daily)
XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride)	NP	RX/OTC
XYZAL TABS 5 MG (Use Levocetirizine Dihydrochloride)	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC ALLERGY TABS (Use <i>Cetirizine HCl</i>)	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use <i>Cetirizine HCl</i>)	NP	QL(240 ml per fill retail); RX/OTC
Antihistamines - Phenothiazines		
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	AL(At least 2 yrs old)
<i>promethazine hcl supp re 25 mg, 12.5 mg</i>	1	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	1	AL(At least 2 yrs old)
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	1	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp or 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tabs or 4 mg</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	PA; QL(1 ea daily)
VYTORIN TABS (Use <i>Ezetimibe-Simvastatin</i>)	NP	PA; QL(1 ea daily)
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	2	PA; SP
LOVAZA CAPS (Use <i>Omega-3-acid Ethyl Esters</i>)	NP	
<i>omega-3-acid ethyl esters caps</i>	1	
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	1	
<i>cholestyramine light powd</i>	1	
<i>cholestyramine pack</i>	1	
<i>cholestyramine powd</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
COLESTID FLAVORED GRAN 5 GM (Use <i>Colestipol HCl</i>)	NP	
COLESTID GRAN 5 GM (Use <i>Colestipol HCl</i>)	NP	
COLESTID TABS 1 GM (Use <i>Colestipol HCl</i>)	NP	
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl tabs 1 gm</i>	1	
QUESTRAN LIGHT POWD (Use <i>Cholestyramine Light</i>)	NP	
QUESTRAN PACK (Use <i>Cholestyramine</i>)	NP	
QUESTRAN POWD (Use <i>Cholestyramine</i>)	NP	
Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate micronized caps 67 mg</i>	1	QL(2 ea daily)
<i>fenofibrate tabs 160 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 54 mg</i>	1	QL(3 ea daily)
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LOFIBRA CAPS 134 MG, 200 MG (Use <i>Fenofibrate Micronized</i>)	NP	QL(1 ea daily)
LOFIBRA CAPS 67 MG (Use <i>Fenofibrate Micronized</i>)	NP	QL(2 ea daily)
LOFIBRA TABS 160 MG (Use <i>Fenofibrate</i>)	NP	QL(1 ea daily)
LOFIBRA TABS 54 MG (Use <i>Fenofibrate</i>)	NP	QL(3 ea daily)
LOPID TABS (Use <i>Gemfibrozil</i>)	NP	QL(2 ea daily)
TRIGLIDE TABS	2	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>Rosuvastatin Calcium</i>)	NP	ST; QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
LIPITOR TABS (Use Atorvastatin Calcium)	NP	QL(1 ea daily)
lovastatin tabs 10 mg, 20 mg	1	QL(1 ea daily)
lovastatin tabs 40 mg	1	QL(2 ea daily)
MEVACOR TABS (Use Lovastatin)	NP	QL(2 ea daily)
PRAVACHOL TABS (Use Pravastatin Sodium)	NP	QL(1 ea daily)
pravastatin sodium tabs	1	QL(1 ea daily)
rosuvastatin calcium tabs	1	ST; QL(1 ea daily)
simvastatin tabs	1	QL(1 ea daily)
ZOCOR TABS (Use Simvastatin)	NP	QL(1 ea daily)
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbc	1	
NIACOR TABS	2	
NIASPAN TBCR (Use Niacin (Antihyperlipidemic))	NP	
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN	2	PA; SP
PRALUENT SOSY	2	PA; SP
REPATHA PUSHTRONEX SYSTEM SOCT	2	PA; SP
REPATHA SOSY	2	PA; SP
REPATHA SURECLICK SOAJ	2	PA; SP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Use Quinapril HCl)	NP	
ALTACE CAPS (Use Ramipril)	NP	QL(2 ea daily)
benazepril hcl tabs 40 mg	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
benazepril hcl tabs 5 mg, 10 mg, 20 mg	1	QL(1 ea daily)
captopril tabs	1	QL(3 ea daily)
enalapril maleate tabs	1	QL(2 ea daily)
EPANED SOLR	2	
fosinopril sodium tabs	1	QL(1 ea daily)
lisinopril tabs	1	
LOTENSIN TABS 10 MG, 20 MG (Use Benazepril HCl)	NP	QL(1 ea daily)
LOTENSIN TABS 40 MG (Use Benazepril HCl)	NP	QL(2 ea daily)
MAVIK TABS (Use Trandolapril)	NP	QL(1 ea daily)
PRINIVIL TABS (Use Lisinopril)	NP	
quinapril hcl tabs	1	
ramipril caps	1	QL(2 ea daily)
trandolapril tabs 1 mg, 2 mg	1	QL(1 ea daily)
trandolapril tabs 4 mg	1	QL(2 ea daily)
VASOTEC TABS (Use Enalapril Maleate)	NP	QL(2 ea daily)
ZESTRIL TABS (Use Lisinopril)	NP	
Angiotensin II Receptor Antagonists		
ATACAND TABS (Use Candesartan Cilexetil)	NP	
AVAPRO TABS (Use Irbesartan)	NP	QL(1 ea daily)
BENICAR TABS (Use Olmesartan Medoxomil)	NP	ST
candesartan cilexetil tabs	1	
COZAAR TABS (Use Losartan Potassium)	NP	QL(1 ea daily)
DIOVAN TABS (Use Valsartan)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs</i>	1	QL(1 ea daily)
MICARDIS TABS (Use <i>Telmisartan</i>)	NP	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1	ST
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (Use <i>Doxazosin Mesylate</i>)	NP	
CATAPRES TABS 0.1 MG, 0.2 MG (Use <i>Clonidine HCl</i>)	NP	QL(10 ea daily)
CATAPRES TABS 0.3 MG (Use <i>Clonidine HCl</i>)	NP	QL(8 ea daily)
CLONIDINE HCL POWD XX	2	
<i>clonidine hcl tabs or 0.1 mg, 0.2 mg</i>	1	QL(10 ea daily)
<i>clonidine hcl tabs or 0.3 mg</i>	1	QL(8 ea daily)
CLONIDINE HYDROCHLORIDE POWD	2	
<i>doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	
MINIPRESS CAPS (Use <i>Prazosin HCl</i>)	NP	
<i>prazosin hcl caps</i>	1	
PRAZOSIN HYDROCHLORIDE POWD	2	
TENEX TABS (Use <i>Guanfacine HCl</i>)	NP	
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		

Drug Name	Drug Tier	Requirements/Limits
ACCURETIC TABS 10MG-12.5MG (Use <i>Quinapril-Hydrochlorothiazide</i>)	NP	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (Use <i>Quinapril-Hydrochlorothiazide</i>)	NP	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (Use <i>Quinapril-Hydrochlorothiazide</i>)	NP	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	ST
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	ST
ATACAND HCT TABS (Use <i>Candesartan Cilexetil-Hydrochlorothiazide</i>)	NP	
<i>atenolol & chlorthalidone tabs</i>	1	QL(2 ea daily)
AVALIDE TABS (Use <i>Irbesartan-Hydrochlorothiazide</i>)	NP	QL(1 ea daily)
AZOR TABS (Use <i>Amlodipine Besylate-Olmesartan Medoxomil</i>)	NP	ST
<i>benazepril & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
BENICAR HCT TABS (Use <i>Olmesartan Medoxomil-Hydrochlorothiazide</i>)	NP	ST
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS 25MG-15MG, 25MG-25MG, 50MG-15MG	2	QL(2 ea daily)
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS 50MG-25MG	2	QL(3 ea daily)
DIOVAN HCT TABS (Use <i>Valsartan-Hydrochlorothiazide</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DUTOPROL TB24	2	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	NP	ST
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	NP	ST
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	NP	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	NP	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	NP	QL(1 ea daily)
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	NP	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide tabs 100mg-50mg</i>	1	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide tabs 50mg-25mg, 100mg-25mg</i>	1	QL(2 ea daily)
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	2	QL(1 ea daily)
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	2	QL(1 ea daily)
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	ST
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	2	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide tabs 10mg-12.5mg</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20mg-12.5mg</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20mg-25mg</i>	1	QL(2 ea daily)
TARKA TBCR (Use Trandolapril-Verapamil HCl)	NP	
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	NP	QL(2 ea daily)
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	NP	QL(2 ea daily)
<i>trandolapril-verapamil hcl tbc</i>	1	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	2	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	NP	ST
TWYNSTA TABS (Use Telmisartan-Amlodipine)	NP	
<i>valsartan-hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	NP	

Drug Name	Drug Tier	Requirements/Limits
ZIAC TABS (<i>Use Bisoprolol & Hydrochlorothiazide</i>)	NP	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	2	PA; SP
Vasodilators		
<i>hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>minoxidil tabs 10 mg</i>	1	QL(10 ea daily)
<i>minoxidil tabs 2.5 mg</i>	1	QL(3 ea daily)
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM TABS	2	QL(24 ea per fill retail)
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	2	
<i>chloroquine phosphate tabs 500 mg</i>	1	QL(1 ea daily)
<i>hydroxychloroquine sulfate tabs</i>	1	
<i>mefloquine hcl tabs</i>	1	
MEFLOQUINE HCL TABS	2	
PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>)	NP	
PRIMAQUINE PHOSPHATE TABS	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS 60 MG (<i>Use Pyridostigmine Bromide</i>)	NP	
MESTINON TIMESPAN TBCR (<i>Use Pyridostigmine Bromide</i>)	NP	
<i>pyridostigmine bromide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide tbc</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs</i>	1	
ISONIAZID SYRP OR 50 MG/5ML	2	
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (<i>Use Ethambutol HCl</i>)	NP	
<i>pyrazinamide tabs</i>	1	
RIFADIN CAPS OR 150 MG, 300 MG (<i>Use Rifampin</i>)	NP	
<i>rifampin caps or 150 mg, 300 mg</i>	1	
TRECTOR TABS	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (<i>Use Melphalan HCl</i>)	NP	PA; SP
ALKERAN TABS OR 2 MG (<i>Use Melphalan</i>)	NP	
BENDAMUSTINE HYDROCHLORIDE SOLN	2	PA; SP
BENDEKA SOLN	2	PA; SP
LEUKERAN TABS	2	
<i>melphalan hcl solr</i>	1	PA; SP
<i>melphalan tabs</i>	1	
MYLERAN TABS	2	
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (<i>Use Temozolomide</i>)	NP	PA

Drug Name	Drug Tier	Requirements/Limits
TEMODAR SOLR IV 100 MG	2	PA
<i>temozolomide caps</i>	1	PA
TREANDA SOLR	2	PA; SP
Antimetabolites		
<i>azacitidine susr</i>	1	PA; SP
<i>capecitabine tabs</i>	1	PA; SP
DACOGEN SOLR (Use Decitabine)	NP	PA; SP
<i>decitabine solr</i>	1	PA; SP
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 200 mg/8ml, 250 mg/10ml</i>	1	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	2	
<i>methotrexate sodium tabs or 2.5 mg</i>	1	
PURIXAN SUSP	2	
TABLOID TABS	2	PA; SP
TREXALL TABS	2	
VIDAZA SUSR (Use Azacitidine)	NP	PA; SP
XELODA TABS (Use Capecitabine)	NP	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	2	PA; SP
ZALTRAP SOLN	2	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	2	PA; SP
ARZERRA CONC	2	PA; SP
ERBITUX SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN SOLR	2	PA; SP
KADCYLA SOLR	2	PA; SP
PERJETA SOLN	2	PA; SP
RITUXAN SOLN	2	PA; SP
VECTIBIX SOLN	2	PA; SP
YERVOY SOLN	2	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	2	PA; SP
ODOMZO CAPS	2	PA; SP
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs</i>	1	
ARIMIDEX TABS (Use Anastrozole)	NP	
AROMASIN TABS (Use Exemestane)	NP	PA; SP
<i>bicalutamide tabs</i>	1	QL(1 ea daily)
CASODEX TABS (Use Bicalutamide)	NP	QL(1 ea daily)
DEPO-PROVERA SUSP	2	
ELIGARD KIT	2	PA; SP
EMCYT CAPS	2	PA; SP
ERLEADA TABS	2	PA
<i>exemestane tabs</i>	1	PA; SP
FARESTON TABS	2	PA
FEMARA TABS (Use Letrozole)	NP	
FIRMAGON SOLR	2	PA; SP
<i>flutamide caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
HYDROXYPROGESTERONE CAPROATE SOLN 1.25 GM/5ML	2	PA; Limit 5ml per month; QL(0.16 7 ml daily); AL(At least 16 yrs old)
<i>letrozole tabs</i>	1	
<i>leuprolide acetate kit</i>	1	PA; SP
LUPRON DEPOT (1-MONTH) KIT	2	PA; SP
LUPRON DEPOT (3-MONTH) KIT	2	PA; SP
LUPRON DEPOT (4-MONTH) KIT	2	PA; SP
LUPRON DEPOT (6-MONTH) KIT	2	PA; SP
LYSODREN TABS	2	PA; SP
MEGACE ORAL SUSP (Use Megestrol Acetate)	NP	
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
<i>tamoxifen citrate tabs</i>	1	
TRELSTAR MIXJECT SUSR	2	PA; SP
TRELSTAR SUSR	2	PA; SP
VANTAS KIT	2	PA; SP
XTANDI CAPS	2	PA; SP
ZOLADEX IMPL	2	PA; SP
ZYTIGA TABS	2	PA; SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	2	PA; SP
Antineoplastic Antibiotics		
<i>mitoxantrone hcl conc</i>	1	PA; SP
VALSTAR SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	2	PA; SP
AFINITOR TABS	2	PA; SP
BOSULIF TABS 100 MG, 500 MG	2	PA; SP
COTELLIC TABS	2	PA
FARYDAK CAPS	2	PA; SP
GILOTRIF TABS	2	PA; SP
GLEEVEC TABS (Use Imatinib Mesylate)	NP	PA; SP
IBRANCE CAPS	2	PA; SP
ICLUSIG TABS	2	PA; SP
<i>imatinib mesylate tabs</i>	1	PA; SP
INLYTA TABS	2	PA; SP
ISTODAX (OVERFILL) SOLR	2	PA; SP
JAKAFI TABS	2	PA; SP
KYPROLIS SOLR 60 MG	2	PA
MEKINIST TABS	2	PA; SP
NEXAVAR TABS	2	PA; SP
NINLARO CAPS	2	PA
ROMIDEPSIN SOLR	2	PA; SP
SPRYCEL TABS	2	PA; SP
STIVARGA TABS	2	PA; SP
SUTENT CAPS	2	PA; SP
TAFINLAR CAPS	2	PA; SP
TARCEVA TABS	2	PA; SP
TASIGNA CAPS 150 MG, 200 MG	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>temsirolimus soln</i>	1	PA; SP
TORISEL SOLN (<i>Use Temsirolimus</i>)	NP	PA; SP
TYKERB TABS	2	PA; SP
VELCADE SOLR	2	PA; SP
VOTRIENT TABS	2	PA; SP
XALKORI CAPS	2	PA; SP
ZELBORAF TABS	2	PA; SP
ZOLINZA CAPS	2	PA; SP
ZYKADIA CAPS	2	PA; SP
Antineoplastic Enzymes		
ONCASPASOLN	2	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	2	PA; SP
<i>bexarotene caps</i>	1	PA; SP
HYDREA CAPS (<i>Use Hydroxyurea</i>)	NP	
<i>hydroxyurea caps</i>	1	
INTRON A SOLN	2	PA; SP
INTRON A SOLR	2	PA; SP
INTRON A W/DILUENT SOLR	2	PA; SP
MATULANE CAPS	2	PA; SP
PROLEUKIN SOLR	2	PA; SP
SYLATRON KIT	2	PA; SP
SYNRIBO SOLR	2	PA; SP
TARGRETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	NP	PA; SP
<i>tretinoin (chemotherapy) caps</i>	1	PA; SP

Drug Name	Drug Tier	Requirements/Limits
Chemotherapy Adjuncts		
KEPIVANCE SOLR	2	PA
Chemotherapy Rescue/Antidote Agents		
FUSILEV SOLR (<i>Use Levoleucovorin Calcium</i>)	NP	PA; SP
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	2	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	1	
<i>levoleucovorin calcium soln</i>	1	PA; SP
<i>levoleucovorin calcium solr</i>	1	PA; SP
LEVOLEUCOVORIN SOLN 250 MG/25ML (<i>Use Levoleucovorin Calcium</i>)	NP	PA; SP
<i>mesna soln</i>	1	PA; SP
MESNEX SOLN IV 100 MG/ML (<i>Use Mesna</i>)	NP	PA; SP
MESNEX TABS OR 400 MG	2	PA; SP
Mitotic Inhibitors		
ETOPOSIDE CAPS OR 50 MG	2	PA
<i>etoposide soln iv 100 mg/5ml</i>	1	PA
HALAVEN SOLN	2	PA; SP
IXEMPRA KIT SOLR	2	PA; SP
JEVTANA SOLN	2	PA; SP
Topoisomerase I Inhibitors		
HYCANTIN CAPS OR 0.25 MG, 1 MG	2	PA; SP
HYCANTIN SOLR IV 4 MG (<i>Use Topotecan HCl</i>)	NP	PA; SP
<i>topotecan hcl soln 4 mg/4ml</i>	1	PA; SP
TOPOTECAN HCL SOLN 4 MG/4ML	2	PA; SP
TOPOTECAN HCL SOLN 4 MG/4ML (<i>Use Topotecan HCl</i>)	NP	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>topotecan hcl solr 4 mg</i>	1	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	1	
LODOSYN TABS (<i>Use Carbidopa</i>)	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (<i>Use Benztropine Mesylate</i>)	NP	
<i>trihexyphenidyl hcl elix 0.4 mg/ml</i>	1	QL(16.67 ml daily)
<i>trihexyphenidyl hcl tabs 2 mg, 5 mg</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps 100 mg</i>	1	
<i>amantadine hcl syrp 50 mg/5ml</i>	1	
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	1	
<i>carbidopa-levodopa tbc</i> <i>25mg-100mg, 50mg-200mg</i>	1	
MIRAPEX TABS (<i>Use Pramipexole Dihydrochloride</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL CAPS (<i>Use Bromocriptine Mesylate</i>)	NP	
PARLODEL TABS (<i>Use Bromocriptine Mesylate</i>)	NP	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	QL(3 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
REQUIP TABS 0.25 MG, 3 MG, 4 MG (<i>Use Ropinirole Hydrochloride</i>)	NP	QL(6 ea daily)
REQUIP TABS 0.5 MG, 1 MG, 2 MG, 5 MG (<i>Use Ropinirole Hydrochloride</i>)	NP	QL(3 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg</i>	1	QL(6 ea daily)
<i>ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	QL(3 ea daily)
SINEMET CR TBCR (<i>Use Carbidopa-Levodopa</i>)	NP	
SINEMET TABS (<i>Use Carbidopa-Levodopa</i>)	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
ELDEPRYL CAPS (<i>Use Selegiline HCl</i>)	NP	
<i>selegiline hcl caps or</i>	1	
SELEGILINE HCL POWD XX	2	
<i>selegiline hcl tabs or</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps or 150 mg, 300 mg, 600 mg</i>	1	
LITHIUM CARBONATE CAPS OR 150 MG, 600 MG (<i>Use Lithium Carbonate</i>)	2	
LITHIUM CARBONATE POWD XX	2	
<i>lithium carbonate tabs or 300 mg</i>	1	
<i>lithium carbonate tbc</i> <i>300 mg, 450 mg</i>	1	
LITHIUM SOLN	2	
LITHOBID TBCR (<i>Use Lithium Carbonate</i>)	2	
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	2	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EQUETRO CP12 200 MG	2	QL(8 ea daily)
EQUETRO CP12 300 MG	2	QL(5 ea daily)
GEODON CAPS OR 20 MG, 40 MG (<i>Use Ziprasidone HCl</i>)	NP	QL(2 ea daily); AL(At least 18 yrs old)
GEODON CAPS OR 60 MG, 80 MG (<i>Use Ziprasidone HCl</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
GEODON SOLR IM 20 MG	2	AL(At least 18 yrs old)
LATUDA TABS 20 MG, 40 MG, 60 MG, 120 MG	2	QL(1 ea daily); AL(At least 10 yrs old)
LATUDA TABS 80 MG	2	QL(2 ea daily); AL(At least 10 yrs old)
NUPLAZID TABS 17 MG	2	PA; QL(2 ea daily)
VRAYLAR CAPS 1.5 MG	2	QL(2 ea daily); AL(At least 18 yrs old)
VRAYLAR CAPS 3 MG, 6 MG, 4.5 MG	2	QL(1 ea daily); AL(At least 18 yrs old)
VRAYLAR CPPK	2	QL(1 ea daily,28 day(s) limit)
<i>ziprasidone hcl caps 20 mg, 40 mg</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
<i>ziprasidone hcl caps 60 mg, 80 mg</i>	1	QL(3 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	QL(2 ea daily); AL(At least 18 yrs old)
FANAPT TITRATION PACK TABS	2	QL(2 ea daily); AL(At least 18 yrs old)
INVEGA SUSTENNA SUSP 117 MG/0.75ML	2	Limit 1 syringe each month;QL(0.02 7 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA SUSP 156 MG/ML	2	Limit 1 syringe each month;QL(0.03 6 ml daily); AL(At least 18 yrs old)
INVEGA SUSTENNA SUSP 234 MG/1.5ML	2	Limit 1 syringe each month;QL(0.05 4 ml daily); AL(At least 18 yrs old)
INVEGA SUSTENNA SUSP 39 MG/0.25ML	2	Limit 1 syringe each month;QL(0.00 9 ml daily); AL(At least 18 yrs old)
INVEGA SUSTENNA SUSP 78 MG/0.5ML	2	Limit 1 syringe each month;QL(0.01 8 ml daily); AL(At least 18 yrs old)
INVEGA TB24 3 MG, 9 MG, 1.5 MG (<i>Use Paliperidone</i>)	NP	QL(1 ea daily)
INVEGA TB24 6 MG (<i>Use Paliperidone</i>)	NP	QL(2 ea daily)
INVEGA TRINZA SUSP	2	Limit 1 syringe every 3 months;AL(At least 18 yrs old)
<i>paliperidone tb24 3 mg, 9 mg, 1.5 mg</i>	1	QL(1 ea daily)
<i>paliperidone tb24 6 mg</i>	1	QL(2 ea daily)
RISPERDAL CONSTA SUSR	2	QL(0.072 ea daily); AL(At least 18 yrs old)
RISPERDAL M-TAB TBDP (<i>Use Risperidone</i>)	NP	QL(2 ea daily)
RISPERDAL SOLN 1 MG/ML (<i>Use Risperidone</i>)	NP	QL(8 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use Risperidone)	NP	QL(2 ea daily)
RISPERIDONE ODT TBDP	2	QL(2 ea daily)
<i>risperidone soln 1 mg/ml</i>	1	QL(8 ml daily)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(2 ea daily)
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(2 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (Use Haloperidol Decanoate)	NP	AL(At least 18 yrs old)
HALDOL DECANOATE 50 SOLN (Use Haloperidol Decanoate)	NP	AL(At least 18 yrs old)
HALDOL SOLN (Use Haloperidol Lactate)	NP	
<i>haloperidol decanoate soln</i>	1	AL(At least 18 yrs old)
<i>haloperidol lactate conc</i>	1	
<i>haloperidol lactate soln</i>	1	
<i>haloperidol tabs or 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i>	1	QL(3 ea daily)
Dibenzapines		
CLOZAPINE ODT TBDP	2	QL(3 ea daily); AL(At least 18 yrs old)
<i>clozapine tabs 100 mg</i>	1	QL(6 ea daily); AL(At least 18 yrs old)
<i>clozapine tabs 25 mg, 50 mg, 200 mg</i>	1	QL(3 ea daily); AL(At least 18 yrs old)
<i>clozapine tbdp 100 mg</i>	1	QL(6 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine tbdp 25 mg, 12.5 mg</i>	1	QL(3 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS 100 MG (Use Clozapine)	2	QL(6 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS 25 MG (Use Clozapine)	2	QL(3 ea daily); AL(At least 18 yrs old)
FAZACLO TBDP 100 MG (Use Clozapine)	2	QL(6 ea daily); AL(At least 18 yrs old)
FAZACLO TBDP 12.5 MG (Use Clozapine)	NP	QL(3 ea daily); AL(At least 18 yrs old)
FAZACLO TBDP 150 MG, 200 MG	2	QL(3 ea daily); AL(At least 18 yrs old)
FAZACLO TBDP 25 MG (Use Clozapine)	2	QL(3 ea daily); AL(At least 18 yrs old)
<i>loxapine succinate caps</i>	1	QL(4 ea daily); AL(At least 18 yrs old)
<i>olanzapine solr im 10 mg</i>	1	
<i>olanzapine tabs or 10 mg, 15 mg</i>	1	QL(2 ea daily)
<i>olanzapine tabs or 20 mg</i>	1	QL(3 ea daily)
<i>olanzapine tabs or 5 mg, 2.5 mg, 7.5 mg</i>	1	QL(1 ea daily)
<i>olanzapine tbdp or 10 mg, 15 mg</i>	1	QL(2 ea daily)
<i>olanzapine tbdp or 20 mg</i>	1	QL(3 ea daily)
<i>olanzapine tbdp or 5 mg</i>	1	QL(1 ea daily)
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	QL(3 ea daily)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(4 ea daily)
<i>quetiapine fumarate tb24 150 mg, 200 mg</i>	1	QL(1 ea daily)
<i>quetiapine fumarate tb24 300 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tb24 400 mg</i>	1	QL(4 ea daily)
<i>quetiapine fumarate tb24 50 mg</i>	1	QL(2 ea daily)
SAPHRIS SUBL	2	QL(2 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use <i>Quetiapine Fumarate</i>)	NP	QL(3 ea daily)
SEROQUEL TABS 300 MG, 400 MG (Use <i>Quetiapine Fumarate</i>)	NP	QL(4 ea daily)
SEROQUEL XR TB24 150 MG, 200 MG (Use <i>Quetiapine Fumarate</i>)	NP	QL(1 ea daily)
SEROQUEL XR TB24 300 MG (Use <i>Quetiapine Fumarate</i>)	NP	QL(3 ea daily)
SEROQUEL XR TB24 400 MG (Use <i>Quetiapine Fumarate</i>)	NP	QL(4 ea daily)
SEROQUEL XR TB24 50 MG (Use <i>Quetiapine Fumarate</i>)	NP	QL(2 ea daily)
VERSACLOZ SUSP	2	QL(12 ml daily); AL(At least 18 yrs old)
ZYPREXA RELPREVV SUSR 210 MG, 300 MG	2	QL(0.072 ea daily); AL(At least 18 yrs old)
ZYPREXA RELPREVV SUSR 405 MG	2	QL(0.036 ea daily); AL(At least 18 yrs old)
ZYPREXA SOLR IM 10 MG (Use <i>Olanzapine</i>)	NP	
ZYPREXA TABS OR 10 MG, 15 MG (Use <i>Olanzapine</i>)	NP	QL(2 ea daily)
ZYPREXA TABS OR 20 MG (Use <i>Olanzapine</i>)	NP	QL(3 ea daily)
ZYPREXA TABS OR 5 MG, 2.5 MG, 7.5 MG (Use <i>Olanzapine</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA ZYDIS TBDP 10 MG, 15 MG (Use <i>Olanzapine</i>)	NP	QL(2 ea daily)
ZYPREXA ZYDIS TBDP 20 MG (Use <i>Olanzapine</i>)	NP	QL(3 ea daily)
ZYPREXA ZYDIS TBDP 5 MG (Use <i>Olanzapine</i>)	NP	QL(1 ea daily)
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS 25 MG	2	QL(9 ea daily)
MOLINDONE HYDROCHLORIDE TABS 5 MG, 10 MG	2	QL(4 ea daily)
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML, 50 MG/2ML	2	
<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	1	QL(4 ea daily)
<i>fluphenazine decanoate soln</i>	1	AL(At least 18 yrs old)
FLUPHENAZINE HCL CONC OR 5 MG/ML	2	AL(At least 18 yrs old)
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	2	AL(At least 18 yrs old)
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	2	AL(At least 18 yrs old)
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	QL(4 ea daily); AL(At least 18 yrs old)
<i>perphenazine tabs</i>	1	QL(4 ea daily); AL(At least 18 yrs old)
<i>prochlorperazine edisylate soln</i>	1	
PROCHLORPERAZINE MALEATE POWD XX	2	
<i>prochlorperazine maleate tabs or 5 mg, 10 mg</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tabs 1 mg, 2 mg, 5 mg</i>	1	QL(2 ea daily)
<i>trifluoperazine hcl tabs 10 mg</i>	1	QL(4 ea daily)
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	2	QL(0.36 ea daily, 1 ea per 28 days retail); AL(At least 18 yrs old)
ABILIFY MAINTENA SRER	2	QL(0.36 ea daily, 1 ea per 28 days retail); AL(At least 18 yrs old)
ABILIFY TABS 2 MG, 10 MG, 15 MG, 30 MG (Use <i>Aripiprazole</i>)	NP	QL(1 ea daily)
ABILIFY TABS 20 MG (Use <i>Aripiprazole</i>)	NP	QL(2 ea daily)
ABILIFY TABS 5 MG (Use <i>Aripiprazole</i>)	NP	QL(1.5 ea daily)
<i>aripiprazole soln 1 mg/ml</i>	1	QL(30 ml daily)
<i>aripiprazole tabs 2 mg, 10 mg, 15 mg, 30 mg</i>	1	QL(1 ea daily)
<i>aripiprazole tabs 20 mg</i>	1	QL(2 ea daily)
<i>aripiprazole tabs 5 mg</i>	1	QL(1.5 ea daily)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	1	QL(2 ea daily)
ARISTADA INITIO PRSY	2	QL(2.4 ml per 180 days retail); AL(At least 18 yrs old)
ARISTADA PRSY 1064 MG/3.9ML	2	QL(4 ml per 56 days retail); AL(At least 18 yrs old)
ARISTADA PRSY 441 MG/1.6ML	2	Limit 1 syringe each month; QL(0.05 7 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA PRSY 662 MG/2.4ML	2	Limit 1 syringe each month; QL(0.08 6 ml daily); AL(At least 18 yrs old)
ARISTADA PRSY 882 MG/3.2ML	2	Limit 1 syringe each month; QL(0.11 43 ml daily); AL(At least 18 yrs old)
REXULTI TABS	2	QL(1 ea daily); AL(At least 18 yrs old)
Thioxanthenes		
<i>thiothixene caps</i>	1	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde soln 10%, 10 %</i>	1	QL(90 ml per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate liqd 4 %</i>	1	
<i>dakin's solution soln</i>	1	
DAKINS SOLUTION FULL STRENGTH SOLN (Use <i>Dakin's Solution</i>)	NP	
DAKINS SOLUTION HALF STRENGTH SOLN (Use <i>Dakin's Solution</i>)	NP	
DAKINS SOLUTION QUARTER STRENGTH SOLN (Use <i>Dakin's Solution</i>)	NP	
HIBICLENS LIQD (Use <i>Chlorhexidine Gluconate</i>)	NP	
Iodine Antiseptics		
BETADINE SOLN 10 % (Use <i>Povidone-Iodine</i>)	NP	
<i>povidone-iodine soln 10 %</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		

Drug Name	Drug Tier	Requirements/Limits
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	1	QL(30 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	1	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	1	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	QL(10 ml daily)
<i>atazanavir sulfate caps 150 mg, 200 mg</i>	1	QL(2 ea daily)
<i>atazanavir sulfate caps 300 mg</i>	1	
ATRIPLA TABS	2	QL(1 ea daily)
COMBIVIR TABS (Use Lamivudine-Zidovudine)	NP	QL(2 ea daily)
COMPLERA TABS	2	ST; QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DESCOVY TABS	2	QL(1 ea daily)
<i>didanosine cpdr</i>	1	QL(1 ea daily)
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1	QL(1 ea daily)
<i>efavirenz caps 50 mg</i>	1	QL(2 ea daily)
<i>efavirenz tabs 600 mg</i>	1	QL(1 ea daily)
EMTRIVA CAPS 200 MG	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (Use Lamivudine)	NP	QL(30 ml daily)
EPIVIR TABS 150 MG (Use Lamivudine)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EPIVIR TABS 300 MG (Use Lamivudine)	NP	QL(1 ea daily)
EPZICOM TABS (Use Abacavir Sulfate-Lamivudine)	NP	QL(1 ea daily)
EVOTAZ TABS	2	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	2	PA
GENVOYA TABS	2	QL(1 ea daily)
INTELENCE TABS 200 MG	2	QL(2 ea daily)
INTELENCE TABS 25 MG, 100 MG	2	QL(4 ea daily)
INVIRASE CAPS 200 MG	2	QL(10 ea daily)
INVIRASE TABS 500 MG	2	QL(4 ea daily)
ISENTRESS CHEW 100 MG	2	QL(6 ea daily)
ISENTRESS CHEW 25 MG	2	QL(12 ea daily)
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS PACK 100 MG	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	2	QL(1 ea daily)
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	NP	QL(16 ml daily)
KALETRA TABS 100MG-25MG	2	QL(4 ea daily)
KALETRA TABS 200MG-50MG	2	QL(6 ea daily)
<i>lamivudine soln 10 mg/ml</i>	1	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	1	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	1	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)
LEXIVA TABS 700 MG (Use Fosamprenavir Calcium)	NP	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	QL(16 ml daily)
<i>nevirapine susp 50 mg/5ml</i>	1	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	1	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	1	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	1	QL(1 ea daily)
NORVIR CAPS 100 MG	2	QL(12 ea daily)
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG (Use Ritonavir)	NP	QL(12 ea daily)
ODEFSEY TABS	2	QL(1 ea daily)
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG	2	QL(3 ea daily)
PREZISTA TABS 75 MG, 600 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	2	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	2	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use Zidovudine)	NP	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	2	PA
RETROVIR SYRP 50 MG/5ML (Use Zidovudine)	NP	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG (Use Atazanavir Sulfate)	NP	QL(2 ea daily)
REYATAZ CAPS 300 MG (Use Atazanavir Sulfate)	NP	

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50 MG	2	QL(6 ea daily)
<i>ritonavir tabs</i>	1	QL(12 ea daily)
SELZENTRY SOLN 20 MG/ML	2	QL(35 ml daily)
SELZENTRY TABS 25 MG, 75 MG, 150 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps</i>	1	QL(2 ea daily)
STRIBILD TABS	2	ST; QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use Efavirenz)	NP	QL(1 ea daily)
SUSTIVA CAPS 50 MG (Use Efavirenz)	NP	QL(2 ea daily)
SUSTIVA TABS 600 MG (Use Efavirenz)	NP	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
TIVICAY TABS 10 MG, 25 MG	2	
TIVICAY TABS 50 MG	2	QL(2 ea daily)
TRIUMEQ TABS	2	QL(1 ea daily); AL(At least 18 yrs old)
TRIZIVIR TABS (Use Abacavir Sulfate-Lamivudine-Zidovudine)	NP	QL(2 ea daily)
TRUVADA TABS	2	QL(1 ea daily)
TYBOST TABS	2	QL(1 ea daily); AL(At least 18 yrs old)
VIDEX EC CPDR 125 MG	2	QL(1 ea daily)
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (Use Didanosine)	NP	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	2	QL(20 ml daily)
VIRACEPT TABS 250 MG	2	QL(9 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VIRAMUNE SUSP 50 MG/5ML (Use Nevirapine)	NP	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use Nevirapine)	NP	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (Use Nevirapine)	NP	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (Use Nevirapine)	NP	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	QL(8 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	NP	QL(1 ea daily)
VITEKTA TABS	2	QL(1 ea daily); AL(At least 18 yrs old)
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	NP	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	2	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (Use Abacavir Sulfate)	NP	QL(30 ml daily)
ZIAGEN TABS 300 MG (Use Abacavir Sulfate)	NP	QL(2 ea daily)
zidovudine caps 100 mg	1	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	1	QL(60 ml daily)
zidovudine tabs 300 mg	1	QL(2 ea daily)
CMV Agents		
VALCYTE TABS 450 MG (Use Valganciclovir HCl)	NP	QL(2 ea daily)
valganciclovir hcl tabs 450 mg	1	QL(2 ea daily)
Hepatitis Agents		
adefovir dipivoxil tabs	1	PA
BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir)	NP	PA
COPEGUS TABS (Use Ribavirin (Hepatitis C))	CO	PA
DAKLINZA TABS	CO	PA

Drug Name	Drug Tier	Requirements/ Limits
entecavir tabs	1	PA
EPCLUSA TABS	CO	
HARVONI TABS	CO	
HEPSERA TABS (Use Adefovir Dipivoxil)	NP	PA
MODERIBA 1200 DOSE PACK TABS	CO	PA
MODERIBA 800 DOSE PACK TABS	CO	PA
OLYSIO CAPS	CO	PA
PEG-INTRON REDIPEN KIT	CO	PA
PEGASYS PROCLICK SOLN	CO	PA
PEGASYS SOLN	CO	PA
PEGINTRON KIT	CO	PA
REBETOL CAPS 200 MG (Use Ribavirin (Hepatitis C))	CO	PA
REBETOL SOLN 40 MG/ML	CO	PA
RIBASPHERE RIBAPAK TABS	CO	PA
RIBASPHERE TABS	CO	PA
ribavirin (hepatitis c) caps	CO	PA
ribavirin (hepatitis c) tabs	CO	PA
SOVALDI TABS	CO	PA
TECHNIVIE TABS	CO	
VIEKIRA PAK TBPK	CO	
VIEKIRA XR TB24	CO	
VOSEVI TABS	CO	
ZEPATIER TABS	CO	
Herpes Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir caps 200 mg</i>	1	QL(1.67 ea daily)
<i>acyclovir susp 200 mg/5ml</i>	1	QL(13.34 ml daily)
<i>acyclovir tabs 400 mg</i>	1	QL(3 ea daily)
<i>acyclovir tabs 800 mg</i>	1	QL(1.67 ea daily)
<i>famciclovir tabs</i>	1	
FAMVIR TABS (Use Famciclovir)	NP	
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(42 ea per 21 days retail)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM (Use Valacyclovir HCl)	NP	QL(42 ea per 21 days retail)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NP	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NP	QL(1.67 ea daily)
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NP	QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG (Use Acyclovir)	NP	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (Use Acyclovir)	NP	QL(1.67 ea daily)
Influenza Agents		
<i>oseltamivir phosphate caps or 30 mg</i>	1	QL(20 ea per 30 days retail)
<i>oseltamivir phosphate caps or 45 mg, 75 mg</i>	1	QL(10 ea per 30 days retail)
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	QL(120 ml per 30 days retail)
RELENZA DISKHALER AEPB	2	AL(At least 6 yrs old)
TAMIFLU CAPS 30 MG (Use Oseltamivir Phosphate)	NP	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG (Use Oseltamivir Phosphate)	NP	QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML (Use Oseltamivir Phosphate)	NP	QL(120 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	1	QL(1 ea daily)
<i>carvedilol tabs 12.5 mg, 6.25 mg, 3.125 mg</i>	1	QL(2 ea daily)
<i>carvedilol tabs 25 mg</i>	1	QL(4 ea daily)
COREG CR CP24 (Use Carvedilol Phosphate)	NP	QL(1 ea daily)
COREG TABS 12.5 MG, 6.25 MG, 3.125 MG (Use Carvedilol)	NP	QL(2 ea daily)
COREG TABS 25 MG (Use Carvedilol)	NP	QL(4 ea daily)
<i>labetalol hcl tabs or 100 mg</i>	1	QL(3 ea daily)
<i>labetalol hcl tabs or 200 mg</i>	1	QL(6 ea daily)
<i>labetalol hcl tabs or 300 mg</i>	1	QL(8 ea daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	QL(2 ea daily)
<i>bisoprolol fumarate tabs</i>	1	QL(1 ea daily)
LOPRESSOR TABS 100 MG (Use Metoprolol Tartrate)	NP	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (Use Metoprolol Tartrate)	NP	QL(4 ea daily)
<i>metoprolol succinate tb24 200 mg</i>	1	QL(2 ea daily)
<i>metoprolol succinate tb24 25 mg, 50 mg, 100 mg</i>	1	QL(4 ea daily)
<i>metoprolol tartrate tabs or 100 mg</i>	1	QL(4.5 ea daily)
<i>metoprolol tartrate tabs or 25 mg, 50 mg</i>	1	QL(4 ea daily)
SECTRAL CAPS (Use Acebutolol HCl)	NP	
TENORMIN TABS (Use Atenolol)	NP	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TOPROL XL TB24 200 MG (Use Metoprolol Succinate)	NP	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use Metoprolol Succinate)	NP	QL(4 ea daily)
ZEBETA TABS (Use Bisoprolol Fumarate)	NP	QL(1 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use Sotalol HCl (AFIB/AFL))	NP	QL(2 ea daily)
BETAPACE TABS (Use Sotalol HCl)	NP	
CORGARD TABS (Use Nadolol)	NP	QL(2 ea daily)
HEMANGEOL SOLN	2	PA
INDERAL LA CP24 (Use Propranolol HCl)	NP	
INDERAL XL CP24	2	
INNOPRAN XL CP24	2	
nadolol tabs	1	QL(2 ea daily)
pindolol tabs	1	
propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg	1	
PROPRANOLOL HCL POWD XX	2	
propranolol hcl soln iv 1 mg/ml	1	
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	2	
propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (afib/af) tabs	1	QL(2 ea daily)
sotalol hcl tabs	1	
TIMOLOL MALEATE TABS	2	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 90 MG (Use Nifedipine)	NP	QL(1 ea daily)
ADALAT CC TB24 60 MG (Use Nifedipine)	NP	QL(2 ea daily)
amlodipine besylate tabs	1	QL(1 ea daily)
CALAN SR TBCR (Use Verapamil HCl)	NP	QL(2 ea daily)
CALAN TABS (Use Verapamil HCl)	NP	QL(3 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use Diltiazem HCl Coated Beads)	NP	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (Use Diltiazem HCl Coated Beads)	NP	QL(2 ea daily)
CARDIZEM TABS (Use Diltiazem HCl)	NP	QL(3 ea daily)
diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg	1	QL(1 ea daily)
diltiazem hcl coated beads cp24 240 mg	1	QL(2 ea daily)
diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg	1	QL(2 ea daily)
diltiazem hcl cp24 or 120 mg, 180 mg	1	QL(1 ea daily)
diltiazem hcl cp24 or 240 mg	1	QL(2 ea daily)
diltiazem hcl extended release beads cp24 120 mg, 180 mg, 300 mg, 360 mg, 420 mg	1	QL(1 ea daily)
diltiazem hcl extended release beads cp24 240 mg	1	QL(2 ea daily)
diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg	1	QL(3 ea daily)
felodipine tb24	1	QL(1 ea daily)
nicardipine hcl caps or 20 mg, 30 mg	1	
nifedipine caps 10 mg, 20 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tb24 30 mg, 90 mg</i>	1	QL(1 ea daily)
<i>nifedipine tb24 60 mg</i>	1	QL(2 ea daily)
NORVASC TABS (<i>Use Amlodipine Besylate</i>)	NP	QL(1 ea daily)
PROCARDIA CAPS (<i>Use Nifedipine</i>)	NP	QL(4 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (<i>Use Nifedipine</i>)	NP	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (<i>Use Nifedipine</i>)	NP	QL(2 ea daily)
TIAZAC CP24 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>Use Diltiazem HCl Extended Release Beads</i>)	NP	QL(1 ea daily)
TIAZAC CP24 240 MG (<i>Use Diltiazem HCl Extended Release Beads</i>)	NP	QL(2 ea daily)
<i>verapamil hcl cp24 or 100 mg, 200 mg</i>	1	QL(2 ea daily)
<i>verapamil hcl cp24 or 120 mg, 180 mg, 240 mg, 300 mg</i>	1	QL(1 ea daily)
VERAPAMIL HCL SR CP24	2	QL(1 ea daily)
<i>verapamil hcl tabs or 40 mg, 80 mg, 120 mg</i>	1	QL(3 ea daily)
<i>verapamil hcl tbc or 120 mg, 180 mg, 240 mg</i>	1	QL(2 ea daily)
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>Use Verapamil HCl</i>)	NP	QL(1 ea daily)
VERELAN CP24 360 MG	2	QL(1 ea daily)
VERELAN PM CP24 100 MG, 200 MG (<i>Use Verapamil HCl</i>)	NP	QL(2 ea daily)
VERELAN PM CP24 300 MG (<i>Use Verapamil HCl</i>)	NP	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		

Drug Name	Drug Tier	Requirements/Limits
DIGOXIN SOLN OR 0.05 MG/ML	2	
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN TABS OR 125 MCG, 250 MCG (<i>Use Digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Peripheral Vasodilators		
<i>isoxsuprine hcl tabs 10 mg</i>	1	
ISOXSUPRINE HCL TABS 20 MG	2	
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	1	PA; SP
FLOLAN SOLR (<i>Use Epoprostenol Sodium</i>)	NP	PA; SP
ORENITRAM TBCR	2	PA; SP
REMODULIN SOLN	2	PA; SP
TYVASO REFILL SOLN	2	PA; SP
TYVASO SOLN	2	PA; SP
TYVASO STARTER SOLN	2	PA; SP
VELETRI SOLR	2	PA; SP
VENTAVIS SOLN	2	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	2	PA; SP
OPSUMIT TABS	2	PA; SP
TRACLEER TABS	2	PA; SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (<i>Use Tadalafil (Pulmonary Hypertension)</i>)	NP	PA; SP

Drug Name	Drug Tier	Requirements/Limits
REVATIO SOLN IV 10 MG/12.5ML (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NP	PA; SP
REVATIO SUSR OR 10 MG/ML	2	PA; SP
REVATIO TABS OR 20 MG (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NP	PA; SP
<i>sildenafil citrate (pulmonary hypertension) soln</i>	1	PA; SP
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	1	PA; SP
<i>tadalafil (pulmonary hypertension) tabs</i>	1	PA; SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	2	PA; SP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cephalexin caps 250 mg, 500 mg</i>	1	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	
KEFLEX CAPS 250 MG, 500 MG (<i>Use Cephalexin</i>)	NP	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
<i>cefprozil susr 125 mg/5ml, 250 mg/5ml</i>	1	AL(Up to 12 yrs old)
<i>cefprozil tabs 250 mg, 500 mg</i>	1	QL(20 ea per fill retail)
CEFTIN SUSR 125 MG/5ML, 250 MG/5ML	2	AL(Up to 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
CEFTIN TABS 500 MG (<i>Use Cefuroxime Axetil</i>)	NP	QL(20 ea per fill retail)
<i>cefuroxime axetil tabs</i>	1	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir caps 300 mg</i>	1	QL(20 ea per fill retail)
<i>cefdinir susr 125 mg/5ml, 250 mg/5ml</i>	1	
<i>ceftriaxone sodium solr ij 1 gm, 250 mg, 500 mg</i>	1	QL(3 ea per fill retail)
<i>ceftriaxone sodium solr iv 1 gm</i>	1	QL(3 ea per fill retail)
CHEMICALS		
Bulk Chemicals - A's		
ALPRAZOLAM POWD XX	2	
ARGININE HCL POWD	2	RX/OTC
L-ARGININE HCL POWD	2	RX/OTC
Bulk Chemicals - B's		
BUPROPION HCL POWD XX	2	
BUPROPION HYDROCHLORIDE POWD	2	
BUSPIRONE HCL POWD XX	2	
Bulk Chemicals - C's		
CYPROHEPTADINE HCL POWD XX	2	
Bulk Chemicals - D's		
DIAZEPAM POWD XX	2	
Bulk Chemicals - F's		
FLUOXETINE HCL POWD XX	2	
Bulk Chemicals - H's		
HALOPERIDOL POWD XX	2	
HYDROXYZINE HCL POWD XX	2	
Bulk Chemicals - L's		

Drug Name	Drug Tier	Requirements/ Limits
LORAZEPAM POWD XX	2	
Bulk Chemicals - P's		
PHENELZINE SULFATE POWD XX	2	
Bulk Chemicals - S's		
SERTRALINE HCL POWD XX	2	
Bulk Chemicals - V's		
SODIUM VALPROATE POWD	2	
VALPROATE SODIUM POWD XX	2	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BREVICON-28 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	NP	
CYCLESSA TABS (<i>Use Desogestrel-Ethinyl Estradiol (Triphasic)</i>)	NP	
DESOGEN TABS (<i>Use Desogestrel & Ethinyl Estradiol</i>)	NP	
<i>desogestrel & ethinyl estradiol tabs</i>	1	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	1	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	1	
<i>drospirenone-ethinyl estradiol tabs 3mg-0.02mg</i>	1	QL(1 ea daily)
<i>drospirenone-ethinyl estradiol tabs 3mg-0.03mg</i>	1	
ESTROSTEP FE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol-Fe</i>)	NP	
<i>ethynodiol diacet & eth estrad tabs</i>	1	
FEMCON FE CHEW (<i>Use Norethindrone & Ethinyl Estradiol-Fe</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
GENERESS FE CHEW (<i>Use Norethindrone & Ethinyl Estradiol-Fe</i>)	NP	
<i>levonorgestrel & eth estradiol tabs</i>	1	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	1	QL(1 ea daily)
LOESTRIN 1.5/30-21 TABS (<i>Use Norethindrone Acet & Eth Estra</i>)	NP	
LOESTRIN 1/20-21 TABS (<i>Use Norethindrone Acet & Eth Estra</i>)	NP	
LOESTRIN FE 1.5/30 TABS (<i>Use Norethin Acet & Estrad-Fe</i>)	NP	
LOESTRIN FE 1/20 TABS (<i>Use Norethin Acet & Estrad-Fe</i>)	NP	
MIRCETTE TABS (<i>Use Desogestrel-Ethinyl Estradiol (Biphasic)</i>)	NP	
MODICON TABS (<i>Use Norethindrone & Eth Estradiol</i>)	NP	
NECON 1/50-28 TABS	2	
NECON 10/11-28 TABS	2	
<i>norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg</i>	1	
<i>norethindrone & eth estradiol tabs</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew</i>	1	
<i>norethindrone acet & eth estra tabs</i>	1	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	1	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol tabs</i>	1	
<i>norgestrel & ethinyl estradiol tabs</i>	1	QL(2 ea daily)
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	NP	
OGESTREL TABS	2	
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NP	
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NP	
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	NP	
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	NP	
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NP	
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	NP	
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NP	QL(1 ea daily)
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NP	
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	NP	
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
XULANE PTWK	2	QL(0.11 ea daily)
Combination Contraceptives - Vaginal		
NUVARING RING	2	QL(1 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Emergency Contraceptives		
ELLA TABS	2	QL(4 ea per 365 days retail)
<i>levonorgestrel (emergency oc) tabs</i>	1	QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (Use Levonorgestrel (Emergency OC))	NP	QL(1 ea per 21 days retail)
Progestin Contraceptives - IUD		
KYLEENA IUD	2	SP
LILETTA IUD	2	SP
MIRENA IUD	2	SP
SKYLA IUD	2	SP; PV
Progestin Contraceptives - Implants		
NEXPLANON IMPL	2	SP; PV
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use Medroxyprogesterone Acetate (Contraceptive))	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use Medroxyprogesterone Acetate (Contraceptive))	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY	2	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susp</i>	1	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	1	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
NOR-QD TABS (Use Norethindrone (Contraceptive))	NP	
<i>norethindrone (contraceptive) tabs</i>	1	
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	NP	

Drug Name	Drug Tier	Requirements/ Limits
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS (Use Hydrocortisone)	NP	
CORTISONE ACETATE TABS	2	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	1	QL(5 ml daily)
DEXAMETHASONE SOLN 0.5 MG/5ML	2	
<i>dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	1	
DEXAMETHASONE TABS 1 MG, 2 MG	2	
<i>hydrocortisone tabs</i>	1	
MEDROL DOSEPAK TBP (Use Methylprednisolone)	NP	
MEDROL TABS 4 MG, 8 MG (Use Methylprednisolone)	NP	
<i>methylprednisolone tabs or 4 mg, 8 mg</i>	1	
<i>methylprednisolone tbpk or 4 mg</i>	1	
MILLIPRED TABS 5 MG	2	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	NP	
<i>prednisolone sodium phosphate soln or 15 mg/5ml</i>	1	QL(240 ml per fill retail)
<i>prednisolone sodium phosphate soln or 20 mg/5ml</i>	1	QL(150 ml per fill retail)
<i>prednisolone sodium phosphate soln or 5 mg/5ml</i>	1	
<i>prednisolone soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PREDNISOLONE SOLN	2	
<i>prednisolone syrp</i>	1	
PREDNISONE INTENSOL CONC	2	
PREDNISONE SOLN 5 MG/5ML	2	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
PREDNISONE TABS 50 MG	2	
PREDNISONE TBP 5 MG, 10 MG	2	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	NP	QL(150 ml per fill retail)
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	AL(At least 10 yrs old)
<i>benzonatate caps 200 mg</i>	1	QL(30 ea per fill retail); AL(At least 10 yrs old)
DELSYM COUGH CHILDRENS SUER (Use Dextromethorphan Polistirex)	NP	
DELSYM SUER (Use Dextromethorphan Polistirex)	NP	
<i>dextromethorphan polistirex suer</i>	1	
<i>hydrocodone w/ homatropine syrp 5mg/5ml-1.5mg/5ml</i>	1	AL(At least 18 yrs old)
TESSALON PERLES CAPS (Use Benzonatate)	NP	AL(At least 10 yrs old)
Cough/Cold/Allergy Combinations		

Drug Name	Drug Tier	Requirements/ Limits
ADVIL COLD & SINUS TABS (Use Pseudoephedrine-Ibuprofen)	NP	
brompheniramine & phenyleph elix 1mg/5ml-2.5mg/5ml, 1mg/5ml-1mg/5ml-2.5mg/5ml-2.5mg/5ml	1	QL(120 ml per fill retail)
brompheniramine & pseudoeph elix	1	QL(120 ml per fill retail)
brompheniramine & pseudoeph liqd	1	QL(120 ml per fill retail)
BROTAPP DM LIQD	2	QL(240 ml per fill retail)
cetirizine-pseudoephedrine tb12	1	QL(2 ea daily)
CHERACOL PLUS LIQD (Use Dextromethorphan-Guaifenesin)	NP	QL(240 ml per fill retail)
CHERACOL-D COUGH LIQD (Use Dextromethorphan-Guaifenesin)	NP	QL(240 ml per fill retail)
CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine)	NP	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	NP	QL(1 ea daily)
CLEAR COUGH PM MULTI-SYMPTOM LIQD (Use Dextromethorphan-Doxylamine-Acetaminophen)	NP	
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (Use Dextromethorphan-Phenylephrine-Acetaminophen)	NP	

Drug Name	Drug Tier	Requirements/ Limits
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%	1	
dextromethorphan-guaifenesin liqd 10mg/5ml-100mg/5ml, 10mg/5ml-200mg/5ml, 20mg/10ml-200mg/10ml, 20mg/10ml-400mg/10ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml	1	QL(240 ml per fill retail)
dextromethorphan-guaifenesin liqd 5mg/5ml-100mg/5ml, 20mg/20ml-400mg/20ml	1	
dextromethorphan-guaifenesin soln 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml	1	QL(240 ml per fill retail)
dextromethorphan-guaifenesin syrp 10mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml	1	QL(240 ml per fill retail)
dextromethorphan-guaifenesin tabs 20mg-400mg, 20mg-20mg-400mg-400mg	1	
dextromethorphan-guaifenesin tb12 30mg-600mg	1	QL(2 ea daily, 210 ea per fill retail)
dextromethorphan-phenylephrine-acetaminophen caps 10mg-325mg-5mg, 10mg-10mg-325mg-325mg-5mg-5mg	1	
DIMETAPP COLD & ALLERGY ELIX 1MG/5ML-2.5MG/5ML (Use Brompheniramine & Phenyleph)	NP	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ED BRON GP LIQD	2	QL(240 ml per 6 days retail)
<i>guaifenesin-codeine liqd 100mg/5ml-10mg/5ml</i>	1	
<i>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</i>	1	
<i>guaifenesin-codeine syrup 100mg/5ml-10mg/5ml</i>	1	
LOHIST-D LIQD	2	QL(240 ml per fill retail)
<i>loratadine & pseudoephedrine tb12 5mg-120mg</i>	1	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg</i>	1	QL(1 ea daily)
MUCINEX D MAXIMUM STRENGTH TB12 (Use <i>Pseudoephedrine-Guaifenesin</i>)	NP	
MUCINEX D TB12 (Use <i>Pseudoephedrine-Guaifenesin</i>)	NP	QL(210 ea per fill retail)
MUCINEX DM TB12 (Use <i>Dextromethorphan-Guaifenesin</i>)	NP	QL(2 ea daily, 210 ea per fill retail)
<i>phenylephrine-chlorphen-dm liqd 15mg/5ml-4mg/5ml-10mg/5ml</i>	1	QL(240 ml per fill retail)
<i>phenylephrine-dm liqd</i>	1	QL(240 ml per fill retail)
<i>phenylephrine-dm soln</i>	1	QL(240 ml per fill retail)
<i>promethazine & phenylephrine soln</i>	1	QL(240 ml per 6 days retail); AL(At least 2 yrs old)
<i>promethazine & phenylephrine syrup</i>	1	QL(240 ml per 6 days retail); AL(At least 2 yrs old)
<i>promethazine w/codeine soln</i>	1	QL(240 ml per fill retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine w/codeine syrup</i>	1	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>promethazine-dm syrup</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
PROMETHAZINE/PHENYL EPHRINE SYRP	2	QL(240 ml per 6 days retail); AL(At least 2 yrs old)
<i>pseudoephed-bromphen-dm elix</i>	1	QL(240 ml per fill retail)
<i>pseudoephed-bromphen-dm syrup</i>	1	QL(240 ml per fill retail)
<i>pseudoephedrine-chlorphen-dm liqd</i>	1	QL(240 ml per fill retail)
<i>pseudoephedrine-guaifenesin tb12 120mg-1200mg</i>	1	
<i>pseudoephedrine-guaifenesin tb12 60mg-600mg</i>	1	QL(210 ea per fill retail)
<i>pseudoephedrine-ibuprofen tabs</i>	1	
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH LIQD (Use <i>Dextromethorphan-Guaifenesin</i>)	NP	QL(240 ml per fill retail)
ROBITUSSIN PEAK COLD DM SYRP (Use <i>Dextromethorphan-Guaifenesin</i>)	NP	QL(240 ml per fill retail)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SOLN	2	QL(240 ml per fill retail)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	2	QL(240 ml per fill retail)
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use <i>Cetirizine-Pseudoephedrine</i>)	NP	QL(2 ea daily)
Expectorants		

Drug Name	Drug Tier	Requirements/ Limits
<i>guaifenesin liqd 100 mg/5ml, 200 mg/10ml, 400 mg/20ml</i>	1	QL(240 ml per 6 days retail)
<i>guaifenesin soln 100 mg/5ml, 200 mg/10ml, 300 mg/15ml</i>	1	QL(240 ml per 6 days retail)
<i>guaifenesin syrp 100 mg/5ml, 200 mg/10ml</i>	1	QL(240 ml per 6 days retail)
<i>guaifenesin tb12 1200 mg</i>	1	
<i>guaifenesin tb12 600 mg</i>	1	QL(2 ea daily,40 ea per fill retail)
MUCINEX MAXIMUM STRENGTH TB12 (Use <i>Guaifenesin</i>)	NP	
MUCINEX TB12 (Use <i>Guaifenesin</i>)	NP	QL(2 ea daily,40 ea per fill retail)
Misc. Respiratory Inhalants		
<i>HYPER-SAL NEBU (Use Sodium Chloride (Inhalant))</i>	NP	
<i>HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))</i>	NP	
<i>sodium chloride (inhalant) nebu 0.9 %, 3 %, 7 %, 10 %</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ACNE MEDICATION 10 LOTN	2	
ACNE MEDICATION 5 LOTN	2	
BENZAC AC WASH LIQD (Use <i>Benzoyl Peroxide</i>)	NP	RX/OTC
BENZOYL PEROXIDE CLEANSER LOTN 6 %	2	
<i>benzoyl peroxide crea 10 %</i>	1	
<i>benzoyl peroxide gel 10 %</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BENZOYL PEROXIDE GEL 2.5 %	2	
<i>benzoyl peroxide gel 5 %</i>	1	
<i>benzoyl peroxide liqd 4 %</i>	1	
<i>benzoyl peroxide liqd 5 %, 10 %</i>	1	RX/OTC
<i>benzoyl peroxide lotn 6 %</i>	1	
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	2	
CLEOCIN-T LOTN (Use <i>Clindamycin Phosphate (Topical)</i>)	NP	
CLEOCIN-T SOLN (Use <i>Clindamycin Phosphate (Topical)</i>)	NP	
<i>clindamycin phosphate (topical) lotn</i>	1	
<i>clindamycin phosphate (topical) soln</i>	1	
DESQUAM-X WASH LIQD (Use <i>Benzoyl Peroxide</i>)	NP	RX/OTC
ERYGEL GEL (Use <i>Erythromycin (Acne Aid)</i>)	NP	
<i>erythromycin (acne aid) gel</i>	1	
<i>erythromycin (acne aid) soln</i>	1	
KLARON LOTN (Use <i>Sulfacetamide Sodium (Acne)</i>)	NP	QL(120 ml per fill retail)
PANOXYL-4 CREAMY WASH LIQD (Use <i>Benzoyl Peroxide</i>)	NP	
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (Use <i>Tretinoin</i>)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.01 % (Use <i>Tretinoin</i>)	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.025 % (Use <i>Tretinoin</i>)	NP	AL(Up to 35 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
SODIUM SULFACETAMIDE/SULFUR LOTN	2	1 package / claim; QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP	2	1 package / claim; QL(30 gm per fill retail)
<i>sulfacetamide sodium (acne) lotn</i>	1	QL(120 ml per fill retail)
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	1	QL(20 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin gel 0.01 %</i>	1	QL(15 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin gel 0.025 %</i>	1	AL(Up to 35 yrs old)
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(6.68 gm daily)
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	NP	QL(6.68 gm daily)
Antibiotics - Topical		
BACIGUENT OINT (Use Bacitracin (Topical))	NP	
<i>bacitracin (topical) oint</i>	1	
<i>bacitracin zinc oint</i>	1	QL(30 gm per fill retail)
<i>bacitracin-polymyxin b oint</i>	1	
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	NP	
CENTANY OINT	2	1 package / claim; QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) crea</i>	1	1 package / claim; QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate (topical) oint</i>	1	1 package / claim; QL(30 gm per fill retail)
<i>mupirocin calcium (topical) crea</i>	1	
<i>mupirocin oint</i>	1	1 package / claim; QL(30 gm per fill retail)
<i>neomycin-bacitracin-polymyxin oint</i>	1	QL(1 gm daily)
<i>neomycin-polymyxin w/ pramoxine crea</i>	1	QL(0.5 gm daily)
NEOSPORIN ORIGINAL OINT (Use Neomycin-Bacitracin-Polymyxin)	NP	QL(1 gm daily)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (Use Neomycin-Polymyxin w/ Pramoxine)	NP	QL(0.5 gm daily)
POLYSPORIN OINT (Use Bacitracin-Polymyxin B)	NP	
Antifungals - Topical		
<i>clotrimazole (topical) crea</i>	1	RX/OTC
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	QL(1.5 gm daily)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(1 ml daily)
<i>econazole nitrate crea</i>	1	QL(30 gm per fill retail)
<i>ketoconazole (topical) crea</i>	1	
<i>ketoconazole (topical) sham</i>	1	QL(4 ml daily)
LAMISIL AT CREA (Use Terbinafine HCl (Topical))	NP	
LAMISIL AT JOCK ITCH CREA (Use Terbinafine HCl (Topical))	NP	
LOTRIMIN AF CREA 1 % (Use Clotrimazole (Topical))	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN AF FOR HER CREA (Use Clotrimazole (Topical))	NP	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use Clotrimazole (Topical))	NP	RX/OTC
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	NP	QL(1.5 gm daily)
MICATIN CREA (Use Miconazole Nitrate (Topical))	NP	QL(1.5 ml daily)
miconazole nitrate (topical) crea	1	QL(1.5 ml daily)
NIZORAL SHAM (Use Ketoconazole (Topical))	NP	QL(4 ml daily)
nystatin (topical) crea	1	1 package / claim;QL(30 gm per fill retail)
nystatin (topical) oint	1	
nystatin (topical) powd	1	
nystatin-triamcinolone crea	1	
nystatin-triamcinolone oint	1	
terbinafine hcl (topical) crea	1	
TINACTIN CREA (Use Tolnaftate)	NP	QL(30 gm per fill retail)
TINACTIN JOCK ITCH CREA (Use Tolnaftate)	NP	QL(30 gm per fill retail)
tolnaftate crea	1	QL(30 gm per fill retail)
Antihistamines-Topical		
diphenhydramine hcl (topical) crea	1	
ITCH RELIEF CREA	2	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	2	
EFUDEX CREA (Use Fluorouracil (Topical))	NP	QL(40 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
fluorouracil (topical) crea	1	QL(40 gm per fill retail)
FLUOROURACIL CREA EX 0.5 %	2	
FLUOROURACIL SOLN EX 2 %, 5 %	2	QL(10 ml per fill retail)
TARGRETIN GEL EX 1 %	2	PA; SP
Antipruritics - Topical		
camphor & menthol lotn 0.5%-0.5%	1	
SARNA LOTN (Use Camphor & Menthol)	NP	
Antipsoriatics		
calcipotriene crea	1	QL(2 gm daily)
calcipotriene soln	1	QL(2 ml daily)
COSENTYX SENSOREADY PEN SOAJ	2	PA; SP
COSENTYX SOSY	2	PA; SP
DOVONEX CREA (Use Calcipotriene)	NP	QL(2 gm daily)
STELARA SOSY	2	PA; SP
tazarotene crea	1	QL(2 gm daily); AL(Up to 21 yrs old)
TAZORAC CREA 0.05 %	2	QL(2 gm daily); AL(Up to 21 yrs old)
TAZORAC CREA 0.1 % (Use Tazarotene)	NP	QL(2 gm daily); AL(Up to 21 yrs old)
TAZORAC GEL 0.05 %, 0.1 %	2	QL(2 gm daily); AL(Up to 21 yrs old)
Antiseborrheic Products		
OVACE PLUS WASH LIQD (Use Sulfacetamide Sodium)	NP	
OVACE WASH LIQD (Use Sulfacetamide Sodium)	NP	
selenium sulfide lotn 1 %	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>selenium sulfide lotn 2.5 %</i>	1	QL(120 ml per fill retail)
<i>selenium sulfide sham 1 %</i>	1	
SELSUN BLUE DAILY LOTN (Use Selenium Sulfide)	NP	
SELSUN BLUE LOTN (Use Selenium Sulfide)	NP	
SELSUN BLUE MEDICATED LOTN (Use Selenium Sulfide)	NP	
SELSUN BLUE MOISTURIZING LOTN (Use Selenium Sulfide)	NP	
<i>sulfacetamide sodium liq d ex</i>	1	
Antivirals - Topical		
ABREVA CREA	2	
<i>acyclovir topical oint</i>	1	QL(1 gm daily)
ZOVIRAX CREA EX 5 %	2	
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NP	QL(1 gm daily)
Burn Products		
SILVADENE CREA (Use Silver Sulfadiazine)	NP	
<i>silver sulfadiazine crea</i>	1	
Corticosteroids - Topical		
<i>betamethasone dipropionate (topical) crea</i>	1	1 rtl pack lmt per fill,
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone valerate crea 0.1 %</i>	1	
<i>betamethasone valerate lotn 0.1 %</i>	1	
<i>betamethasone valerate oint 0.1 %</i>	1	
<i>clobetasol propionate crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate emollient base crea</i>	1	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate soln</i>	1	
<i>desonide crea</i>	1	1 rtl pack lmt per fill,
<i>desonide oint</i>	1	1 rtl pack lmt per fill,
DESOWEN CREA (Use Desonide)	NP	1 rtl pack lmt per fill,
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	NP	
ELOCON CREA (Use Mometasone Furoate)	NP	
ELOCON OINT (Use Mometasone Furoate)	NP	
EPIFOAM FOAM	2	
<i>fluocinonide crea 0.05 %</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate oint 0.005 %</i>	1	
<i>hydrocortisone (topical) crea 0.5 %</i>	1	
<i>hydrocortisone (topical) crea 1%, 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	QL(4 gm daily)
<i>hydrocortisone (topical) lotn 1 %, 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 0.5 %, 2.5 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) oint 1 %</i>	1	QL(2 gm daily); RX/OTC
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone-aloe vera crea 1%</i>	1	
LOCOID SOLN (<i>Use Hydrocortisone Butyrate</i>)	NP	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (<i>Use Hydrocortisone (Topical)</i>)	NP	RX/OTC
TEMOVATE CREA (<i>Use Clobetasol Propionate</i>)	NP	
TEMOVATE E CREA (<i>Use Clobetasol Propionate Emollient Base</i>)	NP	
TEMOVATE OINT (<i>Use Clobetasol Propionate</i>)	NP	
<i>triamcinolone acetonide (topical) crea 0.025 %</i>	1	QL(4 gm daily)
<i>triamcinolone acetonide (topical) crea 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDESILON CREA (<i>Use Desonide</i>)	NP	1 rtl pack lmt per fill,
Diaper Rash Products		
<i>diaper rash products oint</i>	1	
Emollient/Keratolytic Agents		
<i>urea crea 40 %</i>	1	RX/OTC
<i>urea lotn 40 %</i>	1	
Emollients		

Drug Name	Drug Tier	Requirements/ Limits
A + D PERSONAL CARE LOTION LOTN	2	
ALBOLENE CREA	2	
ALOE AFTERSUN LOTION LOTN	2	
AMLACTIN CERAPEUTIC LOTN	2	
AMLACTIN ULTRA CREA	2	
AQUA GLYCOLIC FACE CREAM CREA	2	
AQUA GLYCOLIC HAND & BODYLOTION LOTN	2	
AQUA LACTEN LOTN	2	
AQUADERM TREATMENT/MOISTURIZER LOTN	2	
AQUAMED LOTN	2	
AQUAPHILIC OINT	2	
AQUAPHOR ADVANCED THERAPY OINT	2	
AQUAPHOR OINT	2	
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT LOTN	2	
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO LOTN	2	
AVEENO ACTIVE NATURALS SKIN RELIEF MOISTURE REPAIR CREA	2	
AVEENO DAILY MOISTURIZINGSPF 15 LOTN	2	
AVEENO INTENSE RELIEF HAND CREA	2	
AVEENO POSITIVELY AGELESSFIRMING BODY LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
AVEENO POSITIVELY AGELESSSKIN STRENGTHENING BODY CREAM CREA	2	
AVEENO POSITIVELY AGELESSSKIN STRENGTHENING HAND CREAM CREA	2	
AVEENO POSITIVELY NOURISHING 24-HOUR ULTRA-HYDRATING CREA	2	
AVEENO POSITIVELY RADIANT LOTN	2	
AVEENO POSITIVELY RADIANTOVERNIGHT HYDRATING FACIAL MOISTURI CREA	2	
AVEENO STRESS RELIEF MOISTURIZING LOTN	2	
BASLE CREA	2	
BETA CARE CREA	2	
BETA CARE LOTN	2	
BETA XMA CREA	2	
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN OINT	2	
CAM LOTN	2	
CERAVE AM SPF 30 LOTN	2	
CERAVE CREA	2	
CERAVE LOTN	2	
CERAVE PM LOTN	2	
CERAVE RENEWING SA CREA	2	
CERAVE SA RENEWING LOTN	2	
CETAPHIL CREA	2	

Drug Name	Drug Tier	Requirements/ Limits
CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	2	
CETAPHIL DAILY FACIAL MOISTURIZER LOTN	2	
CETAPHIL DERMACONTROL MOISTURIZER/SPF 30 LOTN	2	
CETAPHIL MOISTURIZING CREA (<i>Use Emollient</i>)	NP	
CETAPHIL MOISTURIZING LOTN	2	
CETAPHIL RESTORADERM LOTN	2	
CETAPHIL THERAPEUTIC HAND CREA	2	
CLN FACIAL MOISTURIZER NOURISHING LOTN	2	
COCOA BUTTER HAND & BODYLOTION LOTN	2	
COCOA BUTTER LOTN	2	
COCONUT OIL BEAUTY CREA	2	
CVS DAILY ULTRA MOISTURELOTION LOTN	2	
CVS MOISTURIZING CREAM CREA	2	
DAILY CONDITIONING TREATMENT OINT	2	
DERMABASEOIL IN WATER CREA	2	
DERMAIDE ALOE CREA	2	
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN	2	
DERMAL THERAPY FACE CAREMOISTURIZING LOTION LOTN	2	
DERMAL THERAPY FOOT MASSAGE LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN	2	
DERMAL THERAPY HEEL CARE LOTN	2	
DERMEND MOISTURIZING BRUISE FORMULA CREA	2	
DHEA CREA EX 1%	2	
DIABETIDERM CREA	2	
DIABETIDERM FOOT REJUVENATING CREA	2	
DIABETIDERM HAND & BODY LOTN	2	
DIABETIDERM LOTN	2	
DMAE CREA	2	
DML FORTE CREA	2	
DROXY CREAM CREA	2	
ELON SKIN REPAIR SYSTEM CREA	2	
EMOLLIA-CREME CREA	2	
EMOLLIA-LOTION LOTN	2	
<i>emollient crea</i>	1	
<i>emollient lotn</i>	1	
<i>emollient oint</i>	1	
EPILYT LOTN	2	
EQ THERAPEUTIC DRY SKIN CREA	2	
EQ THERAPEUTIC MOISTURIZING CREAM CREA	2	
EQL ADVANCED RECOVERY SKIN CARE LOTN	2	
EQL MOISTURIZING CREAM CREA	2	

Drug Name	Drug Tier	Requirements/ Limits
EQL ULTRA MOISTURIZING DAILY LOTION LOTN	2	
EUCERIN BABY LOTN	2	
EUCERIN CALMING DAILY MOISTURIZER CREA (<i>Use Emollient</i>)	NP	
EUCERIN DAILY PROTECTION/SPF 30 LOTN	2	
EUCERIN INTENSIVE REPAIR LOTN	2	
EUCERIN INTENSIVE REPAIRHAND CREA	2	
EUCERIN LOTN	2	
EUCERIN ORIGINAL HEALINGSOOTHING REPAIR LOTN	2	
EUCERIN PLUS CREA	2	
EUCERIN PLUS INTENSIVE REPAIR CREA (<i>Use Emollient</i>)	NP	
EUCERIN PLUS LOTN	2	
EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN	2	
EUCERIN SKIN CALMING DAILY MOISTURIZING CREA (<i>Use Emollient</i>)	NP	
EUCERIN SMOOTHING REPAIRADVANCED FORMULA LOTN	2	
FORMULA 405 ENRICHED EYE CREA	2	
FORMULA 405 FACE CREAM CREA	2	
FORMULA 405 LIGHT TEXTURED MOISTURIZER CREA	2	
FORMULA 405 MOISTURIZING LOTN	2	
GENTLE CREA	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>glycerin (topical) liqd</i>	1	
GNP ADVANCED RECOVERY LOTN	2	
GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH LOTN	2	
GOLD BOND MEDICATED BODYLOTION LOTN	2	
GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF LOTN	2	
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	2	
GOLD BOND ULTIMATE HEALING CREA	2	
GOLD BOND ULTIMATE HEALING LOTN	2	
GOLD BOND ULTIMATE HEALING OINT	2	
GOLD BOND ULTIMATE LOTN	2	
GOLD BOND ULTIMATE OVERNIGHT LOTN	2	
GOLD BOND ULTIMATE PROTECTION LOTN	2	
GOLD BOND ULTIMATE RESTORING LOTN	2	
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE LOTN	2	
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN	2	
GOLD BOND ULTIMATE SOFTENING LOTN	2	
GOLD BOND ULTIMATE SOOTHING CREA	2	
GOLD BOND ULTIMATE SOOTHING LOTN	2	
GRX VITAMIN E LOTN	2	
HYDRASYN25 CREA	2	
HYDRAZONE LOTION LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
HYDRO-LAN CREA	2	
J & J BURN CREAM CREA	2	
KERADAN CREA	2	
KERI ADVANCED MOISTURE THERAPY LOTN	2	
KERI BASIC ESSENTIALS LOTN	2	
KERI LONG LASTING CREA	2	
KERI NOURISHING SHEA BUTTER LOTN	2	
KERI ORIGINAL LOTN	2	
KERI OVERNIGHT LOTN	2	
KERI RENEWAL MILK BODY LOTN	2	
KERI RENEWAL SKIN FIRMING LOTN	2	
KERI RENEWAL STRETCH MARK MINIMIZER LOTN	2	
KERI SENSITIVE SKIN LOTN	2	
LAC-HYDRIN CREA (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NP	RX/OTC
LAC-HYDRIN LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NP	RX/OTC
LAC-HYDRIN TWELVE LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NP	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC
LACTINOL HX CREA	2	
LADY ESTHER 4 PURPOSE FACE CREAM CREA	2	
LANAPHILIC OINT	2	

Drug Name	Drug Tier	Requirements/ Limits
LANOLOR CREA	2	
LEADER FINGER CREAM CREA	2	
LUBRIDERM ADVANCED THERAPY LOTN	2	
LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	2	
LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN	2	
LUBRIDERM INTENSE SKIN REPAIR LOTN	2	
LUBRIDERM LOTN	2	
LUBRIDERM MENS 3-IN-1 LOTN	2	
LUBRIDERM SERIOUSLY SENSITIVE LOTN	2	
LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS LOTN	2	
LUBRISOFT LOTN	2	
MAXAM LOTN	2	
MEDELA TENDER CARE LANOLIN CREA	2	
MEDERMA AG FACE CREAM CREA	2	
MEDERMA AG HAND & BODY LOTION LOTN	2	
MEDERMA STRETCH MARKS THERAPY CREA	2	
MOISTURIZING CREAM CREA	2	
MOTHERS FRIEND CREA	2	
MOTHERS FRIEND LOTN	2	
MSM SKIN LOTION LOTN	2	
NEUTROGENA BODY LIGHT SESAME FORMULA LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
NEUTROGENA HAND CREA	2	
NEUTROGENA HAND/NORWEGIANFORMULA/FAST ABSORBING CREA	2	
NEUTROGENA HEALTHY SKIN CREA	2	
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	2	
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	2	
NISEKO HYDRATING FACIAL MOISTURIZER CREA	2	
NIVEA CREA	2	
NIVEA EXTRA ENRICHED LOTION LOTN	2	
NIVEA EXTRA ENRICHED LOTN	2	
NIVEA GENTLE BODY EXFOLIATOR LOTN	2	
NIVEA LIGHT CREA	2	
NIVEA LIGHT LOTN	2	
NIVEA LOTN	2	
NIVEA ORIGINAL LOTN	2	
NIVEA ORIGINAL MOISTURE LOTN	2	
NIVEA SOFT CREA	2	
NIVEA VISAGE CREA	2	
NIVEA VISAGE INNER BEAUTY NIGHTTIME RENEWAL CREA	2	
NIVEA VISAGE LOTN	2	
NUTRADERM ADVANCED FORMULA LOTN	2	
NUTRADERM CREA 2.5%-2.5%-2.5%-2.5%-2.5%-2.5%	2	

Drug Name	Drug Tier	Requirements/ Limits
NUTRADERM LOTN 2.5%-2.5%-2.5%-2.5%	2	
OINTMENT BASE OINT	2	
PEN-KERA CREA	2	
PENTRAVAN CREA	2	
PENTRAVAN PLUS CREA	2	
PETROLATUM OINT	2	
PRETTY FEET & HANDS CREA	2	
RA ADVANCED HEALING OINT	2	
RA DAYLOGIC HEALING DRY SKIN THERAPY LOTN	2	
RA GENTLE SKIN CREAM CREA	2	
RA RENEWAL DRY SKIN THERAPY LOTN	2	
RADIAGUARD ADVANCED LOTN	2	
RESTA CREA	2	
RESTA LITE LOTN	2	
RISABAL-PH CREA	2	
ROC DEEP WRINKLE SERUM LOTN	2	
ROC MULTI CORREXION 5 IN1 RESTORING EYE CREAM CREA	2	
ROC MULTI CORREXION 5 IN1 RESTORING NIGHT CREAM CREA	2	
ROC RETINOL CORREXION CREA	2	
ROC RETINOL CORREXION MAX CREA	2	
ROC RETINOL CORREXION NIGHT CREA	2	

Drug Name	Drug Tier	Requirements/ Limits
ROC RETINOL CORREXION SENSITIVE EYE CREA	2	
ROC RETINOL CORREXION SENSITIVE NIGHT CREA	2	
ROSE MILK LOTN	2	
SKIN REPAIR LOTN	2	
SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE LOTN	2	
SOOTHE & COOL SKIN CREAM WITH ALOE & VITAMINS A, D & E CREA	2	
SORBOLENE CREA	2	
SPECIAL CARE CREAM CREA	2	
ST IVES SWISS FORMULA 24HOUR MOISTURE LOTN	2	
STUDIO 35 EXTRA MOISTURIZING LOTION LOTN	2	
STUDIO 35 MOISTURIZING SKIN CREA	2	
THERABETIC SKIN CARE LOTN	2	
THERAPEUTIC MOISTURIZING CREA	2	
THERAPLEX HYDROLOTION LOTN	2	
UDDERLY SMOOTH CREA	2	
UDDERLY SMOOTH EXTRA CARE CREA	2	
UDDERLY SMOOTH EXTRA CARE 20 CREA	2	
VANICREAM CREA	2	
VANICREAM LITE LOTN	2	
VELVACHOL CREA	2	

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN E WITH PANTHENOL CREA	2	
Vitamins A & D (<i>Topical</i>)	F	
WIBI LOTN	2	
ZIMS CRACK CREME DAYTIME CREA	2	
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use Imiquimod</i>)	NP	QL(48 ea per 180 days retail)
<i>imiquimod crea</i>	1	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA	2	PA; QL(1 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.03 % (<i>Use Tacrolimus (Topical)</i>)	NP	PA; QL(1 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % (<i>Use Tacrolimus (Topical)</i>)	NP	PA; QL(1 gm daily); AL(At least 16 yrs old)
<i>tacrolimus (topical) oint 0.03 %</i>	1	PA; QL(1 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint 0.1 %</i>	1	PA; QL(1 gm daily); AL(At least 16 yrs old)
Keratolytic/Antimitotic Agents		
CONDYLOX SOLN (<i>Use Podofilox</i>)	NP	
<i>podofilox soln</i>	1	
Local Anesthetics - Topical		
ARTHRITIS PAIN RELIEVING CREA	2	
<i>capsaicin crea 0.025 %</i>	1	QL(2 ml daily)
<i>capsaicin crea 0.1 %</i>	1	
CAPZASIN-HP CREA (<i>Use Capsaicin</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>dibucaine oint</i>	1	QL(1 gm daily)
<i>lidocaine crea 4 %</i>	1	Limit 30gms per month;QL(1 gm daily)
<i>lidocaine hcl crea ex 3 %</i>	1	RX/OTC
<i>lidocaine hcl gel ex 2 %</i>	1	QL(30 ml per fill retail); RX/OTC
<i>lidocaine ptch 5 %</i>	1	QL(3 ea daily)
<i>lidocaine-prilocaine crea</i>	1	QL(30 gm per fill retail)
LIDODERM PTCH (<i>Use Lidocaine</i>)	NP	QL(3 ea daily)
LMX 4 CREA (<i>Use Lidocaine</i>)	NP	Limit 30gms per month;QL(1 gm daily)
Misc. Topical		
4-N-1 CREA	2	
ALOE VESTA DAILY MOISTURIZER LOTN (<i>Use Dimethicone (Topical)</i>)	NP	
ALOE VESTA SKIN CONDITIONER LOTN (<i>Use Dimethicone (Topical)</i>)	NP	
ANTI-BACTERIAL HAND LOTION LOTN	2	
AQUANIL SKIN CLEANSER LOTN	2	
AVEENO POSITIVELY RADIANTCLEANSER LOTN	2	
BASIS FACIAL MOISTURIZER CREA	2	RX/OTC
BASIS OVERNIGHT CREA	2	RX/OTC
BAZA CLEANSE & PROTECT LOTN	2	
CARRINGTON MOISTURE BARRIER CREA	2	RX/OTC
CARRINGTON MOISTURE BARRIER/ZINC CREA	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COOL BOTTOMS CREA	2	
<i>corn starch powd</i>	1	
DIABETIDERM CLEANSING LOTN	2	
<i>dimethicone (topical) crea 2 %</i>	1	
<i>dimethicone (topical) lotn 1 %, 3 %</i>	1	
EUCERIN CREA (<i>Use Skin Protectants, Misc.</i>)	NP	RX/OTC
FORMULA 405 FACIAL & BODYCLEANSING LOTN	2	
GENTLE SKIN CLEANSER LOTN	2	
HYDROCERIN CREA	2	RX/OTC
MOISTURE GUARD CREA	2	
NEUTRAPHOR CREA	2	
NEUTRAPHORUS REX CREA	2	
NIVEA MOISTURIZING BODY WASH 2 IN 1 LOTN	2	
NIVEA MOISTURIZING BODY WASH LOTN	2	
NIVEA TOUCH OF SMOOTHNESS MOISTURIZING BODY WASH LOTN	2	
NIVEA VISAGE GENTLE CLEANSING LOTN	2	
OCUSOFT HAND SOAP LOTN	2	
PROSHIELD PLUS SKIN PROTECTANT CREA	2	
REMEDY CLEANSING BODY LOTION LOTN	2	
REMEDY DIMETHICONE MOISTURE BARRIER CREA	2	
REMEDY NUTRASHIELD CREA	2	
REMEDY SKIN REPAIR CREA	2	

Drug Name	Drug Tier	Requirements/ Limits
SECURA DIMETHICONE PROTECTANT CREA	2	
SENSI-CARE MOISTURIZING CREA	2	RX/OTC
<i>skin protectants, misc. crea</i>	1	RX/OTC
SM SKIN CLEANSER GENTLE/SENSITIVE SKIN LOTN	2	
SORBIDON HYDRATE CREA	2	RX/OTC
SUMMERS EVE FEMININE POWD (<i>Use Corn Starch</i>)	NP	
THERASEAL HAND PROTECTION LOTN (<i>Use Dimethicone (Topical)</i>)	NP	
TOPICLEAR LOTN	2	
<i>zinc oxide (topical) oint 20 %</i>	1	
Rosacea Agents		
METROCREAM CREA (<i>Use Metronidazole (Topical)</i>)	NP	QL(1.5 gm daily)
METROLOTION LOTN (<i>Use Metronidazole (Topical)</i>)	NP	
<i>metronidazole (topical) crea 0.75 %</i>	1	QL(1.5 gm daily)
<i>metronidazole (topical) gel 0.75 %</i>	1	QL(1.5 gm daily)
<i>metronidazole (topical) lotn 0.75 %</i>	1	
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	
ELIMITE CREA (<i>Use Permethrin</i>)	NP	1 package / claim;QL(60 gm per fill retail)
EURAX CREA	2	QL(2 gm daily)
EURAX LOTN (<i>Use Crotamiton</i>)	NP	
<i>malathion lotn</i>	1	QL(59 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
NATROBA SUSP	2	AL(At least 1 yrs old)
NIX CREME RINSE LIQD (Use Permethrin)	NP	
OVIDE LOTN (Use Malathion)	NP	QL(59 ml per fill retail)
<i>permethrin crea 5 %</i>	1	1 package / claim;QL(60 gm per fill retail)
<i>permethrin liqd 1 %</i>	1	
<i>permethrin lotn 1 %</i>	1	QL(4 ml daily)
<i>pyrethrins-piperonyl butoxide liqd 0.33%-4%</i>	1	
<i>pyrethrins-piperonyl butoxide sham 0.3%-0.33%-4%, 0.33%-4%</i>	1	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover kit</i>	1	
RID COMPLETE LICE ELIMINATION KIT (Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover)	NP	
RID LIQD (Use Pyrethrins-Piperonyl Butoxide)	NP	
SPINOSAD SUSP	2	AL(At least 1 yrs old)
Sunscreens		
ANTHELIOS 60 MELT-IN SUNSCREEN LOTN	2	
AVEENO ABSOLUTELY AGELESSLEAVE-ON DAY MASK SPF 30 LOTN	2	
AVEENO ACTIVE NATURALS PROTECT+HYDRATE/SP F 30 LOTN	2	
AVEENO BABY CONTINUOUS PROTECTION LOTN	2	
AVEENO NATURAL PROTECTIONSPF 50 LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF15 LOTN	2	
AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF30 LOTN	2	
AVEENO POSITIVELY RADIANTTINTED MOISTURIZER SPF30 FAIR/LIGHT LOTN	2	
AVEENO POSITIVELY RADIANTTINTED MOISTURIZER SPF30 MEDIUM LOTN	2	
AVEENO PROTECT + HYDRATESPF 50 LOTN	2	
AVEENO PROTECT + HYDRATESPF 70 LOTN	2	
AVEENO SMART ESSENTIALS DAILY NOURISHING MOISTURIZER SPF30 LOTN	2	
AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF15 LOTN	2	
AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF30 LOTN	2	
BULL FROG SUPERBLOCK SPF50 LOTN	2	
BULL FROG ULTIMATE SHEERPROTECTION FACE SUNBLOCK SPF 30 LOTN	2	
BULL FROG ULTIMATE SHEERPROTECTION SUNBLOCK SPF 30 LOTN	2	
BULL FROG WATER ARMOR SPORT FACE SPF 30 LOTN	2	
CERAVE SUNSCREEN FACE/SPF50 LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
CERAVE SUNSCREEN/BODY LOTN	2	
CERAVE SUNSCREEN/FACE LOTN	2	
CHANTAL SUN SCREEN SPF 30 LOTN	2	
COTZ LOTN	2	
DIABETIDERM SUNSCREEN SPF15 LOTN	2	
FACE COTZ LOTN	2	
HUGGIES LITTLE SWIMMERS SPF50 LOTN 1%-5%-0.8%-7.5%-5%	2	
KERI AGE DEFY & PROTECT LOTN	2	
LUBRIDERM DAILY MOISTURE/SUNSCREEN SPF 15 LOTN	2	
NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF110 LOTN	2	
NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF70 LOTN	2	
NEUTROGENA COOLDRY SPORTWITH HELIOPLEX SPF 30 LOTN	2	
NEUTROGENA HEALTHY DEFENSE DAILY MOISTURIZER PURESSCREEN LOTN	2	
NEUTROGENA MEN SPF 20 LOTN	2	
NEUTROGENA MOISTURE SPF15UNTINTED LOTN	2	
NEUTROGENA SPORT FACE SUNBLOCK WITH HELIOPLEX SPF70 LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
NEUTROGENA ULTRA SHEER DRY-TOUCH SPF 45 LOTN	2	
NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 100 LOTN	2	
NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 55 LOTN	2	
NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 70 LOTN	2	
NIVEA HAND THERAPY LOTN	2	
NIVEA VISAGE UV CARE DAILY FACIAL LOTN	2	
PRE SUN KIDS LOTN	2	
PURE & FREE BABY SUNSCREEN BROAD SPECTRUM SPF 60+ LOTN	2	
RA RX SUNCARE ADVANCED PROTECTION SPF50 LOTN	2	
ROC MULTI CORREXION 5 IN1 DAILY MOISTURIZER SPF 30 LOTN	2	
ROC RETINOL CORREXION SPF30 LOTN	2	
SHADE SUNBLOCK SPF 45 LOTN (<i>Use Sunscreens</i>)	NP	
SHADE UVAGUARD SPF 15 LOTN (<i>Use Sunscreens</i>)	NP	
SOLBAR AVO LOTN	2	
SOLBAR PF SPF15 LOTN 7.5%-6%	2	

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>	1	
TOTAL BLOCK SPF 60 COVERUP LOTN	2	
TOTAL BLOCK SPF 65 CLEAR LOTN	2	
WATER BABIES SPF 30 LOTN (Use Sunscreens)	NP	
Tar Products		
<i>coal tar extract sham 0.5 %</i>	1	
DHS TAR GEL SHAM (Use Coal Tar Extract)	NP	
DHS TAR SHAM (Use Coal Tar Extract)	NP	
NEUTROGENA T/GEL SHAM (Use Coal Tar Extract)	NP	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (Use Coal Tar Extract)	NP	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
CORTROSYN SOLR (Use Cosyntropin)	NP	PA; SP
<i>cosyntropin solr</i>	1	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
GLUCAGEN DIAGNOSTIC SOLR	2	QL(1 ea per fill retail)
THYROGEN SOLR	2	PA; SP
Diagnostic Tests		
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	2	
CHEK-STIX CONTROL STRP	2	
CHEMSTRIP-K STRP	2	
KETOCARE STRP	2	
KETONE TEST STRIPS STRP	2	
KETOSTIX STRP	2	
RELION KETONE STRP	2	
RELION KETONE TEST STRIPS STRP	2	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
DEPLIN 15 CAPS	2	PA
DEPLIN 7.5 CAPS	2	PA
ELFOLATE TABS	2	PA
ENLYTE CAPS	2	PA
FOSTEUM PLUS CAPS	2	PA
FOVEX CAPS	2	PA
GABADONE CAPS	2	PA
HYPERTENSA CAPS	2	PA
L-METHYLFOLATE CA/S-ALGAL CAPS	2	PA
L-METHYLFOLATE CALCIUM TABS	2	PA
L-METHYLFOLATE FORMULA 15 CAPS	2	PA

Drug Name	Drug Tier	Requirements/ Limits
L-METHYLFOLATE FORMULA 7.5 CAPS	2	PA
L-METHYLFOLATE FORTE CAPS	2	PA
L-METHYLFOLATE TABS	2	PA
LEVOMEFOLATE CALCIUM ALGAL POWDER CAPS	2	PA
LEXAZIN CAPS	2	PA
LIPICHOL 540 CAPS	2	PA
LISTER-V CAPS	2	PA
MACUZIN CAPS	2	PA
METHAVER CAPS	2	PA
METHAZEL CAPS	2	PA
NEUREPA CAPS	2	PA
OMNIQUIN CAPS	2	PA
PERCURA CAPS	2	PA
PULMONA CAPS	2	PA
RHEUMATE CAPS	2	PA
RIBOZEL CAPS	2	PA
SENTRA AM CAPS	2	PA
SENTRA PM CAPS	2	PA
SODIUM POLYSULFATHIONATE/FOLIC ACID CAPS	2	PA
SULFZIX CAPS	2	PA
T-SUPPORT MAX CAPS	2	PA
THERAMINE CAPS	2	PA
TL-ICARE CAPS	2	PA

Drug Name	Drug Tier	Requirements/ Limits
TREPADONE CAPS	2	PA
VAYARIN PLUS CAPS	2	PA
ZAVITROL CAPS	2	PA
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP 19000UNIT-6000UNIT-30000UNIT, 38000UNIT-12000UNIT-60000UNIT, 76000UNIT-24000UNIT-120000UNIT	2	
PANCREAZE CPEP 14200UNIT-4200UNIT-24600UNIT, 35500UNIT-10500UNIT-61500UNIT, 54700UNIT-21000UNIT-83900UNIT, 56800UNIT-16800UNIT-98400UNIT	2	
ZENPEP CPEP 17000UNIT-5000UNIT-24000UNIT, 79000UNIT-25000UNIT-105000UNIT, 126000UNIT-40000UNIT-168000UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	1	
<i>acetazolamide tabs</i>	1	
DIAMOX CP12 (Use Acetazolamide)	NP	
<i>methazolamide tabs</i>	1	
NEPTAZANE TABS (Use Methazolamide)	NP	
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NP	
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	NP	
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	NP	QL(2 ea daily)
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps 37.5mg-25mg</i>	1	
<i>triamterene & hydrochlorothiazide tabs 37.5mg-25mg</i>	1	QL(2 ea daily)
<i>triamterene & hydrochlorothiazide tabs 75mg-50mg</i>	1	
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	2	
Loop Diuretics		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX TABS (Use Bumetanide)	NP	
DEMADEX TABS 10 MG (Use Torsemide)	NP	QL(1 ea daily)
DEMADEX TABS 20 MG (Use Torsemide)	NP	
<i>furosemide soln ij 10 mg/ml</i>	1	
<i>furosemide soln or 10 mg/ml</i>	1	
FUROSEMIDE SOLN OR 8 MG/ML	2	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (Use Furosemide)	NP	
<i>torsemide tabs 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>torsemide tabs 5 mg, 10 mg, 100 mg</i>	1	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	NP	
<i>amiloride hcl tabs</i>	1	QL(4 ea daily)
<i>spironolactone tabs</i>	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	2	QL(2 ea daily)
<i>chlorothiazide tabs 500 mg</i>	1	QL(4 ea daily)
<i>chlorthalidone tabs</i>	1	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone tabs</i>	1	
MICROZIDE CAPS (Use Hydrochlorothiazide)	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (Use Risedronate Sodium)	NP	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG, 30 MG (Use Risedronate Sodium)	NP	PA; QL(1 ea daily)
ALENDRONATE SODIUM SOLN 70 MG/75ML	2	QL(10 ml daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.15 ea daily)
ALENDRONATE SODIUM TABS 40 MG	2	QL(1 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
AELVIA TBEC (Use Risedronate Sodium)	NP	PA; QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BONIVA SOLN IV 3 MG/3ML (Use Ibandronate Sodium)	NP	PA; SP
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS	2	
FORTEO SOLN	2	PA; SP
FOSAMAX TABS (Use Alendronate Sodium)	NP	QL(0.15 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	1	PA; SP
MIACALCIN SOLN IJ 200 UNIT/ML	2	QL(2 ml per fill retail)
MIACALCIN SOLN NA 200 UNIT/ACT (Use Calcitonin (Salmon))	NP	
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	1	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	2	PA; SP
PAMIDRONATE DISODIUM SOLR 30 MG, 90 MG	2	PA; SP
PROLIA SOLN	2	PA; SP
RECLAST SOLN (Use Zoledronic Acid)	NP	PA; SP
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	1	PA; QL(1 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	PA; QL(0.143 ea daily)
XGEVA SOLN	2	PA; SP
<i>zoledronic acid conc 4 mg/5ml</i>	1	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	2	PA; SP
<i>zoledronic acid soln 5 mg/100ml</i>	1	PA; SP
ZOLEDRONIC ACID SOLR 4 MG	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ZOMETA CONC 4 MG/5ML (Use Zoledronic Acid)	NP	PA; SP
ZOMETA SOLN 4 MG/100ML	2	PA; SP
Corticotropin		
H.P. ACTHAR GEL	2	PA; SP
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	2	PA
NOVAREL SOLR 10000 UNIT	2	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	2	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	2	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	2	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SOLR	2	PA
GENOTROPIN SOLR	2	PA
HUMATROPE COMBO PACK SOLR	2	PA
HUMATROPE SOLR	2	PA
NORDITROPIN FLEXPRO SOLN	2	PA
NUTROPIN AQ NUSPIN 10 SOLN	2	PA
NUTROPIN AQ NUSPIN 20 SOLN	2	PA
NUTROPIN AQ NUSPIN 5 SOLN	2	PA
OMNITROPE SOLN	2	PA
OMNITROPE SOLR	2	PA
SAIZEN CLICK.EASY SOLR	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
SAIZEN SOLR	2	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	2	PA; SP
SEROSTIM SOLR	2	PA; SP
ZOMACTON SOLR	2	PA
ZORBTIVE SOLR	2	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	NP	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	1	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	2	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
LUPANETA PACK KIT	2	PA; SP
LUPRON DEPOT-PED (1-MONTH) KIT	2	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT	2	PA; SP
SUPPRELIN LA KIT	2	PA; SP
SYNAREL SOLN	2	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	2	PA; SP
BUPHENYL POWD (<i>Use Sodium Phenylbutyrate</i>)	NP	PA; SP
BUPHENYL TABS (<i>Use Sodium Phenylbutyrate</i>)	NP	PA; SP
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	
CARBAGLU TABS	2	PA; SP
CARNITOR SF SOLN (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	NP	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
CARNITOR SOLN OR 1 GM/10ML (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	NP	QL(30 ml daily)
CARNITOR TABS OR 330 MG (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	NP	QL(3 ea daily); RX/OTC
CYSTADANE POWD	2	PA; SP
ELAPRASE SOLN	2	PA; SP
FABRAZYME SOLR	2	PA; SP
KUVAN PACK	2	PA; SP
KUVAN TBSO	2	PA; SP
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	1	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	QL(3 ea daily); RX/OTC
LUMIZYME SOLR	2	PA; SP
MYALEPT SOLR	2	PA; SP
NAGLAZYME SOLN	2	PA; SP
<i>paricalcitol soln iv 2 mcg/ml, 5 mcg/ml</i>	1	PA; SP
RAVICTI LIQD	2	PA; SP
ROCALTRON CAPS 0.25 MCG, 0.5 MCG (<i>Use Calcitriol</i>)	NP	
SENSIPAR TABS	2	PA; SP
<i>sodium phenylbutyrate powd</i>	1	PA; SP
<i>sodium phenylbutyrate tabs</i>	1	PA; SP
VIMIZIM SOLN	2	PA; SP
ZEMPLAR SOLN IV 2 MCG/ML, 5 MCG/ML (<i>Use Paricalcitol</i>)	NP	PA; SP
Posterior Pituitary Hormones		

Drug Name	Drug Tier	Requirements/Limits
DDAVP SOLN IJ 4 MCG/ML (<i>Use Desmopressin Acetate</i>)	NP	PA; SP
DDAVP SOLN NA 0.01 %	2	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (<i>Use Desmopressin Acetate Spray</i>)	NP	PA; QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG (<i>Use Desmopressin Acetate</i>)	NP	QL(1 ea daily)
DDAVP TABS OR 0.2 MG (<i>Use Desmopressin Acetate</i>)	NP	QL(3 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA; SP
<i>desmopressin acetate spray refrigerated soln</i>	1	QL(5 ml per fill retail)
<i>desmopressin acetate spray soln</i>	1	PA; QL(5 ml per fill retail)
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(1 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(3 ea daily)
STIMATE SOLN	2	PA; SP
Somatostatic Agents		
<i>octreotide acetate soln</i>	1	PA; SP
SANDOSTATIN LAR DEPOT KIT	2	PA; SP
SANDOSTATIN SOLN (<i>Use Octreotide Acetate</i>)	NP	PA; SP
SIGNIFOR SOLN	2	PA; SP
SOMATULINE DEPOT SOLN	2	PA; SP
Vasopressin Receptor Antagonists		
SAMSCA TABS	2	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (<i>Use Estradiol & Norethindrone Acetate</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH PTTW	2	Limit 8 patches per month;QL(0.29 ea daily)
<i>estradiol & norethindrone acetate tabs</i>	1	QL(1 ea daily)
FEMHRT LOW DOSE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol</i>)	NP	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPRO TABS	2	
Estrogens		
ALORA PTTW	2	QL(0.286 ea daily)
CLIMARA PTWK (<i>Use Estradiol</i>)	NP	QL(0.143 ea daily)
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (<i>Use Estradiol</i>)	NP	
<i>estradiol pttw td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	1	QL(0.286 ea daily)
<i>estradiol pttw td 0.0375 mg/24hr</i>	1	
<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>	1	QL(0.143 ea daily)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
ESTROPIPATE TABS	2	QL(1 ea daily)
MINIVELLE PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR	2	QL(0.286 ea daily)
MINIVELLE PTTW 0.0375 MG/24HR	2	
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR (Use Estradiol)	NP	QL(0.286 ea daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR (Use Estradiol)	NP	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	NP	
CIPROFLOXACIN HCL TABS 100 MG	2	QL(6 ea per fill retail)
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	1	
LEVAQUIN TABS (Use Levofloxacin)	NP	QL(1 ea daily, 14 ea per fill retail)
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	1	QL(1 ea daily, 14 ea per fill retail)
OFLOXACIN TABS 300 MG	2	QL(56 ea per fill retail)
<i>ofloxacin tabs 400 mg</i>	1	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS-X CHEW (Use Simethicone)	NP	
MYLICON INFANTS GAS RELIEF SUSP (Use Simethicone)	NP	QL(1 ml daily)
MYLICON SUSP (Use Simethicone)	NP	QL(1 ml daily)
<i>simethicone chew 80 mg</i>	1	
<i>simethicone susp 20 mg/0.3ml, 40 mg/0.6ml</i>	1	QL(1 ml daily)
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	2	PA; QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	2	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use Ursodiol)	NP	
URSO 250 TABS (Use Ursodiol)	NP	QL(7 ea daily)
<i>ursodiol caps 300 mg</i>	1	
<i>ursodiol tabs 250 mg</i>	1	QL(7 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	
REGLAN TABS (Use Metoclopramide HCl)	NP	
Inflammatory Bowel Agents		
AZULFIDINE EN-TABS TBEC (Use Sulfasalazine)	NP	
AZULFIDINE TABS (Use Sulfasalazine)	NP	
<i>balsalazide disodium caps</i>	1	QL(9 ea daily)
CIMZIA KIT	2	PA; SP
CIMZIA STARTER KIT KIT	2	PA; SP
COLAZAL CAPS (Use Balsalazide Disodium)	NP	QL(9 ea daily)
ENTYVIO SOLR	2	PA; SP
LIALDA TBEC (Use Mesalamine)	NP	
<i>mesalamine enem re 4 gm</i>	1	QL(60 ml daily)
<i>mesalamine tbec or 1.2 gm</i>	1	
REMICADE SOLR	2	PA; SP
SFROWASA ENEM	2	
<i>sulfasalazine tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	2	PA; SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbcr 540 mg, 1080 mg</i>	1	
UROCIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	NP	
UROCIT-K 5 TBCR (Use Potassium Citrate (Alkalinizer))	NP	
Cystinosis Agents		
CYSTAGON CAPS	2	PA; SP
PROCYSBI CPDR	2	PA; SP
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) soln</i>	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>finasteride tabs</i>	1	QL(1 ea daily)
FLOMAX CAPS (Use Tamsulosin HCl)	NP	QL(2 ea daily)
PROSCAR TABS (Use Finasteride)	NP	QL(1 ea daily)
<i>tamsulosin hcl caps</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Urinary Analgesics		
<i>phenazopyridine hcl tabs 95 mg, 100 mg, 200 mg</i>	1	
PYRIDIDIUM TABS (Use Phenazopyridine HCl)	NP	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs</i>	1	
KRYSTEXXA SOLN	2	PA; SP
ZYLOPRIM TABS (Use Allopurinol)	NP	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADYNOVATE SOLR	CO	
AFSTYLA KIT	CO	
ALPROLIX SOLR	CO	
COAGADEX SOLR	CO	
HELIXATE FS KIT	CO	
HEMLIBRA SOLN	CO	
HEMOFIL M SOLR	CO	
KCENTRA KIT	CO	
KOATE SOLR	CO	
KOATE-DVI SOLR	CO	
KOGENATE FS BIO-SET KIT	CO	

Drug Name	Drug Tier	Requirements/Limits
KOGENATE FS KIT	CO	
KOVALTRY SOLR	CO	
MONOCLATE-P KIT	CO	
NOVOEIGHT SOLR	CO	
REBINYN SOLR	CO	
RECOMBINATE SOLR	CO	
VONVENDI SOLR	CO	
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	2	PA; SP
Complement Inhibitors		
BERINERT KIT	2	PA; SP
CINRYZE SOLR	2	PA; SP
RUCONEST SOLR	2	PA; SP
SOLIRIS SOLN	2	PA; SP
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	1	
Human Protein C		
CEPROTIN SOLR	2	PA; SP
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	2	PA; SP
Plasma Proteins		
THROMBATE III SOLR	2	PA; SP
THROMBATE III W/10 ML STERILE WATER SOLR	2	PA; SP
THROMBATE III W/20 ML STERILE WATER SOLR	2	PA; SP
Platelet Aggregation Inhibitors		
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide hcl caps</i>	1	
BRILINTA TABS	2	QL(2 ea daily)
<i>cilostazol tabs</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate tabs 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs or 25 mg, 50 mg, 75 mg</i>	1	
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	NP	QL(1 ea daily)
PLAVIX TABS 75 MG (<i>Use Clopidogrel Bisulfate</i>)	NP	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	2	PA; SP
CEREZYME SOLR	2	PA; SP
<i>miglustat caps</i>	1	PA; SP
VPRIV SOLR	2	PA; SP
ZAVESCA CAPS (<i>Use Miglustat</i>)	NP	PA; SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	2	
Cobalamins		
B-12 CAPS 1000 MCG	2	
<i>cyanocobalamin liqd or 1000 mcg/15ml</i>	1	
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1	QL(10 ml per 270 days retail)
<i>cyanocobalamin subl sl 1000 mcg</i>	1	
<i>cyanocobalamin tabs or 1000 mcg</i>	1	
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid tabs or 400 mcg, 800 mcg</i>	1	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	2	PA; SP
ARANESP ALBUMIN FREE SOSY	2	PA; SP
EPOGEN SOLN	2	PA; SP
LEUKINE SOLR	2	PA; SP
MIRCERA SOSY 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 200 MCG/0.3ML	2	PA; SP
NEULASTA ONPRO KIT PSKT	2	PA; SP
NEULASTA SOSY	2	PA; SP
NPLATE SOLR	2	PA; SP
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	2	PA; SP
PROMACTA TABS	2	PA; SP
ZARXIO SOSY	2	PA; SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</i>	1	QL(1 ea daily)
NOVAFERRUM 125 LIQD	2	
Iron		
FE GLUCONATE TABS	2	
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	NP	QL(3.4 ml daily); AL(Up to 18 yrs old)
FERRETT'S TABS	2	QL(2 ea daily)
<i>ferrous fumarate tabs 324 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous gluconate tabs 27 mg, 240 mg, 324 mg</i>	1	
FERROUS GLUCONATE TABS 324 MG	2	
<i>ferrous sulfate elix 220 mg/5ml</i>	1	
FERROUS SULFATE LIQD 220 MG/5ML	2	
<i>ferrous sulfate soln 15 mg/ml</i>	1	QL(3.4 ml daily); AL(Up to 18 yrs old)
<i>ferrous sulfate tabs 65 mg, 325 mg</i>	1	
FERROUS SULFATE TBEC 324 MG	2	
<i>ferrous sulfate tbec 325 mg</i>	1	
HEMOCYTE TABS (<i>Use Ferrous Fumarate</i>)	NP	
IRON CHEWS PEDIATRIC CHEW	2	
NOVAFERRUM PEDIATRIC DROPS LIQD	2	
<i>polysaccharide iron complex caps</i>	1	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL SOLN	2	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 500 MG	2	QL(24 ea per fill retail)
LYSTEDA TABS (<i>Use Tranexamic Acid</i>)	NP	QL(30 ea per 5 days retail); AL(At least 12 yrs old)
<i>tranexamic acid tabs or 650 mg</i>	1	QL(30 ea per 5 days retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl (sleep) caps 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl (sleep) liqd 50 mg/30ml</i>	1	
<i>diphenhydramine hcl (sleep) tabs 25 mg, 50 mg</i>	1	
<i>doxylamine succinate (sleep) tabs</i>	1	
NYTOL MAXIMUM STRENGTH TABS (Use <i>Diphenhydramine HCl (Sleep)</i>)	NP	
UNISOM SLEEPGELS CAPS (Use <i>Diphenhydramine HCl (Sleep)</i>)	NP	
UNISOM TABS (Use <i>Doxylamine Succinate (Sleep)</i>)	NP	
ZZZQUIL CAPS (Use <i>Diphenhydramine HCl (Sleep)</i>)	NP	
ZZZQUIL LIQD (Use <i>Diphenhydramine HCl (Sleep)</i>)	NP	
Barbiturate Hypnotics		
AMYTAL SODIUM SOLR	2	
NEMBUTAL SODIUM SOLN (Use <i>Pentobarbital Sodium</i>)	NP	
PENTOBARBITAL SODIUM POWD XX	2	
<i>pentobarbital sodium soln ij</i>	1	
<i>phenobarbital elix or 20 mg/5ml</i>	1	
PHENOBARBITAL POWD XX	2	
PHENOBARBITAL SODIUM POWD	2	
PHENOBARBITAL SODIUM SOLN	2	
<i>phenobarbital soln or 20 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital tabs or 15 mg, 30 mg, 60 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
SECONAL SODIUM CAPS	2	
Hypnotics - Tricyclic Agents		
SILENOR TABS	2	QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use <i>Zolpidem Tartrate</i>)	NP	QL(1 ea daily)
AMBIEN TABS (Use <i>Zolpidem Tartrate</i>)	NP	QL(1 ea daily)
CHLORAL HYDRATE CRYSTALS	2	
<i>dexmedetomidine hcl soln 200 mcg/2ml</i>	1	
EDLUAR SUBL	2	QL(1 ea daily)
<i>estazolam tabs</i>	1	QL(1 ea daily)
<i>eszopiclone tabs</i>	1	QL(1 ea daily)
FLURAZEPAM HCL CAPS	2	QL(1 ea daily)
HALCION TABS (Use <i>Triazolam</i>)	NP	QL(1 ea daily)
INTERMEZZO SUBL (Use <i>Zolpidem Tartrate</i>)	NP	QL(1 ea daily)
LUNESTA TABS (Use <i>Eszopiclone</i>)	NP	QL(1 ea daily)
<i>midazolam hcl soln</i>	1	
<i>midazolam hcl syrup</i>	1	
PRECEDEX SOLN 200 MCG/2ML (Use <i>Dexmedetomidine HCl</i>)	NP	
RESTORIL CAPS (Use <i>Temazepam</i>)	NP	QL(1 ea daily)
SONATA CAPS (Use <i>Zaleplon</i>)	NP	QL(2 ea daily)
<i>temazepam caps</i>	1	QL(1 ea daily)
TRIAZOLAM TABS 0.125 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>triazolam tabs 0.25 mg</i>	1	QL(1 ea daily)
<i>zaleplon caps</i>	1	QL(2 ea daily)
<i>zolpidem tartrate subl</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tabs</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tbcr</i>	1	QL(1 ea daily)
ZOLPIMIST SOLN	2	QL(2 ml daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	2	QL(1 ea daily)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	2	PA; QL(1 ea daily); SP
ROZEREM TABS	2	QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1	QL(10 ea daily)
EVAC POWD (<i>Use Psyllium</i>)	NP	
FIBERCON TABS (<i>Use Calcium Polycarbophil</i>)	NP	QL(10 ea daily)
KONSYL DAILY FIBER PACK 100 %	2	
KONSYL DAILY FIBER POWD 100 % (<i>Use Psyllium</i>)	NP	
KONSYL ORIGINAL FORMULADAILY FIBER POWD (<i>Use Psyllium</i>)	NP	
METAMUCIL CAPS 0.52 GM (<i>Use Psyllium</i>)	NP	
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use Psyllium</i>)	NP	
METAMUCIL POWD 48.57 % (<i>Use Psyllium</i>)	NP	
<i>psyllium caps 0.52 gm, 520 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>psyllium powd 33 %, 100 %, 28.3 %, 30.9 %, 58.6 %, 48.57 %</i>	1	
Laxative Combinations		
COLYTE-FLAVOR PACKS SOLR (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NP	
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NP	
NULYTELY/FLAVOR PACKS SOLR (<i>Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride</i>)	NP	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	1	
<i>sennosides-docusate sodium tabs</i>	1	QL(4 ea daily)
SENOKOT S TABS (<i>Use Sennosides-Docusate Sodium</i>)	NP	QL(4 ea daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) supp 1 gm, 2 gm, 1.2 gm, 2.1 gm</i>	1	
GLYCERIN ADULT SUPP (<i>Use Glycerin (Laxative)</i>)	NP	
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
MIRALAX POWD (<i>Use Polyethylene Glycol 3350</i>)	NP	QL(34 gm daily); RX/OTC
PEDIA-LAX SUPP RE 1 GM (<i>Use Glycerin (Laxative)</i>)	NP	
PEDIA-LAX SUPP RE 2.8 GM	2	
<i>polyethylene glycol 3350 powd or</i>	1	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	2	

Drug Name	Drug Tier	Requirements/Limits
Saline Laxatives		
FLEET ENEMA ENEM (Use Sodium Phosphates)	NP	
FLEET ENEMA SIX PACK ENEM (Use Sodium Phosphates)	NP	
FLEET PEDIATRIC ENEM (Use Sodium Phosphates)	NP	
magnesium citrate soln 1.745gm/30ml, 1.745 gm/30ml,	1	
magnesium hydroxide susp	1	QL(32 ml daily)
MILK OF MAGNESIA CONCENTRATE SUSP	2	
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	1	
Stimulant Laxatives		
bisacodyl supp re 10 mg	1	QL(12 ea per fill retail)
bisacodyl tbec or 5 mg	1	QL(1 ea daily)
DULCOLAX SUPP RE 10 MG (Use Bisacodyl)	NP	QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (Use Bisacodyl)	NP	QL(1 ea daily)
EX-LAX TABS (Use Sennosides)	NP	
SENNA SYRP	2	
sennosides liqd 8.8 mg/5ml	1	
sennosides syrps 8.8 mg/5ml	1	
sennosides tabs 15 mg, 8.6 mg, 17.2 mg	1	
SEKOT TABS (Use Sennosides)	NP	
SEKOT XTRA TABS (Use Sennosides)	NP	
Surfactant Laxatives		

Drug Name	Drug Tier	Requirements/Limits
COLACE CAPS (Use Docusate Sodium)	NP	QL(3 ea daily)
docusate calcium caps	1	
docusate sodium caps or 100 mg, 250 mg	1	QL(3 ea daily)
docusate sodium liqd or 50 mg/5ml, 150 mg/15ml	1	
docusate sodium syrps or 60 mg/15ml	1	
docusate sodium tabs or 100 mg	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin susr or 100 mg/5ml, 200 mg/5ml	1	
azithromycin tabs or 250 mg	1	QL(6 ea per fill retail)
azithromycin tabs or 500 mg	1	QL(4 ea daily)
azithromycin tabs or 600 mg	1	QL(0.286 ea daily)
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use Azithromycin)	NP	
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (Use Azithromycin)	NP	QL(4 ea daily)
ZITHROMAX TABS OR 600 MG (Use Azithromycin)	NP	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (Use Azithromycin)	NP	QL(6 ea per fill retail)
Clarithromycin		
BIAXIN SUSR 250 MG/5ML (Use Clarithromycin)	NP	
BIAXIN TABS 250 MG, 500 MG (Use Clarithromycin)	NP	QL(28 ea per fill retail)
clarithromycin susr 125 mg/5ml, 250 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML	2	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	QL(28 ea per fill retail)
<i>clarithromycin tb24 500 mg</i>	1	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>Erythromycin Ethylsuccinate</i>)	NP	
ERY-TAB TBEC	2	
ERYPED 200 SUSR (Use <i>Erythromycin Ethylsuccinate</i>)	NP	
ERYPED 400 SUSR	2	
<i>erythromycin base cpep 250 mg</i>	1	
<i>erythromycin base tabs 250 mg</i>	1	
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	1	
PCE TBEC 333 MG	2	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ALLEVYN PLUS CAVITY PADS	2	RX/OTC
ALLEVYN THIN PADS	2	RX/OTC
AMD FOAM DRESSING 4"X4" PADS	2	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	2	RX/OTC
BAND-AID GAUZE PADS LARGE 4" X 4" PADS	2	RX/OTC
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	2	
BAND-AID GAUZE PADS SMALL 2" X 2" PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4" PADS	2	RX/OTC
BIATAIN ADHESIVE FOAM DRESSING 4"X4" PADS	2	RX/OTC
BIATAIN FOAM DRESSING 4"X4" PADS	2	RX/OTC
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	2	RX/OTC
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
BORDERED GAUZE PADS	2	RX/OTC
CARRASMART FOAM PADS	2	RX/OTC
CARRASMART PADS XX	2	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	2	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	2	RX/OTC
COVRSITE COVER DRESSING PADS	2	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS	2	RX/OTC
CUREX ALL-PURPOSE SPONGES 4"X4" 4 PLY PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS	2	
CURITY ALL PURPOSE SPONGES 4 PLY PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	2	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS	2	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
CURITY COVER SPONGE 4"X4" PADS	2	RX/OTC
CURITY COVER SPONGES 3"X3" PADS	2	
CURITY COVER SPONGES 4"X4" PADS	2	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
CURITY GAUZE PADS 2"X2" 12 PLY PADS	2	RX/OTC
CURITY GAUZE PADS 2"X2" PADS	2	RX/OTC
CURITY GAUZE PADS 3"X3" PADS	2	
CURITY GAUZE PADS 4"X4" 12 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 2"X2" 8 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 2"X2"12 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 3"X3" 12 PLY PADS	2	
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	2	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	2	RX/OTC
GAUZE DRESSING 4"X4" PADS	2	RX/OTC
GAUZE PADS 2"X2" PADS	2	RX/OTC
GAUZE PADS 3"X3" PADS	2	
GAUZE PADS 4"X4" 12 PLY PADS	2	RX/OTC
GAUZE PADS 4"X4" PADS	2	RX/OTC
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	2	RX/OTC
GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
GNP STERILE PADS 3"X3" PADS	2	
HM STERILE PADS 2"X2" PADS	2	RX/OTC
HM STERILE PADS PADS	2	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	2	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	2	RX/OTC
J & J GAUZE 2"X2" 8 PLY PADS	2	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	2	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	2	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	2	RX/OTC
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	2	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS	2	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 3"X3" PADS	2	
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	2	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS	2	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS	2	
KERLIX SPONGES 4" X 4" 12 PLY PADS	2	RX/OTC
KERLIX SPONGES 4" X 4" 16 PLY PADS	2	RX/OTC
MIRASORB SPONGES 2" X 2" MISC	2	RX/OTC
MIRASORB SPONGES 4" X 4" MISC	2	RX/OTC
NU GAUZE 4PLY 4"X4" PADS	2	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	2	RX/OTC
OPTIFOAM PADS	2	RX/OTC
POLYMEM DRESSING/3" X 3" PADS	2	
POLYMEM DRESSING/4" X 4" PADS	2	RX/OTC
POLYMEM FILM DOT PADS	2	RX/OTC
POLYMEM NON-ADHESIVE PAD PADS	2	RX/OTC
QC ALL PURPOSE DRESSINGS 4"X4" PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QC BORDER ISLAND GAUZE PAD 2"X2" PADS	2	RX/OTC
QC STERILE PADS PADS	2	
QC STERILE PADS PADS	2	RX/OTC
RA ALL PURPOSE DRESSINGS 4"X4" PADS	2	RX/OTC
RA DRESSING SPONGES 4"X4" PADS	2	RX/OTC
RA GAUZE SPONGES 4"X4" PADS	2	RX/OTC
RA STERILE PADS 2"X2" PADS	2	RX/OTC
RA STERILE PADS 3"X3" PADS	2	
RA STERILE PADS 4"X4" PADS	2	RX/OTC
RAY-TEC X-RAY DETECTABLE SPONGES 4" X 4" 16 PLY MISC	2	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	2	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	2	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	2	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	2	RX/OTC
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS	2	
SM GAUZE PADS 2"X2" PADS	2	RX/OTC
SM GAUZE PADS 3"X3" PADS	2	
SM GAUZE PADS 4"X4" PADS	2	RX/OTC
SM STERILE PADS 2"X2" PADS	2	RX/OTC
SM STERILE PADS PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SOF-WICK 4"X4" PADS	2	RX/OTC
STERILE GAUZE PADS 2"X2" PADS	2	RX/OTC
STERILE GAUZE PADS 3"X3" PADS	2	
STERILE PADS 2"X2" PADS	2	RX/OTC
STERILE PADS 3"X3" PADS	2	
STERILE PADS 4"X4" PADS	2	RX/OTC
SURGICAL GAUZE SPONGE PADS	2	RX/OTC
TEGADERM FOAM DRESSING 2"X2" PADS	2	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	2	RX/OTC
THERAGAUZE PADS	2	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC	2	RX/OTC
VERSIVA XC 3" X 3" FOAM DRESSING/HYDROFIBER TECHNOLOGY PADS	2	
VERSIVA XC 4" X 4" FOAM DRESSING/HYDROFIBER TECHNOLOGY PADS	2	RX/OTC
VISTEC X-RAY DETECTABLE SPONGES 4"X4" 16 PLY PADS	2	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	2	QL(1.2 ea daily)
ATLAS COLORED LUBRICATED CONDOM DEVI	2	QL(1.2 ea daily)
ATLAS LUBRICATED CONDOM DEVI	2	QL(1.2 ea daily)
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	2	QL(1.2 ea daily)
CLASS ACT LUBRICATED MISC	2	QL(1.2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DUREX EXTRA SENSITIVE DEVI	2	QL(1.2 ea daily)
ELEXA NATURAL FEEL MISC	2	QL(1.2 ea daily)
ELEXA STIMULATING MISC	2	QL(1.2 ea daily)
ELEXA ULTRA SENSITIVE MISC	2	QL(1.2 ea daily)
EXTRA SENSITIVE SPERMICIDAL DEVI	2	QL(1.2 ea daily)
FANTASY LUBRICATED MISC	2	QL(1.2 ea daily)
FANTASY LUBRICATED/SPERMICIDE MISC	2	QL(1.2 ea daily)
HIGH SENSATION SPERMICIDAL DEVI	2	QL(1.2 ea daily)
INTENSE SENSATION DEVI	2	QL(1.2 ea daily)
KAMELEON LUBRICATED MISC	2	QL(1.2 ea daily)
KIMONO COLORS DEVI	2	QL(1.2 ea daily)
KIMONO LUBRICATED MISC	2	QL(1.2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	2	QL(1.2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	2	QL(1.2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	2	QL(1.2 ea daily)
KIMONO PS LUBRICATED MISC	2	QL(1.2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	2	QL(1.2 ea daily)
KIMONO SENSATION LUBRICATED MISC	2	QL(1.2 ea daily)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	2	QL(1.2 ea daily)
KIMONO SPECIAL DEVI	2	QL(1.2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MAXX LUBRICATED MISC	2	QL(1.2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	2	QL(1.2 ea daily)
PREMIUM CONDOMS LUBRICATED MISC	2	QL(1.2 ea daily)
REALITY LATEX CONDOMS/LUBRICATED MISC	2	QL(1.2 ea daily)
REALITY LATEX/ULTRA TEXTURED DEVI	2	QL(1.2 ea daily)
REALITY LATEX/ULTRA THIN DEVI	2	QL(1.2 ea daily)
TROJAN EXTENDED PLEASURE/LUBRICATED DEVI	2	QL(1.2 ea daily)
TROJAN MAGNUM MISC	2	QL(1.2 ea daily)
TROJAN MAGNUM WARM SENSATIONS DEVI	2	QL(1.2 ea daily)
TROJAN MAGNUM XL LUBRICATED DEVI	2	QL(1.2 ea daily)
TROJAN PLEASURE MESH/SPERMICIDAL DEVI	2	QL(1.2 ea daily)
TROJAN RIBBED W/SPERMICIDAL MISC	2	QL(1.2 ea daily)
TROJAN SHARED SENSATION/LUBRICATED DEVI	2	QL(1.2 ea daily)
TROJAN SUPRAS SPERMICIDAL DEVI	2	QL(1.2 ea daily)
TROJAN TWISTED PLEASURE DEVI	2	QL(1.2 ea daily)
TROJAN ULTRA PLEASURE/LUBRICATED DEVI	2	QL(1.2 ea daily)
TROJAN VERY SENSITIVE LUBRICATED MISC	2	QL(1.2 ea daily)
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC	2	QL(1.2 ea daily)
TROJAN VERY THIN LUBRICATED MISC	2	QL(1.2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	2	QL(1.2 ea daily)
TROJAN-ENZ LUBRICANT MISC	2	QL(1.2 ea daily)
TROJAN-ENZ LUBRICATED MISC	2	QL(1.2 ea daily)
TROJAN-ENZ W/SPERMICIDAL MISC	2	QL(1.2 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	2	QL(1.2 ea daily)
TRUSTEX LUBRICATED EXTRALARGE MISC	2	QL(1.2 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	2	QL(1.2 ea daily)
TRUSTEX LUBRICATED MISC	2	QL(1.2 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	2	QL(1.2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	2	QL(1.2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	2	QL(1.2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE MISC	2	QL(1.2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	2	QL(1.2 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	2	QL(1.2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	2	QL(1.2 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	2	QL(1.2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	2	QL(1.2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTIMATE FEELING DEVI	2	QL(1.2 ea daily)
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	2	QL(6.85 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	2	QL(6.85 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	2	QL(6.85 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	2	QL(6.85 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	2	QL(6.85 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	2	QL(6.85 ea daily)
ACCU-CHEK SOFT TOUCH LANCETS MISC	2	QL(6.85 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	2	QL(6.85 ea daily)
ACTI-LANCE LANCETS 28G MISC	2	QL(6.85 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	2	QL(6.85 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	2	QL(6.85 ea daily)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC	2	QL(6.85 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	2	QL(6.85 ea daily)
ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP MISC	2	QL(6.85 ea daily)
ADVANCED MOBILE LANCET 30G MISC	2	QL(6.85 ea daily)
ADVOCATE LANCETS 30G MISC	2	QL(6.85 ea daily)
ADVOCATE LANCETS MISC	2	QL(6.85 ea daily)
ADVOCATE SAFETY LANCETS 26G MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE SAFETY LANCETS MISC	2	QL(6.85 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	2	QL(6.85 ea daily)
AQUALANCE LANCETS ULTRA THIN 30G MISC	2	QL(6.85 ea daily)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	2	QL(6.85 ea daily)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	2	QL(6.85 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	2	QL(6.85 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	2	QL(6.85 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	2	QL(6.85 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	2	QL(6.85 ea daily)
ASSURE LANCE LANCETS 21G MISC	2	QL(6.85 ea daily)
ASSURE LANCE LANCETS MISC	2	QL(6.85 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	2	QL(6.85 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	2	QL(6.85 ea daily)
ASSURE LANCETS MISC	2	QL(6.85 ea daily)
AT LAST LANCETS MISC	2	QL(6.85 ea daily)
AURORA LANCET SUPER THIN30G MISC	2	QL(6.85 ea daily)
AURORA LANCET THIN 23G MISC	2	QL(6.85 ea daily)
BAYER MICROLET LANCETS MISC	2	QL(6.85 ea daily)
BD LANCET ULTRAFINE 30G MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD LANCET ULTRAFINE 33G MISC	2	QL(6.85 ea daily)
BD MICROTAINER LANCETS MISC	2	QL(6.85 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC	2	QL(6.85 ea daily)
BULLSEYE SAFETY LANCETS MISC	2	QL(6.85 ea daily)
CAREONE LANCET THIN MISC	2	QL(6.85 ea daily)
CAREONE LANCET ULTRA THIN MISC	2	QL(6.85 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	2	QL(6.85 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	2	QL(6.85 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	2	QL(6.85 ea daily)
CLEANLET LANCETS 28G MISC	2	QL(6.85 ea daily)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC	2	QL(6.85 ea daily)
CLEVER CHEK LANCETS ULTRATHIN MISC	2	QL(6.85 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 21G MISC	2	QL(6.85 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 23G MISC	2	QL(6.85 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 28G MISC	2	QL(6.85 ea daily)
COAGUCHEK LANCETS MISC	2	QL(6.85 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	2	QL(6.85 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	2	QL(6.85 ea daily)
COMFORT LANCETS MISC	2	QL(6.85 ea daily)
CVS LANCETS 21G MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS MICRO THIN 33G MISC	2	QL(6.85 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	2	QL(6.85 ea daily)
CVS LANCETS ORIGINAL MISC	2	QL(6.85 ea daily)
CVS LANCETS THIN 26G MISC	2	QL(6.85 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	2	QL(6.85 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	2	QL(6.85 ea daily)
CVS ULTRA THIN LANCETS MISC	2	QL(6.85 ea daily)
DROPLET LANCETS ULTRA THIN 30G MISC	2	QL(6.85 ea daily)
DRUG MART LANCETS THIN MISC	2	QL(6.85 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	2	QL(6.85 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	2	QL(6.85 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	2	QL(6.85 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	2	QL(6.85 ea daily)
E-Z JECT LANCETS 21G MISC	2	QL(6.85 ea daily)
E-Z JECT LANCETS COLOR MISC	2	QL(6.85 ea daily)
E-Z JECT LANCETS MISC	2	QL(6.85 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	2	QL(6.85 ea daily)
E-Z JECT LANCETS THIN 26G MISC	2	QL(6.85 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	2	QL(6.85 ea daily)
EASY COMFORT LANCETS 30G/PULL TOP MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT LANCETS 30G/THIN TOP MISC	2	QL(6.85 ea daily)
EASY COMFORT LANCETS MISC	2	QL(6.85 ea daily)
EASY COMFORT LANCETS TWIST TOP MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 26G/TWIST MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	2	QL(6.85 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	2	QL(6.85 ea daily)
EASY TWIST & CAP LANCETS MISC	2	QL(6.85 ea daily)
EASYTEST II LANCETS MISC	2	QL(6.85 ea daily)
EASYTEST LANCETS MISC	2	QL(6.85 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	2	QL(6.85 ea daily)
EQL COLOR LANCETS 21G MISC	2	QL(6.85 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	2	QL(6.85 ea daily)
EQL SUPER THIN LANCETS 30G MISC	2	QL(6.85 ea daily)
EQL THIN LANCETS 26G MISC	2	QL(6.85 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	2	QL(6.85 ea daily)
EZ-LETS LANCETS 21G MISC	2	QL(6.85 ea daily)
EZ-LETS LANCETS 23G MISC	2	QL(6.85 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	2	QL(6.85 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	2	QL(6.85 ea daily)
EZ-LETS LANCETS 30G MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 SAFETY SEAL LANCETS 30G MISC	2	QL(6.85 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	2	QL(6.85 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	2	QL(6.85 ea daily)
FINE 30 MISC	2	QL(6.85 ea daily)
FINGERSTIX LANCETS MISC	2	QL(6.85 ea daily)
FORA LANCETS MISC	2	QL(6.85 ea daily)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	2	QL(6.85 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	2	QL(6.85 ea daily)
FREESTYLE LANCETS MISC	2	QL(6.85 ea daily)
FREESTYLE UNISTICK II LANCETS MISC	2	QL(6.85 ea daily)
GENTEEL BUTTERFLY TOUCH LANCETS MISC	2	QL(6.85 ea daily)
GENTLE-LET GP LANCETS MISC	2	QL(6.85 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	2	QL(6.85 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	2	QL(6.85 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	2	QL(6.85 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	2	QL(6.85 ea daily)
GLOBAL INJECT EASE LANCETS 28G MISC	2	QL(6.85 ea daily)
GLOBAL INJECT EASE LANCETS 30G MISC	2	QL(6.85 ea daily)
GLUCOCOM LANCETS 28G MISC	2	QL(6.85 ea daily)
GLUCOCOM LANCETS 30G MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM LANCETS 33G MISC	2	QL(6.85 ea daily)
GLUCOSOURCE LANCETS MISC	2	QL(6.85 ea daily)
GNP LANCETS 21G MISC	2	QL(6.85 ea daily)
GNP LANCETS MICRO THIN 33G MISC	2	QL(6.85 ea daily)
GNP LANCETS MISC	2	QL(6.85 ea daily)
GNP LANCETS SUPER THIN 30G MISC	2	QL(6.85 ea daily)
GNP LANCETS THIN 26G MISC	2	QL(6.85 ea daily)
GNP LANCETS THIN MISC	2	QL(6.85 ea daily)
GNP MICRO THIN LANCETS 33G MISC	2	QL(6.85 ea daily)
GNP SUPER THIN LANCETS/30G MISC	2	QL(6.85 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	2	QL(6.85 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	2	QL(6.85 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	2	QL(6.85 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	2	QL(6.85 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	2	QL(6.85 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	2	QL(6.85 ea daily)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	2	QL(6.85 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	2	QL(6.85 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	2	QL(6.85 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE MISC	2	QL(6.85 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	2	QL(6.85 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	2	QL(6.85 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	2	QL(6.85 ea daily)
HAEMOLANCE PLUS MISC	2	QL(6.85 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	2	QL(6.85 ea daily)
HEALTHWISE LANCETS 30G MISC	2	QL(6.85 ea daily)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	2	QL(6.85 ea daily)
HY-VEE LANCETS MISC	2	QL(6.85 ea daily)
HY-VEE THIN LANCETS MISC	2	QL(6.85 ea daily)
IN TOUCH STERILE LANCETS30G MISC	2	QL(6.85 ea daily)
KINNEY LANCETS MISC	2	QL(6.85 ea daily)
KINNEY THIN LANCETS MISC	2	QL(6.85 ea daily)
KROGER LANCETS 21G MISC	2	QL(6.85 ea daily)
KROGER LANCETS MICRO THIN33G MISC	2	QL(6.85 ea daily)
KROGER LANCETS MISC	2	QL(6.85 ea daily)
KROGER LANCETS SUPER THIN MISC	2	QL(6.85 ea daily)
KROGER LANCETS THIN 26G MISC	2	QL(6.85 ea daily)
KROGER LANCETS THIN MISC	2	QL(6.85 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	2	QL(6.85 ea daily)
LANCETS 26G TWIST TOP MISC	2	QL(6.85 ea daily)
LANCETS 28G MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS 30G MISC	2	QL(6.85 ea daily)
LANCETS 30G TWIST TOP MISC	2	QL(6.85 ea daily)
LANCETS 30G/TWIST TOP MISC	2	QL(6.85 ea daily)
LANCETS 31G TWIST TOP MISC	2	QL(6.85 ea daily)
LANCETS 33G UNIVERSAL DESIGN MISC	2	QL(6.85 ea daily)
LANCETS MICRO THIN 33G MISC	2	QL(6.85 ea daily)
LANCETS MISC	2	QL(6.85 ea daily)
LANCETS SAFETY SEAL 21G MISC	2	QL(6.85 ea daily)
LANCETS SAFETY SEAL 26G MISC	2	QL(6.85 ea daily)
LANCETS SAFETY SEAL 28G MISC	2	QL(6.85 ea daily)
LANCETS SAFETY SEAL 30G MISC	2	QL(6.85 ea daily)
LANCETS SUPER THIN 28G MISC	2	QL(6.85 ea daily)
LANCETS THIN MISC	2	QL(6.85 ea daily)
LANCETS TWIST TOP MISC	2	QL(6.85 ea daily)
LANCETS ULTRA FINE MISC	2	QL(6.85 ea daily)
LANCETS ULTRA THIN 30G MISC	2	QL(6.85 ea daily)
LANCETS ULTRA THIN MISC	2	QL(6.85 ea daily)
LANCETS BULLSEYE SAFETY MISC	2	QL(6.85 ea daily)
LIBERTY MEDICAL LANCETS 30G MISC	2	QL(6.85 ea daily)
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	2	QL(6.85 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	2	QL(6.85 ea daily)
LITE TOUCH LANCETS MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH LANCETS MICRO THIN 33G MISC	2	QL(6.85 ea daily)
LIVE BETTER LANCET SUPERTHIN 30G MISC	2	QL(6.85 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	2	QL(6.85 ea daily)
LONGS LANCETS STANDARD MISC	2	QL(6.85 ea daily)
LONGS LANCETS THIN MISC	2	QL(6.85 ea daily)
LONGS LANCETS ULTRA THIN MISC	2	QL(6.85 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	2	QL(6.85 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	2	QL(6.85 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	2	QL(6.85 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	2	QL(6.85 ea daily)
MEDICHOICE SAFETY LANCETEXTRA MISC	2	QL(6.85 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	2	QL(6.85 ea daily)
MEDISENSE THIN LANCETS MISC	2	QL(6.85 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	2	QL(6.85 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	2	QL(6.85 ea daily)
MEDLANCE PLUS LANCETS MISC	2	QL(6.85 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	2	QL(6.85 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	2	QL(6.85 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	2	QL(6.85 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	2	QL(6.85 ea daily)
MEDLANCE PLUS/LITE 25G MISC	2	QL(6.85 ea daily)
MEDLANCE/EXTRA MISC	2	QL(6.85 ea daily)
MEDLANCE/LITE MISC	2	QL(6.85 ea daily)
MEDLANCE/UNIVERSAL MISC	2	QL(6.85 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	2	QL(6.85 ea daily)
MEIJER LANCETS MISC	2	QL(6.85 ea daily)
MEIJER LANCETS THIN MISC	2	QL(6.85 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	2	QL(6.85 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	2	QL(6.85 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	2	QL(6.85 ea daily)
MEIJER SUPER THIN LANCETS MISC	2	QL(6.85 ea daily)
MICROLET LANCETS MISC	2	QL(6.85 ea daily)
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE MISC	2	QL(6.85 ea daily)
MM TWIST LANCETS MISC	2	QL(6.85 ea daily)
MONOLET LANCETS MISC	2	QL(6.85 ea daily)
MONOLET OPD LANCETS MISC	2	QL(6.85 ea daily)
MONOLETTOR SAFETY LANCETS MISC	2	QL(6.85 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC	2	QL(6.85 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC	2	QL(6.85 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MPD SAFETY LANCETS 23G/1.8MM MISC	2	QL(6.85 ea daily)
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	2	QL(6.85 ea daily)
NETGROUP LANCETS MISC	2	QL(6.85 ea daily)
NOVA SAFETY LANCETS 23G MISC	2	QL(6.85 ea daily)
NOVA SAFETY LANCETS 28G MISC	2	QL(6.85 ea daily)
NOVA SUREFLEX LANCETS MISC	2	QL(6.85 ea daily)
ON CALL LANCETS MISC	2	QL(6.85 ea daily)
ON CALL PLUS LANCETS MISC	2	QL(6.85 ea daily)
ONETOUCH CLUB LANCETS FINE POINT MISC	2	QL(6.85 ea daily)
ONETOUCH COMBO PACK MISC	2	QL(6.85 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	2	QL(6.85 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	2	QL(6.85 ea daily)
ONETOUCH FINEPOINT LANCETS MISC	2	QL(6.85 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	2	QL(6.85 ea daily)
PC LANCETS SUPER THIN 30G MISC	2	QL(6.85 ea daily)
PERFECT LANCETS 30G MISC	2	QL(6.85 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	2	QL(6.85 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC	2	QL(6.85 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC	2	QL(6.85 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC	2	QL(6.85 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC	2	QL(6.85 ea daily)
PHARMACY COUNTER LANCETS MISC	2	QL(6.85 ea daily)
PRECISION THIN LANCETS MISC	2	QL(6.85 ea daily)
PRECISION THINS GP LANCET MISC	2	QL(6.85 ea daily)
PRECISION ULTRA LANCET MISC	2	QL(6.85 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	2	QL(6.85 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	2	QL(6.85 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	2	QL(6.85 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	2	QL(6.85 ea daily)
PRO COMFORT LANCETS 30G MISC	2	QL(6.85 ea daily)
PRO COMFORT LANCETS 31G MISC	2	QL(6.85 ea daily)
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	2	QL(6.85 ea daily)
PRODIGY SAFETY LANCETS MISC	2	QL(6.85 ea daily)
PRODIGY TWIST TOP LANCETS MISC	2	QL(6.85 ea daily)
PSS SELECT GP LANCETS MISC	2	QL(6.85 ea daily)
PSS SELECT SAFETY LANCETS MISC	2	QL(6.85 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	2	QL(6.85 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	2	QL(6.85 ea daily)
PX LANCETS ULTRA THIN 28G MISC	2	QL(6.85 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
PX LANCETS ULTRA THIN MISC	2	QL(6.85 ea daily)
QC LANCETS SUPER THIN MISC	2	QL(6.85 ea daily)
QC LANCETS ULTRA THIN MISC	2	QL(6.85 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	2	QL(6.85 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	2	QL(6.85 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	2	QL(6.85 ea daily)
RA E-ZJECT LANCETS 28G MISC	2	QL(6.85 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	2	QL(6.85 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	2	QL(6.85 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	2	QL(6.85 ea daily)
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	2	QL(6.85 ea daily)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	2	QL(6.85 ea daily)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	2	QL(6.85 ea daily)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	2	QL(6.85 ea daily)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	2	QL(6.85 ea daily)
REALITY LANCETS MISC	2	QL(6.85 ea daily)
REALITY TRIGGER LANCETS MISC	2	QL(6.85 ea daily)
RELION LANCETS MICRO-THIN33G MISC	2	QL(6.85 ea daily)
RELION LANCETS STANDARD 21G MISC	2	QL(6.85 ea daily)
RELION LANCETS THIN 26G MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS ULTRA-THIN30G MISC	2	QL(6.85 ea daily)
RELION ULTRA THIN LANCETS30G MISC	2	QL(6.85 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	2	QL(6.85 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	2	QL(6.85 ea daily)
REXALL LANCETS ULTRA THIN MISC	2	QL(6.85 ea daily)
RIGHTEST GL300 LANCETS MISC	2	QL(6.85 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	2	QL(6.85 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	2	QL(6.85 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	2	QL(6.85 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	2	QL(6.85 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	2	QL(6.85 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	2	QL(6.85 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	2	QL(6.85 ea daily)
SAFETY LANCETS 21G MISC	2	QL(6.85 ea daily)
SAFETY LANCETS 28G MISC	2	QL(6.85 ea daily)
SAFETY LANCETS MISC	2	QL(6.85 ea daily)
SAFETY LET LANCETS MISC	2	QL(6.85 ea daily)
SAFETY SEAL LANCETS 28G MISC	2	QL(6.85 ea daily)
SAFETY SEAL LANCETS 30G MISC	2	QL(6.85 ea daily)
SAPS HEALTH TWIST TOP LANCETS 30G MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAPSCARE TWIST TOP LANCETS 30G MISC	2	QL(6.85 ea daily)
SB LANCETS THIN MISC	2	QL(6.85 ea daily)
SB LANCETS ULTRA THIN MISC	2	QL(6.85 ea daily)
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	2	QL(6.85 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	2	QL(6.85 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	2	QL(6.85 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	2	QL(6.85 ea daily)
SINGLE-LET MISC	2	QL(6.85 ea daily)
SM MICRO THIN LANCETS 33G MISC	2	QL(6.85 ea daily)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	2	QL(6.85 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	2	QL(6.85 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	2	QL(6.85 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	2	QL(6.85 ea daily)
SMARTEST LANCETS 28G MISC	2	QL(6.85 ea daily)
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	2	QL(6.85 ea daily)
SOLUS V2 TWIST LANCETS 30G MISC	2	QL(6.85 ea daily)
STERILANCE TL MISC	2	QL(6.85 ea daily)
SUPER THIN LANCETS MISC	2	QL(6.85 ea daily)
SURE COMFORT LANCETS 18G MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 21G MISC	2	QL(6.85 ea daily)
SURE COMFORT LANCETS 23G MISC	2	QL(6.85 ea daily)
SURE COMFORT LANCETS 28G MISC	2	QL(6.85 ea daily)
SURE COMFORT LANCETS 30G MISC	2	QL(6.85 ea daily)
SURE-LANCE FLAT LANCETS MISC	2	QL(6.85 ea daily)
SURE-LANCE LANCETS 26G MISC	2	QL(6.85 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	2	QL(6.85 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	2	QL(6.85 ea daily)
SURE-TOUCH LANCETS UNIVERSAL MISC	2	QL(6.85 ea daily)
SURELITE LANCETS MISC	2	QL(6.85 ea daily)
TECHLITE AST LANCETS MISC	2	QL(6.85 ea daily)
TECHLITE LANCETS 30G MISC	2	QL(6.85 ea daily)
TECHLITE LANCETS MISC	2	QL(6.85 ea daily)
TGT LANCET MICRO THIN 33G MISC	2	QL(6.85 ea daily)
TGT LANCET THIN 26G MISC	2	QL(6.85 ea daily)
TGT LANCET ULTRA THIN 30G MISC	2	QL(6.85 ea daily)
THINLETS GP LANCETS MISC	2	QL(6.85 ea daily)
THINLETS LANCET MISC	2	QL(6.85 ea daily)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	2	QL(6.85 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	2	QL(6.85 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	2	QL(6.85 ea daily)
TRAVEL LANCETS 30G MISC	2	QL(6.85 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT TWIST TOP LANCETS 30G MISC	2	QL(6.85 ea daily)
TRUEPLUS LANCETS 26G MISC	2	QL(6.85 ea daily)
TRUEPLUS LANCETS 28G MISC	2	QL(6.85 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	2	QL(6.85 ea daily)
TRUEPLUS LANCETS 30G MISC	2	QL(6.85 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	2	QL(6.85 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	2	QL(6.85 ea daily)
TRUEPLUS LANCETS 33G MISC	2	QL(6.85 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	2	QL(6.85 ea daily)
ULTICARE THIN LANCETS 30G MISC	2	QL(6.85 ea daily)
ULTILET CLASSIC LANCETS MISC	2	QL(6.85 ea daily)
ULTILET LANCETS 33G MISC	2	QL(6.85 ea daily)
ULTILET LANCETS MISC	2	QL(6.85 ea daily)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	2	QL(6.85 ea daily)
ULTILET SAFETY LANCETS 23G MISC	2	QL(6.85 ea daily)
ULTRA THIN LANCETS 31G MISC	2	QL(6.85 ea daily)
ULTRA-CARE LANCETS 30G MISC	2	QL(6.85 ea daily)
ULTRA-THIN II AUTO LANCET MISC	2	QL(6.85 ea daily)
ULTRA-THIN II LANCETS 28G MISC	2	QL(6.85 ea daily)
ULTRA-THIN II LANCETS 30G MISC	2	QL(6.85 ea daily)
ULTRA-THIN II SAFETY AUTOLANCETS 26G MISC	2	QL(6.85 ea daily)
UNILET COMFORTOUCH LANCET MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNILET EXCELITE II MISC	2	QL(6.85 ea daily)
UNILET EXCELITE MISC	2	QL(6.85 ea daily)
UNILET G.P. LANCET MISC	2	QL(6.85 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	2	QL(6.85 ea daily)
UNILET GP 28 ULTRA THIN MISC	2	QL(6.85 ea daily)
UNILET LANCET MISC	2	QL(6.85 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	2	QL(6.85 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	2	QL(6.85 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	2	QL(6.85 ea daily)
UNILET SUPERLITE LANCET MISC	2	QL(6.85 ea daily)
UNISTIK 3 GENTLE MISC	2	QL(6.85 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	2	QL(6.85 ea daily)
UNISTIK PRO SAFETY LANCET 25G MISC	2	QL(6.85 ea daily)
UNISTIK PRO SAFETY LANCET 28G MISC	2	QL(6.85 ea daily)
UNISTIK SAFETY LANCETS 28G MISC	2	QL(6.85 ea daily)
UNISTIK SAFETY LANCETS 30G MISC	2	QL(6.85 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC	2	QL(6.85 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	2	QL(6.85 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	2	QL(6.85 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	2	QL(6.85 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	2	QL(6.85 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	2	QL(6.85 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	2	QL(6.85 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	2	QL(6.85 ea daily)
VALUE PLUS LANCETS SUPER THIN 30G MISC	2	QL(6.85 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	2	QL(6.85 ea daily)
VALUMARK LANCET SUPER THIN 30G MISC	2	QL(6.85 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	2	QL(6.85 ea daily)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	2	QL(6.85 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	2	QL(6.85 ea daily)
VITALET PRO LANCETS MISC	2	QL(6.85 ea daily)
VITALET PRO PLUS LANCETS MISC	2	QL(6.85 ea daily)
W&F LANCETS 26G MISC	2	QL(6.85 ea daily)
W&F LANCETS COLORED 21G MISC	2	QL(6.85 ea daily)
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	2	QL(6.85 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	2	QL(6.85 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	2	QL(6.85 ea daily)
WALGREENS LANCETS MISC	2	QL(6.85 ea daily)
WALGREENS THIN LANCETS MISC	2	QL(6.85 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	2	QL(6.85 ea daily)
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPS29GX12MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	2	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	2	QL(5 ea daily)
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	2	QL(5 ea daily)
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X8MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AURORA UNIFINE PENTIPS/32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
AUTOJECT 2 MISC	2	PA; RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE 0.5ML/29G X 12.7MM MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 15/64" MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/MINI/ULTRAFINE /31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	2	QL(5 ea daily)
BD PEN NEEDLE/ULTRAFINE/29G X 1/2" 12.7MM MISC	2	QL(5 ea daily)
BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G MISC	2	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64" MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLE 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	2	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CAREONE UNIFINE PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
CLICKFINE PEN NEEDLE 32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
CORNWALL METAL PIPETTINGHOLDER (FOR 1240S) MISC	2	PA; RX/OTC
CORNWALL METAL PIPETTINGHOLDER (FOR 1250S) MISC	2	PA; RX/OTC
CORNWALL METAL PIPETTINGHOLDER (FOR 1260S) MISC	2	PA; RX/OTC
CORNWALL METAL PIPETTINGHOLDER (FOR 1270S) MISC	2	PA; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64" MISC	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT PEN NEEDLES32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX6MM MISC	2	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	2	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31G X5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	2	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC	2	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT MISC	2	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	2	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC	2	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4M M MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
HUMATROPEN FOR 12MG DEVI	2	PA; RX/OTC
HUMATROPEN FOR 24MG DEVI	2	PA; RX/OTC
HUMATROPEN FOR 6MG DEVI	2	PA; RX/OTC
INJECT-EASE AUTOMATIC INJECTOR MISC	2	PA; RX/OTC
INJECT-EASE MISC	2	PA; RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/1ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	2	QL(5 ea daily)
INSUPEN 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN PEN NEEDLES 32G X4MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	2	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	2	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
J-TIP KIT W/VIAL ADAPTERS KIT	2	PA
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
LITE TOUCH PEN NEEDLES/31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	2	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	2	QL(5 ea daily); RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MARATHON MEDICAL PENTIPS29GX12MM MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	2	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	2	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X8MM MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	2	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
NORDIPEN 5 INJECTION DEVICE MISC	2	PA; RX/OTC
NORDIPEN DELIVERY SYSTEM MISC	2	PA; RX/OTC
NOVOFINE 30GX8MM MISC	2	QL(5 ea daily)
NOVOFINE 32GX6MM MISC	2	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	2	QL(5 ea daily)
NOVOFINE PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NOVOTWIST 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
OMNITROPE PEN 10 INJECTION DEVICE MISC	2	PA; RX/OTC
OMNITROPE PEN 5 INJECTION DEVICE MISC	2	PA; RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	2	QL(5 ea daily)
PEN NEEDLES 30GX8MM MISC	2	QL(5 ea daily)
PEN NEEDLES 31G X 1/4" SHORT MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM (5/16") MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 5MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLES 32G X 6MM MISC	2	QL(5 ea daily)
PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
PLASTIC ADAPTER FOR BUSHINJECTOR B-D PLASTIPAK MISC	2	PA; RX/OTC
PLASTIC ADAPTER FOR BUSHINJECTOR MISC	2	PA
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	2	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RELION MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	2	QL(5 ea daily)
SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	2	QL(5 ea daily); RX/OTC

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
TOPCO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES31GX6MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	2	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	2	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	2	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE 31X6MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	2	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	2	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM MISC	2	QL(5 ea daily)
UNIFINE PENTIPS PLUS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM MISC	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	2	QL(5 ea daily); RX/OTC
Respiratory Therapy Supplies		
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
ARIAL CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BREATHERITE W/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/MEDIUM MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/SMALL MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
E-Z SPACER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
E-Z SPACER THE BODY GUARDS PACK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
EASIVENT MISC	2	QL(2 ea per 360 days retail); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	2	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MISC	2	QL(2 ea per 360 days retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
POCKET SPACER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(2 ea per 360 days retail); RX/OTC
RITEFLO DEVI	2	QL(2 ea per 360 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WATCHHALER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Products		
D.H.E. 45 SOLN (Use Dihydroergotamine Mesylate)	NP	
dihydroergotamine mesylate soln	1	
Serotonin Agonists		
AMERGE TABS (Use Naratriptan HCl)	NP	QL(0.6 ea daily); AL(At least 18 yrs old)
eletriptan hydrobromide tabs	1	QL(0.2 ea daily)
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (Use Sumatriptan)	NP	QL(0.2 ea daily); AL(At least 12 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (Use Sumatriptan Succinate)	NP	QL(0.083 ml daily); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use Sumatriptan Succinate)	NP	QL(0.067 ml daily,30 day(s) limit); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use Sumatriptan Succinate)	NP	QL(0.067 ml daily); AL(At least 12 yrs old)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (Use Sumatriptan Succinate)	NP	QL(0.6 ea daily); AL(At least 12 yrs old)
MAXALT TABS (Use Rizatriptan Benzoate)	NP	QL(0.4 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP (Use Rizatriptan Benzoate)	NP	QL(0.4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>naratriptan hcl tabs</i>	1	QL(0.6 ea daily); AL(At least 18 yrs old)
RELPAK TABS (Use Eletriptan Hydrobromide)	NP	QL(0.2 ea daily)
<i>rizatriptan benzoate tabs 5 mg, 10 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg, 10 mg</i>	1	QL(0.4 ea daily)
<i>sumatriptan soln</i>	1	QL(0.2 ea daily); AL(At least 12 yrs old)
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	1	QL(0.067 ml daily); AL(At least 12 yrs old)
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	1	QL(0.067 ml daily,30 day(s) limit); AL(At least 12 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(0.083 ml daily); AL(At least 12 yrs old)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	2	QL(0.067 ml daily); AL(At least 12 yrs old)
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(0.6 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tabs</i>	1	QL(0.2 ea daily)
<i>zolmitriptan tbdp</i>	1	QL(0.2 ea daily)
ZOMIG SOLN NA 5 MG	2	QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan)	NP	QL(0.2 ea daily)
ZOMIG ZMT TBDP (Use Zolmitriptan)	NP	QL(0.2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MINERALS & ELECTROLYTES		
Calcium		
CAL-CITRATE PLUS VITAMIND TABS	2	
CALCET CREAMY BITES CHEW	2	
CALCI-CHEW CHEW	2	
<i>calcium carbonate tabs 500 mg, 1250 mg</i>	1	
<i>calcium carbonate-cholecalciferol chew 500mg-100unit, 500mg-400unit</i>	1	
<i>calcium carbonate-cholecalciferol tabs 500mg-200unit, 500mg-400unit, 600mg-200unit, 500mg-500mg-400unit-400unit</i>	1	
<i>calcium carbonate-cholecalciferol tabs 600mg-400unit, 600mg-800unit, 600mg-600mg-800unit-400unit</i>	1	QL(2 ea daily)
Calcium Carbonate-Vitamin D 500	F	
Calcium Carbonate-Vitamin D 600	F	QL
<i>calcium carbonate-vitamin d caps</i>	1	
<i>calcium carbonate-vitamin d chew</i>	1	
<i>calcium carbonate-vitamin d tabs</i>	1	
CALCIUM CHEW 500 MG	2	
<i>calcium citrate tabs 200 mg, 950 mg</i>	1	
CALCIUM CITRATE W/D TABS	2	
CALCIUM CITRATE W/VITAMIN D TABS	2	
<i>calcium citrate-vitamin d chew</i>	1	
<i>calcium citrate-vitamin d tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CITRATE/VITAMIN D3 LIQD	2	
CALCIUM PLUS VITAMIN D CAPS	2	
<i>calcium tabs 500 mg</i>	1	
Calcium w/ Vitamin D	F	
CALTRATE 600+D TABS (Use Calcium Carbonate-Cholecalciferol)	NP	QL(2 ea daily)
CITRACAL + D3 MAXIMUM TABS (Use Calcium Citrate-Vitamin D)	NP	
CITRACAL MAXIMUM TABS (Use Calcium Citrate-Vitamin D)	NP	
CITRACAL PETITES/VITAMIND TABS (Use Calcium Citrate-Vitamin D)	NP	
MAGNEBIND 200 TABS	2	
MAGNEBIND 300 TABS	2	
<i>oyster shell tabs</i>	1	
PARVA-CAL TABS	2	
UPCAL D PACK	2	
UPCAL D POWD	2	
Electrolyte Mixtures		
CERASPORT EX1 SOLN	2	
CERASPORT SOLN 4MEQ/L-18MEQ/L-20MEQ/L-6MEQ/L	2	
ENFAMIL ENFALYTE SOLN	2	
EQUALYTE SOLN (Use Oral Electrolytes)	NP	
HYDRALYTE FREEZER POPS SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
HYDRALYTE SOLN 270MG/250ML- 210MG/250ML, 45MEQ/L- 45MEQ/L-20MEQ/L- 90MEQ/L-16GM/L	2	
<i>oral electrolytes soln</i>	1	
PEDIALYTE ADVANCED CARE SOLN (<i>Use Oral Electrolytes</i>)	NP	
PEDIALYTE FREEZER POPS SOLN (<i>Use Oral Electrolytes</i>)	NP	
PEDIALYTE SINGLES SOLN (<i>Use Oral Electrolytes</i>)	NP	
PEDIALYTE SOLN 20MEQ/L-45MEQ/L- 35MEQ/L-5GM/L-20GM/L, 20MEQ/L-45MEQ/L- 35MEQ/L-30MEQ/L- 25GM/L, 35MEQ/L- 45MEQ/L-7.8MG/L- 20MEQ/L-25GM/L, 4.7MEQ/237ML- 10.6MEQ/237ML- 8.3MEQ/237ML, 2.1MEQ/59ML- 2.7MEQ/59ML- 0.5MG/59ML- 1.2MEQ/59ML- 1.5GM/59ML (<i>Use Oral Electrolytes</i>)	NP	
Fluoride		
LURIDE SOLN (<i>Use Sodium Fluoride</i>)	NP	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>	1	AL(Up to 15 yrs old)
<i>sodium fluoride soln 0.5 mg/ml</i>	1	AL(Up to 15 yrs old)
Magnesium		
MAGDELAY TBEC	2	
MAGNEBIND 400 TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium oxide (mg supplement) tabs 400 mg, 241.3 mg</i>	1	
MAGOX 400 TABS (<i>Use Magnesium Oxide (Mg Supplement)</i>)	NP	
Phosphate		
K-PHOS NEUTRAL TABS (<i>Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic</i>)	NP	QL(8 ea daily)
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i>	1	QL(8 ea daily)
Potassium		
K-TAB TBCR 10 MEQ (<i>Use Potassium Chloride</i>)	NP	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	2	
MICRO-K CPCR 10 MEQ (<i>Use Potassium Chloride</i>)	NP	
MICRO-K CPCR 8 MEQ (<i>Use Potassium Chloride</i>)	NP	QL(1 ea daily)
<i>potassium bicarbonate tbef</i>	1	
<i>potassium chloride cpcr or 10 meq</i>	1	
<i>potassium chloride cpcr or 8 meq</i>	1	QL(1 ea daily)
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	
<i>potassium chloride microencapsulated crystals er tbcr</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
<i>potassium chloride soln or 10 %, 20 %</i>	1	
<i>potassium chloride tbcr or 8 meq, 10 meq</i>	1	
Sodium		
<i>sodium chloride flush soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
SODIUM CHLORIDE SOLN IJ 0.9 %	2	
<i>sodium chloride soln ij 0.9 %</i>	1	
<i>sodium chloride soln iv 0.9 %</i>	1	
SODIUM CHLORIDE SOLN IV 0.9 %	2	
Zinc		
COLD-EEZE LOZG MT (Use Zinc Gluconate)	NP	
<i>zinc gluconate lozg mt 13.3 mg</i>	1	
<i>zinc sulfate caps or 220 mg</i>	1	QL(3.34 ea daily)
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS	2	
SYPRINE CAPS (Use Trientine HCl)	NP	PA; SP
<i>trientine hcl caps</i>	1	PA; SP
Enzymes		
XIAFLEX SOLR	2	PA; SP
Immunomodulators		
REVLIMID CAPS	2	PA; SP
THALOMID CAPS	2	PA; SP
Immunosuppressive Agents		
AZASAN TABS	2	
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS (Use Mycophenolate Mofetil)	NP	
CELLCEPT INTRAVENOUS SOLR (Use Mycophenolate Mofetil HCl)	NP	PA; SP
CELLCEPT SUSR (Use Mycophenolate Mofetil)	NP	

Drug Name	Drug Tier	Requirements/ Limits
CELLCEPT TABS (Use Mycophenolate Mofetil)	NP	
<i>cyclosporine caps or 25 mg, 100 mg</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
CYCLOSPORINE MODIFIED CAPS	2	
CYCLOSPORINE MODIFIED CAPS (Use Cyclosporine Modified (For Microemulsion))	NP	
<i>cyclosporine soln iv 50 mg/ml</i>	1	PA; SP
IMURAN TABS (Use Azathioprine)	NP	
<i>mycophenolate mofetil caps</i>	1	
<i>mycophenolate mofetil hcl solr</i>	1	PA; SP
<i>mycophenolate mofetil susr</i>	1	
<i>mycophenolate mofetil tabs</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC (Use Mycophenolate Sodium)	NP	
NEORAL CAPS (Use Cyclosporine Modified (For Microemulsion))	NP	
NEORAL SOLN (Use Cyclosporine Modified (For Microemulsion))	NP	
NULOJIX SOLR	2	PA; SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use Tacrolimus)	NP	
PROGRAF SOLN IV 5 MG/ML	2	PA; SP
RAPAMUNE SOLN 1 MG/ML	2	

Drug Name	Drug Tier	Requirements/ Limits
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use Sirolimus)	NP	
SANDIMMUNE CAPS OR 25 MG, 100 MG (Use Cyclosporine)	2	
SANDIMMUNE SOLN IV 50 MG/ML (Use Cyclosporine)	2	PA; SP
sirolimus tabs	1	
tacrolimus caps	1	
ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG	2	PA
Potassium Removing Agents		
KAYEXALATE POWD (Use Sodium Polystyrene Sulfonate)	NP	
sodium polystyrene sulfonate powd or	1	
sodium polystyrene sulfonate susp or 15 gm/60ml	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	2	PA; SP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln	1	QL(100 ml per fill retail)
Anti-infectives - Throat		
nystatin (mouth-throat) susp	1	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat) soln	1	
PERIDEX SOLN (Use Chlorhexidine Gluconate (Mouth-Throat))	NP	
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL (Use Sodium Fluoride (Dental))	NP	QL(2 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT 5000 PLUS CREA (Use Sodium Fluoride (Dental))	NP	QL(2 gm daily)
PREVIDENT FLUORIDE GEL (Use Sodium Fluoride (Dental))	NP	QL(2 ml daily)
sodium fluoride (dental) crea dt 1.1 %	1	QL(2 gm daily)
sodium fluoride (dental) gel dt 1.1 %	1	QL(2 ml daily)
THERA-FLUR-N GEL (Use Sodium Fluoride (Dental))	NP	QL(2 ml daily)
Steroids - Mouth/Throat		
triamcinolone acetonide (mouth) pste	1	
Throat Products - Misc.		
pilocarpine hcl (oral) tabs 5 mg	1	QL(6 ea daily)
SALAGEN TABS 5 MG (Use Pilocarpine HCl (Oral))	NP	QL(6 ea daily)
MULTIVITAMINS		
B-Complex Vitamins		
B-Complex Vitamin Cap/Tab	F	QL
B-Complex w/ Folic Acid		
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	1	QL(1 ea daily); RX/OTC
NEPHROCAPS CAPS (Use B-Complex w/ C & Folic Acid)	NP	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron		
Multiple Vitamins w/ Iron	F	QL
Multiple Vitamins w/ Minerals		
ICAPS LUTEIN & ZEAXANTHIN TBEC	2	
Multiple Vitamins w/ Minerals	F	

Drug Name	Drug Tier	Requirements/ Limits
Multiple Vitamins w/ Minerals & Folic Acid	F	
<i>multiple vitamins w/ minerals tbef</i>	1	
Multivitamins		
Multiple Vitamin	F	QL
Ped MV w/ Fluoride		
Pediatric Multivitamins w/FI 0.25MG, 1MG	F	
Pediatric Multivitamins w/FI 0.5MG, Soln	F	AL/QL
Pediatric Vitamins ACD w/ Fluoride	F	AL/QL
Ped MV w/ Iron		
Pediatric Multiple Vitamins w/ Iron Chew	F	
Pediatric Multiple Vitamins w/ Iron Drops	F	QL
Ped Multi Vitamins w/FI & FE		
Ped Multivitamins w/FI & Iron	F	AL/QL
Pediatric Vitamins ACD Fluoride & Iron	F	
Ped Multiple Vitamins w/ Minerals		
Pediatric Multiple Vitamin w/ Minerals & C Drops	F	AL
Pediatric Multiple Vitamin w/ Minerals Chew	F	
Pediatric Multiple Vitamins		
Pediatric Multiple Vitamin w/ C	F	QL
Pediatric Multiple Vitamin w/ C & FA	F	QL
<i>pediatric multiple vitamin w/ c soln</i>	9	QL(2 ml daily)
Pediatric Multiple Vitamins	F	
POLY-VI-SOL SOLN (<i>Use Pediatric Multiple Vitamin w/ C</i>)	2	QL(2 ml daily)
Pediatric Vitamins		
Pediatric Vitamins ADC	F	QL

Drug Name	Drug Tier	Requirements/ Limits
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	
CO-NATAL FA TABS	2	
COMPLETENATE CHEW	2	
CVS PRENATAL GUMMY/DHA/FOLIC ACID CHEW	2	
CVS PRENATAL TABS	2	
EQL PRENATAL FORMULA TABS	2	
GNP PRENATAL TABS	2	
GOODSENSE PRENATAL VITAMINS TABS	2	
HM PRENATAL TABS	2	
INATAL GT TABS	2	
KP PRENATAL MULTIVITAMINS TABS	2	
KPN PRENATAL TABS	2	
M-NATAL PLUS TABS	2	RX/OTC
M-VIT TABS	2	RX/OTC
MULTI PRENATAL TABS	2	
MYNATAL ADVANCE TABS	2	
MYNATAL PLUS TABS	2	
MYNATAL ULTRACAPLET TABS	2	
MYNATAL-Z TABS	2	
MYNATE 90 PLUS TBCR	2	QL(1 ea daily)
NAT-RUL PRENATAL VITAMINS TABS	2	
NATALVIT TABS	2	
NEONATAL PLUS TABS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEONATAL VITAMIN TABS	2	
NIVA-PLUS TABS	2	RX/OTC
NUTRICION PORVIDA TABS	2	
O-CAL FA TABS	2	RX/OTC
O-CAL PRENATAL TABS	2	
OB COMPLETE ADVANCED CAPS	2	
PERRY PRENATAL CAPS	2	
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID TABS	2	QL(1 ea daily)
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	2	RX/OTC
PNV PRENATAL PLUS MULTIVITAMIN TABS	2	RX/OTC
PRE-NATAL FORMULA TABS	2	
PRENATABS FA TABS	2	
PRENATAL 19 CHEW 30UNIT-1000UNIT-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG-100MG, 1000UNIT-400UNIT-20MG-25MG-3MG-200MG-29MG-7MG-6MG-3MG-12MCG-1MG-30UNIT-20MG-100MG	2	
PRENATAL 19 TABS 1000UNIT-30UNIT-20MG-25MG-3MG-200MG-29MG-15MG-3MG-7MG-12MCG-400UNIT-20MG-1MG-100MG, 30UNIT-1000UNIT-20MG-25MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG-100MG	2	QL(1 ea daily)
PRENATAL AND IRON TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL FORMULA CAPS	2	
PRENATAL FORTE TABS	2	
PRENATAL LOW IRON TABS	2	
Prenatal Multivit-Min w/Fe-FA	F	
PRENATAL MULTIVITAMIN TABS	2	
PRENATAL ONE DAILY TABS	2	
PRENATAL PLUS TABS	2	RX/OTC
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, 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	2	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	2	RX/OTC
PRENATAL TABS 4000UNIT-200MG-11UNIT-27MG-25MG-1.84MG-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG	2	
PRENATAL VITAMIN & MINERAL TABS	2	
PRENATAL VITAMIN TABS	2	
PRENATAL VITAMIN/IRON TABS	2	
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC
PRENATAL VITAMINS TABS	2	
PREPLUS TABS	2	RX/OTC
PRETAB TABS	2	
PX PRENATAL MULTIVITAMINS TABS	2	
QC PRENATAL TABS	2	
RA PRENATAL FORMULA/FOLICACID TABS	2	
RA PRENATAL TABS	2	
RIGHT STEP PRENATAL TABS	2	
SE-NATAL 19 CHEW 30UNIT-1000UNIT-100MG-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG	2	

Drug Name	Drug Tier	Requirements/Limits
SE-NATAL 19 TABS 30UNIT-1000UNIT-20MG-25MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-3MG-20MG-1MG-100MG	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	
THERANATAL CORE NUTRITION TABS	2	RX/OTC
THRIVITE 19 TABS	2	QL(1 ea daily)
TRIADVANCE TABS	2	
TRICARE TABS	2	RX/OTC
TRINATAL GT TABS	2	
TRINATAL RX 1 TABS	2	
VINATE ONE TABS	2	
VIRT-ADVANCE TABS	2	
VIRT-VITE GT TABS	2	
VITAFOL-OB TABS	2	
VOL-PLUS TABS	2	RX/OTC
Vitamins w/ Lipotropics		
Vitamins w/ Lipotropics	F	QL
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg, 20 mg</i>	1	
CHLORZOXAZONE TABS 500 MG	2	
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg</i>	1	QL(3 ea daily)
<i>cyclobenzaprine hcl tabs 7.5 mg</i>	1	QL(4 ea daily)
FEXMID TABS (Use Cyclobenzaprine HCl)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	
PARAFON FORTE DSC TABS (Use Chlorzoxazone)	NP	
ROBAXIN TABS OR 500 MG (Use Methocarbamol)	NP	
ROBAXIN-750 TABS (Use Methocarbamol)	NP	
<i>tizanidine hcl tabs 2 mg, 4 mg</i>	1	
ZANAFLEX TABS 4 MG (Use Tizanidine HCl)	NP	
Viscosupplements		
EUFLEXXA SOSY	2	PA
HYALGAN SOLN	2	PA
HYALGAN SOSY	2	PA
MONOVISC SOSY	2	PA; SP
ORTHOVISC SOSY	2	PA; SP
SYNVISC ONE SOSY	2	PA; SP
SYNVISC SOSY	2	PA; SP
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (Use Saline)	NP	
<i>saline soln 0.65%-0.002%, 0.65 %, 0.65%</i>	1	
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	NP	
<i>azelastine hcl soln</i>	1	
<i>cromolyn sodium (nasal) aers</i>	1	QL(0.867 ml daily)
NASALCROM AERS (Use Cromolyn Sodium (Nasal))	NP	QL(0.867 ml daily)

Drug Name	Drug Tier	Requirements/Limits
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	QL(0.5 ml daily)
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1	QL(0.6 ml daily); RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))	NP	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	NP	QL(16 ml per fill retail); RX/OTC
FLUNISOLIDE SOLN	2	QL(0.834 ml daily)
<i>fluticasone propionate (nasal) susp</i>	1	QL(16 ml per fill retail); RX/OTC
RHINOCORT AQUA SUSP (Use Budesonide (Nasal))	NP	QL(0.6 ml daily); RX/OTC
Sympathomimetic Decongestants		
NASAL DECONGESTANT LIQD	2	
NASAL DECONGESTANT SYRP	2	
<i>phenylephrine hcl (oral) tabs</i>	1	QL(24 ea per fill retail)
<i>pseudoephedrine hcl liqd 15 mg/5ml</i>	1	
<i>pseudoephedrine hcl tabs 30 mg, 60 mg</i>	1	
<i>pseudoephedrine hcl tb12 120 mg</i>	1	QL(2 ea daily)
SUDAFED CHILDRENS LIQD (Use Pseudoephedrine HCl)	NP	
SUDAFED CONGESTION TABS (Use Pseudoephedrine HCl)	NP	

Drug Name	Drug Tier	Requirements/Limits
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS (Use Pseudoephedrine HCl)	NP	
SUDAFED PE CONGESTION TABS (Use Phenylephrine HCl (Oral))	NP	QL(24 ea per fill retail)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
Muscular Dystrophy Agents		
EXONDYS 51 SOLN	CO	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	2	PA; SP
DYSPORE SOLR	2	PA; SP
MYOBLOC SOLN	2	PA; SP
XEOMIN SOLR	2	PA; SP
Spinal Muscular Atrophy Agents (SMA)		
SPINRAZA SOLN	CO	
NUTRIENTS		
Lipotropics		
INOSITOL TABS 500 MG	2	PA
<i>inositol tabs 650 mg</i>	1	PA
INOSITOL-5 TABS	2	PA
Misc. Nutritional Substances		

Drug Name	Drug Tier	Requirements/Limits
<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>	1	QL(6 ea daily)
Proteins		

Drug Name	Drug Tier	Requirements/ Limits
<i>arginine caps 500 mg</i>	1	
ARGININE TABS 500 MG	2	
<i>arginine tabs 500 mg, 1000 mg</i>	1	
L-ARGININE BASE POWD	2	RX/OTC
L-ARGININE POWD OR	2	
L-ARGININE POWD XX	2	RX/OTC
L-TRYPTOPHAN POWD XX	2	RX/OTC
L-TRYPTOPHAN TABS OR	2	
PURE L-CITRULLINE CAPS	2	
TRYPTOPHAN POWD XX	2	RX/OTC
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear ointment oint</i>	1	QL(4 gm per fill retail)
<i>artificial tear solution soln</i>	1	
<i>carboxymethylcellulose sodium (ophth) soln 0.5 %</i>	1	
GENTEAL MILD TO MODERATE SOLN (Use Hypromellose (Ophth))	NP	
<i>hypromellose (ophth) soln</i>	1	
<i>polyvinyl alcohol soln</i>	1	QL(1 ml daily)
<i>polyvinyl alcohol-povidone (ophth) soln 0.6%-1.4%</i>	1	
REFRESH SOLN	2	
REFRESH TEARS SOLN (Use Carboxymethylcellulose Sodium (Ophth))	NP	
TEARS NATURALE PM OINT (Use White Petrolatum-Mineral Oil)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>white petrolatum-mineral oil oint</i>	1	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use Levobunolol HCl)	NP	QL(0.5 ml daily)
<i>betaxolol hcl (ophth) soln</i>	1	1 package / claim;QL(10 ml per fill retail)
<i>carteolol hcl (ophth) soln</i>	1	Limit 15mls per month;QL(0.5 ml daily)
CARTEOLOL HCL SOLN	2	Limit 15mls per month;QL(0.5 ml daily)
COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)	NP	QL(0.34 ml daily)
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	1	QL(0.34 ml daily)
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	2	QL(0.34 ml daily)
<i>levobunolol hcl soln</i>	1	QL(0.5 ml daily)
<i>timolol maleate (ophth) soln 0.25 %</i>	1	1 package / claim;QL(10 ml per fill retail)
<i>timolol maleate (ophth) soln 0.5 %</i>	1	1 package / claim;QL(15 ml per fill retail)
TIMOPTIC OCUDOSE SOLN	2	1 package / claim;QL(60 ea per fill retail)
TIMOPTIC SOLN 0.25 % (Use Timolol Maleate (Ophth))	NP	1 package / claim;QL(10 ml per fill retail)
TIMOPTIC SOLN 0.5 % (Use Timolol Maleate (Ophth))	NP	1 package / claim;QL(15 ml per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN OP 1 %	2	
CYCLOGYL SOLN (Use Cyclopentolate HCl)	NP	
<i>cyclopentolate hcl soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ISOPTO ATROPINE SOLN	2	
MYDRIACYL SOLN (Use Tropicamide)	NP	
tropicamide soln	1	
Miotics		
ISOPTO CARPINE SOLN (Use Pilocarpine HCl)	NP	
pilocarpine hcl soln	1	
Ophthalmic - Angiogenesis Inhibitors		
EYLEA SOLN	2	PA; SP
LUCENTIS SOLN 0.3 MG/0.05ML, 0.5 MG/0.05ML	2	PA; SP
MACUGEN SOLN	2	PA; SP
Ophthalmic Adrenergic Agents		
apraclonidine hcl soln	1	
brimonidine tartrate soln 0.2 %	1	
IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl)	NP	
IOPIDINE SOLN 1 %	2	
Ophthalmic Anti-infectives		
BACITRACIN OINT OP 500 UNIT/GM	2	QL(0.134 gm daily)
bacitracin-polymyxin b (ophth) oint	1	QL(0.134 gm daily)
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	NP	QL(15 ml per fill retail)
CILOXAN OINT	2	
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	NP	
ciprofloxacin hcl (ophth) soln	1	
erythromycin (ophth) oint	1	
GENTAK OINT	2	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
gentamicin sulfate (ophth) oint	1	QL(4 gm per fill retail)
gentamicin sulfate (ophth) soln	1	
moxifloxacin hcl (ophth) soln	1	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin oint	1	QL(4 gm per fill retail)
neomycin-polymyxin-gramicidin soln	1	
NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)	NP	
OCUFLOX SOLN (Use Ofloxacin (Ophth))	NP	1 package / claim;QL(10 ml per fill retail)
ofloxacin (ophth) soln	1	1 package / claim;QL(10 ml per fill retail)
polymyxin b-trimethoprim soln	1	QL(0.34 ml daily)
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	NP	QL(0.34 ml daily)
sulfacetamide sodium (ophth) soln	1	QL(15 ml per fill retail)
SULFACETAMIDE SODIUM OINT OP	2	QL(0.134 gm daily)
tobramycin (ophth) soln	1	QL(0.167 ml daily)
TOBREX OINT	2	
TOBREX SOLN (Use Tobramycin (Ophth))	NP	QL(0.167 ml daily)
trifluridine soln	1	QL(0.267 ml daily)
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	NP	QL(3 ml per fill retail)
VIROPTIC SOLN (Use Trifluridine)	NP	QL(0.267 ml daily)
Ophthalmic Decongestants		
naphazoline w/ pheniramine soln 0.025%-0.3%	1	
NAPHCON-A SOLN (Use Naphazoline w/ Pheniramine)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine hcl (ophth) soln 2.5 %</i>	1	QL(0.167 ml daily)
<i>tetrahydrozoline hcl (ophth) soln</i>	1	
VISINE SOLN (Use <i>Tetrahydrozoline HCl (Ophth)</i>)	NP	
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth) soln</i>	1	
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE SOLR	2	PA; SP
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	2	
BLEPHAMIDE SUSP	2	1 package / 31 days; 1 rtl pack lmt amt, 31 rtl pack lmt day(s),
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	2	
<i>fluorometholone (ophth) susp</i>	1	
FML LIQUIFILM SUSP (Use <i>Fluorometholone (Ophth)</i>)	NP	
FML OINT	2	QL(0.134 gm daily)
MAXITROL OINT 10000UNIT/GM-3.5MG/GM-0.1% (Use <i>Neomycin-Polymy-Dexameth</i>)	NP	QL(4 gm per fill retail)
MAXITROL SUSP 10000UNIT/ML-3.5MG/ML-0.1% (Use <i>Neomycin-Polymy-Dexameth</i>)	NP	QL(5 ml per fill retail)
<i>neomycin-polymy-dexameth oint 10000unit/gm-3.5mg/gm-0.1%</i>	1	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymy-dexameth susp 10000unit/ml-3.5mg/ml-0.1%</i>	1	QL(5 ml per fill retail)
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	2	QL(0.5 ml daily)
OMNIPRED SUSP (Use <i>Prednisolone Acetate (Ophth)</i>)	NP	1 package / claim; QL(15 ml per fill retail)
PRED FORTE SUSP (Use <i>Prednisolone Acetate (Ophth)</i>)	NP	1 package / claim; QL(15 ml per fill retail)
PRED MILD SUSP	2	QL(0.34 ml daily)
PRED-G SUSP	2	
<i>prednisolone acetate (ophth) susp</i>	1	1 package / claim; QL(15 ml per fill retail)
PREDNISOLONE ACETATE P-F SUSP	2	1 package / claim; QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	2	
<i>sulfacetamide sod-prednisolone soln</i>	1	QL(0.34 ml daily)
TOBRADEX OINT	2	QL(0.134 gm daily)
TOBRADEX SUSP (Use <i>Tobramycin-Dexamethasone</i>)	NP	
<i>tobramycin-dexamethasone susp</i>	1	
Ophthalmics - Misc.		
ACULAR LS SOLN (Use <i>Ketorolac Tromethamine (Ophth)</i>)	NP	
ACULAR SOLN (Use <i>Ketorolac Tromethamine (Ophth)</i>)	NP	1 package / claim; QL(10 ml per fill retail)
ALOCRIAL SOLN	2	QL(0.167 ml daily)
ALOMIDE SOLN	2	QL(0.34 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl (ophth) soln</i>	1	QL(6 ml per fill retail)
AZOPT SUSP	2	
<i>cromolyn sodium (ophth) soln</i>	1	QL(10 ml per fill retail, 1 ml per fill mail, 1 claims per fill retail)
<i>diclofenac sodium (ophth) soln</i>	1	QL(0.1 ml daily)
<i>dorzolamide hcl soln</i>	1	QL(0.34 ml daily)
DORZOLAMIDE HCL SOLN	2	QL(0.34 ml daily)
<i>flurbiprofen sodium soln</i>	1	QL(0.167 ml daily)
<i>ketorolac tromethamine (ophth) soln 0.4 %</i>	1	
<i>ketorolac tromethamine (ophth) soln 0.5 %</i>	1	1 package / claim; QL(10 ml per fill retail)
<i>ketotifen fumarate (ophth) soln</i>	1	
OCUFEN SOLN (Use <i>Flurbiprofen Sodium</i>)	NP	QL(0.167 ml daily)
TRUSOPT SOLN (Use <i>Dorzolamide HCl</i>)	NP	QL(0.34 ml daily)
ZADITOR SOLN (Use <i>Ketotifen Fumarate (Ophth)</i>)	NP	
Prostaglandins - Ophthalmic		
<i>latanoprost soln</i>	1	QL(3 ml per fill retail)
LATANOPROST SOLN	2	QL(3 ml per fill retail)
XALATAN SOLN (Use <i>Latanoprost</i>)	NP	QL(3 ml per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	QL(0.5 ml daily)
<i>carbamide peroxide (otic) soln</i>	1	QL(0.5 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
DEBROX SOLN (Use <i>Carbamide Peroxide (Otic)</i>)	NP	QL(0.5 ml daily)
Otic Anti-infectives		
FLOXIN OTIC SOLN (Use <i>Ofloxacin (Otic)</i>)	NP	QL(10 ml per 30 days retail)
<i>ofloxacin (otic) soln</i>	1	QL(10 ml per 30 days retail)
Otic Combinations		
CIPRODEX SUSP	2	QL(7.5 ml per fill retail) 1 rtl MAX fill, 30 rtl day(s) supply,
CORTANE-B-OTIC SOLN (Use <i>Pramoxine-HC-Chloroxylenol</i>)	NP	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTICIN HC NR SOLN (Use <i>Pramoxine-HC-Chloroxylenol</i>)	NP	
<i>pramoxine-hc-chloroxylenol soln</i>	1	
Otic Steroids		
DERMOTIC OIL (Use <i>Fluocinolone Acetonide (Otic)</i>)	NP	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	1	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	2	PA
CARIMUNE NANOFILTERED SOLR	2	PA

Drug Name	Drug Tier	Requirements/Limits
CUVITRU SOLN	2	PA; SP
CYTOGAM INJ	2	PA; SP
FLEBOGAMMA DIF SOLN	2	PA
GAMASTAN INJ	2	PA; SP
GAMASTAN S/D INJ	2	PA; SP
GAMMAGARD LIQUID SOLN	2	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	2	PA
GAMMAKED SOLN	2	PA
GAMMAPLEX SOLN	2	PA
GAMUNEX-C SOLN	2	PA
HEPAGAM B SOLN	2	PA; SP
HIZENTRA SOLN	2	PA; SP
HYPERHEP B S/D SOLN	2	PA; SP
HYPERRHO S/D MINI-DOSE SOSY	2	PA
HYPERRHO S/D SOSY	2	PA
MICRHOGAM ULTRA-FILTEREDPLUS SOSY	2	PA
NABI-HB SOLN	2	PA; SP
OCTAGAM SOLN	2	PA
PRIVIGEN SOLN	2	PA
RHOGAM ULTRA-FILTERED PLUS SOSY	2	PA
RHOPHYLAC SOSY	2	PA
WINRHO SDF SOLN	2	PA
Monoclonal Antibodies		
SYNAGIS SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
Passive Immunizing Agents - Combinations		
HYQVIA KIT	2	PA; SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	1	
AMOXICILLIN CHEW 125 MG, 250 MG	2	
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin tabs 875 mg</i>	1	
<i>ampicillin caps 250 mg, 500 mg</i>	1	
AMPICILLIN CAPS 500 MG	2	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	2	
Natural Penicillins		
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	1	
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	2	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr 400mg/5ml-57mg/5ml, 200mg/5ml-28.5mg/5ml, 250mg/5ml-62.5mg/5ml, 600mg/5ml-42.9mg/5ml</i>	1	
<i>amoxicillin & pot clavulanate tabs 250mg-125mg, 500mg-125mg</i>	1	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate tabs 875mg-125mg</i>	1	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate tb12 1000mg-62.5mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	2	QL(20 ea per fill retail)
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NP	
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	2	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NP	
AUGMENTIN TABS 500MG-125MG (Use Amoxicillin & Pot Clavulanate)	NP	QL(30 ea per fill retail)
AUGMENTIN TABS 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NP	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NP	QL(2 ea daily)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX GEL	2	QL(1816 ml per fill retail)
SIMPLYTHICK GEL	2	QL(1816 ml per fill retail)
<i>starch-maltodextrin (thickening) powd</i>	1	
THICK-IT ORIGINAL POWD (Use Starch-Maltodextrin (Thickening))	NP	
Liquid Vehicles		
BLENDED SUSPENDING COMPOUND SUSP	2	RX/OTC
FLAVOR BLEND SUSP	2	RX/OTC
FLAVOR PLUS LIQD	2	RX/OTC
FLAVOR SWEET SYRP	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FLAVOR SWEET-SF SYRP	2	RX/OTC
<i>glycine diluent soln</i>	1	PA; SP
GRAPE SYRUP SYRP	2	RX/OTC
MX-SOL BLEND SF SUSP	2	RX/OTC
MX-SOL BLEND SUSP	2	RX/OTC
MX-SOL SF SYRP	2	RX/OTC
MX-SOL SUSPEND SUSP	2	RX/OTC
MX-SOL SYRP	2	RX/OTC
ORA-BLEND SF SUSP	2	RX/OTC
ORA-BLEND SUSP	2	RX/OTC
ORA-PLUS LIQD	2	RX/OTC
ORA-SWEET SF SYRP	2	RX/OTC
ORA-SWEET SYRP	2	RX/OTC
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	2	RX/OTC
ORAL MIX SF SUSP	2	RX/OTC
ORAL SUSPEND LIQD	2	RX/OTC
ORAL SUSPENDING COMPOUNDPLUS SUSP	2	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	2	RX/OTC
ORAL SYRUP SF SYRP	2	RX/OTC
PCCA SWEET-SF SYRP	2	RX/OTC
PCCA SYRUP VEHICLE SYRP	2	RX/OTC
PCCA-PLUS SUSP	2	RX/OTC
PH 12 STERILE DILUENT FORFLOLAN SOLN (Use Glycine Diluent)	NP	PA; SP

Drug Name	Drug Tier	Requirements/Limits
SIMPLE SYRUP SYRP	2	RX/OTC
SOLVATECH PLUS SUSP	2	RX/OTC
SOLVATECH SWEET SF SYRP	2	RX/OTC
SORBITOL SOLN XX 70 %,	2	RX/OTC
STERILE DILUENT FOR FLOLAN SOLN (Use Glycine Diluent)	NP	PA; SP
STERILE DILUENT FOR REMODOULIN SOLN	2	PA; SP
SUSPENDOL-S LIQD	2	
SUSPENSION VEHICLE SUSP	2	RX/OTC
SWEETENING SUSPENDING COMPOUND SYRP	2	RX/OTC
SYRPALTA SYRP	2	RX/OTC
SYRSPEND SF LIQD	2	RX/OTC
SYRUP NF SYRP	2	RX/OTC
SYRUP VEHICLE SF SYRP	2	RX/OTC
SYRUP VEHICLE SYRP	2	RX/OTC
VERSAFREE SYRP	2	RX/OTC
VERSAPLUS SYRP	2	RX/OTC
Semi Solid Vehicles		
POLYETHYLENE GLYCOL 3350 POWD XX	2	QL(34 gm daily); RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	NP	
<i>hydroxyprogesterone caproate oil 250 mg/ml</i>	1	QL(5 ml per fill retail,21 ml per 180 days retail); SP

Drug Name	Drug Tier	Requirements/Limits
MAKENA OIL IM 250 MG/ML (Use Hydroxyprogesterone Caproate)	NP	QL(5 ml per fill retail,21 ml per 180 days retail); SP
MAKENA SOAJ SC 275 MG/1.1ML	2	QL(5.5 ml per fill retail,21 ml per 180 days retail)
<i>medroxyprogesterone acetate tabs</i>	1	
<i>norethindrone acetate tabs</i>	1	
<i>progesterone micronized caps 100 mg</i>	1	QL(1 ea daily)
<i>progesterone micronized caps 200 mg</i>	1	QL(0.67 ea daily)
PROMETRIUM CAPS 100 MG (Use Progesterone Micronized)	NP	QL(1 ea daily)
PROMETRIUM CAPS 200 MG (Use Progesterone Micronized)	NP	QL(0.67 ea daily)
PROVERA TABS (Use Medroxyprogesterone Acetate)	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
ANTABUSE TABS 250 MG (Use Disulfiram)	NP	
<i>disulfiram tabs 250 mg</i>	1	
Anti-Cataplectic Agents		
XYREM SOLN	2	QL(18 ml daily); SP
Antidementia Agents		
ARICEPT TABS (Use Donepezil Hydrochloride)	NP	QL(1 ea daily)
<i>donepezil hydrochloride tabs</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp</i>	1	QL(1 ea daily)
EXELON CAPS OR 3 MG, 6 MG, 1.5 MG, 4.5 MG (Use Rivastigmine Tartrate)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EXELON PT24 TD 4.6 MG/24HR, 9.5 MG/24HR, 13.3 MG/24HR (Use Rivastigmine)	NP	QL(1 ea daily)
galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	QL(6 ml daily)
galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg	1	QL(2 ea daily)
memantine hcl cp24 7 mg, 14 mg, 21 mg, 28 mg	1	QL(1 ea daily)
memantine hcl soln 2 mg/ml	1	QL(10 ml daily)
memantine hcl tabs 5 mg, 10 mg,	1	QL(2 ea daily)
NAMENDA SOLN 10 MG/5ML (Use Memantine HCl)	NP	QL(10 ml daily)
NAMENDA TABS 5 MG, 10 MG (Use Memantine HCl)	NP	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (Use Memantine HCl)	NP	QL(2 ea daily)
NAMENDA XR CP24 (Use Memantine HCl)	NP	QL(1 ea daily)
NAMENDA XR TITRATION PACK CP24	2	QL(1 ea daily)
NAMZARIC C4PK	2	QL(1 ea daily)
NAMZARIC CP24	2	QL(1 ea daily)
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	NP	QL(1 ea daily)
RAZADYNE TABS (Use Galantamine Hydrobromide)	NP	QL(2 ea daily)
rivastigmine pt24	1	QL(1 ea daily)
rivastigmine tartrate caps	1	QL(2 ea daily)
Combination Psychotherapeutics		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS	2	

Drug Name	Drug Tier	Requirements/Limits
olanzapine-fluoxetine hcl caps	1	QL(1 ea daily); AL(At least 18 yrs old)
PERPHENAZINE/AMITRIPTYLINE TABS	2	
SYMBYAX CAPS (Use Olanzapine-Fluoxetine HCl)	NP	QL(1 ea daily); AL(At least 18 yrs old)
Fibromyalgia Agents		
SAVELLA TABS	2	
SAVELLA TITRATION PACK MISC	2	
Movement Disorder Drug Therapy		
tetrabenazine tabs	1	PA; SP
XENAZINE TABS (Use Tetrabenazine)	NP	PA; SP
Multiple Sclerosis Agents		
AMPYRA TB12 (Use Dalfampridine)	NP	PA; SP
AUBAGIO TABS	2	PA; SP
AVONEX KIT	2	PA; SP
AVONEX PEN AJKT	2	PA; SP
AVONEX PSKT	2	PA; SP
COPAXONE SOSY (Use Glatiramer Acetate)	NP	PA; SP
dalfampridine tb12	1	PA; SP
GILENYA CAPS 0.5 MG	2	PA; SP
glatiramer acetate sosy	1	PA; SP
LEMTRADA SOLN	2	PA; SP
PLEGRIDY SOPN	2	PA; SP
PLEGRIDY SOSY	2	PA; SP
PLEGRIDY STARTER PACK SOPN	2	PA; SP
PLEGRIDY STARTER PACK SOSY	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SOAJ	2	PA; SP
REBIF REBIDOSE TITRATIONPACK SOAJ	2	PA; SP
REBIF SOSY	2	PA; SP
REBIF TITRATION PACK SOSY	2	PA; SP
TECFIDERA CPDR	2	PA; SP
TECFIDERA STARTER PACK MISC	2	PA; SP
TYSABRI CONC	2	PA; SP
ZINBRYTA SOSY	2	PA; SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS 10 MG	2	QL(1 ea daily)
FLUOXETINE CAPS 20 MG	2	QL(4 ea daily)
<i>fluoxetine hcl (pmdd) tabs 10 mg</i>	1	QL(1.5 ea daily)
<i>fluoxetine hcl (pmdd) tabs 20 mg</i>	1	QL(4 ea daily)
SARAFEM TABS 10 MG (Use Fluoxetine HCl (PMDD))	NP	QL(1.5 ea daily)
SARAFEM TABS 20 MG (Use Fluoxetine HCl (PMDD))	NP	QL(4 ea daily)
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	2	QL(3 ea daily)
ORAP TABS 1 MG (Use Pimozide)	NP	QL(10 ea daily)
ORAP TABS 2 MG (Use Pimozide)	NP	QL(5 ea daily)
<i>pimozide tabs 1 mg</i>	1	QL(10 ea daily)
<i>pimozide tabs 2 mg</i>	1	QL(5 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	1	QL(2 ea daily); PV

Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTHPAK TABS	2	QL(2 ea daily); PV
CHANTIX STARTING MONTH PAK TABS	2	QL(2 ea daily, 53 ea per fill retail); PV
CHANTIX TABS	2	QL(2 ea daily); PV
NICODERM CQ PT24 (Use Nicotine)	NP	QL(1 ea daily); PV
NICORETTE GUM 2 MG, 4 MG (Use Nicotine Polacrilex)	NP	QL(24 ea daily); PV
NICORETTE LOZG 2 MG, 4 MG (Use Nicotine Polacrilex)	NP	QL(20 ea daily); PV
NICORETTE MINI LOZG (Use Nicotine Polacrilex)	NP	QL(20 ea daily); PV
NICORETTE STARTER KIT GUM (Use Nicotine Polacrilex)	NP	QL(24 ea daily); PV
<i>nicotine polacrilex gum 2 mg, 4 mg</i>	1	QL(24 ea daily); PV
<i>nicotine polacrilex lozg 2 mg, 4 mg</i>	1	QL(20 ea daily); PV
<i>nicotine pt24</i>	1	QL(1 ea daily); PV
NICOTINE TRANSDERMAL SYSTEM KIT	2	QL(56 ea per fill retail); PV
NICOTROL INHALER INHA	2	QL(16.8 ea daily); PV
NICOTROL NS SOLN	2	QL(4 ml daily); PV
ZYBAN TB12 (Use Bupropion HCl (Smoking Deterrent))	NP	QL(2 ea daily); PV
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR	2	PA; SP
GLASSIA SOLN	2	PA; SP
PROLASTIN-C SOLR 1000 MG	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ZEMAIRA SOLR	2	PA; SP
Cystic Fibrosis Agents		
KALYDECO PACK	CO	SP
KALYDECO TABS	CO	SP
ORKAMBI TABS 100MG-125MG, 200MG-125MG	CO	SP
PULMOZYME SOLN	2	PA; SP
SYMDEKO TBPB	CO	
Pulmonary Fibrosis Agents		
ESBRIET CAPS	2	PA; SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (Use Doxycycline Monohydrate)	NP	
ADOXA PAK 2/100 TABS (Use Doxycycline Monohydrate)	NP	
ADOXA TABS 50 MG, 100 MG (Use Doxycycline Monohydrate)	NP	
doxycycline (monohydrate) caps 50 mg, 100 mg	1	
doxycycline (monohydrate) tabs 50 mg, 100 mg	1	
doxycycline hyclate caps or 50 mg, 100 mg	1	
doxycycline hyclate tabs or 100 mg	1	
MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (Use Minocycline HCl)	NP	
minocycline hcl caps 50 mg, 75 mg, 100 mg	1	
MONODOX CAPS 100 MG (Use Doxycycline Monohydrate)	NP	

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	1	
propylthiouracil tabs	1	
TAPAZOLE TABS (Use Methimazole)	NP	
Thyroid Hormones		
ARMOUR THYROID TABS 120 MG (Use Thyroid)	NP	
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG (Use Thyroid)	2	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	
CYTOMEL TABS (Use Liothyronine Sodium)	NP	
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	1	
liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg	1	
SYNTHROID TABS (Use Levothyroxine Sodium)	2	
thyroid tabs	1	
THYROLAR-1 TABS	2	
THYROLAR-1/2 TABS	2	
THYROLAR-1/4 TABS	2	
THYROLAR-2 TABS	2	
THYROLAR-3 TABS	2	
TOXOIDS		
Toxoid Combinations		

Drug Name	Drug Tier	Requirements/Limits
ADACEL SUSP	2	AL(At least 19 yrs old)
BOOSTRIX SUSP	2	AL(At least 19 yrs old)
DIPHtheria/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	2	AL(At least 19 yrs old)
INFANRIX SUSP	2	AL(At least 19 yrs old)
KINRIX SUSP	2	AL(At least 19 yrs old)
PEDIARIX SUSP	2	AL(At least 19 yrs old)
PENTACEL SUSP	2	AL(At least 19 yrs old)
QUADRACEL SUSP	2	AL(At least 19 yrs old)
TENIVAC INJ	2	AL(At least 19 yrs old)
TETANUS/DIPHtheria TOXOIDS-ADSORBED SUSP	2	AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL CAPS OR 10 MG (Use Dicyclomine HCl)	NP	
BENTYL TABS OR 20 MG (Use Dicyclomine HCl)	NP	
<i>dicyclomine hcl caps or 10 mg</i>	1	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1	QL(16.54 ml daily)
<i>dicyclomine hcl tabs or 20 mg</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>hyoscyamine sulfate tb12</i>	1	QL(4 ea daily)
LEVbid TB12 (Use Hyoscyamine Sulfate)	NP	QL(4 ea daily)
ROBINUL FORTE TABS (Use Glycopyrrolate)	NP	QL(4 ea daily)
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
H-2 Antagonists		
CIMETIDINE HCL SOLN	2	
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine susr or 40 mg/5ml</i>	1	
<i>famotidine tabs or 10 mg, 40 mg</i>	1	
<i>famotidine tabs or 20 mg</i>	1	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (Use Famotidine)	NP	RX/OTC
PEPCID AC TABS (Use Famotidine)	NP	
PEPCID SUSP 40 MG/5ML (Use Famotidine)	NP	
PEPCID TABS 20 MG (Use Famotidine)	NP	RX/OTC
PEPCID TABS 40 MG (Use Famotidine)	NP	
<i>ranitidine hcl caps or 150 mg</i>	1	QL(2 ea daily)
<i>ranitidine hcl caps or 300 mg</i>	1	QL(1 ea daily)
<i>ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1	
<i>ranitidine hcl tabs or 75 mg</i>	1	QL(2 ea daily)
TAGAMET HB TABS (Use Cimetidine)	NP	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use Ranitidine HCl)	NP	RX/OTC
ZANTAC 75 TABS (Use Ranitidine HCl)	NP	QL(2 ea daily)
ZANTAC TABS OR 150 MG (Use Ranitidine HCl)	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ZANTAC TABS OR 300 MG (Use Ranitidine HCl)	NP	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	QL(420 ml per fill retail)
CARAFATE TABS 1 GM (Use Sucralfate)	NP	QL(4 ea daily)
<i>sucralfate tabs</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX SPRINKLE CPSP	2	ST
ACIPHEX TBEC (Use Rabeprazole Sodium)	NP	ST
CVS OMEPRAZOLE TBEC	2	QL(1 ea daily)
DEXILANT CPDR	2	ST
EQ OMEPRAZOLE TBEC	2	QL(1 ea daily)
EQL OMEPRAZOLE TBEC	2	QL(1 ea daily)
<i>esomeprazole magnesium cpdr</i>	1	ST
ESOMEPRAZOLE STRONTIUM CPDR 49.3 MG, 24.65 MG	2	ST
FIRST-LANSOPRAZOLE SUSP	2	QL(300 ml per fill retail)
FIRST-OMEPRAZOLE SUSP	2	QL(300 ml per fill retail)
GNP OMEPRAZOLE TBEC	2	QL(1 ea daily)
HM OMEPRAZOLE TBEC	2	QL(1 ea daily)
KLS OMEPRAZOLE TBEC	2	QL(1 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	QL(2 ea daily)
<i>lansoprazole tbdp 15 mg, 30 mg</i>	1	ST
NEXIUM CPDR 40 MG (Use Esomeprazole Magnesium)	NP	ST

Drug Name	Drug Tier	Requirements/ Limits
NEXIUM PACK 10 MG	2	PA
NEXIUM PACK 5 MG, 20 MG, 40 MG, 2.5 MG	2	ST
OMEPRAZOLE + SYRSPEND SFALKA SUSP	2	QL(300 ml per fill retail)
<i>omeprazole cpdr 10 mg</i>	1	PA
<i>omeprazole cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole cpdr 40 mg</i>	1	QL(2 ea daily)
<i>omeprazole magnesium cpdr</i>	1	PA
OMEPRAZOLE TBEC 20 MG	2	QL(1 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1	QL(2 ea daily)
PREVACID 24HR CPDR (Use Lansoprazole)	NP	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use Lansoprazole)	NP	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use Lansoprazole)	NP	QL(2 ea daily)
PREVACID SOLUTAB TBDP (Use Lansoprazole)	NP	ST
PRILOSEC CPDR 10 MG (Use Omeprazole)	NP	PA
PRILOSEC CPDR 20 MG (Use Omeprazole)	NP	QL(2 ea daily); RX/OTC
PRILOSEC CPDR 40 MG (Use Omeprazole)	NP	QL(2 ea daily)
PRILOSEC PACK 10 MG, 2.5 MG	2	PA
PROTONIX PACK OR 40 MG	2	ST
PROTONIX TBEC OR 20 MG (Use Pantoprazole Sodium)	NP	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use Pantoprazole Sodium)	NP	QL(2 ea daily)
PX OMEPRAZOLE TBEC	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RA OMEPRAZOLE TBEC	2	QL(1 ea daily)
<i>rabeprazole sodium tbec</i>	1	ST
SB OMEPRAZOLE TBEC	2	QL(1 ea daily)
SM OMEPRAZOLE TBEC	2	QL(1 ea daily)
SW OMEPRAZOLE TBEC	2	QL(1 ea daily)
TGT OMEPRAZOLE TBEC	2	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (<i>Use Misoprostol</i>)	NP	
<i>misoprostol tabs</i>	1	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
<i>methenamine-hyosc-methylene blue-sod phenyl sal tabs 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg</i>	1	
Urinary Anti-infectives		
FURADANTIN SUSP (<i>Use Nitrofurantoin</i>)	NP	QL(40 ml daily)
MACROBID CAPS (<i>Use Nitrofurantoin Monohyd Macro</i>)	NP	
MACRODANTIN CAPS 50 MG, 100 MG (<i>Use Nitrofurantoin Macrocrystal</i>)	NP	
<i>methenamine mandelate tabs</i>	1	
<i>nitrofurantoin macrocrystal caps 50 mg, 100 mg</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	QL(40 ml daily)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		

Drug Name	Drug Tier	Requirements/Limits
Urinary Antispasmodic - Antimuscarinics		
DETROL LA CP24 (<i>Use Tolterodine Tartrate</i>)	NP	QL(1 ea daily)
DETROL TABS (<i>Use Tolterodine Tartrate</i>)	NP	QL(2 ea daily)
DITROPAN XL TB24 (<i>Use Oxybutynin Chloride</i>)	NP	QL(2 ea daily)
<i>oxybutynin chloride syrps 5 mg/5ml</i>	1	QL(16 ml daily)
<i>oxybutynin chloride tabs 5 mg</i>	1	QL(3 ea daily)
<i>oxybutynin chloride tb24 5 mg, 10 mg, 15 mg</i>	1	QL(2 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	QL(2 ea daily)
<i>tropium chloride tabs 20 mg</i>	1	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	1	
URECHOLINE TABS (<i>Use Bethanechol Chloride</i>)	NP	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	2	QL(4 ea per 999 days retail); AL(At least 19 yrs old)
BEXSERO SUSY	2	AL(At least 19 yrs old)
HIBERIX SOLR	2	QL(4 ea per 999 days retail); AL(At least 19 yrs old)
MENACTRA INJ	2	AL(At least 19 yrs old)
MENVEO SOLR	2	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PEDVAX HIB SUSP	2	QL(3 ml per 999 days retail); AL(At least 19 yrs old)
PNEUMOVAX 23 INJ	2	AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE INJ	2	AL(At least 19 yrs old)
PREVNAR 13 SUSP	2	AL(At least 19 yrs old)
TRUMENBA SUSY	2	AL(At least 19 yrs old)
Viral Vaccines		
ENGERIX-B INJ	2	QL(4 ml per 999 days retail); AL(At least 19 yrs old)
ENGERIX-B SUSP	2	QL(4 ml per 999 days retail); AL(At least 19 yrs old)
FLUBLOK 2015-2016 SOLN	2	Limit 1 every 6 months;1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 19 yrs old)
FLUBLOK 2016-2017 SOLN	2	Limit 1 every 6 months;1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 19 yrs old)
FLUBLOK 2017-2018 SOLN	2	Limit 1 every 6 months;1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 19 yrs old)
FLUMIST QUADRIVALENT SUSP	2	Limit 1 every 6 months;1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSP	2	AL(At least 19 yrs old)
GARDASIL 9 SUSY	2	AL(At least 19 yrs old)
GARDASIL SUSP	2	AL(At least 19 yrs old)
HAVRIX SUSP	2	QL(2 ml per 999 days retail); AL(At least 19 yrs old)
M-M-R II INJ	2	QL(2 ea per 999 days retail); AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	2	QL(4 ml per 999 days retail); AL(At least 19 yrs old)
Seasonal Influenza Vaccine	2	QL (1 ea per 180 days); AL: At least 19 yrs old
SHINGRIX SUSR	2	QL(2 ea per 999 days retail); AL(At least 50 yrs old)
TWINRIX SUSP	2	QL(4 ml per 999 days retail); AL(At least 19 yrs old)
VAQTA SUSP	2	QL(2 ml per 999 days retail); AL(At least 19 yrs old)
VARIVAX INJ	2	QL(2 ea per 999 days retail); AL(At least 19 yrs old)
ZOSTAVAX SUSR	2	AL(At least 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal)	NP	
<i>clindamycin phosphate vaginal crea</i>	1	
<i>clotrimazole vaginal crea 1 %</i>	1	QL(1.5 gm daily)
<i>clotrimazole vaginal crea 2 %</i>	1	QL(1 gm daily)
GYNAZOLE-1 CREA	2	
GYNE-LOTRIMIN 3 CREA (Use Clotrimazole Vaginal)	NP	QL(1 gm daily)
GYNE-LOTRIMIN CREA (Use Clotrimazole Vaginal)	NP	QL(1.5 gm daily)
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	NP	Limit 70gms per month;QL(2.34 gm daily)
<i>metronidazole vaginal gel</i>	1	Limit 70gms per month;QL(2.34 gm daily)
MICONAZOLE 3 SUPP	2	
<i>miconazole nitrate vaginal crea 2 %, 4 %</i>	1	QL(1.5 gm daily)
<i>miconazole nitrate vaginal kit</i>	1	
<i>miconazole nitrate vaginal supp 100 mg</i>	1	QL(0.234 ea daily)
MONISTAT 1 COMBO PACK KIT (Use Miconazole Nitrate Vaginal)	NP	
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (Use Miconazole Nitrate Vaginal)	NP	
MONISTAT 3 COMBINATION PACK KIT (Use Miconazole Nitrate Vaginal)	NP	
MONISTAT 3 CREA (Use Miconazole Nitrate Vaginal)	NP	QL(1.5 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
MONISTAT 7 SIMPLY CURE CREA (Use Miconazole Nitrate Vaginal)	NP	QL(1.5 gm daily)
TERAZOL 3 CREA (Use Terconazole Vaginal)	NP	
TERAZOL 7 CREA (Use Terconazole Vaginal)	NP	
TERCONAZOLE CREA	2	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
<i>tioconazole vaginal oint</i>	1	
VAGISTAT-1 OINT (Use Tioconazole Vaginal)	NP	
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (Use Estradiol Vaginal)	NP	QL(1.5 gm daily)
<i>estradiol vaginal crea 0.1 mg/gm</i>	1	QL(1.5 gm daily)
PREMARIN CREA VA 0.625 MG/GM	2	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Vasopressors		
<i>midodrine hcl tabs</i>	1	
VITAMINS		
Oil Soluble Vitamins		
AQUA-E LIQD 20UNIT	2	
<i>cholecalciferol caps 1000 unit</i>	1	QL(100 ea per fill retail)
<i>cholecalciferol caps 400 unit, 2000 unit</i>	1	
<i>cholecalciferol caps 5000 unit</i>	1	QL(2 ea daily)
<i>cholecalciferol caps 50000 unit</i>	1	Limit 4 per 28 days;QL(0.286 ea daily)
<i>cholecalciferol chew 400 unit, 1000 unit</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cholecalciferol liqd 400 unit/ml</i>	1	
<i>cholecalciferol tabs 400 unit, 1000 unit</i>	1	
D-VI-SOL LIQD (Use <i>Cholecalciferol</i>)	NP	
DRISDOL CAPS (Use <i>Ergocalciferol</i>)	NP	
<i>ergocalciferol caps</i>	1	
<i>ergocalciferol soln</i>	1	
MEPHYTON TABS (Use <i>Phytonadione</i>)	NP	
<i>phytonadione tabs or 5 mg</i>	1	
Vitamin A Cap/Tab	F	
Vitamin E Cap	F	QL
Vitamin E Liquid/Soln	F	
Water Soluble Vitamins		
ASCOCID POWD	2	
<i>ascorbic acid chew or 500mg, 500 mg, 7.5mg-500mg</i>	1	QL(3.34 ea daily)
ASCORBIC ACID POWD OR	2	
<i>ascorbic acid tabs or 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg</i>	1	QL(3.34 ea daily)
<i>ascorbic acid tbc r or 1500 mg</i>	1	
<i>biotin caps or 5 mg, 5000 mcg</i>	1	
<i>niacin cpcr</i>	1	
<i>niacin tabs</i>	1	
<i>niacin tbc r</i>	1	
NIACIN TR TBCR	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pyridoxine hcl tabs or 25 mg, 50 mg, 100 mg, 250 mg, 500 mg</i>	1	
RIBOFLAVIN CAPS 50 MG	2	
<i>riboflavin tabs 50 mg, 100 mg</i>	1	QL(3.34 ea daily)
SLO-NIACIN TBCR (Use <i>Niacin</i>)	NP	
<i>thiamine hcl tabs or 50 mg, 100 mg, 250 mg</i>	1	QL(3.34 ea daily)
<i>thiamine mononitrate tabs</i>	1	QL(3.34 ea daily)
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ASSURE LANCETS.....	83	DAILY MOISTURIZING BODY		DAILY NOURISHING	
ASTEPRO.....	132	YOGURT/APRICO.....	54	MOISTURIZER SPF30.....	62
				AVEENO STRESS RELIEF	
				MOISTURIZING.....	55

AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF15.....	62	BARACLUDE.....	40	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	95
AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF30.....	62	BASIS FACIAL MOISTURIZER.....	60	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	95
AVONEX.....	141	BASIS OVERNIGHT.....	60	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16".....	95
AVONEX PEN.....	141	BASLE.....	55	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	95
AYGESTIN.....	140	BAYER MICROLET LANCETS.....	83	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64".....	95
azacitidine.....	30	BAZA CLEANSE & PROTECT.....	60	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16".....	95
AZASAN.....	127	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2".....	94	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	95
azathioprine.....	127	BD INSULIN SYRINGE 0.5ML/29G X 12.7MM.....	94	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16".....	95
azelastine hcl.....	132	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2".....	94	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	95
azelastine hcl (ophth).....	137	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	94	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/28G X 1/2".....	94
azithromycin.....	76	BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	94	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	95
AZOPT.....	137	BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2".....	94	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	95
AZOR.....	27	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	94	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	95
AZULFIDINE.....	70	BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 15/64".....	94	BD INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	95
AZULFIDINE EN-TABS.....	70	BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16".....	95	BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	95
B-12.....	72	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16".....	95	BD LANCET ULTRAFINE 30G.....	83
B-Complex Vitamin Cap/Tab.....	128	BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16".....	94	BD LANCET ULTRAFINE 33G.....	84
b-complex w/ c & folic acid.....	128	BD INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16".....	94	BD MICROTAINER LANCETS.....	84
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16".....	94	BD INSULIN SYRINGE ULTRAFINE II/SHORT/0.5ML/31G X 5/16".....	95	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16".....	95
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16".....	94	BD INSULIN SYRINGE ULTRAFINE II/SHORT/1ML/31G X 5/16".....	95	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM.....	95
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16".....	94	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	95	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 5/16".....	95
BACIGUENT.....	51	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	95	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM.....	95
BACITRACIN.....	135	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	95	BD PEN NEEDLE/ULTRAFINE/29GX1/2" 12.7MM.....	95
bacitracin (topical).....	51	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	95		
bacitracin zinc.....	51				
bacitracin-polymyxin b.....	51				
bacitracin-polymyxin b (ophth).....	135				
baclofen.....	131				
BACTRIM.....	10				
BACTRIM DS.....	10				
BACTROBAN.....	51				
balsalazide disodium.....	70				
BAND-AID GAUZE PADS LARGE4" X 4".....	77				
BAND-AID GAUZE PADS MEDIUM 3" X 3".....	77				
BAND-AID GAUZE PADS SMALL2" X 2".....	77				
BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4".....	77				

BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16".....	95	bethanechol chloride.....	146	BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK.....	122
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	95	BETHKIS.....	4	BREATHERITE RIGID SPACERW/MASK.....	122
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	96	bexarotene.....	32	BREATHERITE W/LARGE MASK.....	122
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	96	BEXSERO.....	146	BREATHERITE W/MEDIUM MASK.....	122
BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G.....	96	BIATAIN ADHESIVE FOAM DRESSING 4"X4".....	77	BREATHERITE W/SMALL MASK.....	122
BD VEO INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64".....	96	BIATAIN FOAM DRESSING 4"X4".....	77	BREVICON-28.....	45
BELSOMRA.....	75	BIAXIN.....	76	BRILINTA.....	72
BENADRYL ALLERGY.....	24	bicalutamide.....	30	brimonidine tartrate.....	135
BENADRYL ALLERGY CHILDRENS.....	24	BIOGUARD GAUZE SPONGE 2"X2" 8 PLY.....	77	bromocriptine mesylate.....	33
benazepril & hydrochlorothiazide.....	27	BIOGUARD GAUZE SPONGES 4"X4" 12 PLY.....	77	brompheniramine & phenyleph.....	48
benazepril hcl.....	26	biotin.....	149	brompheniramine & pseudoeph.....	48
BENDAMUSTINE HYDROCHLORIDE.....	29	bisacodyl.....	76	BROTAPP DM.....	48
BENDEKA.....	29	bismuth subsalicylate.....	22	budesonide (inhalation).....	13
BENICAR.....	26	bisoprolol & hydrochlorothiazide.....	27	budesonide (nasal).....	132
BENICAR HCT.....	27	bisoprolol fumarate.....	41	BUFFERIN.....	7
BENLYSTA.....	128	BIVIGAM.....	137	BULL FROG SUPERBLOCK SPF50.....	62
BENTYL.....	144	BLENDED SUSPENDING COMPOUND.....	139	BULL FROG ULTIMATE SHEERPROTECTION FACE SUNBLOCK SPF 30.....	62
BENZAC AC WASH.....	50	BLEPH-10.....	135	BULL FROG ULTIMATE SHEERPROTECTION SUNBLOCK SPF 30.....	62
benzonatate.....	47	BLEPHAMIDE.....	136	BULL FROG WATER ARMOR SPORT FACE SPF 30.....	62
benzoyl peroxide.....	50	BLEPHAMIDE S.O.P.....	136	BULLSEYE MINI SAFETY LANCETS.....	84
BENZOYL PEROXIDE.....	50	BONIVA.....	67	BULLSEYE SAFETY LANCETS.....	84
benzoyl peroxide.....	50	BOOSTRIX.....	144	bumetanide.....	66
BENZOYL PEROXIDE CLEANSER.....	50	BORDERED GAUZE.....	77	BUMEX.....	66
benztropine mesylate.....	33	BOSULIF.....	31	BUPHENYL.....	68
BERINERT.....	72	BOTOX.....	133	buprenorphine hcl.....	9
BETA CARE.....	55	BOUDREAUXS BABY BUTT SMOOTH DRY SKIN.....	55	buprenorphine hcl-naloxone hcl dihydrate.....	9
BETA XMA.....	55	BREATHE EASE/LARGE MASK.....	122	bupropion hcl.....	17
BETADINE.....	37	BREATHE EASE/MEDIUM MASK.....	122	BUPROPION HCL.....	44
BETAGAN.....	134	BREATHE EASE/SMALL MASK.....	122	bupropion hcl (smoking deterrent).....	142
betamethasone dipropionate (topical).....	53	BREATHERITE.....	122	BUPROPION HYDROCHLORIDE.....	44
betamethasone dipropionate augmented.....	53	BREATHERITE COLLAPSIBLEADULT SPACER W/MASK.....	122	BUPROPION HYDROCHLORIDE ER.....	17
betamethasone valerate.....	53	BREATHERITE COLLAPSIBLECHILD SPACER W/MASK.....	122	buspirone hcl.....	11
BETAPACE.....	42	BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK.....	122	BUSPIRONE HCL.....	44
BETAPACE AF.....	42	BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK.....	122	butalbital-acetaminophen.....	6
betaxolol hcl (ophth).....	134				

butalbital-acetaminophen-caffeine	6	candesartan cilexetil-hydrochlorothiazide	27	CAREONE UNIFINE PENTIPS 31GX5MM	96
butalbital-acetaminophen-caffeine w/ codeine	8	capecitabine	30	CAREONE UNIFINE PENTIPS 31GX6MM	96
butalbital-aspirin-caffeine	6	capsaicin	60	CAREONE UNIFINE PENTIPS 31GX8MM	96
butalbital-aspirin-caffeine w/cod	8	captopril	26	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	96
BUTALBITAL/ASPIRIN/CAFFEIN E	6	CAPTOPRIL/HYDROCHLORO THIAZIDE	27	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	96
BYDUREON	21	CAPZASIN-HP	60	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	96
BYDUREON PEN	21	CARAC	52	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	96
BYETTA	21	CARAFATE	145	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	96
CAFCIT	2	CARBAGLU	68	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	96
caffeine citrate	2	carbamazepine	14	CARETOUCH PEN NEEDLES 31G X 6 MM	96
CAL-CITRATE PLUS VITAMIND	125	CARBAMAZEPINE	14	CARETOUCH PEN NEEDLES 31GX 5MM	96
CALAN	42	carbamazepine	14	CARETOUCH PEN NEEDLES 31GX 8MM	96
CALAN SR	42	carbamide peroxide (otic)	137	CARETOUCH PEN NEEDLES 32GX 4MM	96
CALCET CREAMY BITES	125	CARBATROL	14	CARETOUCH PEN NEEDLES 32GX 5MM	96
CALCI-CHEW	125	carbidopa	33	CARETOUCH TWIST LANCETS 28G	84
calcipotriene	52	carbidopa-levodopa	33	CARETOUCH TWIST LANCETS 30G	84
calcitonin (salmon)	67	carboxymethylcellulose sodium (ophth)	134	CARETOUCH TWIST LANCETS 33G	84
calcitriol	68	CARDIZEM	42	CARIMUNE NANOFILTERED	137
CALCIUM	125	CARDIZEM CD	42	CARNITOR	68
calcium	125	CARDURA	27	CARNITOR SF	68
calcium acetate (phosphate binder)	71	CAREFINE PEN NEEDLE 32GX4MM	96	CARRASMART	77
calcium carbonate	125	CAREFINE PEN NEEDLES 29GX1/2"	96	CARRASMART FOAM	77
calcium carbonate (antacid)	10	CAREFINE PEN NEEDLES 30GX5/16"	96	CARRINGTON MOISTURE BARRIER	60
calcium carbonate-cholecalciferol	125	CAREFINE PEN NEEDLES 31GX6MM	96	CARRINGTON MOISTURE BARRIER/ZINC	60
calcium carbonate-vitamin d	125	CAREFINE PEN NEEDLES 31GX8MM	96	CARTEOLOL HCL	134
Calcium Carbonate-Vitamin D 500	125	CAREFINE PEN NEEDLES 32GX5MM	96	carteolol hcl (ophth)	134
Calcium Carbonate-Vitamin D 600	125	CAREFINE PEN NEEDLES 32GX6MM	96	carvedilol	41
calcium citrate	125	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	96	carvedilol phosphate	41
CALCIUM CITRATE W/D	125	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	96	CASODEX	30
CALCIUM CITRATE W/VITAMIN D	125	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	96	CATAPRES	27
calcium citrate-vitamin d	125	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	96	cefaclor	44
CALCIUM CITRATE/VITAMIN D3	125	CAREONE LANCET THIN	84		
CALCIUM PLUS VITAMIN D	125	CAREONE LANCET ULTRA THIN	84		
calcium polycarbophil	75	CAREONE UNIFINE PENTIPS 29GX12MM	96		
Calcium w/ Vitamin D	125				
CALTRATE 600+D	125				
CAM	55				
camphor & menthol	52				
candesartan cilexetil	26				

CEFACTOR.....	44	CHANTIX STARTING MONTH PAK.....	142	CITRACAL + D3 MAXIMUM.....	125
cefadroxil.....	44	CHEK-STIX COMBO PAK URINALYSIS CONTROL..	64	CITRACAL MAXIMUM.....	125
cefdinir.....	44	CHEK-STIX CONTROL..	64	CITRACAL PETITES/VITAMIND.....	125
cefprozil.....	44	CHEMET.....	22	clarithromycin.....	76
CEFTIN.....	44	CHEMSTRIP-K.....	64	CLARITHROMYCIN.....	77
ceftriaxone sodium.....	44	CHERACOL PLUS.....	48	clarithromycin.....	77
cefuroxime axetil.....	44	CHERACOL-D COUGH..	48	CLARITIN.....	24
CELEBREX.....	5	CHILDRENS ADVIL.....	5	CLARITIN ALLERGY CHILDRENS.....	24
celecoxib.....	5	CHILDRENS MOTRIN.....	5	CLARITIN REDITABS.....	24
CELEXA.....	17	CHLOR-TRIMETON.....	24	CLARITIN-D 12 HOUR.....	48
CELLCEPT.....	127	CHLORAL HYDRATE.....	74	CLARITIN-D 24 HOUR.....	48
CELLCEPT INTRAVENOUS.....	127	chlordiazepoxide hcl.....	11	CLASS ACT LUBRICATED..	81
CENTANY.....	51	CHLORDIAZEPOXIDE/AMITRI PTYLINE.....	141	CLASSIC PRENATAL.....	129
cephalexin.....	44	chlorhexidine gluconate... 37		CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER.....	50
CEPROTIN.....	72	chlorhexidine gluconate (mouth-throat).....	128	CLEANLET LANCETS 28G..	84
CERASPORT.....	125	CHLOROQUINE PHOSPHATE.....	29	CLEAR COUGH PM MULTI- SYMPTOM.....	48
CERASPORT EX1.....	125	chloroquine phosphate... 29		clemastine fumarate.....	24
CERAVE.....	55	CHLOROTHIAZIDE.....	66	CLEOCIN.....	11,148
CERAVE AM SPF 30.....	55	chlorothiazide.....	66	CLEOCIN PEDIATRIC GRANULES.....	11
CERAVE PM.....	55	chlorpheniramine maleate. 24		CLEOCIN-T.....	50
CERAVE RENEWING SA... 55		CHLORPROMAZINE HCL. 36		CLEVER CHEK LANCETS ULTRATHIN.....	84
CERAVE SA RENEWING... 55		chlorpromazine hcl.....	36	CLEVER CHEK LANCETS ULTRATHIN 30G.....	84
CERAVE SUNSCREEN FACE/SPF50.....	62	chlorthalidone.....	66	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE	122
CERAVE SUNSCREEN/BODY.....	63	CHLORZOAZONE.....	131	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM.....	122
CERAVE SUNSCREEN/FACE.....	63	CHOLBAM.....	70	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL.....	122
CERDELGA.....	72	cholecalciferol.....	148,149	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	97
CEREZYME.....	72	cholestyramine.....	25	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	97
CETAPHIL.....	55	cholestyramine light.....	25	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	97
CETAPHIL DAILY ADVANCE ULTRA HYDRATING.....	55	CHORIONIC GONADOTROPIN.....	67	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	97
CETAPHIL DAILY FACIAL MOISTURIZER.....	55	cilostazol.....	72		
CETAPHIL DERMACONTROL MOISTURIZER/SPF 30.....	55	CILOXAN.....	135		
CETAPHIL MOISTURIZING.. 55		cimetidine.....	144		
CETAPHIL RESTORADERM.....	55	CIMETIDINE HCL.....	144		
CETAPHIL THERAPEUTIC HAND.....	55	CIMZIA.....	70		
cetirizine hcl.....	24	CIMZIA STARTER KIT... 70			
cetirizine-pseudoephedrine . 48		CINRYZE.....	72		
CHANTAL SUN SCREEN SPF 30.....	63	CIPRO.....	70		
CHANTIX.....	142	CIPRODEX.....	137		
CHANTIX CONTINUING MONTHPAK.....	142	CIPROFLOXACIN HCL... 70			
		ciprofloxacin hcl.....	70		
		ciprofloxacin hcl (ophth).. 135			
		citalopram hydrobromide.. 17			

CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" 97	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" . . . 97	COLACE 76
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" 97	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" . . 97	COLAZAL 70
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" 97	CLICKFINE PEN NEEDLES/31GX1/4" 97	colchicine w/ probenecid 71
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" 97	CLICKFINE PEN NEEDLES/31GX5/16" 97	COLD-EEZE 127
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" 97	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" 97	COLESTID 25
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" 97	CLIMARA 69	COLESTID FLAVORED 25
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" 97	clindamycin hcl 11	colestipol hcl 25
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" 97	clindamycin palmitate hydrochloride 11	COLYTE-FLAVOR PACKS . . 75
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16" 97	clindamycin phosphate (topical) 50	COMBIPATCH 69
CLEVER CHOICE COMFORT EZLANCETS 21G 84	clindamycin phosphate vaginal 148	COMBIVENT RESPIMAT . . 13
CLEVER CHOICE COMFORT EZLANCETS 23G 84	CLN FACIAL MOISTURIZER NOURISHING 55	COMBIVIR 38
CLEVER CHOICE COMFORT EZLANCETS 28G 84	clobazam 14	COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" 98
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM 97	clobetasol propionate 53	COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" 98
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM 97	clobetasol propionate emollient base 53	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" 98
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM 97	clomipramine hcl 19	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" 98
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM 97	clonazepam 14	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" 98
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM 97	CLONIDINE HCL 27	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" 98
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM 97	clonidine hcl 27	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" . 98
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM 97	clonidine hcl (adhd) 2	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" . 98
CLICKFINE PEN NEEDLE 32GX5/32" 97	CLONIDINE HYDROCHLORIDE 27	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" . 98
	clopidogrel bisulfate 72	COMFORT ASSURED LANCETS MICRO THIN 33G 84
	clorazepate dipotassium . . 12	COMFORT ASSURED LANCETS SUPER THIN 28G 84
	clotrimazole (topical) 51	COMFORT LANCETS 84
	clotrimazole vaginal 148	COMPACT SPACE CHAMBER/ANTI-STATIC . 122
	clotrimazole w/ betamethasone 51	COMPACT SPACE CHAMBER/ANTI- STATIC/LARGE MASK 122
	clozapine 35	COMPACT SPACE CHAMBER/ANTI- STATIC/MEDIUM MASK . . 122
	CLOZAPINE ODT 35	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK 122
	CLOZARIL 35	COMPLERA 38
	CO-NATAL FA 129	COMPLETENATE 129
	COAGADDEX 71	CONCERTA 2
	COAGUCHEK LANCETS . 84	CONDYLOX 60
	coal tar extract 64	
	COARTEM 29	
	COCOA BUTTER 55	
	COCOA BUTTER HAND & BODYLOTION 55	
	COCONUT OIL BEAUTY . 55	
	codeine sulfate 7	
	CODEINE SULFATE 7	
	COGENTIN 33	

COOL BOTTOMS.....	61	CURITY ALL PURPOSE		CURITY	
COPA ISLAND BORDERED		SPONGES 2"X2".....	77	SPONGES/CELLULOSEFILLED/	
FOAM DRESSING 4"X4".....	77	CURITY ALL PURPOSE		2"X2".....	78
COPA PLUS HYDROPHILIC		SPONGES 2"X2" 4PLY.....	77	CURITY	
FOAM DRESSING 4"X4".....	77	CURITY ALL PURPOSE		SPONGES/CELLULOSEFILLED/	
COPAXONE.....	141	SPONGES 3"X3" 4PLY.....	77	4"X4".....	78
COPEGUS.....	40	CURITY ALL PURPOSE		CUVITRU.....	138
COREG.....	41	SPONGES 4 PLY.....	77	CVS DAILY ULTRA	
COREG CR.....	41	CURITY ALL PURPOSE		MOISTURELOTION.....	55
CORGARD.....	42	SPONGES 4"X4".....	78	CVS GAUZE PAD 3"X3".....	78
corn starch.....	61	CURITY ALL PURPOSE		CVS GAUZE PADS 2"X2" 12-	
CORNWALL METAL		SPONGES 4"X4" 4PLY.....	77	PLY.....	78
PIPETTINGHOLDER (FOR		CURITY ALL PURPOSE		CVS GAUZE PADS 4"X4" 12-	
1240S).....	98	SPONGES 4"X4" 4PLY/SOFT		PLY.....	78
CORNWALL METAL		POUCH.....	78	CVS GAUZE PADS STERILE	
PIPETTINGHOLDER (FOR		CURITY AMD		4"X4" 12-PLY.....	78
1250S).....	98	ANTIMICROBIALGAUZE		CVS GLUCOSE.....	20
CORNWALL METAL		SPONGES 2"X2" 8 PLY.....	78	CVS LANCETS 21G.....	84
PIPETTINGHOLDER (FOR		CURITY AMD		CVS LANCETS MICRO THIN	
1260S).....	98	ANTIMICROBIALGAUZE		33G.....	84
CORNWALL METAL		SPONGES 4"X4" 12 PLY.....	78	CVS LANCETS MICRO-THIN	
PIPETTINGHOLDER (FOR		CURITY COVER SPONGE		33G.....	84
1270S).....	98	4"X4".....	78	CVS LANCETS ORIGINAL.....	84
CORTANE-B-OTIC.....	137	CURITY COVER SPONGES		CVS LANCETS THIN 26G.....	84
CORTEF.....	47	3"X3".....	78	CVS LANCETS ULTRA THIN	
CORTENEMA.....	9	CURITY COVER SPONGES		30G.....	84
CORTISONE ACETATE.....	47	4"X4".....	78	CVS LANCETS ULTRA-THIN	
CORTROSYN.....	64	CURITY DRESSING		30G.....	84
COSENTYX.....	52	SPONGES 4"X4" 6 PLY.....	78	CVS MELATONIN.....	4
COSENTYX SENSOREADY		CURITY GAUZE PADS		CVS MOISTURIZING	
PEN.....	52	2"X2".....	78	CREAM.....	55
COSOPT.....	134	CURITY GAUZE PADS 2"X2"		CVS OMEPRAZOLE.....	145
cosyntropin.....	64	12 PLY.....	78	CVS PRENATAL.....	129
COTELLIC.....	31	CURITY GAUZE PADS 4"X4"		CVS PRENATAL	
COTEMPLA XR-ODT.....	2	3"X3".....	78	GUMMY/DHA/FOLIC ACID.....	129
COTZ.....	63	CURITY GAUZE PADS 4"X4"		CVS ULTRA THIN	
COUMADIN.....	13	12 PLY.....	78	LANCETS.....	84
COVRSITE COVER		CURITY GAUZE SPONGE		cyanocobalamin.....	72
DRESSING.....	77	2"X2" 8 PLY.....	78	CYCLESSA.....	45
COVRSITE PLUS COMPOSITE		CURITY GAUZE SPONGE		cyclobenzaprine hcl.....	131
DRESSING.....	77	3"X3" 12 PLY.....	78	CYCLOGYL.....	134
COZAAR.....	26	CURITY GAUZE SPONGE		cyclopentolate hcl.....	134
CREON.....	65	4"X4" 12 PLY.....	78	cyclosporine.....	127
CRESTOR.....	25	CURITY GAUZE SPONGE		CYCLOSPORINE	
CRIXIVAN.....	38	4"X4" 16 PLY.....	78	MODIFIED.....	127
cromolyn sodium.....	12	CURITY GAUZE SPONGE		cyclosporine modified (for	
cromolyn sodium (nasal).....	132	4"X4" 8 PLY.....	78	microemulsion).....	127
cromolyn sodium (ophth).....	137	CURITY GAUZE SPONGES		CYMBALTA.....	18
crotamiton.....	61	4"X4" 12 PLY.....	78	cyproheptadine hcl.....	25
CUREX ALL-PURPOSE		CURITY GAUZE SPONGES		CYPROHEPTADINE HCL.....	44
SPONGES 4"X4" 4 PLY.....	77	4"X4" 8 PLY.....	78	CYSTADANE.....	68
		CURITY NON-ADHERENT		CYSTAGON.....	71
		STRIPS 3"X3".....	78	CYTOGAM.....	138

CYTOMEL.....	143	DERMACEA GAUZE SPONGE	137
CYTOTEC.....	146	2"X2" 8 PLY.....	78
D-VI-SOL.....	149	DERMACEA GAUZE SPONGE	38
D.H.E. 45.....	124	3"X3" 12 PLY.....	78
DACOGEN.....	30	DERMACEA GAUZE SPONGE	23
DAILY CONDITIONING		3"X3" 8 PLY.....	78
TREATMENT.....	55	DERMACEA GAUZE SPONGE	19
dakin's solution.....	37	4"X4" 12 PLY.....	78
DAKINS SOLUTION FULL		DERMACEA GAUZE SPONGE	19
STRENGTH.....	37	4"X4" 16 PLY.....	69
DAKINS SOLUTION HALF		DERMACEA GAUZE SPONGE	69
STRENGTH.....	37	4"X4" 8 PLY.....	78
DAKINS SOLUTION QUARTER		DERMACEA I.V. DRAIN	45
STRENGTH.....	37	SPONGES 2"X2".....	78
DAKLINZA.....	40	DERMACEA I.V. DRAIN	45
dalfampridine.....	141	SPONGES 4"X4".....	78
dapsone.....	10	DERMACEA I.V. SPONGES	45
DAY TIME MULTI-SYMPTOM		2"X2".....	79
COLD/FLU RELIEF.....	48	DERMACEA NON-WOVEN	45
DAYPRO.....	5	SPONGES 2"X2" 4 PLY.....	79
DAYTRANA.....	2	DERMACEA NON-WOVEN	45
DDAVP.....	69	SPONGES 3"X3" 4 PLY.....	79
DEBROX.....	137	DERMACEA NON-WOVEN	1
decitabine.....	30	SPONGES 4"X4" 4 PLY.....	50
deferroxamine mesylate.....	23	DERMACEA NON-WOVEN	18
DELSYM.....	47	SPONGES 4"X4" 6 PLY.....	18
DELSYM COUGH		DERMACEA TYPE VII GAUZE	146
CHILDRENS.....	47	2"X2" 12 PLY.....	146
DEMADEX.....	66	DERMACEA TYPE VII GAUZE	20
DEMEROL.....	7	2"X2" 8 PLY.....	47
DEPACON.....	16	DERMACEA TYPE VII GAUZE	47
DEPAKENE.....	16	3"X3" 12 PLY.....	47
DEPAKOTE.....	16	DERMACEA TYPE VII GAUZE	47
DEPAKOTE ER.....	16	3"X3" 12PLY.....	47
DEPAKOTE SPRINKLES.....	16	DERMACEA TYPE VII GAUZE	47
DEPEN TITRATABS.....	127	4"X4" 12 PLY.....	47
DEPLIN 15.....	64	DERMACEA TYPE VII GAUZE	47
DEPLIN 7.5.....	64	4"X4" 16 PLY.....	47
DEPO-PROVERA.....	30	DERMACEA TYPE VII GAUZE	47
DEPO-PROVERA		4"X4" 8 PLY.....	47
CONTRACEPTIVE.....	46	DERMACEA X-RAY	1
DEPO-SUBQ PROVERA		SPONGES 4"X4" 16 PLY.....	145
104.....	46	DERMAIDE ALOE.....	74
DEPO-TESTOSTERONE.....	9	DERMAL THERAPY EXTRA	2
DERMABASEOIL IN		STRENGTH BODY	1
WATER.....	55	LOTION.....	47
DERMACEA DRAIN SPONGES		DERMAL THERAPY FACE	47
4"X4".....	78	CAREMOISTURIZING	48
DERMACEA GAUZE SPONGE		LOTION.....	48
2"X2" 12 PLY.....	78	DERMAL THERAPY FOOT	48
		MASSAGE.....	48
		DERMAL THERAPY HAND	48
		ELBOW & KNEE CREAM.....	48
		DERMAL THERAPY HEEL	48
		CARE.....	48
		DERMALEVIN ADHESIVE	48
		FOAMDRESSING 4"X4".....	48
		DERMEND MOISTURIZING	48
		BRUISE FORMULA.....	48

DIABETIDERM CLEANSING61	diphenoxylate w/ atropine . 22	DROPLET INSULIN SYRINGE
DIABETIDERM FOOT	DIPHENOXYLATE/ATROPINE	U-100/0.5ML/31G X 5/16" . 98
REJUVENATING 56 22	DROPLET INSULIN SYRINGE
DIABETIDERM HAND &	DIPHThERIA/TETANUS	U-100/1ML/30G X 1/2" 98
BODY 56	TOXOIDS ADSORBED	DROPLET INSULIN SYRINGE
DIABETIDERM SUNSCREEN	PEDIATRIC 144	U-100/1ML/30G X 5/16" 98
SPF15 63	DIPROLENE AF 53	DROPLET INSULIN SYRINGE
DIAMOX 65	dipyridamole 72	U-100/1ML/31G X 5/16" 98
diaper rash products 54	DISALCID 7	DROPLET LANCETS ULTRA
DIASTAT ACUDIAL 14	disopyramide phosphate 12	THIN 30G 84
DIASTAT PEDIATRIC 14	disulfiram 140	DROPLET PEN NEEDLES
diazepam 12	DITROPAN XL 146	29GX12MM 98
DIAZEPAM 12	divalproex sodium 16	DROPLET PEN NEEDLES
diazepam 12	DMAE 56	31GX5MM 98
DIAZEPAM 14,44	DML FORTE 56	DROPLET PEN NEEDLES
DIAZEPAM RECTAL GEL 14	docusate calcium 76	31GX6MM 98
dibucaine 60	docusate sodium 76	DROPLET PEN NEEDLES
dibucaine (rectal) 9	dofetilide 12	31GX8MM 98
diclofenac potassium 5	DOLOPHINE 7	DROPLET PEN NEEDLES 32G
diclofenac sodium 5	donepezil hydrochloride . . 140	X 1/4" 98
diclofenac sodium (ophth) . 137	DOPRAM 2	DROPLET PEN NEEDLES 32G
diclofenac sodium (topical) . 51	dorzolamide hcl 137	X 3/16" 98
dicloxacillin sodium 139	DORZOLAMIDE HCL 137	DROPLET PEN NEEDLES 32G
dicyclomine hcl 144	dorzolamide hcl-timolol	X 5/32" 98
didanosine 38	maleate 134	DROPLET PEN NEEDLES
DIFLUCAN 23	DORZOLAMIDE	32GX4MM 98
diflunisal 7	HCL/TIMOLOL	DROPLET PEN NEEDLES
DIGOXIN 43	MALEATE 134	32GX5MM 98
digoxin 43	DOVONEX 52	DROPLET PEN NEEDLES
dihydroergotamine	doxazosin mesylate 27	32GX6MM 99
mesylate 124	doxepin hcl 19	DROPSAFE SAFETY PEN
DILANTIN 16	DOXEPIN HCL 19	NEEDLES/31G X 5/16" 99
DILANTIN INFATABS 16	DOXEPIN	DROPSAFE SAFTEY PEN
DILANTIN-125 16	HYDROCHLORIDE 19	NEEDLES/31G X 1/4" 99
DILAUDID 7	doxycycline	drosiprenone-ethinyl
diltiazem hcl 42	(monohydrate) 143	estradiol 45
diltiazem hcl coated beads . . 42	doxycycline hyclate 143	DROXIA 72
diltiazem hcl extended release	doxylamine succinate	DROXY CREAM 56
beads 42	(sleep) 74	DRUG MART LANCETS
dimenhydrinate 23	DRAMAMINE 23	THIN 84
DIMETAPP COLD &	DRISDOL 149	DRUG MART ON-THE-GO
ALLERGY 48	DROPERIDOL 11	LANCETS GENTLE 30G 84
dimethicone (topical) 61	droperidol 11	DRUG MART UNIFINE PENTIPS
DIOVAN 26	DROPLET INSULIN SYRINGE	31GX5MM 99
DIOVAN HCT 27	U-100/0.3/31G X 5/16" 98	DRUG MART UNIFINE
diphenhydramine hcl 24	DROPLET INSULIN SYRINGE	PENTIPS29G X 12MM 99
diphenhydramine hcl (sleep) . 74	U-100/0.3ML/30G X 5/16" . 98	DRUG MART UNIFINE
diphenhydramine hcl	DROPLET INSULIN SYRINGE	PENTIPS31GX6MM 99
(topical) 52	U-100/0.3ML/31G X 15/64" . 98	DRUG MART UNIFINE
	DROPLET INSULIN SYRINGE	PENTIPS31GX8MM 99
	U-100/0.5ML/30G X 5/16" . 98	DRUG MART UNIFINE
		PENTIPS32GX4MM 99
		DRUG MART UNIFINE
		PENTIPSPLUS 32GX4MM . . 99
		DRUG MART UNILET
		LANCETSSUPER THIN 30G 84
		DRUG MART UNILET
		LANCETSULTRA THIN 28G 84

DRUG MART UNILET MICRO THIN LANCETS 33G.....	84	EASY COMFORT PEN NEEDLES31GX3/16".....	99	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	100
DRYMAX EXTRA.....	79	EASY COMFORT PEN NEEDLES31GX5/16".....	99	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	100
DULCOLAX.....	76	EASY COMFORT PEN NEEDLES32GX5/32".....	99	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	100
DULERA.....	13	EASY TOUCH 32GX5MM.....	99	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	85
duloxetine hcl.....	18	EASY TOUCH 32GX6MM.....	99	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	85
DURAGESIC.....	7	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	99	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	85
DUREX EXTRA SENSITIVE.....	81	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	99	EASY TOUCH LANCETS 26G/PULL-TOP.....	85
DUTOPROL.....	28	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	99	EASY TOUCH LANCETS 26G/TWIST.....	85
DYANAVAL XR.....	1	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	99	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	85
DYAZIDE.....	66	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	99	EASY TOUCH LANCETS 28G/PULL-TOP.....	85
DYSPORT.....	133	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	99	EASY TOUCH LANCETS 28G/TWIST.....	85
E-Z JECT LANCETS.....	84	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	99	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	85
E-Z JECT LANCETS 21G... ..	84	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	99	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	85
E-Z JECT LANCETS COLOR.....	84	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	99	EASY TOUCH LANCETS 30G/PULL-TOP.....	85
E-Z JECT LANCETS SUPER THIN 30G.....	84	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2".....	99	EASY TOUCH LANCETS 30G/TWIST.....	85
E-Z JECT LANCETS THIN 26G.....	84	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16".....	99	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	85
E-Z SPACER.....	122	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2".....	99	EASY TOUCH LANCETS 32G/PULL-TOP.....	85
E-Z SPACER THE BODY GUARDS PACK.....	122	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	100	EASY TOUCH LANCETS 32G/TWIST.....	85
E-ZJECT LANCETS MICRO-THIN 33G.....	84	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	100	EASY TOUCH LANCETS 33G/TWIST.....	85
E.E.S. GRANULES.....	77	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	100	EASY TOUCH PEN NEEDLE 30G X 5/16".....	100
EASIVENT.....	122	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	99	EASY TOUCH PEN NEEDLES 29GX1/2".....	100
EASIVENT/MASK-LARGE.....	123	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	99	EASY TOUCH PEN NEEDLES 31GX1/4".....	100
EASIVENT/MASK-MEDIUM.....	123	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	100	EASY TOUCH PEN NEEDLES 31GX5/16".....	100
EASIVENT/MASK-SMALL.....	123	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	100	EASY TOUCH PEN NEEDLES 32GX1/4".....	100
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	99	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	100	EASY TOUCH PEN NEEDLES 32GX3/16".....	100
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	99	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	100		
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	99	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	100		
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	99	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	99		
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	99	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	100		
EASY COMFORT LANCETS.....	85	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	100		
EASY COMFORT LANCETS 30G/PULL TOP.....	84	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	100		
EASY COMFORT LANCETS 30G/THIN TOP.....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	100		
EASY COMFORT LANCETS TWIST TOP.....	85				
EASY COMFORT PEN NEEDLES31GX1/4".....	99				

EASY TOUCH PEN NEEDLES 32GX5/32"	100	ELEXA NATURAL FEEL	81	enalapril maleate & hydrochlorothiazide	28
EASY TOUCH PEN NEEDLES/31G X 3/16"	100	ELEXA STIMULATING	81	ENBREL	6
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	85	ELEXA ULTRA SENSITIVE	81	ENBREL SURECLICK	6
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	85	ELFOLATE	64	ENFAMIL ENFALYTE	125
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	85	ELIDEL	60	ENGERIX-B	147
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	85	ELIGARD	30	ENLYTE	64
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	85	ELIMITE	61	enoxaparin sodium	14
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	85	ELIQUIS	13	entecavir	40
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	100	ELIQUIS STARTER PACK	13	ENTYVIO	70
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	100	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16"	100	EPANED	26
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	100	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2"	100	EPCLUSA	40
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	100	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16"	100	EPIFOAM	53
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	100	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16"	100	EPILYT	56
EASY TWIST & CAP LANCETS	85	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	100	EPIVIR	38
EASYTEST II LANCETS	85	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	100	EPOGEN	73
EASYTEST LANCETS	85	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2"	100	epoprostenol sodium	43
EC-NAPROSYN	5	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2"	100	EPZICOM	38
econazole nitrate	51	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16"	100	EQ OMEPRAZOLE	145
ECOTRIN REGULAR STRENGTH	7	ELIXOPHYLLIN	13	EQ THERAPEUTIC DRY SKIN	56
ED BRON GP	49	ELLA	46	EQ THERAPEUTIC MOISTURIZING CREAM	56
EDLUAR	74	ELMIRON	71	EQL ADVANCED RECOVERY SKIN CARE	56
EDURANT	38	ELOCON	53	EQL COLOR LANCETS 21G85	85
efavirenz	38	ELON SKIN REPAIR SYSTEM	56	EQL COLOR LANCETS MICRO THIN 33G	85
EFFEXOR XR	18	EMBRACE LANCETS ULTRA THIN 30G	85	EQL GAUZE PADS 2"X2"/SMALL	79
EFFIENT	72	EMCYT	30	EQL GAUZE PADS 4"X4"/LARGE	79
EFUDEX	52	EMOLLIA-CREME	56	EQL GAUZE STERILE PADS 3"X3"	79
EGRIFTA	67	EMOLLIA-LOTION	56	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	100
ELAPRASE	68	emollient	56	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	100
ELAVIL	19	EMSAM	17	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	101
ELDEPRYL	33	EMTRIVA	38	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	101
eletriptan hydrobromide	124	EMVERM	10	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	101
		enalapril maleate	26	EQL INSULIN SYRINGE/1ML/29G X 1/2"	101

EQL INSULIN SYRINGE/1ML/30G X 5/16"	101	ETIDRONATE DISODIUM	67	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	101
EQL INSULIN SYRINGE/1ML/31G X 5/16"	101	etodolac	5	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	101
EQL MOISTURIZING CREAM	56	ETOPOSIDE	32	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	101
EQL OMEPRAZOLE	145	etoposide	32	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	101
EQL PRENATAL FORMULA	129	EUCERIN	56	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	101
EQL SUPER THIN LANCETS 30G	85	EUCERIN BABY	56	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	101
EQL THIN LANCETS 26G	85	EUCERIN CALMING DAILY MOISTURIZER	56	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	101
EQL ULTRA MOISTURIZING DAILY LOTION	56	EUCERIN DAILY PROTECTION/SPF 30	56	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	101
EQUALYTE	125	EUCERIN INTENSIVE REPAIR	56	EXELON	140,141
EQUETRO	33,34	EUCERIN INTENSIVE REPAIRHAND	56	exemestane	30
ERBITUX	30	EUCERIN ORIGINAL HEALINGSOOTHING REPAIR	56	EXFORGE	28
ergocalciferol	149	EUCERIN PLUS	56	EXFORGE HCT	28
ERGOLOID MESYLATES	142	EUCERIN PLUS INTENSIVE REPAIR	56	EXJADE	23
ERIVEDGE	30	EUCERIN PROFESSIONAL REPAIR RICH FEEL	56	EXONDYS 51	133
ERLEADA	30	EUCERIN SKIN CALMING DAILY MOISTURIZING	56	EXTRA SENSITIVE SPERMICIDAL	81
ERY-TAB	77	EUCERIN SMOOTHING REPAIRADVANCED FORMULA	56	EYLEA	135
ERYGEL	50	EUFLEXXA	132	EZ SMART BLOOD GLUCOSE LANCETS	85
ERYPED 200	77	EURAX	61	EZ-LETS LANCETS 21G	85
ERYPED 400	77	EVAC	75	EZ-LETS LANCETS 23G	85
erythromycin (acne aid)	50	EVEKEO	1	EZ-LETS LANCETS 26G SUPER-SOFT	85
erythromycin (ophth)	135	EVISTA	68	EZ-LETS LANCETS 28G ULTRA-SOFT	85
erythromycin base	77	EVOTAZ	38	EZ-LETS LANCETS 30G	85
erythromycin ethylsuccinate	77	EX-LAX	76	ezetimibe-simvastatin	25
ESBRIET	143	EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY	79	FABRAZYME	68
escitalopram oxalate	17	EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY	79	FACE COTZ	63
ESGIC	6	EXCILON DRAIN SPONGE 4"X4"	79	famciclovir	41
esomeprazole magnesium	145	EXCILON DRAIN SPONGES 4"X4" 6 PLY	79	famotidine	144
ESOMEPRAZOLE STRONTIUM	145	EXCILON I.V. SPONGES 2"X2" 6 PLY	79	FAMVIR	41
estazolam	74	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	101	FANAPT	34
ESTRACE	69,148	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	101	FANAPT TITRATION PACK	34
estradiol	69	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	101	FANTASY LUBRICATED	81
estradiol & norethindrone acetate	69			FANTASY LUBRICATED/SPERMICIDE	81
estradiol vaginal	148				
ESTROPIPATE	69				
ESTROSTEP FE	45				
eszopiclone	74				
ethambutol hcl	29				
ethosuximide	16				
ethynodiol diacet & eth estrad	45				

FARESTON.....	30	FIFTY50 SAFETY SEAL		FLUBLOK 2015-2016.....	147
FARXIGA.....	22	LANCETS 32G.....	86	FLUBLOK 2016-2017.....	147
FARYDAK.....	31	FIFTY50 SUPERIOR		FLUBLOK 2017-2018.....	147
FASENRA.....	12	COMFORTINSULIN		fluconazole.....	23
FAZACLO.....	35	SYRINGE/0.3ML/31G X		fludrocortisone acetate.....	47
FE GLUCONATE.....	73	5/16".....	101	FLUMIST QUADRIVALENT.....	147
felbamate.....	16	FIFTY50 SUPERIOR		FLUNISOLIDE.....	132
FELBATOL.....	16	COMFORTINSULIN		fluocinolone acetonide	
FELDENE.....	5	SYRINGE/0.5ML/31G X		(otic).....	137
felodipine.....	42	5/16".....	101	fluocinonide.....	53
FEMARA.....	30	FIFTY50 SUPERIOR		fluocinonide emulsified base.....	53
FEMCON FE.....	45	COMFORTINSULIN		fluorometholone (ophth)....	136
FEMHRT LOW DOSE.....	69	SYRINGE/1ML/31G X		FLUOROURACIL.....	52
fenofibrate.....	25	5/16".....	101	fluorouracil (topical).....	52
fenofibrate micronized.....	25	FIFTY50 UNILET LANCETS		FLUOXETINE.....	142
fentanyl.....	7	33G.....	86	FLUOXETINE DR.....	17
FER-IN-SOL.....	73	finasteride.....	71	fluoxetine hcl.....	17
FERRETTS.....	73	FINE 30.....	86	FLUOXETINE HCL.....	44
ferrous fumarate.....	73	FINGERSTIX LANCETS.....	86	fluoxetine hcl (pmd).....	142
ferrous fumarate-fa-b complex-c-		FIORINAL.....	6	FLUOXETINE	
zn-mg-mn-cu.....	73	FIORINAL/CODEINE #3....	8	HYDROCHLORIDE.....	17
ferrous gluconate.....	73	FIRAZYR.....	72	fluphenazine decanoate.....	36
FERROUS GLUCONATE.....	73	FIRMAGON.....	30	FLUPHENAZINE HCL.....	36
ferrous sulfate.....	73	FIRST-LANSOPRAZOLE.....	145	fluphenazine hcl.....	36
FERROUS SULFATE.....	73	FIRST-METRONIDAZOLE		FLURAZEPAM HCL.....	74
ferrous sulfate.....	73	100.....	10	flurbiprofen.....	5
FERROUS SULFATE.....	73	FIRST-METRONIDAZOLE		flurbiprofen sodium.....	137
ferrous sulfate.....	73	50.....	10	flutamide.....	30
FERROUS SULFATE.....	73	FIRST-OMEPRAZOLE.....	145	fluticasone propionate.....	53
ferrous sulfate.....	73	FIRVANQ.....	10	fluticasone propionate	
FETZIMA.....	18	FLAGYL.....	10	(nasal).....	132
FETZIMA TITRATION PACK.....	18	FLAVOR BLEND.....	139	fluvoxamine maleate.....	17
FEVERALL INFANTS.....	6	FLAVOR PLUS.....	139	FML.....	136
FEXMID.....	131	FLAVOR SWEET.....	139	FML LIQUIFILM.....	136
fexofenadine hcl.....	24	FLAVOR SWEET-SF.....	139	FOCALIN.....	2
FIASP.....	21	flavoxate hcl.....	146	FOCALIN XR.....	2
FIASP FLEXTOUCH.....	21	FLEBOGAMMA DIF.....	138	folic acid.....	72,73
FIBERCON.....	75	flecainide acetate.....	12	fondaparinux sodium.....	14
FIFTY50 PEN NEEDLES 31G		FLEET ENEMA.....	76	FORA LANCETS.....	86
X3/16" (5MM).....	101	FLEET ENEMA SIX PACK.....	76	FORFIVO XL.....	17
FIFTY50 PEN NEEDLES 31G		FLEET PEDIATRIC.....	76	formaldehyde.....	37
X5/16" (8MM).....	101	FLEXICHAMBER.....	123	FORMULA 405 ENRICHED	
FIFTY50 PEN NEEDLES		FLOLAN.....	43	EYE.....	56
31GX5MM.....	101	FLOMAX.....	71	FORMULA 405 FACE	
FIFTY50 PEN		FLOINASE ALLERGY		CREAM.....	56
NEEDLES/31GX8MM.....	101	RELIEF.....	132	FORMULA 405 FACIAL &	
FIFTY50 PEN		FLOINASE ALLERGY RELIEF		BODYCLEANSING.....	61
NEEDLES/32GX4MM.....	101	CHILDRENS.....	132	FORMULA 405 LIGHT	
FIFTY50 PEN		FLOVENT DISKUS.....	13	TEXTURED MOISTURIZER.....	56
NEEDLES/32GX6MM.....	101	FLOVENT HFA.....	13		
FIFTY50 SAFETY SEAL		FLOXIN OTIC.....	137		
LANCETS 30G.....	86				

FORMULA 405		GAMASTAN S/D	138	GEODON	34
MOISTURIZING	56	GAMMAGARD LIQUID	138	GILENYA	141
FORTEO	67	GAMMAGARD S/D IGA LESS		GILOTRIF	31
FOSAMAX	67	THAN 1MCG/ML	138	GLASSIA	142
fosamprenavir calcium	38	GAMMAKED	138	glatiramer acetate	141
fosinopril sodium	26	GAMMAPLEX	138	GLEEVEC	31
fosinopril sodium &		GAMUNEX-C	138	glimepiride	22
hydrochlorothiazide	28	GARDASIL	147	glipizide	22
FOSTEUM PLUS	64	GARDASIL 9	147	glipizide-metformin hcl	20
FOVEX	64	GAS-X	70	GLOBAL EASE INJECT PEN	
FRAGMIN	14	GATTEX	71	NEEDLES 29GX12MM	102
FREDS PHARMACY UNIFINE		GAUZE DRESSING 4"X4"	79	GLOBAL EASE INJECT PEN	
PENTIPS PEN NEEDLES		GAUZE PADS 2"X2"	79	NEEDLES 31GX8MM	102
32GX4MM	101	GAUZE PADS 3"X3"	79	GLOBAL EASE INJECT PEN	
FREDS PHARMACY UNIFINE		GAUZE PADS 4"X4"	79	NEEDLES 32GX4MM	102
PENTIPS PLUS 31GX5MM	102	GAUZE PADS 4"X4" 12		GLOBAL EASE INJECT PEN	
FREDS PHARMACY UNIFINE		PLY	79	NEEDLES 31GX5MM	102
PENTIPS PLUS 31GX8MM	102	GAUZE SPONGE TYPE VII		GLOBAL EASY GLIDE	
FREDS PHARMACY UNILET		MEDI-PAK 2"X2" 8PLY	79	INSULINSYRINGE/U-	
LANCETS SUPER THIN		GAUZE SPONGES 4"X4" 12		100/0.3ML/31G X 5/16"	102
30G	86	PLY	79	GLOBAL EASY GLIDE PEN	
FREDS PHARMACY UNILET		GELUSIL	9	NEEDLES 32GX4MM	102
LANCETS ULTRA THIN		gemfibrozil	25	GLOBAL INJECT EASE INSULIN	
28G	86	GENERESS FE	45	SYRINGE/U-100/0.3ML/29G X	
FREESTYLE LANCETS	86	GENOTROPIN	67	1/2"	102
FREESTYLE PRECISION		GENOTROPIN		GLOBAL INJECT EASE INSULIN	
INSULIN SYRINGE/U-		MINIQUICK	67	SYRINGE/U-100/0.3ML/30G X	
100/0.5ML/30G X 5/16"	102	GENTAK	135	5/16"	102
FREESTYLE PRECISION		gentamicin sulfate		GLOBAL INJECT EASE INSULIN	
INSULIN SYRINGE/U-		(ophth)	135	SYRINGE/U-100/0.3ML/31G X	
100/0.5ML/31G X 5/16"	102	gentamicin sulfate (topical)	51	5/16"	102
FREESTYLE PRECISION		GENTEAL MILD TO		GLOBAL INJECT EASE INSULIN	
INSULIN SYRINGE/U-		MODERATE	134	SYRINGE/U-100/0.5ML/28G X	
100/1ML/31G X 5/16"	102	GENTEEL BUTTERFLY		1/2"	102
FREESTYLE PRECISION		TOUCH LANCETS	86	GLOBAL INJECT EASE INSULIN	
INSULIN SYRINGES/U-		GENTLE	56	SYRINGE/U-100/0.5ML/30G X	
100/1ML/30G X 5/16"	102	GENTLE SKIN		5/16"	102
FREESTYLE UNISTICK II		CLEANSER	61	GLOBAL INJECT EASE INSULIN	
LANCETS	86	GENTLE-LET GP		SYRINGE/U-100/0.5ML/31G X	
FURADANTIN	146	LANCETS	86	5/16"	102
furosemide	66	GENTLE-LET LANCETS		GLOBAL INJECT EASE INSULIN	
FUROSEMIDE	66	GENERAL PURPOSE		SYRINGE/U-100/1ML/28G X	
furosemide	66	STYLE/FINE POINT	86	1/2"	102
FUSILEV	32	GENTLE-LET LANCETS		GLOBAL INJECT EASE INSULIN	
FUZEON	38	GENERAL PURPOSE		SYRINGE/U-100/1ML/29G X	
GABADONE	64	STYLE/MEDIUM POINT	86	1/2"	102
gabapentin	14	GENTLE-LET LANCETS		GLOBAL INJECT EASE INSULIN	
GABITRIL	16	SAFETY STYLE/FINE		SYRINGE/U-100/1ML/30G X	
galantamine hydrobromide	141	POINT	86	1/2"	102
GALANTAMINE		GENTLE-LET LANCETS		GLOBAL INJECT EASE INSULIN	
HYDROBROMIDE	141	SAFETY STYLE/MEDIUM		SYRINGE/U-100/1ML/30G X	
galantamine hydrobromide	141	POINT	86	5/16"	102
GAMASTAN	138	GENVOYA	38		

GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	102	glycopyrrolate	144	GNP OMEPRAZOLE	145
GLOBAL INJECT EASE LANCETS 28G	86	GLYNASE	22	GNP PRENATAL	129
GLOBAL INJECT EASE LANCETS 30G	86	GNP ADVANCED RECOVERY	57	GNP QUICK DISSOLVE GLUCOSE	20
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	102	GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16"	103	GNP STERILE PADS 3"X3"	79
GLUCAGEN DIAGNOSTIC	64	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	103	GNP SUPER THIN LANCETS/30G	86
GLUCAGEN HYPOKIT	20	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	103
GLUCAGON EMERGENCY KIT	20	GNP GLUCOSE	20	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT	103
GLUCOCOM LANCETS 28G	86	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT	103
GLUCOCOM LANCETS 30G	86	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	103
GLUCOCOM LANCETS 33G	86	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT	103
GLUCOPHAGE	20	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT	104
GLUCOPHAGE XR	20	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	104
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	103	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	104
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	103	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT	104
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	103	GNP INSULIN SYRINGE/1ML/28G X 1/2"	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT	104
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	103	GNP INSULIN SYRINGE/1ML/29G X 1/2"	103	GOLD BOND MEDICATED BODYLOTION	57
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	103	GNP INSULIN SYRINGE/1ML/30G X 5/16"	103	GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH	57
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	103	GNP INSULIN SYRINGE/1ML/31G X 5/16"	103	GOLD BOND ULTIMATE	57
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	103	GNP LANCETS	86	GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF	57
GLUCOSE	20	GNP LANCETS 21G	86	GOLD BOND ULTIMATE DIABETICS' DRY RELIEF	57
GLUCOSOURCE LANCETS	86	GNP LANCETS MICRO THIN 33G	86	GOLD BOND ULTIMATE HEALING	57
GLUCOTROL	22	GNP LANCETS SUPER THIN 30G	86	GOLD BOND ULTIMATE OVERNIGHT	57
GLUCOTROL XL	22	GNP LANCETS THIN	86	GOLD BOND ULTIMATE PROTECTION	57
GLUCOVANCE	20	GNP LANCETS THIN 26G	86		
glyburide	22	GNP MICRO THIN LANCETS 33G	86		
glyburide micronized	22				
glyburide-metformin	20				
glycerin (laxative)	75				
glycerin (topical)	57				
GLYCERIN ADULT	75				
glycine diluent	139				

GOLD BOND ULTIMATE RESTORING.....	57	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	104	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	104
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE.....	57	H-E-B INCONTROL LANCETS MICRO THIN 33G.....	86	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	104
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS.....	57	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	86	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	87
GOLD BOND ULTIMATE SOFTENING.....	57	H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	86	HELIXATE FS.....	71
GOLD BOND ULTIMATE SOOTHING.....	57	H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	104	HEMANGEOL.....	42
GOLYTELY.....	75	H.P. ACTHAR.....	67	HEMLIBRA.....	71
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	86	HAEMOLANCE.....	87	HEMOCYTE.....	73
GOODSENSE LANCETS MICRO-THIN 33G.....	86	HAEMOLANCE LOW FLOW LANCETS.....	86	HEMOPIL M.....	71
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	86	HAEMOLANCE PLUS.....	87	HEPAGAM B.....	138
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	86	HAEMOLANCE PLUS HIGH FLOW.....	87	heparin sodium (porcine).....	14
GOODSENSE LANCETS ULTRA-THIN 30G.....	86	HAEMOLANCE PLUS LOW FLOW.....	87	heparin sodium (porcine) lock flush.....	14
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL.....	86	HAEMOLANCE PLUS MAX FLOW.....	87	HEPSERA.....	40
GOODSENSE PRENATAL VITAMINS.....	129	HAEMOLANCE PLUS PEDIATRIC FLOW.....	87	HERCEPTIN.....	30
GRAPE SYRUP.....	139	HALAVEN.....	32	HETLIOZ.....	75
GRIS-PEG.....	23	HALCION.....	74	HIBERIX.....	146
griseofulvin microsize.....	23	HALDOL.....	35	HIBICLENS.....	37
griseofulvin ultramicrosize.....	23	HALDOL DECANOATE 100.....	35	HIGH SENSATION SPERMICIDAL.....	81
GRX VITAMIN E.....	57	HALDOL DECANOATE 50.....	35	HIZENTRA.....	138
guaifenesin.....	50	haloperidol.....	35	HM OMEPRAZOLE.....	145
guaifenesin-codeine.....	49	HALOPERIDOL.....	44	HM PRENATAL.....	129
guanfacine hcl.....	27	haloperidol decanoate.....	35	HM STERILE PADS.....	79
guanfacine hcl (adhd).....	2	haloperidol lactate.....	35	HM STERILE PADS 2"X2".....	79
GYNAZOLE-1.....	148	HARVONI.....	40	HUGGIES LITTLE SWIMMERS SPF50.....	63
GYNE-LOTRIMIN.....	148	HAVRIX.....	147	HUMALOG.....	21
GYNE-LOTRIMIN 3.....	148	HEALTHWISE LANCETS 30G.....	87	HUMALOG JUNIOR KWIKPEN.....	21
H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	104	HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	104	HUMALOG KWIKPEN.....	21
H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	104	HEALTHWISE PEN NEEDLES 29GX12MM.....	104	HUMALOG MIX 50/50.....	21
H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	104	HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	104	HUMALOG MIX 50/50 KWIKPEN.....	21
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM.....	104	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	104	HUMALOG MIX 75/25.....	21
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	104	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	104	HUMALOG MIX 75/25 KWIKPEN.....	21
		HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	104	HUMATROPE.....	67
		HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	104	HUMATROPE COMBO PACK.....	67
				HUMATROPEN FOR 12MG.....	104
				HUMATROPEN FOR 24MG.....	104
				HUMATROPEN FOR 6MG.....	104
				HUMIRA.....	4

HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	4	hydroxyzine hcl	11	INJECT-EASE AUTOMATIC INJECTOR	104
HUMIRA PEN	4	HYDROXYZINE HCL	44	INLYTA	31
HUMIRA PEN-CD/UC/HS STARTER	4	HYDROXYZINE PAMOATE	11	INNOPRAN XL	42
HUMIRA PEN-PS/UV STARTER	4	hydroxyzine pamoate	11	INOSITOL	133
HUMULIN 70/30	21	HYDROXYZINE PAMOATE	11	inositol	133
HUMULIN 70/30 KWIKPEN	21	hyoscyamine sulfate	144	INOSITOL-5	133
HUMULIN N	21	HYPER-SAL	50	INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE	123
HUMULIN N KWIKPEN	21	HYPERHEP B S/D	138	INSPIRACHAMBER/LARGE	123
HUMULIN R	21	HYPERRHO S/D	138	INSPIRACHAMBER/SOOTHER MASK/INSPIRAMASK/MEDIUM	123
HY-VEE LANCETS	87	HYPERRHO S/D MINI-DOSE	138	INSPIRACHAMBER/SOOTHER MASK/INSPIRAMASK/SMALL	123
HY-VEE THIN LANCETS	87	HYPERSAL	50	INSPIREASE DRUG DELIVERY SYSTEM	123
HYALGAN	132	HYPERTENSA	64	INSPIREASE RESERVOIR BAGS	123
HYCAMTIN	32	hypromellose (ophth)	134	INSULIN SYRINGE/0.3ML/29G X 1/2"	104
hydralazine hcl	29	HYQVIA	138	INSULIN SYRINGE/0.3ML/30G X 5/16"	104
HYDRALYTE	126	HYVEE ADVANCED ANTACID MAXIMUM STRENGTH	9	INSULIN SYRINGE/0.3ML/31G X 5/16"	104
HYDRALYTE FREEZER POPS	125	HYZAAR	28	INSULIN SYRINGE/0.5ML/28G X 1/2"	105
HYDRASYN25	57	ibandronate sodium	67	INSULIN SYRINGE/0.5ML/30G X 5/16"	105
HYDRAZONE LOTION	57	IBRANCE	31	INSULIN SYRINGE/0.5ML/31G X 5/16"	105
HYDREA	32	ibuprofen	5	INSULIN SYRINGE/1ML/28G X 1/2"	105
HYDRO-LAN	57	ICAPS LUTEIN & ZEAXANTHIN	128	INSULIN SYRINGE/1ML/29G X 1/2"	105
HYDROCELL ADHESIVE DRESSING 4"X4"	79	ICLUSIG	31	INSULIN SYRINGE/1ML/30G X 5/16"	105
HYDROCELL DRESSING 4"X4"	79	imatinib mesylate	31	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	105
HYDROCERIN	61	IMIPRAMINE HCL	19	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	105
hydrochlorothiazide	66	imipramine hcl	19	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	105
hydrocodone w/ homatropine	47	imipramine pamoate	19	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	105
hydrocodone-acetaminophen	8	imiquimod	60	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	105
hydrocortisone	47	IMITREX	124	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	105
hydrocortisone (intrarectal)	9	IMITREX STATDOSE REFILL	124	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	105
hydrocortisone (rectal)	9	IMITREX STATDOSE SYSTEM	124	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	105
hydrocortisone (topical)	53,54	IMODIUM A-D	22		
hydrocortisone butyrate	54	IMURAN	127		
hydrocortisone w/acetic acid	137	IN TOUCH STERILE LANCETS30G	87		
hydrocortisone-aloe vera	54	INATAL GT	129		
HYDROMORPHONE HCL	7	INCRELEX	68		
hydromorphone hcl	7	INCRUSE ELLIPTA	12		
hydroxychloroquine sulfate	29	indapamide	66		
HYDROXYPROGESTERONE CAPROATE	31	INDERAL LA	42		
hydroxyprogesterone caproate	140	INDERAL XL	42		
hydroxyurea	32	indomethacin	5		
HYDROXYZINE HCL	11	INFANRIX	144		
		INFANTS ADVIL	5		
		INJECT-EASE	104		

INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	105	INTUNIV.....	2	JEVTANA.....	32
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	105	INVEGA.....	34	JULUCA.....	38
INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	105	INVEGA SUSTENNA.....	34	K-PHOS NEUTRAL.....	126
INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	105	INVEGA TRINZA.....	34	K-TAB.....	126
INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105	INVIRASE.....	38	KADCYLA.....	30
INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	105	IOPIDINE.....	135	KALBITOR.....	72
INSULIN SYRINGES/0.5ML/28GX1/2".....	105	ipratropium bromide.....	12	KALETRA.....	38
INSULIN SYRINGES/0.5ML/29GX1/2".....	105	ipratropium bromide (nasal).....	132	KALYDECO.....	143
INSULIN SYRINGES/0.5ML/30GX5/16".....	105	ipratropium-albuterol.....	13	KAMELEON LUBRICATED.....	81
INSULIN SYRINGES/0.5ML/31GX5/16".....	105	irbesartan.....	27	KAPVAY.....	2
INSULIN SYRINGES/1ML/28GX1/2".....	105	irbesartan-hydrochlorothiazide.....	28	KAYEXALATE.....	128
INSULIN SYRINGES/1ML/29GX1/2".....	105	IRON CHEWS PEDIATRIC.....	73	KCENTRA.....	71
INSULIN SYRINGES/1ML/30GX1/2".....	105	ISENTRESS.....	38	KEFLEX.....	44
INSULIN SYRINGES/1ML/31GX5/16".....	105	ISENTRESS HD.....	38	KENDALL HYDROPHILIC FOAMDRESSING 2"X2".....	80
INSUPEN 29G X 12MM.....	105	ISONIAZID.....	29	KENDALL HYDROPHILIC FOAMDRESSING 3"X3".....	80
INSUPEN 31G X 5MM.....	105	isoniazid.....	29	KENDALL HYDROPHILIC FOAMDRESSING 4"X4".....	80
INSUPEN 31G X 8MM.....	105	ISOPTO ATROPINE.....	135	KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2".....	80
INSUPEN 32G X 4MM.....	106	ISOPTO CARPINE.....	135	KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3".....	80
INSUPEN PEN NEEDLES 32G X4MM.....	106	ISORDIL TITRADOSE.....	11	KEPIVANCE.....	32
INSUPEN SENSITIVE 32GX6MM.....	106	isosorbide dinitrate.....	11	KEPPRA.....	14
INSUPEN ULTRAFIN 29GX12MM.....	106	ISOSORBIDE DINITRATE ER.....	11	KEPPRA XR.....	14
INSUPEN ULTRAFIN 30GX8MM.....	106	isosorbide mononitrate.....	11	KERADAN.....	57
INSUPEN ULTRAFIN 31GX6MM.....	106	isoxsuprine hcl.....	43	KERI ADVANCED MOISTURE THERAPY.....	57
INSUPEN ULTRAFIN 31GX8MM.....	106	ISOXSUPRINE HCL.....	43	KERI AGE DEFY & PROTECT.....	63
INTELENCE.....	38	ISTODAX (OVERFILL).....	31	KERI BASIC ESSENTIALS.....	57
INTENSE SENSATION.....	81	ITCH RELIEF.....	52	KERI LONG LASTING.....	57
INTERMEZZO.....	74	itraconazole.....	23	KERI NOURISHING SHEA BUTTER.....	57
INTRON A.....	32	IXEMPRA KIT.....	32	KERI ORIGINAL.....	57
INTRON A W/DILUENT.....	32	J & J BURN CREAM.....	57	KERI OVERNIGHT.....	57
		J & J GAUZE 2"X2" 8 PLY.....	79	KERI RENEWAL MILK BODY.....	57
		J & J GAUZE 4"X4" 12 PLY.....	79	KERI RENEWAL SKIN FIRMING.....	57
		J & J GAUZE 4"X4" 8 PLY.....	79	KERI RENEWAL STRETCH MARK MINIMIZER.....	57
		J & J GAUZE SPONGES 12-PLY 4" X 4".....	80	KERI SENSITIVE SKIN.....	57
		J & J GAUZE SPONGES 16-PLY 4" X 4".....	80	KERLIX SPONGES 4" X 4" 12 PLY.....	80
		J & J GAUZE SPONGES 8-PLY 4" X 4".....	80	KERLIX SPONGES 4" X 4" 16 PLY.....	80
		J-TIP KIT W/VIAL ADAPTERS.....	106	KETOCARE.....	64
		JADENU.....	23	ketoconazole (topical).....	51
		JADENU SPRINKLE.....	23		
		JAKAFI.....	31		
		JARDIANCE.....	22		
		JENTADUETO.....	20		

KETONE TEST STRIPS.....	64	KOGENATE FS BIO-SET ..	71	KYPROLIS	31
KETOPROFEN.....	5	KONSYL DAILY FIBER... ..	75	L-ARGININE	134
ketoprofen.....	5	KONSYL ORIGINAL		L-ARGININE BASE.....	134
KETOPROFEN ER.....	5	FORMULADAILY FIBER..	75	L-ARGININE HCL.....	44
ketorolac tromethamine.....	5	KOVALTRY	72	L-METHYLFOLATE.....	65
ketorolac tromethamine		KP PRENATAL		L-METHYLFOLATE CA/S-	
(ophth).....	137	MULTIVITAMINS.....	129	ALGAL.....	64
KETOSTIX.....	64	KPN PRENATAL.....	129	L-METHYLFOLATE	
ketotifen fumarate (ophth)..	137	KROGER INSULIN		CALCIUM.....	64
KHEDEZLA.....	18	SYRINGE/0.3ML/29G X		L-METHYLFOLATE FORMULA	
KIMONO COLORS.....	81	1/2".....	106	15.....	64
KIMONO LUBRICATED.....	81	KROGER INSULIN		L-METHYLFOLATE FORMULA	
KIMONO MICRO THIN PLUS		SYRINGE/0.3ML/30G X		7.5.....	65
SPERMICIDE LUBRICATED	81	5/16".....	106	L-METHYLFOLATE FORTE	65
KIMONO PLUS SPERMICIDE		KROGER INSULIN		L-TRYPTOPHAN.....	134
LUBRICATED.....	81	SYRINGE/0.3ML/31G X		labetalol hcl.....	41
KIMONO PLUS		5/16".....	106	LAC-HYDRIN.....	57
SPERMICIDE/LUBRICATED		KROGER INSULIN		LAC-HYDRIN TWELVE.....	57
.....	81	SYRINGE/0.5ML/29G X		lactic acid (ammonium	
KIMONO PS LUBRICATED.....	81	1/2".....	106	lactate).....	57
KIMONO PS PLUS		KROGER INSULIN		LACTINOL HX.....	57
SPERMICIDE/LUBRICATED		SYRINGE/0.5ML/30G X		lactulose.....	75
.....	81	5/16".....	106	lactulose (encephalopathy)..	71
KIMONO SENSATION		KROGER INSULIN		LADY ESTHER 4 PURPOSE	
LUBRICATED.....	81	SYRINGE/0.5ML/31G X		FACE CREAM.....	57
KIMONO SENSATION PLUS		5/16".....	106	LAMICTAL.....	15
SPERMICIDE LUBRICATED	81	KROGER INSULIN		LAMICTAL CHEWABLE	
KIMONO SPECIAL.....	81	SYRINGE/1ML/29G X		DISPERSIBLE.....	14
KINERET.....	5	1/2".....	106	LAMICTAL ODT.....	14
KINNEY LANCETS.....	87	KROGER INSULIN		LAMICTAL STARTER/NOT	
KINNEY THIN LANCETS.....	87	SYRINGE/1ML/30G X		TAKING CARBAMAZEPINE.....	14
KINRAY INSULIN SYRINGE		5/16".....	106	LAMICTAL STARTER/TAKING	
PREFERRED PLUS/0.3ML/31G		KROGER INSULIN		CARBAMAZEPINE/NOT TAKING	
X 5/16".....	106	SYRINGE/1ML/31G X		VALPROATE.....	15
KINRAY INSULIN SYRINGE		5/16".....	106	LAMICTAL STARTER/TAKING	
PREFERRED PLUS/0.5ML/31G		KROGER LANCETS.....	87	VALPROATE.....	15
X 5/16".....	106	KROGER LANCETS 21G.....	87	LAMICTAL XR.....	15
KINRAY INSULIN SYRINGE		KROGER LANCETS MICRO		LAMISIL.....	23
PREFERRED PLUS/1ML/31G X		THIN33G.....	87	LAMISIL AT.....	51
5/16".....	106	KROGER LANCETS SUPER		LAMISIL AT JOCK ITCH.....	51
KINRAY INSULIN		THIN.....	87	lamivudine.....	38
SYRINGE/0.5ML/29G X		KROGER LANCETS THIN.....	87	lamivudine-zidovudine.....	38
1/2".....	106	KROGER LANCETS THIN		lamotrigine.....	15
KINRIX.....	144	26G.....	87	LANAPHILIC.....	57
KITABIS PAK.....	4	KROGER LANCETS		LANCETS.....	87
KLARON.....	50	ULTRATHIN30G.....	87	LANCETS 26G TWIST TOP.....	87
KLONOPIN.....	14	KROGER PEN NEEDLES 29G		LANCETS 28G.....	87
KLOR-CON M15.....	126	X12MM.....	106	LANCETS 30G.....	87
KLS OMEPRAZOLE.....	145	KROGER PEN NEEDLES 31G		LANCETS 30G TWIST TOP.....	87
KOATE.....	71	X8MM.....	106	LANCETS 30G/TWIST TOP.....	87
KOATE-DVI.....	71	KROGER PEN NEEDLES		LANCETS 31G TWIST TOP.....	87
KOGENATE FS.....	72	31GX1/4".....	106		
		KRYSTEXXA.....	71		
		KUVAN.....	68		
		KYLEENA.....	46		
		KYNAMRO.....	25		

LANCETS 33G UNIVERSAL DESIGN.....	87	LEADER INSULIN SYRINGE/1ML/30G X 5/16".....	107	levonorgestrel-ethinyl estradiol (91-day).....	45
LANCETS MICRO THIN 33G.....	87	LEADER INSULIN SYRINGE/1ML/31G X 5/16".....	107	levothyroxine sodium.....	143
LANCETS SAFETY SEAL 21G.....	87	LEADER QUICK DISSOLVE GLUCOSE.....	20	LEXAPRO.....	17
LANCETS SAFETY SEAL 26G.....	87	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16".....	107	LEXAZIN.....	65
LANCETS SAFETY SEAL 28G.....	87	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16".....	107	LEXIVA.....	39
LANCETS SAFETY SEAL 30G.....	87	LEADER UNIFINE PENTIPS/MINI/31GX3/16".....	107	LIALDA.....	70
LANCETS SUPER THIN 28G.....	87	LEADER UNIFINE PENTIPS/NANO/32GX5/32".....	107	LIBERTY MEDICAL LANCETS 30G.....	87
LANCETS THIN.....	87	LEADER UNIFINE PENTIPS/PLUS/32GX5/32".....	107	lidocaine.....	60
LANCETS TWIST TOP.....	87	leflunomide.....	6	lidocaine hcl.....	60
LANCETS ULTRA FINE.....	87	LEMTRADA.....	141	lidocaine hcl (mouth-throat).....	128
LANCETS ULTRA THIN.....	87	LETAIRIS.....	43	lidocaine-prilocaine.....	60
LANCETS ULTRA THIN 30G.....	87	letrozole.....	31	LIDODERM.....	60
LANCETSBULLSEYE SAFETY.....	87	LEUCOVORIN CALCIUM.....	32	LIFESCAN UNISTIK 2 DEEP PENETRATION.....	87
LANOLOR.....	58	LEUKERAN.....	29	LIFESCAN UNISTIK II LANCETS.....	87
LANOXIN.....	43	LEUKINE.....	73	LILETTA.....	46
lansoprazole.....	145	leuprolide acetate.....	31	liothyronine sodium.....	143
LASIX.....	66	LEVAQUIN.....	70	LIPICHOL 540.....	65
latanoprost.....	137	LEVBID.....	144	LIPITOR.....	26
LATANOPROST.....	137	levetiracetam.....	15	lisinopril.....	26
LATUDA.....	34	LEVETIRACETAM.....	15	lisinopril & hydrochlorothiazide.....	28
LEADER FINGER CREAM.....	58	levetiracetam.....	15	LISTER-V.....	65
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2".....	106	levetiracetam in sodium chloride.....	15	LITE TOUCH LANCETS.....	87
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16".....	106	levobunolol hcl.....	134	LITE TOUCH PEN NEEDLES/31G X 3/16".....	107
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16".....	106	levocarnitine (metabolic modifiers).....	68	LITEAIRE.....	123
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2".....	106	levocetirizine dihydrochloride.....	24	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	107
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2".....	106	levofloxacin.....	70	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	107
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16".....	106	LEVOLEUCOVORIN.....	32	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	107
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16".....	106	levoleucovorin calcium.....	32	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	107
LEADER INSULIN SYRINGE/1ML/28G X 1/2".....	106	LEVOMEFOLATE CALCIUM ALGAL POWDER.....	65	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	107
LEADER INSULIN SYRINGE/1ML/29G X 1/2".....	106	levonorgestrel & eth estradiol.....	45	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	107
		levonorgestrel (emergency oc).....	46	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	107
		levonorgestrel-eth estradiol (triphasic).....	45	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	107

LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	107	lorazepam	12	LURIDE	126
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	107	LORAZEPAM	45	LYRICA	15
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	losartan potassium	27	LYSODREN	31
LITETOUCH LANCETS MICRO THIN 33G	88	losartan potassium & hydrochlorothiazide	28	LYSTEDA	73
LITETOUCH PEN NEEDLES 29GX12.7MM	107	LOTENSIN	26	M-M-R II	147
LITETOUCH PEN NEEDLES 31G X 6MM	107	LOTENSIN HCT	28	M-NATAL PLUS	129
LITETOUCH PEN NEEDLES 31GX8MM SHORT	107	LOTREL	28	M-VIT	129
LITHIUM	33	LOTRIMIN AF	51	MACROBID	146
lithium carbonate	33	LOTRIMIN AF FOR HER	52	MACRODANTIN	146
LITHIUM CARBONATE	33	LOTRIMIN AF JOCK ITCH	52	MACUGEN	135
lithium carbonate	33	LOTRISONE	52	MACUZIN	65
LITHOBID	33	lovastatin	26	MAGDELAY	126
LIVE BETTER LANCET SUPERTHIN 30G	88	LOVAZA	25	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	107
LIVE BETTER LANCET ULTRATHIN 28G	88	LOVENOX	14	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	107
LMX 4	60	loxapine succinate	35	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	107
LOCOID	54	LUBRIDERM	58	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	107
LODINE	5	LUBRIDERM ADVANCED THERAPY	58	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	107
LODOSYN	33	LUBRIDERM DAILY	58	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	107
LOESTRIN 1.5/30-21	45	MOISTURE/NORMAL TO DRY SKIN	58	MAGNEBIND 200	125
LOESTRIN 1/20-21	45	LUBRIDERM DAILY	58	MAGNEBIND 300	125
LOESTRIN FE 1.5/30	45	MOISTURE/SUNSCREEN SPF 15	63	MAGNEBIND 400	126
LOESTRIN FE 1/20	45	LUBRIDERM DAILY	58	magnesium citrate	76
LOFIBRA	25	MOISTURESHEA + CALMING LAVENDER JASMINE	58	magnesium hydroxide	76
LOHIST-D	49	LUBRIDERM INTENSE SKIN REPAIR	58	magnesium oxide	10
LOMOTIL	22	LUBRIDERM MENS 3-IN-1	58	magnesium oxide (mg supplement)	126
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	107	LUBRIDERM SERIOUSLY SENSITIVE	58	MAGOX 400	126
LONGS LANCETS STANDARD	88	LUBRIDERM SKIN	58	MAKENA	140
LONGS LANCETS THIN	88	NOURISHINGWITH SHEA AND COCOA BUTTERS	58	malathion	61
LONGS LANCETS ULTRA THIN	88	LUBRISOFT	58	MAPROTILINE HCL	17
loperamide hcl	22	LUCENTIS	135	MARATHON MEDICAL PENTIPS29GX12MM	108
LOPID	25	LUMIZYME	68	MARATHON MEDICAL PENTIPS31GX5MM	108
lopinavir-ritonavir	39	LUNESTA	74	MARATHON MEDICAL PENTIPS31GX8MM	108
LOPRESSOR	41	LUPANETA PACK	68	MARATHON MEDICAL PENTIPS32GX4MM	108
LOPRESSOR HCT	28	LUPRON DEPOT (1-MONTH)	31	MARPLAN	17
loratadine	24	LUPRON DEPOT (3-MONTH)	31	MATULANE	32
loratadine & pseudoephedrine	49	LUPRON DEPOT (4-MONTH)	31		
		LUPRON DEPOT (6-MONTH)	31		
		LUPRON DEPOT-PED (1-MONTH)	68		
		LUPRON DEPOT-PED (3-MONTH)	68		

MAVIK.....	26	MEDLANCE PLUS		MELATONIN.....	4
MAXALT.....	124	LANCETS.....	88	melatonin.....	4
MAXALT-MLT.....	124	MEDLANCE PLUS LANCETS		meloxicam.....	5
MAXAM.....	58	LITE 25G.....	88	melphalan.....	29
MAXI-COMFORT INSULIN		MEDLANCE PLUS LITE		melphalan hcl.....	29
SYRINGE/U-		LANCETS 25G.....	88	memantine hcl.....	141
100/0.5ML/28GX1/2"	108	MEDLANCE PLUS SPECIAL		MENACTRA.....	146
MAXI-COMFORT INSULIN		LANCETS 0.8MM.....	88	MENVEO.....	146
SYRINGE/U-100/1ML/28GX1/2"	108	MEDLANCE PLUS		MEPERIDINE HCL.....	7
.....		SUPERLITE 30G.....	88	meperidine hcl.....	7
MAXITROL.....	136	MEDLANCE PLUS		MEPHYTON.....	149
MAXX LUBRICATED.....	82	SUPERLITE 30G/COMFORT		meprobamate.....	11
MAXX PLUS SPERMICIDE		MAX.....	88	mercaptopurine.....	30
LUBRICATED.....	82	MEDLANCE PLUS		mesalamine.....	70
MAXZIDE.....	66	UNIVERSAL LANCETS		mesna.....	32
MAXZIDE-25.....	66	21G.....	88	MESNEX.....	32
meclizine hcl.....	23	MEDLANCE PLUS/LITE		MESTINON.....	29
MEDELA TENDER CARE		25G.....	88	MESTINON TIMESPAN.....	29
LANOLIN.....	58	MEDLANCE/EXTRA.....	88	METADATE CD.....	2
MEDERMA AG FACE		MEDLANCE/LITE.....	88	METAMUCIL.....	75
CREAM.....	58	MEDLANCE/UNIVERSAL.....	88	METAMUCIL ORIGINAL	
MEDERMA AG HAND & BODY		MEDROL.....	47	TEXTURE.....	75
LOTION.....	58	MEDROL DOSEPAK.....	47	METAPROTERENOL	
MEDERMA STRETCH MARKS		medroxyprogesterone		SULFATE.....	13
THERAPY.....	58	acetate.....	140	metformin hcl.....	20
MEDIC INSULIN		medroxyprogesterone acetate		methadone hcl.....	7
SYRINGE/0.3ML/30G X		(contraceptive).....	46	methamphetamine hcl.....	1
5/16".....	108	mefloquine hcl.....	29	METHAVER.....	65
MEDIC INSULIN		MEFLOQUINE HCL.....	29	METHAZEL.....	65
SYRINGE/0.5ML/30G X		MEGACE ORAL.....	31	methazolamide.....	65
5/16".....	108	megestrol acetate.....	31	methenamine mandelate.....	146
MEDICHOICE PRE-SET		MEIJER COLOR LANCETS		methenamine-hyosc-methylene	
SAFETY LANCET DUAL		UNIVERSAL 33G.....	88	blue-sod phos-phenyl sal.....	146
USE.....	88	MEIJER LANCETS.....	88	methimazole.....	143
MEDICHOICE PRE-SET		MEIJER LANCETS THIN.....	88	METHITEST.....	9
SAFETY LANCET LOW		MEIJER LANCETS		methocarbamol.....	132
FLOW.....	88	UNIVERSAL21G.....	88	methotrexate sodium.....	30
MEDICHOICE PRE-SET		MEIJER LANCETS		METHOTREXATE SODIUM.....	30
SAFETY LANCET MEDIUM		UNIVERSAL30G.....	88	methotrexate sodium.....	30
FLOW.....	88	MEIJER LANCETS		methyl dopa.....	27
MEDICHOICE PRE-SET		UNIVERSAL33G.....	88	methylergonovine maleate.....	137
SAFETY LANCET MODERATE		MEIJER PEN NEEDLES 29G		METHYLIN.....	2
FLOW.....	88	X12MM.....	108	methylphenidate hcl.....	3
MEDICHOICE SAFETY		MEIJER PEN NEEDLES 31G		METHYLPHENIDATE HCL	
LANCETEXTRA.....	88	X6MM.....	108	ER.....	3
MEDICHOICE SAFETY		MEIJER PEN NEEDLES 31G		METHYLPHENIDATE	
LANCETNORMAL.....	88	X8MM.....	108	HYDROCHLORIDE ER.....	3
MEDICINE SHOPPE PEN		MEIJER SUPER THIN		METHYLPHENIDATE	
NEEDLES 29G X 12MM.....	108	LANCETS.....	88	HYDROCHLORIDE ER (LA).....	3
MEDICINE SHOPPE PEN		MEKINIST.....	31		
NEEDLES 31G X 6MM.....	108	MELATONIN.....	4		
MEDICINE SHOPPE PEN		melatonin.....	4		
NEEDLES 31G X 8MM.....	108	MELATONIN.....	4		
MEDISENSE THIN		melatonin.....	4		
LANCETS.....	88				
MEDLANCE PLUS EXTRA					
LANCETS 21G.....	88				

methylprednisolone	47	minoxidil	29	MONISTAT SOOTHING CARE	
metoclopramide hcl	70	MIRALAX	75	ITCH RELIEF	54
metolazone	66	MIRAPEX	33	MONOCLATE-P	72
metoprolol & hydrochlorothiazide	28	MIRASORB SPONGES 2" X 2"	80	MONODOX	143
metoprolol succinate	41	MIRASORB SPONGES 4" X 4"	80	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	108
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	28	MIRCERA	73	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	108
metoprolol tartrate	41	MIRCETTE	45	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2"	108
METOPROLOL/HYDROCHLOR OTHIAZIDE	28	MIRENA	46	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	108
METROCREAM	61	mirtazapine	16	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	108
METROGEL-VAGINAL	148	misoprostol	146	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	108
METROLOTION	61	mitoxantrone hcl	31	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
metronidazole	10	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	108
metronidazole (topical)	61	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	108
METRONIDAZOLE BENZOATE/SYRSPEND SF PH4	10	MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16"	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
metronidazole vaginal	148	MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16"	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MEVACOR	26	MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
mexiletine hcl	12	MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MIACALCIN	67	MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MICARDIS	27	MM PEN NEEDLES 31G X 1/4"	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MICARDIS HCT	28	MM PEN NEEDLES 31G X 3/16"	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MICATIN	52	MM PEN NEEDLES 31G X 5/16"	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MICONAZOLE 3	148	MM PEN NEEDLES 32G X 5/32"	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
miconazole nitrate (topical)	52	MM TWIST LANCETS	88	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
miconazole nitrate vaginal	148	MOBIC	5	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MICRHOGAM ULTRA- FILTEREDPLUS	138	modafinil	3	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MICRO-K	126	MODERIBA 1200 DOSE PACK	40	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MICROCHAMBER	123	MODERIBA 800 DOSE PACK	40	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MICROLET LANCETS	88	MODICON	45	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MICROSPACER	123	MOISTURE GUARD	61	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	88	MOISTURIZING CREAM	58	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MICROZIDE	66	MOLINDONE HYDROCHLORIDE	36	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
midazolam hcl	74	mometasone furoate	54	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
midodrine hcl	148	MONISTAT 1 COMBO PACK	148	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
miglustat	72	MONISTAT 1 DAY OR NIGHT COMBO PACK	148	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MILK OF MAGNESIA CONCENTRATE	76	MONISTAT 3	148	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MILLIPRED	47	MONISTAT 3 COMBINATION PACK	148	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MINIPRESS	27	MONISTAT 7 SIMPLY CURE	148	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	108
MINIVELLE	69				
MINOCIN	143				
minocycline hcl	143				

MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	109	MS INSULIN SYRINGE/1ML/31G X 5/16".....	109	NABI-HB.....	138
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	109	MSM SKIN LOTION.....	58	nabumetone.....	5
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	109	MUCINEX.....	50	nadolol.....	42
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	109	MUCINEX D.....	49	NAGLAZYME.....	68
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	109	MUCINEX D MAXIMUM STRENGTH.....	49	naloxone hcl.....	23
MONOLET LANCETS.....	88	MUCINEX DM.....	49	naltrexone hcl.....	23
MONOLET OPD LANCETS.....	88	MUCINEX MAXIMUM STRENGTH.....	50	NAMENDA.....	141
MONOLETTOR SAFETY LANCETS.....	88	MULTI PRENATAL.....	129	NAMENDA TITRATION PAK.....	141
MONOVISC.....	132	Multiple Vitamin.....	129	NAMENDA XR.....	141
montelukast sodium.....	12	Multiple Vitamins w/ Iron.....	128	NAMENDA XR TITRATION PACK.....	141
MOORE MED MONOJECT INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	109	Multiple Vitamins w/ Minerals.....	128	NAMZARIC.....	141
MOORE MED MONOJECT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	109	multiple vitamins w/ minerals.....	129	naphazoline w/ pheniramine.....	135
MOORE MED MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	109	Multiple Vitamins w/ Minerals & Folic Acid.....	129	NAPHCON-A.....	135
MOORE MED MONOJECT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	109	mupirocin.....	51	NAPROSYN.....	5
morphine sulfate.....	7	mupirocin calcium (topical).....	51	naproxen.....	5
MORPHINE SULFATE.....	7	MX-SOL.....	139	naproxen sodium.....	5
morphine sulfate.....	7	MX-SOL BLEND.....	139	naratriptan hcl.....	124
MOTHERS FRIEND.....	58	MX-SOL BLEND SF.....	139	NARCAN.....	23
MOTRIN INFANTS DROPS.....	5	MX-SOL SF.....	139	NARDIL.....	17
moxifloxacin hcl (ophth).....	135	MX-SOL SUSPEND.....	139	NASAL DECONGESTANT.....	132
MOZOBIL.....	73	MYALEPT.....	68	NASALCROM.....	132
MPD SAFETY LANCET 21G/1.8MM.....	88	MYAMBUTOL.....	29	NAT-RUL PRENATAL VITAMINS.....	129
MPD SAFETY LANCET 28G/1.8MM.....	88	mycophenolate mofetil.....	127	NATALVIT.....	129
MPD SAFETY LANCET 30G/1.8MM.....	88	mycophenolate mofetil hcl.....	127	nateglinide.....	22
MPD SAFETY LANCETS 23G/1.8MM.....	89	mycophenolate sodium.....	127	NATROBA.....	62
MS CONTIN.....	7	MYDAYIS.....	1	NECON 1/50-28.....	45
MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	109	MYDRIACYL.....	135	NECON 10/11-28.....	45
MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	109	MYFORTIC.....	127	NEFAZODONE HCL.....	18
		MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G.....	89	nefazodone hcl.....	18
		MYLERAN.....	29	NEFAZODONE HYDROCHLORIDE.....	18
		MYLICON.....	70	NEMBUTAL SODIUM.....	74
		MYLICON INFANTS GAS RELIEF.....	70	neomycin sulfate.....	4
		MYNATAL ADVANCE.....	129	neomycin-bacitracin zn- polymyxin.....	135
		MYNATAL PLUS.....	129	neomycin-bacitracin-polymyxin	51
		MYNATAL ULTRACAPLET.....	129	neomycin-polymy- dexameth.....	136
		MYNATAL-Z.....	129	neomycin-polymyxin w/ pramoxine.....	51
		MYNATE 90 PLUS.....	129	neomycin-polymyxin-gramicidin	135
		MYOBLOC.....	133	neomycin-polymyxin-hc (otic).....	137
		MYSOLINE.....	15	NEOMYCIN/POLYMYXIN/HYDR OCORTISONE.....	136

NEONATAL PLUS.....	129	NEUTROGENA ULTRA		NIVEA LIGHT.....	58
NEONATAL VITAMIN.....	130	SHEER DRY-TOUCH WITH		NIVEA MOISTURIZING BODY	
NEORAL.....	127	HELIOPLEX SPF 100.....	63	WASH.....	61
NEOSPORIN.....	135	NEUTROGENA ULTRA		NIVEA MOISTURIZING BODY	
NEOSPORIN ORIGINAL.....	51	SHEER DRY-TOUCH WITH		WASH 2 IN 1.....	61
NEOSPORIN PLUS PAIN		HELIOPLEX SPF 55.....	63	NIVEA ORIGINAL.....	58
RELIEF MAXIMUM		NEUTROGENA ULTRA		NIVEA ORIGINAL	
STRENGTH.....	51	SHEER DRY-TOUCH WITH		MOISTURE.....	58
NEPHROCAPS.....	128	HELIOPLEX SPF 70.....	63	NIVEA SOFT.....	58
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NETGROUP LANCETS.....	89	NEXAVAR.....	31	SMOOTHNESS MOISTURIZING	
NEULASTA.....	73	NEXIUM.....	145	BODY WASH.....	61
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NEUREPA.....	65	niacin.....	149	NIVEA VISAGE GENTLE	
NEURONTIN.....	15	niacin (antihyperlipidemic).....	26	CLEANSING.....	61
NEUTRAPHOR.....	61	NIACIN TR.....	149	NIVEA VISAGE INNER BEAUTY	
NEUTRAPHORUS REX.....	61	NIACOR.....	26	NIGHTTIME RENEWAL.....	58
NEUTROGENA AGE SHIELD		NIASPAN.....	26	NIVEA VISAGE UV CARE DAILY	
FACE SUNBLOCK WITH		nicardipine hcl.....	42	FACIAL.....	63
HELIOPLEX SPF110.....	63	NICODERM CQ.....	142	NIX CREME RINSE.....	62
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FACE SUNBLOCK WITH		NICORETTE MINI.....	142	NOR-QD.....	46
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NEUTROGENA BODY LIGHT		KIT.....	142	NORDIPEN 5 INJECTION	
SESAME FORMULA.....	58	nicotine.....	142	DEVICE.....	109
NEUTROGENA COOLDRY		nicotine polacrilex.....	142	NORDIPEN DELIVERY	
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30.....	63	SYSTEM.....	142	NORDITROPIN FLEXPRO.....	67
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NEUTROGENA		NICOTROL NS.....	142	norethindrone & eth estradiol.....	45
HAND/NORWEGIANFORMULA/		nifedipine.....	42,43	norethindrone & ethinyl estradiol- fe.....	45
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NEUTROGENA HEALTHY		NISEKO HYDRATING FACIAL		(contraceptive).....	46
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MOISTURIZER		NITRO-BID.....	11	estra.....	45
PURESCREEN.....	63	NITRO-DUR.....	11	norethindrone acetate.....	140
NEUTROGENA HEALTHY		nitrofurantoin.....	146	norethindrone acetate-ethinyl	
SKIN.....	58	nitrofurantoin		estradiol.....	69
NEUTROGENA HEALTHY SKIN		macrocrystal.....	146	norethindrone acetate-ethinyl	
FACE SPF 15.....	58	nitrofurantoin monohyd		estradiol-fe.....	45
NEUTROGENA MEN SPF		macro.....	146	norethindrone-eth estradiol	
20.....	63	nitroglycerin.....	11	(triphasic).....	45
NEUTROGENA MOISTURE		NITROSTAT.....	11	norgestimate-ethinyl	
SENSITIVE SKIN.....	58	NIVA-PLUS.....	130	estradiol.....	46
NEUTROGENA MOISTURE		NIVEA.....	58	norgestimate-ethinyl estradiol	
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NEUTROGENA SPORT FACE		ENRICHED.....	58	norgestrel & ethinyl estradiol.....	46
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NORVASC.....	43	NUTROPIN AQ NUSPIN 10.....	67	OMNIQUIN.....	65
NORVIR.....	39	NUTROPIN AQ NUSPIN 20.....	67	OMNITROPE.....	67
NOVA SAFETY LANCETS 23G.....	89	NUTROPIN AQ NUSPIN 5.67		OMNITROPE PEN 10 INJECTION DEVICE.....	110
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NOVA SUREFLEX LANCETS.....	89	NUVIGIL.....	3	ON CALL LANCETS.....	89
NOVAFERRUM 125.....	73	nystatin.....	23	ON CALL PLUS LANCETS..	89
NOVAFERRUM PEDIATRIC DROPS.....	73	nystatin (mouth-throat)...	128	ONCASPAR.....	32
NOVAREL.....	67	nystatin (topical).....	52	ondansetron.....	23
NOVOEIGHT.....	72	nystatin-triamcinolone.....	52	ondansetron hcl.....	23
NOVOFINE 30GX8MM.....	109	NYTOL MAXIMUM STRENGTH.....	74	ONDANSETRON HYDROCHLORIDE.....	23
NOVOFINE 32GX6MM.....	109	O-CAL FA.....	130	ONETOUCH CLUB LANCETS FINE POINT.....	89
NOVOFINE AUTOCOVER 30GX8MM.....	109	O-CAL PRENATAL.....	130	ONETOUCH COMBO PACK	89
NOVOFINE PLUS 32GX4MM.....	109	OB COMPLETE ADVANCED.....	130	ONETOUCH DELICA LANCETS EXTRA FINE 33G.....	89
NOVOLIN 70/30.....	21	OCALIVA.....	70	ONETOUCH DELICA LANCETS FINE 30G.....	89
NOVOLIN 70/30 FLEXPEN..	21	OCEAN NASAL SPRAY..	132	ONETOUCH FINEPOINT LANCETS.....	89
NOVOLIN 70/30 FLEXPEN RELION.....	21	OCTAGAM.....	138	ONETOUCH ULTRASOFT LANCETS.....	89
NOVOLIN 70/30 RELION..	21	octreotide acetate.....	69	ONFI.....	14
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NOVOLIN R.....	21	OCUSOFT HAND SOAP..	61	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK.....	123
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NOVOLOG FLEXPEN.....	22	OFLOXACIN.....	70	OPTICHAMBER DIAMOND/LARGEFACE MASK.....	123
NOVOLOG MIX 70/30.....	22	ofloxacin.....	70	OPTICHAMBER DIAMOND/MEDIUM FACE MASK.....	123
NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	22	ofloxacin (ophth).....	135	OPTICHAMBER DIAMOND/SMALLFACE MASK.....	123
NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	22	ofloxacin (otic).....	137	OPTICHAMBER FACE MASK/LARGE.....	123
NOVOLOG PENFILL.....	22	OGESTREL.....	46	OPTICHAMBER FACE MASK/MEDIUM.....	123
NOVOTWIST 32GX5MM... 110		OINTMENT BASE.....	59	OPTICHAMBER FACE MASK/SMALL.....	123
NPLATE.....	73	olanzapine.....	35	OPTIFOAM.....	80
NU GAUZE 4PLY 4"X4".....	80	olanzapine-fluoxetine hcl.	141	OPTIHALER.....	123
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY.....	80	olmesartan medoxomil.....	27		
NUCALA.....	12	olmesartan medoxomil- amlodipine-hydrochlorothiazide	28		
NUCYNTA.....	7	olmesartan medoxomil- hydrochlorothiazide.....	28		
NUCYNTA ER.....	7	OLYSIO.....	40		
NULOJIX.....	127	omega-3 fatty acids.....	133		
NULYTELY/FLAVOR PACKS.....	75	omega-3-acid ethyl esters..	25		
NUPERCAINAL.....	9	omeprazole.....	145		
NUPLAZID.....	34	OMEPRAZOLE.....	145		
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ORA-BLEND.....	139	OXTELLAR XR.....	15	Pediatric Multiple Vitamin w/ C.....	129
ORA-BLEND SF.....	139	oxybutynin chloride.....	146	pediatric multiple vitamin w/ c.....	129
ORA-PLUS.....	139	oxycodone hcl.....	7,8	Pediatric Multiple Vitamin w/ C & FA.....	129
ORA-SWEET.....	139	oxycodone w/ acetaminophen.....	8	Pediatric Multiple Vitamin w/ Minerals & C Drops.....	129
ORA-SWEET SF.....	139	oxycodone-aspirin.....	8	Pediatric Multiple Vitamin w/ Minerals Chew.....	129
oral electrolytes.....	126	OXYCODONE/ACETAMINOPH EN.....	8	Pediatric Multiple Vitamins.....	129
ORAL MIX FLAVORED SUSPENDING VEHICLE.....	139	oyster shell.....	125	Pediatric Multiple Vitamins w/ Iron Chew.....	129
ORAL MIX SF.....	139	paliperidone.....	34	Pediatric Multiple Vitamins w/ Iron Drops.....	129
ORAL SUSPEND.....	139	PAMELOR.....	20	Pediatric Multivitamins w/Fl 0.25MG, 1MG.....	129
ORAL SUSPENDING COMPOUNDPLUS.....	139	pamidronate disodium.....	67	Pediatric Multivitamins w/Fl 0.5MG, Soln.....	129
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ORAL SYRUP SF.....	139	PANCREAZE.....	65	Pediatric Vitamins ACD w/ Fluoride.....	129
ORALAIR.....	4	PANOXYL-4 CREAMY WASH.....	50	Pediatric Vitamins ADC.....	129
ORALAIR ADULT SAMPLE KIT.....	3	pantoprazole sodium.....	145	PEDVAX HIB.....	147
ORALAIR ADULT STARTER PACK.....	3	PARAFON FORTE DSC.....	132	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	75
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK.....	3	paricalcitol.....	68	peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	75
ORAP.....	142	PARLODEL.....	33	PEG-INTRON REDIPEN.....	40
ORENCIA.....	6	PARNATE.....	17	PEGASYS.....	40
ORENCIA CLICKJECT.....	6	paroxetine hcl.....	17	PEGASYS PROCLICK.....	40
ORENITRAM.....	43	PARVA-CAL.....	125	PEGINTRON.....	40
ORKAMBI.....	143	PAXIL.....	18	PEN NEEDLES 29G X 12MM.....	110
orphenadrine citrate.....	132	PAXIL CR.....	18	PEN NEEDLES 29GX1/2".....	110
ORTHO MICRONOR.....	46	PC LANCETS SUPER THIN 30G.....	89	PEN NEEDLES 30GX5/16".....	110
ORTHO TRI-CYCLEN.....	46	PC UNIFINE PENTIPS 29G X1/2".....	110	PEN NEEDLES 30GX8MM.....	110
ORTHO TRI-CYCLEN LO.....	46	PC UNIFINE PENTIPS 31G X5MM MINI.....	110	PEN NEEDLES 31G X 1/4" SHORT.....	110
ORTHO-CYCLEN.....	46	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	110	PEN NEEDLES 31G X 3/16".....	110
ORTHO-NOVUM 1/35.....	46	PC UNIFINE PENTIPS 31G X8MM SHORT.....	110	PEN NEEDLES 31G X 5MM.....	110
ORTHO-NOVUM 7/7/7.....	46	PCCA SWEET-SF.....	139	PEN NEEDLES 31G X 6MM.....	110
ORTHOVISC.....	132	PCCA SYRUP VEHICLE.....	139	PEN NEEDLES 31G X 8MM.....	110
oseltamivir phosphate.....	41	PCCA-PLUS.....	139	PEN NEEDLES 31GX5/16".....	110
OTEZLA.....	6	PCE.....	77	PEN NEEDLES 31GX6MM (1/4").....	110
OTICIN HC NR.....	137	Ped Multivitamins w/Fl & Iron.....	129	PEN NEEDLES 31GX8MM.....	110
OTREXUP.....	4	PEDIA-LAX.....	75	PEN NEEDLES 31GX8MM (5/16").....	110
OVACE PLUS WASH.....	52	PEDIALYTE.....	126		
OVACE WASH.....	52	PEDIALYTE ADVANCED CARE.....	126		
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PEN NEEDLES 32G X 6MM.....	110	PEXEVA.....	18	PLASTIPAK.....	110
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PENICILLIN V.....		PHARMACIST CHOICE ULTRA THIN LANCETS	89	PNEUMOVAX 23.....	147
POTASSIUM.....	138	30G.....	89	PNEUMOVAX 23/1 DOSE.....	147
penicillin v potassium.....	138	PHARMACIST CHOICE ULTRA THIN LANCETS	89	PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID.....	130
PENTACEL.....	144	31G.....	89	PNV FOLIC ACID + IRON MULTIVITAMIN.....	130
PENTIPS 29G X 12MM.....	110	PHARMACIST CHOICE ULTRA THIN LANCETS	89	PNV PRENATAL PLUS MULTIVITAMIN.....	130
PENTIPS 29GX12MM.....	110	33G.....	89	POCKET CHAMBER.....	123
PENTIPS 31G X 5MM.....	110	PHARMACY COUNTER LANCETS.....	89	POCKET SPACER.....	123
PENTIPS 31G X 8MM.....	110	phenazopyridine hcl.....	71	podofilox.....	60
PENTIPS 31GX5MM.....	110	phenelzine sulfate.....	17	POLY-VI-SOL.....	129
PENTIPS 31GX6MM.....	110	PHENELZINE SULFATE.....	45	polyethylene glycol 3350.....	75
PENTIPS 31GX8MM.....	110	phenobarbital.....	74	POLYETHYLENE GLYCOL 3350.....	140
PENTIPS 32G X 4MM.....	110	PHENOBARBITAL.....	74	POLYMEM DRESSING/3" X 3".....	80
PENTIPS 32GX4MM.....	110	phenobarbital.....	74	POLYMEM DRESSING/4" X 4".....	80
PENTOBARBITAL SODIUM.....	74	PHENOBARBITAL SODIUM.....	74	POLYMEM FILM DOT.....	80
pentobarbital sodium.....	74	phenylephrine hcl (ophth).....	136	POLYMEM NON-ADHESIVE PAD.....	80
pentoxifylline.....	72	phenylephrine hcl (oral).....	132	polymyxin b-trimethoprim.....	135
PENTRAVAN.....	59	phenylephrine in hard fat.....	9	polysaccharide iron complex.....	73
PENTRAVAN PLUS.....	59	phenylephrine-chlorphen-dm.....	49	POLYSPORIN.....	51
PEPCID.....	144	phenylephrine-cocoa butter.....	9	POLYTRIM.....	135
PEPCID AC.....	144	phenylephrine-dm.....	49	polyvinyl alcohol.....	134
PEPCID AC MAXIMUM STRENGTH.....	144	phenylephrine-shark liver oil-mineral oil-petrolatum.....	9	polyvinyl alcohol-povidone (ophth).....	134
PEPTO BISMOL.....	22	phenytoin.....	16	POMALYST.....	31
PEPTO-BISMOL.....	22	phenytoin sodium extended.....	16	pot phosphate monobasic w/ sod phosphate dibasic & monobasic.....	126
PEPTO-BISMOL INSTACOOOL.....	22	phytonadione.....	149	potassium bicarbonate.....	126
PEPTO-BISMOL MAX STRENGTH.....	22	pilocarpine hcl.....	135	potassium chloride.....	126
PEPTO-BISMOL TO-GO.....	22	pilocarpine hcl (oral).....	128	POTASSIUM CHLORIDE ER.....	126
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PERCURA.....	65	pindolol.....	42	er.....	126
PERFECT LANCETS 30G.....	89	pioglitazone hcl.....	21	potassium citrate (alkalinizer).....	71
PERFECT PRESSURE ACTIVATED SAFETY LANCETS		pioglitazone hcl-metformin hcl.....	20	povidone-iodine.....	37
28G.....	89	piroxicam.....	6	PRALUENT.....	26
PERIDEX.....	128	PLAN B ONE-STEP.....	46		
PERJETA.....	30	PLAQUENIL.....	29		
permethrin.....	62				
perphenazine.....	36				
PERPHENAZINE/AMITRIPTYLIN E.....	141				

pramipexole dihydrochloride	33	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	111	Prenatal Multivit-Min w/Fe-FA	130
pramoxine-hc-chloroxylenol	137	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	111	PRENATAL MULTIVITAMIN	130
prasugrel hcl	72	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	111	PRENATAL ONE DAILY	130
PRAVACHOL	26	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	111	PRENATAL PLUS	130
pravastatin sodium	26	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	111	PRENATAL VITAMIN	131
prazosin hcl	27	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	111	PRENATAL VITAMIN & MINERAL	131
PRAZOSIN HYDROCHLORIDE	27	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	111	PRENATAL VITAMIN/IRON	131
PRE SUN KIDS	63	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	111	PRENATAL VITAMINS	131
PRE-NATAL FORMULA	130	PREFERRED PLUS LANCETS COLORED 21G	89	PRENATAL VITAMINS PLUS LOW IRON	131
PRECEDEX	74	PREFERRED PLUS LANCETS SUPER THIN 30G	89	PREPLUS	131
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	110	PREFERRED PLUS LANCETS THIN 26G	89	PRESSURE ACTIVATED SAFETYLANCET 21G	89
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	110	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	111	PRETAB	131
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	110	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	111	PRETTY FEET & HANDS	59
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	110	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	111	PREVACID	145
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	110	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	111	PREVACID 24HR	145
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"	111	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	111	PREVACID SOLUTAB	145
PRECISION THIN LANCETS	89	PREGNYL W/DILUENT BENZYLALCOHOL/NACL	67	PREVIDENT 5000 DRY MOUTH	128
PRECISION THINS GP LANCET	89	PREMARIN	69,148	PREVIDENT 5000 PLUS	128
PRECISION ULTRA LANCET	89	PREMIUM CONDOMS LUBRICATED	82	PREVIDENT FLUORIDE	128
PRED FORTE	136	PREMPRO	69	PREVNRAR 13	147
PRED MILD	136	PRENATABS FA	130	PREZCOBIX	39
PRED-G	136	PRENATAL	130,131	PREZISTA	39
prednisolone	47	PRENATAL 19	130	PRIALT	6
PREDNISOLONE	47	PRENATAL AND IRON	130	PRILOSEC	145
prednisolone acetate (ophth)	136	PRENATAL FORMULA	130	PRIMAQUINE PHOSPHATE	29
PREDNISOLONE ACETATE P-F	136	PRENATAL FORTE	130	primidone	15
prednisolone sodium phosphate	47	PRENATAL LOW IRON	130	PRINIVIL	26
PREDNISOLONE SODIUM PHOSPHATE	136			PRISTIQ	18
PREDNISONE	47			PRIVIGEN	138
prednisone	47			PRO COMFORT INHALER SPACER CHAMBER ADULT	123
PREDNISONE	47			PRO COMFORT INHALER SPACER CHAMBER CHILD	123
PREDNISONE INTENSOL	47			PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	111
				PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	111
				PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	111

PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16".....	111	PROMETHAZINE/PHENYLEPHRINE	49	PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	111
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16".....	111	PROMETRIUM	140	PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	112
PRO COMFORT LANCETS 30G.....	89	propafenone hcl.....	12	PX INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	112
PRO COMFORT LANCETS 31G.....	89	propranolol hcl.....	42	PX INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	112
PRO COMFORT PEN NEEDLES/31G X 8MM.....	111	PROPRANOLOL HCL.....	42	PX LANCETS ULTRA THIN 28G.....	90
PRO COMFORT PEN NEEDLES/32G X 4MM.....	111	propranolol hcl.....	42	PX LANCETS ULTRA THIN 31GX5MM.....	89
PRO COMFORT PEN NEEDLES/32G X 5MM.....	111	PROPRANOLOL HCL.....	42	PX MINI PEN NEEDLES 31GX5MM.....	112
PRO COMFORT PEN NEEDLES/32G X 6MM.....	111	propranolol hcl.....	42	PX OMEPRAZOLE.....	145
probenecid.....	71	PROPRANOLOL/HYDROCHLOROTHIAZIDE	28	PX PEN NEEDLE 29GX12MM.....	112
PROCARDIA.....	43	propylthiouracil.....	143	PX PEN NEEDLE 31GX8MM.....	112
PROCARDIA XL.....	43	PROSCAR.....	71	PX PRENATAL MULTIVITAMINS.....	131
PROCENTRA.....	1	PROSHIELD PLUS SKIN PROTECTANT.....	61	PX SHORTLENGTH PEN NEEDLES/31GX8MM.....	112
prochlorperazine.....	36	PROTONIX.....	145	pyrazinamide.....	29
prochlorperazine edisylate.....	36	PROTOPIC.....	60	pyrethrins-piperonyl butoxide.....	62
PROCHLORPERAZINE MALEATE.....	36	protipryline hcl.....	20	pyrethrins-piperonyl butoxide-permethrin-nit remover.....	62
prochlorperazine maleate.....	36	PROVERA.....	140	PYRIDIDIUM.....	71
PROCRIPT.....	73	PROVIGIL.....	3	pyridostigmine bromide.....	29
PROCYSBI.....	71	PROZAC.....	18	pyridoxine hcl.....	149
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	111	PROZAC WEEKLY.....	18	QC ALL PURPOSE DRESSINGS4"X4".....	80
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16".....	111	pseudoephed-bromphen-dm.....	49	QC BORDER ISLAND GAUZE PAD 2"X2".....	80
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2".....	111	pseudoephedrine hcl.....	132	QC LANCETS SUPER THIN.....	90
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS.....	89	pseudoephedrine-chlorphen-dm.....	49	QC LANCETS ULTRA THIN.....	90
PRODIGY SAFETY LANCETS.....	89	pseudoephedrine-guaifenesin.....	49	QC PEN NEEDLES 29G X 12MM.....	112
PRODIGY TWIST TOP LANCETS.....	89	pseudoephedrine-ibuprofen.....	49	QC PEN NEEDLES 31G X 6MM.....	112
progesterone micronized.....	140	PSS SELECT GP LANCETS.....	89	QC PEN NEEDLES 31G X 8MM.....	112
PROGRAF.....	127	PSS SELECT SAFETY LANCETS.....	89	QC PRENATAL.....	131
PROLASTIN-C.....	142	psyllium.....	75	QC STERILE PADS.....	80
PROLEUKIN.....	32	PULMICORT.....	13	QC UNIFINE PENTIPS 32GX4MM.....	112
PROLIA.....	67	PULMICORT FLEXHALER.....	13	QC UNILET LANCETS 28G/ULTRA THIN.....	90
PROMACTA.....	73	PULMONA.....	65	QC UNILET LANCETS 33G/MICRO THIN.....	90
promethazine & phenylephrine.....	49	PULMOZYME.....	143	QUADRACEL.....	144
promethazine hcl.....	25	PURE & FREE BABY SUNSCREEN BROAD SPECTRUM SPF 60+.....	63	QUDEXY XR.....	15
promethazine w/codeine.....	49	PURE L-CITRULLINE.....	134	QUESTRAN.....	25
promethazine-dm.....	49	PURIXAN.....	30	QUESTRAN LIGHT.....	25
		PUSH BUTTON SAFETY LANCETS 21G.....	89	quetiapine fumarate.....	35,36
		PUSH BUTTON SAFETY LANCETS 28G.....	89	QUILLICHEW ER.....	3
		PX EXTRA SHORT PEN NEEDLES 31GX6MM.....	111		

QUILLIVANT XR.....	3	RAPAMUNE.....	127,128	RELION INSULIN SYRINGE/U-	00/1ML/29G X 1/2".....	112
quinapril hcl.....	26	RASUVO.....	4	RELION INSULIN SYRINGE/U-	100/0.3ML/29G X 1/2".....	112
quinapril-hydrochlorothiazide	28	RAVICTI.....	68	RELION INSULIN SYRINGE/U-	100/0.3ML/30G X 5/16".....	112
quinidine gluconate.....	12	RAY-TEC X-RAY		RELION INSULIN SYRINGE/U-	100/0.3ML/31G X 15/64".....	112
QUINIDINE SULFATE.....	12	DETECTABLESPONGES 4" X		RELION INSULIN SYRINGE/U-	100/0.3ML/31G X 5/16".....	112
RA ADVANCED HEALING..	59	4" 16 PLY.....	80	RELION INSULIN SYRINGE/U-	100/0.5ML/29G X 1/2".....	112
RA ALL PURPOSE		RAZADYNE.....	141	RELION INSULIN SYRINGE/U-	100/0.5ML/30G X 5/16".....	112
DRESSINGS4"X4".....	80	RAZADYNE ER.....	141	RELION INSULIN SYRINGE/U-	100/0.5ML/31G X 5/16".....	112
RA DAYLOGIC HEALING DRY		READYLANCE SAFETY		RELION INSULIN SYRINGE/U-	100/0.5ML/29G X 1/2".....	112
SKIN THERAPY.....	59	LANCETS/21G/2.2MM.....	90	RELION INSULIN SYRINGE/U-	100/0.5ML/30G X 5/16".....	112
RA DRESSING SPONGES		READYLANCE SAFETY		RELION INSULIN SYRINGE/U-	100/0.5ML/31G X 5/16".....	112
4"X4".....	80	LANCETS/23G/1.8MM.....	90	RELION INSULIN SYRINGE/U-	100/0.5ML/31G X 5/16".....	112
RA E-ZJECT COLOR		READYLANCE SAFETY		RELION INSULIN SYRINGE/U-	100/1ML/30G X 5/16".....	112
LANCETSMICRO-THIN 33G90		LANCETS/26G/1.8MM.....	90	RELION INSULIN SYRINGE/U-	100/1ML/31G X 5/16".....	112
RA E-ZJECT LANCETS 28G90		READYLANCE SAFETY		RELION KETONE.....	64	
RA E-ZJECT LANCETS THIN		LANCETS/28G/1.8MM.....	90	RELION KETONE TEST		
26G.....	90	READYLANCE SAFETY		STRIPS.....	64	
RA E-ZJECT LANCETS THIN		LANCETS/30G/1.6MM.....	90	RELION LANCETS MICRO-		
28G.....	90	REALITY INSULIN		THIN33G.....	90	
RA E-ZJECT LANCETS		SYRINGE/U-100/0.5ML/28G X		RELION LANCETS STANDARD		
ULTRATHIN 30G.....	90	1/2".....	112	21G.....	90	
RA GAUZE SPONGES		REALITY INSULIN		RELION LANCETS THIN		
4"X4".....	80	SYRINGE/U-100/0.5ML/29G X		26G.....	90	
RA GENTLE SKIN CREAM..	59	1/2".....	112	RELION LANCETS ULTRA-		
RA INSULIN		REALITY INSULIN		THIN30G.....	90	
SYRINGE/0.5ML/29G X		SYRINGE/U-100/1ML/28G X		RELION MINI PEN NEEDLES		
1/2".....	112	1/2".....	112	31GX6MM.....	113	
RA INSULIN SYRINGE/1ML/29G		REALITY INSULIN		RELION PEN NEEDLES		
X 1/2".....	112	SYRINGE/U-100/1ML/29G X		29GX12MM.....	113	
RA INSULIN SYRINGE/U-		1/2".....	112	RELION PEN NEEDLES		
100/0.5ML/30G X 5/16".....	112	REALITY LANCETS.....	90	31GX6MM.....	113	
RA INSULIN SYRINGE/U-100/1		REALITY LATEX		RELION PEN NEEDLES		
ML/30G X 5/16".....	112	CONDOMS/LUBRICATED 82		31GX8MM.....	113	
RA OMEPRAZOLE.....	146	REALITY LATEX/ULTRA		RELION PEN NEEDLES		
RA PEN NEEDLES 31G X		TEXTURED.....	82	32GX4MM.....	113	
5MM3/16".....	112	REALITY LATEX/ULTRA		RELION SHORT PEN		
RA PEN NEEDLES 31G X		THIN.....	82	NEEDLES31GX8MM.....	113	
8MM5/16".....	112	REALITY TRIGGER		RELION ULTRA THIN		
RA PRENATAL.....	131	LANCETS.....	90	LANCETS30G.....	90	
RA PRENATAL		REBETOL.....	40	RELION ULTRA THIN PLUS		
FORMULA/FOLICACID....	131	REBIF.....	142	LANCETS 32G.....	90	
RA RENEWAL DRY SKIN		REBIF REBIDOSE.....	142	RELION ULTRA THIN PLUS		
THERAPY.....	59	REBIF REBIDOSE		LANCETS 33G.....	90	
RA RX SUNCARE ADVANCED		TITRATIONPACK.....	142	RELPAK.....	124	
PROTECTION SPF50.....	63	REBIF TITRATION PACK142		REMEDY CLEANSING BODY		
RA STERILE PADS 2"X2".....	80	REBINYN.....	72	LOTION.....	61	
RA STERILE PADS 3"X3".....	80	RECLAST.....	67	REMEDY DIMETHICONE		
RA STERILE PADS 4"X4".....	80	RECOMBINATE.....	72	MOISTURE BARRIER.....	61	
rabeprazole sodium.....	146	RECOMBIVAX HB.....	147	REMEDY NUTRASHIELD.....	61	
RADIAGUARD ADVANCED..	59	REFRESH.....	134	REMEDY SKIN REPAIR.....	61	
raloxifene hcl.....	68	REFRESH TEARS.....	134	REMERON.....	17	
ramipril.....	26	REGLAN.....	70	REMERON SOLTAB.....	16	
ranitidine hcl.....	144	RELENZA DISKHALER.....	41			

REMICADE.....	70	risedronate sodium.....	67	ROXICODONE.....	8
REMODULIN.....	43	RISPERDAL.....	34,35	ROZEREM.....	75
REPATHA.....	26	RISPERDAL CONSTA.....	34	RUCONEST.....	72
REPATHA PUSHTRONEX SYSTEM.....	26	RISPERDAL M-TAB.....	34	RYCLORA.....	24
REPATHA SURECLICK.....	26	risperidone.....	35	RYTHMOL.....	12
REQUIP.....	33	RISPERIDONE ODT.....	35	SABRIL.....	16
RESCRIPTOR.....	39	RITALIN.....	3	SAFE-T-LANCE LOW FLOW 25G.....	90
RESTA.....	59	RITALIN LA.....	3	SAFE-T-LANCE NORMAL FLOW/21G.....	90
RESTA LITE.....	59	RITEFLO.....	123	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW.....	90
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2".....	80	ritonavir.....	39	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW.....	90
RESTORE FOAM DRESSING BORDERED 4"X4".....	80	RITUXAN.....	30	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW.....	90
RESTORE FOAM DRESSING NON-BORDERED 4"X4".....	80	rivastigmine.....	141	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	113
RESTORE ODOR ABSORBING DRESSING 4"X4".....	80	rivastigmine tartrate.....	141	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2".....	113
RESTORE TRIO ABSORBENT DRESSING 3"X3".....	80	rizatriptan benzoate.....	124	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16".....	113
RESTORIL.....	74	ROBAXIN.....	132	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2".....	113
RETIN-A.....	50	ROBAXIN-750.....	132	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2".....	113
RETROVIR.....	39	ROBINUL.....	144	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2".....	113
RETROVIR IV INFUSION.....	39	ROBINUL FORTE.....	144	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....	113
REVATIO.....	44	ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH.....	49	SAFETY INSULIN SYRINGES 1ML/29GX1/2".....	113
REVLIMID.....	127	ROBITUSSIN PEAK COLD DM.....	49	SAFETY INSULIN SYRINGES 1ML/30GX1/2".....	113
REXALL LANCETS ULTRA THIN.....	90	ROC DEEP WRINKLE SERUM.....	59	SAFETY LANCET 21G/PRESSURE ACTIVATED.....	90
REXULTI.....	37	ROC MULTI CORREXION 5 IN1 DAILY MOISTURIZER SPF 30.....	63	SAFETY LANCET 28G/PRESSURE ACTIVATED.....	90
REYATAZ.....	39	ROC MULTI CORREXION 5 IN1 RESTORING EYE CREAM.....	59	SAFETY LANCETS.....	90
RHEUMATE.....	65	ROC MULTI CORREXION 5 IN1 RESTORING NIGHT CREAM.....	59	SAFETY LANCETS 21G.....	90
RHINOCORT AQUA.....	132	ROC RETINOL CORREXION.....	59	SAFETY LANCETS 28G.....	90
RHOGAM ULTRA-FILTERED PLUS.....	138	ROC RETINOL CORREXION MAX.....	59	SAFETY LET LANCETS.....	90
RHOPHYLAC.....	138	ROC RETINOL CORREXION NIGHT.....	59	SAFETY SEAL LANCETS 28G.....	90
RIBASPHERE.....	40	ROC RETINOL CORREXION SENSITIVE EYE.....	59	SAFETY SEAL LANCETS 30G.....	90
RIBASPHERE RIBAPAK.....	40	ROC RETINOL CORREXION SENSITIVE NIGHT.....	59		
ribavirin (hepatitis c).....	40	ROC RETINOL CORREXION SPF30.....	63		
RIBOFLAVIN.....	149	ROCALTROL.....	68		
riboflavin.....	149	ROMIDEPSIN.....	31		
RIBOZEL.....	65	ropinirole hydrochloride.....	33		
RID.....	62	ROSE MILK.....	59		
RID COMPLETE LICE ELIMINATION.....	62	rosuvastatin calcium.....	26		
RIFADIN.....	29				
rifampin.....	29				
RIGHT STEP PRENATAL.....	131				
RIGHTEST GL300 LANCETS.....	90				
RISABAL-PH.....	59				

SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	113	selegiline hcl	33	SHOPKO UNIFINE PENTIPS PLUS PEN	
SAIZEN	68	SELEGILINE HCL	33	NEEDLES/MICRO/REMOVR/32 GX4MM	113
SAIZEN CLICK.EASY	67	selenium sulfide	52,53	SHOPKO UNIFINE PENTIPS PLUS PEN	
SAIZENPREP RECONSTITUTIONKIT	68	SELSUN BLUE	53	NEEDLES/MINI/REMOVER/31G X5MM	113
SALAGEN	128	SELSUN BLUE DAILY	53	SHOPKO UNIFINE PENTIPS PLUS PEN	
saline	132	SELSUN BLUE MEDICATED	53	NEEDLES/REMOVER/29GX12M M	113
salsalate	7	SELSUN BLUE MOISTURIZING	53	SHOPKO UNIFINE PENTIPS PLUS PEN	
SAMSCA	69	SELZENTRY	39	NEEDLES/SHORT/REMOVR/31 GX8MM	114
SANDIMMUNE	128	SENNA	76	SHOPKO UNILET LANCETS SUPER THIN 30G	91
SANDOSTATIN	69	senosides	76	SHOPKO UNILET LANCETS ULTRA THIN 28G	91
SANDOSTATIN LAR DEPOT	69	senosides-docusate sodium	75	SIDE BUTTON SAFETY LANCET21G	91
SAPHRIS	36	SENOKOT	76	SIGNIFOR	69
SAPS HEALTH TWIST TOP LANCETS 30G	90	SENOKOT S	75	sildenafil citrate (pulmonary hypertension)	44
SAPSCARE TWIST TOP LANCETS 30G	91	SENOKOT XTRA	76	SILENOR	74
SARAFEM	142	SENSI-CARE MOISTURIZING	61	SILPHEN COUGH	24
SARNA	52	SENSIPAR	68	SILVADENE	53
SAVELLA	141	SENTRA AM	65	silver sulfadiazine	53
SAVELLA TITRATION PACK	141	SENTRA PM	65	simethicone	70
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	113	SEREVENT DISKUS	13	SIMPLE SYRUP	140
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	113	SEROQUEL	36	SIMPLYTHICK	139
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	113	SEROQUEL XR	36	SIMPLYTHICK EASY MIX	139
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	113	SEROSTIM	68	SIMPONI	4
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	113	sertraline hcl	18	SIMPONI ARIA	4
SB LANCETS THIN	91	SERTRALINE HCL	45	simvastatin	26
SB LANCETS ULTRA THIN	91	SFROWASA	70	SINEMET	33
SB OMEPRAZOLE	146	SHADE SUNBLOCK SPF 45	63	SINEMET CR	33
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2"	113	SHADE UVAGUARD SPF 15	63	SINGLE-LET	91
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/30G X 5/16"	113	SHINGRIX	147	SINGULAIR	12
SE-NATAL 19	131	SHOPKO ON-THE-GO COMFORTLANCETS 30G	91	sirolimus	128
Seasonal Influenza Vaccine	147	SHOPKO UNIFINE PENTIPS PEN		SIVEXTRO	11
SEASONIQUE	46	NEEDLES/MICRO/32GX4MM	113	skin protectants, misc	61
SECONAL SODIUM	74	SHOPKO UNIFINE PENTIPS PEN		SKIN REPAIR	59
SECTRAL	41	NEEDLES/MINI/31GX5MM	113	SKYLA	46
SECURA DIMETHICONE PROTECTANT	61	SHOPKO UNIFINE PENTIPS PEN		SLEEP SOUNDLY	4
SEGLUROMET	20	NEEDLES/ORIGINAL/29GX12MM	113	SLO-NIACIN	149
		SHOPKO UNIFINE PENTIPS PEN		SM GAUZE PADS 2"X2"	80
		NEEDLES/SHORT/31GX8MM	113	SM GAUZE PADS 3"X3"	80
				SM GAUZE PADS 4"X4"	80
				SM GLUCOSE	21

SM INSULIN SYRINGE/1ML/31G X 5/16".....	114	SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE.....	59	SUDAFED CONGESTION.....	132
SM MICRO THIN LANCETS 33G.....	91	SOOTHE & COOL SKIN CREAM WITH ALOE & VITAMINS A, D & E.....	59	SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH.....	133
SM OMEPRAZOLE.....	146	SORBIDON HYDRATE.....	61	SUDAFED PE CONGESTION.....	133
SM PRENATAL VITAMINS.....	131	SORBITOL.....	75,140	sulfacetamide sod-prednisolone.....	136
SM SKIN CLEANSER GENTLE/SENSITIVE SKIN.....	61	SORBOLENE.....	59	sulfacetamide sodium.....	53
SM STERILE PADS.....	80	sotalol hcl.....	42	SULFACETAMIDE SODIUM.....	135
SM STERILE PADS 2"X2".....	80	sotalol hcl (afib/afI).....	42	sulfacetamide sodium (acne).....	51
SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	91	SOVALDI.....	40	sulfacetamide sodium (ophth).....	135
SMART SENSE STANDARD LANCETS UNIVERSAL 21G.....	91	SPECIAL CARE CREAM.....	59	sulfamethoxazole-trimethoprim.....	10
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