



2019 Prescription Drug List

Effective January 1, 2019



Formulary Introduction

SUMMARY OF FORMULARY BENEFITS

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and to compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare both the value and scope of formulary benefits.

HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS

To find the cost of your prescription please visit <https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>. In the Drug Cost Tool please select the plan in which you are participating (planning to participate) and enter medications that you are taking. The tool will provide you an approximate cost of your prescriptions, excluding any deductible or maximum out of pocket requirements. The tool uses median cost for generic prescriptions and actual allowed cost for branded products. If the total medication cost is less than the co-pay that you would pay for that Tier you will be responsible only for the lesser of amount.

FORMULARY BY HEALTH BENEFIT PLAN

| Plan | Formulary | Summary of Benefits and Coverage |
|--|--------------------|---|
| Ambetter Secure Care 1 (2019) with 3 Free PCP Visits | Standard Formulary | https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=SecureCare |
| Ambetter Balanced Care 1 (2019) | Standard Formulary | https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare |
| Ambetter Balanced Care 2 (2019) | Standard Formulary | https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare |
| Ambetter Balanced Care 3 (2019) | Standard Formulary | https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare |
| Ambetter Balanced Care 4 (2019) | Standard Formulary | https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare |
| Ambetter Balanced Care 5 (2019) | Standard Formulary | https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare |
| Ambetter Balanced Care 11 (2019) | Standard Formulary | https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare |
| Ambetter Essential Care 1 (2019) | Standard Formulary | https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=EssentialCare |
| Ambetter Balanced Care 1 (2019) + Vision | Standard Formulary | https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare |
| Ambetter Balanced Care 2 (2019) + Vision | Standard Formulary | https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare |
| Ambetter Balanced Care 3 (2019) + Vision | Standard Formulary | https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare |

DRUG BY COST-SHARING TIER

| Tier | Percent of drugs in each cost-sharing tier: |
|------|---|
| 0 | 6% |
| 1 | 84% |
| 2 | 2% |
| 3 | 3% |
| 4 | 5% |

HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

A) FORMULARY COMPOSITION:

- a. Ambetter formulary is guided by the principle of offering widest possible access to drugs at the lowest cost. With that in mind, we start with the Affordable Care Act mandated benchmark. We then review the formulary for addition of other clinically necessary and appropriate drugs. Ambetter's formulary is considered a closed formulary. This means that any drug not found in the formulary requires prior authorization. To make sure that our members always have access to appropriate drugs, we review and update our formulary on a monthly basis.

B) RIGHT TO APPEAL

- a. If we deny your request for Prior Authorization you have 180 days from being denied coverage for a drug to file an appeal, and your appeal will be resolved within 30 days. In the event that your appeal is successful, non-specialty non-formulary drugs will be covered at your Tier 3 cost-share (co-pay or co-insurance) and specialty non-formulary drugs will be covered at your Tier 4 cost-share (co-pay or co-insurance). Please consult your individual Summary of Benefits and Coverage for additional information on your cost-share. All other provisions of your benefit, such as deductibles and maximum out of pockets, apply to formulary and non-formulary drugs that have been provided through an appeal.

C) CONTINUATION OF COVERAGE

- a. Ambetter does not make changes to our formulary requiring a continuation of coverage. However, if a formulary change is made requiring a continuation of coverage, you would have the right to continue taking the drug at the coverage level or tier at which the drug was covered at the beginning of the plan year until your plan is renewed.

D) OFF-LABEL DRUG USE

- a. We provide coverage for off-label drug use. Off-label use indicates medication use that has not been FDA approved for that condition. Coverage of a product under off-label use policy requires that the following must be true:
 - i. Use must be diagnosis specific as defined by ICD-10 code AND
 - ii. Off-label use must be supported by one major multi-site study or three smaller studies published in a reputable medical journal, peer reviewed specialty medical journal, or listed in reputable compendia.

E) COST SHARING

- a. Cost sharing is your monetary participation in your care. You will need to know few items to determine the cost-share you are responsible for. Knowing the following items will help you estimate the cost you'll be responsible for at any given time: how much of your deductible you have already paid, how much deductible

remains, what drug you are prescribed, and your maximum out of pocket allowance. All those items, with the exception of the tier, can be obtained from the Summary of Benefits and Coverage (see links above). To obtain the tier for your drug please consult the Formulary. To determine your cost share please follow those steps:

- i. Determine the tier that the drug/product you are filling is listed under by consulting the Formulary.
 - ii. Once you have determined the tier, utilize the Summary of Benefits and Coverage (SBC) document to determine what cost-share will apply to your selected drug/product.
 - iii. If you have not met your deductible, you will be responsible for the full cost of the drug until you meet your deductible.
 - iv. If you have met your deductible, but not the Maximum Out of Pocket, you will be charged a copay for drugs that are assigned a copay under your SBC and co-insurance for drugs that are assigned a co-insurance under your SBC. Generally, you will pay one (1) co-pay for each 30 day supply of medication. Two co-pays will be charged for 2 month supply and three co-pays for 3 month supply of your medication, respectively.
 - v. To determine the cost for co-insurance drugs/products, please utilize our online drug search tool. Please see section: **“HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS”** above.
- b. Please be aware that pharmacy claims will only process if you present your prescription to an in-network pharmacy. Out-of-network claims will not be covered. To find an in-network-pharmacy close to you please consult our Find a Provider tool available on our website under Pharmacy Resources.
- c. Your cost share for maintenance medications obtained through either Mail Order or at retail pharmacies participating in our Extended Day Supply retail network will be calculated based on the day supply that you obtain. For up to 30 day supply you will be charged one (1) copay or co-insurance, 31 to 60 day supply you will be responsible for two (2) copays or co-insurance and for day supply greater than 60 but less than 91 you will be charged three (3) copays or co-insurance.

F) MEDICAL MANAGEMENT REQUIREMENTS

- a. Prior Authorization (PA) – Drugs that have PA indication on the Formulary require Prior Authorization. You or your provider have to request an authorization from us to use this drug/product prior to be able to fill a prescription for the drug/product.
- b. Step Therapy (ST) – Drugs that have ST indication on the Formulary require that you try and fail other formulary products before you can obtain the drug/product. When your provider does not feel that trying another product is appropriate your provider or you can submit a regular Prior Authorization request to obtain the Step Therapy drug/product.
- c. Quantity Limit (QL) – Drugs that have QL indication on the Formulary are limited to the quantity indicated. Those quantity limits are based on the FDA approved maximum doses. If your provider would like to request exception to those limits he/she may submit a Prior Authorization request. All request requested for quantity limit exemptions will be processed under our Off-Label policy.
- d. Non-Formulary Drugs – Drugs not found on this formulary are considered non-formulary drugs. To obtain non-formulary drugs your provider would have to submit a regular Prior Authorization request. All request for Non-Formulary Drugs will be reviewed under our Non-Formulary Drug Request Policy.

STANDARD FORMULARY

The Ambetter from Superior Health Plan Formulary, or Preferred Drug List, is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your

prescription drug benefit. Generic drugs have the same active ingredients as their brand name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition. Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not suitable for your condition.

Drug List Key:

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

Tier 0 - No copayment for those drugs that are used for prevention and are mandated by Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age or gender limits apply.

Tier 1 - Lowest copayment for those drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC), generic or brand name drugs may be covered under this tier.

Tier 2 - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.

Tier 3 - Highest copayment covers higher cost brand name drugs. This tier may also cover non-specialty drugs that are not on the Preferred Drug List but approval has been granted for coverage.

Tier 4 - Coverage for this tier is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. For members who do not have a four Tier plan, these drugs may be covered under Tier 3.

Formulary Abbreviations:

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i> | 1 | QL(2 ea daily); AL(At least 6 yrs old) |
| FOCALIN TABS (Use Dexmethylphenidate HCl) | NF | QL(2 ea daily); AL(At least 6 yrs old) |
| FOCALIN XR CP24 (Use Dexmethylphenidate HCl) | NF | QL(1 ea daily) |
| METADATE CD CPR (Use Methylphenidate HCl) | NF | QL(1 ea daily); AL(At least 6 yrs old) |
| METHYLIN SOLN (Use Methylphenidate HCl) | NF | QL(30 ml daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl cp24 20 mg, 40 mg</i> | 1 | AL(At least 6 yrs old) |
| <i>methylphenidate hcl cp24 30 mg</i> | 1 | QL(3 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl cpr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 1 | QL(1 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml</i> | 1 | QL(30 ml daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl tabs 10 mg, 20 mg</i> | 1 | QL(5 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl tabs 5 mg</i> | 1 | QL(6 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl 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</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 TB24 18 MG, 27 MG | 1 | QL(1 ea daily); AL(At least 6 yrs old) |
| METHYLPHENIDATE HYDROCHLORIDE ER TB24 36 MG, 54 MG | 1 | QL(2 ea daily); AL(At least 6 yrs old) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>modafinil tabs 100 mg</i> | 1 | PA; QL(1 ea daily); AL(At least 16 yrs old) |
| <i>modafinil tabs 200 mg</i> | 1 | PA; QL(2 ea daily); AL(At least 16 yrs old) |
| NUVIGIL TABS (<i>Use Armodafinil</i>) | NF | PA; QL(1 ea daily); AL(At least 17 yrs old) |
| PROVIGIL TABS 100 MG (<i>Use Modafinil</i>) | NF | PA; QL(1 ea daily); AL(At least 16 yrs old) |
| PROVIGIL TABS 200 MG (<i>Use Modafinil</i>) | NF | PA; QL(2 ea daily); AL(At least 16 yrs old) |
| RITALIN LA CP24 20 MG, 40 MG (<i>Use Methylphenidate HCl</i>) | NF | AL(At least 6 yrs old) |
| RITALIN LA CP24 30 MG (<i>Use Methylphenidate HCl</i>) | NF | QL(3 ea daily); AL(At least 6 yrs old) |
| RITALIN TABS 10 MG, 20 MG (<i>Use Methylphenidate HCl</i>) | NF | QL(5 ea daily); AL(At least 6 yrs old) |
| RITALIN TABS 5 MG (<i>Use Methylphenidate HCl</i>) | NF | QL(6 ea daily); AL(At least 6 yrs old) |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | |
| Allergenic Extracts | | |
| GRASTEK SUBL | 3 | PA |
| Biologicals Misc | | |
| ADAGEN SOLN | 4 | PA; SP |
| AMEBICIDES | | |
| Amebicides | | |
| SOLOSEC PACK | 3 | PA |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| Aminoglycosides | | |
| <i>amikacin sulfate soln</i> | 1 | |
| <i>gentamicin in saline soln</i> | 1 | |
| <i>gentamicin sulfate soln 40 mg/ml</i> | 1 | |
| GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9%-0.9MG/ML, 0.9%-1.4MG/ML | 1 | |
| <i>neomycin sulfate tabs</i> | 1 | |
| <i>paromomycin sulfate caps</i> | 1 | |
| STREPTOMYCIN SULFATE SOLR | 3 | |
| TOBI NEBU (<i>Use Tobramycin</i>) | NF | PA |
| <i>tobramycin nebu</i> | 4 | PA |
| TOBRAMYCIN SULFATE SOLN 10 MG/ML | 1 | |
| <i>tobramycin sulfate soln 40 mg/ml, 80 mg/2ml</i> | 1 | |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| Anti-TNF-alpha - Monoclonal Antibodies | | |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT | 4 | PA; |
| HUMIRA PEN PNKT | 4 | PA; |
| HUMIRA PEN-CD/UC/HS STARTER PNKT | 4 | PA; |
| HUMIRA PEN-PS/UV STARTER PNKT | 4 | PA; |
| HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 4 | PA; |
| HUMIRA PSKT 10 MG/0.2ML, 20 MG/0.4ML | 4 | PA; QL(0.0571 ea daily) |
| SIMPONI SOAJ 100 MG/ML | 4 | PA; SP |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| SIMPONI SOAJ 50 MG/0.5ML | 4 | PA; QL(0.0179 ml daily); SP |
| SIMPONI SOSY 100 MG/ML | 4 | PA; QL(0.357 ml daily); SP |
| SIMPONI SOSY 50 MG/0.5ML | 4 | PA; SP |
| Antirheumatic - Enzyme Inhibitors | | |
| XELJANZ TABS 10 MG | 4 | PA; QL(2 ea daily) |
| XELJANZ TABS 5 MG | 4 | PA; QL(2 ea daily); SP |
| XELJANZ XR TB24 | 4 | PA; QL(1 ea daily) |
| Antirheumatic Antimetabolites | | |
| METHOTREXATE TABS | 4 | PA; QL(1.714 ea daily); SP |
| Gold Compounds | | |
| RIDAURA CAPS | 3 | QL(3 ea daily) |
| Interleukin-1 Blockers | | |
| ARCALYST SOLR | 4 | PA; QL(0.286 ea daily); SP |
| Interleukin-1 Receptor Antagonist (IL-1Ra) | | |
| KINERET SOSY | 4 | PA; SP |
| Interleukin-6 Receptor Inhibitors | | |
| ACTEMRA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML | 4 | PA; SP |
| ACTEMRA SOSY SC 162 MG/0.9ML | 4 | PA; QL(0.129 ml daily); SP |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |
| ANAPROX DS TABS (Use Naproxen Sodium) | NF | |
| ARTHROTEC 50 TBEC (Use Diclofenac w/ Misoprostol) | NF | |
| ARTHROTEC 75 TBEC (Use Diclofenac w/ Misoprostol) | NF | |
| CELEBREX CAPS (Use Celecoxib) | NF | PA |
| <i>celecoxib caps</i> | 1 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| CHILDRENS ADVIL SUSP (Use Ibuprofen) | NF | RX/OTC |
| CHILDRENS MOTRIN SUSP (Use Ibuprofen) | NF | RX/OTC |
| DAYPRO TABS (Use Oxaprozin) | NF | |
| <i>diclofenac potassium tabs</i> | 1 | |
| <i>diclofenac sodium tb24 or 100 mg</i> | 1 | |
| <i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i> | 1 | |
| <i>diclofenac w/ misoprostol tbec</i> | 1 | |
| EC-NAPROSYN TBEC 500 MG (Use Naproxen) | NF | |
| EC-NAPROXEN TBEC 500 MG (Use Naproxen) | NF | |
| <i>etodolac caps 200 mg, 300 mg</i> | 1 | |
| <i>etodolac tabs 400 mg, 500 mg</i> | 1 | |
| FELDENE CAPS (Use Piroxicam) | NF | |
| <i>fenoprofen calcium tabs 600 mg</i> | 1 | ST; QL(4 ea daily) |
| <i>flurbiprofen tabs</i> | 1 | |
| <i>ibuprofen susp 100 mg/5ml</i> | 1 | RX/OTC |
| <i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i> | 1 | |
| <i>indomethacin caps</i> | 1 | |
| <i>indomethacin cpcr</i> | 1 | |
| <i>ketoprofen caps 50 mg, 75 mg</i> | 1 | |
| <i>ketorolac tromethamine tabs or 10 mg</i> | 1 | QL(0.667 ea daily) |
| LODINE TABS (Use Etodolac) | NF | |
| MECLOFENAMATE SODIUM CAPS 50 MG | 1 | |
| <i>mefenamic acid caps</i> | 1 | ST; Must try ibuprofen. ;QL(5 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>meloxicam tabs</i> | 1 | QL(1 ea daily) |
| MOBIC TABS (<i>Use Meloxicam</i>) | NF | QL(1 ea daily) |
| <i>nabumetone tabs</i> | 1 | |
| NALFON TABS 600 MG (<i>Use Fenoprofen Calcium</i>) | 1 | ST; QL(4 ea daily) |
| NAPROSYN SUSP 125 MG/5ML (<i>Use Naproxen</i>) | NF | PA |
| NAPROSYN TABS 500 MG (<i>Use Naproxen</i>) | NF | |
| <i>naproxen sodium tabs 550 mg</i> | 1 | |
| <i>naproxen susp 125 mg/5ml</i> | 1 | PA |
| <i>naproxen tabs 250 mg, 375 mg, 500 mg</i> | 1 | |
| <i>naproxen tbec 500 mg</i> | 1 | |
| <i>oxaprozin tabs</i> | 1 | |
| <i>piroxicam caps</i> | 1 | |
| PONSTEL CAPS (<i>Use Mefenamic Acid</i>) | NF | ST; Must try ibuprofen. ;QL(5 ea daily) |
| <i>sulindac tabs</i> | 1 | |
| TOLMETIN SODIUM CAPS | 1 | |
| TOLMETIN SODIUM TABS | 1 | |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA TABS | 4 | PA |
| OTEZLA TBPk | 4 | PA |
| Pyrimidine Synthesis Inhibitors | | |
| ARAVA TABS (<i>Use Leflunomide</i>) | NF | QL(1 ea daily) |
| <i>leflunomide tabs</i> | 1 | QL(1 ea daily) |
| Selective Costimulation Modulators | | |
| ORENCIA SOLR IV 250 MG | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| ORENCIA SOSY SC 125 MG/ML | 4 | PA; QL(0.143 ml daily); SP |
| ORENCIA SOSY SC 50 MG/0.4ML, 87.5 MG/0.7ML | 4 | PA; QL(0.143 ml daily) |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL MINI SOCT | 4 | PA; |
| ENBREL SOLR 25 MG | 4 | PA; QL(0.286 ea daily); SP |
| ENBREL SOSY 25 MG/0.5ML | 4 | PA; QL(0.146 ml daily); SP |
| ENBREL SOSY 50 MG/ML | 4 | PA; QL(0.28 ml daily); SP |
| ENBREL SURECLICK SOAJ | 4 | PA; QL(0.14 ml daily); 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</i> | 1 | |
| <i>butalbital-acetaminophen-caffeine tabs</i> | 1 | |
| <i>butalbital-aspirin-caffeine caps</i> | 1 | |
| ESGIC TABS (<i>Use Butalbital-Acetaminophen-Caffeine</i>) | NF | |
| FIORICET CAPS (<i>Use Butalbital-Acetaminophen-Caffeine</i>) | NF | |
| FIORINAL CAPS (<i>Use Butalbital-Aspirin-Caffeine</i>) | NF | |
| Salicylates | | |
| <i>aspirin chew</i> | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |
| <i>aspirin tabs</i> | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |
| <i>aspirin tbec</i> | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>diflunisal tabs</i> | 1 | |
| <i>salsalate tabs</i> | 1 | |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Opioid Agonists | | |
| ACTIQ LPOP (Use Fentanyl Citrate) | NF | PA; QL(4 ea daily) |
| CODEINE SULFATE TABS 15 MG | 1 | New starts limited to 7 day supply |
| CODEINE SULFATE TABS 30 MG (Use Codeine Sulfate) | 1 | New starts limited to 7 day supply |
| <i>codeine sulfate tabs 30 mg, 60 mg</i> | 1 | New starts limited to 7 day supply |
| DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML (Use Meperidine HCl) | NF | |
| DEMEROL TABS OR 100 MG (Use Meperidine HCl) | NF | New starts limited to 7 day supply;QL(6 ea daily) |
| DILAUDID LIQD OR 1 MG/ML (Use Hydromorphone HCl) | NF | New starts limited to 7 day supply |
| DILAUDID TABS OR 2 MG, 4 MG, 8 MG (Use Hydromorphone HCl) | NF | New starts limited to 7 day supply;QL(8 ea daily) |
| DOLOPHINE TABS 10 MG (Use Methadone HCl) | NF | QL(10 ea daily) |
| DOLOPHINE TABS 5 MG (Use Methadone HCl) | NF | QL(4 ea daily) |
| DURAGESIC PT72 (Use Fentanyl) | NF | QL(0.34 ea daily) |
| EMBEDA CPCR | 3 | PA; QL(2 ea daily) |
| EXALGO T24A 32 MG (Use Hydromorphone HCl) | 2 | PA; QL(1 ea daily) |
| EXALGO T24A 8 MG, 12 MG, 16 MG (Use Hydromorphone HCl) | NF | PA; QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i> | 1 | PA; QL(4 ea daily) |
| <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) |
| <i>hydromorphone hcl liqd or 1 mg/ml</i> | 1 | New starts limited to 7 day supply |
| <i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i> | 1 | |
| <i>hydromorphone hcl t24a or 32 mg</i> | 1 | PA; QL(1 ea daily) |
| <i>hydromorphone hcl t24a or 8mg, 8 mg, 12 mg, 16 mg</i> | 1 | PA; QL(2 ea daily) |
| <i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i> | 1 | New starts limited to 7 day supply;QL(8 ea daily) |
| HYDROMORPHONE HYDROCHLORIDE SOLN 10 MG/ML (Use Hydromorphone HCl) | NF | |
| KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (Use Morphine Sulfate) | NF | PA; QL(2 ea daily) |
| <i>levorphanol tartrate tabs 2 mg</i> | 1 | New starts limited to 7 day supply |
| <i>meperidine hcl soln ij 25 mg/ml, 50 mg/ml, 100 mg/ml</i> | 1 | |
| MEPERIDINE HCL SOLN OR 50 MG/5ML | 1 | New starts limited to 7 day supply;QL(500 ml per fill retail) |
| <i>meperidine hcl tabs or 50 mg, 100 mg</i> | 1 | New starts limited to 7 day supply;QL(6 ea daily) |
| <i>methadone hcl conc or 10 mg/ml</i> | 1 | QL(10 ml daily) |
| <i>methadone hcl soln ij 10 mg/ml</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| METHADONE HCL SOLN IJ 10 MG/ML (Use Methadone HCl) | 1 | |
| <i>methadone hcl soln or 10 mg/5ml</i> | 1 | QL(50 ml daily) |
| METHADONE HCL SOLN OR 10 MG/5ML (Use Methadone HCl) | 1 | QL(50 ml daily) |
| <i>methadone hcl soln or 5 mg/5ml</i> | 1 | QL(100 ml daily) |
| METHADONE HCL SOLN OR 5 MG/5ML (Use Methadone HCl) | 1 | QL(100 ml daily) |
| <i>methadone hcl tabs or 10 mg</i> | 1 | QL(10 ea daily) |
| <i>methadone hcl tabs or 5 mg</i> | 1 | QL(4 ea daily) |
| <i>methadone hcl tbso or 40 mg</i> | 1 | QL(2 ea daily) |
| METHADOSE CONC (Use Methadone HCl) | NF | QL(10 ml daily) |
| METHADOSE SUGAR-FREE CONC (Use Methadone HCl) | NF | QL(10 ml daily) |
| <i>morphine sulfate cp24 or 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg</i> | 1 | PA; QL(2 ea daily) |
| <i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i> | 1 | |
| <i>morphine sulfate soln or 10 mg/5ml</i> | 1 | New starts limited to 7 day supply;QL(100 ml daily) |
| <i>morphine sulfate soln or 20 mg/5ml</i> | 1 | New starts limited to 7 day supply;QL(50 ml daily) |
| MORPHINE SULFATE TABS OR 15 MG, 30 MG | 1 | New starts limited to 7 day supply;QL(6 ea daily) |
| <i>morphine sulfate tbc or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i> | 1 | QL(2 ea daily) |
| MS CONTIN TBCR (Use Morphine Sulfate) | NF | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| NUCYNTA ER TB12 | 2 | PA; QL(2 ea daily) |
| NUCYNTA TABS | 2 | PA; QL(6 ea daily) |
| OPANA TABS OR 5 MG, 10 MG (Use Oxymorphone HCl) | NF | PA; QL(12 ea daily) |
| OXYCODONE HCL ER T12A | 2 | PA; QL(2 ea daily) |
| <i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i> | 1 | New starts limited to 7 day supply;QL(12 ea daily) |
| OXYCONTIN T12A | 2 | PA; QL(2 ea daily) |
| <i>oxymorphone hcl tabs</i> | 1 | PA; QL(12 ea daily) |
| OXYMORPHONE HYDROCHLORIDE ER TB12 40 MG | 2 | PA; QL(4 ea daily) |
| OXYMORPHONE HYDROCHLORIDE ER TB12 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG | 2 | PA; QL(2 ea daily) |
| ROXICODONE TABS (Use Oxycodone HCl) | NF | New starts limited to 7 day supply;QL(12 ea daily) |
| SUBSYS LIQD | 3 | PA |
| <i>tramadol hcl tabs 50 mg</i> | 1 | New starts limited to 7 day supply;QL(8 ea daily) |
| <i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i> | 1 | QL(1 ea daily) |
| ULTRAM TABS (Use Tramadol HCl) | NF | New starts limited to 7 day supply;QL(8 ea daily) |
| ZOHYDRO ER C12A | 3 | PA; QL(2 ea daily) |
| Opioid Combinations | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i> | 1 | New starts limited to 7 day supply;QL(75 ml daily) |
| <i>acetaminophen w/ codeine tabs 300mg-15mg</i> | 1 | New starts limited to 7 day supply;QL(13 ea daily) |
| <i>acetaminophen w/ codeine tabs 300mg-30mg</i> | 1 | New starts limited to 7 day supply;QL(12 ea daily) |
| <i>acetaminophen w/ codeine tabs 300mg-60mg</i> | 1 | New starts limited to 7 day supply;QL(6 ea daily) |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAPS | 1 | New starts limited to 7 day supply |
| <i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i> | 1 | New starts limited to 7 day supply |
| <i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i> | 1 | New starts limited to 7 day supply;QL(6 ea daily) |
| <i>butalbital-aspirin-caffeine w/cod caps</i> | 1 | New starts limited to 7 day supply;QL(6 ea daily) |
| FIORICET/CODEINE CAPS (Use Butalbital-Acetaminophen-Caffeine w/ Codeine) | NF | New starts limited to 7 day supply |
| FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod) | NF | New starts limited to 7 day supply;QL(6 ea daily) |
| <i>hydrocodone-acetaminophen soln 10mg/15ml-325mg/15ml</i> | 1 | New starts limited to 7 day supply |
| <i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i> | 1 | New starts limited to 7 day supply;QL(180 ml daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| <i>hydrocodone-acetaminophen tabs 2.5mg-325mg</i> | 1 | New starts limited to 7 day supply |
| <i>hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 7.5mg-300mg</i> | 1 | New starts limited to 7 day supply;QL(13 ea daily) |
| <i>hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i> | 1 | New starts limited to 7 day supply;QL(12 ea daily) |
| <i>hydrocodone-ibuprofen tabs 200mg-5mg, 200mg-10mg</i> | 1 | PA |
| <i>hydrocodone-ibuprofen tabs 200mg-7.5mg</i> | 1 | New starts limited to 7 day supply;QL(5 ea daily) |
| IBUDONE TABS (Use Hydrocodone-Ibuprofen) | NF | PA |
| LORTAB ELIX | 2 | New starts limited to 7 day supply |
| NORCO TABS (Use Hydrocodone-Acetaminophen) | NF | New starts limited to 7 day supply;QL(12 ea daily) |
| <i>oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i> | 1 | New starts limited to 7 day supply;QL(12 ea daily) |
| OXYCODONE/ACETAMINOPHEN SOLN | 2 | New starts limited to 7 day supply |
| OXYCODONE/IBUPROFEN TABS | 1 | New starts limited to 7 day supply;QL(1 ea daily) |
| PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (Use Oxycodone w/ Acetaminophen) | NF | New starts limited to 7 day supply;QL(12 ea daily) |
| REPREXAIN TABS (Use Hydrocodone-Ibuprofen) | NF | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| <i>tramadol-acetaminophen tabs</i> | 1 | New starts limited to 7 day supply; QL(8 ea daily) |
| TREZIX CAPS | 3 | PA; New starts limited to 7 day supply |
| TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine) | NF | New starts limited to 7 day supply; QL(12 ea daily) |
| TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine) | NF | New starts limited to 7 day supply; QL(6 ea daily) |
| ULTRACET TABS (Use Tramadol-Acetaminophen) | NF | New starts limited to 7 day supply; QL(8 ea daily) |
| XODOL TABS (Use Hydrocodone-Acetaminophen) | NF | New starts limited to 7 day supply; QL(13 ea daily) |
| Opioid Partial Agonists | | |
| BUNAVAIL FILM | 3 | PA |
| BUPRENEX SOLN (Use Buprenorphine HCl) | NF | |
| <i>buprenorphine hcl soln ij 0.3 mg/ml</i> | 1 | |
| <i>buprenorphine hcl subl sl 2 mg, 8 mg</i> | 1 | PA; QL(3 ea daily) |
| <i>buprenorphine hcl-naloxone hcl dihydrate film 4mg-1mg, 2mg-0.5mg</i> | 1 | PA; QL(3 ea daily) |
| <i>buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg, 12mg-3mg</i> | 1 | PA; QL(2 ea daily) |
| <i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg, 2mg-0.5mg</i> | 1 | QL(3 ea daily) |
| <i>buprenorphine ptwk 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i> | 1 | PA; QL(0.143 ea daily) |
| BUPRENORPHINE PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 7.5 MCG/HR | 3 | PA; QL(0.143 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------------------|
| <i>butorphanol tartrate soln ij 2 mg/ml</i> | 1 | |
| <i>butorphanol tartrate soln na 10 mg/ml</i> | 1 | PA |
| BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (Use Buprenorphine) | 3 | PA; QL(0.143 ea daily) |
| BUTRANS PTWK 7.5 MCG/HR | 3 | PA; QL(0.143 ea daily) |
| <i>nalbuphine hcl soln</i> | 1 | QL(8 ml daily) |
| <i>pentazocine w/ naloxone tabs</i> | 1 | New starts limited to 7 day supply |
| SUBOXONE FILM 4MG-1MG, 2MG-0.5MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate) | 3 | PA; QL(3 ea daily) |
| SUBOXONE FILM 8MG-2MG, 12MG-3MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate) | 3 | PA; QL(2 ea daily) |
| TALWIN SOLN | 3 | |
| ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| Anabolic Steroids | | |
| ANADROL-50 TABS | 3 | |
| OXANDRIN TABS (Use Oxandrolone) | NF | |
| <i>oxandrolone tabs</i> | 1 | |
| Androgens | | |
| ANDRODERM PT24 | 2 | PA; QL(1 ea daily) |
| ANDROXY TABS | 3 | |
| <i>danazol caps</i> | 1 | |
| DEPO-TESTOSTERONE SOLN (Use Testosterone Cypionate) | NF | |
| METHITEST TABS | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i> | 1 | |
| <i>testosterone enanthate soln im</i> | 1 | |
| ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Intrarectal Steroids | | |
| CORTENEMA ENEM (<i>Use Hydrocortisone (Intrarectal)</i>) | NF | |
| <i>hydrocortisone (intrarectal) enem</i> | 1 | |
| UCERIS FOAM RE 2 MG/ACT | 4 | PA |
| Rectal Steroids | | |
| ANUSOL-HC CREA (<i>Use Hydrocortisone (Rectal)</i>) | NF | |
| <i>hydrocortisone (rectal) crea</i> | 1 | |
| <i>hydrocortisone acetate (rectal) supp</i> | 1 | |
| PROCTOCORT CREA (<i>Use Hydrocortisone (Rectal)</i>) | NF | |
| PROCTOCORT SUPP (<i>Use Hydrocortisone Acetate (Rectal)</i>) | NF | |
| Vasodilating Agents | | |
| RECTIV OINT | 3 | |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| <i>albendazole tabs</i> | 1 | |
| ALBENZA TABS (<i>Use Albendazole</i>) | 3 | |
| BILTRICIDE TABS (<i>Use Praziquantel</i>) | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| EMVERM CHEW | 2 | QL(2 ea daily,6 ea per fill retail,6 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply, |
| <i>ivermectin tabs</i> | 1 | |
| <i>praziquantel tabs</i> | 1 | |
| STROMEKTOL TABS (<i>Use Ivermectin</i>) | NF | |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| <i>bacitracin solr im 50000 unit</i> | 3 | |
| FLAGYL TABS 250 MG, 500 MG (<i>Use Metronidazole</i>) | NF | |
| IMPAVIDO CAPS | 3 | PA; QL(3 ea daily) |
| <i>metronidazole tabs or 250 mg, 500 mg</i> | 1 | |
| NEBUPENT SOLR | 3 | |
| PENTAM 300 SOLR (<i>Use Pentamidine Isethionate</i>) | 3 | |
| <i>pentamidine isethionate solr</i> | 1 | |
| <i>trimethoprim tabs</i> | 1 | |
| XIFAXAN TABS | 3 | PA; AL(At least 12 yrs old) |
| Anti-infective Misc. - Combinations | | |
| BACTRIM DS TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>) | NF | |
| BACTRIM TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>) | NF | |
| <i>sulfamethoxazole-trimethoprim soln</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|
| <i>sulfamethoxazole-trimethoprim susp</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim tabs</i> | 1 | |
| Antiprotozoal Agents | | |
| ALINIA SUSR | 2 | |
| ALINIA TABS | 2 | |
| <i>atovaquone susp</i> | 1 | |
| MEPRON SUSP (Use <i>Atovaquone</i>) | NF | |
| Carbapenems | | |
| <i>ertapenem sodium solr</i> | 1 | |
| <i>imipenem-cilastatin solr</i> | 1 | |
| INVANZ SOLR IJ (Use <i>Ertapenem Sodium</i>) | 3 | |
| <i>meropenem solr</i> | 1 | |
| MERREM SOLR (Use <i>Meropenem</i>) | NF | |
| PRIMAXIN IV SOLR (Use <i>Imipenem-Cilastatin</i>) | NF | |
| Chloramphenicols | | |
| CHLORAMPHENICOL SODIUM SUCCINATE SOLR | 4 | PA; SP |
| Cyclic Lipopeptides | | |
| CUBICIN RF SOLR (Use <i>Daptomycin</i>) | NF | |
| CUBICIN SOLR (Use <i>Daptomycin</i>) | NF | |
| <i>daptomycin solr 500 mg</i> | 1 | |
| Glycopeptides | | |
| FIRVANQ SOLR | 2 | QL(300 ml per fill retail) |
| VANCOCIN HCL CAPS (Use <i>Vancomycin HCl</i>) | NF | QL(4 ea daily,40 ea per fill retail) |
| <i>vancomycin hcl caps or 125 mg, 250 mg</i> | 1 | QL(4 ea daily,40 ea per fill retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>vancomycin hcl solr iv 1 gm, 10 gm, 500 mg, 1000 mg</i> | 1 | |
| Glycylcyclines | | |
| <i>tigecycline solr</i> | 1 | |
| TIGECYCLINE SOLR | 3 | |
| TYGACIL SOLR (Use <i>Tigecycline</i>) | 3 | |
| Leprostics | | |
| <i>dapsone tabs</i> | 1 | |
| Lincosamides | | |
| CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (Use <i>Clindamycin HCl</i>) | NF | |
| CLEOCIN PEDIATRIC GRANULES SOLR (Use <i>Clindamycin Palmitate Hydrochloride</i>) | NF | |
| CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use <i>Clindamycin Phosphate</i>) | NF | |
| CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use <i>Clindamycin Phosphate</i>) | NF | |
| <i>clindamycin hcl caps</i> | 1 | |
| <i>clindamycin palmitate hydrochloride solr</i> | 1 | |
| <i>clindamycin phosphate soln ij 9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i> | 1 | |
| <i>clindamycin phosphate soln iv 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i> | 1 | |
| LINCOCIN SOLN (Use <i>Lincomycin HCl</i>) | NF | |
| <i>lincomycin hcl soln</i> | 1 | |
| Monobactams | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| AZACTAM SOLR (Use Aztreonam) | NF | |
| <i>aztreonam solr</i> | 1 | |
| CAYSTON SOLR | 4 | PA; QL(3 ml daily) |
| Oxazolidinones | | |
| <i>linezolid susr or 100 mg/5ml</i> | 1 | |
| <i>linezolid tabs or 600 mg</i> | 1 | PA; QL(2 ea daily) |
| SIVEXTRO TABS OR | 3 | PA |
| ZYVOX SUSR OR 100 MG/5ML (Use Linezolid) | NF | |
| ZYVOX TABS OR 600 MG (Use Linezolid) | NF | PA; QL(2 ea daily) |
| Polymyxins | | |
| <i>polymyxin b sulfate solr</i> | 1 | |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| RANEXA TB12 1000 MG (Use Ranolazine) | NF | |
| RANEXA TB12 500 MG (Use Ranolazine) | 2 | QL(3 ea daily) |
| <i>ranolazine tb12 1000 mg</i> | 1 | |
| <i>ranolazine tb12 500 mg</i> | 1 | QL(3 ea daily) |
| Nitrates | | |
| ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate) | NF | |
| ISOSORBIDE DINITRATE ER TBCR | 1 | |
| <i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg, 30 mg</i> | 1 | |
| <i>isosorbide mononitrate tabs</i> | 1 | |
| <i>isosorbide mononitrate tb24</i> | 1 | |
| NITRO-BID OINT | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use Nitroglycerin) | NF | |
| <i>nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg</i> | 1 | QL(4 ea daily) |
| <i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | 1 | |
| NITROGLYCERIN SOLN IV 5 MG/ML | 1 | |
| <i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i> | 1 | |
| NITROSTAT SUBL (Use Nitroglycerin) | NF | |
| ANTIANGIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| <i>bupirone hcl tabs 10 mg, 15 mg, 30 mg, 7.5 mg</i> | 1 | |
| <i>bupirone hcl tabs 5 mg</i> | 1 | QL(6 ea daily) |
| <i>hydroxyzine hcl syrp or 10 mg/5ml</i> | 1 | |
| <i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i> | 1 | |
| HYDROXYZINE PAMOATE CAPS 100 MG | 1 | |
| <i>hydroxyzine pamoate caps 25 mg, 50 mg</i> | 1 | |
| <i>meprobamate tabs</i> | 1 | |
| VISTARIL CAPS (Use Hydroxyzine Pamoate) | NF | |
| Benzodiazepines | | |
| <i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 1 | QL(4 ea daily) |
| <i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i> | 1 | |
| <i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| ATIVAN TABS OR 0.5 MG, 2 MG (Use Lorazepam) | NF | QL(3 ea daily) |
| ATIVAN TABS OR 1 MG (Use Lorazepam) | NF | QL(4 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>chlordiazepoxide hcl caps</i> | 1 | |
| <i>clorazepate dipotassium tabs</i> | 1 | |
| <i>diazepam conc or 5 mg/ml</i> | 1 | |
| DIAZEPAM SOLN OR 5 MG/5ML | 1 | |
| <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 tabs or 0.5 mg, 2 mg</i> | 1 | QL(3 ea daily) |
| <i>lorazepam tabs or 1 mg</i> | 1 | QL(4 ea daily) |
| <i>oxazepam caps 10 mg, 15 mg, 30 mg</i> | 1 | |
| TRANXENE T TABS (Use <i>Clorazepate Dipotassium</i>) | NF | |
| VALIUM TABS (Use <i>Diazepam</i>) | NF | QL(4 ea daily) |
| XANAX TABS (Use <i>Alprazolam</i>) | NF | QL(4 ea daily) |
| XANAX XR TB24 (Use <i>Alprazolam</i>) | NF | |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| <i>disopyramide phosphate caps</i> | 1 | |
| NORPACE CAPS (Use <i>Disopyramide Phosphate</i>) | NF | |
| <i>procainamide hcl soln 500 mg/ml</i> | 1 | |
| QUINIDINE SULFATE TABS | 1 | |
| Antiarrhythmics Type I-B | | |
| <i>mexiletine hcl caps 150 mg, 200 mg, 250 mg</i> | 1 | |
| Antiarrhythmics Type I-C | | |
| <i>flecainide acetate tabs</i> | 1 | |
| <i>propafenone hcl cp12</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| <i>propafenone hcl tabs</i> | 1 | |
| RYTHMOL SR CP12 (Use <i>Propafenone HCl</i>) | NF | |
| Antiarrhythmics Type III | | |
| <i>amiodarone hcl soln iv 50 mg/ml, 150 mg/3ml</i> | 1 | |
| <i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i> | 1 | |
| <i>dofetilide caps</i> | 1 | |
| MULTAQ TABS | 3 | |
| TIKOSYN CAPS (Use <i>Dofetilide</i>) | NF | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Anti-Inflammatory Agents | | |
| <i>cromolyn sodium nebu</i> | 1 | QL(8 ml daily) |
| Antiasthmatic - Monoclonal Antibodies | | |
| DUPIXENT SOSY | 4 | PA |
| NUCALA SOLR | 4 | PA |
| XOLAIR SOLR 150 MG | 4 | PA; QL(0.214 ea daily); SP |
| Bronchodilators - Anticholinergics | | |
| ATROVENT HFA AERS | 3 | QL(0.44 gm daily) |
| INCRUSE ELLIPTA AEPB | 2 | |
| <i>ipratropium bromide soln</i> | 1 | QL(15 ml daily) |
| SPIRIVA HANDIHALER CAPS | 2 | QL(1 ea daily) |
| SPIRIVA RESPIMAT AERS | 2 | |
| TUDORZA PRESSAIR AEPB | 3 | |
| Leukotriene Modulators | | |
| ACCOLATE TABS (Use <i>Zafirlukast</i>) | NF | QL(2 ea daily) |
| <i>montelukast sodium chew 4 mg, 5 mg</i> | 1 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>montelukast sodium pack 4 mg</i> | 1 | PA; QL(1 ea daily) |
| <i>montelukast sodium tabs 10 mg</i> | 1 | QL(1 ea daily) |
| SINGULAIR CHEW 4 MG, 5 MG (<i>Use Montelukast Sodium</i>) | NF | QL(1 ea daily) |
| SINGULAIR PACK 4 MG (<i>Use Montelukast Sodium</i>) | NF | PA; QL(1 ea daily) |
| SINGULAIR TABS 10 MG (<i>Use Montelukast Sodium</i>) | NF | QL(1 ea daily) |
| <i>zafirlukast tabs</i> | 1 | QL(2 ea daily) |
| <i>zileuton tb12</i> | 1 | QL(4 ea daily) |
| ZYFLO CR TB12 (<i>Use Zileuton</i>) | NF | QL(4 ea daily) |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | |
| DALIRESP TABS 250 MCG | 3 | QL(1 ea daily)30 rtl MAX day(s) supply, 180 rtl lmt day(s), 30 mail MAX day(s) supply, 180 mail lmt day(s), |
| DALIRESP TABS 500 MCG | 3 | |
| Steroid Inhalants | | |
| ALVESCO AERS | 3 | PA |
| ASMANEX TWISTHALER 120 METERED DOSES AEPB | 2 | |
| ASMANEX TWISTHALER 14 METERED DOSES AEPB | 2 | |
| ASMANEX TWISTHALER 30 METERED DOSES AEPB | 2 | |
| ASMANEX TWISTHALER 60 METERED DOSES AEPB | 2 | |
| ASMANEX TWISTHALER 7 METERED DOSES AEPB | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| <i>budesonide (inhalation) susp</i> | 1 | PA; QL(4 ml daily) |
| FLOVENT DISKUS AEPB | 3 | |
| FLOVENT HFA AERO | 3 | |
| PULMICORT FLEXHALER AEPB | 2 | |
| PULMICORT SUSP (<i>Use Budesonide (Inhalation)</i>) | NF | PA; QL(4 ml daily) |
| QVAR AERS | 2 | |
| QVAR REDHALER AERB | 2 | |
| Sympathomimetics | | |
| ADVAIR DISKUS AEPB (<i>Use Fluticasone-Salmeterol</i>) | 2 | |
| ADVAIR HFA AERO | 2 | |
| ALBUTEROL SULFATE HFA AERS | 2 | 1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply, |
| <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(15 ml daily) |
| <i>albuterol sulfate syrpf or 2 mg/5ml</i> | 1 | |
| <i>albuterol sulfate tabs or 2 mg, 4 mg</i> | 1 | |
| <i>albuterol sulfate tb12 or 4 mg, 8 mg</i> | 1 | |
| ANORO ELLIPTA AEPB | 3 | PA |
| ARCAPTA NEOHALER CAPS | 2 | PA |
| BREO ELLIPTA AEPB | 2 | |
| BROVANA NEBU | 3 | PA; QL(4 ml daily) |
| <i>fluticasone-salmeterol aepb</i> | 1 | |
| <i>ipratropium-albuterol soln</i> | 1 | QL(18 ml daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| <i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i> | 1 | PA; QL(12 ml daily) |
| <i>levalbuterol hcl nebu 1.25 mg/0.5ml</i> | 1 | PA |
| <i>levalbuterol tartrate aero</i> | 3 | PA; Limit 2 inhalers per month;QL(1 gm daily) |
| METAPROTERENOL SULFATE SYRP | 1 | |
| METAPROTERENOL SULFATE TABS | 1 | |
| PROAIR HFA AERS | 2 | 1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply, |
| PROVENTIL HFA AERS | 2 | 1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply, |
| SEREVENT DISKUS AEPB | 2 | |
| STRIVERDI RESPIMAT AERS | 3 | PA |
| SYMBICORT AERO | 2 | |
| <i>terbutaline sulfate soln</i> | 1 | |
| <i>terbutaline sulfate tabs</i> | 1 | |
| TRELEGY ELLIPTA AEPB | 2 | |
| UTIBRON NEOHALER CAPS | 3 | PA; QL(2 ea daily) |
| VENTOLIN HFA AERS | 2 | 1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply, |
| VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>) | NF | |
| XOPENEX CONCENTRATE NEBU (<i>Use Levalbuterol HCl</i>) | NF | PA |
| XOPENEX HFA AERO | 3 | PA; Limit 2 inhalers per month;QL(1 gm daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| XOPENEX NEBU (<i>Use Levalbuterol HCl</i>) | NF | PA; QL(12 ml daily) |
| Xanthines | | |
| <i>aminophylline soln</i> | 1 | |
| ELIXOPHYLLIN ELIX | 1 | |
| <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 | | |
| BEVYXXA CAPS | 3 | QL(42 ea per 42 days retail,42 ea per 42 days mail) |
| ELIQUIS STARTER PACK TABS | 2 | QL(2.47 ea daily) |
| ELIQUIS TABS | 2 | QL(2.47 ea daily) |
| XARELTO STARTER PACK TBPK | 2 | 1 rtl MAX fill,365 rtl day(s) supply, |
| XARELTO TABS 10 MG, 20 MG | 2 | QL(1 ea daily) |
| XARELTO TABS 15 MG, 2.5 MG | 2 | QL(2 ea daily) |
| Heparins And Heparinoid-Like Agents | | |
| ARIXTRA SOLN 10 MG/0.8ML (<i>Use Fondaparinux Sodium</i>) | NF | QL(7.2 ml per 180 days retail,7.2 ml per 180 days mail); SP |
| ARIXTRA SOLN 2.5 MG/0.5ML (<i>Use Fondaparinux Sodium</i>) | NF | QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| ARIXTRA SOLN 5 MG/0.4ML (Use Fondaparinux Sodium) | NF | QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP |
| ARIXTRA SOLN 7.5 MG/0.6ML (Use Fondaparinux Sodium) | NF | QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP |
| enoxaparin sodium soln ij 300 mg/3ml | 4 | QL(6 ml daily) |
| enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml | 4 | QL(2 ml daily) |
| enoxaparin sodium soln sc 30 mg/0.3ml | 4 | QL(0.6 ml daily); SP |
| enoxaparin sodium soln sc 40 mg/0.4ml | 4 | QL(0.8 ml daily,30 day(s) limit); SP |
| enoxaparin sodium soln sc 60 mg/0.6ml | 4 | QL(1.2 ml daily,30 day(s) limit); SP |
| enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml | 4 | QL(1.6 ml daily) |
| fondaparinux sodium soln 10 mg/0.8ml | 4 | QL(7.2 ml per 180 days retail,7.2 ml per 180 days mail); SP |
| fondaparinux sodium soln 2.5 mg/0.5ml | 4 | QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP |
| fondaparinux sodium soln 5 mg/0.4ml | 4 | QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP |
| fondaparinux sodium soln 7.5 mg/0.6ml | 4 | QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--------------------------------------|
| FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML | 4 | PA; SP |
| heparin sod (porcine) in d5w soln | 1 | |
| heparin sodium (porcine) soln 5000 unit/ml, 10000 unit/ml, 20000 unit/ml | 1 | |
| HEPARIN SODIUM/NACL 0.45% SOLN | 1 | |
| LOVENOX SOLN IJ 300 MG/3ML (Use Enoxaparin Sodium) | NF | QL(6 ml daily) |
| LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use Enoxaparin Sodium) | NF | QL(2 ml daily) |
| LOVENOX SOLN SC 30 MG/0.3ML (Use Enoxaparin Sodium) | NF | QL(0.6 ml daily); SP |
| LOVENOX SOLN SC 40 MG/0.4ML (Use Enoxaparin Sodium) | NF | QL(0.8 ml daily,30 day(s) limit); SP |
| LOVENOX SOLN SC 60 MG/0.6ML (Use Enoxaparin Sodium) | NF | QL(1.2 ml daily,30 day(s) limit); SP |
| LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (Use Enoxaparin Sodium) | NF | QL(1.6 ml daily) |
| Thrombin Inhibitors | | |
| PRADAXA CAPS 75 MG, 150 MG | 2 | QL(2 ea daily) |
| ANTICONVULSANTS - Drugs to Treat Seizures | | |
| AMPA Glutamate Receptor Antagonists | | |
| FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG | 3 | PA |
| Anticonvulsants - Benzodiazepines | | |
| clobazam susp 2.5 mg/ml | 1 | PA; QL(16 ml daily) |
| clobazam tabs 10 mg, 20 mg | 1 | PA; QL(2 ea daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| DIASTAT ACUDIAL GEL | 3 | |
| DIASTAT PEDIATRIC GEL | 3 | |
| <i>diazepam (anticonvulsant) gel</i> | 3 | |
| DIAZEPAM GEL RE 20 MG, 2.5 MG | 3 | |
| DIAZEPAM RECTAL GEL GEL | 3 | |
| KLONOPIN TABS (Use <i>Clonazepam</i>) | NF | |
| ONFI SUSP 2.5 MG/ML (Use <i>Clobazam</i>) | 3 | PA; QL(16 ml daily) |
| ONFI TABS 10 MG, 20 MG (Use <i>Clobazam</i>) | 3 | PA; QL(2 ea daily) |
| Anticonvulsants - Misc. | | |
| APTIOM TABS | 3 | ST; QL(2 ea daily) |
| BANZEL SUSP 40 MG/ML | 2 | PA; QL(80 ml daily) |
| BANZEL TABS 200 MG | 2 | PA; QL(2 ea daily) |
| BANZEL TABS 400 MG | 2 | PA; QL(8 ea daily) |
| <i>carbamazepine chew 100 mg</i> | 1 | |
| <i>carbamazepine cp12 100 mg</i> | 1 | |
| <i>carbamazepine cp12 200 mg</i> | 1 | QL(6 ea daily) |
| <i>carbamazepine cp12 300 mg</i> | 1 | QL(4 ea daily) |
| <i>carbamazepine susp 100 mg/5ml</i> | 1 | |
| <i>carbamazepine tabs 200 mg</i> | 1 | |
| <i>carbamazepine tb12 100 mg, 400 mg</i> | 1 | QL(4 ea daily) |
| <i>carbamazepine tb12 200 mg</i> | 1 | QL(6 ea daily) |
| CARBATROL CP12 100 MG (Use <i>Carbamazepine</i>) | NF | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| CARBATROL CP12 200 MG (Use <i>Carbamazepine</i>) | NF | QL(6 ea daily) |
| CARBATROL CP12 300 MG (Use <i>Carbamazepine</i>) | NF | QL(4 ea daily) |
| EPIDIOLEX SOLN | 3 | PA |
| <i>gabapentin caps 100 mg, 300 mg, 400 mg</i> | 1 | |
| <i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i> | 1 | QL(60 ml daily) |
| <i>gabapentin tabs 600 mg, 800 mg</i> | 1 | |
| KEPPRA SOLN IV 500 MG/5ML (Use <i>Levetiracetam</i>) | NF | QL(30 ml daily) |
| KEPPRA SOLN OR 100 MG/ML (Use <i>Levetiracetam</i>) | NF | QL(30 ml daily) |
| KEPPRA TABS OR 1000 MG (Use <i>Levetiracetam</i>) | NF | QL(3 ea daily) |
| KEPPRA TABS OR 250 MG, 750 MG (Use <i>Levetiracetam</i>) | NF | QL(4 ea daily) |
| KEPPRA TABS OR 500 MG (Use <i>Levetiracetam</i>) | NF | QL(6 ea daily) |
| KEPPRA XR TB24 (Use <i>Levetiracetam</i>) | NF | QL(4 ea daily) |
| LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use <i>Lamotrigine</i>) | NF | |
| LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (Use <i>Lamotrigine</i>) | NF | QL(1 ea daily) |
| LAMICTAL TABS (Use <i>Lamotrigine</i>) | NF | |
| <i>lamotrigine chew 5 mg, 25 mg</i> | 1 | |
| <i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i> | 1 | |
| <i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i> | 1 | QL(1 ea daily) |
| <i>levetiracetam soln iv 500 mg/5ml</i> | 1 | QL(30 ml daily) |
| <i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i> | 1 | QL(30 ml daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>levetiracetam tabs or 1000 mg</i> | 1 | QL(3 ea daily) |
| <i>levetiracetam tabs or 250 mg, 750 mg</i> | 1 | QL(4 ea daily) |
| <i>levetiracetam tabs or 500 mg</i> | 1 | QL(6 ea daily) |
| <i>levetiracetam tb24 or 500 mg, 750 mg</i> | 1 | QL(4 ea daily) |
| LYRICA CAPS 225 MG, 300 MG | 2 | PA; QL(2 ea daily) |
| LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG | 2 | PA; QL(3 ea daily) |
| LYRICA SOLN 20 MG/ML | 2 | PA; QL(30 ml daily) |
| MYSOLINE TABS (Use Primidone) | NF | |
| NEURONTIN CAPS 100 MG, 300 MG, 400 MG (Use Gabapentin) | NF | |
| NEURONTIN SOLN 250 MG/5ML (Use Gabapentin) | NF | QL(60 ml daily) |
| NEURONTIN TABS 600 MG, 800 MG (Use Gabapentin) | NF | |
| <i>oxcarbazepine susp 60 mg/ml, 300 mg/5ml</i> | 1 | QL(40 ml daily) |
| <i>oxcarbazepine tabs 150 mg, 300 mg</i> | 1 | QL(3 ea daily) |
| <i>oxcarbazepine tabs 600 mg</i> | 1 | QL(4 ea daily) |
| POTIGA TABS | 3 | PA; QL(3 ea daily) |
| <i>primidone tabs</i> | 1 | |
| TEGRETOL SUSP (Use Carbamazepine) | 2 | |
| TEGRETOL TABS (Use Carbamazepine) | 2 | |
| TEGRETOL-XR TB12 100 MG, 400 MG (Use Carbamazepine) | NF | QL(4 ea daily) |
| TEGRETOL-XR TB12 200 MG (Use Carbamazepine) | NF | QL(6 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TOPAMAX SPRINKLE CPSP 15 MG (Use Topiramate) | NF | QL(6 ea daily) |
| TOPAMAX SPRINKLE CPSP 25 MG (Use Topiramate) | NF | QL(8 ea daily) |
| TOPAMAX TABS 100 MG (Use Topiramate) | NF | QL(4 ea daily) |
| TOPAMAX TABS 200 MG (Use Topiramate) | NF | QL(2 ea daily) |
| TOPAMAX TABS 25 MG, 50 MG (Use Topiramate) | NF | QL(6 ea daily) |
| <i>topiramate cpsp 15 mg</i> | 1 | QL(6 ea daily) |
| <i>topiramate cpsp 25 mg</i> | 1 | QL(8 ea daily) |
| <i>topiramate tabs 100 mg</i> | 1 | QL(4 ea daily) |
| <i>topiramate tabs 200 mg</i> | 1 | QL(2 ea daily) |
| <i>topiramate tabs 25 mg, 50 mg</i> | 1 | QL(6 ea daily) |
| TRILEPTAL SUSP 300 MG/5ML (Use Oxcarbazepine) | NF | QL(40 ml daily) |
| TRILEPTAL TABS 150 MG, 300 MG (Use Oxcarbazepine) | NF | QL(3 ea daily) |
| TRILEPTAL TABS 600 MG (Use Oxcarbazepine) | NF | QL(4 ea daily) |
| VIMPAT SOLN IV 200 MG/20ML | 3 | QL(40 ml daily) |
| VIMPAT SOLN OR 10 MG/ML | 3 | PA; QL(40 ml daily) |
| VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG | 3 | PA; QL(2 ea daily) |
| ZONEGRAN CAPS (Use Zonisamide) | NF | QL(6 ea daily) |
| <i>zonisamide caps</i> | 1 | QL(6 ea daily) |
| Carbamates | | |
| <i>felbamate susp 600 mg/5ml</i> | 1 | QL(30 ml daily) |
| <i>felbamate tabs 400 mg</i> | 1 | QL(9 ea daily) |
| <i>felbamate tabs 600 mg</i> | 1 | QL(6 ea daily) |

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| REMERON SOLTAB TBDP 15 MG (Use Mirtazapine) | NF | QL(3 ea daily) |
| REMERON SOLTAB TBDP 30 MG (Use Mirtazapine) | NF | QL(1.5 ea daily) |
| REMERON SOLTAB TBDP 45 MG (Use Mirtazapine) | NF | |
| REMERON TABS 15 MG (Use Mirtazapine) | NF | QL(3 ea daily) |
| REMERON TABS 30 MG (Use Mirtazapine) | NF | QL(1.5 ea daily) |
| REMERON TABS 45 MG (Use Mirtazapine) | NF | QL(1 ea daily) |
| Antidepressants - Misc. | | |
| bupropion hcl tabs 75 mg, 100 mg | 1 | QL(3 ea daily) |
| bupropion hcl tb12 100 mg | 1 | QL(4 ea daily) |
| bupropion hcl tb12 150 mg | 1 | QL(3 ea daily) |
| bupropion hcl tb12 200 mg | 1 | QL(2 ea daily) |
| bupropion hcl tb24 150 mg | 1 | QL(3 ea daily) |
| bupropion hcl tb24 300 mg | 1 | QL(1 ea daily) |
| MAPROTILINE HCL TABS | 2 | |
| WELLBUTRIN SR TB12 100 MG (Use Bupropion HCl) | NF | QL(4 ea daily) |
| WELLBUTRIN SR TB12 150 MG (Use Bupropion HCl) | NF | QL(3 ea daily) |
| WELLBUTRIN SR TB12 200 MG (Use Bupropion HCl) | NF | QL(2 ea daily) |
| WELLBUTRIN XL TB24 150 MG (Use Bupropion HCl) | NF | QL(3 ea daily) |
| WELLBUTRIN XL TB24 300 MG (Use Bupropion HCl) | NF | QL(1 ea daily) |
| Monoamine Oxidase Inhibitors (MAOIs) | | |
| EMSAM PT24 | 3 | QL(1 ea daily) |
| MARPLAN TABS | 2 | QL(6 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| NARDIL TABS (Use Phenelzine Sulfate) | NF | |
| PARNATE TABS (Use Tranylcypromine Sulfate) | NF | |
| phenelzine sulfate tabs | 1 | |
| tranylcypromine sulfate tabs | 1 | |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | |
| CELEXA TABS 10 MG (Use Citalopram Hydrobromide) | NF | QL(4 ea daily) |
| CELEXA TABS 20 MG (Use Citalopram Hydrobromide) | NF | QL(2 ea daily) |
| CELEXA TABS 40 MG (Use Citalopram Hydrobromide) | NF | QL(1 ea daily) |
| citalopram hydrobromide soln 10 mg/5ml | 1 | QL(20 ml daily) |
| citalopram hydrobromide tabs 10 mg | 1 | QL(4 ea daily) |
| citalopram hydrobromide tabs 20 mg | 1 | QL(2 ea daily) |
| citalopram hydrobromide tabs 40 mg | 1 | QL(1 ea daily) |
| escitalopram oxalate soln 5 mg/5ml | 1 | QL(20 ml daily) |
| escitalopram oxalate tabs 10 mg | 1 | QL(2 ea daily) |
| escitalopram oxalate tabs 20 mg | 1 | QL(1 ea daily) |
| escitalopram oxalate tabs 5 mg | 1 | QL(4 ea daily) |
| fluoxetine hcl caps 10 mg | 1 | QL(1 ea daily) |
| fluoxetine hcl caps 20 mg | 1 | QL(3 ea daily) |
| fluoxetine hcl caps 40 mg | 1 | QL(2 ea daily) |
| fluoxetine hcl cpdr 90 mg | 1 | |
| fluoxetine hcl soln 20 mg/5ml | 1 | QL(20 ml daily) |
| fluoxetine hcl tabs 10 mg, 60 mg | 1 | QL(1 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>fluoxetine hcl tabs 20 mg</i> | 1 | QL(3 ea daily) |
| FLUOXETINE HYDROCHLORIDE TABS | 1 | QL(1 ea daily) |
| FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl) | 1 | QL(1 ea daily) |
| <i>fluvoxamine maleate tabs 100 mg</i> | 1 | QL(3 ea daily) |
| <i>fluvoxamine maleate tabs 25 mg, 50 mg</i> | 1 | QL(2 ea daily) |
| LEXAPRO SOLN 5 MG/5ML (Use Escitalopram Oxalate) | NF | QL(20 ml daily) |
| LEXAPRO TABS 10 MG (Use Escitalopram Oxalate) | NF | QL(2 ea daily) |
| LEXAPRO TABS 20 MG (Use Escitalopram Oxalate) | NF | QL(1 ea daily) |
| LEXAPRO TABS 5 MG (Use Escitalopram Oxalate) | NF | QL(4 ea daily) |
| <i>paroxetine hcl tabs 10 mg</i> | 1 | QL(6 ea daily) |
| <i>paroxetine hcl tabs 20 mg</i> | 1 | QL(3 ea daily) |
| <i>paroxetine hcl tabs 30 mg</i> | 1 | QL(2 ea daily) |
| <i>paroxetine hcl tabs 40 mg</i> | 1 | QL(1 ea daily) |
| <i>paroxetine hcl tb24 12.5 mg</i> | 1 | QL(1 ea daily) |
| <i>paroxetine hcl tb24 25 mg, 37.5 mg</i> | 1 | QL(2 ea daily) |
| PAXIL CR TB24 12.5 MG (Use Paroxetine HCl) | NF | QL(1 ea daily) |
| PAXIL CR TB24 25 MG, 37.5 MG (Use Paroxetine HCl) | NF | QL(2 ea daily) |
| PAXIL SUSP 10 MG/5ML | 3 | QL(30 ml daily) |
| PAXIL TABS 10 MG (Use Paroxetine HCl) | NF | QL(6 ea daily) |
| PAXIL TABS 20 MG (Use Paroxetine HCl) | NF | QL(3 ea daily) |
| PAXIL TABS 30 MG (Use Paroxetine HCl) | NF | QL(2 ea daily) |
| PAXIL TABS 40 MG (Use Paroxetine HCl) | NF | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| PROZAC CAPS 10 MG (Use Fluoxetine HCl) | NF | QL(1 ea daily) |
| PROZAC CAPS 20 MG (Use Fluoxetine HCl) | NF | QL(3 ea daily) |
| PROZAC CAPS 40 MG (Use Fluoxetine HCl) | NF | QL(2 ea daily) |
| PROZAC WEEKLY CPDR (Use Fluoxetine HCl) | NF | |
| <i>sertraline hcl conc 20 mg/ml</i> | 1 | QL(10 ml daily) |
| <i>sertraline hcl tabs 100 mg</i> | 1 | QL(2 ea daily) |
| <i>sertraline hcl tabs 25 mg, 50 mg</i> | 1 | QL(4 ea daily) |
| ZOLOFT CONC 20 MG/ML (Use Sertraline HCl) | NF | QL(10 ml daily) |
| ZOLOFT TABS 100 MG (Use Sertraline HCl) | NF | QL(2 ea daily) |
| ZOLOFT TABS 25 MG, 50 MG (Use Sertraline HCl) | NF | QL(4 ea daily) |
| Serotonin Modulators | | |
| NEFAZODONE HCL TABS 100 MG, 150 MG | 2 | |
| <i>nefazodone hcl tabs 50 mg, 250 mg</i> | 1 | |
| NEFAZODONE HYDROCHLORIDE TABS | 2 | |
| <i>trazodone hcl tabs</i> | 1 | |
| TRINTELLIX TABS | 3 | PA; QL(1 ea daily) |
| VIIBRYD STARTER PACK KIT | 2 | PA |
| VIIBRYD TABS | 2 | PA; QL(1 ea daily) |
| Serotonin-Norepinephrine Reuptake Inhibitors | | |
| CYMBALTA CPEP (Use Duloxetine HCl) | NF | QL(2 ea daily) |
| <i>desvenlafaxine succinate tb24 100 mg</i> | 1 | QL(4 ea daily) |
| <i>desvenlafaxine succinate tb24 25 mg, 50 mg</i> | 1 | QL(1 ea daily) |
| <i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i> | 1 | QL(2 ea daily) |
| <i>duloxetine hcl cpep 40 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| EFFEXOR XR CP24 150 MG (Use Venlafaxine HCl) | NF | QL(2 ea daily) |
| EFFEXOR XR CP24 37.5 MG (Use Venlafaxine HCl) | NF | QL(4 ea daily) |
| EFFEXOR XR CP24 75 MG (Use Venlafaxine HCl) | NF | QL(5 ea daily) |
| FETZIMA CP24 | 3 | PA |
| FETZIMA TITRATION PACK C4PK | 3 | PA |
| PRISTIQ TB24 100 MG (Use Desvenlafaxine Succinate) | NF | QL(4 ea daily) |
| PRISTIQ TB24 25 MG, 50 MG (Use Desvenlafaxine Succinate) | NF | QL(1 ea daily) |
| venlafaxine hcl cp24 150 mg | 1 | QL(2 ea daily) |
| venlafaxine hcl cp24 37.5 mg | 1 | QL(4 ea daily) |
| venlafaxine hcl cp24 75 mg | 1 | QL(5 ea daily) |
| venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg | 1 | QL(3 ea daily) |
| venlafaxine hcl tb24 150 mg | 1 | QL(2 ea daily) |
| venlafaxine hcl tb24 225 mg | 1 | ST; QL(1 ea daily) |
| venlafaxine hcl tb24 75 mg, 37.5 mg | 1 | QL(1 ea daily) |
| Tricyclic Agents | | |
| amitriptyline hcl tabs | 1 | |
| AMOXAPINE TABS | 3 | |
| ANAFRANIL CAPS (Use Clomipramine HCl) | NF | |
| clomipramine hcl caps | 1 | |
| desipramine hcl tabs | 1 | |
| doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg | 1 | |
| doxepin hcl conc 10 mg/ml | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| ELAVIL TABS (Use Amitriptyline HCl) | NF | |
| imipramine hcl tabs | 1 | |
| imipramine pamoate caps | 1 | |
| NORPRAMIN TABS (Use Desipramine HCl) | NF | |
| nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg | 1 | |
| NORTRIPTYLINE HCL SOLN 10 MG/5ML | 1 | |
| nortriptyline hcl soln 10 mg/5ml | 1 | |
| PAMELOR CAPS (Use Nortriptyline HCl) | NF | |
| protriptyline hcl tabs | 1 | |
| SURMONTIL CAPS (Use Trimipramine Maleate) | NF | |
| TOFRANIL TABS (Use Imipramine HCl) | NF | |
| trimipramine maleate caps | 1 | |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Alpha-Glucosidase Inhibitors | | |
| acarbose tabs | 1 | QL(3 ea daily) |
| GLYSET TABS (Use Miglitol) | NF | |
| miglitol tabs | 1 | |
| PRECOSE TABS (Use Acarbose) | NF | QL(3 ea daily) |
| Antidiabetic - Amylin Analogs | | |
| SYMLINPEN 120 SOPN | 2 | PA; QL(0.36 ml daily) |
| SYMLINPEN 60 SOPN | 2 | PA; QL(0.2 ml daily) |
| Antidiabetic Combinations | | |
| ACTOPLUS MET TABS (Use Pioglitazone HCl-Metformin HCl) | NF | QL(2 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| DUETACT TABS (<i>Use Pioglitazone HCl-Glimepiride</i>) | NF | QL(1 ea daily) |
| <i>glipizide-metformin hcl tabs 2.5mg-250mg, 2.5mg-500mg</i> | 1 | QL(2 ea daily) |
| <i>glipizide-metformin hcl tabs 5mg-500mg</i> | 1 | QL(4 ea daily) |
| GLUCOVANCE TABS (<i>Use Glyburide-Metformin</i>) | NF | QL(4 ea daily) |
| <i>glyburide-metformin tabs 1.25mg-250mg</i> | 1 | QL(2 ea daily) |
| <i>glyburide-metformin tabs 5mg-500mg, 2.5mg-500mg</i> | 1 | QL(4 ea daily) |
| GLYXAMBI TABS | 3 | PA |
| INVOKAMET TABS | 3 | PA |
| <i>pioglitazone hcl-glimepiride tabs</i> | 1 | QL(1 ea daily) |
| <i>pioglitazone hcl-metformin hcl tabs</i> | 1 | QL(2 ea daily) |
| REPAGLINIDE/METFORMIN IN HYDROCHLORIDE TABS | 1 | QL(2 ea daily) |
| SEGLUROMET TABS | 2 | PA; QL(2 ea daily) |
| SYNJARDY TABS | 3 | PA |
| XIGDUO XR TB24 5MG-500MG, 10MG-500MG, 5MG-1000MG, 10MG-1000MG | 3 | PA |
| XULTOPHY 100/3.6 SOPN | 3 | PA |
| Biguanides | | |
| GLUCOPHAGE TABS 1000 MG (<i>Use Metformin HCl</i>) | NF | QL(2.5 ea daily) |
| GLUCOPHAGE TABS 500 MG (<i>Use Metformin HCl</i>) | NF | QL(5 ea daily) |
| GLUCOPHAGE TABS 850 MG (<i>Use Metformin HCl</i>) | NF | QL(3 ea daily) |
| GLUCOPHAGE XR TB24 (<i>Use Metformin HCl</i>) | NF | |
| <i>metformin hcl tabs 1000 mg</i> | 1 | QL(2.5 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| <i>metformin hcl tabs 500 mg</i> | 1 | QL(5 ea daily) |
| <i>metformin hcl tabs 850 mg</i> | 1 | QL(3 ea daily) |
| <i>metformin hcl tb24 500 mg, 750 mg</i> | 1 | |
| Diabetic Other | | |
| GLUCAGEN HYPOKIT SOLR | 3 | QL(0.035 ea daily) |
| GLUCAGON EMERGENCY KIT KIT | 3 | QL(0.035 ea daily) |
| PROGLYCEM SUSP | 3 | |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| <i>alogliptin benzoate tabs</i> | 3 | PA; QL(1 ea daily) |
| JANUVIA TABS | 2 | QL(1 ea daily) |
| NESINA TABS | 3 | PA; QL(1 ea daily) |
| ONGLYZA TABS | 3 | QL(1 ea daily) |
| TRADJENTA TABS | 2 | QL(1 ea daily) |
| Dopamine Receptor Agonists - Antidiabetic | | |
| CYCLOSET TABS | 3 | QL(6 ea daily) |
| Incretin Mimetic Agents (GLP-1 Receptor) | | |
| BYETTA SOPN | 2 | PA; QL(0.08 ml daily) |
| TANZEUM PEN | 3 | PA |
| TRULICITY SOPN | 3 | PA |
| VICTOZA SOPN | 2 | PA; QL(0.3 ml daily) |
| Insulin Sensitizing Agents | | |
| ACTOS TABS (<i>Use Pioglitazone HCl</i>) | NF | QL(1 ea daily) |
| AVANDIA TABS | 3 | QL(1 ea daily) |
| <i>pioglitazone hcl tabs</i> | 1 | QL(1 ea daily) |
| Insulin | | |
| APIDRA SOLN | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| APIDRA SOLOSTAR SOPN | 3 | |
| BASAGLAR KWIKPEN SOPN | 2 | |
| FIASP FLEXTOUCH SOPN | 2 | |
| FIASP SOLN | 2 | |
| HUMULIN R U-500 (CONCENTRATED) SOLN | 3 | |
| HUMULIN R U-500 KWIKPEN SOPN | 3 | |
| LEVEMIR FLEXTOUCH SOPN | 2 | |
| LEVEMIR SOLN | 2 | |
| NOVOLIN 70/30 FLEXPEN RELION SUPN | 2 | |
| NOVOLIN 70/30 FLEXPEN SUPN | 2 | |
| NOVOLIN 70/30 RELION SUSP | 2 | |
| NOVOLIN 70/30 SUSP | 2 | |
| NOVOLIN N RELION SUSP | 2 | |
| NOVOLIN N SUSP | 2 | |
| NOVOLIN R RELION SOLN | 2 | |
| NOVOLIN R SOLN | 2 | |
| NOVOLOG FLEXPEN SOPN | 2 | |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN | 2 | |
| NOVOLOG MIX 70/30 SUSP | 2 | |
| NOVOLOG PENFILL SOCT | 2 | |
| NOVOLOG SOLN | 2 | |
| TRESIBA FLEXTOUCH SOPN | 3 | PA |
| TRESIBA SOLN | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| Meglitinide Analogues | | |
| <i>nateglinide tabs</i> | 1 | QL(3 ea daily) |
| PRANDIN TABS 1 MG (Use Repaglinide) | NF | QL(4 ea daily) |
| PRANDIN TABS 2 MG (Use Repaglinide) | NF | QL(8 ea daily) |
| <i>repaglinide tabs 0.5 mg, 1 mg</i> | 1 | QL(4 ea daily) |
| <i>repaglinide tabs 2 mg</i> | 1 | QL(8 ea daily) |
| STARLIX TABS (Use Nateglinide) | NF | QL(3 ea daily) |
| Sodium-Glucose Co-Transporter 2 (SGLT2) | | |
| FARXIGA TABS | 3 | PA |
| INVOKANA TABS | 3 | PA; QL(1 ea daily) |
| JARDIANCE TABS | 3 | PA |
| STEGLATRO TABS | 2 | ST; Trial of metformin required. ;QL(1 ea daily) |
| Sulfonylureas | | |
| AMARYL TABS 1 MG, 2 MG (Use Glimepiride) | NF | QL(4 ea daily) |
| AMARYL TABS 4 MG (Use Glimepiride) | NF | QL(2 ea daily) |
| CHLORPROPAMIDE TABS 100 MG | 1 | QL(3 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 5 mg, 10 mg</i> | 1 | QL(4 ea daily) |
| <i>glipizide tb24 5 mg, 10 mg, 2.5 mg</i> | 1 | QL(2 ea daily) |
| GLUCOTROL TABS (Use Glipizide) | NF | QL(4 ea daily) |
| GLUCOTROL XL TB24 (Use Glipizide) | NF | QL(2 ea daily) |
| <i>glyburide micronized tabs</i> | 1 | QL(4 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>glyburide tabs</i> | 1 | QL(4 ea daily) |
| GLYNASE TABS (<i>Use Glyburide Micronized</i>) | NF | QL(4 ea daily) |
| TOLAZAMIDE TABS | 1 | QL(4 ea daily) |
| TOLBUTAMIDE TABS | 1 | QL(6 ea daily) |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antiperistaltic Agents | | |
| <i>diphenoxylate w/ atropine tabs</i> | 1 | |
| DIPHENOXYLATE/ATROPINE LIQD | 1 | |
| IMODIUM A-D CAPS (<i>Use Loperamide HCl</i>) | NF | RX/OTC |
| LOMOTIL TABS (<i>Use Diphenoxylate w/ Atropine</i>) | NF | |
| <i>loperamide hcl caps</i> | 1 | RX/OTC |
| MOTOFEN TABS | 3 | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |
| CHEMET CAPS | 3 | |
| EXJADE TBSO | 4 | PA; SP |
| FERRIPROX TABS 500 MG | 3 | |
| JADENU SPRINKLE PACK | 4 | PA |
| JADENU TABS | 4 | PA; SP |
| Antidotes and Specific Antagonists | | |
| VISTOGARD PACK | 4 | PA |
| Opioid Antagonists | | |
| <i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i> | 1 | |
| <i>naltrexone hcl tabs</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| NARCAN LIQD | 3 | QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply, |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| ALOXI SOLN (<i>Use Palonosetron HCl</i>) | 3 | |
| ANZEMET TABS | 3 | PA; QL(0.167 ea daily) |
| <i>granisetron hcl soln iv 0.1 mg/ml, 1 mg/ml</i> | 1 | |
| <i>granisetron hcl tabs or 1 mg</i> | 1 | QL(0.34 ea daily) |
| <i>ondansetron hcl soln ij 4 mg/2ml</i> | 1 | |
| <i>ondansetron hcl soln or 4 mg/5ml</i> | 1 | QL(3.34 ml daily) |
| <i>ondansetron hcl tabs or 24 mg</i> | 1 | QL(0.143 ea daily) |
| <i>ondansetron hcl tabs or 4 mg</i> | 1 | QL(4 ea daily,60 ea per fill retail,60 ea per fill mail) |
| <i>ondansetron hcl tabs or 8 mg</i> | 1 | QL(3 ea daily,45 ea per fill retail,45 ea per fill mail) |
| <i>ondansetron tbdp 4 mg</i> | 1 | QL(1 ea daily) |
| <i>ondansetron tbdp 8 mg</i> | 1 | |
| <i>palonosetron hcl soln</i> | 1 | |
| PALONOSETRON HYDROCHLORIDE SOLN 0.25 MG/5ML | 3 | |
| ZOFRAN ODT TBDP 4 MG (<i>Use Ondansetron</i>) | NF | QL(1 ea daily) |
| ZOFRAN ODT TBDP 8 MG (<i>Use Ondansetron</i>) | NF | |
| ZOFRAN SOLN 4 MG/5ML (<i>Use Ondansetron HCl</i>) | NF | QL(3.34 ml daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| ZOFRAN TABS 4 MG (<i>Use Ondansetron HCl</i>) | NF | QL(4 ea daily,60 ea per fill retail,60 ea per fill mail) |
| ZOFRAN TABS 8 MG (<i>Use Ondansetron HCl</i>) | NF | QL(3 ea daily,45 ea per fill retail,45 ea per fill mail) |
| Antiemetics - Anticholinergic | | |
| <i>meclizine hcl tabs</i> | 1 | RX/OTC |
| <i>scopolamine pt72</i> | 1 | QL(0.34 ea daily) |
| TIGAN CAPS OR 300 MG (<i>Use Trimethobenzamide HCl</i>) | NF | |
| TRANSDERM-SCOP PT72 | 2 | QL(0.34 ea daily) |
| TRANSDERM-SCOP PT72 (<i>Use Scopolamine</i>) | 2 | QL(0.34 ea daily) |
| <i>trimethobenzamide hcl caps</i> | 1 | |
| Antiemetics - Miscellaneous | | |
| AKYNZEO CAPS OR 300MG-0.5MG | 3 | PA |
| CESAMET CAPS | 3 | |
| DICLEGIS TBEC | 3 | PA; QL(4 ea daily)3 rti MAX fill,365 rti day(s) supply,3 mail MAX fill,365 mail day(s) supply, |
| <i>dronabinol caps</i> | 1 | |
| MARINOL CAPS (<i>Use Dronabinol</i>) | NF | |
| Substance P/Neurokinin 1 (NK1) Receptor | | |
| <i>aprepitant caps 40 mg, 125 mg</i> | 1 | PA; QL(0.067 ea daily) |
| <i>aprepitant caps 80 mg</i> | 1 | PA; QL(0.134 ea daily) |
| EMEND CAPS OR 40 MG, 125 MG (<i>Use Aprepitant</i>) | NF | PA; QL(0.067 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| EMEND CAPS OR 80 MG (<i>Use Aprepitant</i>) | NF | PA; QL(0.134 ea daily) |
| VARUBI TABS OR 90 MG | 3 | PA |
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| Antifungal - Glucan Synthesis Inhibitors | | |
| CANCIDAS SOLR (<i>Use Caspofungin Acetate</i>) | NF | |
| <i>caspofungin acetate solr 50 mg, 70 mg</i> | 1 | |
| ERAXIS SOLR | 3 | |
| MYCAMINE SOLR | 3 | |
| Antifungals | | |
| ABELCET SUSP | 3 | |
| AMBISOME SUSR | 3 | |
| AMPHOTERICIN B SOLR | 3 | |
| ANCOBON CAPS (<i>Use Flucytosine</i>) | NF | |
| <i>flucytosine caps</i> | 1 | |
| GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>) | NF | |
| <i>griseofulvin microsize susp 125 mg/5ml</i> | 1 | AL(At least 2 yrs old) |
| <i>griseofulvin microsize tabs 500 mg</i> | 1 | |
| <i>griseofulvin ultramicrosize tabs</i> | 1 | |
| LAMISIL TABS (<i>Use Terbinafine HCl</i>) | NF | QL(1 ea daily) |
| <i>nystatin tabs</i> | 1 | |
| <i>terbinafine hcl tabs</i> | 1 | QL(1 ea daily) |
| Imidazole-Related Antifungals | | |
| CRESEMBA CAPS OR 186 MG | 3 | PA |
| DIFLUCAN SUSR (<i>Use Fluconazole</i>) | NF | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| DIFLUCAN TABS (<i>Use Fluconazole</i>) | NF | |
| <i>fluconazole susr</i> | 1 | |
| <i>fluconazole tabs</i> | 1 | |
| <i>itraconazole caps 100 mg</i> | 1 | PA; QL(4 ea daily) |
| <i>itraconazole soln 10 mg/ml</i> | 1 | PA; QL(20 ml daily) |
| <i>ketoconazole tabs</i> | 1 | |
| NOXAFIL SUSP OR 40 MG/ML | 3 | QL(20 ml daily) |
| SPORANOX CAPS 100 MG (<i>Use Itraconazole</i>) | NF | PA; QL(4 ea daily) |
| SPORANOX PULSEPAK CAPS (<i>Use Itraconazole</i>) | NF | PA; QL(4 ea daily) |
| SPORANOX SOLN 10 MG/ML (<i>Use Itraconazole</i>) | 3 | PA; QL(20 ml daily) |
| VFEND TABS 50 MG, 200 MG (<i>Use Voriconazole</i>) | NF | QL(4 ea daily) |
| <i>voriconazole tabs or 50 mg, 200 mg</i> | 1 | QL(4 ea daily) |

ANTI-HISTAMINES - Drugs to Treat Allergies

Antihistamines - Alkylamines

| | | |
|----------------------------------|---|--|
| DEXCHLORPHENIRAMINE MALEATE SYRP | 3 | |
| RYCLORA SYRP | 3 | |

Antihistamines - Ethanolamines

| | | |
|--|---|--------|
| <i>carbinoxamine maleate soln 4 mg/5ml</i> | 1 | |
| <i>carbinoxamine maleate tabs 4 mg</i> | 1 | |
| CLEMASTINE FUMARATE TABS | 1 | |
| <i>diphenhydramine hcl caps or 50 mg</i> | 1 | |
| <i>diphenhydramine hcl elix or 12.5 mg/5ml</i> | 1 | RX/OTC |
| <i>diphenhydramine hcl soln ij 50 mg/ml</i> | 1 | |

Antihistamines - Non-Sedating

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (<i>Use Fexofenadine HCl</i>) | 1 | QL(30 ml daily) |
| ALLEGRA ALLERGY CHILDRENS TBDP 30 MG | 1 | QL(2 ea daily) |
| ALLEGRA ALLERGY TABS 180 MG (<i>Use Fexofenadine HCl</i>) | 1 | QL(1 ea daily) |
| ALLEGRA ALLERGY TABS 60 MG (<i>Use Fexofenadine HCl</i>) | 1 | QL(2 ea daily) |
| <i>cetirizine hcl caps 10 mg</i> | 1 | QL(1 ea daily) |
| <i>cetirizine hcl chew 5 mg, 10 mg</i> | 1 | QL(1 ea daily) |
| <i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i> | 1 | QL(10 ml daily); RX/OTC |
| <i>cetirizine hcl syrp 1 mg/ml, 5 mg/5ml</i> | 1 | QL(10 ml daily); RX/OTC |
| <i>cetirizine hcl tabs 5 mg, 10 mg</i> | 1 | QL(1 ea daily) |
| CLARINEX TABS 5 MG (<i>Use Desloratadine</i>) | NF | QL(1 ea daily) |
| CLARITIN ALLERGY CHILDRENS SYRP (<i>Use Loratadine</i>) | 1 | |
| CLARITIN CAPS 10 MG (<i>Use Loratadine</i>) | 1 | |
| CLARITIN CHEW 5 MG | 1 | |
| CLARITIN CHEW 5 MG (<i>Use Loratadine</i>) | 1 | |
| CLARITIN CHILDRENS CHEW (<i>Use Loratadine</i>) | 1 | |
| CLARITIN REDITABS TBDP 10 MG (<i>Use Loratadine</i>) | 1 | |
| CLARITIN REDITABS TBDP 5 MG | 1 | |
| CLARITIN SYRP 5 MG/5ML (<i>Use Loratadine</i>) | 1 | |
| CLARITIN TABS 10 MG (<i>Use Loratadine</i>) | 1 | |
| DESLOMATADINE ODT TBDP 2.5 MG | 1 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <i>desloratadine tabs</i> | 1 | QL(1 ea daily) |
| <i>fexofenadine hcl susp 30 mg/5ml</i> | 1 | QL(30 ml daily) |
| <i>fexofenadine hcl tabs 180 mg</i> | 1 | QL(1 ea daily) |
| <i>fexofenadine hcl tabs 60 mg</i> | 1 | QL(2 ea daily) |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i> | 1 | QL(10 ml daily); RX/OTC |
| <i>levocetirizine dihydrochloride tabs 5 mg</i> | 1 | QL(1 ea daily); RX/OTC |
| <i>loratadine caps</i> | 1 | |
| <i>loratadine chew</i> | 1 | |
| <i>loratadine soln</i> | 1 | |
| <i>loratadine syrp</i> | 1 | |
| <i>loratadine tabs</i> | 1 | |
| <i>loratadine tbdp</i> | 1 | |
| XYZAL ALLERGY 24HR CHILDRENS SOLN (Use Levocetirizine Dihydrochloride) | NF | QL(10 ml daily); RX/OTC |
| XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride) | NF | QL(1 ea daily); RX/OTC |
| XYZAL SOLN 2.5 MG/5ML (Use Levocetirizine Dihydrochloride) | NF | QL(10 ml daily); RX/OTC |
| XYZAL TABS 5 MG (Use Levocetirizine Dihydrochloride) | NF | QL(1 ea daily); RX/OTC |
| ZYRTEC ALLERGY CAPS (Use Cetirizine HCl) | 1 | QL(1 ea daily) |
| ZYRTEC ALLERGY TABS (Use Cetirizine HCl) | 1 | QL(1 ea daily) |
| ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl) | 1 | QL(10 ml daily); RX/OTC |
| Antihistamines - Phenothiazines | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| PHENERGAN SOLN (Use Promethazine HCl) | NF | |
| <i>promethazine hcl soln</i> | 1 | |
| <i>promethazine hcl supp</i> | 1 | |
| <i>promethazine hcl syrp</i> | 1 | |
| <i>promethazine hcl tabs</i> | 1 | |
| Antihistamines - Piperidines | | |
| <i>cyproheptadine hcl syrp</i> | 1 | |
| <i>cyproheptadine hcl tabs</i> | 1 | |
| ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Antihyperlipidemics - Combinations | | |
| <i>ezetimibe-simvastatin tabs</i> | 1 | QL(1 ea daily) |
| VYTORIN TABS (Use Ezetimibe-Simvastatin) | NF | QL(1 ea daily) |
| Antihyperlipidemics - Misc. | | |
| LOVAZA CAPS (Use Omega-3-acid Ethyl Esters) | NF | QL(4 ea daily) |
| <i>omega-3-acid ethyl esters caps</i> | 1 | QL(4 ea daily) |
| VASCEPA CAPS | 3 | PA |
| Bile Acid Sequestrants | | |
| <i>cholestyramine light pack 4 gm</i> | 1 | QL(6 ea daily) |
| <i>cholestyramine light powd 4 gm/dose</i> | 1 | QL(24 gm daily) |
| <i>cholestyramine pack 4 gm</i> | 1 | QL(6 ea daily) |
| <i>cholestyramine powd 4 gm/dose</i> | 1 | QL(25.2 gm daily) |
| <i>colesevelam hcl pack 3.75 gm</i> | 1 | PA; QL(1 ea daily) |
| <i>colesevelam hcl tabs 625 mg</i> | 1 | QL(7 ea daily) |
| COLESTID FLAVORED GRAN 5 GM (Use Colestipol HCl) | NF | QL(6 gm daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| COLESTID FLAVORED PACK 5 GM/7.5GM (Use Colestipol HCl) | NF | QL(6 ea daily) |
| COLESTID GRAN 5 GM (Use Colestipol HCl) | NF | QL(6 gm daily) |
| COLESTID PACK 5 GM (Use Colestipol HCl) | NF | QL(6 ea daily) |
| COLESTID TABS 1 GM (Use Colestipol HCl) | NF | QL(16 ea daily) |
| <i>colestipol hcl gran 5 gm</i> | 1 | QL(6 gm daily) |
| <i>colestipol hcl pack 5 gm</i> | 1 | QL(6 ea daily) |
| <i>colestipol hcl tabs 1 gm</i> | 1 | QL(16 ea daily) |
| QUESTRAN LIGHT POWD (Use Cholestyramine Light) | NF | QL(24 gm daily) |
| QUESTRAN PACK 4 GM (Use Cholestyramine) | NF | QL(6 ea daily) |
| QUESTRAN POWD 4 GM/DOSE (Use Cholestyramine) | NF | QL(25.2 gm daily) |
| WELCHOL PACK 3.75 GM (Use Colesevelam HCl) | 2 | PA; QL(1 ea daily) |
| WELCHOL TABS 625 MG (Use Colesevelam HCl) | 2 | QL(7 ea daily) |
| Fibric Acid Derivatives | | |
| <i>fenofibrate micronized caps 67 mg, 134 mg, 200 mg</i> | 1 | QL(1 ea daily) |
| <i>fenofibrate tabs 48 mg, 54 mg, 145 mg, 160 mg</i> | 1 | QL(1 ea daily) |
| <i>gemfibrozil tabs</i> | 1 | QL(2 ea daily) |
| LOFIBRA CAPS (Use Fenofibrate Micronized) | NF | QL(1 ea daily) |
| LOPID TABS (Use Gemfibrozil) | NF | QL(2 ea daily) |
| TRICOR TABS (Use Fenofibrate) | NF | QL(1 ea daily) |
| HMG CoA Reductase Inhibitors | | |
| ALTOPREV TB24 | 3 | ST; QL(1 ea daily) |
| <i>atorvastatin calcium tabs</i> | 1 | QL(1 ea daily) |
| CRESTOR TABS (Use Rosuvastatin Calcium) | NF | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>fluvastatin sodium caps 20 mg</i> | 1 | QL(1 ea daily) |
| <i>fluvastatin sodium caps 40 mg</i> | 1 | QL(2 ea daily) |
| LIPITOR TABS (Use Atorvastatin Calcium) | NF | QL(1 ea daily) |
| LIVALO TABS | 3 | ST; QL(1 ea daily) |
| <i>lovastatin tabs 10 mg, 20 mg</i> | 1 | \$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV |
| <i>lovastatin tabs 40 mg</i> | 1 | \$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV |
| MEVACOR TABS (Use Lovastatin) | NF | \$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV |
| PRAVACHOL TABS (Use Pravastatin Sodium) | NF | QL(1 ea daily) |
| <i>pravastatin sodium tabs</i> | 1 | QL(1 ea daily) |
| <i>rosuvastatin calcium tabs</i> | 1 | QL(1 ea daily) |
| <i>simvastatin tabs</i> | 1 | QL(1 ea daily) |
| ZOCOR TABS (Use Simvastatin) | NF | QL(1 ea daily) |
| Intestinal Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe tabs</i> | 1 | QL(1 ea daily) |
| ZETIA TABS (Use Ezetimibe) | NF | QL(1 ea daily) |
| Nicotinic Acid Derivatives | | |
| <i>niacin (antihyperlipidemic) tbc</i> | 1 | QL(2 ea daily) |
| NIASPAN TBCR (Use Niacin (Antihyperlipidemic)) | NF | QL(2 ea daily) |
| Proprotein Convertase Subtilisin/Kexin Type 9 | | |
| REPATHA SOSY | 4 | PA; QL(0.0714 ml daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| REPATHA SURECLICK SOAJ | 4 | PA; QL(0.0714 ml daily) |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |
| ACCUPRIL TABS (Use Quinapril HCl) | NF | |
| ACEON TABS (Use Perindopril Erbumine) | NF | |
| ALTACE CAPS (Use Ramipril) | NF | |
| <i>benazepril hcl tabs</i> | 1 | |
| <i>captopril tabs</i> | 1 | |
| <i>enalapril maleate tabs</i> | 1 | |
| <i>fosinopril sodium tabs</i> | 1 | |
| <i>lisinopril tabs</i> | 1 | |
| LOTENSIN TABS (Use Benazepril HCl) | NF | |
| <i>moexipril hcl tabs</i> | 1 | |
| <i>perindopril erbumine tabs</i> | 1 | |
| PRINIVIL TABS (Use Lisinopril) | NF | |
| <i>quinapril hcl tabs</i> | 1 | |
| <i>ramipril caps</i> | 1 | |
| <i>trandolapril tabs</i> | 1 | |
| VASOTEC TABS (Use Enalapril Maleate) | NF | |
| ZESTRIL TABS (Use Lisinopril) | NF | |
| Agents for Pheochromocytoma | | |
| DIBENZYLINE CAPS (Use Phenoxybenzamine HCl) | NF | |
| <i>phenoxybenzamine hcl caps</i> | 3 | |
| Angiotensin II Receptor Antagonists | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ATACAND TABS (Use Candesartan Cilexetil) | NF | QL(1 ea daily) |
| AVAPRO TABS (Use Irbesartan) | NF | QL(1 ea daily) |
| BENICAR TABS (Use Olmesartan Medoxomil) | NF | QL(1 ea daily) |
| <i>candesartan cilexetil tabs</i> | 1 | QL(1 ea daily) |
| COZAAR TABS (Use Losartan Potassium) | NF | QL(1 ea daily) |
| DIOVAN TABS (Use Valsartan) | NF | QL(1 ea daily) |
| EDARBI TABS | 3 | ST; QL(1 ea daily) |
| EPROSARTAN MESYLATE TABS | 1 | QL(1 ea daily) |
| <i>irbesartan tabs</i> | 1 | QL(1 ea daily) |
| <i>losartan potassium tabs</i> | 1 | QL(1 ea daily) |
| MICARDIS TABS (Use Telmisartan) | NF | QL(1 ea daily) |
| <i>olmesartan medoxomil tabs</i> | 1 | QL(1 ea daily) |
| <i>telmisartan tabs</i> | 1 | QL(1 ea daily) |
| <i>valsartan tabs</i> | 1 | QL(1 ea daily) |
| Antiadrenergic Antihypertensives | | |
| CARDURA TABS (Use Doxazosin Mesylate) | NF | |
| CATAPRES TABS (Use Clonidine HCl) | NF | QL(8 ea daily) |
| CATAPRES-TTS-1 PTWK (Use Clonidine) | NF | QL(0.15 ea daily) |
| CATAPRES-TTS-2 PTWK (Use Clonidine) | NF | QL(0.15 ea daily) |
| CATAPRES-TTS-3 PTWK (Use Clonidine) | NF | QL(0.15 ea daily) |
| <i>clonidine hcl tabs</i> | 1 | QL(8 ea daily) |
| <i>clonidine ptwk</i> | 3 | QL(0.15 ea daily) |
| <i>doxazosin mesylate tabs</i> | 1 | |
| <i>guanfacine hcl tabs</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>methyldopa tabs</i> | 1 | QL(6 ea daily) |
| METHYLDOPATE HCL SOLN | 3 | |
| MINIPRESS CAPS (Use Prazosin HCl) | NF | QL(4 ea daily) |
| <i>prazosin hcl caps</i> | 1 | QL(4 ea daily) |
| <i>terazosin hcl caps</i> | 1 | |
| Antihypertensive Combinations | | |
| ACCURETIC TABS 10MG-12.5MG (Use Quinapril-Hydrochlorothiazide) | NF | QL(3 ea daily) |
| ACCURETIC TABS 20MG-12.5MG (Use Quinapril-Hydrochlorothiazide) | NF | QL(4 ea daily) |
| ACCURETIC TABS 20MG-25MG (Use Quinapril-Hydrochlorothiazide) | NF | QL(2 ea daily) |
| <i>amlodipine besylate-benazepril hcl caps</i> | 1 | |
| <i>amlodipine besylate-olmesartan medoxomil tabs</i> | 1 | ST |
| <i>amlodipine besylate-valsartan tabs</i> | 1 | |
| <i>amlodipine-valsartan-hydrochlorothiazide tabs</i> | 1 | |
| ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide) | NF | |
| <i>atenolol & chlorthalidone tabs</i> | 1 | |
| AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide) | NF | |
| AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil) | NF | ST |
| <i>benazepril & hydrochlorothiazide tabs</i> | 1 | |
| BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide) | NF | |
| <i>bisoprolol & hydrochlorothiazide tabs</i> | 1 | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>candesartan cilexetil-hydrochlorothiazide tabs</i> | 1 | |
| DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide) | NF | |
| <i>enalapril maleate & hydrochlorothiazide tabs</i> | 1 | |
| EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide) | NF | |
| EXFORGE TABS (Use Amlodipine Besylate-Valsartan) | NF | |
| <i>fosinopril sodium & hydrochlorothiazide tabs</i> | 1 | |
| HYZAAR TABS 100MG-25MG, 100MG-12.5MG (Use Losartan Potassium & Hydrochlorothiazide) | NF | QL(1 ea daily) |
| HYZAAR TABS 50MG-12.5MG (Use Losartan Potassium & Hydrochlorothiazide) | NF | QL(2 ea daily) |
| <i>irbesartan-hydrochlorothiazide tabs</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tabs</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tabs 100mg-25mg, 100mg-12.5mg</i> | 1 | QL(1 ea daily) |
| <i>losartan potassium & hydrochlorothiazide tabs 50mg-12.5mg</i> | 1 | QL(2 ea daily) |
| LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide) | NF | |
| LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl) | NF | |
| MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide) | NF | |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i> | 1 | ST |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>olmesartan medoxomil-hydrochlorothiazide tabs</i> | 1 | |
| <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) | NF | |
| <i>telmisartan-amlodipine tabs</i> | 1 | |
| <i>telmisartan-hydrochlorothiazide tabs</i> | 1 | |
| TENORETIC 100 TABS (Use Atenolol & Chlorthalidone) | NF | |
| TENORETIC 50 TABS (Use Atenolol & Chlorthalidone) | NF | |
| <i>trandolapril-verapamil hcl tbc</i> | 1 | |
| TRANDOLAPRIL/VERAPAMIL HCL ER TBCR | 2 | |
| TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide) | NF | ST |
| TWYNSTA TABS (Use Telmisartan-Amlodipine) | NF | |
| <i>valsartan-hydrochlorothiazide tabs</i> | 1 | |
| VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide) | NF | |
| ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide) | NF | |
| ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide) | NF | QL(2 ea daily) |
| Antihypertensives - Misc. | | |
| VECAMYL TABS | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| Direct Renin Inhibitors | | |
| ALISKIREN TABS | 2 | QL(1 ea daily) |
| TEKTURNA TABS 150 MG, 300 MG | 2 | QL(1 ea daily) |
| Selective Aldosterone Receptor Antagonists | | |
| <i>eplerenone tabs</i> | 1 | |
| INSPIRA TABS (Use Eplerenone) | NF | |
| Vasodilators | | |
| <i>hydralazine hcl soln</i> | 1 | |
| <i>hydralazine hcl tabs</i> | 1 | |
| <i>minoxidil tabs</i> | 1 | |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | |
| <i>atovaquone-proguanil hcl tabs</i> | 1 | Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply, |
| COARTEM TABS | 2 | Covered for malaria treatment only. Limit 1 fill every 180 days;QL(24 ea per fill retail,24 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply, |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| MALARONE TABS (<i>Use Atovaquone-Proguanil HCl</i>) | NF | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail, 12 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply, |
| Antimalarials | | |
| CHLOROQUINE PHOSPHATE TABS 250 MG | 1 | |
| <i>chloroquine phosphate tabs 500 mg</i> | 1 | |
| DARAPRIM TABS | 3 | PA; QL(3 ea daily) |
| <i>hydroxychloroquine sulfate tabs</i> | 1 | |
| <i>mefloquine hcl tabs</i> | 1 | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply, |
| MEFLOQUINE HCL TABS | 1 | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply, |
| PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>) | NF | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>primaquine phosphate tabs</i> | 3 | |
| PRIMAQUINE PHOSPHATE TABS (<i>Use Primaquine Phosphate</i>) | 3 | |
| QUALAQUIN CAPS (<i>Use Quinine Sulfate</i>) | NF | PA; |
| <i>quinine sulfate caps</i> | 1 | PA; |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |
| GUANIDINE HCL TABS | 2 | |
| MESTINON SYRP 60 MG/5ML (<i>Use Pyridostigmine Bromide</i>) | 2 | |
| MESTINON TABS 60 MG (<i>Use Pyridostigmine Bromide</i>) | NF | |
| MESTINON TIMESPAN TBCR (<i>Use Pyridostigmine Bromide</i>) | NF | |
| <i>pyridostigmine bromide soln</i> | 1 | |
| <i>pyridostigmine bromide tabs</i> | 1 | |
| <i>pyridostigmine bromide tbc</i> | 1 | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Anti TB Combinations | | |
| RIFAMATE CAPS | 3 | |
| RIFATER TABS | 3 | QL(6 ea daily) |
| Antimycobacterial Agents | | |
| CAPASTAT SULFATE SOLR | 3 | |
| <i>cycloserine caps</i> | 1 | QL(4 ea daily) |
| <i>ethambutol hcl tabs</i> | 1 | |
| ISONIAZID SOLN IJ 100 MG/ML | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ISONIAZID SYRP OR 50 MG/5ML | 1 | |
| <i>isoniazid tabs or 100 mg, 300 mg</i> | 1 | |
| MYAMBUTOL TABS (<i>Use Ethambutol HCl</i>) | NF | |
| MYCOBUTIN CAPS (<i>Use Rifabutin</i>) | NF | PA |
| PASER PACK | 3 | QL(3 ea daily) |
| PRIFTIN TABS | 3 | |
| <i>pyrazinamide tabs</i> | 1 | |
| <i>rifabutin caps</i> | 1 | PA |
| RIFADIN CAPS (<i>Use Rifampin</i>) | NF | |
| RIFADIN SOLR (<i>Use Rifampin</i>) | NF | |
| <i>rifampin caps</i> | 1 | |
| <i>rifampin solr</i> | 1 | |
| SIRTURO TABS | 3 | PA |
| TRECTOR TABS | 3 | QL(4 ea daily) |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| ALKERAN SOLR (<i>Use Melphalan HCl</i>) | NF | |
| ALKERAN TABS (<i>Use Melphalan</i>) | NF | |
| BICNU SOLR (<i>Use Carmustine</i>) | 4 | PA; SP |
| <i>busulfan soln</i> | 4 | PA; SP |
| BUSULFEX SOLN (<i>Use Busulfan</i>) | NF | PA; SP |
| <i>carboplatin soln 50 mg/5ml</i> | 4 | PA; SP |
| <i>carmustine solr</i> | 4 | PA; SP |
| <i>cisplatin soln 100 mg/100ml</i> | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>cyclophosphamide caps or 25 mg, 50 mg</i> | 1 | PA; SP |
| CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (<i>Use Cyclophosphamide</i>) | NF | PA; SP |
| <i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i> | 4 | PA; SP |
| GLEOSTINE CAPS 10 MG | 4 | PA; SP |
| GLEOSTINE CAPS 5 MG, 40 MG, 100 MG | 4 | PA |
| HEXALEN CAPS | 4 | PA; SP |
| IFEX SOLR 1 GM (<i>Use Ifosfamide</i>) | NF | PA; SP |
| <i>ifosfamide soln 1 gm/20ml</i> | 4 | PA; SP |
| <i>ifosfamide solr 1 gm</i> | 4 | PA; SP |
| LEUKERAN TABS | 4 | PA; SP |
| <i>melphalan hcl solr</i> | 1 | |
| <i>melphalan tabs</i> | 1 | |
| MUSTARGEN SOLR | 4 | PA; SP |
| MYLERAN TABS | 4 | PA; SP |
| <i>oxaliplatin soln 100 mg/20ml</i> | 4 | PA; SP |
| <i>oxaliplatin soln 50 mg/10ml</i> | 4 | PA; SP |
| TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (<i>Use Temozolomide</i>) | NF | PA; SP |
| TEMODAR SOLR IV 100 MG | 4 | PA; SP |
| <i>temozolomide caps</i> | 4 | PA; SP |
| <i>thiotepa solr</i> | 4 | PA; SP |
| TREANDA SOLR | 4 | PA; SP |
| ZANOSAR SOLR | 4 | PA; SP |
| Antimetabolites | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ALIMTA SOLR 500 MG | 4 | PA; SP |
| ARRANON SOLN | 4 | PA; SP |
| <i>azacitidine susr</i> | 4 | PA; SP |
| <i>capecitabine tabs</i> | 4 | PA; SP |
| <i>clofarabine soln</i> | 4 | PA; SP |
| CLOLAR SOLN (Use Clofarabine) | NF | PA; SP |
| <i>cytarabine soln</i> | 4 | PA; SP |
| DACOGEN SOLR (Use Decitabine) | NF | PA; SP |
| <i>decitabine solr</i> | 4 | PA; SP |
| DEPOCYT SUSP | 4 | PA; SP |
| <i>floxuridine solr</i> | 4 | PA; SP |
| <i>fludarabine phosphate soln 50 mg/2ml</i> | 4 | PA; SP |
| <i>fludarabine phosphate solr 50 mg</i> | 4 | PA; SP |
| <i>fluorouracil soln iv 500 mg/10ml</i> | 4 | PA; SP |
| FOLOTYN SOLN 20 MG/ML | 4 | PA; SP |
| <i>gemcitabine hcl solr 2 gm</i> | 4 | PA; SP |
| <i>gemcitabine hcl solr 200 mg</i> | 4 | PA; SP |
| GEMZAR SOLR 200 MG (Use Gemcitabine HCl) | NF | PA; SP |
| <i>mercaptopurine tabs</i> | 1 | |
| METHOTREXATE SODIUM SOLN IJ 250 MG/10ML | 1 | SP |
| <i>methotrexate sodium soln ij 50 mg/2ml</i> | 1 | |
| <i>methotrexate sodium soln ij 50 mg/2ml</i> | 1 | SP |
| <i>methotrexate sodium solr ij 1 gm</i> | 1 | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| <i>methotrexate sodium tabs or 2.5 mg</i> | 1 | SP |
| TABLOID TABS | 4 | PA; SP |
| TREXALL TABS | 4 | PA; SP |
| VIDAZA SUSR (Use Azacitidine) | NF | PA; SP |
| XELODA TABS (Use Capecitabine) | NF | PA; SP |
| Antineoplastic - Angiogenesis Inhibitors | | |
| AVASTIN SOLN 100 MG/4ML | 4 | PA; SP |
| ZALTRAP SOLN 100 MG/4ML | 4 | PA; SP |
| Antineoplastic - Antibodies | | |
| ADCETRIS SOLR | 4 | PA; SP |
| ARZERRA CONC | 4 | PA; SP |
| CAMPATH SOLN | 4 | PA |
| ERBITUX SOLN | 4 | PA; SP |
| HERCEPTIN SOLR 440 MG | 4 | PA; SP |
| PERJETA SOLN | 4 | PA; SP |
| RITUXAN SOLN | 4 | PA; SP |
| VECTIBIX SOLN 100 MG/5ML | 4 | PA; SP |
| YERVOY SOLN | 4 | PA; SP |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| ERIVEDGE CAPS | 4 | PA; QL(1 ea daily); SP |
| ODOMZO CAPS | 4 | PA; QL(1 ea daily) |
| Antineoplastic - Hormonal and Related Agents | | |
| <i>abiraterone acetate tabs</i> | 4 | PA; QL(4 ea daily); SP |
| <i>anastrozole tabs</i> | 1 | QL(1 ea daily) |
| ARIMIDEX TABS (Use Anastrozole) | NF | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------------|
| AROMASIN TABS (<i>Use Exemestane</i>) | NF | QL(1 ea daily); SP |
| <i>bicalutamide tabs</i> | 4 | PA; QL(1 ea daily); SP |
| CASODEX TABS (<i>Use Bicalutamide</i>) | NF | PA; QL(1 ea daily); SP |
| ELIGARD KIT 22.5 MG | 4 | PA; SP |
| ELIGARD KIT 30 MG | 4 | PA; SP |
| ELIGARD KIT 45 MG | 4 | PA; SP |
| ELIGARD KIT 7.5 MG | 4 | PA; QL(0.0089 ea daily); SP |
| EMCYT CAPS | 4 | PA; SP |
| <i>exemestane tabs</i> | 4 | QL(1 ea daily); SP |
| FARESTON TABS (<i>Use Toremifene Citrate</i>) | 2 | |
| FASLODEX SOLN | 4 | PA; QL(0.357 ml daily); SP |
| FEMARA TABS (<i>Use Letrozole</i>) | NF | |
| FIRMAGON SOLR | 4 | PA; QL(0.143 ea daily); SP |
| <i>flutamide caps</i> | 4 | PA; QL(6 ea daily); SP |
| <i>letrozole tabs</i> | 1 | |
| <i>leuprolide acetate kit</i> | 4 | PA; SP |
| LUPRON DEPOT (1-MONTH) KIT | 4 | PA; QL(0.0357 ea daily); SP |
| LUPRON DEPOT (3-MONTH) KIT | 4 | PA; SP |
| LUPRON DEPOT (4-MONTH) KIT | 4 | PA; QL(0.1339 ea daily); SP |
| LUPRON DEPOT (6-MONTH) KIT | 4 | PA; QL(0.0089 ea daily); SP |
| LYSODREN TABS | 4 | PA; SP |
| <i>megestrol acetate susp</i> | 1 | |
| <i>megestrol acetate tabs</i> | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------------|
| NILANDRON TABS (<i>Use Nilutamide</i>) | NF | QL(2 ea daily) |
| <i>nilutamide tabs</i> | 1 | QL(2 ea daily) |
| <i>tamoxifen citrate tabs</i> | 0 | |
| <i>toremifene citrate tabs</i> | 1 | |
| TRELSTAR MIXJECT SUSR | 4 | PA; SP |
| TRELSTAR SUSR | 4 | PA; SP |
| XTANDI CAPS | 4 | PA; QL(4 ea daily); SP |
| YONSA TABS | 4 | PA |
| ZOLADEX IMPL 10.8 MG | 4 | PA; QL(0.0119 ea daily); SP |
| ZOLADEX IMPL 3.6 MG | 4 | PA; QL(0.0357 ea daily); SP |
| ZYTIGA TABS 250 MG (<i>Use Abiraterone Acetate</i>) | 4 | PA; QL(4 ea daily); SP |
| ZYTIGA TABS 500 MG | 4 | PA; QL(2 ea daily) |
| Antineoplastic - Immunomodulators | | |
| POMALYST CAPS | 4 | PA; QL(1 ea daily) |
| Antineoplastic Antibiotics | | |
| ADRIAMYCIN SOLR | 4 | PA; SP |
| <i>bleomycin sulfate solr 15 unit</i> | 4 | PA; SP |
| COSMEGEN SOLR (<i>Use Dactinomycin</i>) | NF | PA; SP |
| <i>dactinomycin solr</i> | 4 | PA; SP |
| DOXIL INJ (<i>Use Doxorubicin HCl Liposomal</i>) | NF | PA; SP |
| <i>doxorubicin hcl liposomal inj</i> | 4 | PA; SP |
| <i>doxorubicin hcl soln</i> | 4 | PA; SP |
| <i>doxorubicin hcl solr</i> | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| ELLENCESOLN 50 MG/25ML (Use Epirubicin HCl) | NF | PA; SP |
| <i>epirubicin hcl soln 50 mg/25ml</i> | 4 | PA; SP |
| IDAMYCIN PFS SOLN 5 MG/5ML, 10 MG/10ML (Use Idarubicin HCl) | NF | PA; SP |
| <i>idarubicin hcl soln 5 mg/5ml, 10 mg/10ml</i> | 4 | PA; SP |
| <i>mitomycin solr iv 20 mg</i> | 4 | PA; SP |
| <i>mitoxantrone hcl conc</i> | 4 | PA; SP |
| VALSTAR SOLN | 4 | PA; SP |
| Antineoplastic Enzyme Inhibitors | | |
| AFINITOR TABS | 4 | PA; QL(1 ea daily); SP |
| BORTEZOMIB SOLR | 4 | PA; |
| BOSULIF TABS 100 MG, 500 MG | 4 | PA; QL(1 ea daily); SP |
| BOSULIF TABS 400 MG | 4 | PA; |
| BRAFTOVI CAPS | 4 | PA; SP |
| CAPRELSA TABS | 4 | PA; QL(1 ea daily); SP |
| COMETRIQ KIT | 4 | PA; QL(4 ea daily); SP |
| COMETRIQ KIT | 4 | PA; QL(3 ea daily); SP |
| COMETRIQ KIT | 4 | PA; QL(2 ea daily); SP |
| COPIKTRA CAPS | 4 | PA |
| GILOTRIF TABS | 4 | PA; QL(1 ea daily) |
| GLEEVEC TABS (Use Imatinib Mesylate) | NF | PA; QL(2 ea daily); SP |
| <i>imatinib mesylate tabs</i> | 4 | PA; QL(2 ea daily); SP |
| IMBRUVICA CAPS 140 MG | 4 | PA; QL(3 ea daily) |
| IMBRUVICA CAPS 70 MG | 4 | PA; QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG | 4 | PA; QL(1 ea daily) |
| INLYTA TABS | 4 | PA; QL(2 ea daily); SP |
| ISTODAX (OVERFILL) SOLR | 4 | PA; SP |
| JAKAFI TABS 10 MG, 15 MG, 20 MG, 25 MG | 4 | PA; SP |
| JAKAFI TABS 5 MG | 4 | PA; QL(2 ea daily); SP |
| KYPROLIS SOLR | 4 | PA |
| LENVIMA 10 MG DAILY DOSE CPPK | 4 | PA; QL(1 ea daily) |
| LENVIMA 14 MG DAILY DOSE CPPK | 4 | PA; QL(2 ea daily) |
| LENVIMA 20 MG DAILY DOSE CPPK | 4 | PA; QL(2 ea daily) |
| LENVIMA 24 MG DAILY DOSE CPPK | 4 | PA; QL(3 ea daily) |
| LYNPARZA CAPS | 4 | PA; QL(16 ea daily) |
| LYNPARZA TABS | 4 | PA; QL(16 ea daily) |
| MEKINIST TABS 0.5 MG | 4 | PA; QL(3 ea daily) |
| MEKINIST TABS 2 MG | 4 | PA; QL(1 ea daily) |
| MEKTOVI TABS | 4 | PA; SP |
| NEXAVAR TABS | 4 | PA; QL(4 ea daily); SP |
| NINLARO CAPS | 4 | PA; QL(0.143 ea daily) |
| ROMIDEPSIN SOLR | 4 | PA; SP |
| SPRYCEL TABS | 4 | PA; QL(1 ea daily); SP |
| STIVARGA TABS | 4 | PA; QL(4 ea daily); SP |
| SUTENT CAPS 25 MG, 50 MG, 12.5 MG | 4 | PA; QL(1 ea daily); SP |
| TAFINLAR CAPS | 4 | PA; QL(4 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| TARCEVA TABS | 4 | PA; QL(1 ea daily); SP |
| TASIGNA CAPS 150 MG, 200 MG | 4 | PA; QL(4 ea daily); SP |
| TASIGNA CAPS 50 MG | 4 | PA; QL(4 ea daily) |
| <i>temsirolimus soln</i> | 4 | PA; QL(0.143 ml daily); SP |
| TIBSOVO TABS | 4 | PA |
| TORISEL SOLN (<i>Use Temsirolimus</i>) | 4 | PA; QL(0.143 ml daily); SP |
| TYKERB TABS | 4 | PA; QL(6 ea daily); SP |
| VELCADE SOLR | 4 | PA; SP |
| VOTRIENT TABS | 4 | PA; QL(4 ea daily); SP |
| XALKORI CAPS | 4 | PA; QL(2 ea daily); SP |
| ZELBORAF TABS | 4 | PA; SP |
| ZOLINZA CAPS | 4 | PA; QL(4 ea daily); SP |
| ZYDELIG TABS | 4 | PA; QL(2 ea daily) |
| ZYKADIA CAPS | 4 | PA; QL(5 ea daily) |
| Antineoplastic Enzymes | | |
| ERWINAZE SOLR | 4 | PA; SP |
| ONCASPAR SOLN | 4 | PA; SP |
| Antineoplastics Misc. | | |
| ACTIMMUNE SOLN | 4 | PA; SP |
| <i>arsenic trioxide soln</i> | 4 | PA; SP |
| <i>bexarotene caps</i> | 4 | PA; SP |
| <i>dacarbazine solr 200 mg</i> | 4 | PA; SP |
| HYDREA CAPS (<i>Use Hydroxyurea</i>) | NF | |
| <i>hydroxyurea caps</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| INTRON A SOLR 18 MU | 4 | PA; SP |
| INTRON A W/DILUENT SOLR 18 MU | 4 | PA; SP |
| MATULANE CAPS | 4 | PA; SP |
| NIPENT SOLR | 4 | PA; SP |
| PHOTOFRIN SOLR | 4 | PA; SP |
| PROLEUKIN SOLR | 4 | PA; SP |
| SYLATRON KIT | 4 | PA; SP |
| SYNRIBO SOLR | 4 | PA; SP |
| TARGRETIN CAPS OR 75 MG (<i>Use Bexarotene</i>) | NF | PA; SP |
| <i>tretinoin (chemotherapy) caps</i> | 1 | |
| TRISENOX SOLN 10 MG/10ML | 4 | PA; SP |
| UVADEX SOLN | 4 | PA; SP |
| Chemotherapy Adjuncts | | |
| KEPIVANCE SOLR | 4 | PA; SP |
| Chemotherapy Rescue/Antidote Agents | | |
| <i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i> | 1 | |
| LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG | 1 | |
| <i>leucovorin calcium tabs or 5 mg, 25 mg</i> | 1 | |
| VORAXAZE SOLR | 4 | PA; SP |
| Mitotic Inhibitors | | |
| ABRAXANE SUSR | 4 | PA; SP |
| <i>docetaxel conc 20 mg/ml</i> | 4 | PA; SP |
| DOCETAXEL CONC 20 MG/ML, 20 MG/0.5ML | 4 | PA; SP |
| DOCETAXEL SOLN 20 MG/2ML | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>docetaxel soln 20 mg/2ml</i> | 4 | PA; SP |
| DOCETAXEL SOLN 20 MG/2ML (Use Docetaxel) | 4 | PA; SP |
| ETOPOPHOS SOLR | 4 | PA; SP |
| ETOPOSIDE CAPS OR 50 MG | 4 | PA; SP |
| <i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i> | 4 | PA; SP |
| HALAVEN SOLN | 4 | PA; SP |
| IXEMPRA KIT SOLR 15 MG | 4 | PA; SP |
| JEVTANA SOLN | 4 | PA; SP |
| NAVELBINE SOLN 10 MG/ML (Use Vinorelbine Tartrate) | NF | PA; SP |
| <i>paclitaxel conc 100 mg/16.7ml</i> | 4 | PA; SP |
| PACLITAXEL CONC 150 MG/25ML | 4 | PA; SP |
| TAXOTERE CONC 20 MG/ML (Use Docetaxel) | 4 | PA; SP |
| TENIPOSIDE SOLN | 4 | PA; SP |
| <i>vincristine sulfate soln</i> | 4 | PA; SP |
| <i>vinorelbine tartrate soln 10 mg/ml</i> | 4 | PA; SP |
| Topoisomerase I Inhibitors | | |
| CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use Irinotecan HCl) | NF | PA; SP |
| HYCAMTIN CAPS OR 0.25 MG, 1 MG | 4 | PA; SP |
| HYCAMTIN SOLR IV 4 MG (Use Topotecan HCl) | NF | PA; SP |
| <i>irinotecan hcl soln</i> | 4 | PA; SP |
| <i>topotecan hcl solr 4 mg</i> | 4 | PA; SP |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Adjuvants | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>carbidopa tabs</i> | 1 | |
| LODOSYN TABS (Use Carbidopa) | NF | |
| Antiparkinson Anticholinergics | | |
| <i>benztropine mesylate soln</i> | 1 | |
| <i>benztropine mesylate tabs</i> | 1 | |
| COGENTIN SOLN (Use Benztropine Mesylate) | NF | |
| <i>trihexyphenidyl hcl elix</i> | 1 | |
| <i>trihexyphenidyl hcl tabs</i> | 1 | |
| Antiparkinson COMT Inhibitors | | |
| COMTAN TABS (Use Entacapone) | NF | QL(8 ea daily) |
| <i>entacapone tabs</i> | 1 | QL(8 ea daily) |
| TASMAR TABS (Use Tolcapone) | NF | |
| <i>tolcapone tabs</i> | 1 | |
| Antiparkinson Dopaminergics | | |
| <i>amantadine hcl caps</i> | 1 | |
| <i>amantadine hcl syrp</i> | 1 | |
| <i>amantadine hcl tabs</i> | 1 | |
| <i>bromocriptine mesylate caps</i> | 1 | |
| <i>bromocriptine mesylate tabs</i> | 1 | |
| <i>carbidopa-levodopa tabs</i> | 1 | |
| <i>carbidopa-levodopa tbc</i> | 1 | |
| <i>carbidopa-levodopa tbdp</i> | 1 | |
| CARBIDOPA/LEVODOPA/ENTACAPONE TABS | 1 | |
| MIRAPEX TABS 0.125 MG (Use Pramipexole Dihydrochloride) | NF | QL(4 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| MIRAPEX TABS 0.25 MG, 0.75 MG, 0.5 MG, 1 MG, 1.5 MG (<i>Use Pramipexole Dihydrochloride</i>) | NF | |
| NEUPRO PT24 | 2 | |
| PARLODEL CAPS (<i>Use Bromocriptine Mesylate</i>) | NF | |
| PARLODEL TABS (<i>Use Bromocriptine Mesylate</i>) | NF | |
| <i>pramipexole dihydrochloride tabs 0.125 mg</i> | 1 | QL(4 ea daily) |
| <i>pramipexole dihydrochloride tabs 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i> | 1 | |
| REQUIP TABS (<i>Use Ropinirole Hydrochloride</i>) | NF | |
| REQUIP XL TB24 2 MG, 4 MG, 6 MG (<i>Use Ropinirole Hydrochloride</i>) | NF | ST; QL(1 ea daily) |
| REQUIP XL TB24 8 MG, 12 MG (<i>Use Ropinirole Hydrochloride</i>) | NF | ST; QL(2 ea daily) |
| <i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 1 | |
| <i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i> | 1 | ST; QL(1 ea daily) |
| <i>ropinirole hydrochloride tb24 8 mg, 12 mg</i> | 1 | ST; QL(2 ea daily) |
| SINEMET CR TBCR (<i>Use Carbidopa-Levodopa</i>) | NF | |
| SINEMET TABS (<i>Use Carbidopa-Levodopa</i>) | NF | |
| STALEVO 100 TABS | 1 | |
| STALEVO 125 TABS | 1 | |
| STALEVO 150 TABS | 1 | |
| STALEVO 200 TABS | 1 | |
| STALEVO 50 TABS | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| STALEVO 75 TABS | 1 | |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| AZILECT TABS (<i>Use Rasagiline Mesylate</i>) | NF | PA; QL(1 ea daily) |
| ELDEPRYL CAPS (<i>Use Selegiline HCl</i>) | NF | |
| <i>rasagiline mesylate tabs</i> | 1 | PA; QL(1 ea daily) |
| <i>selegiline hcl caps</i> | 1 | |
| <i>selegiline hcl tabs</i> | 1 | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| Antimanic Agents | | |
| <i>lithium carbonate caps 150 mg, 300 mg, 600 mg</i> | 1 | |
| LITHIUM CARBONATE CAPS 150 MG, 600 MG (<i>Use Lithium Carbonate</i>) | 1 | |
| <i>lithium carbonate tabs 300 mg</i> | 1 | |
| <i>lithium carbonate tbcr 300 mg, 450 mg</i> | 1 | |
| LITHIUM SOLN | 1 | |
| LITHOBID TBCR (<i>Use Lithium Carbonate</i>) | NF | |
| Antipsychotics - Misc. | | |
| EQUETRO CP12 100 MG | 3 | ST; QL(2 ea daily) |
| EQUETRO CP12 200 MG | 3 | ST; QL(8 ea daily) |
| EQUETRO CP12 300 MG | 3 | ST; QL(4 ea daily) |
| GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (<i>Use Ziprasidone HCl</i>) | NF | QL(2 ea daily); AL(At least 18 yrs old) |
| LATUDA TABS | 3 | PA; QL(1 ea daily) |
| <i>ziprasidone hcl caps</i> | 1 | QL(2 ea daily); AL(At least 18 yrs old) |
| Benzisoxazoles | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| FANAPT TABS | 2 | PA; QL(2 ea daily) |
| FANAPT TITRATION PACK TABS | 2 | PA |
| INVEGA TB24 3 MG, 9 MG, 1.5 MG (Use <i>Paliperidone</i>) | NF | QL(1 ea daily) |
| INVEGA TB24 6 MG (Use <i>Paliperidone</i>) | NF | QL(2 ea daily) |
| <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) |
| PERSERIS PRSY | 2 | PA; QL(0.072 ea daily) |
| RISPERDAL CONSTA SUSR | 2 | PA; QL(0.072 ea daily) |
| RISPERDAL M-TAB TBDP (Use <i>Risperidone</i>) | NF | QL(2 ea daily) |
| RISPERDAL SOLN 1 MG/ML (Use <i>Risperidone</i>) | NF | QL(8 ml daily) |
| RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>Risperidone</i>) | NF | QL(4 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(4 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 <i>Haloperidol Decanoate</i>) | NF | QL(0.036 ml daily) |
| HALDOL DECANOATE 50 SOLN (Use <i>Haloperidol Decanoate</i>) | NF | QL(0.036 ml daily) |
| HALDOL SOLN (Use <i>Haloperidol Lactate</i>) | NF | |
| <i>haloperidol decanoate soln</i> | 1 | QL(0.036 ml daily) |
| <i>haloperidol lactate conc</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>haloperidol lactate soln</i> | 1 | |
| <i>haloperidol tabs</i> | 1 | |
| Dibenzapines | | |
| CLOZAPINE ODT TBDP 150 MG, 200 MG | 1 | |
| <i>clozapine tabs</i> | 1 | |
| <i>clozapine tbdp</i> | 1 | |
| CLOZARIL TABS (Use <i>Clozapine</i>) | NF | |
| FAZACLO TBDP 150 MG, 200 MG | 1 | |
| FAZACLO TBDP 25 MG, 100 MG, 12.5 MG (Use <i>Clozapine</i>) | NF | |
| <i>loxapine succinate caps</i> | 1 | |
| <i>olanzapine solr im 10 mg</i> | 1 | QL(0.215 ea daily) |
| <i>olanzapine tabs or 10 mg, 15 mg, 20 mg, 7.5 mg</i> | 1 | QL(2 ea daily) |
| <i>olanzapine tabs or 5 mg, 2.5 mg</i> | 1 | QL(4 ea daily) |
| <i>olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg</i> | 1 | |
| <i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg</i> | 1 | QL(4 ea daily); AL(At least 10 yrs old) |
| <i>quetiapine fumarate tabs 300 mg, 400 mg</i> | 1 | QL(2 ea daily); AL(At least 10 yrs old) |
| <i>quetiapine fumarate tb24 300 mg, 400 mg</i> | 1 | PA; QL(2 ea daily); AL(At least 10 yrs old) |
| <i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg</i> | 1 | PA; QL(1 ea daily); AL(At least 10 yrs old) |
| SAPHRIS SUBL 2.5 MG | 2 | |
| SAPHRIS SUBL 5 MG, 10 MG | 2 | PA; QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use Quetiapine Fumarate) | NF | QL(4 ea daily); AL(At least 10 yrs old) |
| SEROQUEL TABS 300 MG, 400 MG (Use Quetiapine Fumarate) | NF | QL(2 ea daily); AL(At least 10 yrs old) |
| SEROQUEL XR TB24 300 MG, 400 MG (Use Quetiapine Fumarate) | NF | PA; QL(2 ea daily); AL(At least 10 yrs old) |
| SEROQUEL XR TB24 50 MG, 150 MG, 200 MG (Use Quetiapine Fumarate) | NF | PA; QL(1 ea daily); AL(At least 10 yrs old) |
| ZYPREXA SOLR IM 10 MG (Use Olanzapine) | NF | QL(0.215 ea daily) |
| ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (Use Olanzapine) | NF | QL(2 ea daily) |
| ZYPREXA TABS OR 5 MG, 2.5 MG (Use Olanzapine) | NF | QL(4 ea daily) |
| ZYPREXA ZYDIS TBDP (Use Olanzapine) | NF | |
| Phenothiazines | | |
| CHLORPROMAZINE HCL SOLN IJ 25 MG/ML, 50 MG/2ML | 3 | |
| <i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i> | 1 | |
| FLUPHENAZINE HCL CONC OR 5 MG/ML | 1 | |
| FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML | 1 | |
| FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML | 1 | |
| <i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i> | 1 | |
| <i>perphenazine tabs</i> | 1 | |
| <i>prochlorperazine maleate tabs</i> | 1 | |
| <i>prochlorperazine supp</i> | 1 | |
| <i>thioridazine hcl tabs</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>trifluoperazine hcl tabs</i> | 1 | |
| Quinolinone Derivatives | | |
| ABILIFY TABS (Use Aripiprazole) | NF | QL(1 ea daily); AL(At least 6 yrs old) |
| <i>aripiprazole soln 1 mg/ml</i> | 3 | QL(30 ml daily); AL(At least 6 yrs old) |
| <i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i> | 1 | QL(1 ea daily); AL(At least 6 yrs old) |
| REXULTI TABS | 3 | PA |
| Thioxanthenes | | |
| <i>thiothixene caps 1 mg, 2 mg, 5 mg, 10 mg</i> | 1 | |
| ANTIVIRALS - Drugs to Treat Viral Infections | | |
| Antiretrovirals | | |
| <i>abacavir sulfate soln 20 mg/ml</i> | 1 | |
| <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 | QL(1 ea daily) |
| ATRIPLA TABS | 3 | QL(1 ea daily) |
| BIKTARVY TABS | 3 | QL(1 ea daily) |
| CIMDUO TABS | 2 | QL(1 ea daily) |
| COMBIVIR TABS (Use Lamivudine-Zidovudine) | NF | QL(2 ea daily) |
| COMPLERA TABS | 3 | QL(1 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| CRIXIVAN CAPS 200 MG | 2 | QL(9 ea daily) |
| CRIXIVAN CAPS 400 MG | 2 | QL(6 ea daily) |
| DELSTRIGO TABS | 3 | ST; QL(1 ea daily) |
| DESCOVY TABS | 2 | QL(1 ea daily) |
| <i>didanosine cpdr 200 mg</i> | 1 | QL(2 ea daily) |
| <i>didanosine cpdr 250 mg, 400 mg</i> | 1 | QL(1 ea daily) |
| EDURANT TABS | 2 | QL(1 ea daily) |
| <i>efavirenz caps 200 mg</i> | 1 | QL(2 ea daily) |
| <i>efavirenz caps 50 mg</i> | 1 | QL(3 ea daily) |
| <i>efavirenz tabs 600 mg</i> | 1 | QL(1 ea daily) |
| EMTRIVA CAPS 200 MG | 2 | QL(1 ea daily) |
| EMTRIVA SOLN 10 MG/ML | 2 | |
| EPIVIR SOLN 10 MG/ML (Use Lamivudine) | NF | QL(30 ml daily) |
| EPIVIR TABS 150 MG (Use Lamivudine) | NF | QL(2 ea daily) |
| EPIVIR TABS 300 MG (Use Lamivudine) | NF | QL(1 ea daily) |
| EPZICOM TABS (Use Abacavir Sulfate-Lamivudine) | NF | QL(1 ea daily) |
| <i>fosamprenavir calcium tabs</i> | 1 | QL(4 ea daily) |
| FUZEON SOLR | 4 | PA; SP |
| GENVOYA TABS | 3 | QL(1 ea daily) |
| INTELENCE TABS 100 MG | 2 | QL(4 ea daily) |
| INTELENCE TABS 200 MG | 2 | QL(2 ea daily) |
| INTELENCE TABS 25 MG | 2 | QL(8 ea daily) |
| INVIRASE CAPS 200 MG | 2 | QL(10 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| INVIRASE TABS 500 MG | 2 | QL(4 ea daily) |
| ISENTRESS CHEW 25 MG, 100 MG | 2 | |
| ISENTRESS HD TABS | 2 | QL(2 ea daily) |
| ISENTRESS TABS 400 MG | 2 | QL(2 ea daily) |
| JULUCA TABS | 3 | QL(1 ea daily) |
| KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir) | NF | QL(12.5 ml daily) |
| KALETRA TABS 100MG-25MG, 200MG-50MG | 2 | QL(4 ea daily) |
| <i>lamivudine soln 10 mg/ml</i> | 1 | QL(30 ml daily) |
| <i>lamivudine tabs 150 mg</i> | 1 | QL(2 ea daily) |
| <i>lamivudine tabs 300 mg</i> | 1 | QL(1 ea daily) |
| <i>lamivudine-zidovudine tabs</i> | 1 | QL(2 ea daily) |
| LEXIVA SUSP 50 MG/ML | 2 | QL(56 ml daily) |
| LEXIVA TABS 700 MG (Use Fosamprenavir Calcium) | NF | QL(4 ea daily) |
| <i>lopinavir-ritonavir soln</i> | 1 | QL(12.5 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 PACK 100 MG | 2 | QL(12 ea daily)30 rtl lmt day(s),30 mail lmt day(s), |
| NORVIR SOLN 80 MG/ML | 2 | QL(15 ml daily) |
| NORVIR TABS 100 MG (Use Ritonavir) | 2 | QL(12 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ODEFSEY TABS | 3 | QL(1 ea daily) |
| PREZCOBIX TABS | 2 | QL(1 ea daily) |
| PREZISTA SUSP 100 MG/ML | 2 | QL(12 ml daily) |
| PREZISTA TABS 75 MG, 150 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) | NF | QL(6 ea daily) |
| RETROVIR IV INFUSION SOLN | 1 | |
| RETROVIR SYRP 50 MG/5ML (Use Zidovudine) | NF | QL(60 ml daily) |
| REYATAZ CAPS 150 MG, 200 MG (Use Atazanavir Sulfate) | NF | QL(2 ea daily) |
| REYATAZ CAPS 300 MG (Use Atazanavir Sulfate) | NF | QL(1 ea daily) |
| <i>ritonavir tabs</i> | 1 | QL(12 ea daily) |
| SELZENTRY SOLN 20 MG/ML | 2 | QL(30 ml daily) |
| SELZENTRY TABS 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 | 3 | QL(1 ea daily) |
| SUSTIVA CAPS 200 MG (Use Efavirenz) | NF | QL(2 ea daily) |
| SUSTIVA CAPS 50 MG (Use Efavirenz) | NF | QL(3 ea daily) |
| SUSTIVA TABS 600 MG (Use Efavirenz) | NF | QL(1 ea daily) |
| SYMFI LO TABS | 2 | QL(1 ea daily) |
| SYMFI TABS | 2 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------------|
| SYMTUZA TABS | 3 | ST; QL(1 ea daily) |
| <i>tenofovir disoproxil fumarate tabs</i> | 1 | |
| TIVICAY TABS | 3 | |
| TRIUMEQ TABS | 3 | QL(1 ea daily) |
| TRIZIVIR TABS (Use Abacavir Sulfate-Lamivudine-Zidovudine) | NF | QL(2 ea daily) |
| TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG | 2 | PA; QL(1 ea daily, 30 day(s) limit) |
| TRUVADA TABS 300MG-200MG | 2 | PA; QL(1 ea daily) |
| TYBOST TABS | 2 | QL(1 ea daily) |
| VIDEX EC CPDR 125 MG | 2 | QL(2 ea daily) |
| VIDEX EC CPDR 200 MG (Use Didanosine) | NF | QL(2 ea daily) |
| VIDEX EC CPDR 250 MG, 400 MG (Use Didanosine) | NF | QL(1 ea daily) |
| VIDEXPEDIATRIC SOLR | 2 | |
| VIRACEPT TABS 250 MG | 2 | QL(10 ea daily) |
| VIRACEPT TABS 625 MG | 2 | QL(4 ea daily) |
| VIRAMUNE SUSP 50 MG/5ML (Use Nevirapine) | 1 | QL(40 ml daily) |
| VIRAMUNE TABS 200 MG (Use Nevirapine) | NF | QL(2 ea daily) |
| VIRAMUNE XR TB24 100 MG (Use Nevirapine) | NF | QL(3 ea daily) |
| VIRAMUNE XR TB24 400 MG (Use Nevirapine) | NF | QL(1 ea daily) |
| VIREAD POWD 40 MG/GM | 2 | |
| VIREAD TABS 150 MG, 200 MG, 250 MG | 2 | QL(1 ea daily) |
| VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate) | NF | |
| ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine) | NF | QL(2 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| ZERIT SOLR 1 MG/ML | 2 | QL(80 ml daily) |
| ZIAGEN SOLN 20 MG/ML (Use Abacavir Sulfate) | NF | |
| ZIAGEN TABS 300 MG (Use Abacavir Sulfate) | NF | QL(2 ea daily) |
| <i>zidovudine caps 100 mg</i> | 1 | QL(6 ea daily) |
| <i>zidovudine syrp 50 mg/5ml</i> | 1 | QL(60 ml daily) |
| <i>zidovudine tabs 300 mg</i> | 1 | QL(2 ea daily) |
| CMV Agents | | |
| <i>cidofovir soln</i> | 3 | |
| CYTOVENE SOLR (Use Ganciclovir Sodium) | NF | |
| <i>ganciclovir sodium solr</i> | 1 | |
| VALCYTE TABS 450 MG (Use Valganciclovir HCl) | NF | PA; QL(4 ea daily) |
| <i>valganciclovir hcl tabs 450 mg</i> | 1 | PA; QL(4 ea daily) |
| Hepatitis Agents | | |
| <i>adefovir dipivoxil tabs</i> | 4 | PA; QL(1 ea daily); SP |
| BARACLUDE SOLN 0.05 MG/ML | 4 | PA; QL(20 ml daily); SP |
| BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir) | NF | PA; QL(1 ea daily); SP |
| COPEGUS TABS (Use Ribavirin (Hepatitis C)) | NF | PA; QL(7 ea daily) |
| DAKLINZA TABS 30 MG, 60 MG | 4 | PA; QL(1 ea daily) |
| <i>entecavir tabs</i> | 4 | PA; QL(1 ea daily); SP |
| EPCLUSA TABS | 4 | PA; QL(1 ea daily) |
| EPIVIR HBV SOLN 5 MG/ML | 4 | PA; QL(60 ml daily); SP |
| EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV)) | NF | QL(3 ea daily); SP |
| HARVONI TABS | 4 | PA; QL(1 ea daily); SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| HEPSERA TABS (Use Adefovir Dipivoxil) | NF | PA; QL(1 ea daily); SP |
| <i>lamivudine (hbv) tabs</i> | 1 | QL(3 ea daily); SP |
| LEDIPASVIR/SOFOSBUVIR TABS | 4 | PA; QL(1 ea daily); SP |
| MAVYRET TABS | 4 | PA; QL(3 ea daily) |
| MODERIBA 1200 DOSE PACK TABS | 4 | PA |
| MODERIBA 800 DOSE PACK TABS | 4 | PA |
| PEG-INTRON REDIPEN KIT | 4 | PA; QL(0.143 ea daily); SP |
| PEGASYS PROCLICK SOLN | 4 | PA; QL(0.0714 ml daily); SP |
| PEGASYS SOLN | 4 | PA; QL(0.0714 ml daily); SP |
| PEGINTRON KIT | 4 | PA; QL(0.143 ea daily); SP |
| REBETOL CAPS 200 MG (Use Ribavirin (Hepatitis C)) | NF | PA; QL(7 ea daily) |
| REBETOL SOLN 40 MG/ML | 4 | PA; QL(35 ml daily); SP |
| RIBASPHERE RIBAPAK TABS 400 MG, 600 MG | 4 | PA |
| RIBASPHERE TABS 400 MG, 600 MG | 4 | PA |
| <i>ribavirin (hepatitis c) caps</i> | 1 | PA; QL(7 ea daily) |
| <i>ribavirin (hepatitis c) tabs</i> | 1 | PA; QL(7 ea daily) |
| SOFOSBUVIR/VELPATASVIR TABS | 4 | PA; QL(1 ea daily) |
| SOVALDI TABS | 4 | PA; QL(1 ea daily); SP |
| Herpes Agents | | |
| <i>acyclovir caps 200 mg</i> | 1 | QL(5 ea daily, 50 ea per fill retail, 50 ea per fill mail) |
| <i>acyclovir susp 200 mg/5ml</i> | 1 | QL(13.34 ml daily) |
| <i>acyclovir tabs 400 mg, 800 mg</i> | 1 | QL(5 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>famciclovir tabs 125 mg, 250 mg</i> | 1 | QL(3 ea daily) |
| <i>famciclovir tabs 500 mg</i> | 1 | QL(4 ea daily) |
| <i>valacyclovir hcl tabs 1 gm, 1000 mg</i> | 1 | QL(4 ea daily) |
| <i>valacyclovir hcl tabs 500 mg</i> | 1 | QL(2 ea daily) |
| VALTREX TABS 1 GM (Use <i>Valacyclovir HCl</i>) | NF | QL(4 ea daily) |
| VALTREX TABS 500 MG (Use <i>Valacyclovir HCl</i>) | NF | QL(2 ea daily) |
| ZOVIRAX CAPS OR 200 MG (Use <i>Acyclovir</i>) | NF | QL(5 ea daily, 50 ea per fill retail, 50 ea per fill mail) |
| ZOVIRAX SUSP OR 200 MG/5ML (Use <i>Acyclovir</i>) | NF | QL(13.34 ml daily) |
| ZOVIRAX TABS OR 400 MG, 800 MG (Use <i>Acyclovir</i>) | NF | QL(5 ea daily) |
| Influenza Agents | | |
| FLUMADINE TABS (Use <i>Rimantadine Hydrochloride</i>) | NF | QL(2 ea daily) |
| <i>oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg</i> | 1 | Limit 1 fill every 90 days.;QL(10 ea per fill retail, 10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply, 1 mail MAX fill,90 mail day(s) supply, |
| <i>oseltamivir phosphate susr or 6 mg/ml</i> | 1 | Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply, |
| RELENZA DISKHALER AEPB | 2 | |
| <i>rimantadine hydrochloride tabs</i> | 1 | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use <i>Oseltamivir Phosphate</i>) | NF | Limit 1 fill every 90 days.;QL(10 ea per fill retail, 10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply, 1 mail MAX fill,90 mail day(s) supply, |
| TAMIFLU SUSR 6 MG/ML (Use <i>Oseltamivir Phosphate</i>) | NF | Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply, |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Alpha-Beta Blockers | | |
| <i>carvedilol tabs</i> | 1 | |
| COREG TABS (Use <i>Carvedilol</i>) | NF | |
| <i>labetalol hcl soln</i> | 1 | |
| <i>labetalol hcl tabs</i> | 1 | |
| Beta Blockers Cardio-Selective | | |
| <i>acebutolol hcl caps</i> | 1 | |
| <i>atenolol tabs</i> | 1 | |
| <i>betaxolol hcl tabs</i> | 1 | |
| <i>bisoprolol fumarate tabs</i> | 1 | |
| BYSTOLIC TABS 20 MG | 2 | PA; QL(2 ea daily) |
| BYSTOLIC TABS 5 MG, 10 MG, 2.5 MG | 2 | PA; QL(1 ea daily) |
| LOPRESSOR TABS (Use <i>Metoprolol Tartrate</i>) | NF | |
| <i>metoprolol succinate tb24</i> | 1 | |
| <i>metoprolol tartrate soln iv 5 mg/5ml</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>metoprolol tartrate tabs or 25 mg, 50 mg, 100 mg</i> | 1 | |
| TENORMIN TABS (Use <i>Atenolol</i>) | NF | |
| TOPROL XL TB24 (Use <i>Metoprolol Succinate</i>) | NF | |
| ZEBETA TABS (Use <i>Bisoprolol Fumarate</i>) | NF | |
| Beta Blockers Non-Selective | | |
| BETAPACE AF TABS (Use <i>Sotalol HCl (AFIB/AFL)</i>) | NF | |
| BETAPACE TABS (Use <i>Sotalol HCl</i>) | NF | QL(2 ea daily) |
| CORGARD TABS (Use <i>Nadolol</i>) | NF | |
| HEMANGEOL SOLN | 4 | PA; QL(75 ml daily) |
| INDERAL LA CP24 (Use <i>Propranolol HCl</i>) | NF | |
| <i>nadolol tabs</i> | 1 | |
| <i>pindolol tabs</i> | 1 | |
| <i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i> | 1 | |
| <i>propranolol hcl soln iv 1 mg/ml</i> | 1 | |
| PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML | 1 | |
| <i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 1 | |
| <i>sotalol hcl (afib/af) tabs</i> | 1 | |
| <i>sotalol hcl tabs 240 mg</i> | 1 | |
| <i>sotalol hcl tabs 80 mg, 120 mg, 160 mg</i> | 1 | QL(2 ea daily) |
| TIMOLOL MALEATE TABS | 1 | |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ADALAT CC TB24 (Use <i>Nifedipine</i>) | NF | |
| <i>amlodipine besylate tabs</i> | 1 | |
| CALAN SR TBCR (Use <i>Verapamil HCl</i>) | NF | |
| CALAN TABS (Use <i>Verapamil HCl</i>) | NF | |
| CARDIZEM CD CP24 (Use <i>Diltiazem HCl Coated Beads</i>) | NF | |
| CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use <i>Diltiazem HCl Coated Beads</i>) | NF | |
| CARDIZEM TABS (Use <i>Diltiazem HCl</i>) | NF | |
| <i>diltiazem hcl coated beads cp24</i> | 1 | |
| <i>diltiazem hcl coated beads tb24</i> | 1 | |
| <i>diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg</i> | 1 | |
| <i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i> | 1 | |
| <i>diltiazem hcl extended release beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | 1 | |
| <i>diltiazem hcl soln iv 50 mg/10ml</i> | 1 | |
| DILTIAZEM HCL SOLR IV 100 MG | 1 | |
| <i>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg</i> | 1 | |
| <i>felodipine tb24</i> | 1 | |
| <i>isradipine caps</i> | 1 | |
| <i>nicardipine hcl caps</i> | 1 | |
| <i>nicardipine hcl soln</i> | 1 | |
| <i>nifedipine caps</i> | 1 | |
| <i>nifedipine tb24</i> | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>nimodipine caps</i> | 1 | |
| NISOLDIPINE ER TB24 20 MG, 30 MG, 40 MG | 1 | |
| <i>nisoldipine tb24</i> | 1 | |
| NORVASC TABS (<i>Use Amlodipine Besylate</i>) | NF | |
| PROCARDIA CAPS (<i>Use Nifedipine</i>) | NF | |
| PROCARDIA XL TB24 (<i>Use Nifedipine</i>) | NF | |
| SULAR TB24 (<i>Use Nisoldipine</i>) | NF | |
| TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>Use Diltiazem HCl Extended Release Beads</i>) | NF | |
| <i>verapamil hcl cp24</i> | 1 | |
| <i>verapamil hcl soln</i> | 1 | |
| VERAPAMIL HCL SR CP24 | 1 | |
| <i>verapamil hcl tabs</i> | 1 | |
| <i>verapamil hcl tbc</i> | 1 | |
| VERELAN CP24 120 MG, 180 MG, 240 MG (<i>Use Verapamil HCl</i>) | NF | |
| VERELAN CP24 360 MG | 1 | |
| VERELAN PM CP24 (<i>Use Verapamil HCl</i>) | NF | |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| <i>digoxin soln ij 0.25 mg/ml</i> | 1 | |
| DIGOXIN SOLN OR 0.05 MG/ML | 1 | |
| <i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|------------------------------|
| LANOXIN SOLN IJ 0.25 MG/ML (<i>Use Digoxin</i>) | 2 | |
| LANOXIN TABS OR 125 MCG, 250 MCG (<i>Use Digoxin</i>) | 2 | |
| LANOXIN TABS OR 62.5 MCG, 187.5 MCG | 2 | |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiovascular Agents Misc. - Combinations | | |
| <i>amlodipine besylate-atorvastatin calcium tabs</i> | 1 | QL(1 ea daily) |
| BIDIL TABS | 2 | |
| CADUET TABS (<i>Use Amlodipine Besylate-Atorvastatin Calcium</i>) | NF | QL(1 ea daily) |
| ENTRESTO TABS | 3 | PA |
| Impotence Agents | | |
| CIALIS TABS 5 MG (<i>Use Tadalafil</i>) | 3 | PA; BPH Only; QL(1 ea daily) |
| <i>sildenafil citrate tabs</i> | 1 | PA; QL(0.1334 ea daily) |
| STENDRA TABS | 3 | QL(0.134 ea daily) |
| <i>tadalafil tabs 5 mg</i> | 1 | PA; BPH Only; QL(1 ea daily) |
| VIAGRA TABS (<i>Use Sildenafil Citrate</i>) | NF | PA; QL(0.1334 ea daily) |
| Prostaglandin Vasodilators | | |
| <i>epoprostenol sodium solr</i> | 4 | PA |
| FLOLAN SOLR (<i>Use Epoprostenol Sodium</i>) | NF | PA |
| ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG | 3 | PA |
| REMODULIN SOLN | 4 | PA; SP |
| <i>treprostinil sodium soln</i> | 4 | PA; SP |
| VENTAVIS SOLN | 4 | PA; SP |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| Pulmonary Hypertension - Endothelin Receptor | | |
| LETAIRIS TABS | 4 | PA; QL(1 ea daily); SP |
| OPSUMIT TABS | 4 | PA; QL(1 ea daily) |
| TRACLEER TABS 125 MG | 4 | PA; QL(2 ea daily); SP |
| TRACLEER TABS 62.5 MG | 4 | PA; QL(2 ea daily) |
| TRACLEER TBSO 32 MG | 4 | PA; QL(2 ea daily); SP |
| Pulmonary Hypertension - Phosphodiesterase | | |
| ADCIRCA TABS (Use Tadalafil (Pulmonary Hypertension)) | 4 | PA; QL(2 ea daily); SP |
| REVATIO SOLN IV 10 MG/12.5ML (Use Sildenafil Citrate (Pulmonary Hypertension)) | NF | PA; QL(37.5 ml daily); SP |
| REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension)) | NF | PA; QL(3 ea daily); SP |
| sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml | 4 | PA; QL(37.5 ml daily); SP |
| sildenafil citrate (pulmonary hypertension) tabs or 20 mg | 4 | PA; QL(3 ea daily); SP |
| tadalafil (pulmonary hypertension) tabs | 4 | PA; QL(2 ea daily); SP |
| Pulmonary Hypertension - Sol Guanylate Cyclase | | |
| ADEMPAS TABS 0.5 MG, 2 MG, 1.5 MG, 2.5 MG | 4 | PA; QL(4 ea daily) |
| Sinus Node Inhibitors | | |
| CORLANOR TABS | 3 | PA; QL(2 ea daily) |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Cephalosporins - 1st Generation | | |
| cefadroxil caps | 1 | |
| cefadroxil susr | 1 | |
| cefadroxil tabs | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| cefazolin sodium solr ij 1 gm, 10 gm, 500 mg | 1 | |
| CEFAZOLIN SODIUM SOLR IJ 20 GM | 1 | |
| cephalexin caps 250 mg, 500 mg, 750 mg | 1 | |
| cephalexin susr 125 mg/5ml, 250 mg/5ml | 1 | |
| CEPHALEXIN TABS 250 MG, 500 MG | 1 | |
| KEFLEX CAPS (Use Cephalexin) | NF | |
| Cephalosporins - 2nd Generation | | |
| cefaclor caps 250 mg, 500 mg | 1 | |
| CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML | 1 | |
| CEFOTAN SOLR (Use Cefotetan Disodium) | NF | |
| cefotetan disodium solr | 1 | |
| CEFOTETAN SOLR | 3 | |
| cefoxitin sodium solr ij 10 gm | 1 | |
| cefoxitin sodium solr iv 1 gm, 2 gm | 1 | |
| cefprozil susr | 1 | |
| cefprozil tabs | 1 | |
| CEFTIN SUSR 125 MG/5ML | 1 | |
| cefuroxime axetil tabs | 1 | |
| cefuroxime sodium solr ij 7.5 gm, 750 mg | 1 | |
| ZINACEF SOLR IJ 1.5 GM, 7.5 GM, 750 MG (Use Cefuroxime Sodium) | NF | |
| Cephalosporins - 3rd Generation | | |
| CEDAX CAPS 400 MG | 1 | |
| CEDAX SUSR 180 MG/5ML | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| <i>cefdinir caps</i> | 1 | |
| <i>cefdinir susr</i> | 1 | |
| CEFDITOREN PIVOXIL TABS 200 MG | 3 | |
| CEFDITOREN PIVOXIL TABS 400 MG | 2 | |
| <i>cefixime susr</i> | 1 | ST |
| <i>cefotaxime sodium solr 1 gm</i> | 1 | |
| CEFOTAXIME SODIUM SOLR 2 GM, 10 GM | 1 | |
| <i>cefpodoxime proxetil susr</i> | 1 | |
| <i>cefpodoxime proxetil tabs</i> | 1 | |
| <i>ceftazidime solr</i> | 1 | |
| CEFTIBUTEN CAPS 400 MG | 1 | |
| CEFTIBUTEN SUSR 180 MG/5ML | 2 | |
| <i>ceftriaxone sodium solr ij 1 gm, 2 gm, 250 mg, 500 mg</i> | 1 | |
| FORTAZ SOLR IJ 1 GM, 2 GM, 6 GM (Use <i>Ceftazidime</i>) | NF | |
| SPECTRACEF TABS | 2 | |
| SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use <i>Cefixime</i>) | NF | ST |
| Cephalosporins - 4th Generation | | |
| <i>cefepime hcl solr</i> | 1 | |
| MAXIPIME SOLR IJ 1 GM, 2 GM (Use <i>Cefepime HCl</i>) | NF | |
| Cephalosporins - 5th Generation | | |
| TEFLARO SOLR | 3 | |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| BALCOLTRA TABS | 0 | |
| BEYAZ TABS (Use <i>Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i>) | 0 | |
| BREVICON-28 TABS (Use <i>Norethindrone & Eth Estradiol</i>) | 0 | |
| CYCLESSA TABS (Use <i>Desogestrel-Ethinyl Estradiol (Triphasic)</i>) | 0 | |
| DESOGEN TABS (Use <i>Desogestrel & Ethinyl Estradiol</i>) | 0 | |
| <i>desogestrel & ethinyl estradiol tabs</i> | 0 | |
| <i>desogestrel-ethinyl estradiol (biphasic) tabs</i> | 0 | |
| <i>desogestrel-ethinyl estradiol (triphasic) tabs</i> | 0 | |
| <i>drospirenone-ethinyl estradiol tabs</i> | 0 | |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i> | 0 | |
| ESTROSTEP FE TABS (Use <i>Norethindrone Acetate-Ethinyl Estradiol- Fe</i>) | 0 | |
| <i>ethynodiol diacet & eth estradiol tabs</i> | 0 | |
| FALESSA KIT | 0 | |
| FEMCON FE CHEW (Use <i>Norethindrone & Ethinyl Estradiol-Fe</i>) | 0 | |
| GENERESS FE CHEW (Use <i>Norethindrone & Ethinyl Estradiol-Fe</i>) | 0 | |
| <i>levonorgestrel & eth estradiol tabs</i> | 0 | |
| <i>levonorgestrel-eth estradiol (triphasic) tabs</i> | 0 | |
| <i>levonorgestrel-ethinyl estradiol (91-day) tabs</i> | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| <i>levonorgestrel-ethinyl estradiol (continuous) tabs</i> | 0 | |
| LO LOESTRIN FE TABS | 0 | |
| LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra) | 0 | |
| LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra) | 0 | |
| LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe) | 0 | |
| LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe) | 0 | |
| LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day)) | 0 | |
| MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe) | 0 | |
| MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic)) | 0 | |
| NATAZIA TABS | 0 | |
| NECON 1/50-28 TABS | 0 | |
| NECON 10/11-28 TABS | 0 | |
| <i>norethin acet & estrad-fe chew</i> | 0 | |
| <i>norethin acet & estrad-fe tabs</i> | 0 | |
| <i>norethindrone & eth estradiol tabs</i> | 0 | |
| <i>norethindrone & ethinyl estradiol-fe chew</i> | 0 | |
| <i>norethindrone acet & eth estra tabs</i> | 0 | |
| <i>norethindrone acetate-ethinyl estradiol-fe tabs</i> | 0 | |
| <i>norethindrone-eth estradiol (triphasic) tabs</i> | 0 | |
| <i>norgestimate-ethinyl estradiol (triphasic) tabs</i> | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| <i>norgestimate-ethinyl estradiol tabs</i> | 0 | |
| <i>norgestrel & ethinyl estradiol tabs</i> | 0 | |
| NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol) | 0 | |
| OGESTREL TABS | 0 | |
| ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic)) | 0 | |
| ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic)) | 0 | |
| ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol) | 0 | |
| ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol) | 0 | |
| ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic)) | 0 | |
| OVCON-35 TABS (Use Norethindrone & Eth Estradiol) | 0 | |
| QUARTETTE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day)) | 0 | |
| SAFYRAL TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) | 0 | |
| SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day)) | 0 | |
| TAYTULLA CAPS | 0 | |
| TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic)) | 0 | |
| YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol) | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| YAZ TABS (Use Drospirenone-Ethinyl Estradiol) | 0 | |
| Combination Contraceptives - Transdermal | | |
| XULANE PTWK | 0 | |
| Combination Contraceptives - Vaginal | | |
| NUVARING RING | 0 | |
| Copper Contraceptives - IUD | | |
| PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD | 0 | |
| Emergency Contraceptives | | |
| ELLA TABS | 0 | |
| levonorgestrel (emergency oc) tabs | 0 | |
| PLAN B ONE-STEP TABS (Use Levonorgestrel (Emergency OC)) | 0 | |
| Progestin Contraceptives - IUD | | |
| KYLEENA IUD | 0 | |
| LILETTA IUD | 0 | |
| MIRENA IUD | 0 | |
| SKYLA IUD | 0 | |
| Progestin Contraceptives - Implants | | |
| NEXPLANON IMPL | 0 | |
| Progestin Contraceptives - Injectable | | |
| DEPO-PROVERA CONTRACEPTIVE SUSP (Use Medroxyprogesterone Acetate (Contraceptive)) | 0 | QL(1 ml per 90 days retail) |
| DEPO-PROVERA CONTRACEPTIVE SUSY (Use Medroxyprogesterone Acetate (Contraceptive)) | 0 | QL(90 day(s) limit, 1 ml per 90 days retail) |
| DEPO-SUBQ PROVERA 104 SUSY | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| medroxyprogesterone acetate (contraceptive) susp | 0 | QL(1 ml per 90 days retail) |
| medroxyprogesterone acetate (contraceptive) susy | 0 | QL(90 day(s) limit, 1 ml per 90 days retail) |
| Progestin Contraceptives - Oral | | |
| norethindrone (contraceptive) tabs | 0 | |
| ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive)) | 0 | |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| budesonide cpep 3 mg | 1 | PA |
| CORTEF TABS (Use Hydrocortisone) | NF | |
| CORTISONE ACETATE TABS | 1 | |
| DEPO-MEDROL SUSP 20 MG/ML | 3 | |
| DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (Use Methylprednisolone Acetate) | NF | |
| dexamethasone elix 0.5 mg/5ml | 1 | |
| DEXAMETHASONE INTENSOL CONC | 1 | |
| dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml | 1 | |
| DEXAMETHASONE SOLN 0.5 MG/5ML | 1 | |
| dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg | 1 | |
| DEXAMETHASONE TABS 1 MG, 2 MG | 1 | |
| EMFLAZA SUSP | 4 | PA |
| EMFLAZA TABS | 4 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ENTOCORT EC CPEP (Use Budesonide) | NF | PA |
| hydrocortisone tabs | 1 | |
| KENALOG-40 SUSP (Use Triamcinolone Acetonide) | NF | |
| MEDROL DOSEPAK TBPk (Use Methylprednisolone) | NF | |
| MEDROL TABS 2 MG | 3 | |
| MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (Use Methylprednisolone) | NF | |
| methylprednisolone acetate susp 40 mg/ml, 80 mg/ml | 1 | |
| methylprednisolone sod succ solr | 1 | |
| methylprednisolone tabs | 1 | |
| methylprednisolone tbpk | 1 | |
| MILLIPRED DP TBPk | 3 | |
| MILLIPRED SOLN 10 MG/5ML (Use Prednisolone Sodium Phosphate) | NF | |
| MILLIPRED TABS 5 MG | 3 | |
| ORAPRED ODT TBPk (Use Prednisolone Sodium Phosphate) | NF | |
| PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate) | NF | |
| PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML | 1 | |
| prednisolone sodium phosphate soln or 5 mg/5ml, 10 mg/5ml, 15 mg/5ml, 20 mg/5ml | 1 | |
| prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg | 3 | |
| prednisolone soln | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| prednisolone syrps | 1 | |
| PREDNISON SOLN 5 MG/5ML | 1 | |
| prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg | 1 | |
| PREDNISON TABS 50 MG | 1 | |
| PREDNISON TBPk 5 MG, 10 MG | 1 | |
| SOLU-CORTEF SOLR 250 MG | 3 | |
| SOLU-MEDROL SOLR 2 GM | 3 | |
| SOLU-MEDROL SOLR 40 MG, 125 MG, 1000 MG (Use Methylprednisolone Sod Succ) | NF | |
| SOLU-MEDROL SOLR 500 MG | 1 | |
| triamcinolone acetamide susp | 1 | |
| VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate) | NF | |
| Mineralocorticoids | | |
| fludrocortisone acetate tabs | 1 | |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Antitussives | | |
| benzonatate caps 100 mg | 1 | QL(6 ea daily) |
| benzonatate caps 150 mg | 1 | QL(4 ea daily) |
| benzonatate caps 200 mg | 1 | QL(3 ea daily) |
| TESSALON PERLES CAPS (Use Benzonatate) | NF | QL(6 ea daily) |
| Cough/Cold/Allergy Combinations | | |
| ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use Fexofenadine-Pseudoephedrine) | NF | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use Fexofenadine-Pseudoephedrine) | NF | QL(1 ea daily) |
| <i>cetirizine-pseudoephedrine tb12</i> | 1 | QL(2 ea daily) |
| CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine) | 1 | QL(2 ea daily) |
| CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine) | 1 | QL(1 ea daily) |
| <i>fexofenadine-pseudoephedrine tb12 60mg-120mg</i> | 1 | QL(2 ea daily) |
| <i>fexofenadine-pseudoephedrine tb24 180mg-240mg</i> | 1 | QL(1 ea daily) |
| FLOWTUSS SOLN | 2 | |
| HYDROCODONE BITARTRATE/GUAIFENES IN SOLN | 2 | |
| <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) |
| OBREDON SOLN | 2 | |
| VITUZ SOLN | 3 | PA |
| ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine) | 1 | QL(2 ea daily) |
| Misc. Respiratory Inhalants | | |
| HYPERSAL NEBU (Use Sodium Chloride (Inhalant)) | NF | |
| HYPERSAL NEBU 3.5 % | 1 | |
| HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant)) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------------|
| NEBUSAL NEBU | 1 | |
| <i>sodium chloride (inhalant) nebu 7 %</i> | 1 | |
| Mucolytics | | |
| <i>acetylcysteine soln</i> | 1 | |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| Acne Products | | |
| <i>adapalene crea 0.1 %</i> | 1 | PA; AL(At least 12 yrs old) |
| <i>adapalene gel 0.1 %</i> | 1 | PA; AL(At least 12 yrs old); RX/OTC |
| <i>adapalene gel 0.3 %</i> | 1 | ST; AL(At least 12 yrs old) |
| ADAPALENE LOTN 0.1 % | 1 | ST; AL(At least 12 yrs old) |
| <i>adapalene-benzoyl peroxide gel</i> | 1 | ST; AL(At least 12 yrs old) |
| AZELEX CREA | 3 | ST; AL(At least 12 yrs old) |
| BENZAACLIN GEL (Use Clindamycin Phosphate-Benzoyl Peroxide) | NF | PA; AL(At least 12 yrs old) |
| BENZAACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide) | NF | PA; AL(At least 12 yrs old) |
| BENZAMYCIN GEL (Use Benzoyl Peroxide-Erythromycin) | NF | PA; AL(At least 12 yrs old) |
| BENZEFOAM FOAM (Use Benzoyl Peroxide) | NF | AL(At least 12 yrs old); RX/OTC |
| BENZEFOAM ULTRA FOAM (Use Benzoyl Peroxide) | NF | AL(At least 12 yrs old) |
| BENZOYL PEROXIDE CLEANSER LOTN 6 % | 2 | AL(At least 12 yrs old) |
| <i>benzoyl peroxide foam 5.3 %</i> | 1 | AL(At least 12 yrs old); RX/OTC |
| <i>benzoyl peroxide foam 9.8 %</i> | 1 | AL(At least 12 yrs old) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------------------|
| <i>benzoyl peroxide gel 10 %</i> | 1 | AL(At least 12 yrs old); RX/OTC |
| <i>benzoyl peroxide gel 5 %</i> | 1 | AL(At least 12 yrs old) |
| <i>benzoyl peroxide liqd 10 %</i> | 1 | AL(At least 12 yrs old); RX/OTC |
| <i>benzoyl peroxide liqd 4 %, 7 %</i> | 1 | AL(At least 12 yrs old) |
| <i>benzoyl peroxide lotn 6 %</i> | 1 | AL(At least 12 yrs old) |
| <i>benzoyl peroxide-erythromycin gel</i> | 1 | PA; AL(At least 12 yrs old) |
| BP CLEANSING WASH EMUL | 2 | AL(At least 12 yrs old) |
| CLEOCIN-T GEL (<i>Use Clindamycin Phosphate (Topical)</i>) | NF | AL(At least 12 yrs old) |
| CLEOCIN-T LOTN (<i>Use Clindamycin Phosphate (Topical)</i>) | NF | AL(At least 12 yrs old) |
| CLEOCIN-T SOLN (<i>Use Clindamycin Phosphate (Topical)</i>) | NF | AL(At least 12 yrs old) |
| CLEOCIN-T SWAB (<i>Use Clindamycin Phosphate (Topical)</i>) | NF | AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) foam</i> | 1 | PA; AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) gel</i> | 1 | AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) lotn</i> | 1 | AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) soln</i> | 1 | AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) swab</i> | 1 | AL(At least 12 yrs old) |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i> | 1 | PA; AL(At least 12 yrs old) |
| <i>clindamycin phosphate-benzoyl peroxide gel 1%-5%</i> | 1 | PA; AL(At least 12 yrs old) |
| <i>clindamycin phosphate-tretinoin gel</i> | 1 | ST; AL(At least 12 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| DESQUAM-X WASH LIQD 10 % (<i>Use Benzoyl Peroxide</i>) | NF | AL(At least 12 yrs old); RX/OTC |
| DIFFERIN CREA 0.1 % (<i>Use Adapalene</i>) | NF | PA; AL(At least 12 yrs old) |
| DIFFERIN GEL 0.1 % (<i>Use Adapalene</i>) | NF | PA; AL(At least 12 yrs old); RX/OTC |
| DIFFERIN GEL 0.3 % (<i>Use Adapalene</i>) | NF | ST; AL(At least 12 yrs old) |
| DIFFERIN LOTN 0.1 % | 1 | ST; AL(At least 12 yrs old) |
| DUAC GEL (<i>Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)</i>) | NF | PA; AL(At least 12 yrs old) |
| EPIDUO GEL (<i>Use Adapalene-Benzoyl Peroxide</i>) | NF | ST; AL(At least 12 yrs old) |
| <i>erythromycin (acne aid) pads</i> | 1 | AL(At least 12 yrs old) |
| <i>erythromycin (acne aid) soln</i> | 1 | AL(At least 12 yrs old) |
| EVOCLIN FOAM (<i>Use Clindamycin Phosphate (Topical)</i>) | NF | PA; AL(At least 12 yrs old) |
| <i>isotretinoin caps</i> | 3 | PA; AL(At least 12 yrs old) |
| KLARON LOTN (<i>Use Sulfacetamide Sodium (Acne)</i>) | NF | AL(At least 12 yrs old) |
| PANOXYL-4 CREAMY WASH LIQD (<i>Use Benzoyl Peroxide</i>) | NF | AL(At least 12 yrs old) |
| RETIN-A CREA (<i>Use Tretinoin</i>) | NF | AL(At least 12 yrs old - Up to 30 yrs old) |
| RETIN-A GEL (<i>Use Tretinoin</i>) | NF | AL(At least 12 yrs old - Up to 30 yrs old) |
| RETIN-A MICRO GEL 0.1 % (<i>Use Tretinoin Microsphere</i>) | NF | PA; AL(At least 12 yrs old - Up to 30 yrs old) |
| RETIN-A MICRO PUMP GEL 0.1 % (<i>Use Tretinoin Microsphere</i>) | NF | PA; AL(At least 12 yrs old - Up to 30 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| <i>sulfacetamide sodium (acne) lotn</i> | 1 | AL (At least 12 yrs old) |
| <i>sulfacetamide sodium w/ sulfur crea 5%-10%</i> | 1 | AL (At least 12 yrs old) |
| <i>sulfacetamide sodium w/ sulfur emul 5%-10%</i> | 1 | AL (At least 12 yrs old) |
| <i>sulfacetamide sodium w/ sulfur liqd 4.5%-9%</i> | 1 | ST; AL (At least 12 yrs old) |
| SUMADAN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur) | NF | ST; AL (At least 12 yrs old) |
| <i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i> | 1 | AL (At least 12 yrs old - Up to 30 yrs old) |
| <i>tretinoin gel 0.025 %, 0.01 %</i> | 1 | AL (At least 12 yrs old - Up to 30 yrs old) |
| <i>tretinoin microsphere gel 0.1 %</i> | 1 | PA; AL (At least 12 yrs old - Up to 30 yrs old) |
| ZIANA GEL (Use Clindamycin Phosphate-Tretinoin) | NF | ST; AL (At least 12 yrs old) |
| Agents for External Genital and Perianal Warts | | |
| VEREGEN OINT | 3 | |
| Anti-inflammatory Agents - Topical | | |
| DICLOFENAC EPOLAMINE PTCH | 3 | PA; QL (2 ea daily) |
| <i>diclofenac sodium (topical) gel 1 %</i> | 1 | QL (3.34 gm daily) |
| FLECTOR PTCH | 3 | PA; QL (2 ea daily) |
| VOLTAREN GEL (Use Diclofenac Sodium (Topical)) | NF | QL (3.34 gm daily) |
| Antibiotics - Topical | | |
| ALTABAX OINT | 2 | |
| BACTROBAN CREA (Use Mupirocin Calcium (Topical)) | NF | |
| CORTISPORIN CREA | 2 | |
| CORTISPORIN OINT | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>gentamicin sulfate (topical) crea</i> | 1 | QL (1 gm daily) |
| <i>gentamicin sulfate (topical) oint</i> | 1 | |
| <i>mupirocin calcium (topical) crea</i> | 1 | |
| <i>mupirocin oint</i> | 1 | |
| NEO-SYNALAR CREA | 3 | PA |
| Antifungals - Topical | | |
| <i>butenafine hcl crea</i> | 1 | RX/OTC |
| <i>ciclopirox gel 0.77 %</i> | 1 | |
| <i>ciclopirox olamine crea</i> | 1 | |
| <i>ciclopirox olamine susp</i> | 1 | |
| <i>ciclopirox sham 1 %</i> | 1 | |
| <i>ciclopirox soln 8 %</i> | 1 | |
| <i>clotrimazole (topical) crea</i> | 1 | RX/OTC |
| <i>clotrimazole (topical) soln</i> | 1 | RX/OTC |
| <i>clotrimazole w/ betamethasone crea</i> | 1 | |
| <i>clotrimazole w/ betamethasone lotn</i> | 1 | |
| <i>econazole nitrate crea</i> | 1 | |
| ERTACZO CREA | 3 | |
| EXELDERM CREA | 3 | |
| EXELDERM SOLN | 3 | |
| JUBLIA SOLN | 3 | PA |
| KERYDIN SOLN | 3 | PA |
| <i>ketconazole (topical) crea</i> | 1 | |
| <i>ketconazole (topical) sham</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| LOPROX CREA 0.77 % (Use <i>Ciclopirox Olamine</i>) | NF | |
| LOPROX SHAMPOO SHAM (Use <i>Ciclopirox</i>) | NF | |
| LOPROX SUSP 0.77 % (Use <i>Ciclopirox Olamine</i>) | NF | |
| LOTRIMIN AF CREA (Use <i>Clotrimazole (Topical)</i>) | NF | RX/OTC |
| LOTRIMIN AF FOR HER CREA (Use <i>Clotrimazole (Topical)</i>) | NF | RX/OTC |
| LOTRIMIN AF JOCK ITCH CREA (Use <i>Clotrimazole (Topical)</i>) | NF | RX/OTC |
| LOTRIMIN ULTRA CREA | 1 | RX/OTC |
| LOTRIMIN ULTRA CREA (Use <i>Butenafine HCl</i>) | 1 | RX/OTC |
| LOTRISONE CREA (Use <i>Clotrimazole w/ Betamethasone</i>) | NF | |
| LULICONAZOLE CREA | 3 | PA |
| LUZU CREA | 3 | PA |
| MENTAX CREA | 1 | RX/OTC |
| <i>naftifine hcl crea 1 %</i> | 1 | QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply, |
| <i>naftifine hcl crea 2 %</i> | 1 | QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply, |
| NAFTIN CREA 2 % (Use <i>Naftifine HCl</i>) | NF | QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply, |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| NAFTIN GEL 1 % | 3 | QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply, |
| NIZORAL SHAM (Use <i>Ketoconazole (Topical)</i>) | NF | |
| <i>nystatin (topical) crea</i> | 1 | |
| <i>nystatin (topical) oint</i> | 1 | |
| <i>nystatin (topical) powd</i> | 1 | |
| <i>nystatin-triamcinolone crea</i> | 1 | |
| <i>nystatin-triamcinolone oint</i> | 1 | |
| <i>oxiconazole nitrate crea</i> | 1 | Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply, |
| OXISTAT CREA (Use <i>Oxiconazole Nitrate</i>) | NF | Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply, |
| OXISTAT LOTN | 2 | Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply, |
| PENLAC NAIL LACQUER SOLN (Use <i>Ciclopirox</i>) | NF | |
| Antineoplastic or Premalignant Lesion Agents - | | |
| <i>diclofenac sodium (actinic keratoses) gel</i> | 1 | PA; QL(3.34 gm daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| EFUDEX CREA (<i>Use Fluorouracil (Topical)</i>) | NF | |
| <i>fluorouracil (topical) crea</i> | 1 | |
| PANRETIN GEL | 3 | |
| PICATO GEL 0.015 % | 2 | QL(3 ea per fill retail,3 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply, |
| PICATO GEL 0.05 % | 2 | QL(2 ea per fill retail,2 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply, |
| SOLARAZE GEL (<i>Use Diclofenac Sodium (Actinic Keratoses)</i>) | NF | PA; QL(3.34 gm daily) |
| TARGRETIN GEL EX 1 % | 4 | PA; SP |
| Antipruritics - Topical | | |
| DOXEPIN HYDROCHLORIDE CREA | 3 | PA; Limit 1 Fill per 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply, |
| PRUDOXIN CREA | 3 | PA; Limit 1 Fill per 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply, |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| ZONALON CREA | 3 | PA; Limit 1 Fill per 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply, |
| Antipsoriatics | | |
| <i>acitretin caps 10 mg, 17.5 mg</i> | 1 | QL(1 ea daily) |
| <i>acitretin caps 25 mg</i> | 1 | QL(2 ea daily) |
| <i>calcipotriene crea</i> | 1 | QL(4 gm daily) |
| <i>calcipotriene oint</i> | 1 | QL(4 gm daily) |
| <i>calcipotriene soln</i> | 1 | QL(4 ml daily) |
| CALCITRIOL OINT EX 3 MCG/GM | 1 | |
| COSENTYX SENSOREADY PEN SOAJ | 4 | PA |
| COSENTYX SOSY | 4 | PA |
| DOVONEX CREA (<i>Use Calcipotriene</i>) | NF | QL(4 gm daily) |
| <i>methoxsalen rapid caps</i> | 1 | QL(4 ea daily) |
| OXSORALEN ULTRA CAPS (<i>Use Methoxsalen Rapid</i>) | NF | QL(4 ea daily) |
| SORIATANE CAPS 10 MG, 17.5 MG (<i>Use Acitretin</i>) | NF | QL(1 ea daily) |
| SORIATANE CAPS 25 MG (<i>Use Acitretin</i>) | NF | QL(2 ea daily) |
| STELARA SOLN SC 45 MG/0.5ML | 4 | PA |
| STELARA SOSY SC 90 MG/ML, 45 MG/0.5ML | 4 | PA; SP |
| <i>tazarotene crea</i> | 1 | |
| TAZORAC CREA 0.05 % | 2 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| TAZORAC CREA 0.1 % (Use Tazarotene) | NF | |
| TAZORAC GEL 0.05 %, 0.1 % | 2 | |
| VECTICAL OINT | 1 | |
| Antiseborrheic Products | | |
| <i>selenium sulfide lotn</i> | 1 | |
| Antivirals - Topical | | |
| <i>acyclovir topical crea</i> | 1 | |
| <i>acyclovir topical oint</i> | 1 | |
| DENAVIR CREA | 3 | |
| ZOVIRAX CREA EX 5 % (Use Acyclovir Topical) | 3 | |
| ZOVIRAX OINT EX 5 % (Use Acyclovir Topical) | NF | |
| Burn Products | | |
| <i>mafenide acetate pack</i> | 3 | |
| SILVADENE CREA (Use Silver Sulfadiazine) | NF | |
| <i>silver sulfadiazine crea</i> | 1 | |
| SULFAMYLON CREA 85 MG/GM | 3 | |
| SULFAMYLON PACK 5 % (Use Mafenide Acetate) | NF | |
| Corticosteroids - Topical | | |
| ACLOVATE CREA (Use Alclometasone Dipropionate) | NF | |
| <i>alclometasone dipropionate crea</i> | 1 | |
| <i>alclometasone dipropionate oint</i> | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| AMCINONIDE CREA | 1 | QL(60 gm per fill retail, 60 gm per fill mail) 1 rtl MAX fill, 30 rtl day(s) supply, 1 mail MAX fill, 30 mail day(s) supply, |
| AMCINONIDE LOTN | 3 | |
| AMCINONIDE OINT | 3 | |
| <i>betamethasone dipropionate (topical) crea</i> | 1 | |
| <i>betamethasone dipropionate (topical) lotn</i> | 1 | |
| <i>betamethasone dipropionate (topical) oint</i> | 1 | |
| <i>betamethasone dipropionate augmented crea</i> | 1 | |
| <i>betamethasone dipropionate augmented lotn</i> | 1 | |
| <i>betamethasone dipropionate augmented oint</i> | 1 | |
| <i>betamethasone valerate crea</i> | 1 | |
| <i>betamethasone valerate foam</i> | 1 | |
| <i>betamethasone valerate lotn</i> | 1 | |
| <i>betamethasone valerate oint</i> | 1 | |
| <i>calcipotriene-betamethasone dipropionate oint</i> | 1 | ST |
| <i>clobetasol propionate crea</i> | 1 | QL(3 gm daily) |
| <i>clobetasol propionate emollient base crea</i> | 1 | QL(1 gm daily) |
| <i>clobetasol propionate foam</i> | 1 | ST; QL(3 gm daily) |
| <i>clobetasol propionate gel</i> | 1 | ST; QL(2 gm daily) |
| <i>clobetasol propionate oint</i> | 1 | QL(1 gm daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>clobetasol propionate soln</i> | 1 | QL(3.34 ml daily) |
| CLOCORTOLONE PIVALATE CREA | 3 | |
| CLOCORTOLONE PIVALATE PUMP CREA | 3 | |
| CLODERM CREA | 3 | |
| CLODERM PUMP CREA | 3 | |
| CORDRAN CREA 0.05 % (Use <i>Flurandrenolide</i>) | NF | |
| CORDRAN LOTN 0.05 % (Use <i>Flurandrenolide</i>) | NF | |
| CORDRAN TAPE 4 MCG/SQCM | 3 | |
| CUTIVATE LOTN (Use <i>Fluticasone Propionate</i>) | NF | |
| DERMA-SMOOTH/FS BODY OIL (Use <i>Fluocinolone Acetonide</i>) | NF | QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply, |
| DERMA-SMOOTH/FS SCALP OIL (Use <i>Fluocinolone Acetonide</i>) | NF | |
| DERMACINRX SILAPAK KIT (Use <i>Triamcinolone Acetonide-Dimethicone-Silicone</i>) | NF | PA |
| DERMATOP CREA (Use <i>Prednicarbate</i>) | NF | |
| DERMATOP OINT (Use <i>Prednicarbate</i>) | NF | |
| <i>desonide crea</i> | 1 | QL(4 gm daily) |
| <i>desonide lotn</i> | 1 | QL(4 ml daily) |
| <i>desonide oint</i> | 1 | QL(3 gm daily) |
| DESOWEN CREA (Use <i>Desonide</i>) | NF | QL(4 gm daily) |
| DESOWEN LOTN (Use <i>Desonide</i>) | NF | QL(4 ml daily) |
| <i>desoximetasone crea 0.25 %</i> | 1 | |
| <i>desoximetasone gel 0.05 %</i> | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| <i>desoximetasone oint 0.25 %</i> | 1 | |
| DIFLORASONE DIACETATE CREA | 2 | |
| <i>diflorasone diacetate oint</i> | 1 | |
| DIPROLENE AF CREA (Use <i>Betamethasone Dipropionate Augmented</i>) | NF | |
| DIPROLENE OINT (Use <i>Betamethasone Dipropionate Augmented</i>) | NF | |
| ELOCON CREA (Use <i>Mometasone Furoate</i>) | NF | |
| ELOCON OINT (Use <i>Mometasone Furoate</i>) | NF | |
| <i>fluocinolone acetonide crea 0.025 %, 0.01 %</i> | 1 | |
| <i>fluocinolone acetonide oil 0.01 %</i> | 1 | |
| <i>fluocinolone acetonide oil 0.01 %</i> | 1 | QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply, |
| <i>fluocinolone acetonide oint 0.025 %</i> | 1 | |
| <i>fluocinolone acetonide soln 0.01 %</i> | 1 | |
| <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>flurandrenolide crea</i> | 2 | QL(2 gm daily) |
| <i>flurandrenolide lotn</i> | 2 | QL(2 ml daily) |
| <i>fluticasone propionate crea</i> | 1 | |
| <i>fluticasone propionate lotn</i> | 1 | |
| <i>fluticasone propionate oint</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>halobetasol propionate crea</i> | 1 | |
| <i>halobetasol propionate oint</i> | 1 | |
| HALOG CREA | 3 | PA |
| HALOG OINT | 3 | PA |
| <i>hydrocortisone (topical) crea 1%, 1 %</i> | 1 | RX/OTC |
| <i>hydrocortisone (topical) crea 2.5 %</i> | 1 | |
| <i>hydrocortisone (topical) lotn 2.5 %</i> | 1 | |
| <i>hydrocortisone (topical) oint 1 %</i> | 1 | RX/OTC |
| <i>hydrocortisone (topical) oint 2.5 %</i> | 1 | |
| <i>hydrocortisone butyrate crea</i> | 1 | |
| <i>hydrocortisone butyrate oint</i> | 1 | |
| <i>hydrocortisone butyrate soln</i> | 1 | |
| <i>hydrocortisone valerate crea</i> | 1 | |
| <i>hydrocortisone valerate oint</i> | 1 | |
| LOCOID CREA (Use Hydrocortisone Butyrate) | NF | |
| LOCOID OINT (Use Hydrocortisone Butyrate) | NF | |
| LOCOID SOLN (Use Hydrocortisone Butyrate) | NF | |
| LUXIQ FOAM (Use Betamethasone Valerate) | NF | |
| <i>mometasone furoate crea</i> | 1 | |
| <i>mometasone furoate oint</i> | 1 | |
| <i>mometasone furoate soln</i> | 1 | |
| MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone Topical) | NF | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| OLUX FOAM (Use Clobetasol Propionate) | NF | ST; QL(3 gm daily) |
| <i>prednicarbate crea</i> | 1 | |
| PSORCON CREA | 2 | |
| SYNALAR CREA (Use Fluocinolone Acetonide) | NF | |
| SYNALAR OINT (Use Fluocinolone Acetonide) | NF | |
| SYNALAR SOLN (Use Fluocinolone Acetonide) | NF | |
| TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate) | NF | ST |
| TACLONEX SUSP | 3 | ST |
| TEMOVATE CREA (Use Clobetasol Propionate) | NF | QL(3 gm daily) |
| TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base) | NF | QL(1 gm daily) |
| TEMOVATE OINT (Use Clobetasol Propionate) | NF | QL(1 gm daily) |
| TOPICORT CREA 0.25 % (Use Desoximetasone) | NF | |
| TOPICORT GEL 0.05 % (Use Desoximetasone) | NF | |
| TOPICORT OINT 0.25 % (Use Desoximetasone) | NF | |
| <i>triamcinolone acetonide (topical) crea 0.025 %, 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 | |
| <i>triamcinolone acetonide-dimethicone-silicone kit</i> | 1 | PA |
| TRIDESILON CREA (Use Desonide) | NF | QL(4 gm daily) |
| ULTRAVATE CREA (Use Halobetasol Propionate) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| ULTRAVATE OINT (<i>Use Halobetasol Propionate</i>) | NF | |
| WESTCORT OINT (<i>Use Hydrocortisone Valerate</i>) | NF | |
| Eczema Agents | | |
| DUPIXENT SOSY | 4 | PA |
| Emollients | | |
| LAC-HYDRIN CREA (<i>Use Lactic Acid (Ammonium Lactate)</i>) | NF | RX/OTC |
| LAC-HYDRIN LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>) | NF | RX/OTC |
| LAC-HYDRIN TWELVE LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>) | NF | RX/OTC |
| <i>lactic acid (ammonium lactate) crea 12 %</i> | 1 | RX/OTC |
| <i>lactic acid (ammonium lactate) lotn 12 %</i> | 1 | RX/OTC |
| Enzymes - Topical | | |
| SANTYL OINT | 3 | PA |
| Hair Growth Agents | | |
| <i>finasteride (alopecia) tabs</i> | 1 | |
| PROPECIA TABS (<i>Use Finasteride (Alopecia)</i>) | NF | |
| Immunomodulating Agents - Topical | | |
| ALDARA CREA (<i>Use Imiquimod</i>) | NF | QL(12 ea per fill retail, 12 ea per fill mail) |
| <i>imiquimod crea</i> | 1 | QL(12 ea per fill retail, 12 ea per fill mail) |
| Immunosuppressive Agents - Topical | | |
| ELIDEL CREA (<i>Use Pimecrolimus</i>) | 2 | PA; AL(At least 2 yrs old) |
| <i>pimecrolimus crea</i> | 1 | PA; AL(At least 2 yrs old) |
| PROTOPIC OINT (<i>Use Tacrolimus (Topical)</i>) | NF | AL(At least 2 yrs old) |
| <i>tacrolimus (topical) oint</i> | 1 | AL(At least 2 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| Keratolytic/Antimitotic Agents | | |
| CONDYLOX SOLN (<i>Use Podofilox</i>) | NF | |
| <i>podofilox soln</i> | 1 | |
| Local Anesthetics - Topical | | |
| <i>lidocaine hcl gel ex 2 %</i> | 1 | QL(4 ml daily); RX/OTC |
| <i>lidocaine hcl soln ex 4 %</i> | 1 | |
| <i>lidocaine ptch</i> | 1 | PA |
| <i>lidocaine-prilocaine crea</i> | 1 | QL(1 gm daily) |
| LIDODERM PTCH (<i>Use Lidocaine</i>) | NF | PA |
| SYNERA PTCH | 3 | QL(10 ea per fill retail, 10 ea per fill mail) 1 rtl MAX fill, 30 rtl day(s) supply, 1 mail MAX fill, 30 mail day(s) supply, |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | |
| EUCRISA OINT | 3 | PA; QL(2 gm daily) |
| Rosacea Agents | | |
| <i>azelaic acid gel</i> | 1 | PA |
| FINACEA GEL (<i>Use Azelaic Acid</i>) | 2 | PA |
| METROCREAM CREA (<i>Use Metronidazole (Topical)</i>) | NF | |
| METROGEL GEL (<i>Use Metronidazole (Topical)</i>) | NF | |
| METROLOTION LOTN (<i>Use Metronidazole (Topical)</i>) | NF | |
| <i>metronidazole (topical) crea</i> | 1 | |
| <i>metronidazole (topical) gel</i> | 1 | |
| <i>metronidazole (topical) lotn</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| MIRVASO GEL | 3 | PA; QL(1 gm daily) |
| Scabicides & Pediculicides | | |
| <i>crotamiton lotn</i> | 1 | |
| ELIMITE CREA (Use Permethrin) | NF | |
| EURAX CREA | 3 | |
| EURAX LOTN (Use Crotamiton) | 3 | |
| LINDANE SHAM | 2 | |
| <i>malathion lotn</i> | 1 | |
| NATROBA SUSP | 1 | PA |
| NIX CREME RINSE LIQD (Use Permethrin) | NF | |
| OVIDE LOTN (Use Malathion) | NF | |
| <i>permethrin crea</i> | 1 | |
| <i>permethrin liqd</i> | 1 | |
| SKLICE LOTN | 3 | PA |
| SPINOSAD SUSP | 1 | PA |
| ULESFIA LOTN | 3 | |
| Wound Care Products | | |
| REGRANEX GEL | 3 | |
| DIAGNOSTIC PRODUCTS | | |
| Diagnostic Drugs | | |
| GLUCAGEN DIAGNOSTIC SOLR | 3 | QL(0.035 ea daily) |
| Diagnostic Tests | | |
| CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP | 1 | |
| CHEK-STIX CONTROL STRP | 1 | |
| CHEMSTRIP-K STRP | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| KETOCARE STRP | 1 | |
| KETONE TEST STRIPS STRP | 1 | |
| KETOSTIX STRP | 1 | |
| NOVA MAX PLUS KETONE TESTSTRIPS STRP | 1 | |
| PRECISION XTRA STRP VI | 1 | |
| PTS PANELS KETONE TEST STRP | 1 | |
| RELION KETONE STRP | 1 | |
| RELION KETONE TEST STRIPS STRP | 1 | |
| TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP | 1 | Limit 100 per month;QL(3.34 ea daily); RX/OTC |
| TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP | 1 | QL(3.34 ea daily); RX/OTC |
| TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP | 1 | Limit 100 per month;QL(3.34 ea daily); RX/OTC |
| TRUETEST BLOOD GLUCOSE TEST STRIPS STRP | 1 | Limit 100 per month;QL(3.34 ea daily); RX/OTC |
| TRUETEST BLOOD GLUCOSE TEST STRP | 1 | Limit 100 per month;QL(3.34 ea daily); RX/OTC |
| TRUETEST STRIPS STRP | 1 | Limit 100 per month;QL(3.34 ea daily); RX/OTC |
| TRUETEST STRIPS STRP | 1 | QL(3.34 ea daily); RX/OTC |
| TRUETRACK BLOOD GLUCOSE TEST STRP | 1 | Limit 100 per month;QL(3.34 ea daily); RX/OTC |
| TRUETRACK TEST STRP | 1 | QL(3.34 ea daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| TRUETRACK TEST STRP | 1 | Limit 100 per month; QL(3.34 ea daily); RX/OTC |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | |
| Digestive Enzymes | | |
| CREON CPEP | 2 | |
| PANCREAZE CPEP 14200UNIT-4200UNIT-24600UNIT, 35500UNIT-10500UNIT-61500UNIT, 54700UNIT-21000UNIT-83900UNIT, 56800UNIT-16800UNIT-98400UNIT | 2 | |
| SUCRAID SOLN | 3 | |
| ZENPEP CPEP | 2 | |
| DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure | | |
| Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide cp12 500 mg</i> | 1 | QL(2 ea daily) |
| <i>acetazolamide sodium solr</i> | 1 | |
| <i>acetazolamide tabs 125 mg</i> | 1 | QL(8 ea daily) |
| <i>acetazolamide tabs 250 mg</i> | 1 | QL(4 ea daily) |
| DIAMOX CP12 (Use Acetazolamide) | NF | QL(2 ea daily) |
| KEVEYIS TABS | 4 | PA |
| <i>methazolamide tabs</i> | 1 | QL(6 ea daily) |
| NEPTAZANE TABS (Use Methazolamide) | NF | QL(6 ea daily) |
| Diuretic Combinations | | |
| ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide) | NF | |
| <i>amiloride & hydrochlorothiazide tabs</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide) | NF | |
| MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide) | NF | |
| MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide) | NF | |
| <i>spironolactone & hydrochlorothiazide tabs</i> | 1 | |
| <i>triamterene & hydrochlorothiazide caps</i> | 1 | |
| <i>triamterene & hydrochlorothiazide tabs</i> | 1 | |
| Loop Diuretics | | |
| <i>bumetanide soln ij 0.25 mg/ml</i> | 1 | |
| <i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i> | 1 | QL(5 ea daily) |
| BUMEX TABS (Use Bumetanide) | NF | QL(5 ea daily) |
| DEMADEX TABS (Use Torsemide) | NF | |
| EDECIN TABS (Use Ethacrynic Acid) | NF | QL(16 ea daily) |
| <i>ethacrynic acid tabs</i> | 1 | QL(16 ea daily) |
| <i>furosemide soln ij 10 mg/ml</i> | 1 | |
| <i>furosemide soln or 10 mg/ml</i> | 1 | |
| FUROSEMIDE SOLN OR 8 MG/ML | 1 | |
| <i>furosemide tabs or 20 mg, 40 mg, 80 mg</i> | 1 | |
| LASIX TABS (Use Furosemide) | NF | |
| <i>torsemide tabs</i> | 1 | |
| Potassium Sparing Diuretics | | |
| ALDACTONE TABS (Use Spironolactone) | NF | |
| <i>amiloride hcl tabs</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| DYRENIUM CAPS | 3 | QL(3 ea daily) |
| <i>spironolactone tabs</i> | 1 | |
| Thiazides and Thiazide-Like Diuretics | | |
| CHLOROTHIAZIDE TABS 250 MG | 1 | |
| <i>chlorothiazide tabs 500 mg</i> | 1 | |
| <i>chlorthalidone tabs</i> | 1 | |
| <i>hydrochlorothiazide caps</i> | 1 | QL(2 ea daily) |
| <i>hydrochlorothiazide tabs</i> | 1 | QL(2 ea daily) |
| <i>indapamide tabs 1.25 mg</i> | 1 | QL(1 ea daily) |
| <i>indapamide tabs 2.5 mg</i> | 1 | QL(2 ea daily) |
| METHYCLOTHIAZIDE TABS | 1 | |
| <i>metolazone tabs</i> | 1 | QL(2 ea daily) |
| MICROZIDE CAPS (Use Hydrochlorothiazide) | NF | QL(2 ea daily) |
| ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones | | |
| Bone Density Regulators | | |
| ACTONEL TABS 150 MG (Use Risedronate Sodium) | NF | PA; QL(0.036 ea daily) |
| ACTONEL TABS 35 MG (Use Risedronate Sodium) | NF | PA; QL(0.143 ea daily) |
| ACTONEL TABS 5 MG, 30 MG (Use Risedronate Sodium) | NF | PA; QL(1 ea daily) |
| <i>alendronate sodium tabs 35 mg, 70 mg</i> | 1 | QL(0.143 ea daily) |
| ALENDRONATE SODIUM TABS 40 MG | 1 | QL(1 ea daily) |
| <i>alendronate sodium tabs 5 mg, 10 mg</i> | 1 | QL(1 ea daily) |
| ATELVIA TBEC (Use Risedronate Sodium) | NF | PA |
| BONIVA SOLN IV 3 MG/3ML (Use Ibandronate Sodium) | NF | PA; SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| BONIVA TABS OR 150 MG (Use Ibandronate Sodium) | NF | QL(0.036 ea daily) |
| <i>calcitonin (salmon) soln</i> | 1 | |
| ETIDRONATE DISODIUM TABS 200 MG | 1 | |
| FORTEO SOLN | 4 | PA; QL(0.09 ml daily); SP |
| FOSAMAX PLUS D TABS | 3 | PA; QL(0.143 ea daily) |
| FOSAMAX TABS (Use Alendronate Sodium) | NF | QL(0.143 ea daily) |
| <i>ibandronate sodium soln iv 3 mg/3ml</i> | 4 | PA; SP |
| <i>ibandronate sodium tabs or 150 mg</i> | 1 | QL(0.036 ea daily) |
| MIACALCIN SOLN NA 200 UNIT/ACT (Use Calcitonin (Salmon)) | NF | |
| <i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i> | 4 | PA; SP |
| PAMIDRONATE DISODIUM SOLN 6 MG/ML | 4 | PA; SP |
| PAMIDRONATE DISODIUM SOLR 30 MG, 90 MG | 4 | PA; SP |
| PROLIA SOLN | 4 | PA; SP |
| RECLAST SOLN (Use Zoledronic Acid) | NF | PA; SP |
| <i>risedronate sodium tabs 150 mg</i> | 1 | PA; QL(0.036 ea daily) |
| <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 |
| TYMLOS SOPN | 4 | PA; |
| XGEVA SOLN | 4 | PA; SP |
| <i>zoledronic acid conc 4 mg/5ml</i> | 4 | PA; SP |
| ZOLEDRONIC ACID SOLN 4 MG/100ML | 4 | PA; SP |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>zoledronic acid soln 5 mg/100ml</i> | 4 | PA; SP |
| ZOMETA CONC 4 MG/5ML (<i>Use Zoledronic Acid</i>) | NF | PA; SP |
| ZOMETA SOLN 4 MG/100ML | 4 | PA; SP |
| Corticotropin | | |
| H.P. ACTHAR GEL | 4 | PA |
| Fertility Regulators | | |
| CHORIONIC GONADOTROPIN SOLR | 4 | PA; SP |
| NOVAREL SOLR 10000 UNIT | 4 | PA; SP |
| PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR | 4 | PA; SP |
| GnRH/LHRH Antagonists | | |
| CETROTIDE KIT | 4 | PA |
| <i>ganirelix acetate soln</i> | 4 | PA |
| GANIRELIX ACETATE SOLN (<i>Use Ganirelix Acetate</i>) | 4 | PA |
| Growth Hormone Receptor Antagonists | | |
| SOMAVERT SOLR 10 MG, 15 MG, 20 MG | 4 | PA; SP |
| Growth Hormone Releasing Hormones (GHRH) | | |
| EGRIFTA SOLR | 4 | PA |
| Growth Hormones | | |
| GENOTROPIN MINIQUICK SOLR 0.2 MG | 4 | PA; SP |
| GENOTROPIN SOLR 5 MG | 4 | PA; SP |
| HUMATROPE COMBO PACK SOLR | 4 | PA; SP |
| HUMATROPE SOLR | 4 | PA; SP |
| NORDITROPIN FLEXPOR SOLN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| NUTROPIN AQ NUSPIN 10 SOLN | 4 | PA; SP |
| OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML | 4 | PA; SP |
| SAIZEN CLICK.EASY SOLR | 4 | PA; SP |
| SAIZEN SOLR | 4 | PA; SP |
| SAIZENPREP RECONSTITUTIONKIT SOLR | 4 | PA; SP |
| SEROSTIM SOLR | 4 | PA; SP |
| ZOMACTON SOLR | 4 | PA; SP |
| ZORBTIVE SOLR | 4 | PA; SP |
| Hormone Receptor Modulators | | |
| EVISTA TABS (<i>Use Raloxifene HCl</i>) | NF | QL(1 ea daily) |
| OSPHENA TABS | 3 | PA |
| <i>raloxifene hcl tabs</i> | 0 | QL(1 ea daily) |
| Insulin-Like Growth Factors (Somatomedins) | | |
| INCRELEX SOLN | 4 | PA; SP |
| LHRH/GnRH Agonist Analog Pituitary | | |
| LUPANETA PACK KIT | 4 | PA |
| LUPRON DEPOT-PED (1-MONTH) KIT | 4 | PA; SP |
| LUPRON DEPOT-PED (3-MONTH) KIT 30 MG | 4 | PA; SP |
| SYNAREL SOLN | 4 | PA; SP |
| Metabolic Modifiers | | |
| ALDURAZYME SOLN | 4 | PA; SP |
| BUPHENYL POWD 3 GM/TSP (<i>Use Sodium Phenylbutyrate</i>) | 3 | |
| BUPHENYL TABS 500 MG (<i>Use Sodium Phenylbutyrate</i>) | NF | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| <i>calcitriol caps or 0.25 mcg, 0.5 mcg</i> | 1 | |
| <i>calcitriol soln iv 1 mcg/ml</i> | 1 | |
| <i>calcitriol soln or 1 mcg/ml</i> | 1 | |
| CARBAGLU TABS | 4 | PA; SP |
| <i>cinacalcet hcl tabs</i> | 4 | PA; QL(4 ea daily); SP |
| CYSTADANE POWD | 4 | PA; SP |
| <i>doxercalciferol caps</i> | 1 | |
| <i>doxercalciferol soln</i> | 1 | |
| ELAPRASE SOLN | 4 | PA; SP |
| FABRAZYME SOLR 35 MG | 4 | PA; SP |
| GALAFOLD CAPS | 4 | PA; QL(0.5 ea daily) |
| HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG (Use <i>Doxercalciferol</i>) | NF | |
| HECTOROL SOLN IV 4 MCG/2ML (Use <i>Doxercalciferol</i>) | NF | |
| KUVAN TBSO 100 MG | 4 | PA; SP |
| LUMIZYME SOLR | 4 | PA; SP |
| MYALEPT SOLR | 4 | PA |
| NAGLAZYME SOLN | 4 | PA; SP |
| ORFADIN CAPS 2 MG, 5 MG, 10 MG | 4 | PA; SP |
| PALYNZIQ SOSY | 4 | PA |
| <i>paricalcitol caps</i> | 1 | |
| <i>paricalcitol soln</i> | 1 | |
| ROCALTROL CAPS (Use <i>Calcitriol</i>) | NF | |
| ROCALTROL SOLN (Use <i>Calcitriol</i>) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| SENSIPAR TABS (Use <i>Cinacalcet HCl</i>) | 4 | PA; QL(4 ea daily); SP |
| <i>sodium phenylbutyrate powd 3 gm/tsp</i> | 3 | |
| <i>sodium phenylbutyrate tabs 500 mg</i> | 1 | |
| ZEMPLAR CAPS (Use <i>Paricalcitol</i>) | NF | |
| ZEMPLAR SOLN (Use <i>Paricalcitol</i>) | NF | |
| Posterior Pituitary Hormones | | |
| DDAVP SOLN IJ 4 MCG/ML (Use <i>Desmopressin Acetate</i>) | NF | PA |
| DDAVP SOLN NA 0.01 % (Use <i>Desmopressin Acetate Spray</i>) | NF | |
| DDAVP TABS OR 0.1 MG (Use <i>Desmopressin Acetate</i>) | NF | QL(6 ea daily) |
| DDAVP TABS OR 0.2 MG (Use <i>Desmopressin Acetate</i>) | NF | QL(8 ea daily) |
| <i>desmopressin acetate soln ij 4 mcg/ml</i> | 1 | PA |
| <i>desmopressin acetate spray refrigerated soln</i> | 1 | |
| <i>desmopressin acetate spray soln</i> | 1 | |
| <i>desmopressin acetate tabs or 0.1 mg</i> | 1 | QL(6 ea daily) |
| <i>desmopressin acetate tabs or 0.2 mg</i> | 1 | QL(8 ea daily) |
| STIMATE SOLN | 4 | PA; SP |
| Prolactin Inhibitors | | |
| <i>cabergoline tabs</i> | 1 | |
| Somatostatic Agents | | |
| <i>octreotide acetate soln</i> | 4 | PA; SP |
| SANDOSTATIN SOLN (Use <i>Octreotide Acetate</i>) | NF | PA; SP |
| SIGNIFOR SOLN | 4 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| SOMATULINE DEPOT SOLN | 4 | PA; SP |
| Vasopressin Receptor Antagonists | | |
| JYNARQUE TBPk | 4 | PA; SP |
| SAMSCA TABS | 4 | PA; QL(2 ea daily); SP |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |
| CLIMARA PRO PTWK | 3 | |
| DUAVEE TABS | 3 | PA |
| FEMHRT LOW DOSE TABS (Use Norethindrone Acetate-Ethinyl Estradiol) | NF | |
| norethindrone acetate-ethinyl estradiol tabs | 1 | |
| PREMPHASE TABS | 2 | |
| PREMPRO TABS | 2 | |
| Estrogens | | |
| ALORA PTTW | 3 | |
| CLIMARA PTWK (Use Estradiol) | NF | |
| DELESTROGEN OIL 10 MG/ML | 1 | |
| DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Use Estradiol Valerate) | NF | |
| DEPO-ESTRADIOL OIL | 3 | |
| DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM | 3 | |
| ELESTRIN GEL | 3 | |
| ESTRACE TABS (Use Estradiol) | NF | |
| estradiol pttw | 1 | |
| estradiol ptwk | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| estradiol tabs | 1 | |
| estradiol valerate oil | 1 | |
| ESTROGEL GEL | 3 | |
| ESTROPIPATE TABS | 1 | |
| EVAMIST SOLN | 3 | |
| MENEST TABS | 3 | |
| MENOSTAR PTWK | 3 | |
| MINIVELLE PTTW (Use Estradiol) | 3 | |
| PREMARIN SOLR | 2 | |
| PREMARIN TABS | 2 | |
| VIVELLE-DOT PTTW (Use Estradiol) | 3 | |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| AVELOX ABC PACK TABS (Use Moxifloxacin HCl) | NF | |
| AVELOX SOLN IV 400MG/250ML-0.8% (Use Moxifloxacin HCl in Sodium Chloride) | NF | |
| AVELOX TABS OR 400 MG (Use Moxifloxacin HCl) | NF | |
| CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin) | NF | |
| CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl) | NF | |
| CIPROFLOXACIN HCL TABS 100 MG | 1 | |
| ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg | 1 | |
| ciprofloxacin in d5w soln 200mg/100ml-5% | 3 | |
| CIPROFLOXACIN SOLN IV 400 MG/40ML | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i> | 1 | |
| FACTIVE TABS | 3 | |
| LEVAQUIN TABS (Use Levofloxacin) | NF | |
| <i>levofloxacin in d5w soln 500mg/100ml-5%</i> | 1 | |
| <i>levofloxacin soln</i> | 1 | |
| <i>levofloxacin tabs</i> | 1 | |
| <i>moxifloxacin hcl in sodium chloride soln</i> | 1 | |
| <i>moxifloxacin hcl tabs or 400 mg</i> | 1 | |
| OFLOXACIN TABS 300 MG | 1 | |
| <i>ofloxacin tabs 400 mg</i> | 1 | |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | | |
| Bile Acid Synthesis Disorder Agents | | |
| CHOLBAM CAPS | 4 | PA; SP |
| Gallstone Solubilizing Agents | | |
| ACTIGALL CAPS (Use Ursodiol) | NF | |
| URSO 250 TABS (Use Ursodiol) | NF | |
| URSO FORTE TABS (Use Ursodiol) | NF | |
| <i>ursodiol caps</i> | 1 | |
| <i>ursodiol tabs</i> | 1 | |
| Gastrointestinal Chloride Channel Activators | | |
| AMITIZA CAPS | 2 | PA; QL(2 ea daily) |
| Gastrointestinal Stimulants | | |
| <i>metoclopramide hcl soln ij 5 mg/ml</i> | 1 | |
| <i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i> | 1 | QL(60 ml daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>metoclopramide hcl tabs or 5 mg, 10 mg</i> | 1 | QL(6 ea daily) |
| REGLAN TABS (Use Metoclopramide HCl) | NF | QL(6 ea daily) |
| Inflammatory Bowel Agents | | |
| APRISO CP24 | 2 | PA |
| ASACOL HD TBEC (Use Mesalamine) | NF | QL(6 ea daily) |
| AZULFIDINE EN-TABS TBEC (Use Sulfasalazine) | NF | |
| AZULFIDINE TABS (Use Sulfasalazine) | NF | |
| <i>balsalazide disodium caps</i> | 1 | |
| CANASA SUPP (Use Mesalamine) | 2 | |
| CIMZIA KIT | 4 | PA; QL(0.0714 ea daily); SP |
| CIMZIA STARTER KIT KIT | 4 | PA; QL(0.214 ea daily); SP |
| COLAZAL CAPS (Use Balsalazide Disodium) | NF | |
| DIPENTUM CAPS | 2 | |
| INFLECTRA SOLR | 4 | PA; 30 rtl lmt day(s),30 mail lmt day(s), |
| LIALDA TBEC (Use Mesalamine) | NF | |
| <i>mesalamine enem re 4 gm</i> | 1 | |
| <i>mesalamine supp re 1000 mg</i> | 1 | |
| <i>mesalamine tbec or 1.2 gm</i> | 1 | |
| <i>mesalamine tbec or 800 mg</i> | 1 | QL(6 ea daily) |
| REMICADE SOLR | 4 | PA; SP |
| RENFLXIS SOLR | 4 | PA; 30 rtl lmt day(s),30 mail lmt day(s), |
| STELARA SOLN IV 130 MG/26ML | 4 | PA |
| <i>sulfasalazine tabs</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>sulfasalazine tbec</i> | 1 | |
| Intestinal Acidifiers | | |
| <i>lactulose (encephalopathy) soln</i> | 1 | |
| Irritable Bowel Syndrome (IBS) Agents | | |
| <i>alosetron hcl tabs</i> | 1 | QL(2 ea daily) |
| LINZESS CAPS 145 MCG, 290 MCG | 3 | PA |
| LINZESS CAPS 72 MCG | 3 | PA; QL(1 ea daily) |
| LOTRONEX TABS (<i>Use Alosetron HCl</i>) | NF | QL(2 ea daily) |
| Peripheral Opioid Receptor Antagonists | | |
| ENTEREG CAPS | 3 | |
| RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML | 3 | PA |
| Phosphate Binder Agents | | |
| <i>calcium acetate (phosphate binder) caps</i> | 1 | |
| <i>calcium acetate (phosphate binder) tabs</i> | 1 | RX/OTC |
| ELIPHOS TABS (<i>Use Calcium Acetate (Phosphate Binder)</i>) | NF | RX/OTC |
| FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (<i>Use Lanthanum Carbonate</i>) | NF | |
| <i>lanthanum carbonate chew</i> | 1 | |
| PHOSLYRA SOLN | 2 | |
| RENVELA PACK (<i>Use Sevelamer Carbonate</i>) | NF | |
| RENVELA TABS (<i>Use Sevelamer Carbonate</i>) | NF | |
| <i>sevelamer carbonate pack</i> | 1 | |
| <i>sevelamer carbonate tabs</i> | 1 | |
| VELPHORO CHEW | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Alkalinizers | | |
| <i>potassium citrate (alkalinizer) tbc 1080 mg</i> | 1 | |
| <i>sodium citrate & citric acid soln</i> | 1 | RX/OTC |
| UROKIT-K 10 TBCR (<i>Use Potassium Citrate (Alkalinizer)</i>) | NF | |
| Cystinosis Agents | | |
| CYSTAGON CAPS | 3 | PA |
| Genitourinary Irrigants | | |
| <i>acetic acid soln</i> | 1 | |
| <i>glycine (gu irrigant) soln</i> | 1 | |
| RESECTISOL SOLN | 1 | |
| <i>sodium chloride (gu irrigant) soln</i> | 1 | |
| SORBITOL SOLN | 1 | |
| SORBITOL-MANNITOL SOLN | 1 | |
| Interstitial Cystitis Agents | | |
| ELMIRON CAPS | 2 | |
| Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl tb24</i> | 1 | QL(1 ea daily) |
| AVODART CAPS (<i>Use Dutasteride</i>) | NF | QL(1 ea daily) |
| <i>dutasteride caps</i> | 1 | QL(1 ea daily) |
| <i>finasteride tabs</i> | 1 | |
| FLOMAX CAPS (<i>Use Tamsulosin HCl</i>) | NF | |
| PROSCAR TABS (<i>Use Finasteride</i>) | NF | |
| RAPAFLO CAPS 4 MG | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| RAPAFLO CAPS 4 MG, 8 MG (Use Silodosin) | 2 | |
| <i>silodosin caps</i> | 1 | |
| <i>tamsulosin hcl caps</i> | 1 | |
| UROXATRAL TB24 (Use Alfuzosin HCl) | NF | QL(1 ea daily) |
| Urinary Analgesics | | |
| <i>phenazopyridine hcl tabs</i> | 1 | |
| PYRIDIUM TABS (Use Phenazopyridine HCl) | NF | |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| <i>colchicine w/ probenecid tabs</i> | 1 | |
| Gout Agents | | |
| <i>allopurinol tabs</i> | 1 | |
| <i>colchicine tabs</i> | 1 | QL(1 ea daily) |
| COLCRYS TABS | 2 | QL(6 ea per fill retail, 6 ea per fill mail) |
| KRYSTEXXA SOLN | 4 | PA |
| ULORIC TABS | 3 | PA; QL(1 ea daily) |
| ZYLOPRIM TABS (Use Allopurinol) | NF | |
| Uricosurics | | |
| <i>probenecid tabs</i> | 1 | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Bradykinin B2 Receptor Antagonists | | |
| FIRAZYR SOLN | 4 | PA; QL(9 ml daily) |
| Complement Inhibitors | | |
| CINRYZE SOLR | 4 | PA |
| HAEGARDA SOLR | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| RUCONEST SOLR | 4 | PA |
| Hematorheologic Agents | | |
| <i>pentoxifylline tbc</i> | 1 | QL(3 ea daily) |
| Platelet Aggregation Inhibitors | | |
| AGGRENOX CP12 (Use Aspirin-Dipyridamole) | NF | PA; QL(2 ea daily) |
| AGRYLIN CAPS (Use Anagrelide HCl) | NF | |
| <i>anagrelide hcl caps</i> | 1 | |
| <i>aspirin-dipyridamole cp12</i> | 1 | PA; QL(2 ea daily) |
| BRILINTA TABS | 2 | |
| <i>cilostazol tabs</i> | 1 | |
| <i>clopidogrel bisulfate tabs 300 mg</i> | 1 | |
| <i>clopidogrel bisulfate tabs 75 mg</i> | 1 | QL(1 ea daily) |
| <i>dipyridamole tabs</i> | 1 | |
| EFFIENT TABS (Use Prasugrel HCl) | NF | QL(1 ea daily) |
| PLAVIX TABS 300 MG (Use Clopidogrel Bisulfate) | NF | |
| PLAVIX TABS 75 MG (Use Clopidogrel Bisulfate) | NF | QL(1 ea daily) |
| <i>prasugrel hcl tabs</i> | 1 | QL(1 ea daily) |
| REOPRO SOLN | 3 | |
| ZONTIVITY TABS | 3 | PA |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| Agents for Gaucher Disease | | |
| CERDELGA CAPS | 4 | PA; QL(2 ea daily) |
| CEREZYME SOLR | 4 | PA; SP |
| ELELYSO SOLR | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------|
| <i>miglustat caps</i> | 4 | PA; QL(3 ea daily); SP |
| VPRIV SOLR | 4 | PA; SP |
| ZAVESCA CAPS (<i>Use Miglustat</i>) | 4 | PA; QL(3 ea daily); SP |
| Agents for Sickle Cell Anemia | | |
| DROXIA CAPS | 3 | |
| SIKLOS TABS | 3 | AL(Up to 19 yrs old) |
| Cobalamins | | |
| <i>cyanocobalamin soln ij 1000 mcg/ml</i> | 1 | QL(1 ml daily) |
| Folic Acid/Folates | | |
| <i>folic acid tabs or 1 mg</i> | 0 | RX/OTC |
| <i>folic acid tabs or 400 mcg</i> | 0 | |
| Hematopoietic Growth Factors | | |
| ARANESP ALBUMIN FREE SOLN 25 MCG/ML | 4 | SP |
| ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML | 4 | PA; SP |
| ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML | 4 | PA; SP |
| DOPTELET TABS | 4 | PA |
| EPOGEN SOLN | 3 | PA; SP |
| FULPHILA SOSY | 4 | PA; |
| LEUKINE SOLR | 4 | PA; SP |
| MIRCERA SOSY | 4 | PA |
| MULPLETA TABS | 4 | PA |
| NEULASTA ONPRO KIT PSKT | 4 | PA; SP |
| NEULASTA SOSY | 4 | PA; SP |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Barbiturate Hypnotics | | |
| <i>phenobarbital elix 20 mg/5ml</i> | 1 | |
| <i>phenobarbital soln 20 mg/5ml</i> | 1 | |
| <i>phenobarbital tabs 15 mg, 30 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i> | 1 | |
| Hypnotics - Tricyclic Agents | | |
| SILENOR TABS | 3 | PA; QL(1 ea daily) |
| Non-Barbiturate Hypnotics | | |
| AMBIEN CR TBCR (<i>Use Zolpidem Tartrate</i>) | NF | ST; Must try immediate release zolpidem.;QL(1 ea daily) |
| AMBIEN TABS (<i>Use Zolpidem Tartrate</i>) | NF | QL(1 ea daily); AL(At least 18 yrs old) |
| <i>estazolam tabs</i> | 1 | |
| <i>eszopiclone tabs</i> | 1 | ST; QL(1 ea daily); AL(At least 18 yrs old) |
| HALCION TABS (<i>Use Triazolam</i>) | NF | |
| LUNESTA TABS (<i>Use Eszopiclone</i>) | NF | ST; QL(1 ea daily); AL(At least 18 yrs old) |
| RESTORIL CAPS (<i>Use Temazepam</i>) | NF | QL(1 ea daily) |
| SONATA CAPS 10 MG (<i>Use Zaleplon</i>) | NF | QL(2 ea daily); AL(At least 18 yrs old) |
| SONATA CAPS 5 MG (<i>Use Zaleplon</i>) | NF | QL(1 ea daily); AL(At least 18 yrs old) |
| <i>temazepam caps</i> | 1 | QL(1 ea daily) |
| <i>triazolam tabs</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>zaleplon caps 10 mg</i> | 1 | QL(2 ea daily); AL(At least 18 yrs old) |
| <i>zaleplon caps 5 mg</i> | 1 | QL(1 ea daily); AL(At least 18 yrs old) |
| <i>zolpidem tartrate tabs or 5 mg, 10 mg</i> | 1 | QL(1 ea daily); AL(At least 18 yrs old) |
| <i>zolpidem tartrate tbcr or 12.5 mg, 6.25 mg</i> | 1 | ST; Must try immediate release zolpidem.;QL(1 ea daily) |
| Orexin Receptor Antagonists | | |
| BELSOMRA TABS | 3 | PA |
| Selective Melatonin Receptor Agonists | | |
| HETLIOZ CAPS | 3 | PA |
| ROZEREM TABS | 3 | ST; QL(1 ea daily); AL(At least 18 yrs old) |
| LAXATIVES - Bowel Treatment Drugs | | |
| Bulk Laxatives | | |
| <i>calcium polycarbophil tabs</i> | 1 | |
| FIBERCON TABS (<i>Use Calcium Polycarbophil</i>) | NF | |
| Laxative Combinations | | |
| CLENPIQ SOLN | 3 | |
| GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>) | 0 | |
| MOVIPREP SOLR | 2 | |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236gm-22.74gm-5.86gm-2.97gm-6.74gm</i> | 0 | |
| PREPOPIK PACK | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| SUPREP BOWEL PREP KIT SOLN | 0 | |
| Laxatives - Miscellaneous | | |
| <i>lactulose soln 10 gm/15ml, 20 gm/30ml</i> | 1 | |
| Saline Laxatives | | |
| OSMOPREP TABS | 3 | |
| Stimulant Laxatives | | |
| <i>bisacodyl tbec</i> | 1 | |
| DULCOLAX TBEC (Use <i>Bisacodyl</i>) | NF | |
| Surfactant Laxatives | | |
| COLACE CAPS (Use <i>Docusate Sodium</i>) | NF | |
| <i>docusate calcium caps</i> | 1 | |
| <i>docusate sodium caps</i> | 1 | |
| LOCAL ANESTHETICS-Parenteral - Drugs for Numbing | | |
| Local Anesthetics - Amides | | |
| <i>lidocaine hcl (local anesth.) soln 0.5 %, 1 %, 2 %</i> | 1 | |
| XYLOCAINE SOLN IJ 0.5 %, 1 % (Use <i>Lidocaine HCl (Local Anesth.)</i>) | NF | |
| XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (Use <i>Lidocaine HCl (Local Anesth.)</i>) | NF | |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| AZITHROMYCIN PACK OR 1 GM | 1 | |
| <i>azithromycin solr iv 500 mg</i> | 1 | |
| <i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i> | 1 | |
| <i>azithromycin tabs or 250 mg</i> | 1 | QL(6 ea per fill retail,6 ea per fill mail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>azithromycin tabs or 500 mg</i> | 1 | QL(4 ea per fill retail,4 ea per fill mail) |
| <i>azithromycin tabs or 600 mg</i> | 1 | QL(0.286 ea daily) |
| ZITHROMAX SOLR IV 500 MG (Use <i>Azithromycin</i>) | NF | |
| ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use <i>Azithromycin</i>) | NF | |
| ZITHROMAX TABS OR 250 MG (Use <i>Azithromycin</i>) | NF | QL(6 ea per fill retail,6 ea per fill mail) |
| ZITHROMAX TABS OR 500 MG (Use <i>Azithromycin</i>) | NF | QL(4 ea per fill retail,4 ea per fill mail) |
| ZITHROMAX TABS OR 600 MG (Use <i>Azithromycin</i>) | NF | QL(0.286 ea daily) |
| ZITHROMAX TRI-PAK TABS (Use <i>Azithromycin</i>) | NF | QL(4 ea per fill retail,4 ea per fill mail) |
| ZITHROMAX Z-PAK TABS (Use <i>Azithromycin</i>) | NF | QL(6 ea per fill retail,6 ea per fill mail) |
| Clarithromycin | | |
| BIAXIN TABS (Use <i>Clarithromycin</i>) | NF | |
| CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML | 1 | |
| <i>clarithromycin susr 125 mg/5ml, 250 mg/5ml</i> | 1 | |
| <i>clarithromycin tabs 250 mg, 500 mg</i> | 1 | |
| <i>clarithromycin tb24 500 mg</i> | 1 | |
| Erythromycins | | |
| E.E.S. 400 TABS | 3 | |
| E.E.S. GRANULES SUSR (Use <i>Erythromycin Ethylsuccinate</i>) | NF | |
| ERY-TAB TBEC | 3 | |
| ERYPED 200 SUSR (Use <i>Erythromycin Ethylsuccinate</i>) | NF | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| ERYPED 400 SUSR (<i>Use Erythromycin Ethylsuccinate</i>) | 3 | |
| <i>erythromycin base cpep</i> | 3 | |
| <i>erythromycin base tabs</i> | 3 | |
| <i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i> | 1 | |
| ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG | 3 | |
| Fidaxomicin | | |
| DIFICID TABS | 2 | |
| MEDICAL DEVICES AND SUPPLIES | | |
| Contraceptives | | |
| AIMSCO LUBRICATED MISC | 0 | QL(2 ea daily) |
| ATLAS COLORED LUBRICATEDCONDOM DEVI | 0 | QL(2 ea daily) |
| ATLAS LUBRICATED CONDOM DEVI | 0 | QL(2 ea daily) |
| ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI | 0 | QL(2 ea daily) |
| CAYA DPRH | 0 | |
| CLASS ACT LUBRICATED MISC | 0 | QL(2 ea daily) |
| DUREX EXTRA SENSITIVE DEVI | 0 | QL(2 ea daily) |
| ELEXA NATURAL FEEL MISC | 0 | QL(2 ea daily) |
| ELEXA STIMULATING MISC | 0 | QL(2 ea daily) |
| ELEXA ULTRA SENSITIVE MISC | 0 | QL(2 ea daily) |
| EXTRA SENSITIVE SPERMICIDAL DEVI | 0 | QL(2 ea daily) |
| FANTASY LUBRICATED MISC | 0 | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| FANTASY LUBRICATED/SPERMICIDE MISC | 0 | QL(2 ea daily) |
| FC FEMALE CONDOM MISC | 0 | |
| FC2 FEMALE CONDOM MISC | 0 | |
| FEMCAP DEVI | 0 | |
| HIGH SENSATION SPERMICIDAL DEVI | 0 | QL(2 ea daily) |
| INTENSE SENSATION DEVI | 0 | QL(2 ea daily) |
| KAMELEON LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO COLORS DEVI | 0 | QL(2 ea daily) |
| KIMONO LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO PLUS SPERMICIDE/LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO PS LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO SENSATION LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO SPECIAL DEVI | 0 | QL(2 ea daily) |
| MAXX LUBRICATED MISC | 0 | QL(2 ea daily) |
| MAXX PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) |
| OMNIFLEX DIAPHRAGM DPRH | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| PREMIUM CONDOMS LUBRICATED MISC | 0 | QL(2 ea daily) |
| REALITY LATEX CONDOMS/LUBRICATED MISC | 0 | QL(2 ea daily) |
| REALITY LATEX/ULTRA TEXTURED DEVI | 0 | QL(2 ea daily) |
| REALITY LATEX/ULTRA THIN DEVI | 0 | QL(2 ea daily) |
| TROJAN EXTENDED PLEASURE/LUBRICATED DEVI | 0 | QL(2 ea daily) |
| TROJAN MAGNUM MISC | 0 | QL(2 ea daily) |
| TROJAN MAGNUM WARM SENSATIONS DEVI | 0 | QL(2 ea daily) |
| TROJAN MAGNUM XL LUBRICATED DEVI | 0 | QL(2 ea daily) |
| TROJAN PLEASURE MESH/SPERMICIDAL DEVI | 0 | QL(2 ea daily) |
| TROJAN RIBBED W/SPERMICIDAL MISC | 0 | QL(2 ea daily) |
| TROJAN SHARED SENSATION/LUBRICATED DEVI | 0 | QL(2 ea daily) |
| TROJAN SUPRAS SPERMICIDAL DEVI | 0 | QL(2 ea daily) |
| TROJAN TWISTED PLEASURE DEVI | 0 | QL(2 ea daily) |
| TROJAN ULTRA PLEASURE/LUBRICATED DEVI | 0 | QL(2 ea daily) |
| TROJAN VERY SENSITIVE LUBRICATED MISC | 0 | QL(2 ea daily) |
| TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC | 0 | QL(2 ea daily) |
| TROJAN VERY THIN LUBRICATED MISC | 0 | QL(2 ea daily) |
| TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC | 0 | QL(2 ea daily) |
| TROJAN-ENZ LUBRICANT MISC | 0 | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| TROJAN-ENZ LUBRICATED MISC | 0 | QL(2 ea daily) |
| TROJAN-ENZ W/SPERMICIDAL MISC | 0 | QL(2 ea daily) |
| TRUSTEX COLOR CONDOMS + LUBE MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED EXTRALARGE MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED EXTRASTRENGTH MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED/RIBBED/STUDDED MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED/SPERMICIDAL EXTRA LARGE MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED/SPERMICIDAL EXTRA STRENGTH MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED/SPERMICIDAL MISC | 0 | QL(2 ea daily) |
| TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC | 0 | QL(2 ea daily) |
| TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC | 0 | QL(2 ea daily) |
| TRUSTEX/RIA LUBRICATED MISC | 0 | QL(2 ea daily) |
| TRUSTEX/RIA LUBRICATED SPERMICIDE MISC | 0 | QL(2 ea daily) |
| TRUSTEX/RIA LUBRICATED/SPERMICIDAL MISC | 0 | QL(2 ea daily) |
| ULTIMATE FEELING DEVI | 0 | QL(2 ea daily) |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH | 0 | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC | 1 | QL(6.6667 ea daily) |
| ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC | 1 | QL(6.6667 ea daily) |
| ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC | 1 | QL(6.6667 ea daily) |
| ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP MISC | 1 | QL(6.6667 ea daily) |
| ADJUSTABLE LANCING DEVICE MISC | 1 | |
| ADVANCED MOBILE LANCET 30G MISC | 1 | QL(6.6667 ea daily) |
| ADVOCATE LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| ADVOCATE LANCETS MISC | 1 | QL(6.6667 ea daily) |
| ADVOCATE LANCING DEVICE MISC | 1 | |
| ADVOCATE RAPID-SAFE LANCING DEVICE MISC | 1 | |
| ADVOCATE SAFETY LANCETS 26G MISC | 1 | QL(6.6667 ea daily) |
| ADVOCATE SAFETY LANCETS MISC | 1 | QL(6.6667 ea daily) |
| AGAMATRIX ULTRA-THIN LANCETS 33G MISC | 1 | QL(6.6667 ea daily) |
| ALTERNATE SITE LANCING DEVICE MISC | 1 | |
| AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI | 1 | |
| AQUALANCE LANCETS ULTRA THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| ASSURE COMFORT LANCETS ULTRA THIN 28G MISC | 1 | QL(6.6667 ea daily) |
| ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC | 1 | QL(6.6667 ea daily) |
| ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC | 1 | QL(6.6667 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC | 1 | QL(6.6667 ea daily) |
| ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC | 1 | QL(6.6667 ea daily) |
| ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC | 1 | QL(6.6667 ea daily) |
| ASSURE LANCE LANCETS 21G MISC | 1 | QL(6.6667 ea daily) |
| ASSURE LANCE LANCETS MISC | 1 | QL(6.6667 ea daily) |
| ASSURE LANCE PLUS SAFETYLANCETS 25G MISC | 1 | QL(6.6667 ea daily) |
| ASSURE LANCE PLUS SAFETYLANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| ASSURE LANCETS MISC | 1 | QL(6.6667 ea daily) |
| AT LAST LANCETS MISC | 1 | QL(6.6667 ea daily) |
| AURORA LANCET SUPER THIN30G MISC | 1 | QL(6.6667 ea daily) |
| AURORA LANCET THIN 23G MISC | 1 | QL(6.6667 ea daily) |
| AUTO-LANCET MINI MISC | 1 | |
| AUTO-LANCET MISC | 1 | |
| AUTOLET IMPRESSION LANCING DEVICE MISC | 1 | |
| AUTOLET LANCING DEVICE MISC | 1 | |
| AUTOLET MINI MISC | 1 | |
| AUTOLET PLUS MISC | 1 | |
| BAYER MICROLET 2 LANCING DEVICE MISC | 1 | |
| BAYER MICROLET LANCETS MISC | 1 | QL(6.6667 ea daily) |
| BD LANCET ULTRAFINE 30G MISC | 1 | QL(6.6667 ea daily) |
| BD LANCET ULTRAFINE 33G MISC | 1 | QL(6.6667 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| BD MICROTAINER LANCETS MISC | 1 | QL(6.6667 ea daily) |
| BULLSEYE MINI SAFETY LANCETS MISC | 1 | QL(6.6667 ea daily) |
| BULLSEYE SAFETY LANCETS MISC | 1 | QL(6.6667 ea daily) |
| CARDIOCOM LANCING DEVICE MISC | 1 | |
| CAREONE ADVANCED LANCINGDEVICE MISC | 1 | |
| CAREONE LANCET THIN MISC | 1 | QL(6.6667 ea daily) |
| CAREONE LANCET ULTRA THIN MISC | 1 | QL(6.6667 ea daily) |
| CARETOUCH LANCING DEVICEWITH EJECTOR MISC | 1 | |
| CARETOUCH TWIST LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| CARETOUCH TWIST LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| CARETOUCH TWIST LANCETS 33G MISC | 1 | QL(6.6667 ea daily) |
| CLEANLET LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| CLEVER CHEK LANCETS ULTRATHIN 30G MISC | 1 | QL(6.6667 ea daily) |
| CLEVER CHEK LANCETS ULTRATHIN MISC | 1 | QL(6.6667 ea daily) |
| CLEVER CHOICE COMFORT EZLANCETS 21G MISC | 1 | QL(6.6667 ea daily) |
| CLEVER CHOICE COMFORT EZLANCETS 23G MISC | 1 | QL(6.6667 ea daily) |
| CLEVER CHOICE COMFORT EZLANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| CLOSERCARE MISC | 1 | |
| COAGUCHEK LANCETS MISC | 1 | QL(6.6667 ea daily) |
| COMFORT ASSURED LANCETS MICRO THIN 33G MISC | 1 | QL(6.6667 ea daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| COMFORT ASSURED LANCETS SUPER THIN 28G MISC | 1 | QL(6.6667 ea daily) |
| COMFORT LANCETS MISC | 1 | QL(6.6667 ea daily) |
| CVS LANCETS 21G MISC | 1 | QL(6.6667 ea daily) |
| CVS LANCETS MICRO THIN 33G MISC | 1 | QL(6.6667 ea daily) |
| CVS LANCETS MICRO-THIN 33G MISC | 1 | QL(6.6667 ea daily) |
| CVS LANCETS ORIGINAL MISC | 1 | QL(6.6667 ea daily) |
| CVS LANCETS THIN 26G MISC | 1 | QL(6.6667 ea daily) |
| CVS LANCETS ULTRA THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| CVS LANCETS ULTRA-THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| CVS LANCING DEVICE MISC | 1 | |
| CVS ULTRA THIN LANCETS MISC | 1 | QL(6.6667 ea daily) |
| DIATHRIVE LANCETS MISC | 1 | QL(6.6667 ea daily) |
| DIATHRIVE LANCING DEVICE MISC | 1 | |
| DROPLET LANCETS ULTRA THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| DROPLET LANCING DEVICE MISC | 1 | |
| DRUG MART ADJUSTABLE LANCING DEVICE MISC | 1 | |
| DRUG MART LANCETS THIN MISC | 1 | QL(6.6667 ea daily) |
| DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC | 1 | QL(6.6667 ea daily) |
| DRUG MART UNILET LANCETSSUPER THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| DRUG MART UNILET LANCETSULTRA THIN 28G MISC | 1 | QL(6.6667 ea daily) |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| EASY TOUCH LANCETS 28G/PULL-TOP MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH LANCETS 28G/TWIST MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH LANCETS 30G/PULL-TOP MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH LANCETS 30G/TWIST MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH LANCETS 32G/PULL-TOP MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH LANCETS 32G/TWIST MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH LANCETS 33G/TWIST MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH LANCING DEVICE/EJECTOR MISC | 1 | |
| EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC | 1 | QL(6.6667 ea daily) |
| EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC | 1 | QL(6.6667 ea daily) |
| EASY TWIST & CAP LANCETS MISC | 1 | QL(6.6667 ea daily) |
| EASYTEST II LANCETS MISC | 1 | QL(6.6667 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| EASYTEST LANCETS MISC | 1 | QL(6.6667 ea daily) |
| EMBRACE LANCETS ULTRA THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| EQL COLOR LANCETS 21G MISC | 1 | QL(6.6667 ea daily) |
| EQL COLOR LANCETS MICRO THIN 33G MISC | 1 | QL(6.6667 ea daily) |
| EQL SUPER THIN LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| EQL THIN LANCETS 26G MISC | 1 | QL(6.6667 ea daily) |
| EZ SMART BLOOD GLUCOSE LANCETS MISC | 1 | QL(6.6667 ea daily) |
| EZ-LETS LANCETS 21G MISC | 1 | QL(6.6667 ea daily) |
| EZ-LETS LANCETS 23G MISC | 1 | QL(6.6667 ea daily) |
| EZ-LETS LANCETS 26G SUPER-SOFT MISC | 1 | QL(6.6667 ea daily) |
| EZ-LETS LANCETS 28G ULTRA-SOFT MISC | 1 | QL(6.6667 ea daily) |
| EZ-LETS LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| FIFTY50 SAFETY SEAL LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| FIFTY50 SAFETY SEAL LANCETS 32G MISC | 1 | QL(6.6667 ea daily) |
| FIFTY50 UNILET LANCETS 33G MISC | 1 | QL(6.6667 ea daily) |
| FINE 30 MISC | 1 | QL(6.6667 ea daily) |
| FINGERSTIX LANCETS MISC | 1 | QL(6.6667 ea daily) |
| FORA LANCETS MISC | 1 | QL(6.6667 ea daily) |
| FORA LANCING DEVICE MISC | 1 | |
| FORA LANCING DEVICE/CLEARCAP MISC | 1 | |
| FREDS PHARMACY AUTOLET LANCING DEVICE MISC | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC | 1 | QL(6.6667 ea daily) |
| FREESTYLE LANCETS MISC | 1 | QL(6.6667 ea daily) |
| FREESTYLE UNISTICK II LANCETS MISC | 1 | QL(6.6667 ea daily) |
| GENTEEL BUTTERFLY TOUCH LANCETS MISC | 1 | QL(6.6667 ea daily) |
| GENTEEL LANCING DEVICE/BUFF BLACK MISC | 1 | |
| GENTEEL LANCING DEVICE/BUTTERFLY BLUE MISC | 1 | |
| GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC | 1 | |
| GENTEEL LANCING DEVICE/PLAYFUL PURPLE MISC | 1 | |
| GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC | 1 | |
| GENTEEL LANCING DEVICE/PRINCESS PINK MISC | 1 | |
| GENTEEL LANCING DEVICE/STATELY SILVER MISC | 1 | |
| GENTEEL LANCING DEVICE/WILLOWY WHITE MISC | 1 | |
| GENTLE-LET GP LANCETS MISC | 1 | QL(6.6667 ea daily) |
| GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC | 1 | QL(6.6667 ea daily) |
| GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC | 1 | QL(6.6667 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC | 1 | QL(6.6667 ea daily) |
| GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC | 1 | QL(6.6667 ea daily) |
| GLOBAL INJECT EASE LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| GLOBAL INJECT EASE LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| GLOBAL LANCING DEVICE MISC | 1 | |
| GLUCOCOM LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| GLUCOCOM LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| GLUCOCOM LANCETS 33G MISC | 1 | QL(6.6667 ea daily) |
| GLUCOSOURCE LANCET DEVICE MISC | 1 | |
| GLUCOSOURCE LANCETS MISC | 1 | QL(6.6667 ea daily) |
| GNP LANCETS 21G MISC | 1 | QL(6.6667 ea daily) |
| GNP LANCETS MICRO THIN 33G MISC | 1 | QL(6.6667 ea daily) |
| GNP LANCETS MISC | 1 | QL(6.6667 ea daily) |
| GNP LANCETS SUPER THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| GNP LANCETS THIN 26G MISC | 1 | QL(6.6667 ea daily) |
| GNP LANCETS THIN MISC | 1 | QL(6.6667 ea daily) |
| GNP MICRO THIN LANCETS 33G MISC | 1 | QL(6.6667 ea daily) |
| GNP SUPER THIN LANCETS/30G MISC | 1 | QL(6.6667 ea daily) |
| GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC | 1 | QL(6.6667 ea daily) |
| GOODSENSE LANCETS MICRO-THIN 33G MISC | 1 | QL(6.6667 ea daily) |
| GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC | 1 | QL(6.6667 ea daily) |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| HY-VEE LANCETS MISC | 1 | QL(6.6667 ea daily) |
| HY-VEE THIN LANCETS MISC | 1 | QL(6.6667 ea daily) |
| IN TOUCH LANCING DEVICE MISC | 1 | |
| IN TOUCH STERILE LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| KINNEY LANCETS MISC | 1 | QL(6.6667 ea daily) |
| KINNEY THIN LANCETS MISC | 1 | QL(6.6667 ea daily) |
| KROGER LANCETS 21G MISC | 1 | QL(6.6667 ea daily) |
| KROGER LANCETS MICRO THIN 33G MISC | 1 | QL(6.6667 ea daily) |
| KROGER LANCETS MISC | 1 | QL(6.6667 ea daily) |
| KROGER LANCETS SUPER THIN MISC | 1 | QL(6.6667 ea daily) |
| KROGER LANCETS THIN 26G MISC | 1 | QL(6.6667 ea daily) |
| KROGER LANCETS THIN MISC | 1 | QL(6.6667 ea daily) |
| KROGER LANCETS ULTRATHIN 30G MISC | 1 | QL(6.6667 ea daily) |
| KROGER LANCING DEVICE MISC | 1 | |
| LANCET DEVICE ADJUSTABLE MISC | 1 | |
| LANCET DEVICE WITH EJECTOR MISC | 1 | |
| LANCETS 26G TWIST TOP MISC | 1 | QL(6.6667 ea daily) |
| LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| LANCETS 30G TWIST TOP MISC | 1 | QL(6.6667 ea daily) |
| LANCETS 30G/TWIST TOP MISC | 1 | QL(6.6667 ea daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| LANCETS 31G TWIST TOP MISC | 1 | QL(6.6667 ea daily) |
| LANCETS 33G UNIVERSAL DESIGN MISC | 1 | QL(6.6667 ea daily) |
| LANCETS MICRO THIN 33G MISC | 1 | QL(6.6667 ea daily) |
| LANCETS MISC | 1 | QL(6.6667 ea daily) |
| LANCETS SAFETY SEAL 21G MISC | 1 | QL(6.6667 ea daily) |
| LANCETS SAFETY SEAL 26G MISC | 1 | QL(6.6667 ea daily) |
| LANCETS SAFETY SEAL 28G MISC | 1 | QL(6.6667 ea daily) |
| LANCETS SAFETY SEAL 30G MISC | 1 | QL(6.6667 ea daily) |
| LANCETS SUPER THIN 28G MISC | 1 | QL(6.6667 ea daily) |
| LANCETS THIN MISC | 1 | QL(6.6667 ea daily) |
| LANCETS TWIST TOP MISC | 1 | QL(6.6667 ea daily) |
| LANCETS ULTRA FINE MISC | 1 | QL(6.6667 ea daily) |
| LANCETS ULTRA THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| LANCETS ULTRA THIN MISC | 1 | QL(6.6667 ea daily) |
| LANCETSBULLSEYE SAFETY MISC | 1 | QL(6.6667 ea daily) |
| LANCING DEVICE ADJUSTABLE MISC | 1 | |
| LANCING DEVICE MISC | 1 | |
| LANZO MISC | 1 | |
| LEADER ADVANCED LANCING DEVICE MISC | 1 | |
| LIBERTY MEDICAL LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| LIBERTY MINI LANCING DEVICE MISC | 1 | |
| LIFESCAN UNISTIK 2 DEEP PENETRATION MISC | 1 | QL(6.6667 ea daily) |

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

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

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

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC | 1 | QL(6.6667 ea daily) |
| ONETOUCH DELICA LANCETS FINE 30G MISC | 1 | QL(6.6667 ea daily) |
| ONETOUCH DELICA LANCING DEVICE MISC | 1 | |
| ONETOUCH FINEPOINT LANCETS MISC | 1 | QL(6.6667 ea daily) |
| ONETOUCH ULTRASOFT LANCETS MISC | 1 | QL(6.6667 ea daily) |
| PC LANCETS SUPER THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| PERFECT LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC | 1 | QL(6.6667 ea daily) |
| PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC | 1 | QL(6.6667 ea daily) |
| PHARMACIST CHOICE ULTRA THIN LANCETS MISC | 1 | QL(6.6667 ea daily) |
| PHARMACY COUNTER LANCETS MISC | 1 | QL(6.6667 ea daily) |
| PRECISION THIN LANCETS MISC | 1 | QL(6.6667 ea daily) |
| PRECISION THINS GP LANCET MISC | 1 | QL(6.6667 ea daily) |
| PRECISION ULTRA LANCET MISC | 1 | QL(6.6667 ea daily) |
| PREFERRED PLUS LANCETS COLORED 21G MISC | 1 | QL(6.6667 ea daily) |
| PREFERRED PLUS LANCETS SUPER THIN 30G MISC | 1 | QL(6.6667 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| PREFERRED PLUS LANCETS THIN 26G MISC | 1 | QL(6.6667 ea daily) |
| PRESSURE ACTIVATED SAFETYLANCET 21G MISC | 1 | QL(6.6667 ea daily) |
| PRO COMFORT LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| PRO COMFORT LANCETS 31G MISC | 1 | QL(6.6667 ea daily) |
| PRODIGY LANCING DEVICE MISC | 1 | |
| PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC | 1 | QL(6.6667 ea daily) |
| PRODIGY SAFETY LANCETS MISC | 1 | QL(6.6667 ea daily) |
| PRODIGY TWIST TOP LANCETS MISC | 1 | QL(6.6667 ea daily) |
| PSS SELECT GP LANCETS MISC | 1 | QL(6.6667 ea daily) |
| PSS SELECT SAFETY LANCETS MISC | 1 | QL(6.6667 ea daily) |
| PUSH BUTTON SAFETY LANCETS 21G MISC | 1 | QL(6.6667 ea daily) |
| PUSH BUTTON SAFETY LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| PX ADVANCED LANCING DEVICE MISC | 1 | |
| PX LANCET AUTO INJECTOR MISC | 1 | |
| PX LANCETS ULTRA THIN 28G MISC | 1 | QL(6.6667 ea daily) |
| PX LANCETS ULTRA THIN MISC | 1 | QL(6.6667 ea daily) |
| QC ADVANCED LANCING DEVICE MISC | 1 | |
| QC LANCETS SUPER THIN MISC | 1 | QL(6.6667 ea daily) |
| QC LANCETS ULTRA THIN MISC | 1 | QL(6.6667 ea daily) |
| QC UNILET LANCETS 28G/ULTRA THIN MISC | 1 | QL(6.6667 ea daily) |
| QC UNILET LANCETS 33G/MICRO THIN MISC | 1 | QL(6.6667 ea daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC | 1 | QL(6.6667 ea daily) |
| RA E-ZJECT LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| RA E-ZJECT LANCETS THIN 26G MISC | 1 | QL(6.6667 ea daily) |
| RA E-ZJECT LANCETS THIN 28G MISC | 1 | QL(6.6667 ea daily) |
| RA E-ZJECT LANCETS ULTRATHIN 30G MISC | 1 | QL(6.6667 ea daily) |
| RA LANCING DEVICE MISC | 1 | |
| READYLANCE SAFETY LANCETS/21G/2.2MM MISC | 1 | QL(6.6667 ea daily) |
| READYLANCE SAFETY LANCETS/23G/1.8MM MISC | 1 | QL(6.6667 ea daily) |
| READYLANCE SAFETY LANCETS/26G/1.8MM MISC | 1 | QL(6.6667 ea daily) |
| READYLANCE SAFETY LANCETS/28G/1.8MM MISC | 1 | QL(6.6667 ea daily) |
| READYLANCE SAFETY LANCETS/30G/1.6MM MISC | 1 | QL(6.6667 ea daily) |
| REALITY LANCETS MISC | 1 | QL(6.6667 ea daily) |
| REALITY TRIGGER LANCETS MISC | 1 | QL(6.6667 ea daily) |
| RELION 2-IN-1 LANCING DEVICE 25G MISC | 1 | |
| RELION 2-IN-1 LANCING DEVICE 30G MISC | 1 | |
| RELION LANCETS MICRO-THIN33G MISC | 1 | QL(6.6667 ea daily) |
| RELION LANCETS STANDARD 21G MISC | 1 | QL(6.6667 ea daily) |
| RELION LANCETS THIN 26G MISC | 1 | QL(6.6667 ea daily) |
| RELION LANCETS ULTRA-THIN30G MISC | 1 | QL(6.6667 ea daily) |
| RELION LANCING DEVICE MISC | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| RELION ULTRA THIN LANCETS30G MISC | 1 | QL(6.6667 ea daily) |
| RELION ULTRA THIN PLUS LANCETS 32G MISC | 1 | QL(6.6667 ea daily) |
| RELION ULTRA THIN PLUS LANCETS 33G MISC | 1 | QL(6.6667 ea daily) |
| REXALL LANCETS ULTRA THIN MISC | 1 | QL(6.6667 ea daily) |
| RIGHTEST GD500 LANCING DEVICE MISC | 1 | |
| RIGHTEST GL300 LANCETS MISC | 1 | QL(6.6667 ea daily) |
| SAFE-T-LANCE LOW FLOW 25G MISC | 1 | QL(6.6667 ea daily) |
| SAFE-T-LANCE NORMAL FLOW21G MISC | 1 | QL(6.6667 ea daily) |
| SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC | 1 | QL(6.6667 ea daily) |
| SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC | 1 | QL(6.6667 ea daily) |
| SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC | 1 | QL(6.6667 ea daily) |
| SAFETY LANCET 21G/PRESSURE ACTIVATED MISC | 1 | QL(6.6667 ea daily) |
| SAFETY LANCET 28G/PRESSURE ACTIVATED MISC | 1 | QL(6.6667 ea daily) |
| SAFETY LANCETS 21G MISC | 1 | QL(6.6667 ea daily) |
| SAFETY LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| SAFETY LANCETS MISC | 1 | QL(6.6667 ea daily) |
| SAFETY LET LANCETS MISC | 1 | QL(6.6667 ea daily) |
| SAFETY SEAL LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| SAFETY SEAL LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| SAPS HEALTH CARE TWIST TOP LANCETS MISC | 1 | QL(6.6667 ea daily) |
| SAPS HEALTH TWIST TOP LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| SAPSCARE TWIST TOP LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| SB LANCETS THIN MISC | 1 | QL(6.6667 ea daily) |
| SB LANCETS ULTRA THIN MISC | 1 | QL(6.6667 ea daily) |
| SELECT-LITE LANCING DEVICE MISC | 1 | |
| SHOPKO AUTOLET LANCING DEVICE MISC | 1 | |
| SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| SHOPKO UNILET LANCETS SUPER THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| SHOPKO UNILET LANCETS ULTRA THIN 28G MISC | 1 | QL(6.6667 ea daily) |
| SIDE BUTTON SAFETY LANCET21G MISC | 1 | QL(6.6667 ea daily) |
| SIMPLE DIAGNOSTICS LANCING DEVICE MISC | 1 | |
| SINGLE-LET MISC | 1 | QL(6.6667 ea daily) |
| SM MICRO THIN LANCETS 33G MISC | 1 | QL(6.6667 ea daily) |
| SM TRUEDRAW LANCING DEVICE MISC | 1 | |
| SMART DIABETES VANTAGE LANCING DEVICE MISC | 1 | |
| SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC | 1 | QL(6.6667 ea daily) |
| SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC | 1 | QL(6.6667 ea daily) |
| SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC | 1 | QL(6.6667 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| SMART SENSE THIN LANCETSUNIVERSAL 26G MISC | 1 | QL(6.6667 ea daily) |
| SMARTTEST LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| SOLUS V2 LANCING DEVICE MISC | 1 | |
| SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| SOLUS V2 TWIST LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| STERILANCE TL MISC | 1 | QL(6.6667 ea daily) |
| SUPER THIN LANCETS MISC | 1 | QL(6.6667 ea daily) |
| SURE COMFORT LANCETS 18G MISC | 1 | QL(6.6667 ea daily) |
| SURE COMFORT LANCETS 21G MISC | 1 | QL(6.6667 ea daily) |
| SURE COMFORT LANCETS 23G MISC | 1 | QL(6.6667 ea daily) |
| SURE COMFORT LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| SURE COMFORT LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| SURE COMFORT LANCING PEN MISC | 1 | |
| SURE-LANCE FLAT LANCETS MISC | 1 | QL(6.6667 ea daily) |
| SURE-LANCE LANCETS 26G MISC | 1 | QL(6.6667 ea daily) |
| SURE-LANCE THIN LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| SURE-LANCE ULTRA THIN LANCETS MISC | 1 | QL(6.6667 ea daily) |
| SURE-PEN MISC | 1 | |
| SURE-TOUCH LANCETS UNIVERSAL MISC | 1 | QL(6.6667 ea daily) |
| SURELITE LANCETS MISC | 1 | QL(6.6667 ea daily) |
| TECHLITE AST LANCETS MISC | 1 | QL(6.6667 ea daily) |
| TECHLITE LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| TECHLITE LANCETS MISC | 1 | QL(6.6667 ea daily) |
| TGT LANCET MICRO THIN 33G MISC | 1 | QL(6.6667 ea daily) |
| TGT LANCET THIN 26G MISC | 1 | QL(6.6667 ea daily) |
| TGT LANCET ULTRA THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| TGT LANCING DEVICE MISC | 1 | |
| THINLETS GP LANCETS MISC | 1 | QL(6.6667 ea daily) |
| THINLETS LANCET MISC | 1 | QL(6.6667 ea daily) |
| TODAYS HEALTH ADVANCED LANCING DEVICE MISC | 1 | |
| TODAYS HEALTH SUPER THINLANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| TODAYS HEALTH ULTRA THINLANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| TOPCARE LANCETS MICRO-THIN 33G MISC | 1 | QL(6.6667 ea daily) |
| TRAVEL LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| TRAVEL LANCETS ADVANCED 28G MISC | 1 | QL(6.6667 ea daily) |
| TRUE COMFORT TWIST TOP LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN | 1 | |
| TRUEDRAW LANCING DEVICE MISC | 1 | |
| TRUEPLUS LANCETS 26G MISC | 1 | QL(6.6667 ea daily) |
| TRUEPLUS LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| TRUEPLUS LANCETS 28G SUPER THIN MISC | 1 | QL(6.6667 ea daily) |
| TRUEPLUS LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| TRUEPLUS LANCETS 30G ULTRA THIN MISC | 1 | QL(6.6667 ea daily) |
| TRUEPLUS LANCETS 33G MICRO THIN MISC | 1 | QL(6.6667 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| TRUEPLUS LANCETS 33G MISC | 1 | QL(6.6667 ea daily) |
| TRUEPLUS SAFETY LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC | 1 | |
| ULTICARE THIN LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| ULTILET CLASSIC LANCETS MISC | 1 | QL(6.6667 ea daily) |
| ULTILET LANCETS 33G MISC | 1 | QL(6.6667 ea daily) |
| ULTILET LANCETS MISC | 1 | QL(6.6667 ea daily) |
| ULTILET SAFETY LANCETS 21G X 2.2MM MISC | 1 | QL(6.6667 ea daily) |
| ULTILET SAFETY LANCETS 23G MISC | 1 | QL(6.6667 ea daily) |
| ULTRA THIN LANCETS 31G MISC | 1 | QL(6.6667 ea daily) |
| ULTRA-CARE LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| ULTRA-THIN II AUTO LANCET MISC | 1 | QL(6.6667 ea daily) |
| ULTRA-THIN II LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| ULTRA-THIN II LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| ULTRA-THIN II SAFETY AUTOLANCETS 26G MISC | 1 | QL(6.6667 ea daily) |
| UNILET COMFORTOUCH LANCET MISC | 1 | QL(6.6667 ea daily) |
| UNILET EXCELITE II MISC | 1 | QL(6.6667 ea daily) |
| UNILET EXCELITE MISC | 1 | QL(6.6667 ea daily) |
| UNILET G.P. LANCET MISC | 1 | QL(6.6667 ea daily) |
| UNILET G.P. SUPERLITE LANCET MISC | 1 | QL(6.6667 ea daily) |
| UNILET GP 28 ULTRA THIN MISC | 1 | QL(6.6667 ea daily) |
| UNILET LANCET MISC | 1 | QL(6.6667 ea daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| UNILET LANCETS MICRO-THIN33G MISC | 1 | QL(6.6667 ea daily) |
| UNILET LANCETS SUPER-THIN30G MISC | 1 | QL(6.6667 ea daily) |
| UNILET LANCETS ULTRA-THIN 28G MISC | 1 | QL(6.6667 ea daily) |
| UNILET SUPERLITE LANCET MISC | 1 | QL(6.6667 ea daily) |
| UNISTIK 3 GENTLE MISC | 1 | QL(6.6667 ea daily) |
| UNISTIK PRO SAFETY LANCET 21G MISC | 1 | QL(6.6667 ea daily) |
| UNISTIK PRO SAFETY LANCET 25G MISC | 1 | QL(6.6667 ea daily) |
| UNISTIK PRO SAFETY LANCET 28G MISC | 1 | QL(6.6667 ea daily) |
| UNISTIK SAFETY LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| UNISTIK SAFETY LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| UNISTIK TOUCH SAFETY LANCETS 21G MISC | 1 | QL(6.6667 ea daily) |
| UNISTIK TOUCH SAFETY LANCETS 23G MISC | 1 | QL(6.6667 ea daily) |
| UNISTIK TOUCH SAFETY LANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| UNISTIK TOUCH SAFETY LANCETS 30G MISC | 1 | QL(6.6667 ea daily) |
| UNIVERSAL 1 LANCETS THIN26G MISC | 1 | QL(6.6667 ea daily) |
| UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC | 1 | QL(6.6667 ea daily) |
| VALUE PLUS LANCETS STANDARD 21G MISC | 1 | QL(6.6667 ea daily) |
| VALUE PLUS LANCETS SUPERTHIN 30G MISC | 1 | QL(6.6667 ea daily) |
| VALUE PLUS LANCETS THIN 26G MISC | 1 | QL(6.6667 ea daily) |
| VALUE PLUS LANCING DEVICE MISC | 1 | |
| VALUMARK LANCET SUPER THIN 30G MISC | 1 | QL(6.6667 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| VALUMARK LANCET ULTRA THIN 28G MISC | 1 | QL(6.6667 ea daily) |
| VIDA MIA AUTOLET LANCINGDEVICE MISC | 1 | |
| VIDA MIA UNILET LANCETS SUPER THIN 30G MISC | 1 | QL(6.6667 ea daily) |
| VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC | 1 | QL(6.6667 ea daily) |
| VITALET PRO LANCETS MISC | 1 | QL(6.6667 ea daily) |
| VITALET PRO PLUS LANCETS MISC | 1 | QL(6.6667 ea daily) |
| W&F LANCETS 26G MISC | 1 | QL(6.6667 ea daily) |
| W&F LANCETS COLORED 21G MISC | 1 | QL(6.6667 ea daily) |
| WALGREENS ADVANCED TRAVELLANCETS 28G MISC | 1 | QL(6.6667 ea daily) |
| WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC | 1 | QL(6.6667 ea daily) |
| WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC | 1 | QL(6.6667 ea daily) |
| WALGREENS LANCETS MISC | 1 | QL(6.6667 ea daily) |
| WALGREENS THIN LANCETS MISC | 1 | QL(6.6667 ea daily) |
| WALGREENS ULTRA THIN LANCETS MISC | 1 | QL(6.6667 ea daily) |
| Parenteral Therapy Supplies | | |
| 1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| 1ST TIER UNIFINE PENTIPS29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| 1ST TIER UNIFINE PENTIPS31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| 1ST TIER UNIFINE PENTIPS31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| 1ST TIER UNIFINE PENTIPS32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| ADVOCATE INSULIN SYRINGE/U- 100/1ML/29GX1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16" MISC | 1 | QL(5 ea daily) |
| ANTI-STICK INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| ANTI-STICK INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| ASSURE ID INSULIN SAFETYSYRINGE/U- 100/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| ASSURE ID INSULIN SAFETYSYRINGE/U- 100/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC | 1 | QL(5 ea daily) |
| ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| AURORA PEN NEEDLES 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| AURORA PEN NEEDLES 31G X6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| AURORA PEN NEEDLES 31G X8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| AURORA UNIFINE PENTIPS/32GX5/32" MISC | 1 | QL(5 ea daily); RX/OTC |
| AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |

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

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

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC | 1 | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC | 1 | QL(5 ea daily) |
| BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC | 1 | QL(5 ea daily) |
| BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC | 1 | QL(5 ea daily) |
| BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC | 1 | QL(5 ea daily) |
| BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC | 1 | QL(5 ea daily); RX/OTC |
| BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |

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

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC | 1 | QL(5 ea daily) |
| CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC | 1 | QL(5 ea daily) |
| CAREONE UNIFINE PENTIPS 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| CAREONE UNIFINE PENTIPS 31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| CAREONE UNIFINE PENTIPS 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| CAREONE UNIFINE PENTIPS 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| CARETOUCH PEN NEEDLES 31G X 6 MM MISC | 1 | QL(5 ea daily); RX/OTC |
| CARETOUCH PEN NEEDLES 31GX 5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| CARETOUCH PEN NEEDLES 31GX 8MM MISC | 1 | QL(5 ea daily); RX/OTC |

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

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

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

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

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| EASY COMFORT PEN NEEDLES31GX3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY COMFORT PEN NEEDLES31GX5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY COMFORT PEN NEEDLES32GX5/32" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH 32GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH 32GX6MM MISC | 1 | QL(5 ea daily) |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC | 1 | QL(5 ea daily) |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC | 1 | QL(5 ea daily) |
| EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| EASY TOUCH PEN NEEDLES 29GX1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH PEN NEEDLES 31GX1/4" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH PEN NEEDLES 31GX5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH PEN NEEDLES 32GX1/4" MISC | 1 | QL(5 ea daily) |
| EASY TOUCH PEN NEEDLES 32GX3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH PEN NEEDLES 32GX5/32" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH PEN NEEDLES/31G X 3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM MISC | 1 | QL(5 ea daily) |
| EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC | 1 | QL(5 ea daily) |
| EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC | 1 | QL(5 ea daily) |
| ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC | 1 | QL(5 ea daily); RX/OTC |
| FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC | 1 | QL(5 ea daily); RX/OTC |
| FIFTY50 PEN NEEDLES 31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |

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

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

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

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC | 1 | QL(5 ea daily); RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC | 1 | QL(5 ea daily) |
| GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC | 1 | QL(5 ea daily) |
| GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC | 1 | QL(5 ea daily); RX/OTC |
| H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4M M MISC | 1 | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHWISE PEN NEEDLES 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC | 1 | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC | 1 | QL(5 ea daily) |
| HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/0.3ML/29G X 1" MISC | 1 | QL(5 ea daily) |
| INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |

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

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

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|--|-----------|---------------------------|
| INSULIN SYRINGES/1ML/29GX1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGES/1ML/30GX1/2" MISC | 1 | QL(5 ea daily) |
| INSULIN SYRINGES/1ML/31GX5/16" MISC | 1 | QL(5 ea daily) |
| INSUPEN 29G X 12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| INSUPEN 31G X 5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| INSUPEN 31G X 8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| INSUPEN 32G X 4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| INSUPEN PEN NEEDLES 32G X4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| INSUPEN SENSITIVE 32GX6MM MISC | 1 | QL(5 ea daily) |
| INSUPEN ULTRAFIN 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| INSUPEN ULTRAFIN 30GX8MM MISC | 1 | QL(5 ea daily) |
| INSUPEN ULTRAFIN 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| INSUPEN ULTRAFIN 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC | 1 | QL(5 ea daily); RX/OTC |

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

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| LITETOUCH PEN NEEDLES 29GX12.7MM MISC | 1 | QL(5 ea daily); RX/OTC |
| LITETOUCH PEN NEEDLES 31G X 6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC | 1 | QL(5 ea daily); RX/OTC |
| LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC | 1 | QL(5 ea daily); RX/OTC |
| LITETOUCH PEN NEEDLES/31G X 3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC | 1 | QL(5 ea daily); RX/OTC |
| LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC | 1 | QL(5 ea daily); RX/OTC |
| LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |

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

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

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| NOVOFINE 30GX8MM MISC | 1 | QL(5 ea daily) |
| NOVOFINE 32GX6MM MISC | 1 | QL(5 ea daily) |
| NOVOFINE AUTOCOVER 30GX8MM MISC | 1 | QL(5 ea daily) |
| NOVOFINE PLUS 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| NOVOTWIST 32GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PC UNIFINE PENTIPS 29G X1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| PC UNIFINE PENTIPS 31G X5MM MINI MISC | 1 | QL(5 ea daily); RX/OTC |
| PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC | 1 | QL(5 ea daily); RX/OTC |
| PC UNIFINE PENTIPS 31G X8MM SHORT MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 29G X 12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 29GX1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 30GX5/16" MISC | 1 | QL(5 ea daily) |
| PEN NEEDLES 30GX8MM MISC | 1 | QL(5 ea daily) |
| PEN NEEDLES 31G X 1/4" SHORT MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 31G X 3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 31G X 5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 31G X 6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 31G X 8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 31GX5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 31GX6MM (1/4") MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 31GX8MM (5/16") MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| PEN NEEDLES 32G X 4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 32G X 5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PEN NEEDLES 32G X 6MM MISC | 1 | QL(5 ea daily) |
| PEN NEEDLES 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PENTIPS 29G X 12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PENTIPS 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PENTIPS 31G X 5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PENTIPS 31G X 8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PENTIPS 31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PENTIPS 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PENTIPS 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PENTIPS 32G X 4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PENTIPS 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC | 1 | QL(5 ea daily) |
| PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC | 1 | QL(5 ea daily) |
| PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC | 1 | QL(5 ea daily) |
| PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| PRO COMFORT PEN NEEDLES/31G X 8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PRO COMFORT PEN NEEDLES/32G X 4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PRO COMFORT PEN NEEDLES/32G X 5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PRO COMFORT PEN NEEDLES/32G X 6MM MISC | 1 | QL(5 ea daily) |
| PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PX INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC | 1 | QL(5 ea daily) |
| PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC | 1 | QL(5 ea daily) |
| PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| PX INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC | 1 | QL(5 ea daily) |
| PX INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| PX MINI PEN NEEDLES 31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PX PEN NEEDLE 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PX PEN NEEDLE 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| QC PEN NEEDLES 29G X 12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| QC PEN NEEDLES 31G X 6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| QC PEN NEEDLES 31G X 8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| QC UNIFINE PENTIPS 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| RA INSULIN SYRINGE/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| RA PEN NEEDLES 31G X 5MM3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| RA PEN NEEDLES 31G X 8MM5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| RELION INSULIN SYRINGE 1ML/31GX15/64" MISC | 1 | QL(5 ea daily) |
| RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC | 1 | QL(5 ea daily) |
| RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| RELION MINI PEN NEEDLES 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| RELION PEN NEEDLES 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| RELION PEN NEEDLES 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| RELION PEN NEEDLES 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| RELION PEN NEEDLES 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| RELION SHORT PEN NEEDLES31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC | 1 | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC | 1 | QL(5 ea daily) |
| SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| SM INSULIN SYRINGE/1ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC | 1 | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 MISC | 1 | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC | 1 | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC | 1 | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC | 1 | QL(5 ea daily) |
| SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE COMFORT PEN NEEDLES32GX5/32" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE COMFORT PEN NEEDLES32GX6MM MISC | 1 | QL(5 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| TECHLITE PEN NEEDLES 29GX 12 MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TECHLITE PEN NEEDLES 31GX 5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TECHLITE PEN NEEDLES/31GX 5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TECHLITE PEN NEEDLES/31GX 6 MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TECHLITE PEN NEEDLES/31GX 8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TECHLITE PEN NEEDLES/32GX 4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TECHLITE PEN NEEDLES/32GX 6MM MISC | 1 | QL(5 ea daily) |
| TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC | 1 | QL(5 ea daily); RX/OTC |
| TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC | 1 | QL(5 ea daily); RX/OTC |
| TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| TRUE COMFORT PEN NEEDLES31G X 5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TRUE COMFORT PEN NEEDLES31G X 6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TRUE COMFORT PEN NEEDLES32G X 4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | 1 | QL(5 ea daily) |
| TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |

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

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

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

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

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| ULTRACARE PEN NEEDLES/31G X 1/4" MISC | 1 | QL(5 ea daily); RX/OTC |
| ULTRACARE PEN NEEDLES/31G X 3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| ULTRACARE PEN NEEDLES/31G X 5/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| ULTRACARE PEN NEEDLES/32G X 1/14" MISC | 1 | QL(5 ea daily) |
| ULTRACARE PEN NEEDLES/32G X 3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| ULTRACARE PEN NEEDLES/32G X 5/32" MISC | 1 | QL(5 ea daily); RX/OTC |
| UNIFINE PENTIPS 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| UNIFINE PENTIPS 31G X 3/16" MISC | 1 | QL(5 ea daily); RX/OTC |
| UNIFINE PENTIPS 31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| UNIFINE PENTIPS 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| UNIFINE PENTIPS 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| UNIFINE PENTIPS 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| UNIFINE PENTIPS 32GX6MM MISC | 1 | QL(5 ea daily) |
| UNIFINE PENTIPS PLUS 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| UNIFINE PENTIPS PLUS 31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| UNIFINE PENTIPS PLUS 31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| UNIFINE PENTIPS PLUS 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| UNIFINE PENTIPS PLUS 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |

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

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC | 1 | QL(5 ea daily); RX/OTC |
| VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | 1 | QL(5 ea daily); RX/OTC |
| WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC | 1 | QL(5 ea daily); RX/OTC |
| WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC | 1 | QL(5 ea daily); RX/OTC |
| WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC | 1 | QL(5 ea daily); RX/OTC |
| WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC | 1 | QL(5 ea daily); RX/OTC |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |
| Migraine Combinations | | |
| CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>) | NF | |
| <i>ergotamine w/ caffeine tabs</i> | 1 | |
| Migraine Products | | |
| D.H.E. 45 SOLN (<i>Use Dihydroergotamine Mesylate</i>) | NF | |
| <i>dihydroergotamine mesylate soln ij 1 mg/ml</i> | 1 | |
| <i>dihydroergotamine mesylate soln na 4 mg/ml</i> | 1 | ST; QL(0.267 ml daily) |
| ERGOMAR SUBL | 3 | QL(0.667 ea daily) |
| MIGRANAL SOLN (<i>Use Dihydroergotamine Mesylate</i>) | 1 | ST; QL(0.267 ml daily) |
| Serotonin Agonists | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>almotriptan malate tabs 12.5 mg</i> | 3 | ST; QL(0.4 ea daily); AL(At least 12 yrs old) |
| <i>almotriptan malate tabs 6.25 mg</i> | 3 | ST; QL(0.3 ea daily); AL(At least 12 yrs old) |
| AMERGE TABS (<i>Use Naratriptan HCl</i>) | NF | QL(0.3 ea daily); AL(At least 18 yrs old) |
| AXERT TABS 12.5 MG (<i>Use Almotriptan Malate</i>) | 3 | ST; QL(0.4 ea daily); AL(At least 12 yrs old) |
| AXERT TABS 6.25 MG (<i>Use Almotriptan Malate</i>) | 3 | ST; QL(0.3 ea daily); AL(At least 12 yrs old) |
| <i>eletriptan hydrobromide tabs</i> | 1 | ST; QL(0.2 ea daily); AL(At least 18 yrs old) |
| FROVA TABS (<i>Use Frovatriptan Succinate</i>) | NF | ST; QL(0.4 ea daily); AL(At least 18 yrs old) |
| <i>frovatriptan succinate tabs</i> | 1 | ST; QL(0.4 ea daily); AL(At least 18 yrs old) |
| IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (<i>Use Sumatriptan</i>) | NF | QL(0.2 ea daily); AL(At least 18 yrs old) |
| IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>) | NF | QL(0.134 ml daily); AL(At least 18 yrs old) |
| IMITREX STATDOSE REFILL SOCT (<i>Use Sumatriptan Succinate</i>) | NF | QL(0.134 ml daily); AL(At least 18 yrs old) |
| IMITREX STATDOSE SYSTEM SOAJ (<i>Use Sumatriptan Succinate</i>) | NF | QL(0.134 ml daily); AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| IMITREX TABS OR 25 MG, 50 MG, 100 MG (Use Sumatriptan Succinate) | NF | QL(0.3 ea daily); AL(At least 18 yrs old) |
| MAXALT TABS 10 MG (Use Rizatriptan Benzoate) | NF | QL(0.6 ea daily); AL(At least 6 yrs old) |
| MAXALT TABS 5 MG (Use Rizatriptan Benzoate) | NF | QL(0.4 ea daily); AL(At least 6 yrs old) |
| MAXALT-MLT TBDP 10 MG (Use Rizatriptan Benzoate) | NF | QL(0.6 ea daily); AL(At least 6 yrs old) |
| MAXALT-MLT TBDP 5 MG (Use Rizatriptan Benzoate) | NF | QL(0.4 ea daily); AL(At least 6 yrs old) |
| <i>naratriptan hcl tabs</i> | 1 | QL(0.3 ea daily); AL(At least 18 yrs old) |
| RELPAK TABS (Use Eletriptan Hydrobromide) | NF | ST; QL(0.2 ea daily); AL(At least 18 yrs old) |
| <i>rizatriptan benzoate tabs 10 mg</i> | 1 | QL(0.6 ea daily); AL(At least 6 yrs old) |
| <i>rizatriptan benzoate tabs 5 mg</i> | 1 | QL(0.4 ea daily); AL(At least 6 yrs old) |
| <i>rizatriptan benzoate tbdp 10 mg</i> | 1 | QL(0.6 ea daily); AL(At least 6 yrs old) |
| <i>rizatriptan benzoate tbdp 5 mg</i> | 1 | QL(0.4 ea daily); AL(At least 6 yrs old) |
| <i>sumatriptan soln</i> | 1 | QL(0.2 ea daily); AL(At least 18 yrs old) |
| <i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i> | 1 | QL(0.134 ml daily); AL(At least 18 yrs old) |
| <i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i> | 1 | QL(0.134 ml daily); AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>sumatriptan succinate soln sc 6 mg/0.5ml</i> | 1 | QL(0.134 ml daily); AL(At least 18 yrs old) |
| SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML | 1 | QL(0.134 ml daily); AL(At least 18 yrs old) |
| <i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i> | 1 | QL(0.3 ea daily); AL(At least 18 yrs old) |
| <i>zolmitriptan tabs</i> | 1 | ST; QL(0.3 ea daily); AL(At least 12 yrs old) |
| <i>zolmitriptan tbdp</i> | 1 | ST; QL(0.3 ea daily); AL(At least 12 yrs old) |
| ZOMIG SOLN NA 5 MG, 2.5 MG | 2 | ST; QL(0.2 ea daily); AL(At least 12 yrs old) |
| ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan) | NF | ST; QL(0.3 ea daily); AL(At least 12 yrs old) |
| ZOMIG ZMT TBDP (Use Zolmitriptan) | NF | ST; QL(0.3 ea daily); AL(At least 12 yrs old) |
| MINERALS & ELECTROLYTES | | |
| Bicarbonates | | |
| <i>sodium acetate soln 4 meq/ml</i> | 1 | |
| Calcium | | |
| <i>calcium chloride (dihydrate) soln</i> | 1 | |
| <i>calcium gluconate soln 10 %</i> | 1 | |
| Electrolyte Mixtures | | |
| <i>dextrose in lactated ringers soln</i> | 1 | |
| IONOSOL-B/DEXTROSE 5% SOLN | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| IONOSOL-MB/DEXTROSE 5% SOLN | 1 | |
| ISOLYTE-P/DEXTROSE 5% SOLN | 1 | |
| ISOLYTE-S SOLN | 1 | |
| KCL 0.3%/D5W/NACL 0.9% SOLN | 1 | |
| <i>lactated ringer's soln</i> | 1 | |
| NORMOSOL-M IN D5W SOLN | 1 | |
| NORMOSOL-R SOLN | 1 | |
| <i>parenteral electrolytes conc</i> | 1 | |
| PLASMA-LYTE A SOLN | 1 | |
| PLASMA-LYTE-148 SOLN | 1 | |
| <i>potassium chloride in dextrose & sodium chloride soln</i> | 1 | |
| <i>potassium chloride in dextrose soln</i> | 1 | |
| <i>potassium chloride in nacl soln</i> | 1 | |
| POTASSIUM CHLORIDE/DEXTROSE SOLN 40MEQ/L-5% | 1 | |
| POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 28MEQ/L-24MEQ/L-130MEQ/L-149MEQ/L-3MEQ/L-5% | 1 | |
| <i>ringer's soln</i> | 1 | |
| Magnesium | | |
| <i>magnesium sulfate soln ij 50 %</i> | 1 | |
| <i>magnesium sulfate soln iv 2 gm/50ml, 4 gm/50ml, 4 gm/100ml, 20 gm/500ml, 40 gm/1000ml</i> | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| MAGNESIUM SULFATE SOLN IV 2 GM/50ML, 4 GM/50ML, 4 GM/100ML, 20 GM/500ML, 40 GM/1000ML (<i>Use Magnesium Sulfate</i>) | 1 | |
| Phosphate | | |
| POTASSIUM PHOSPHATES SOLN | 1 | |
| <i>potassium phosphates soln</i> | 1 | |
| Potassium | | |
| K-TAB TBCR 10 MEQ (<i>Use Potassium Chloride</i>) | NF | |
| K-TAB TBCR 8 MEQ | 1 | |
| KLOR-CON M15 TBCR | 1 | |
| <i>potassium acetate soln</i> | 1 | |
| <i>potassium bicarb & chloride tbf</i> | 1 | |
| <i>potassium bicarbonate tbf</i> | 1 | |
| <i>potassium chloride cpr or 8 meq, 10 meq</i> | 1 | |
| POTASSIUM CHLORIDE ER TBCR 8 MEQ | 1 | |
| <i>potassium chloride microencapsulated crystals er tbc</i> | 1 | |
| <i>potassium chloride pack or 20 meq</i> | 1 | PA |
| <i>potassium chloride soln iv 0.4 meq/ml, 2 meq/ml, 20 meq/50ml, 10 meq/100ml</i> | 1 | |
| POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML | 1 | |
| <i>potassium chloride soln or 10 %</i> | 1 | |
| <i>potassium chloride tbc or 8 meq, 10 meq</i> | 1 | |
| Sodium | | |
| <i>sodium chloride soln ij 2.5 meq/ml</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| CYCLOSPORINE MODIFIED CAPS | 1 | |
| CYCLOSPORINE MODIFIED CAPS (<i>Use Cyclosporine Modified (For Microemulsion)</i>) | 1 | |
| <i>cyclosporine soln</i> | 1 | |
| IMURAN TABS (<i>Use Azathioprine</i>) | NF | |
| <i>mycophenolate mofetil caps 250 mg</i> | 1 | |
| <i>mycophenolate mofetil hcl solr</i> | 3 | |
| <i>mycophenolate mofetil tabs 500 mg</i> | 1 | |
| <i>mycophenolate sodium tbec</i> | 1 | |
| MYFORTIC TBEC (<i>Use Mycophenolate Sodium</i>) | 2 | |
| NEORAL CAPS (<i>Use Cyclosporine Modified (For Microemulsion)</i>) | NF | |
| NEORAL SOLN (<i>Use Cyclosporine Modified (For Microemulsion)</i>) | NF | |
| NULOJIX SOLR | 4 | PA; SP |
| PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (<i>Use Tacrolimus</i>) | NF | |
| PROGRAF SOLN IV 5 MG/ML | 2 | |
| RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (<i>Use Sirolimus</i>) | NF | |
| SANDIMMUNE CAPS OR 25 MG, 100 MG (<i>Use Cyclosporine</i>) | NF | |
| SANDIMMUNE SOLN IV 50 MG/ML (<i>Use Cyclosporine</i>) | NF | |
| SIMULECT SOLR | 3 | |
| <i>sirolimus tabs 0.5 mg, 1 mg, 2 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| <i>tacrolimus caps</i> | 1 | |
| THYMOGLOBULIN SOLR | 4 | PA; SP |
| ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG | 4 | PA; QL(20 ea daily); SP |
| Irrigation Solutions | | |
| <i>irrigation solutions, physiological soln</i> | 1 | |
| <i>lactated ringer's (irrigation) soln</i> | 1 | |
| <i>ringer's irrigation soln</i> | 1 | |
| <i>water for irrigation, sterile soln</i> | 1 | |
| Potassium Removing Agents | | |
| KAYEXALATE POWD (Use Sodium Polystyrene Sulfonate) | NF | |
| <i>sodium polystyrene sulfonate powd or</i> | 1 | |
| <i>sodium polystyrene sulfonate susp or 15 gm/60ml</i> | 1 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| Anesthetics Topical Oral | | |
| <i>lidocaine hcl (mouth-throat) soln</i> | 1 | QL(4 ml daily) |
| LIDOCAINE HCL SOLN MT 4 % | 1 | |
| Anti-infectives - Throat | | |
| <i>clotrimazole lozg</i> | 1 | |
| <i>clotrimazole troc</i> | 1 | |
| <i>nystatin (mouth-throat) susp</i> | 1 | |
| Antiseptics - Mouth/Throat | | |
| <i>chlorhexidine gluconate (mouth-throat) soln</i> | 1 | |
| DEBACTEROL SOLN | 2 | |
| PERIDEX SOLN (Use Chlorhexidine Gluconate (Mouth-Throat)) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Dental Products | | |
| <i>stannous fluoride conc</i> | 0 | RX/OTC |
| Steroids - Mouth/Throat | | |
| <i>triamcinolone acetonide (mouth) pste</i> | 1 | |
| Throat Products - Misc. | | |
| <i>cevimeline hcl caps</i> | 1 | |
| EVOXAC CAPS (Use Cevimeline HCl) | NF | |
| <i>pilocarpine hcl (oral) tabs</i> | 1 | |
| SALAGEN TABS (Use Pilocarpine HCl (Oral)) | NF | |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | |
| Central Muscle Relaxants | | |
| <i>baclofen tabs or 10 mg, 20 mg</i> | 1 | |
| <i>carisoprodol tabs</i> | 1 | |
| CHLORZOXAZONE TABS 500 MG | 1 | QL(6 ea daily) |
| <i>cyclobenzaprine hcl tabs 5 mg, 10 mg, 7.5 mg</i> | 1 | QL(3 ea daily) |
| FEXMID TABS (Use Cyclobenzaprine HCl) | NF | QL(3 ea daily) |
| <i>metaxalone tabs 800 mg</i> | 1 | QL(4 ea daily) |
| <i>methocarbamol tabs or 500 mg, 750 mg</i> | 1 | |
| <i>orphenadrine citrate tb12 or 100 mg</i> | 1 | QL(2 ea daily) |
| PARAFON FORTE DSC TABS (Use Chlorzoxazone) | NF | QL(6 ea daily) |
| ROBAXIN TABS OR 500 MG (Use Methocarbamol) | NF | |
| ROBAXIN-750 TABS (Use Methocarbamol) | NF | |
| SKELAXIN TABS (Use Metaxalone) | NF | QL(4 ea daily) |
| SOMA TABS (Use Carisoprodol) | NF | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>tizanidine hcl caps</i> | 1 | |
| <i>tizanidine hcl tabs</i> | 1 | |
| ZANAFLEX CAPS (Use Tizanidine HCl) | NF | |
| ZANAFLEX TABS (Use Tizanidine HCl) | NF | |
| Direct Muscle Relaxants | | |
| DANTRIUM CAPS (Use Dantrolene Sodium) | NF | QL(4 ea daily) |
| <i>dantrolene sodium caps or 25 mg, 50 mg, 100 mg</i> | 1 | QL(4 ea daily) |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Antiallergy | | |
| ASTEPRO SOLN (Use Azelastine HCl) | NF | |
| <i>azelastine hcl soln</i> | 1 | |
| <i>olopatadine hcl (nasal) soln</i> | 1 | |
| PATANASE SOLN (Use Olopatadine HCl (Nasal)) | NF | |
| Nasal Anticholinergics | | |
| <i>ipratropium bromide (nasal) soln 0.03 %</i> | 1 | QL(1 ml daily) |
| <i>ipratropium bromide (nasal) soln 0.06 %</i> | 1 | |
| Nasal Steroids | | |
| <i>budesonide (nasal) susp</i> | 1 | RX/OTC |
| FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal)) | NF | Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC |
| FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal)) | NF | Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC |
| FLUNISOLIDE SOLN | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>fluticasone propionate (nasal) susp</i> | 1 | Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC |
| <i>mometasone furoate (nasal) susp</i> | 1 | PA; QL(1.14 gm daily) |
| NASACORT ALLERGY 24HR AERO (Use Triamcinolone Acetonide (Nasal)) | NF | RX/OTC |
| NASACORT ALLERGY 24HR CHILDRENS AERO (Use Triamcinolone Acetonide (Nasal)) | NF | RX/OTC |
| NASONEX SUSP (Use Mometasone Furoate (Nasal)) | NF | PA; QL(1.14 gm daily) |
| RHINOCORT AQUA SUSP (Use Budesonide (Nasal)) | NF | RX/OTC |
| <i>triamcinolone acetonide (nasal) aero</i> | 1 | RX/OTC |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| RILUTEK TABS (Use Riluzole) | NF | |
| <i>riluzole tabs</i> | 3 | |
| Neuromuscular Blocking Agent - Neurotoxins | | |
| BOTOX SOLR | 3 | PA |
| DYSPORE SOLR | 3 | PA |
| XEOMIN SOLR 50 UNIT | 3 | PA |
| NUTRIENTS | | |
| Proteins | | |
| CLINIMIX 2.75%/DEXTROSE 5% SOLN | 3 | |
| CLINIMIX 4.25%/DEXTROSE 10% SOLN | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| CLINIMIX 4.25%/DEXTROSE 25% SOLN | 3 | |
| CLINIMIX 4.25%/DEXTROSE 5% SOLN | 3 | |
| CLINIMIX 5%/DEXTROSE 25% SOLN | 3 | |
| CLINIMIX E 5%/DEXTROSE 20% SOLN | 3 | |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | |
| Artificial Tears and Lubricants | | |
| LACRISERT INST | 3 | |
| Beta-blockers - Ophthalmic | | |
| BETAGAN SOLN (Use Levobunolol HCl) | NF | |
| <i>betaxolol hcl (ophth) soln</i> | 1 | |
| <i>carteolol hcl (ophth) soln</i> | 1 | |
| COMBIGAN SOLN | 2 | |
| COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate) | NF | |
| <i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i> | 1 | |
| DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN | 2 | |
| <i>levobunolol hcl soln</i> | 1 | |
| METIPRANOLOL SOLN | 1 | |
| <i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i> | 1 | |
| <i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i> | 1 | |
| TIMOPTIC SOLN (Use Timolol Maleate (Ophth)) | NF | |
| TIMOPTIC-XE SOLG 0.25 % (Use Timolol Maleate (Ophth)) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Cycloplegic Mydriatics | | |
| MYDRIACYL SOLN (Use Tropicamide) | NF | |
| <i>tropicamide soln</i> | 1 | |
| Miotics | | |
| ISOPTO CARPINE SOLN (Use Pilocarpine HCl) | NF | |
| PHOSPHOLINE IODIDE SOLR | 3 | |
| <i>pilocarpine hcl soln</i> | 1 | |
| Ophthalmic Adrenergic Agents | | |
| ALPHAGAN P SOLN 0.15 % (Use Brimonidine Tartrate) | NF | |
| <i>apraclonidine hcl soln</i> | 1 | |
| <i>brimonidine tartrate soln</i> | 1 | |
| IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl) | NF | |
| IOPIDINE SOLN 1 % | 3 | |
| SIMBRINZA SUSP | 3 | PA |
| Ophthalmic Anti-infectives | | |
| AZASITE SOLN | 3 | |
| BACITRACIN OINT OP 500 UNIT/GM | 3 | |
| BESIVANCE SUSP | 3 | |
| BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth)) | NF | |
| CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth)) | NF | |
| <i>ciprofloxacin hcl (ophth) soln</i> | 1 | |
| <i>erythromycin (ophth) oint</i> | 1 | |
| <i>gatifloxacin (ophth) soln</i> | 1 | |
| <i>gentamicin sulfate (ophth) oint</i> | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>gentamicin sulfate (ophth) soln</i> | 1 | |
| <i>levofloxacin (ophth) soln</i> | 1 | |
| MOXEZA SOLN | 2 | |
| <i>moxifloxacin hcl (ophth) soln</i> | 1 | |
| NATACYN SUSP | 2 | |
| <i>neomycin-bacitracin zn-polymyxin oint</i> | 1 | |
| OCUFLOX SOLN (Use Ofloxacin (Ophth)) | NF | |
| <i>ofloxacin (ophth) soln</i> | 1 | |
| <i>polymyxin b-trimethoprim soln</i> | 1 | |
| POLYTRIM SOLN (Use Polymyxin B-Trimethoprim) | NF | |
| <i>sulfacetamide sodium (ophth) soln</i> | 1 | |
| <i>tobramycin (ophth) soln</i> | 1 | |
| TOBREX SOLN (Use Tobramycin (Ophth)) | NF | |
| <i>trifluridine soln</i> | 1 | |
| VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth)) | NF | |
| VIROPTIC SOLN (Use Trifluridine) | NF | |
| ZIRGAN GEL | 2 | |
| ZYMAXID SOLN (Use Gatifloxacin (Ophth)) | NF | |
| Ophthalmic Immunomodulators | | |
| RESTASIS EMUL | 2 | PA |
| RESTASIS MULTIDOSE EMUL | 2 | PA |
| Ophthalmic Local Anesthetics | | |
| ALCAINE SOLN (Use Proparacaine HCl) | NF | |
| <i>proparacaine hcl soln</i> | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| Ophthalmic Steroids | | |
| ALREX SUSP | 2 | |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 % | 1 | |
| DUREZOL EMUL | 2 | |
| <i>fluorometholone (ophth) susp</i> | 1 | |
| FML FORTE SUSP | 3 | |
| FML LIQUIFILM SUSP (Use Fluorometholone (Ophth)) | NF | |
| FML OINT | 3 | |
| LOTEMAX GEL | 2 | |
| LOTEMAX OINT | 2 | |
| LOTEMAX SUSP | 2 | |
| MAXIDEX SUSP | 3 | |
| MAXITROL OINT (Use Neomycin-Polymy-Dexameth) | NF | |
| MAXITROL SUSP (Use Neomycin-Polymy-Dexameth) | NF | |
| <i>neomycin-polymy-dexameth oint</i> | 1 | |
| <i>neomycin-polymy-dexameth susp</i> | 1 | |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP | 1 | |
| OMNIPRED SUSP (Use Prednisolone Acetate (Ophth)) | NF | |
| PRED FORTE SUSP (Use Prednisolone Acetate (Ophth)) | NF | |
| PRED MILD SUSP | 3 | |
| <i>prednisolone acetate (ophth) susp</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 % | 3 | |
| TOBRADEX OINT | 3 | |
| TOBRADEX SUSP (Use Tobramycin-Dexamethasone) | NF | |
| tobramycin-dexamethasone susp | 1 | |
| Ophthalmics - Misc. | | |
| ACULAR LS SOLN (Use Ketorolac Tromethamine (Ophth)) | NF | |
| ACULAR SOLN (Use Ketorolac Tromethamine (Ophth)) | NF | |
| ALOCRIAL SOLN | 3 | |
| ALOMIDE SOLN | 3 | |
| azelastine hcl (ophth) soln | 1 | |
| AZOPT SUSP | 2 | |
| BEPREVE SOLN | 3 | |
| bromfenac sodium (ophth) soln | 1 | |
| BROMFENAC SOLN | 1 | |
| cromolyn sodium (ophth) soln | 1 | |
| CYSTARAN SOLN | 2 | PA |
| diclofenac sodium (ophth) soln | 1 | |
| DORZOLAMIDE HCL SOLN | 2 | |
| dorzolamide hcl soln | 1 | |
| ELESTAT SOLN (Use Epinastine HCl (Ophth)) | NF | |
| EMADINE SOLN | 3 | |
| epinastine hcl (ophth) soln | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------|
| flurbiprofen sodium soln | 1 | |
| ILEVRO SUSP | 3 | ST; QL(0.2 ml daily) |
| ketorolac tromethamine (ophth) soln | 1 | |
| ketotifen fumarate (ophth) soln | 1 | |
| LASTACAFT SOLN | 2 | |
| NEVANAC SUSP | 3 | ST; QL(0.2 ml daily) |
| olopatadine hcl soln | 1 | |
| PATADAY SOLN (Use Olopatadine HCl) | NF | |
| PATANOL SOLN (Use Olopatadine HCl) | NF | |
| TRUSOPT SOLN (Use Dorzolamide HCl) | NF | |
| ZADITOR SOLN (Use Ketotifen Fumarate (Ophth)) | 1 | |
| Prostaglandins - Ophthalmic | | |
| bimatoprost soln | 3 | |
| latanoprost soln | 1 | |
| LUMIGAN SOLN | 3 | ST |
| RESCULA SOLN | 3 | PA |
| TRAVATAN Z SOLN | 2 | |
| XALATAN SOLN (Use Latanoprost) | NF | |
| ZIOPTAN SOLN | 2 | |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| acetic acid (otic) soln | 1 | |
| Otic Anti-infectives | | |
| CETRAXAL SOLN | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| CIPROFLOXACIN SOLN OT 0.2 % | 1 | |
| FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>) | NF | |
| <i>ofloxacin (otic) soln</i> | 1 | |
| Otic Combinations | | |
| CIPRO HC SUSP | 3 | |
| CIPRODEX SUSP | 2 | PA |
| COLY-MYCIN S SUSP | 3 | |
| <i>neomycin-polymyxin-hc (otic) soln</i> | 1 | |
| <i>neomycin-polymyxin-hc (otic) susp</i> | 1 | |
| OTOVEL SOLN | 3 | PA; QL(0.5 ea daily) |
| Otic Steroids | | |
| DERMOTIC OIL (<i>Use Fluocinolone Acetonide (Otic)</i>) | NF | |
| <i>fluocinolone acetonide (otic) oil</i> | 1 | |
| <i>hydrocortisone w/acetic acid soln</i> | 1 | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System | | |
| Immune Serums | | |
| CUVITRU SOLN 1 GM/5ML, 2 GM/10ML, 4 GM/20ML | 4 | PA; SP |
| GAMMAGARD LIQUID SOLN 1 GM/10ML | 4 | PA; SP |
| GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR | 4 | PA; SP |
| GAMMAKED SOLN 1 GM/10ML | 4 | PA; SP |
| GAMUNEX-C SOLN 1 GM/10ML | 4 | PA; SP |
| HIZENTRA SOLN | 4 | PA; SP |
| Passive Immunizing Agents - Combinations | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| HYQVIA KIT | 4 | PA |
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| <i>amoxicillin caps 250 mg, 500 mg</i> | 1 | |
| AMOXICILLIN CHEW 125 MG, 250 MG | 1 | |
| <i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | 1 | |
| <i>amoxicillin tabs 500 mg, 875 mg</i> | 1 | |
| <i>ampicillin caps 250 mg, 500 mg</i> | 1 | |
| AMPICILLIN CAPS 500 MG | 1 | |
| <i>ampicillin sodium solr ij 1 gm</i> | 1 | |
| <i>ampicillin sodium solr iv 10 gm</i> | 1 | |
| AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML | 1 | |
| Natural Penicillins | | |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000UNIT/ML, 60000UNIT/ML | 1 | |
| <i>penicillin g potassium solr 5000000 unit</i> | 1 | |
| PENICILLIN G PROCAINE SUSP | 3 | |
| PENICILLIN G SODIUM SOLR | 3 | |
| <i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i> | 1 | |
| PENICILLIN V POTASSIUM SOLR 250 MG/5ML | 1 | |
| <i>penicillin v potassium tabs 250 mg, 500 mg</i> | 1 | |
| PFIZERPEN SOLR 5000000 UNIT (<i>Use Penicillin G Potassium</i>) | NF | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Penicillin Combinations | | |
| <i>amoxicillin & pot clavulanate susr</i> | 1 | |
| <i>amoxicillin & pot clavulanate tabs</i> | 1 | |
| <i>amoxicillin & pot clavulanate tb12</i> | 1 | |
| AMOXICILLIN/CLAVULANATE POTASSIUM CHEW | 1 | |
| <i>ampicillin & sulbactam sodium solr ij 0.5gm-1gm, 1gm-2gm</i> | 1 | |
| <i>ampicillin & sulbactam sodium solr iv 5gm-10gm</i> | 1 | |
| AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate) | NF | |
| AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate) | NF | |
| AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate) | NF | |
| AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate) | NF | |
| <i>piperacillin sodium-tazobactam sodium solr</i> | 1 | |
| PIPERACILLIN/TAZOBACTAM SOLR | 1 | |
| UNASYN SOLR (Use Ampicillin & Sulbactam Sodium) | NF | |
| ZOSYN SOLR 0.375GM-3GM, 0.25GM-2GM, 0.5GM-4GM, 4.5GM-36GM (Use Piperacillin Sodium-Tazobactam Sodium) | NF | |
| Penicillinase-Resistant Penicillins | | |
| <i>dicloxacillin sodium caps</i> | 1 | |
| <i>nafcillin sodium solr ij 1 gm</i> | 1 | |
| <i>oxacillin sodium solr 1 gm, 10 gm</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|
| PROGESTINS - Hormone Replacement/Modifying Drugs | | |
| Progestins | | |
| AYGESTIN TABS (Use Norethindrone Acetate) | 0 | |
| <i>medroxyprogesterone acetate tabs</i> | 1 | |
| MEGACE ES SUSP (Use Megestrol Acetate (Appetite)) | NF | PA |
| <i>megestrol acetate (appetite) susp</i> | 1 | PA |
| <i>norethindrone acetate tabs</i> | 0 | |
| <i>progesterone micronized caps</i> | 1 | |
| PROMETRIUM CAPS (Use Progesterone Micronized) | NF | |
| PROVERA TABS (Use Medroxyprogesterone Acetate) | NF | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| <i>acamprosate calcium tbec</i> | 1 | |
| ANTABUSE TABS (Use Disulfiram) | NF | |
| <i>disulfiram tabs</i> | 1 | |
| LUCEMYRA TABS | 3 | PA; QL(224 ea per 14 days retail) |
| Anti-Cataplectic Agents | | |
| XYREM SOLN | 4 | PA; QL(18 ml daily); SP |
| Antidementia Agents | | |
| ARICEPT TABS 10 MG (Use Donepezil Hydrochloride) | NF | QL(2 ea daily) |
| ARICEPT TABS 5 MG (Use Donepezil Hydrochloride) | NF | QL(1 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>donepezil hydrochloride tabs 10 mg</i> | 1 | QL(2 ea daily) |
| <i>donepezil hydrochloride tabs 5 mg</i> | 1 | QL(1 ea daily) |
| <i>donepezil hydrochloride tbdp 10 mg</i> | 1 | QL(2 ea daily) |
| <i>donepezil hydrochloride tbdp 5 mg</i> | 1 | QL(1 ea daily) |
| <i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i> | 1 | QL(1 ea daily) |
| GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML | 1 | QL(6 ml daily) |
| <i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i> | 1 | QL(2 ea daily) |
| <i>memantine hcl tabs</i> | 1 | |
| <i>memantine hcl tabs 10 mg</i> | 1 | QL(2 ea daily) |
| <i>memantine hcl tabs 5 mg</i> | 1 | QL(1 ea daily) |
| NAMENDA TABS 10 MG (Use Memantine HCl) | NF | QL(2 ea daily) |
| NAMENDA TABS 5 MG (Use Memantine HCl) | NF | QL(1 ea daily) |
| NAMENDA TITRATION PAK TABS (Use Memantine HCl) | NF | |
| RAZADYNE ER CP24 (Use Galantamine Hydrobromide) | NF | QL(1 ea daily) |
| RAZADYNE TABS (Use Galantamine Hydrobromide) | NF | QL(2 ea daily) |
| <i>rivastigmine tartrate caps</i> | 1 | |
| Combination Psychotherapeutics | | |
| PERPHENAZINE/AMITRIP TYLINE TABS | 1 | QL(4 ea daily) |
| Fibromyalgia Agents | | |
| SAVELLA TABS | 2 | PA; QL(2 ea daily) |
| SAVELLA TITRATION PACK MISC | 2 | PA |
| Movement Disorder Drug Therapy | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| AUSTEDO TABS | 4 | PA; QL(4 ea daily) |
| <i>tetrabenazine tabs</i> | 4 | PA; SP |
| XENAZINE TABS (Use Tetrabenazine) | NF | PA; SP |
| Multiple Sclerosis Agents | | |
| AMPYRA TB12 (Use Dalfampridine) | 4 | PA; QL(2 ea daily); SP |
| AUBAGIO TABS | 3 | PA |
| AVONEX KIT 30 MCG/VIAL | 4 | PA; QL(0.0714 ea daily); SP |
| AVONEX PEN AJKT | 4 | PA; QL(0.0714 ea daily); SP |
| AVONEX PSKT 30 MCG/0.5ML | 4 | PA; QL(0.0714 ml daily); SP |
| BETASERON KIT | 4 | PA; QL(0.0357 ea daily); SP |
| COPAXONE SOSY 20 MG/ML (Use Glatiramer Acetate) | 4 | PA; QL(1 ml daily); SP |
| COPAXONE SOSY 40 MG/ML (Use Glatiramer Acetate) | 4 | PA; QL(0.429 ml daily); SP |
| <i>dalfampridine tb12</i> | 4 | PA; QL(2 ea daily); SP |
| EXTAVIA KIT | 4 | PA; QL(0.0357 ea daily); SP |
| GILENYA CAPS 0.25 MG | 4 | PA; QL(1 ea daily)30 rtl lmt day(s),30 mail lmt day(s), |
| GILENYA CAPS 0.5 MG | 4 | PA; QL(1 ea daily); SP |
| <i>glatiramer acetate sosy 20 mg/ml</i> | 4 | PA; QL(1 ml daily); SP |
| <i>glatiramer acetate sosy 40 mg/ml</i> | 4 | PA; QL(0.429 ml daily); SP |
| OCREVUS SOLN | 4 | PA |
| PLEGRIDY SOPN | 4 | PA; QL(0.0357 ml daily) |
| PLEGRIDY SOSY | 4 | PA |
| PLEGRIDY STARTER PACK SOPN | 4 | PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------------|
| PLEGRIDY STARTER PACK SOSY | 4 | PA; QL(0.0357 ml daily) |
| REBIF REBIDOSE SOAJ | 4 | PA; QL(0.214 ml daily); SP |
| REBIF REBIDOSE TITRATIONPACK SOAJ | 4 | PA; SP |
| REBIF SOSY | 4 | PA; QL(0.214 ml daily); SP |
| REBIF TITRATION PACK SOSY | 4 | PA; SP |
| TECFIDERA CPDR 120 MG | 4 | PA; QL(4 ea daily) |
| TECFIDERA CPDR 240 MG | 4 | PA; QL(2 ea daily) |
| TECFIDERA STARTER PACK MISC | 4 | PA |
| TYSABRI CONC | 4 | PA; QL(0.536 ml daily); SP |
| ZINBRYTA SOSY | 4 | QL(0.0357 ml daily) |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain | | |
| LYRICA CR TB24 165 MG, 82.5 MG | 3 | PA; QL(1 ea daily) |
| LYRICA CR TB24 330 MG | 3 | PA; QL(2 ea daily) |
| Premenstrual Dysphoric Disorder (PMDD) Agents | | |
| FLUOXETINE CAPS 10 MG | 1 | QL(1 ea daily) |
| FLUOXETINE CAPS 20 MG | 1 | QL(3 ea daily) |
| Pseudobulbar Affect (PBA) Agents | | |
| NUDEXTA CAPS | 3 | PA |
| Psychotherapeutic and Neurological Agents - | | |
| ERGOLOID MESYLATES TABS | 2 | |
| ORAP TABS (Use Pimozide) | NF | |
| PIMOZIDE TABS | 1 | |
| Restless Leg Syndrome (RLS) Agents | | |
| HORIZANT TBCR | 3 | PA; QL(2 ea daily) |
| Smoking Deterrents | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>bupropion hcl (smoking deterrent) tb12</i> | 0 | QL(2 ea daily) |
| CHANTIX CONTINUING MONTHPAK TABS | 0 | QL(2 ea daily) |
| CHANTIX STARTING MONTH PAK TABS | 0 | |
| CHANTIX TABS | 0 | QL(2 ea daily) |
| NICODERM CQ PT24 (Use Nicotine) | 0 | QL(1 ea daily) |
| NICORETTE GUM (Use Nicotine Polacrilex) | 0 | |
| NICORETTE LOZG (Use Nicotine Polacrilex) | 0 | |
| NICORETTE MINI LOZG (Use Nicotine Polacrilex) | 0 | |
| NICORETTE STARTER KIT GUM (Use Nicotine Polacrilex) | 0 | |
| <i>nicotine polacrilex gum</i> | 0 | |
| <i>nicotine polacrilex lozg</i> | 0 | |
| <i>nicotine pt24</i> | 0 | QL(1 ea daily) |
| NICOTINE TRANSDERMAL SYSTEM KIT | 0 | |
| NICOTROL INHALER INHA | 0 | |
| NICOTROL NS SOLN | 0 | |
| ZYBAN TB12 (Use Bupropion HCl (Smoking Deterrent)) | 0 | QL(2 ea daily) |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Alpha-Proteinase Inhibitor (Human) | | |
| ARALAST NP SOLR 1000 MG | 4 | PA; SP |
| PROLASTIN-C SOLR 1000 MG | 4 | PA; SP |
| ZEMAIRA SOLR | 4 | PA; SP |
| Cystic Fibrosis Agents | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--------------------------|
| KALYDECO TABS 150 MG | 4 | PA; QL(2 ea daily); SP |
| ORKAMBI PACK 100MG-125MG, 150MG-188MG | 4 | PA; QL(2 ea daily) |
| ORKAMBI TABS 100MG-125MG, 200MG-125MG | 4 | PA; QL(4 ea daily) |
| PULMOZYME SOLN | 4 | PA; QL(2.5 ml daily); SP |
| Pulmonary Fibrosis Agents | | |
| OFEV CAPS | 4 | PA; QL(2 ea daily) |
| SULFONAMIDES - Drugs to Treat Bacterial Infections | | |
| Sulfonamides | | |
| SULFADIAZINE TABS | 1 | |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| Tetracyclines | | |
| ADOXA PAK 1/100 TABS (Use Doxycycline Monohydrate) | NF | QL(2 ea daily) |
| ADOXA PAK 2/100 TABS (Use Doxycycline Monohydrate) | NF | QL(2 ea daily) |
| ADOXA TABS 100 MG (Use Doxycycline Monohydrate) | NF | QL(2 ea daily) |
| ADOXA TABS 50 MG (Use Doxycycline Monohydrate) | NF | |
| demeclocycline hcl tabs | 1 | |
| doxycycline (monohydrate) caps 50 mg, 100 mg | 1 | QL(2 ea daily) |
| doxycycline (monohydrate) caps 75 mg | 1 | |
| doxycycline (monohydrate) tabs 100 mg | 1 | QL(2 ea daily) |
| doxycycline (monohydrate) tabs 50 mg | 1 | |
| doxycycline hyclate caps or 50 mg, 100 mg | 1 | QL(2 ea daily) |
| doxycycline hyclate solr iv 100 mg | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| doxycycline hyclate tabs or 20 mg, 100 mg | 1 | QL(2 ea daily) |
| MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (Use Minocycline HCl) | NF | QL(3 ea daily) |
| minocycline hcl caps 50 mg, 75 mg, 100 mg | 1 | QL(3 ea daily) |
| minocycline hcl tabs 50 mg, 75 mg, 100 mg | 1 | QL(3 ea daily) |
| MONODOX CAPS 100 MG (Use Doxycycline Monohydrate) | NF | QL(2 ea daily) |
| MONODOX CAPS 75 MG (Use Doxycycline Monohydrate) | NF | |
| tetracycline hcl caps | 1 | QL(8 ea daily) |
| VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate) | NF | QL(2 ea daily) |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| methimazole tabs | 1 | |
| propylthiouracil tabs | 1 | |
| TAPAZOLE TABS (Use Methimazole) | NF | |
| Thyroid Hormones | | |
| ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (Use Thyroid) | NF | QL(1 ea daily) |
| ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG | 2 | QL(1 ea daily) |
| CYTOMEL TABS (Use Liothyronine Sodium) | NF | |
| levothyroxine sodium solr iv 100 mcg, 500 mcg | 1 | |
| LEVOTHYROXINE SODIUM SOLR IV 100 MCG, 500 MCG (Use Levothyroxine Sodium) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i> | 1 | |
| <i>liothyronine sodium soln</i> | 1 | |
| <i>liothyronine sodium tabs</i> | 1 | |
| NATURE-THROID TABS 81.25 MG, 113.75 MG | 2 | |
| SYNTHROID TABS (Use <i>Levothyroxine Sodium</i>) | 2 | |
| <i>thyroid tabs</i> | 1 | QL(1 ea daily) |
| THYROLAR-1 TABS | 3 | |
| THYROLAR-1/2 TABS | 3 | |
| THYROLAR-1/4 TABS | 3 | |
| THYROLAR-2 TABS | 3 | |
| THYROLAR-3 TABS | 3 | |
| TRIOSTAT SOLN (Use <i>Liothyronine Sodium</i>) | NF | |
| WP THYROID TABS 81.25 MG, 113.75 MG | 2 | |
| TOXOIDS | | |
| Toxoid Combinations | | |
| ADACEL SUSP | 0 | |
| BOOSTRIX SUSP | 0 | |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| ATROPINE SULFATE SOLN IJ 0.4 MG/ML | 1 | |
| <i>atropine sulfate soln ij 1 mg/ml</i> | 1 | |
| ATROPINE SULFATE SOSY IJ 0.25 MG/5ML | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| BENTYL CAPS OR 10 MG (Use <i>Dicyclomine HCl</i>) | NF | |
| <i>chlordiazepoxide hcl-clidinium bromide caps</i> | 1 | |
| <i>dicyclomine hcl caps or 10 mg</i> | 1 | |
| <i>dicyclomine hcl soln or 10 mg/5ml</i> | 1 | |
| <i>dicyclomine hcl tabs or 20 mg</i> | 1 | |
| <i>glycopyrrolate soln ij 4 mg/20ml</i> | 1 | |
| <i>glycopyrrolate tabs or 1 mg, 2 mg</i> | 1 | |
| LIBRAX CAPS (Use <i>Chlordiazepoxide HCl-Clidinium Bromide</i>) | NF | |
| <i>methscopolamine bromide tabs</i> | 1 | |
| ROBINUL FORTE TABS (Use <i>Glycopyrrolate</i>) | NF | |
| ROBINUL SOLN IJ 4 MG/20ML (Use <i>Glycopyrrolate</i>) | NF | |
| ROBINUL TABS OR 1 MG (Use <i>Glycopyrrolate</i>) | NF | |
| H-2 Antagonists | | |
| <i>cimetidine tabs 200 mg</i> | 1 | RX/OTC |
| <i>cimetidine tabs 300 mg, 400 mg, 800 mg</i> | 1 | |
| FAMOTIDINE PREMIXED SOLN | 1 | |
| <i>famotidine soln iv 20 mg/2ml, 40 mg/4ml, 200 mg/20ml</i> | 1 | |
| <i>famotidine susr or 40 mg/5ml</i> | 1 | QL(10 ml daily) |
| <i>famotidine tabs or 20 mg</i> | 1 | RX/OTC |
| <i>famotidine tabs or 40 mg</i> | 1 | |
| <i>nizatidine caps 150 mg, 300 mg</i> | 1 | |
| NIZATIDINE SOLN 15 MG/ML | 1 | QL(20 ml daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| PEPCID AC MAXIMUM STRENGTH TABS (Use Famotidine) | NF | RX/OTC |
| PEPCID SUSR 40 MG/5ML (Use Famotidine) | NF | QL(10 ml daily) |
| PEPCID TABS 20 MG (Use Famotidine) | NF | RX/OTC |
| PEPCID TABS 40 MG (Use Famotidine) | NF | |
| ranitidine hcl caps or 150 mg, 300 mg | 1 | |
| ranitidine hcl soln ij 150 mg/6ml | 1 | |
| ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml | 1 | QL(40 ml daily) |
| ranitidine hcl tabs or 150 mg | 1 | RX/OTC |
| ranitidine hcl tabs or 300 mg | 1 | |
| TAGAMET HB TABS (Use Cimetidine) | NF | RX/OTC |
| ZANTAC 150 MAXIMUM STRENGTH TABS (Use Ranitidine HCl) | NF | RX/OTC |
| ZANTAC SOLN IJ 25 MG/ML (Use Ranitidine HCl) | NF | |
| ZANTAC TABS OR 150 MG (Use Ranitidine HCl) | NF | RX/OTC |
| ZANTAC TABS OR 300 MG (Use Ranitidine HCl) | NF | |
| Misc. Anti-Ulcer | | |
| CARAFATE SUSP 1 GM/10ML | 2 | QL(40 ml daily) |
| CARAFATE TABS 1 GM (Use Sucralfate) | NF | QL(4 ea daily) |
| sucralfate tabs | 1 | QL(4 ea daily) |
| Proton Pump Inhibitors | | |
| ACIPHEX TBEC (Use Rabeprazole Sodium) | NF | QL(1 ea daily) |
| CVS OMEPRAZOLE TBEC | 1 | QL(2 ea daily) |
| DEXILANT CPDR | 3 | ST; QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| EQ OMEPRAZOLE TBEC | 1 | QL(2 ea daily) |
| EQL OMEPRAZOLE TBEC | 1 | QL(2 ea daily) |
| esomeprazole magnesium cpdr 20 mg | 1 | QL(2 ea daily); RX/OTC |
| esomeprazole magnesium cpdr 40 mg | 3 | QL(1 ea daily) |
| GNP OMEPRAZOLE TBEC | 1 | QL(2 ea daily) |
| HM OMEPRAZOLE TBEC | 1 | QL(2 ea daily) |
| KLS OMEPRAZOLE TBEC | 1 | QL(2 ea daily) |
| lansoprazole cpdr 15 mg | 1 | QL(2 ea daily); RX/OTC |
| lansoprazole cpdr 30 mg | 1 | |
| NEXIUM 24HR TBEC | 1 | QL(2 ea daily) |
| NEXIUM CPDR 20 MG (Use Esomeprazole Magnesium) | NF | QL(2 ea daily); RX/OTC |
| NEXIUM CPDR 40 MG (Use Esomeprazole Magnesium) | NF | QL(1 ea daily) |
| omeprazole cpdr 10 mg, 40 mg | 1 | QL(2 ea daily) |
| omeprazole cpdr 20 mg | 1 | QL(2 ea daily); RX/OTC |
| omeprazole magnesium cpdr | 1 | QL(4 ea daily) |
| OMEPRAZOLE TBEC 20 MG | 1 | QL(2 ea daily) |
| pantoprazole sodium tbec or 20 mg | 1 | QL(1 ea daily) |
| pantoprazole sodium tbec or 40 mg | 1 | |
| PREVACID 24HR CPDR (Use Lansoprazole) | 1 | QL(2 ea daily); RX/OTC |
| PREVACID CPDR 15 MG (Use Lansoprazole) | 1 | QL(2 ea daily); RX/OTC |
| PREVACID CPDR 30 MG (Use Lansoprazole) | NF | |
| PRILOSEC OTC TBEC | 1 | QL(4 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| PROTONIX TBEC OR 20 MG (Use Pantoprazole Sodium) | NF | QL(1 ea daily) |
| PROTONIX TBEC OR 40 MG (Use Pantoprazole Sodium) | NF | |
| PX OMEPRAZOLE TBEC | 1 | QL(2 ea daily) |
| RA OMEPRAZOLE TBEC | 1 | QL(2 ea daily) |
| <i>rabeprazole sodium tbec</i> | 1 | QL(1 ea daily) |
| SB OMEPRAZOLE TBEC | 1 | QL(2 ea daily) |
| SM OMEPRAZOLE TBEC | 1 | QL(2 ea daily) |
| SW OMEPRAZOLE TBEC | 1 | QL(2 ea daily) |
| TGT OMEPRAZOLE TBEC | 1 | QL(2 ea daily) |
| Ulcer Drugs - Prostaglandins | | |
| CYTOTEC TABS (Use Misoprostol) | NF | QL(4 ea daily) |
| <i>misoprostol tabs</i> | 1 | QL(4 ea daily) |
| Ulcer Therapy Combinations | | |
| <i>omeprazole-sodium bicarbonate caps 20mg-1100mg</i> | 1 | QL(1 ea daily); RX/OTC |
| ZEGERID CAPS 20MG-1100MG (Use Omeprazole-Sodium Bicarbonate) | NF | RX/OTC |
| URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections | | |
| Urinary Anti-infectives | | |
| FURADANTIN SUSP (Use Nitrofurantoin) | NF | |
| HIPREX TABS (Use Methenamine Hippurate) | NF | |
| MACROBID CAPS (Use Nitrofurantoin Monohy Macro) | NF | |
| MACRODANTIN CAPS 50 MG, 100 MG (Use Nitrofurantoin Macrocrystal) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>methenamine hippurate tabs</i> | 1 | |
| MONUROL PACK | 3 | |
| <i>nitrofurantoin macrocrystal caps 50 mg, 100 mg</i> | 1 | |
| <i>nitrofurantoin monohy macro caps</i> | 1 | |
| <i>nitrofurantoin susp</i> | 1 | |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics | | |
| <i>darifenacin hydrobromide tb24</i> | 1 | QL(1 ea daily) |
| DETROL LA CP24 (Use Tolterodine Tartrate) | NF | QL(1 ea daily) |
| DETROL TABS (Use Tolterodine Tartrate) | NF | |
| DITROPAN XL TB24 (Use Oxybutynin Chloride) | NF | |
| ENABLEX TB24 (Use Darifenacin Hydrobromide) | NF | QL(1 ea daily) |
| <i>oxybutynin chloride syrup</i> | 1 | |
| <i>oxybutynin chloride tabs</i> | 1 | |
| <i>oxybutynin chloride tb24</i> | 1 | |
| <i>tolterodine tartrate cp24 2 mg, 4 mg</i> | 1 | QL(1 ea daily) |
| <i>tolterodine tartrate tabs 1 mg, 2 mg</i> | 1 | |
| TOVIAZ TB24 | 3 | PA; QL(1 ea daily) |
| <i>tropium chloride cp24 60 mg</i> | 1 | QL(1 ea daily) |
| <i>tropium chloride tabs 20 mg</i> | 1 | |
| VESICARE TABS | 2 | PA; QL(1 ea daily) |
| Urinary Antispasmodics - Beta-3 Adrenergic | | |
| MYRBETRIQ TB24 | 3 | PA |
| Urinary Antispasmodics - Cholinergic Agonists | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>bethanechol chloride tabs 25 mg</i> | 1 | |
| <i>bethanechol chloride tabs 5 mg, 10 mg, 50 mg</i> | 1 | QL(4 ea daily) |
| URECHOLINE TABS 25 MG (Use Bethanechol Chloride) | NF | |
| URECHOLINE TABS 5 MG, 10 MG, 50 MG (Use Bethanechol Chloride) | NF | QL(4 ea daily) |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| <i>flavoxate hcl tabs</i> | 1 | |
| VACCINES | | |
| Bacterial Vaccines | | |
| MENACTRA INJ | 0 | |
| MENVEO SOLR | 0 | |
| PNEUMOVAX 23 INJ | 0 | |
| PNEUMOVAX 23/1 DOSE INJ | 0 | |
| PREVNAR 13 SUSP | 0 | |
| Viral Vaccines | | |
| AFLURIA 2016-2017 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| AFLURIA 2017-2018 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| AFLURIA 2018-2019 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| AFLURIA PF 2016-2017 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| AFLURIA PF 2017-2018 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |

| Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|---|
| AFLURIA PF 2018-2019 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| AFLURIA QUADRIVALENT 2016-2017 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| AFLURIA QUADRIVALENT 2017-2018 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| AFLURIA QUADRIVALENT 2017-2018 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| AFLURIA QUADRIVALENT 2018-2019 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| AFLURIA QUADRIVALENT 2018-2019 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUAD 2016-2017 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUAD 2017-2018 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUAD 2018-2019 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUARIX QUADRIVALENT 2016-2017 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUARIX QUADRIVALENT 2017-2018 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUARIX QUADRIVALENT 2018-2019 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---------------------------------------|-----------|---|--------------------------------------|-----------|---|
| FLUBLOK 2015-2016 SOLN | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, | FLULAVAL QUADRIVALENT 2017-2018 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUBLOK 2016-2017 SOLN | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, | FLULAVAL QUADRIVALENT 2017-2018 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUBLOK 2017-2018 SOLN | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, | FLULAVAL QUADRIVALENT 2018-2019 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUBLOK QUADRIVALENT 2017-2018 SOSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, | FLULAVAL QUADRIVALENT 2018-2019 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUBLOK QUADRIVALENT 2018-2019 SOSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, | FLUMIST QUADRIVALENT SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUCELVAX QUADRIVALENT 2016-2017 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, | FLUVIRIN 2015-2016 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUCELVAX QUADRIVALENT 2017-2018 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, | FLUVIRIN 2015-2016 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUCELVAX QUADRIVALENT 2017-2018 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, | FLUVIRIN 2016-2017 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUCELVAX QUADRIVALENT 2018-2019 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, | FLUVIRIN 2016-2017 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUCELVAX QUADRIVALENT 2018-2019 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, | FLUVIRIN 2017-2018 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLULAVAL QUADRIVALENT 2016-2017 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, | FLUVIRIN 2017-2018 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLULAVAL QUADRIVALENT 2016-2017 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, | FLUZONE HIGH-DOSE PF 2016-2017 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| FLUZONE HIGH-DOSE PF 2017-2018 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUZONE HIGH-DOSE PF 2018-2019 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUZONE INTRADERMAL QUADRIVALENT 2016-2017 SUPN | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUZONE INTRADERMAL QUADRIVALENT 2017-2018 SUPN | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUZONE QUADRIVALENT 2016-2017 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUZONE QUADRIVALENT 2016-2017 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUZONE QUADRIVALENT 2017-2018 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUZONE QUADRIVALENT 2017-2018 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUZONE QUADRIVALENT 2018-2019 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| FLUZONE QUADRIVALENT 2018-2019 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply, |
| SHINGRIX SUSR | 0 | AL(At least 50 yrs old) |
| ZOSTAVAX SUSR | 0 | AL(At least 50 yrs old) |
| VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones | | |
| Spermicides | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| SHUR-SEAL GEL | 0 | |
| TODAY SPONGE MISC | 0 | |
| Vaginal Anti-infectives | | |
| CLEOCIN CREA VA 2 % (Use <i>Clindamycin Phosphate Vaginal</i>) | NF | |
| <i>clindamycin phosphate vaginal crea</i> | 1 | |
| <i>clotrimazole vaginal crea</i> | 1 | |
| GYNAZOLE-1 CREA | 3 | |
| GYNE-LOTRIMIN CREA (Use <i>Clotrimazole Vaginal</i>) | NF | |
| METROGEL-VAGINAL GEL (Use <i>Metronidazole Vaginal</i>) | NF | |
| <i>metronidazole vaginal gel</i> | 1 | |
| MICONAZOLE 3 SUPP | 3 | |
| TERAZOL 7 CREA (Use <i>Terconazole Vaginal</i>) | NF | |
| TERCONAZOLE CREA | 1 | |
| <i>terconazole vaginal crea</i> | 1 | |
| <i>terconazole vaginal supp</i> | 1 | |
| Vaginal Estrogens | | |
| ESTRACE CREA (Use <i>Estradiol Vaginal</i>) | NF | |
| <i>estradiol vaginal crea</i> | 1 | |
| <i>estradiol vaginal tabs</i> | 1 | |
| FEMRING RING | 3 | |
| PREMARIN CREA | 2 | |
| VAGIFEM TABS (Use <i>Estradiol Vaginal</i>) | NF | |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| ADRENACLICK SOAJ 0.3 MG/0.3ML | 2 | QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply, |
| <i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | 2 | QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply, |
| <i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i> | 2 | QL(2 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply, |
| EPIPEN 2-PAK SOAJ (Use Epinephrine (Anaphylaxis)) | NF | |
| Vasopressors | | |
| <i>midodrine hcl tabs</i> | 1 | |
| VITAMINS | | |
| Oil Soluble Vitamins | | |
| <i>cholecalciferol caps 50000 unit</i> | 1 | |
| <i>cholecalciferol tabs 400 unit</i> | 0 | |
| DRISDOL CAPS (Use Ergocalciferol) | 0 | |
| <i>ergocalciferol caps or 50000 unit</i> | 0 | |
| <i>ergocalciferol soln or 8000 unit/ml</i> | 1 | |
| VITAMIN D2 TABS | 0 | AL(At least 65 yrs old) |
| Water Soluble Vitamins | | |
| <i>niacin cpcr or 250 mg, 500 mg</i> | 1 | |
| <i>niacin tabs or 50 mg, 100 mg, 250 mg, 500 mg</i> | 1 | |
| <i>niacin tbcrcr or 250 mg, 500 mg, 750 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| NIACIN TR TBCRCR | 1 | |
| <i>niacinamide tabs or 100 mg, 500 mg</i> | 1 | |
| SLO-NIACIN TBCRCR (Use Niacin) | 1 | |

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| BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"..... | 91 | BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"..... | 92 | benazepril hcl..... | 30 |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"..... | 91 | BD LANCET ULTRAFINE 30G..... | 78 | BENICAR..... | 30 |
| BD INSULIN SYRINGE SLIP TIP/U-100/1ML..... | 91 | BD LANCET ULTRAFINE 33G..... | 78 | BENICAR HCT..... | 31 |
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| BEVYXXA | 15 | bupropion hcl | 20 | CARBATROL | 17 |
| bexarotene | 38 | bupropion hcl (smoking deterrent) | 133 | carbidopa | 39 |
| BEYAZ | 50 | buspirone hcl | 12 | carbidopa-levodopa | 39 |
| BIAXIN | 74 | busulfan | 34 | CARBIDOPA/LEVODOPA/ENTA | |
| bicalutamide | 36 | BUSULFEX | 34 | CAPONE | 39 |
| BICNU | 34 | butalbital-acetaminophen | 5 | carbinoxamine maleate | 27 |
| BIDIL | 48 | butalbital-acetaminophen-caffeine | 5 | carboplatin | 34 |
| BIKTARVY | 42 | butalbital-acetaminophen-caffeine w/ codeine | 8 | CARDIOCOM LANCING DEVICE | 78 |
| BILTRICIDE | 10 | butalbital-aspirin-caffeine | 5 | CARDIZEM | 47 |
| bimatoprost | 129 | butalbital-aspirin-caffeine w/cod | 8 | CARDIZEM CD | 47 |
| bisacodyl | 74 | butenafine hcl | 56 | CARDIZEM LA | 47 |
| bisoprolol & hydrochlorothiazide | 31 | butorphanol tartrate | 9 | CARDURA | 30 |
| bisoprolol fumarate | 46 | BUTRANS | 9 | CAREFINE PEN NEEDLE 32GX4MM | 92 |
| bleomycin sulfate | 36 | BYETTA | 23 | CAREFINE PEN NEEDLES 29GX1/2" | 92 |
| BLEPH-10 | 127 | BYSTOLIC | 46 | CAREFINE PEN NEEDLES 30GX5/16" | 92 |
| BONIVA | 65 | cabergoline | 67 | CAREFINE PEN NEEDLES 31GX6MM | 92 |
| BOOSTRIX | 135 | CADUET | 48 | CAREFINE PEN NEEDLES 31GX8MM | 92 |
| BORTEZOMIB | 37 | CAFERGOT | 121 | CAREFINE PEN NEEDLES 32GX5MM | 92 |
| BOSULIF | 37 | CALAN | 47 | CAREFINE PEN NEEDLES 32GX6MM | 92 |
| BOTOX | 126 | CALAN SR | 47 | CAREONE ADVANCED LANCINGDEVICE | 78 |
| BP CLEANSING WASH | 55 | calcipotriene | 58 | CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" | 92 |
| BRAFTOVI | 37 | calcipotriene-betamethasone dipropionate | 59 | CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" | 92 |
| BREO ELLIPTA | 14 | calcitonin (salmon) | 65 | CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" | 92 |
| BREVICON-28 | 50 | CALCITRIOL | 58 | CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" | 92 |
| BRILINTA | 71 | calcitriol | 67 | CAREONE INSULIN SYRINGES/1ML/30G X 1/2" | 93 |
| brimonidine tartrate | 127 | calcium acetate (phosphate binder) | 70 | CAREONE INSULIN SYRINGES/1ML/31GX5/16" | 93 |
| BROMFENAC | 129 | calcium chloride (dihydrate) | 122 | CAREONE LANCET THIN | 78 |
| bromfenac sodium (ophth) | 129 | calcium gluconate | 122 | CAREONE LANCET ULTRA THIN | 78 |
| bromocriptine mesylate | 39 | calcium polycarbophil | 73 | CAREONE UNIFINE PENTIPS 29GX12MM | 93 |
| BROVANA | 14 | CAMPATH | 35 | CAREONE UNIFINE PENTIPS 31GX5MM | 93 |
| budesonide | 52 | CAMPTOSAR | 39 | CAREONE UNIFINE PENTIPS 31GX6MM | 93 |
| budesonide (inhalation) | 14 | CANASA | 69 | CAREONE UNIFINE PENTIPS 31GX8MM | 93 |
| budesonide (nasal) | 126 | CANCIDAS | 26 | | |
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| BULLSEYE SAFETY LANCETS | 78 | candesartan cilexetil-hydrochlorothiazide | 31 | | |
| bumetanide | 64 | CAPASTAT SULFATE | 33 | | |
| BUMEX | 64 | capecitabine | 35 | | |
| BUNAVAIL | 9 | CAPRELSA | 37 | | |
| BUPHENYL | 66 | captopril | 30 | | |
| BUPRENEX | 9 | CARAFATE | 136 | | |
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| BUPRENORPHINE | 9 | carbamazepine | 17 | | |
| buprenorphine hcl | 9 | | | | |
| buprenorphine hcl-naloxone hcl dihydrate | 9 | | | | |

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| CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM | 93 | CEFDITOREN PIVOXIL | 50 | CHLORAMPHENICOL SODIUM SUCCINATE | 11 |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM | 93 | cefepime hcl | 50 | chlordiazepoxide hcl | 13 |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM | 93 | cefexime | 50 | chlordiazepoxide hcl-clidinium bromide | 135 |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM | 93 | CEFOTAN | 49 | chlorhexidine gluconate (mouth- throat) | 125 |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM | 93 | cefotaxime sodium | 50 | CHLOROQUINE PHOSPHATE | 33 |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM | 93 | CEFOTETAN | 49 | chloroquine phosphate | 33 |
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| CARETOUCH PEN NEEDLES 31G X 6 MM | 93 | cefoxitin sodium | 49 | chlorothiazide | 65 |
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| CARETOUCH PEN NEEDLES 31GX 8MM | 93 | cefprozil | 49 | chlorpromazine hcl | 42 |
| CARETOUCH PEN NEEDLES 32GX 4MM | 93 | ceftazidime | 50 | CHLORPROPAMIDE | 24 |
| CARETOUCH PEN NEEDLES 32GX 5MM | 93 | CEFTIBUTEN | 50 | chlorthalidone | 65 |
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| CARETOUCH TWIST LANCETS 30G | 78 | ceftriaxone sodium | 50 | CHOLBAM | 69 |
| CARETOUCH TWIST LANCETS 33G | 78 | cefuroxime axetil | 49 | cholecalciferol | 141 |
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| carmustine | 34 | CELEBREX | 4 | cholestyramine light | 28 |
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| CAYA | 75 | CEREBYX | 19 | cimetidine | 135 |
| CAYSTON | 12 | CEREZYME | 71 | CIMZIA | 69 |
| CEDAX | 49 | CESAMET | 26 | CIMZIA STARTER KIT | 69 |
| cefaclor | 49 | cetirizine hcl | 27 | cinacalcet hcl | 67 |
| CEFACLOR | 49 | cetirizine-pseudoephedrine | 54 | CINRYZE | 71 |
| cefadroxil | 49 | CETRAXAL | 129 | CIPRO | 68 |
| cefazolin sodium | 49 | CETROTIDE | 66 | CIPRO HC | 130 |
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| | | CHEK-STIX CONTROL | 63 | ciprofloxacin hcl | 68 |
| | | CHEMET | 25 | ciprofloxacin hcl (ophth) | 127 |
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| | | CHILDRENS MOTRIN | 4 | citalopram hydrobromide | 20 |
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| CLEMASTINE FUMARATE..... | 27 | CLEVER CHOICE COMFORT | | (topical)..... | 55 |
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| COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" .. | 94 | COSOPT..... | 127 | CYSTARAN..... | 129 |
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| | | CUBICIN..... | 11 | dalfampridine..... | 132 |
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| flucytosine..... | 26 | FLUZONE QUADRIVALENT 2017-2018..... | 140 | FURADANTIN..... | 137 |
| fludarabine phosphate..... | 35 | FLUZONE QUADRIVALENT 2018-2019..... | 140 | furosemide..... | 64 |
| fludrocortisone acetate..... | 53 | FML..... | 128 | | |
| FLULAVAL QUADRIVALENT 2016-2017..... | 139 | FML FORTE..... | 128 | | |
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| FLULAVAL QUADRIVALENT 2018-2019..... | 139 | FOCALIN..... | 2 | | |
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| FUROSEMIDE..... | 64 | GENTLE-LET LANCETS | | GLOBAL INJECT EASE INSULIN | |
| furosemide..... | 64 | GENERAL PURPOSE | | SYRINGE/U-100/0.5ML/30G X | |
| FUZEON..... | 43 | STYLE/FINE POINT..... | 81 | 5/16"..... | 100 |
| FYCOMPA..... | 16 | GENTLE-LET LANCETS | | GLOBAL INJECT EASE INSULIN | |
| gabapentin..... | 17 | GENERAL PURPOSE | | SYRINGE/U-100/0.5ML/31G X | |
| GABITRIL..... | 19 | STYLE/MEDIUM POINT..... | 81 | 5/16"..... | 100 |
| GALAFOLD..... | 67 | GENTLE-LET LANCETS | | GLOBAL INJECT EASE INSULIN | |
| galantamine hydrobromide..... | 132 | SAFETY STYLE/FINE | | SYRINGE/U-100/1ML/28G X | |
| GALANTAMINE | | POINT..... | 81 | 1/2"..... | 100 |
| HYDROBROMIDE..... | 132 | GENTLE-LET LANCETS | | GLOBAL INJECT EASE INSULIN | |
| galantamine hydrobromide..... | 132 | SAFETY STYLE/MEDIUM | | SYRINGE/U-100/1ML/29G X | |
| GAMMAGARD LIQUID..... | 130 | POINT..... | 81 | 1/2"..... | 100 |
| GAMMAGARD S/D IGA LESS | | GENVOYA..... | 43 | GLOBAL INJECT EASE INSULIN | |
| THAN 1MCG/ML..... | 130 | GEODON..... | 40 | SYRINGE/U-100/1ML/30G X | |
| GAMMAKED..... | 130 | GILENYA..... | 132 | 1/2"..... | 100 |
| GAMUNEX-C..... | 130 | GILOTRIF..... | 37 | GLOBAL INJECT EASE INSULIN | |
| ganciclovir sodium..... | 45 | glatiramer acetate..... | 132 | SYRINGE/U-100/1ML/30G X | |
| ganirelix acetate..... | 66 | GLEEVEC..... | 37 | 1/2"..... | 100 |
| GANIRELIX ACETATE..... | 66 | GLEOSTINE..... | 34 | GLOBAL INJECT EASE INSULIN | |
| gatifloxacin (ophth)..... | 127 | glimepiride..... | 24 | SYRINGE/U-100/1ML/31G X | |
| gemcitabine hcl..... | 35 | glipizide..... | 24 | 5/16"..... | 100 |
| gemfibrozil..... | 29 | glipizide-metformin hcl..... | 23 | GLOBAL INJECT EASE | |
| GEMZAR..... | 35 | GLOBAL EASE INJECT PEN | | LANCETS 28G..... | 81 |
| GENERESS FE..... | 50 | NEEDLES 29GX12MM..... | 99 | GLOBAL INJECT EASE | |
| GENOTROPIN..... | 66 | GLOBAL EASE INJECT PEN | | LANCETS 30G..... | 81 |
| GENOTROPIN MINIQUICK..... | 66 | NEEDLES 31GX8MM..... | 99 | GLOBAL INSULIN SYRINGE/U- | |
| gentamicin in saline..... | 3 | GLOBAL EASE INJECT PEN | | 100/0.3ML/30G X 1/2"..... | 100 |
| gentamicin sulfate..... | 3 | NEEDLES 32GX4MM..... | 99 | GLOBAL INSULIN SYRINGES/U- | |
| gentamicin sulfate (ophth)..... | 127 | GLOBAL EASE INJECT PEN | | 100/0.3ML/30GX5/16"..... | 100 |
| gentamicin sulfate (topical)..... | 56 | NEEDLES 31GX5MM..... | 99 | GLOBAL LANCING DEVICE..... | 81 |
| GENTAMICIN SULFATE/0.9% | | GLOBAL EASY GLIDE | | GLUCAGEN DIAGNOSTIC..... | 63 |
| SODIUM CHLORIDE..... | 3 | INSULINSYRINGE/U- | | GLUCAGEN HYPOKIT..... | 23 |
| GENTEEL BUTTERFLY TOUCH | | 100/0.3ML/31G X 5/16"..... | 99 | GLUCAGON EMERGENCY | |
| LANCETS..... | 81 | GLOBAL EASY GLIDE PEN | | KIT..... | 23 |
| GENTEEL LANCING | | NEEDLES 32GX4MM..... | 99 | GLUCOCOM LANCETS | |
| DEVICE/BUFF BLACK..... | 81 | GLOBAL INJECT EASE | | 28G..... | 81 |
| GENTEEL LANCING | | INSULIN SYRINGE/U- | | GLUCOCOM LANCETS | |
| DEVICE/BUTTERFLY BLUE..... | 81 | 100/0.3ML/29G X 1/2"..... | 99 | 30G..... | 81 |
| GENTEEL LANCING | | GLOBAL INJECT EASE | | GLUCOCOM LANCETS | |
| DEVICE/GLORIOUS GOLD..... | 81 | INSULIN SYRINGE/U- | | 33G..... | 81 |
| GENTEEL LANCING | | 100/0.3ML/30G X 1/2"..... | 99 | GLUCOPHAGE..... | 23 |
| DEVICE/PLAYFUL PURPLE..... | 81 | GLOBAL INJECT EASE | | GLUCOPHAGE XR..... | 23 |
| GENTEEL LANCING | | INSULIN SYRINGE/U- | | GLUCOPRO INSULIN | |
| DEVICE/PRECIOUS | | 100/0.3ML/30G X 5/16"..... | 99 | SYRINGE/U-100/0.3ML/30G X | |
| PLATINUM..... | 81 | GLOBAL INJECT EASE | | 1/2"..... | 100 |
| GENTEEL LANCING | | INSULIN SYRINGE/U- | | GLUCOPRO INSULIN | |
| DEVICE/PRINCESS PINK..... | 81 | 100/0.3ML/31G X 5/16"..... | 99 | SYRINGE/U-100/0.3ML/30G X | |
| GENTEEL LANCING | | GLOBAL INJECT EASE | | 5/16"..... | 100 |
| DEVICE/STATELY SILVER..... | 81 | INSULIN SYRINGE/U- | | GLUCOPRO INSULIN | |
| GENTEEL LANCING | | 100/0.5ML/28G X 1/2"..... | 99 | SYRINGE/U-100/0.3ML/31G X | |
| DEVICE/WILLOWY WHITE..... | 81 | GLOBAL INJECT EASE | | 5/16"..... | 100 |
| GENTLE-LET GP LANCETS..... | 81 | INSULIN SYRINGE/U- | | GLUCOPRO INSULIN | |
| | | 100/0.5ML/29G X 1/2"..... | 99 | SYRINGE/U-100/0.5ML/30G X | |
| | | GLOBAL INJECT EASE | | 1/2"..... | 100 |
| | | INSULIN SYRINGE/U- | | GLUCOPRO INSULIN | |
| | | 100/0.5ML/30G X 1/2"..... | 99 | SYRINGE/U-100/0.5ML/30G X | |
| | | | | 5/16"..... | 100 |

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| GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"..... | 100 | GNP INSULIN SYRINGE/1ML/29G X 1/2"..... | 101 | GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"..... | 101 |
| GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"..... | 100 | GNP INSULIN SYRINGE/1ML/30G X 5/16"..... | 101 | GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL..... | 81 |
| GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"..... | 100 | GNP INSULIN SYRINGE/1ML/31G X 5/16"..... | 101 | GOODSENSE LANCETS MICRO-THIN 33G..... | 81 |
| GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"..... | 100 | GNP LANCETS..... | 81 | GOODSENSE LANCETS MICRO-THIN 33G..... | 81 |
| GLUCOSOURCE LANCET DEVICE..... | 81 | GNP LANCETS 21G..... | 81 | GOODSENSE LANCETS UNIVERSAL..... | 81 |
| GLUCOSOURCE LANCETS | 81 | GNP LANCETS MICRO THIN 33G..... | 81 | GOODSENSE LANCETS ULTRA-THIN 26G..... | 82 |
| GLUCOTROL..... | 24 | GNP LANCETS SUPER THIN 30G..... | 81 | GOODSENSE LANCETS UNIVERSAL..... | 82 |
| GLUCOTROL XL..... | 24 | GNP LANCETS THIN..... | 81 | GOODSENSE LANCETS ULTRA-THIN 30G..... | 82 |
| GLUCOVANCE..... | 23 | GNP LANCETS THIN 26G | 81 | GOODSENSE LANCETS UNIVERSAL..... | 82 |
| glyburide..... | 25 | GNP MICRO THIN LANCETS 33G..... | 81 | GOODSENSE LANCING DEVICE..... | 82 |
| glyburide micronized..... | 24 | GNP OMEPRAZOLE..... | 136 | GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"..... | 101 |
| glyburide-metformin..... | 23 | GNP SUPER THIN LANCETS/30G..... | 81 | GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"..... | 101 |
| glycine (gu irrigant)..... | 70 | GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"..... | 101 | GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"..... | 101 |
| glycopyrrolate..... | 135 | GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT..... | 101 | GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"..... | 101 |
| GLYNASE..... | 25 | GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT..... | 101 | GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"..... | 101 |
| GLYSET..... | 22 | GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"..... | 101 | granisetron hcl..... | 25 |
| GLYXAMBI..... | 23 | GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"..... | 101 | GRASTEK..... | 3 |
| GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16" | 100 | GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT..... | 101 | GRIS-PEG..... | 26 |
| GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" | 100 | GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT..... | 101 | griseofulvin microsize..... | 26 |
| GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" | 100 | GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"..... | 101 | griseofulvin ultramicrosize..... | 26 |
| GNP INSULIN SYRINGE/0.3ML/29G X 1/2"..... | 100 | GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"..... | 101 | guanfacine hcl..... | 30 |
| GNP INSULIN SYRINGE/0.3ML/30G X 5/16"..... | 100 | GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"..... | 101 | guanfacine hcl (adhd)..... | 2 |
| GNP INSULIN SYRINGE/0.3ML/31G X 5/16"..... | 100 | GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT..... | 101 | GUANIDINE HCL..... | 33 |
| GNP INSULIN SYRINGE/0.5ML/28G X 1/2"..... | 100 | GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT..... | 101 | GYNAZOLE-1..... | 140 |
| GNP INSULIN SYRINGE/0.5ML/29G X 1/2"..... | 100 | GOLYTELY..... | 73 | GYNE-LOTRIMIN..... | 140 |
| GNP INSULIN SYRINGE/0.5ML/30G X 5/16"..... | 101 | | | H-E-B IN CONTROL PEN NEEDLES 31GX5MM..... | 101 |
| GNP INSULIN SYRINGE/0.5ML/31G X 5/16"..... | 101 | | | H-E-B IN CONTROL PEN NEEDLES 31GX6MM..... | 101 |
| GNP INSULIN SYRINGE/1ML/28G X 1/2" | 101 | | | H-E-B IN CONTROL PEN NEEDLES 31GX8MM..... | 101 |
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| H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM | 102 | HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" | 102 | HIGH SENSATION SPERMICIDAL | 75 |
| H-E-B INCONTROL ADVANCEDLANCING DEVICE | 82 | HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 102 | HIPREX | 137 |
| H-E-B INCONTROL LANCETS MICRO THIN 33G | 82 | HEALTHWISE LANCETS 30G | 82 | HIZENTRA | 130 |
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| H-E-B INCONTROL LANCETS ULTRA THIN 28G | 82 | HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" | 102 | HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" | 102 |
| H-E-B INCONTROL PEN NEEDLES 29GX12MM | 102 | HEALTHWISE MINI PEN NEEDLES 31GX6MM | 102 | HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 102 |
| H.P. ACTHAR | 66 | HEALTHWISE PEN NEEDLES 29GX12MM | 102 | HM ULTICARE SHORT PEN NEEDLES 31GX8MM | 102 |
| HAEGARDA | 71 | HEALTHWISE SHORT PEN NEEDLES 31GX8MM | 102 | HORIZANT | 133 |
| HAEMOLANCE | 82 | HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" | 102 | HUMATROPE | 66 |
| HAEMOLANCE LOW FLOW LANCETS | 82 | HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" | 102 | HUMATROPE COMBO PACK | 66 |
| HAEMOLANCE PLUS | 82 | HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM | 102 | HUMIRA | 3 |
| HAEMOLANCE PLUS HIGH FLOW | 82 | HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE | 82 | HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK | 3 |
| HAEMOLANCE PLUS LOW FLOW | 82 | HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM | 102 | HUMIRA PEN | 3 |
| HAEMOLANCE PLUS MAX FLOW | 82 | HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM | 102 | HUMIRA PEN-CD/UC/HS STARTER | 3 |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 82 | HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM | 102 | HUMIRA PEN-PS/UV STARTER | 3 |
| HALAVEN | 39 | HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM | 102 | HUMULIN R U-500 (CONCENTRATED) | 24 |
| HALCION | 73 | HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM | 102 | HUMULIN R U-500 KWIKPEN | 24 |
| HALDOL | 41 | HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G | 82 | HY-VEE LANCETS | 82 |
| HALDOL DECANOATE 100 | 41 | HECTOROL | 67 | HY-VEE THIN LANCETS | 82 |
| HALDOL DECANOATE 50 | 41 | HEMANGEOL | 47 | HYCAMTIN | 39 |
| halobetasol propionate | 61 | heparin sod (porcine) in d5w | 16 | hydralazine hcl | 32 |
| HALOG | 61 | heparin sodium (porcine) | 16 | HYDREA | 38 |
| haloperidol | 41 | HEPARIN SODIUM/NACL 0.45% | 16 | hydrochlorothiazide | 65 |
| haloperidol decanoate | 41 | HEPSERA | 45 | HYDROCODONE BITARTRATE/GUAIFENESIN | 54 |
| HARVONI | 45 | HERCEPTIN | 35 | hydrocodone-acetaminophen | 8 |
| HEALTH CARE LANCING DEVICE | 82 | HETLIOZ | 73 | hydrocodone-ibuprofen | 8 |
| HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 102 | HEXALEN | 34 | hydrocortisone | 53 |
| HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 102 | | | hydrocortisone (intrarectal) | 10 |
| HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 102 | | | hydrocortisone (rectal) | 10 |
| HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 102 | | | hydrocortisone (topical) | 61 |
| | | | | hydrocortisone acetate (rectal) | 10 |
| | | | | hydrocortisone butyrate | 61 |
| | | | | hydrocortisone valerate | 61 |
| | | | | hydrocortisone w/acetic acid | 130 |
| | | | | hydromorphone hcl | 6 |
| | | | | HYDROMORPHONE HYDROCHLORIDE | 6 |
| | | | | hydroxychloroquine sulfate | 33 |

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| hydroxyurea..... | 38 | INSULIN SYRINGE/0.5ML/27G X 1/2"..... | 103 | INSULIN SYRINGES/0.5ML/31GX 5/16"..... | 103 |
| hydroxyzine hcl..... | 12 | INSULIN SYRINGE/0.5ML/28G X 1/2"..... | 103 | INSULIN SYRINGES/0.5ML/31GX5/16"..... | 103 |
| HYDROXYZINE PAMOATE..... | 12 | INSULIN SYRINGE/0.5ML/30G X 1/2"..... | 103 | INSULIN SYRINGES/1ML/27GX1/2"..... | 103 |
| hydroxyzine pamoate..... | 12 | INSULIN SYRINGE/0.5ML/30G X 5/16"..... | 103 | INSULIN SYRINGES/1ML/27GX1/2"..... | 103 |
| HYPER-SAL..... | 54 | INSULIN SYRINGE/0.5ML/31G X 5/16"..... | 103 | INSULIN SYRINGES/1ML/28GX1/2"..... | 103 |
| HYPERSAL..... | 54 | INSULIN SYRINGE/1ML/28G X 1/2"..... | 103 | INSULIN SYRINGES/1ML/28GX1/2"..... | 103 |
| HYQVIA..... | 130 | INSULIN SYRINGE/1ML/29G X 1/2"..... | 103 | INSULIN SYRINGES/1ML/29GX1/2"..... | 104 |
| HYZAAR..... | 31 | INSULIN SYRINGE/1ML/30G X 5/16"..... | 103 | INSULIN SYRINGES/1ML/30GX1/2"..... | 104 |
| ibandronate sodium..... | 65 | INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"..... | 103 | INSULIN SYRINGES/1ML/31GX5/16"..... | 104 |
| IBUDONE..... | 8 | INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"..... | 103 | INSUPEN 29G X 12MM..... | 104 |
| ibuprofen..... | 4 | INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"..... | 103 | INSUPEN 31G X 5MM..... | 104 |
| IDAMYCIN PFS..... | 37 | INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"..... | 103 | INSUPEN 31G X 8MM..... | 104 |
| idarubicin hcl..... | 37 | INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"..... | 103 | INSUPEN 32G X 4MM..... | 104 |
| IFEX..... | 34 | INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"..... | 103 | INSUPEN PEN NEEDLES 32G X4MM..... | 104 |
| ifosfamide..... | 34 | INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"..... | 103 | INSUPEN SENSITIVE 32GX6MM..... | 104 |
| ILEVRO..... | 129 | INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"..... | 103 | INSUPEN ULTRAFIN 29GX12MM..... | 104 |
| imatinib mesylate..... | 37 | INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"..... | 103 | INSUPEN ULTRAFIN 30GX8MM..... | 104 |
| IMBRUVICA..... | 37 | INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"..... | 103 | INSUPEN ULTRAFIN 31GX6MM..... | 104 |
| imipenem-cilastatin..... | 11 | INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"..... | 103 | INSUPEN ULTRAFIN 31GX8MM..... | 104 |
| imipramine hcl..... | 22 | INSULIN SYRINGE/U-100/1ML/28G X 1/2"..... | 103 | INTELENCE..... | 43 |
| imipramine pamoate..... | 22 | INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... | 103 | INTENSE SENSATION..... | 75 |
| imiquimod..... | 62 | INSULIN SYRINGE/U-100/1ML/30G X 5/16"..... | 103 | INTRON A..... | 38 |
| IMITREX..... | 121,122 | INSULIN SYRINGE/U-100/1ML/31G X 5/16"..... | 103 | INTRON A W/DILUENT..... | 38 |
| IMITREX STATDOSE REFILL..... | 121 | INSULIN SYRINGE/0.5ML/27GX1/2"..... | 103 | INTUNIV..... | 2 |
| IMITREX STATDOSE SYSTEM..... | 121 | INSULIN SYRINGES/0.5ML/28GX1/2"..... | 103 | INVANZ..... | 11 |
| IMODIUM A-D..... | 25 | INSULIN SYRINGES/0.5ML/29GX1/2"..... | 103 | INVEGA..... | 41 |
| IMPAVIDO..... | 10 | INSULIN SYRINGES/0.5ML/29GX1/2"..... | 103 | INVIRASE..... | 43 |
| IMURAN..... | 124 | INSULIN SYRINGES/0.5ML/28GX1/2"..... | 103 | INVOKAMET..... | 23 |
| IN TOUCH LANCING DEVICE..... | 82 | INSULIN SYRINGES/0.5ML/29GX1/2"..... | 103 | INVOKANA..... | 24 |
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| INCRELEX..... | 66 | INSULIN SYRINGES/0.5ML/31G X 5/16"..... | 103 | IONOSOL-MB/DEXTROSE 5%..... | 123 |
| INCRUSE ELLIPTA..... | 13 | INSULIN SYRINGES/0.5ML/30GX5/16"..... | 103 | IOPIDINE..... | 127 |
| indapamide..... | 65 | INSULIN SYRINGES/0.5ML/27GX1/2"..... | 103 | ipratropium bromide..... | 13 |
| INDERAL LA..... | 47 | INSULIN SYRINGES/0.5ML/28GX1/2"..... | 103 | ipratropium bromide (nasal)..... | 126 |
| indomethacin..... | 4 | INSULIN SYRINGES/0.5ML/29GX1/2"..... | 103 | ipratropium-albuterol..... | 14 |
| INFLECTRA..... | 69 | INSULIN SYRINGES/0.5ML/30GX5/16"..... | 103 | | |
| INLYTA..... | 37 | INSULIN SYRINGES/0.5ML/28GX1/2"..... | 103 | | |
| INSPIRA..... | 32 | INSULIN SYRINGES/0.5ML/29GX1/2"..... | 103 | | |
| INSULIN SYRINGE/0.3ML/29G X 1"..... | 102 | INSULIN SYRINGES/0.5ML/30GX5/16"..... | 103 | | |
| INSULIN SYRINGE/0.3ML/29G X 1/2"..... | 102 | | | | |
| INSULIN SYRINGE/0.3ML/30G X 5/16"..... | 102 | | | | |
| INSULIN SYRINGE/0.3ML/31G X 5/16"..... | 102 | | | | |

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| irbesartan..... | 30 | KERYDIN..... | 56 | KMART VALU PLUS INSULIN | |
| irbesartan-hydrochlorothiazide | | KETOCARE..... | 63 | SYRINGE/1ML/29G..... | 104 |
| | 31 | ketoconazole..... | 27 | KMART VALU PLUS INSULIN | |
| irinotecan hcl..... | 39 | ketoconazole (topical)..... | 56 | SYRINGE/1ML/30G..... | 104 |
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| physiological..... | 125 | ketoprofen..... | 4 | SYRINGE/0.3ML/29G X | |
| ISENTRESS..... | 43 | ketorolac tromethamine..... | 4 | 1/2"..... | 104 |
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| ISOLYTE-P/DEXTROSE | | (ophth)..... | 129 | SYRINGE/0.3ML/30G X | |
| 5%..... | 123 | KETOSTIX..... | 63 | 5/16"..... | 104 |
| ISOLYTE-S..... | 123 | ketotifen fumarate (ophth) | 129 | KROGER INSULIN | |
| ISONIAZID..... | 33,34 | KEVEYIS..... | 64 | SYRINGE/0.3ML/31G X | |
| isoniazid..... | 34 | KIMONO COLORS..... | 75 | 5/16"..... | 104 |
| ISOPTO CARPINE..... | 127 | KIMONO LUBRICATED... 75 | | KROGER INSULIN | |
| ISORDIL TITRADOSE..... | 12 | KIMONO MICRO THIN PLUS | | SYRINGE/0.5ML/29G X | |
| isosorbide dinitrate..... | 12 | SPERMICIDE | | 1/2"..... | 104 |
| ISOSORBIDE DINITRATE | | LUBRICATED..... | 75 | KROGER INSULIN | |
| ER..... | 12 | KIMONO PLUS SPERMICIDE | | SYRINGE/0.5ML/31G X | |
| isosorbide mononitrate..... | 12 | LUBRICATED..... | 75 | 5/16"..... | 104 |
| isotretinoin..... | 55 | KIMONO PLUS | | KROGER INSULIN | |
| isradipine..... | 47 | SPERMICIDE/LUBRICATED | | SYRINGE/1ML/29G X 1/2" . | 104 |
| ISTODAX (OVERFILL)..... | 37 | | 75 | KROGER INSULIN | |
| itraconazole..... | 27 | KIMONO PS | | SYRINGE/1ML/30G X | |
| ivermectin..... | 10 | LUBRICATED..... | 75 | 5/16"..... | 104 |
| IXEMPRA KIT..... | 39 | KIMONO PS PLUS | | KROGER INSULIN | |
| JADENU..... | 25 | SPERMICIDE/LUBRICATED | | SYRINGE/1ML/31G X | |
| JADENU SPRINKLE..... | 25 | | 75 | 5/16"..... | 104 |
| JAKAFI..... | 37 | KIMONO SENSATION | | KROGER LANCETS..... | 82 |
| JANUVIA..... | 23 | LUBRICATED..... | 75 | KROGER LANCETS 21G... 82 | |
| JARDIANCE..... | 24 | KIMONO SENSATION PLUS | | KROGER LANCETS MICRO | |
| JEVTANA..... | 39 | SPERMICIDE | | THIN33G..... | 82 |
| JUBLIA..... | 56 | LUBRICATED..... | 75 | KROGER LANCETS SUPER | |
| JULUCA..... | 43 | KIMONO SPECIAL..... | 75 | THIN..... | 82 |
| JYNARQUE..... | 68 | KINERET..... | 4 | KROGER LANCETS THIN... 82 | |
| K-TAB..... | 123 | KINNEY LANCETS..... | 82 | KROGER LANCETS THIN | |
| KADIAN..... | 6 | KINNEY THIN LANCETS... 82 | | 26G..... | 82 |
| KALETRA..... | 43 | KINRAY INSULIN SYRINGE | | KROGER LANCETS | |
| KALYDECO..... | 134 | PREFERRED | | ULTRATHIN30G..... | 82 |
| KAMELEON LUBRICATED... 75 | | PLUS/0.3ML/31G X 5/16" 104 | | KROGER LANCING | |
| KAPVAY..... | 2 | KINRAY INSULIN SYRINGE | | DEVICE..... | 82 |
| KAYEXALATE..... | 125 | PREFERRED | | KROGER PEN NEEDLES 29G | |
| KCL 0.3%/D5W/NACL | | PLUS/0.5ML/31G X 5/16" 104 | | X12MM..... | 104 |
| 0.9%..... | 123 | KINRAY INSULIN SYRINGE | | KROGER PEN NEEDLES 31G | |
| KEFLEX..... | 49 | PREFERRED PLUS/1ML/31G | | X8MM..... | 104 |
| KENALOG-40..... | 53 | X 5/16"..... | 104 | KROGER PEN NEEDLES | |
| KEPIVANCE..... | 38 | KINRAY INSULIN | | 31GX1/4"..... | 104 |
| KEPPRA..... | 17 | SYRINGE/0.5ML/29G X | | KRYSTEXXA..... | 71 |
| KEPPRA XR..... | 17 | 1/2"..... | 104 | KUVAN..... | 67 |
| | | KLARON..... | 55 | KYLEENA..... | 52 |
| | | KLONOPIN..... | 17 | KYPROLIS..... | 37 |
| | | KLOR-CON M15..... | 123 | labetalol hcl..... | 46 |
| | | KLS OMEPRAZOLE..... | 136 | LAC-HYDRIN..... | 62 |
| | | | | LAC-HYDRIN TWELVE..... | 62 |

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| LACRISERT | 127 | LANOXIN | 48 | LEDIPASVIR/SOFOSBUVIR | 45 |
| lactated ringer's | 123 | lansoprazole | 136 | leflunomide | 5 |
| lactated ringer's (irrigation) | 125 | lanthanum carbonate | 70 | LENVIMA 10 MG DAILY DOSE | 37 |
| lactic acid (ammonium lactate) | 62 | LANZO | 83 | LENVIMA 14 MG DAILY DOSE | 37 |
| lactulose | 74 | LASIX | 64 | LENVIMA 20 MG DAILY DOSE | 37 |
| lactulose (encephalopathy) | 70 | LASTACFT | 129 | LENVIMA 24 MG DAILY DOSE | 37 |
| LAMICTAL | 17 | latanoprost | 129 | LETAIRIS | 49 |
| LAMICTAL CHEWABLE DISPERSIBLE | 17 | LATUDA | 40 | letrozole | 36 |
| LAMICTAL ODT | 17 | LEADER ADVANCED LANCING DEVICE | 83 | leucovorin calcium | 38 |
| LAMISIL | 26 | LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" | 104 | LEUCOVORIN CALCIUM | 38 |
| lamivudine | 43 | LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" | 104 | leucovorin calcium | 38 |
| lamivudine (hbv) | 45 | LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" | 104 | LEUKERAN | 34 |
| lamivudine-zidovudine | 43 | LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" | 105 | LEUKINE | 72 |
| lamotrigine | 17 | LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" | 105 | leuprolide acetate | 36 |
| LANCET DEVICE ADJUSTABLE | 82 | LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" | 105 | levabuterol hcl | 15 |
| LANCET DEVICE WITH EJECTOR | 82 | LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" | 105 | levabuterol tartrate | 15 |
| LANCETS | 83 | LEADER INSULIN SYRINGE/1ML/28G X 1/2" | 105 | LEVAQUIN | 69 |
| LANCETS 26G TWIST TOP | 82 | LEADER INSULIN SYRINGE/1ML/29G X 1/2" | 105 | LEVEMIR | 24 |
| LANCETS 28G | 82 | LEADER INSULIN SYRINGE/1ML/30G X 5/16" | 105 | LEVEMIR FLEXTOUCH | 24 |
| LANCETS 30G | 82 | LEADER INSULIN SYRINGE/1ML/31G X 5/16" | 105 | levetiracetam | 17,18 |
| LANCETS 30G TWIST TOP | 82 | LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" | 105 | levobunolol hcl | 127 |
| LANCETS 30G/TWIST TOP | 82 | LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" | 105 | levocetirizine dihydrochloride | 28 |
| LANCETS 31G TWIST TOP | 83 | LEADER UNIFINE PENTIPS/MINI/31GX3/16" | 105 | levofloxacin | 69 |
| LANCETS 33G UNIVERSAL DESIGN | 83 | LEADER UNIFINE PENTIPS/NANO/32GX5/32" | 105 | levofloxacin (ophth) | 128 |
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| LANCETS SAFETY SEAL 26G | 83 | | | levonorgestrel (emergency oc) | 52 |
| LANCETS SAFETY SEAL 28G | 83 | | | levonorgestrel-eth estradiol (triphasic) | 50 |
| LANCETS SAFETY SEAL 30G | 83 | | | levonorgestrel-ethinyl estradiol (91-day) | 50 |
| LANCETS SUPER THIN 28G | 83 | | | levonorgestrel-ethinyl estradiol (continuous) | 51 |
| LANCETS THIN | 83 | | | levorphanol tartrate | 6 |
| LANCETS TWIST TOP | 83 | | | levothyroxine sodium | 134 |
| LANCETS ULTRA FINE | 83 | | | LEVOTHYROXINE SODIUM | 134 |
| LANCETS ULTRA THIN 30G | 83 | | | levothyroxine sodium | 135 |
| LANCETSBULLSEYE SAFETY | 83 | | | LEXAPRO | 21 |
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| LIBRAX..... | 135 | LITETOUCH INSULIN | | LODINE..... | 4 |
| lidocaine..... | 62 | SYRINGE/U-100/0.5ML/28G X | | LODOSYN..... | 39 |
| lidocaine hcl..... | 62 | 1/2"..... | 105 | LOESTRIN 1.5/30-21..... | 51 |
| LIDOCAINE HCL..... | 125 | LITETOUCH INSULIN | | LOESTRIN 1/20-21..... | 51 |
| lidocaine hcl (local anesth.)..... | 74 | SYRINGE/U-100/0.5ML/29G X | | LOESTRIN FE 1.5/30..... | 51 |
| lidocaine hcl (mouth-throat)..... | 125 | 1/2"..... | 105 | LOESTRIN FE 1/20..... | 51 |
| lidocaine-prilocaine..... | 62 | LITETOUCH INSULIN | | LOFIBRA..... | 29 |
| LIDODERM..... | 62 | SYRINGE/U-100/0.5ML/30G X | | LOMOTIL..... | 25 |
| LIFESCAN UNISTIK 2 DEEP | | 5/16"..... | 105 | LONGS INSULIN | |
| PENETRATION..... | 83 | LITETOUCH INSULIN | | SYRINGE/0.5ML/31G X | |
| LIFESCAN UNISTIK II | | 5/16"..... | 105 | 5/16"..... | 106 |
| LANCETS..... | 83 | LITETOUCH INSULIN | | LONGS LANCETS | |
| LILETTA..... | 52 | SYRINGE/U-100/1ML/28G X | | STANDARD..... | 83 |
| LINCOCIN..... | 11 | 1/2"..... | 105 | LONGS LANCETS THIN..... | 83 |
| lincomycin hcl..... | 11 | LITETOUCH INSULIN | | LONGS LANCETS ULTRA | |
| LINDANE..... | 63 | SYRINGE/U-100/1ML/29G X | | THIN..... | 83 |
| linezolid..... | 12 | 1/2"..... | 105 | loperamide hcl..... | 25 |
| LINZESS..... | 70 | LITETOUCH INSULIN | | LOPID..... | 29 |
| liothyronine sodium..... | 135 | SYRINGE/U-100/1ML/30G X | | lopinavir-ritonavir..... | 43 |
| LIPITOR..... | 29 | 5/16"..... | 105 | LOPRESSOR..... | 46 |
| lisinopril..... | 30 | LITETOUCH INSULIN | | LOPROX..... | 57 |
| lisinopril & | | SYRINGE/U-100/1ML/31G X | | LOPROX SHAMPOO..... | 57 |
| hydrochlorothiazide..... | 31 | 5/16"..... | 106 | loratadine..... | 28 |
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| LITE TOUCH LANCING | | THIN 33G..... | 83 | pseudoephedrine..... | 54 |
| PEN..... | 83 | LITETOUCH PEN NEEDLES | | lorazepam..... | 13 |
| LITETOUCH INSULIN PEN | | 29GX12.7MM..... | 106 | LORTAB..... | 8 |
| NEEDLES/32G X | | LITETOUCH PEN NEEDLES | | losartan potassium..... | 30 |
| 4MM/MINI..... | 105 | 31G X 6MM..... | 106 | losartan potassium & | |
| LITETOUCH INSULIN | | LITETOUCH PEN NEEDLES | | hydrochlorothiazide..... | 31 |
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| 1/2"..... | 105 | SHORT..... | 106 | LOTEMAX..... | 128 |
| LITETOUCH INSULIN | | LITETOUCH PEN NEEDLES | | LOTENSIN..... | 30 |
| SYRINGE/0.3ML/30G X | | 31GX8MM SHORT..... | 106 | LOTENSIN HCT..... | 31 |
| 5/16"..... | 105 | LITETOUCH PEN | | LOTREL..... | 31 |
| LITETOUCH INSULIN | | NEEDLES/31G X 3/16"..... | 106 | LOTRIMIN AF..... | 57 |
| SYRINGE/0.3ML/31G X | | LITETOUCH PEN | | LOTRIMIN AF FOR HER..... | 57 |
| 5/16"..... | 105 | NEEDLES/31G X | | LOTRIMIN AF JOCK ITCH..... | 57 |
| LITETOUCH INSULIN | | 5MM/MINI..... | 106 | LOTRIMIN ULTRA..... | 57 |
| SYRINGE/0.5ML/30G X | | LITETOUCH PEN | | LOTRISONE..... | 57 |
| 5/16"..... | 105 | NEEDLES/31G X | | LOTRONEX..... | 70 |
| LITETOUCH INSULIN | | 8MM/SHORT..... | 106 | lovastatin..... | 29 |
| SYRINGE/0.5ML/31G X | | LITHIUM..... | 40 | LOVAZA..... | 28 |
| 5/16"..... | 105 | lithium carbonate..... | 40 | LOVENOX..... | 16 |
| LITETOUCH INSULIN | | LITHIUM CARBONATE..... | 40 | loxapine succinate..... | 41 |
| SYRINGE/1ML/30G X | | lithium carbonate..... | 40 | LUCEMYRA..... | 131 |
| 5/16"..... | 105 | LITHOBID..... | 40 | LULICONAZOLE..... | 57 |
| LITETOUCH INSULIN | | LIVALO..... | 29 | LUMIGAN..... | 129 |
| SYRINGE/U-100/0.3ML/30G X | | LIVE BETTER ADVANCED | | | |
| 5/16"..... | 105 | LANCING DEVICE..... | 83 | | |
| LITETOUCH INSULIN | | LIVE BETTER LANCET | | | |
| SYRINGE/U-100/0.3ML/30G X | | SUPERTHIN 30G..... | 83 | | |
| 5/16"..... | 105 | LIVE BETTER LANCET | | | |
| LITETOUCH INSULIN | | ULTRATHIN 28G..... | 83 | | |
| SYRINGE/U-100/0.3ML/31G X | | LO LOESTRIN FE..... | 51 | | |
| 5/16"..... | 105 | LOCOID..... | 61 | | |

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| LUNESTA..... | 73 | PENTIPS32GX4MM..... | 106 | NEEDLES 31G X 8MM..... | 106 |
| LUPANETA PACK..... | 66 | MARINOL..... | 26 | MEDISENSE THIN | |
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| MONTH)..... | 36 | MATULANE..... | 38 | MEDLANCE PLUS EXTRA | |
| LUPRON DEPOT (3- | | MAVYRET..... | 45 | LANCETS 21G..... | 83 |
| MONTH)..... | 36 | MAXALT..... | 122 | MEDLANCE PLUS | |
| LUPRON DEPOT (4- | | MAXALT-MLT..... | 122 | LANCETS..... | 83 |
| MONTH)..... | 36 | MAXI-COMFORT INSULIN | | MEDLANCE PLUS LANCETS | |
| LUPRON DEPOT (6- | | SYRINGE/U- | | LITE 25G..... | 83 |
| MONTH)..... | 36 | 100/0.5ML/28GX1/2"..... | 106 | MEDLANCE PLUS LITE | |
| LUPRON DEPOT-PED (1- | | MAXI-COMFORT INSULIN | | LANCETS 25G..... | 83 |
| MONTH)..... | 66 | SYRINGE/U- | | MEDLANCE PLUS SPECIAL | |
| LUPRON DEPOT-PED (3- | | 100/1ML/28GX1/2"..... | 106 | LANCETS 0.8MM..... | 84 |
| MONTH)..... | 66 | MAXI-COMFORT SAFETY | | MEDLANCE PLUS SUPERLITE | |
| LUXIQ..... | 61 | PEN NEEDLE/29G X | | 30G..... | 84 |
| LUZU..... | 57 | 5/16"..... | 106 | MEDLANCE PLUS SUPERLITE | |
| LYNPARZA..... | 37 | MAXIDEX..... | 128 | 30G/COMFORT MAX..... | 84 |
| LYRICA..... | 18 | MAXIPIME..... | 50 | MEDLANCE PLUS UNIVERSAL | |
| LYRICA CR..... | 133 | MAXITROL..... | 128 | LANCETS 21G..... | 84 |
| LYSODREN..... | 36 | MAXX LUBRICATED..... | 75 | MEDLANCE PLUS/LITE | |
| LYSTEDA..... | 72 | MAXX PLUS SPERMICIDE | | 25G..... | 84 |
| MACROBID..... | 137 | LUBRICATED..... | 75 | MEDLANCE/EXTRA..... | 84 |
| MACRODANTIN..... | 137 | MAXZIDE..... | 64 | MEDLANCE/LITE..... | 84 |
| mafenide acetate..... | 59 | MAXZIDE-25..... | 64 | MEDLANCE/UNIVERSAL..... | 84 |
| MAGELLAN INSULIN SAFETY | | meclizine hcl..... | 26 | MEDROL..... | 53 |
| SYRINGE/U-100/0.3ML/29G X | | MECLOFENAMATE | | MEDROL DOSEPAK..... | 53 |
| 1/2"..... | 106 | SODIUM..... | 4 | medroxyprogesterone | |
| MAGELLAN INSULIN SAFETY | | MEDIC INSULIN | | acetate..... | 131 |
| SYRINGE/U-100/0.3ML/30G X | | SYRINGE/0.3ML/30G X | | medroxyprogesterone acetate | |
| 5/16"..... | 106 | 5/16"..... | 106 | (contraceptive)..... | 52 |
| MAGELLAN INSULIN SAFETY | | MEDIC INSULIN | | mefenamic acid..... | 4 |
| SYRINGE/U-100/0.5ML/29G X | | SYRINGE/0.5ML/30G X | | mefloquine hcl..... | 33 |
| 1/2"..... | 106 | 5/16"..... | 106 | MEFLOQUINE HCL..... | 33 |
| MAGELLAN INSULIN SAFETY | | MEDICHOICE PRE-SET | | MEGACE ES..... | 131 |
| SYRINGE/U-100/0.5ML/30G X | | SAFETY LANCET DUAL | | megestrol acetate..... | 36 |
| 5/16"..... | 106 | USE..... | 83 | megestrol acetate | |
| MAGELLAN INSULIN SAFETY | | MEDICHOICE PRE-SET | | (appetite)..... | 131 |
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| MAGELLAN INSULIN SAFETY | | MEDICHOICE PRE-SET | | MEIJER LANCETS..... | 84 |
| SYRINGE/U-100/1ML/30G X | | SAFETY LANCET MEDIUM | | MEIJER LANCETS THIN..... | 84 |
| 5/16"..... | 106 | FLOW..... | 83 | MEIJER LANCETS | |
| magnesium sulfate..... | 123 | MEDICHOICE PRE-SET | | UNIVERSAL21G..... | 84 |
| MAGNESIUM SULFATE... 123 | | SAFETY LANCET MODERATE | | MEIJER LANCETS | |
| MALARONE..... | 33 | FLOW..... | 83 | UNIVERSAL30G..... | 84 |
| malathion..... | 63 | MEDICHOICE SAFETY | | MEIJER LANCETS | |
| MAPROTILINE HCL..... | 20 | LANCETEXTRA..... | 83 | UNIVERSAL33G..... | 84 |
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| PENTIPS29GX12MM..... | 106 | LANCETNORMAL..... | 83 | X12MM..... | 106 |
| MARATHON MEDICAL | | MEDICINE SHOPPE PEN | | MEIJER PEN NEEDLES 31G | |
| PENTIPS31GX5MM..... | 106 | NEEDLES 29G X 12MM..... | 106 | X6MM..... | 106 |
| MARATHON MEDICAL | | MEDICINE SHOPPE PEN | | MEIJER PEN NEEDLES 31G | |
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| | | | | LANCETS..... | 84 |

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| MEKINIST | 37 | methscopolamine | | MINOCIN | 134 |
| MEKTOVI | 37 | bromide | 135 | minocycline hcl | 134 |
| meloxicam | 5 | METHYLCLOTHIAZIDE | 65 | minoxidil | 32 |
| melphalan | 34 | methyldopa | 31 | MIRAPEX | 39,40 |
| melphalan hcl | 34 | METHYLDOPATE HCL | 31 | MIRCERA | 72 |
| memantine hcl | 132 | METHYLIN | 2 | MIRCETTE | 51 |
| MENACTRA | 138 | methylphenidate hcl | 2 | MIRENA | 52 |
| MENEST | 68 | METHYLPHENIDATE | | mirtazapine | 19 |
| MENOSTAR | 68 | HYDROCHLORIDE ER | 2 | MIRVASO | 63 |
| MENTAX | 57 | methylprednisolone | 53 | misoprostol | 137 |
| MENVEO | 138 | methylprednisolone | | mitomycin | 37 |
| meperidine hcl | 6 | acetate | 53 | mitoxantrone hcl | 37 |
| MEPERIDINE HCL | 6 | methylprednisolone sod | | MM INSULIN SYRINGE/U- | |
| meperidine hcl | 6 | succ | 53 | 100/0.3ML/30G X 5/16" | 106 |
| meprobamate | 12 | METIPRANOLOL | 127 | MM INSULIN SYRINGE/U- | |
| MEPRON | 11 | metoclopramide hcl | 69 | 100/0.3ML/31G X 5/16" | 107 |
| mercaptapurine | 35 | metolazone | 65 | MM INSULIN SYRINGE/U- | |
| meropenem | 11 | metoprolol succinate | 46 | 100/1/2ML/30G X 5/16" | 107 |
| MERREM | 11 | metoprolol tartrate | 46,47 | MM INSULIN SYRINGE/U- | |
| mesalamine | 69 | METROCREAM | 62 | 100/1/2ML/31G X 5/16" | 107 |
| MESTINON | 33 | METROGEL | 62 | MM INSULIN SYRINGE/U- | |
| MESTINON TIMESPAN | 33 | METROGEL-VAGINAL | 140 | 100/1ML/30G X 5/16" | 107 |
| METADATE CD | 2 | METROLOTION | 62 | MM INSULIN SYRINGE/U- | |
| METAPROTERENOL | | metronidazole | 10 | 100/1ML/31G X 5/16" | 107 |
| SULFATE | 15 | metronidazole (topical) | 62 | MM LANCING DEVICE | 84 |
| metaxalone | 125 | metronidazole vaginal | 140 | MM PEN NEEDLES 31G X | |
| metformin hcl | 23 | MEVACOR | 29 | 1/4" | 107 |
| methadone hcl | 6 | mexiletine hcl | 13 | MM PEN NEEDLES 31G X | |
| METHADONE HCL | 7 | MIACALCIN | 65 | 3/16" | 107 |
| methadone hcl | 7 | MICARDIS | 30 | MM PEN NEEDLES 31G X | |
| METHADONE HCL | 7 | MICARDIS HCT | 31 | 5/16" | 107 |
| methadone hcl | 7 | MICONAZOLE 3 | 140 | MM PEN NEEDLES 32G X | |
| METHADONE HCL | 7 | MICROLET LANCETS | 84 | 5/32" | 107 |
| methadone hcl | 7 | MICROLET NEXT | 84 | MM TWIST LANCETS | 84 |
| METHADOSE | 7 | MICROTAINER SAFETY | | MOBIC | 5 |
| METHADOSE SUGAR-FREE | 7 | FLOW | | modafinil | 3 |
| methamphetamine hcl | 1 | LANCET/STERILE/SINGLE- | | MODERIBA 1200 DOSE | |
| methazolamide | 64 | USE | 84 | PACK | 45 |
| methenamine hippurate | 137 | MICROZIDE | 65 | MODERIBA 800 DOSE | |
| methimazole | 134 | midodrine hcl | 141 | PACK | 45 |
| METHITEST | 9 | miglitol | 22 | moexipril hcl | 30 |
| methocarbamol | 125 | miglustat | 72 | mometasone furoate | 61 |
| METHOTREXATE | 4 | MIGRANAL | 121 | mometasone furoate | |
| METHOTREXATE SODIUM | 35 | MILLIPRED | 53 | (nasal) | 126 |
| methotrexate sodium | 35 | MILLIPRED DP | 53 | MONISTAT SOOTHING CARE | |
| methoxsalen rapid | 58 | MINASTRIN 24 FE | 51 | ITCH RELIEF | 61 |
| | | MINI LANCING DEVICE | 84 | MONODOX | 134 |
| | | MINIPRESS | 31 | MONOJECT INSULIN | |
| | | MINIVELLE | 68 | SYRINGE/1ML | 107 |
| | | | | MONOJECT INSULIN | |
| | | | | SYRINGE/1ML/31G X | |
| | | | | 5/16" | 107 |

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| MONOJECT INSULIN | | |
| SYRINGE/DETACH | | |
| NEEDLE/1ML/25G X 5/8" .. | 107 | |
| MONOJECT INSULIN | | |
| SYRINGE/DETACH | | |
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| MONOJECT INSULIN | | |
| SYRINGE/PERM | | |
| NEEDLE/1ML/28G X 1/2" .. | 107 | |
| MONOJECT INSULIN | | |
| SYRINGE/PERM NEEDLE/U- | | |
| 100/0.5ML/28G X 1/2" | 107 | |
| MONOJECT INSULIN | | |
| SYRINGE/SAFETY/PERM | | |
| NEEDLE/0.3ML/29G X 1/2" .. | 107 | |
| MONOJECT INSULIN | | |
| SYRINGE/SAFETY/PERM | | |
| NEEDLE/0.3ML/29GX1/2" .. | 107 | |
| MONOJECT INSULIN | | |
| SYRINGE/SAFETY/PERM | | |
| NEEDLE/0.5ML/29G X 1/2" .. | 107 | |
| MONOJECT INSULIN | | |
| SYRINGE/SAFETY/PERM | | |
| NEEDLE/1ML/29G X 1/2" .. | 107 | |
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| Spanish: | Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Superior HealthPlan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). |
| Vietnamese: | Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Superior HealthPlan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). |
| Chinese: | 如果您，或是您正在協助的對象，有關於 Ambetter from Superior HealthPlan 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989)。 |
| Korean: | 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Superior HealthPlan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) 로 전화하십시오. |
| Arabic: | إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Superior HealthPlan ، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). |
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| Russian: | В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Superior HealthPlan вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). |
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| Laotian: | ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ Ambetter from Superior HealthPlan, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນ ຂ່າວສານທີ່ເໝາະສົມຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). |

