



FROM |  **sunshine health**  
Insured by Celtic Insurance Company

# 2021 Prescription Drug List

Effective February 1, 2021



[Ambetter.SunshineHealth.com](https://www.Ambetter.SunshineHealth.com)

# Formulary Introduction

## FORMULARY

The Ambetter from Sunshine Health 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.

Please note, the Formulary is not meant to be a complete list of the drugs covered under your prescription benefit. Not all dosage forms or strengths of a drug may be covered. This list is periodically reviewed and updated and may be subject to change. Drugs may be added or removed, or additional requirements may be added in order to approve continued usage of a specific drug.

Specific prescription benefit plan designs may not cover certain products or categories, regardless of their appearance in this document. Please check your benefits for coverage limitations and your share of cost for your drugs.

### 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 the 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. Specialty drugs are used to treat complex, chronic conditions and may require special handling, storage, or clinical management. Prescription drugs covered under the specialty tier require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

### Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. Enolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

## 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
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.125 MG-3.125 MG-3.125 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG, 1.25 MG-1.25 MG-1.25 MG (Use amphetamine-dextroamphetamine)	NF	QL(3 ea daily)
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADDERALL XR CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(1 ea daily)
ADDERALL XR CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG (Use amphetamine-dextroamphetamine)	NF	
ADDERALL XR CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADZENYS ER SUER (Use amphetamine)	NF	
amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg	1	QL(1 ea daily)
amphetamine-dextroamphetamine cp24 3.75 mg-3.75 mg-3.75 mg-3.75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	QL(2 ea daily)
amphetamine-dextroamphetamine tabs 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg	1	QL(3 ea daily)
amphetamine-dextroamphetamine tabs 7.5 mg-7.5 mg-7.5 mg-7.5 mg	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 10 mg, 5 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	3	ST; QL(1 ea daily)
<b>Anorexiants Non-Amphetamine</b>		
ADIPEX-P CAPS (Use phentermine hcl)	NF	PA
phendimetrazine tartrate tabs 35 mg	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>phentermine hcl caps 15 mg, 30 mg, 37.5 mg</i>	1	PA
<b>Anti-Obesity Agents</b>		
BELVIQ TABS	3	PA; QL(2 ea daily)
CONTRACE TB12	3	PA; QL(4 ea daily)
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
<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 100 mg, 60 mg, 80 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 ( <i>Use guanfacine hcl (adhd)</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 ( <i>Use clonidine hcl (adhd)</i> )	NF	
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG ( <i>Use atomoxetine hcl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 100 MG, 60 MG, 80 MG ( <i>Use atomoxetine hcl</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
<b>Dopamine and Norepinephrine Reuptake</b>		
SUNOSI TABS	3	PA
<b>Stimulants - Misc.</b>		
<i>armodafinil tabs</i>	1	PA; QL(1 ea daily); AL(At least 17 yrs old)
CONCERTA TBCR 18 MG, 27 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl cp24 35 mg, 40 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS ( <i>Use dexmethylphenidate hcl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 ( <i>Use dexmethylphenidate hcl</i> )	NF	QL(1 ea daily)
METHYLIN SOLN ( <i>Use methylphenidate hcl</i> )	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 cpcr 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 20 mg, 10 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 tbcR 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 18 mg, 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>modafinil tabs 100 mg</i>	1	PA; QL(1 ea daily); AL(At least 16 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
ARIKAYCE SUSP	4	PA
<i>gentamicin in saline soln 0.8 mg/ml-0.9 %, 0.9 %-1 mg/ml, 0.9 %-1.2 mg/ml, 0.9 %-1.6 mg/ml</i>	1	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
KITABIS PAK NEBU (Use <i>tobramycin</i> )	NF	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
<i>streptomycin sulfate solr</i>	3	
TOBI NEBU (Use <i>tobramycin</i> )	NF	PA
<i>tobramycin nebu 300 mg/5ml</i>	4	PA
<i>tobramycin sulfate soln 10 mg/ml, 40 mg/ml, 80 mg/2ml</i>	1	
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEN PNKT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)
HUMIRA PSKT	4	PA; QL(0.143 ea daily)
<b>Antirheumatic - Enzyme Inhibitors</b>		
RINVOQ TB24	4	PA; QL(1 ea daily)
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)
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
<b>Gold Compounds</b>		

Drug Name	Drug Tier	Requirements/ Limits
RIDAURA CAPS	3	QL(3 ea daily)
<b>Interleukin-1 Blockers</b>		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP
<b>Interleukin-1beta Blockers</b>		
ILARIS SOLN	4	PA; QL(0.072 ml daily) 180 rtl pack lmt day(s),
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	NF	
ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	NF	
CELEBREX CAPS 100 MG, 200 MG, 50 MG (Use celecoxib)	NF	PA; QL(2 ea daily)
CELEBREX CAPS 400 MG (Use celecoxib)	NF	PA; QL(1 ea daily)
celecoxib caps 100 mg, 200 mg, 50 mg	1	PA; QL(2 ea daily)
celecoxib caps 400 mg	1	PA; QL(1 ea daily)
CHILDRENS ADVIL SUSP (Use ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use oxaprozin)	NF	
diclofenac potassium tabs	1	
diclofenac sodium tb24	1	
diclofenac sodium tbec	1	
diclofenac w/ misoprostol tbec	1	
etodolac caps 200 mg, 300 mg	1	
etodolac tabs 400 mg, 500 mg	1	
FELDENE CAPS (Use piroxicam)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<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 25 mg, 50 mg</i>	1	
<i>indomethacin cpr 75 mg</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 <i>etodolac</i> )	NF	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>meloxicam tabs 15 mg, 7.5 mg</i>	1	QL(1 ea daily)
MOBIC TABS (Use <i>meloxicam</i> )	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG (Use <i>fenoprofen calcium</i> )	NF	ST; QL(4 ea daily)
NAPROSYN SUSP (Use <i>naproxen</i> )	NF	PA
<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	
<i>sulindac tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs</i>	1	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	4	PA; QL(2 ea daily)
OTEZLA TBPk	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s),
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA TABS (Use <i>leflunomide</i> )	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	4	PA; QL(0.15 ml daily)
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(0.143 ml daily); SP
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen tabs 325 mg-50 mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps 300 mg-40 mg-50 mg, 325 mg-40 mg-50 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
BUTALBITAL/ACETAMINOPHEN CAPS (Use <i>butalbital-acetaminophen</i> )	NF	



Drug Name	Drug Tier	Requirements/Limits
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	
<b>Salicylates</b>		
<i>aspirin chew or 81 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tabs or 325 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec or 81 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1	
<i>salsalate tabs</i>	1	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
ACTIQ LPOP ( <i>Use fentanyl citrate</i> )	NF	PA; QL(4 ea daily)
ARYMO ER TBEA	3	QL(3 ea daily)
CODEINE SULFATE TABS 15 MG, 60 MG	1	New starts limited to 7 day supply
<i>codeine sulfate tabs 30 mg</i>	1	New starts limited to 7 day supply
CONZIP CP24 ( <i>Use tramadol hcl</i> )	NF	
DEMEROL SOLN 100 MG/ML, 25 MG/ML, 50 MG/ML ( <i>Use meperidine hcl</i> )	NF	
DILAUDID LIQD OR 1 MG/ML ( <i>Use hydromorphone hcl</i> )	NF	New starts limited to 7 day supply
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML ( <i>Use hydromorphone hcl</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
DILAUDID TABS OR 2 MG, 4 MG, 8 MG ( <i>Use hydromorphone hcl</i> )	NF	New starts limited to 7 day supply;QL(8 ea daily)
DOLOPHINE TABS 10 MG ( <i>Use methadone hcl</i> )	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG ( <i>Use methadone hcl</i> )	NF	QL(4 ea daily)
DURAGESIC PT72 ( <i>Use fentanyl</i> )	NF	QL(0.34 ea daily)
EMBEDA CPR	3	QL(2 ea daily)
EXALGO TB24 12 MG, 16 MG, 8 MG ( <i>Use hydromorphone hcl</i> )	NF	PA; QL(2 ea daily)
EXALGO TB24 32 MG ( <i>Use hydromorphone hcl</i> )	NF	PA; QL(1 ea daily)
<i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL(4 ea daily)
<i>fentanyl pt72 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr, 25 mcg/hr</i>	1	QL(0.34 ea daily)
FENTORA TABS ( <i>Use fentanyl citrate</i> )	NF	
<i>hydrocodone bitartrate cp12</i>	1	PA; QL(2 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 tabs or 2 mg, 4 mg, 8 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
<i>hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl tb24 or 32 mg</i>	1	PA; QL(1 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 10 MG/ML ( <i>Use hydromorphone hcl</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
HYSINGLA ER T24A	3	QL(2 ea daily)
KADIAN CP24 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (Use morphine sulfate)	NF	PA; QL(2 ea daily)
levorphanol tartrate tabs 2 mg	1	New starts limited to 7 day supply
meperidine hcl soln ij 100 mg/ml, 25 mg/ml, 50 mg/ml	1	
meperidine hcl soln or 50 mg/5ml	1	New starts limited to 7 day supply;QL(500 ml per fill retail)
meperidine hcl tabs or 100 mg, 50 mg	1	New starts limited to 7 day supply;QL(6 ea daily)
methadone hcl conc or 10 mg/ml	1	QL(10 ml daily)
methadone hcl soln ij 10 mg/ml	1	
METHADONE HCL SOLN IJ 10 MG/ML (Use methadone hcl)	1	
methadone hcl soln or 10 mg/5ml	1	QL(50 ml daily)
methadone hcl soln or 5 mg/5ml	1	QL(100 ml daily)
methadone hcl tabs or 10 mg	1	QL(10 ea daily)
methadone hcl tabs or 5 mg	1	QL(4 ea daily)
methadone hcl tbso or 40 mg	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)
MORPHABOND ER T12A 100 MG, 30 MG, 60 MG	3	PA; QL(1 ea daily)
MORPHABOND ER T12A 15 MG	3	PA; QL(3 ea daily)

Ambetter Sunshine Formulary

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate cp24 or 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL(2 ea daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	1	
MORPHINE SULFATE SOLN IV 10 MG/ML (Use morphine sulfate)	NF	
<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)
<i>morphine sulfate tabs or 15 mg</i>	1	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>morphine sulfate tbc or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
MS CONTIN TBCR (Use morphine sulfate)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (Use oxymorphone hcl)	NF	PA; QL(12 ea daily)
OXAYDO TABS 5 MG	2	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone hcl t12a 15 mg, 30 mg, 60 mg, 10 mg, 20 mg, 80 mg, 40 mg</i>	3	QL(2 ea daily)
<i>oxycodone hcl tabs 10 mg, 20 mg, 15 mg, 30 mg, 5 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
OXYCONTIN T12A	3	QL(2 ea daily)
<i>oxymorphone hcl tabs 10 mg, 5 mg</i>	1	PA; QL(12 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	3	PA; QL(2 ea daily)
<i>oxymorphone hcl tb12 40 mg</i>	3	PA; QL(4 ea daily)
ROXICODONE TABS (Use <i>oxycodone hcl</i> )	NF	New starts limited to 7 day supply;QL(12 ea daily)
ROXYBOND TABA	3	QL(12 ea daily)
SUBSYS LIQD 100 MCG	3	PA; QL(3 ea daily)
SUBSYS LIQD 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG	3	PA; QL(4 ea daily)
SUBSYS LIQD 800 MCG	3	PA; QL(8 ea daily)
<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 <i>tramadol hcl</i> )	NF	New starts limited to 7 day supply;QL(8 ea daily)
XTAMPZA ER C12A	2	PA; QL(2 ea daily)
ZOHYDRO ER CP12 (Use <i>hydrocodone bitartrate</i> )	3	PA; QL(2 ea daily)
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	1	New starts limited to 7 day supply;QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 30 mg-300 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine tabs 300 mg-60 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	1	New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	3	PA; New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-300 mg-40 mg-50 mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-325 mg-40 mg-50 mg</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 <i>butalbital-acetaminophen-caffeine w/ codeine</i> )	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 CAPS (Use <i>butalbital-aspirin-caffeine w/cod</i> )	NF	New starts limited to 7 day supply;QL(6 ea daily)
<i>hydrocodone-acetaminophen soln 10 mg/15ml-325 mg/15ml</i>	1	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml</i>	1	New starts limited to 7 day supply;QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 300 mg-5 mg, 300 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen tabs 10 mg-200 mg, 200 mg-5 mg</i>	1	PA
<i>hydrocodone-ibuprofen tabs 200 mg-7.5 mg</i>	1	New starts limited to 7 day supply; QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply; QL(60 ml daily)
NORCO TABS ( <i>Use hydrocodone-acetaminophen</i> )	NF	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone-ibuprofen tabs</i>	1	New starts limited to 7 day supply; QL(1 ea daily)
PERCOCET TABS 10 MG-325 MG, 325 MG-5 MG, 325 MG-7.5 MG ( <i>Use oxycodone w/ acetaminophen</i> )	NF	New starts limited to 7 day supply; QL(12 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
TYLENOL/CODEINE #3 TABS ( <i>Use acetaminophen w/ codeine</i> )	NF	New starts limited to 7 day supply; QL(12 ea daily)
TYLENOL/CODEINE #4 TABS ( <i>Use acetaminophen w/ codeine</i> )	NF	New starts limited to 7 day supply; QL(6 ea daily)
ULTRACET TABS ( <i>Use tramadol-acetaminophen</i> )	NF	New starts limited to 7 day supply; QL(8 ea daily)
<b>Opioid Partial Agonists</b>		
BUNAVAIL FILM 0.3 MG-2.1 MG	3	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BUNAVAIL FILM 0.7 MG-4.2 MG	3	PA; QL(2 ea daily)
BUNAVAIL FILM 1 MG-6.3 MG	3	PA; QL(1 ea daily)
BUPRENEX SOLN ( <i>Use buprenorphine hcl</i> )	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg</i>	1	PA; QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 12 mg-3 mg, 2 mg-8 mg</i>	1	PA; QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine ptwk td 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	PA; QL(0.143 ea daily)
<i>butorphanol tartrate soln ij 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	PA
BUTRANS PTWK 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR ( <i>Use buprenorphine</i> )	NF	PA; QL(0.143 ea daily)
BUTRANS PTWK 7.5 MCG/HR ( <i>Use buprenorphine</i> )	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 0.5 MG-2 MG, 1 MG-4 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	PA; QL(3 ea daily)
SUBOXONE FILM 12 MG-3 MG, 2 MG-8 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 TABS	3	
<i>oxandrolone tabs</i>	1	
<b>Androgens</b>		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (Use testosterone)	NF	
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (Use testosterone cypionate)	NF	
METHITEST TABS	3	
TESTIM GEL (Use testosterone)	NF	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1	
<i>testosterone cypionate soln ij 200 mg/ml</i>	1	
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate soln im</i>	1	
VOGELXO GEL (Use testosterone)	NF	
VOGELXO PUMP GEL (Use testosterone)	NF	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
CORTENEMA ENEM (Use hydrocortisone (intrarectal))	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	4	PA
<b>Rectal Steroids</b>		

Drug Name	Drug Tier	Requirements/Limits
ANUSOL-HC CREA (Use hydrocortisone (rectal))	NF	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT CREA (Use hydrocortisone (rectal))	NF	
PROCTOCORT SUPP (Use hydrocortisone acetate (rectal))	NF	
<b>Vasodilating Agents</b>		
RECTIV OINT	3	QL(2 gm daily)
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs</i>	1	PA
ALBENZA TABS (Use albendazole)	NF	PA
BILTRICIDE TABS (Use praziquantel)	NF	PA
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	PA
STROMEKTOL TABS (Use ivermectin)	NF	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
<i>bacitracin solr</i>	3	
FLAGYL TABS 500 MG (Use metronidazole)	NF	

Drug Name	Drug Tier	Requirements/Limits
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
<i>trimethoprim tabs</i>	1	
XIFAXAN TABS	3	PA; AL(At least 12 yrs old)
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM DS TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	NF	
BACTRIM TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
<b>Antiprotozoal Agents</b>		
ALINIA SUSR 100 MG/5ML	2	PA
ALINIA TABS 500 MG ( <i>Use nitazoxanide</i> )	2	PA
<i>atovaquone susp</i>	1	
MEPRON SUSP ( <i>Use atovaquone</i> )	NF	
<i>nitazoxanide tabs</i>	1	PA
<b>Carbapenems</b>		
<i>ertapenem sodium solr</i>	1	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR ( <i>Use ertapenem sodium</i> )	NF	
<i>meropenem solr</i>	1	
MERREM SOLR ( <i>Use meropenem</i> )	NF	
PRIMAXIN IV SOLR ( <i>Use imipenem-cilastatin</i> )	NF	
<b>Chloramphenicols</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>chloramphenicol sodium succinate solr</i>	4	PA; SP
<b>Cyclic Lipopeptides</b>		
CUBICIN RF SOLR ( <i>Use daptomycin</i> )	NF	
CUBICIN SOLR ( <i>Use daptomycin</i> )	NF	
DAPTOMYCIN SOLR 350 MG ( <i>Use daptomycin</i> )	NF	
<i>daptomycin solr 500 mg</i>	1	
<b>Glycopeptides</b>		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN CAPS ( <i>Use vancomycin hcl</i> )	NF	QL(4 ea daily,40 ea per fill retail)
VANCOCIN HCL CAPS ( <i>Use 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)
<i>vancomycin hcl solr iv 10 gm, 500 mg, 1 gm, 1000 mg</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
<b>Leprostics</b>		
<i>dapsone tabs</i>	3	
<b>Lincosamides</b>		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG ( <i>Use clindamycin hcl</i> )	NF	
CLEOCIN PEDIATRIC GRANULES SOLR ( <i>Use clindamycin palmitate hydrochloride</i> )	NF	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9 GM/60ML ( <i>Use clindamycin phosphate</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
<i>clindamycin phosphate soln</i>	1	
LINCOCIN SOLN (Use <i>lincomycin hcl</i> )	NF	
<i>lincomycin hcl soln</i>	1	
<b>Monobactams</b>		
AZACTAM SOLR (Use <i>aztreonam</i> )	NF	
<i>aztreonam solr</i>	1	
CAYSTON SOLR	4	PA; QL(3 ml daily)
<b>Oxazolidinones</b>		
<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 <i>linezolid</i> )	NF	
ZYVOX TABS OR 600 MG (Use <i>linezolid</i> )	NF	PA; QL(2 ea daily)
<b>Polymyxins</b>		
<i>polymyxin b sulfate solr</i>	1	
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine pack</i>	1	
FURADANTIN SUSP (Use <i>nitrofurantoin</i> )	NF	
HIPREX TABS (Use <i>methenamine hippurate</i> )	NF	
MACROBID CAPS (Use <i>nitrofurantoin monohyd macro</i> )	NF	
MACRODANTIN CAPS 100 MG, 50 MG (Use <i>nitrofurantoin macrocrystal</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine hippurate tabs</i>	1	
MONUROL PACK (Use <i>fosfomycin tromethamine</i> )	3	
<i>nitrofurantoin macrocrystal caps 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
RANEXA TB12 1000 MG (Use <i>ranolazine</i> )	NF	QL(2 ea daily)
RANEXA TB12 500 MG (Use <i>ranolazine</i> )	NF	QL(3 ea daily)
<i>ranolazine tb12 1000 mg</i>	1	QL(2 ea daily)
<i>ranolazine tb12 500 mg</i>	1	QL(3 ea daily)
<b>Nitrates</b>		
ISORDIL TITRADOSE TABS 5 MG (Use <i>isosorbide dinitrate</i> )	NF	
<i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>	1	
<i>isosorbide dinitrate tbcr 40 mg</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use <i>nitroglycerin</i> )	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use nitroglycerin)	NF	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<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 soln im 50 mg/ml</i>	1	
<i>hydroxyzine hcl syrup or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use hydroxyzine pamoate)	NF	
<b>Benzodiazepines</b>		
<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)
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc or 5 mg/ml</i>	1	
<i>diazepam soln or 5 mg/5ml</i>	1	
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	1	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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 30 mg, 10 mg, 15 mg</i>	1	
TRANXENE T TABS (Use clorazepate dipotassium)	NF	
VALIUM TABS (Use diazepam)	NF	QL(4 ea daily)
XANAX TABS (Use alprazolam)	NF	QL(4 ea daily)
XANAX XR TB24 (Use alprazolam)	NF	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use disopyramide phosphate)	NF	
<i>procainamide hcl soln 500 mg/ml</i>	1	
<i>quinidine sulfate tabs</i>	1	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl caps 150 mg, 200 mg, 250 mg</i>	1	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 (Use propafenone hcl)	NF	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl soln iv 150 mg/3ml, 50 mg/ml</i>	1	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	
<i>dofetilide caps</i>	1	



Drug Name	Drug Tier	Requirements/Limits
MULTAQ TABS	3	
TIKOSYN CAPS ( <i>Use dofetilide</i> )	NF	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
<b>Antiasthmatic - Monoclonal Antibodies</b>		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA
NUCALA SOAJ	4	PA
NUCALA SOLR	4	PA
NUCALA SOSY	4	PA
XOLAIR SOLR 150 MG	4	PA; SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA AERS	3	Limit 2 inhalers per month; QL(0.44 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
<b>Leukotriene Modulators</b>		
ACCOLATE TABS ( <i>Use zafirlukast</i> )	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily)
<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)

Drug Name	Drug Tier	Requirements/Limits
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)
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rti MAX day(s) supply, 180 rti lmt day(s), 30 mail MAX day(s) supply, 180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	QL(1 ea daily)
<b>Steroid Inhalants</b>		
ARNUIITY ELLIPTA AEPB	2	
<i>budesonide (inhalation) susp</i>	1	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB	2	
FLOVENT HFA AERO	2	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP ( <i>Use budesonide (inhalation)</i> )	NF	PA; QL(4 ml daily)
QVAR REDIHALER AERB	2	
<b>Sympathomimetics</b>		
ADVAIR DISKUS AEPB ( <i>Use fluticasone-salmeterol</i> )	NF	
ADVAIR HFA AERO	2	

Drug Name	Drug Tier	Requirements/ Limits
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	NF	
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	NF	
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	NF	
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 Inhalers per month; 1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 inhalers per month; 1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
<i>albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL(15 ml daily)
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate syrps 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	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	2	
BEVESPI AEROSPHERE AERO	2	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	
BROVANA NEBU	3	PA; QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 100 mcg/act-50 mcg/act, 100 mcg/dose-50 mcg/act, 250 mcg/act-50 mcg/act, 250 mcg/dose-50 mcg/dose</i>	1	
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.63 mg/3ml, 1.25 mg/3ml, 0.31 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)
<i>metaproterenol sulfate tabs</i>	1	
PROAIR HFA AERS (Use albuterol sulfate)	NF	
PROVENTIL HFA AERS (Use albuterol sulfate)	NF	
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO (Use budesonide-formoterol fumarate dihydrate)	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB 100 MCG/INH-25 MCG/INH-62.5 MCG/INH	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS	3	PA
VENTOLIN HFA AERS (Use albuterol sulfate)	NF	
XOPENEX CONCENTRATE NEBU (Use levalbuterol hcl)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
XOPENEX HFA AERO (Use <i>levalbuterol tartrate</i> )	3	PA; Limit 2 inhalers per month; QL(1 gm daily)
XOPENEX NEBU (Use <i>levalbuterol hcl</i> )	NF	PA; QL(12 ml daily)
<b>Xanthines</b>		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	1	
<i>theophylline soln 80 mg/15ml</i>	1	QL(56 ml daily)
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS (Use <i>warfarin sodium</i> )	2	
<i>warfarin sodium tabs</i>	1	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail, 42 ea per 42 days mail)
ELIQUIS STARTER PACK TBPK	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)
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA SOLN 10 MG/0.8ML (Use <i>fondaparinux sodium</i> )	NF	QL(7.2 ml per 180 days retail, 7.2 ml per 180 days mail); SP

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

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP
FRAGMIN SOLN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	4	PA; SP
HEPARIN LOCK FLUSH SOLN (Use heparin sodium (porcine) lock flush)	NF	
<i>heparin sod (porcine) in d5w soln 40 unit/ml-5 %</i>	1	
<i>heparin sodium (porcine) soln 20000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	1	
HEPARIN SODIUM/NACL 0.45% SOLN 0.45 %-12500 UNIT/250ML	1	
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IV 0.9 %-1000 UNIT/500ML (Use heparin (porcine) in sodium chloride)	NF	
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 120 MG/0.8ML, 80 MG/0.8ML (Use enoxaparin sodium)	NF	QL(1.6 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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam susp 2.5 mg/ml</i>	1	PA; QL(16 ml daily)
<i>clobazam tabs 10 mg, 20 mg</i>	1	PA; QL(2 ea daily)
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	3	
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	3	
<i>diazepam (anticonvulsant) gel</i>	3	
KLONOPIN TABS (Use clonazepam)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (Use clobazam)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (Use clobazam)	NF	PA; QL(2 ea daily)
VALTOCO LIQD	4	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	4	PA; QL(10 ea per 30 days retail)
<b>Anticonvulsants - Misc.</b>		
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (Use rufinamide)	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)

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS OR 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA
<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 ( <i>Use carbamazepine</i> )	NF	
CARBATROL CP12 200 MG ( <i>Use carbamazepine</i> )	NF	QL(6 ea daily)
CARBATROL CP12 300 MG ( <i>Use carbamazepine</i> )	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	4	PA; QL(6 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 ( <i>Use levetiracetam</i> )	NF	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
KEPPRA SOLN OR 100 MG/ML ( <i>Use levetiracetam</i> )	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG ( <i>Use levetiracetam</i> )	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG ( <i>Use levetiracetam</i> )	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG ( <i>Use levetiracetam</i> )	NF	QL(6 ea daily)
KEPPRA XR TB24 ( <i>Use levetiracetam</i> )	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG ( <i>Use lamotrigine</i> )	NF	QL(20 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG ( <i>Use lamotrigine</i> )	NF	QL(100 ea daily)
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG ( <i>Use lamotrigine</i> )	NF	QL(1 ea daily)
LAMICTAL TABS ( <i>Use lamotrigine</i> )	NF	
<i>lamotrigine chew 25 mg</i>	1	QL(20 ea daily)
<i>lamotrigine chew 5 mg</i>	1	QL(100 ea daily)
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 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)
<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 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG ( <i>Use pregabalin</i> )	NF	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAPS 225 MG, 300 MG ( <i>Use pregabalin</i> )	NF	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML ( <i>Use pregabalin</i> )	NF	PA; QL(30 ml daily)
MYSOLINE TABS ( <i>Use primidone</i> )	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG ( <i>Use gabapentin</i> )	NF	
NEURONTIN SOLN 250 MG/5ML ( <i>Use gabapentin</i> )	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG ( <i>Use gabapentin</i> )	NF	
<i>oxcarbazepine susp 300 mg/5ml, 60 mg/ml</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)
<i>pregabalin caps 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL(3 ea daily)
<i>pregabalin caps 225 mg, 300 mg</i>	1	PA; QL(2 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1	PA; QL(30 ml daily)
<i>primidone tabs</i>	1	
QUDEXY XR CS24 ( <i>Use topiramate</i> )	NF	
<i>rufinamide susp</i>	1	PA; QL(80 ml daily)
TEGRETOL SUSP ( <i>Use carbamazepine</i> )	2	
TEGRETOL TABS ( <i>Use carbamazepine</i> )	2	
TEGRETOL-XR TB12 100 MG, 400 MG ( <i>Use carbamazepine</i> )	NF	QL(4 ea daily)
TEGRETOL-XR TB12 200 MG ( <i>Use carbamazepine</i> )	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG ( <i>Use topiramate</i> )	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TOPAMAX SPRINKLE CPSP 25 MG ( <i>Use topiramate</i> )	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG, 25 MG ( <i>Use topiramate</i> )	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG ( <i>Use topiramate</i> )	NF	QL(2 ea daily)
TOPAMAX TABS 50 MG ( <i>Use topiramate</i> )	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, 25 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 50 mg</i>	1	QL(6 ea daily)
TRILEPTAL SUSP 300 MG/5ML ( <i>Use oxcarbazepine</i> )	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG ( <i>Use oxcarbazepine</i> )	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG ( <i>Use oxcarbazepine</i> )	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 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS ( <i>Use zonisamide</i> )	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1	QL(6 ea daily)
<b>Carbamates</b>		
<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)
FELBATOL SUSP 600 MG/5ML ( <i>Use felbamate</i> )	NF	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
FELBATOL TABS 400 MG (Use felbamate)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (Use felbamate)	NF	QL(6 ea daily)
<b>GABA Modulators</b>		
GABITRIL TABS 2 MG, 4 MG (Use tiagabine hcl)	NF	
SABRIL PACK (Use vigabatrin)	NF	PA; QL(6 ea daily); SP
SABRIL TABS (Use vigabatrin)	NF	PA; QL(6 ea daily); SP
tiagabine hcl tabs 2 mg, 4 mg	1	
vigabatrin pack	4	PA; QL(6 ea daily); SP
vigabatrin tabs	4	PA; QL(6 ea daily); SP
<b>Hydantoins</b>		
CEREBYX SOLN (Use fosphenytoin sodium)	NF	
DILANTIN CAPS 100 MG (Use phenytoin sodium extended)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (Use phenytoin)	2	
DILANTIN-125 SUSP (Use phenytoin)	2	
fosphenytoin sodium soln	1	
PEGANONE TABS	3	
PHENYTEK CAPS (Use phenytoin sodium extended)	2	
phenytoin chew	1	
phenytoin sodium extended caps	1	
phenytoin sodium soln	1	
phenytoin susp	1	
<b>Succinimides</b>		

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

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

Drug Name	Drug Tier	Requirements/Limits
NARDIL TABS ( <i>Use phenelzine sulfate</i> )	NF	
PARNATE TABS ( <i>Use tranylcypromine sulfate</i> )	NF	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor</b>		
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS 10 MG ( <i>Use citalopram hydrobromide</i> )	NF	QL(4 ea daily)
CELEXA TABS 20 MG ( <i>Use citalopram hydrobromide</i> )	NF	QL(2 ea daily)
CELEXA TABS 40 MG ( <i>Use citalopram hydrobromide</i> )	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	1	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	1	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	QL(20 ml daily)
<i>escitalopram oxalate tabs 10 mg</i>	1	QL(2 ea daily)
<i>escitalopram oxalate tabs 20 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate tabs 5 mg</i>	1	QL(4 ea daily)
<i>fluoxetine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl caps 20 mg</i>	1	QL(3 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	1	QL(2 ea daily)



Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl cpdr 90 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(20 ml daily)
<i>fluoxetine hcl tabs 10 mg, 60 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl tabs 20 mg</i>	1	QL(3 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use <i>fluoxetine hcl</i> )	NF	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 TABS 10 MG (Use <i>escitalopram oxalate</i> )	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i> )	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i> )	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 37.5 mg, 25 mg</i>	1	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (Use <i>paroxetine hcl</i> )	NF	QL(1 ea daily)
PAXIL CR TB24 37.5 MG, 25 MG (Use <i>paroxetine hcl</i> )	NF	QL(2 ea daily)
PAXIL SUSP 10 MG/5ML	3	QL(30 ml daily)
PAXIL TABS 10 MG (Use <i>paroxetine hcl</i> )	NF	QL(6 ea daily)
PAXIL TABS 20 MG (Use <i>paroxetine hcl</i> )	NF	QL(3 ea daily)
PAXIL TABS 30 MG (Use <i>paroxetine hcl</i> )	NF	QL(2 ea daily)
PAXIL TABS 40 MG (Use <i>paroxetine hcl</i> )	NF	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
PROZAC CAPS 10 MG (Use <i>fluoxetine hcl</i> )	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use <i>fluoxetine hcl</i> )	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use <i>fluoxetine hcl</i> )	NF	QL(2 ea daily)
<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 <i>sertraline hcl</i> )	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i> )	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i> )	NF	QL(4 ea daily)
<b>Serotonin Modulators</b>		
<i>nefazodone hcl tabs</i>	3	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA; QL(0.18 ea daily)
VIIBRYD TABS	3	PA; QL(1 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA CPEP (Use <i>duloxetine hcl</i> )	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 or 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
<i>duloxetine hcl cpep or 40 mg</i>	1	
EFFEXOR XR CP24 150 MG (Use <i>venlafaxine hcl</i> )	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use <i>venlafaxine hcl</i> )	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use <i>venlafaxine hcl</i> )	NF	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
KHEDEZLA TB24 (Use desvenlafaxine)	NF	
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 100 mg, 25 mg, 37.5 mg, 50 mg, 75 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 37.5 mg, 75 mg	1	QL(1 ea daily)
<b>Tricyclic Agents</b>		
amitriptyline hcl tabs	1	
amoxapine tabs	3	
ANAFRANIL CAPS (Use clomipramine hcl)	NF	PA
clomipramine hcl caps	1	PA
desipramine hcl tabs	1	
doxepin hcl caps	1	
doxepin hcl conc	1	
imipramine hcl tabs	1	
imipramine pamoate caps	1	

Drug Name	Drug Tier	Requirements/Limits
NORPRAMIN TABS (Use desipramine hcl)	NF	
nortriptyline hcl caps	1	
nortriptyline hcl soln	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	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
acarbose tabs	1	QL(3 ea daily)
GLYSET TABS (Use miglitol)	NF	
miglitol tabs	1	
PRECOSE TABS (Use acarbose)	NF	QL(3 ea daily)
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS (Use pioglitazone hcl-metformin hcl)	NF	QL(2 ea daily)
DUETACT TABS (Use pioglitazone hcl-glimepiride)	NF	QL(1 ea daily)
glipizide-metformin hcl tabs 2.5 mg-250 mg, 2.5 mg-500 mg	1	QL(2 ea daily)
glipizide-metformin hcl tabs 5 mg-500 mg	1	QL(4 ea daily)
glyburide-metformin tabs 1.25 mg-250 mg	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	1	QL(4 ea daily)
GLYXAMBI TABS	2	
JANUMET TABS	2	QL(2 ea daily)
JANUMET XR TB24	2	QL(1 ea daily)
KAZANO TABS ( <i>Use alogliptin-metformin hcl</i> )	NF	
OSENI TABS ( <i>Use alogliptin-pioglitazone</i> )	NF	
<i>pioglitazone hcl-glimepiride tabs</i>	1	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
<i>repaglinide-metformin hcl tabs</i>	1	QL(2 ea daily)
SEGLUROMET TABS	2	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
SYNJARDY XR TB24 10 MG-1000 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
TRIJARDY XR TB24	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG, 5 MG-500 MG	3	PA; QL(1 ea daily)
XIGDUO XR TB24 1000 MG-2.5 MG	3	QL(2 ea daily)
XIGDUO XR TB24 1000 MG-5 MG	3	PA; QL(2 ea daily)
XULTOPHY 100/3.6 SOPN	3	PA; QL(0.5 ml daily)
<b>Biguanides</b>		
<i>metformin hcl tabs 1000 mg</i>	1	QL(2.5 ea daily)
<i>metformin hcl tabs 500 mg</i>	1	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tb24 500 mg</i>	1	QL(4 ea daily)
<i>metformin hcl tb24 750 mg</i>	1	QL(3 ea daily)
<b>Diabetic Other</b>		
BAQSIMI ONE PACK POWD	3	QL(0.069 ea daily)
BAQSIMI TWO PACK POWD	3	QL(0.069 ea daily)
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
<i>glucagon (rdna) kit</i>	1	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT	3	QL(0.035 ea daily)
GVOKE PFS SOSY	3	QL(0.02 ml daily)
PROGLYCEM SUSP ( <i>Use diazoxide</i> )	NF	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate tabs</i>	1	QL(1 ea daily)
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS ( <i>Use alogliptin benzoate</i> )	NF	
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET TABS	3	QL(6 ea daily)
<b>Incretin Mimetic Agents (GLP-1 Receptor)</b>		
OZEMPIC SOPN	2	PA; QL(0.054 ml daily)
OZEMPIC SOPN	2	PA; QL(0.108 ml daily)
TRULICITY SOPN	2	PA; QL(0.143 ml daily)
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
<b>Insulin Sensitizing Agents</b>		
ACTOS TABS ( <i>Use pioglitazone hcl</i> )	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
<b>Insulin</b>		
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP PENFILL SOCT	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	

Drug Name	Drug Tier	Requirements/ Limits
TRESIBA FLEXTOUCH SOPN	3	PA
TRESIBA SOLN	3	PA
<b>Meglitinide Analogues</b>		
<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)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
FARXIGA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	2	QL(1 ea daily)
STEGLATRO TABS	2	QL(1 ea daily)
<b>Sulfonylureas</b>		
AMARYL TABS 1 MG, 2 MG (Use glimepiride)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (Use glimepiride)	NF	QL(2 ea daily)
<i>chlorpropamide tabs 100 mg</i>	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 10 mg, 5 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 10 mg, 2.5 mg, 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)

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)
<i>tolazamide tabs</i>	1	QL(4 ea daily)
<i>tolbutamide tabs</i>	1	QL(6 ea daily)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
IMODIUM A-D CAPS 2 MG ( <i>Use loperamide hcl</i> )	NF	RX/OTC
LOMOTIL TABS ( <i>Use diphenoxylate w/ atropine</i> )	NF	
<i>loperamide hcl caps 2 mg</i>	1	RX/OTC
MOTOFEN TABS	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPS	3	
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox tabs 180 mg, 360 mg, 90 mg</i>	4	PA; SP
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA; SP
<i>deferiprone tabs</i>	1	
EXJADE TBSO ( <i>Use deferasirox</i> )	NF	PA; SP
FERRIPROX TABS 500 MG ( <i>Use deferiprone</i> )	3	
JADENU SPRINKLE PACK ( <i>Use deferasirox</i> )	NF	PA
JADENU TABS ( <i>Use deferasirox</i> )	NF	PA; SP
<b>Antidotes and Specific Antagonists</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>deferoxamine mesylate solr</i>	4	PA
DESFERAL SOLR ( <i>Use deferoxamine mesylate</i> )	4	PA
VISTOGARD PACK	4	PA
<b>Opioid Antagonists</b>		
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	3	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
ALOXI SOLN ( <i>Use palonosetron hcl</i> )	NF	
ANZEMET TABS	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 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	

Drug Name	Drug Tier	Requirements/Limits
ZOFRAN SOLN 4 MG/5ML (Use ondansetron hcl)	NF	QL(3.34 ml daily)
ZOFRAN TABS 4 MG (Use ondansetron hcl)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (Use ondansetron hcl)	NF	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<b>Antiemetics - Anticholinergic</b>		
meclizine hcl tabs 12.5 mg, 25 mg	1	RX/OTC
scopolamine pt72	1	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG (Use trimethobenzamide hcl)	NF	
TRANSDERM SCOP PT72 (Use scopolamine)	2	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (Use scopolamine)	2	QL(0.34 ea daily)
trimethobenzamide hcl caps	1	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	PA
AKYNZEO SOLR IV 0.25 MG-235 MG	4	PA
CESAMET CAPS	3	
DICLEGIS TBEC (Use doxylamine-pyridoxine)	NF	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
doxylamine-pyridoxine tbec	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
dronabinol caps	1	

Drug Name	Drug Tier	Requirements/Limits
MARINOL CAPS (Use dronabinol)	NF	
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
aprepitant caps	1	PA
aprepitant caps 125 mg, 40 mg	1	PA; QL(0.067 ea daily)
aprepitant caps 80 mg	1	PA; QL(0.134 ea daily)
aprepitant misc	1	PA
EMEND CAPS OR 125 MG, 40 MG (Use aprepitant)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (Use aprepitant)	NF	PA; QL(0.134 ea daily)
EMEND SOLR IV 150 MG (Use fosaprepitant dimeglumine)	4	PA
EMEND TRIPACK CAPS (Use aprepitant)	NF	PA
fosaprepitant dimeglumine solr	4	PA
VARUBI TBPK	3	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
CANCIDAS SOLR (Use caspofungin acetate)	NF	
caspofungin acetate solr 50 mg, 70 mg	1	
ERAXIS SOLR	3	
micafungin sodium solr 100 mg, 50 mg	1	
MYCAMINE SOLR	3	
<b>Antifungals</b>		
ABELCET SUSP	3	
AMBISOME SUSR	3	
amphotericin b solr	3	

Drug Name	Drug Tier	Requirements/Limits
ANCOBON CAPS ( <i>Use flucytosine</i> )	NF	
<i>flucytosine caps</i>	1	
<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	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily)
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR ( <i>Use fluconazole</i> )	NF	
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> )	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG ( <i>Use voriconazole</i> )	NF	QL(4 ea daily)
<i>voriconazole tabs or 200 mg, 50 mg</i>	1	QL(4 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Antihistamines - Alkylamines</b>		
<i>dexchlorpheniramine maleate soln</i>	1	
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
<i>clemastine fumarate tabs 2.68 mg</i>	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	
<b>Antihistamines - Non-Sedating</b>		
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 ( <i>Use loratadine</i> )	1	

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Drug Name	Drug Tier	Requirements/Limits
CLARITIN CHEW (Use loratadine)	1	
CLARITIN CHILDRENS CHEW (Use loratadine)	1	
CLARITIN REDITABS TBDP 10 MG (Use loratadine)	1	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP (Use loratadine)	1	
CLARITIN TABS (Use loratadine)	1	
<i>desloratadine tabs 5 mg</i>	1	QL(1 ea daily)
<i>desloratadine tbdp 2.5 mg</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

Drug Name	Drug Tier	Requirements/Limits
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
<b>Antihistamines - Phenothiazines</b>		
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	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)
VYTORIN TABS (Use ezetimibe-simvastatin)	NF	QL(1 ea daily)
<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl caps</i>	1	PA; QL(4 ea daily)
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 0.5 GM	3	PA
VASCEPA CAPS 1 GM	3	PA; QL(4 ea daily)
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light pack 4 gm</i>	1	QL(6 ea daily)



Drug Name	Drug Tier	Requirements/Limits
<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 <i>colestipol hcl</i> )	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (Use <i>colestipol hcl</i> )	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (Use <i>colestipol hcl</i> )	NF	QL(6 gm daily)
COLESTID PACK 5 GM (Use <i>colestipol hcl</i> )	NF	QL(6 ea daily)
COLESTID TABS 1 GM (Use <i>colestipol hcl</i> )	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 <i>cholestyramine light</i> )	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (Use <i>cholestyramine</i> )	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use <i>cholestyramine</i> )	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (Use <i>colesevelam hcl</i> )	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (Use <i>colesevelam hcl</i> )	NF	QL(7 ea daily)
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate micronized caps 134 mg, 67 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg</i>	1	QL(1 ea daily)
FIBRICOR TABS 105 MG, 35 MG (Use <i>fenofibric acid</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LIPOFEN CAPS (Use <i>fenofibrate</i> )	NF	
LOPID TABS (Use <i>gemfibrozil</i> )	NF	QL(2 ea daily)
TRICOR TABS (Use <i>fenofibrate</i> )	NF	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>rosuvastatin calcium</i> )	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	3	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	3	QL(2 ea daily)
LIPITOR TABS (Use <i>atorvastatin calcium</i> )	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
PRAVACHOL TABS (Use <i>pravastatin sodium</i> )	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	3	QL(1 ea daily)
<i>simvastatin tabs 80 mg, 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL(1 ea daily)
ZOCOR TABS (Use <i>simvastatin</i> )	NF	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZETIA TABS ( <i>Use ezetimibe</i> )	NF	QL(1 ea daily)
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tbc</i> 750 mg, 1000 mg, 500 mg	1	QL(2 ea daily)
NIASPAN TBCR ( <i>Use niacin (antihyperlipidemic)</i> )	NF	QL(2 ea daily)
<b>Proprotein Convertase Subtilisin/Kexin Type 9</b>		
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL TABS ( <i>Use quinapril hcl</i> )	NF	
ALTACE CAPS ( <i>Use ramipril</i> )	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 ( <i>Use benazepril hcl</i> )	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS ( <i>Use lisinopril</i> )	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS ( <i>Use enalapril maleate</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
ZESTRIL TABS ( <i>Use lisinopril</i> )	NF	
<b>Agents for Pheochromocytoma</b>		
DIBENZYLIN CAPS ( <i>Use phenoxybenzamine hcl</i> )	NF	PA
<i>phenoxybenzamine hcl caps</i>	3	PA
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND TABS ( <i>Use candesartan cilexetil</i> )	NF	QL(1 ea daily)
AVAPRO TABS ( <i>Use irbesartan</i> )	NF	QL(1 ea daily)
BENICAR TABS ( <i>Use olmesartan medoxomil</i> )	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS ( <i>Use losartan potassium</i> )	NF	QL(1 ea daily)
DIOVAN TABS ( <i>Use valsartan</i> )	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
<i>eprosartan mesylate tabs</i>	1	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(1 ea daily)
MICARDIS TABS ( <i>Use telmisartan</i> )	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)
<b>Antiadrenergic Antihypertensives</b>		
CARDURA TABS ( <i>Use doxazosin mesylate</i> )	NF	
CATAPRES TABS ( <i>Use clonidine hcl</i> )	NF	QL(8 ea daily)
CATAPRES-TTS-1 PTWK ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 PTWK ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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	
<i>methyldopa tabs</i>	1	QL(6 ea daily)
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	
<b>Antihypertensive Combinations</b>		
ACCURETIC TABS 10 MG-12.5 MG (Use quinapril-hydrochlorothiazide)	NF	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	NF	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (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 &amp; chlorthalidone tabs</i>	1	
AVALIDE TABS (Use irbesartan-hydrochlorothiazide)	NF	

Drug Name	Drug Tier	Requirements/Limits
AZOR TABS (Use amlodipine besylate-olmesartan medoxomil)	NF	ST
<i>benazepril &amp; hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS (Use olmesartan medoxomil-hydrochlorothiazide)	NF	
<i>bisoprolol &amp; hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
CORZIDE TABS 40 MG-5 MG (Use nadolol & bendroflumethiazide)	NF	
DIOVAN HCT TABS (Use valsartan-hydrochlorothiazide)	NF	
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS (Use amlodipine-valsartan-hydrochlorothiazide)	NF	
EXFORGE TABS (Use amlodipine besylate-valsartan)	NF	
<i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>	1	
HYZAAR TABS 100 MG-12.5 MG, 100 MG-25 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(1 ea daily)
HYZAAR TABS 12.5 MG-50 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(2 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (Use metoprolol & hydrochlorothiazide)	NF	
<i>losartan potassium &amp; hydrochlorothiazide tabs 100 mg-12.5 mg, 100 mg-25 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium &amp; hydrochlorothiazide tabs 12.5 mg-50 mg</i>	1	QL(2 ea daily)
LOTENSIN HCT TABS (Use <i>benazepril &amp; hydrochlorothiazide</i> )	NF	
LOTREL CAPS (Use <i>amlodipine besylate-benazepril hcl</i> )	NF	
<i>metoprolol &amp; hydrochlorothiazide tabs</i>	1	
MICARDIS HCT TABS (Use <i>telmisartan-hydrochlorothiazide</i> )	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(2 ea daily)
TARKA TBCR (Use <i>trandolapril-verapamil hcl</i> )	NF	
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS (Use <i>atenolol &amp; chlorthalidone</i> )	NF	
TENORETIC 50 TABS (Use <i>atenolol &amp; chlorthalidone</i> )	NF	
<i>trandolapril-verapamil hcl tbc</i>	1	
TRIBENZOR TABS (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )	NF	ST

Drug Name	Drug Tier	Requirements/ Limits
TWYNSTA TABS (Use <i>telmisartan-amlodipine</i> )	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS (Use <i>enalapril maleate &amp; hydrochlorothiazide</i> )	NF	
ZESTORETIC TABS (Use <i>lisinopril &amp; hydrochlorothiazide</i> )	NF	
ZIAC TABS (Use <i>bisoprolol &amp; hydrochlorothiazide</i> )	NF	QL(2 ea daily)
<b>Antihypertensives - Misc.</b>		
VECAMYL TABS	3	PA
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate tabs</i>	1	QL(1 ea daily)
TEKTURNA TABS (Use <i>aliskiren fumarate</i> )	NF	QL(1 ea daily)
<b>Selective Aldosterone Receptor Antagonists</b>		
<i>eplerenone tabs</i>	1	
INSPIRA TABS (Use <i>eplerenone</i> )	NF	
<b>Vasodilators</b>		
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		

Drug Name	Drug Tier	Requirements/ Limits
<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,
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,
<b>Antimalarials</b>		
<i>chloroquine phosphate tabs</i>	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
KRINTAFEL TABS	3	QL(2 ea per 30 days retail)
<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,
PLAQUENIL TABS ( <i>Use hydroxychloroquine sulfate</i> )	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS ( <i>Use primaquine phosphate</i> )	NF	
<i>pyrimethamine tabs</i>	1	PA; QL(3 ea daily)
QUALAQUIN CAPS ( <i>Use quinine sulfate</i> )	NF	PA;
<i>quinine sulfate caps</i>	1	PA;
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN ( <i>Use pyridostigmine bromide</i> )	NF	
MESTINON TABS ( <i>Use pyridostigmine bromide</i> )	NF	
MESTINON TIMESPAN TBCR ( <i>Use pyridostigmine bromide</i> )	NF	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide tbc</i> 180 mg	1	
RUZURGI TABS	4	PA; QL(10 ea daily)
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Anti TB Combinations</b>		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
<b>Antimycobacterial Agents</b>		
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</i>	1	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid soln</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</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 100 MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
TRECTOR TABS	3	QL(4 ea daily)
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN SOLR ( <i>Use melphalan hcl</i> )	NF	
ALKERAN TABS ( <i>Use melphalan</i> )	NF	
BELRAPZO SOLN	4	PA
BENDAMUSTINE HYDROCHLORIDE SOLN	4	PA
BENDEKA SOLN	4	PA
BICNU SOLR ( <i>Use carmustine</i> )	NF	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN ( <i>Use busulfan</i> )	NF	PA; SP
<i>carboplatin soln 450 mg/45ml, 150 mg/15ml, 50 mg/5ml</i>	4	PA
<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
<i>cisplatin soln 200 mg/200ml, 50 mg/50ml</i>	4	PA
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	4	PA; SP
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	PA; SP
EVOMELA SOLR	4	PA
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 100 MG, 40 MG	4	PA
IFEX SOLR 1 GM ( <i>Use ifosfamide</i> )	NF	PA; SP
IFEX SOLR 3 GM	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide soln 1 gm/20ml</i>	4	PA; SP
<i>ifosfamide solr 1 gm</i>	4	PA; SP
IFOSFAMIDE SOLR 3 GM	4	PA
LEUKERAN TABS	4	PA; SP
<i>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MYLERAN TABS	4	PA; SP
<i>oxaliplatin soln 100 mg/20ml, 50 mg/10ml</i>	4	PA; SP
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (Use <i>temozolomide</i> )	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP
TEPADINA SOLR 100 MG (Use <i>thiotepa</i> )	4	PA
TEPADINA SOLR 15 MG (Use <i>thiotepa</i> )	NF	PA; SP
<i>thiotepa solr 100 mg</i>	4	PA
<i>thiotepa solr 15 mg</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
YONDELIS SOLR	4	PA
ZANOSAR SOLR	4	PA; SP
<b>Antimetabolites</b>		
ALIMTA SOLR 100 MG	4	PA
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

Drug Name	Drug Tier	Requirements/Limits
<i>cladribine soln</i>	4	PA
<i>clofarabine soln</i>	4	PA; SP
CLOLAR SOLN (Use <i>clofarabine</i> )	NF	PA; SP
<i>cytarabine soln 100 mg/ml, 20 mg/ml</i>	4	PA; SP
DACOGEN SOLR (Use <i>decitabine</i> )	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln</i>	4	PA; SP
<i>fludarabine phosphate solr</i>	4	PA; SP
<i>fluorouracil soln 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml</i>	4	PA
<i>fluorouracil soln 500 mg/10ml</i>	4	PA; SP
FOLOTYN SOLN	4	PA;
<i>gemcitabine hcl solr 1 gm</i>	4	PA
<i>gemcitabine hcl solr 2 gm</i>	4	PA;
<i>gemcitabine hcl solr 200 mg</i>	4	PA; SP
GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML (Use <i>gemcitabine hcl</i> )	NF	
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium solr ij 1 gm</i>	1	SP
<i>methotrexate sodium tabs or 2.5 mg</i>	1	SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
VIDAZA SUSR ( <i>Use azacitidine</i> )	NF	PA; SP
XELODA TABS ( <i>Use capecitabine</i> )	NF	PA; SP
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
CYRAMZA SOLN	4	PA
MVASI SOLN	4	PA
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
ZIRABEV SOLN	4	PA
<b>Antineoplastic - Antibodies</b>		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
BAVENCIO SOLN	4	PA
BESPONSA SOLR	4	PA
BLINCYTO SOLR	4	PA
CAMPATH SOLN	4	PA
DARZALEX SOLN	4	PA
EMPLICITI SOLR	4	PA
ERBITUX SOLN	4	PA; SP
GAZYVA SOLN	4	PA
HERCEPTIN SOLR	4	PA; SP
IMFINZI SOLN	4	PA
KADCYLA SOLR	4	PA
KEYTRUDA SOLN	4	PA
LARTRUVO SOLN	4	PA
LIBTAYO SOLN	4	PA
LUMOXITI SOLR	4	PA

Drug Name	Drug Tier	Requirements/Limits
MYLOTARG SOLR	4	PA
OPDIVO SOLN	4	PA
PERJETA SOLN	4	PA; SP
PORTRAZZA SOLN	4	PA
POTELIGEO SOLN	4	PA
RITUXAN SOLN	4	PA; SP
RUXIENCE SOLN	4	PA
TECENTRIQ SOLN 1200 MG/20ML	4	PA
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
VECTIBIX SOLN 400 MG/20ML	4	PA
YERVOY SOLN	4	PA; SP
<b>Antineoplastic - Cellular Immunotherapy</b>		
PROVENGE SUSP	4	PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO TABS	4	PA
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate tabs 250 mg</i>	4	PA; QL(4 ea daily); SP
<i>abiraterone acetate tabs 500 mg</i>	4	PA; QL(2 ea daily)
<i>anastrozole tabs</i>	1	QL(1 ea daily)
ARIMIDEX TABS ( <i>Use anastrozole</i> )	NF	QL(1 ea daily)
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



Drug Name	Drug Tier	Requirements/ Limits
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> )	NF	
FASLODEX SOLN ( <i>Use fulvestrant</i> )	NF	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>fulvestrant soln</i>	4	PA; QL(0.357 ml 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	
NILANDRON TABS ( <i>Use nilutamide</i> )	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)
NUBEQA TABS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tamoxifen citrate tabs</i>	0	
<i>toremifene citrate tabs</i>	1	
TRELSTAR MIXJECT SUSR	4	PA; SP
VANTAS KIT	4	PA
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> )	NF	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG ( <i>Use abiraterone acetate</i> )	4	PA; QL(2 ea daily)
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS	4	PA; QL(1 ea daily)
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO 100 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPK	4	PA
<b>Antineoplastic Antibiotics</b>		
<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
<i>daunorubicin hcl soln</i>	4	PA;
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML ( <i>Use daunorubicin hcl</i> )	4	PA;

Drug Name	Drug Tier	Requirements/ Limits
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	4	PA;
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
ELLEENCE SOLN 50 MG/25ML ( <i>Use epirubicin hcl</i> )	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML ( <i>Use idarubicin hcl</i> )	NF	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML ( <i>Use idarubicin hcl</i> )	NF	PA
<i>idarubicin hcl soln 10 mg/10ml, 5 mg/5ml</i>	4	PA; SP
<i>idarubicin hcl soln 20 mg/20ml</i>	4	PA
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
<i>valrubicin soln</i>	4	PA; SP
VALSTAR SOLN ( <i>Use valrubicin</i> )	NF	PA; SP
<b>Antineoplastic Combinations</b>		
VYXEOS SUSR	4	PA
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR TABS 2.5 MG, 5 MG, 7.5 MG ( <i>Use everolimus</i> )	NF	PA; QL(1 ea daily); SP
AYVAKIT TABS	4	PA; SL(1 ea daily)
BALVERSA TABS	4	PA
BELEODAQ SOLR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
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
BRUKINSA CAPS	4	PA
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COPIKTRA CAPS	4	PA
<i>erlotinib hcl tabs</i>	4	PA; QL(1 ea daily); SP
<i>everolimus tabs</i>	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
GLEEVEC TABS ( <i>Use imatinib mesylate</i> )	NF	PA; QL(2 ea daily); SP
IBRANCE TABS 100 MG, 125 MG, 75 MG	4	PA; AC
ICLUSIG TABS 15 MG	4	PA; QL(2 ea daily)
ICLUSIG TABS 45 MG	4	PA; QL(1 ea daily)
<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)
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
INREBIC CAPS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
IRESSA TABS	4	PA
ISTODAX (OVERFILL) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 20 MG	4	PA; SP
JAKAFI TABS 15 MG, 25 MG, 5 MG	4	PA; QL(2 ea daily); SP
KOSELUGO CAPS	4	PA
KYPROLIS SOLR	4	PA
<i>lapatinib ditosylate tabs</i>	4	PA; QL(6 ea daily); SP
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 12MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA; QL(3 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)
LENVIMA 4 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LORBRENA TABS	4	PA
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)
PEMAZYRE TABS	4	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PIQRAY 200MG DAILY DOSE TBPK	4	PA
PIQRAY 250MG DAILY DOSE TBPK	4	PA
PIQRAY 300MG DAILY DOSE TBPK	4	PA
QINLOCK TABS	4	PA
RETEVMO CAPS	4	PA
ROMIDEPSIN SOLR 10 MG	4	PA; SP
ROZLYTREK CAPS	4	PA
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
SUTENT CAPS 12.5 MG, 25 MG, 50 MG	4	PA; QL(1 ea daily); SP
TABRECTA TABS	4	PA
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TALZENNA CAPS	4	PA
TARCEVA TABS (Use <i>erlotinib hcl</i> )	NF	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)
TAZVERIK TABS	4	PA
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP
TIBSOVO TABS	4	PA
TORISEL SOLN (Use <i>temsirolimus</i> )	NF	PA; QL(0.143 ml daily); SP
TUKYSA TABS	4	PA
TURALIO CAPS	4	PA; AC
TYKERB TABS (Use <i>lapatinib ditosylate</i> )	4	PA; QL(6 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
VELCADE SOLR	4	PA; SP
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VIZIMPRO TABS	4	PA
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
XOSPATA TABS	4	PA
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)
<b>Antineoplastic Enzymes</b>		
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SOLN	4	PA; SP
<i>arsenic trioxide soln 10 mg/10ml</i>	4	PA; SP
<i>bexarotene caps</i>	4	PA; SP
<i>dacarbazine solr 100 mg</i>	4	PA
<i>dacarbazine solr 200 mg</i>	4	PA; SP
HYDREA CAPS ( <i>Use hydroxyurea</i> )	NF	
<i>hydroxyurea caps</i>	1	
INTRON A SOLN 10 MU/ML, 6000000 UNIT/ML	4	PA
INTRON A SOLR 18 MU	4	PA; SP
MATULANE CAPS	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
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
TICE BCG SUSR	4	PA
<i>tratinoin (chemotherapy) caps</i>	1	
<b>Chemotherapy Adjuncts</b>		
ELITEK SOLR	4	PA
KEPIVANCE SOLR	4	PA; SP
<b>Chemotherapy Rescue/Antidote Agents</b>		
KHAPZORY SOLR	4	PA
<i>leucovorin calcium solr ij 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium tabs or 25 mg, 15 mg, 5 mg, 10 mg</i>	1	
<i>mesna soln</i>	4	PA
MESNEX SOLN IV 100 MG/ML ( <i>Use mesna</i> )	4	PA
VORAXAZE SOLR	4	PA; SP
<b>Mitotic Inhibitors</b>		
ABRAXANE SUSR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML ( <i>Use docetaxel</i> )	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ETOPOPHOS SOLR	4	PA; SP
<i>etoposide caps</i>	4	PA; SP
<i>etoposide soln</i>	4	PA; SP
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
IXEMPRA KIT SOLR 45 MG	4	PA
JEVTANA SOLN	4	PA; SP
MARQIBO SUSP	4	PA
NAVELBINE SOLN 10 MG/ML ( <i>Use vinorelbine tartrate</i> )	NF	PA; SP
NAVELBINE SOLN 50 MG/5ML ( <i>Use vinorelbine tartrate</i> )	NF	PA
<i>paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml</i>	4	PA; SP
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml, 6 mg/ml</i>	4	PA
TAXOTERE CONC 20 MG/ML ( <i>Use docetaxel</i> )	NF	PA; SP
TAXOTERE CONC 80 MG/4ML ( <i>Use docetaxel</i> )	NF	
TENIPOSIDE SOLN	4	PA; SP
<i>vinblastine sulfate soln</i>	4	PA
<i>vincristine sulfate soln</i>	4	PA; SP
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	PA; SP
<i>vinorelbine tartrate soln 50 mg/5ml</i>	4	PA
<b>Oncolytic Viral Agents</b>		
IMLYGIC SUSP	4	PA
<b>Topoisomerase I Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
CAMPTOSAR SOLN 300 MG/15ML ( <i>Use irinotecan hcl</i> )	4	PA
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML ( <i>Use irinotecan hcl</i> )	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG ( <i>Use topotecan hcl</i> )	NF	PA; SP
<i>irinotecan hcl soln 300 mg/15ml</i>	4	PA
<i>irinotecan hcl soln 40 mg/2ml, 100 mg/5ml</i>	4	PA; SP
ONIVYDE INJ	4	PA
TOPOTECAN HCL SOLN 4 MG/4ML	4	PA
<i>topotecan hcl soln 4 mg/4ml</i>	4	PA
TOPOTECAN HCL SOLN 4 MG/4ML ( <i>Use topotecan hcl</i> )	4	PA
<i>topotecan hcl solr 4 mg</i>	4	PA; SP
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa tabs</i>	1	
LODOSYN TABS ( <i>Use carbidopa</i> )	NF	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN ( <i>Use benztropine mesylate</i> )	NF	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN TABS ( <i>Use entacapone</i> )	NF	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>entacapone tabs</i>	1	QL(8 ea daily)
TASMAR TABS ( <i>Use tolcapone</i> )	3	
<i>tolcapone tabs</i>	3	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl tabs</i>	1	
APOKYN SOCT	4	PA;
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbcr</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
MIRAPEX TABS 0.125 MG ( <i>Use pramipexole dihydrochloride</i> )	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.5 MG, 0.75 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, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
REQUIP TABS ( <i>Use ropinirole hydrochloride</i> )	NF	
REQUIP XL TB24 4 MG, 2 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, 3 mg, 4 mg, 5 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>ropinirole hydrochloride tb24 4 mg, 2 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 ( <i>Use carbidopa-levodopa-entacapone</i> )	1	
STALEVO 100 TABS ( <i>Use carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 125 TABS ( <i>Use carbidopa-levodopa-entacapone</i> )	1	
STALEVO 125 TABS ( <i>Use carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 150 TABS ( <i>Use carbidopa-levodopa-entacapone</i> )	1	
STALEVO 200 TABS ( <i>Use carbidopa-levodopa-entacapone</i> )	1	
STALEVO 50 TABS ( <i>Use carbidopa-levodopa-entacapone</i> )	1	
STALEVO 75 TABS ( <i>Use carbidopa-levodopa-entacapone</i> )	1	
STALEVO 75 TABS ( <i>Use carbidopa-levodopa-entacapone</i> )	NF	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
AZILECT TABS ( <i>Use rasagiline mesylate</i> )	NF	PA; QL(1 ea daily)
<i>rasagiline mesylate tabs</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1	
<i>selegiline hcl tabs</i>	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium carbonate tbc</i>	1	
LITHIUM SOLN	1	
LITHOBID TBCR ( <i>Use lithium carbonate</i> )	NF	
<b>Antipsychotics - Misc.</b>		
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)
<b>Benzisoxazoles</b>		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 1.5 MG, 3 MG, 9 MG ( <i>Use paliperidone</i> )	NF	QL(1 ea daily)
INVEGA TB24 6 MG ( <i>Use paliperidone</i> )	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone tb24 1.5 mg, 3 mg, 9 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 SRER	2	PA; QL(0.072 ea daily)
RISPERDAL SOLN 1 MG/ML ( <i>Use risperidone</i> )	NF	QL(8 ml daily)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>Use risperidone</i> )	NF	QL(4 ea daily)
<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, 3 mg, 4 mg, 1 mg, 0.5 mg, 2 mg</i>	1	QL(2 ea daily)
<b>Butyrophenones</b>		
HALDOL DECANOATE 100 SOLN ( <i>Use haloperidol decanoate</i> )	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 SOLN ( <i>Use haloperidol decanoate</i> )	NF	QL(0.036 ml daily)
HALDOL SOLN ( <i>Use haloperidol lactate</i> )	NF	
<i>haloperidol decanoate soln</i>	1	QL(0.036 ml daily)
<i>haloperidol lactate conc</i>	1	
<i>haloperidol lactate soln</i>	1	
<i>haloperidol tabs</i>	1	
<b>Dibenzapines</b>		
<i>asenapine maleate subl 10 mg, 5 mg</i>	1	PA; QL(2 ea daily)
<i>asenapine maleate subl 2.5 mg</i>	1	PA; QL(4 ea daily)
<i>clozapine tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tbdp 100 mg</i>	1	QL(9 ea daily)
<i>clozapine tbdp 12.5 mg, 150 mg</i>	1	QL(6 ea daily)
<i>clozapine tbdp 200 mg</i>	1	QL(4 ea daily)
<i>clozapine tbdp 25 mg</i>	1	QL(3 ea daily)
CLOZARIL TABS ( <i>Use clozapine</i> )	NF	
FAZACLO TBDP 100 MG ( <i>Use clozapine</i> )	NF	QL(9 ea daily)
FAZACLO TBDP 12.5 MG ( <i>Use clozapine</i> )	NF	QL(6 ea daily)
FAZACLO TBDP 150 MG ( <i>Use clozapine</i> )	1	QL(6 ea daily)
FAZACLO TBDP 200 MG ( <i>Use clozapine</i> )	1	QL(4 ea daily)
FAZACLO TBDP 25 MG ( <i>Use clozapine</i> )	NF	QL(3 ea daily)
<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 2.5 mg, 5 mg</i>	1	QL(4 ea daily)
<i>olanzapine tbdp or 10 mg, 15 mg, 5 mg</i>	1	QL(2 ea daily)
<i>olanzapine tbdp or 20 mg</i>	1	QL(1 ea daily)
<i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 50 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 150 mg, 200 mg, 50 mg</i>	1	PA; QL(1 ea daily)
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1	PA; QL(2 ea daily)
SAPHRIS SUBL 10 MG, 5 MG ( <i>Use asenapine maleate</i> )	3	PA; QL(2 ea daily)
SAPHRIS SUBL 2.5 MG ( <i>Use asenapine maleate</i> )	3	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SAPHRIS SUBL 5 MG	3	PA; QL(2 ea daily)
SEROQUEL TABS 100 MG, 200 MG, 25 MG, 50 MG ( <i>Use quetiapine fumarate</i> )	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG ( <i>Use quetiapine fumarate</i> )	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 150 MG, 200 MG, 50 MG ( <i>Use quetiapine fumarate</i> )	NF	PA; QL(1 ea daily)
SEROQUEL XR TB24 300 MG, 400 MG ( <i>Use quetiapine fumarate</i> )	NF	PA; QL(2 ea daily)
ZYPREXA SOLR IM 10 MG ( <i>Use olanzapine</i> )	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG ( <i>Use olanzapine</i> )	NF	QL(2 ea daily)
ZYPREXA TABS OR 2.5 MG, 5 MG ( <i>Use olanzapine</i> )	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 5 MG ( <i>Use olanzapine</i> )	NF	QL(2 ea daily)
ZYPREXA ZYDIS TBDP 20 MG ( <i>Use olanzapine</i> )	NF	QL(1 ea daily)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tabs or 200 mg, 25 mg, 10 mg, 100 mg, 50 mg</i>	1	
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	
<i>fluphenazine hcl elix or 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl soln ij 2.5 mg/ml</i>	1	
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	



Drug Name	Drug Tier	Requirements/ Limits
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
<b>Quinolinone Derivatives</b>		
ABILIFY TABS (Use <i>aripiprazole</i> )	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 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI TABS	3	PA
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	1	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate soln 20 mg/ml</i>	1	QL(32 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	1	
<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, 300 mg</i>	1	QL(1 ea daily)
<i>atazanavir sulfate caps 200 mg</i>	1	QL(2 ea daily)
ATRIPLA TABS (Use <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	NF	QL(1 ea daily)
BIKTARVY TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CIMDUO TABS	2	QL(1 ea daily)
COMBIVIR TABS (Use <i>lamivudine-zidovudine</i> )	3	
COMPLERA TABS	2	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DELSTRIGO TABS	2	ST; QL(1 ea daily)
DESCOVY TABS	2	PA; QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg</i>	1	
<i>didanosine cpdr 400 mg</i>	1	QL(1 ea daily)
DOVATO TABS	2	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)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
<i>emtricitabine caps</i>	1	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	0	QL(1 ea daily,30 day(s) limit)
<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily,30 day(s) limit)
EMTRIVA CAPS 200 MG (Use <i>emtricitabine</i> )	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	QL(24 ml daily)

Drug Name	Drug Tier	Requirements/Limits
EPIVIR SOLN 10 MG/ML (Use lamivudine)	3	QL(30 ml daily)
EPIVIR TABS 150 MG (Use lamivudine)	3	QL(2 ea daily)
EPIVIR TABS 300 MG (Use lamivudine)	3	QL(1 ea daily)
EPZICOM TABS (Use abacavir sulfate-lamivudine)	2	QL(1 ea daily)
EVOTAZ TABS	2	QL(1 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
GENVOYA TABS	2	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 TABS	2	QL(4 ea daily)
ISENTRESS CHEW 100 MG, 25 MG	2	QL(6 ea daily)
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	2	QL(1 ea daily)
KALETRA SOLN 100 MG/5ML-400 MG/5ML (Use lopinavir-ritonavir)	3	QL(12.5 ml daily)
KALETRA TABS 100 MG-25 MG, 200 MG-50 MG	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	

Drug Name	Drug Tier	Requirements/Limits
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)
LEXIVA TABS 700 MG (Use fosamprenavir calcium)	3	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	
<i>nevirapine tb24 100 mg</i>	1	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	1	QL(1 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)	3	QL(12 ea daily)
ODEFSEY TABS	2	QL(1 ea daily)
PIFELTRO TABS	2	QL(1 ea daily)
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 600 MG, 75 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS	2	QL(6 ea daily)
RETROVIR CAPS (Use zidovudine)	3	
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP (Use zidovudine)	3	
REYATAZ CAPS 150 MG, 300 MG (Use atazanavir sulfate)	3	QL(1 ea daily)
REYATAZ CAPS 200 MG (Use atazanavir sulfate)	3	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
REYATAZ PACK 50 MG	2	
<i>ritonavir tabs</i>	1	QL(12 ea daily)
RUKOBIA TB12	4	PA
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG, 25 MG, 75 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps</i>	1	QL(2 ea daily)
STRIBILD TABS	2	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use <i>efavirenz</i> )	3	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use <i>efavirenz</i> )	3	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use <i>efavirenz</i> )	3	QL(1 ea daily)
SYMFI LO TABS (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	2	QL(1 ea daily)
SYMFI TABS (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	2	QL(1 ea daily)
SYMTUZA TABS	2	ST; QL(1 ea daily)
TEMIXYS TABS	2	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	2	QL(2 ea daily)
TRIUMEQ TABS	2	QL(1 ea daily)
TRIZIVIR TABS (Use <i>abacavir sulfate-lamivudine-zidovudine</i> )	3	QL(2 ea daily)
TRUVADA TABS 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	2	QL(1 ea daily,30 day(s) limit)

Drug Name	Drug Tier	Requirements/ Limits
TRUVADA TABS 200 MG-300 MG (Use <i>emtricitabine-tenofovir disoproxil fumarate</i> )	2	QL(1 ea daily,30 day(s) limit)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	
VIDEX EC CPDR 200 MG (Use <i>didanosine</i> )	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG (Use <i>didanosine</i> )	3	
VIDEX EC CPDR 400 MG (Use <i>didanosine</i> )	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 <i>nevirapine</i> )	1	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use <i>nevirapine</i> )	3	
VIRAMUNE XR TB24 (Use <i>nevirapine</i> )	3	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 <i>tenofovir disoproxil fumarate</i> )	2	
ZIAGEN SOLN 20 MG/ML (Use <i>abacavir sulfate</i> )	3	QL(32 ml daily)
ZIAGEN TABS 300 MG (Use <i>abacavir sulfate</i> )	3	
<i>zidovudine caps</i>	1	
<i>zidovudine syrp</i>	1	
<i>zidovudine tabs</i>	1	
<b>CMV Agents</b>		
<i>cidofovir soln</i>	3	

Drug Name	Drug Tier	Requirements/Limits
CYTOVENE SOLR ( <i>Use ganciclovir sodium</i> )	NF	
<i>ganciclovir sodium solr</i>	1	
VALCYTE TABS 450 MG ( <i>Use valganciclovir hcl</i> )	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily); SP
BARACLUDGE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDGE TABS 0.5 MG, 1 MG ( <i>Use entecavir</i> )	NF	PA; QL(1 ea daily); SP
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS 100 MG-400 MG	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	2	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG ( <i>Use lamivudine (hbv)</i> )	3	QL(3 ea daily); SP
HEPSERA TABS ( <i>Use adefovir dipivoxil</i> )	4	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	QL(3 ea daily); SP
MAVYRET TABS	4	PA; QL(3 ea daily)
MODERIBA 1200 DOSE PACK TBPK	4	PA
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 SOLN	4	PA; QL(35 ml daily); SP
RIBASPHERE RIBAPAK TBPK	4	PA
RIBASPHERE TABS	4	PA
<i>ribavirin (hepatitis c) caps 200 mg</i>	1	PA; QL(7 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin (hepatitis c) tabs 200 mg</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 600 mg</i>	4	PA
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; QL(1 ea daily)
VEMLIDY TABS	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA; QL(1 ea daily)
ZEPATIER TABS	4	PA
<b>Herpes Agents</b>		
<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 800 mg, 400 mg</i>	1	QL(5 ea daily)
<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 ( <i>Use valacyclovir hcl</i> )	NF	QL(4 ea daily)
VALTREX TABS 500 MG ( <i>Use valacyclovir hcl</i> )	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG ( <i>Use acyclovir</i> )	NF	QL(5 ea daily, 50 ea per fill retail, 50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML ( <i>Use acyclovir</i> )	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 800 MG, 400 MG ( <i>Use acyclovir</i> )	NF	QL(5 ea daily)
<b>Influenza Agents</b>		
FLUMADINE TABS ( <i>Use rimantadine hydrochloride</i> )	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg</i>	1	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	1 rtl pack lmt amt,30 rtl pack lmt day(s),
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use <i>oseltamivir phosphate</i> )	NF	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,
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol tabs</i>	1	
COREG TABS (Use <i>carvedilol</i> )	NF	
<i>labetalol hcl soln</i>	1	
<i>labetalol hcl tabs</i>	1	
<b>Beta Blockers Cardio-Selective</b>		

Drug Name	Drug Tier	Requirements/ Limits
<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 10 MG, 2.5 MG, 5 MG	2	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG	2	PA; QL(2 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	
<i>metoprolol tartrate tabs or 25 mg, 100 mg, 50 mg</i>	1	
TENORMIN TABS (Use <i>atenolol</i> )	NF	
TOPROL XL TB24 (Use <i>metoprolol succinate</i> )	NF	
<b>Beta Blockers Non-Selective</b>		
BETAPACE AF TABS (Use <i>sotalol hcl (afib/afI)</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</i>	1	
<i>propranolol hcl soln</i>	1	
<i>propranolol hcl tabs</i>	1	
<i>sotalol hcl (afib/afI) tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tabs 120 mg, 160 mg, 80 mg</i>	1	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1	
<i>timolol maleate tabs</i>	1	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
ADALAT CC TB24 ( <i>Use nifedipine</i> )	NF	
<i>amlodipine besylate tabs</i>	1	
CALAN SR TBCR ( <i>Use verapamil hcl</i> )	NF	
CALAN TABS ( <i>Use verapamil hcl</i> )	NF	
CARDIZEM CD CP24 ( <i>Use diltiazem hcl coated beads</i> )	NF	
CARDIZEM LA TB24 240 MG, 420 MG, 300 MG, 180 MG, 360 MG ( <i>Use diltiazem hcl coated beads</i> )	NF	
CARDIZEM TABS ( <i>Use 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 120 mg, 60 mg, 90 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 120 mg, 60 mg, 30 mg, 90 mg</i>	1	
<i>felodipine tb24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>nimodipine caps</i>	1	
<i>nisoldipine tb24 20 mg, 30 mg, 40 mg, 17 mg, 34 mg, 8.5 mg</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	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbcr</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG ( <i>Use verapamil hcl</i> )	NF	
VERELAN CP24 360 MG ( <i>Use verapamil hcl</i> )	1	
VERELAN PM CP24 100 MG, 200 MG ( <i>Use verapamil hcl</i> )	NF	
VERELAN PM CP24 300 MG ( <i>Use verapamil hcl</i> )	1	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		

Drug Name	Drug Tier	Requirements/ Limits
<b>Cardiac Glycosides</b>		
<i>digoxin soln</i>	1	
<i>digoxin tabs</i>	1	
LANOXIN SOLN IJ 0.25 MG/ML ( <i>Use digoxin</i> )	2	
LANOXIN TABS OR 250 MCG, 125 MCG ( <i>Use digoxin</i> )	2	
LANOXIN TABS OR 62.5 MCG	2	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardioplegic Solutions</b>		
PLEGISOL SOLN ( <i>Use cardioplegic soln</i> )	NF	
<b>Cardiovascular Agents Misc. - Combinations</b>		
<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
<b>Impotence Agents</b>		
CIALIS TABS 5 MG ( <i>Use tadalafil</i> )	NF	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)
<b>Prostaglandin Vasodilators</b>		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR ( <i>Use epoprostenol sodium</i> )	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
<i>treprostinil soln 100 mg/20ml, 50 mg/20ml</i>	4	PA; SP
VELETRI SOLR ( <i>Use epoprostenol sodium</i> )	NF	PA
VENTAVIS SOLN	4	PA; SP
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
<i>ambrisentan tabs</i>	4	PA; QL(1 ea daily); SP
<i>bosentan tabs 125 mg</i>	4	PA; QL(2 ea daily); SP
<i>bosentan tabs 62.5 mg</i>	4	PA; QL(2 ea daily)
LETAIRIS TABS ( <i>Use ambrisentan</i> )	NF	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG ( <i>Use bosentan</i> )	NF	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG ( <i>Use bosentan</i> )	NF	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily)
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
ADCIRCA TABS ( <i>Use tadalafil (pulmonary hypertension)</i> )	NF	PA; QL(2 ea daily); SP
REVATIO SOLN IV 10 MG/12.5ML ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	NF	PA; QL(37.5 ml daily); SP
REVATIO SUSR OR 10 MG/ML ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	NF	PA; QL(6 ml daily)
REVATIO TABS OR 20 MG ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	NF	PA; QL(3 ea daily); SP
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	4	PA; QL(37.5 ml daily); SP

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) susr or 10 mg/ml</i>	4	PA; QL(6 ml daily)
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	4	PA; QL(3 ea daily); SP
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; QL(2 ea daily); SP
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		
ADEMPAS TABS 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL(3 ea daily)
<b>Sinus Node Inhibitors</b>		
CORLANOR SOLN 5 MG/5ML	3	PA; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
<b>Transthyretin Stabilizers</b>		
VYNDAMAX CAPS	4	PA; QL(1 ea daily)
VYNDALOX CAPS	4	PA; QL(4 ea daily)
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr ij 20 gm, 500 mg, 1 gm, 10 gm</i>	1	
<i>cephalexin caps</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
KEFLEX CAPS (Use <i>cephalexin</i> )	NF	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps</i>	1	
<i>cefaclor susr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CEFOTAN SOLR (Use <i>cefotetan disodium</i> )	NF	
<i>cefotetan disodium solr 1 gm, 2 gm</i>	1	
<i>cefotetan disodium solr 10 gm</i>	3	
<i>cefoxitin sodium solr ij 10 gm</i>	1	
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	1	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr ij 7.5 gm, 750 mg</i>	1	
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
<i>cefditoren pivoxil tabs 200 mg</i>	3	
<i>cefditoren pivoxil tabs 400 mg</i>	1	
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1	ST
<i>cefotaxime sodium solr 2 gm, 1 gm</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>ceftazidime solr ij 2 gm, 1 gm, 6 gm</i>	1	
<i>ceftriaxone sodium solr ij 2 gm, 250 mg, 500 mg, 1 gm</i>	1	
FORTAZ SOLR IJ 1 GM (Use <i>ceftazidime</i> )	NF	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use <i>cefixime</i> )	NF	ST
<b>Cephalosporins - 4th Generation</b>		
<i>cefepime hcl solr</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
MAXIPIME SOLR IJ 1 GM, 2 GM ( <i>Use cefepime hcl</i> )	NF	
<b>Cephalosporins - 5th Generation</b>		
TEFLARO SOLR	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BALCOLTRA TABS	0	
BEYAZ TABS ( <i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i> )	NF	
<i>desogestrel &amp; 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 ( <i>Use norethindrone acetate-ethinyl estradiol-fe</i> )	NF	
<i>ethynodiol diacet &amp; eth estrad tabs</i>	0	
GENERESS FE CHEW ( <i>Use norethindrone &amp; ethinyl estradiol-fe</i> )	NF	
<i>levonorgestrel &amp; eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	
LO LOESTRIN FE TABS	0	
LOSEASONIQUE TABS ( <i>Use levonorgestrel-ethinyl estradiol (91-day)</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
MINASTRIN 24 FE CHEW ( <i>Use norethin acet &amp; estrad-fe</i> )	NF	
MIRCETTE TABS ( <i>Use desogestrel-ethinyl estradiol (biphasic)</i> )	NF	
NATAZIA TABS	0	
<i>norethin acet &amp; estrad-fe caps</i>	0	
<i>norethin acet &amp; estrad-fe chew</i>	0	
<i>norethin acet &amp; estrad-fe tabs</i>	0	
<i>norethindrone &amp; eth estradiol tabs</i>	0	
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>	0	
<i>norethindrone acet &amp; 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	
<i>norgestimate-ethinyl estradiol tabs</i>	0	
<i>norgestrel &amp; ethinyl estradiol tabs</i>	0	
ORTHO TRI-CYCLEN LO TABS ( <i>Use norgestimate-ethinyl estradiol (triphasic)</i> )	NF	
ORTHO TRI-CYCLEN TABS ( <i>Use norgestimate-ethinyl estradiol (triphasic)</i> )	NF	
ORTHO-CYCLEN TABS ( <i>Use norgestimate-ethinyl estradiol</i> )	NF	
ORTHO-NOVUM 1/35 TABS ( <i>Use norethindrone &amp; eth estradiol</i> )	NF	
ORTHO-NOVUM 7/7/7 TABS ( <i>Use norethindrone-eth estradiol (triphasic)</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
QUARTETTE TABS ( <i>Use levonorgestrel-ethinyl estradiol (91-day)</i> )	NF	
SAFYRAL TABS ( <i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i> )	NF	
SEASONIQUE TABS ( <i>Use levonorgestrel-ethinyl estradiol (91-day)</i> )	NF	
TAYTULLA CAPS ( <i>Use norethin acet &amp; estrad-fe</i> )	NF	
TRI-NORINYL 28 TABS ( <i>Use norethindrone-eth estradiol (triphasic)</i> )	NF	
TYBLUME TABS	0	
YASMIN 28 TABS ( <i>Use drospirenone-ethinyl estradiol</i> )	NF	
YAZ TABS ( <i>Use drospirenone-ethinyl estradiol</i> )	NF	
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol ptwk</i>	0	
TWIRLA PTWK	0	QL(3 ea per 28 days retail)
<b>Combination Contraceptives - Vaginal</b>		
ANNOVERA RING	0	PA
<i>etonogestrel-ethinyl estradiol ring</i>	0	
NUVARING RING ( <i>Use etonogestrel-ethinyl estradiol</i> )	NF	
<b>Copper Contraceptives - IUD</b>		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
<b>Emergency Contraceptives</b>		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	

Drug Name	Drug Tier	Requirements/Limits
PLAN B ONE-STEP TABS ( <i>Use levonorgestrel (emergency oc)</i> )	NF	
<b>Progestin Contraceptives - IUD</b>		
KYLEENA IUD	0	
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
<b>Progestin Contraceptives - Implants</b>		
NEXPLANON IMPL	0	
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE SUSP ( <i>Use medroxyprogesterone acetate (contraceptive)</i> )	NF	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY ( <i>Use medroxyprogesterone acetate (contraceptive)</i> )	NF	QL(1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(1 ml per 90 days retail)
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS ( <i>Use norethindrone (contraceptive)</i> )	NF	
SLYND TABS	0	PA; QL(1 ea daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>budesonide cpep 3 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CELESTONE-SOLUSPAN SUSP (Use betamethasone sod phosphate & acetate)	NF	
CORTEF TABS (Use hydrocortisone)	NF	
cortisone acetate tabs	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 80 MG/ML, 40 MG/ML (Use methylprednisolone acetate)	NF	
dexamethasone elix 0.5 mg/5ml	1	
DEXAMETHASONE INTENSOL CONC	1	
dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 4 mg, 0.5 mg, 0.75 mg, 6 mg	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (Use budesonide)	NF	QL(3 ea daily)
hydrocortisone tabs	1	
KENALOG-40 SUSP (Use triamcinolone acetonide)	NF	
MEDROL DOSEPAK TBPK (Use methylprednisolone)	NF	
MEDROL TABS 16 MG, 32 MG, 8 MG, 4 MG (Use methylprednisolone)	NF	
MEDROL TABS 2 MG	3	
methylprednisolone acetate susp 80 mg/ml, 40 mg/ml	1	

Drug Name	Drug Tier	Requirements/ Limits
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 TBDP (Use prednisolone sodium phosphate)	NF	
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NF	
prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg	3	
prednisolone soln	1	
prednisone soln	1	
prednisone tabs	1	
prednisone tbpk	1	
SOLU-CORTEF SOLR 100 MG, 1000 MG, 500 MG	3	2 rtl MAX fill,30 rtl day(s) supply,
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG, 125 MG, 40 MG, 1000 MG (Use methylprednisolone sod succ)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide susp 40 mg/ml</i>	1	
VERIPRED 20 SOLN (Use <i>prednisolone sodium phosphate</i> )	NF	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tabs</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (Use <i>benzonatate</i> )	NF	QL(6 ea daily)
<b>Cough/Cold/Allergy Combinations</b>		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use <i>fexofenadine-pseudoephedrine</i> )	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use <i>fexofenadine-pseudoephedrine</i> )	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use <i>loratadine &amp; pseudoephedrine</i> )	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use <i>loratadine &amp; pseudoephedrine</i> )	1	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 120 mg-60 mg</i>	1	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180 mg-240 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
HYDROCODONE BITARTRATE/GUAIFENES IN SOLN	2	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
<i>loratadine &amp; pseudoephedrine tb12 120 mg-5 mg</i>	1	QL(2 ea daily)
<i>loratadine &amp; pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg</i>	1	QL(1 ea daily)
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (Use <i>hydrocodone polistirex-chlorpheniramine polistirex</i> )	NF	
TUZISTRA XR SUER	2	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use <i>cetirizine-pseudoephedrine</i> )	1	QL(2 ea daily)
<b>Misc. Respiratory Inhalants</b>		
HYPER-SAL NEBU (Use <i>sodium chloride (inhalant)</i> )	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (Use <i>sodium chloride (inhalant)</i> )	NF	
NEBUSAL NEBU	1	
<i>sodium chloride (inhalant) nebu 7 %</i>	1	
<b>Mucolytics</b>		
<i>acetylcysteine soln</i>	1	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene gel 0.3 %</i>	1	ST; AL(At least 12 yrs old)
<i>adapalene lotn 0.1 %</i>	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)
BENZACLIN GEL ( <i>Use clindamycin phosphate-benzoyl peroxide</i> )	NF	PA; AL(At least 12 yrs old)
BENZACLIN WITH PUMP GEL ( <i>Use clindamycin phosphate-benzoyl peroxide</i> )	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL ( <i>Use benzoyl peroxide-erythromycin</i> )	NF	PA; AL(At least 12 yrs old)
BENZEFOAM FOAM ( <i>Use benzoyl peroxide</i> )	NF	AL(At least 12 yrs old); RX/OTC
BENZEFOAM ULTRA FOAM ( <i>Use benzoyl peroxide</i> )	NF	AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	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)
<i>benzoyl peroxide gel 5 %, 10 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide liqd 4 %, 7 %, 10 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel</i>	1	PA; 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	QL(4 ml daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN-T SWAB ( <i>Use clindamycin phosphate (topical)</i> )	NF	AL(At least 12 yrs old)
CLINDAGEL GEL ( <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	QL(4 ml daily); 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
<i>sulfacetamide sodium (acne) lotn</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 10 %-5 %</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 10 %-5 %</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)
<i>sulfacetamide sodium-sulfur in urea vehicle emul</i>	1	AL(At least 12 yrs old)
SUMADAN WASH LIQD ( <i>Use sulfacetamide sodium w/ sulfur</i> )	NF	ST; AL(At least 12 yrs old)
<i>tretinoin crea 0.05 %, 0.1 %, 0.025 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin gel 0.01 %, 0.025 %</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)
VELTIN GEL ( <i>Use clindamycin phosphate-tretinoin</i> )	NF	ST; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZIANA GEL ( <i>Use clindamycin phosphate-tretinoin</i> )	NF	ST; AL(At least 12 yrs old)
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN OINT	3	
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac epolamine ptch</i>	1	PA; QL(2 ea daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(3.34 gm daily); RX/OTC
FLECTOR PTCH ( <i>Use diclofenac epolamine</i> )	3	PA; QL(2 ea daily)
VOLTAREN GEL ( <i>Use diclofenac sodium (topical)</i> )	NF	QL(3.34 gm daily); RX/OTC
<b>Antibiotics - Topical</b>		
ALTABAX OINT	2	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
<i>gentamicin sulfate (topical) crea</i>	1	QL(1 gm daily)
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin oint</i>	1	
NEO-SYNALAR CREA	3	PA
<b>Antifungals - Topical</b>		
<i>butenafine hcl crea</i>	1	RX/OTC
CICLODAN SOLUTION KIT KIT ( <i>Use ciclopirox</i> )	NF	
<i>ciclopirox gel ex 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham ex 1 %</i>	1	
<i>ciclopirox soln ex 8 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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	QL(85 gm per fill retail,85 gm per fill mail)
ERTACZO CREA	3	
EXELDERM CREA ( <i>Use sulconazole nitrate</i> )	3	
EXELDERM SOLN	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN ( <i>Use tavaborole</i> )	3	PA
<i>ketoconazole (topical) crea 2 %</i>	1	
<i>ketoconazole (topical) sham 2 %</i>	1	
LOPROX CREA ( <i>Use ciclopirox olamine</i> )	NF	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
LOPROX SHAMPOO SHAM ( <i>Use ciclopirox</i> )	NF	
LOPROX SUSP ( <i>Use ciclopirox olamine</i> )	NF	
LOTRIMIN AF CREA ( <i>Use clotrimazole (topical)</i> )	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA ( <i>Use clotrimazole (topical)</i> )	NF	RX/OTC
LOTRIMIN ULTRA CREA ( <i>Use butenafine hcl</i> )	1	RX/OTC
LOTRISONE CREA ( <i>Use clotrimazole w/ betamethasone</i> )	NF	
<i>luliconazole crea</i>	1	PA
LUZU CREA ( <i>Use luliconazole</i> )	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<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,
<i>naftifine hcl gel 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,
NAFTIN CREA 2 % ( <i>Use 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,
NAFTIN GEL 1 % ( <i>Use naftifine hcl</i> )	NF	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NIZORAL SHAM ( <i>Use 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	

Drug Name	Drug Tier	Requirements/ Limits
<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 ( <i>Use 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 ( <i>Use ciclopirox</i> )	NF	
<i>sulconazole nitrate crea</i>	1	
<i>sulconazole nitrate soln</i>	1	
<i>tavaborole soln</i>	1	PA
VUSION OINT ( <i>Use miconazole-zinc oxide-white petrolatum</i> )	NF	
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC CREA ( <i>Use fluorouracil (topical)</i> )	NF	
<i>diclofenac sodium (actinic keratoses) gel</i>	1	PA; QL(3.34 gm daily)
EFUDEX CREA ( <i>Use fluorouracil (topical)</i> )	NF	
<i>fluorouracil (topical) crea 5 %</i>	1	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1	
PANRETIN GEL	3	

Drug Name	Drug Tier	Requirements/ Limits
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,
TARGRETIN GEL EX 1 %	4	PA; SP
<b>Antipruritics - Topical</b>		
<i>doxepin hcl (antipruritic) crea</i>	3	PA; Limit 1 fill every 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 ( <i>Use doxepin hcl (antipruritic)</i> )	3	PA; Limit 1 fill every 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 ( <i>Use doxepin hcl (antipruritic)</i> )	3	PA; Limit 1 fill every 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,
<b>Antipsoriatics</b>		
<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	PA; QL(4 gm daily)
<i>calcipotriene oint</i>	1	PA; QL(4 gm daily)
<i>calcipotriene soln</i>	1	PA; QL(4 ml daily)
<i>calcitriol (topical) oint</i>	1	QL(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	PA; QL(0.036 ml daily)
COSENTYX SENSOREADY PEN SOAJ	4	PA; QL(0.072 ml daily)
COSENTYX SOSY	4	PA; QL(0.036 ml daily)
COSENTYX SOSY	4	PA; QL(0.072 ml daily)
DOVONEX CREA ( <i>Use calcipotriene</i> )	NF	PA; 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)
SKYRIZI PSKT	4	PA; QL(0.012 ea daily)
SORIATANE CAPS 10 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; QL(0.012 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
STELARA SOSY SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 90 MG/ML	4	PA; QL(0.018 ml daily); SP
<i>tazarotene crea</i>	1	PA
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % ( <i>Use tazarotene</i> )	NF	PA
TAZORAC GEL 0.05 %, 0.1 %	2	
TREMFYA SOPN	4	PA; QL(0.018 ml daily)
TREMFYA SOSY	4	PA; QL(0.018 ml daily)
VECTICAL OINT ( <i>Use calcitriol (topical)</i> )	1	QL(3.34 gm daily)
<b>Antiseborrheic Products</b>		
<i>selenium sulfide lotn 2.5 %</i>	1	
<b>Antivirals - Topical</b>		
<i>acyclovir topical crea</i>	1	
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	QL(0.18 gm daily)
ZOVIRAX CREA EX 5 % ( <i>Use acyclovir topical</i> )	NF	
ZOVIRAX OINT EX 5 % ( <i>Use acyclovir topical</i> )	NF	
<b>Burn Products</b>		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA ( <i>Use silver sulfadiazine</i> )	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % ( <i>Use mafenide acetate</i> )	NF	
<b>Corticosteroids - Topical</b>		
<i>alclometasone dipropionate crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>alclometasone dipropionate oint</i>	1	
<i>amcinonide crea</i>	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,
<i>amcinonide lotn</i>	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 0.1 %</i>	1	
<i>betamethasone valerate foam 0.12 %</i>	1	QL(1.67 gm daily)
<i>betamethasone valerate lotn 0.1 %</i>	1	
<i>betamethasone valerate oint 0.1 %</i>	1	
<i>calcipotriene-betamethasone dipropionate oint</i>	1	ST
<i>calcipotriene-betamethasone dipropionate susp</i>	1	ST
<i>clobetasol propionate crea</i>	1	PA; QL(3 gm daily)
<i>clobetasol propionate emollient base crea</i>	1	PA; QL(1 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<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	PA; QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	PA; QL(3.34 ml daily)
<i>clocortolone pivalate crea</i>	3	
CLODERM CREA	3	
CLODERM CREA (Use <i>clocortolone pivalate</i> )	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	QL(6 ml daily)
DERMA-SMOOTHIE/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-SMOOTHIE/FS SCALP OIL (Use <i>fluocinolone acetonide</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	
<i>desoximetasone oint 0.25 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>diflorasone diacetate crea</i>	1	PA
<i>diflorasone diacetate oint</i>	1	PA
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	
<i>fluocinolone acetonide crea 0.01 %, 0.025 %</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 oil 0.01 %</i>	1	
<i>fluocinolone acetonide oint 0.025 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	QL(2 gm daily)
<i>fluocinonide emulsified base crea</i>	1	QL(2 gm daily)
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	QL(2 gm daily)
<i>fluocinonide soln 0.05 %</i>	1	QL(2 ml daily)
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate lotn 0.05 %</i>	1	QL(6 ml daily)
<i>fluticasone propionate oint 0.005 %</i>	1	
<i>halcinonide crea</i>	1	PA
<i>halobetasol propionate crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>halobetasol propionate oint</i>	1	
HALOG CREA (Use <i>halcinonide</i> )	NF	PA
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 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	
HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE CREA (Use <i>lidocaine-hydrocortisone acetate</i> )	NF	
<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 <i>hydrocortisone butyrate</i> )	NF	
LOCOID SOLN (Use <i>hydrocortisone butyrate</i> )	NF	
LUXIQ FOAM (Use <i>betamethasone valerate</i> )	NF	QL(1.67 gm daily)
<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 <i>hydrocortisone (topical)</i> )	NF	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
OLUX FOAM ( <i>Use clobetasol propionate</i> )	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
<i>prednicarbate oint</i>	1	
PSORCON CREA	2	PA
SYNALAR CREA ( <i>Use fluocinolone acetonide</i> )	NF	
SYNALAR OINT ( <i>Use fluocinolone acetonide</i> )	NF	
SYNALAR SOLN ( <i>Use fluocinolone acetonide</i> )	NF	
TACLONEX OINT ( <i>Use calcipotriene-betamethasone dipropionate</i> )	NF	ST
TACLONEX SUSP ( <i>Use calcipotriene-betamethasone dipropionate</i> )	3	ST
TEMOVATE CREA ( <i>Use clobetasol propionate</i> )	NF	PA; QL(3 gm daily)
TEMOVATE OINT ( <i>Use clobetasol propionate</i> )	NF	PA; QL(1 gm daily)
TOPICORT CREA 0.25 % ( <i>Use desoximetasone</i> )	NF	
TOPICORT GEL 0.05 % ( <i>Use desoximetasone</i> )	NF	
TOPICORT OINT 0.25 % ( <i>Use desoximetasone</i> )	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) crea 0.1 %</i>	1	QL(3.34 gm daily)
<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 ( <i>Use desonide</i> )	NF	QL(4 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRAVATE CREA ( <i>Use halobetasol propionate</i> )	NF	
ULTRAVATE OINT ( <i>Use halobetasol propionate</i> )	NF	
<b>Eczema Agents</b>		
DUPIXENT SOPN	4	PA
DUPIXENT SOSY	4	PA
<b>Emollient/Keratolytic Agents</b>		
HYDRO 35 FOAM ( <i>Use urea in lactic acid vehicle</i> )	NF	
<b>Emollients</b>		
LAC-HYDRIN CREA ( <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
<b>Enzymes - Topical</b>		
SANTYL OINT	3	PA
<b>Immunomodulating Agents - Topical</b>		
ALDARA CREA ( <i>Use imiquimod</i> )	NF	QL(12 ea per fill retail, 12 ea per fill mail)
<i>imiquimod crea 5 %</i>	1	QL(12 ea per fill retail, 12 ea per fill mail)
ZYCLARA CREA ( <i>Use imiquimod</i> )	NF	
ZYCLARA PUMP CREA 3.75 % ( <i>Use imiquimod</i> )	NF	
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CREA ( <i>Use pimecrolimus</i> )	NF	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	PA; AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus (topical) oint</i>	1	PA; AL (At least 2 yrs old)
<b>Keratolytic/Antimitotic Agents</b>		
<i>podofilox soln</i>	1	
<b>Local Anesthetics - Topical</b>		
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily); RX/OTC
<i>lidocaine hcl prsy ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch 5 %</i>	1	PA
<i>lidocaine-prilocaine crea</i>	1	QL(1 gm daily)
LIDODERM PTCH (Use <i>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,
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA OINT	3	PA; QL(2 gm daily)
<b>Rosacea Agents</b>		
<i>azelaic acid gel</i>	1	PA
FINACEA GEL (Use <i>azelaic acid</i> )	NF	PA
METROCREAM CREA (Use <i>metronidazole (topical)</i> )	NF	
METROGEL GEL (Use <i>metronidazole (topical)</i> )	NF	
METROLOTION LOTN (Use <i>metronidazole (topical)</i> )	NF	
<i>metronidazole (topical) crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	
MIRVASO GEL	3	PA; QL(1 gm daily)
ORACEA CPDR (Use <i>doxycycline (rosacea)</i> )	NF	
SOOLANTRA CREA (Use <i>ivermectin (rosacea)</i> )	NF	
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton lotn</i>	1	PA
ELIMITE CREA (Use <i>permethrin</i> )	NF	
EURAX CREA	3	
EURAX LOTN (Use <i>crotamiton</i> )	NF	PA
<i>ivermectin (pediculicide) lotn</i>	1	PA
<i>lindane sham</i>	3	
<i>malathion lotn</i>	1	
NATROBA SUSP (Use <i>spinosad</i> )	1	PA
NIX CREME RINSE LIQD (Use <i>permethrin</i> )	NF	
OVIDE LOTN (Use <i>malathion</i> )	NF	
<i>permethrin crea ex 5 %</i>	1	
<i>permethrin liqd ex 1 %</i>	1	
SKLICE LOTN (Use <i>ivermectin (pediculicide)</i> )	3	PA
<i>spinosad susp</i>	1	PA
ULESFIA LOTN	3	
<b>Wound Care Products</b>		
REGANEX GEL	3	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		

Drug Name	Drug Tier	Requirements/ Limits
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
THYROGEN SOLR	3	PA; 1 rtl MAX fill,365 rtl day(s) supply,1 mail MAX fill,365 mail day(s) supply,
<b>Diagnostic Tests</b>		
CHEMSTRIP-K STRP	1	
FORA GTEL BLOOD KETONE TEST STRIPS STRP	1	
GOJJI BLOOD KETONE TEST STRIPS STRP	1	
KETONE STRP	1	
KETONE TEST STRIPS STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1	
PRECISION XTRA STRP	1	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE STRP	1	
RELION KETONE TEST STRIPS STRP	1	
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	2	

Drug Name	Drug Tier	Requirements/ Limits
SUCRAID SOLN	3	
ZENPEP CPEP	2	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<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)
KEVEYIS TABS	4	PA; QL(4 ea daily)
<i>methazolamide tabs</i>	1	QL(6 ea daily)
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 25 MG-25 MG (Use <i>spironolactone &amp; hydrochlorothiazide</i> )	NF	
<i>amiloride &amp; hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use <i>triamterene &amp; hydrochlorothiazide</i> )	NF	
MAXZIDE TABS (Use <i>triamterene &amp; hydrochlorothiazide</i> )	NF	
MAXZIDE-25 TABS (Use <i>triamterene &amp; hydrochlorothiazide</i> )	NF	
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	1	
<i>triamterene &amp; hydrochlorothiazide caps</i>	1	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	
<b>Loop Diuretics</b>		
<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)

Drug Name	Drug Tier	Requirements/Limits
BUMEX TABS ( <i>Use bumetanide</i> )	NF	QL(5 ea daily)
DEMADEX TABS ( <i>Use torsemide</i> )	NF	
EDECRIN TABS ( <i>Use ethacrynic acid</i> )	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1	QL(16 ea daily)
<i>furosemide soln</i>	1	
<i>furosemide tabs</i>	1	
LASIX TABS ( <i>Use furosemide</i> )	NF	
<i>torsemide tabs</i>	1	
<b>Potassium Sparing Diuretics</b>		
ALDACTONE TABS ( <i>Use spironolactone</i> )	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS ( <i>Use triamterene</i> )	NF	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	QL(3 ea daily)
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorothiazide tabs</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)
<i>methyclothiazide tabs</i>	1	
<i>metolazone tabs</i>	1	QL(2 ea daily)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Bone Density Regulators</b>		
ACTONEL TABS 150 MG ( <i>Use risedronate sodium</i> )	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG ( <i>Use risedronate sodium</i> )	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG ( <i>Use risedronate sodium</i> )	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)
<i>alendronate sodium tabs 40 mg, 10 mg, 5 mg</i>	1	QL(1 ea daily)
AELVIA TBEC ( <i>Use risedronate sodium</i> )	NF	PA
BONIVA SOLN IV 3 MG/3ML ( <i>Use ibandronate sodium</i> )	NF	PA; SP
BONIVA TABS OR 150 MG ( <i>Use ibandronate sodium</i> )	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
<i>etidronate disodium tabs</i>	1	
FORTEO SOPN	4	PA; QL(0.09 ml daily); SP
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS ( <i>Use alendronate sodium</i> )	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)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
<i>pamidronate disodium solr 30 mg, 90 mg</i>	4	PA; SP
PROLIA SOSY	4	PA; 1 rtl MAX fill, 180 rtl day(s) supply,; SP
RECLAST SOLN ( <i>Use zoledronic acid</i> )	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 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
<i>zoledronic acid soln 4 mg/100ml, 5 mg/100ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLR 4 MG	4	PA; SP
<b>Corticotropin</b>		
ACTHAR GEL	4	PA
<b>Fertility Regulators</b>		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
<b>GnRH/LHRH Antagonists</b>		
CETROTIDE KIT	4	PA
<i>ganirelix acetate sosy</i>	4	PA
GANIRELIX ACETATE SOSY ( <i>Use ganirelix acetate</i> )	NF	PA
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
EGRIFTA SOLR	4	PA

Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SV SOLR	4	PA
<b>Growth Hormones</b>		
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 FLEXPRO SOPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NUTROPIN AQ NUSPIN 10 SOPN	4	PA; SP
OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML	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
<b>Hormone Receptor Modulators</b>		
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)
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLN	4	PA; SP
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
FENSOLVI KIT	4	PA; SP
LUPANETA PACK KIT	4	PA



Drug Name	Drug Tier	Requirements/Limits
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
<b>Metabolic Modifiers</b>		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD (Use sodium phenylbutyrate)	NF	PA
BUPHENYL TABS (Use sodium phenylbutyrate)	NF	PA
<i>calcitriol caps</i>	1	
<i>calcitriol soln</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 SOLN 4 MCG/2ML (Use doxercalciferol)	NF	
KUVAN PACK (Use sapropterin dihydrochloride)	NF	PA
KUVAN TBSO (Use sapropterin dihydrochloride)	NF	PA
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (Use nitisinone)	NF	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALTROL CAPS (Use calcitriol)	NF	
ROCALTROL SOLN (Use calcitriol)	NF	
<i>sapropterin dihydrochloride pack</i>	4	PA
<i>sapropterin dihydrochloride tbso</i>	4	PA
SENSIPAR TABS (Use cinacalcet hcl)	NF	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd</i>	1	PA
<i>sodium phenylbutyrate tabs</i>	1	PA
ZEMPLAR CAPS (Use paricalcitol)	NF	
ZEMPLAR SOLN (Use paricalcitol)	NF	
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NF	PA
DDAVP SOLN NA 0.01 % (Use desmopressin acetate spray)	NF	
DDAVP TABS OR 0.1 MG (Use desmopressin acetate)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use desmopressin acetate)	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	

Drug Name	Drug Tier	Requirements/Limits
<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
<b>Prolactin Inhibitors</b>		
<i>cabergoline tabs</i>	1	
<b>Somatostatic Agents</b>		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN LAR DEPOT KIT	4	PA
SANDOSTATIN SOLN ( <i>Use octreotide acetate</i> )	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.011 ml daily); SP
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS ( <i>Use tolvaptan</i> )	4	PA; QL(2 ea daily); SP
<i>tolvaptan tabs</i>	4	PA; QL(2 ea daily); SP
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
FEMHRT LOW DOSE TABS ( <i>Use norethindrone acetate-ethinyl estradiol</i> )	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PREMPHASE TABS	2	
PREMPRO TABS	2	
<b>Estrogens</b>		
CLIMARA PTWK ( <i>Use estradiol</i> )	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML ( <i>Use estradiol valerate</i> )	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 ( <i>Use estradiol</i> )	NF	
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL(0.286 ea daily)
<i>estradiol ptwk td 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.025 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr</i>	1	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil</i>	1	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW ( <i>Use estradiol</i> )	NF	QL(0.286 ea daily)
PREMARIN SOLR	2	
PREMARIN TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
VIVELLE-DOT PTTW ( <i>Use estradiol</i> )	NF	QL(0.286 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
AVELOX SOLN IV 0.8 %-400 MG/250ML ( <i>Use moxifloxacin hcl in sodium chloride</i> )	1	
AVELOX TABS OR 400 MG ( <i>Use moxifloxacin hcl</i> )	NF	
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	2 rtl MAX fill,30 rtl day(s) supply,
CIPRO TABS 250 MG, 500 MG ( <i>Use ciprofloxacin hcl</i> )	NF	
<i>ciprofloxacin hcl tabs</i>	1	
<i>ciprofloxacin in d5w soln 200 mg/100ml-5 %</i>	3	
<i>ciprofloxacin susr</i>	1	2 rtl MAX fill,30 rtl day(s) supply,
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	
LEVAQUIN TABS ( <i>Use levofloxacin</i> )	NF	
<i>levofloxacin in d5w soln 5 %-500 mg/100ml</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</i>	1	
<i>ofloxacin tabs</i>	1	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Bile Acid Synthesis Disorder Agents</b>		

Drug Name	Drug Tier	Requirements/ Limits
CHOLBAM CAPS	4	PA; SP
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL CAPS ( <i>Use ursodiol</i> )	NF	
URSO 250 TABS ( <i>Use ursodiol</i> )	NF	
URSO FORTE TABS ( <i>Use ursodiol</i> )	NF	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA CAPS ( <i>Use lubiprostone</i> )	2	PA; QL(2 ea daily)
<i>lubiprostone caps</i>	1	PA; QL(2 ea daily)
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1	
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	1	QL(60 ml daily)
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	QL(6 ea daily)
REGLAN TABS ( <i>Use metoclopramide hcl</i> )	NF	QL(6 ea daily)
<b>Inflammatory Bowel Agents</b>		
APRISO CP24 ( <i>Use mesalamine</i> )	NF	
ASACOL HD TBEC ( <i>Use mesalamine</i> )	NF	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC ( <i>Use sulfasalazine</i> )	NF	
AZULFIDINE TABS ( <i>Use sulfasalazine</i> )	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP ( <i>Use mesalamine</i> )	NF	
COLAZAL CAPS ( <i>Use balsalazide disodium</i> )	NF	
DELZICOL CPDR ( <i>Use mesalamine</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
LIALDA TBEC (Use mesalamine)	NF	
mesalamine cp24 or 0.375 gm	1	
mesalamine cpdr or 400 mg	1	
mesalamine enem re 4 gm	1	
mesalamine supp re 1000 mg	1	
mesalamine tbec or 1.2 gm	1	
mesalamine tbec or 800 mg	1	QL(6 ea daily)
RENFLEXIS SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
sulfasalazine tabs	1	
sulfasalazine tbec	1	
<b>Intestinal Acidifiers</b>		
lactulose (encephalopathy) soln	1	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
alosecron hcl tabs	1	QL(2 ea daily)
LINZESS CAPS	3	PA; QL(1 ea daily)
LOTROXEX TABS (Use alosetron hcl)	NF	QL(2 ea daily)
<b>Peripheral Opioid Receptor Antagonists</b>		
alvimopan caps	1	
ENTEREG CAPS (Use alvimopan)	3	
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	3	PA
<b>Phosphate Binder Agents</b>		
calcium acetate (phosphate binder) caps	1	

Drug Name	Drug Tier	Requirements/Limits
calcium acetate (phosphate binder) tabs	1	RX/OTC
FOSRENOL CHEW 1000 MG, 500 MG, 750 MG (Use lanthanum carbonate)	NF	
lanthanum carbonate chew	1	
PHOSLYRA SOLN	2	
RENVELA PACK (Use sevelamer carbonate)	NF	
RENVELA TABS (Use sevelamer carbonate)	NF	
sevelamer carbonate pack	1	
sevelamer carbonate tabs	1	
VELPHORO CHEW	3	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
potassium citrate (alkalinizer) tbc 1080 mg	1	
sodium citrate & citric acid soln	1	RX/OTC
UROKIT-K 10 TBCR (Use potassium citrate (alkalinizer))	NF	
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	3	PA
<b>Genitourinary Irrigants</b>		
acetic acid soln	1	
glycine (gu irrigant) soln	1	
RESECTISOL SOLN	1	
sodium chloride (gu irrigant) soln	1	
SORBITOL SOLN IR 3 %, 3.3 %	1	
SORBITOL-MANNITOL SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
SORBITOL/MANNITOL IRRIGATION SOLN	1	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	2	
<b>Prostatic Hypertrophy Agents</b>		
<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	5 mg only
FLOMAX CAPS ( <i>Use tamsulosin hcl</i> )	NF	
PROSCAR TABS ( <i>Use finasteride</i> )	NF	5 mg only
RAPAFLO CAPS ( <i>Use silodosin</i> )	NF	
<i>silodosin caps 8 mg, 4 mg</i>	1	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 ( <i>Use alfuzosin hcl</i> )	NF	QL(1 ea daily)
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl tabs 100 mg, 200 mg</i>	1	
PYRIDIDIUM TABS ( <i>Use phenazopyridine hcl</i> )	NF	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	1	
DUZALLO TABS	3	PA
<b>Gout Agents</b>		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	QL(1 ea daily)
COLCRYS TABS ( <i>Use colchicine</i> )	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>febuxostat tabs</i>	1	PA; QL(1 ea daily)
KRYSTEXXA SOLN	4	PA
MITIGARE CAPS ( <i>Use colchicine</i> )	NF	
ULORIC TABS ( <i>Use febuxostat</i> )	NF	PA; QL(1 ea daily)
ZURAMPIC TABS	3	PA
ZYLOPRIM TABS ( <i>Use allopurinol</i> )	NF	
<b>Uricosurics</b>		
<i>probenecid tabs</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR SOLN ( <i>Use icatibant acetate</i> )	NF	PA; QL(9 ml daily)
<i>icatibant acetate soln</i>	4	PA; QL(9 ml daily)
<b>Complement Inhibitors</b>		
CINRYZE SOLR	4	PA
HAEGARDA SOLR	4	PA
RUCONEST SOLR	4	PA; QL(0.143 ea daily)
SOLIRIS SOLN	4	PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbcr</i>	1	QL(3 ea daily)
<b>Plasma Kallikrein Inhibitors</b>		
TAKHZYRO SOLN	4	PA;
<b>Platelet Aggregation Inhibitors</b>		
AGGRENOX CP12 ( <i>Use aspirin-dipyridamole</i> )	NF	PA; QL(2 ea daily)
AGRYLIN CAPS ( <i>Use anagrelide hcl</i> )	NF	
<i>anagrelide hcl caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole cp12</i>	1	PA; QL(2 ea daily)
BRILINTA TABS	2	
CABLIVI KIT	4	PA
<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 ( <i>Use prasugrel hcl</i> )	NF	QL(1 ea daily)
PLAVIX TABS ( <i>Use clopidogrel bisulfate</i> )	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
REOPRO SOLN	3	
ZONTIVITY TABS	3	PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA CAPS	4	PA; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS ( <i>Use miglustat</i> )	NF	PA; QL(3 ea daily); SP
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS	3	
OXBRYTA TABS	4	PA
<b>Cobalamins</b>		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1	QL(1 ml daily)

Ambetter Sunshine Formulary

Drug Name	Drug Tier	Requirements/Limits
<b>Folic Acid/Folates</b>		
<i>folic acid tabs or 1 mg</i>	0	RX/OTC
<i>folic acid tabs or 400 mcg</i>	0	
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; SP
DOPTELET TABS	4	PA
EPOGEN SOLN	3	PA; SP
FULPHILA SOSY	4	PA;
GRANIX SOLN	4	PA
GRANIX 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
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA
NPLATE SOLR 250 MCG, 500 MCG	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; SP
PROCRIT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA PACK 12.5 MG	4	PA; QL(1 ea daily)
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA
ZARXIO SOSY	4	PA; 30 rtl lmt day(s), 30 mail lmt day(s),
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
<b>Iron</b>		
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 325 mg, 65 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	
INFED SOLN	4	PA
VENOFER SOLN	4	PA
<b>Stem Cell Mobilizers</b>		
MOZOBIL SOLN	4	PA; SP
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
AMICAR TABS 1000 MG, 500 MG ( <i>Use aminocaproic acid</i> )	NF	PA

Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid tabs or 1000 mg, 500 mg</i>	1	PA
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	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital elix 20 mg/5ml</i>	1	
<i>phenobarbital soln 20 mg/5ml</i>	1	
<i>phenobarbital tabs 100 mg, 15 mg, 30 mg, 64.8 mg, 97.2 mg, 16.2 mg, 32.4 mg</i>	1	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl (sleep) tabs</i>	1	PA; QL(1 ea daily)
SILENOR TABS ( <i>Use doxepin hcl (sleep)</i> )	NF	PA; QL(1 ea daily)
<b>Non-Barbiturate Hypnotics</b>		
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)
DORAL TABS ( <i>Use quazepam</i> )	NF	
<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	

Drug Name	Drug Tier	Requirements/Limits
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)
<i>temazepam caps</i>	1	QL(1 ea daily)
<i>triazolam tabs</i>	1	
<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 10 mg, 5 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)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA TABS	3	PA
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS	3	PA; QL(1 ea daily)
<i>ramelteon tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS ( <i>Use ramelteon</i> )	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
<i>calcium polycarbophil tabs</i>	1	
FIBERCON TABS ( <i>Use calcium polycarbophil</i> )	NF	
<b>Laxative Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
CLENPIQ SOLN	3	PA
COLYTE-FLAVOR PACKS SOLR ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	NF	
GOLYTELY SOLR 2.97 GM-22.74 GM-236 GM-5.86 GM-6.74 GM ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	0	
MOVIPREP SOLR ( <i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )	2	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	1	PA
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 2.97 gm-22.74 gm-236 gm-5.86 gm-6.74 gm</i>	0	
PREPOPIK PACK	3	PA
SUPREP BOWEL PREP KIT SOLN	0	
<b>Laxatives - Miscellaneous</b>		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
<b>Saline Laxatives</b>		
OSMOPREP TABS	3	PA
<b>Stimulant Laxatives</b>		
<i>bisacodyl tbec or 5 mg</i>	1	
DULCOLAX TBEC OR 5 MG ( <i>Use bisacodyl</i> )	NF	
<b>Surfactant Laxatives</b>		
COLACE CAPS ( <i>Use docusate sodium</i> )	NF	
<i>docusate calcium caps</i>	1	
<i>docusate sodium caps or 250 mg, 100 mg</i>	1	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		



Drug Name	Drug Tier	Requirements/Limits
<b>Local Anesthetics - Amides</b>		
<i>lidocaine hcl (local anesth.) soln ij 0.5 %, 1 %, 2 %</i>	1	
MARCAINE SOLN 0.5 % (Use bupivacaine hcl)	NF	
NAROPIN SOLN 5 MG/ML, 2 MG/ML (Use ropivacaine hcl)	NF	
XYLOCAINE SOLN 0.5 %, 1 % (Use lidocaine hcl (local anesth.))	NF	
XYLOCAINE-MPF SOLN (Use lidocaine hcl (local anesth.))	NF	
ZINGO JTAJ (Use lidocaine hcl (local anesth.))	NF	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin pack or 1 gm</i>	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)
<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 PACK OR 1 GM (Use azithromycin)	NF	
ZITHROMAX SOLR IV 500 MG (Use azithromycin)	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use azithromycin)	NF	
ZITHROMAX TABS OR 250 MG (Use azithromycin)	NF	QL(6 ea per fill retail,6 ea per fill mail)

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TABS OR 500 MG (Use azithromycin)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (Use azithromycin)	NF	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (Use azithromycin)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (Use azithromycin)	NF	QL(6 ea per fill retail,6 ea per fill mail)
<b>Clarithromycin</b>		
<i>clarithromycin susr</i>	1	
<i>clarithromycin tabs</i>	1	
<i>clarithromycin tb24</i>	1	
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	NF	
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	NF	
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	3	
<i>erythromycin base cpep 250 mg</i>	3	
<i>erythromycin base tabs 250 mg, 500 mg</i>	3	
<i>erythromycin base tbec 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	3	
<b>Fidaxomicin</b>		
DIFICID TABS 200 MG	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives</b>		

Drug Name	Drug Tier	Requirements/ Limits
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
CAYA DPRH	0	
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	QL(1 ea daily)
FEMCAP DEVI	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
K-Y ME & YOU INTENSE 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)

Drug Name	Drug Tier	Requirements/ Limits
MAXX LUBRICATED MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM DPRH	0	
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)
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/STUDDERED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
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	
<b>Diabetic Supplies</b>		
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 SOFTCLIX LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
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)
ADJUSTABLE LANCING DEVICE MISC	1	
ADVANCED MOBILE LANCET 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE CONTROL SOLUTIONHIGH LIQD	1	
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 REDI-CODE+ CONTROL SOLUTION HIGH SOLN	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)
ADVOCATE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
AGAMATRIX CONTROL HIGH SOLN	1	
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 32G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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)
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 LANCE SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
ASSURE 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	

Drug Name	Drug Tier	Requirements/ Limits
AUTOLET LANCING DEVICE MISC	1	
AUTOLET MINI MISC	1	
AUTOLET PLUS MISC	1	
BD LANCET ULTRAFINE 30G MISC	1	QL(6.6667 ea daily)
BD LANCET ULTRAFINE 33G MISC	1	QL(6.6667 ea daily)
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 SUPER THIN/30G MISC	1	QL(6.6667 ea daily)
CAREONE LANCET THIN MISC	1	QL(6.6667 ea daily)
CARESENS LANCETS MISC	1	QL(6.6667 ea daily)
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	1	
CARETOUCH SAFETY LANCETS/26G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/28G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	1	
COAGUCHEK LANCETS MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
CONTOUR HIGH CONTROL LIQD	1	
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)

Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCING DEVICE MISC	1	
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	1	
DROPLET LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1	
DROPLET PERSONAL LANCETS30G MISC	1	QL(6.6667 ea daily)
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 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)

Drug Name	Drug Tier	Requirements/ Limits
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 PLUS II CONTROL SOLUTION HIGH SOLN	1	
EASY STEP CONTROL SOLUTION HIGH SOLN	1	
EASY TALK CONTROL SOLUTION HIGH SOLN	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 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 TRAK GLUCOSE CONTROL SOLUTION HIGH SOLN	1	
EASY TWIST & CAP LANCETS MISC	1	QL(6.6667 ea daily)
EASYGLUCO CONTROL SOLUTION HIGH SOLN	1	
EASYMAX CONTROL SOLUTION HIGH SOLN	1	
ELEMENT HIGH CONTROL LIQD	1	
EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	1	
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1	
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	1	
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 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 CONTROL SOLUTION HIGH SOLN	1	
FORA LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1	
FORA LANCING DEVICE/CLEARCAP MISC	1	
FORACARE GDH CONTROL SOLUTION HIGH SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
FORTISCARE CONTROL SOLUTIONS HIGH SOLN	1	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	
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/GLORIOUS GOLD MISC	1	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1	
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	1	
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	1	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	1	
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	1	
GENTEEL PLUS 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)

Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
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 HIGH CONTROL LIQD	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)
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)
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	
GOJJI STERILE LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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	



Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	
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 LANCETS30G MISC	1	QL(6.6667 ea daily)
INFINITY CONTROL SOLUTION HIGH SOLN	1	
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	1	
KROGER HEALTHPRO TWIST LANCETS/26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN33G 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 ULTRATHIN30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	
LANCET DEVICE WITH EJECTOR MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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)
LANCETS 31G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 33G EXTRA FINE 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	

Drug Name	Drug Tier	Requirements/ Limits
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	1	
LIBERTY CONTROL SOLUTION HIGH SOLN	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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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/SINGLE-USE MISC	1	QL(6.6667 ea daily)
MINI LANCING DEVICE MISC	1	
MM LANCING DEVICE MISC	1	
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)
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	

Drug Name	Drug Tier	Requirements/ Limits
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 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 DELICA PLUS LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1	
ONETOUCH FINEPOINT LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH VERIO CONTROL SOLUTION HIGH SOLN	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
PIP LANCETS/28G MISC	1	QL(6.6667 ea daily)
PIP LANCETS/30G MISC	1	QL(6.6667 ea daily)
PRECISION THINS GP 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)
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 CONTROL SOLUTIONHIGH SOLN	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
READYLANCANCE SAFETY LANCETS/28G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCANCE 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 LANCET DEVICES 30G MISC	1	
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	
RELION ULTRA THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
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 GC300 HIGH CONTROL LIQD	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
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 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 30G/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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	1	QL(6.6667 ea daily)
SMARTEST LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 CONTROL HIGH SOLN	1	
SOLUS V2 LANCING DEVICE MISC	1	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
SURESTEP PRO HIGH GLUCOSECONTROL LIQD	1	
TECHLITE AST LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS 30G MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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	
ULTILET CLASSIC LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
UNISTRIP CONTROL SOLUTIONHIGH SOLN	1	
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
VITALET PRO LANCETS MISC	1	QL(6.6667 ea daily)
VITALET PRO PLUS LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCING DEVICE MISC	1	
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSUREDLANCETS 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)
<b>Parenteral Therapy Supplies</b>		
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)
1ST TIER UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM MISC	1	QL(5 ea daily)
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC



Drug Name	Drug Tier	Requirements/ Limits
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)
ABOUTTIME PEN NEEDLE 32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
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)
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

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
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)
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); RX/OTC
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)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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
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 2ND GEN/32G X 5/32" 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)
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" 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); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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
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

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16" 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 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	1	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
DIATHRIVE PEN NEEDLE/31 G X 6MM MISC	1	QL(5 ea daily)
DIATHRIVE PEN NEEDLE/31 GX 8MM MISC	1	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" 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)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 29G X1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31G X3/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31G X5/16" 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)
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

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
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 SAFTEY PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT PEN NEEDLES31GX1/4" MISC	1	QL(5 ea daily)
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

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



Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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)
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 SAFETY PEN NEEDLES/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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 INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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 ULTICARE PEN NEEDLES/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4" 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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/Limits
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)
INSULIN SYRINGE/U-100/0.3ML/29G 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/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)
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

Drug Name	Drug Tier	Requirements/Limits
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/27GX1/2" 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
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); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN ULTRAFIN 31GX6MM MISC	1	QL(5 ea daily)
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
KROGER PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES/31G X3/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/32G X5/32" 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)
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



Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
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)
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)
MEIJER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM MISC	1	QL(5 ea daily)
MICRODOT PEN NEEDLE/32G X 4 MM MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
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
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)
NOVOFINE 32GX6MM MISC	1	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC	1	QL(5 ea daily)
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)
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)
PEN NEEDLES 31GX8MM (5/16") MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
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
PEN NEEDLES/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES/32G X 5/32" 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	1	QL(5 ea daily)
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
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
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
PREVENT SAFETY PEN NEEDLES 31GX5/16" 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

Drug Name	Drug Tier	Requirements/Limits
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
PURE COMFORT PEN NEEDLE 32G X6MM MISC	1	QL(5 ea daily)
PURE COMFORT PEN NEEDLE/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM MISC	1	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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)
RELION PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X4MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily)
RELION SHORT PEN NEEDLES31GX8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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)
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM 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/31GX8 MM MISC	1	QL(5 ea daily); RX/OTC
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
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)



Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
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)
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC	1	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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 15/64" MISC	1	QL(5 ea daily)
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)
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)
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Ambetter Sunshine Formulary

Updated February 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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

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)
TRUE COMFORT PEN NEEDLES31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES32G X 6MM MISC	1	QL(5 ea daily)
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)
TRUEPLUS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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)

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

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

Drug Name	Drug Tier	Requirements/Limits
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
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA 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)

Drug Name	Drug Tier	Requirements/Limits
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
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)
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

Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN PEN NEEDLES MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM 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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
ULTRACARE PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" 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)
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



Drug Name	Drug Tier	Requirements/Limits
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	1	QL(5 ea daily)
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)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Calcitonin Gene-Related Peptide (CGRP)</b>		
AIMOVIG SOAJ	2	PA; QL(0.04 ml daily)
EMGALITY SOAJ 120 MG/ML	2	PA; QL(0.07 ml daily)
EMGALITY SOSY 100 MG/ML	3	PA; QL(0.07 ml daily)
EMGALITY SOSY 120 MG/ML	2	PA; QL(0.07 ml daily)
<b>Migraine Combinations</b>		
CAFERGOT TABS ( <i>Use ergotamine w/ caffeine</i> )	NF	
<i>ergotamine w/ caffeine tabs or 1 mg-100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan-naproxen sodium tabs</i>	3	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
TREXIMET TABS ( <i>Use sumatriptan-naproxen sodium</i> )	NF	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
<b>Migraine Products</b>		
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	PA; QL(0.267 ml daily)
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN ( <i>Use dihydroergotamine mesylate</i> )	NF	QL(0.267 ml daily)
<b>Serotonin Agonists</b>		
<i>almotriptan malate tabs 12.5 mg</i>	1	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
<i>almotriptan malate tabs 6.25 mg</i>	1	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)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<i>frovatriptan succinate tabs</i>	1	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (Use <i>sumatriptan</i> )	NF	QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (Use <i>sumatriptan succinate</i> )	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE REFILL SOCT (Use <i>sumatriptan succinate</i> )	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ (Use <i>sumatriptan succinate</i> )	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX TABS OR 50 MG, 100 MG, 25 MG (Use <i>sumatriptan succinate</i> )	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS (Use <i>rizatriptan benzoate</i> )	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i> )	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP 5 MG (Use <i>rizatriptan benzoate</i> )	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 <i>eletriptan hydrobromide</i> )	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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate tabs or 50 mg, 100 mg, 25 mg</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
ZOLMITRIPTAN SOLN NA 2.5 MG, 5 MG	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tabs or 2.5 mg, 5 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp or 2.5 mg, 5 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG SOLN NA 2.5 MG, 5 MG	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ZOMIG TABS OR 2.5 MG, 5 MG ( <i>Use zolmitriptan</i> )	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP ( <i>Use zolmitriptan</i> )	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Bicarbonates</b>		
SODIUM ACETATE SOLN 2 MEQ/ML	1	
<i>sodium acetate soln 4 meq/ml</i>	1	
<b>Calcium</b>		
<i>calcium chloride (dihydrate) soln</i>	1	
CALCIUM GLUCONATE SOLN IV 10 %	1	
<i>calcium gluconate soln iv 10 %</i>	1	
<b>Electrolyte Mixtures</b>		
<i>dextrose in lactated ringers soln</i>	1	
ELLIOTTS B SOLN	4	PA
IONOSOL-MB/DEXTROSE 5% SOLN 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MEQ/L-5 %, 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MMOLE/L-5 %	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 109 meq/l-130 meq/l-28 meq/l-3 meq/l-4 meq/l, 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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 &amp; sodium chloride soln</i>	1	
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln 0.15 %-0.9 %, 0.45 %-20 meq/l, 0.9 %-40 meq/l</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 129 MEQ/L-130 MEQ/L-2.7 MEQ/L-24 MEQ/L-28 MEQ/L-5 %, 130 MEQ/L-149 MEQ/L-24 MEQ/L-28 MEQ/L-3 MEQ/L-5 %	1	
<i>ringer's soln</i>	1	
<b>Magnesium</b>		
<i>magnesium sulfate soln ij 50 %</i>	1	
<b>Phosphate</b>		
<i>potassium phosphates soln 224 mg/ml-236 mg/ml</i>	1	
<b>Potassium</b>		
K-TAB TBCR 10 MEQ ( <i>Use potassium chloride</i> )	NF	
K-TAB TBCR 8 MEQ ( <i>Use potassium chloride</i> )	1	
<i>potassium acetate soln</i>	1	
<i>potassium bicarb &amp; chloride tbf</i>	1	
<i>potassium bicarbonate tbf</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbc</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML	1	
<i>potassium chloride soln iv 2 meq/ml</i>	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbc or 10 meq, 8 meq</i>	1	
<b>Sodium</b>		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 3 %, 5 %, 23.4 %, 4 meq/ml, 0.45 %, 0.9 %</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
CUPRIMINE CAPS ( <i>Use penicillamine</i> )	NF	PA
DEPEN TITRATABS TABS ( <i>Use penicillamine</i> )	NF	QL(8 ea daily)
<i>penicillamine caps</i>	1	PA
<i>penicillamine tabs</i>	1	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
<b>Immunomodulators</b>		
REVLIMID CAPS 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	4	PA; QL(1 ea daily); SP
REVLIMID CAPS 20 MG	4	PA;
THALOMID CAPS	4	PA; QL(3 ea daily); SP
<b>Immunosuppressive Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
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 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	
<i>cyclosporine soln</i>	1	
<i>everolimus (immunosuppressant) tabs</i>	4	PA; QL(20 ea daily); SP
IMURAN TABS ( <i>Use azathioprine</i> )	NF	
<i>mycophenolate mofetil caps or 250 mg</i>	1	
<i>mycophenolate mofetil tabs or 500 mg</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC ( <i>Use mycophenolate sodium</i> )	NF	
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 PACK OR 0.2 MG, 1 MG	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use sirolimus)	NF	
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use cyclosporine)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	NF	
SIMULECT SOLR	3	
sirolimus tabs 0.5 mg, 1 mg, 2 mg	1	
tacrolimus caps	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (Use everolimus (immunosuppressant))	NF	PA; QL(20 ea daily); SP
<b>Irrigation Solutions</b>		
irrigation solutions, physiological soln	1	
lactated ringer's (irrigation) soln	1	
ringer's irrigation soln	1	
water for irrigation, sterile soln	1	
<b>Potassium Removing Agents</b>		
sodium polystyrene sulfonate powd or	1	
sodium polystyrene sulfonate susp or 15 gm/60ml	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
lidocaine hcl (mouth-throat) soln 2 %	1	QL(4 ml daily)
lidocaine hcl (mouth-throat) soln 4 %	1	
<b>Anti-infectives - Throat</b>		

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole troc	1	
nystatin (mouth-throat) susp	1	
<b>Antiseptics - Mouth/Throat</b>		
chlorhexidine gluconate (mouth-throat) soln	1	
DEBACTEROL SOLN	2	
PERIDEX SOLN (Use chlorhexidine gluconate (mouth-throat))	NF	
<b>Dental Products</b>		
stannous fluoride conc mt 0.63 %	0	RX/OTC
<b>Steroids - Mouth/Throat/Dental</b>		
triamcinolone acetonide (mouth) pste	1	
<b>Throat Products - Misc.</b>		
cevimeline hcl caps	1	
EVOXAC CAPS (Use cevimeline hcl)	NF	
pilocarpine hcl (oral) tabs	1	
SALAGEN TABS (Use pilocarpine hcl (oral))	NF	
<b>MULTIVITAMINS</b>		
<b>Multiple Vitamins w/ Minerals</b>		
CORVITE TABS (Use multiple vitamins w/ minerals & folic acid)	NF	
<b>Prenatal Vitamins</b>		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HM PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)
NEONATAL COMPLETE TABS 0.2 MG-1.84 MG-10 MCG-10 MG-1000 MCG-12 MCG-120 MG-1200 MCG-2 MG-2 MG-20 MG-200 MG-25 MG-27 MG-3 MG-5 MG-9.2 MG	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
O-CAL FA TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL LOW IRON TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
RA PRENATAL TABS	2	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
VOL-PLUS TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC

### 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	
<i>chlorzoxazone tabs 500 mg</i>	1	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 10 mg, 5 mg</i>	1	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)
ROBAXIN TABS OR 500 MG ( <i>Use methocarbamol</i> )	NF	
ROBAXIN-750 TABS ( <i>Use methocarbamol</i> )	NF	
SKELAXIN TABS ( <i>Use metaxalone</i> )	NF	QL(4 ea daily)
SOMA TABS ( <i>Use carisoprodol</i> )	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX CAPS ( <i>Use tizanidine hcl</i> )	NF	
ZANAFLEX TABS ( <i>Use tizanidine hcl</i> )	NF	

#### Direct Muscle Relaxants

DANTRIUM CAPS ( <i>Use dantrolene sodium</i> )	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 100 mg, 50 mg, 25 mg</i>	1	QL(4 ea daily)

### NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus

#### Nasal Antiallergy

<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN ( <i>Use olopatadine hcl (nasal)</i> )	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	
FLONASE ALLERGY RELIEF CHILDRENS SUSP ( <i>Use fluticasone propionate (nasal)</i> )	NF	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP ( <i>Use fluticasone propionate (nasal)</i> )	NF	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
<i>flunisolide (nasal) soln</i>	1	1 rtl pack lmt per fill,
<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)

Drug Name	Drug Tier	Requirements/ Limits
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal))	NF	
NASONEX SUSP (Use mometasone furoate (nasal))	NF	PA; QL(1.14 gm daily)
triamcinolone acetonide (nasal) aero	1	
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RILUTEK TABS (Use riluzole)	NF	
riluzole tabs	3	
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX SOLR	3	PA
DYSPORE SOLR	3	PA
XEOMIN SOLR	3	PA
<b>NUTRIENTS</b>		
<b>Proteins</b>		
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
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	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		

Drug Name	Drug Tier	Requirements/ Limits
<b>Artificial Tears and Lubricants</b>		
LACRISERT INST	3	
<b>Beta-blockers - Ophthalmic</b>		
BETAGAN SOLN (Use levobunolol hcl)	NF	
betaxolol hcl (ophth) soln	1	
carteolol hcl (ophth) soln	1	
COMBIGAN SOLN	2	
COSOPT SOLN (Use dorzolamide hcl-timolol maleate)	NF	
dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml	1	
levobunolol hcl soln	1	
timolol maleate (ophth) solg 0.25 %, 0.5 %	1	
timolol maleate (ophth) soln 0.25 %, 0.5 %	1	
TIMOPTIC SOLN (Use timolol maleate (ophth))	NF	
TIMOPTIC-XE SOLG (Use timolol maleate (ophth))	NF	
<b>Cycloplegic Mydriatics</b>		
MYDRIACYL SOLN (Use tropicamide)	NF	
tropicamide soln	1	
<b>Miotics</b>		
ISOPTO CARPINE SOLN (Use pilocarpine hcl)	NF	
PHOSPHOLINE IODIDE SOLR	3	
pilocarpine hcl soln	1	
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P SOLN 0.15 % (Use brimonidine tartrate)	NF	



Drug Name	Drug Tier	Requirements/ Limits
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (Use <i>apraclonidine hcl</i> )	NF	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	PA
<b>Ophthalmic Anti-infectives</b>		
AZASITE SOLN	3	
<i>bacitracin (ophthalmic) oint</i>	3	
BLEPH-10 SOLN (Use <i>sulfacetamide sodium (ophth)</i> )	NF	
CILOXAN SOLN (Use <i>ciprofloxacin hcl (ophth)</i> )	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	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN	3	
<i>levofloxacin (ophth) soln</i>	1	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
OCUFLOX SOLN (Use <i>ofloxacin (ophth)</i> )	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
POLYTRIM SOLN (Use <i>polymyxin b-trimethoprim</i> )	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBREX SOLN (Use <i>tobramycin (ophth)</i> )	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (Use <i>moxifloxacin hcl (ophth)</i> )	NF	
VIROPTIC SOLN (Use <i>trifluridine</i> )	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (Use <i>gatifloxacin (ophth)</i> )	NF	
<b>Ophthalmic Immunomodulators</b>		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
<b>Ophthalmic Local Anesthetics</b>		
ALCAINE SOLN (Use <i>proparacaine hcl</i> )	NF	
<i>proparacaine hcl soln</i>	1	
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE SOLN	4	PA
<b>Ophthalmic Steroids</b>		
ALREX SUSP	3	PA
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	
DUREZOL EMUL	3	PA
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
FML OINT	3	PA
LOTEMAX GEL	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (Use loteprednol etabonate)	NF	PA
loteprednol etabonate susp	1	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT (Use neomycin-polymyxin-dexameth)	NF	
MAXITROL SUSP (Use neomycin-polymyxin-dexameth)	NF	
neomycin-polymyxin-dexameth oint	1	
neomycin-polymyxin-dexameth susp	1	
neomycin-polymyxin-hc (ophth) susp	1	
OMNIPRED SUSP (Use prednisolone acetate (ophth))	NF	
PRED FORTE SUSP (Use prednisolone acetate (ophth))	NF	
PRED MILD SUSP	3	PA
prednisolone acetate (ophth) susp	1	
PREDNISOLONE ACETATE P-F SUSP	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX SUSP (Use tobramycin-dexamethasone)	NF	
tobramycin-dexamethasone susp	1	
<b>Ophthalmics - Misc.</b>		

Drug Name	Drug Tier	Requirements/Limits
ACULAR LS SOLN (Use ketorolac tromethamine (ophth))	NF	
ACULAR SOLN (Use ketorolac tromethamine (ophth))	NF	
ALOCRIOL SOLN	3	PA
ALOMIDE SOLN	3	PA
azelastine hcl (ophth) soln	1	
BEPREVE SOLN	3	PA
bromfenac sodium (ophth) soln	1	
cromolyn sodium (ophth) soln	1	
CYSTARAN SOLN	2	PA; QL(2.143 ml daily)
diclofenac sodium (ophth) soln	1	
dorzolamide hcl soln	1	
ELESTAT SOLN (Use epinastine hcl (ophth))	NF	
EMADINE SOLN	3	
epinastine hcl (ophth) soln	1	
flurbiprofen sodium soln	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
ketorolac tromethamine (ophth) soln	1	
ketotifen fumarate (ophth) soln	1	
LASTACFT SOLN	3	PA
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
olopatadine hcl soln	1	RX/OTC
PATADAY SOLN (Use olopatadine hcl)	NF	RX/OTC
PATANOL SOLN (Use olopatadine hcl)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TRUSOPT SOLN ( <i>Use dorzolamide hcl</i> )	NF	
ZADITOR SOLN ( <i>Use ketotifen fumarate (ophth)</i> )	NF	
ZERVIAE SOLN	3	PA
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN ( <i>Use travoprost</i> )	NF	
<i>travoprost soln</i>	1	
XALATAN SOLN ( <i>Use latanoprost</i> )	NF	
ZIOPTAN SOLN	2	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	1	
<b>Otic Anti-infectives</b>		
CETRAXAL SOLN ( <i>Use ciprofloxacin hcl (otic)</i> )	1	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN ( <i>Use ofloxacin (otic)</i> )	NF	
<i>ofloxacin (otic) soln</i>	1	
<b>Otic Combinations</b>		
CIPRO HC SUSP	3	
CIPRODEX SUSP ( <i>Use ciprofloxacin-dexamethasone</i> )	NF	PA
<i>ciprofloxacin-dexamethasone susp</i>	1	PA
<i>ciprofloxacin-fluocinolone acetamide soln</i>	1	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	

Drug Name	Drug Tier	Requirements/Limits
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN ( <i>Use ciprofloxacin-fluocinolone acetamide</i> )	3	PA; QL(0.5 ea daily)
<b>Otic Steroids</b>		
DERMOTIC OIL ( <i>Use fluocinolone acetamide (otic)</i> )	NF	
<i>fluocinolone acetamide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
CUVITRU SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	4	PA; SP
GAMMAGARD LIQUID SOLN 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN	4	PA; SP
GAMUNEX-C SOLN	4	PA; SP
HIZENTRA SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA KIT	4	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps</i>	1	
<i>ampicillin sodium solr ij 1 gm</i>	1	
<i>ampicillin sodium solr iv 10 gm</i>	1	
<b>Natural Penicillins</b>		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000 UNIT/ML, 60000 UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
PENICILLIN G PROCAINE SUSP	3	
<i>penicillin g sodium solr</i>	3	
<i>penicillin v potassium solr</i>	1	
<i>penicillin v potassium tabs</i>	1	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate chew</i>	1	
<i>amoxicillin &amp; pot clavulanate susr</i>	1	
<i>amoxicillin &amp; pot clavulanate tabs</i>	1	
<i>amoxicillin &amp; pot clavulanate tb12</i>	1	
<i>ampicillin &amp; sulbactam sodium solr ij 0.5 gm-1 gm, 1 gm-2 gm</i>	1	
<i>ampicillin &amp; sulbactam sodium solr iv 10 gm-5 gm</i>	1	
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	NF	

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN TABS 125 MG-500 MG, 125 MG-875 MG (Use amoxicillin & pot clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use ampicillin & sulbactam sodium)	NF	
UNASYN SOLR (Use ampicillin & sulbactam sodium)	NF	
ZOSYN SOLR 0.25 GM-2 GM, 0.375 GM-3 GM, 0.5 GM-4 GM, 36 GM-4.5 GM (Use piperacillin sodium-tazobactam sodium)	NF	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr iv 10 gm</i>	1	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS (Use norethindrone acetate)	NF	
<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	

Drug Name	Drug Tier	Requirements/Limits
PROMETRIUM CAPS ( <i>Use progesterone micronized</i> )	NF	
PROVERA TABS ( <i>Use medroxyprogesterone acetate</i> )	NF	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS ( <i>Use disulfiram</i> )	NF	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
<b>Anti-Cataplectic Agents</b>		
XYREM SOLN	4	PA; QL(18 ml daily); SP
<b>Antidementia Agents</b>		
ARICEPT TABS 10 MG ( <i>Use donepezil hydrochloride</i> )	NF	QL(2 ea daily)
ARICEPT TABS 5 MG ( <i>Use donepezil hydrochloride</i> )	NF	QL(1 ea daily)
<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 16 mg, 24 mg, 8 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide soln 4 mg/ml</i>	1	QL(6 ml daily)
<i>galantamine hydrobromide tabs 12 mg, 8 mg, 4 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)

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tabs 5 mg</i>	1	QL(1 ea daily)
NAMENDA TABS 10 MG ( <i>Use memantine hcl</i> )	NF	QL(2 ea daily)
NAMENDA TABS 5 MG ( <i>Use memantine hcl</i> )	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS ( <i>Use memantine hcl</i> )	NF	
RAZADYNE ER CP24 ( <i>Use galantamine hydrobromide</i> )	NF	QL(1 ea daily)
RAZADYNE TABS ( <i>Use galantamine hydrobromide</i> )	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1	
<b>Combination Psychotherapeutics</b>		
<i>perphenazine-amitriptyline tabs</i>	1	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO TABS	4	PA; QL(4 ea daily)
<i>tetrabenazine tabs</i>	4	PA; QL(3 ea daily); SP
XENAZINE TABS ( <i>Use tetrabenazine</i> )	NF	PA; QL(3 ea daily); SP
<b>Multiple Sclerosis Agents</b>		
AMPYRA TB12 ( <i>Use dalfampridine</i> )	NF	PA; QL(2 ea daily); SP
AUBAGIO TABS	4	PA
AVONEX PEN AJKT	4	PA; QL(0.0714 ea daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML ( <i>Use glatiramer acetate</i> )	NF	PA; QL(1 ml daily); SP

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SOSY 40 MG/ML ( <i>Use glatiramer acetate</i> )	NF	PA; QL(0.429 ml daily); SP
<i>dalfampridine tb12</i>	4	PA; QL(2 ea daily); SP
<i>dimethyl fumarate cpdr</i>	4	PA
<i>dimethyl fumarate misc</i>	4	PA
EXTAVIA KIT	4	PA; QL(0.0357 ea daily); SP
GILENYA CAPS	4	PA
<i>glatiramer acetate sosal 20 mg/ml</i>	3	PA; QL(1 ml daily); SP
<i>glatiramer acetate sosal 40 mg/ml</i>	3	PA; QL(0.429 ml daily); SP
MAVENCLAD TBPK	4	PA
MAYZENT STARTER PACK TBPK	4	PA
MAYZENT TABS	4	PA
OCREVUS SOLN	4	PA
PLEGRIDY SOPN	4	PA; QL(0.0357 ml daily)
PLEGRIDY SOSY	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA
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 ( <i>Use dimethyl fumarate</i> )	NF	PA
TECFIDERA STARTER PACK MISC ( <i>Use dimethyl fumarate</i> )	NF	PA

Drug Name	Drug Tier	Requirements/Limits
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain</b>		
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)
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
<i>fluoxetine hcl (pmdd) caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl (pmdd) caps 20 mg</i>	1	QL(3 ea daily)
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUEDEXTA CAPS	3	PA
<b>Psychotherapeutic and Neurological Agents -</b>		
<i>ergoloid mesylates tabs</i>	3	
<i>pimozide tabs</i>	1	
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT TBCR	3	PA; QL(2 ea daily)
<b>Smoking Deterrents</b>		
<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 ( <i>Use nicotine</i> )	NF	QL(1 ea daily)
NICORETTE GUM ( <i>Use nicotine polacrilex</i> )	NF	
NICORETTE LOZG ( <i>Use nicotine polacrilex</i> )	NF	
NICORETTE MINI LOZG ( <i>Use nicotine polacrilex</i> )	NF	
NICORETTE STARTER KIT GUM ( <i>Use nicotine polacrilex</i> )	NF	
<i>nicotine polacrilex gum</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>nicotine polacrilex loz</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 ( <i>Use bupropion hcl (smoking deterrent)</i> )	NF	QL(2 ea daily)
<b>Transthyretin Amyloidosis Agents</b>		
TEGSEDI SOSY	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP SOLR 1000 MG	4	PA; SP
ARALAST NP SOLR 500 MG	4	PA
PROLASTIN-C SOLN 1000 MG/20ML	4	PA;
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
<b>Cystic Fibrosis Agents</b>		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
ORKAMBI PACK 100 MG- 125 MG, 150 MG-188 MG	4	PA; QL(2 ea daily)
ORKAMBI TABS 100 MG- 125 MG, 125 MG-200 MG	4	PA; QL(4 ea daily)
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
TRIKAFTA TBPK	4	PA; QL(3 ea daily)
<b>Pulmonary Fibrosis Agents</b>		
OFEV CAPS	4	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
SULFADIAZINE TABS	1	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Glycylcyclines</b>		
<i>tigecycline solr</i>	1	
TYGACIL SOLR ( <i>Use tigecycline</i> )	NF	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 75 mg</i>	1	
<i>doxycycline (monohydrate) tabs 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 50 mg</i>	1	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline hyclate solr iv 100 mg</i>	1	
<i>doxycycline hyclate tabs or 20 mg, 100 mg</i>	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG ( <i>Use minocycline hcl</i> )	NF	QL(3 ea daily)
<i>minocycline hcl caps 50 mg, 100 mg, 75 mg</i>	1	QL(3 ea daily)
<i>minocycline hcl tabs 100 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)
TARGADOX TABS ( <i>Use doxycycline hyclate</i> )	NF	
<i>tetracycline hcl caps</i>	1	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG ( <i>Use doxycycline hyclate</i> )	NF	QL(2 ea daily)
XIMINO CP24 135 MG, 45 MG, 90 MG ( <i>Use minocycline hcl</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS ( <i>Use methimazole</i> )	NF	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>Use thyroid</i> )	2	QL(1 ea daily)
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
CYTOMEL TABS ( <i>Use liothyronine sodium</i> )	NF	
<i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium soln</i>	1	
<i>liothyronine sodium tabs</i>	1	
NATURE-THROID NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS ( <i>Use levothyroxine sodium</i> )	2	
<i>thyroid tabs</i>	1	QL(1 ea daily)
TRIOSTAT SOLN ( <i>Use liothyronine sodium</i> )	NF	
WESTHROID TABS	2	
WP THYROID TABS	2	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP	0	

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX SUSP	0	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
<i>atropine sulfate soln ij 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine sulfate sosaln ij 0.25 mg/5ml</i>	1	
<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 ( <i>Use chlordiazepoxide hcl-clidinium bromide</i> )	NF	
<i>methscopolamine bromide tabs</i>	1	
<b>H-2 Antagonists</b>		
<i>cimetidine hcl soln</i>	1	QL(20 ml daily)
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 800 mg, 400 mg</i>	1	
<i>famotidine in nacl soln</i>	1	
<i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</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	



Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine soln 15 mg/ml</i>	1	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS ( <i>Use famotidine</i> )	NF	RX/OTC
PEPCID TABS 20 MG ( <i>Use famotidine</i> )	NF	RX/OTC
PEPCID TABS 40 MG ( <i>Use famotidine</i> )	NF	
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1	
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1	
TAGAMET HB TABS ( <i>Use cimetidine</i> )	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS ( <i>Use ranitidine hcl</i> )	NF	RX/OTC
ZANTAC SOLN 25 MG/ML ( <i>Use ranitidine hcl</i> )	NF	
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML ( <i>Use sucralfate</i> )	NF	QL(40 ml daily)
CARAFATE TABS 1 GM ( <i>Use sucralfate</i> )	NF	QL(4 ea daily)
<i>sucralfate susp 1 gm/10ml</i>	1	QL(40 ml daily)
<i>sucralfate tabs 1 gm</i>	1	QL(4 ea daily)
<b>Proton Pump Inhibitors</b>		
ACIPHEX TBEC ( <i>Use rabeprazole sodium</i> )	NF	QL(1 ea daily)
DEXILANT CPDR	3	PA; QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cpdr 15 mg</i>	1	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR TBEC	1	QL(2 ea daily)
NEXIUM CPDR 20 MG ( <i>Use esomeprazole magnesium</i> )	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG ( <i>Use esomeprazole magnesium</i> )	NF	QL(1 ea daily)
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	QL(2 ea daily)
<i>omeprazole cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)
<i>omeprazole magnesium tbec</i>	1	QL(4 ea daily)
<i>omeprazole tbec 20 mg</i>	1	QL(2 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1	
PREVACID 24HR CPDR ( <i>Use lansoprazole</i> )	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG ( <i>Use lansoprazole</i> )	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG ( <i>Use lansoprazole</i> )	NF	
PRIOLOSEC OTC TBEC ( <i>Use omeprazole magnesium</i> )	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG ( <i>Use pantoprazole sodium</i> )	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG ( <i>Use pantoprazole sodium</i> )	NF	
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC TABS ( <i>Use misoprostol</i> )	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol tabs</i>	1	QL(4 ea daily)
<b>Ulcer Therapy Combinations</b>		
<i>omeprazole-sodium bicarbonate caps 1100 mg-20 mg</i>	1	QL(1 ea daily); RX/OTC
ZEGERID CAPS 1100 MG-20 MG ( <i>Use omeprazole-sodium bicarbonate</i> )	NF	RX/OTC
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infectives</b>		
<i>nitrofurantoin monohyd macro caps</i>	1	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
<i>darifenacin hydrobromide tb24</i>	1	QL(1 ea daily)
DETROL LA CP24 ( <i>Use tolterodine tartrate</i> )	NF	QL(1 ea daily)
DETROL TABS ( <i>Use tolterodine tartrate</i> )	NF	
DITROPAN XL TB24 ( <i>Use oxybutynin chloride</i> )	NF	
ENABLEX TB24 ( <i>Use darifenacin hydrobromide</i> )	NF	QL(1 ea daily)
<i>oxybutynin chloride syrp</i>	1	
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	
<i>solifenacin succinate tabs</i>	1	PA; QL(1 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
VESICARE TABS ( <i>Use solifenacin succinate</i> )	NF	PA; QL(1 ea daily)
<b>Urinary Antispasmodics - Beta-3 Adrenergic</b>		
MYRBETRIQ TB24	3	PA
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs 10 mg, 5 mg, 50 mg</i>	1	QL(4 ea daily)
<i>bethanechol chloride tabs 25 mg</i>	1	
URECHOLINE TABS 10 MG, 5 MG, 50 MG ( <i>Use bethanechol chloride</i> )	NF	QL(4 ea daily)
URECHOLINE TABS 25 MG ( <i>Use bethanechol chloride</i> )	NF	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	1	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO SOLR	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
<b>Viral Vaccines</b>		
AFLURIA 2018-2019 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,
AFLURIA PF 2018-2019 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
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,
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
ENGERIX-B INJ	0	1 rtl MAX fill,365 rtl day(s) supply,
ENGERIX-B SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
FLUAD 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUARIX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2020-2021 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,
FLUBLOK QUADRIVALENT 2019-2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2020-2021 SOSY	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,
FLUCELVAX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL QUADRIVALENT 2018-2019 SUSP	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,
FLULAVAL QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2020-2021 SUSY	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,
FLUZONE HIGH-DOSE PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	0	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,
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
GARDASIL 9 SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
GARDASIL 9 SUSY	0	1 rtl MAX fill,365 rtl day(s) supply,
HAVRIX SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
HEPLISAV-B SOLN	0	1 rtl MAX fill,365 rtl day(s) supply,
HEPLISAV-B SOSY	0	1 rtl MAX fill,365 rtl day(s) supply,
IPOL INACTIVATED IPV INJ	0	1 rtl MAX fill,365 rtl day(s) supply,
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply,
RECOMBIVAX HB SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
ROTARIX SUSR	0	1 rtl MAX fill,365 rtl day(s) supply,
ROTATEQ SOLN	0	1 rtl MAX fill,365 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
SHINGRIX SUSR	0	QL(0.14 ea daily)2 rtl pack lmt amt,999 rtl pack lmt day(s); AL(At least 50 yrs old)
TWINRIX SUSY	0	3 rtl MAX fill,365 rtl day(s) supply,
VAQTA SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
VARIVAX INJ	0	1 rtl MAX fill,365 rtl day(s) supply,
ZOSTAVAX SUSR	0	QL(1 ea daily)1 rtl pack lmt amt,999 rtl pack lmt day(s); AL(At least 50 yrs old)
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Miscellaneous Vaginal Products</b>		
INTRAROSA INST	3	PA
<b>Spermicides</b>		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
<b>Vaginal Anti-infectives</b>		
CLEOCIN CREA VA 2 % (Use clindamycin phosphate vaginal)	NF	
clindamycin phosphate vaginal crea	1	
clotrimazole vaginal crea 1 %	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTTRIMIN CREA (Use clotrimazole vaginal)	NF	

Drug Name	Drug Tier	Requirements/ Limits
METROGEL-VAGINAL GEL (Use metronidazole vaginal)	NF	
metronidazole vaginal gel	1	
miconazole nitrate vaginal supp 200 mg	1	
terconazole vaginal crea	1	
terconazole vaginal supp	1	
<b>Vaginal Estrogens</b>		
ESTRACE CREA (Use estradiol vaginal)	NF	
estradiol vaginal crea	1	
estradiol vaginal tabs	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (Use estradiol vaginal)	NF	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
ADRENALIN SOLN IJ 30 MG/30ML (Use epinephrine (anaphylaxis))	NF	
epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml	1	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,
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) soaj 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,
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	NF	
EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</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,
<b>Vasopressors</b>		
<i>midodrine hcl tabs</i>	1	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
<i>cholecalciferol caps 1.25 mg, 50000 unit</i>	1	
<i>cholecalciferol tabs 400 unit</i>	0	
DRISDOL CAPS (Use <i>ergocalciferol</i> )	0	
<i>ergocalciferol caps or 1.25 mg, 50000 unit</i>	0	
<i>ergocalciferol soln or 8000 unit/ml</i>	1	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
<b>Water Soluble Vitamins</b>		
<i>niacin cpcr or 250 mg, 500 mg</i>	1	
<i>niacin tabs or 50 mg, 250 mg, 100 mg, 500 mg</i>	1	
<i>niacin tbcr or 750 mg, 250 mg, 500 mg</i>	1	
NIACIN TR TBCR	1	
<i>niacinamide tabs or 100 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
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100/1ML/29G X 1/2".....	94	AUTOLET LANCING		balsalazide disodium.....	72
ASSURE ID SAFETY PEN		DEVICE.....	81	BALVERSA.....	39
NEEDLES 30G X 5/16".....	94	AUTOLET MINI.....	81	BANZEL.....	17
ASSURE ID SAFETY PEN		AUTOLET PLUS.....	81	BAQSIMI ONE PACK.....	24
NEEDLES 31G X 3/16".....	94	AVALIDE.....	32	BAQSIMI TWO PACK.....	24
ASSURE LANCE LANCETS		AVANDIA.....	24	BARACLUDGE.....	49
ASSURE LANCE LANCETS		AVAPRO.....	31	BASAGLAR KWIKPEN.....	25
21G.....	81	AVELOX.....	72	BAVENCIO.....	37
ASSURE LANCE PLUS		AVODART.....	74	BAXDELA.....	72
SAFETYLANCETS 25G.....	81	AVONEX.....	138	BD LO-DOSE INSULIN	
ASSURE LANCE PLUS		AVONEX PEN.....	138	SYRINGE MICROFINE	
SAFETYLANCETS 30G.....	81	AYGESTIN.....	137	IV/0.5ML/28G X 1/2".....	95
ASSURE LANCE SAFETY		AYVAKIT.....	39	BD AUTOSHIELD 29G X	
LANCET 28G.....	81	azacitidine.....	36	5/16".....	95
ASSURE LANCETS.....	81	AZACTAM.....	12	BD INSULIN SYRINGE LUER-	
ATACAND.....	31	AZASAN.....	129	LOK/U-100/1ML.....	95
ATACAND HCT.....	32	AZASITE.....	134	BD INSULIN SYRINGE	
atazanavir sulfate.....	46	AZATHIOPRINE.....	129	MICROFINE IV/U-	
ATELVIA.....	68	azathioprine.....	129	100/0.5ML/28G X 1/2".....	95
atenolol.....	50	azelaic acid.....	66	BD INSULIN SYRINGE	
atenolol & chlorthalidone.....	32	azelastine hcl.....	132	MICROFINE IV/U-100/1ML/27G	
ATGAM.....	129	azelastine hcl (ophth).....	135	X 5/8".....	95
ATIVAN.....	13	AZELEX.....	58	BD INSULIN SYRINGE	
atomoxetine hcl.....	2	AZILECT.....	44	MICROFINE IV/U-100/1ML/28G	
atorvastatin calcium.....	30	azithromycin.....	78	X 1/2".....	95
atovaquone.....	11	AZOR.....	32	BD INSULIN SYRINGE	
atovaquone-proguanil hcl.....	34	aztreonam.....	12	MICROFINE/U-100/0.5ML/28G X	
ATRIPLA.....	46	AZULFIDINE.....	72	1/2".....	95
atropine sulfate.....	141			BD INSULIN SYRINGE	
ATROVENT HFA.....	14			MICROFINE/U-100/1ML/27G X	
AUBAGIO.....	138			5/8".....	95

BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	95	BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	96	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	96
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	95	BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	96	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	96
BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	95	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	96	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64".....	96
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM.....	95	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	96	BELEODAQ.....	39
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM.....	95	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	96	BELRAPZO.....	35
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM.....	95	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	96	BELSOMRA.....	77
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM.....	95	BD LANCET ULTRAFINE 30G.....	81	BELVIQ.....	2
BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM.....	95	BD LANCET ULTRAFINE 33G.....	81	benazepril & hydrochlorothiazide.....	32
BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM.....	95	BD MICROTAINER LANCETS.....	81	benazepril hcl.....	31
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM.....	95	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	96	BENDAMUSTINE HYDROCHLORIDE.....	35
BD INSULIN SYRINGE ULTRAFINE HALF- UNIT/0.3ML/31G X 5/16".....	95	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	96	BENDEKA.....	35
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	95	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	96	BENICAR.....	31
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	95	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	96	BENICAR HCT.....	32
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	95	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	96	BENZAACLIN.....	58
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	95	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	96	BENZAACLIN WITH PUMP.....	58
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	95	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	96	BENZAMYCIN.....	58
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	95	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	96	BENZEFOAM.....	58
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	95	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	96	BENZEFOAM ULTRA.....	58
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	95	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	96	benzonatate.....	57
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	95	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	96	benzoyl peroxide.....	58
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	96			BENZOYL PEROXIDE CLEANSER.....	58
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	96			benzoyl peroxide- erythromycin.....	58
				benztropine mesylate.....	42
				BEPREVE.....	135
				BESPONSA.....	37
				BETAGAN.....	133
				betamethasone dipropionate (topical).....	63
				betamethasone dipropionate augmented.....	63
				betamethasone valerate.....	63
				BETAPACE.....	50
				BETAPACE AF.....	50
				BETASERON.....	138
				betaxolol hcl.....	50
				betaxolol hcl (ophth).....	133
				bethanechol chloride.....	143
				BEVESPI AEROSPHERE.....	15
				BEVYXXA.....	16
				bexarotene.....	41
				BEYAZ.....	54

bicalutamide	37	buspirone hcl	13	carbamazepine	18
BICNU	35	busulfan	35	CARBATROL	18
BIDIL	52	BUSULFEX	35	carbidopa	42
BIKTARVY	46	butalbital-acetaminophen	5	carbidopa-levodopa	43
BILTRICIDE	10	butalbital-acetaminophen- caffeine	5	carbidopa-levodopa-entacapone	43
bimatoprost	136	butalbital-acetaminophen- caffeine w/ codeine	8	carbinoxamine maleate	28
bisacodyl	77	butalbital-aspirin-caffeine	5	carboplatin	35
bisoprolol & hydrochlorothiazide	32	butalbital-aspirin-caffeine w/cod	8	CARDIOCOM LANCING DEVICE	81
bisoprolol fumarate	50	BUTALBITAL/ACETAMINOPH EN	5	CARDIZEM	51
bleomycin sulfate	38	butenafine hcl	59	CARDIZEM CD	51
BLEPH-10	134	butorphanol tartrate	9	CARDIZEM LA	51
BLINCYTO	37	BUTRANS	9	CARDURA	31
BONIVA	68	BYSTOLIC	50	CAREFINE PEN NEEDLE 32GX4MM	96
BOOSTRIX	141	cabergoline	71	CAREFINE PEN NEEDLES 29GX1/2"	96
BORTEZOMIB	39	CABLIVI	75	CAREFINE PEN NEEDLES 30GX5/16"	96
bosentan	52	CADUET	52	CAREFINE PEN NEEDLES 31GX6MM	96
BOSULIF	39	CAFERGOT	126	CAREFINE PEN NEEDLES 31GX8MM	96
BOTOX	133	CALAN	51	CAREFINE PEN NEEDLES 32GX5MM	96
BRAFTOVI	39	CALAN SR	51	CAREFINE PEN NEEDLES 32GX6MM	97
BREO ELLIPTA	15	calcipotriene	62	CAREONE ADVANCED LANCINGDEVICE	81
BRILINTA	75	calcipotriene-betamethasone dipropionate	63	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	97
brimonidine tartrate	134	calcitonin (salmon)	68	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	97
BRIVIACT	18	calcitriol	70	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	97
bromfenac sodium (ophth)	135	calcitriol (topical)	62	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	97
bromocriptine mesylate	43	calcium acetate (phosphate binder)	73	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	97
BROVANA	15	calcium chloride (dihydrate)	128	CAREONE LANCET SUPER THIN/30G	81
BRUKINSA	39	CALCIUM GLUCONATE	128	CAREONE LANCET THIN	81
budesonide	55	calcium gluconate	128	CAREONE UNIFINE PENTIPS 29GX12MM	97
budesonide (inhalation)	14	calcium polycarbophil	77	CAREONE UNIFINE PENTIPS 31GX5MM	97
budesonide (nasal)	132	CAMPATH	37	CAREONE UNIFINE PENTIPS 31GX6MM	97
budesonide-formoterol fumarate dihydrate	15	CAMPTOSAR	42		
BULLSEYE MINI SAFETY LANCETS	81	CANASA	72		
BULLSEYE SAFETY LANCETS	81	CANCIDAS	27		
bumetanide	67	candesartan cilexetil	31		
BUMEX	68	candesartan cilexetil- hydrochlorothiazide	32		
BUNAVAIL	9	CAPASTAT SULFATE	35		
BUPHENYL	70	capecitabine	36		
BUPRENEX	9	CAPRELSA	39		
buprenorphine	9	captopril	31		
buprenorphine hcl	9	CARAC	61		
buprenorphine hcl-naloxone hcl dihydrate	9	CARAFATE	142		
bupropion hcl	21	CARBAGLU	70		
bupropion hcl (smoking deterrent)	139				

CAREONE UNIFINE PENTIPS 31GX8MM.....	97	cefactor.....	53	chlorhexidine gluconate (mouth- throat).....	130
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	97	cefadroxil.....	53	chloroquine phosphate.....	34
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	97	cefazolin sodium.....	53	chlorothiazide.....	68
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	97	cefdinir.....	53	chlorpromazine hcl.....	45
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	97	cefditoren pivoxil.....	53	chlorpropamide.....	25
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	97	cefepime hcl.....	53	chlorthalidone.....	68
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	97	cefexime.....	53	chlorzoxazone.....	132
CARESENS LANCETS.....	81	CEFOTAN.....	53	CHOLBAM.....	72
CARETOUCH LANCING DEVICEWITH EJECTOR.....	81	cefotaxime sodium.....	53	cholecalciferol.....	147
CARETOUCH PEN NEEDLES 31G X 6 MM.....	97	cefotetan disodium.....	53	cholestyramine.....	30
CARETOUCH PEN NEEDLES 31GX 5MM.....	97	cefoxitin sodium.....	53	cholestyramine light.....	29,30
CARETOUCH PEN NEEDLES 31GX 8MM.....	97	cefopodoxime proxetil.....	53	CHORIONIC GONADOTROPIN.....	69
CARETOUCH PEN NEEDLES 32GX 4MM.....	97	cefprozil.....	53	CIALIS.....	52
CARETOUCH PEN NEEDLES 32GX 5MM.....	97	ceftazidime.....	53	CICLODAN SOLUTION KIT.....	59
CARETOUCH SAFETY LANCETS/26G.....	81	ceftriaxone sodium.....	53	ciclopirox.....	59
CARETOUCH SAFETY LANCETS/28G.....	81	cefuroxime axetil.....	53	ciclopirox olamine.....	59
CARETOUCH SAFETY LANCETS/30G.....	81	cefuroxime sodium.....	53	cidofovir.....	48
CARETOUCH TWIST LANCETS 28G.....	81	CELEBREX.....	4	cilostazol.....	75
CARETOUCH TWIST LANCETS 30G.....	81	celecoxib.....	4	CILOXAN.....	134
CARETOUCH TWIST LANCETS 33G.....	81	CELESTONE-SOLUSPAN.....	56	CIMDUO.....	46
carisoprodol.....	132	CELEXA.....	21	cimetidine.....	141
carmustine.....	35	CELLCEPT.....	129	cimetidine hcl.....	141
carteolol hcl (ophth).....	133	CELONTIN.....	20	cinacalcet hcl.....	70
carvedilol.....	50	cephalexin.....	53	CINRYZE.....	74
CASODEX.....	37	CERDELGA.....	75	CIPRO.....	72
casprofungin acetate.....	27	CEREBYX.....	20	CIPRO HC.....	136
CATAPRES.....	31	CEREZYME.....	75	CIPRODEX.....	136
CATAPRES-TTS-1.....	31	CESAMET.....	27	ciprofloxacin.....	72
CATAPRES-TTS-2.....	31	cetirizine hcl.....	28	ciprofloxacin hcl.....	72
CATAPRES-TTS-3.....	32	cetirizine-pseudoephedrine .....	57	ciprofloxacin hcl (ophth).....	134
CAYA.....	79	CETRAXAL.....	136	ciprofloxacin hcl (otic).....	136
CAYSTON.....	12	CETROTIDE.....	69	ciprofloxacin in d5w.....	72
		cevimeline hcl.....	130	ciprofloxacin-ciprofloxacin hcl.....	72
		CHANTIX.....	139	ciprofloxacin-dexamethasone .....	136
		CHANTIX CONTINUING MONTHPAK.....	139	ciprofloxacin-fluocinolone acetone.....	136
		CHANTIX STARTING MONTH PAK.....	139	cisplatin.....	35
		CHEMET.....	26	citalopram hydrobromide.....	21
		CHEMSTRIP-K.....	67	cladribine.....	36
		CHILDRENS ADVIL.....	4	CLARINEX.....	28
		CHILDRENS MOTRIN.....	4	clarithromycin.....	78
		chloramphenicol sodium succinate.....	11	CLARITIN.....	28
		chlordiazepoxide hcl.....	13	CLARITIN ALLERGY CHILDRENS.....	28
		chlordiazepoxide hcl-clidinium bromide.....	141	CLARITIN CHILDRENS.....	29

CLARITIN REDITABS.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" 98	98	CLIMARA.....	71
CLARITIN-D 12 HOUR.....	57	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	98	CLIMARA PRO.....	71
CLARITIN-D 24 HOUR.....	57	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16".....	98	CLINDAGEL.....	58
CLASSIC PRENATAL.....	130	CLEVER CHOICE COMFORT EZLANCETS 21G.....	82	clindamycin hcl.....	12
CLEANLET LANCETS 28G.....	81	CLEVER CHOICE COMFORT EZLANCETS 23G.....	82	clindamycin palmitate hydrochloride.....	12
clemastine fumarate.....	28	CLEVER CHOICE COMFORT EZLANCETS 28G.....	82	clindamycin phosphate.....	12
CLENPIQ.....	77	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM.....	98	clindamycin phosphate (topical).....	58
CLEOCIN.....	11,146	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	98	clindamycin phosphate vaginal.....	146
CLEOCIN PEDIATRIC GRANULES.....	11	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	98	clindamycin phosphate-benzoyl peroxide.....	58
CLEOCIN PHOSPHATE.....	11	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM.....	98	clindamycin phosphate-benzoyl peroxide (refrigerate).....	58
CLEOCIN-T.....	58	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	98	clindamycin phosphate- tretinoin.....	58
CLEVER CHEK LANCETS ULTRATHIN.....	82	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	CLINIMIX 4.25%/DEXTROSE 10%.....	133
CLEVER CHEK LANCETS ULTRATHIN 30G.....	81	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	CLINIMIX 4.25%/DEXTROSE 25%.....	133
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	97	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	CLINIMIX 4.25%/DEXTROSE 5%.....	133
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" 97	97	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	CLINIMIX 5%/DEXTROSE 25%.....	133
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" 97	97	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	CLINIMIX 5%/DEXTROSE 20%.....	133
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	97	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	clobazam.....	17
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	97	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	clobetasol propionate.....	63
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	97	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	clobetasol propionate emollient base.....	63
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" 97	97	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	clocortolone pivalate.....	63
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" 98	98	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	CLODERM.....	63
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" 98	98	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	CLODERM PUMP.....	63
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	98	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	clofarabine.....	36
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	98	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	CLOLAR.....	36
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" 98	98	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	clomipramine hcl.....	23
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2".....	98	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	clonazepam.....	17
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	clonidine.....	32
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	clonidine hcl.....	32
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	clonidine hcl (adhd).....	2
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	clopidogrel bisulfate.....	75
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	clorazepate dipotassium.....	13
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	clotrimazole.....	130
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	clotrimazole (topical).....	60
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	clotrimazole vaginal.....	146
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	clotrimazole w/ betamethasone.....	60
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	clozapine.....	44,45
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	CLOZARIL.....	45
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	98	COAGUCHEK LANCETS... ..	82
		CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	98	COARTEM.....	34

CODEINE SULFATE.....	6	COMFORT EZ SHORT/31G X	8MM.....	99	CVS LANCETS MICRO-THIN	33G.....	82
codeine sulfate.....	6	COMFORT EZ/31G X	5MM.....	99	CVS LANCETS ORIGINAL..	82	
COGENTIN.....	42	COMFORT EZ/31G X	6MM.....	99	CVS LANCETS THIN 26G..	82	
COLACE.....	77	COMFORT LANCETS.....	82		CVS LANCETS ULTRA THIN	30G.....	82
COLAZAL.....	72	COMPLERA.....	46		CVS LANCETS ULTRA-THIN	30G.....	82
colchicine.....	74	COMTAN.....	42		CVS LANCING DEVICE.....	82	
colchicine w/ probenecid.....	74	CONCERTA.....	2		CVS PRENATAL.....	130	
COLCRYS.....	74	CONTOUR HIGH	CONTROL.....	82	CVS ULTRA THIN	LANCETS.....	82
colesevelam hcl.....	30	CONTRAVE.....	2		cyanocobalamin.....	75	
COLESTID.....	30	CONZIP.....	6		cyclobenzaprine hcl.....	132	
COLESTID FLAVORED.....	30	COPAXONE.....	138,139		cyclophosphamide.....	35	
colestipol hcl.....	30	COPIKTRA.....	39		cycloserine.....	35	
COLY-MYCIN S.....	136	CORDRAN.....	63		CYCLOSET.....	24	
COLYTE-FLAVOR PACKS..	77	COREG.....	50		cyclosporine.....	129	
COMBIGAN.....	133	CORGARD.....	50		cyclosporine modified (for	microemulsion).....	129
COMBIVIR.....	46	CORLANOR.....	53		CYKLOKAPRON.....	76	
COMETRIQ.....	39	CORTEF.....	56		CYMBALTA.....	22	
COMFORT ASSIST INSULIN	SYRINGE 0.3ML/29G X 1/2"	98	CORTENEMA.....	10	cyproheptadine hcl.....	29	
COMFORT ASSIST INSULIN	SYRINGE/0.3ML/30G X	5/16"	cortisone acetate.....	56	CYRAMZA.....	37	
COMFORT ASSIST INSULIN	SYRINGE/0.3ML/31G X	5/16"	CORTISPORIN.....	59	CYSTADANE.....	70	
COMFORT ASSIST INSULIN	SYRINGE/0.5ML/29G X 1/2"	99	CORTISPORIN-TC.....	136	CYSTAGON.....	73	
COMFORT ASSIST INSULIN	SYRINGE/0.5ML/30G X	5/16"	CORVITE.....	130	CYSTARAN.....	135	
COMFORT ASSIST INSULIN	SYRINGE/0.5ML/31G X	5/16"	CORZIDE.....	32	cytarabine.....	36	
COMFORT ASSIST INSULIN	SYRINGE/1ML/29G X 1/2"	99	COSENTYX.....	62	CYTOMEL.....	141	
COMFORT ASSIST INSULIN	SYRINGE/1ML/30G X 5/16"	99	COSENTYX SENSOREADY	PEN.....	62	CYTOTEC.....	142
COMFORT ASSIST INSULIN	SYRINGE/1ML/31G X 5/16"	99	COSMEGEN.....	38	CYTOVENE.....	49	
COMFORT ASSURED	LANCETS MICRO THIN	33G.....	COSOPT.....	133	D.H.E. 45.....	126	
COMFORT ASSURED	LANCETS SUPER THIN	28G.....	COUMADIN.....	16	dacarbazine.....	41	
COMFORT EZ INSULIN	SYRINGE/U-100/0.5ML/31G X	5/16"	COZAAR.....	31	DACOGEN.....	36	
COMFORT EZ INSULIN	SYRINGE/U-100/1ML/31G X	5/16"	CREON.....	67	dactinomycin.....	38	
COMFORT EZ MICRO/32G X	4MM.....	99	CRESEMBA.....	28	dalfampridine.....	139	
			CRESTOR.....	30	DALIRESP.....	14	
			CRIVIVAN.....	46	danazol.....	10	
			cromolyn sodium.....	14	DANTRIUM.....	132	
			cromolyn sodium (ophth).	135	dantrolene sodium.....	132	
			crotamiton.....	66	dapsone.....	11	
			CUBICIN.....	11	DAPTOMYCIN.....	11	
			CUBICIN RF.....	11	daptomycin.....	11	
			CUPRIMINE.....	129	DARAPRIM.....	34	
			CUTIVATE.....	63	darifenacin hydrobromide..	143	
			CUVITRU.....	136	DARZALEX.....	37	
			CVS LANCETS 21G.....	82	daunorubicin hcl.....	38	
			CVS LANCETS MICRO THIN	33G.....	DAUNORUBICIN	HYDROCHLORIDE.....	38,39

DAURISMO.....	37	DESOXYN.....	1	dicyclomine hcl.....	141
DAYPRO.....	4	desvenlafaxine succinate..	22	didanosine.....	46
DAYTRANA.....	2	DETROL.....	143	DIFFERIN.....	58
DDAVP.....	70	DETROL LA.....	143	DIFICID.....	78
DEBACTEROL.....	130	dexamethasone.....	56	diflorasone diacetate.....	64
decitabine.....	36	DEXAMETHASONE		DIFLUCAN.....	28
deferasirox.....	26	INTENSOL.....	56	diflunisal.....	6
deferiprone.....	26	dexamethasone sodium		digoxin.....	52
deferoxamine mesylate.....	26	phosphate.....	56	dihydroergotamine	
DELESTROGEN.....	71	dexamethasone sodium		mesylate.....	126
DELSTRIGO.....	46	phosphate (ophth).....	134	DILANTIN.....	20
DELZICOL.....	72	dexchlorpheniramine		DILANTIN INFATABS.....	20
DEMADEX.....	68	maleate.....	28	DILANTIN-125.....	20
demeclocycline hcl.....	140	DEXEDRINE.....	1	DILAUDID.....	6
DEMEROL.....	6	DEXILANT.....	142	diltiazem hcl.....	51
DENAVIR.....	62	dexmethylphenidate hcl....	2	DILTIAZEM HCL.....	51
DEPACON.....	20	dextroamphetamine sulfate.	1	diltiazem hcl.....	51
DEPAKENE.....	20	dextrose in lactated		diltiazem hcl coated beads..	51
DEPAKOTE.....	20	ringers.....	128	diltiazem hcl extended release	
DEPAKOTE ER.....	20	DIACOMIT.....	18	beads.....	51
DEPEN TITRATABS.....	129	DIASTAT ACUDIAL.....	17	dimethyl fumarate.....	139
DEPO-ESTRADIOL.....	71	DIASTAT PEDIATRIC.....	17	DIOVAN.....	31
DEPO-MEDROL.....	56	DIATHRIVE LANCETS.....	82	DIOVAN HCT.....	32
DEPO-PROVERA		DIATHRIVE LANCETS ULTRA		DIPENTUM.....	73
CONTRACEPTIVE.....	55	THIN 30G.....	82	diphenhydramine hcl.....	28
DEPO-SUBQ PROVERA		DIATHRIVE LANCING		diphenoxylate w/ atropine...	26
104.....	55	DEVICE.....	82	DIPROLENE.....	64
DEPO-TESTOSTERONE.....	10	DIATHRIVE PEN NEEDLE/31		DIPROLENE AF.....	64
DERMA-SMOOTH/FS		G X 6MM.....	99	dipyridamole.....	75
BODY.....	63	DIATHRIVE PEN NEEDLE/31		disopyramide phosphate.....	13
DERMA-SMOOTH/FS		GX 8MM.....	99	disulfiram.....	138
SCALP.....	63	DIATHRIVE PEN		DITROPAN XL.....	143
DERMOTIC.....	136	NEEDLE/31GX 5MM.....	99	divalproex sodium.....	20
DESCOVY.....	46	DIATHRIVE PEN		DIVIGEL.....	71
DESFERAL.....	26	NEEDLE/32GX 4MM.....	99	docetaxel.....	41
desipramine hcl.....	23	DIATRUE GLUCOSE		DOCETAXEL.....	41
desloratadine.....	29	CONTROL SOLUTION LEVEL		docetaxel.....	41
desmopressin acetate....	70,71	3.....	82	docusate calcium.....	77
desmopressin acetate spray		diazepam.....	13	docusate sodium.....	77
refrigerated.....	70	diazepam (anticonvulsant).	17	dofetilide.....	13
desogestrel & ethinyl		diazoxide.....	24	DOLOPHINE.....	6
estradiol.....	54	DIBENZYLINE.....	31	donepezil hydrochloride....	138
desogestrel-ethinyl estradiol		DICLEGIS.....	27	DOPTELET.....	75
(biphasic).....	54	diclofenac epolamine.....	59	DORAL.....	76
desogestrel-ethinyl estradiol		diclofenac potassium.....	4	dorzolamide hcl.....	135
(triphasic).....	54	diclofenac sodium.....	4	dorzolamide hcl-timolol	
desonide.....	63	diclofenac sodium (actinic		maleate.....	133
DESOWEN.....	63	keratoses).....	61		
desoximetasone.....	63	diclofenac sodium (ophth)	135		
		diclofenac sodium (topical)	59		
		diclofenac w/ misoprostol...	4		
		dicloxacillin sodium.....	137		

DOVATO.....	46	DROPLET INSULIN	DRUG MART UNIFINE	
DOVONEX.....	62	SYRINGE/U-100/1ML/31G X	PENTIPS31GX6MM.....	100
doxazosin mesylate.....	32	15/64".....	100	DRUG MART UNIFINE
doxepin hcl.....	23	DROPLET INSULIN	PENTIPS31GX8MM.....	100
doxepin hcl (antipruritic).....	61	SYRINGE/U-100/1ML/31G X	DRUG MART UNIFINE	
doxepin hcl (sleep).....	76	5/16".....	PENTIPS32GX4MM.....	100
doxercalciferol.....	70	DROPLET LANCETS ULTRA	DRUG MART UNIFINE	
DOXIL.....	39	THIN 30G.....	PENTIPSPLUS 32GX4MM.....	100
doxorubicin hcl.....	39	DROPLET LANCING	DRUG MART UNILET	
doxorubicin hcl liposomal.....	39	DEVICE.....	LANCETSSUPER THIN 30G82	
doxycycline (monohydrate).....	140	DROPLET PEN NEEDLES 29G	DRUG MART UNILET	
doxycycline hyclate.....	140	X1/2".....	LANCETSULTRA THIN 28G	82
doxylamine-pyridoxine.....	27	DROPLET PEN NEEDLES	DRUG MART UNILET MICRO	
DRISDOL.....	147	29GX12MM.....	THIN LANCETS 33G.....	82
dronabinol.....	27	DROPLET PEN NEEDLES 30G	DUAC.....	58
DROPLET INSULIN SYRINGE		X 5/16".....	DUAVEE.....	71
0.3ML/29G X 1/2".....	99	DROPLET PEN NEEDLES 31G	DUETACT.....	23
DROPLET INSULIN SYRINGE		X3/16".....	DULCOLAX.....	77
0.5ML/29G X 1/2".....	99	DROPLET PEN NEEDLES 31G	duloxetine hcl.....	22
DROPLET INSULIN SYRINGE		X5/16".....	DUPIXENT.....	65
1ML/29G X 1/2".....	99	DROPLET PEN NEEDLES	DURAGESIC.....	6
DROPLET INSULIN SYRINGE		31GX5MM.....	DUREX EXTRA SENSITIVE.....	79
U-100/0.3/31G X 5/16".....	99	DROPLET PEN NEEDLES	DUREZOL.....	134
DROPLET INSULIN SYRINGE		31GX6MM.....	dutasteride.....	74
U-100/0.3ML/30G X 1/2".....	99	DROPLET PEN NEEDLES	DUZALLO.....	74
DROPLET INSULIN SYRINGE		31GX8MM.....	DYAZIDE.....	67
U-100/0.3ML/30G X 5/16".....	99	DROPLET PEN NEEDLES 32G	DYRENIUM.....	68
DROPLET INSULIN SYRINGE		X 1/4".....	DYSPORT.....	133
U-100/0.3ML/30G X 1/2".....	99	DROPLET PEN NEEDLES 32G	E-Z JECT LANCETS.....	82
DROPLET INSULIN SYRINGE		X 3/16".....	E-Z JECT LANCETS 21G.....	82
U-100/0.5ML/30G X 1/2".....	99	DROPLET PEN NEEDLES 32G	E-Z JECT LANCETS	
DROPLET INSULIN SYRINGE		X 5/32".....	COLOR.....	82
U-100/0.5ML/30G X 5/16".....	99	DROPLET PEN NEEDLES	E-Z JECT LANCETS SUPER	
DROPLET INSULIN SYRINGE		32GX4MM.....	THIN 30G.....	82
U-100/0.5ML/30G X 5/16".....	99	DROPLET PEN NEEDLES	E-Z JECT LANCETS THIN	
DROPLET INSULIN SYRINGE		32GX5MM.....	26G.....	82
U-100/0.5ML/31G X 5/16".....	99	DROPLET PEN NEEDLES	E-ZJECT LANCETS MICRO-	
DROPLET INSULIN SYRINGE		32GX6MM.....	THIN 33G.....	82
U-100/1ML/30G X 1/2".....	99	DROPLET PERSONAL	E.E.S. GRANULES.....	78
DROPLET INSULIN SYRINGE		LANCETS30G.....	EASY COMFORT INSULIN	
U-100/1ML/30G X 5/16".....	99	DROPSAFE SAFETY PEN	SYRINGE/0.5ML/30G X	
DROPLET INSULIN SYRINGE		NEEDLES/31G X 5/16".....	5/16".....	100
U-100/1ML/31G X 15/64".....	100	DROPSAFE SAFTEY PEN	EASY COMFORT INSULIN	
DROPLET INSULIN SYRINGE		NEEDLES/31G X 1/4".....	SYRINGE/0.5ML/31G X	
U-100/1ML/31G X 5/16".....	100	drosiprenone-ethinyl	5/16".....	100
DROPLET INSULIN		estradiol.....	EASY COMFORT INSULIN	
SYRINGE/U-100/0.3ML/31G X		drosiprenone-ethinyl estradiol-	SYRINGE/1ML/30G X	
5/16".....	100	levomefolate calcium.....	5/16".....	100
DROPLET INSULIN		DROXIA.....	EASY COMFORT INSULIN	
SYRINGE/U-100/0.5ML/30G X		DRUG MART ADJUSTABLE	SYRINGE/1ML/30G X	
1/2".....	100	LANCING DEVICE.....	5/16".....	100
DROPLET INSULIN		DRUG MART LANCETS	EASY COMFORT INSULIN	
SYRINGE/U-100/0.5ML/31G X		THIN.....	SYRINGE/1ML/31G X	
5/16".....	100	DRUG MART ON-THE-GO	5/16".....	100
DROPLET INSULIN		LANCETS GENTLE 30G.....	EASY COMFORT INSULIN	
SYRINGE/U-100/1ML/30G X		DRUG MART UNIFINE	SYRINGE/U-100/0.5ML/30G X	
1/2".....	100	PENTIPS 31GX5MM.....	1/2".....	100
		DRUG MART UNIFINE		
		PENTIPS29G X 12MM.....		
		100		



EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	100	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2".....	101	EASY TOUCH LANCETS 28G/TWIST.....	83
EASY COMFORT LANCETS	83	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16".....	101	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	83
EASY COMFORT LANCETS 30G/PULL TOP.....	82	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2".....	101	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	83
EASY COMFORT LANCETS 30G/THIN TOP.....	83	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	101	EASY TOUCH LANCETS 30G/PULL-TOP.....	83
EASY COMFORT LANCETS TWIST TOP.....	83	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	101	EASY TOUCH LANCETS 30G/TWIST.....	83
EASY COMFORT PEN NEEDLES31GX1/4".....	101	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	101	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	83
EASY COMFORT PEN NEEDLES31GX3/16".....	101	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	101	EASY TOUCH LANCETS 32G/PULL-TOP.....	83
EASY COMFORT PEN NEEDLES31GX5/16".....	101	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	101	EASY TOUCH LANCETS 32G/TWIST.....	83
EASY COMFORT PEN NEEDLES32GX5/32".....	101	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	101	EASY TOUCH LANCETS 33G/TWIST.....	83
EASY MINI EJECT LANCING DEVICE.....	83	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	101	EASY TOUCH LANCING DEVICE/EJECTOR.....	83
EASY MINI LANCING DEVICE.....	83	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	101	EASY TOUCH PEN NEEDLE 30G X 5/16".....	102
EASY PLUS II CONTROL SOLUTION HIGH.....	83	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	101	EASY TOUCH PEN NEEDLES 29GX1/2".....	102
EASY STEP CONTROL SOLUTION HIGH.....	83	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	101	EASY TOUCH PEN NEEDLES 31GX1/4".....	102
EASY TALK CONTROL SOLUTION HIGH.....	83	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	101	EASY TOUCH PEN NEEDLES 31GX5/16".....	102
EASY TOUCH 32GX5MM.....	101	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	101	EASY TOUCH PEN NEEDLES 32GX1/4".....	102
EASY TOUCH 32GX6MM.....	101	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	101	EASY TOUCH PEN NEEDLES 32GX3/16".....	102
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	101	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	101	EASY TOUCH PEN NEEDLES 32GX5/32".....	102
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	101	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	101	EASY TOUCH PEN NEEDLES 32GX5/32".....	102
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	101	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	102	EASY TOUCH PEN NEEDLES 32GX5/32".....	102
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	101	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	83	EASY TOUCH PEN NEEDLES 31G X 3/16".....	102
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	101	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	83	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	83
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	101	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	83	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	83
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	101	EASY TOUCH LANCETS 26G/PULL-TOP.....	83	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	83
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	83	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	83
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	101	EASY TOUCH LANCETS 28G/PULL-TOP.....	83	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	83
				EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	83
				EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM.....	102

EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16".....	102	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	102	enalapril maleate.....	31
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	102	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	102	enalapril maleate & hydrochlorothiazide.....	32
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	102	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	102	ENBREL.....	5
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	102	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	102	ENBREL MINI.....	5
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	102	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	102	ENBREL SURECLICK.....	5
EASY TRAK GLUCOSE CONTROL SOLUTION HIGH	83	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	102	ENGERIX-B.....	144
EASY TWIST & CAP LANCETS.....	83	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	102	enoxaparin sodium.....	16
EASYGLUCO CONTROL SOLUTION HIGH.....	83	ELITEK.....	41	entacapone.....	43
EASYMAX CONTROL SOLUTION HIGH.....	83	ELIXOPHYLLIN.....	16	entecavir.....	49
econazole nitrate.....	60	ELLA.....	55	ENTEREG.....	73
EDARBI.....	31	ELLECE.....	39	ENTOCORT EC.....	56
EDECRIAN.....	68	ELLIOTTS B.....	128	ENTRESTO.....	52
EDURANT.....	46	ELMIRON.....	74	EPCLUSA.....	49
efavirenz.....	46	ELOCON.....	64	EPIDIOLEX.....	18
efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	46	EMADINE.....	135	EPIDUO.....	58
efavirenz-lamivudine-tenofovir disoproxil fumarate.....	46	EMBEDA.....	6	epinastine hcl (ophth).....	135
EFFEXOR XR.....	22	EMBRACE GLUCOSE CONTROL SOLUTION HIGH.....	83	epinephrine (anaphylaxis).....	146
EFFIENT.....	75	EMBRACE LANCETS ULTRA THIN 30G.....	83	EPIPEN 2-PAK.....	147
EFUDEX.....	61	EMBRACE LANCING DEVICE WITH EJECTOR.....	84	EPIPEN-JR 2-PAK.....	147
EGRIFTA.....	69	EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH.....	84	epirubicin hcl.....	39
EGRIFTA SV.....	69	EMCYT.....	38	EPIVIR.....	47
ELAPRASE.....	70	EMEND.....	27	EPIVIR HBV.....	49
ELELYSO.....	75	EMEND TRIPACK.....	27	eplerenone.....	33
ELEMENT HIGH CONTROL	83	EMFLAZA.....	56	EPOGEN.....	75
ELESTAT.....	135	EMGALITY.....	126	epoprostenol sodium.....	52
ELESTRIN.....	71	EMPLICITI.....	37	eprosartan mesylate.....	31
eletriptan hydrobromide.....	126	EMSAM.....	21	EPZICOM.....	47
ELIDEL.....	65	emtricitabine.....	46	EQL COLOR LANCETS 21G84 EQL COLOR LANCETS MICRO THIN 33G.....	84
ELIGARD.....	38	emtricitabine-tenofovir disoproxil fumarate.....	46	EQL INSULIN SYRINGE/0.3ML/29G X 1/2".....	102
ELIMITE.....	66	EMTRIVA.....	46	EQL INSULIN SYRINGE/0.3ML/30G X 5/16".....	102
ELIQUIS.....	16	EMVERM.....	10	EQL INSULIN SYRINGE/0.3ML/31G X 5/16".....	102
ELIQUIS STARTER PACK.....	16	ENABLEX.....	143	EQL INSULIN SYRINGE/0.5ML/29G X 1/2".....	102
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	102			EQL INSULIN SYRINGE/0.5ML/30G X 5/16".....	102
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	102			EQL INSULIN SYRINGE/0.5ML/31G X 5/16".....	102
				EQL INSULIN SYRINGE/1ML/29G X 1/2".....	103

EQL INSULIN SYRINGE/1ML/30G X 5/16"	103	etoposide	42	EZ-LETS LANCETS 21G	84
EQL INSULIN SYRINGE/1ML/31G X 5/16"	103	EUCRISA	66	EZ-LETS LANCETS 26G SUPER-SOFT	84
EQL PRENATAL FORMULA	130	EURAX	66	EZ-LETS LANCETS 28G ULTRA-SOFT	84
EQL SUPER THIN LANCETS 30G	84	EVAMIST	71	EZ-LETS LANCETS 30G	84
EQL THIN LANCETS 26G	84	everolimus	39	ezetimibe	30
EQUETRO	44	everolimus (immunosuppressant)	129	ezetimibe-simvastatin	29
ERAXIS	27	EVISTA	69	FABRAZYME	70
ERBITUX	37	EVOCLIN	59	famciclovir	49
ergocalciferol	147	EVOMELA	35	famotidine	141
ergoloid mesylates	139	EVOTAZ	47	famotidine in nacl	141
ERGOMAR	126	EVOXAC	130	FANAPT	44
ergotamine w/ caffeine	126	EXALGO	6	FANAPT TITRATION PACK	44
ERIVEDGE	37	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	103	FANTASY LUBRICATED	79
erlotinib hcl	39	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	103	FANTASY LUBRICATED/SPERMICIDE	79
ERTACZO	60	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	103	FARESTON	38
ertapenem sodium	11	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	103	FARXIGA	25
ERWINAZE	41	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	103	FASENRA	14
ERYPED 200	78	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	103	FASENRA PEN	14
ERYPED 400	78	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	103	FASLODEX	38
erythromycin (acne aid)	58	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	103	FAZACLO	45
erythromycin (ophth)	134	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	103	FC FEMALE CONDOM	79
erythromycin base	78	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	103	febuxostat	74
erythromycin ethylsuccinate	78	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	103	felbamate	19
escitalopram oxalate	21	EXELDERM	60	FELBATOL	19,20
ESGIC	6	exemestane	38	FELDENE	4
esomeprazole magnesium	142	EXFORGE	32	felodipine	51
estazolam	76	EXFORGE HCT	32	FEMARA	38
ESTRACE	71	EXJADE	26	FEMCAP	79
estradiol	71	EXTAVIA	139	FEMHRT LOW DOSE	71
estradiol vaginal	146	EZ SMART BLOOD GLUCOSE LANCETS	84	FEMRING	146
estradiol valerate	71			fenofibrate	30
ESTROGEL	71			fenofibrate micronized	30
ESTROSTEP FE	54			fenoprofen calcium	5
eszopiclone	76			FENSOLVI	69
ethacrynic acid	68			fentanyl	6
ethambutol hcl	35			fentanyl citrate	6
ethosuximide	20			FENTORA	6
ethynodiol diacet & eth estrad	54			FER-IN-SOL	76
etidronate disodium	68			FERRIPROX	26
etodolac	4			ferrous fumarate-folic acid	76
etonogestrel-ethinyl estradiol	55			ferrous sulfate	76
ETOPOPHOS	42			FETZIMA	23
				FETZIMA TITRATION PACK	23
				fexofenadine hcl	29

fexofenadine-pseudoephedrine	FLOLAN	52	fluorometholone (ophth)	134
57	FLOMAX	74	fluorouracil	36
FIASP	FLOMAX ALLERGY		fluorouracil (topical)	61
25	RELIEF	132	fluoxetine hcl	21,22
FIASP FLEXTOUCH	FLOMAX ALLERGY RELIEF		fluoxetine hcl (pmdd)	139
25	CHILDRENS	132	FLUOXETINE	
FIASP PENFILL	FLOVENT DISKUS	14	HYDROCHLORIDE	22
25	FLOVENT HFA	14	fluphenazine hcl	45
FIBERCON	FLOXIN OTIC	136	flurandrenolide	64
77	floxuridine	36	flurbiprofen	5
FIBRICOR	FLUAD 2018-2019	144	flurbiprofen sodium	135
30	FLUAD 2019-2020	144	flutamide	38
FIFTY50 PEN NEEDLES 31G	FLUAD 2020-2021	144	fluticasone propionate	64
X3/16" (5MM)	FLUAD QUADRIVALENT		fluticasone propionate	
103	INFLUENZA VACCINE FOR		(nasal)	132
FIFTY50 PEN NEEDLES 31G	ADULTS	144	fluticasone-salmeterol	15
X5/16" (8MM)	FLUARIX QUADRIVALENT		fluvastatin sodium	30
103	2018-2019	144	fluvoxamine maleate	22
FIFTY50 PEN NEEDLES	FLUARIX QUADRIVALENT		FLUZONE HIGH-DOSE PF 2018-	
31GX5MM	2019-2020	144	2019	145
103	FLUARIX QUADRIVALENT		FLUZONE HIGH-DOSE PF 2019-	
FIFTY50 PEN NEEDLES/31GX8MM	2020-2021	144	2020	145
103	FLUBLOK QUADRIVALENT		FLUZONE HIGH-DOSE PF 2020-	
FIFTY50 PEN NEEDLES/32GX4MM	2018-2019	144	2021	145
103	FLUBLOK QUADRIVALENT		FLUZONE QUADRIVALENT	
FIFTY50 PEN NEEDLES/32GX6MM	2019-2020	144	2018-2019	145
103	FLUBLOK QUADRIVALENT		FLUZONE QUADRIVALENT	
FIFTY50 SAFETY SEAL	2020-2021	144	2019-2020	145
LANCETS 30G	FLUCELVAX QUADRIVALENT		FLUZONE QUADRIVALENT	
84	2018-2019	144	2020-2021	145
FIFTY50 SAFETY SEAL	FLUCELVAX QUADRIVALENT		FML	135
LANCETS 32G	2019-2020	144	FML FORTE	134
84	FLUCELVAX QUADRIVALENT		FML LIQUIFILM	134
FIFTY50 SUPERIOR	2020-2021	144	FOCALIN	2
COMFORTINSULIN	fluconazole	28	FOCALIN XR	2
SYRINGE/0.3ML/31G X	flucytosine	28	folic acid	75
5/16"	fludarabine phosphate	36	FOLOTYN	36
103	fludrocortisone acetate	57	fondaparinux sodium	16,17
FIFTY50 SUPERIOR	FLULAVAL QUADRIVALENT		FORA CONTROL SOLUTION	
COMFORTINSULIN	2018-2019	145	HIGH	84
SYRINGE/0.5ML/31G X	FLULAVAL QUADRIVALENT		FORA GTEL BLOOD KETONE	
5/16"	2019-2020	145	TEST STRIPS	67
103	FLULAVAL QUADRIVALENT		FORA LANCETS	84
FIFTY50 SUPERIOR	2020-2021	145	FORA LANCING DEVICE	84
COMFORTINSULIN	FLUMADINE	49	FORA LANCING	
SYRINGE/1ML/31G X	FLUMIST		DEVICE/CLEARCAP	84
5/16"	QUADRIVALENT	145	FORACARE GDH CONTROL	
103	flunisolide (nasal)	132	SOLUTION HIGH	84
FIFTY50 UNILET LANCETS	fluocinolone acetonide	64	FORFIVO XL	21
33G	fluocinolone acetonide		FORTAZ	53
84	(otic)	136	FORTEO	68
FINACEA	fluocinonide	64		
66	fluocinonide emulsified			
finasteride	base	64		
74				
FINE 30				
84				
FINGERSTIX LANCETS				
84				
FIORICET				
6				
FIORICET/CODEINE				
8				
FIORINAL				
6				
FIORINAL/CODEINE #3				
8				
FIRAZYR				
74				
FIRDAPSE				
34				
FIRMAGON				
38				
FIRVANQ				
11				
FLAGYL				
10				
flavoxate hcl				
143				
flecainide acetate				
13				
FLECTOR				
59				

FORTISCARE CONTROL SOLUTIONS HIGH.....	84	GALAFOLD.....	70	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	84
FOSAMAX.....	68	galantamine hydrobromide.....	138	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	85
FOSAMAX PLUS D.....	68	GAMMAGARD LIQUID.....	136	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	85
fosamprenavir calcium.....	47	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	136	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	85
fosaprepitant dimeglumine.....	27	GAMMAKED.....	136	GENVOYA.....	47
fosfomycin tromethamine.....	12	GAMUNEX-C.....	136	GEODON.....	44
fosinopril sodium.....	31	ganciclovir sodium.....	49	GILENYA.....	139
fosinopril sodium & hydrochlorothiazide.....	32	ganirelix acetate.....	69	GILOTRIF.....	39
fosphenytoin sodium.....	20	GANIRELIX ACETATE.....	69	glatiramer acetate.....	139
FOSRENOL.....	73	GARDASIL 9.....	145	GLEEVEC.....	39
FRAGMIN.....	17	gatifloxacin (ophth).....	134	GLEOSTINE.....	35
FREDS PHARMACY AUTOLET LANCING DEVICE.....	84	GAZYVA.....	37	glimepiride.....	25
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	103	gemcitabine hcl.....	36	glipizide.....	25
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM.....	103	GEMCITABINE HYDROCHLORIDE.....	36	glipizide-metformin hcl.....	23
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM.....	103	gemfibrozil.....	30	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM.....	104
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G.....	84	GENERESS FE.....	54	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM.....	104
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G.....	84	GENOTROPIN.....	69	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM.....	104
FREESTYLE LANCETS.....	84	GENOTROPIN MINIQUICK.....	69	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM.....	104
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	103	gentamicin in saline.....	3	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	104
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	104	gentamicin sulfate.....	3	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16".....	104
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104	gentamicin sulfate (ophth).....	134	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM.....	104
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16".....	104	gentamicin sulfate (topical).....	59	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	104
FREESTYLE UNISTICK II LANCETS.....	84	GENTEEL BUTTERFLY TOUCH LANCETS.....	84	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	104
FROVA.....	126	GENTEEL LANCING DEVICE/GLORIOUS GOLD.....	84	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	104
frovatriptan succinate.....	127	GENTEEL LANCING DEVICE/PRECIOUS PLATINUM.....	84	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	104
FULPHILA.....	75	GENTEEL LANCING DEVICE/STATELY SILVER.....	84	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	104
fulvestrant.....	38	GENTEEL PLUS LANCING DEVICE/BUFF BLACK.....	84	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	104
FURADANTIN.....	12	GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE.....	84		
furosemide.....	68	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE.....	84		
FUZEON.....	47	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK.....	84		
FYCOMPA.....	17	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE.....	84		
gabapentin.....	18	GENTLE-LET GP LANCETS.....	84		
GABITRIL.....	20				

GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	104	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	105	GNP INSULIN SYRINGE/1ML/28G X 1/2".....	105
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	104	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	105	GNP INSULIN SYRINGE/1ML/29G X 1/2".....	105
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	104	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	105	GNP INSULIN SYRINGE/1ML/30G X 5/16".....	105
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	104	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105	GNP LANCETS.....	85
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	104	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	105	GNP LANCETS 21G.....	85
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	104	GLUCOTROL.....	25	GNP LANCETS MICRO THIN 33G.....	85
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	104	GLUCOTROL XL.....	25	GNP LANCETS SUPER THIN 30G.....	85
GLOBAL INJECT EASE LANCETS 28G.....	85	glyburide.....	26	GNP LANCETS THIN.....	85
GLOBAL INJECT EASE LANCETS 30G.....	85	glyburide micronized.....	25	GNP LANCETS THIN 26G.....	85
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	104	glyburide-metformin.....	23,24	GNP MICRO THIN LANCETS 33G.....	85
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16".....	105	glycine (gu irrigant).....	73	GNP PRENATAL.....	130
GLOBAL LANCING DEVICE.....	85	glycopyrrolate.....	141	GNP SUPER THIN LANCETS/30G.....	85
GLUCAGEN DIAGNOSTIC.....	67	GLYNASE.....	26	GNP ULTICARE PEN NEEDLES/31GX5/16".....	105
GLUCAGEN HYPOKIT.....	24	GLYSET.....	23	GNP ULTICARE PEN NEEDLES/32GX 5/32".....	105
glucagon (rdna).....	24	GLYXAMBI.....	24	GNP ULTICARE PEN NEEDLES/32GX1/4".....	105
GLUCAGON EMERGENCY KIT.....	24	GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	105
GLUCOCOM HIGH CONTROL.....	85	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	106
GLUCOCOM LANCETS 28G.....	85	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	106
GLUCOCOM LANCETS 30G.....	85	GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	106
GLUCOCOM LANCETS 33G.....	85	GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	106
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	105	GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	106
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	105	GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	106
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	105	GNP INSULIN SYRINGE/0.5ML/29G X 1/2".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	106
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	105	GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	106

GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	106	GVOKE PFS.....	24	HAVRIX.....	145
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	106	GYNAZOLE-1.....	146	HEALTH CARE LANCING DEVICE.....	85
GOJJI BLOOD KETONE TEST STRIPS.....	67	GYNE-LOTRIMIN.....	146	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	106
GOJJI LANCING DEVICE/CLEAR CAP.....	85	H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	106	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	106
GOJJI STERILE LANCETS 30G.....	85	H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	106	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	106
GOLYTELY.....	77	H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	106	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	106
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16".....	106	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM .....	106	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	107
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	85	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	106	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	107
GOODSENSE LANCETS MICRO-THIN 33G.....	85	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	106	HEALTHWISE INSULIN MICRON PEN NEEDLES/32G X 5/32".....	107
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	85	H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	85	HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	107
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	85	H-E-B INCONTROL LANCETS MICRO THIN 33G.....	85	HEALTHWISE PEN NEEDLES 29GX12MM.....	107
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	85	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	85	HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	107
GOODSENSE LANCETS ULTRA-THIN 30G.....	85	H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	85	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16".....	107
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL.....	85	H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	106	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16".....	107
GOODSENSE LANCING DEVICE.....	85	HAEGARDA.....	74	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	107
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16".....	106	HAEMOLANCE.....	85	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	86
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16".....	106	HAEMOLANCE LOW FLOW LANCETS.....	85	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	107
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4".....	106	HAEMOLANCE PLUS.....	85	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	107
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32".....	106	HAEMOLANCE PLUS HIGH FLOW.....	85	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	107
GOODSENSE PRENATAL VITAMINS.....	130	HAEMOLANCE PLUS LOW FLOW.....	85	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	107
granisetron hcl.....	26	HAEMOLANCE PLUS MAX FLOW.....	85	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	107
GRANIX.....	75	HAEMOLANCE PLUS MAX FLOW.....	85	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	86
GRASTEK.....	3	HAEMOLANCE PLUS PEDIATRIC FLOW.....	85	HECTOROL.....	70
griseofulvin microsize.....	28	HALAVEN.....	42		
griseofulvin ultramicrosize.....	28	halcinonide.....	64		
guanfacine hcl.....	32	HALCION.....	76		
guanfacine hcl (adhd).....	2	HALDOL.....	44		
GUANIDINE HCL.....	34	HALDOL DECANOATE 100.....	44		
		HALDOL DECANOATE 50.....	44		
		halobetasol propionate.....	64		
		HALOG.....	64		
		haloperidol.....	44		
		haloperidol decanoate.....	44		
		haloperidol lactate.....	44		

HEMANGEOL.....	50	hydrocodone-ibuprofen.....	9	IMITREX STATDOSE	
HEPARIN LOCK FLUSH....	17	hydrocortisone.....	56	REFILL.....	127
heparin sod (porcine) in d5w.	17	hydrocortisone (intrarectal)	10	IMITREX STATDOSE	
heparin sodium (porcine)....	17	hydrocortisone (rectal)....	10	SYSTEM.....	127
HEPARIN SODIUM/NACL		hydrocortisone (topical)....	64	IMLYGIC.....	42
0.45%.....	17	hydrocortisone acetate		IMODIUM A-D.....	26
HEPARIN SODIUM/SODIUM		(rectal).....	10	IMPAVIDO.....	11
CHLORIDE 0.9%.....	17	HYDROCORTISONE		IMURAN.....	129
HEPLISAV-B.....	145	ACETATE/LIDOCAINE		IN TOUCH LANCING	
HEPSERA.....	49	HYDROCHLORIDE.....	64	DEVICE.....	86
HERCEPTIN.....	37	hydrocortisone butyrate....	64	IN TOUCH STERILE	
HETLIOZ.....	77	hydrocortisone valerate....	64	LANCETS30G.....	86
HIPREX.....	12	hydrocortisone w/acetic		INCRELEX.....	69
HIZENTRA.....	136	acid.....	136	INCRUSE ELLIPTA.....	14
HM PRENATAL.....	131	hydromorphone hcl.....	6	indapamide.....	68
HM ULTICARE INSULIN		HYDROMORPHONE		INDERAL LA.....	50
SYRINGE/1ML/30G X 1/2"....	107	HYDROCHLORIDE.....	6	indomethacin.....	5
HM ULTICARE INSULIN		hydroxychloroquine sulfate	34	INFED.....	76
SYRINGE/U-100/0.3ML/31G X		hydroxyurea.....	41	INFINITY CONTROL SOLUTION	
5/16".....	107	hydroxyzine hcl.....	13	HIGH.....	86
HM ULTICARE SHORT PEN		hydroxyzine pamoate.....	13	INFLECTRA.....	73
NEEDLES 31GX8MM.....	107	HYPER-SAL.....	57	INLYTA.....	39
HORIZANT.....	139	HYPERSAL.....	57	INREBIC.....	39
HUMATROPE.....	69	HYQVIA.....	136	INSPIRA.....	33
HUMATROPE COMBO		HYSINGLA ER.....	7	INSULIN SYRINGE/0.3ML/29G X	
PACK.....	69	HYZAAR.....	32	1".....	107
HUMIRA.....	4	ibandronate sodium.....	68	INSULIN SYRINGE/0.3ML/29G X	
HUMIRA PEDIATRIC CROHNS		IBRANCE.....	39	1/2".....	107
DISEASE STARTER PACK....	3	ibuprofen.....	5	INSULIN SYRINGE/0.3ML/30G X	
HUMIRA PEN.....	3,4	icatibant acetate.....	74	5/16".....	107
HUMIRA PEN-CD/UC/HS		ICLUSIG.....	39	INSULIN SYRINGE/0.3ML/31G X	
STARTER.....	4	icosapent ethyl.....	29	5/16".....	107
HUMIRA PEN-PS/UV		IDAMYCIN PFS.....	39	INSULIN SYRINGE/0.5ML/27G X	
STARTER.....	4	idarubicin hcl.....	39	1/2".....	107
HUMULIN R U-500		IFEX.....	35	INSULIN SYRINGE/0.5ML/28G X	
(CONCENTRATED).....	25	ifosfamide.....	36	1/2".....	107
HUMULIN R U-500		IFOSFAMIDE.....	36	INSULIN SYRINGE/0.5ML/30G X	
KWIKPEN.....	25	ILARIS.....	4	5/16".....	107
HY-VEE LANCETS.....	86	ILEVRO.....	135	INSULIN SYRINGE/0.5ML/30G X	
HY-VEE THIN LANCETS....	86	imatinib mesylate.....	39	5/16".....	107
HYCAMTIN.....	42	IMBRUVICA.....	39	INSULIN SYRINGE/0.5ML/31G X	
hydralazine hcl.....	33	IMFINZI.....	37	5/16".....	107
HYDREA.....	41	imipenem-cilastatin.....	11	INSULIN SYRINGE/1ML/28G X	
HYDRO 35.....	65	imipramine hcl.....	23	1/2".....	107
hydrochlorothiazide.....	68	imipramine pamoate.....	23	INSULIN SYRINGE/1ML/29G X	
hydrocodone bitartrate.....	6	imiquimod.....	65	1/2".....	107
HYDROCODONE		IMITREX.....	127	INSULIN SYRINGE/1ML/30G X	
BITARTRATE/GUAIFENESIN				5/16".....	107
.....	57			INSULIN SYRINGE/NEEDLE	
hydrocodone polistirex-				0.3ML/30G X 5/16".....	108
chlorpheniramine polistirex..	57			INSULIN SYRINGE/NEEDLE	
hydrocodone-acetaminophen.	8			0.3ML/31G X 5/16".....	108
				INSULIN SYRINGE/NEEDLE	
				0.5ML/29G X 1/2".....	108



INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	108	INSUPEN SENSITIVE 32GX6MM.....	108	JADENU SPRINKLE.....	26
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	108	INSUPEN ULTRAFIN 29GX12MM.....	108	JAKAFI.....	40
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	108	INSUPEN ULTRAFIN 30GX8MM.....	108	JANUMET.....	24
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	108	INSUPEN ULTRAFIN 31GX6MM.....	109	JANUMET XR.....	24
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	108	INSUPEN ULTRAFIN 31GX8MM.....	109	JANUVIA.....	24
INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	108	INTELENCE.....	47	JARDIANCE.....	25
INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	108	INTRAROSA.....	146	JEVTANA.....	42
INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	108	INTRON A.....	41	JUBLIA.....	60
INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	108	INTUNIV.....	2	JULUCA.....	47
INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	108	INVANZ.....	11	JYNARQUE.....	71
INSULIN SYRINGES/0.5ML/27GX1/2".....	108	INVEGA.....	44	K-TAB.....	128
INSULIN SYRINGES/0.5ML/28GX1/2".....	108	INVIRASE.....	47	K-Y ME & YOU EXTRA LUBRICATED.....	79
INSULIN SYRINGES/0.5ML/29GX1/2".....	108	IONOSOL-MB/DEXTROSE 5%.....	128	K-Y ME & YOU INTENSE... ..	79
INSULIN SYRINGES/0.5ML/30GX5/16".....	108	IOPIDINE.....	134	KADCYLA.....	37
INSULIN SYRINGES/0.5ML/31GX5/16".....	108	IPOL INACTIVATED IPV.....	145	KADIAN.....	7
INSULIN SYRINGES/0.5ML/31GX5/16".....	108	ipratropium bromide.....	14	KALETRA.....	47
INSULIN SYRINGES/1ML/27GX1/2".....	108	ipratropium bromide (nasal).....	132	KALYDECO.....	140
INSULIN SYRINGES/1ML/27GX1/2".....	108	ipratropium-albuterol.....	15	KAMELEON LUBRICATED.....	79
INSULIN SYRINGES/1ML/28GX1/2".....	108	irbesartan.....	31	KAPVAY.....	2
INSULIN SYRINGES/1ML/29GX1/2".....	108	irbesartan-hydrochlorothiazide .....	32	KAZANO.....	24
INSULIN SYRINGES/1ML/30GX1/2".....	108	IRESSA.....	40	KCL 0.3%/D5W/NACL 0.9%.....	128
INSULIN SYRINGES/1ML/31GX5/16".....	108	irinotecan hcl.....	42	KEFLEX.....	53
INSUPEN 29G X 12MM.....	108	irrigation solutions, physiological.....	130	KENALOG-40.....	56
INSUPEN 31G X 5MM.....	108	ISENTRESS.....	47	KEPIVANCE.....	41
INSUPEN 31G X 8MM.....	108	ISENTRESS HD.....	47	KEPPRA.....	18
INSUPEN 32G X 4MM.....	108	ISOLYTE-P/DEXTROSE 5%.....	128	KEPPRA XR.....	18
INSUPEN PEN NEEDLES 32G X4MM.....	108	ISOLYTE-S.....	128	KERYDIN.....	60
		isoniazid.....	35	ketoconazole.....	28
		ISOPTO CARPINE.....	133	ketoconazole (topical).....	60
		ISORDIL TITRADOSE.....	12	KETONE.....	67
		isosorbide dinitrate.....	12	KETONE TEST STRIPS.....	67
		isosorbide mononitrate.....	12	ketoprofen.....	5
		isotretinoin.....	59	ketorolac tromethamine.....	5
		isradipine.....	51	ketorolac tromethamine (ophth).....	135
		ISTODAX (OVERFILL).....	40	KETOSTIX.....	67
		itraconazole.....	28	ketotifen fumarate (ophth).....	135
		ivermectin.....	10	KEVEYIS.....	67
		ivermectin (pediculicide).....	66	KEYTRUDA.....	37
		IXEMPRA KIT.....	42	KHAPZORY.....	41
		JADENU.....	26	KHEDEZLA.....	23

KIMONO PLUS SPERMICIDE LUBRICATED.....	79	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	109	lactulose (encephalopathy) ..	73
KIMONO PLUS SPERMICIDE/LUBRICATED.....	79	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	109	LAMICTAL.....	18
KIMONO PS LUBRICATED.....	79	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	109	LAMICTAL CHEWABLE DISPERSIBLE.....	18
KIMONO PS PLUS SPERMICIDE/LUBRICATED.....	79	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	109	LAMICTAL ODT.....	18
KIMONO SENSATION LUBRICATED.....	79	KROGER INSULIN SYRINGE/1ML/31G X 5/16".....	109	lamivudine.....	47
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	79	KROGER LANCETS.....	86	lamivudine (hbv).....	49
KIMONO SPECIAL.....	79	KROGER LANCETS 21G.....	86	lamivudine-zidovudine.....	47
KINNEY LANCETS.....	86	KROGER LANCETS MICRO THIN33G.....	86	lamotrigine.....	18
KINNEY THIN LANCETS.....	86	KROGER LANCETS SUPER THIN.....	86	LANCET DEVICE ADJUSTABLE.....	86
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16".....	109	KROGER LANCETS THIN.....	86	LANCET DEVICE WITH EJECTOR.....	86
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16".....	109	KROGER LANCETS THIN 26G.....	86	LANCETS.....	86
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	109	KROGER LANCETS ULTRATHIN30G.....	86	LANCETS 26G TWIST TOP.....	86
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	109	KROGER LANCING DEVICE.....	86	LANCETS 28G.....	86
KITABIS PAK.....	3	KROGER PEN NEEDLES 29G X12MM.....	109	LANCETS 30G.....	86
KLARITY-A.....	134	KROGER PEN NEEDLES 31G X8MM.....	109	LANCETS 30G TWIST TOP.....	86
KLARON.....	59	KROGER PEN NEEDLES 31GX1/4".....	109	LANCETS 30G/TWIST TOP.....	86
KLONOPIN.....	17	KROGER PEN NEEDLES/31G X1/4".....	109	LANCETS 31G TWIST TOP.....	86
KMART VALU PLUS INSULIN SYRINGE/1ML/29G.....	109	KROGER PEN NEEDLES/31G X3/16".....	109	LANCETS 33G EXTRA FINE.....	86
KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	109	KROGER PEN NEEDLES/31G X5/16".....	109	LANCETS 33G UNIVERSAL DESIGN.....	86
KOSELUGO.....	40	KROGER PEN NEEDLES/32G X5/32".....	109	LANCETS MICRO THIN 33G.....	86
KP PRENATAL MULTIVITAMINS.....	131	KRYSTEXXA.....	74	LANCETS SAFETY SEAL 21G.....	86
KRINTAFEL.....	34	KUVAN.....	70	LANCETS SAFETY SEAL 26G.....	86
KROGER AUTOLET LANCING DEVICE.....	86	KYLEENA.....	55	LANCETS SAFETY SEAL 28G.....	86
KROGER HEALTHPRO TWIST LANCETS/26G.....	86	KYPROLIS.....	40	LANCETS SAFETY SEAL 30G.....	86
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2".....	109	labetalol hcl.....	50	LANCETS SUPER THIN 28G.....	86
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	109	LAC-HYDRIN.....	65	LANCETS THIN.....	86
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16".....	109	LAC-HYDRIN TWELVE.....	65	LANCETS TWIST TOP.....	86
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	109	LACRISERT.....	133	LANCETS ULTRA FINE.....	86
		lactated ringer's.....	128	LANCETS ULTRA THIN.....	86
		lactated ringer's (irrigation).....	130	LANCETS ULTRA THIN 30G.....	86
		lactic acid (ammonium lactate).....	65	LANCETSBULLSEYE SAFETY.....	86
		lactulose.....	77	LANCING DEVICE.....	87
				LANCING DEVICE ADJUSTABLE.....	86
				LANOXIN.....	52
				lansoprazole.....	142
				lanthanum carbonate.....	73
				LANZO.....	87
				lapatinib ditosylate.....	40

LARTRUVO.....	37	LENVIMA 18 MG DAILY DOSE.....	40	lidocaine hcl.....	66
LASIX.....	68	LENVIMA 20 MG DAILY DOSE.....	40	lidocaine hcl (local anesth.)..	78
LASTACRAFT.....	135	LENVIMA 24 MG DAILY DOSE.....	40	lidocaine hcl (mouth-throat)..	130
latanoprost.....	136	LENVIMA 4 MG DAILY DOSE.....	40	lidocaine-prilocaine.....	66
LATUDA.....	44	LENVIMA 8 MG DAILY DOSE.....	40	LIDODERM.....	66
LEADER ADVANCED LANCING DEVICE.....	87	LETAIRIS.....	52	LIFESCAN UNISTIK 2 DEEP PENETRATION.....	87
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2".....	109	letrozole.....	38	LIFESCAN UNISTIK II LANCETS.....	87
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16".....	109	leucovorin calcium.....	41	LILETTA.....	55
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16".....	109	LEUKERAN.....	36	LINCOCIN.....	12
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2".....	109	LEUKINE.....	75	lincomycin hcl.....	12
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2".....	109	leuprolide acetate.....	38	lindane.....	66
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16".....	109	levabuterol hcl.....	15	linezolid.....	12
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16".....	109	levabuterol tartrate.....	15	LINZESS.....	73
LEADER INSULIN SYRINGE/1ML/28G X 1/2".....	109	LEVAQUIN.....	72	liothyronine sodium.....	141
LEADER INSULIN SYRINGE/1ML/29G X 1/2".....	110	LEVEMIR.....	25	LIPITOR.....	30
LEADER INSULIN SYRINGE/1ML/30G X 5/16".....	110	LEVEMIR FLEXTOUCH.....	25	LIPOFEN.....	30
LEADER INSULIN SYRINGE/1ML/31G X 5/16".....	110	levetiracetam.....	18	lisinopril.....	31
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16".....	110	levobunolol hcl.....	133	lisinopril & hydrochlorothiazide.....	32
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16".....	110	levocetirizine dihydrochloride.....	29	LITE TOUCH LANCETS.....	87
LEADER UNIFINE PENTIPS/MINI/31GX3/16".....	110	levofloxacin.....	72	LITE TOUCH LANCING PEN.....	87
LEADER UNIFINE PENTIPS/NANO/32GX5/32".....	110	levofloxacin (ophth).....	134	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI.....	110
LEADER UNIFINE PENTIPS/PLUS/32GX5/32".....	110	levofloxacin in d5w.....	72	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	110
leflunomide.....	5	levonorgestrel & eth estradiol.....	54	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	110
LENVIMA 10 MG DAILY DOSE.....	40	levonorgestrel (emergency oc).....	55	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	110
LENVIMA 12MG DAILY DOSE.....	40	levonorgestrel-eth estradiol (triphasic).....	54	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	110
LENVIMA 14 MG DAILY DOSE.....	40	levonorgestrel-ethinyl estradiol (91-day).....	54	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	110
		levonorgestrel-ethinyl estradiol (continuous).....	54	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	110
		levorphanol tartrate.....	7	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	110
		levothyroxine sodium.....	141	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	110
		LEXAPRO.....	22	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	110
		LEXIVA.....	47		
		LIALDA.....	73		
		LIBERTY CONTROL SOLUTION HIGH.....	87		
		LIBERTY MEDICAL LANCETS 30G.....	87		
		LIBERTY MINI LANCING DEVICE.....	87		
		LIBRAX.....	141		
		LIBTAYO.....	37		
		lidocaine.....	66		

LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	110	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16".....	111	LUPRON DEPOT (3-MONTH).....	38
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	110	LONGS LANCETS STANDARD.....	87	LUPRON DEPOT (4-MONTH).....	38
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	110	LONGS LANCETS THIN.....	87	LUPRON DEPOT (6-MONTH).....	38
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	110	LONGS LANCETS ULTRA THIN.....	87	LUPRON DEPOT-PED (1-MONTH).....	70
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	110	loperamide hcl.....	26	LUPRON DEPOT-PED (3-MONTH).....	70
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	110	LOPID.....	30	LUXIQ.....	64
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	110	lopinavir-ritonavir.....	47	LUZU.....	60
LITETOUCH LANCETS MICRO THIN 33G.....	87	LOPRESSOR.....	50	LYNPARZA.....	40
LITETOUCH PEN NEEDLES 29GX12.7MM.....	110	LOPRESSOR HCT.....	32	LYRICA.....	18,19
LITETOUCH PEN NEEDLES 31G X 6MM.....	110	LOPROX.....	60	LYRICA CR.....	139
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT.....	110	LOPROX SHAMPOO.....	60	LYSODREN.....	38
LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	111	loratadine.....	29	LYSTEDA.....	76
LITETOUCH PEN NEEDLES/31G X 3/16".....	111	loratadine & pseudoephedrine.....	57	M-M-R II.....	145
LITETOUCH PEN NEEDLES/31G X 5MM/MINI.....	111	lorazepam.....	13	M-NATAL PLUS.....	131
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT.....	111	LORBRENA.....	40	MACROBID.....	12
LITHIUM.....	44	LORTAB.....	9	MACRODANTIN.....	12
lithium carbonate.....	44	losartan potassium.....	31	mafenide acetate.....	62
LITHOBID.....	44	losartan potassium & hydrochlorothiazide.....	32,33	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2".....	111
LIVALO.....	30	LOSEASONIQUE.....	54	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16".....	111
LIVE BETTER ADVANCED LANCING DEVICE.....	87	LOTEMAX.....	135	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2".....	111
LIVE BETTER LANCET SUPERTHIN 30G.....	87	LOTENSIN.....	31	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16".....	111
LIVE BETTER LANCET ULTRATHIN 28G.....	87	LOTENSIN HCT.....	33	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2".....	111
LO LOESTRIN FE.....	54	loteprednol etabonate.....	135	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	111
LOCOID.....	64	LOTREL.....	33	MALARONE.....	34
LODINE.....	5	LOTRIMIN AF.....	60	malathion.....	66
LODOSYN.....	42	LOTRIMIN AF JOCK ITCH.....	60	maprotiline hcl.....	21
LOMOTIL.....	26	LOTRIMIN ULTRA.....	60	MARATHON MEDICAL PENTIPS29GX12MM.....	111
		LOTRISONE.....	60	MARATHON MEDICAL PENTIPS31GX5MM.....	111
		LOTRONEX.....	73	MARATHON MEDICAL PENTIPS31GX8MM.....	111
		lovastatin.....	30	MARATHON MEDICAL PENTIPS32GX4MM.....	111
		LOVAZA.....	29	MARCAINE.....	78
		LOVENOX.....	17	MARINOL.....	27
		loxapine succinate.....	45		
		lubiprostone.....	72		
		LUCEMYRA.....	138		
		luliconazole.....	60		
		LUMIGAN.....	136		
		LUMIZYME.....	70		
		LUMOXITI.....	37		
		LUNESTA.....	77		
		LUPANETA PACK.....	69		
		LUPRON DEPOT (1-MONTH).....	38		

MARPLAN.....	21	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM ..	111	MEIJER PEN NEEDLES 31G X6MM ..	111
MARQIBO .....	42	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM ..	111	MEIJER PEN NEEDLES 31G X8MM ..	111
MATULANE.....	41	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM ..	111	MEIJER SUPER THIN LANCETS.....	88
MAVENCLAD .....	139	MEDISENSE THIN LANCETS.....	87	MEKINIST.....	40
MAVYRET.....	49	MEDLANCE PLUS EXTRA LANCETS 21G.....	87	MEKTOVI.....	40
MAXALT.....	127	MEDLANCE PLUS LANCETS.....	87	meloxicam.....	5
MAXALT-MLT.....	127	MEDLANCE PLUS LANCETS LITE 25G.....	87	melphalan.....	36
MAXI-COMFORT INSULIN SYRINGE/U- 100/0.5ML/28GX1/2" ..	111	MEDLANCE PLUS LITE LANCETS 25G.....	87	melphalan hcl.....	36
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" .....	111	MEDLANCE PLUS SPECIAL LANCETS 0.8MM.....	87	memantine hcl.....	138
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16".....	111	MEDLANCE PLUS SUPERLITE 30G.....	87	MENACTRA.....	143
MAXICOMFORT II PEN NEEDLES/31G X 1/4".....	111	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX.....	87	MENEST.....	71
MAXICOMFORT INSULIN SYRINGES 27G X 1/2".....	111	MEDLANCE PLUS UNIVERSAL LANCETS 21G.....	87	MENOSTAR.....	71
MAXIDEX.....	135	MEDLANCE PLUS/LITE 25G.....	87	MENQUADFI.....	143
MAXIPIME.....	54	MEDLANCE/EXTRA.....	87	MENVEO.....	143
MAXITROL.....	135	MEDLANCE/LITE.....	87	meperidine hcl.....	7
MAXX LUBRICATED.....	79	MEDLANCE/UNIVERSAL.....	87	meprobamate.....	13
MAXX PLUS SPERMICIDE LUBRICATED.....	79	MEDROL.....	56	MEPRON.....	11
MAXZIDE.....	67	MEDROL DOSEPAK.....	56	mercaptapurine.....	36
MAXZIDE-25.....	67	medroxyprogesterone acetate.....	137	meropenem.....	11
MAYZENT.....	139	medroxyprogesterone acetate (contraceptive).....	55	MERREM.....	11
MAYZENT STARTER PACK.....	139	mefenamic acid.....	5	mesalamine.....	73
meclizine hcl.....	27	mefloquine hcl.....	34	mesna.....	41
meclofenamate sodium.....	5	MEGACE ES.....	137	MESNEX.....	41
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16".....	111	megestrol acetate.....	38	MESTINON.....	34
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16".....	111	megestrol acetate (appetite).....	137	MESTINON TIMESPAN.....	34
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE.....	87	MEIJER COLOR LANCETS UNIVERSAL 33G.....	87	metaproterenol sulfate.....	15
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW.....	87	MEIJER LANCETS.....	87	metaxalone.....	132
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW.....	87	MEIJER LANCETS THIN.....	87	metformin hcl.....	24
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW.....	87	MEIJER LANCETS UNIVERSAL21G.....	87	methadone hcl.....	7
MEDICHOICE SAFETY LANCETEXTRA.....	87	MEIJER LANCETS UNIVERSAL30G.....	87	METHADONE HCL.....	7
MEDICHOICE SAFETY LANCETNORMAL.....	87	MEIJER LANCETS UNIVERSAL33G.....	88	methadone hcl.....	7
		MEIJER PEN NEEDLES 29G X12MM.....	111	METHADOSE.....	7
				METHADOSE SUGAR-FREE.....	7
				methamphetamine hcl.....	1
				methazolamide.....	67
				methenamine hippurate.....	12
				methimazole.....	141
				METHITEST.....	10
				methocarbamol.....	132
				METHOTREXATE.....	4
				methotrexate sodium.....	36
				methoxsalen rapid.....	62
				methscopolamine bromide.....	141
				methyclothiazide.....	68

methyldopa	32	MIRCERA	75	MONOJECT INSULIN	
METHYLIN	2	MIRCETTE	54	SYRINGE/PERM NEEDLE/U-	
methylphenidate hcl	2	MIRENA	55	100/0.5ML/28G X 1/2"	112
methylprednisolone	56	mirtazapine	20	MONOJECT INSULIN	
methylprednisolone acetate	56	MIRVASO	66	SYRINGE/SAFETY/PERM	
methylprednisolone sod		misoprostol	143	NEEDLE/0.3ML/29G X 1/2"	112
succ	56	MITIGARE	74	MONOJECT INSULIN	
metoclopramide hcl	72	mitomycin	39	SYRINGE/SAFETY/PERM	
metolazone	68	mitoxantrone hcl	39	NEEDLE/0.5ML/29G X 1/2"	112
metoprolol &		MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
hydrochlorothiazide	33	100/0.3ML/30G X 5/16"	112	SYRINGE/SAFETY/PERM	
metoprolol succinate	50	MM INSULIN SYRINGE/U-		NEEDLE/1ML/29G X 1/2"	112
metoprolol tartrate	50	100/0.3ML/31G X 5/16"	112	MONOJECT INSULIN	
METROCREAM	66	MM INSULIN SYRINGE/U-		SYRINGE/SOFTPACK/1ML/27G	
METROGEL	66	100/1/2ML/30G X 5/16"	112	X 1/2"	112
METROGEL-VAGINAL	146	MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
METROLOTION	66	100/1/2ML/31G X 5/16"	112	SYRINGE/SOFTPACK/U-	
metronidazole	11	100/1ML/30G X 5/16"	112	100/0.5ML/28G X 1/2"	112
metronidazole (topical)	66	MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
metronidazole vaginal	146	100/1ML/31G X 5/16"	112	SYRINGE/U-100/0.3ML/30G X	
mexiletine hcl	13	MM LANCING DEVICE	88	5/16"	112
micafungin sodium	27	MM PEN NEEDLES 31G X		MONOJECT INSULIN	
MICARDIS	31	1/4"	112	SYRINGE/U-100/0.5ML/30G X	
MICARDIS HCT	33	MM PEN NEEDLES 31G X		5/16"	112
miconazole nitrate vaginal	146	3/16"	112	MONOJECT INSULIN	
MICRODOT PEN NEEDLE/31G		MM PEN NEEDLES 31G X		SYRINGE/U-100/1ML/28G X	
X 6 MM	111	5/16"	112	1/2"	112
MICRODOT PEN NEEDLE/32G		MM PEN NEEDLES 32G X		MONOJECT INSULIN	
X 4 MM	111	5/32"	112	SYRINGE/U-100/1ML/30G X	
MICROLET LANCETS	88	MM TWIST LANCETS	88	5/16"	112
MICROLET NEXT	88	MOBIC	5	MONOJECT INSULIN	
MICROTAINER SAFETY FLOW		modafinil	2,3	SYRINGE/REGULAR LUER	
LANCET/STERILE/SINGLE-USE		MODERIBA 1200 DOSE		TIP/SOFTPACK/1ML	112
	88	PACK	49	MONOJECT ULTRA COMFORT	
midodrine hcl	147	moexipril hcl	31	INSULIN SYRINGE/0.3ML/29G X	
miglitol	23	mometasone furoate	64	1/2"	112
miglustat	75	mometasone furoate		MONOJECT ULTRA COMFORT	
MIGRANAL	126	(nasal)	132	INSULIN SYRINGE/0.3ML/30G X	
MILLIPRED	56	MONISTAT SOOTHING CARE		5/16"	112
MILLIPRED DP	56	ITCH RELIEF	64	MONOJECT ULTRA COMFORT	
MINASTRIN 24 FE	54	MONOJECT INSULIN		INSULIN SYRINGE/0.3ML/31G X	
MINI LANCING DEVICE	88	SYRINGE/1ML	112	5/16"	113
MINIPRESS	32	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MINIVELLE	71	SYRINGE/1ML/31G X		INSULIN SYRINGE/0.5ML/28G X	
MINOCIN	140	5/16"	112	1/2"	113
minocycline hcl	140	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
minoxidil	33	SYRINGE/DETACH		INSULIN SYRINGE/0.5ML/29G X	
MIRAPEX	43	NEEDLE/1ML/25G X 5/8"	112	1/2"	113
		MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
		SYRINGE/DETACH		INSULIN SYRINGE/0.5ML/30G X	
		NEEDLE/1ML/27G X 1/2"	112	5/16"	113
		MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
		SYRINGE/PERM		INSULIN SYRINGE/0.5ML/31G X	
		NEEDLE/1ML/28G X 1/2"	112	5/16"	113

MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	113	MYDRIACYL.....	133	neomycin-polymy- dexameth.....	135
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	113	MYFORTIC.....	129	neomycin-polymyxin-hc (ophth).....	135
MONOLET LANCETS.....	88	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G.....	88	neomycin-polymyxin-hc (otic).....	136
MONOLET OPD LANCETS.....	88	MYLERAN.....	36	NEONATAL COMPLETE.....	131
MONOLETTOR SAFETY LANCETS.....	88	MYLOTARG.....	37	NEONATAL PLUS.....	131
montelukast sodium.....	14	MYRBETRIQ.....	143	NEONATAL VITAMIN.....	131
MONUROL.....	12	MYSOLINE.....	19	NEORAL.....	129
MORPHABOND ER.....	7	nabumetone.....	5	NEOSTIGMINE	
morphine sulfate.....	7	nadolol.....	50	METHYLSULFATE.....	34
MORPHINE SULFATE.....	7	nafcillin sodium.....	137	NESINA.....	24
morphine sulfate.....	7	naftifine hcl.....	60	NEULASTA.....	75
MOTOFEN.....	26	NAFTIN.....	60	NEULASTA ONPRO KIT.....	75
MOVIPREP.....	77	NAGLAZYME.....	70	NEUPOGEN.....	75
moxifloxacin hcl.....	72	nalbuphine hcl.....	9	NEUPRO.....	43
moxifloxacin hcl (ophth).....	134	NALFON.....	5	NEURONTIN.....	19
moxifloxacin hcl in sodium chloride.....	72	naloxone hcl.....	26	NEVANAC.....	135
MOZOBIL.....	76	naltrexone hcl.....	26	nevirapine.....	47
MPD SAFETY LANCET 21G/1.8MM.....	88	NAMENDA.....	138	NEXAVAR.....	40
MPD SAFETY LANCET 28G/1.8MM.....	88	NAMENDA TITRATION PAK.....	138	NEXIUM.....	142
MPD SAFETY LANCET 30G/1.8MM.....	88	NAPROSYN.....	5	NEXIUM 24HR.....	142
MPD SAFETY LANCETS 23G/1.8MM.....	88	naproxen.....	5	NEXPLANON.....	55
MS CONTIN.....	7	naproxen sodium.....	5	niacin.....	147
MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	113	naratriptan hcl.....	127	niacin (antihyperlipidemic).....	31
MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	113	NARCAN.....	26	NIACIN TR.....	147
MS INSULIN SYRINGE/1ML/31G X 5/16".....	113	NARDIL.....	21	niacinamide.....	147
MULPLETA.....	75	NAROPIN.....	78	NIASPAN.....	31
MULTAQ.....	14	NASACORT ALLERGY 24HR.....	133	nicardipine hcl.....	51
MULTI PRENATAL.....	131	NASACORT ALLERGY 24HR CHILDRENS.....	133	NICODERM CQ.....	139
MULTI-LANCET DEVICE.....	88	NASONEX.....	133	NICORETTE.....	139
mupirocin.....	59	NATAACYN.....	134	NICORETTE MINI.....	139
MVASI.....	37	NATAZIA.....	54	NICORETTE STARTER KIT.....	139
MYALEPT.....	70	nateglinide.....	25	nicotine.....	140
MYAMBUTOL.....	35	NATROBA.....	66	nicotine polacrilex.....	139
MYCAMINE.....	27	NATURE-THROID.....	141	NICOTINE TRANSDERMAL SYSTEM.....	140
MYCOBUTIN.....	35	NATURE-THROID NT- 2.5.....	141	NICOTROL INHALER.....	140
mycophenolate mofetil.....	129	NAVELBINE.....	42	NICOTROL NS.....	140
mycophenolate sodium.....	129	NAYZILAM.....	17	nifedipine.....	51
		NEBUSAL.....	57	NILANDRON.....	38
		nefazodone hcl.....	22	nilutamide.....	38
		NEO-SYNALAR.....	59	nimodipine.....	51
		neomycin sulfate.....	3	NINLARO.....	40
		neomycin-bacitracin zn- polymyxin.....	134	NIPENT.....	41
				nisoldipine.....	51
				nitazoxanide.....	11

nitisinone	70	NOVA SAFETY LANCETS 28G	88	ODOMZO	37
NITRO-BID	12	NOVA SUREFLEX LANCETS	88	OFEV	140
NITRO-DUR	12	NOVA SUREFLEX LANCING DEVICE	88	ofloxacin	72
nitrofurantoin	12	NOVAREL	69	ofloxacin (ophth)	134
nitrofurantoin macrocrystal	12	NOVOFINE 32GX6MM	113	ofloxacin (otic)	136
nitrofurantoin monohydrate	12	NOVOFINE AUTOCOVER 30GX8MM	113	olanzapine	45
NITROGLYCERIN	12	NOVOFINE PLUS 32GX4MM	113	olmesartan medoxomil	31
nitroglycerin	12	NOVOLIN 70/30	25	olmesartan medoxomil- amlodipine-hydrochlorothiazide	33
NITROSTAT	13	NOVOLIN 70/30 FLEXPEN	25	olmesartan medoxomil- hydrochlorothiazide	33
NIVA-PLUS	131	NOVOLIN 70/30 RELION	25	olopatadine hcl	135
NIVESTYM	75	NOVOLIN 70/30 RELION	25	olopatadine hcl (nasal)	132
NIX CREME RINSE	66	NOVOLIN N	25	OLUX	65
nizatidine	141,142	NOVOLIN N RELION	25	omega-3-acid ethyl esters	29
NIZORAL	60	NOVOLIN R	25	omeprazole	142
NORCO	9	NOVOLIN R RELION	25	omeprazole magnesium	142
NORDITROPIN FLEXPEN	69	NOVOLOG	25	omeprazole-sodium bicarbonate	143
norelgestromin-ethinyl estradiol	55	NOVOLOG FLEXPEN	25	OMNIFLEX DIAPHRAGM	79
norethin acet & estrad-fe	54	NOVOLOG MIX 70/30	25	OMNIPRED	135
norethindrone & eth estradiol	54	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	25	OMNITROPE	69
norethindrone & ethinyl estradiol- fe	54	NOVOLOG PENFILL	25	ON CALL LANCETS	88
norethindrone (contraceptive)	55	NOVOTWIST 32GX5MM	113	ON CALL LANCING DEVICE	88
norethindrone acet & eth estra	54	NOXAFIL	28	ON CALL PLUS LANCETS	88
norethindrone acetate	137	NPLATE	75	ON CALL PLUS LANCING DEVICE	88
norethindrone acetate-ethinyl estradiol	71	NUBEQA	38	ONCASPAR	41
norethindrone acetate-ethinyl estradiol-fe	54	NUCALA	14	ondansetron	26
norethindrone-eth estradiol (triphasic)	54	NUCYNTA	7	ondansetron hcl	26
norgestimate-ethinyl estradiol	54	NUCYNTA ER	7	ONE VITE WOMENS PRENATALVITAMIN	131
norgestimate-ethinyl estradiol (triphasic)	54	NUDEXTA	139	ONE VITE WOMENS PRENATALVITAMIN PLUS	131
norgestrel & ethinyl estradiol	54	NULOJIX	129	ONETOUCH CLUB LANCETS FINE POINT	88
NORMOSOL-M IN D5W	128	NUTROPIN AQ NUSPIN 10	69	ONETOUCH DELICA LANCETS EXTRA FINE 33G	88
NORMOSOL-R	128	NUVARING	55	ONETOUCH DELICA LANCETS FINE 30G	88
NORPACE	13	NUVIGIL	3	ONETOUCH DELICA LANCING DEVICE	88
NORPRAMIN	23	nystatin	28	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	88
nortriptyline hcl	23	nystatin (mouth-throat)	130	ONETOUCH DELICA PLUS LANCETS FINE 30G	88
NORVASC	51	nystatin (topical)	60	ONETOUCH DELICA PLUS LANCING DEVICE	88
NORVIR	47	nystatin-triamcinolone	60	ONETOUCH FINEPOINT LANCETS	88
NOVA MAX PLUS KETONE TESTSTRIPS	67	O-CAL FA	131		
NOVA SAFETY LANCETS 23G	88	OCREVUS	139		
		octreotide acetate	71		
		OCUFLOX	134		
		ODEFSEY	47		



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LANCETS	88	paclitaxel	42
ONETOUCH VERIO CONTROL		paliperidone	44
SOLUTION HIGH	88	palonosetron hcl	26
ONFI	17	PALYNZIQ	70
ONIVYDE	42	PAMELOR	23
OPANA	7	pamidronate disodium	68
OPDIVO	37	PAMIDRONATE	
OPSUMIT	52	DISODIUM	68
ORACEA	66	pamidronate disodium	68
ORAPRED ODT	56	PANRETIN	61
ORENITRAM	52	pantoprazole sodium	142
ORFADIN	70	PARAGARD INTRAUTERINE	
ORKAMBI	140	COPPER CONTRACEPTIVE	
orphenadrine citrate	132	T380A	55
ORTHO MICRONOR	55	parenteral electrolytes	128
ORTHO TRI-CYCLEN	54	paricalcitol	70
ORTHO TRI-CYCLEN LO	54	PARLODEL	43
ORTHO-CYCLEN	54	PARNATE	21
ORTHO-NOVUM 1/35	54	paromomycin sulfate	3
ORTHO-NOVUM 7/7/7	54	paroxetine hcl	22
oseltamivir phosphate	50	PASER	35
OSENI	24	PATADAY	135
OSMOPREP	77	PATANASE	132
OSPHENA	69	PATANOL	135
OTEZLA	5	PAXIL	22
OTOVEL	136	PAXIL CR	22
OVIDE	66	PC LANCETS SUPER THIN	
oxacillin sodium	137	30G	88
oxaliplatin	36	PC UNIFINE PENTIPS 29G	
oxandrolone	10	X1/2"	113
oxaprozin	5	PC UNIFINE PENTIPS 31G	
OXAYDO	7	X5MM MINI	113
oxazepam	13	PC UNIFINE PENTIPS 31G	
OXBRYTA	75	X6MM ULTRA SHORT	113
oxcarbazepine	19	PC UNIFINE PENTIPS 31G	
OXERVATE	134	X8MM SHORT	113
oxiconazole nitrate	61	PEDIAPRED	56
OXISTAT	61	peg 3350-kcl-nacl-na sulfate-na	
OXSORALEN ULTRA	62	ascorbate-ascorbic acid	77
oxybutynin chloride	143	peg 3350-kcl-sod bicarb-sod	
oxycodone hcl	7	chloride-sod sulfate	77
oxycodone w/ acetaminophen	9	PEGANONE	20
oxycodone-ibuprofen	9	PEGASYS	49
OXYCONTIN	7	PEGASYS PROCLICK	49
oxymorphone hcl	7,8	PEGINTRON	49
OZEMPIC	24	PEMAZYRE	40
		PEN NEEDLES 29G X	
		12MM	113
		PEN NEEDLES	
		29GX1/2"	113
		PEN NEEDLES	
		29GX12MM	113
		PEN NEEDLES 30GX5/16"	113
		PEN NEEDLES 30GX8MM	113
		PEN NEEDLES 31G X 1/4"	
		SHORT	113
		PEN NEEDLES 31G X	
		3/16"	113
		PEN NEEDLES 31G X	
		5MM	113
		PEN NEEDLES 31G X	
		6MM	113
		PEN NEEDLES 31G X	
		8MM	113
		PEN NEEDLES 31GX5/16"	113
		PEN NEEDLES 31GX6MM	
		(1/4")	113
		PEN NEEDLES 31GX8MM	113
		PEN NEEDLES 31GX8MM	
		(5/16")	113
		PEN NEEDLES 32G X	
		4MM	113
		PEN NEEDLES 32G X	
		5MM	113
		PEN NEEDLES 32G X	
		6MM	113
		PEN NEEDLES 32GX4MM	113
		PEN NEEDLES/29G X 1/2"	113
		PEN NEEDLES/31G X 1/4"	114
		PEN NEEDLES/31G X	
		3/16"	114
		PEN NEEDLES/31G X	
		5/16"	114
		PEN NEEDLES/31G X	
		6MM	114
		PEN NEEDLES/32G X	
		5/32"	114
		penicillamine	129
		penicillin g potassium	137
		PENICILLIN G POTASSIUM IN	
		ISO-OSMOTIC	
		DEXTROSE	137
		PENICILLIN G PROCAINE	137
		penicillin g sodium	137
		penicillin v potassium	137
		PENLAC NAIL LACQUER	61
		pentazocine w/ naloxone	9
		PENTIPS 29G X 12MM	114
		PENTIPS 29GX12MM	114
		PENTIPS 31G X 5MM	114
		PENTIPS 31G X 8MM	114
		PENTIPS 31GX5MM	114
		PENTIPS 31GX6MM	114
		PENTIPS 31GX8MM	114
		PENTIPS 32G X 4MM	114

PENTIPS 32GX4MM.....	114	pioglitazone hcl.....	25	potassium citrate (alkalinizer).....	73
pentoxifylline.....	74	pioglitazone hcl- glimepiride.....	24	potassium phosphates.....	128
PEPCID.....	142	pioglitazone hcl-metformin hcl.....	24	POTELIGEO.....	37
PEPCID AC MAXIMUM STRENGTH.....	142	PIP LANCETS/28G.....	89	pramipexole dihydrochloride.....	43
PERCOCET.....	9	PIP LANCETS/30G.....	89	PRANDIN.....	25
PERFECT LANCETS 30G.....	88	piperacillin sodium-tazobactam sodium.....	137	prasugrel hcl.....	75
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G.....	88	PIQRAY 200MG DAILY DOSE.....	40	PRAVACHOL.....	30
PERIDEX.....	130	PIQRAY 250MG DAILY DOSE.....	40	pravastatin sodium.....	30
perindopril erbumine.....	31	PIQRAY 300MG DAILY DOSE.....	40	praziquantel.....	10
PERJETA.....	37	piroxicam.....	5	prazosin hcl.....	32
permethrin.....	66	PLAN B ONE-STEP.....	55	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16".....	114
perphenazine.....	45	PLAQUENIL.....	34	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2".....	114
perphenazine-amitriptyline.....	138	PLASMA-LYTE A.....	128	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".....	114
PERSERIS.....	44	PLASMA-LYTE-148.....	128	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".....	114
PHARMACIST CHOICE ULTRA THIN LANCETS.....	89	PLAVIX.....	75	PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2".....	114
PHARMACIST CHOICE ULTRA THIN LANCETS 28G.....	88	PLEGISOL.....	52	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	114
PHARMACIST CHOICE ULTRA THIN LANCETS 30G.....	88	PLEGRIDY.....	139	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	114
PHARMACIST CHOICE ULTRA THIN LANCETS 31G.....	89	PLEGRIDY STARTER PACK.....	139	PRECISION THINS GP LANCET.....	89
PHARMACIST CHOICE ULTRA THIN LANCETS 33G.....	89	PNEUMOVAX 23.....	143	PRECISION XTRA.....	67
PHARMACY COUNTER LANCETS.....	89	PNEUMOVAX 23/1 DOSE.....	143	PRECOSE.....	23
phenazopyridine hcl.....	74	podofilox.....	66	PRED FORTE.....	135
phendimetrazine tartrate.....	1	polymyxin b sulfate.....	12	PRED MILD.....	135
phenelzine sulfate.....	21	polymyxin b-trimethoprim.....	134	prednicarbate.....	65
PHENERGAN.....	29	POLYTRIM.....	134	prednisolone.....	56
phenobarbital.....	76	POMALYST.....	38	prednisolone acetate (ophth).....	135
phenoxybenzamine hcl.....	31	PORTRAZZA.....	37	PREDNISOLONE ACETATE P- F.....	135
phentermine hcl.....	2	potassium acetate.....	128	prednisolone sodium phosphate.....	56
PHENYTEK.....	20	potassium bicarb & chloride.....	128	PREDNISOLONE SODIUM PHOSPHATE.....	135
phenytoin.....	20	potassium bicarbonate.....	128	prednisone.....	56
phenytoin sodium.....	20	potassium chloride.....	129	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	114
phenytoin sodium extended.....	20	POTASSIUM CHLORIDE.....	129		
PHOSLYRA.....	73	potassium chloride.....	129		
PHOSPHOLINE IODIDE.....	133	potassium chloride in dextrose.....	128		
PHOTOFRIN.....	41	potassium chloride in dextrose & sodium chloride.....	128		
PICATO.....	61	potassium chloride in nacl.....	128		
PIFELTRO.....	47	potassium chloride microencapsulated crystals er.....	129		
pilocarpine hcl.....	133	POTASSIUM CHLORIDE/DEXTROSE/LACT ATED RINGERS.....	128		
pilocarpine hcl (oral).....	130				
pimecrolimus.....	65				
pimozide.....	139				
pindolol.....	50				

PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	114	PRENATAL VITAMIN/IRON	131	PRO COMFORT PEN NEEDLES/32G X 4MM	115
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	114	PRENATAL VITAMINS	131	PRO COMFORT PEN NEEDLES/32G X 5MM	115
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	114	PRENATAL VITAMINS PLUS LOW IRON	131	PRO COMFORT PEN NEEDLES/32G X 6MM	115
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	114	PRENATRIX	131	PROAIR HFA	15
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	114	PRENATRYL	131	probenecid	74
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	114	PREPLUS	131	procainamide hcl	13
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	114	PREPOPIK	77	PROCARDIA	51
PREFERRED PLUS LANCETS COLORED 21G	89	PRESSURE ACTIVATED SAFETYLANCET 21G	89	PROCARDIA XL	51
PREFERRED PLUS LANCETS SUPER THIN 30G	89	PREVACID	142	prochlorperazine	46
PREFERRED PLUS LANCETS THIN 26G	89	PREVACID 24HR	142	prochlorperazine maleate	45
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	114	PREVENT SAFETY PEN NEEDLES 31GX1/4"	115	PROCRIT	76
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	115	PREVENT SAFETY PEN NEEDLES 31GX5/16"	115	PROCTOCORT	10
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	115	PREVNAR 13	143	PRODIGY CONTROL SOLUTIONHIGH	89
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	115	PREZCOBIX	47	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	115
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	115	PREZISTA	47	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	115
pregabalin	19	PRIFTIN	35	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	115
PREGNYL W/DILUENT BENZYLALCOHOL/NAACL	69	PRIOSEC OTC	142	PRODIGY LANCING DEVICE	89
PREMARIN	71	primaquine phosphate	34	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	89
PREMIUM CONDOMS LUBRICATED	79	PRIMAQUINE PHOSPHATE	34	PRODIGY SAFETY LANCETS	89
PREMPHASE	71	PRIMAXIN IV	11	PRODIGY TWIST TOP LANCETS	89
PREMPRO	71	primidone	19	progesterone micronized	137
PRENATAL	131	PRINIVIL	31	PROGLYCEM	24
PRENATAL LOW IRON	131	PRISTIQ	23	PROGRAF	129,130
PRENATAL MULTIVITAMIN	131	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	115	PROLASTIN-C	140
PRENATAL ONE DAILY	131	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	115	PROLEUKIN	41
PRENATAL PLUS	131	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	115	PROLIA	68
PRENATAL VITAMIN	131	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	115	PROMACTA	76
PRENATAL VITAMIN & MINERAL	131	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	115	promethazine hcl	29
		PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	115	PROMETRIUM	138
		PRO COMFORT LANCETS 30G	89	propafenone hcl	13
		PRO COMFORT LANCETS 31G	89	proparacaine hcl	134
		PRO COMFORT PEN NEEDLES/31G X 8MM	115	propranolol hcl	50
				propylthiouracil	141
				PROSCAR	74
				PROTONIX	142
				PROTOPIC	65
				protriptyline hcl	23
				PROVENGE	37

PROVENTIL HFA.....	15	QC PEN NEEDLES 31G X 6MM.....	115	ramelteon.....	77
PROVERA.....	138	QC PEN NEEDLES 31G X 8MM.....	115	ramipril.....	31
PROVIGIL.....	3	QC PRENATAL.....	131	RANEXA.....	12
PROZAC.....	22	QC UNIFINE PENTIPS 32GX4MM.....	115	ranitidine hcl.....	142
PRUDOXIN.....	61	QC UNILET LANCETS 28G/ULTRA THIN.....	89	ranolazine.....	12
PSORCON.....	65	QC UNILET LANCETS 33G/MICRO THIN.....	89	RAPAFLO.....	74
PSS SELECT GP LANCETS	89	QINLOCK.....	40	RAPAMUNE.....	130
PSS SELECT SAFETY LANCETS.....	89	QUALAQUIN.....	34	rasagiline mesylate.....	44
PTS PANELS KETONE TEST.....	67	QUARTETTE.....	55	RAZADYNE.....	138
PULMICORT.....	14	QUDEXY XR.....	19	RAZADYNE ER.....	138
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SAFETY LANCET 23G/PRESSURE ACTIVATED	90	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	117	NEEDLES/MINI/REMOVER/31GX5MM	117
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SAFETY LANCETS	90	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	117	SHOPKO UNIFINE PENTIPS PLUS PEN	
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TECHLITE LANCETS 30G	91	tetracycline hcl	140	tolazamide	26
TECHLITE PEN NEEDLES 29GX 12 MM	119	TGT LANCET MICRO THIN 33G	91	tolbutamide	26
TECHLITE PEN NEEDLES 31GX 5MM	119	TGT LANCET THIN 26G	91	tolcapone	43
TECHLITE PEN NEEDLES/31GX 5MM	119	TGT LANCET ULTRA THIN 30G	92	tolmetin sodium	5
TECHLITE PEN NEEDLES/31GX 6 MM	119	TGT LANCING DEVICE	92	TOLSURA	28
TECHLITE PEN NEEDLES/31GX 8MM	119	THALOMID	129	tolterodine tartrate	143
TECHLITE PEN NEEDLES/32GX 4MM	119	theophylline	16	tolvaptan	71
TECHLITE PEN NEEDLES/32GX 6MM	119	THERANATAL CORE NUTRITION	132	TOPAMAX	19
TEFLARO	54	THINLETS GP LANCETS	92	TOPAMAX SPRINKLE	19
TEGRETOL	19	thioridazine hcl	46	TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	120
TEGRETOL-XR	19	thiotepa	36	TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	120
TEGSEDI	140	thiothixene	46	TOPCARE LANCETS MICRO-THIN 33G	92
TEKTURNA	33	THYMOGLOBULIN	130	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	120
telmisartan	31	THYROGEN	67	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	120
telmisartan-amlodipine	33	thyroid	141	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	120
telmisartan-hydrochlorothiazide	33	tiagabine hcl	20	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	120
temazepam	77	TIAZAC	51	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	120
TEMIXYS	48	TIBSOVO	40	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	120
TEMODAR	36	TICE BCG	41	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	120
TEMOVATE	65	TIGAN	27	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	120
temozolomide	36	tigecycline	140		
temsirolimus	40	TIKOSYN	14		
TENIPOSIDE	42	timolol maleate	51		
tenofovir disoproxil fumarate	48	timolol maleate (ophth)	133		
TENORETIC 100	33	TIMOPTIC	133		
TENORETIC 50	33	TIMOPTIC-XE	133		
TENORMIN	50	TIVICAY	48		
TEPADINA	36	tizanidine hcl	132		
terazosin hcl	32	TOBI	3		
terbinafine hcl	28	TOBRADEX	135		
		tobramycin	3		
		tobramycin (ophth)	134		
		tobramycin sulfate	3		
		tobramycin-dexamethasone	135		
		TOBREX	134		

TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	120	triamcinolone acetonide (topical)	65	TRUEDRAW LANCING DEVICE	92
TOPICORT	65	triamcinolone acetonide-dimethicone-silicone	65	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	120
topiramate	19	triamterene	68	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	120
TOPOTECAN HCL	42	triamterene & hydrochlorothiazide	67	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	120
topotecan hcl	42	triazolam	77	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	120
TOPROL XL	50	TRIBENZOR	33	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	120
toremifene citrate	38	TRICARE	132	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	120
TORISEL	40	TRICOR	30	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	120
toremide	68	TRIDESILON	65	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	121
TOVIAZ	143	trientine hcl	129	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	121
TRACLEER	52	trifluoperazine hcl	46	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	121
tramadol hcl	8	trifluridine	134	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	121
tramadol-acetaminophen	9	trihexyphenidyl hcl	42	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	121
trandolapril	31	TRIJARDY XR	24	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	121
trandolapril-verapamil hcl	33	TRIKAFTA	140	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	121
tranexamic acid	76	TRILEPTAL	19	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	121
TRANSDERM SCOP	27	trimethobenzamide hcl	27	TRUEPLUS LANCETS 26G	92
TRANSDERM-SCOP	27	trimethoprim	11	TRUEPLUS LANCETS 28G	92
TRANXENE T	13	trimipramine maleate	23	TRUEPLUS LANCETS 28G SUPER THIN	92
tranylcypromine sulfate	21	TRINTELLIX	22	TRUEPLUS LANCETS 30G	92
TRAVATAN Z	136	TRIOSTAT	141	TRUEPLUS LANCETS 30G ULTRA THIN	92
TRAVEL LANCETS 30G	92	TRIUMEQ	48	TRUEPLUS LANCETS 33G	92
TRAVEL LANCETS ADVANCED 28G	92	TRIZIVIR	48	TRUEPLUS LANCETS 33G MICRO THIN	92
travoprost	136	tropicamide	133	TRUEPLUS PEN NEEDLES 29GX12MM	121
trazodone hcl	22	trospium chloride	143		
TREANDA	36	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	120		
TRECATOR	35	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	120		
TRELEGY ELLIPTA	15	TRUE COMFORT PEN NEEDLES31G X 5MM	120		
TRELSTAR MIXJECT	38	TRUE COMFORT PEN NEEDLES31G X 6MM	120		
TREMFYA	62	TRUE COMFORT PEN NEEDLES31G X 8MM	120		
treprostinil	52	TRUE COMFORT PEN NEEDLES32G X 4MM	120		
TRESIBA	25	TRUE COMFORT PEN NEEDLES32G X 5MM	120		
TRESIBA FLEXTOUCH	25	TRUE COMFORT PEN NEEDLES32G X 6MM	120		
tretinoin	59	TRUE COMFORT TWIST TOP LANCETS 30G	92		
tretinoin (chemotherapy)	41	TRUE METRIX BLOOD GLUCOSETEST STRIPS	67		
tretinoin microsphere	59	TRUE METRIX CONTROL SOLUTION LEVEL 3	92		
TREXALL	36				
TREXIMET	126				
TRI-NORINYL 28	55				
triamcinolone acetonide	57				
triamcinolone acetonide (mouth)	130				
triamcinolone acetonide (nasal)	133				

TRUEPLUS PEN NEEDLES 31GX5MM	121	TYGACIL	140	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	121
TRUEPLUS PEN NEEDLES 31GX6MM	121	TYKERB	40	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	122
TRUEPLUS PEN NEEDLES 31GX8MM	121	TYLENOL/CODEINE #3	9	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	122
TRUEPLUS PEN NEEDLES 32GX4MM	121	TYLENOL/CODEINE #4	9	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	122
TRUEPLUS SAFETY LANCETS 28G	92	TYMLOS	69	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	122
TRUETRACK TEST	67	TYSABRI	139	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	122
TRULICITY	24	UCERIS	10	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	122
TRUSOPT	136	UDENYCA	76	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	122
TRUSTEX COLOR CONDOMS + LUBE	79	ULESFIA	66	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	122
TRUSTEX LUBRICATED	79	ULORIC	74	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	122
TRUSTEX LUBRICATED EXTRALARGE	79	ULTI-LANCE AUTOMATIC/ CLEAR TIP	92	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	122
TRUSTEX LUBRICATED EXTRASTRENGTH	79	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	121	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	122
TRUSTEX LUBRICATED/RIBBED/STUDE D	79	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	121	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16"	122
TRUSTEX LUBRICATED/SPERMICIDE	79	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	121	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.5ML/31G X 5/16"	122
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE	79	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	121	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16"	122
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH	79	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	121	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16"	122
TRUSTEX NATURAL CONDOMS		ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	121	ULTICARE MICRO PEN NEEDLES 31G X 8MM	122
+LUBE/LUBRICATED	79	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	121	ULTICARE MICRO PEN NEEDLES 32G X 4MM	122
TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDD	79	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	121	ULTICARE MICRO PEN NEEDLES/31G X 1/4"	122
TRUSTEX/RIA LUBRICATED	79	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	121	ULTICARE MICRO PEN NEEDLES/31G X 5/16"	122
TRUSTEX/RIA LUBRICATED SPERMICIDE	80	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	121	ULTICARE MICRO PEN NEEDLES/32G X 4MM	122
TRUSTEX/RIA LUBRICATED/SPERMICIDE	80	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	121	ULTICARE MICRO PEN NEEDLES/32G X 5/32"	122
TRUVADA	48	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	121	ULTICARE MINI PEN NEEDLES 31GX6MM	122
TUKYSA	40	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	121	ULTICARE MINI PEN NEEDLES ULTI-FINE IV	122
TURALIO	40	TYLORIN	140		
TUSSIONEX PENNKINETIC EXTENDED RELEASE	57				
TUZISTRA XR	57				
TWINRIX	146				
TWIRLA	55				
TWYNSTA	33				
TYBLUME	55				
TYBOST	48				

ULTICARE MINI PEN NEEDLES/31G X 6MM.....	122	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	123	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	124
ULTICARE MINI PEN NEEDLES/32G X 1/4".....	122	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	123	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	124
ULTICARE MINI PEN NEEDLES31GX6MM.....	122	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	123	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	124
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE.....	122	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	123	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	124
ULTICARE PEN NEEDLES 31GX 5MM.....	122	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	123	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	124
ULTICARE PEN NEEDLES 31GX 5MM/MINI.....	122	ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	123	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	124
ULTICARE PEN NEEDLES/29GX 12.7MM..	122	ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	123	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	124
ULTICARE SHORT PEN NEEDLES 31GX8MM.....	122	ULTILET LANCETS.....	92	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	124
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV....	123	ULTILET LANCETS 33G..	92	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	124
ULTICARE SHORT PEN NEEDLES/31G X 8MM.....	123	ULTILET PEN NEEDLE 29GX12.7MM.....	123	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	124
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA.....	123	ULTILET PEN NEEDLE 31GX5MM.....	123	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	124
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN....	123	ULTILET PEN NEEDLE 31GX8MM.....	123	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	124
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI....	123	ULTILET PEN NEEDLE 32GX4MM.....	123	ULTRA-THIN II AUTO LANCET.....	92
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN....	123	ULTILET PEN NEEDLE 32GX4MM/SHORT.....	123	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/30GX5/16".....	124
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA.....	123	ULTILET SAFETY LANCETS 21G X 2.2MM.....	92	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/31GX5/16".....	124
ULTILET CLASSIC LANCETS.....	92	ULTILET SAFETY LANCETS 23G.....	92	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16".....	124
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM.....	123	ULTILET SHORT PEN NEEDLES 31GX5/16".....	123	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	124
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM.....	123	ULTILET SHORT PEN NEEDLES31GX3/16".....	123	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	124
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....	123	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	123	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16".....	124
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....	123	ULTRA FLO INSULIN PEN NEEDLES.....	124	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	124
ULTILET INSULIN SYRINGE/1ML/30G X 8MM	123	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2".....	124	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16".....	124
ULTILET INSULIN SYRINGE/1ML/31G X 8MM	123	ULTRA THIN LANCETS 31G.....	92	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16".....	124
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM.....	123	ULTRA THIN PEN NEEDLES 32G X 4MM.....	124	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.5ML/29GX1/2".....	124
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	123	ULTRA-CARE LANCETS 30G.....	92	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" .....	124
		ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	124	ULTRA-THIN II LANCETS 28G.....	92

ULTRA-THIN II LANCETS		UNIFINE PENTIPS		UNIVERSAL 1 LANCETS	
30G.....	92	31GX8MM.....	125	THIN26G.....	93
ULTRA-THIN II MINI PEN		UNIFINE PENTIPS		UNIVERSAL 1 LANCETS ULTRA	
NEEDLES/31GX3/16".....	124	32GX4MM.....	125	THIN 30G.....	93
ULTRA-THIN II PEN NEEDLES		UNIFINE PENTIPS		UNIVERSAL 1	
29GX1/2".....	124	32GX6MM.....	125	LANCETS/33G/MICRO-THIN	
ULTRA-THIN II PEN		UNIFINE PENTIPS PLUS		.....	93
NEEDLES/SHORT/31GX5/16"		29GX12MM.....	125	URECHOLINE.....	143
.....	124	UNIFINE PENTIPS PLUS		UROCIT-K 10.....	73
ULTRACARE INSULIN		31GX5MM.....	125	UROXATRAL.....	74
SYRINGE/U-100/0.3ML/30G X		UNIFINE PENTIPS PLUS		URSO 250.....	72
5/16".....	124	31GX6MM.....	125	URSO FORTE.....	72
ULTRACARE INSULIN		UNIFINE PENTIPS PLUS		ursodiol.....	72
SYRINGE/U-100/0.3ML/31G X		31GX8MM.....	125	UTIBRON NEOHALER.....	15
5/16".....	124	UNIFINE PENTIPS PLUS		VAGIFEM.....	146
ULTRACARE INSULIN		32GX4MM.....	125	valacyclovir hcl.....	49
SYRINGE/U-100/0.5ML/30G X		UNIFINE SAFECONTROL PEN		VALCYTE.....	49
1/2".....	125	NEEDLE/30G X 5/16".....	125	valganciclovir hcl.....	49
ULTRACARE INSULIN		UNILET COMFORTOUCH		VALIUM.....	13
SYRINGE/U-100/0.5ML/30G X		LANCET.....	92	valproate sodium.....	20
5/16".....	125	UNILET EXCELITE.....	92	valproic acid.....	20
ULTRACARE INSULIN		UNILET EXCELITE II.....	92	valrubicin.....	39
SYRINGE/U-100/0.5ML/31G X		UNILET G.P. LANCET.....	92	valsartan.....	31
5/16".....	125	UNILET G.P. SUPERLITE		valsartan-hydrochlorothiazide	
ULTRACARE INSULIN		LANCET.....	92	.....	33
SYRINGE/U-100/1ML/30G X		UNILET GP 28 ULTRA		VALSTAR.....	39
1/2".....	125	THIN.....	92	VALTOCO.....	17
ULTRACARE INSULIN		UNILET LANCET.....	92	VALTRESX.....	49
SYRINGE/U-100/1ML/30G X		UNILET LANCETS MICRO-		VALUE HEALTH INSULIN	
5/16".....	125	THIN33G.....	92	SYRINGE/U-100/0.5ML/29G X	
ULTRACARE INSULIN		UNILET LANCETS SUPER-		1/2".....	125
SYRINGE/U-100/1ML/31G X		THIN30G.....	92	VALUE HEALTH INSULIN	
5/16".....	125	UNILET LANCETS ULTRA-		SYRINGE/U-100/1ML/29G X	
ULTRACARE PEN		THIN 28G.....	92	1/2".....	125
NEEDLES/31G X 1/4".....	125	UNILET SUPERLITE		VALUE PLUS LANCETS	
ULTRACARE PEN		LANCET.....	92	STANDARD 21G.....	93
NEEDLES/31G X 3/16".....	125	UNISTIK 3 GENTLE.....	92	VALUE PLUS LANCETS	
ULTRACARE PEN		UNISTIK PRO SAFETY		SUPERTHIN 30G.....	93
NEEDLES/31G X 5/16".....	125	LANCET 21G.....	92	VALUE PLUS LANCETS THIN	
ULTRACARE PEN		UNISTIK PRO SAFETY		26G.....	93
NEEDLES/32G X 1/14".....	125	LANCET 25G.....	93	VALUE PLUS LANCING	
ULTRACARE PEN		UNISTIK PRO SAFETY		DEVICE.....	93
NEEDLES/32G X 3/16".....	125	LANCET 28G.....	93	VALUMARK LANCET SUPER	
ULTRACARE PEN		UNISTIK SAFETY LANCETS		THIN 30G.....	93
NEEDLES/32G X 5/32".....	125	28G.....	93	VALUMARK LANCET ULTRA	
ULTRACET.....	9	UNISTIK SAFETY LANCETS		THIN 28G.....	93
ULTRAM.....	8	30G.....	93	VALUMARK PEN NEEDLES	
ULTRAVATE.....	65	UNISTIK TOUCH SAFETY		29GX12MM.....	125
UNASYN.....	137	LANCETS 21G.....	93	VALUMARK PEN NEEDLES	
UNASYN BULK PACK.....	137	UNISTIK TOUCH SAFETY		31GX 6MM.....	125
UNIFINE PENTIPS		LANCETS 23G.....	93	VALUMARK PEN NEEDLES	
29GX12MM.....	125	UNISTIK TOUCH SAFETY		31GX 8MM.....	125
UNIFINE PENTIPS 31G X		LANCETS 28G.....	93	VANCOGIN.....	11
3/16".....	125	UNISTIK TOUCH SAFETY			
UNIFINE PENTIPS		LANCETS 30G.....	93		
31GX5MM.....	125	UNISTRIP CONTROL			
UNIFINE PENTIPS		SOLUTIONHIGH.....	93		
31GX6MM.....	125				

VANCOGIN HCL.....	11	VIDA MIA UNIFINE		VUSION.....	61
vancomycin hcl.....	11	PENTIPSORIGINAL		VYNDAMAX.....	53
VANCOMYCIN		29GX12MM.....	126	VYNDAQEL.....	53
HYDROCHLORIDE.....	11	VIDA MIA UNILET LANCETS		VYTORIN.....	29
VANISHPOINT INSULIN		SUPER THIN 30G.....	93	VYVANSE.....	1
SYRINGE/0.5ML/30G X		VIDA MIA UNILET LANCETS		VYXEOS.....	39
1/2".....	125	ULTRA THIN 28G.....	93	WALGREENS ADVANCED	
VANISHPOINT INSULIN		VIDA MIA UNIPFINE		TRAVELLANCETS 28G.....	93
SYRINGE/0.5ML/30G X		PENTIPSSHORT		WALGREENS COMFORT	
5/16".....	125	31GX8MM.....	126	ASSUREDLANCETS MICRO	
VANISHPOINT INSULIN		VIDAZA.....	37	THIN/33G.....	93
SYRINGE/1ML/29G X 1/2".....	125	VIDEX EC.....	48	WALGREENS COMFORT	
VANISHPOINT INSULIN		VIDEXPEDIATRIC.....	48	ASSUREDLANCETS SUPER	
SYRINGE/1ML/30G X		vigabatrin.....	20	THIN/28G.....	93
5/16".....	125	VIGAMOX.....	134	WALGREENS LANCETS.....	93
VANTAS.....	38	VIIBRYD.....	22	WALGREENS THIN	
VAQTA.....	146	VIIBRYD STARTER PACK	22	LANCETS.....	93
VARIVAX.....	146	VIMPAT.....	19	WALGREENS ULTRA THIN	
VARUBI.....	27	vinblastine sulfate.....	42	LANCETS.....	93
VASCEPA.....	29	vincristine sulfate.....	42	warfarin sodium.....	16
VASERETIC.....	33	vinorelbine tartrate.....	42	water for irrigation, sterile.....	130
VASOTEC.....	31	VIRACEPT.....	48	WEGMANS UNIFINE PENTIPS	
VECAMYL.....	33	VIRAMUNE.....	48	PLUS 32GX4MM.....	126
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FROM |  **sunshine health.**  
*Insured by Celtic Insurance Company*



## Statement of Non-Discrimination

Ambetter from Sunshine Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter from Sunshine Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from Sunshine Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Ambetter from Sunshine Health at 1-877-687-1169 (Relay FL 1-800-955-8770).

If you believe that Ambetter from Sunshine Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Grievance/Appeals Unit Sunshine Health, 1301 International Parkway, Suite 400, Sunrise, Florida 33323, 1-877-687-1169 (Relay Florida 1-800-955-8770), Fax, 1-866-534-5972. You can file a grievance by mail, fax, or email. If you need help filing a grievance, Ambetter from Sunshine Health is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



<b>Spanish:</b>	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Sunshine Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>French Creole:</b>	Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Ambetter from Sunshine Health, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprete, sonnen nimewo 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Vietnamese:</b>	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Sunshine Health, 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 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Portuguese:</b>	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Sunshine Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Chinese:</b>	如果您, 或是您正在協助的對象, 有關於 Ambetter from Sunshine Health 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 1-877-687-1169 (Relay Florida 1-800-955-8770)。
<b>French:</b>	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Sunshine Health, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Tagalog:</b>	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter from Sunshine Health, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Russian:</b>	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Sunshine Health вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Arabic:</b>	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Sunshine Health ، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Italian:</b>	Se lei, o una persona che lei sta aiutando, avesse domande su Ambetter from Sunshine Health, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l'1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>German:</b>	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Sunshine Health hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-687-1169 (Relay Florida 1-800-955-8770) an.
<b>Korean:</b>	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Sunshine Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1169 (Relay Florida 1-800-955-8770) 로 전화하십시오.
<b>Polish:</b>	Jeżeli ty lub osoba, której pomagasz, macie pytania na temat planów za pośrednictwem Ambetter from Sunshine Health, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Gujarati:</b>	જ તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Sunshine Health વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. કૃપાપિયા સહિ વાત કરવા માટે 1-877-687-1169 (Relay Florida 1-800-955-8770) ઉપર કોલ કરો.
<b>Thai:</b>	หากท่านหรือผู้ที่ท่านให้ความช่วยเหลืออยู่ในขณะนี้มีความถามเกี่ยวกับAmbetter from Sunshine Health ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่าน!โดยไม่เสียค่าใช้จ่ายใด!ฯลฯทั้งสิ้น!หากต้องการใช้บริการถาม!กรุณาโทรศัพท์ติดต่อที่หมายเลข! 1-877-687-1169 (Relay Florida 1-800-955-8770).