

# *CalViva Health Medi-Cal* **Preferred Drug List**

The CalViva Health Medi-Cal Preferred Drug List (PDL) includes drugs covered by CalViva Health. The drug list is updated each month and may change. To get the most up-to-date information or a printed copy, call Member Services at 1-888-893-1569 (TTY: 711).

**The latest drug list can be viewed on our website at**

**<https://www.calvivahealth.org/members-info/>. It is also available on our web site in a machine readable format.**

**Go to “Formulary List”**

**Use the “Formulary List” link to view the list of drugs covered by CalViva Health Medi-Cal.**

**PLEASE THROW AWAY ALL PREVIOUS VERSIONS OF THE DRUG LIST**



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## Welcome to CalViva Health

### What is the CalViva Health Medi-Cal PDL?

The drug list includes drugs used to treat common diseases or health problems. A team of doctors and pharmacists meet regularly to decide which drugs should be on the drug list. The team reviews current and new drugs and choose drugs that work best and are safe. This drug list is updated each month. These changes may include the form a drug comes in (i.e. tablet or capsule) or if a drug has a limit on the amount that can be filled at one time. Changes may also include if a drug requires prior authorization, step therapy, or if a drug is no longer covered on the drug list.

### How do I use the CalViva Health Medi-Cal PDL?

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

The table below has descriptions of the limits that may appear on the drug list:

<i>Abbreviation</i>	<i>Term</i>	<i>What it means</i>
<b>AL</b>	<b>Age Limit</b>	Some drugs are only covered for certain ages.
<b>CO</b>	<b>Carve Out</b>	These drugs are carved out by the Department of Health Care Services. This means these drugs are covered by the Medi-Cal Fee-for-Service program and can be billed to the State by the pharmacy.
<b>F</b>	<b>Formulary</b>	These drugs are covered on the Drug List.
<b>NF</b>	<b>Non-Formulary</b>	These drugs are not covered on the Drug List. If your doctor feels you need a drug that is not covered, he or she can ask us to make an exception.
<b>PA</b>	<b>Prior Authorization</b>	Your doctor must ask for approval from CalViva Health before some drugs will be covered.
<b>QL</b>	<b>Quantity Limit</b>	Some drugs are only covered for a certain amount.
<b>RX/OTC</b>	<b>Prescription and OTC</b>	These drugs are made in both prescription form and Over-the-counter (OTC) form.
<b>ST</b>	<b>Step Therapy</b>	In some cases, you must first try certain drugs before CalViva Health covers another drug for your health condition.  For example, if Drug A and Drug B both treat your health condition, CalViva Health may not cover Drug B unless you try Drug A first.
<b>SP</b>	<b>Specialty Pharmacy Program</b>	These drugs are specialty drugs. You can only get these drugs from a specialty pharmacy. All prescriptions must be filled by the listed specialty pharmacy.

### How do I find a drug in the Drug List?

You can search for a drug by using the search tool. Drugs can be found in alphabetical order or by medical condition. There are three ways to find out if your drug is covered.

Search Tool: Open the List of Drugs (PDF). Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug. Press the “Enter” key.

Alphabetical Index: The index at the end of the PDF lists the names of generic and brand name drugs from A to Z. Once you find a drug name, go to the page number listed to see if the drug is covered.

Therapeutic Category: The drugs are grouped into categories. The categories may also be grouped by the class to which the drug is in. If you know what category your drug is in, look on the list to find the category. You can then look for your drug in that category.

A drug will not be on the list if a generic equivalent for a brand name drug is not offered. A drug may not be found if it is not covered. Even though a drug is on the drug list, it does not mean that your doctor will prescribe the drug for your medical condition.

### How are the drugs listed in the categorical list?

A drug is listed alphabetically by its brand and generic names in its category and class.

BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

The generic drug name for a brand drug is included after the brand name in parentheses in **bold lowercase** and *italicized* letters.

### Brand Drug Example: EPOGEN (*epoetin alfa*)

If a generic equivalent for a brand name drug is on the list and covered, the generic drug will be on the list apart from the brand name drug. It will be in **bold lowercase** and *italicized* letters.

### Generic Drug Example: *esomeprazole magnesium cap delayed release*

If a generic drug is marketed under a trademark protected brand name, the brand name will be on the list in all CAPITAL letters. It will appear after the generic name in parentheses. It will be in regular typeface with first letter of each word capitalized.

### Generic Drug Marketed Under A Brand Name Example: (Levothyroxine Sodium) LEVOXYL

### What if my drug is not on the CalViva Health Medi-Cal PDL?

If your drug is not on the drug list, call Member Services at 1-888-893-1569 and ask if your drug is covered. If your drug is not on the list, you can ask your doctor if there is a drug on the list that will work the same way. If your doctor wants you to have a drug that is not on the list, your doctor can ask us to make an exception. See the section, “How can I get an exception to the rules for the drug coverage?” for more information.

### **Can I go to any pharmacy?**

Members must use a pharmacy in the retail network. These pharmacies have a contract with CalViva Health. To find a pharmacy, call Member Services at 1-888-893-1569.

Some drugs are only covered when they come from a specialty pharmacy. Specialty drugs are used to treat ongoing or complex conditions. They also may need special handling or training to ensure safe use. The specialty pharmacy will mail drugs to your home, to your work, or to another address you choose. Specialty drugs may also be sent to your doctor's office. Specialty drugs are listed in the Requirements/Limits column on the drug list. Drugs that do not have a specialty pharmacy listed in the Requirements/Limits column on the drug list can be filled at any pharmacy in the network.

You can ask for an exception to have a specialty drug filled at a retail network pharmacy if:

- How you take your drug has changed and you need to fill the drug right now.
- Your drug is going to arrive late or always arrives late.
- You have an urgent need for a drug and did not understand how to get the drug from the specialty pharmacy.
- You have an emergency and cannot wait for the drug to come from the specialty pharmacy.

If you cannot use a specialty pharmacy, you can ask for an exception to get all your drugs filled at a retail network pharmacy if:

- You do not have a mailing address or a way to get your drugs by mail.
- Your doctor's office gives the drugs to you.
- Using a specialty pharmacy is a hardship for you.

If you need an exception, you must ask us. Your doctor or your pharmacy may also ask for an exception. To ask us for an exception, please call CalViva Health Member Services at 1-888-893-1569 (TTY: 711). We are here 24 hours a day, seven days a week.

### **Are there any limits on my drug coverage?**

Some drugs have limits on coverage. These limits are noted in the Requirements/Limits column on the drug list.

### **Are there limits on opioid pain drugs?**

Prior Authorization is not required for short term use of most opioid pain drugs. You can get a 7 day supply of these drugs when your doctor orders them for you the first time. There are quantity limits on all opioid pain drugs based on Morphine Milligram Equivalents (MME). You may need prior authorization if you need more than a 7 day supply. This limit does not apply if you are being treated for cancer or sickle cell.

### **What is Morphine Milligram Equivalent (MME) Dosing?**

MME dosing is a tool used to make sure you take a safe dose of opioid pain drugs. This tool helps measure the amount of opioid pain drugs you take each day. The recommended limit for most opioid pain drugs is 90 MME per day. The quantity limits on the drug list are less than or the same as 90 MME per day. Your doctor may ask for prior authorization if the dose you need is more than 90 MME per day. This limit does not apply if you are being treated for cancer or sickle cell.

### **How can I get an exception to the rules for the drug coverage?**

Your doctor can ask for an exception to our rules for drug coverage.

- Your doctor can ask us to cover a drug if it is not on the drug list.
- Your doctor can ask us to make an exception to limits on a drug. For example, if a drug has a limit of 1 tablet per day, your doctor can ask us to cover more.

To ask for an exception, your doctor can fax a prior authorization request to us at 1-800-977-8226. After we receive the request, we will make a decision and notify your doctor within 24 hours. If we deny the request, we will send you and your doctor a letter and tell you how to file an appeal. If we do not respond to a request within 24 hours, the request will be approved. If we approve a drug for you, you can continue to get the drug from CalViva Health as long as the drug works for you and your doctor wants you to stay on the drug.

### **What if I'm a new member?**

If you are a new member in our plan, you may be taking drugs that are not on our drug list. You may also be taking a drug that is on our drug list, but the drug now has limits. You should talk to your doctor to see if you can change to a drug on the list. Your doctor may ask us for an exception to cover a drug you have been taking. See the section, "How can I get an exception to the rules for the drug coverage?" for more information.

### **What are over-the-counter drugs?**

Over-the-counter (OTC) drugs are drugs you can buy without a prescription. The CalViva Health Medi-Cal PDL covers OTC drugs just like those found on the State Medi-Cal List of Contract Drugs. If you want CalViva Health to cover an OTC drug on the drug list, your doctor must write a prescription for that drug.

### **Are brand name drugs covered?**

Your pharmacy benefit does not cover brand name drugs when a generic drug is available. A brand name drug may be covered if a generic drug is not available. Your doctor may also ask us to cover a brand name drug if he/she thinks it will work the best for you.

#### *What is a generic drug?*

A generic drug has the same active ingredient and works the same way as the brand name drug. Generic drugs are safe and effective.

#### *Will the pharmacist give me a generic drug if one is available?*

Yes. A pharmacy may give you a generic drug unless your doctor says that you must have the brand name drug.

### **Are there any excluded or carve-out drugs?**

#### *Excluded drugs*

The CalViva Health Medi-Cal PDL is similar to the State Medi-Cal List of Contract Drugs. The following types of drugs are not a covered benefit and not on the PDL:

- Multivitamins
- Erectile or sexual dysfunction drugs
- Drugs used for cosmetic reasons or hair growth
- Drugs that are considered experimental
- Drugs used to treat infertility

- OTC cough and cold drugs
- OTC adult acetaminophen

#### *Drug Efficacy Study and Implementation Drugs (DESI)*

DESI products and other related drugs are not covered by CalViva Health Medi-Cal. The Food and Drug Administration has defined them as less than effective. There is a lack of proof these drugs are safe and effective.

#### *Carve-out drugs*

Some drugs are carved out by the Department of Health Care Services. This means that these drugs are covered by the Medi-Cal Fee-for-Service program. The following types of drugs are carved out:

- Select psychiatric drugs
- Select HIV AIDS treatment drugs
- Select alcohol, heroin detoxification, and dependency treatment drugs
- Select drugs to treat hemophilia

#### **What is California Children's Services?**

California Children's Services (CCS) is a state program for children (up to 21 years old) with certain health problems. Some drugs for CCS covered health problems are not covered by CalViva Health.

Only doctors approved by CCS can order drugs used to treat CCS covered health problems. These drugs are not covered by CalViva Health. The Pharmacy must bill CCS for these drugs. If you are at the pharmacy and you are not in the CCS system, call Member Services at 1-888-893-1569. Member Services can help you enroll with CCS. They may also help you get an emergency supply of your drug.

#### **What about drugs I get from my doctor or in my doctor's office?**

Some drugs that are given to you by your doctor may be covered under your medical benefit. You may be able to get these drugs from a retail pharmacy. Your doctor may also give them to you in the office. We will work with your doctor to find the best way for you to get these drugs. If you have questions about these drugs, please call Member Services at 1-888-893-1569.

#### **Definitions**

**Brand Name Drug:** Is a drug that is marketed under a proprietary, trademark-protected name. A brand drug is listed in this formulary in all CAPITAL letters.

**Exception Request:** Is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition

**Formulary:** Is also referred to as the Preferred Drug List, is the complete list of prescription drugs preferred for use and eligible for coverage under a health plan, and includes all drugs covered under the outpatient prescription drug benefit of the health plan.

**Generic Drug:** Is a drug that is the same as its brand name drug equivalent in dosage, safety, strength, how it is taken, quality, effect and intended use. A generic drug is listed in the drug list in *bold* and *italicized* lowercase letters.

**Medically Necessary:** Is health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Plans usually do not cover health care benefits that are not medically necessary.

**Member:** Is a person enrolled in a health plan who is entitled to receive services from the plan.

**Non-Formulary Drug:** Is a prescription drug that is not listed on the Preferred Drug List.

**Preferred Drug List:** Is also referred to as the Formulary, is the complete list of prescription drugs preferred for use and eligible for coverage under a health plan, and includes all drugs covered under the outpatient prescription drug benefit of the health plan.

**Prescribing Provider:** Is a health care provider authorized to write a prescription to treat a medical condition for a health plan member.

**Prescription:** Is an oral, written, or electronic order by a prescribing provider for a specific member that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the member, the medical condition or purpose for which the drug is being prescribed.

**Prescription Drug:** Is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

**Prior Authorization:** Is a health plan's requirement that the member or the member's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the member to obtain the drug.

**Quantity Limit:** Is a restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period.

**Specialty Drugs:** Specialty Drugs include drugs that are made using biotechnology, drugs that must be distributed through a specialty pharmacy, drugs that require special training for self-administration, or drugs that require regular monitoring of care by a pharmacy.

**Step Therapy:** Is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the member to try one or more drugs to treat the member's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the member's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.



For more information about your pharmacy benefits, please review your Member Handbook or call Member Services at 1-888-893-1569.

*CalViva Health Medi-Cal*  
**Daim Ntawm Npe  
Tshuaj Muaj Yees Uas  
Nyiam Siv**

CalViva Health Medi-Cal Preferred Drug List (Daim Ntawm Npe Tshuaj Muaj Yees Uas Nyiam Siv, PDL) muaj xam nrog rau tshuaj muaj yees uas tau txais kev pab them nqi duav (roos) los ntawm CalViva Health. Daim ntawv npe tshuaj muaj yees yuav raug kho txhua hli thiab tej zaum yuav hloov pauv. Txhawm rau kom tau txais cov lus qhia paub los sis daim ntawm luam tawm uas kho tshiab tshaj plaws, hu rau Cov Kev Pab Cuam Rau Tswv Cuab ntawm 1-888-893-1569 (TTY: 711).

**Muaj peev xwm mus saib tau daim ntawv npe tshuaj muaj yees tshiab tshaj plaws nyob rau ntawm peb qhov website (lub vas sab) ntawm <https://www.calvivahealth.org/members-info/>. Tsis tas li ntawd, nws kuj tseem muaj ua hom ntawv uas nyeem tau hauv lub tshuab nyob rau hauv peb qhov web site (lub vas sab) tib si.**

**Mus rau ntawm “Daim Ntawv Npe Tus Qauv Tshuaj”**

**Siv qhov link (chaw txuas) “Daim Ntawv Npe Tus Qauv Tshuaj” Iso mus saib daim ntawv npe cov tshuaj muaj yees uas tau txais kev pab them nqi duav (roos) los ntawm CalViva Health Medi-Cal.**

**THOV MUAB COV DAIM NTAWV NPE TSHUAJ MUAJ YEES DHAU LOS POV  
TSEG KOM TAG NRHO**



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## Zoo siab txais tos tuaj rau ntawm CalViva Health

### CalViva Health Medi-Cal PDL yog dab tsi?

Cov npe tshuaj muaj yees muaj cov tshuaj muaj yees raug siv los kho cov kab mob los sis tej teeb meem rau kev noj qab haus huv uas nquag tshwm sim. Ib pawg kws kho mob thiab cov kws muag tshuaj yuav nquag los sib tham thiab txiav txim siab txog hom cov tshuaj muaj yees uas yuav raug muab tso ntxiv rau ntawm cov npe tshuaj muaj yees. Pawg kws kho mob yuav tshuaj xyuas cov tshuaj muaj yees tshiab thiab cov siv tam sim no thiab xaiv cov tshuaj muaj yees uas siv tau zoo thiab nyab xeeb tshaj plaws. Daim ntawv npe tshuaj muaj yees raug kho txhua hli. Yam pauv hloov no yuav nrog ib yam tshuaj muaj yees uas ntim rau hauv (xws li cov tshuaj ntsiav los sis ntim hauv plhaub) los sis ib yam tshuaj muaj yees uas yuav raug siv me ntsis rau thaum ib zaug. Tej zaum kuj yuav muaj kev pauv hloov yog yuav tsum tau siv ib qho tshuaj muaj yees ua ntej tau kev tso cai, cov qib pib kev kho mob, los sis yog tsis pab them nqi duav roos rau ib qho tshuaj muaj yees nyob ntawm cov npe tshuaj muaj yees mus ntxiv lawm.

### Kuv yuav siv CalViva Health Medi-Cal PDL li cas?

Saib koj cov tshuaj muaj yees rau hauv daim ntawv teeb xeeb uas nyob tom qab kawg ntawm phau ntawv no. Daim ntawv teeb xeeb sau txhua cov npe tshuaj muaj yees nyob rau ntawm daim ntawv teev npe tshuaj muaj yees. Hom lub npe tshuaj thiab cov tshuaj muaj yees yeej raug sau tseg rau hauv daim ntawv teeb xeeb no lawm. Nyob puab ib sab ntawm koj cov tshuaj muaj yees, koj yuav pom tus nab npawb nplooj ntawv uas koj tuaj yeem nrhiav tau koj cov tshuaj muaj yees.

Daim ntawv hauv qab no piav qhia txog qhov txwv siv ntau tsawg rau ntawm cov npe tshuaj muaj yees:

<i>Lo lus sau luv</i>	<i>Ntsiab lus</i>	<i>Nws txhais tau li cas</i>
<b>AL</b>	<b>Lub Hnub Nyoog Txwv</b>	Qee cov tshuaj muaj yees tsuas raug pab them nqi duav roos rau qee cov hnub nyoog xwb.
<b>CO</b>	<b>Kev Pab Them Nqi</b>	Cov tshuaj muaj yees no raug pab them nqi los ntawm Lub Chaw Ua Hauj Lwm ntsig txog Cov Kev Pab Cuam Saib Xyuas Kev Noj Qab Haus Huv (Department of Health Care Services). Qhov no txhais tau tias cov tshuaj muaj yees no raug pab them nqi duav roos los ntawm Medi-Cal qhov muaj nqi-rau-kev pab cuam thiab tuaj yeem sau daim ntawv nqi mus rau lub khw muag tshuaj ntawm Lub Xeev.
<b>F</b>	<b>Tus qauv tshuaj</b>	Cov tshuaj muaj yees no raug pab them nqi duav roos raws li Cov Npe Tshuaj Muaj Yees.
<b>NF</b>	<b>Tsis yog-Tus qauv tshuaj</b>	Cov tshuaj muaj yees no tsis raug pab them nqi duav roos raws li Cov Npe Tshuaj Muaj Yees. Yog koj tus kws kho mob xav tias yuav tsum siv ib yam tshuaj muaj yees uas tsis raug pab them nqi duav roos rau koj, nws tuaj yeem thov kom peb zam.
<b>PA</b>	<b>Kev Tso Cai Ua Ntej</b>	Koj tus kws kho mob yuav tsum thov kev pom zoo los ntawm CalViva Health ua ntej yuav pab them nqi duav roos rau qee cov tshuaj muaj yees.

<i>Lo lus sau luv</i>	<i>Ntsiab lus</i>	<i>Nws txhais tau li cas</i>
<b>QL</b>	<b>Ciam Txwv Qhov Ntau</b>	Qee cov tshuaj muaj yees tsuas raug pab them nqi duav roos rau qee qhov ciam txwv xwb.
<b>RX/OTC</b>	<b>Daim ntawv sau yuav tshuaj thiab OTC</b>	Cov tshuaj muaj yees no raug tsim ua tau ob hom xws hom tshuaj muaj daim ntawv sau yuav tshuaj thiab hom tshuaj yuav sab nrauv los (OTC).
<b>ST</b>	<b>Cov Qib Pib Kev Kho Mob</b>	Hauv qee kis, koj yuav tsum xub sim qee cov tshuaj muaj yees ua ntej CalViva Health pab them nqi duav roos rau ib yam tshuaj muaj yees kho koj tus mob.  Piv txwv, yog tau siv ob co tshuaj xws li Cov Tshuaj Muaj Yees A thiab Tshuaj Muaj Yees B kho koj tus mob, CalViva Health yuav tsis pab them nqi duav roos rau hom Tshuaj Muaj Yees B tshwj tsis yog koj xub sim siv hom Tshuaj Muaj Yees A lawm.
<b>SP</b>	<b>Lub Khw Muag Tshuaj Tshwj Xeeb</b>	Cov tshuaj muaj yees no yog cov tshuaj muaj yees tshwj xeeb. Koj tsuas tau cov tshuaj muaj yees no los ntawm ib lub khw muag tshuaj xwb. Txhua yam tshuaj muaj daim ntawv sau yuav tshuaj yuav tsum raug sau ntawv yuav ntxiv los ntawm cov npe khw muag tshuaj tshwj xeeb.

**Kuv yuav tshawb nrhiav ib yam tshuaj muaj yees rau hauv Daim Ntawv Npe Tshuaj Muaj Yees tau li cas?**

Koj tuaj yeem siv qhov twj tshawb nrhiav los tshawb nrhiav ib yam tshuaj muaj yees. Tuaj yeem tshawb nrhiav pom cov tshuaj muaj yees raws li cov niam ntawv los sis raws qhov txheej txheem kev kho mob. Nws muaj peb txoj hau kev tshawb nrhiav yog koj yam tshuaj muaj yees raug pab them nqi duav roos.

Qhov Twj Siv Tshawb Nrhiav: Qhib Daim Ntawv Npe ntawm Cov Tshuaj Muaj Yees (PDF). Nias tuav cov ntaus ntawv “Control” (Ctrl) thiab “F”. Thaum tshwm sim kem tshawb nrhiav, ntaus lub npe ntawm koj yam tshuaj muaj yees nkag rau. Nias qhov ntaus ntawv “Enter”.

Daim Ntawv Teeb Xeeb Cov Niam Ntawv Raws Txheej Txheem: Daim ntawv teeb xeeb uas tso rau tom qab kawg ntawm daim ntawv PDF no sau cov npe tshuaj muaj yees uas nquag siv thiab cov tshuaj muaj npe lag luam los ntawm A txog Z. Kiag thaum koj tshawb nrhiav pom ib yam tshuaj muaj yees lub npe lawm, mus rau ntawm tus nab npawb nplooj ntawv teev tseg ntawm mus saib seb puas yog tshuaj muaj yees uas raug pab them nqi duav roos.

Hom Tshuaj Kho Mob: Cov tshuaj muaj yees raug muab faib tso ua ke raws hom tshuaj. Cov tshuaj no kuj raug muab faib tso ua ke raws hom tshuaj muaj yees uas muaj nyob rau hauv. Yog koj paub hom tshuaj ntawm koj cov tshuaj muaj yees uas muaj nyob rau hauv lawm, saib ntwm daim ntawv npe tshuaj mus tshawb nrhiav hom tshuaj ntawd. Dhau ntawd ces koj tuaj yeem mus saib koj cov tshuaj muaj yees uas nyob rau hom tshuaj ntawd.

Yuav tsis muaj ib yam tshuaj muaj yees nyob rau hauv daim ntawv npe tshuaj yog muab ib yam tshuaj muaj yees uas nquag siv tam rau ib cov tshuaj muaj npe lag luam. Tej zaum yuav tshawb nrhiav tsis pom ib yam tshuaj muaj yees yog nws tsis raug pab them nqi duav roos. Txawm tias yam tshuaj muaj yees no yuav muaj nyob rau ntawm daim ntawv npe tshuaj los xij, tsis txhais tau tias koj tus kws kho mob yuav sau yuav hom tshuaj muaj yees no los siv kho koj qhov txheej txheem kev kho mob.

**Cov tshuaj muaj yees uas muaj npe tso rau hauv hom tshuaj no yog zoo li cas?**

Ib yam tshuaj muaj yees raug sau npe raws cov niam ntawv ntawm nws hom tshuaj muaj npe thiab cov npe tshuaj nquag siv nyob hauv nws hom tshuaj thiab them tshuaj.

<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	

Cov npe tshuaj nquag siv tam rau hom tshuaj muaj npe ntawm tshuaj muaj yees yeej muaj nrog ua ke rau tom qab hom tshuaj muaj npe raug sau rau hauv ob txoj kab thaiv ua cov niam ntawv **tuab qis** thiab cov niam ntawv *vau*.

**Piv Txwm Ntawm Yam Tshuaj Muaj Yees Uas Muaj Npe: EPOGEN (*epoetin alfa*)**

Yig siv ib hom tshuaj uas nquag siv tam rau ib hom tshuaj muaj yees uas muaj npe nyob rau ntawm cov npe tshuaj thiab raug pab them nqi duav roos, hom tshuaj uas nquag siv no yuav raug sau faib tawm mus ntawm cov tshuaj muaj npe lag luam. Nws yuav raug sau ua cov niam ntawv **tuab qis** thiab cov niam ntawv *vau*.

**Piv Txwm Hom Tshuaj Muaj Yees Uas Nquag Siv: *esomeprazole magnesium cap raug siv ntaug tus mob***

Yog ib yam tshuaj muaj yees uas nquag siv muaj muag raws li ib lub cim ua lag luam uas raug pov thaiv raws li hom tshuaj muaj npe, hom tshuaj muaj npe no yuav tsum raug sau ua txhua cov niam ntawv LOJ. Nws yuav tshwm sim tom qab sau hom tshuaj uas nquag siv tso rau hauv ob txoj kab thaiv. Nws raug sau ua tus niam ntawv me nrog rau thawj tus niam ntawv loj.

**Piv Txwm Ntawm Cov Tshuaj Muaj Yees Uas Nquag Siv Muaj Muag Raws Ib Yam Tshuaj Muaj Npe: (Levothyroxine Sodium) LEVOXYL**

**Yog kuv yam tshuaj muaj yees tsis muaj nyob rau hauv CalViva Health Medi-Cal PDL yuav zoo li cas?**

Yog koj cov tshuaj muaj yees tsis muaj nyob rau daim ntawv npe tshuaj no, hu rau Cov Kev Pab Cuam Rau Tswv Cuab rau ntawm 1-888-893-1569 thiab nug seb koj cov tshuaj muaj yees no puas yog yam raug pab them nqi duav roos. Yog koj cov tshuaj muaj yees tsis muaj nyob rau daim ntawv npe tshuaj no, koj tuaj yeem nug koj tus kws kho mob seb puas muaj ib yam tshuaj muaj yees nyob ntawm daim ntawv npe tshuaj no ntxim zoo ib yam nkaus li koj hom tshuaj. Yog koj tus kws kho

mob xav siv ib yam tshuaj muaj yees uas tsis muaj nyob rau ntawm daim ntawv npe tshuaj no rau koj, koj tus kws kho mob tuaj yeem thov kom peb zam. Saib ntawm tshooj ntawv, “Kuv tuaj yeem tau txais kev zam rau ntawm cov cai kav rau hom tshuaj muaj yees uas raug pab them nqi duav roos no tau li cas?” yog xav paub ntau ntxiv.

**Kuv puas tuaj yeem mus rau ntawm ib lub khw muag tshuaj?**

Cov tswv cuab yuav tsum siv ib lub khw muag tshuaj uas sib koom hauj lwm ua ke. Cov khw muag tshuaj no tau cog lus nrog CalViva Health. Xav nrhiav ib ib lub khw muag tshuaj, hu rau Cov Kev Pab Cuam Rau Tswv Cuab rau ntawm 1-888-893-1569.

Qee cov tshuaj muaj yees tsuas raug pab them nqi duav roos thaum tuaj ntawm ib lub khw muag tshuaj tshwj xeeb xwb. Cov tshuaj muaj yees tshwj xeeb uas raug siv los kho mob mus ntxiv los sis kho mob rau tej yam mob loj. Lawv yuav tsum tau ua tib zoo saib xyuas tshwj xeeb los sis muab kev cob qhia txog kev siv cov tshuaj no kom muaj kev nyab xeeb. Lub khw muag tshuaj tshwj xeeb yuav xa cov tshuaj muaj yees no mus tom koj lub tsev, mus rau tom lub chaw ua hauj lwm, los sis mus rau ntawm ib qhov chaw nyob uas koj xaiv. Cov tshuaj muaj yees tshwj xeeb no kuj raug xa mus rau tom koj tus kws kho mob lub chaw ua hauj lwm. Cov tshuaj muaj yees tshwj xeeb uas muaj npe nyob hauv kab ntawv cov cai Yuav Tsum Muaj/Ciam Txwv ntawm daim ntawv npe tshuaj muaj yees. Cov tshuaj muaj yees uas tsis muaj nyob rau hauv lub khw muag tshuaj tshwj xeeb nyob hauv kab ntawv cov cai Yuav Tsum Muaj/Ciam Txwv ntawm daim ntawv npe tshuaj muaj yees tuaj yeem tshawb nrhiav pom rau ntawm ib lub khw muag tshuaj hauv lub chaw koom hauj lwm ua ke.

Koj tuaj yeem thov kev zam rau kev yuav ib yam tshuaj tshwj xeeb rau ntawm ib lub khw muag tshuaj uas sib koom hauj lwm ua ke yog:

- Yuav ua li cas thaum hloov koj cov tshuaj muaj yees lawm thiab koj yuav tsum tau yuav ntxiv yam tshuaj muaj yees kiag tam sim no.
- Koj cov tshuaj muaj yees los txog lig los sis ib txwm los txog lig.
- Koj xav siv ib yam tshuaj muaj yees sai sai thiab koj tsis nkag siab tias yuav tau yam tshuaj muaj yees no los ntawm lub khw muag tshuaj tshwj xeeb li cas.
- Koj muaj ib qho mob xwm txheej ceev thiab tsis tuaj yeem tos cov tshuaj muaj yees los ntawm lub khw muag tshuaj tshwj xeeb.

Koj tsis tuaj yeem siv ib lub khw muag tshuaj tshwj xeeb, koj tuaj yeem thov kev zam thiaj tau txais koj txhua cov tshuaj muaj yees rau ntawm ib lub khw muag tshuaj uas sib koom hauj lwm ua ke yog:

- Koj tsis muaj chaw nyob xa ntawv los sis yog koj nyob deb lawv yuav xa koj cov tshuaj muaj yees tuaj rau koj.
- Koj tus kws kho mob lub tsev ua hauj lwm yuav muab cov tshuaj muaj yees rau koj.
- Kev siv ib lub khw muag tshuaj tshwj xeeb yog ib qho nyuaj rau koj.

Yog koj xav tau kev zam, koj yuav tsum thov peb: Koj tus kws kho mob los sis koj lub khw muag tshuaj kuj yuav thov kev zam rau koj. Xav thov kom peb muab kev zam, hu rau Cov Kev Pab Cuam Rau Tswv Cuab ntawm CalViva Health rau ntawm 1-888-893-1569 (TTY: 711). Peb tuaj ntawm no txhua 24 teev hauv ib hnuv, xya hnuv hauv ib as thiv.

**Puas muaj ciam txwv rau ntawm kuv cov tshuaj muaj yees uas raug pab them nqi duav roos?**

Qee cov tshuaj muaj yees muaj ciam txwv txog kev pab them nqi duav roos. Cov ciam txwv no raug sau tseg rau hauv kab ntawv cov cai Yuav Tsum Muaj/Ciam Txwv ntawm daim ntawv npe tshuaj muaj yees.

### **Puas muaj ciam txwv rau cov tshuaj muaj yees uas muaj kuab yeeb xyaws?**

Tsis tas yuav tsum muab Kev Tso Cai Ua Ntej rau kev siv cov tshuaj muaj yees uas muaj kuab yeeb xyaws rau ib lub sij hawm luv. Koj tuaj yeem tau txais cov tshuaj muaj yees no rau hauv lub sij hawm 7 hnuv thaum koj tus kws kho mob txib yuav thawj zaug rau koj. Muaj ciam txwv qhov ntau rau txhua cov tshuaj muaj yees uas muaj kuab yeeb xyaws raws li Morphine Milligram Equivalents (MME). Koj yuav tsum tau kev tso cai ua ntej yog koj xav siv cov tshuaj no ntev dua 7 hnuv. Yuav tsis siv tus ciam txwv no yog tias koj tseem raug kho tus kab mob khees xaws los sis kab mob keeb ntshav sickle cell.

### **Kev Siv Morphine Milligram Equivalent (MME) Yog Li Cas?**

Kev siv MME yog ib qho cuab yeej raug siv los saib xyuas kom koj noj cov tshuaj muaj yees uas muaj kuab xyeed xyaw ntawd tau nyab xeeb. Qhov cuab yeej no pab ntsuas cov tshuaj muaj yees uas muaj kuab yeeb xyaw uas koj noj txhua hnuv. Tus ciam txwv qhia noj cov tshuaj muaj yees uas muaj kuab yeeb xyaw yog 90 MME rau hauv ib hnuv. Tus ciam txwv qhov ntau rau daim ntawv npe tshuaj muaj yees yog tsawg dua los sis ntau ib yam li 90 MME rau hauv ib hnuv. Koj tus kws kho mob yuav tau thov kev tso cai ua ntej yog koj xav noj cov tshuaj ntau dua 90 MME rau hauv ib hnuv. Yuav tsis siv tus ciam txwv no yog tias koj tseem raug kho tus kab mob khees xaws los sis kab mob keeb ntshav sickle cell.

### **Kuv tuaj yeem tau txais kev zam rau ntawm cov cai kav rau hom tshuaj muaj yees uas raug pab them nqi duav roos no tau li cas?**

Koj tus kws kho mob tuaj yeem thov kev zam rau ntawm peb cov cai kav rau hom tshuaj muaj yees uas raug pab them nqi duav roos.

- Yog koj tus kws kho mob tuaj yeem thov kom peb pab them tus nqi duav roos rau ib yam tshuaj muaj yees uas tsis muaj nyob rau ntawm daim ntawv npe tshuaj muaj yees no.
- Yog koj tus kws kho mob tuaj yeem thov kom peb zam rau cov ciam txwv ntawm ib yam tshuaj muaj yees. Piv txwv, yog ib yam tshuaj muaj yees twg raug txwv pub noj 1 ntsiav rau hauv ib hnuv, koj tus kws kho mob tuaj yeem thov kom peb pab them ntau ntxiv.

Xav thov kev zam, koj tus kws kho mob tuaj yeem xa daim ntawv thov muab kev tso cai ua ntej mus rau peb rau ntawm 1-800-977-8226. Tom qab peb tau txais koj daim ntawv thov, peb yuav txiav txim siab thiab ceeb toom rau koj tus kws kho mob rau hauv lub sij hawm 24 teev. Yog peb tsis kam lees daim ntawv thov, peb yuav xa ib tsab ntawv tuaj qhia rau koj thiab koj tus kws kho mob txog qhov yuav thov hais kom rov qab txiav txim dua tau li cas. Yog peb tsis teb daim ntawv thov rau hauv lub sij hawm 24 teev, txhais tau tias tau pom zoo txais daim ntawv thov lawm. Yog peb pom zoo ib yam tshuaj muaj yees rau koj, koj tuaj yeem tau txais yam tshuaj muaj yees no los ntawm CalViva Health mus ntxiv raws li yam tshuaj muaj yees no tseem ntxim rau koj thiab koj tus kws kho mob xav kom koj siv yam tshuaj muaj yees no mus ntxiv.

### **Yog kuv yog ib tug tswv cuab tshiab yuav zoo li cas?**

Yog tias koj yog ib tug tswv cuab tshiab rau hauv peb daim phiaj xwm, tej zaum koj yuav siv cov tshuaj muaj yees uas tsis muaj nyob rau ntawm peb daim ntawv npe tshuaj muaj yees. Koj kuj tuaj yeem siv ib yam tshuaj muaj yees uas nyobb rau hauv peb daim ntawv npe tshuaj muaj yees tau, tab sis tam sim no muaj hom tshuaj muaj yees no tsawg lawm. Koj yuav tsum tham nrog koj tus kws kho mob seb koj puas tuaj yeem hloov ib yam tshuaj muaj yees nyob rau daim ntawv npe tshuaj no. Koj tus kws kho mob yuav thov kom peb zam rau ib yam tshuaj muaj yees uas raug pab them nqi duav roos uas koj tseem tab tom siv ntawd. Saib ntawm tshooj ntawv, “Kuv tuaj yeem tau txais kev



zam rau ntawm cov cai kav rau hom tshuaj muaj yees uas raug pab them nqi duav roos no tau li cas?” yog xav paub ntau ntxiv.

**Cov tshuaj muaj yees uas yuav sab nrauv los yog tshuaj dab tsi?**

Cov tshuaj muaj yees uas yuav sab nrauv los (OTC) yog cov tshuaj muaj yees uas koj tuaj yeem yuav tau yam tsis tas muaj daim ntawv sau yuav tshuaj. CalViva Health Medi-Cal PDL pab them nqi duav roos rau cov tshuaj muaj yees OTC ib yam nkaus li cov tshuaj uas muaj nyob rau ntawm Lub Xeev Daim Ntawv Npe Tshuaj Muaj Yees ntawm Medi-Cal. Yog koj xav kom CalViva Health pab them cov nqi duav roos rau ib yam tshuaj muaj yees OTC uas muaj nyob rau ntawm daim ntawv npe tshuaj muaj yees, koj tus kws kho ob yuav tsum sau ib daim ntawv sau yuav tshuaj.

**Cov tshuaj muaj npe lag luam puas raug pab them nqi duav roos?**

Cov nyiaj pab ntawm koj lub khw muag tshuaj tsis pab them nqi duav roos rau cov tshuaj muaj npe lag luam thaum muaj ib yam tshuaj muaj yees uas nquag siv lawm. Yog tsis muaj ib yam tshuaj muaj yees uas nquag siv lawm ces tej zaum yuav pab them nqi duav roos rau yam tshuaj muaj npe lag luam ntawd. Koj tus kws kho mob kuj yuav thov kom peb pab them nqi duav roos rau ib yam tshuaj muaj npe lag luam yog nws xav tias yuav ntxim zoo rau koj.

*Ib yam tshuaj muaj yees uas nquag siv yog dab tsi?*

Ib yam tshuaj muaj yees uas nquag siv yeej muaj tib yam tshuaj siv tov uas ua hauj lwm tau zoo ib yam nkaus li cov tshuaj muaj npe lag luam. Cov tshuaj muaj yees uas nquag siv no yeej nyab xeeb thiab ntxim zoo.

*Tus kws muag tshuaj puas muab ib yam tshuaj muaj yees uas nquag siv rau kuv yog tias muaj?*

Muab. Lub khw muag tshuaj yuav muab ib yam tshuaj muaj yees uas nquag siv rau koj, tshwj tsis yog koj tus kws kho mob hais tias yuav tsum siv cov tshuaj muaj npe lag luam rau koj xwb.

**Puas muaj kev cais los sis pab them cov nqi tshuaj muaj yees?**

*Cov tshuaj muaj yees uas raug cais*

CalViva Health Medi-Cal PDL yeej zoo ib yam nkaus li Lub Xeev Daim Ntawv Npe Tshuaj Muaj Yees ntawm Medi-Cal. Hom tshuaj muaj yees nram qab no tsis raug pab them nqi duav roos thiab tsis muaj nyob rau ntawm PDL:

- Ntau hom tshuaj muaj zog
- Erectile los sis cov tshuaj muaj yees uas pab txhawb kev sib deev kom muaj zog tuaj
- Cov tshuaj muaj yees uas raug siv kom zoo nkauj los sis cog plaub hau
- Cov tshuaj muaj yees uas raug siv sim kho mob
- Cov tshuaj muaj yees uas raug siv los tswj kom txhob muaj me nyuam taus
- Cov tshuaj muaj yees OTC zoo hnoos thiab khaub thuas
- Cov tshuaj OTC acetaminophen rau cov neeg loj

*Cov Tshuaj Muaj Yees Uas Raug Siv Los Tshawb Nrhiav Qhov Ntxim Ntawm Yam Tshuaj (Drug Efficacy Study and Implementation Drugs, DESI)*

Cov tshuaj ntawm DESI thiab lwm cov tshuaj muaj yees uas tsis raug pab them nqi duav roos los ntawm CalViva Health Medi-Cal. Lub Chaw Tswj Khoom Noj thiab Tshuaj Muaj Yees tau hais kom tsim cov tshuaj no ntxim zoo tsawg dua. Tseem tsis tau muaj cov ntaub ntawv pov thawj qhia tau tias cov tshuaj muaj yees no muaj kev nyab xeeb thiab ntxim zoo.

*Cov tshuaj muaj yees uas raug pab them nqi*

Qee cov tshuaj muaj yees raug pab them nqi los ntawm Lub Chaw Ua Hauj Lwm ntsig txog Cov Kev Pab Cuam Saib Xyuas Kev Noj Qab Haus Huv (Department of Health Care Services). Qhov no txhais tau tias cov tshuaj muaj yees no raug pab them nqi duav roos los ntawm Medi-Cal qhov muaj nqi-rau-kev pab cuam. Hom tshuaj muaj yees nram qab no raug pab them nqi:

- Xaiv cov tshuaj muaj yees zoo rau mob puas hlwb
- Xaiv cov tshuaj muaj yees kho HIV KAB MOB EJ (AIDS)
- Xaiv cov tshuaj cawv, tshuaj kho kev haus tshuaj heroin, thiab cov tshuaj muaj yees kho mob
- Xaiv cov tshuaj muaj yees kho kab mob los ntshav tsis paub tu

### **California Children’s Services yog dab tsi?**

California Children’s Services (CCS) yog ib qho kev pab txhawb hauv lub xeev rau cov me nyuam yaus (hnuv nyoog txog 21 xyoos) uas muaj tej yam teeb meem rau kev noj qab haus huv. Qee cov tshuaj muaj yees siv rau CCS raug pab them nqi duav roos rau cov teeb meem kev noj qab haus huv uas tsis raug pab them nqi duav roos los ntawm CalViva Health.

Tsuas yog cov kws kho mob raug pom zoo los ntawm CCS xwb thiaj li tuaj yeem txib yuav cov tshuaj muaj yees uas raug siv kho CCS thiab raug pab them nqi duav roos rau tej teeb meem kev noj qab haus huv. Cov tshuaj muaj yees no tsis raug pab them nqi duav roos los ntawm CalViva Health. Lub Khw Muag Tshuaj yuav tsum sau daim ntawv nqi CCS rau cov tshuaj muaj yees no. Yog koj koom nrog lub khw muag tshuaj thiab koj tsis nyob rau hauv CCS, hu rau Cov Kev Pab Cuam Rau Tswv Cuab rau ntawm 1-888-893-1569. Cov Kev Pab Cuam Rau Tswv Cuab tuaj yeem pab koj tso npe nrog CCS. Lawv kuj pab kom koj tau txais koj cov tshuaj muaj yees kho rau qhov mob xwm txhej ceev.

### **Kuv puas tau txais cov tshuaj muaj yees los ntawm kuv tus kws kho mob los sis rau hauv kub tus kws kho mob lub tsev hauj lwm?**

Qee cov tshuaj muaj yees uas raug muab rau koj los ntawm koj tus kws kho mob tej zaum raug pab them nqi duav roos raws li koj tus txiaj ntsig kho mob. Tej zaum koj tuaj yeem tau txais cov tshuaj muaj yees no los ntawm ib lub khw muag tshuaj. Koj tus kws kho mob kuj yuav muab cov tshuaj no rau koj thaum koj nyob hauv lub tsev kuaj mob. Peb yuav ua hauj lwm nrog koj tus kws kho mob los tshawb nrhiav txoj hau kev zoo tshaj plaws kom koj tau txais koj cov tshuaj muaj yees. Yog tias koj muaj lus nug txog cov tshuaj muaj yees no, thov hu rau Cov Kev Pab Cuam Rau Tswv Cuab rau ntawm 1-888-893-1569.

### **Cov ntsiab lus**

**Cov Tshuaj Muaj Npe Lag Luam:** Yog ib yam tshuaj muaj yees uas muaj muag rau hauv ib lub chaw muag tshuaj ntiag tug, lub npe raug pov thav-raws li lub cim lag luam. Ib yam tshuaj muaj npe lag luam muaj npe nyob rau hauv tus qauv tshuaj no hauv txhua cov niam ntawv LOJ.

**Thov Kev Zam:** Yog ib qho kev thov pab them nyiaj rau ib cov tshuaj sau hauv daim ntawv yuav tshuaj. Yog ib tug neeg tso npe, nws tus neeg ua hauj lwm tam, los sis tus kws muab kev saib xyuas mob nkeeg xa ib daim ntawv thov zam kom pab them nyiaj rau ib cov tshuaj sau hauv daim ntawv yuav tshuaj, daim phiaj xwm kev kho mob yuav tsum pab them nyiaj rau cov tshuaj sau hauv daim ntawv yuav tshuaj thaum pom tias yuav tsum tau siv hom tshuaj muaj yees no kho mob rau tus neeg tso npe.

**Tus qauv tshuaj:** Yog hais txog Daim Ntawm Npe Tshuaj Muaj Yees Uas Nyiam Siv, yog ib daim ntawv npe ntawm cov tshuaj sau hauv daim ntawv yuav tshuaj uas nyiam siv thiab muaj cai raug pab them nyiaj raws li daim phiaj xwm kev kho mob, thiab suav txog txhua tshuaj muaj yees uas raug pab them nqi duav roos raws li kis tus neeg mob sab nrauv cov txiaj ntsig ntawm cov tshuaj sau hauv daim ntawv yuav tshuaj ntawm daim phiaj xwm kev kho mob.

**Yam Tshuaj Nquag Siv:** Yog ib yam tshuaj muaj yees uas siv tau zoo ib yam nkaus li hom tshuaj muaj npe lag luam, muaj kev nyab xeeb, muaj kuab tshuaj ntau, siv tshuaj li cas, ntxim zoo li cas, kev ntxim thiab kev nyiam siv. Ib yam tshuaj nquag siv yog muaj npe nyob rau daim ntawv npe tshuaj muaj yees uas raug sau ua cov niam ntawv *tuab* thiab cov niam ntawv *vau*.

**Keu Tsim Nyog Kho Mob:** Yog cov txiaj ntsig kev kho mob uas yuav tsum tau tshuaj xyuas tus mob, kho, los sis tiv thaiv tus mob los sis nws cov yeeb yam mob thiab yeej raug lees raws li cov qauv tshuaj kho mob lawm. Daim phiaj xwm ib txwm tsis pab them nyiaj rau cov txiaj ntsig kev kho mob uas tsis tsim nyog kho mob.

**Tswv Cuab:** Yog ib tug neeg tso npe rau hauv ib qho phiaj xwm kev kho mob uas muaj cai tau txais kev saib xyuas los ntawm daim phiaj xwm.

**Tsis Yog-Tus Qauv Tshuaj Muaj Yees:** Yog ib cov tshuaj sau hauv daim ntawv yuav tshuaj uas tsis muaj npe nyob rau Daim Ntawm Npe Tshuaj Muaj Yees Uas Nyiam Siv.

**Daim Ntawm Npe Tshuaj Muaj Yees Uas Nyiam Siv:** Kuj yog hais txog raws li yog Tus Qauv Tshuaj, yog cov npe ntawm cov tshuaj sau hauv daim ntawv yuav tshuaj uas nyiam siv thiab muaj cai raug pab them nyiaj rau hauv ib qho phiaj xwm kev kho mob, thiab suav tag nrho tshuaj muaj yees uas raug pab them nqi duav roos rau tus neeg mob sab nrauv raws cov txiaj ntsig ntawm cov tshuaj sau hauv daim ntawv yuav tshuaj ntawm qhov phiaj xwm kev kho mob.

**Tus Kws Kho Mob Sau Ntawv Yuav Tshuaj:** Yog ib tug kws kho mob uas muaj cai sau ib daim ntawv yuav tshuaj los kho mob rau ib tug tswv cuab qhov phiaj xwm kev kho mob.

**Daim ntawv sau yuav tshuaj:** Yog hais ntawm qhov ncauj, sau ntawv, los sis sau daim ntawv rau hauv electronic mus txib yuav tshuaj los ntawm ib tug kws kho mob sau ntawv yuav tshuaj rau ib tug tswv cuab tshwj xeeb uas muaj lub npe ntawm cov tshuaj sau hauv daim ntawv yuav tshuaj, qhov ntau tsawg ntawm tshuaj muaj yees, hnuv tsim tshuaj, lub npe thiab tej ntaub ntawv siv sib txuas lus ntawm tus kws kho mob sau ntawv yuav tshuaj, kos npe ntawm tus kho mob sau ntawv yuav tshuaj yog sau ntawv yuav tshuaj, thiab yog tau thov los ntawm tus tswv cuab, qhov txheej txheem kev kho mob los sis lub hom phiaj siv cov tshuaj muaj yees ntawd.

**Cov Tshuaj Sau Hauv Daim Ntawv Yuav Tshuaj:** Yog ib yam tshuaj muaj yees uas raug yuav los ntawm ib tug neeg tso npe tus kws kho mob sau ntawv yuav tshuaj thiab yuav tsum muaj daim ntawv sau yuav tshuaj raws li txoj cai lij choj.

**Keu Tso Cai Ua Ntej:** Yog ib daim phiaj xwm kev kho mob uas tus tswv cuab los sis tus tswv cuab tus kws kho mob sau ntawv yuav tshuaj tau kev tso cai daim phiaj xwm kev kho mob rau cov tshuaj sau hauv daim ntawv yuav tshuaj ua ntej daim phiaj xwm kev kho mob yuav pab them nyiaj rau yam tshuaj muaj yees no. Daim phiaj xwm kev kho mob yuav muab kev tso cai ua ntej thaum tsim nyog yuav kho mob rau tus tswv cuab los ntawm cov tshuaj muaj yees.

**Ciam Txwv Qhov Ntau:** Yog ib qho kev txwv txog kev siv tshuaj ntau tsawg los sis lwm cov kev txwv siv tshuaj ntau tsawg rau cov tshuaj sau hauv daim ntawv yuav tshuaj ntawm ib qho phiaj xwm kev kho mob yuav pab them nyiaj rau ib lub sij hawm tshwj xeeb twg.

**Cov Tshuaj Tshwj Xeeb:** Cov Tshuaj Tshwj Xeeb muaj xws li tshuaj muaj yees uas raug siv rau biotechnology, cov tshuaj muaj yees uas yuav tsum raug muag raws ntawm ib lub khw muag tshuaj tshwj xeeb, cov tshuaj muaj yees uas yuav tsum muab kev cob qhia tshwj xeeb rau yus tus kheej siv, los sis cov tshuaj muaj yees uas yuav tsum soj qab xyuas los ntawm ib lub khw muag tshuaj.

**Cov Qib Pib Kev Kho Mob:** Yog ib qho txheej txheem tshwj xeeb kev txib yuav cov tshuaj sau hauv daim ntawv yuav tshuaj sib txawv siv rau ib qho txheej txheem kev kho mob thiab tsim nyog yuav tau kho rau ib tug neeg mob tshwj xeeb. Tej zaum qhov phiaj xwm kev kho mob yuav kom tus tswv cuab sim ib yam tshuaj los sis ntau cov tshuaj muaj yees los kho qhov muaj mob ntawm tus tswv cuab ua ntej qhov phiaj xwm kev kho mob yuav pab them nyiaj rau ib yam tshuaj muaj yees tshwj xeeb raws li daim ntawv thov cov qib pib kev kho mob. Yog tus tswv cuab tus kws kho mob sau ntawv yuav tshuaj xa ib daim ntawv thov zam cov qib pib kev kho mob, qhov phiaj xwm kev kho mob yuav pub zam rau cov qib pib kev kho mob thaum raug raws li tus qauv raug pab.

Yog xav paub ntau ntawv txog cov txiaj ntsig ntawm koj lub khw muag tshuaj, thov saib koj Phau Ntawv Qhia Rau Tus Tswv Cuab los sis hu rau Cov Kev Pab Cuam Rau Tswv Cuab rau ntawm 1-888-893-1569.

# *Medi-Cal de CalViva Health*

# **Lista de Medicamentos Preferidos**

En la *Lista de Medicamentos Preferidos* (por sus siglas en inglés, *PDL*) de Medi-Cal de CalViva Health, se incluyen medicamentos cubiertos por CalViva Health. Esta lista se actualiza todos los meses y puede cambiar. Para obtener la información más actualizada o una copia impresa, comuníquese con el Departamento de Servicios al Afiliado al 1-888-893-1569 (TTY: 711).

Puede encontrar la *Lista de Medicamentos* más reciente en nuestro sitio web, en <https://www.calvivahealth.org/members-info/>. Allí también se encuentra disponible una versión en formato de lectura electrónica.

Vaya a “Lista de Medicinas del *Formulario*”.

Utilice este enlace para ver la lista de los medicamentos cubiertos por Medi-Cal de CalViva Health.

**DESECHE TODAS LAS VERSIONES ANTERIORES DE LA LISTA DE  
MEDICAMENTOS**



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## Bienvenido a CalViva Health

### ¿Qué es la PDL de Medi-Cal de CalViva Health?

Es una lista en la que se incluyen los medicamentos usados para tratar problemas de salud o enfermedades comunes. Un equipo de médicos y farmacéuticos se reúne periódicamente para decidir qué medicamentos deben incluirse en la lista. El equipo revisa los medicamentos nuevos y existentes, y elige los más eficaces y seguros. La *Lista de Medicamentos* se actualiza todos los meses. Los cambios pueden incluir la presentación de un medicamento (p. ej., tabletas o cápsulas) o si existe un límite para la cantidad de medicamento que puede surtirse en una sola vez. Los cambios también pueden ser para indicar si un medicamento requiere autorización previa o terapia escalonada, o si un medicamento deja de estar incluido en la lista.

### ¿Cómo uso la PDL de Medi-Cal de CalViva Health?

Busque el medicamento en el índice que está al final de este cuadernillo. En el índice, se enumeran todos los medicamentos de la lista, incluidos los de marca y los genéricos. Junto al nombre del medicamento, figura el número de página donde puede encontrarlo.

En la siguiente tabla, se describen los límites que pueden aparecer en la *Lista de Medicamentos*.

<i>Abreviatura</i>	<i>Término</i>	<i>Significado</i>
<b>AL</b>	<b>Límite de edad</b>	Algunos medicamentos solamente están cubiertos para personas de determinada edad.
<b>CO</b>	<b>Exceptuado</b>	Estos medicamentos han sido exceptuados desde el Departamento de Servicios de Atención Médica. Esto significa que los medicamentos están cubiertos por el Programa de Pago por Servicio de Medi-Cal, y la farmacia puede facturarlos al estado.
<b>F</b>	<i>Formulario</i>	Estos medicamentos están incluidos en la <i>Lista de Medicamentos</i> .
<b>NF</b>	<b>Fuera del Formulario</b>	Estos medicamentos no están incluidos en la <i>Lista de Medicamentos</i> . Su médico puede solicitarnos que hagamos una excepción si cree que usted necesita un medicamento que no está cubierto.
<b>PA</b>	<b>Autorización previa</b>	El médico debe pedir la aprobación de CalViva Health antes de que se cubran algunos medicamentos.
<b>QL</b>	<b>Límite de cantidad</b>	Para algunos medicamentos, solo se cubre una cantidad específica.
<b>RX/OTC</b>	<b>Con receta médica y de venta libre</b>	Estos medicamentos están disponibles de las dos formas: con receta médica y de venta libre.
<b>ST</b>	<b>Terapia escalonada</b>	En algunos casos, debe probar determinados medicamentos antes de que en CalViva Health se cubra otro medicamento para su afección de salud.  Por ejemplo, si el medicamento A y el medicamento B tratan su afección de salud, es posible que en CalViva Health no se cubra el medicamento B si usted no prueba primero el medicamento A.

<i>Abreviatura</i>	<i>Término</i>	<i>Significado</i>
SP	<b>Programa de Farmacia Especializada</b>	Estos son medicamentos especializados. Solo puede obtenerlos en farmacias especializadas. Todas las recetas médicas se deben surtir en las farmacias especializadas incluidas en la lista.

### ¿Cómo encuentro un medicamento en la *Lista de Medicamentos*?

Puede usar la herramienta de búsqueda para encontrar un medicamento. Los medicamentos pueden buscarse por orden alfabético o por afección médica. Hay tres maneras de averiguar si su medicamento está cubierto:

Herramienta de Búsqueda: Abra la *Lista de Medicamentos* (PDF). Presione las teclas “Control” (Ctrl) y “F”. Cuando aparezca el cuadro de búsqueda, escriba el nombre de su medicamento. Presione la tecla “Enter”.

Índice Alfabético: El índice al final del documento PDF incluye los nombres de los medicamentos genéricos y de marca de la “A” a la “Z”. Cuando encuentre el nombre de un medicamento, vaya a la página indicada para saber si el medicamento está cubierto.

Categoría Terapéutica: Los medicamentos se agrupan en categorías. Las categorías también pueden agruparse según la clase a la que pertenece el medicamento. Si sabe a qué categoría pertenece su medicamento, búsquela en la lista. Luego, puede buscar su medicamento en esa categoría.

No se incluirán en la lista los medicamentos que no tengan un equivalente genérico para el medicamento de marca. Los medicamentos que no estén cubiertos no se encontrarán en la lista. El hecho de que un medicamento esté incluido en la lista no significa que el médico se lo recetará para su afección médica.

### ¿Cómo figuran los medicamentos en la lista por categorías?

Los medicamentos se ordenan alfabéticamente por sus nombres de marca y genérico en la categoría y la clase correspondientes.

<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	



El nombre genérico de un medicamento de marca se incluye después de la marca, entre paréntesis, con **minúscula**, en **negrita** y en *cursiva*.

**Ejemplo de un Medicamento de Marca: EPOGEN (*epoetin alfa*)**

Si un equivalente genérico para el medicamento de marca se incluye en la lista y está cubierto, figurará en la lista aparte del medicamento de marca. Estará escrito con **minúscula**, en *cursiva* y en **negrita**.

**Ejemplo de un Medicamento Genérico: *esomeprazole magnesium cap delayed release***

Si un medicamento genérico se comercializa bajo una marca registrada, la marca figurará en la lista con MAYÚSCULAS en todas las letras. Se ubicará después del nombre genérico, que aparecerá entre paréntesis, sin formato y con mayúscula en la primera letra de cada palabra.

**Ejemplo de un Medicamento Genérico Comercializado bajo una Marca: (Levothyroxine Sodium) LEVOXYL**

**¿Qué ocurre si mi medicamento no se encuentra en la PDL de Medi-Cal de CalViva Health?**

Si el medicamento que necesita no está en la lista, comuníquese con el Departamento de Servicios al Afiliado al 1-888-893-1569 y pregunte si el medicamento está cubierto. Si el medicamento no se encuentra en la lista, pregúntele al médico si hay otro medicamento incluido en la lista que tenga los mismos efectos. Su médico puede solicitarnos que hagamos una excepción si quiere que usted tome un medicamento que no está en la lista. Consulte la sección “¿Cómo obtengo una excepción a las reglas para la cobertura de medicamentos?” para obtener más información.

**¿Puedo ir a cualquier farmacia?**

Los afiliados deben ir a las farmacias de venta minorista de la red. Estas farmacias tienen contrato con CalViva Health. Para encontrar una farmacia, comuníquese con el Departamento de Servicios al Afiliado al 1-888-893-1569.

Algunos medicamentos solo están cubiertos cuando provienen de una farmacia especializada. Los medicamentos especializados se usan para tratar afecciones crónicas o complejas. Además, es posible que requieran manipulación o indicaciones especiales para garantizar que se administren de manera segura. Desde la farmacia especializada, se enviarán los medicamentos a su casa, a su lugar de trabajo o a otra dirección de preferencia. También podrán enviarse medicamentos especializados al consultorio de su médico. Estos medicamentos figuran en la columna “Requisitos/Límites” de la *Lista de Medicamentos*. Los medicamentos que no incluyan una farmacia especializada en la columna “Requisitos/Límites” de la *Lista de Medicamentos* podrán surtirse en cualquier farmacia de la red.

Puede solicitar una excepción para surtir un medicamento especializado en una farmacia de venta minorista de la red en los siguientes casos:

- Cambió la manera en que toma el medicamento, y necesita surtirlo ahora mismo.
- Su medicamento tardará en llegar o siempre tarda en llegar.
- Necesita un medicamento con urgencia y no entendió cómo obtenerlo en la farmacia especializada.
- Tiene una emergencia y no puede esperar a que el medicamento llegue de la farmacia especializada.

Si no puede obtener los servicios de una farmacia especializada, solicite una excepción para obtener todos los medicamentos en una farmacia de venta minorista de la red en los siguientes casos:

- No tiene una dirección postal ni otra manera de recibir los medicamentos por correo.
- Obtiene los medicamentos en el consultorio del médico.
- Le resulta complicado obtener los servicios de una farmacia especializada.

Si necesita una excepción, debe solicitárnosla. El médico o la farmacia también pueden hacerlo. Para solicitar una excepción, comuníquese con el Departamento de Servicios al Afiliado de CalViva Health al 1-888-893-1569 (TTY: 711). Estamos disponibles las 24 horas del día, los siete días de la semana.

### **¿Mi cobertura de medicamentos tiene límites?**

Se aplican límites a la cobertura de algunos medicamentos. Estos límites se describen en la columna “Requisitos/Límites” de la *Lista de Medicamentos*.

### **¿Existe algún límite para los opioides que alivian el dolor?**

No se requiere autorización previa para el uso a corto plazo de la mayoría de los opioides que alivian el dolor. Puede obtener un suministro para 7 días de estos medicamentos cuando el médico se los recete por primera vez. Se aplican límites de cantidad a todos los opioides que alivian el dolor en función de los miligramos equivalentes de morfina (por sus siglas en inglés, MME). Es probable que deba solicitar autorización previa si necesita un suministro para más de 7 días. Este límite no se aplicará si está recibiendo un tratamiento para el cáncer o la anemia falciforme.

### **¿Qué es la dosificación según los miligramos equivalentes de morfina?**

La dosificación según los MME es una herramienta que se utiliza para garantizar que usted toma una dosis segura de opioides que alivian el dolor. Esta herramienta ayuda a medir la cantidad de opioides que alivian el dolor que toma por día. El límite recomendado para la mayoría de estos medicamentos es de 90 MME por día. Los límites de cantidad en la *Lista de Medicamentos* son de 90 MME, o una dosis menor, por día. El médico puede solicitar una autorización previa si usted necesita una dosis mayor de 90 MME por día. Este límite no se aplicará si está recibiendo un tratamiento para el cáncer o la anemia falciforme.

### **¿Cómo obtengo una excepción a las reglas para la cobertura de medicamentos?**

Su médico puede solicitar una excepción a nuestras reglas para la cobertura de medicamentos.

- Puede solicitarnos la cobertura de un medicamento que no está en la lista.
- Puede solicitarnos que hagamos una excepción a los límites de un medicamento.  
Por ejemplo, si un medicamento está sujeto a un límite de 1 tableta por día, el médico puede solicitar que ampliemos la cobertura.

Para pedir la excepción, el médico puede enviarnos una solicitud de autorización previa por fax al 1-800-977-8226. Tomaremos una decisión y se la comunicaremos a su médico dentro de las 24 horas de haber recibido la solicitud. Si la rechazamos, les enviaremos una carta a usted y a su médico, y les explicaremos cómo presentar una apelación. Si no respondemos dentro de las 24 horas, la solicitud será aprobada. Si aprobamos un medicamento, puede continuar obteniéndolo a través de CalViva Health tanto tiempo como sea efectivo para usted y el médico le indique que continúe tomándolo.

### **¿Qué ocurre si soy un nuevo afiliado?**

Si se inscribió recientemente en nuestro plan, es posible que esté tomando medicamentos que no están en nuestra *Lista de Medicamentos*. También es posible que esté tomando un medicamento que está incluido en nuestra lista, pero con límites. Debe hablar con su médico para saber si puede comenzar a tomar un medicamento que esté incluido en la lista. Es posible que su médico solicite una excepción para que brindemos cobertura del medicamento que está tomando. Consulte la sección “¿Cómo obtengo una excepción a las reglas para la cobertura de medicamentos?” para obtener más información.

### **¿Qué son los medicamentos de venta libre?**

Los medicamentos de venta libre son los que se compran sin receta médica. En la *PDL* de Medi-Cal de CalViva Health, se incluyen medicamentos de venta libre como los que se encuentran en la *Lista de Medicamentos por Contrato* de Medi-Cal del estado. Si quiere que en CalViva Health se brinde cobertura para un medicamento de venta libre de la lista, el médico deberá recetarlos.

### **¿Los medicamentos de marca están cubiertos?**

Su beneficio de farmacia no cubre medicamentos de marca cuando hay un medicamento genérico disponible. Puede brindarse cobertura para el medicamento de marca si no hay disponible un medicamento genérico. El médico también puede solicitarnos que brindemos cobertura para un medicamento de marca si considera que será mejor para usted.

#### *¿Qué es un medicamento genérico?*

Un medicamento genérico contiene el mismo ingrediente activo y produce los mismos efectos que el medicamento de marca. Los medicamentos genéricos son seguros y eficaces.

#### *¿El farmacéutico me dará un medicamento genérico si hay uno disponible?*

Sí. En la farmacia, le darán un medicamento genérico, salvo que el médico haya indicado que usted debe tomar el medicamento de marca.

### **¿Hay medicamentos excluidos o exceptuados?**

#### *Medicamentos excluidos*

La *PDL* de Medi-Cal de CalViva Health es similar a la *Lista de Medicamentos por Contrato* de Medi-Cal del estado. Los siguientes tipos de medicamentos no son un beneficio cubierto y no están incluidos en la *PDL*:

- multivitaminas;
- medicamentos para la disfunción sexual o eréctil;
- medicamentos que se administran con fines cosméticos o para el crecimiento del cabello;
- medicamentos considerados experimentales;
- medicamentos para tratar la infertilidad;
- medicamentos de venta libre contra la tos y el resfrío;
- acetaminofén de venta libre para adultos.

#### *Medicamentos del programa Implementación del Estudio de la Eficacia de los Medicamentos*

Medi-Cal de CalViva Health no brinda cobertura para los productos del programa Implementación del Estudio de la Eficacia de los Medicamentos ni para otros medicamentos relacionados.

La Administración de Alimentos y Medicamentos los ha definido como menos que eficaces. No hay pruebas de que estos medicamentos sean seguros y eficaces.

### *Medicamentos exceptuados*

Desde el Departamento de Servicios de Atención Médica, se han exceptuado algunos medicamentos. Esto significa que los medicamentos están cubiertos por el Programa de Pago por Servicio de Medi-Cal. Los siguientes tipos de medicamentos están exceptuados:

- determinados medicamentos para el tratamiento de problemas psiquiátricos;
- determinados medicamentos para el tratamiento del VIH o sida;
- determinados medicamentos para el tratamiento del alcoholismo, la desintoxicación de la heroína y el tratamiento por dependencia;
- determinados medicamentos para el tratamiento de la hemofilia.

### **¿Qué es Servicios para Niños de California?**

Servicios para Niños de California (por sus siglas en inglés, CCS) es un programa estatal para los niños (hasta los 21 años) con ciertos problemas de salud. Algunos medicamentos para los problemas de salud cubiertos por CCS no están cubiertos por CalViva Health.

Solo los médicos aprobados por CCS pueden solicitar los medicamentos que se utilizan para tratar los problemas de salud cubiertos por CCS. Estos medicamentos no están cubiertos por CalViva Health. La farmacia debe facturar estos medicamentos a CCS. Si usted se encuentra en la farmacia y aún no figura en el sistema de CCS, comuníquese con el Departamento de Servicios al Afiliado al 1-888-893-1569. Desde el Departamento de Servicios al Afiliado pueden ayudarlo a inscribirse en CCS. También pueden ayudarlo a obtener un suministro de emergencia de su medicamento.

### **¿Qué ocurre con los medicamentos que recibo de mi médico o en el consultorio de mi médico?**

Algunos medicamentos que le da el médico pueden estar cubiertos conforme a su beneficio médico. Puede obtenerlos en una farmacia de venta minorista. El médico también puede entregárselos en el consultorio. Hablaremos con su médico a fin de encontrar la manera más conveniente para usted de obtener estos medicamentos. Si tiene preguntas sobre estos medicamentos, llame al Departamento de Servicios al Afiliado al 1-888-893-1569.

### **Definiciones**

**Afiliado:** Es una persona inscrita en un plan de salud que tienen derecho a recibir servicios a través del plan.

**Autorización Previa:** Es un requisito del plan de salud conforme al cual el afiliado o el proveedor que receta deben obtener la autorización del plan para un medicamento que requiere receta médica antes de que este se cubra. El plan de salud otorgará la autorización previa cuando sea medicamento necesario para el afiliado obtener el medicamento.

**Formulario:** También denominado *Lista de Medicamentos Preferidos*. Es la lista completa de los medicamentos que requieren receta médica preferidos para el uso y elegibles para la cobertura conforme a un plan de salud. Incluye todos los medicamentos cubiertos conforme al beneficio de medicamentos que requieren receta médica para pacientes ambulatorios del plan de salud.

**Límite de Cantidad:** Es una restricción sobre la cantidad de dosis o cualquier otra limitación respecto de la cantidad de un medicamento que requiere receta médica que el plan de salud cubrirá durante un período específico.

**Lista de Medicamentos Preferidos:** También denominada *Formulario*. Es la lista completa de los medicamentos que requieren receta médica preferidos para el uso y elegibles para la cobertura conforme a un plan de salud. Incluye todos los medicamentos cubiertos conforme al beneficio de medicamentos que requieren receta médica para pacientes ambulatorios del plan de salud.

**Medicamento Necesario:** Son beneficios de atención de salud necesarios para diagnosticar, tratar o prevenir una afección médica o sus síntomas, que cumplen con las normas de medicina aceptadas. Por lo general, los planes no brindan cobertura para los beneficios de atención de salud que no son médicamente necesarios.

**Medicamento de Marca:** Es un medicamento que se comercializa bajo una marca con registro de propiedad. En este *Formulario*, los medicamentos de marca figuran con MAYÚSCULAS en todas las letras.

**Medicamento fuera del *Formulario*:** Es un medicamento que requiere receta médica que no está incluido en la *Lista de Medicamentos Preferidos*.

**Medicamento Genérico:** Es un medicamento idéntico al medicamento de marca, equivalente en dosis, seguridad, potencia, modo de administración, calidad, efecto y uso previsto. Los medicamentos genéricos se incluyen en la lista con minúscula, en **negrita** y en *cursiva*.

**Medicamento que Requiere Receta Médica:** Es un medicamento que receta el proveedor de la persona inscrita y que requiere una receta médica conforme a la ley correspondiente.

**Medicamentos Especializados:** Los medicamentos especializados incluyen medicamentos que se fabrican con biotecnología, medicamentos que deben distribuirse a través de farmacias especializadas, medicamentos que requieren instrucciones especiales para su autoadministración o medicamentos que requieren el control de atención periódico de una farmacia.

**Proveedor que Receta:** Es un proveedor de atención de salud autorizado a expedir una receta médica a un afiliado del plan de salud para tratar una afección médica.

**Receta Médica:** Es una orden oral, escrita o electrónica emitida por un proveedor que receta para un afiliado específico, en la que figuran el nombre y la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, su firma si es una receta escrita y, si el afiliado lo solicita, la afección médica o el propósito por los que se receta el medicamento.

**Solicitud de Excepción:** Es una solicitud de cobertura de un medicamento que requiere receta médica. Si una persona inscrita en el plan, la persona designada por ella o el proveedor de atención de salud que receta presentan una solicitud de excepción para la cobertura de un medicamento que requiere receta médica, el plan de salud debe brindar cobertura para el medicamento cuando se determine que este es médicamente necesario para tratar la afección de la persona inscrita.

**Terapia Escalonada:** Es un proceso que especifica la secuencia en que deben recetarse diferentes medicamentos que requieren receta médica para una afección específica y médicamente adecuados para un paciente en particular. El plan de salud puede exigir que el afiliado pruebe uno o más medicamentos para tratar su afección médica antes de cubrir un medicamento en particular para dicha afección conforme a una solicitud de terapia escalonada. Si el proveedor que emite la receta del afiliado presenta una solicitud de excepción de la terapia escalonada, el plan de salud deberá otorgar dicha excepción, siempre que se cumpla con los criterios.

Si desea obtener más información sobre sus beneficios de farmacia, revise el *Manual del Afiliado* o comuníquese con el Departamento de Servicios al Afiliado al 1-888-893-1569.

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>		
(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG	F	QL(3 ea daily)
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG	F	
ADDERALL TABS ( <i>amphetamine-dextroamphetamine</i> )	NF	
ADDERALL XR CP24 ( <i>amphetamine-dextroamphetamine</i> )	NF	QL(1 ea daily)
ADZENYS ER SUER ( <i>amphetamine</i> )	NF	QL(16 ml daily)
<i>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, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 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</i>	F	QL(1 ea daily)
<i>amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
DEXEDRINE CP24 ( <i>dextroamphetamine sulfate</i> )	NF	
<i>dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg</i>	F	
<i>dextroamphetamine sulfate tabs 10 mg</i>	F	QL(3 ea daily)
<i>dextroamphetamine sulfate tabs 5 mg</i>	F	
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	F	PA; QL(1 ea daily)
<b>Analeptics</b>		
<i>caffeine citrate soln</i>	F	QL(45 ml per fill retail)
<b>Anorexiants Non-Amphetamine</b>		
ADIPEX-P CAPS ( <i>phentermine hcl</i> )	NF	PA
ADIPEX-P TABS ( <i>phentermine hcl</i> )	NF	PA
<i>benzphetamine hcl tabs 25 mg</i>	F	PA
<i>diethylpropion hcl tabs</i>	F	PA
<i>diethylpropion hcl tb24</i>	F	PA
LOMAIRA TABS ( <i>phentermine hcl</i> )	F	PA
<i>phentermine hcl caps</i>	F	PA
<i>phentermine hcl tabs</i>	F	PA
QSYMIA CP24 ( <i>phentermine hcl-topiramate</i> )	F	PA
REGIMEX TABS ( <i>benzphetamine hcl</i> )	NF	PA
<b>Anti-Obesity Agents</b>		
ALLI CAPS ( <i>orlistat</i> )	F	PA

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Drug Name	Drug Tier	Requirements/Limits
BELVIQ TABS ( <i>lorcaserin hcl</i> )	F	PA
BELVIQ XR TB24 ( <i>lorcaserin hcl</i> )	F	PA
CONTRAVE TB12 ( <i>naltrexone hcl-bupropion hcl</i> )	F	PA
SAXENDA SOPN ( <i>liraglutide (weight management)</i> )	F	PA
XENICAL CAPS ( <i>orlistat</i> )	F	PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
<i>atomoxetine hcl caps</i>	F	
<i>clonidine hcl (adhd) tb12</i>	F	
<i>guanfacine hcl (adhd) tb24</i>	F	QL(1 ea daily)
INTUNIV TB24 ( <i>guanfacine hcl (adhd)</i> )	NF	QL(1 ea daily)
KAPVAY TB12 ( <i>clonidine hcl (adhd)</i> )	NF	
STRATTERA CAPS ( <i>atomoxetine hcl</i> )	NF	
<b>Stimulants - Misc.</b>		
(Methylphenidate Hcl) METADATE ER TBCR	F	
<i>armodafinil tabs</i>	F	PA
CONCERTA TBCR 18 MG, 27 MG, 54 MG ( <i>methylphenidate hcl</i> )	NF	QL(1 ea daily)
CONCERTA TBCR 36 MG ( <i>methylphenidate hcl</i> )	NF	QL(2 ea daily)
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS ( <i>dexmethylphenidate hcl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr 20 mg, 30 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 10 mg, 20 mg, 5 mg</i>	F	
<i>methylphenidate hcl tb24 18 mg, 27 mg</i>	F	QL(1 ea daily)
<i>methylphenidate hcl tb24 36 mg, 54 mg</i>	F	
<i>methylphenidate hcl tbcr 10 mg, 20 mg</i>	F	
<i>methylphenidate hcl tbcr 18 mg, 27 mg, 54 mg</i>	F	QL(1 ea daily)
<i>methylphenidate hcl tbcr 36 mg</i>	F	QL(2 ea daily)
<i>modafinil tabs</i>	F	PA; QL(1 ea daily)
NUVIGIL TABS ( <i>armodafinil</i> )	NF	PA
PROVIGIL TABS ( <i>modafinil</i> )	NF	PA; QL(1 ea daily)
RITALIN TABS ( <i>methylphenidate hcl</i> )	NF	
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
(Tobramycin) TOBRAMYCIN INHALATION SOLUTION PAK NEBU	F	PA; SP
ARIKAYCE SUSP ( <i>amikacin sulfate liposome</i> )	F	PA
BETHKIS NEBU ( <i>tobramycin</i> )	NF	AL(At least 21 yrs old)
<i>gentamicin in saline soln</i>	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
KITABIS PAK NEBU ( <i>tobramycin</i> )	F	PA; SP
<i>neomycin sulfate tabs</i>	F	
<i>paromomycin sulfate caps</i>	F	QL(160 ea per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
TOBI NEBU ( <i>tobramycin</i> )	NF	PA; SP
TOBI PODHALER CAPS ( <i>tobramycin</i> )	F	AL(At least 21 yrs old); SP
<i>tobramycin nebu 300 mg/4ml</i>	F	AL(At least 21 yrs old)
<i>tobramycin nebu 300 mg/5ml</i>	F	PA; SP
<i>tobramycin sulfate soln</i>	F	PA
<i>tobramycin sulfate solr</i>	F	PA
<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 ( <i>adalimumab</i> )	F	PA; SP- AcariaHealth;S P
HUMIRA PEN PNKT ( <i>adalimumab</i> )	F	PA; SP- AcariaHealth;S P
HUMIRA PEN-CD/UC/HS STARTER PNKT ( <i>adalimumab</i> )	F	PA; SP- AcariaHealth;S P
HUMIRA PEN-PS/UV STARTER PNKT ( <i>adalimumab</i> )	F	PA; SP- AcariaHealth;S P
HUMIRA PSKT ( <i>adalimumab</i> )	F	PA; SP- AcariaHealth;S P
SIMPONI ARIA SOLN ( <i>golimumab</i> )	F	PA; SP- AcariaHealth;S P
<b>Antirheumatic - Enzyme Inhibitors</b>		

Drug Name	Drug Tier	Requirements/ Limits
XELJANZ TABS ( <i>tofacitinib citrate</i> )	F	PA; SP- Acaria Health;SP
XELJANZ XR TB24 11 MG ( <i>tofacitinib citrate</i> )	F	PA; SP- Acaria Health;SP
XELJANZ XR TB24 22 MG ( <i>tofacitinib citrate</i> )	F	PA; SP- AcariaHealth;S P
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE SODIUM TABS OR 2.5 MG ( <i>methotrexate sodium antirheumatic</i> )	F	
METHOTREXATE TABS ( <i>methotrexate sodium antirheumatic</i> )	F	
<b>Gold Compounds</b>		
RIDAURA CAPS ( <i>auranofin</i> )	F	
<b>Interleukin-1beta Blockers</b>		
ILARIS SOLN ( <i>canakinumab</i> )	F	PA; SP- AcariaHealth;S P
<b>Interleukin-6 Receptor Inhibitors</b>		
ACTEMRA SOLN IV 200 MG/10ML, 400 MG/20ML, 80 MG/4ML ( <i>tocilizumab</i> )	F	PA; SP- AcariaHealth;S P
KEVZARA SOAJ ( <i>sarilumab</i> )	F	PA; SP- AcariaHealth
KEVZARA SOSY ( <i>sarilumab</i> )	F	PA; SP- AcariaHealth
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
(Fenoprofen Calcium) PROFENO TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Ibuprofen) ADDAPRIN, ADVIL JUNIOR STRENGTH, CVS IBUPROFEN, CVS IBUPROFEN IB, DYSPEL, EQ IBUPROFEN, EQL IBUPROFEN, GENPRIL, GNP IBUPROFEN, GOODSENSE IBUPROFEN, HM IBUPROFEN, HM IBUPROFEN IB, IBU, IBU-200, KLS IBUPROFEN, KLS IBUPROFEN IB, MEDI-PROFEN, MEIJER IBUPROFEN, MOTRIN IB, PROVIL, PX IBUPROFEN, QC IBUPROFEN, QC IBUPROFEN IB, RA PAIN RELIEF IBUPROFEN, SB IBUPROFEN, SM IBUPROFEN, SM IBUPROFEN IB, SM IBUPROFEN JR, TGT IBUPROFEN, WAL-PROFEN TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
(Ibuprofen) ADVIL JUNIOR STRENGTH, CVS IBUPROFEN JUNIOR STRENGTH, EQ IBUPROFEN JUNIOR STRENGTH, EQL IBUPROFEN JUNIOR STRENGTH, GNP IBUPROFEN CHILDRENS, GNP IBUPROFEN JUNIOR STRENGTH, GOODSENSE IBUPROFEN JUNIOR STRENGTH, HM IBUPROFEN, HM IBUPROFEN IB/JUNIOR STRENGTH, IBUPROFEN 100 JUNIOR STRENGTH, IBUPROFEN JUNIOR STRENGTH, PX IBUPROFEN JUNIOR STRENGTH, RA IBUPROFEN JUNIOR STRENGTH, SM IBUPROFEN IB, TGT IBUPROFEN JUNIOR STRENGTH CHEW	F	
(Ibuprofen) ADVIL LIQUIGELS MINIS, CVS IBUPROFEN, CVS IBUPROFEN LIQUID FILLED, EQ IBUPROFEN, EQL IBUPROFEN, GNP IBUPROFEN, GOODSENSE IBUPROFEN, HM IBUPROFEN, KS IBUPROFEN, MEDI-PROFEN, MOTRIN IB, QC IBUPROFEN, SM IBUPROFEN, TGT IBUPROFEN, WAL-PROFEN CAPS	F	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Ibuprofen) CHILDRENS IBUPROFEN, CHILDRENS IBUPROFEN 100, CHILDRENS MEDI- PROFEN, CVS CHILDRENS IBUPROFEN, CVS IBUPROFEN CHILDRENS, CVS IBUPROFEN INFANTS, EQ IBUPROFEN CHILDRENS, EQ IBUPROFEN INFANTS, EQL CHILDRENS IBUPROFEN, EQL IBUPROFEN INFANTS, GNP CHILDRENS IBUPROFEN, GNP IBUPROFEN INFANTS, GOODSENSE IBUPROFEN CHILDRENS, GOODSENSE IBUPROFEN INFANTS, HM IBUPROFEN CHILDRENS, HM IBUPROFEN INFANTS, HYVEE IBUPROFEN CHILDRENS, IBU-DROPS INFANTS, IBUPROFEN CHILDRENS, IBUPROFEN INFANTS, IBUPROFEN INFANTS DROPS, INFANTS IBUPROFEN, MEDI-PROFEN, PX CHILDRENS PROFEN IB, PX INFANTS PROFEN IB, QC CHILDRENS IBUPROFEN, QC IBUPROFEN INFANTS, RA IBUPROFEN CHILDRENS, RA IBUPROFEN INFANTS, SB INFANTS IBUPROFEN, SM CHILDRENS IBUPROFEN, SM INFANTS IBUPROFEN, TGT CHILDRENS IBUPROFEN, TGT IBUPROFEN CHILDRENS, TGT INFANTS IBUPROFEN SUSP	F	RX/OTC	(Ibuprofen) CHILDRENS IBUPROFEN, CHILDRENS IBUPROFEN 100, CHILDRENS MEDI- PROFEN, CVS CHILDRENS IBUPROFEN, CVS IBUPROFEN CHILDRENS, CVS IBUPROFEN INFANTS, EQ IBUPROFEN CHILDRENS, EQ IBUPROFEN INFANTS, EQL CHILDRENS IBUPROFEN, EQL IBUPROFEN INFANTS, GNP CHILDRENS IBUPROFEN, GNP IBUPROFEN INFANTS, GOODSENSE IBUPROFEN CHILDRENS, GOODSENSE IBUPROFEN INFANTS, HM IBUPROFEN CHILDRENS, HM IBUPROFEN INFANTS, HYVEE IBUPROFEN CHILDRENS, IBU-DROPS INFANTS, IBUPROFEN CHILDRENS, IBUPROFEN INFANTS, IBUPROFEN INFANTS DROPS, INFANTS IBUPROFEN, MEDI-PROFEN, PX CHILDRENS PROFEN IB, PX INFANTS PROFEN IB, QC CHILDRENS IBUPROFEN, QC IBUPROFEN INFANTS, RA IBUPROFEN CHILDRENS, RA IBUPROFEN INFANTS, SB INFANTS IBUPROFEN, SM CHILDRENS IBUPROFEN, SM INFANTS IBUPROFEN, TGT CHILDRENS IBUPROFEN, TGT IBUPROFEN CHILDRENS, TGT INFANTS IBUPROFEN SUSP	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Ibuprofen) RA IBUPROFEN CAPS 200 MG	F	
(Ibuprofen) RA IBUPROFEN SUSP 100 MG/5ML	F	RX/OTC
(Ibuprofen) RA IBUPROFEN TABS 200 MG	F	
(Nabumetone) RELAFEN TABS	F	
(Naproxen Sodium) ALL DAY PAIN RELIEF, ALL DAY RELIEF, CVS ALL DAY PAIN RELIEF, CVS NAPROXEN SODIUM, EQ ALL DAY PAIN RELIEF, EQ NAPROXEN SODIUM, EQL NAPROXEN SODIUM, FLANAX PAIN RELIEF, GNP ALL DAY PAIN RELIEF, GNP NAPROXEN, GNP NAPROXEN SODIUM, GOODSENSE NAPROXEN SODIUM, HM NAPROXEN SODIUM, HY- VEE ALL DAY RELIEF, KLS NAPROXEN SODIUM, MEDIPROXEN, PAMPRIN ALL DAY MAXIMUM STRENGTH, PX ALL DAY RELIEF, QC NAPROXEN SODIUM, RA NAPROXEN SODIUM, SB NAPROXEN SODIUM, SM NAPROXEN SODIUM, TGT NAPROXEN SODIUM TABS	F	
(Naproxen Sodium) CVS NAPROXEN SODIUM, EQ NAPROXEN SODIUM, EQL NAPROXEN SODIUM, GNP NAPROXEN SODIUM, HM NAPROXEN SODIUM, RA NAPROXEN SODIUM, SM NAPROXEN SODIUM, TGT NAPROXEN SODIUM CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
(Naproxen) EC- NAPROXEN, NAPROXEN DR TBEC	F	
ADVIL CAPS ( <i>ibuprofen</i> )	NF	
ADVIL MIGRAINE CAPS ( <i>ibuprofen</i> )	NF	
ADVIL TABS ( <i>ibuprofen</i> )	NF	
ALEVE ARTHRITIS TABS ( <i>naproxen sodium</i> )	NF	
ALEVE CAPS ( <i>naproxen sodium</i> )	NF	
ALEVE TABS ( <i>naproxen sodium</i> )	NF	
ANAPROX DS TABS ( <i>naproxen sodium</i> )	NF	
CELEBREX CAPS ( <i>celecoxib</i> )	NF	PA
<i>celecoxib caps</i>	F	PA
CHILDRENS ADVIL SUSP ( <i>ibuprofen</i> )	NF	RX/OTC
CHILDRENS MOTRIN SUSP ( <i>ibuprofen</i> )	NF	RX/OTC
DAYPRO TABS ( <i>oxaprozin</i> )	NF	
<i>diclofenac potassium tabs</i>	F	
<i>diclofenac sodium tb24</i>	F	
<i>diclofenac sodium tbec</i>	F	
EC-NAPROSYN TBEC ( <i>naproxen</i> )	NF	
<i>etodolac caps</i>	F	
<i>etodolac tabs</i>	F	
<i>etodolac tb24</i>	F	
FELDENE CAPS ( <i>piroxicam</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>fenoprofen calcium tabs 600 mg</i>	F	
<i>flurbiprofen tabs 100 mg, 50 mg</i>	F	
FLURBIPROFEN TABS 50 MG ( <i>flurbiprofen</i> )	F	
<i>ibuprofen caps 200 mg</i>	F	
<i>ibuprofen susp 100 mg/5ml</i>	F	RX/OTC
<i>ibuprofen tabs 200 mg, 400 mg, 600 mg, 800 mg</i>	F	
INDOCIN SUPP ( <i>indomethacin</i> )	F	
INDOCIN SUSP ( <i>indomethacin</i> )	F	
<i>indomethacin caps 25 mg, 50 mg</i>	F	
<i>indomethacin cpcr 75 mg</i>	F	
INFANTS ADVIL SUSP ( <i>ibuprofen</i> )	NF	
<i>ketoprofen caps or 50 mg, 75 mg</i>	F	
<i>ketoprofen cp24 or 200 mg</i>	F	
<i>ketorolac tromethamine tabs or 10 mg</i>	F	QL(20 ea per 30 days retail); AL(At least 17 yrs old)
LODINE TABS ( <i>etodolac</i> )	NF	
<i>meclofenamate sodium caps</i>	F	
<i>meloxicam tabs</i>	F	
MOBIC TABS ( <i>meloxicam</i> )	NF	
MOTRIN CHILDRENS CHEW ( <i>ibuprofen</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
MOTRIN INFANTS DROPS SUSP ( <i>ibuprofen</i> )	NF	
<i>nabumetone tabs</i>	F	
NALFON TABS 600 MG ( <i>fenoprofen calcium</i> )	NF	
NAPROSYN SUSP ( <i>naproxen</i> )	NF	
NAPROSYN TABS ( <i>naproxen</i> )	NF	
<i>naproxen sodium caps 220 mg</i>	F	
<i>naproxen sodium tabs 220 mg, 275 mg, 550 mg</i>	F	
<i>naproxen susp</i>	F	
<i>naproxen tabs</i>	F	
<i>oxaprozin tabs</i>	F	
<i>piroxicam caps</i>	F	
<i>sulindac tabs</i>	F	
<i>tolmetin sodium caps</i>	F	
<i>tolmetin sodium tabs</i>	F	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS ( <i>apremilast</i> )	F	PA; SP
OTEZLA TBPK ( <i>apremilast</i> )	F	PA; SP
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA TABS ( <i>leflunomide</i> )	NF	
<i>leflunomide tabs</i>	F	
<b>Selective Costimulation Modulators</b>		
ORENCIA CLICKJECT SOAJ ( <i>abatacept</i> )	F	PA; SP- AcariaHealth;S P

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Drug Name	Drug Tier	Requirements/ Limits
ORENCIA SOLR ( <i>abatacept</i> )	F	PA; SP- AcariaHealth;S P
ORENCIA SOSY ( <i>abatacept</i> )	F	PA; SP- AcariaHealth;S P
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT ( <i>etanercept</i> )	F	PA; SP- AcariaHealth;S P
ENBREL SOLR 25 MG ( <i>etanercept</i> )	F	PA; SP- AcariaHealth;S P
ENBREL SOSY 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	F	PA; SP- AcariaHealth;S P
ENBREL SURECLICK SOAJ ( <i>etanercept</i> )	F	PA; SP- AcariaHealth;S P
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
(Butalbital-Acetaminophen) BUPAP, TENCON TABS	F	
(Butalbital-Acetaminophen- Caffeine) ESGIC, PHRENILIN FORTE, ZEBUTAL CAPS	F	
<i>butalbital- acetaminophen tabs 325 mg-50 mg</i>	F	
<i>butalbital- acetaminophen- caffeine caps 325 mg- 40 mg-50 mg</i>	F	
<i>butalbital- acetaminophen- caffeine tabs 325 mg- 40 mg-50 mg</i>	F	
<i>butalbital-aspirin- caffeine caps</i>	F	
BUTALBITAL/ACETAMINO PHEN CAPS ( <i>butalbital- acetaminophen</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
BUTALBITAL/ASPIRIN/CA FFEINE TABS ( <i>butalbital-aspirin- caffeine</i> )	F	
ESGIC TABS ( <i>butalbital- acetaminophen- caffeine</i> )	NF	
FIORINAL CAPS ( <i>butalbital-aspirin- caffeine</i> )	NF	
<b>Analgesics Other</b>		
(Acetaminophen) ACETAMINOPHEN JUNIOR STRENGTH, ACETAMINOPHEN RAPID TABSCHILDRENS, CHILDRENS PAIN RELIEVER, EQ ACETAMINOPHEN JUNIOR, EQL ACETAMINOPHEN, EQL ACETAMINOPHEN RAPID TABS, GNP CHILDRENS EASY-MELTS, HM RAPID MELTS JUNIOR, QC NON- ASPIRIN JR STRENGTH, RA ACETAMINOPHEN RAPID MELTS CHILDRENS, RA ACETAMINOPHEN RAPID MELTS JUNIOR, SB CHILDRENS NON- ASPIRIN, SB NON- ASPIRIN JR STRENGTH, SM RAPID MELTS JUNIOR, TGT ACETAMINOPHEN MELTS CHILDRENS, TGT PAIN RELIEVER JR STRENGTH MELTS TBDP	F	AL(Up to 21 yrs old )
(Acetaminophen) APRA, CHILDRENS ASPIRIN FREE, MEDI-TABS CHILDRENS, PAIN RELIEF CHILDRENS ELIX	F	

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(Acetaminophen) AUROPHEN CHILDRENS, BETATEMP CHILDRENS, CVS INFANTS PAIN RELIEF, CVS PAIN & FEVER CHILDRENS, CVS PAIN & FEVER INFANTS, EQ PAIN & FEVER INFANTS, EQL ACETAMINOPHEN CHILDRENS, EQL ACETAMINOPHEN INFANTS, EQL CHILDRENS PAIN RELIEF, GNP INFANTS PAIN RELIEF, GNP INFANTS PAIN/FEVER, GNP PAIN & FEVER CHILDRENS, GNP PAIN & FEVER INFANTS, GOODSENSE PAIN & FEVER CHILDRENS, GOODSENSE PAIN & FEVER INFANTS, HM PAIN & FEVER CHILDRENS, HM PAIN & FEVER INFANTS, INFANTS PAIN & FEVER, NON-ASPIRIN CHILDRENS, NORTEMP, PAIN & FEVER CHILDRENS DYE-FREE, PAIN & FEVER CHILDRENS/DYE-FREE, PAIN & FEVER INFANTS, PAIN RELIEF CHILDRENS, PANADOL CHILDRENS, PANADOL INFANT, PEDIACARE CHILDREN, PEDIACARE FEVER REDUCER/PAIN RELIEVER/INFANT, PEDIACARE INFANTS, PX CHILDRENS PAIN RELIEF, QC PAIN RELIEF CHILDRENS, QC PAIN RELIEF INFANTS, RA CHILDRENS FEVER REDUCER & PAIN RELIEVER, RA CHILDRENS NON- ASPIRIN, RA FEVER	F	

Drug Name	Drug Tier	Requirements/ Limits
REDUCER & PAIN RELIEVER INFANTS, RA FEVER REDUCER/PAIN RELIEVER CHILDRENS, RA FEVER REDUCER/PAIN RELIEVER INFANTS, SB PAIN RELIEVER CHILDRENS, SM PAIN & FEVER CHILDRENS, SM PAIN & FEVER INFANTS, TGT ACETAMINOPHEN CHILDRENS, TGT CHILDRENS ACETAMINOPHEN SUSP		
(Acetaminophen) CHILDRENS ACETAMINOPHEN, CHILDRENS NON- ASPIRIN, CVS PAIN RELIEF CHILDRENS, EQ ACETAMINOPHEN CHILDRENS, EQ PAIN & FEVER CHILDRENS, MAPAP CHILDRENS, PAIN & FEVER CHILDRENS, QC NON- ASPIRIN CHILDRENS SUSP 160 MG/5ML	F	
(Acetaminophen) CHILDRENS ACETAMINOPHEN, EQ ACETAMINOPHEN CHILDRENS TBDP 80 MG	F	AL(Up to 21 yrs old )

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Acetaminophen) CHILDRENS APAP, CHILDRENS MEDI-TABS, CHILDRENS PAIN RELIEVER, CHILDRENS TACTINAL, CVS CHILDS NON-ASPIRIN, CVS NON-ASPIRIN CHILDRENS, EQ CHILDRENS PAIN RELIEVER, EQ PAIN RELIEVER JUNIOR, GNP PAIN RELIEF, HM ACETAMINOPHEN CHILDRENS, MEDI-TABS JUNOR STRENGTH, MEIJER JR STRENGTH ASPIRIN FREE, NON-ASPIRIN JUNIOR STRENGTH, RA ACETAMINOPHEN CHILDRENS, SB NON-ASPIRIN CHEW	F	AL(Up to 21 yrs old )	(Acetaminophen) CVS PAIN RELIEF CHILDRENS, EQ PAIN & FEVER CHILDRENS, PAIN & FEVER CHILDRENS, QC NON-ASPIRIN CHILDRENS CHEW 160 MG	F	AL(Up to 21 yrs old )
(Acetaminophen) CHILDRENS NON-ASPIRIN CHEW 80 MG	F	AL(Up to 21 yrs old )	(Acetaminophen) MAPAP CHILDRENS CHEW 160 MG, 80 MG	F	AL(Up to 21 yrs old )
(Acetaminophen) CHILDRENS SILAPAP, ED-APAP, LIQUID ACETAMINOPHEN, LIQUID PAIN RELIEF, LITTLE REMEDIES FEVER/PAIN RELIEVER CHILDRENS, LITTLE REMEDIES FOR FEVERS FEVER/PAIN RELIEVER CHILDRENS, LITTLE REMEDIES FOR FEVERS FEVER/PAIN RELIEVER INFANT, M-PAP, MAPAP LIQD	F		(Acetaminophen) PAIN & FEVER CHILDRENS SOLN 160 MG/5ML	F	
(Acetaminophen) CVS FEVER REDUCING CHILDRENS, FEVER REDUCER CHILDRENS, FEVERALL CHILDRENS, PAIN RELIEVER/FEVER REDUCER CHILDRENS SUPP	F		<b>acetaminophen chew or 160 mg</b>	F	AL(Up to 21 yrs old )
			<b>acetaminophen elix or 160 mg/5ml</b>	F	
			<b>acetaminophen liqd or 160 mg/5ml</b>	F	
			<b>acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</b>	F	
			<b>acetaminophen supp re 120 mg</b>	F	
			<b>acetaminophen susp or 160 mg/5ml, 650 mg/20.3ml</b>	F	
			FEVERALL INFANTS SUPP ( <b>acetaminophen</b> )	F	AL(Up to 21 yrs old )
			NORTEMP INFANTS SUSP ( <b>acetaminophen</b> )	F	
			TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW ( <b>acetaminophen</b> )	NF	AL(Up to 21 yrs old )
			TYLENOL CHILDRENS SUSP ( <b>acetaminophen</b> )	NF	
			TYLENOL INFANTS PAIN+FEVER SUSP ( <b>acetaminophen</b> )	NF	
			TYLENOL INFANTS SUSP ( <b>acetaminophen</b> )	NF	

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<b>Salicylates</b>		
(Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide)) CVS BUFFERED ASPIRIN, EQ BUFFERED ASPIRIN, RA TRI-BUFFERED ASPIRIN, SM ASPIRIN TRI-BUFFERED, TRI-BUFFERED ASPIRIN TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIR-LOW, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRTAB, BAYER ASPIRIN, BAYER ASPIRIN EC LOW DOSE, BAYER ASPIRIN REGIMEN, BAYER LOW DOSE, CVS ASPIRIN, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, EC-81 ASPIRIN, ECOTRIN, ECOTRIN LOW STRENGTH, ECPirin, EQ ADULT ASPIRIN LOW STRENGTH, EQ ASPIRIN, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN EC, EQ ASPIRIN LOW DOSE, EQL ASPIRIN EC, EQL ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN, HM ASPIRIN EC, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN EC, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MEIJER ASPIRIN EC, MINIPRIN LOW DOSE, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ASPIRIN LOW DOSE, QC ENTERIC ASPIRIN, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB ASPIRIN, SB ASPIRIN ADULT LOW STRENGTH, SB ASPIRIN	F	

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Drug Name	Drug Tier	Requirements/ Limits
EC, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN ENTERIC COATED, ST JOSEPH ASPIRIN, TGT ASPIRIN, TGT ASPIRIN LOW DOSE, TGT ENTERIC-COATED ASPIRIN TBEC		

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, ASPIRIN LOW STRENGTH, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CHILDRENS ASPIRIN LOW STRENGTH, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQ CHILDRENS ASPIRIN, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, RA CHILDRENS ASPIRIN, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN, TGT ASPIRIN, TGT CHILDRENS ASPIRIN CHEW	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN ADULT, ASPIRTAB MAXIMUM STRENGTH, BAYER ADVANCED ASPIRIN EXTRA STRENGTH, BAYER ADVANCED ASPIRIN REGULAR STRENGTH, BAYER ASPIRIN, BAYER ASPIRIN EXTRA STRENGTH, CVS ASPIRIN, EQ ASPIRIN, EQL ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN, MEDIQUE ASPIRIN, MM ASPIRIN, NORWICH ASPIRIN, PX ASPIRIN, QC ASPIRIN, RA PAIN RELIEF ASPIRIN, SB ASPIRIN, SM ASPIRIN, TGT ASPIRIN TABS	F	
(Aspirin) RA ASPIRIN TABS 325 MG	F	
<b>aspirin buffered (cal carb-mag carb-mag oxide) tabs</b>	F	
<b>aspirin chew or 81 mg</b>	F	
ASPIRIN SUPP RE 300 MG, 600 MG ( <b>aspirin</b> )	F	
<b>aspirin tabs or 325 mg</b>	F	
<b>aspirin tbec or 325 mg, 81 mg</b>	F	
BUFFERIN EXTRA STRENGTH TABS ( <b>aspirin buffered (cal carb-mag carb-mag oxide)</b> )	F	
BUFFERIN LOW DOSE TABS ( <b>aspirin buffered (cal carb-mag carb-mag oxide)</b> )	F	
BUFFERIN TABS ( <b>aspirin buffered (cal carb-mag carb-mag oxide)</b> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
<b>diflunisal tabs</b>	F	
ECOTRIN MAXIMUM STRENGTH TBEC ( <b>aspirin</b> )	NF	
ECOTRIN REGULAR STRENGTH TBEC ( <b>aspirin</b> )	NF	
<b>salsalate tabs</b>	F	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
(Methadone Hcl) METHADONE HCL INTENSOL CONC	F	PA; QL(3 ml daily)
(Methadone Hcl) METHADOSE TBSO 40 MG	F	PA; QL(1 ea daily)
(Morphine Sulfate) DURAMORPH SOLN	F	PA; QL(10 ml daily)
CODEINE SULFATE TABS 15 MG, 60 MG ( <b>codeine sulfate</b> )	F	QL(6 ea daily)
<b>codeine sulfate tabs 30 mg, 60 mg</b>	F	QL(6 ea daily)
CONZIP CP24 ( <b>tramadol hcl</b> )	NF	QL(1 ea daily)
DILAUDID LIQD OR 1 MG/ML ( <b>hydromorphone hcl</b> )	NF	QL(20 ml daily)
DILAUDID TABS OR 2 MG, 4 MG ( <b>hydromorphone hcl</b> )	NF	QL(6 ea daily)
DILAUDID TABS OR 8 MG ( <b>hydromorphone hcl</b> )	NF	QL(3 ea daily)
DOLOPHINE TABS 10 MG ( <b>methadone hcl</b> )	NF	PA; QL(3 ea daily)
DOLOPHINE TABS 5 MG ( <b>methadone hcl</b> )	NF	PA; QL(6 ea daily)
DURAGESIC PT72 ( <b>fentanyl</b> )	NF	QL(0.34 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
EXALGO TB24 12 MG, 16 MG, 8 MG ( <i>hydromorphone hcl</i> )	NF	QL(1 ea daily)
<i>fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	F	QL(0.34 ea daily)
FENTORA TABS 100 MCG ( <i>fentanyl citrate</i> )	NF	QL(4 ea daily)
FENTORA TABS 200 MCG ( <i>fentanyl citrate</i> )	NF	QL(3 ea daily)
FENTORA TABS 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )	NF	QL(2 ea daily)
<i>hydromorphone hcl liqd or 1 mg/ml</i>	F	QL(20 ml daily)
HYDROMORPHONE HCL SUPP RE 3 MG ( <i>hydromorphone hcl</i> )	F	QL(4 ea daily)
<i>hydromorphone hcl tabs or 2 mg, 4 mg</i>	F	QL(6 ea daily)
<i>hydromorphone hcl tabs or 8 mg</i>	F	QL(3 ea daily)
<i>hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg</i>	F	QL(1 ea daily)
KADIAN CP24 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG ( <i>morphine sulfate</i> )	NF	QL(1 ea daily)
KADIAN CP24 200 MG ( <i>morphine sulfate</i> )	F	QL(1 ea daily)
<i>meperidine hcl soln or 50 mg/5ml</i>	F	QL(16 ml daily)
<i>meperidine hcl tabs or 100 mg, 50 mg</i>	F	QL(6 ea daily)
<i>methadone hcl conc or 10 mg/ml</i>	F	PA; QL(3 ml daily)
<i>methadone hcl soln or 10 mg/5ml</i>	F	PA; QL(15 ml daily)
<i>methadone hcl soln or 5 mg/5ml</i>	F	PA; QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tabs or 10 mg</i>	F	PA; QL(3 ea daily)
<i>methadone hcl tabs or 5 mg</i>	F	PA; QL(6 ea daily)
<i>methadone hcl tbso or 40 mg</i>	F	PA; QL(1 ea daily)
METHADOSE CONC 10 MG/ML ( <i>methadone hcl</i> )	NF	PA; QL(3 ml daily)
METHADOSE SUGAR-FREE CONC ( <i>methadone hcl</i> )	NF	PA; QL(3 ml daily)
<i>morphine sulfate beads cp24</i>	F	QL(1 ea daily)
<i>morphine sulfate cp24 or 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	F	QL(1 ea daily)
MORPHINE SULFATE DEVI IM 10 MG/0.7ML ( <i>morphine sulfate</i> )	F	PA; QL(6 ml daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	F	PA; QL(10 ml daily)
MORPHINE SULFATE SOLN IJ 1 MG/ML ( <i>morphine sulfate</i> )	F	PA; QL(10 ml daily)
<i>morphine sulfate soln ij 10 mg/ml</i>	F	PA; QL(9 ml daily)
MORPHINE SULFATE SOLN IJ 10 MG/ML ( <i>morphine sulfate</i> )	F	PA; QL(9 ml daily)
MORPHINE SULFATE SOLN IJ 2 MG/ML ( <i>morphine sulfate</i> )	F	PA; QL(24 ml daily)
MORPHINE SULFATE SOLN IJ 2 MG/ML ( <i>morphine sulfate</i> )	F	PA; QL(25 ml daily)
MORPHINE SULFATE SOLN IJ 4 MG/ML ( <i>morphine sulfate</i> )	F	PA; QL(22 ml daily)
MORPHINE SULFATE SOLN IJ 5 MG/ML ( <i>morphine sulfate</i> )	F	PA; QL(18 ml daily)

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<b><i>morphine sulfate soln ij 8 mg/ml</i></b>	F	PA; QL(11 ml daily)
MORPHINE SULFATE SOLN IJ 8 MG/ML ( <b><i>morphine sulfate</i></b> )	F	PA; QL(11 ml daily)
MORPHINE SULFATE SOLN IV 0.5 MG/ML, 2 MG/ML ( <b><i>morphine sulfate</i></b> )	F	PA; QL(10 ml daily)
<b><i>morphine sulfate soln iv 1 mg/ml</i></b>	F	PA; QL(30 ml daily)
<b><i>morphine sulfate soln iv 10 mg/ml</i></b>	F	PA; QL(9 ml daily)
MORPHINE SULFATE SOLN IV 10 MG/ML ( <b><i>morphine sulfate</i></b> )	NF	PA; QL(9 ml daily)
MORPHINE SULFATE SOLN IV 150 MG/30ML ( <b><i>morphine sulfate</i></b> )	F	PA; QL(18 ml daily)
<b><i>morphine sulfate soln iv 25 mg/ml</i></b>	F	PA; QL(3 ml daily)
<b><i>morphine sulfate soln iv 4 mg/ml</i></b>	F	PA; QL(22 ml daily)
MORPHINE SULFATE SOLN IV 4 MG/ML ( <b><i>morphine sulfate</i></b> )	NF	PA; QL(22 ml daily)
<b><i>morphine sulfate soln iv 50 mg/ml</i></b>	F	PA; QL(1 ml daily)
<b><i>morphine sulfate soln iv 8 mg/ml</i></b>	F	PA; QL(11 ml daily)
MORPHINE SULFATE SOLN IV 8 MG/ML ( <b><i>morphine sulfate</i></b> )	NF	PA; QL(11 ml daily)
<b><i>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml</i></b>	F	QL(16 ml daily)
<b><i>morphine sulfate soln or 100 mg/5ml, 20 mg/ml</i></b>	F	QL(4 ml daily)
<b><i>morphine sulfate suppre 10 mg, 5 mg</i></b>	F	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b><i>morphine sulfate suppre 20 mg</i></b>	F	QL(4 ea daily)
<b><i>morphine sulfate suppre 30 mg</i></b>	F	QL(3 ea daily)
<b><i>morphine sulfate tabs or 15 mg</i></b>	F	QL(6 ea daily)
<b><i>morphine sulfate tabs or 30 mg</i></b>	F	QL(3 ea daily)
<b><i>morphine sulfate tbcr or 100 mg, 200 mg, 60 mg</i></b>	F	QL(2 ea daily)
<b><i>morphine sulfate tbcr or 15 mg, 30 mg</i></b>	F	QL(3 ea daily)
MS CONTIN TBCR 100 MG, 200 MG, 60 MG ( <b><i>morphine sulfate</i></b> )	NF	QL(2 ea daily)
MS CONTIN TBCR 15 MG, 30 MG ( <b><i>morphine sulfate</i></b> )	NF	QL(3 ea daily)
NUCYNTA ER TB12 ( <b><i>tapentadol hcl</i></b> )	F	PA; QL(2 ea daily)
OXAYDO TABS 5 MG ( <b><i>oxycodone hcl</i></b> )	F	QL(6 ea daily)
<b><i>oxycodone hcl caps 5 mg</i></b>	F	QL(6 ea daily)
<b><i>oxycodone hcl conc 100 mg/5ml</i></b>	F	QL(3 ml daily)
<b><i>oxycodone hcl soln 5 mg/5ml</i></b>	F	QL(30 ml daily)
<b><i>oxycodone hcl t12a 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i></b>	F	PA; QL(2 ea daily)
<b><i>oxycodone hcl tabs 10 mg, 5 mg</i></b>	F	QL(6 ea daily)
<b><i>oxycodone hcl tabs 15 mg</i></b>	F	QL(4 ea daily)
<b><i>oxycodone hcl tabs 20 mg</i></b>	F	QL(3 ea daily)
<b><i>oxycodone hcl tabs 30 mg</i></b>	F	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN T12A 10 MG, 15 MG, 60 MG, 80 MG ( <i>oxycodone hcl</i> )	NF	QL(2 ea daily)
OXYCONTIN T12A 20 MG, 30 MG, 40 MG ( <i>oxycodone hcl</i> )	NF	PA; QL(2 ea daily)
ROXICODONE TABS 15 MG ( <i>oxycodone hcl</i> )	NF	QL(4 ea daily)
ROXICODONE TABS 30 MG ( <i>oxycodone hcl</i> )	NF	QL(2 ea daily)
ROXICODONE TABS 5 MG ( <i>oxycodone hcl</i> )	NF	QL(6 ea daily)
<i>tramadol hcl tabs 50 mg</i>	F	QL(8 ea daily)
ULTRAM TABS ( <i>tramadol hcl</i> )	NF	QL(8 ea daily)
<b>Opioid Combinations</b>		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE CAPS	F	QL(4 ea daily)
(Hydrocodone-Acetaminophen) LORCET, LORCET HD, LORCET PLUS TABS	F	QL(8 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 10 MG-325 MG, 325 MG-5 MG, 325 MG-7.5 MG	F	QL(6 ea daily)
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	F	QL(30 ml daily)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 300 mg-60 mg</i>	F	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i>	F	QL(4 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FIORICET/CODEINE CAPS ( <i>butalbital-acetaminophen-caffeine w/ codeine</i> )	NF	QL(4 ea daily)
FIORINAL/CODEINE #3 CAPS ( <i>butalbital-aspirin-caffeine w/cod</i> )	NF	QL(4 ea daily)
<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>	F	QL(90 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 10 mg-325 mg, 300 mg-5 mg, 300 mg-7.5 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	F	QL(8 ea daily)
NORCO TABS ( <i>hydrocodone-acetaminophen</i> )	NF	QL(8 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	F	QL(6 ea daily)
<i>oxycodone-aspirin tabs</i>	F	QL(6 ea daily)
PERCOCET TABS 10 MG-325 MG, 325 MG-5 MG, 325 MG-7.5 MG ( <i>oxycodone w/ acetaminophen</i> )	NF	QL(6 ea daily)
ROXICET SOLN ( <i>oxycodone w/ acetaminophen</i> )	F	QL(30 ml daily)
<i>tramadol-acetaminophen tabs</i>	F	QL(4 ea daily); AL(At least 18 yrs old)
TYLENOL/CODEINE #3 TABS ( <i>acetaminophen w/ codeine</i> )	NF	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TYLENOL/CODEINE #4 TABS ( <i>acetaminophen w/ codeine</i> )	NF	QL(6 ea daily)
ULTRACET TABS ( <i>tramadol-acetaminophen</i> )	NF	QL(4 ea daily); AL(At least 18 yrs old)
<b>Opioid Partial Agonists</b>		
BELBUCA FILM ( <i>buprenorphine hcl</i> )	CO	
BUNAVAIL FILM ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	CO	
BUPRENEX SOLN ( <i>buprenorphine hcl</i> )	CO	
<i>buprenorphine hcl soln</i>	CO	
<i>buprenorphine hcl subl</i>	CO	
<i>buprenorphine hcl-naloxone hcl dihydrate film</i>	CO	
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	CO	
<i>buprenorphine ptwk</i>	CO	
BUTRANS PTWK ( <i>buprenorphine</i> )	CO	
PROBUPHINE IMPLANT KIT IMPL ( <i>buprenorphine hcl</i> )	CO	
SUBLOCADE SOSY ( <i>buprenorphine</i> )	CO	
SUBOXONE FILM ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	CO	
ZUBSOLV SUBL ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	CO	
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>oxandrolone tabs</i>	F	
<b>Androgens</b>		
ANDRODERM PT24 ( <i>testosterone</i> )	F	QL(1 ea daily)
ANDROGEL GEL ( <i>testosterone</i> )	NF	
ANDROGEL PUMP GEL ( <i>testosterone</i> )	NF	
<i>danazol caps</i>	F	
DEPO-TESTOSTERONE SOLN 100 MG/ML ( <i>testosterone cypionate</i> )	NF	PA
DEPO-TESTOSTERONE SOLN 200 MG/ML ( <i>testosterone cypionate</i> )	NF	QL(0.134 ml daily)
METHITEST TABS ( <i>methyltestosterone</i> )	F	
<i>methyltestosterone caps</i>	F	
TESTIM GEL ( <i>testosterone</i> )	NF	
<i>testosterone cypionate soln ij 200 mg/ml</i>	F	QL(0.134 ml daily)
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML ( <i>testosterone cypionate</i> )	F	QL(0.134 ml daily)
<i>testosterone cypionate soln im 100 mg/ml</i>	F	PA
<i>testosterone cypionate soln im 200 mg/ml</i>	F	QL(0.134 ml daily)
<i>testosterone gel 1 %, 1.62 %, 20.25 mg/1.25gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 50 mg/5gm</i>	F	
VOGELXO GEL ( <i>testosterone</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
VOGELXO PUMP GEL ( <i>testosterone</i> )	F	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
(Hydrocortisone (Intrarectal)) COLOCORT ENEM	F	
CORTENEMA ENEM ( <i>hydrocortisone (intrarectal)</i> )	NF	
CORTIFOAM FOAM ( <i>hydrocortisone acetate (intrarectal)</i> )	F	
<i>hydrocortisone (intrarectal) enem</i>	F	
<b>Rectal Combinations</b>		
(Lidocaine-Hydrocortisone Acetate (Rectal)) LIDOCORT CREA	F	
(Phenylephrine-Shark Liver Oil-Cocoa Butter) HEMORRHOIDAL SUPPOSITORIES, PX HEMORRHOIDAL, RA HEMORRHOIDAL SUPP 0.25 %-3 %-85.5 %	F	
(Phenylephrine-Shark Liver Oil-Cocoa Butter) HEMORRHOIDAL SUPPOSITORIES, PX HEMORRHOIDAL, RA HEMORRHOIDAL SUPP RE 0.25 %-3 %-85.5 %	F	
(Phenylephrine-Shark Liver Oil-Mineral Oil-Petrolatum) PX HEMORRHOIDAL, RA HEMORRHOIDAL OINT RE 0.25 %-14 %-3 %-71.9 %	F	QL(60 gm per fill retail)
(Phenylephrine-Shark Liver Oil-Mineral Oil-Petrolatum) SB HEMORRHOID OINT RE	F	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ANALPRAM-HC CREA 1 %-1 % ( <i>hydrocortisone acetate w/ pramoxine</i> )	NF	
ANALPRAM-HC LOTN 1 %-2.5 % ( <i>hydrocortisone acetate w/ pramoxine</i> )	F	
<i>hydrocortisone acetate w/ pramoxine crea</i>	F	
<i>lidocaine-hydrocortisone acetate (rectal) crea ex 0.5 %-3 %</i>	F	
<i>lidocaine-hydrocortisone acetate (rectal) kit re 0.5 %-3 %, 1 %-3 %, 2.5 %-3 %</i>	F	QL(2 ea per fill retail)
PROCTOFOAM HC FOAM ( <i>hydrocortisone acetate w/ pramoxine</i> )	F	
<b>Rectal Local Anesthetics</b>		
<i>pramoxine hcl (rectal) foam</i>	F	
PROCTOFOAM FOAM ( <i>pramoxine hcl (rectal)</i> )	NF	
<b>Rectal Steroids</b>		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTO-PAK, PROCTOSOL HC, PROCTOZONE-HC CREA	F	
ANUSOL-HC CREA ( <i>hydrocortisone (rectal)</i> )	NF	
<i>hydrocortisone (rectal) crea</i>	F	
PROCTOCORT CREA ( <i>hydrocortisone (rectal)</i> )	NF	
<b>Vasodilating Agents</b>		
RECTIV OINT ( <i>nitroglycerin (intra-anal)</i> )	F	

## ANTACIDS

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Drug Name	Drug Tier	Requirements/Limits
Antacid Combinations		

Drug Name	Drug Tier	Requirements/Limits
(Alum & Mag Hydrox-Simethicone) ALMACONE, ALMACONE DOUBLE STRENGTH, ALUMINA/MAGNESIA/SIMETHICONE, ANTACID + ANTI-GAS LIQUID MAXIMUM STRENGTH, ANTACID ADVANCED, ANTACID ANTI-GAS, ANTACID ANTI-GAS MAXIMUMSTRENGTH, ANTACID ANTI-GAS REGULARSTRENGTH, ANTACID EXTRA STRENGTH ANTI-GAS, ANTACID FAST ACTING, ANTACID FAST RELIEF, ANTACID I, ANTACID III, ANTACID LIQUID, ANTACID M, ANTACID MAXIMUM STRENGTH, ANTACID PLUS ANTI-GAS FAST ACTING, ANTACID PLUS ANTI-GAS RELIEF, ANTACID PLUS ANTI-GAS RELIEF MAXIMUM STRENGTH, ANTACID REGULAR STRENGTH, ANTACID/ANTI-GAS, ANTACID/SIMETHICONE DOUBLE STRENGTH, COMFORT GEL, COMFORT GEL ANTACID ANTI-GAS, COMFORT GEL ANTACID ANTI-GAS MAXIMUM STRENGTH, COMFORT GEL ANTACID& ANTI-GAS, CVS ANTACID PLUS ANTIGAS, CVS ANTACID/ANTI-GAS, CVS ANTACID/ANTI-GAS LIQUID, EQ ANTACID, EQ ANTACID MAXIMUM STRENGTH, EQ ANTACID/ANTI-GAS, EQL ANTACID ADVANCED MAXIMUM STRENGTH, EQL ANTACID/ANTI-GAS, FAST ACTING ANTACID PLUSANTI-GAS	F	

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Drug Name	Drug Tier	Requirements/ Limits
MAXIMUM STRENGTH, GERI-LANTA, GERI-MOX, GNP ANTACID & ANTI-GAS/REGULAR STRENGTH, GNP ANTACID AND ANTI-GAS/MAXIMUM STRENGTH, GNP ANTACID ANTI-GAS, GNP ANTACID ANTI-GAS/MAXIMUM STRENGTH, GNP ANTACID MAXIMUM STRENGTH, GNP ANTACID/REGULAR STRENGTH, GNP MASANTI MAXIMUM STRENGTH, GNP MASANTI REGULAR STRENGTH, HM ADVANCED ANTACID MAXIMUM STRENGTH, HM ANTACID, HM ANTACID ANTI-GAS EXTRASTRENGTH, HM ANTACID/ANTIGAS, MAALOX MULTI SYMPTOM MAXIMUM STRENGTH, MEIJER ANTACID ANTI-GAS, MEIJER ANTACID MAXIMUM STRENGTH, MI-ACID MAXIMUM STRENGTH, MILANTEX, MILANTEX EXTRA STRENGTH, MINTOX, MINTOX MAXIMUM STRENGTH, MINTOX REGULAR STRENGTH, MYLANTA MAXIMUM STRENGTH, PX ANTACID REGULAR STRENGTH, QC ANTACID, QC ANTACID/ANTI-GAS, QC ANTACID/ANTI-GAS MAXIMUM STRENGTH, RA ANTACID/ANTI-GAS, RA ANTACID/ANTIGAS MAXIMUM STRENGTH, RA ANTACID/GAS RELIEF MAXIMUM STRENGTH, RA LIQUID ANTACID,		

Drug Name	Drug Tier	Requirements/ Limits
RULOX, SB ANTACID ANTI-GAS, SM ANTACID ADVANCED, SM ANTACID ADVANCED MAXIMUM STRENGTH, SM ANTACID ANTI-GAS, SM ANTACID MAXIMUM STRENGTH, SM ANTACID/ANTIGAS, TGT ANTACID ANTI-GAS REGULAR STRENGTH SUSP		
(Alum & Mag Hydrox-Simethicone) ANTACID SUSP 0.2 %-40 MG/10ML-400 MG/10ML-400 MG/10ML, 20 MG/5ML-200 MG/5ML-200 MG/5ML, 40 MG/5ML-400 MG/5ML-400 MG/5ML	F	
(Alum & Mag Hydrox-Simethicone) MAALOX MAX, PX ANTACID MAXIMUM STRENGTH SUSP 40 MG/5ML-400 MG/5ML-400 MG/5ML	F	
(Alum & Mag Hydrox-Simethicone) MAG-AL PLUS, MAG-AL PLUS XS LIQD	F	
(Alum & Mag Hydrox-Simethicone) MI-ACID SUSP 20 MG/5ML-200 MG/5ML-200 MG/5ML	F	
(Alum & Mag Hydrox-Simethicone) MINTOX PLUS CHEW	F	
(Aluminum Hydroxide-Mag Trisil) GNP FOAMING ANTACID CHEW 20 MG-80 MG	F	
(Aluminum Hydroxide-Mag Trisil) SM FOAMING ANTACID CHEW	F	
<b>alum &amp; mag hydrox-simethicone susp</b>	F	
GELUSIL CHEW ( <b>alum &amp; mag hydrox-simethicone</b> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP ( <i>aluminum &amp; magnesium hydroxide simethicone</i> )	NF	
<b>Antacids - Aluminum Salts</b>		
ALUMINUM HYDROXIDE SUSP ( <i>aluminum hydroxide gel</i> )	F	
<b>Antacids - Bicarbonate</b>		
<i>sodium bicarbonate (antacid) tabs</i>	F	
<b>Antacids - Calcium Salts</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Calcium Carbonate (Antacid)) ANTACID CALCIUM EXTRA STRENGTH, ANTACID CALCIUM REGULAR STRENGTH, ANTACID FLAVOR CHEWS, ANTACID MAXIMUM, CAL-GEST ANTACID, CALCIUM ANTACID, CALCIUM ANTACID EXTRA STRENGTH, CALCIUM ANTACID ULTRA MAXIMUM STRENGTH, CALCIUM ANTACID ULTRA STRENGTH, CHILDRENS PEPTO, CHILDRENS SOOTHE, CVS ANTACID EXTRA, CVS ANTACID EXTRA STRENGTH, CVS ANTACID KIDS, CVS ANTACID MAXIMUM STRENGTH, CVS ANTACID ULTRA STRENGTH, CVS CHEWY NOT CHALKY FLAVOR CHEWS, CVS SMOOTH ANTACID EXTRASTRENGTH, EQ ANTACID, EQ ANTACID ULTRA STRENGTH, EQL ANTACID, EQL ANTACID EXTRA STRENGTH, EQL ANTACID ULTRA STRENGTH, GNP ANTACID ULTRA STRENGTH, GOODSENSE ANTACID/EXTRA STRENGTH, GOODSENSE ANTACID/REGULAR STRENGTH, GOODSENSE ANTACID/ULTRA STRENGTH, HEALTHY MAMA TAME THE FLAME, HM CALCIUM ANTACID, HM CALCIUM ANTACID EXTRASTRENGTH, HM CALCIUM ANTACID	F	

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Drug Name	Drug Tier	Requirements/ Limits
SMOOTHDISSOLVE, HM CALCIUM ANTACID SMOOTHDISSOLVE EXTRA STRENGTH, HM CALCIUM ANTACID ULTRASTRENGTH, LONG LASTING ANTACID, MAALOX CHILDRENS, PX ANTACID EXTRA STRENGTH, PX CALCIUM ANTACID REGULAR STRENGTH, QC ANTACID, QC ANTACID EXTRA STRENGTH, QC ANTACID ULTRA STRENGTH, RA ANTACID, RA ANTACID EXTRA STRENGTH, RA ANTACID ULTRA STRENGTH, RA SMOOTH ANTACID EXTRA STRENGTH, RA STOMACH RELIEF KIDS, SB ANTACID, SB ANTACID EXTRA STRENGTH, SM ANTACID, SM CALCIUM ANTACID, SM CALCIUM ANTACID EXTRASTRENGTH, SM CALCIUM ANTACID ULTRASTRENGTH, SM SMOOTH ANTACID EXTRA STRENGTH, TGT ANTACID, TITRALAC, TUMS SMOOTHIES CHEW		
(Calcium Carbonate (Antacid)) ANTACID EXTRA STRENGTH, EQ ANTACID EXTRA STRENGTH, GNP ANTACID EXTRA STRENGTH, TGT ANTACID EXTRA STRENGTH CHEW 750 MG	F	
(Calcium Carbonate (Antacid)) ANTACID, GNP ANTACID CHEW 500 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate (antacid) chew</i>	F	
<i>calcium carbonate (antacid) susp</i>	F	
CALCIUM CARBONATE TABS 648 MG ( <i>calcium carbonate (antacid)</i> )	F	
MAALOX CHEW ( <i>calcium carbonate (antacid)</i> )	F	
TUMS CHEW ( <i>calcium carbonate (antacid)</i> )	NF	
TUMS CHEWY BITES CHEW ( <i>calcium carbonate (antacid)</i> )	NF	
TUMS E-X 750 CHEW ( <i>calcium carbonate (antacid)</i> )	NF	
TUMS EXTRA STRENGTH 750 CHEW ( <i>calcium carbonate (antacid)</i> )	NF	
TUMS KIDS CHEW ( <i>calcium carbonate (antacid)</i> )	NF	
TUMS LASTING EFFECTS CHEW ( <i>calcium carbonate (antacid)</i> )	NF	
TUMS SMOOTHIES CHEW ( <i>calcium carbonate (antacid)</i> )	NF	
<b>Antacids - Magnesium Salts</b>		
(Magnesium Oxide) HM MAGNESIUM TABS 400 MG	F	
<i>magnesium oxide tabs 400 mg</i>	F	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Pyrantel Pamoate) CVS PINWORM TREATMENT, PIN-AWAY, PINWORM MEDICINE SUSP	F	
(Pyrantel Pamoate) REESES PINWORM MEDICINE SUSP 144 MG/ML	F	
<b><i>albendazole tabs</i></b>	F	QL(12 ea per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
ALBENZA TABS ( <b><i>albendazole</i></b> )	NF	QL(12 ea per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
BILTRICIDE TABS ( <b><i>praziquantel</i></b> )	NF	QL(20 ea per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
EMVERM CHEW ( <b><i>mebendazole</i></b> )	F	QL(2 ea per fill retail)
<b><i>praziquantel tabs</i></b>	F	QL(20 ea per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
Anti-infective Agents - Misc.		
FLAGYL CAPS ( <b><i>metronidazole</i></b> )	NF	
FLAGYL TABS ( <b><i>metronidazole</i></b> )	NF	
IMPAVIDO CAPS ( <b><i>miltefosine</i></b> )	F	
<b><i>metronidazole caps or 375 mg</i></b>	F	
<b><i>metronidazole in nacl soln</i></b>	F	PA
METRONIDAZOLE SOLN IV 0.74 %-500 MG/100ML ( <b><i>metronidazole in nacl</i></b> )	NF	PA
METRONIDAZOLE SOLN IV 5 MG/ML ( <b><i>metronidazole</i></b> )	F	PA

Drug Name	Drug Tier	Requirements/ Limits
<b><i>metronidazole tabs or 250 mg, 500 mg</i></b>	F	
<b><i>trimethoprim tabs</i></b>	F	
<b><i>vancomycin hcl solr iv 1000 mg</i></b>	F	
<b>Anti-infective Misc. - Combinations</b>		
(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) PHOSPHASAL, URETRON D/S, URIN D/S, UROAV-81, UTIRA-C, UTRONA-C TABS	F	
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	F	
BACTRIM DS TABS ( <b><i>sulfamethoxazole-trimethoprim</i></b> )	NF	
BACTRIM TABS ( <b><i>sulfamethoxazole-trimethoprim</i></b> )	NF	
<b><i>sulfamethoxazole-trimethoprim soln iv 400 mg/5ml-80 mg/5ml</i></b>	F	PA
<b><i>sulfamethoxazole-trimethoprim susp or 200 mg/5ml-40 mg/5ml</i></b>	F	
<b><i>sulfamethoxazole-trimethoprim tabs or 160 mg-800 mg, 400 mg-80 mg</i></b>	F	
<b>Antiprotozoal Agents</b>		
<b><i>atovaquone susp</i></b>	F	QL(10 ml daily)
MEPRON SUSP ( <b><i>atovaquone</i></b> )	NF	QL(10 ml daily)
<b>Chloramphenicols</b>		
<b><i>chloramphenicol sodium succinate solr</i></b>	F	PA
<b>Cyclic Lipopeptides</b>		

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Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN SOLR ( <i>daptomycin</i> )	NF	
<b>Glycopeptides</b>		
FIRVANQ SOLR ( <i>vancomycin hcl</i> )	F	QL(300 ml per fill retail)
VANCOGIN CAPS ( <i>vancomycin hcl</i> )	NF	QL(8 ea daily)
VANCOGIN HCL CAPS ( <i>vancomycin hcl</i> )	NF	QL(4 ea daily)
<i>vancomycin hcl caps or 125 mg</i>	F	QL(4 ea daily)
<i>vancomycin hcl caps or 250 mg</i>	F	QL(8 ea daily)
<i>vancomycin hcl solr iv 1 gm, 1000 mg, 500 mg</i>	F	
<i>vancomycin hcl solr iv 10 gm, 100 gm, 5 gm, 750 mg</i>	F	PA
VANCOMYCIN HYDROCHLORIDE SOLN IV 1000 MG/10ML, 1250 MG/12.5ML, 1500 MG/15ML, 1750 MG/17.5ML, 2000 MG/20ML, 750 MG/7.5ML ( <i>vancomycin hcl</i> )	F	PA
VANCOMYCIN HYDROCHLORIDE SOLR IV 1.5 GM, 250 MG ( <i>vancomycin hcl</i> )	F	PA
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML ( <i>vancomycin hcl</i> )	F	QL(300 ml per fill retail)
<b>Leprostatics</b>		
<i>dapsone tabs or 100 mg, 25 mg</i>	F	
<b>Lincosamides</b>		
CLEOCIN CAPS OR 150 MG, 300 MG, 75 MG ( <i>clindamycin hcl</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PEDIATRIC GRANULES SOLR ( <i>clindamycin palmitate hydrochloride</i> )	NF	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML ( <i>clindamycin phosphate</i> )	NF	PA
CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML, 600 MG/4ML, 900 MG/6ML ( <i>clindamycin phosphate</i> )	F	PA
CLIN SINGLE USE KIT KIT ( <i>clindamycin phosphate</i> )	F	PA
<i>clindamycin hcl caps</i>	F	
<i>clindamycin palmitate hydrochloride solr</i>	F	
<i>clindamycin phosphate soln</i>	F	PA
<b>Oxazolidinones</b>		
SIVEXTRO TABS ( <i>tedizolid phosphate</i> )	F	PA; QL(6 ea per fill retail)
<b>Urinary Anti-infectives</b>		
FURADANTIN SUSP ( <i>nitrofurantoin</i> )	NF	
MACROBID CAPS ( <i>nitrofurantoin monohydrate macro</i> )	NF	
MACRODANTIN CAPS ( <i>nitrofurantoin macrocrystal</i> )	NF	
<i>methenamine mandelate tabs 0.5 gm, 1 gm, 500 mg</i>	F	
METHENAMINE MANDELATE TABS 1 GM ( <i>methenamine mandelate</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin macrocrystal caps</i>	F	
<i>nitrofurantoin monohyd macro caps</i>	F	
<i>nitrofurantoin susp</i>	F	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Nitrates</b>		
(Nitroglycerin) MINITRAN PT24	F	
(Nitroglycerin) NITRO-TIME CPR	F	
DILATRATE SR CPR ( <i>isosorbide dinitrate</i> )	F	
ISORDIL TITRADOSE TABS ( <i>isosorbide dinitrate</i> )	NF	
<i>isosorbide dinitrate tabs</i>	F	
<i>isosorbide dinitrate tbc</i>	F	
<i>isosorbide mononitrate tabs</i>	F	
<i>isosorbide mononitrate tb24</i>	F	
NITRO-BID OINT ( <i>nitroglycerin</i> )	F	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR ( <i>nitroglycerin</i> )	NF	
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	F	
<i>nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg</i>	F	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	F	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
NITROSTAT SUBL ( <i>nitroglycerin</i> )	NF	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>bupirone hcl tabs</i>	F	
<i>hydroxyzine hcl syr</i>	F	
<i>hydroxyzine hcl tabs</i>	F	
<i>hydroxyzine pamoate caps</i>	F	
<i>meprobamate tabs</i>	F	
VISTARIL CAPS ( <i>hydroxyzine pamoate</i> )	NF	
<b>Benzodiazepines</b>		
(Lorazepam) LORAZEPAM INTENSOL CONC	F	
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	
ATIVAN TABS ( <i>lorazepam</i> )	NF	
<i>chlordiazepoxide hcl caps</i>	F	
<i>clorazepate dipotassium tabs</i>	F	
<i>diazepam soln 5 mg/5ml</i>	F	
<i>diazepam tabs 10 mg, 2 mg, 5 mg</i>	F	
<i>lorazepam conc</i>	F	
<i>lorazepam tabs</i>	F	
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	F	
TRANXENE T TABS ( <i>clorazepate dipotassium</i> )	NF	
VALIUM TABS ( <i>diazepam</i> )	NF	

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Drug Name	Drug Tier	Requirements/Limits
XANAX TABS ( <i>alprazolam</i> )	NF	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	F	
NORPACE CAPS ( <i>disopyramide phosphate</i> )	F	
NORPACE CR CP12 ( <i>disopyramide phosphate</i> )	F	
<i>procainamide hcl soln</i>	F	PA
<i>quinidine gluconate tbc or 324 mg</i>	F	
<i>quinidine sulfate tabs</i>	F	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl caps 150 mg, 200 mg, 250 mg</i>	F	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs</i>	F	
<i>propafenone hcl cp12</i>	F	
<i>propafenone hcl tabs</i>	F	
RYTHMOL SR CP12 ( <i>propafenone hcl</i> )	NF	
<b>Antiarrhythmics Type III</b>		
(Amiodarone Hcl) PACERONE TABS	F	
<i>amiodarone hcl tabs</i>	F	
CORDARONE TABS ( <i>amiodarone hcl</i> )	NF	
<i>dofetilide caps</i>	F	
MULTAQ TABS ( <i>dronedarone hcl</i> )	F	

Drug Name	Drug Tier	Requirements/Limits
TIKOSYN CAPS ( <i>dofetilide</i> )	NF	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu</i>	F	
CROMOLYN SODIUM NEBU ( <i>cromolyn sodium</i> )	F	
<b>Antiasthmatic - Monoclonal Antibodies</b>		
CINQAIR SOLN ( <i>reslizumab</i> )	F	PA; SP-AcariaHealth;S P
FASENRA SOSY ( <i>benralizumab</i> )	F	PA; SP-AcariaHealth;S P
NUCALA SOLR 100 MG ( <i>mepolizumab</i> )	F	PA; SP-AcariaHealth;S P
XOLAIR SOLR ( <i>omalizumab</i> )	F	PA; SP-AcariaHealth;S P
XOLAIR SOSY ( <i>omalizumab</i> )	F	PA; SP-AcariaHealth;S P
<b>Asthma and Bronchodilator Agent Combinations</b>		
(Dyphylline-Guaifenesin) DIFIL-G FORTE LIQD	F	
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA AERS ( <i>ipratropium bromide hfa</i> )	F	
INCRUSE ELLIPTA AEPB ( <i>umeclidinium bromide</i> )	F	
<i>ipratropium bromide soln</i>	F	
SPIRIVA HANDIHALER CAPS ( <i>tiotropium bromide monohydrate</i> )	F	QL(1 ea daily)
SPIRIVA RESPIMAT AERS ( <i>tiotropium bromide monohydrate</i> )	F	QL(0.14 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
TUDORZA PRESSAIR AEPB ( <i>aclidinium bromide</i> )	F	
<b>Leukotriene Modulators</b>		
ACCOLATE TABS ( <i>zafirlukast</i> )	NF	
<i>montelukast sodium chew</i>	F	QL(1 ea daily)
<i>montelukast sodium pack</i>	F	QL(1 ea daily)
<i>montelukast sodium tabs</i>	F	QL(1 ea daily)
SINGULAIR CHEW ( <i>montelukast sodium</i> )	NF	QL(1 ea daily)
SINGULAIR PACK ( <i>montelukast sodium</i> )	NF	QL(1 ea daily)
SINGULAIR TABS ( <i>montelukast sodium</i> )	NF	QL(1 ea daily)
<i>zafirlukast tabs</i>	F	
<b>Steroid Inhalants</b>		
ARNUITY ELLIPTA AEPB ( <i>fluticasone furoate (inhalation)</i> )	F	Limit 1 inhaler per month;QL(1 ea daily)
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT ( <i>mometasone furoate (inhalation)</i> )	F	Limit 1 inhaler per month;QL(0.44 gm daily)
ASMANEX TWISTHALER 120 METERED DOSES AEPB ( <i>mometasone furoate (inhalation)</i> )	F	Limit 1 Inhaler per month;QL(0.03 4 ea daily)
ASMANEX TWISTHALER 14 METERED DOSES AEPB ( <i>mometasone furoate (inhalation)</i> )	F	Limit 1 Inhaler per month;QL(0.03 4 ea daily)
ASMANEX TWISTHALER 30 METERED DOSES AEPB ( <i>mometasone furoate (inhalation)</i> )	F	Limit 1 Inhaler per month;QL(0.03 4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 60 METERED DOSES AEPB ( <i>mometasone furoate (inhalation)</i> )	F	Limit 1 Inhaler per month;QL(0.03 4 ea daily)
ASMANEX TWISTHALER 7 METERED DOSES AEPB ( <i>mometasone furoate (inhalation)</i> )	F	Limit 1 Inhaler per month;QL(0.03 4 ea daily)
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	F	QL(8 ml daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml, 1 mg/2ml</i>	F	QL(4 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST ( <i>fluticasone propionate (inhalation)</i> )	F	QL(2 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST ( <i>fluticasone propionate (inhalation)</i> )	F	QL(8 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST ( <i>fluticasone propionate (inhalation)</i> )	F	
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT ( <i>fluticasone propionate hfa</i> )	F	QL(12 gm per fill retail, 12 gm per 25 days retail)
FLOVENT HFA AERO 44 MCG/ACT ( <i>fluticasone propionate hfa</i> )	F	
PULMICORT FLEXHALER AEPB ( <i>budesonide (inhalation)</i> )	F	
PULMICORT SUSP 0.25 MG/2ML ( <i>budesonide (inhalation)</i> )	NF	QL(8 ml daily)
PULMICORT SUSP 0.5 MG/2ML, 1 MG/2ML ( <i>budesonide (inhalation)</i> )	NF	QL(4 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER AERB 40 MCG/ACT ( <i>beclomethasone dipropionate hfa</i> )	F	QL(0.36 gm daily)
QVAR REDIHALER AERB 80 MCG/ACT ( <i>beclomethasone dipropionate hfa</i> )	F	QL(0.72 gm daily)
<b>Sympathomimetics</b>		
(Fluticasone-Salmeterol) WIXELA INHUB AEPB	F	QL(2 ea daily)
ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )	NF	QL(2 ea daily)
ADVAIR HFA AERO ( <i>fluticasone-salmeterol</i> )	F	PA; QL(0.4 gm daily)
AIRDUO RESPICLICK 113/14 AEPB ( <i>fluticasone-salmeterol</i> )	NF	QL(0.04 ea daily)
AIRDUO RESPICLICK 232/14 AEPB ( <i>fluticasone-salmeterol</i> )	NF	QL(0.04 ea daily)
AIRDUO RESPICLICK 55/14 AEPB ( <i>fluticasone-salmeterol</i> )	NF	QL(0.04 ea daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	F	QL(0.45 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	F	QL(1.2 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	F	QL(0.57 gm daily)
<i>albuterol sulfate nebu in 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	F	
ALBUTEROL SULFATE NEBU IN 0.5 % ( <i>albuterol sulfate</i> )	F	
<i>albuterol sulfate syrp or 2 mg/5ml</i>	F	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	F	
ANORO ELLIPTA AEPB ( <i>umeclidinium-vilanterol</i> )	F	QL(2 ea daily)
BEVESPI AEROSPHERE AERO ( <i>glycopyrrolate-formoterol fumarate</i> )	F	QL(0.36 gm daily)
BREO ELLIPTA AEPB 100 MCG/INH-25 MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	F	PA; Limit 1 inhaler per month;QL(2 ea daily)
BREO ELLIPTA AEPB 200 MCG/INH-25 MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	F	PA
<i>budesonide-formoterol fumarate dihydrate aero</i>	F	
COMBIVENT RESPIMAT AERS ( <i>ipratropium-albuterol</i> )	F	
DULERA AERO ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	F	PA
<i>fluticasone-salmeterol aepb 100 mcg/dose-50 mcg/dose, 250 mcg/dose-50 mcg/dose, 50 mcg/dose-500 mcg/dose</i>	F	QL(2 ea daily)
<i>fluticasone-salmeterol aepb 113 mcg/act-14 mcg/act, 14 mcg/act-232 mcg/act, 14 mcg/act-55 mcg/act</i>	F	QL(0.04 ea daily)
<i>ipratropium-albuterol soln</i>	F	
<i>metaproterenol sulfate syrp</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<b>metaproterenol sulfate tabs</b>	F	
PROAIR HFA AERS ( <b>albuterol sulfate</b> )	NF	QL(0.57 gm daily)
PROVENTIL HFA AERS ( <b>albuterol sulfate</b> )	NF	
SEREVENT DISKUS AEPB ( <b>salmeterol xinafoate</b> )	F	QL(2 ea daily)
STIOLTO RESPIMAT AERS ( <b>tiotropium bromide-olodaterol hcl</b> )	F	Limit 1 inhaler per month;QL(0.14 gm daily)
STRIVERDI RESPIMAT AERS ( <b>olodaterol hcl</b> )	F	QL(0.14 gm daily)
SYMBICORT AERO ( <b>budesonide-formoterol fumarate dihydrate</b> )	NF	
<b>terbutaline sulfate tabs</b>	F	
TRELEGY ELLIPTA AEPB 100 MCG/INH-25 MCG/INH-62.5 MCG/INH ( <b>fluticasone-umeclidinium-vilanterol</b> )	F	QL(2 ea daily)
VENTOLIN HFA AERS ( <b>albuterol sulfate</b> )	NF	QL(0.57 gm daily)
XOPENEX HFA AERO ( <b>levalbuterol tartrate</b> )	NF	QL(1 gm daily)
<b>Xanthines</b>		
<b>aminophylline soln</b>	F	PA
ELIXOPHYLLIN ELIX ( <b>theophylline</b> )	F	
THEO-24 CP24 ( <b>theophylline</b> )	F	
<b>theophylline soln 80 mg/15ml</b>	F	QL(475 ml per fill retail)
<b>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</b>	F	
<b>theophylline tb24 400 mg, 600 mg</b>	F	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
(Warfarin Sodium) JANTOVEN TABS	F	
COUMADIN TABS ( <b>warfarin sodium</b> )	F	
<b>warfarin sodium tabs</b>	F	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA CAPS ( <b>betrixaban maleate</b> )	F	QL(42 ea per fill retail,42 ea per 42 days retail)
ELIQUIS STARTER PACK TBPK ( <b>apixaban</b> )	F	
ELIQUIS TABS ( <b>apixaban</b> )	F	
XARELTO STARTER PACK TBPK ( <b>rivaroxaban</b> )	F	
XARELTO TABS 10 MG ( <b>rivaroxaban</b> )	F	QL(1 ea daily,35 ea per 180 days retail)
XARELTO TABS 15 MG, 20 MG ( <b>rivaroxaban</b> )	F	
<b>Heparins And Heparinoid-Like Agents</b>		
<b>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</b>	F	QL(14 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
<b>enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml</b>	F	QL(12 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
<b>enoxaparin sodium soln sc 30 mg/0.3ml</b>	F	QL(5 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
<b>enoxaparin sodium soln sc 40 mg/0.4ml</b>	F	QL(6 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	F	QL(9 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
<i>heparin sod (porcine) in d5w soln</i>	F	PA
<i>heparin sodium (porcine) soln</i>	F	
HEPARIN SODIUM/D5W SOLN ( <i>heparin sod (porcine)</i> in d5w)	F	PA
HEPARIN SODIUM/D5W SOLN ( <i>heparin sod (porcine)</i> in d5w)	NF	PA
HEPARIN SODIUM/DEXTROSE SOLN ( <i>heparin sod (porcine)</i> in d5w)	F	PA
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML ( <i>enoxaparin sodium</i> )	NF	QL(14 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML ( <i>enoxaparin sodium</i> )	NF	QL(12 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
LOVENOX SOLN SC 30 MG/0.3ML ( <i>enoxaparin sodium</i> )	NF	QL(5 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
LOVENOX SOLN SC 40 MG/0.4ML ( <i>enoxaparin sodium</i> )	NF	QL(6 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
LOVENOX SOLN SC 60 MG/0.6ML ( <i>enoxaparin sodium</i> )	NF	QL(9 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
<b>Thrombin Inhibitors</b>		
PRADAXA CAPS ( <i>dabigatran etexilate mesylate</i> )	F	PA
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSP ( <i>perampanel</i> )	F	
FYCOMPA TABS ( <i>perampanel</i> )	F	
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clonazepam tabs</i>	F	
<i>clonazepam tbdp</i>	F	
DIASTAT ACUDIAL GEL ( <i>diazepam (anticonvulsant)</i> )	NF	QL(4 ea per 28 days retail)
DIASTAT PEDIATRIC GEL ( <i>diazepam (anticonvulsant)</i> )	NF	QL(4 ea per 28 days retail)
<i>diazepam (anticonvulsant) gel</i>	F	
KLONOPIN TABS ( <i>clonazepam</i> )	NF	
NAYZILAM SOLN ( <i>midazolam (anticonvulsant)</i> )	F	PA; QL(10 ea per 30 days retail)
<b>Anticonvulsants - Misc.</b>		
(Carbamazepine) EPITOL TABS	F	
(Lamotrigine) SUBVENITE TABS	F	
(Levetiracetam) ROWEEPRA TABS	F	
(Levetiracetam) ROWEEPRA XR TB24	F	ST
BANZEL SUSP ( <i>rufinamide</i> )	F	SP
BANZEL TABS ( <i>rufinamide</i> )	F	SP
<i>carbamazepine chew</i>	F	
<i>carbamazepine cp12</i>	F	
<i>carbamazepine susp</i>	F	
<i>carbamazepine tabs</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<b>carbamazepine tb12</b>	F	
CARBATROL CP12 ( <i>carbamazepine</i> )	NF	
<b><i>gabapentin caps</i></b>	F	
<b><i>gabapentin soln</i></b>	F	
<b><i>gabapentin tabs</i></b>	F	
KEPPRA SOLN ( <i>levetiracetam</i> )	NF	
KEPPRA TABS ( <i>levetiracetam</i> )	NF	
KEPPRA XR TB24 ( <i>levetiracetam</i> )	NF	ST
LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <i>lamotrigine</i> )	NF	
LAMICTAL TABS ( <i>lamotrigine</i> )	NF	
LAMICTAL XR TB24 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG ( <i>lamotrigine</i> )	NF	ST
<b><i>lamotrigine chew 25 mg, 5 mg</i></b>	F	
<b><i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i></b>	F	
<b><i>lamotrigine tb24 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i></b>	F	ST
<b><i>levetiracetam soln 100 mg/ml, 500 mg/5ml</i></b>	F	
<b><i>levetiracetam tabs 1000 mg, 250 mg, 500 mg, 750 mg</i></b>	F	
<b><i>levetiracetam tb24 500 mg, 750 mg</i></b>	F	ST
MYSOLINE TABS ( <i>primidone</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
NEURONTIN CAPS ( <i>gabapentin</i> )	NF	
NEURONTIN SOLN ( <i>gabapentin</i> )	NF	
NEURONTIN TABS ( <i>gabapentin</i> )	NF	
<b><i>oxcarbazepine susp</i></b>	F	
<b><i>oxcarbazepine tabs</i></b>	F	
<b><i>primidone tabs</i></b>	F	
QUDEXY XR CS24 ( <i>topiramate</i> )	NF	
TEGRETOL SUSP ( <i>carbamazepine</i> )	F	
TEGRETOL TABS ( <i>carbamazepine</i> )	F	
TEGRETOL-XR TB12 ( <i>carbamazepine</i> )	F	
TOPAMAX SPRINKLE CPSP ( <i>topiramate</i> )	NF	
TOPAMAX TABS ( <i>topiramate</i> )	NF	
<b><i>topiramate cpsp or 15 mg, 25 mg</i></b>	F	
<b><i>topiramate tabs or 100 mg, 200 mg, 25 mg, 50 mg</i></b>	F	
TRILEPTAL SUSP ( <i>oxcarbazepine</i> )	NF	
TRILEPTAL TABS ( <i>oxcarbazepine</i> )	NF	
VIMPAT SOLN ( <i>lacosamide</i> )	F	
VIMPAT TABS ( <i>lacosamide</i> )	F	
ZONEGRAN CAPS ( <i>zonisamide</i> )	NF	
<b><i>zonisamide caps</i></b>	F	
<b>Carbamates</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>felbamate susp</i>	F	
<i>felbamate tabs</i>	F	
FELBATOL SUSP ( <i>felbamate</i> )	NF	
FELBATOL TABS ( <i>felbamate</i> )	NF	
<b>GABA Modulators</b>		
(Vigabatrin) VIGADRONE PACK	F	SP-Caremark;SP
GABITRIL TABS 12 MG, 16 MG, 2 MG ( <i>tiagabine hcl</i> )	NF	
GABITRIL TABS 4 MG ( <i>tiagabine hcl</i> )	F	
SABRIL PACK ( <i>vigabatrin</i> )	NF	SP-Caremark;SP
SABRIL TABS ( <i>vigabatrin</i> )	NF	SP-Accredo;SP
<i>tiagabine hcl tabs</i>	F	
<i>vigabatrin pack</i>	F	SP-Caremark;SP
<i>vigabatrin tabs</i>	F	SP-Accredo;SP
<b>Hydantoins</b>		
(Phenytoin) PHENYTOIN INFATABS CHEW	F	
DILANTIN CAPS 100 MG ( <i>phenytoin sodium extended</i> )	F	
DILANTIN CAPS 30 MG ( <i>phenytoin sodium extended</i> )	F	
DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	F	
DILANTIN-125 SUSP ( <i>phenytoin</i> )	F	
PHENYTEK CAPS ( <i>phenytoin sodium extended</i> )	NF	
<i>phenytoin chew</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended caps</i>	F	
<i>phenytoin susp</i>	F	
<b>Succinimides</b>		
CELONTIN CAPS ( <i>methsuximide</i> )	F	
<i>ethosuximide caps</i>	F	
<i>ethosuximide soln</i>	F	
ZARONTIN CAPS ( <i>ethosuximide</i> )	F	
ZARONTIN SOLN ( <i>ethosuximide</i> )	F	
<b>Valproic Acid</b>		
DEPAKENE CAPS ( <i>valproic acid</i> )	F	
DEPAKENE SOLN ( <i>valproate sodium</i> )	F	
DEPAKOTE ER TB24 ( <i>divalproex sodium</i> )	NF	
DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )	NF	
DEPAKOTE TBEC ( <i>divalproex sodium</i> )	NF	
<i>divalproex sodium csdr</i>	F	
<i>divalproex sodium tb24</i>	F	
<i>divalproex sodium tbec</i>	F	
<i>valproate sodium soln</i>	F	
<i>valproic acid caps</i>	F	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs</i>	F	
<i>mirtazapine tbdp</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TBDP ( <i>mirtazapine</i> )	NF	
REMERON TABS ( <i>mirtazapine</i> )	NF	
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	F	
<i>bupropion hcl tb12 100 mg, 150 mg</i>	F	
<i>bupropion hcl tb12 200 mg</i>	F	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg</i>	F	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	F	QL(1 ea daily)
FORFIVO XL TB24 ( <i>bupropion hcl</i> )	NF	QL(1 ea daily)
<i>maprotiline hcl tabs</i>	F	
WELLBUTRIN SR TB12 100 MG, 150 MG ( <i>bupropion hcl</i> )	NF	
WELLBUTRIN SR TB12 200 MG ( <i>bupropion hcl</i> )	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG ( <i>bupropion hcl</i> )	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG ( <i>bupropion hcl</i> )	NF	QL(1 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM PT24 ( <i>selegiline</i> )	CO	
MARPLAN TABS ( <i>isocarboxazid</i> )	CO	
NARDIL TABS ( <i>phenelzine sulfate</i> )	CO	
PARNATE TABS ( <i>tranylcypromine sulfate</i> )	CO	
<i>phenelzine sulfate tabs</i>	CO	
<i>tranylcypromine sulfate tabs</i>	CO	

Drug Name	Drug Tier	Requirements/Limits
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS 10 MG ( <i>citalopram hydrobromide</i> )	NF	QL(4 ea daily)
CELEXA TABS 20 MG ( <i>citalopram hydrobromide</i> )	NF	QL(2 ea daily)
CELEXA TABS 40 MG ( <i>citalopram hydrobromide</i> )	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	F	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	F	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	F	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	F	QL(1 ea daily)
<i>escitalopram oxalate soln</i>	F	
<i>escitalopram oxalate tabs</i>	F	
<i>fluoxetine hcl caps 10 mg, 20 mg, 40 mg</i>	F	
<i>fluoxetine hcl soln 20 mg/5ml</i>	F	
<i>fluoxetine hcl tabs 10 mg, 20 mg</i>	F	
FLUOXETINE HYDROCHLORIDE TABS ( <i>fluoxetine hcl</i> )	NF	QL(1 ea daily)
<i>fluvoxamine maleate cp24</i>	F	
<i>fluvoxamine maleate tabs</i>	F	
LEXAPRO TABS ( <i>escitalopram oxalate</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl tabs</i>	F	
<i>paroxetine hcl tb24</i>	F	
PAXIL CR TB24 ( <i>paroxetine hcl</i> )	NF	
PAXIL SUSP 10 MG/5ML ( <i>paroxetine hcl</i> )	F	
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG ( <i>paroxetine hcl</i> )	NF	
PROZAC CAPS ( <i>fluoxetine hcl</i> )	NF	
<i>sertraline hcl conc</i>	F	
<i>sertraline hcl tabs</i>	F	
ZOLOFT CONC ( <i>sertraline hcl</i> )	NF	
ZOLOFT TABS ( <i>sertraline hcl</i> )	NF	
<b>Serotonin Modulators</b>		
<i>nefazodone hcl tabs</i>	F	
<i>trazodone hcl tabs</i>	F	
VIIBRYD TABS ( <i>vilazodone hcl</i> )	F	PA
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA CPEP ( <i>duloxetine hcl</i> )	NF	QL(2 ea daily)
DESVENLAFAXINE ER TB24 ( <i>desvenlafaxine</i> )	F	ST
<i>desvenlafaxine succinate tb24</i>	F	
<i>desvenlafaxine tb24</i>	F	ST
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	F	QL(2 ea daily)
EFFEXOR XR CP24 ( <i>venlafaxine hcl</i> )	NF	
KHEDEZLA TB24 ( <i>desvenlafaxine</i> )	F	ST

Drug Name	Drug Tier	Requirements/ Limits
PRISTIQ TB24 ( <i>desvenlafaxine succinate</i> )	NF	
<i>venlafaxine hcl cp24 150 mg, 37.5 mg, 75 mg</i>	F	
<i>venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	F	
<i>venlafaxine hcl tb24 150 mg, 225 mg, 75 mg</i>	F	
<i>venlafaxine hcl tb24 37.5 mg</i>	F	QL(1 ea daily)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs</i>	F	
<i>amoxapine tabs</i>	F	
ANAFRANIL CAPS ( <i>clomipramine hcl</i> )	NF	
<i>clomipramine hcl caps</i>	F	
<i>desipramine hcl tabs</i>	F	
<i>doxepin hcl caps</i>	F	
<i>doxepin hcl conc</i>	F	
<i>imipramine hcl tabs</i>	F	
NORPRAMIN TABS ( <i>desipramine hcl</i> )	NF	
<i>nortriptyline hcl caps</i>	F	
<i>nortriptyline hcl soln</i>	F	
PAMELOR CAPS ( <i>nortriptyline hcl</i> )	NF	
<i>protriptyline hcl tabs</i>	F	
TOFRANIL TABS ( <i>imipramine hcl</i> )	NF	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose tabs</i>	F	
PRECOSE TABS ( <i>acarbose</i> )	NF	
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN ( <i>pramlintide acetate</i> )	F	PA
SYMLINPEN 60 SOPN ( <i>pramlintide acetate</i> )	F	PA
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS ( <i>pioglitazone hcl-metformin hcl</i> )	NF	
<i>alogliptin-metformin hcl tabs</i>	F	
<i>alogliptin-pioglitazone tabs</i>	F	
DUETACT TABS ( <i>pioglitazone hcl-glimepiride</i> )	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs</i>	F	
<i>glyburide-metformin tabs</i>	F	
INVOKAMET TABS ( <i>canagliflozin-metformin hcl</i> )	F	PA
INVOKAMET XR TB24 ( <i>canagliflozin-metformin hcl</i> )	F	PA
JANUMET TABS ( <i>sitagliptin-metformin hcl</i> )	F	PA
JANUMET XR TB24 ( <i>sitagliptin-metformin hcl</i> )	F	PA
JENTADUETO TABS ( <i>linagliptin-metformin hcl</i> )	F	PA; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
KAZANO TABS ( <i>alogliptin-metformin hcl</i> )	NF	
KOMBIGLYZE XR TB24 ( <i>saxagliptin-metformin hcl</i> )	F	PA
OSENI TABS ( <i>alogliptin-pioglitazone</i> )	NF	
<i>pioglitazone hcl-glimepiride tabs</i>	F	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	F	
SEGLUROMET TABS ( <i>ertugliflozin-metformin hcl</i> )	F	ST; QL(2 ea daily)
SOLIQUA 100/33 SOPN ( <i>insulin glargine-lixisenatide</i> )	F	PA
SYNJARDY TABS ( <i>empagliflozin-metformin hcl</i> )	F	PA
SYNJARDY XR TB24 ( <i>empagliflozin-metformin hcl</i> )	F	PA
XULTOPHY 100/3.6 SOPN ( <i>insulin degludec-liraglutide</i> )	F	PA
<b>Biguanides</b>		
GLUCOPHAGE TABS ( <i>metformin hcl</i> )	NF	
GLUCOPHAGE XR TB24 ( <i>metformin hcl</i> )	NF	
<i>metformin hcl tabs 1000 mg, 500 mg, 850 mg</i>	F	
<i>metformin hcl tb24 500 mg, 750 mg</i>	F	
<b>Diabetic Other</b>		
BAQSIMI ONE PACK POWD ( <i>glucagon</i> )	F	QL(0.069 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
BAQSIMI TWO PACK POWD ( <i>glucagon</i> )	F	QL(0.069 ea daily)
BD GLUCOSE CHEW ( <i>dextrose (diabetic use)</i> )	F	
CVS GLUCOSE CHEW 4 GM ( <i>dextrose (diabetic use)</i> )	F	
CVS SOFT GLUCOSE CHEW ( <i>dextrose (diabetic use)</i> )	F	
DEX4 QUICK DISSOLVE GLUCOSE CHEW ( <i>dextrose (diabetic use)</i> )	F	
GLUCAGEN HYPOKIT SOLR ( <i>glucagon hcl (rdna)</i> )	F	
GLUCAGON EMERGENCY KIT KIT ( <i>glucagon (rdna)</i> )	F	QL(1 ea per fill retail)
GLUCOSE CHEW 4 GM ( <i>dextrose (diabetic use)</i> )	F	
GNP GLUCOSE CHEW 4 GM ( <i>dextrose (diabetic use)</i> )	F	
GNP QUICK DISSOLVE GLUCOSE CHEW ( <i>dextrose (diabetic use)</i> )	F	
GVOKE PFS SOSY ( <i>glucagon</i> )	F	QL(0.02 ml daily)
KORLYM TABS ( <i>mifepristone (hyperglycemia)</i> )	F	PA; SP
LEADER QUICK DISSOLVE GLUCOSE CHEW ( <i>dextrose (diabetic use)</i> )	F	
SM GLUCOSE CHEW 4 GM ( <i>dextrose (diabetic use)</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
WALGREENS GLUCOSE CHEW 4 GM ( <i>dextrose (diabetic use)</i> )	F	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate tabs</i>	F	
JANUVIA TABS ( <i>sitagliptin phosphate</i> )	F	PA
NESINA TABS ( <i>alogliptin benzoate</i> )	NF	
ONGLYZA TABS ( <i>saxagliptin hcl</i> )	F	PA
TRADJENTA TABS ( <i>linagliptin</i> )	F	PA
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET TABS ( <i>bromocriptine mesylate (diabetes)</i> )	F	
<b>Incretin Mimetic Agents (GLP-1 Receptor)</b>		
ADLYXIN SOPN ( <i>lixisenatide</i> )	F	PA
ADLYXIN STARTER PACK PNKT ( <i>lixisenatide</i> )	F	PA
BYDUREON BCISE AUIJ ( <i>exenatide</i> )	F	PA
BYDUREON PEN PEN ( <i>exenatide</i> )	F	PA
BYDUREON SRER ( <i>exenatide</i> )	F	PA
BYETTA SOPN ( <i>exenatide</i> )	F	PA
TANZEUM PEN ( <i>albiglutide</i> )	F	PA
TRULICITY SOPN 0.75 MG/0.5ML, 1.5 MG/0.5ML ( <i>dulaglutide</i> )	F	PA
VICTOZA SOPN ( <i>liraglutide</i> )	F	PA
<b>Insulin Sensitizing Agents</b>		
ACTOS TABS ( <i>pioglitazone hcl</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
AVANDIA TABS ( <i>rosiglitazone maleate</i> )	F	
<i>pioglitazone hcl tabs</i>	F	
<b>Insulin</b>		
ADMELOG SOLN ( <i>insulin lispro</i> )	F	QL(1.67 ml daily)
ADMELOG SOLOSTAR SOPN ( <i>insulin lispro</i> )	F	QL(30 ml per 30 days retail)
BASAGLAR KWIKPEN SOPN ( <i>insulin glargine</i> )	F	Limit 50mls per month;QL(1.67 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN ( <i>insulin lispro protamine &amp; lispro</i> )	F	
HUMALOG MIX 50/50 SUSP ( <i>insulin lispro protamine &amp; lispro</i> )	F	
HUMALOG MIX 75/25 KWIKPEN SUPN ( <i>insulin lispro protamine &amp; lispro</i> )	F	
HUMALOG MIX 75/25 SUSP ( <i>insulin lispro protamine &amp; lispro</i> )	F	
HUMULIN 70/30 KWIKPEN SUPN ( <i>insulin nph isophane &amp; reg (human)</i> )	F	
HUMULIN 70/30 SUSP ( <i>insulin nph isophane &amp; reg (human)</i> )	F	
HUMULIN N KWIKPEN SUPN ( <i>insulin nph (human)</i> (isophane))	F	
HUMULIN N SUSP ( <i>insulin nph (human)</i> (isophane))	F	
HUMULIN R SOLN ( <i>insulin regular (human)</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 ( <b>CONCENTRATED</b> ) SOLN ( <i>insulin regular (human)</i> )	F	Limit 20 per month;QL(0.67 ml daily)
HUMULIN R U-500 KWIKPEN SOPN ( <i>insulin regular (human)</i> )	F	Limit 20 per month;QL(0.67 ml daily)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	F	QL(30 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP ( <i>insulin aspart protamine &amp; aspart (human)</i> )	F	QL(40 ml per 30 days retail)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN ( <i>insulin lispro protamine &amp; lispro</i> )	F	
NOVOLIN 70/30 FLEXPEN RELION SUPN ( <i>insulin nph isophane &amp; reg (human)</i> )	F	
NOVOLIN 70/30 FLEXPEN SUPN ( <i>insulin nph isophane &amp; reg (human)</i> )	F	
NOVOLIN 70/30 RELION SUSP ( <i>insulin nph isophane &amp; reg (human)</i> )	F	
NOVOLIN 70/30 SUSP ( <i>insulin nph isophane &amp; reg (human)</i> )	F	
NOVOLIN N FLEXPEN RELION SUPN ( <i>insulin nph (human)</i> (isophane))	F	
NOVOLIN N FLEXPEN SUPN ( <i>insulin nph (human)</i> (isophane))	F	

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Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN N RELION SUSP ( <i>insulin nph (human)</i> ) (isophane))	F	
NOVOLIN N SUSP ( <i>insulin nph (human)</i> ) (isophane))	F	
NOVOLIN R RELION SOLN ( <i>insulin regular (human)</i> )	F	
NOVOLIN R SOLN ( <i>insulin regular (human)</i> )	F	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	F	QL(30 ml per 30 days retail)
NOVOLOG MIX 70/30 SUSP ( <i>insulin aspart protamine &amp; aspart (human)</i> )	F	QL(40 ml per 30 days retail)
<b>Meglitinide Analogues</b>		
<i>nateglinide tabs</i>	F	
STARLIX TABS ( <i>nateglinide</i> )	NF	
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
INVOKANA TABS ( <i>canagliflozin</i> )	F	PA
JARDIANCE TABS ( <i>empagliflozin</i> )	F	PA
STEGLATRO TABS ( <i>ertugliflozin l-pyroglutamic acid</i> )	F	ST; QL(1 ea daily)
<b>Sulfonylureas</b>		
(Glipizide) GLIPIZIDE XL TB24	F	
AMARYL TABS ( <i>glimepiride</i> )	NF	
<i>glimepiride tabs</i>	F	
<i>glipizide tabs</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide tb24</i>	F	
GLUCOTROL TABS ( <i>glipizide</i> )	NF	
GLUCOTROL XL TB24 ( <i>glipizide</i> )	NF	
<i>glyburide micronized tabs</i>	F	
<i>glyburide tabs</i>	F	
GLYNASE TABS ( <i>glyburide micronized</i> )	NF	
<i>tolazamide tabs</i>	F	
<i>tolbutamide tabs</i>	F	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
Antidiarrheal/Probiotic Agents - Misc.		

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Drug Name	Drug Tier	Requirements/ Limits
(Bismuth Subsalicylate) BISMATROL, BISMATROL MAXIMUM STRENGTH, CVS BISMUTH MAXIMUM STRENGTH, CVS STOMACH RELIEF, CVS STOMACH RELIEF MAXIMUM STRENGTH, DIARRHEA, DIOTAME INSTYDOSE, EQ STOMACH RELIEF, EQL STOMACH RELIEF, EQL STOMACH RELIEF MAXIMUM STRENGTH, GERI-PECTATE, GNP K- PEC, GNP STOMACH RELIEF, GNP STOMACH RELIEF MAXIMUM STRENGTH, GOODSENSE STOMACH RELIEF, GOODSENSE STOMACH RELIEF/MAXIMUM STRENGTH, HM STOMACH RELIEF, HM STOMACH RELIEF MAXIMUMSTRENGTH, HM STOMACH RELIEF ULTRA, KAO-TIN, KAOPECTATE, KAOPECTATE EXTRA STRENGTH, PINK BISMUTH, PINK BISMUTH MAXIMUM STRENGTH, PX STOMACH RELIEF, PX STOMACH RELIEF MAXIMUM STRENGTH, QC DIARRHEA RELIEF, QC PINK BISMUTH, RA K- PEC, RA STOMACH RELIEF, RA STOMACH RELIEF MAXIMUM STRENGTH, SM STOMACH RELIEF, SM STOMACH RELIEF LIQUID, SM STOMACH RELIEF MAXIMUMSTRENGTH, SOOTHE MAXIMUM STRENGTH, STOMACH RELIEF, STOMACH RELIEF EXTRA	F	

Drug Name	Drug Tier	Requirements/ Limits
STRENGTH, STOMACH RELIEF MAXIMUM STRENGTH, STOMACH RELIEF PLUS, STOMACH RELIEF ULTRA SUSP		
(Bismuth Subsalicylate) BISMATROL, CVS BISMUTH, CVS STOMACH RELIEF, EQ PINK-BISMUTH, EQ STOMACH RELIEF, EQL STOMACH RELIEF, GNP PINK BISMUTH, GOODSENSE STOMACH RELIEF, HM STOMACH RELIEF, MEDI-BISMUTH, PEPTIC RELIEF, PX STOMACH RELIEF, QC PINK BISMUTH, RA PINK BISMUTH, RA STOMACH RELIEF, SM STOMACH RELIEF, STOMACH RELIEF CHEW	F	
(Bismuth Subsalicylate) CVS ANTI-DIARRHEAL SUSP 262 MG/15ML	F	
(Bismuth Subsalicylate) CVS BISMUTH, CVS STOMACH RELIEF, EQL STOMACH RELIEF, GNP PINK BISMUTH, KAOPECTATE, QC PINK BISMUTH, RA PINK BISMUTH, SB BISMUTH, SM STOMACH RELIEF, TGT STOMACH RELIEF TABS	F	
(Bismuth Subsalicylate) SOOTHE CHEW OR 262 MG	F	
(Bismuth Subsalicylate) SOOTHE SUSP OR 262 MG/15ML, 525 MG/30ML	F	
(Bismuth Subsalicylate) SOOTHE TABS OR 262 MG	F	
<b><i>bismuth subsalicylate chew</i></b>	F	

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Drug Name	Drug Tier	Requirements/Limits
<b><i>bismuth subsalicylate susp</i></b>	F	
PEPTO BISMOL TABS ( <b><i>bismuth subsalicylate</i></b> )	NF	
PEPTO-BISMOL CHEW ( <b><i>bismuth subsalicylate</i></b> )	NF	
PEPTO-BISMOL MAX STRENGTH SUSP ( <b><i>bismuth subsalicylate</i></b> )	NF	
PEPTO-BISMOL SUSP ( <b><i>bismuth subsalicylate</i></b> )	NF	
PEPTO-BISMOL TO-GO CHEW ( <b><i>bismuth subsalicylate</i></b> )	NF	
<b>Antiperistaltic Agents</b>		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, HM LOPERAMIDE HCL, RA ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS 2 MG	F	QL(8 ea daily); RX/OTC
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, RA ANTI-DIARRHEAL, SM ANTI-DIARRHEAL TABS 2 MG	F	QL(8 ea daily)
(Loperamide Hcl) ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, RA ANTI-DIARRHEAL LIQD 1 MG/5ML	F	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/Limits
(Loperamide Hcl) DIAMODE, EQL ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, KLS ANTI-DIARRHEAL, MEIJER ANTI-DIARRHEAL, MM ANTI-DIARRHEAL, PX ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SB ANTI-DIARRHEAL, SR ANTI-DIARRHEAL, TGT ANTI-DIARRHEAL TABS	F	QL(8 ea daily)
(Loperamide Hcl) GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, TGT LOPERAMIDE HCL CAPS	F	QL(8 ea daily); RX/OTC
<b><i>diphenoxylate w/ atropine liqd</i></b>	F	
<b><i>diphenoxylate w/ atropine tabs</i></b>	F	
IMODIUM A-D CAPS 2 MG ( <b><i>loperamide hcl</i></b> )	NF	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS 2 MG ( <b><i>loperamide hcl</i></b> )	NF	QL(8 ea daily)
LOMOTIL TABS ( <b><i>diphenoxylate w/ atropine</i></b> )	NF	
<b><i>loperamide hcl caps 2 mg</i></b>	F	QL(8 ea daily); RX/OTC
<b><i>loperamide hcl liqd 1 mg/5ml</i></b>	F	QL(40 ml daily)
<b><i>loperamide hcl tabs 2 mg</i></b>	F	QL(8 ea daily)
<b><i>paregoric tinc</i></b>	F	

## ANTIDOTES AND SPECIFIC ANTAGONISTS

### Antidotes - Chelating Agents

CHEMET CAPS ( <b><i>succimer</i></b> )	F	
<b><i>deferasirox pack 180 mg, 360 mg, 90 mg</i></b>	F	PA; SP-AcariaHealth;S P
<b><i>deferasirox tabs 180 mg, 360 mg, 90 mg</i></b>	F	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
JADENU SPRINKLE PACK ( <i>deferasirox</i> )	NF	PA; SP-AcariaHealth;S P
JADENU TABS ( <i>deferasirox</i> )	NF	PA; SP
<b>Antidotes and Specific Antagonists</b>		
VISTOGARD PACK ( <i>uridine triacetate (emergency treatment)</i> )	F	
<b>Opioid Antagonists</b>		
EVZIO SOAJ ( <i>naloxone hcl</i> )	CO	
<i>naloxone hcl soaj</i>	CO	
<i>naloxone hcl soct</i>	CO	
<i>naloxone hcl soln</i>	CO	
<i>naloxone hcl sosy</i>	CO	
<i>naltrexone hcl tabs</i>	CO	
NALTREXONE IMPL ( <i>naltrexone-triamcinolone</i> )	CO	
NARCAN LIQD ( <i>naloxone hcl</i> )	CO	
VIVITROL SUSR ( <i>naltrexone</i> )	CO	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
<i>granisetron hcl soln</i>	F	PA
<i>granisetron hcl tabs</i>	F	PA
<i>ondansetron hcl soln 4 mg/5ml</i>	F	QL(50 ml per fill retail)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	F	QL(20 ea per 30 days retail)
<i>ondansetron tbdp</i>	F	QL(20 ea per 30 days retail)
ZOFRAN SOLN 4 MG/5ML ( <i>ondansetron hcl</i> )	NF	QL(50 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ZOFRAN TABS 4 MG, 8 MG ( <i>ondansetron hcl</i> )	NF	QL(20 ea per 30 days retail)
<b>Antiemetics - Anticholinergic</b>		
(Dimenhydrinate) CVS MOTION SICKNESS, DRIMINATE, EQ MOTION SICKNESS, GOODSENSE MOTION SICKNESS, HM MOTION SICKNESS, MOTION SICKNESS RELIEF, QC MOTION SICKNESS RELIEF, SB MOTION SICKNESS, SM MOTION SICKNESS RELIEF, TRAV-TABS, TRAVEL SICKNESS, WAL-DRAM TABS	F	
(Dimenhydrinate) EQ MOTION SICKNESS RELIEF, GNP MOTION SICKNESS RELIEF, HM MOTION SICKNESS RELIEF, RA MOTION SICKNESS RELIEF, SM MOTION SICKNESS TABS 50 MG	F	
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, TRAVEL SICKNESS CHEW	F	
(Meclizine Hcl) CVS MOTION SICKNESS II, DRAMAMINE LESS DROWSY, EQL MOTION SICKNESS RELIEF, HM MOTION RELIEF, TRAVEL-EASE, WAL-DRAM II TABS	F	RX/OTC
(Meclizine Hcl) EQ MOTION SICKNESS RELIEF, GNP MOTION SICKNESS RELIEF, HM MOTION SICKNESS RELIEF, RA MOTION SICKNESS RELIEF, SM MOTION SICKNESS TABS 25 MG	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Meclizine Hcl) RA MOTION SICKNESS RELIEF CHEW 25 MG	F	
DRAMAMINE CHEW ( <i>dimenhydrinate</i> )	F	
DRAMAMINE TABS ( <i>dimenhydrinate</i> )	NF	
<i>meclizine hcl chew 25 mg</i>	F	
<i>meclizine hcl tabs 12.5 mg, 25 mg</i>	F	RX/OTC
TIGAN CAPS ( <i>trimethobenzamide hcl</i> )	NF	
<i>trimethobenzamide hcl caps</i>	F	
<b>Antiemetics - Miscellaneous</b>		
BONJESTA TBCR ( <i>doxylamine-pyridoxine</i> )	F	Limit 2 fills per year; QL(1 ea daily) 2 rtl MAX fill, 365 rtl day(s) supply,
DICLEGIS TBEC ( <i>doxylamine-pyridoxine</i> )	NF	Limit 2 fills per year; QL(2 ea daily) 2 rtl MAX fill, 365 rtl day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	F	Limit 2 fills per year; QL(2 ea daily) 2 rtl MAX fill, 365 rtl day(s) supply,
<i>dronabinol caps</i>	F	PA
MARINOL CAPS ( <i>dronabinol</i> )	NF	PA
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
<i>aprepitant caps</i>	F	1 rtl pack lmt per fill,
<i>aprepitant caps 125 mg</i>	F	QL(1 ea per fill retail)
<i>aprepitant caps 40 mg</i>	F	
<i>aprepitant caps 80 mg</i>	F	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
EMEND CAPS 125 MG ( <i>aprepitant</i> )	NF	QL(1 ea per fill retail)
EMEND CAPS 40 MG ( <i>aprepitant</i> )	NF	
EMEND CAPS 80 MG ( <i>aprepitant</i> )	NF	QL(2 ea per fill retail)
EMEND TRIPACK CAPS ( <i>aprepitant</i> )	NF	1 rtl pack lmt per fill,
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
BIO-STATIN CAPS 1000000 UNIT, 500000 UNIT ( <i>nystatin</i> )	F	
<i>griseofulvin microsize susp</i>	F	
<i>griseofulvin microsize tabs</i>	F	
<i>griseofulvin ultramicrosize tabs</i>	F	
<i>nystatin tabs</i>	F	
<i>terbinafine hcl tabs</i>	F	QL(90 ea per 365 days retail)
<b>Imidazole-Related Antifungals</b>		
DIFLUCAN SUSR ( <i>fluconazole</i> )	NF	
DIFLUCAN TABS ( <i>fluconazole</i> )	NF	
<i>fluconazole susr</i>	F	
<i>fluconazole tabs</i>	F	
<i>itraconazole caps 100 mg</i>	F	PA
<i>ketoconazole tabs</i>	F	
SPORANOX CAPS 100 MG ( <i>itraconazole</i> )	NF	PA
SPORANOX PULSEPAK CAPS ( <i>itraconazole</i> )	NF	PA
VFEND SUSR ( <i>voriconazole</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
VFEND TABS ( <i>voriconazole</i> )	NF	
<i>voriconazole susr</i>	F	
<i>voriconazole tabs</i>	F	
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
(Chlorpheniramine Maleate) ALLER-CHLOR, ALLERGY TABLETS, ALLERGY-TIME, CHLORHIST, EQ CHLORTABS, EQL ALLERGY, GNP ALLERGY, GOODSENSE ALLERGY RELIEF, HM ALLERGY RELIEF, PHARBECHLOR, QC ALLERGY RELIEF 4-HOUR, QC CHLOR-PHENIRAMINE, RA ALLERGY RELIEF, RA CHLORPHENIRAMINE MALEATE, SB CHLORPHENIRAMINE, SM ALLERGY 4 HOUR, WAL-FINATE TABS	F	
(Chlorpheniramine Maleate) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF TABS 4 MG	F	
(Chlorpheniramine Maleate) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF TABS OR 4 MG	F	
(Chlorpheniramine Maleate) DIABETIC TUSSIN ALLERGY, ED CHLORPED JR SYRP	F	
(Dexchlorpheniramine Maleate) RYCLORA SOLN	F	
CHLOR-TRIMETON SYRP ( <i>chlorpheniramine maleate</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
CHLOR-TRIMETON TABS ( <i>chlorpheniramine maleate</i> )	NF	
<i>chlorpheniramine maleate tabs 4 mg</i>	F	
<i>dexchlorpheniramine maleate soln</i>	F	
ED CHLORPED LIQD ( <i>chlorpheniramine maleate</i> )	F	
<b>Antihistamines - Ethanolamines</b>		
(Clemastine Fumarate) DAYHIST ALLERGY 12 HOUR RELIEF, EQ DAYHIST ALLERGY, GNP DAYHIST ALLERGY, PX DAYHIST ALLERGY TABS	F	
(Clemastine Fumarate) SM ALLERGY RELIEF TABS 1.34 MG	F	
(Diphenhydramine Hcl) ALER-CAP, COMPLETE ALLERGY MEDICINE, CVS ALLERGY, EQ ALLERGY, EQL ALLERGY RELIEF, GENAHIST, GNP ALLERGY, GNP ALLERGY RELIEF, HM ALLERGY RELIEF, HM ALLGERY MULTI SYMPTOM, KP DIPHENHYDRAMINE HCL, MEDI-PHEDRYL, MEIJER ANTIHISTAMINE ALLERGY, PHARBEDRYL, RA ALLERGY MEDICATION, RA ALLERGY RELIEF, SB ALLERGY, TGT ALLERGY RELIEF CAPS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Diphenhydramine Hcl) ALERTAB, ALKA- SELTZER PLUS ALLERGY FAST RELIEF FORMULA, ALLERGY RELIEF NIGHTTIME, ANTI-HIST ALLERGY, COMPLETE ALLERGY MEDICINE, COMPLETE ALLERGY RELIEF, CVS ALLERGY, EQL ALLERGY, EQL ALLERGY RELIEF, GERI- DRYL ALLERGY RELIEF, GNP ALLERGY, GNP ALLERGY RELIEF, HM ALLERGY, HM ALLERGY RELIEF, KLS ALLERGY MEDICINE, QC COMPLETE ALLERGY MEDICINE, QLEARQUIL NIGHTTIME ALLEGY RELIEF, RA ALLERGY MEDICATION, RA ALLERGY RELIEF, RA COMPLETE ALLERGY, TGT ALLERGY RELIEF, TOTAL ALLERGY TABS	F	
(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF CHILDRENS, BANOPHEN, CVS ALLERGY RELIEF CHILDRENS, DIPHENHIST, EQ ALLERGY RELIEF CHILDRENS, GERI-DRYL, PX ALLERGY, RA ALLERGY, RA ALLERGY RELIEF CHILDRENS, SB ALLERGY MEDICINE, SM ALLERGY RELIEF, WAL- DRYL ALLERGY LIQD 12.5 MG/5ML	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF CHILDRENS, BANOPHEN, CVS ALLERGY RELIEF CHILDRENS, DIPHENHIST, EQ ALLERGY RELIEF CHILDRENS, GERI-DRYL, PX ALLERGY, RA ALLERGY, RA ALLERGY RELIEF CHILDRENS, SB ALLERGY MEDICINE, SM ALLERGY RELIEF, WAL- DRYL ALLERGY LIQD OR 12.5 MG/5ML	F	RX/OTC
(Diphenhydramine Hcl) ALLERGY, ALLERGY RELIEF, BANOPHEN, CVS ALLERGY RELIEF, DIPHEN, DIPHENHIST, EQ ALLERGY RELIEF, PX ALLERGY, QC ALLERGY RELIEF, RA ALLERGY, SB ALLERGY MEDICINE, SM ALLERGY RELIEF, WAL- DRYL ALLERGY TABS 25 MG	F	
(Diphenhydramine Hcl) ALLERGY, ALLERGY RELIEF, BANOPHEN, CVS ALLERGY RELIEF, DIPHEN, DIPHENHIST, EQ ALLERGY RELIEF, PX ALLERGY, QC ALLERGY RELIEF, RA ALLERGY, SB ALLERGY MEDICINE, SM ALLERGY RELIEF, WAL- DRYL ALLERGY TABS OR 25 MG	F	
(Diphenhydramine Hcl) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF, DIPHENHIST, EQ ALLERGY RELIEF, GERI- DRYL, PX ALLERGY, SM ALLERGY RELIEF, WAL- DRYL ALLERGY CAPS 25 MG	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Diphenhydramine Hcl) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF, DIPHENHIST, EQ ALLERGY RELIEF, GERI- DRYL, PX ALLERGY, SM ALLERGY RELIEF, WAL- DRYL ALLERGY CAPS OR 25 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Diphenhydramine Hcl) AURODRYL ALLERGY CHILDRENS, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS CHILDRENS ALLERGY, CVS CHILDRENS ALLERGY RELIEF, DI- PHEN, DYE-FREE ALLERGY RELIEF CHILDRENS, EQL CHILDRENS ALLERGY, GNP ALLERGY ANTI HISTAMINE, GNP ALLERGY ANTI HISTAMINE CHILDRE NS, GNP CHILDRENS ALLERGY, H-E-B CHILDRENS ALLERGY, HM ALLERGY RELIEF CHILDRENS, M-DRYL, NARAMIN, PEDIACARE CHILDRENS ALLERGY, PEDIACLEAR COUGH CHILDRENS, QC ALLERGY CHILDRENS, RA ALLERGY MEDICATION CHILDRENS, RA DIPHEDRYL ALLERGY, SILADRYL ALLERGY, SM ALLERGY RELIEF CHILDRENS, TGT ALLERGY RELIEF CHILDRENS, TGT ALLERGY RELIEF CHILDRENS DYE FREE, TOTAL ALLERGY MEDICINE, WAL-DRYL ALLERGY CHILDRENS, WAL-DRYL ALLERGY DYE-FREE CHILDRENS LIQD	F	RX/OTC
(Diphenhydramine Hcl) BANOPHEN CAPS OR 25 MG, 50 MG	F	
(Diphenhydramine Hcl) CVS ALLERGY RELIEF LIQD 25 MG/10ML	F	RX/OTC

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(Diphenhydramine Hcl) DIPHEN, EQ ALLERGY RELIEF CHILDRENS ELIX 12.5 MG/5ML	F	RX/OTC
(Diphenhydramine Hcl) GNP ALLERGY RELIEF CHEW	F	
ALER-DRYL TABS ( <i>diphenhydramine hcl</i> )	F	
BENADRYL ALLERGY CAPS ( <i>diphenhydramine hcl</i> )	NF	
BENADRYL ALLERGY CHILDRENS CHEW 12.5 MG ( <i>diphenhydramine hcl</i> )	NF	
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML ( <i>diphenhydramine hcl</i> )	NF	RX/OTC
BENADRYL ALLERGY TABS ( <i>diphenhydramine hcl</i> )	NF	
<i>clemastine fumarate tabs</i>	F	
<i>diphenhydramine hcl caps 25 mg, 50 mg</i>	F	
<i>diphenhydramine hcl elix 12.5 mg/5ml</i>	F	RX/OTC
<i>diphenhydramine hcl liqd 12.5 mg/5ml</i>	F	RX/OTC
<i>diphenhydramine hcl tabs 25 mg</i>	F	
<b>Antihistamines - Non-Sedating</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Cetirizine Hcl) ALL DAY ALLERGY CHILDRENS, ALL-DAY ALLERGY CHILDRENS, CETIRIZINE HCL ALLERGY CHILDRENS, CETIRIZINE HCL CHILDRENSALLERGY, CETIRIZINE HCL HIVES RELIEF CHILDRENS, CETIRIZINE HYDROCHLORIDECHILD RENS ALLERGY, EQL ALL DAY ALLERGY CHILDRENS, GNP ALL DAY ALLERGY CHILDRENS, GOODSENSE ALL DAY ALLERGYCHILDRENS, HM ALL DAY ALLERGY CHILDRENS, HM CETIRIZINE HCL CHILDRENS, KLS ALLER- TEC CHILDRENS, PX CHILDRENS ALLERGY, QC CHILDRENS ALLERGY, RA CETIRIZINE HCL CHILDRENS ALLERGY, SB CETIRIZINE HCL CHILDRENS, SM ALL DAY ALLERGY CHILDRENS, TGT ALL DAY ALLERGY RELIEF CHILDRENS, WAL-ZYR ALL DAY ALLERGY CHILDRENS, WAL-ZYR ALL DAY ALLERGYCHILDRENS SOLN	F	QL(240 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Cetirizine Hcl) ALL DAY ALLERGY, ALLERGY 24HOUR INDOOR/OUTDOOR, ALLERGY RELIEF/INDOOR/OUTDOOR, CVS INDOOR/OUTDOOR ALLERGY RELIEF, EQL ALL DAY ALLERGY, GNP ALL DAY ALLERGY, GOODSENSE ALL DAY ALLERGY, HM ALL DAY ALLERGY, HM CETIRIZINE HYDROCHLORIDE, KLS ALLER-TEC, KP CETIRIZINE HCL, KP CETIRIZINE HYDROCHLORIDE, PX ALLERGY RELIEF, QC ALL DAY ALLERGY, RA ALLERGY RELIEF, RA CETIRIZINE, SB ALLERGY, SM ALL DAY ALLERGY, TGT ALL DAY ALLERGY RELIEF TABS	F	
(Cetirizine Hcl) ALLERGY RELIEF CHILDRENS CHEW 10 MG	F	
(Cetirizine Hcl) ALLERGY RELIEF CHILDRENS, RA ALLERGY RELIEF CHILDRENS, WAL-ZYR CHILDRENS SOLN 1 MG/ML, 5 MG/5ML	F	QL(240 ml per fill retail); RX/OTC
(Cetirizine Hcl) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, QC ALLERGY RELIEF, WAL-ZYR TABS 10 MG	F	
(Cetirizine Hcl) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, QC ALLERGY RELIEF, WAL-ZYR TABS OR 10 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Cetirizine Hcl) CETIRIZINE HCL CHILDRENS, EQ ALLERGY RELIEF SOLN 1 MG/ML	F	QL(240 ml per fill retail); RX/OTC
(Cetirizine Hcl) CETIRIZINE HCL CHILDRENS, EQ ALLERGY RELIEF SOLN OR 1 MG/ML	F	QL(240 ml per fill retail); RX/OTC
(Cetirizine Hcl) CETIRIZINE HCL CHILDRENS, WAL-ZYR CHILDRENS CHEW 10 MG, 5 MG	F	
(Cetirizine Hcl) CVS ALLERGY RELIEF CHILDRENS, EQ ALLERGY RELIEF CHILDRENS, WAL-ZYR SOLN 5 MG/5ML	F	QL(240 ml per fill retail); RX/OTC
(Cetirizine Hcl) EQ CETIRIZINE HYDROCHLORIDE CHILDRENS, RA CETIRIZINE CHILDRENS CHEW	F	
(Cetirizine Hcl) QC ALLERGY RELIEF CHILDRENS SYRP 1 MG/ML	F	QL(240 ml per fill retail); RX/OTC
(Cetirizine Hcl) RA ALLERGY RELIEF CHILDRENS SYRP 5 MG/5ML	F	QL(240 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Fexofenadine Hcl) 24HR ALLERGY RELIEF, ALLER-EASE, ALLERGY 24-HR, ALLERGY RELIEF 24HR/INDOOR/OUTDOOR, EQL ALLER-EASE, GNP ALLERGY RELIEF, GOODSENSE ALLER-EASE, HM FEXOFENADINE HYDROCHLORIDE, KLS ALLER-FEX, KP FEXOFENADINE HCL, MM FEXOFENADINE HYDROCHLORIDE, MUCINEX ALLERGY, PX ALLERGY RELIEF, QC FEXOFENADINE HYDROCHLORIDE, RA ALLERGY RELIEF, RA ALLERGY RELIEF 24 HOUR, SM FEXOFENADINE HCL, SM FEXOFENADINE HYDROCHLORIDE, TGT ALLERGY RELIEF, WAL-FEX, WAL-FEX 24 HOUR ALLERGY, WAL-FEX ALLERGY, WAL-FEX ALLERGY 12 HOUR TABS	F	
(Fexofenadine Hcl) ALLERGY RELIEF 24HR, EQ ALLERGY RELIEF, QC ALLERGY RELIEF TABS 180 MG	F	
(Fexofenadine Hcl) ALLERGY RELIEF 24HR, EQ ALLERGY RELIEF, QC ALLERGY RELIEF TABS OR 180 MG	F	
(Fexofenadine Hcl) ALLERGY RELIEF, CVS ALLERGY RELIEF TABS 180 MG, 60 MG	F	
(Fexofenadine Hcl) ALLERGY RELIEF, CVS ALLERGY RELIEF TABS OR 180 MG, 60 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF TABS 5 MG	F	RX/OTC
(Loratadine) ALAVERT, EQ LORATADINE, GNP ALLERGY RELIEF, GNP ALLERGY RELIEF FOR KIDS, GNP LORATADINE, HM ALLERGY RELIEF, MEIJER ALLERGY RELIEF, PX ALLERGY RELIEF, RA ALLERGY RELIEF, RA LORATADINE, SB ALLERGY RELIEF, SM LORATADINE ALLERGY RELIEF, TGT ALLERGY RELIEF, TRIAMINIC ALLERCHEWS, WAL-ITIN, WAL-ITIN ALLER-MELTS, WAL-ITIN ALLERGY RELIEF REDITABS, WAL-VERT TBDP	F	
(Loratadine) ALLERGY CHILDRENS, ALLERGY RELIEF CHILDRENS, CVS ALLERGY RELIEF CHILDRENS, EQ ALLERGY RELIEF CHILDRENS, LORATADINE CHILDRENS, QC ALLERGY RELIEF CHILDRENS SYRP 5 MG/5ML	F	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Loratadine) ALLERGY NON-DROWSY, ALLERGY RELIEF LORATADINE, EQ LORATADINE, EQL ALLERGY RELIEF, GNP LORATADINE, GOODSENSE ALLERGY RELIEF, HM LORATADINE, KLS ALLERCLEAR, KP LORATADINE, LORADAMED, MEIJER ALLERGY RELIEF, PX ALLERGY RELIEF, QC LORATADINE ALLERGY RELIEF, QLEARQUIL ALL DAY & ALLNIGHT 24 HOUR ALLERGY RELIEF, RA ALLERGY RELIEF 24 HOUR, RA LORATADINE, SB LORATADINE, SB LORATADINE ALLERGY RELIEF, SM LORATADINE, TGT ALLERGY RELIEF, WAL-ITIN TABS	F		(Loratadine) ALLERGY RELIEF CHILDRENS, GNP LORATADINE CHILDRENS, LORATADINE CHILDRENS SOLN 5 MG/5ML	F	
			(Loratadine) ALLERGY RELIEF, CVS ALLERGY RELIEF, QC ALLERGY RELIEF, SM ALLERGY RELIEF TBDP 10 MG	F	
			(Loratadine) ALLERGY RELIEF, CVS ALLERGY RELIEF, QC ALLERGY RELIEF, SM ALLERGY RELIEF TBDP OR 10 MG	F	
			(Loratadine) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF TABS 10 MG	F	
			(Loratadine) ALLERGY, ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF TABS OR 10 MG	F	
			(Loratadine) CHILDRENS LORATADINE, WAL-ITIN CHILDRENS SOLN	F	
(Loratadine) ALLERGY RELIEF CHILD, CHILDRENS LORATADINE, CLARITIN ALLERGY CHILDRENS, EQ ALLERGY CHILDRENS, EQ CHILDRENS LORATADINE, GNP LORATADINE, HM LORATADINE CHILDRENS, MEIJER LORATADINE, RA LORATADINE, RA LORATADINE CHILDRENS, SB LORATADINE, SM ALLERGY CHILDRENS, SM CHILDRENS LORATADINE, SM LORATADINE, TGT LORATADINE CHILDRENS, WAL-ITIN SYRP	F		ALLEGRA ALLERGY TABS ( <i>fexofenadine hcl</i> )	NF	
			<i>cetirizine hcl chew 10 mg, 5 mg</i>	F	
			<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	F	QL(240 ml per fill retail); RX/OTC
			<i>cetirizine hcl tabs 10 mg, 5 mg</i>	F	
			CLARITIN ALLERGY CHILDRENS SYRP ( <i>loratadine</i> )	NF	
			CLARITIN REDITABS TBDP 10 MG ( <i>loratadine</i> )	NF	
			CLARITIN REDITABS TBDP 5 MG ( <i>loratadine</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
CLARITIN SYRP 5 MG/5ML ( <i>loratadine</i> )	NF	
CLARITIN TABS 10 MG ( <i>loratadine</i> )	NF	
<i>fexofenadine hcl tabs</i>	F	
<i>levocetirizine dihydrochloride tabs 5 mg</i>	F	RX/OTC
<i>loratadine syrp 5 mg/5ml</i>	F	
<i>loratadine tabs 10 mg</i>	F	
XYZAL ALLERGY 24HR TABS ( <i>levocetirizine dihydrochloride</i> )	NF	RX/OTC
ZYRTEC ALLERGY TABS ( <i>cetirizine hcl</i> )	NF	
ZYRTEC CHILDRENS ALLERGY SOLN ( <i>cetirizine hcl</i> )	NF	QL(240 ml per fill retail); RX/OTC
<b>Antihistamines - Phenothiazines</b>		
(Promethazine Hcl) PHENADOZ, PROMETHEGAN SUPP	F	
<i>promethazine hcl soln or 6.25 mg/5ml</i>	F	
<i>promethazine hcl suppre 12.5 mg, 25 mg, 50 mg</i>	F	
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	F	
<i>promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg</i>	F	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrp</i>	F	
<i>cyproheptadine hcl tabs</i>	F	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		

Drug Name	Drug Tier	Requirements/ Limits
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin tabs</i>	F	ST; QL(1 ea daily)
VYTORIN TABS ( <i>ezetimibe-simvastatin</i> )	NF	ST; QL(1 ea daily)
<b>Bile Acid Sequestrants</b>		
(Cholestyramine Light) PREVALITE PACK	F	
(Cholestyramine Light) PREVALITE POWD	F	
<i>cholestyramine light pack</i>	F	
<i>cholestyramine light powd</i>	F	
<i>cholestyramine pack</i>	F	
<i>cholestyramine powd</i>	F	
COLESTID FLAVORED GRAN 5 GM ( <i>colestipol hcl</i> )	NF	
COLESTID GRAN 5 GM ( <i>colestipol hcl</i> )	NF	
COLESTID TABS 1 GM ( <i>colestipol hcl</i> )	NF	
<i>colestipol hcl gran 5 gm</i>	F	
<i>colestipol hcl tabs 1 gm</i>	F	
QUESTRAN LIGHT POWD ( <i>cholestyramine light</i> )	NF	
QUESTRAN PACK ( <i>cholestyramine</i> )	NF	
QUESTRAN POWD ( <i>cholestyramine</i> )	NF	
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate micronized caps 130 mg, 43 mg</i>	F	
<i>fenofibrate micronized caps 134 mg, 200 mg</i>	F	QL(1 ea daily)
<i>fenofibrate micronized caps 67 mg</i>	F	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<b><i>fenofibrate tabs 160 mg</i></b>	F	QL(1 ea daily)
FENOFIBRATE TABS 160 MG ( <b><i>fenofibrate</i></b> )	F	QL(1 ea daily)
<b><i>fenofibrate tabs 54 mg</i></b>	F	QL(3 ea daily)
FIBRICOR TABS 105 MG, 35 MG ( <b><i>fenofibric acid</i></b> )	NF	
<b><i>gemfibrozil tabs</i></b>	F	
LIPOFEN CAPS ( <b><i>fenofibrate</i></b> )	NF	
LOPID TABS ( <b><i>gemfibrozil</i></b> )	NF	
TRIGLIDE TABS ( <b><i>fenofibrate</i></b> )	F	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
<b><i>atorvastatin calcium tabs</i></b>	F	QL(1 ea daily)
CRESTOR TABS ( <b><i>rosuvastatin calcium</i></b> )	NF	ST; QL(1 ea daily)
<b><i>fluvastatin sodium caps</i></b>	F	QL(1 ea daily)
<b><i>fluvastatin sodium tb24</i></b>	F	QL(1 ea daily)
LESCOL XL TB24 ( <b><i>fluvastatin sodium</i></b> )	NF	QL(1 ea daily)
LIPITOR TABS ( <b><i>atorvastatin calcium</i></b> )	NF	QL(1 ea daily)
<b><i>lovastatin tabs 10 mg, 20 mg</i></b>	F	QL(1.5 ea daily)
<b><i>lovastatin tabs 40 mg</i></b>	F	QL(2 ea daily)
PRAVACHOL TABS ( <b><i>pravastatin sodium</i></b> )	NF	QL(1 ea daily)
<b><i>pravastatin sodium tabs</i></b>	F	QL(1 ea daily)
<b><i>rosuvastatin calcium tabs</i></b>	F	ST; QL(1 ea daily)
<b><i>simvastatin tabs 10 mg, 20 mg, 40 mg, 5 mg</i></b>	F	QL(1 ea daily)
<b><i>simvastatin tabs 80 mg</i></b>	F	PA

Drug Name	Drug Tier	Requirements/Limits
ZOCOR TABS 10 MG, 20 MG, 40 MG, 5 MG ( <b><i>simvastatin</i></b> )	NF	QL(1 ea daily)
ZOCOR TABS 80 MG ( <b><i>simvastatin</i></b> )	NF	PA
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<b><i>ezetimibe tabs</i></b>	F	ST
ZETIA TABS ( <b><i>ezetimibe</i></b> )	NF	ST
<b>Nicotinic Acid Derivatives</b>		
(Niacin (Antihyperlipidemic)) NIACOR TABS	F	
<b><i>niacin (antihyperlipidemic) tabs</i></b>	F	
<b><i>niacin (antihyperlipidemic) tbc</i></b>	F	
NIASPAN TBCR ( <b><i>niacin (antihyperlipidemic)</i></b> )	NF	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL TABS ( <b><i>quinapril hcl</i></b> )	NF	
ALTACE CAPS ( <b><i>ramipril</i></b> )	NF	QL(2 ea daily)
<b><i>benazepril hcl tabs</i></b>	F	
<b><i>captopril tabs</i></b>	F	
<b><i>enalapril maleate tabs</i></b>	F	
<b><i>fosinopril sodium tabs</i></b>	F	
<b><i>lisinopril tabs</i></b>	F	
LOTENSIN TABS ( <b><i>benazepril hcl</i></b> )	NF	
<b><i>moexipril hcl tabs</i></b>	F	
PRINIVIL TABS ( <b><i>lisinopril</i></b> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril hcl tabs</i>	F	
<i>ramipril caps</i>	F	QL(2 ea daily)
<i>trandolapril tabs 1 mg, 2 mg</i>	F	QL(1 ea daily)
<i>trandolapril tabs 4 mg</i>	F	QL(2 ea daily)
VASOTEC TABS ( <i>enalapril maleate</i> )	NF	
ZESTRIL TABS ( <i>lisinopril</i> )	NF	
<b>Agents for Pheochromocytoma</b>		
DEMSER CAPS ( <i>metyrosine</i> )	NF	SP- AcariaHealth;S P
DIBENZYLINE CAPS ( <i>phenoxybenzamine hcl</i> )	NF	
<i>metyrosine caps</i>	F	SP- AcariaHealth;S P
<i>phenoxybenzamine hcl caps</i>	F	
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND TABS ( <i>candesartan cilexetil</i> )	NF	
AVAPRO TABS ( <i>irbesartan</i> )	NF	
BENICAR TABS ( <i>olmesartan medoxomil</i> )	NF	ST
<i>candesartan cilexetil tabs</i>	F	
COZAAR TABS ( <i>losartan potassium</i> )	NF	
DIOVAN TABS ( <i>valsartan</i> )	NF	QL(1 ea daily)
<i>irbesartan tabs</i>	F	
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
MICARDIS TABS ( <i>telmisartan</i> )	NF	
<i>olmesartan medoxomil tabs</i>	F	ST
<i>telmisartan tabs</i>	F	
<i>valsartan tabs</i>	F	QL(1 ea daily)
<b>Antiadrenergic Antihypertensives</b>		
CARDURA TABS ( <i>doxazosin mesylate</i> )	NF	
CATAPRES TABS ( <i>clonidine hcl</i> )	NF	
<i>clonidine hcl tabs</i>	F	
<i>doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg</i>	F	
<i>guanfacine hcl tabs</i>	F	
<i>methyldopa tabs</i>	F	
MINIPRESS CAPS ( <i>prazosin hcl</i> )	NF	
<i>prazosin hcl caps</i>	F	
<i>terazosin hcl caps</i>	F	
<b>Antihypertensive Combinations</b>		
ACCURETIC TABS ( <i>quinapril-hydrochlorothiazide</i> )	NF	
<i>amlodipine besylate-benazepril hcl caps</i>	F	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	F	ST
<i>amlodipine besylate-valsartan tabs</i>	F	ST
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	F	ST

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Drug Name	Drug Tier	Requirements/ Limits
ATACAND HCT TABS ( <i>candesartan cilexetil-hydrochlorothiazide</i> )	NF	
<i>atenolol &amp; chlorthalidone tabs</i>	F	
AVALIDE TABS ( <i>irbesartan-hydrochlorothiazide</i> )	NF	
AZOR TABS ( <i>amlodipine besylate-olmesartan medoxomil</i> )	NF	ST
<i>benazepril &amp; hydrochlorothiazide tabs</i>	F	
BENICAR HCT TABS ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	NF	ST
<i>bisoprolol &amp; hydrochlorothiazide tabs</i>	F	
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	F	
<i>captopril &amp; hydrochlorothiazide tabs</i>	F	
CORZIDE TABS 40 MG-50 MG ( <i>nadolol &amp; bendroflumethiazide</i> )	NF	
DIOVAN HCT TABS ( <i>valsartan-hydrochlorothiazide</i> )	NF	QL(1 ea daily)
DUTOPROL TB24 12.5 MG-50 MG ( <i>metoprolol &amp; hydrochlorothiazide</i> )	F	
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	F	
EXFORGE HCT TABS ( <i>amlodipine-valsartan-hydrochlorothiazide</i> )	NF	ST

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE TABS ( <i>amlodipine besylate-valsartan</i> )	NF	ST
<i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>	F	
HYZAAR TABS ( <i>losartan potassium &amp; hydrochlorothiazide</i> )	NF	
<i>irbesartan-hydrochlorothiazide tabs</i>	F	
<i>lisinopril &amp; hydrochlorothiazide tabs</i>	F	
LOPRESSOR HCT TABS ( <i>metoprolol &amp; hydrochlorothiazide</i> )	NF	
<i>losartan potassium &amp; hydrochlorothiazide tabs</i>	F	
LOTENSIN HCT TABS ( <i>benazepril &amp; hydrochlorothiazide</i> )	NF	
LOTREL CAPS ( <i>amlodipine besylate-benazepril hcl</i> )	NF	QL(1 ea daily)
<i>methyldopa &amp; hydrochlorothiazide tabs</i>	F	
<i>metoprolol &amp; hydrochlorothiazide tabs</i>	F	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 100 MG-12.5 MG, 12.5 MG-25 MG ( <i>metoprolol &amp; hydrochlorothiazide</i> )	F	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 12.5 MG-50 MG ( <i>metoprolol &amp; hydrochlorothiazide</i> )	F	
MICARDIS HCT TABS ( <i>telmisartan-hydrochlorothiazide</i> )	NF	
<i>moexipril-hydrochlorothiazide tabs</i>	F	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	F	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	F	ST
<i>propranolol &amp; hydrochlorothiazide tabs</i>	F	
<i>quinapril-hydrochlorothiazide tabs</i>	F	
TARKA TBCR ( <i>trandolapril-verapamil hcl</i> )	NF	
<i>telmisartan-amlodipine tabs</i>	F	
<i>telmisartan-hydrochlorothiazide tabs</i>	F	
TENORETIC 100 TABS ( <i>atenolol &amp; chlorthalidone</i> )	NF	
TENORETIC 50 TABS ( <i>atenolol &amp; chlorthalidone</i> )	NF	
<i>trandolapril-verapamil hcl tbc</i>	F	

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR TABS ( <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )	NF	ST
TWYNSTA TABS ( <i>telmisartan-amlodipine</i> )	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
VASERETIC TABS ( <i>enalapril maleate &amp; hydrochlorothiazide</i> )	NF	
ZESTORETIC TABS ( <i>lisinopril &amp; hydrochlorothiazide</i> )	NF	
ZIAC TABS ( <i>bisoprolol &amp; hydrochlorothiazide</i> )	NF	
<b>Direct Renin Inhibitors</b>		
TEKTURN TABS ( <i>aliskiren fumarate</i> )	NF	ST
<b>Vasodilators</b>		
<i>hydralazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg</i>	F	
<i>minoxidil tabs</i>	F	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl tabs</i>	F	QL(1 ea daily)
COARTEM TABS ( <i>artemether-lumefantrine</i> )	F	QL(24 ea per fill retail)
MALARONE TABS ( <i>atovaquone-proguanil hcl</i> )	NF	QL(1 ea daily)
<b>Antimalarials</b>		
<i>chloroquine phosphate tabs 250 mg</i>	F	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>chloroquine phosphate tabs 500 mg</i>	F	QL(8 ea per 56 days retail)
<i>hydroxychloroquine sulfate tabs</i>	F	
KRINTAFEL TABS ( <i>tafenoquine succinate</i> )	F	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	F	
PLAQUENIL TABS ( <i>hydroxychloroquine sulfate</i> )	NF	

### ANTIMYASTHENIC/CHOLINERGIC AGENTS

#### Antimyasthenic/Cholinergic Agents

MESTINON TABS 60 MG ( <i>pyridostigmine bromide</i> )	NF	
MESTINON TIMESPAN TBCR ( <i>pyridostigmine bromide</i> )	NF	
<i>pyridostigmine bromide tabs 60 mg</i>	F	
<i>pyridostigmine bromide tbc 180 mg</i>	F	

### ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

#### Antimycobacterial Agents

<i>ethambutol hcl tabs</i>	F	
<i>isoniazid syrp or 50 mg/5ml</i>	F	
ISONIAZID TABS OR 100 MG ( <i>isoniazid</i> )	F	
<i>isoniazid tabs or 100 mg, 300 mg</i>	F	
MYAMBUTOL TABS ( <i>ethambutol hcl</i> )	NF	
MYCOBUTIN CAPS ( <i>rifabutin</i> )	NF	
PRIFTIN TABS ( <i>rifapentine</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>pyrazinamide tabs</i>	F	
<i>rifabutin caps</i>	F	
RIFADIN CAPS ( <i>rifampin</i> )	NF	
<i>rifampin caps</i>	F	
TRECTOR TABS ( <i>ethionamide</i> )	F	

### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer

#### Alkylating Agents

ALKERAN TABS ( <i>melphalan</i> )	NF	
GLEOSTINE CAPS ( <i>lomustine</i> )	F	
LEUKERAN TABS ( <i>chlorambucil</i> )	F	
<i>melphalan tabs</i>	F	
MYLERAN TABS ( <i>busulfan</i> )	F	
TEMODAR CAPS 100 MG, 20 MG, 250 MG, 5 MG ( <i>temozolomide</i> )	NF	SP-AcariaHealth;S P
TEMODAR CAPS 140 MG, 180 MG ( <i>temozolomide</i> )	NF	SP-AcariaHealth
<i>temozolomide caps 100 mg, 20 mg, 250 mg, 5 mg</i>	F	SP-AcariaHealth;S P
<i>temozolomide caps 140 mg, 180 mg</i>	F	SP-AcariaHealth
YONDELIS SOLR ( <i>trabectedin</i> )	F	PA; SP-AcariaHealth;S P

#### Antimetabolites

<i>capecitabine tabs 150 mg</i>	F	SP-AcariaHealth
<i>capecitabine tabs 500 mg</i>	F	SP-AcariaHealth;S P
DACOGEN SOLR ( <i>decitabine</i> )	NF	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
<i>decitabine solr</i>	F	PA; SP
<i>mercaptopurine tabs or</i>	F	
<i>methotrexate sodium soln ij 1 gm/40ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>	F	
<i>methotrexate sodium tabs or 2.5 mg</i>	F	
PURIXAN SUSP ( <i>mercaptopurine</i> )	F	
TABLOID TABS ( <i>thioguanine</i> )	F	SP- AcariaHealth;S P
TREXALL TABS ( <i>methotrexate sodium</i> )	F	
XATMEP SOLN ( <i>methotrexate</i> )	F	PA; SP
XELODA TABS 150 MG ( <i>capecitabine</i> )	NF	SP- AcariaHealth
XELODA TABS 500 MG ( <i>capecitabine</i> )	NF	SP- AcariaHealth;S P
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
AVASTIN SOLN ( <i>bevacizumab</i> )	F	PA; SP- AcariaHealth;S P
CYRAMZA SOLN ( <i>ramucirumab</i> )	F	PA; SP- AcariaHealth;S P
ZALTRAP SOLN ( <i>ziv-aflibercept</i> )	F	PA; SP- AcariaHealth;S P
<b>Antineoplastic - Antibodies</b>		
DARZALEX SOLN 100 MG/5ML ( <i>daratumumab</i> )	F	PA; SP- AcariaHealth;S P
DARZALEX SOLN 400 MG/20ML ( <i>daratumumab</i> )	F	PA; SP- AcariaHealth
EMPLICITI SOLR ( <i>elotuzumab</i> )	F	PA; SP- AcariaHealth;S P

Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN SOLR ( <i>trastuzumab</i> )	F	PA; SP- AcariaHealth;S P
KADCYLA SOLR ( <i>ado-trastuzumab emtansine</i> )	F	PA; SP- AcariaHealth;S P
LARTRUVO SOLN ( <i>olaratumab</i> )	F	PA; SP- Accredo;SP
OPDIVO SOLN ( <i>nivolumab</i> )	F	PA; SP- AcariaHealth;S P
PERJETA SOLN ( <i>pertuzumab</i> )	F	PA; SP- AcariaHealth;S P
RITUXAN SOLN ( <i>rituximab</i> )	F	PA; SP- AcariaHealth;S P
<b>Antineoplastic - BCL-2 Inhibitors</b>		
VENCLEXTA STARTING PACK TBPK ( <i>venetoclax</i> )	F	PA
VENCLEXTA TABS ( <i>venetoclax</i> )	F	PA
<b>Antineoplastic - Cellular Immunotherapy</b>		
KYMRIAH SUSP ( <i>tisagenlecleucel</i> )	F	PA; SP
PROVENGE SUSP ( <i>sipuleucel-t</i> )	F	PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
ERIVEDGE CAPS ( <i>vismodegib</i> )	F	PA; SP
ODOMZO CAPS ( <i>sonidegib phosphate</i> )	F	SP
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate tabs</i>	F	PA; SP- AcariaHealth;S P
<i>anastrozole tabs</i>	F	
ARIMIDEX TABS ( <i>anastrozole</i> )	NF	
AROMASIN TABS ( <i>exemestane</i> )	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide tabs</i>	F	
CASODEX TABS ( <i>bicalutamide</i> )	NF	
ELIGARD KIT ( <i>leuprolide acetate (3 month)</i> )	F	PA; SP-AcariaHealth;S P
ELIGARD KIT ( <i>leuprolide acetate (4 month)</i> )	F	PA; SP-AcariaHealth;S P
ELIGARD KIT ( <i>leuprolide acetate (6 month)</i> )	F	PA; SP-AcariaHealth;S P
ELIGARD KIT ( <i>leuprolide acetate</i> )	F	PA; SP-AcariaHealth;S P
EMCYT CAPS ( <i>estramustine phosphate sodium</i> )	F	SP-AcariaHealth;S P
ERLEADA TABS ( <i>apalutamide</i> )	F	PA; SP-AcariaHealth;SP
<i>exemestane tabs</i>	F	
FARESTON TABS ( <i>toremifene citrate</i> )	NF	PA
FEMARA TABS ( <i>letrozole</i> )	NF	
FIRMAGON SOLR 120 MG/VIAL ( <i>degarelix acetate</i> )	F	PA; SP
FIRMAGON SOLR 80 MG ( <i>degarelix acetate</i> )	F	PA; SP-AcariaHealth;S P
<i>flutamide caps</i>	F	
<i>hydroxyprogesterone caproate (antineoplastic) soln</i>	F	PA; SP
<i>letrozole tabs</i>	F	
<i>leuprolide acetate kit</i>	F	PA; SP-AcariaHealth;S P
LUPRON DEPOT ( <b>1-MONTH</b> ) KIT 3.75 MG (leuprolide acetate)	F	PA; SP-AcariaHealth;S P

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT ( <b>1-MONTH</b> ) KIT 7.5 MG (leuprolide acetate)	F	PA; SP-AcariaHealth
LUPRON DEPOT ( <b>3-MONTH</b> ) KIT (leuprolide acetate (3 month))	F	PA; SP-AcariaHealth;S P
LUPRON DEPOT ( <b>4-MONTH</b> ) KIT (leuprolide acetate (4 month))	F	PA; SP-AcariaHealth;S P
LUPRON DEPOT ( <b>6-MONTH</b> ) KIT (leuprolide acetate (6 month))	F	PA; SP-AcariaHealth;S P
LYSODREN TABS ( <i>mitotane</i> )	F	SP-AcariaHealth;S P
<i>megestrol acetate susp</i>	F	
<i>megestrol acetate tabs</i>	F	
<i>tamoxifen citrate tabs</i>	F	
<i>toremifene citrate tabs</i>	F	PA
TRELSTAR MIXJECT SUSR ( <i>triptorelin pamoate</i> )	F	PA; SP-AcariaHealth;S P
VANTAS KIT ( <i>histrelin acetate</i> )	F	PA; SP-AcariaHealth;S P
XTANDI CAPS ( <i>enzalutamide</i> )	F	PA; SP
YONSA TABS ( <i>abiraterone acetate</i> )	F	PA
ZOLADEX IMPL ( <i>goserelin acetate</i> )	F	PA; SP-AcariaHealth;S P
ZYTIGA TABS 250 MG ( <i>abiraterone acetate</i> )	NF	PA; SP-AcariaHealth;S P
ZYTIGA TABS 500 MG ( <i>abiraterone acetate</i> )	F	PA; SP-AcariaHealth;S P
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS ( <i>pomalidomide</i> )	F	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
<b>Antineoplastic Antibiotics</b>		
(Doxorubicin Hcl) ADRIAMYCIN SOLN	F	PA
(Doxorubicin Hcl) ADRIAMYCIN, ADRIAMYCIN SOLR	F	PA
<b>bleomycin sulfate solr</b>	F	PA
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML ( <b>daunorubicin hcl</b> )	NF	
<b>doxorubicin hcl soln</b>	F	PA
<b>doxorubicin hcl solr</b>	F	PA
<b>mitoxantrone hcl conc</b>	F	PA; SP- AcariaHealth;S P
<b>Antineoplastic Combinations</b>		
KISQALI FEMARA 200 DOSE TBPK ( <b>ribociclib succinate-letrozole</b> )	F	PA; SP
KISQALI FEMARA 400 DOSE TBPK ( <b>ribociclib succinate-letrozole</b> )	F	PA; SP
KISQALI FEMARA 600 DOSE TBPK ( <b>ribociclib succinate-letrozole</b> )	F	PA; SP
LONSURF TABS ( <b>trifluridine-tipiracil</b> )	F	PA; SP
RITUXAN HYCELA SOLN ( <b>rituximab- hyaluronidase human</b> )	F	PA; SP- AcariaHealth;S P
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR DISPERZ TBSO ( <b>everolimus</b> )	F	PA; SP
AFINITOR TABS 10 MG ( <b>everolimus</b> )	F	PA; SP- AcariaHealth;S P
AFINITOR TABS 2.5 MG, 5 MG, 7.5 MG ( <b>everolimus</b> )	NF	PA; SP- AcariaHealth;S P

Drug Name	Drug Tier	Requirements/Limits
ALECENSA CAPS ( <b>alectinib hcl</b> )	F	PA; SP
ALUNBRIG TABS 180 MG, 90 MG ( <b>brigatinib</b> )	F	PA; SP- Caremark;SP
ALUNBRIG TABS 30 MG ( <b>brigatinib</b> )	F	PA; SP
ALUNBRIG TBPK ( <b>brigatinib</b> )	F	PA; SP- Caremark;SP
BOSULIF TABS 100 MG, 500 MG ( <b>bosutinib</b> )	F	PA; SP- AcariaHealth;S P
BRAFTOVI CAPS ( <b>encorafenib</b> )	F	PA
CABOMETYX TABS ( <b>cabozantinib s-malate</b> )	F	PA; SP
CALQUENCE CAPS ( <b>acalabrutinib</b> )	F	PA
CAPRELSA TABS 100 MG ( <b>vandetanib</b> )	F	PA; SP- Biologics;SP
CAPRELSA TABS 300 MG ( <b>vandetanib</b> )	F	PA; SP
COMETRIQ KIT ( <b>cabozantinib s-malate</b> )	F	PA; SP
COPIKTRA CAPS ( <b>duvelisib</b> )	F	PA
COTELLIC TABS ( <b>cobimetinib fumarate</b> )	F	PA; SP
<b>erlotinib hcl tabs 100 mg, 25 mg</b>	F	PA; SP- AcariaHealth;S P
<b>erlotinib hcl tabs 150 mg</b>	F	PA; SP
<b>everolimus tabs</b>	F	PA; SP- AcariaHealth;S P
FARYDAK CAPS ( <b>panobinostat lactate</b> )	F	PA; SP
GILOTRIF TABS ( <b>afatinib dimaleate</b> )	F	PA; SP
GLEEVEC TABS ( <b>imatinib mesylate</b> )	NF	PA; SP
IBRANCE CAPS ( <b>palbociclib</b> )	F	PA; SP-Acaria Health;SP

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Drug Name	Drug Tier	Requirements/ Limits
IBRANCE TABS ( <i>palbociclib</i> )	F	PA; SP-Acaria Health;SP
ICLUSIG TABS 15 MG, 45 MG ( <i>ponatinib hcl</i> )	F	PA; SP
IDHIFA TABS ( <i>enasidenib mesylate</i> )	F	PA; SP-Accredo;SP
<i>imatinib mesylate tabs</i>	F	PA; SP
IMBRUVICA CAPS 140 MG ( <i>ibrutinib</i> )	F	PA; SP
IMBRUVICA CAPS 70 MG ( <i>ibrutinib</i> )	F	PA; SP-Biologics;SP
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )	F	PA; QL(1 ea daily)
INLYTA TABS ( <i>axitinib</i> )	F	PA; SP-AcariaHealth;S P
IRESSA TABS ( <i>gefitinib</i> )	F	PA; SP
JAKAFI TABS 10 MG, 15 MG, 20 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	F	SP
JAKAFI TABS 25 MG ( <i>ruxolitinib phosphate</i> )	F	
KISQALI TBPk ( <i>ribociclib succinate</i> )	F	PA; SP
<i>lapatinib ditosylate tabs</i>	F	SP
LENVIMA 10 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	F	PA; SP
LENVIMA 14 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	F	PA; SP
LENVIMA 18 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	F	PA; SP-Biologics;SP
LENVIMA 20 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	F	PA; SP
LENVIMA 24 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 8 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	F	PA; SP-Biologics;SP
LYNPARZA TABS ( <i>olaparib</i> )	F	PA; SP-Biologics;SP
MEKINIST TABS ( <i>trametinib dimethyl sulfoxide</i> )	F	PA; SP
MEKTOVI TABS ( <i>binimetinib</i> )	F	PA
NERLYNX TABS ( <i>neratinib maleate</i> )	F	PA; SP
NEXAVAR TABS ( <i>sorafenib tosylate</i> )	F	PA; SP
NINLARO CAPS ( <i>ixazomib citrate</i> )	F	PA; SP
RUBRACA TABS ( <i>rucaparib camsylate</i> )	F	PA; SP
RYDAPT CAPS ( <i>midostaurin</i> )	F	PA; SP
SPRYCEL TABS ( <i>dasatinib</i> )	F	PA; SP
STIVARGA TABS ( <i>regorafenib</i> )	F	PA; SP-AcariaHealth;S P
SUTENT CAPS ( <i>sunitinib malate</i> )	F	PA; SP
TAFINLAR CAPS ( <i>dabrafenib mesylate</i> )	F	PA; SP
TAGRISSO TABS ( <i>osimertinib mesylate</i> )	F	PA; SP
TARCEVA TABS 100 MG, 25 MG ( <i>erlotinib hcl</i> )	NF	PA; SP-AcariaHealth;S P
TARCEVA TABS 150 MG ( <i>erlotinib hcl</i> )	NF	PA; SP
TASIGNA CAPS 150 MG, 200 MG ( <i>nilotinib hcl</i> )	F	PA; SP-AcariaHealth;S P
TIBSOVO TABS ( <i>ivosidenib</i> )	F	PA; SP
TYKERB TABS ( <i>lapatinib ditosylate</i> )	NF	SP

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Drug Name	Drug Tier	Requirements/Limits
VOTRIENT TABS ( <i>pazopanib hcl</i> )	F	PA; SP
XALKORI CAPS ( <i>crizotinib</i> )	F	PA; SP- AcariaHealth;S P
ZEJULA CAPS ( <i>niraparib tosylate</i> )	F	PA; SP
ZELBORAF TABS ( <i>vemurafenib</i> )	F	PA; SP
ZOLINZA CAPS ( <i>vorinostat</i> )	F	PA; SP- AcariaHealth;S P
ZYDELIG TABS ( <i>idelalisib</i> )	F	PA; SP
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SOLN ( <i>interferon gamma-1b</i> )	F	PA; SP- Caremark
<i>bexarotene caps</i>	F	PA; SP
HYDREA CAPS ( <i>hydroxyurea</i> )	NF	
<i>hydroxyurea caps</i>	F	
MATULANE CAPS ( <i>procarbazine hcl</i> )	F	
SYLATRON KIT ( <i>peginterferon alfa-2b (antineoplastic)</i> )	F	PA; SP- AcariaHealth
TARGRETIN CAPS OR 75 MG ( <i>bexarotene</i> )	NF	PA; SP
<i>tretinoin (chemotherapy) caps</i>	F	SP- AcariaHealth
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	F	
<b>Mitotic Inhibitors</b>		
(Vincristine Sulfate) VINCASAR PFS SOLN	F	PA
DOCETAXEL ( <b>NON- ALCOHOL FORMULA</b> ) SOLN ( <i>docetaxel</i> )	F	PA; SP

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL CONC 160 MG/8ML ( <i>docetaxel</i> )	NF	PA; SP- AcariaHealth;S P
DOCETAXEL CONC 160 MG/8ML, 20 MG/ML, 200 MG/10ML, 80 MG/4ML ( <i>docetaxel</i> )	F	PA; SP- AcariaHealth;S P
<i>docetaxel conc 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>	F	PA; SP- AcariaHealth;S P
<i>docetaxel soln 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	F	PA; SP- AcariaHealth;S P
DOCETAXEL SOLN 160 MG/16ML, 20 MG/2ML, 80 MG/8ML ( <i>docetaxel</i> )	F	PA; SP- AcariaHealth;S P
DOCETAXEL SOLN 160 MG/16ML, 20 MG/2ML, 80 MG/8ML ( <i>docetaxel</i> )	NF	PA; SP- AcariaHealth;S P
<i>etoposide caps or 50 mg</i>	F	SP- AcariaHealth;S P
HALAVEN SOLN ( <i>eribulin mesylate</i> )	F	PA; SP- AcariaHealth;S P
IXEMPRA KIT SOLR ( <i>ixabepilone</i> )	F	PA; SP- AcariaHealth;S P
TAXOTERE CONC ( <i>docetaxel</i> )	NF	PA; SP- AcariaHealth;S P
<i>vincristine sulfate soln</i>	F	PA
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR SOLN ( <i>irinotecan hcl</i> )	NF	PA; SP- AcariaHealth;S P
HYCAMTIN CAPS OR 0.25 MG, 1 MG ( <i>topotecan hcl</i> )	F	PA; SP- AcariaHealth
HYCAMTIN SOLR IV 4 MG ( <i>topotecan hcl</i> )	NF	PA; SP- AcariaHealth
<i>irinotecan hcl soln</i>	F	PA; SP- AcariaHealth;S P

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Drug Name	Drug Tier	Requirements/Limits
<i>topotecan hcl soln 4 mg/4ml</i>	F	PA; SP-AcariaHealth
TOPOTECAN HCL SOLN 4 MG/4ML ( <i>topotecan hcl</i> )	F	PA; SP-AcariaHealth
TOPOTECAN HCL SOLN 4 MG/4ML ( <i>topotecan hcl</i> )	NF	PA; SP-AcariaHealth
<i>topotecan hcl solr 4 mg</i>	F	PA; SP-AcariaHealth
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa tabs</i>	F	
LODOSYN TABS ( <i>carbidopa</i> )	NF	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate soln</i>	CO	
<i>benztropine mesylate tabs</i>	CO	
COGENTIN SOLN ( <i>benztropine mesylate</i> )	CO	
<i>trihexyphenidyl hcl soln</i>	CO	
<i>trihexyphenidyl hcl tabs</i>	CO	
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN TABS ( <i>entacapone</i> )	NF	
<i>entacapone tabs</i>	F	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps</i>	CO	
<i>amantadine hcl syrup</i>	CO	
<i>amantadine hcl tabs</i>	CO	
<i>bromocriptine mesylate caps</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate tabs</i>	F	
<i>carbidopa-levodopa tabs 10 mg-100 mg, 100 mg-25 mg, 25 mg-250 mg</i>	F	
<i>carbidopa-levodopa tbcr 100 mg-25 mg, 200 mg-50 mg</i>	F	
GOCOVRI CP24 ( <i>amantadine hcl</i> )	CO	
MIRAPEX TABS ( <i>pramipexole dihydrochloride</i> )	NF	
OSMOLEX ER T4PK ( <i>amantadine hcl</i> )	CO	
OSMOLEX ER TB24 ( <i>amantadine hcl</i> )	CO	
PARLODEL CAPS ( <i>bromocriptine mesylate</i> )	NF	
PARLODEL TABS ( <i>bromocriptine mesylate</i> )	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	F	
REQUIP TABS ( <i>ropinirole hydrochloride</i> )	NF	
REQUIP XL TB24 ( <i>ropinirole hydrochloride</i> )	NF	
<i>ropinirole hydrochloride tabs</i>	F	
<i>ropinirole hydrochloride tb24</i>	F	
SINEMET CR TBCR ( <i>carbidopa-levodopa</i> )	NF	
SINEMET TABS ( <i>carbidopa-levodopa</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
STALEVO 100 TABS ( <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 125 TABS ( <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 150 TABS ( <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 200 TABS ( <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 50 TABS ( <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 75 TABS ( <i>carbidopa-levodopa-entacapone</i> )	NF	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>selegiline hcl caps</i>	F	
<i>selegiline hcl tabs</i>	F	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps</i>	CO	
<i>lithium carbonate tabs</i>	CO	
<i>lithium carbonate tbc</i>	CO	
LITHIUM SOLN ( <i>lithium</i> )	CO	
LITHOBID TBCR ( <i>lithium carbonate</i> )	CO	
<b>Antipsychotics - Misc.</b>		
CAPLYTA CAPS ( <i>lumateperone tosylate</i> )	CO	
GEODON CAPS ( <i>ziprasidone hcl</i> )	CO	
GEODON SOLR ( <i>ziprasidone mesylate</i> )	CO	

Drug Name	Drug Tier	Requirements/ Limits
LATUDA TABS ( <i>lurasidone hcl</i> )	CO	
NUPLAZID CAPS ( <i>pimavanserin tartrate</i> )	CO	
NUPLAZID TABS ( <i>pimavanserin tartrate</i> )	CO	
VRAYLAR CAPS ( <i>cariprazine hcl</i> )	CO	
VRAYLAR CPPK ( <i>cariprazine hcl</i> )	CO	
<i>ziprasidone hcl caps</i>	CO	
<i>ziprasidone mesylate solr</i>	CO	
<b>Benzisoxazoles</b>		
(Risperidone) RISPERIDONE M-TAB TBDP	CO	
FANAPT TABS ( <i>iloperidone</i> )	CO	
FANAPT TITRATION PACK TABS ( <i>iloperidone</i> )	CO	
INVEGA SUSTENNA SUSY ( <i>paliperidone palmitate</i> )	CO	
INVEGA TB24 ( <i>paliperidone</i> )	CO	
INVEGA TRINZA SUSY ( <i>paliperidone palmitate</i> )	CO	
<i>paliperidone tb24</i>	CO	
PERSERIS PRSY ( <i>risperidone</i> )	CO	
RISPERDAL CONSTA SRER ( <i>risperidone microspheres</i> )	CO	
RISPERDAL SOLN ( <i>risperidone</i> )	CO	
RISPERDAL TABS ( <i>risperidone</i> )	CO	
<i>risperidone soln</i>	CO	

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Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone tabs</i>	CO	
<i>risperidone tbdp</i>	CO	
<b>Butyrophenones</b>		
HALDOL DECANOATE 100 SOLN ( <i>haloperidol decanoate</i> )	CO	
HALDOL DECANOATE 50 SOLN ( <i>haloperidol decanoate</i> )	CO	
HALDOL SOLN ( <i>haloperidol lactate</i> )	CO	
<i>haloperidol decanoate soln</i>	CO	
<i>haloperidol lactate conc</i>	CO	
<i>haloperidol lactate soln</i>	CO	
<i>haloperidol tabs or 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	CO	
<b>Dibenzapines</b>		
ADASUVE AEPB ( <i>loxapine</i> )	CO	
<i>clozapine tabs</i>	CO	
<i>clozapine tbdp</i>	CO	
CLOZARIL TABS ( <i>clozapine</i> )	CO	
FAZACLO TBDP ( <i>clozapine</i> )	CO	
<i>loxapine succinate caps</i>	CO	
<i>olanzapine solr</i>	CO	
<i>olanzapine tabs</i>	CO	
<i>olanzapine tbdp</i>	CO	
<i>quetiapine fumarate tabs</i>	CO	

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate tb24</i>	CO	
SAPHRIS SUBL ( <i>asenapine maleate</i> )	CO	
SECUADO PT24 ( <i>asenapine</i> )	CO	
SEROQUEL TABS ( <i>quetiapine fumarate</i> )	CO	
SEROQUEL XR TB24 ( <i>quetiapine fumarate</i> )	CO	
VERSACLOZ SUSP ( <i>clozapine</i> )	CO	
ZYPREXA RELPREVV SUSR ( <i>olanzapine pamoate</i> )	CO	
ZYPREXA SOLR ( <i>olanzapine</i> )	CO	
ZYPREXA TABS ( <i>olanzapine</i> )	CO	
ZYPREXA ZYDIS TBDP ( <i>olanzapine</i> )	CO	
<b>Dihydroindolones</b>		
<i>molindone hcl tabs</i>	CO	
<b>Phenothiazines</b>		
(Prochlorperazine) COMPRO SUPP	F	
<i>chlorpromazine hcl soln ij 25 mg/ml</i>	CO	
CHLORPROMAZINE HCL SOLN IJ 50 MG/2ML ( <i>chlorpromazine hcl</i> )	CO	
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	CO	
CHLORPROMAZINE HYDROCHLORIDE SOLN ( <i>chlorpromazine hcl</i> )	CO	
<i>fluphenazine decanoate soln</i>	CO	
<i>fluphenazine hcl conc or 5 mg/ml</i>	CO	

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl elix or 2.5 mg/5ml</i>	CO	
<i>fluphenazine hcl soln ij 2.5 mg/ml</i>	CO	
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</i>	CO	
<i>perphenazine tabs</i>	CO	
<i>prochlorperazine maleate tabs</i>	F	
<i>prochlorperazine supp</i>	F	
<i>thioridazine hcl tabs</i>	CO	
<i>trifluoperazine hcl tabs</i>	CO	
<b>Quinolinone Derivatives</b>		
ABILIFY MAINTENA PRSY ( <i>aripiprazole</i> )	CO	
ABILIFY MAINTENA SRER ( <i>aripiprazole</i> )	CO	
ABILIFY MYCITE TABS ( <i>aripiprazole</i> )	CO	
ABILIFY TABS ( <i>aripiprazole</i> )	CO	
<i>aripiprazole soln</i>	CO	
<i>aripiprazole tabs</i>	CO	
<i>aripiprazole tbdp</i>	CO	
ARISTADA INITIO PRSY ( <i>aripiprazole lauroxil</i> )	CO	
ARISTADA PRSY ( <i>aripiprazole lauroxil</i> )	CO	
REXULTI TABS ( <i>brexpiprazole</i> )	CO	
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	CO	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>Antiseptic Combinations</b>		

Drug Name	Drug Tier	Requirements/ Limits
BUCALSEP LIQD ( <i>antiseptic products, misc.</i> )	F	
BUCALSEP SOLN ( <i>antiseptic products, misc.</i> )	F	
EXCEL AP SWAB ( <i>povidone-iodine &amp; isopropyl alcohol</i> )	F	
IV PREP WIPES PADS ( <i>antiseptic products, misc.</i> )	F	
MICROCLENS WIPES PADS ( <i>antiseptic products, misc.</i> )	F	
UNI-SOLVE PADS ( <i>antiseptic products, misc.</i> )	F	
<b>Antiseptics &amp; Disinfectants</b>		
(Formaldehyde) FORMARAY, FORMADON SOLN	F	
(Formaldehyde) FORMARAY, FORMADON SOLN	F	QL(90 ml per fill retail)
(Hydrogen Peroxide) CVS HYDROGEN PEROXIDE, EQ HYDROGEN PEROXIDE, EQL HYDROGEN PEROXIDE, GNP HYDROGEN PEROXIDE, GOODSENSE HYDROGEN PEROXIDE, HM HYDROGEN PEROXIDE, MEIJER HYDROGEN PEROXIDE, PX HYDROGEN PEROXIDE, QC HYDROGEN PEROXIDE, RA HYDROGEN PEROXIDE, SM HYDROGEN PEROXIDE, TGT HYDROGEN PEROXIDE SOLN	F	
CETYLCIDE-G CONC ( <i>glutaral</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
DERMA CIDOL 2000 LIQD ( <i>chloroxylonol</i> ( <i>antiseptic</i> ))	F	
<i>formaldehyde soln 10 %</i>	F	QL(90 ml per fill retail)
FORMALDEHYDE SOLN 37 % ( <i>formaldehyde</i> )	F	RX/OTC
GLUTARALDEHYDE SOLN EX 25 % ( <i>glutaral</i> )	F	
GNP HYDROGEN PEROXIDE WIPES MISC ( <i>hydrogen peroxide</i> )	F	
<i>hydrogen peroxide soln ex 3 %</i>	F	
HYDROGEN PEROXIDE SOLN EX 3 % ( <i>hydrogen peroxide</i> )	F	
<i>hydrogen peroxide soln xx 30 %</i>	F	
HYLAMEND FIRST AID ANTISEPTIC GEL ( <i>hydrogen peroxide</i> )	F	
KERR TRIPLE DYE SWAB ( <i>triple dye</i> )	F	
PHENOL EZ SWABS SWAB ( <i>phenol</i> )	F	
PHENOL LIQD EX ( <i>phenol</i> )	F	
RA HYDROGEN PEROXIDE WIPES MISC ( <i>hydrogen peroxide</i> )	F	
<b>Chlorine Antiseptics</b>		
(Benzalkonium Chloride) ANTISEPTIC SPRAY, CVS MERTHIOLATE, EQL ANTIBACTERIAL HAND SOAP, EQL HAND SOAP, HANDCLENS 2 IN 1 FOAMINGSANITIZER/LOT ION, MERTHIOLATE LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
(Benzalkonium Chloride) BZK ANTISEPTIC TOWELETTES, EQ ANTIBACTERIAL HANDS &FACE WIPES, RA ANTIBACTERIAL WIPES MISC	F	
(Benzethonium Chloride) ANTISEPTIC WOUND & SKIN CLEANSER, MICROKLENZ, RA FIRST AID SALINE WOUND WASH LIQD	F	
(Chlorhexidine Gluconate) ANTISEPTIC SKIN CLEANSER, CVS ANTISEPTIC SKIN CLEANSER, CVS HAND WASH ADVANCED ANTIBACTERIAL, DYNAX-HEX 2, DYNAX-HEX 4, GNP ANTISEPTIC SKIN CLEANSER, HM ANTISEPTIC SKIN CLEANSER, RA ANTISEPTIC SKIN CLEANSER SOLN	F	
(Chlorhexidine Gluconate) BETASEPT SURGICAL SCRUB LIQD	F	
(Sodium Hypochlorite) H-CHLOR 12, HYSEPT SOLN	F	
(Triclosan) ANTIBACTERIAL LIQUID SOAP, EXUVIANCE MOISTURIZING ANTIBACTERIAL FACIAL CLEANSER, NEOSTRATA ANTIBACTERIAL FACIAL CLEANSER, RA RENEWAL ANTIBACTERIALHAND SOAP REFILL, RA RENEWAL ANTIBACTERIALHAND SOAP REFILL, SM ANTIBACTERIAL LIQUID SOAP LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
AMERIWASH LOTN ( <i>triclosan</i> )	F	
ANASEPT ANTIMICROBIAL SKIN & WOUND GEL GEL ( <i>sodium hypochlorite</i> )	F	
ANASEPT LIQD ( <i>sodium hypochlorite</i> )	F	
BENZALKONIUM CHLORIDE CONC 50 % ( <i>benzalkonium chloride</i> )	F	
<i>benzalkonium chloride misc 0.13 %</i>	F	
BENZALKONIUM CHLORIDE SOLN ( <i>benzalkonium chloride</i> )	F	
BENZALKONIUM CHLORIDE SOLN 50 % ( <i>benzalkonium chloride</i> )	F	RX/OTC
BIOPATCH ANTIMICROBIAL DRESSING/1" DISK/4MM HOLE MISC ( <i>chlorhexidine gluconate</i> )	F	
BIOPATCH ANTIMICROBIAL DRESSING/1" DISK/7MM HOLE MISC ( <i>chlorhexidine gluconate</i> )	F	
BIOPATCH ANTIMICROBIAL DRESSING/3/4" DISK/1.5MM HOLE MISC ( <i>chlorhexidine gluconate</i> )	F	
BIOPATCH PROTECTIVE DISKWITH CHG/1"DISK/4MM HOLE MISC ( <i>chlorhexidine gluconate</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
CA-REZZ CREA 0.3 % ( <i>triclosan</i> )	F	
CA-REZZ GENTLE LIQD ( <i>triclosan</i> )	F	
CA-REZZ LIQD 0.25 % ( <i>triclosan</i> )	NF	
CA-REZZ MOISTURE BARRIER CREA ( <i>triclosan</i> )	F	
CA-REZZ NORISC CREAM CREA ( <i>benzethonium chloride</i> )	F	
CA-REZZ NORISC LIQD ( <i>triclosan</i> )	F	
CAVILON SKIN CLEANSER LIQD ( <i>benzalkonium chloride</i> )	F	
CHLORHEXIDINE GLUCONATE CLOTH PADS ( <i>chlorhexidine gluconate</i> )	F	
CHLORHEXIDINE GLUCONATE LIQD EX 2 % ( <i>chlorhexidine gluconate</i> )	F	
<i>chlorhexidine gluconate liqd ex 4 %</i>	F	
CHLORHEXIDINE GLUCONATE SOLN XX 20 % ( <i>chlorhexidine gluconate</i> )	F	
CLORPACTIN WCS-90 POWD ( <i>oxychlorosene sodium</i> )	F	
CURECHROME SOLN ( <i>benzalkonium chloride</i> )	F	
CURX ANTIMICROBIAL GEL ( <i>benzalkonium chloride</i> )	F	
DAKINS SOLUTION FULL STRENGTH SOLN ( <i>sodium hypochlorite</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
DAKINS SOLUTION HALF STRENGTH SOLN ( <i>sodium hypochlorite</i> )	NF	
DAKINS SOLUTION QUARTER STRENGTH SOLN ( <i>sodium hypochlorite</i> )	NF	
DI-DAK-SOL SOLN ( <i>sodium hypochlorite</i> )	F	
DIABET-X DAILY PREVENTIONSKIN THERAPY CREA ( <i>triclosan</i> )	F	
DIABETIC BASICS HEALTHY FOOT LOTN ( <i>benzalkonium chloride</i> )	F	
EQL ANTIBACTERIAL DEODORANT SOAP BAR ( <i>triclosan</i> )	F	
EQL ANTIBACTERIAL FOAMINGHAND WASH LIQD ( <i>benzalkonium chloride</i> )	F	
GERMBLOC HEALTH FOAM ( <i>benzalkonium chloride</i> )	F	
GERMBLOC HEALTH HAND SANITIZER LOTN ( <i>benzalkonium chloride</i> )	F	
GOLD BOND FIRST AID QUICK SPRAY LIQD ( <i>benzethonium chloride-menthol</i> )	F	
GOLD BOND ULTIMATE HAND SANITIZER SHEER MOISTURE LIQD ( <i>benzethonium chloride</i> )	F	
GOLD BOND ULTIMATE HAND SANITIZER/MOISTURIZE R LIQD ( <i>benzethonium chloride</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
H-CHLOR 6 SOLN ( <i>sodium hypochlorite</i> )	F	
H-CHLOR WOUND GEL ( <i>sodium hypochlorite</i> )	F	
HIBICLENS LIQD ( <i>chlorhexidine gluconate</i> )	NF	
MERTHIOLATE TINCTURE TINC ( <i>benzalkonium chloride-alcohol</i> )	F	
NEOSPORIN WOUND CLEANSERFOR KIDS LIQD ( <i>benzalkonium chloride</i> )	NF	
OXYZAL WET DRESSING SOLN ( <i>benzalkonium chloride w/ oxyquinoline sulfate</i> )	F	
RA FOAMING HAND SOAP REFILL LIQD ( <i>triclosan</i> )	F	
REMEDY ANTIMICROBIAL CLEANSER LIQD ( <i>benzalkonium chloride</i> )	F	
SECURA MOISTURIZING CLEANSER LIQD ( <i>benzethonium chloride</i> )	NF	
TEGADERM CHG DRESSING/2-3/4"X3-3/8" MISC ( <i>chlorhexidine gluconate</i> )	F	
TEGADERM CHG DRESSING/3-1/2"X4-1/2" MISC ( <i>chlorhexidine gluconate</i> )	F	
TEGADERM CHG DRESSING/4"X4-3/4" MISC ( <i>chlorhexidine gluconate</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
TEGADERM CHG DRESSING/4"X6-1/8" MISC ( <i>chlorhexidine gluconate</i> )	F	
<i>triclosan liqd</i>	F	
WALTZ FREE HAND SANITIZER LOTN ( <i>benzalkonium chloride</i> )	F	
WALTZ FREE HAND SANITZER FOAM ( <i>benzalkonium chloride</i> )	F	
<b>Disinfectants</b>		
CETYLICIDE II CONC ( <i>disinfectant products, misc.</i> )	F	
CREOLIN LIQD ( <i>disinfectant products, misc.</i> )	F	
<b>Iodine Antiseptics</b>		
(Povidone-Iodine) APLICARE POVIDONE- IODINESCRUB, APLICARE POVIDONE/IODINE, CVS POVIDONE-IODINE, EQ FIRST AID ANTISEPTIC, EQ POVIDONE-IODINE, GNP POVIDONE-IODINE, HM POVIDONE-IODINE, PVP PREP, PVP SCRUB, QC POVIDONE IODINE, RA ANTISEPTIC, SB POVIDONE-IODINE, SCRUB CARE POVIDONE- IODINE/PAINT, SM POVIDONE-IODINE SOLN	F	
(Povidone-Iodine) CLOROX NASAL ANTISEPTIC SWABS SWAB	F	
(Povidone-Iodine) RA POVIDONE IODINE OINT	F	

Drug Name	Drug Tier	Requirements/ Limits
APLICARE POVIDONE/IODINE GEL ( <i>povidone-iodine</i> )	F	
BETADINE SOLN 10 % ( <i>povidone-iodine</i> )	NF	
BETADINE SOLN 5 % ( <i>povidone-iodine</i> )	F	
BETADINE SURGICAL SCRUB SOLN ( <i>povidone- iodine</i> )	NF	
BETADINE SWABSTICKS SWAB ( <i>povidone-iodine</i> )	NF	
CVS IODINE TINCTURE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
DECOLORIZED IODINE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
GNP IODIDES TINCTURE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
GNP IODINE TINCTURE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
GOODSENSE IODINE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
HM IODIDES TINCTURE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
HM IODINE TINCTURE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
IODEX OINT ( <i>iodine (topical)</i> )	F	
IODEX/METHYL SALICYLATE OINT ( <i>iodine-methyl salicylate</i> )	F	
IODIDES TINCTURE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
IODINE TINCTURE MILD TINC ( <i>iodine (topical)</i> )	F	RX/OTC
IODINE TINCTURE STRONG DECOLORIZED TINC ( <i>iodine (topical)</i> )	F	
IODINE TINCTURE STRONG TINC ( <i>iodine (topical)</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
IODINE TINCTURE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
IODOFLEX PADS ( <i>cadexomer iodine</i> )	F	
IODOSORB GEL ( <i>cadexomer iodine</i> )	F	
KENDALL GEL SKIN SCRUB PACK/LARGE WINGED SPONGES KIT ( <i>povidone-iodine</i> )	F	
KENDALL GEL SKIN SCRUB PACK/SMALL WINGED SPONGES KIT ( <i>povidone-iodine</i> )	F	
KENDALL MINOR WET SKIN SCRUB PACK KIT ( <i>povidone-iodine</i> )	F	
KENDALL SPONGE STICK/PVP MISC ( <i>povidone-iodine</i> )	F	
KENDALL VAGINAL PREP PACK KIT ( <i>povidone- iodine</i> )	F	
KENDALL VAGINAL PREP TRAY KIT ( <i>povidone- iodine</i> )	F	
KENDALL WET SKIN SCRUB PACK KIT ( <i>povidone-iodine</i> )	F	
LUGOLS STRONG IODINE SOLN ( <i>iodine (topical)</i> )	F	
<i>povidone-iodine oint 10 %</i>	F	
POVIDONE-IODINE PREP PAD PADS ( <i>povidone- iodine</i> )	F	
POVIDONE-IODINE PREP PADS PADS ( <i>povidone- iodine</i> )	F	
POVIDONE-IODINE SCRUB LARGE WINGED SPONGE MISC ( <i>povidone-iodine</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
POVIDONE-IODINE SCRUB SMALL WINGED SPONGE MISC ( <i>povidone-iodine</i> )	F	
POVIDONE-IODINE SCRUB SPONGE STICKS MISC ( <i>povidone-iodine</i> )	F	
<i>povidone-iodine soln 10 %</i>	F	
<i>povidone-iodine swab 10 %</i>	F	
POVIDONE-IODINE SWAB 7.5 % ( <i>povidone-iodine</i> )	F	
QC IODIDES TINCTURE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
QC IODINE TINCTURE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
RA FIRST AID IODINE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
SM IODIDES TINCTURE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
SM IODINE TINCTURE TINC ( <i>iodine (topical)</i> )	F	RX/OTC
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate soln</i>	CO	
<i>abacavir sulfate tabs</i>	CO	
<i>abacavir sulfate- lamivudine tabs</i>	CO	
<i>abacavir sulfate- lamivudine-zidovudine tabs</i>	CO	
APTIVUS CAPS ( <i>tipranavir</i> )	CO	
APTIVUS SOLN ( <i>tipranavir</i> )	CO	
<i>atazanavir sulfate caps</i>	CO	

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Drug Name	Drug Tier	Requirements/ Limits
ATRIPLA TABS ( <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	CO	
BIKTARVY TABS ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	CO	
CIMDUO TABS ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	CO	
COMBIVIR TABS ( <i>lamivudine-zidovudine</i> )	CO	
COMPLERA TABS ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	CO	
CRIXIVAN CAPS ( <i>indinavir sulfate</i> )	CO	
DELSTRIGO TABS ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	CO	
DESCOVY TABS ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	CO	
<i>didanosine cpdr</i>	F	
DOVATO TABS ( <i>dolutegravir sodium-lamivudine</i> )	CO	
EDURANT TABS ( <i>rilpivirine hcl</i> )	CO	
<i>efavirenz caps</i>	CO	
<i>efavirenz tabs</i>	CO	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	CO	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	CO	

Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine caps</i>	CO	
<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	CO	
EMTRIVA CAPS 200 MG ( <i>emtricitabine</i> )	CO	
EMTRIVA SOLN 10 MG/ML ( <i>emtricitabine</i> )	CO	
EPIVIR SOLN ( <i>lamivudine</i> )	CO	
EPIVIR TABS ( <i>lamivudine</i> )	CO	
EPZICOM TABS ( <i>abacavir sulfate-lamivudine</i> )	CO	
EVOTAZ TABS ( <i>atazanavir sulfate-cobicistat</i> )	CO	
<i>fosamprenavir calcium tabs</i>	CO	
FUZEON SOLR ( <i>enfuvirtide</i> )	CO	
GENVOYA TABS ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	CO	
INTELENCE TABS ( <i>etravirine</i> )	CO	
INVIRASE CAPS ( <i>saquinavir mesylate</i> )	CO	
INVIRASE TABS ( <i>saquinavir mesylate</i> )	CO	
ISENTRESS CHEW ( <i>raltegravir potassium</i> )	CO	
ISENTRESS HD TABS ( <i>raltegravir potassium</i> )	CO	
ISENTRESS PACK ( <i>raltegravir potassium</i> )	CO	
ISENTRESS TABS ( <i>raltegravir potassium</i> )	CO	

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Drug Name	Drug Tier	Requirements/ Limits
JULUCA TABS ( <i>dolutegravir sodium-rilpivirine hcl</i> )	CO	
KALETRA SOLN 100 MG/5ML-400 MG/5ML ( <i>lopinavir-ritonavir</i> )	CO	
KALETRA TABS 100 MG-25 MG, 200 MG-50 MG ( <i>lopinavir-ritonavir</i> )	CO	
<i>lamivudine soln</i>	CO	
<i>lamivudine tabs</i>	CO	
<i>lamivudine-zidovudine tabs</i>	CO	
LEXIVA SUSP 50 MG/ML ( <i>fosamprenavir calcium</i> )	CO	
LEXIVA TABS 700 MG ( <i>fosamprenavir calcium</i> )	CO	
<i>lopinavir-ritonavir soln</i>	CO	
<i>nevirapine susp</i>	CO	
<i>nevirapine tabs</i>	CO	
<i>nevirapine tb24</i>	CO	
NORVIR PACK 100 MG ( <i>ritonavir</i> )	CO	
NORVIR SOLN 80 MG/ML ( <i>ritonavir</i> )	CO	
NORVIR TABS 100 MG ( <i>ritonavir</i> )	CO	
ODEFSEY TABS ( <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> )	CO	
PIFELTRO TABS ( <i>doravirine</i> )	CO	
PREZCOBIX TABS ( <i>darunavir-cobicistat</i> )	CO	

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA SUSP ( <i>darunavir ethanolate</i> )	CO	
PREZISTA TABS ( <i>darunavir ethanolate</i> )	CO	
RESCRIPTOR TABS ( <i>delavirdine mesylate</i> )	CO	
RETROVIR CAPS ( <i>zidovudine</i> )	NF	SP
RETROVIR SYRP ( <i>zidovudine</i> )	NF	SP
REYATAZ CAPS 150 MG, 200 MG, 300 MG ( <i>atazanavir sulfate</i> )	CO	
REYATAZ PACK 50 MG ( <i>atazanavir sulfate</i> )	CO	
<i>ritonavir tabs</i>	CO	
SELZENTRY SOLN ( <i>maraviroc</i> )	CO	
SELZENTRY TABS ( <i>maraviroc</i> )	CO	
<i>stavudine caps</i>	CO	
STRIBILD TABS ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	CO	
SUSTIVA CAPS ( <i>efavirenz</i> )	CO	
SUSTIVA TABS ( <i>efavirenz</i> )	CO	
SYMFI LO TABS ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	CO	
SYMFI TABS ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	CO	
SYMTUZA TABS ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	CO	

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Drug Name	Drug Tier	Requirements/ Limits
TEMIXYS TABS ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	CO	
<i>tenofovir disoproxil fumarate tabs</i>	CO	
TIVICAY PD TBSO ( <i>dolutegravir sodium</i> )	CO	
TIVICAY TABS ( <i>dolutegravir sodium</i> )	CO	
TRIUMEQ TABS ( <i>abacavir-dolutegravir-lamivudine</i> )	CO	
TRIZIVIR TABS ( <i>abacavir sulfate-lamivudine-zidovudine</i> )	CO	
TROGARZO SOLN ( <i>ibalizumab-uiyk</i> )	CO	
TRUVADA TABS 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	CO	
TRUVADA TABS 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	CO	
TYBOST TABS ( <i>cobicistat</i> )	CO	
VIDEX EC CPDR 125 MG ( <i>didanosine</i> )	F	
VIDEX EC CPDR 200 MG, 250 MG, 400 MG ( <i>didanosine</i> )	NF	
VIDEXPEDIATRIC SOLR ( <i>didanosine</i> )	F	
VIRACEPT TABS ( <i>nelfinavir mesylate</i> )	CO	
VIRAMUNE SUSP ( <i>nevirapine</i> )	CO	
VIRAMUNE TABS ( <i>nevirapine</i> )	CO	
VIRAMUNE XR TB24 ( <i>nevirapine</i> )	CO	

Drug Name	Drug Tier	Requirements/ Limits
VIREAD POWD 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	CO	
VIREAD TABS 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	CO	
VIREAD TABS 300 MG ( <i>tenofovir disoproxil fumarate</i> )	CO	
ZERIT CAPS ( <i>stavudine</i> )	CO	
ZIAGEN SOLN ( <i>abacavir sulfate</i> )	CO	
ZIAGEN TABS ( <i>abacavir sulfate</i> )	CO	
<i>zidovudine caps</i>	F	SP
<i>zidovudine syrp</i>	F	SP
<i>zidovudine tabs</i>	F	SP
<b>CMV Agents</b>		
<i>cidofovir soln</i>	F	PA
VALCYTE SOLR 50 MG/ML ( <i>valganciclovir hcl</i> )	NF	QL(21 ml daily); AL(At least 21 yrs old)
VALCYTE TABS 450 MG ( <i>valganciclovir hcl</i> )	NF	
<i>valganciclovir hcl solr 50 mg/ml</i>	F	QL(21 ml daily); AL(At least 21 yrs old)
<i>valganciclovir hcl tabs 450 mg</i>	F	
<b>Hepatitis Agents</b>		
(Ribavirin (Hepatitis C)) MODERIBA TABS	F	PA; SP-AcariaHealth;S P
(Ribavirin (Hepatitis C)) RIBASPHERE CAPS 200 MG	F	PA; SP-AcariaHealth;S P

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Drug Name	Drug Tier	Requirements/ Limits
(Ribavirin (Hepatitis C)) RIBASPHERE TABS 200 MG, 600 MG	F	PA; SP- AcariaHealth;S P
<b>adefovir dipivoxil tabs</b>	F	SP
BARACLUDE SOLN 0.05 MG/ML ( <b>entecavir</b> )	F	
BARACLUDE TABS 0.5 MG ( <b>entecavir</b> )	NF	SP
BARACLUDE TABS 1 MG ( <b>entecavir</b> )	NF	
<b>entecavir tabs 0.5 mg</b>	F	SP
<b>entecavir tabs 1 mg</b>	F	
EPCLUSA TABS 100 MG-400 MG ( <b>sofosbuvir-velpatasvir</b> )	NF	PA; SP- Acaria Health;SP
EPIVIR HBV SOLN 5 MG/ML ( <b>lamivudine (hbv)</b> )	CO	
EPIVIR HBV TABS 100 MG ( <b>lamivudine (hbv)</b> )	CO	
HARVONI TABS 400 MG-90 MG ( <b>ledipasvir-sofosbuvir</b> )	NF	PA; SP- Acaria Health;SP
HEPSERA TABS ( <b>adefovir dipivoxil</b> )	NF	SP
<b>lamivudine (hbv) tabs</b>	CO	
MODERIBA 1200 DOSE PACK TBPK ( <b>ribavirin (hepatitis c)</b> )	F	PA; SP- AcariaHealth;S P
PEGASYS PROCLICK SOLN ( <b>peginterferon alfa-2a</b> )	F	PA; SP- AcariaHealth;S P
PEGASYS SOLN ( <b>peginterferon alfa-2a</b> )	F	PA; SP- AcariaHealth;S P
PEGINTRON KIT ( <b>peginterferon alfa-2b</b> )	F	PA; SP- AcariaHealth;S P
REBETOL CAPS 200 MG ( <b>ribavirin (hepatitis c)</b> )	NF	PA; SP- AcariaHealth;S P

Drug Name	Drug Tier	Requirements/ Limits
REBETOL SOLN 40 MG/ML ( <b>ribavirin (hepatitis c)</b> )	F	PA; SP- AcariaHealth;S P
RIBASPHERE RIBAPAK TBPK ( <b>ribavirin (hepatitis c)</b> )	F	PA; SP- AcariaHealth;S P
RIBASPHERE TABS 400 MG ( <b>ribavirin (hepatitis c)</b> )	F	PA; SP- AcariaHealth;S P
<b>ribavirin (hepatitis c) caps</b>	F	PA; SP- AcariaHealth;S P
<b>ribavirin (hepatitis c) tabs</b>	F	PA; SP- AcariaHealth;S P
<b>sofosbuvir-velpatasvir tabs</b>	F	PA; SP- Acaria Health;SP
VEMLIDY TABS ( <b>tenofovir alafenamide fumarate</b> )	CO	
<b>Herpes Agents</b>		
<b>acyclovir caps</b>	F	
<b>acyclovir susp</b>	F	
<b>acyclovir tabs</b>	F	
<b>famciclovir tabs</b>	F	
<b>valacyclovir hcl tabs</b>	F	
VALTREX TABS ( <b>valacyclovir hcl</b> )	NF	
ZOVIRAX CAPS OR 200 MG ( <b>acyclovir</b> )	NF	
ZOVIRAX SUSP OR 200 MG/5ML ( <b>acyclovir</b> )	NF	
ZOVIRAX TABS OR 400 MG, 800 MG ( <b>acyclovir</b> )	NF	
<b>Influenza Agents</b>		
FLUMADINE TABS ( <b>rimantadine hydrochloride</b> )	NF	

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<i>oseltamivir phosphate caps or 30 mg</i>	F	QL(20 ea per 30 days retail)
<i>oseltamivir phosphate caps or 45 mg, 75 mg</i>	F	QL(10 ea per 30 days retail)
<i>oseltamivir phosphate susr or 6 mg/ml</i>	F	QL(120 ml per 30 days retail)
RELENZA DISKHALER AEPB ( <i>zanamivir</i> )	F	AL(At least 5 yrs old)
<i>rimantadine hydrochloride tabs</i>	F	
TAMIFLU CAPS 30 MG ( <i>oseltamivir phosphate</i> )	F	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG ( <i>oseltamivir phosphate</i> )	F	QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML ( <i>oseltamivir phosphate</i> )	F	QL(120 ml per 30 days retail)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	QL(1 ea daily)
<i>carvedilol tabs</i>	F	
COREG CR CP24 ( <i>carvedilol phosphate</i> )	NF	QL(1 ea daily)
COREG TABS ( <i>carvedilol</i> )	NF	
<i>labetalol hcl tabs</i>	F	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	F	
<i>atenolol tabs</i>	F	
<i>bisoprolol fumarate tabs</i>	F	
LOPRESSOR TABS ( <i>metoprolol tartrate</i> )	NF	
<i>metoprolol succinate tb24</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	F	
TENORMIN TABS ( <i>atenolol</i> )	NF	
TOPROL XL TB24 ( <i>metoprolol succinate</i> )	NF	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	F	
BETAPACE AF TABS ( <i>sotalol hcl (afib/afl)</i> )	NF	
BETAPACE TABS ( <i>sotalol hcl</i> )	NF	
CORGARD TABS ( <i>nadolol</i> )	NF	
HEMANGEOL SOLN ( <i>propranolol hcl</i> )	F	PA
INDERAL LA CP24 ( <i>propranolol hcl</i> )	NF	
<i>nadolol tabs</i>	F	
<i>pindolol tabs</i>	F	
<i>propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol hcl soln iv 1 mg/ml</i>	F	PA
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	F	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol hcl (afib/afl) tabs</i>	F	
<i>sotalol hcl tabs</i>	F	
SOTYLIZE SOLN ( <i>sotalol hcl</i> )	F	
<i>timolol maleate tabs</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24	F	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER CP24	F	
(Diltiazem Hcl) DILT-XR CP24	F	
ADALAT CC TB24 30 MG, 90 MG ( <i>nifedipine</i> )	NF	QL(1 ea daily)
ADALAT CC TB24 60 MG ( <i>nifedipine</i> )	NF	QL(2 ea daily)
<i>amlodipine besylate tabs or 10 mg, 2.5 mg, 5 mg</i>	F	QL(1 ea daily)
CALAN SR TBCR ( <i>verapamil hcl</i> )	NF	
CALAN TABS ( <i>verapamil hcl</i> )	NF	
CARDIZEM CD CP24 ( <i>diltiazem hcl coated beads</i> )	NF	
CARDIZEM TABS ( <i>diltiazem hcl</i> )	NF	
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	F	
<i>diltiazem hcl cp12 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl cp24 120 mg, 180 mg, 240 mg</i>	F	
<i>diltiazem hcl extended release beads cp24</i>	F	
<i>diltiazem hcl tabs 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
<i>felodipine tb24</i>	F	
<i>nicardipine hcl caps</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine caps 10 mg, 20 mg</i>	F	
<i>nifedipine tb24 30 mg, 90 mg</i>	F	QL(1 ea daily)
<i>nifedipine tb24 60 mg</i>	F	QL(2 ea daily)
<i>nimodipine caps</i>	F	QL(12 ea daily, 252 ea per 21 days retail)
<i>nisoldipine tb24 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	F	
NORVASC TABS ( <i>amlodipine besylate</i> )	NF	QL(1 ea daily)
NYMALIZE SOLN 30 MG/10ML, 60 MG/20ML ( <i>nimodipine</i> )	F	
PROCARDIA CAPS ( <i>nifedipine</i> )	NF	
PROCARDIA XL TB24 30 MG, 90 MG ( <i>nifedipine</i> )	NF	QL(1 ea daily)
PROCARDIA XL TB24 60 MG ( <i>nifedipine</i> )	NF	QL(2 ea daily)
SULAR TB24 ( <i>nisoldipine</i> )	NF	
TIAZAC CP24 ( <i>diltiazem hcl extended release beads</i> )	NF	
<i>verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	F	
<i>verapamil hcl soln iv 2.5 mg/ml</i>	F	PA
<i>verapamil hcl tabs or 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil hcl tbcR or 120 mg, 180 mg, 240 mg</i>	F	
VERELAN CP24 120 MG, 180 MG, 240 MG ( <i>verapamil hcl</i> )	NF	

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Drug Name	Drug Tier	Requirements/Limits
VERELAN CP24 360 MG ( <i>verapamil hcl</i> )	F	
VERELAN PM CP24 ( <i>verapamil hcl</i> )	F	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX TABS	F	
<i>digoxin soln or 0.05 mg/ml</i>	F	
<i>digoxin tabs or 0.125 mg, 125 mcg, 250 mcg</i>	F	
LANOXIN TABS OR 125 MCG, 250 MCG ( <i>digoxin</i> )	F	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
Cardioplegic Solutions		
PLEGISOL SOLN ( <i>cardioplegic soln</i> )	NF	
Prostaglandin Vasodilators		
<i>treprostinil soln</i>	F	PA; SP-Caremark
VENTAVIS SOLN ( <i>iloprost</i> )	F	PA; SP-Caremark
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	F	PA; SP
<i>bosentan tabs 125 mg</i>	F	SP
<i>bosentan tabs 62.5 mg</i>	F	
LETAIRIS TABS ( <i>ambrisentan</i> )	NF	SP
TRACLEER TABS 125 MG ( <i>bosentan</i> )	NF	SP
TRACLEER TABS 62.5 MG ( <i>bosentan</i> )	NF	
TRACLEER TBSO 32 MG ( <i>bosentan</i> )	F	
Pulmonary Hypertension - Phosphodiesterase		

Drug Name	Drug Tier	Requirements/Limits
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	F	PA; SP
ADCIRCA TABS ( <i>tadalafil (pulmonary hypertension)</i> )	NF	PA; SP
<i>tadalafil (pulmonary hypertension) tabs</i>	F	PA; SP
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	F	
<i>cefadroxil susr</i>	F	
<i>cefadroxil tabs</i>	F	
CEFAZOLIN SODIUM/SODIUM CHLORIDE SOLN ( <i>cefazolin sodium in sodium chloride</i> )	F	PA
CEFAZOLIN SODIUM/SODIUM CHLORIDE SOSY ( <i>cefazolin sodium in sodium chloride</i> )	F	PA
CEFAZOLIN/SODIUM CHLORIDE SOLN ( <i>cefazolin sodium in sodium chloride</i> )	F	PA
<i>cephalexin caps 250 mg, 500 mg</i>	F	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	F	
<i>cephalexin tabs 250 mg, 500 mg</i>	F	
KEFLEX CAPS 250 MG, 500 MG ( <i>cephalexin</i> )	NF	
Cephalosporins - 2nd Generation		
<i>cefactor caps</i>	F	
<i>cefactor susr</i>	F	

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<i>cefprozil susr</i>	F	
<i>cefprozil tabs</i>	F	
<i>cefuroxime axetil tabs</i>	F	
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir caps</i>	F	
<i>cefdinir susr</i>	F	
<i>cefpodoxime proxetil susr</i>	F	
<i>cefpodoxime proxetil tabs</i>	F	
<i>ceftriaxone sodium solr ij 1 gm, 250 mg, 500 mg</i>	F	
CEFTRIAXONE SODIUM SOLR IJ 100 GM ( <i>ceftriaxone sodium</i> )	F	PA
<i>ceftriaxone sodium solr ij 2 gm</i>	F	PA
<i>ceftriaxone sodium solr iv 1 gm, 10 gm, 2 gm</i>	F	PA
<b>CHEMICALS</b>		
<b>Bulk Chemicals - H's</b>		
HALOPERIDOL POWD XX ( <i>haloperidol (bulk)</i> )	CO	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN TABS	F	365 day supply allowed;

Drug Name	Drug Tier	Requirements/ Limits
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, BEKYREE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA TABS	F	365 day supply allowed;
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN, VELIVET TABS	F	365 day supply allowed;
(Drospirenone-Ethinyl Estradiol) GIANVI, JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, ZARAH, ZUMANDIMINE TABS	F	365 day supply allowed;
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35E TABS	F	365 day supply allowed;
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS	F	365 day supply allowed;
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, MYZILRA, TRIVORA-28 TABS	F	365 day supply allowed;
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, AMETHIA LO, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, QUASENSE, RIVELSA, SETLAKIN, SIMPESSA TABS	F	365 day supply allowed;

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Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, AMETHIA LO, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, QUASENSE, RIVELSA, SETLAKIN, SIMPESSA TABS	F	365 day supply allowed; QL(1 ea daily)
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, MICROGESTIN FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS	F	365 day supply allowed;
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA TABS	F	365 day supply allowed;
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE CHEW	F	365 day supply allowed;
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	F	365 day supply allowed;

Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	F	365 day supply allowed; QL(1 ea daily)
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE TABS	F	365 day supply allowed;
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, PIRMELLA 7/7/7 TABS	F	365 day supply allowed;
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO TABS	F	365 day supply allowed;
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, MONONESSA, PREVIFEM, SPRINTEC 28, VYLIBRA TABS	F	365 day supply allowed;
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, OGESTREL TABS	F	365 day supply allowed;
<b><i>desogestrel &amp; ethinyl estradiol tabs</i></b>	F	365 day supply allowed;
<b><i>desogestrel-ethinyl estradiol (biphasic) tabs</i></b>	F	365 day supply allowed;
<b><i>drospirenone-ethinyl estradiol tabs</i></b>	F	365 day supply allowed;
ESTROSTEP FE TABS ( <b><i>norethindrone acetate-ethinyl estradiol-fe</i></b> )	NF	365 day supply allowed;

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Drug Name	Drug Tier	Requirements/ Limits
<b>ethynodiol diacet &amp; eth estrad tabs</b>	F	365 day supply allowed;
GENERESS FE CHEW ( <b>norethindrone &amp; ethinyl estradiol-fe</b> )	NF	365 day supply allowed;
<b>levonorgestrel &amp; eth estradiol tabs</b>	F	365 day supply allowed;
<b>levonorgestrel-eth estradiol (triphasic) tabs</b>	F	365 day supply allowed;
<b>levonorgestrel-ethinyl estradiol (91-day) tabs</b>	F	365 day supply allowed;
<b>levonorgestrel-ethinyl estradiol (91-day) tabs</b>	F	365 day supply allowed; QL (1 ea daily)
LOESTRIN 1.5/30-21 TABS ( <b>norethindrone acet &amp; eth estra</b> )	NF	365 day supply allowed;
LOESTRIN 1/20-21 TABS ( <b>norethindrone acet &amp; eth estra</b> )	NF	365 day supply allowed; QL (1 ea daily)
LOESTRIN FE 1.5/30 TABS ( <b>norethin acet &amp; estrad-fe</b> )	NF	365 day supply allowed;
LOESTRIN FE 1/20 TABS ( <b>norethin acet &amp; estrad-fe</b> )	NF	365 day supply allowed;
LOSEASONIQUE TABS ( <b>levonorgestrel-ethinyl estradiol (91-day)</b> )	NF	365 day supply allowed;
MIRCETTE TABS ( <b>desogestrel-ethinyl estradiol (biphasic)</b> )	NF	365 day supply allowed;
<b>norethin acet &amp; estrad-fe tabs 1 mg-20 mcg-75 mg, 1.5 mg-30 mcg-75 mg</b>	F	365 day supply allowed;
<b>norethindrone &amp; ethinyl estradiol-fe chew</b>	F	365 day supply allowed;
<b>norethindrone acet &amp; eth estra tabs 1 mg-20 mcg</b>	F	365 day supply allowed; QL (1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<b>norethindrone acet &amp; eth estra tabs 1.5 mg-30 mcg</b>	F	365 day supply allowed;
<b>norgestimate-ethinyl estradiol (triphasic) tabs</b>	F	365 day supply allowed;
<b>norgestimate-ethinyl estradiol tabs</b>	F	365 day supply allowed;
ORTHO TRI-CYCLEN LO TABS ( <b>norgestimate-ethinyl estradiol (triphasic)</b> )	NF	365 day supply allowed;
ORTHO TRI-CYCLEN TABS ( <b>norgestimate-ethinyl estradiol (triphasic)</b> )	NF	365 day supply allowed;
ORTHO-CYCLEN TABS ( <b>norgestimate-ethinyl estradiol</b> )	NF	365 day supply allowed;
ORTHO-NOVUM 1/35 TABS ( <b>norethindrone &amp; eth estradiol</b> )	NF	365 day supply allowed;
ORTHO-NOVUM 7/7/7 TABS ( <b>norethindrone-eth estradiol (triphasic)</b> )	NF	365 day supply allowed;
SEASONIQUE TABS ( <b>levonorgestrel-ethinyl estradiol (91-day)</b> )	NF	365 day supply allowed;
TRI-NORINYL 28 TABS ( <b>norethindrone-eth estradiol (triphasic)</b> )	NF	365 day supply allowed;
YASMIN 28 TABS ( <b>drospirenone-ethinyl estradiol</b> )	NF	365 day supply allowed;
YAZ TABS ( <b>drospirenone-ethinyl estradiol</b> )	NF	365 day supply allowed;
<b>Combination Contraceptives - Transdermal</b>		
(Norelgestromin-Ethinyl Estradiol) XULANE PTWK	F	365 day supply allowed;
<b>Combination Contraceptives - Vaginal</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Etonogestrel-Ethinyl Estradiol) ELURYNG RING	F	365 day supply allowed;
<b>etonogestrel-ethinyl estradiol ring</b>	F	365 day supply allowed;
NUVARING RING ( <b>etonogestrel-ethinyl estradiol</b> )	NF	365 day supply allowed;
<b>Emergency Contraceptives</b>		
(Levonorgestrel (Emergency Oc)) AFTERA, ECONTRA EZ, ECONTRA ONE-STEP, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, PREVENTEZA, REACT, TAKE ACTION TABS	F	QL(6 ea per 365 days retail)
ELLA TABS ( <b>ulipristal acetate</b> )	F	QL(6 ea per 365 days retail)
<b>levonorgestrel (emergency oc) tabs</b>	F	QL(6 ea per 365 days retail)
PLAN B ONE-STEP TABS ( <b>levonorgestrel (emergency oc)</b> )	NF	QL(6 ea per 365 days retail)
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE SUSP ( <b>medroxyprogesterone acetate (contraceptive)</b> )	NF	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY ( <b>medroxyprogesterone acetate (contraceptive)</b> )	NF	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY ( <b>medroxyprogesterone acetate (contraceptive)</b> )	F	QL(1 ml per fill retail)
<b>medroxyprogesterone acetate (contraceptive) susp</b>	F	QL(1 ml per fill retail)
<b>medroxyprogesterone acetate (contraceptive) susy</b>	F	QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<b>Progestin Contraceptives - Oral</b>		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, JOLIVETTE, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA TABS	F	365 day supply allowed;
<b>norethindrone (contraceptive) tabs</b>	F	365 day supply allowed;
ORTHO MICRONOR TABS ( <b>norethindrone (contraceptive)</b> )	NF	365 day supply allowed;
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
(Dexamethasone) DECADRON ELIX	F	
(Dexamethasone) DECADRON TABS	F	
<b>budesonide cpep 3 mg</b>	F	
CORTEF TABS ( <b>hydrocortisone</b> )	NF	
<b>cortisone acetate tabs</b>	F	
<b>dexamethasone elix 0.5 mg/5ml</b>	F	
DEXAMETHASONE INTENSOL CONC ( <b>dexamethasone</b> )	F	
<b>dexamethasone sodium phosphate soln 120 mg/30ml, 20 mg/5ml, 4 mg/ml</b>	F	QL(5 ml daily)
DEXAMETHASONE SODIUM PHOSPHATE SOLN 4 MG/ML ( <b>dexamethasone sodium phosphate</b> )	F	QL(5 ml daily)
<b>dexamethasone soln 0.5 mg/5ml</b>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<b>dexamethasone tabs</b> <i>0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	F	
ENTOCORT EC CPEP ( <i>budesonide</i> )	NF	
<b>hydrocortisone tabs</b>	F	
KENALOG-40 SUSP ( <i>triamcinolone acetonide</i> )	NF	
MEDROL DOSEPAK TBPk ( <i>methylprednisolone</i> )	NF	
MEDROL TABS 16 MG, 32 MG, 4 MG, 8 MG ( <i>methylprednisolone</i> )	NF	
MEDROL TABS 2 MG ( <i>methylprednisolone</i> )	F	
<b>methylprednisolone tabs</b>	F	
<b>methylprednisolone tbpk</b>	F	
MILLIPRED TABS 5 MG ( <i>prednisolone</i> )	F	
PEDIAPRED SOLN ( <i>prednisolone sodium phosphate</i> )	NF	
<b>prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml</b>	F	
<b>prednisolone sodium phosphate soln or 20 mg/5ml</b>	F	QL(150 ml per fill retail)
<b>prednisolone soln</b>	F	
PREDNISONNE INTENSOL CONC ( <i>prednisone</i> )	F	
<b>prednisone soln</b>	F	
<b>prednisone tabs</b>	F	
<b>prednisone tbpk</b>	F	

Drug Name	Drug Tier	Requirements/ Limits
VERIPRED 20 SOLN ( <i>prednisolone sodium phosphate</i> )	NF	QL(150 ml per fill retail)
<b>Mineralocorticoids</b>		
<b>fludrocortisone acetate tabs</b>	F	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
(Hydrocodone W/ Homatropine) HYDROMET SYRP	F	
<b>benzonatate caps 100 mg, 200 mg</b>	F	
<b>hydrocodone w/ homatropine syrp</b>	F	
<b>hydrocodone w/ homatropine tabs</b>	F	
TESSALON PERLES CAPS ( <i>benzonatate</i> )	NF	
<b>Cough/Cold/Allergy Combinations</b>		
(Brompheniramine & Phenyleph) CHILDRENS COLD & ALLERGY, COLD & ALLERGY, COLD & ALLERGY CHILDRENS, COLD/ALLERGY CHILDRENS, DIMAPHEN CHILDRENS, GNP COLD & ALLERGY CHILDRENS, HM COLD & ALLERGY CHILDRENS, PX DIBROMM COLD/ALLERGY CHILDRENS, RA CHILDRENS COLD & ALLERGY, RA COLD & ALLERGY, RYNEX PE, SB COLD & ALLERGY CHILDRENS, SM COLD & ALLERGY CHILDRENS ELIX	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Brompheniramine & Phenyleph) CVS COLD & ALLERGY CHILDRENS ELIX 1 MG/5ML-2.5 MG/5ML	F	
(Brompheniramine & Pseudoeph) EQ COLD/ALLERGY CHILDRENS, SM COLD & ALLERGY CHILDRENS, WAL-TAP COLD & ALLERGY ELIX	F	
(Brompheniramine & Pseudoeph) RYNEX PSE LIQD	F	
(Cetirizine-Pseudoephedrine) 12 HOUR ALLERGY-D, ALL DAY ALLERGY D, ALL DAY ALLERGY D-12, ALL DAY ALLERGY-D, ALLERGY RELIEF D, ALLERGY RELIEF NASAL DECONGESTANT, ALLERGY RELIEF-D, CVS ALLERGY RELIEF-D, EQ ALLERGY RELIEF NASAL DECONGESTANT, EQL ALL DAY ALLERGY-D, GNP ALL DAY ALLERGY-D, HM ALLERGY COMPLETE-D, KLS ALLER-TEC D, PX ALLERGY RELIEF D, RA CETIRI-D, SHOPKO ALLERGY RELIEF-D, SM ALL DAY ALLERGY-D, SW ALLERGY RELIEF-D, TGT ALL DAY ALLERGY-D, WAL-ZYR D TB12	F	
(Cetirizine-Pseudoephedrine) TGT ALLERGY+ CONGESTION RELIEF-D TB12 120 MG-5 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Chlorpheniramine & Phenylephrine) CVS SINUS & ALLERGY MAXIMUM STRENGTH, CVS SINUS PE & ALLERGY MAXIMUM STRENGTH, ED A-HIST, EQ SUPHEDRINE PE SINUS & ALLERGY, EQL SINUS & ALLERGY PE, GNP COLD & ALLERGY MAXIMUM STRENGTH, GNP SINUS & ALLERGY RELIEF PE, RA ACTA-TABS PE, RA SUPHEDRINE PE, SB ALLERFED COLD & ALLERGY, SB SINUS & ALLERGY MAXIMUM STRENGTH, SM COLD & ALLERGY PE, WAL-PHED PE SINUS/ALLERGY TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Dextromethorphan-Guaifenesin) BIOCOTRON, CVS TUSSIN DM, DIABETIC SILTUSSIN-DM, DIABETIC TUSSIN DM, DIABETIC TUSSIN FOR CHILDREN, G-TRON, GILTUSS COUGH & CHEST CONGESTION, GILTUSS COUGH & CHEST CONGESTION CHILDRENS, GILTUSS DIABETIC COUGH &COLD, GNP TUSSIN DM, GNP TUSSIN DM COUGH, GUAIASORB DM, HM TUSSIN ADULT COUGH & CHEST CONGESTION DM, MAXI-TUSS G, PEDIATRIC FORMULA COUGH AND CONGESTION AID, PX TUSSIN DM, QC TUSSIN DM COUGH & CHEST CONGESTION/ADULT, RA TUSSIN COUGH, RA TUSSIN COUGH/CHEST CONGESTION DM, RA TUSSIN DM, ROBAFEN DM COUGH, ROBAFEN DM COUGH/CHEST CONGESTION, ROBAFEN DM PEAK COLD COUGH/CHEST CONGESTION, ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM, ROBITUSSIN TO GO COUGH &CHEST CONGESTION DM, SAFE TUSSIN DM ADULT, SB COUGH CONTROL DM, SILTUSSIN DM DAS, SORBUGEN NR, TGT COUGH FORMULA DM, TUSNEL DIABETIC, TUSSIN DM, TUSSIN DM COUGH + CHEST CONGESTION, WAL- TUSSIN DM, WAL-TUSSIN	F	

Drug Name	Drug Tier	Requirements/ Limits
DM COUGH & CHEST CONGESTION LIQD		
(Diphenhydramine-Phenylephrine) CVS ALLERGY/CONGESTION CHILDRENS SOLN	F	
(Diphenhydramine-Phenylephrine) RA ALLERGY PLUS SINUS, WAL-DRYL PE ALLERGY/SINUS TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Diphenhydramine-Phenylephrine-Acetaminophen) ALLERGY MULTI-SYMPTOM NIGHTTIME, CVS SEVERE ALLERGY & SINUS HEADACHE MAXIMUM STRENGTH, EQ SEVERE ALLERGY & SINUS HEADACHE MAXIMUM STRENGTH, GNP ALLERGY PLUS SEVERE SINUS HEADACHE MAXIMUM STRENGTH, GNP ALLERGY PLUS SINUS HEADACHE, GOODSENSE ALLERGY RELIEFPLUS SINUS HEADACHE MAXIMUM STRENGTH, MUCINEX FAST-MAX NIGHT TIME COLD & FLU, QC ALLERGY/SINUS HEADACHE, QC SEVERE ALLERGY RELIEFPLUS SINUS HEADACHE, RA ALLERGY MULTI-SYMPTOMNIGHTTIME, RA SEVERE ALLERGY PLUS SINUS HEADACHE MAXIMUM STRENGTH, RA SEVERE COLD/SINUS RELIEF PE, SB ALLERGY & COLD PE, SB SEVERE COLD PE, TGT PE MULTI-SYMPTOM SEVERE COLD RELIEF, THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME, WAL-DRYL ALLERGY/SINUS HEADACHE, WAL-DRYL SEVERE ALLERGY & SINUS HEADACHE, WAL-PHED PE NIGHTTIME COLD, WAL-PHED PE SEVERE COLD TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
(Guaifenesin-Codeine) CHERATUSSIN AC, GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	F	
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, ROBAFEN AC, VIRTUSSIN A/C SOLN	F	
(Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD	F	
(Loratadine & Pseudoephedrine) ALAVERT ALLERGY/SINUS, ALLERGY & CONGESTION RELIEF, ALLERGY RELIEF D-12, ALLERGY RELIEF-D, CVS ALLERGY RELIEF-D12, EQ ALLERGY & CONGESTION RELIEF, GNP LORATADINE-D 12HR, HM ALLERGY & CONGESTION, KLS ALLERCLEAR D-12 HR, KLS ALLERCLEAR D-12HR, LORATADINE-D 12HR, MEIJER ALLERGY RELIEF-D, PX ALLERGY RELIEF D, RA ALLERGY/CONGESTION RELIEF, SHOPKO ALLERGY RELIEF-D, SM LORATADINE D 12HR, WAL-ITIN D TB12	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Loratadine & Pseudoephedrine) ALLERGY RELIEF D, ALLERGY RELIEF D-24, ALLERGY RELIEF-D, ALLERGY RELIEF/NASAL DECONGESTANT, ALLERGY-RELIEF-D, CVS ALLERGY RELIEF-D, EQ ALLERGY RELIEF D 24 HOUR, EQL ALLERGY/CONGESTION RELIEF, GNP ALLERGY & CONGESTIONRELIEF, HM ALLERGY RELIEF & NASALDECONGESTANT, KLS ALLERCLEAR D- 24HR, KLS ALLERCLEAR- D 24HR, LORATADINE-D 24HR, MM LORATADINE- D 24 HOUR, PX ALLERGY RELIEF D, QC LORATADINE-D, RA ALLERGY RELIEF & NASALDECONGESTANT, RA LORATA-D, SB ALLERGY RELIEF/NASAL DECONGESTANT, SM LORATA-DINE D, TGT ALLERGY & CONGESTIONRELIEF, WAL-ITIN D 24 HOUR TB24	F	
(Promethazine & Phenylephrine) PROMETHAZINE VC PLAIN SOLN	F	
(Promethazine- Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE SYRP	F	
(Pseudoephedrine W/ Codeine-Gg) VIRTUSSIN DAC SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
(Pseudoephedrine- Ibuprofen) CVS COLD & SINUS RELIEF, HM COLD & SINUS RELIEF, IBUPROFEN COLD & SINUS, PX IBUPROFEN COLD & SINUS, QC IBUPROFEN COLD/SINUS, RA IBU- PROFEN COLD/SINUS, SM COLD & SINUS RELIEF, WAL-PROFEN COLD & SINUS TABS	F	
(Triprolidine & Pseudoephedrine) APRODINE, ED A-HIST PSE, EQL COLD & ALLERGY, WAL-ACT TABS	F	
ADVIL ALLERGY & CONGESTION TABS <i>(chlorpheniramine- phenylephrine- ibuprofen)</i>	F	
ADVIL COLD & SINUS TABS <i>(pseudoephedrine- ibuprofen)</i>	NF	
ADVIL MULTI-SYMPTOM COLD& FLU TABS <i>(chlorpheniramine- phenylephrine- ibuprofen)</i>	F	
BENADRYL ALLERGY PLUS CONGESTION CHILDRENS SOLN <i>(diphenhydramine- phenylephrine)</i>	NF	
<i>cetirizine- pseudoephedrine tb12</i>	F	
CHERACOL PLUS LIQD <i>(dextromethorphan- guaifenesin)</i>	NF	
CHERACOL-D COUGH LIQD <i>(dextromethorphan- guaifenesin)</i>	NF	

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CLARITIN-D 12 HOUR TB12 ( <i>loratadine &amp; pseudoephedrine</i> )	NF	
CLARITIN-D 24 HOUR TB24 ( <i>loratadine &amp; pseudoephedrine</i> )	NF	
<i>dextromethorphan-guaifenesin liqd</i>	F	
DIMETAPP COLD & ALLERGY ELIX ( <i>brompheniramine &amp; phenyleph</i> )	NF	
DRIXORAL COLD/ALLERGY TB12 ( <i>dexbrompheniramine &amp; pseudoephedrine</i> )	F	
ED CHLORPED D LIQD ( <i>chlorpheniramine &amp; phenylephrine</i> )	F	
<i>guaifenesin-codeine soln</i>	F	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	F	AL(At least 6 yrs old)
MAXI-TUSS PE LIQD ( <i>brompheniramine &amp; phenyleph</i> )	F	
NEXAFED SINUS PRESSURE +PAIN TABS ( <i>pseudoephedrine-acetaminophen</i> )	F	
<i>promethazine &amp; phenylephrine syrup</i>	F	
<i>promethazine w/codeine soln</i>	F	
<i>promethazine w/codeine syrup</i>	F	
<i>promethazine-dm soln</i>	F	
<i>promethazine-dm syrup</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine-phenylephrine-codeine syrup</i>	F	
PROMETHAZINE/PHENYL EPHRINE SYRP ( <i>promethazine &amp; phenylephrine</i> )	F	
RYMED TABS ( <i>dexchlorpheniramine-phenylephrine</i> )	F	
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER ( <i>hydrocodone polistirex-chlorpheniramine polistirex</i> )	NF	AL(At least 6 yrs old)
ZYRTEC-D ALLERGY/CONGESTION TB12 ( <i>cetirizine-pseudoephedrine</i> )	NF	
<b>Misc. Respiratory Inhalants</b>		
(Sodium Chloride (Inhalant)) NEBUSAL NEBU 3 %	F	
(Sodium Chloride (Inhalant)) SIMPLY SALINE BABY AERS	F	
HYPERSAL NEBU 3.5 % ( <i>sodium chloride (inhalant)</i> )	F	
<i>sodium chloride (inhalant) aers 0.9 %</i>	F	
<i>sodium chloride (inhalant) nebu 0.9 %, 3 %</i>	F	
<b>Mucolytics</b>		
<i>acetylcysteine soln</i>	F	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		

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(Benzoyl Peroxide) ACNE FOAMING WASH, BENZEPRO CREAMY WASH, CVS ACNE FOAMING FACE WASH, CVS ADVANCED 3-IN-1 EXFOLIATING CLEANSER, CVS CREAMY ACNE FACE WASH, CVS FOAMING ACNE FACE WASH, PANOXYL CREAMY WASH, PANOXYL FOAMING WASH, PANOXYL WASH, PR BENZOYL PEROXIDE WASH LIQD	F		(Benzoyl Peroxide) ACNE TREATMENT CLEANSINGBAR MAXIMUM STRENGTH, CVS ACNE CLEANSING BAR BAR	F	
			(Benzoyl Peroxide) BENZOYL PEROXIDE WASH, KP BENZOYL PEROXIDE WASH LIQD 10 %	F	
			(Benzoyl Peroxide) BENZOYL PEROXIDE WASH, KP BENZOYL PEROXIDE WASH LIQD 5 %	F	RX/OTC
(Benzoyl Peroxide) ACNE FOAMING WASH, BENZEPRO CREAMY WASH, CVS ACNE FOAMING FACE WASH, CVS ADVANCED 3-IN-1 EXFOLIATING CLEANSER, CVS CREAMY ACNE FACE WASH, CVS FOAMING ACNE FACE WASH, PANOXYL CREAMY WASH, PANOXYL FOAMING WASH, PANOXYL WASH, PR BENZOYL PEROXIDE WASH LIQD	F	RX/OTC	(Benzoyl Peroxide) BP WASH LIQD 10 %, 7 %	F	
			(Benzoyl Peroxide) BP WASH LIQD 2.5 %, 5 %	F	RX/OTC
			(Erythromycin (Acne Aid)) ERY PADS	F	
			(Isotretinoin) AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 10 MG	F	QL(4 ea daily)
			(Isotretinoin) AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 20 MG	F	QL(5 ea daily)
			(Isotretinoin) AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 40 MG	F	QL(2 ea daily)
			(Isotretinoin) CLARAVIS, MYORISAN, ZENATANE CAPS 30 MG	F	QL(3 ea daily)
(Benzoyl Peroxide) ACNE MEDICATION 10, ACNE MEDICATION 2.5, ACNE MEDICATION 5, ACNE TREATMENT GEL, ACNE-CLEAR, BP GEL, CLEAN & CLEAR PERSA-GEL MAXIMUM STRENGTH, CVS ACNE TREATMENT/MAXIMUM STRENGTH, KP BENZOYL PEROXIDE, RA RENEWAL MEDICATED ACNE TREATMENT MAXIMUM STRENGTH GEL	F		(Tretinoin) AVITA CREA	F	
			(Tretinoin) AVITA GEL	F	
			ACNE MEDICATION 10 LOTN ( <i>benzoyl peroxide</i> )	F	
			ACNE MEDICATION 5 LOTN ( <i>benzoyl peroxide</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene crea 0.1 %</i>	F	Limit 45gms per month;QL(1.5 gm daily)
<i>adapalene gel 0.1 %</i>	F	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
<i>adapalene gel 0.3 %</i>	F	Limit 45gms per month;QL(1.5 gm daily)
BENZAC AC WASH LIQD ( <i>benzoyl peroxide</i> )	NF	RX/OTC
BENZAMYCIN GEL ( <i>benzoyl peroxide-erythromycin</i> )	NF	
BENZOYL PEROXIDE CLEANSER LIQD ( <i>benzoyl peroxide</i> )	F	
<i>benzoyl peroxide gel 10 %, 2.5 %, 5 %</i>	F	
<i>benzoyl peroxide-erythromycin gel</i>	F	
CLEOCIN-T GEL ( <i>clindamycin phosphate (topical)</i> )	NF	
CLEOCIN-T LOTN ( <i>clindamycin phosphate (topical)</i> )	NF	
CLEOCIN-T SOLN ( <i>clindamycin phosphate (topical)</i> )	NF	
CLINDAGEL GEL ( <i>clindamycin phosphate (topical)</i> )	NF	
<i>clindamycin phosphate (topical) gel</i>	F	
<i>clindamycin phosphate (topical) lotn</i>	F	
<i>clindamycin phosphate (topical) soln</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN CREA 0.1 % ( <i>adapalene</i> )	NF	Limit 45gms per month;QL(1.5 gm daily)
DIFFERIN GEL 0.1 % ( <i>adapalene</i> )	NF	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
DIFFERIN GEL 0.3 % ( <i>adapalene</i> )	NF	Limit 45gms per month;QL(1.5 gm daily)
ERYGEL GEL ( <i>erythromycin (acne aid)</i> )	NF	
<i>erythromycin (acne aid) gel</i>	F	
<i>erythromycin (acne aid) pads</i>	F	
<i>erythromycin (acne aid) soln</i>	F	
<i>isotretinoin caps 10 mg</i>	F	QL(4 ea daily)
<i>isotretinoin caps 20 mg</i>	F	QL(5 ea daily)
<i>isotretinoin caps 30 mg</i>	F	QL(3 ea daily)
<i>isotretinoin caps 40 mg</i>	F	QL(2 ea daily)
KLARON LOTN ( <i>sulfacetamide sodium (acne)</i> )	NF	
PANOXYL LIQD ( <i>benzoyl peroxide</i> )	NF	RX/OTC
PANOXYL-4 CREAMY WASH LIQD ( <i>benzoyl peroxide</i> )	NF	
RETIN-A CREA ( <i>tretinoin</i> )	NF	
RETIN-A GEL ( <i>tretinoin</i> )	NF	
RETIN-A MICRO GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	NF	Limit 50gms per month ;QL(1.67 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	NF	Limit 50gms per month ;QL(1.67 gm daily)
SODIUM SULFACETAMIDE/SULFUR SUSP ( <i>sulfacetamide sodium w/ sulfur</i> )	F	QL(30 gm per fill retail)
<i>sulfacetamide sodium (acne) lotn</i>	F	
<i>sulfacetamide sodium w/ sulfur lotn 10 %-5 %</i>	F	
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	F	
<i>tretinoin gel 0.01 %, 0.025 %</i>	F	
<i>tretinoin microsphere gel</i>	F	Limit 50gms per month ;QL(1.67 gm daily)
<b>Anti-inflammatory Agents - Topical</b>		
(Diclofenac Sodium (Topical)) GNP ARTHRITIS PAIN, GOODSENSE ARTHRITIS PAIN GEL	F	QL(6.68 gm daily); RX/OTC
<i>diclofenac sodium (topical) gel 1 %</i>	F	QL(6.68 gm daily); RX/OTC
FLECTOR PTCH ( <i>diclofenac epolamine</i> )	NF	
VOLTAREN GEL ( <i>diclofenac sodium (topical)</i> )	NF	QL(6.68 gm daily); RX/OTC
<b>Antibiotics - Topical</b>		
(Bacitracin (Topical)) BACITRAYCIN PLUS OINT 500 UNIT/GM	F	
(Bacitracin (Topical)) QC BACITRACIN, SB BACITRACIN OINT	F	

Drug Name	Drug Tier	Requirements/ Limits
(Bacitracin Zinc) CVS BACITRACIN, EQ BACITRACIN ZINC, EQL BACITRACIN ZINC, GNP BACITRACIN ZINC, HM BACITRACIN, KP BACITRACIN ZINC, RA BACITRACIN, RA BACITRACIN ZINC FIRSTAID, SM ANTIBIOTIC OINT	F	
(Bacitracin-Polymyxin B) CVS POLY BACITRACIN, DOUBLE ANTIBIOTIC, HM DOUBLE ANTIBIOTIC, KP DOUBLE ANTIBIOTIC, POLY BACITRACIN, RA DOUBLE ANTIBIOTIC, SM DOUBLE ANTIBIOTIC, WAL-SPORIN OINT	F	
(Bacitracin-Polymyxin B) NEOSPORIN OINT EX 10000 UNIT/GM-500 UNIT/GM	F	
(Neomycin-Bacitracin-Polymyxin) CURAD TRIPLE ANTIBIOTIC, CVS ANTIBIOTIC, CVS TRIPLE ANTIBIOTIC, EQ TRIPLE ANTIBIOTIC, EQL FIRST AID ANTIBIOTIC, GNP TRIPLE ANTIBIOTIC, HM TRIPLE ANTIBIOTIC, LANABIOTIC, MEDI-FIRST TRIPLE ANTIBIOTIC, MEIJER TRIPLE ANTIBIOTIC, PX TRIPLE OINTMENT, RA TRIPLE ANTIBIOTIC, SM TRIPLE ANTIBIOTIC, SM TRIPLE ANTIBIOTIC ORIGINAL STRENGTH, TRIPLE ANTIBIOTIC, TRIPLE ANTIBIOTIC FIRST AID OINT	F	QL(454 gm per fill retail)
(Neomycin-Bacitracin-Polymyxin) FIRST AID ANTIBIOTIC OINT 10000 UNIT/GM-3.5 MG/GM-500 UNIT/GM, 3.5 MG-400 UNIT-5000 UNIT	F	QL(454 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
(Neomycin-Bacitracin-Polymyxin) SB TRIPLE ANTIBIOTIC OINT 3.5 MG/GM-400 UNIT/GM-5000 UNIT/GM	F	QL(454 gm per fill retail)
(Neomycin-Polymyxin W/ Pramoxine) CVS ANTIBIOTIC PLUS, EQ ANTIBIOTIC + PAIN RELIEF MAXIMUM STRENGTH, EQL ANTIBIOTIC + PAIN RELIEF MAXIMUM STRENGTH, GNP ANTIBIOTIC PLUS PRAMOXINE, GOODSENSE ANTIBIOTIC/PAIN RELIEF, MULTI ANTIBIOTIC PLUS, RA ANTIBIOTIC PLUS, SM ANTIBIOTIC PLUS PAIN RELIEF MAXIMUM STRENGTH, TGT FIRST AID ANTIBIOTIC MAXIMUM STRENGTH CREA	F	QL(30 gm per fill retail)
BACIGUENT OINT EX ( <i>bacitracin (topical)</i> )	NF	
<i>bacitracin (topical) oint</i>	F	
<i>bacitracin zinc oint</i>	F	
BACTROBAN CREA ( <i>mupirocin calcium (topical)</i> )	NF	
CORTISPORIN CREA ( <i>neomycin-polymyxin-hc</i> )	F	
CORTISPORIN OINT ( <i>bacitracin-polymyxin-neomycin hc</i> )	F	
<i>gentamicin sulfate (topical) crea</i>	F	
<i>gentamicin sulfate (topical) oint</i>	F	
<i>mupirocin calcium (topical) crea</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>mupirocin oint</i>	F	
NEOSPORIN ORIGINAL OINT ( <i>neomycin-bacitracin-polymyxin</i> )	NF	QL(454 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA ( <i>neomycin-polymyxin w/ pramoxine</i> )	NF	QL(30 gm per fill retail)
POLYSPORIN OINT ( <i>bacitracin-polymyxin b</i> )	NF	
<b>Antifungals - Topical</b>		
(Clotrimazole (Topical)) ANTI-FUNGAL, ATHLETES FOOT, CLOTRIMAZOLE AF, CLOTRIMAZOLE ANTI-FUNGAL, CLOTRIMAZOLE ANTIFUNGAL, CLOTRIMAZOLE ATHLETES FOOT, CLOTRIMAZOLE GRX, CVS CLOTRIMAZOLE, CVS ITCH RELIEF ANTIFUNGAL, CVS RINGWORM, EQ ANTIFUNGAL, EQ ATHLETES FOOT, EQ JOCK ITCH, EQL ANTIFUNGAL, EQL ATHLETES FOOT, GNP ATHLETES FOOT, JOCK ITCH, JOCK ITCH RELIEF, KP CLOTRIMAZOLE, PRO-EX ANTIFUNGAL, PX ATHLETIC FOOT, QC CLOTRIMAZOLE, RA ATHLETES FOOT, RA CLOTRIMAZOLE, RA JOCK ITCH, SB CLOTRIMAZOLE FOOT, SHOPKO ATHLETES FOOT, SM ANTIFUNGAL CLOTRIMAZOLE, TGT CLOTRIMAZOLE CREA	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Clotrimazole (Topical)) ANTIFUNGAL, DESENEX CREA 1 %	F	RX/OTC
(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUMSTRENGTH, FUNGICURE INTENSIVE WITHNAILGUARD SOLN	F	RX/OTC
(Ketoconazole (Topical)) NIZORAL A-D SHAM	F	QL(200 ml per fill retail)
(Miconazole Nitrate (Topical)) ANTIFUNGAL CREA 2 %	F	
(Miconazole Nitrate (Topical)) CARRINGTON ANTIFUNGAL, CAVILON, KP MICONAZOLE NITRATE, MICADERM, MICONAZOLE ANTIFUNGAL, PODACTIN, RA ANTIFUNGAL, REMEDY ANTIFUNGAL, SM ANTIFUNGAL MICONAZOLE, SOOTHE & COOL INZO ANTIFUNGAL CREAM, TINEACIDE CREA	F	
(Nystatin (Topical)) NYAMYC, NYSTOP POWD	F	QL(60 gm per fill retail)
(Terbinafine Hcl (Topical)) ATHLETES FOOT, ATHLETES FOOT AF CREAM, CVS ATHLETES FOOT, CVS JOCK ITCH, EQ ATHLETES FOOT, EQL ATHLETES FOOT, GNP TERBINAFINE HYDROCHLORIDE, KP TERBINAFINE HYDROCHLORIDE, QC ATHLETES FOOT, RA ANTIFUNGAL FOOT CARE, RA FOOT CARE ANTIFUNGAL, SM ATHLETES FOOT, TGT ATHLETES FOOT CREA	F	
(Tolnaftate) ANTIFUNGAL CREA 1 %	F	

Drug Name	Drug Tier	Requirements/ Limits
(Tolnaftate) BLIS-TO-SOL LIQD	F	
(Tolnaftate) CVS ANTIFUNGAL, EQ ATHLETES FOOT, EQL ANTIFUNGAL, FUNGI- GUARD, FUNGOID-D, GNP TOLNAFTATE, KP TOLNAFTATE, QC TOLNAFTATE, RA ATHLETES FOOT, RA FOOT CARE ANTIFUNGAL, SB ANTI- FUNGAL, SM ANTIFUNGAL TOLNAFTATE, TGT ANTIFUNGAL, TOLNAFTATE ANTIFUNGAL CREA	F	
(Tolnaftate) DR GS CLEAR NAIL, FOOT REPAIR SERUM, FUNGAL NAIL ERASER, MEDICATED ANTI-FUNGAL, MYCOCIDE CLINICAL NS ANTIFUNGAL TREATMENT, THE TREATMENT FORMULA 3, TINASPORE SOLN	F	
ALEVAZOL OINT ( <i>clotrimazole (topical)</i> )	F	
<i>clotrimazole (topical)</i> <i>crea</i>	F	RX/OTC
<i>clotrimazole (topical)</i> <i>soln</i>	F	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	F	
<i>clotrimazole w/ betamethasone lotn</i>	F	QL(30 ml per fill retail)
<i>econazole nitrate crea ex</i>	F	
EXELDERM CREA ( <i>sulconazole nitrate</i> )	NF	
EXELDERM SOLN ( <i>sulconazole nitrate</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ketoconazole (topical) crea</i>	F	
<i>ketoconazole (topical) sham</i>	F	
LAMISIL AT CREA ( <i>terbinafine hcl (topical)</i> )	NF	
LAMISIL AT JOCK ITCH CREA ( <i>terbinafine hcl (topical)</i> )	NF	
LAMISIL AT SPRAY SOLN ( <i>terbinafine hcl (topical)</i> )	F	
LOTRIMIN AF CREA 1 % ( <i>clotrimazole (topical)</i> )	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA ( <i>clotrimazole (topical)</i> )	NF	RX/OTC
LOTRISONE CREA ( <i>clotrimazole w/ betamethasone</i> )	NF	
LUZU CREA ( <i>luliconazole</i> )	NF	
MICATIN CREA ( <i>miconazole nitrate (topical)</i> )	NF	
<i>miconazole nitrate (topical) crea</i>	F	
<i>naftifine hcl crea</i>	F	
<i>naftifine hcl gel</i>	F	
NAFTIN CREA 2 % ( <i>naftifine hcl</i> )	NF	
NAFTIN GEL 1 % ( <i>naftifine hcl</i> )	NF	
NAFTIN GEL 2 % ( <i>naftifine hcl</i> )	F	
NIZORAL SHAM ( <i>ketoconazole (topical)</i> )	NF	
<i>nystatin (topical) crea</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) oint</i>	F	
<i>nystatin (topical) powd</i>	F	QL(60 gm per fill retail)
<i>nystatin-triamcinolone crea</i>	F	
<i>nystatin-triamcinolone oint</i>	F	
<i>sulconazole nitrate soln</i>	F	
<i>terbinafine hcl (topical) crea</i>	F	
TINACTIN CREA ( <i>tolnaftate</i> )	NF	
<i>tolnaftate crea</i>	F	
VUSION OINT ( <i>miconazole-zinc oxide-white petrolatum</i> )	NF	
<b>Antihistamines-Topical</b>		
ITCH RELIEF CREA ( <i>diphenhydramine hcl (topical)</i> )	F	
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC CREA ( <i>fluorouracil (topical)</i> )	F	
EFUDEX CREA ( <i>fluorouracil (topical)</i> )	NF	
FLUOROPLEX CREA ( <i>fluorouracil (topical)</i> )	F	
<i>fluorouracil (topical) crea 0.5 %, 5 %</i>	F	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	F	QL(10 ml per fill retail)
PANRETIN GEL ( <i>alitretinoin</i> )	F	
PICATO GEL ( <i>ingenol mebutate</i> )	F	
<b>Antipruritics - Topical</b>		
(Camphor & Menthol) ANTI-ITCH, GNP ANTI-ITCH LOTN 0.5 %-0.5 %	F	QL(222 ml per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
(Camphor & Menthol) ANTI-ITCH, GNP ANTI-ITCH LOTN EX 0.5 %-0.5 %	F	QL(222 ml per fill retail)
(Camphor & Menthol) CVS ANTI-ITCH, MEN-PHOR LOTN	F	QL(222 ml per fill retail)
<b>doxepin hcl (antipruritic) crea</b>	F	
PRUDOXIN CREA ( <b>doxepin hcl (antipruritic)</b> )	NF	
SARNA LOTN ( <b>camphor &amp; menthol</b> )	NF	QL(222 ml per fill retail)
ZONALON CREA ( <b>doxepin hcl (antipruritic)</b> )	NF	
<b>Antipsoriatics</b>		
(Calcipotriene) CALCITRENE OINT	F	
<b>calcipotriene crea</b>	F	
<b>calcipotriene oint</b>	F	
<b>calcipotriene soln</b>	F	
<b>calcitriol (topical) oint</b>	F	
COSENTYX SENSOREADY PEN SOAJ ( <b>secukinumab</b> )	F	PA; SP
COSENTYX SOSY ( <b>secukinumab</b> )	F	PA; SP
DOVONEX CREA ( <b>calcipotriene</b> )	NF	
DRITHO-CREME HP CREA ( <b>anthralin</b> )	F	
STELARA SOLN ( <b>ustekinumab</b> )	F	PA; SP- AcariaHealth;S P
STELARA SOSY ( <b>ustekinumab</b> )	F	PA; SP- AcariaHealth;S P
<b>tazarotene crea</b>	F	

Drug Name	Drug Tier	Requirements/Limits
TAZORAC CREA 0.05 % ( <b>tazarotene</b> )	F	
TAZORAC CREA 0.1 % ( <b>tazarotene</b> )	NF	
TAZORAC GEL 0.05 %, 0.1 % ( <b>tazarotene</b> )	F	
VECTICAL OINT ( <b>calcitriol (topical)</b> )	NF	QL(3.4 gm daily)
<b>Antiseborrheic Products</b>		
(Selenium Sulfide) ANTI-DANDRUFF SHAMPOO, DANDREX, RA RENEWAL DANDRUFF SHAMPOO, RA RENEWAL DANDRUFF SHAMPOO CLINICAL SHAM	F	
(Selenium Sulfide) CVS ANTI-DANDRUFF, DANDRUFF SHAMPOO, EQL MEDICATED DANDRUFF, RA DANDRUFF SHAMPOO LOTN	F	
(Sulfacetamide Sodium) SODIUM SULFACETAMIDE WASH LIQD 10 %	F	QL(480 ml per fill retail)
OVACE PLUS WASH LIQD ( <b>sulfacetamide sodium</b> )	NF	QL(480 ml per fill retail)
OVACE WASH LIQD ( <b>sulfacetamide sodium</b> )	NF	QL(480 ml per fill retail)
<b>selenium sulfide lotn 2.5 %</b>	F	
SELSUN BLUE DAILY LOTN ( <b>selenium sulfide</b> )	NF	
SELSUN BLUE LOTN ( <b>selenium sulfide</b> )	NF	
SELSUN BLUE MEDICATED LOTN ( <b>selenium sulfide</b> )	NF	
SELSUN BLUE MOISTURIZING LOTN ( <b>selenium sulfide</b> )	NF	
<b>sulfacetamide sodium liqd</b>	F	QL(480 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<b>Antivirals - Topical</b>		
<i>acyclovir topical crea</i>	F	QL(5 gm per fill retail)
<i>acyclovir topical oint</i>	F	
ZOVIRAX CREA EX 5 % ( <i>acyclovir topical</i> )	NF	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % ( <i>acyclovir topical</i> )	NF	
<b>Burn Products</b>		
(Silver Sulfadiazine) SSD CREA	F	
SILVADENE CREA ( <i>silver sulfadiazine</i> )	NF	
<i>silver sulfadiazine crea</i>	F	
SULFAMYLON CREA 85 MG/GM ( <i>mafenide acetate</i> )	F	
<b>Corticosteroids - Topical</b>		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT CREA	F	
(Hydrocortisone (Topical)) ALA-CORT CREA 2.5 %	F	
(Hydrocortisone (Topical)) ALA-CORT, ANTI-ITCH MAXIMUM STRENGTH, CVS HYDROCORTISONE ANTI-ITCH, PREPARATION H, SM HYDROCORTISONE CREA 1 %	F	RX/OTC
(Hydrocortisone (Topical)) ALA-CORT, ANTI-ITCH MAXIMUM STRENGTH, CVS HYDROCORTISONE ANTI-ITCH, PREPARATION H, SM HYDROCORTISONE CREA EX 1 %	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Hydrocortisone (Topical)) ANTI-ITCH INTENSIVE HEALING, AQUANIL HC, BETA HC, CORTIZONE-10 DIABETICS SKIN, CORTIZONE-10 ECZEMA, CORTIZONE-10 HYDRATENSIVEHEALING , CORTIZONE-10 HYDRATENSIVESOOTH ING, CVS CORTISONE MAXIMUM STRENGTH, DERMAREST ECZEMA, SARNOL-HC LOTN	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Hydrocortisone (Topical)) AVEENO ANTI-ITCH MAXIMUMSTRENGTH, CORTAID MAXIMUM STRENGTH, CURAD HYDROCORTISONE, CVS ANTI-ITCH MAXIMUM STRENGTH, CVS CORTISONE INTENSE HEALING ANTI-ITCH, CVS CORTISONE MAXIMUM STRENGTH, CVS ECZEMA ANTI-ITCH MAXIMUM STRENGTH, CVS HYDROCORTISONE MAXIMUM STRENGTH, EQ 1% HYDROCORTISONE, EQ HYDROCORTISONE MAXIMUM STRENGTH, EQ HYDROCORTISONE PLUS, EQL ANTI-ITCH INTENSIVE HEALING FORMULA, EQL ANTI- ITCH MAXIMUM STRENGTH, EQL ANTI- ITCH MAXIMUM STRENGTH PLUS 10 HEALING MOISTURIZERS, GNP HYDROCORTISONE, GNP HYDROCORTISONE PLUS, HYDROCORTISONE ANTI-ITCH, HYDROCORTISONE INTENSIVEHEALING, HYDROCORTISONE MAXIMUM STRENGTH, HYDROCORTISONE MAXIMUM STRENGTH PLUS 12 MOISTURIZERS, HYDROCORTISONE PLUS, INSTACORT 5, KERICORT 10, KP HYDROCORTISONE, MEIJER HYDROCORTISONE, NOBLE FORMULA HC, PX HYDROCREAM, QC HYDROCORTISONE, QC HYDROCORTISONE	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MAXIMUMSTRENGTH, RA ANTI-ITCH MAXIMUM STRENGTH, RA ANTI- ITCH/MAXIMUM STRENGTH, RA HYDROCORTISONE MAXIMUMSTRENGTH, RA HYDROCORTISONE PLUS 12, RECORT PLUS, SB HYDROCORTISONE, SB HYDROCORTISONE PLUS, TGT ANTI-ITCH PLUS OATMEAL, TGT ANTI-ITCH/ALOE/VITAMIN E CREA		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Hydrocortisone (Topical)) AVEENO ANTI-ITCH MAXIMUMSTRENGTH, CORTAID MAXIMUM STRENGTH, CURAD HYDROCORTISONE, CVS ANTI-ITCH MAXIMUM STRENGTH, CVS CORTISONE INTENSE HEALING ANTI-ITCH, CVS CORTISONE MAXIMUM STRENGTH, CVS ECZEMA ANTI-ITCH MAXIMUM STRENGTH, CVS HYDROCORTISONE MAXIMUM STRENGTH, EQ 1% HYDROCORTISONE, EQ HYDROCORTISONE MAXIMUM STRENGTH, EQ HYDROCORTISONE PLUS, EQL ANTI-ITCH INTENSIVE HEALING FORMULA, EQL ANTI- ITCH MAXIMUM STRENGTH, EQL ANTI- ITCH MAXIMUM STRENGTH PLUS 10 HEALING MOISTURIZERS, GNP HYDROCORTISONE, GNP HYDROCORTISONE PLUS, HYDROCORTISONE ANTI-ITCH, HYDROCORTISONE INTENSIVEHEALING, HYDROCORTISONE MAXIMUM STRENGTH, HYDROCORTISONE MAXIMUM STRENGTH PLUS 12 MOISTURIZERS, HYDROCORTISONE PLUS, INSTACORT 5, KERICORT 10, KP HYDROCORTISONE, MEIJER HYDROCORTISONE, NOBLE FORMULA HC, PX HYDROCREAM, QC HYDROCORTISONE, QC HYDROCORTISONE	F		MAXIMUMSTRENGTH, RA ANTI-ITCH MAXIMUM STRENGTH, RA ANTI- ITCH/MAXIMUM STRENGTH, RA HYDROCORTISONE MAXIMUMSTRENGTH, RA HYDROCORTISONE PLUS 12, RECORT PLUS, SB HYDROCORTISONE, SB HYDROCORTISONE PLUS, TGT ANTI-ITCH PLUS OATMEAL, TGT ANTI-ITCH/ALOE/VITAMIN E CREA		
			(Hydrocortisone (Topical)) CORTIZONE-10, CVS CORTISONE MAXIMUM STRENGTH, EQL ANTI- ITCH MAXIMUM STRENGTH, GNP HYDROCORTISONE MAXIMUM STRENGTH, HYDROCORTISONE 1% IN ABSORBASE, HYDROCORTISONE IN ABSORBASE, KP HYDROCORTISONE MAXIMUM STRENGTH, RA ANTI-ITCH/MAXIMUM STRENGTH, SB HYDROCORTISONE MAXIMUM STRENGTH, SM HYDROCORTISONE MAXIMUM STRENGTH OINT	F	RX/OTC
			(Hydrocortisone (Topical)) CVS HYDROCORTISONE ANTI-ITCH, SM HYDROCORTISONE CREA 0.5 %	F	
			(Hydrocortisone (Topical)) NOBLE FORMULA HC, RA FIRST AID ANTI-ITCH SPRAY, SCALP RELIEF MAXIMUM STRENGTH, SCALPICIN MAXIMUM STRENGTH SOLN	F	
			(Hydrocortisone (Topical)) SM HYDROCORTISONE OINT 0.5 %	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Hydrocortisone Acetate (Topical)) GYNECORT 10, LANACORT 10, MEDI-FIRST HYDROCORTISONE CREA	F	
(Hydrocortisone Acetate (Topical)) VAGISIL CREA EX 1 %	F	
(Hydrocortisone-Aloe Vera) CORTIZONE-10 INTENSIVE HEALING, CORTIZONE-10 PLUS, CORTIZONE-10/ALOE, GNP HYDROCORTISONE/ALOE, HM HYDROCORTISONE PLUS, HM HYDROCORTISONE/ALOE MAXIMUM STRENGTH, KLS HYDROCORTISONE PLUS, KP HYDROCORTISONE/ALOE, RA HYDROCORTISONE PLUS, SM HYDROCORTISONE PLUS, SM HYDROCORTISONE/ALOE MAXIMUM STRENGTH, TGT ANTI-ITCH/ALOE MAXIMUM STRENGTH CREA	F	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA	F	
APEXICON E CREA ( <i>diflorasone diacetate emollient base</i> )	F	
<i>betamethasone dipropionate (topical) crea</i>	F	
<i>betamethasone dipropionate (topical) lotn</i>	F	
<i>betamethasone dipropionate (topical) oint</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented crea</i>	F	QL(50 gm per fill retail)
<i>betamethasone dipropionate augmented gel</i>	F	
<i>betamethasone dipropionate augmented lotn</i>	F	
<i>betamethasone dipropionate augmented oint</i>	F	
<i>betamethasone valerate crea 0.1 %</i>	F	
<i>betamethasone valerate lotn 0.1 %</i>	F	
<i>betamethasone valerate oint 0.1 %</i>	F	
CAPEX SHAM ( <i>fluocinolone acetonide</i> )	F	
<i>clobetasol propionate crea</i>	F	
<i>clobetasol propionate emollient base crea</i>	F	
<i>clobetasol propionate foam</i>	F	
<i>clobetasol propionate gel</i>	F	
<i>clobetasol propionate oint</i>	F	
<i>clobetasol propionate soln</i>	F	
CLODERM CREA ( <i>clocortolone pivalate</i> )	NF	
DERMA-SMOOTH/FS BODY OIL ( <i>fluocinolone acetonide</i> )	NF	
DERMA-SMOOTH/FS SCALP OIL ( <i>fluocinolone acetonide</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>desonide crea</i>	F	QL(2 gm daily)
<i>desonide oint</i>	F	QL(2 gm daily)
DESOWEN CREA ( <i>desonide</i> )	NF	QL(2 gm daily)
<i>desoximetasone crea 0.05 %</i>	F	
DESOXIMETASONE CREA 0.05 % ( <i>desoximetasone</i> )	F	
<i>desoximetasone crea 0.25 %</i>	F	QL(2 gm daily)
<i>desoximetasone gel 0.05 %</i>	F	QL(2 gm daily)
<i>desoximetasone oint 0.25 %</i>	F	QL(2 gm daily)
<i>diflorasone diacetate crea</i>	F	
<i>diflorasone diacetate oint</i>	F	
DIPROLENE AF CREA ( <i>betamethasone dipropionate augmented</i> )	NF	QL(50 gm per fill retail)
DIPROLENE OINT ( <i>betamethasone dipropionate augmented</i> )	NF	
ELOCON CREA ( <i>mometasone furoate</i> )	NF	
ELOCON OINT ( <i>mometasone furoate</i> )	NF	
EPIFOAM FOAM ( <i>pramoxine-hc</i> )	F	
<i>fluocinolone acetonide crea</i>	F	
<i>fluocinolone acetonide oil</i>	F	
<i>fluocinolone acetonide oint</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide soln</i>	F	
<i>fluocinonide crea 0.05 %</i>	F	
<i>fluocinonide emulsified base crea</i>	F	
<i>fluocinonide gel 0.05 %</i>	F	
<i>fluocinonide oint 0.05 %</i>	F	
<i>fluocinonide soln 0.05 %</i>	F	
<i>fluticasone propionate crea 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluticasone propionate oint 0.005 %</i>	F	QL(60 gm per fill retail)
<i>halobetasol propionate crea</i>	F	
<i>hydrocortisone (topical) crea 0.5 %, 2.5 %</i>	F	
<i>hydrocortisone (topical) crea 1 %</i>	F	RX/OTC
<i>hydrocortisone (topical) lotn 1 %, 2.5 %</i>	F	
<i>hydrocortisone (topical) oint 0.5 %, 2.5 %</i>	F	
<i>hydrocortisone (topical) oint 1 %</i>	F	RX/OTC
<i>hydrocortisone acetate (topical) crea</i>	F	
HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE CREA ( <i>lidocaine- hydrocortisone acetate</i> )	NF	
<i>hydrocortisone butyrate soln</i>	F	QL(60 ml per fill retail)
<i>hydrocortisone valerate crea</i>	F	
<i>hydrocortisone valerate oint</i>	F	

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<i>hydrocortisone-aloe vera crea</i>	F	
KENALOG AERS ( <i>triamcinolone acetonide (topical)</i> )	NF	
LOCOID SOLN ( <i>hydrocortisone butyrate</i> )	NF	QL(60 ml per fill retail)
<i>mometasone furoate crea</i>	F	
<i>mometasone furoate oint</i>	F	
<i>mometasone furoate soln</i>	F	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA ( <i>hydrocortisone (topical)</i> )	NF	RX/OTC
OLUX FOAM ( <i>clobetasol propionate</i> )	NF	
PRAMOSONE CREA ( <i>pramoxine-hc</i> )	F	
PRAMOSONE LOTN ( <i>pramoxine-hc</i> )	F	
<i>prednicarbate crea</i>	F	QL(60 gm per fill retail)
<i>prednicarbate oint</i>	F	QL(60 gm per fill retail)
PSORCON CREA ( <i>diflorasone diacetate</i> )	F	
SYNALAR CREA ( <i>fluocinolone acetonide</i> )	NF	
SYNALAR OINT ( <i>fluocinolone acetonide</i> )	NF	
SYNALAR SOLN ( <i>fluocinolone acetonide</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
TACLONEX SUSP ( <i>calcipotriene-betamethasone dipropionate</i> )	NF	
TEMOVATE CREA ( <i>clobetasol propionate</i> )	NF	
TEMOVATE OINT ( <i>clobetasol propionate</i> )	NF	
TOPICORT CREA 0.05 % ( <i>desoximetasone</i> )	NF	
TOPICORT CREA 0.25 % ( <i>desoximetasone</i> )	NF	QL(2 gm daily)
TOPICORT GEL 0.05 % ( <i>desoximetasone</i> )	NF	QL(2 gm daily)
TOPICORT OINT 0.25 % ( <i>desoximetasone</i> )	NF	QL(2 gm daily)
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	F	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	F	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	F	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	F	
TRIDESILON CREA ( <i>desonide</i> )	NF	QL(2 gm daily)
ULTRAVATE CREA ( <i>halobetasol propionate</i> )	NF	
<b>Eczema Agents</b>		
DUPIXENT SOSY 200 MG/1.14ML ( <i>dupilumab</i> )	F	PA; SP-Acaria Health
DUPIXENT SOSY 300 MG/2ML ( <i>dupilumab</i> )	F	PA; SP-Acaria Health;SP
<b>Emollient/Keratolytic Agents</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Urea) AQUA CARE, GORMEL CREME, METOPIC, NUTRAPLUS, UREA 10 HYDRATING, UREA 20 INTENSIVE HYDRATING CREAM, UREACIN-20, UREDEB, UREMEZ-40, XUREA CREA	F	QL(200 gm per fill retail); RX/OTC
(Urea) CEROVEL, UREA-C40 LOTN	F	QL(325 ml per fill retail)
(Urea) GORDONS UREA CREA 40 %	F	QL(200 gm per fill retail); RX/OTC
HYDRO 35 FOAM ( <i>urea in lactic acid vehicle</i> )	NF	
<i>urea crea ex 40 %</i>	F	QL(200 gm per fill retail); RX/OTC
<i>urea lotn ex 40 %</i>	F	QL(325 ml per fill retail)
<b>Emollients</b>		
(Lactic Acid (Ammonium Lactate)) AL12, AMLACTIN, AMLACTIN DAILY, CVS HYDRATING SKIN TREATMENT, CVS SKIN TREATMENT, CVS SKIN TREATMENT BODY LOTION, GERI-HYDROLAC 12 LOTN	F	RX/OTC
(Lactic Acid (Ammonium Lactate)) GERI-HYDROLAC 12 CREA	F	RX/OTC
LAC-HYDRIN CREA ( <i>lactic acid (ammonium lactate)</i> )	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN ( <i>lactic acid (ammonium lactate)</i> )	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	F	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	F	RX/OTC
<i>lactic acid w/ vitamin e crea</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<b>Enzymes - Topical</b>		
SANTYL OINT ( <i>collagenase</i> )	F	
<b>Immunomodulating Agents - Topical</b>		
ALDARA CREA ( <i>imiquimod</i> )	NF	
<i>imiquimod crea 5 %</i>	F	
ZYCLARA CREA ( <i>imiquimod</i> )	NF	QL(1 ea daily)
ZYCLARA PUMP CREA 3.75 % ( <i>imiquimod</i> )	NF	QL(1 gm daily)
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CREA ( <i>pimecrolimus</i> )	NF	PA; QL(30 gm per fill retail); AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	F	PA; QL(30 gm per fill retail); AL(At least 2 yrs old)
<b>Keratolytic/Antimitotic Agents</b>		
CONDYLOX GEL ( <i>podofilox</i> )	F	
KERALYT GEL ( <i>salicylic acid</i> )	NF	QL(100 gm per fill retail)
<i>podofilox soln</i>	F	
<i>salicylic acid gel</i>	F	QL(100 gm per fill retail)
<b>Local Anesthetics - Topical</b>		
(Capsaicin) CAPSAICIN HP, CAPZIX, CVS CAPSAICIN HP, DERMACINRX PENETRAL, RA ARTHRITIS PAIN RELIEF, SURE RESULT SR RELIEF, ZOSTRIX HIGH POTENCY, ZOSTRIX HIGH POTENCY FOOTPAIN RELIEF CREA	F	QL(43 gm per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
(Capsaicin) CAPSAICIN HP, CAPZIX, CVS CAPSAICIN HP, DERMACINRX PENETRAL, RA ARTHRITIS PAIN RELIEF, SURE RESULT SR RELIEF, ZOSTRIX HIGH POTENCY, ZOSTRIX HIGH POTENCY FOOTPAIN RELIEF CREA	F	QL(60 gm per fill retail)
(Capsaicin) CAPSAICIN HP, CAPZIX, CVS CAPSAICIN HP, DERMACINRX PENETRAL, RA ARTHRITIS PAIN RELIEF, SURE RESULT SR RELIEF, ZOSTRIX HIGH POTENCY, ZOSTRIX HIGH POTENCY FOOTPAIN RELIEF CREA	F	
(Capsaicin) GNP CAPSAICIN CREA 0.1 %	F	QL(43 gm per fill retail)
(Dibucaine) CVS HEMORRHOIDAL & TOPICAL ANALGESIC, NUPERCAINAL OINT	F	QL(57 gm per fill retail)
(Lidocaine Hcl) 7T LIDO GEL, ALOE GEL/LIDOCAINE, COOLING, RA ALOE VERA/LIDOCAINE, REGENECARE HA GEL	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
(Lidocaine Hcl) ASPERCREME W/LIDOCAINE, BENGAY LIDOCAINE, CVS LIDOCAINE MAXIMUM STRENGTH, CVS PAIN RELIEF/MAXIMUM STRENGTH, EQ LIDOCAINE PAIN RELIEVING/MAX STRENGTH, GNP LIDOCAINE PAIN RELIEVING, GOLD BOND MULTI-SYMPTOM/ITCH & PAIN RELIEF/MAXIMUM STRENGTH, LIDOCAINE PLUS, NEUROMED7, PAIN RELIEVING MAXIMUM STRENGTH, RA PAIN RELIEF, XOLIDO XP CREA	F	QL(2 ml daily)
(Lidocaine Hcl) GLYDO PRSY	F	
(Lidocaine Hcl) LIDOPIN CREA 3 %	F	QL(454 gm per fill retail); RX/OTC
(Lidocaine) ANECREAM, BLUE TUBE PAIN RELIEVING/ALOE, LC-4 LIDOCAINE CREA	F	
ARTHRITIS PAIN RELIEVING CREA ( <i>capsaicin</i> )	F	QL(60 gm per fill retail)
<i>capsaicin crea 0.025 %</i>	F	
<i>capsaicin crea 0.1 %</i>	F	QL(43 gm per fill retail)
CAPZASIN-HP CREA ( <i>capsaicin</i> )	NF	QL(43 gm per fill retail)
CAPZASIN-P CREA ( <i>capsaicin</i> )	F	QL(43 gm per fill retail)
<i>dibucaine oint ex</i>	F	QL(57 gm per fill retail)
<i>ethyl chloride aero</i>	F	
ETHYL CHLORIDE/FINE STREAM AERO ( <i>ethyl chloride</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
ETHYL CHLORIDE/MEDIUM STREAM AERO ( <i>ethyl chloride</i> )	F	
<i>lidocaine crea 3 %</i>	F	QL(454 gm per fill retail)
<i>lidocaine crea 4 %</i>	F	
<i>lidocaine hcl crea 3 %</i>	F	QL(454 gm per fill retail); RX/OTC
<i>lidocaine hcl crea 4 %</i>	F	QL(2 ml daily)
<i>lidocaine hcl gel 2 %</i>	F	
<i>lidocaine hcl prsy 2 %</i>	F	
<i>lidocaine hcl soln 4 %</i>	F	
<i>lidocaine-prilocaine crea</i>	F	
LMX 4 CREA ( <i>lidocaine</i> )	NF	
PREDATOR CREA ( <i>lidocaine hcl</i> )	NF	QL(2 ml daily)
REGENECARE HA LIQD ( <i>lidocaine hcl</i> )	F	
<b>Misc. Topical</b>		
(Aluminum Sulfate & Calcium Acetate) BORO-PACKS, CVS ASTRINGENT SOLUTION SOOTHING RELIEF, PEDI-BORO SOAK PAKS PACK	F	
(Lanolin (Topical)) AMEDA TRIPLE ZERO LANOLIN, HPA LANOLIN, LAN-O-SOOTHE, LANSINOH LANOLIN, LANSINOH LANOLIN MINIS NIPPLE, LANSINOH LANOLIN NIPPLE, MEDELA TENDER CARE LANOLIN CREA	F	

Drug Name	Drug Tier	Requirements/ Limits
(Zinc Oxide (Topical)) BABY EASE, BOUDREAU'S BUTT PASTE MAXIMUM STRENGTH, CVS DIAPER RASH, CVS ZINC OXIDE, DIAPER RASH, EQ DIAPER RASH, EQL BABY BASICS DIAPER RASH, GNP DIAPER RASH CREAMY, GNP ZINC OXIDE, MEIJER ZINC OXIDE, PINXAV, RA DIAPER RASH, RA ZINC OXIDE, TIPPY TOES DIAPER RASH OINT	F	QL(500 gm per fill retail)
<i>aluminum sulfate &amp; calcium acetate pack</i>	F	
CALAMINE LOTN ( <i>calamine</i> )	F	
CALAMINE LOTN ( <i>calamine-zinc oxide</i> )	F	
CALAMINE PHENOLATED LOTN ( <i>calamine phenolated</i> )	F	
DOMEBORO PACK ( <i>aluminum sulfate &amp; calcium acetate</i> )	NF	
DRYSOL SOLN ( <i>aluminum chloride</i> )	F	
GNP CALAMINE LOTN ( <i>calamine-zinc oxide</i> )	F	
GNP CALAMINE PHENOLATED LOTN ( <i>calamine phenolated</i> )	F	
HM CALAMINE LOTN ( <i>calamine-zinc oxide</i> )	F	
HYDRO-LAN CREA ( <i>lanolin (topical)</i> )	F	
<i>lanolin (topical) oint</i>	F	
LANOLOR CREA ( <i>lanolin (topical)</i> )	F	
MEIJER CALAMINE LOTN ( <i>calamine</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
OFF DEEP WOODS AERO ( <i>diethyltoluamide</i> ( <i>deet</i> ))	F	QL(170 gm per fill retail)
OFF DEEP WOODS DRY AERO ( <i>diethyltoluamide</i> ( <i>deet</i> ))	F	QL(113 gm per fill retail)
PX CALAMINE LOTN ( <i>calamine-zinc oxide</i> )	F	
QC CALAMINE LOTN ( <i>calamine</i> )	F	
RA CALAMINE LOTN 6.971 %-6.971 % ( <i>calamine-zinc oxide</i> )	F	
SM CALAMINE LOTN ( <i>calamine</i> )	F	
SM CALAMINE PHENOLATED LOTN ( <i>calamine phenolated</i> )	F	
ULTRATHON INSECT REPELLENT 8 AERO ( <i>diethyltoluamide</i> ( <i>deet</i> ))	F	QL(170 gm per fill retail)
<i>zinc oxide (topical) oint 20 %</i>	F	QL(500 gm per fill retail)
<b>Rosacea Agents</b>		
(Metronidazole (Topical)) ROSADAN CREA	F	
(Metronidazole (Topical)) ROSADAN GEL	F	
<i>azelaic acid gel</i>	F	Limit 50gms per month;QL(1.67 gm daily)
FINACEA GEL ( <i>azelaic acid</i> )	NF	Limit 50gms per month;QL(1.67 gm daily)
METROCREAM CREA ( <i>metronidazole</i> ( <i>topical</i> ))	NF	
METROGEL GEL ( <i>metronidazole</i> ( <i>topical</i> ))	NF	QL(2 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
METROLOTION LOTN ( <i>metronidazole</i> ( <i>topical</i> ))	NF	
<i>metronidazole (topical) crea 0.75 %</i>	F	
<i>metronidazole (topical) gel 0.75 %</i>	F	
<i>metronidazole (topical) gel 1 %</i>	F	QL(2 gm daily)
<i>metronidazole (topical) lotn 0.75 %</i>	F	
ORACEA CPDR ( <i>doxycycline (rosacea)</i> )	NF	
SOOLANTRA CREA ( <i>ivermectin (rosacea)</i> )	NF	QL(1 gm daily)
<b>Scabicides &amp; Pediculicides</b>		
(Crotamiton) CROTAN LOTN	F	
(Permethrin) BEDDING SPRAY LICE TREATMENT STEP 3, CVS BEDDING SPRAY LICE TREATMENT, GNP LICE BEDDING, LICIDE, RA LICE BEDDING, SM BEDDING LICE TREATMENT, STOP LICE, STOP LICE STEP 3 AERO	F	
(Permethrin) CVS LICE TREATMENT, GNP LICE TREATMENT, HM LICE TREATMENT, LICE TREATMENT, SB LICE TREATMENT LIQD	F	
(Permethrin) LICE TREATMENT, RA LICE TREATMENT, SM LICE TREATMENT LOTN	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Pyrethrins-Piperonyl Butoxide) CVS LICE KILLING, EQ LICE KILLING MAXIMUM STRENGTH, EQL LICE KILLING MAXIMUMSTRENGTH, GNP LICE TREATMENT, HM LICE KILLING MAXIMUM STRENGTH, LICE KILLING MAXIMUM STRENGTH, LICE KILLING SHAMPOO, LICIDE, RA LICE MAXIMUM STRENGTH, RID LICE KILLING SHAMPOO, SB LICE KILLING MAXIMUM STRENGTH, SM LICE KILLING MAXIMUM STRENGTH, STOP LICE MAXIMUM STRENGTH SHAM	F	
(Pyrethrins-Piperonyl Butoxide) LICIDE MAXIMUM STRENGTH, SB LICE TREATMENT, STOP LICE MAXIMUM STRENGTH LIQD	F	
(Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover) COMPLETE LICE TREATMENT KIT, CVS LICE SOLUTION KIT, CVS LICE SOLUTION KIT, EQ COMPLETE LICE TREATMENT, GNP LICE SOLUTION KIT, LICIDE COMPLETE LICE TREATMENT, RA LICE SOLUTION KIT, SM LICE SOLUTION KIT, STOP LICE COMPLETE LICE TREATMENT KIT	F	
ELIMITE CREA ( <i>permethrin</i> )	NF	
EURAX CREA ( <i>crotamiton</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
EURAX LOTN ( <i>crotamiton</i> )	NF	
LICE B GONE SHAM ( <i>vegetable extract</i> )	F	
LICEMD GEL ( <i>pyrethrins-piperonyl butoxide</i> )	F	
LICIDE TREATMENT KIT KIT ( <i>pyrethrins-piperonyl butoxide</i> )	F	
<i>malathion lotn</i>	F	
NATROBA SUSP ( <i>spinosad</i> )	NF	QL(120 ml per fill retail,240 ml per 30 days retail)
NIX CREME RINSE LIQD ( <i>permethrin</i> )	NF	
OVIDE LOTN ( <i>malathion</i> )	NF	
<i>permethrin crea</i>	F	
RA LICE SOLUTION KIT KIT ( <i>permethrin &amp; pyrethrins-piperonyl butoxide</i> )	F	
RID AERO ( <i>permethrin</i> )	NF	
RID COMPLETE LICE ELIMINATION KIT ( <i>pyrethrins-piperonyl butoxide-permethrin-nit remover</i> )	NF	
RID ESSENTIAL LICE ELIMINATION KIT KIT ( <i>pyrethrins-piperonyl butoxide</i> )	F	
RID LIQD ( <i>pyrethrins-piperonyl butoxide</i> )	NF	
SCHOOLTIME SHAMPOO SHAM ( <i>nit remover</i> )	F	
<i>spinosad susp</i>	F	QL(120 ml per fill retail,240 ml per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
<b>Tar Products</b>		
(Coal Tar Extract) CVS THERAPEUTIC, EQL THERAPEUTIC, PC-TAR, RA THERAPEUTIC SHAMPOO, SM ANTI-DANDRUFF COAL TARTHERAPEUTIC, TERA-GEL TAR, THERAPEUTIC SHAMPOO, THERAPEUTIC T+PLUS SHAM	F	
<i>coal tar extract soln</i>	F	
DHS TAR GEL SHAM ( <i>coal tar extract</i> )	NF	
DHS TAR SHAM ( <i>coal tar extract</i> )	NF	
NEUTROGENA T/GEL SHAM ( <i>coal tar extract</i> )	NF	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM ( <i>coal tar extract</i> )	NF	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Tests</b>		
ASSURE PLATINUM TEST STRIPS STRP ( <i>glucose blood</i> )	F	Available to members in LTC/SNF only; QL(10 ea daily); RX/OTC
CHEMSTRIP -10 WITH SG STRP ( <i>multiple urine tests</i> )	F	
CHEMSTRIP 10 MD STRP ( <i>multiple urine tests</i> )	F	
CHEMSTRIP 2 GP STRIPS STRP ( <i>multiple urine tests</i> )	F	
CHEMSTRIP 5 OB STRP ( <i>multiple urine tests</i> )	F	
CHEMSTRIP 7 STRP ( <i>multiple urine tests</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
CHEMSTRIP 9 STRIPS STRP ( <i>multiple urine tests</i> )	F	
CHEMSTRIP-K STRP ( <i>acetone (urine) test</i> )	F	
DIASTIX STRP ( <i>glucose urine test-(glucose oxidase)</i> )	F	
FORA GTEL BLOOD KETONE TEST STRIPS STRP ( <i>ketone blood test</i> )	F	
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP ( <i>glucose blood</i> )	F	QL(10 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP ( <i>glucose blood</i> )	F	QL(10 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP ( <i>glucose blood</i> )	F	QL(10 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP ( <i>glucose blood</i> )	F	QL(10 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP ( <i>glucose blood</i> )	F	QL(10 ea daily); RX/OTC
GOJJI BLOOD KETONE TEST STRIPS STRP ( <i>ketone blood test</i> )	F	
KETONE STRP ( <i>acetone (urine) test</i> )	F	
KETONE TEST STRIPS STRP ( <i>acetone (urine) test</i> )	F	
KETOSTIX STRP ( <i>acetone (urine) test</i> )	F	
NOVA MAX PLUS KETONE TESTSTRIPS STRP ( <i>ketone blood test</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ( <i>glucose blood</i> )	F	QL(10 ea daily); RX/OTC
PRECISION XTRA STRP VI ( <i>ketone blood test</i> )	F	
PTS PANELS KETONE TEST STRP ( <i>ketone blood test</i> )	F	
RELION KETONE STRP ( <i>acetone (urine) test</i> )	F	
RELION KETONE TEST STRIPS STRP ( <i>acetone (urine) test</i> )	F	
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
Digestive Enzymes		
CREON CPEP ( <i>pancrelipase (lipase-protease-amylase)</i> )	F	
PANCREAZE CPEP ( <i>pancrelipase (lipase-protease-amylase)</i> )	F	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	F	
<i>acetazolamide tabs</i>	F	
<i>methazolamide tabs</i>	F	
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	NF	
<i>amiloride &amp; hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
DYAZIDE CAPS ( <i>triamterene &amp; hydrochlorothiazide</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )	NF	
MAXZIDE-25 TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )	NF	
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	F	
<i>triamterene &amp; hydrochlorothiazide caps</i>	F	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	F	
Loop Diuretics		
<i>bumetanide tabs</i>	F	
BUMEX TABS ( <i>bumetanide</i> )	NF	
DEMADEX TABS 10 MG ( <i>torsemide</i> )	NF	QL(1 ea daily)
DEMADEX TABS 20 MG ( <i>torsemide</i> )	NF	
<i>furosemide soln or 10 mg/ml, 8 mg/ml</i>	F	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	F	
LASIX TABS ( <i>furosemide</i> )	NF	
<i>torsemide tabs 10 mg, 100 mg, 5 mg</i>	F	QL(1 ea daily)
<i>torsemide tabs 20 mg</i>	F	
Potassium Sparing Diuretics		
ALDACTONE TABS ( <i>spironolactone</i> )	NF	
<i>amiloride hcl tabs</i>	F	
<i>spironolactone tabs</i>	F	
Thiazides and Thiazide-Like Diuretics		

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide tabs 250 mg</i>	F	QL(2 ea daily)
<i>chlorothiazide tabs 500 mg</i>	F	QL(4 ea daily)
<i>chlorthalidone tabs</i>	F	
<i>hydrochlorothiazide caps</i>	F	
<i>hydrochlorothiazide tabs</i>	F	
<i>indapamide tabs</i>	F	
<i>methyclothiazide tabs</i>	F	
<i>metolazone tabs</i>	F	
MICROZIDE CAPS ( <i>hydrochlorothiazide</i> )	NF	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL TABS 30 MG, 5 MG ( <i>risedronate sodium</i> )	NF	PA; QL(1 ea daily)
ACTONEL TABS 35 MG ( <i>risedronate sodium</i> )	NF	PA; QL(0.15 ea daily)
<i>alendronate sodium soln 70 mg/75ml</i>	F	QL(10.8 ml daily)
<i>alendronate sodium tabs 10 mg, 40 mg, 5 mg</i>	F	QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	F	QL(0.15 ea daily)
ATELVIA TBEC ( <i>risedronate sodium</i> )	NF	
<i>calcitonin (salmon) soln</i>	F	
<i>etidronate disodium tabs</i>	F	
FOSAMAX PLUS D TABS ( <i>alendronate sodium-cholecalciferol</i> )	F	Limit 4 per month;QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX TABS ( <i>alendronate sodium</i> )	NF	QL(0.15 ea daily)
MIACALCIN SOLN ( <i>calcitonin (salmon)</i> )	F	QL(2 ml per 30 days retail)
RECLAST SOLN ( <i>zoledronic acid</i> )	NF	PA; SP-AcariaHealth;S P
<i>risedronate sodium tabs 30 mg, 5 mg</i>	F	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	F	PA; QL(0.15 ea daily)
<i>risedronate sodium tbec 35 mg</i>	F	
<i>zoledronic acid conc 4 mg/5ml</i>	F	PA; SP-AcariaHealth;S P
ZOLEDRONIC ACID SOLN 4 MG/100ML ( <i>zoledronic acid</i> )	F	PA; SP-AcariaHealth;S P
<i>zoledronic acid soln 4 mg/100ml, 5 mg/100ml</i>	F	PA; SP-AcariaHealth;S P
ZOLEDRONIC ACID SOLR 4 MG ( <i>zoledronic acid</i> )	F	PA
ZOMETA CONC 4 MG/5ML ( <i>zoledronic acid</i> )	NF	PA; SP-AcariaHealth;S P
ZOMETA SOLN 4 MG/100ML ( <i>zoledronic acid</i> )	F	PA; SP-AcariaHealth;S P
<b>Corticotropin</b>		
ACTHAR GEL ( <i>corticotropin</i> )	F	PA; SP-Caremark;SP
<b>Growth Hormones</b>		
GENOTROPIN SOLR 5 MG ( <i>somatropin</i> )	F	PA; SP-AcariaHealth;S P
HUMATROPE COMBO PACK SOLR ( <i>somatropin</i> )	F	PA; SP-AcariaHealth;S P
HUMATROPE SOLR ( <i>somatropin</i> )	F	PA; SP-AcariaHealth;S P

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Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SOPN ( <i>somatropin</i> )	F	PA; SP-AcariaHealth;S P
OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	F	PA; SP-AcariaHealth;S P
ZOMACTON SOLR 5 MG ( <i>somatropin</i> )	F	PA; SP-AcariaHealth;S P
<b>Hormone Receptor Modulators</b>		
EVISTA TABS ( <i>raloxifene hcl</i> )	NF	
<i>raloxifene hcl tabs</i>	F	
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
FENSOLVI KIT ( <i>leuprolide acetate (cpp)</i> (6 month))	F	PA; SP-AcariaHealth;S P
LUPRON DEPOT-PED (1-MONTH) KIT (leuprolide acetate (cpp))	F	PA; SP-AcariaHealth;S P
LUPRON DEPOT-PED (3-MONTH) KIT (leuprolide acetate (cpp) (3 month))	F	PA; SP-AcariaHealth;S P
SUPPRELIN LA KIT ( <i>histrelin acetate (cpp)</i> )	F	PA; SP-AcariaHealth;S P
SYNAREL SOLN ( <i>nafarelin acetate</i> )	F	SP-AcariaHealth;S P
<b>Metabolic Modifiers</b>		
ALDURAZYME SOLN ( <i>laronidase</i> )	F	PA; SP-AcariaHealth;S P
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	F	
<i>calcitriol soln or 1 mcg/ml</i>	F	
CARBAGLU TABS ( <i>carglumic acid</i> )	F	SP-Accredo;SP
CARNITOR SF SOLN ( <i>levocarnitine (metabolic modifiers)</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
CARNITOR SOLN ( <i>levocarnitine (metabolic modifiers)</i> )	NF	
CARNITOR TABS ( <i>levocarnitine (metabolic modifiers)</i> )	NF	
<i>cinacalcet hcl tabs 30 mg</i>	F	PA
<i>cinacalcet hcl tabs 60 mg, 90 mg</i>	F	PA; SP
FABRAZYME SOLR ( <i>agalsidase beta</i> )	F	PA; SP-AcariaHealth;S P
KUVAN PACK 100 MG ( <i>sapropterin dihydrochloride</i> )	NF	
KUVAN PACK 500 MG ( <i>sapropterin dihydrochloride</i> )	NF	SP-Caremark
KUVAN TBSO 100 MG ( <i>sapropterin dihydrochloride</i> )	NF	SP-Caremark
<i>levocarnitine (metabolic modifiers) soln</i>	F	
<i>levocarnitine (metabolic modifiers) tabs</i>	F	
LUMIZYME SOLR ( <i>alglucosidase alfa</i> )	F	PA; SP-AcariaHealth;S P
NAGLAZYME SOLN ( <i>galsulfase</i> )	F	PA; SP-Accredo;SP
<i>paricalcitol caps</i>	F	
ROCALTROL CAPS ( <i>calcitriol</i> )	NF	
ROCALTROL SOLN ( <i>calcitriol</i> )	NF	
<i>sapropterin dihydrochloride pack 100 mg</i>	F	
<i>sapropterin dihydrochloride pack 500 mg</i>	F	SP-Caremark

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<i>sapropterin dihydrochloride tbso 100 mg</i>	F	SP-Caremark
SENSIPAR TABS 30 MG ( <i>cinacalcet hcl</i> )	NF	PA
SENSIPAR TABS 60 MG, 90 MG ( <i>cinacalcet hcl</i> )	NF	PA; SP
XURIDEN PACK ( <i>uridine triacetate</i> )	F	AL (At least 21 yrs old)
ZEMPLAR CAPS ( <i>paricalcitol</i> )	NF	
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN NA 0.01 % ( <i>desmopressin acetate refrigerated</i> )	F	
DDAVP SOLN NA 0.01 % ( <i>desmopressin acetate spray</i> )	NF	
DDAVP TABS OR 0.1 MG, 0.2 MG ( <i>desmopressin acetate</i> )	NF	
<i>desmopressin acetate spray refrigerated soln</i>	F	
<i>desmopressin acetate spray soln</i>	F	
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	F	
STIMATE SOLN ( <i>desmopressin acetate</i> )	F	PA; SP- AcariaHealth;S P
<b>Prolactin Inhibitors</b>		
<i>cabergoline tabs</i>	F	
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TABS 15 MG, 30 MG ( <i>tolvaptan</i> )	F	QL(1 ea daily); SP
JYNARQUE TBPK 15 MG, ( <i>tolvaptan</i> )	F	PA
SAMSCA TABS 15 MG ( <i>tolvaptan</i> )	F	QL(1 ea daily); SP
SAMSCA TABS 30 MG ( <i>tolvaptan</i> )	NF	QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
TOLVAPTAN TABS 15 MG ( <i>tolvaptan</i> )	F	QL(1 ea daily); SP
<i>tolvaptan tabs 30 mg</i>	F	QL(1 ea daily); SP
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
(Estradiol & Norethindrone Acetate) AMABELZ, LOPREEZA, MIMVEY, MIMVEY LO TABS	F	QL(1 ea daily)
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JEVANTIQUE LO, JINTELI TABS	F	
ACTIVELLA TABS ( <i>estradiol &amp; norethindrone acetate</i> )	NF	QL(1 ea daily)
CLIMARA PRO PTWK ( <i>estradiol-levonorgestrel</i> )	F	Limit 4 per 28 days;QL(0.15 ea daily)
COMBIPATCH PTTW ( <i>estradiol &amp; norethindrone acetate</i> )	F	QL(0.29 ea daily)
<i>estradiol &amp; norethindrone acetate tabs</i>	F	QL(1 ea daily)
FEMHRT LOW DOSE TABS ( <i>norethindrone acetate-ethinyl estradiol</i> )	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	F	
PREMPHASE TABS ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	F	
PREMPRO TABS ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	F	
<b>Estrogens</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Estradiol) DOTTI PTTW	F	QL(0.29 ea daily)
ALORA PTTW ( <i>estradiol</i> )	F	QL(0.29 ea daily)
CLIMARA PTWK ( <i>estradiol</i> )	NF	QL(0.143 ea daily)
ESTRACE TABS ( <i>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>	F	QL(0.29 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	F	QL(0.143 ea daily)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	F	
MENEST TABS ( <i>esterified estrogens</i> )	F	
MINIVELLE PTTW ( <i>estradiol</i> )	NF	QL(0.29 ea daily)
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens, conjugated</i> )	F	
VIVELLE-DOT PTTW ( <i>estradiol</i> )	NF	QL(0.29 ea daily)

### FLUOROQUINOLONES - Drugs to Treat Bacterial Infections

Fluoroquinolones		
CIPRO SUSR 5 GM/100ML, 500 MG/5ML ( <i>ciprofloxacin</i> )	F	
CIPRO TABS 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )	NF	
<i>ciprofloxacin hcl tabs</i>	F	
<i>ciprofloxacin susr</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	F	QL(14 ea per fill retail)
LEVAQUIN TABS ( <i>levofloxacin</i> )	NF	QL(14 ea per fill retail)
<i>levofloxacin soln 25 mg/ml</i>	F	
<i>levofloxacin tabs 250 mg, 500 mg, 750 mg</i>	F	QL(14 ea per fill retail)
<i>ofloxacin tabs 300 mg</i>	F	
<i>ofloxacin tabs 400 mg</i>	F	QL(56 ea per fill retail)

### GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs

Antiflatulents		
(Simethicone) CVS GAS RELIEF DROPS EXTRA STRENGTH, GAS RELIEF INFANTS, GAS-X INFANT DROPS, TGT GAS RELIEF INFANTS DROPS LIQD	F	QL(30 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Simethicone) CVS GAS RELIEF INFANTS, CVS INFANTS GAS RELIEF, EQ INFANTS GAS RELIEF, EQL INFANTS GAS RELIEF, GAS RELIEF DROPS INFANTS, GAS RELIEF INFANTS, GNP INFANT GAS RELIEF, GNP INFANTS GAS RELIEF, HM GAS RELIEF INFANTS, HM GAS RELIEF INFANTS DROPS, INFANTS GAS RELIEF, INFANTS SIMETHICONE, LITTLE REMEDIES FOR TUMMYS GAS RELIEF, LITTLE TUMMYS GAS RELIEF, MOMMYS BLISS GAS RELIEF DROPS, PEDIACARE GAS RELIEF DROPS INFANTS, PX GAS RELIEF INFANTS, RA GAS RELIEF/INFANTS, SIMEPED, SM GAS RELIEF DROPS INFANTS, SM GAS RELIEF INFANTS DROPS SUSP	F	QL(60 ml per fill retail)	(Simethicone) CVS GAS RELIEF, CVS GAS RELIEF EXTRA STRENGTH, CVS GAS RELIEF ULTRA STRENGTH, EQ GAS RELIEF, EQL GAS RELIEF EXTRA STRENGTH, EQL GAS RELIEF ULTRA STRENGTH, GAS RELIEF EXTRA STRENGTH, GAS RELIEF ULTRA STRENGTH, GAS-X ULTRA STRENGTH, GNP ANTI-GAS, GNP GAS RELIEF EXTRA STRENGTH, HM GAS RELIEF EXTRA STRENGTH, PX GAS RELIEF EXTRA STRENGTH, PX GAS RELIEF ULTRA STRENGTH, QC ANTI-GAS ULTRA STRENGTH, QC GAS RELIEF, QC GAS RELIEF EXTRA STRENGTH, RA GAS RELIEF EXTRA STRENGTH, RA GAS RELIEF ULTRA STRENGTH, SB ANTI-GAS, SM GAS RELIEF ANTIFLATUENT, SM GAS RELIEF EXTRA STRENGTH, TGT GAS RELIEF EXTRA STRENGTH CAPS	F	

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Drug Name	Drug Tier	Requirements/Limits
(Simethicone) CVS GAS RELIEF, CVS GAS RELIEF EXTRA STRENGTH, DRX CHOICE GAS RELIEF, EQ GAS RELIEF, EQ GAS RELIEF EXTRA STRENGTH, EQL GAS GONE EXTRA STRENGTH, GAS RELIEF EXTRA STRENGTH, GAS RELIEF MAXIMUM STRENGTH, GNP GAS RELIEF, GNP GAS RELIEF EXTRA STRENGTH, GNP GAS RELIEF MAXIMUM STRENGTH, GOODSENSE GAS RELIEF EXTRA STRENGTH, HM GAS RELIEF, MI-ACID GAS RELIEF, QC GAS RELIEF, QC GAS RELIEF EXTRA STRENGTH, RA GAS RELIEF EXTRA STRENGTH, RA GAS RELIEF MAXIMUM STRENGTH, SM GAS RELIEF, TGT GAS RELIEF EXTRA STRENGTH CHEW	F	
(Simethicone) EQL GAS RELIEF, GAS RELIEF, RA GAS RELIEF SUSP 20 MG/0.3ML	F	QL(60 ml per fill retail)
(Simethicone) EQL GAS RELIEF, GAS-X EXTRA STRENGTH, RA GAS RELIEF CAPS 125 MG	F	
(Simethicone) GAS RELIEF, RA GAS RELIEF CHEW 80 MG	F	
(Simethicone) PHAZYME, SB GAS RELIEF CHEW 125 MG	F	
(Simethicone) SB GAS RELIEF SUSP 40 MG/0.6ML	F	QL(60 ml per fill retail)
GAS-X CHEW ( <i>simethicone</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
GAS-X EXTRA STRENGTH CHEW 125 MG ( <i>simethicone</i> )	NF	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP ( <i>simethicone</i> )	NF	QL(60 ml per fill retail)
MYLICON INFANTS GAS RELIEF SUSP ( <i>simethicone</i> )	NF	QL(60 ml per fill retail)
<i>simethicone caps 125 mg</i>	F	
<i>simethicone chew 125 mg, 80 mg</i>	F	
<i>simethicone susp 40 mg/0.6ml</i>	F	QL(60 ml per fill retail)
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM CAPS ( <i>cholic acid</i> )	F	PA; QL(5 ea daily); SP
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL CAPS ( <i>ursodiol</i> )	NF	
URSO 250 TABS ( <i>ursodiol</i> )	NF	
<i>ursodiol caps 300 mg</i>	F	
<i>ursodiol tabs 250 mg</i>	F	
<b>Gastrointestinal Antiallergy Agents</b>		
<i>cromolyn sodium (mastocytosis) conc</i>	F	
GASTROCROM CONC ( <i>cromolyn sodium (mastocytosis)</i> )	NF	
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA CAPS ( <i>lubiprostone</i> )	F	PA
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln 10 mg/10ml, 5 mg/5ml</i>	F	

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<i>metoclopramide hcl tabs 10 mg, 5 mg</i>	F	
REGLAN TABS ( <i>metoclopramide hcl</i> )	NF	
<b>Inflammatory Bowel Agents</b>		
APRISO CP24 ( <i>mesalamine</i> )	NF	
ASACOL HD TBEC ( <i>mesalamine</i> )	NF	
AZULFIDINE EN-TABS TBEC ( <i>sulfasalazine</i> )	NF	
AZULFIDINE TABS ( <i>sulfasalazine</i> )	NF	
<i>balsalazide disodium caps</i>	F	
COLAZAL CAPS ( <i>balsalazide disodium</i> )	NF	
DELZICOL CPDR ( <i>mesalamine</i> )	NF	QL(12 ea daily)
ENTYVIO SOLR ( <i>vedolizumab</i> )	F	PA; SP- AcariaHealth;S P
INFLECTRA SOLR ( <i>infliximab-dyyb</i> )	F	PA; SP- AcariaHealth;S P
LIALDA TBEC ( <i>mesalamine</i> )	NF	
<i>mesalamine cp24 or 0.375 gm</i>	F	
<i>mesalamine cpdr or 400 mg</i>	F	QL(12 ea daily)
<i>mesalamine enem re 4 gm</i>	F	
<i>mesalamine tbec or 1.2 gm, 800 mg</i>	F	
<i>mesalamine w/ cleanser kit</i>	F	QL(4 ea per 28 days retail)
REMICADE SOLR ( <i>infliximab</i> )	F	PA; SP- AcariaHealth;S P

Drug Name	Drug Tier	Requirements/ Limits
RENFLEXIS SOLR ( <i>infliximab-abda</i> )	F	PA; SP- AcariaHealth;S P
ROWASA KIT ( <i>mesalamine w/ cleanser</i> )	NF	QL(4 ea per 28 days retail)
SFROWASA ENEM ( <i>mesalamine</i> )	F	
STELARA SOLN ( <i>ustekinumab (iv)</i> )	F	PA; SP- AcariaHealth;S P
<i>sulfasalazine tabs</i>	F	
<i>sulfasalazine tbec</i>	F	
<b>Intestinal Acidifiers</b>		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC SOLN	F	
<i>lactulose (encephalopathy) soln</i>	F	
<b>Peripheral Opioid Receptor Antagonists</b>		
MOVANTIK TABS ( <i>naloxegol oxalate</i> )	F	PA
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phosphate binder) caps</i>	F	
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS, TARON- CRYSTALS PACK	F	
ORACIT SOLN ( <i>sodium citrate &amp; citric acid</i> )	F	
<i>potassium citrate (alkalinizer) tbcr 1080 mg, 540 mg</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<b>sodium citrate &amp; citric acid soln</b>	F	RX/OTC
UROKIT-K 10 TBCR ( <b>potassium citrate (alkalinizer)</b> )	NF	
UROKIT-K 5 TBCR ( <b>potassium citrate (alkalinizer)</b> )	NF	
<b>Genitourinary Irrigants</b>		
(Sodium Chloride (Gu Irrigant)) ARGYLE STERILE SALINE 100ML, CURITY STERILE SALINE SOLN	F	
<b>acetic acid soln</b>	F	
<b>sodium chloride (gu irrigant) soln</b>	F	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS ( <b>pentosan polysulfate sodium</b> )	F	QL(3 ea daily)
<b>Prostatic Hypertrophy Agents</b>		
<b>alfuzosin hcl tb24</b>	F	
<b>dutasteride-tamsulosin hcl caps</b>	F	
<b>finasteride tabs</b>	F	
FLOMAX CAPS ( <b>tamsulosin hcl</b> )	NF	
JALYN CAPS ( <b>dutasteride-tamsulosin hcl</b> )	NF	
PROSCAR TABS ( <b>finasteride</b> )	NF	
RAPAFLO CAPS 4 MG ( <b>silodosin</b> )	NF	
<b>tamsulosin hcl caps</b>	F	
UROXATRAL TB24 ( <b>alfuzosin hcl</b> )	NF	
<b>Urinary Analgesics</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Phenazopyridine Hcl) PHENAZO TABS 200 MG	F	
<b>phenazopyridine hcl tabs</b>	F	
PYRIDIDIUM TABS ( <b>phenazopyridine hcl</b> )	NF	
<b>Urinary Stone Agents</b>		
THIOLA TABS ( <b>tiopronin</b> )	F	SP
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<b>colchicine w/ probenecid tabs</b>	F	
<b>Gout Agents</b>		
<b>allopurinol tabs</b>	F	
<b>colchicine tabs</b>	F	
COLCRYS TABS ( <b>colchicine</b> )	F	
KRYSTEXXA SOLN ( <b>pegloticase</b> )	F	PA; SP-AcariaHealth;SP
MITIGARE CAPS ( <b>colchicine</b> )	NF	
ZYLOPRIM TABS ( <b>allopurinol</b> )	NF	
<b>Uricosurics</b>		
<b>probenecid tabs</b>	F	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		
ADVATE SOLR ( <b>antihemophilic factor (rcmb)</b> plasma/albumin free (rahf-pfm))	CO	
ADYNOVATE SOLR ( <b>antihemophilic factor (recombinant)</b> pegylated)	CO	

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Drug Name	Drug Tier	Requirements/ Limits
AFSTYLA KIT ( <i>antihemophilic factor (recombinant)</i> single chain)	CO	
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR ( <i>antihemophilic factor/von willebrand factor complex (human)</i> )	CO	
ALPHANINE SD SOLR ( <i>coagulation factor ix</i> )	CO	
ALPROLIX SOLR ( <i>coagulation factor ix (recomb)</i> fc fusion protein (rfixfc))	CO	
BEBULIN SOLR ( <i>factor ix complex</i> )	CO	
BENEFIX KIT ( <i>coagulation factor ix (recombinant)</i> )	CO	
COAGADEX SOLR ( <i>coagulation factor x (human)</i> )	CO	
CORIFACT KIT ( <i>factor xiii concentrate (human)</i> )	CO	
ELOCTATE SOLR ( <i>antihemophilic factor (rcmb)</i> fc fusion protein(bdd-rfviiiifc))	CO	
FEIBA SOLR ( <i>antiinhibitor coagulant complex</i> )	CO	
FIBRYGA SOLR ( <i>fibrinogen concentrate (human)</i> )	CO	
HELIXATE FS KIT ( <i>antihemophilic factor (recombinant)</i> )	CO	
HEMLIBRA SOLN ( <i>emicizumab-kxwh</i> )	CO	

Drug Name	Drug Tier	Requirements/ Limits
HEMOFIL M SOLR ( <i>antihemophilic factor (human)</i> )	CO	
HUMATE-P SOLR ( <i>antihemophilic factor/von willebrand factor complex (human)</i> )	CO	
IDELVION SOLR ( <i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i> )	CO	
IXINITY SOLR ( <i>coagulation factor ix (recombinant)</i> )	CO	
JIVI SOLR ( <i>antihemophilic factor(rcmb)</i> pegylated-aucl (bdd-rfviii peg-aucl))	CO	SP
KCENTRA KIT ( <i>prothrombin complex concentrate human</i> )	CO	
KOATE SOLR ( <i>antihemophilic factor (human)</i> )	CO	
KOATE-DVI SOLR ( <i>antihemophilic factor (human)</i> )	CO	
KOGENATE FS KIT ( <i>antihemophilic factor (recombinant)</i> )	CO	
KOVALTRY SOLR ( <i>antihemophilic factor (rcmb)</i> plasma/albumin free (rahf-pfm))	CO	
MONOCLATE-P KIT ( <i>antihemophilic factor (human)</i> )	CO	
MONONINE SOLR ( <i>coagulation factor ix</i> )	CO	
NOVOEIGHT SOLR ( <i>antihemophilic factor (rcmb)</i> bd truncated (bd trunc-rfviii))	CO	

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Drug Name	Drug Tier	Requirements/Limits
NOVOSEVEN RT SOLR ( <i>coagulation factor viia recombinant</i> )	CO	
NUWIQ KIT ( <i>antihemophilic factor rcmb</i> ) simoctocog alfa(bdd-rfviii,sim))	CO	
NUWIQ SOLR ( <i>antihemophilic factor rcmb</i> ) simoctocog alfa(bdd-rfviii,sim))	CO	
OBIZUR SOLR ( <i>antihemophilic factor recombinant porcine</i> ) (rpfviii))	CO	
PROFILNINE SD SOLR ( <i>factor ix complex</i> )	CO	
PROFILNINE SOLR ( <i>factor ix complex</i> )	CO	
REBINYN SOLR ( <i>coagulation factor ix recombinant</i> ) glycopegylated)	CO	
RECOMBINATE SOLR ( <i>antihemophilic factor recombinant</i> )	CO	
RIASTAP SOLR ( <i>fibrinogen concentrate human</i> )	CO	
RIXUBIS SOLR ( <i>coagulation factor ix recombinant</i> )	CO	
TRETTEN SOLR ( <i>coagulation factor xiii a-subunit recombinant</i> )	CO	
VONVENDI SOLR ( <i>von willebrand factor recombinant</i> )	CO	
WILATE KIT ( <i>antihemophilic factor/von willebrand factor complex human</i> )	CO	

Drug Name	Drug Tier	Requirements/Limits
XYNTHA KIT ( <i>antihemophilic factor rcmb</i> ) moroctocog alfa(bdd-rfviii,mor))	CO	
XYNTHA SOLOFUSE KIT ( <i>antihemophilic factor rcmb</i> ) moroctocog alfa(bdd-rfviii,mor))	CO	
<b>Complement Inhibitors</b>		
CINRYZE SOLR ( <i>c1 esterase inhibitor human</i> )	F	PA; SP-Caremark;SP
SOLIRIS SOLN ( <i>eculizumab</i> )	F	PA; SP-AcariaHealth;S P
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbc</i>	F	
<b>Platelet Aggregation Inhibitors</b>		
AGRYLIN CAPS ( <i>anagrelide hcl</i> )	NF	
<i>anagrelide hcl caps</i>	F	
BRILINTA TABS ( <i>ticagrelor</i> )	F	
<i>cilostazol tabs</i>	F	
<i>clopidogrel bisulfate tabs 300 mg</i>	F	
<i>clopidogrel bisulfate tabs 75 mg</i>	F	QL(1 ea daily)
<i>dipyridamole tabs</i>	F	
EFFIENT TABS ( <i>prasugrel hcl</i> )	NF	QL(1 ea daily)
PLAVIX TABS 300 MG ( <i>clopidogrel bisulfate</i> )	NF	
PLAVIX TABS 75 MG ( <i>clopidogrel bisulfate</i> )	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	F	QL(1 ea daily)
ZONTIVITY TABS ( <i>vorapaxar sulfite</i> )	F	

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Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CEREZYME SOLR ( <i>imiglucerase</i> )	F	PA; SP- AcariaHealth
VPRIV SOLR ( <i>velaglucerase alfa</i> )	F	PA; SP- AcariaHealth
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS ( <i>hydroxyurea (sickle cell anemia)</i> )	F	
<b>Cobalamins</b>		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	F	
<i>cyanocobalamin tabs or 250 mcg</i>	F	
<b>Folic Acid/Folates</b>		
(Folic Acid) CVS FOLIC ACID, FA-8, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, YL FOLIC ACID TABS	F	
(Folic Acid) FA-8 CAPS	F	
(Folic Acid) KP FOLIC ACID TABS 1 MG	F	RX/OTC
(Folic Acid) KP FOLIC ACID TABS 800 MCG	F	
FOLIC ACID CAPS OR 20 MG, 5 MG ( <i>folic acid</i> )	F	
<i>folic acid caps or 800 mcg</i>	F	
<i>folic acid tabs or 1 mg</i>	F	RX/OTC
<i>folic acid tabs or 400 mcg, 800 mcg</i>	F	
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOLN ( <i>darbepoetin alfa</i> )	F	PA; SP- AcariaHealth;S P

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOSY ( <i>darbepoetin alfa</i> )	F	PA; SP- AcariaHealth;S P
NPLATE SOLR 250 MCG, 500 MCG ( <i>romiplostim</i> )	F	PA; SP- AcariaHealth
PROMACTA PACK 12.5 MG ( <i>eltrombopag olamine</i> )	F	PA; SP- AcariaHealth;A L(At least 21 yrs old)
PROMACTA PACK 25 MG ( <i>eltrombopag olamine</i> )	F	PA; SP- Acaria Health;AL(At least 21 yrs old); SP
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG ( <i>eltrombopag olamine</i> )	F	PA; SP- Acaria Health;AL(At least 21 yrs old); SP
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	F	SP- AcariaHealth;S P
ZARXIO SOSY ( <i>filgrastim-sndz</i> )	F	PA; SP- AcariaHealth;S P
<b>Hematopoietic Mixtures</b>		
(Ferrous Fumarate-Fa-B Complex-C-Zn-Mg-Mn-Cu) FERROCITE PLUS, HEMATINIC PLUS VITAMINS/MINERALS, HEMOCYTE-PLUS TABS	F	QL(1 ea daily)
(Iron Combinations) CHROMAGEN, HEMATOGEN, IRON COMPLEX CAPS	F	RX/OTC
<b>Iron</b>		
(Ferrous Fumarate) FERROCITE TABS	F	
(Ferrous Gluconate) CVS IRON, FERATE, FERGON, FERROTABS, IRON 27, KP FERROUS GLUCONATE TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Ferrous Sulfate Dried) CVS SLOW RELEASE IRON, EQ SLOW-RELEASE IRON, EQL SLOW RELEASE IRON, HM SLOW RELEASE IRON, RA SLOW RELEASE IRON, SLOW IRON, SLOW-RELEASE IRON TBCR	F	
(Ferrous Sulfate Dried) SLOW RELEASE IRON, SM IRON SLOW RELEASE TBCR 160 MG	F	
(Ferrous Sulfate) BPROTECTED PEDIA IRON, IRON SUPPLEMENT CHILDRENS, PC PEDIATRIC IRON DROPS SOLN	F	
(Ferrous Sulfate) CVS IRON, EQL IRON SUPPLEMENT THERAPY, FEROSUL, FERROUSUL, GOODSENSE IRON, KP FERROUS SULFATE, MEIJER FERROUS SULFATE, NAT-RUL IRON, PX IRON, QC FERROUS SULFATE, RA HIGH POTENCY IRON, SM IRON TABS	F	
(Ferrous Sulfate) FE TABS TBEC	F	
(Ferrous Sulfate) FEROSUL, IRON SUPPLEMENT ELIX	F	
(Ferrous Sulfate) GNP IRON TABS 325 MG	F	
(Ferrous Sulfate) RA IRON TABS 325 MG, 65 MG	F	
(Ferrous Sulfate) SLOW RELEASE IRON TBCR 50 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Polysaccharide Iron Complex) FERREX 150, FERRIC X-150, MYFERON 150, NU-IRON 150, POLY-IRON 150 CAPS	F	
FER-IN-SOL SOLN ( <i>ferrous sulfate</i> )	NF	
FERRETT'S TABS ( <i>ferrous fumarate</i> )	F	
<i>ferrous fumarate tabs 324 mg</i>	F	
<i>ferrous gluconate tabs 240 mg, 27 mg</i>	F	
FERROUS GLUCONATE TABS 324 MG ( <i>ferrous gluconate</i> )	F	
<i>ferrous sulfate elix 220 mg/5ml</i>	F	
FERROUS SULFATE LIQD 220 MG/5ML ( <i>ferrous sulfate</i> )	F	
<i>ferrous sulfate soln 15 mg/ml</i>	F	
<i>ferrous sulfate syrp 300 mg/5ml</i>	F	
<i>ferrous sulfate tabs 28 mg, 325 mg, 65 mg</i>	F	
<i>ferrous sulfate tbc 50 mg</i>	F	
FERROUS SULFATE TBEC 324 MG ( <i>ferrous sulfate</i> )	F	
<i>ferrous sulfate tbec 325 mg</i>	F	
HEMOCYTE TABS ( <i>ferrous fumarate</i> )	NF	
IRON CHEWS PEDIATRIC CHEW ( <i>carbonyl iron</i> )	F	
<i>polysaccharide iron complex caps</i>	F	

**HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders**

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Drug Name	Drug Tier	Requirements/Limits
<b>Hemostatics - Systemic</b>		
AMICAR SOLN 0.25 GM/ML ( <i>aminocaproic acid</i> )	NF	SP-AcariaHealth;SP
AMICAR TABS 500 MG ( <i>aminocaproic acid</i> )	NF	SP-AcariaHealth;SP
<i>aminocaproic acid soln 0.25 gm/ml</i>	F	SP-AcariaHealth;SP
<i>aminocaproic acid tabs 500 mg</i>	F	SP-AcariaHealth;SP
LYSTEDA TABS ( <i>tranexamic acid</i> )	NF	
<i>tranexamic acid tabs</i>	F	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Antihistamine Hypnotics</b>		

Drug Name	Drug Tier	Requirements/Limits
(Diphenhydramine Hcl (Sleep)) COMPOZ, CVS SLEEP AID NIGHTTIME/MAXIMUM STRENGTH, EQ NIGHTTIME SLEEP AID MAXIMUM STRENGTH, EQ SLEEP-AID NIGHTTIME, EQL NIGHTTIME SLEEP AID, EQL SLEEP AID MAXIMUM STRENGTH, GOODSENSE SLEEP AID, GOODSENSE SLEEPTIME, HM Z-SLEEP, ORMIR, QC SLEEP AID MAXIMUM STRENGTH, QC SLEEP-AID MAXIMUM STRENGTH, RA NIGHTTIME SLEEP AID, RA SLEEP AID MAXIMUM STRENGTH, RA SLEEP-AID NIGHTTIME, SLEEP-AID, SM SLEEP AID MAXIMUM STRENGTH, SM Z-SLEEP, TGT SLEEP AID MAXIMUM STRENGTH, WAL-SLEEP Z, WAL-SOM MAXIMUM STRENGTH CAPS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Diphenhydramine Hcl (Sleep)) COMPOZ, CVS SLEEP AID, CVS SLEEP AID NIGHTTIME, EQ NIGHTTIME SLEEP AID, EQL NIGHTTIME SLEEP AID, GNP NIGHTTIME SLEEP AID, HM NIGHTTIME SLEEP AID, NIGHT TIME SLEEP AID, NIGHTTIME SLEEP AID, NIGHTTIME SLEEP-AID, NYTOL, QC REST SIMPLY, RA NIGHTTIME SLEEP AID, SB SLEEP, SIMPLY SLEEP, SLEEP II, SLEEP TABS, SLEEP-TABS, SM NIGHTTIME SLEEP AID, SM SLEEP AID NIGHT TIME, TETRA-FORMULA NIGHTTIME SLEEP AID, TGT NIGHTTIME SLEEP AID TABS	F	
(Diphenhydramine Hcl (Sleep)) CVS SLEEP-AID NIGHTTIME, RA SLEEP AID, SLEEP AID TABS 25 MG	F	
(Diphenhydramine Hcl (Sleep)) CVS SLEEP-AID NIGHTTIME, SLEEP AID CAPS 50 MG	F	
(Doxylamine Succinate (Sleep)) CVS SLEEP-AID NIGHTTIME, RA SLEEP AID, SLEEP AID TABS 25 MG	F	
(Doxylamine Succinate (Sleep)) CVS ULTRA SLEEP, EQL NIGHTTIME SLEEP AID, GNP SLEEP AID, HM SLEEP AID, KLS SLEEP AID, RA NIGHT SLEEP AID, SLEEP-AID, SM SLEEP AID, WAL-SOM TABS	F	
<b>diphenhydramine hcl (sleep) tabs</b>	F	

Drug Name	Drug Tier	Requirements/ Limits
NYTOL MAXIMUM STRENGTH TABS ( <b>diphenhydramine hcl (sleep)</b> )	NF	
UNISOM SLEEPGELS CAPS ( <b>diphenhydramine hcl (sleep)</b> )	NF	
UNISOM SLEEPTABS TABS ( <b>doxylamine succinate (sleep)</b> )	NF	
<b>Barbiturate Hypnotics</b>		
<b>phenobarbital elix</b>	F	
<b>phenobarbital soln</b>	F	
<b>phenobarbital tabs</b>	F	
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN TABS ( <b>zolpidem tartrate</b> )	NF	QL(1 ea daily)
DORAL TABS ( <b>quazepam</b> )	NF	
<b>estazolam tabs</b>	F	
<b>eszopiclone tabs</b>	F	PA; QL(1 ea daily); AL(Up to 64 yrs old )
<b>flurazepam hcl caps</b>	F	
HALCION TABS ( <b>triazolam</b> )	NF	
LUNESTA TABS ( <b>eszopiclone</b> )	NF	PA; QL(1 ea daily); AL(Up to 64 yrs old )
<b>midazolam hcl soln ij 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml</b>	F	
RESTORIL CAPS ( <b>temazepam</b> )	NF	
<b>temazepam caps</b>	F	
<b>triazolam tabs</b>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>zaleplon caps</i>	F	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	F	QL(1 ea daily)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
(Calcium Polycarbophil) CVS FIBER LAXATIVE, EQ FIBER LAXATIVE, EQL FIBER LAXATIVE, FIBER LAXATIVE, FIBER-LAX, GNP FIBER-CAPS, KONSYL FIBER, PX FIBER, RA FIBER THERAPY, RA FIBER- CAP, RA FIBER-TAB, SB FIBER LAXATIVE, TGT FIBER LAXATIVE TABS	F	
(Calcium Polycarbophil) EQ FIBER THERAPY, SM FIBER TABS 625 MG	F	
(Methylcellulose (Laxative)) SOLUBLE FIBER POWD	F	
(Psyllium) CVS DAILY FIBER, CVS FIBER, EQ DAILY FIBER, FIBER LAXATIVE, GNP NATURAL FIBER, MEDI- MUCIL, PX FIBER, QC FIBER LAXATIVE, RA FIBER, RA FIBER THERAPY, TGT PSYLLIUM FIBER, WAL- MUCIL CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
(Psyllium) CVS NATURAL DAILY FIBER, EQ NATURAL FIBER LAXATIVE, EQL NATURAL FIBER, EQL SMOOTH TEXTURE FIBERSUPPLEMENT, GERI-MUCIL, GNP NATURAL FIBER, GOODSENSE NATURAL FIBER, GOODSENSE PSYLLIUM FIBER, HM FIBER POWDER, KLS NATURAL PSYLLIUM FIBER, METAMUCIL SMOOTH TEXTURE, METAMUCIL SMOOTH TEXTURESUGAR FREE, NATURAL FIBER, NATURAL FIBER LAXATIVE, NATURAL FIBER THERAPY, NATURAL PSYLLIUM SEED INDIAN HUSKS, NATURAL VEGETABLE FIBER, PSYLDEX, QC NATURAL VEGETABLE, RA FIBER, RA FIBER LAXATIVE, RA FIBER SUPPLEMENT, RA MULTIHEALTH FIBER SUPPLEMENT, SB FIB LAX ORANGE, SB FIBER LAXATIVE, SB NATURAL FIBER LAXATIVE, TGT FIBER THERAPY, WAL- MUCIL POWD	F	
(Psyllium) CVS NATURAL FIBER SUPPLEMENT POWD 100 %	F	
(Psyllium) EQ FIBER THERAPY POWD 48.57 %	F	
(Psyllium) EQ FIBER THERAPY, HM FIBER, REGULOID CAPS 0.52 GM	F	
(Psyllium) EQL FIBER THERAPY POWD 28.3 %, 48.57 %	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Psyllium) FIBER THERAPY, SM FIBER POWDER POWD 25 %	F	
(Psyllium) HM FIBER POWD 28.3 %, 30.9 %, 48.57 %, 51.7 %, 58.6 %	F	
(Psyllium) KONSYL DAILY FIBER, METAMUCIL POWD 28.3 %	F	
(Psyllium) KONSYL POWD 30.9 %	F	
(Psyllium) REGULOID POWD 25 %, 28.3 %, 48.57 %, 51.7 %, 58.6 %	F	
(Psyllium) SM FIBER POWD 28.3 %, 48.57 %, 51.7 %, 58.6 %	F	
<b>calcium polycarbophil tabs</b>	F	
CITRUCEL FIBER LAXATIVE POWD ( <b>methylcellulose (laxative)</b> )	NF	
CVS NATURAL FIBER SUPPLEMENT PACK 58.6 % ( <b>psyllium</b> )	F	
DAILY FIBER PACK 51.7 % ( <b>psyllium</b> )	F	
EQUALACTIN CHEW ( <b>calcium polycarbophil</b> )	F	
EVAC POWD ( <b>psyllium</b> )	NF	
FIBERCON TABS ( <b>calcium polycarbophil</b> )	NF	
HYDROCIL INSTANT PACK ( <b>psyllium</b> )	F	
HYDROCIL INSTANT POWD ( <b>psyllium</b> )	NF	
KONSYL DAILY FIBER PACK 100 %, 28.3 %, 60.3 % ( <b>psyllium</b> )	F	
KONSYL DAILY FIBER POWD 100 % ( <b>psyllium</b> )	NF	
KONSYL DAILY FIBER POWD 60.3 % ( <b>psyllium</b> )	F	

Drug Name	Drug Tier	Requirements/ Limits
KONSYL ORIGINAL DAILY FIBER PACK ( <b>psyllium</b> )	F	
KONSYL ORIGINAL FORMULADAILY FIBER POWD ( <b>psyllium</b> )	NF	
KONSYL PACK 60.3 % ( <b>psyllium</b> )	F	
KONSYL POWD 60.3 %, 71.67 % ( <b>psyllium</b> )	F	
KONSYL-D POWD ( <b>psyllium</b> )	F	
METAMUCIL CAPS 0.36 GM ( <b>psyllium</b> )	F	
METAMUCIL CAPS 0.52 GM ( <b>psyllium</b> )	NF	
METAMUCIL FIBER PACK ( <b>psyllium</b> )	F	
METAMUCIL ORIGINAL TEXTURE POWD ( <b>psyllium</b> )	NF	
METAMUCIL PACK 28 % ( <b>psyllium</b> )	F	
METAMUCIL POWD 48.57 % ( <b>psyllium</b> )	NF	
METAMUCIL WAFR ( <b>psyllium</b> )	F	
<b>psyllium caps</b>	F	
<b>psyllium powd</b>	F	
SM FIBER POWDER POWD 27 % ( <b>psyllium</b> )	F	
UNIFIBER POWD ( <b>cellulose</b> )	F	
<b>Laxative Combinations</b>		
(Peg 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-C, GAVILYTE-G SOLR	F	
(Peg 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK, TRILYTE SOLR	F	

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(Sennosides-Docusate Sodium) COLACE 2-IN-1, CVS SENNA PLUS, CVS STOOL SOFTENER PLUS STIMULANT LAXATIVE, DOCUZEN, DOK PLUS, EASY-LAX PLUS, EQ SENNA-S, EQ STOOL SOFTENER/STIMULANT LAXATIVE, EQL SENNA-S, EQL STOOL SOFTENER/STIMULANT LAXATIVE, EQL STOOL SOFTENER/STIMULANT LAXATIVE OVERNIGHT RELIEF, GNP SENNA PLUS, GNP STOOL SOFTENER/STIMULANT LAXATIVE, GOODSENSE STIMULANT LAXATIVE PLUS, HM SENNA-S, HM STOOL SOFTENER/LAXATIVE, HM STOOL SOFTENER/STIMULANT LAXATIVE, LAXACIN, MEDI-NATURAL PLUS, QC SENNA-S, QC STOOL SOFTENER PLUS LAXATIVE, QC STOOL SOFTENER PLUS STIMULANT LAXATIVE, RA LAXATIVE & STOOL SOFTENER, RA P COL-RITE, RA SENNA PLUS, SB DOCUSATE SODIUM/SENNA, SENEXON-S, SENEXON-S, SENNA PLUS, SENNA S, SENNA-PLUS, SENNA-S, SENNA-TIME S, SM NATURAL LAXATIVE PLUSSTOOL SOFTENER, SM SENNA-S, SM STOOL SOFTENER, SM STOOL SOFTENER PLUS LAXATIVE, SM STOOL SOFTENER/STIMULANT LAXATIVE, STIMULANT LAXATIVE, STOOL SOFTENER + STIMULANT LAXATIVE, STOOL	F		SOFTENER LAXATIVE, STOOL SOFTENER PLUS LAXATIVE, STOOL SOFTENER PLUS STIMULANT LAXATIVE, STOOL SOFTENER/LAXATIVE, TGT SENNA LAXATIVE, TGT SENNA LAXATIVE/STOOLSOFTENER, TGT STOOL SOFTENER & STIMULANT LAXATIVE, VEGETABLE LAXATIVE+STOOLSOFTENER TABS		
			COLYTE-FLAVOR PACKS SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	NF	
			GOLYTELY SOLR 2.82 GM-21.5 GM-227.1 GM-5.53 GM-6.36 GM ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	F	
			GOLYTELY SOLR 2.97 GM-22.74 GM-236 GM-5.86 GM-6.74 GM ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	NF	
			NULYTELY SOLR ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	NF	
			NULYTELY/FLAVOR PACKS SOLR ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	NF	
			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<b>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</b>	F	
<b>sennosides-docusate sodium tabs</b>	F	
SENOKOT S TABS ( <b>sennosides-docusate sodium</b> )	NF	
<b>Laxatives - Miscellaneous</b>		
(Glycerin (Laxative)) CVS GLYCERIN ADULT SUPP 2 GM	F	
(Glycerin (Laxative)) CVS GLYCERIN CHILD, GLYCERIN ADULT, GLYCERIN CHILDRENS, GNP GLYCERIN ADULT, GNP GLYCERIN CHILD, GNP GLYCERIN INFANT, PX GLYCERIN, RA GLYCERIN ADULT, RA GLYCERIN CHILD, SB GLYCERIN ADULT, SB GLYCERIN PEDIATRIC, SM GLYCERIN LAXATIVE PEDIATRIC, SM GLYCERIN PEDIATRIC SUPP	F	
(Lactulose) CONSTULOSE SOLN	F	
(Polyethylene Glycol 3350) CLEARLAX, EQ CLEARLAX, EQL CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GOODSENSE CLEARLAX, KLS LAXACLEAR, PEGYLAX, QC NATURALAX, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX POWD	F	QL(34 gm daily); RX/OTC
(Polyethylene Glycol 3350) CVS PURELAX POWD 17 GM/SCOOP,	F	QL(34 gm daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Polyethylene Glycol 3350) CVS PURELAX, GNP CLEARLAX, HM CLEARLAX, RA LAXATIVE, SMOOTH LAX, TGT POWDERLAX PACK 17 GM	F	RX/OTC
(Polyethylene Glycol 3350) GNP CLEARLAX, HM CLEARLAX, RA LAXATIVE, SMOOTH LAX, TGT POWDERLAX POWD 17 GM/SCOOP	F	QL(34 gm daily); RX/OTC
(Polyethylene Glycol 3350) HEALTHYLAX PACK	F	RX/OTC
FLEET LIQUID GLYCERIN SUPPOSITORIES ENEM ( <b>glycerin (laxative)</b> )	F	
<b>glycerin (laxative) supp 2 gm</b>	F	
GLYCERIN ADULT SUPP ( <b>glycerin (laxative)</b> )	NF	
<b>lactulose soln 10 gm/15ml, 20 gm/30ml</b>	F	
MIRALAX MIX-IN PAX PACK ( <b>polyethylene glycol 3350</b> )	NF	RX/OTC
MIRALAX PACK 17 GM ( <b>polyethylene glycol 3350</b> )	NF	RX/OTC
MIRALAX POWD 17 GM/SCOOP ( <b>polyethylene glycol 3350</b> )	NF	QL(34 gm daily); RX/OTC
<b>polyethylene glycol 3350 pack 17 gm</b>	F	RX/OTC
<b>polyethylene glycol 3350 powd 17 gm/scoop</b>	F	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 % ( <b>sorbitol (laxative)</b> )	F	
<b>Saline Laxatives</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Magnesium Citrate) CITROMA, CVS CITRATE OF MAGNESIA, EQ MAGNESIUM CITRATE, EQL MAGNESIUM CITRATE, GNP MAGNESIUM CITRATE, GOODSENSE MAGNESIUM CITRATE, HM MAGNESIUM CITRATE, QC MAGNESIUM CITRATE, RA MAGNESIUM CITRATE, SB MAGNESIUM CITRATE, SM MAGNESIUM CITRATE SOLN	F	
(Magnesium Citrate) CVS MAGNESIUM CITRATE SOLN 1.745 GM/30ML	F	
(Magnesium Hydroxide) CVS MILK OF MAGNESIA, DULCOLAX LIQUID, DULCOLAX MILK OF MAGNESIA, EQL MILK OF MAGNESIA, GNP MILK OF MAGNESIA, HM MILK OF MAGNESIA, MILK OF MAGNESIA, MILK OF MAGNESIA CONCENTRATE, PX MILK OF MAGNESIA, QC MILK OF MAGNESIA, RA MILK OF MAGNESIA, SB MILK OF MAGNESIA, SM MILK OF MAGNESIA SUSP	F	
(Magnesium Hydroxide) PHILLIPS MILK OF MAGNESIA SUSP 1200 MG/15ML, 400 MG/5ML	F	

Drug Name	Drug Tier	Requirements/ Limits
(Sodium Phosphates) CVS ENEMA DISPOSABLE, CVS ENEMA READY-TO-USE, ENEMA DISPOSABLE, ENEMA READY-TO-USE, EQ ENEMA, EQL READY-TO-USE ENEMA, GNP ENEMA, GOODSENSE READY TO USE ENEMA, HM ENEMA READY-TO-USE, HM ENEMA SALINE LAXATIVE, PEDIATRIC ENEMA, PURE & GENTLE ENEMA, QC ENEMA, RA ENEMA, RA SALINE ENEMA, SM ENEMA, TGT SALINE LAXATIVE ENEM	F	
FLEET ENEMA ENEM ( <i>sodium phosphates</i> )	NF	
FLEET ENEMA SIX PACK ENEM ( <i>sodium phosphates</i> )	NF	
FLEET PEDIATRIC ENEM ( <i>sodium phosphates</i> )	NF	
<i>magnesium citrate soln 1.745 gm/30ml,</i>	F	
PHILLIPS MILK OF MAGNESIA CHEWABLE CHEW ( <i>magnesium hydroxide</i> )	F	
PHILLIPS MILK OF MAGNESIA CONCENTRATED SUSP ( <i>magnesium hydroxide</i> )	F	
PHILLIPS MILK OF MAGNESIA SUSP 800 MG/5ML ( <i>magnesium hydroxide</i> )	F	
<i>sodium phosphates enem</i>	F	
<b>Stimulant Laxatives</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECT, CORRECTOL, CVS BISACODYL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, DUCODYL, EQ GENTLE LAXATIVE, EQ WOMANS LAXATIVE, EQ WOMENS LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FEENAMINT, GENTLE LAXATIVE, GNP BISA-LAX, GNP GENTLE LAXATIVE, GNP LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GNP WOMENS LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, PX LAXATIVE, QC GENTLE LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SB GENTLE LAXATIVE WOMENS, SM GENTLE LAXATIVE, SM WOMANS LAXATIVE, STIMULANT LAXATIVE, TGT GENTLE LAXATIVE, TGT WOMENS LAXATIVE, VERACOLATE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	F	

Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) BISACODYL LAXATIVE, BISCOLAX, CVS BISACODYL, CVS GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP LAXATIVE, HM LAXATIVE, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, RA STIMULANT LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	F	
(Bisacodyl) LAXATIVE SUPP RE 10 MG	F	
(Bisacodyl) LAXATIVE, RA LAXATIVE TBEC 5 MG	F	
(Bisacodyl) LAXATIVE, RA LAXATIVE TBEC OR 5 MG	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Sennosides) CVS LAXATIVE PILLS, CVS SENNA, CVS SENNA-EXTRA, DR EDWARDS OLIVE LAXATIVE, EQ LAXATIVE MAXIMUM STRENGTH, EQ NATURAL LAXATIVE, EQ NATURAL VEGETABLE LAXATIVE, EQ VEGETABLE LAXATIVE, EQL LAXATIVE MAXIMUM STRENGTH, EQL SENNA LAXATIVE, GERI-KOT, GNP LAXATIVE PILLS, GNP SENNA LAX, GNP SENNA-LAX, GOODSENSE LAXATIVE PILLS, GOODSENSE SENNA LAXATIVE, HM SENNA, KP SENNA, LAXATIVE MAXIMUM STRENGTH, LAXATIVE PILLS MAXIMUM STRENGTH, LAXATIVE PILLS REGULAR STRENGTH, LAXATIVE REGULAR STRENGTH, MEDI-LAX, MEDI-NATURAL, NATURAL SENNA LAXATIVE, PERDIEM, PERDIEM OVERNIGHT RELIEF, PX VEGETABLE LAXATIVE, QC LAXATIVE, QC NATURAL VEGETABLE LAXATIVE, QC SENNA, RA LAXATIVE EXTRA STRENGTH, RA LAXATIVE MAXIMUM STRENGTH, RA SENNA, SB SENNA-LAX, SENEXON, SENNA LAXATIVE, SENNA REGULAR STRENGTH, SENNA SMOOTH, SENNA-LAX, SENNA-TABS, SENNA-TIME, SENNO, SENOKOT EXTRA STRENGTH, SM LAXATIVE MAXIMUM STRENGTH, SM SENNA	F	

Drug Name	Drug Tier	Requirements/ Limits
LAXATIVE, SM SENNA LAXATIVE MAXIMUM STRENGTH, TGT LAXATIVE PILLS MAXIMUM STRENGTH, TGT NATURAL LAXATIVE PILLS MAXIMUM STRENGTH, TGT SENNA, TGT SENNA LAXATIVE TABS		
(Sennosides) EVAC-U-GEN TABS 8.6 MG	F	
<b>bisacodyl supp</b>	F	
DULCOLAX SUPP ( <b>bisacodyl</b> )	NF	
DULCOLAX TBEC ( <b>bisacodyl</b> )	NF	
EX-LAX TABS ( <b>sennosides</b> )	NF	
FLEET BISACODYL ENEM ( <b>bisacodyl</b> )	F	
<b>sennosides tabs 8.6 mg</b>	F	
SENOKOT TABS ( <b>sennosides</b> )	NF	
<b>Surfactant Laxatives</b>		
(Docusate Calcium) CVS STOOL SOFTENER, GNP DOCUSATE CALCIUM, KAO-TIN, QC DOCUSATE CALCIUM, SB STOOL SOFTENER, SM DOCUSATE CALCIUM, SM STOOL SOFTENER, STOOL SOFTENER, SURFAK CAPS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Docusate Sodium) CORRECTOL EXTRA GENTLE, CVS STOOL SOFTENER, DOCU SOFT, DOCUSIL, DOK, DULCOLAX PINK STOOL SOFTENER, DULCOLAX STOOL SOFTENER, EASY-LAX, EQ STOOL SOFTENER, EQL STOOL SOFTENER, GNP STOOL SOFTENER, GOODSENSE GENTLE STOOL SOFTENER, HM STOOL SOFTENER, HM STOOL SOFTENER MAXIMUM STRENGTH, KLS STOOL SOFTENER, KS STOOL SOFTENER, LAXA BASIC, MM STOOL SOFTENER, MM STOOL SOFTENER LAXATIVE, PHILLIPS STOOL SOFTENER, PX DOCUSATE SODIUM, QC STOOL SOFTENER, RA COL-RITE, RA STOOL SOFTENER, SB DOCUSATE SODIUM, SM STOOL SOFTENER, STOOL SOFTENER, STOOL SOFTENER EXTRA STRENGTH, STOOL SOFTENER LAXATIVE, STOOL SOFTENER LAXATIVE EXTRA STRENGTH, TGT STOOL SOFTENER CAPS	F	
(Docusate Sodium) CVS MINI ENEMA KIDS, DOCUSATE MINI, DOCUSOL MINI, ENEMEEZ MINI ENEM	F	
(Docusate Sodium) DIOCTO, DOCU, GNP STOOL SOFTENER, SILACE, STOOL SOFTENER LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
(Docusate Sodium) DIOCTO, GNP STOOL SOFTENER, SILACE SYRP	F	
(Docusate Sodium) DOCUPRENE, DOK, HEALTHY MAMA MOVE IT ALONG, HM STOOL SOFTENER, PROMOLAXIN, SM STOOL SOFTENER, STOOL SOFTENER TABS	F	
COLACE CAPS <i>(docusate sodium)</i>	NF	
COLACE CLEAR CAPS <i>(docusate sodium)</i>	NF	
<i>docusate calcium caps</i>	F	
<i>docusate sodium caps</i>	F	
<i>docusate sodium liqd</i>	F	
<i>docusate sodium syrp</i>	F	
<i>docusate sodium tabs</i>	F	
DOCUSOL KIDS ENEM <i>(docusate sodium)</i>	NF	
DOCUSOL PLUS MINI- ENEMA ENEM <i>(benzocaine-docusate sodium)</i>	F	
ENEMEEZ PLUS ENEM <i>(benzocaine-docusate sodium)</i>	F	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
Local Anesthetics - Amides		
MARCAINE SOLN 0.5 % <i>(bupivacaine hcl)</i>	NF	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
Azithromycin		
<i>azithromycin pack 1 gm</i>	F	QL(2 ea per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>azithromycin susr 100 mg/5ml, 200 mg/5ml</i>	F	
<i>azithromycin tabs 250 mg, 500 mg, 600 mg</i>	F	
ZITHROMAX PACK ( <i>azithromycin</i> )	NF	
ZITHROMAX SUSR ( <i>azithromycin</i> )	NF	
ZITHROMAX TABS ( <i>azithromycin</i> )	NF	
ZITHROMAX TRI-PAK TABS ( <i>azithromycin</i> )	NF	
ZITHROMAX Z-PAK TABS ( <i>azithromycin</i> )	NF	
<b>Clarithromycin</b>		
<i>clarithromycin susr</i>	F	
<i>clarithromycin tabs</i>	F	
<i>clarithromycin tb24</i>	F	
<b>Erythromycins</b>		
(Erythromycin Base) ERY-TAB TBEC	F	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	F	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS	F	
E.E.S. GRANULES SUSR ( <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 200 SUSR ( <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 400 SUSR ( <i>erythromycin ethylsuccinate</i> )	NF	
<i>erythromycin base cpep</i>	F	
<i>erythromycin base tabs</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin base tbec</i>	F	
<i>erythromycin ethylsuccinate susr</i>	F	
<i>erythromycin ethylsuccinate tabs</i>	F	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Bandages-Dressings-Tape</b>		
ADHESIVE PADS/LARGE/3"X4" PADS ( <i>adhesive bandages</i> )	F	
ADHESIVE PADS/MEDIUM/2"X3" PADS ( <i>adhesive bandages</i> )	F	
ALLEVYN PLUS CAVITY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
ALLEVYN THIN PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
AMD FOAM DRESSING 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
BAND-AID ALL-IN-ONE ADHESIVE GAUZE PAD/LARGE PADS ( <i>adhesive bandages</i> )	F	
BAND-AID ALL-IN-ONE ADHESIVE GAUZE PAD/MEDIUM PADS ( <i>adhesive bandages</i> )	F	
BAND-AID GAUZE PADS LARGE 4" X 4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC

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BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS ( <i>gauze pads &amp; dressings</i> )	F	
BAND-AID GAUZE PADS SMALL 2" X 2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
BAND-AID HURT-FREE NON-STICK PADS LARGE 3" X 4" PADS ( <i>adhesive bandages</i> )	F	
BAND-AID HURT-FREE NON-STICK PADS MEDIUM 2" X 3" PADS ( <i>adhesive bandages</i> )	F	
BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
BAND-AID QUILTVENT WATERPROOF PAD LARGE 2.875" X 4" PADS ( <i>adhesive bandages</i> )	F	
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
BORDERED GAUZE PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CARRASMART FOAM PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CARRASMART PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
COVRSITE COVER DRESSING PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CRUAD GAUZE PADS 4" X 4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURAD NON-STICK PADS WITH ADHESIVE TABS 3"X4" PADS ( <i>adhesive bandages</i> )	F	
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	
CURITY ALL PURPOSE SPONGES 4 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC

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CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY COVER SPONGE 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY COVER SPONGES 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	
CURITY COVER SPONGES 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY GAUZE PADS 2"X2" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY GAUZE PADS 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY GAUZE PADS 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
CURITY GAUZE PADS 4"X4" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY GAUZE SPONGE 2"X2" 8 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY GAUZE SPONGE 2"X2"12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY GAUZE SPONGE 3"X3" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY NON-ADHERENT STRIPS 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
CURITY SPONGES/CELLULOSEFILLED/2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CVS ADHESIVE PAD 4"X4" PADS ( <i>adhesive bandages</i> )	F	
CVS ADHESIVE PAD 6"X6" PADS ( <i>adhesive bandages</i> )	F	
CVS ADHESIVE PADS 2.25"X3" PADS ( <i>adhesive bandages</i> )	F	
CVS GAUZE PAD 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	
CVS GAUZE PADS 2"X2" 12-PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CVS GAUZE PADS 4"X4" 12-PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DERMACEA GAUZE SPONGE 3"X3" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	
DERMACEA GAUZE SPONGE 3"X3" 8 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA I.V. DRAIN SPONGES 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA I.V. SPONGES 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA TYPE VII GAUZE 3"X3" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	
DERMACEA TYPE VII GAUZE 3"X3" 12PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DERMALEVIN ADHESIVE FOAMDRESSING 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
DRYMAX EXTRA PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL GAUZE PADS 2"X2"/SMALL PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
EQL GAUZE STERILE PADS 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
GAUZE DRESSING 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
GAUZE PADS 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
GAUZE PADS 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	

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GAUZE PADS 4"X4" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
GAUZE PADS 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
GAUZE SPONGES 4"X4" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
GNP ADHESIVE PADS 3" X 4" PADS ( <i>adhesive bandages</i> )	F	
GNP STERILE PADS 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	
HM ADHESIVE PADS ANTIBACTERIAL/SHEER PADS ( <i>adhesive bandages</i> )	F	
HM STERILE PADS 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
HM STERILE PADS PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
HYDROCELL DRESSING 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
J & J ADHESIVE LARGE PADS ( <i>adhesive bandages</i> )	F	
J & J GAUZE 2"X2" 8 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
J & J GAUZE 4"X4" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
J & J NON-STICK PADS 100LARGE PADS ( <i>adhesive bandages</i> )	F	
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	
KERLIX SPONGES 4" X 4" 12 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
KERLIX SPONGES 4" X 4" 16 PLY PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
MIRASORB SPONGES 2" X 2" MISC ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
MIRASORB SPONGES 4" X 4" MISC ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
MOLESKIN FOAM PADDING PADS ( <i>adhesive bandages</i> )	F	
NEXCARE ABSOLUTE WATERPROOF PAD PADS ( <i>adhesive bandages</i> )	F	
NU GAUZE 4PLY 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
OPTIFOAM PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
POLYMEM FILM DOT PADS ( <i>adhesive bandages</i> )	F	
POLYMEM NON-ADHESIVE PAD PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
QC ALL PURPOSE DRESSINGS4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
QC STERILE PADS PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QC STERILE PADS PADS ( <i>gauze pads &amp; dressings</i> )	F	
RA ALL PURPOSE DRESSINGS4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
RA DRESSING SPONGES 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
RA FIRST AID NON-STICK PADS PADS ( <i>adhesive bandages</i> )	F	
RA GAUZE SPONGES 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
RA SHEER ADHESIVE LARGE PADS ( <i>adhesive bandages</i> )	F	
RA STERILE PADS 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
RA STERILE PADS 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	
RA STERILE PADS 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	
SM ADHESIVE PADS 2"X3" PADS ( <i>adhesive bandages</i> )	F	
SM ADHESIVE PADS 3"X4" PADS ( <i>adhesive bandages</i> )	F	
SM GAUZE PADS 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
SM GAUZE PADS 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	
SM GAUZE PADS 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
SM STERILE PADS 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
SM STERILE PADS PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
SOF-SET ADHESIVE PATCH PADS ( <i>adhesive bandages</i> )	F	
SOF-WICK 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
STERILE GAUZE PADS 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
STERILE GAUZE PADS 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	
STERILE PADS 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
STERILE PADS 3"X3" PADS ( <i>gauze pads &amp; dressings</i> )	F	
STERILE PADS 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
SURGICAL GAUZE SPONGE PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
TEGADERM FOAM DRESSING 2"X2" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
THERAGAUZE PADS ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC ( <i>gauze pads &amp; dressings</i> )	F	RX/OTC
<b>Contraceptives</b>		
AIMSCO LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
CAYA DPRH ( <i>diaphragm arc-spring</i> )	F	QL(1 ea per fill retail, 1 ea per 365 days retail)
DUREX EXTRA SENSITIVE DEVI ( <i>condoms latex lubricated - male</i> )	F	
FANTASY LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	

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FANTASY LUBRICATED/SPERMICIDE MISC ( <i>condoms latex lubricated - male</i> )	F	
FC FEMALE CONDOM MISC ( <i>condoms - female</i> )	F	
FC2 FEMALE CONDOM MISC ( <i>condoms - female</i> )	F	
FEMCAP DEVI ( <i>cervical caps</i> )	F	QL(1 ea per 365 days retail)
K-Y ME & YOU EXTRA LUBRICATED DEVI ( <i>condoms latex lubricated - male</i> )	F	
K-Y ME & YOU INTENSE DEVI ( <i>condoms latex lubricated - male</i> )	F	
KAMELEON LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
KIMONO COLORS DEVI ( <i>condoms latex lubricated - male</i> )	F	
KIMONO LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
KIMONO MICRO THIN MISC ( <i>condoms latex non-lubricated - male</i> )	F	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
KIMONO PLUS SPERMICIDE LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
KIMONO PLUS SPERMICIDE/LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
KIMONO PS LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
KIMONO SENSATION LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
KIMONO SPECIAL DEVI ( <i>condoms latex lubricated - male</i> )	F	
MAXX LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
MAXX PLUS SPERMICIDE LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
OMNIFLEX DIAPHRAGM DPRH ( <i>diaphragms</i> )	F	QL(1 ea per 365 days retail)
PREMIUM CONDOMS LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
REALITY LATEX CONDOMS/LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
REALITY LATEX/ULTRA TEXTURED DEVI ( <i>condoms latex lubricated - male</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
REALITY LATEX/ULTRA THIN DEVI ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX COLOR CONDOMS + LUBE MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX LUBRICATED EXTRALARGE MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX LUBRICATED/SPERMICIDE MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX NON-LUBRICATED MISC ( <i>condoms latex non-lubricated - male</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX/RIA LUBRICATED MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC ( <i>condoms latex lubricated - male</i> )	F	
TRUSTEX/RIA NON-LUBRICATED MISC ( <i>condoms latex non-lubricated - male</i> )	F	
<b>Diabetic Supplies</b>		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC ( <i>lancets</i> )	F	
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC ( <i>lancets</i> )	F	
ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT ( <i>lancets misc.</i> )	F	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT ( <i>lancets misc.</i> )	F	
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT ( <i>lancets misc.</i> )	F	
ADJUSTABLE LANCING DEVICE MISC ( <i>lancet devices</i> )	F	

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ADVOCATE LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
AGAMATRIX ULTRA-THIN LANCETS 33G MISC ( <i>lancets</i> )	F	
ALTERNATE SITE LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI ( <i>lancet devices</i> )	F	
AQUALANCE LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	F	
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	F	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC ( <i>lancets</i> )	F	
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC ( <i>lancets</i> )	F	
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC ( <i>lancets</i> )	F	
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC ( <i>lancets</i> )	F	
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC ( <i>lancets</i> )	F	
ASSURE LANCE LANCETS 21G MISC ( <i>lancets</i> )	F	
ASSURE LANCE LANCETS MISC ( <i>lancets</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC ( <i>lancets</i> )	F	
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC ( <i>lancets</i> )	F	
AURORA LANCET SUPER THIN30G MISC ( <i>lancets</i> )	F	
AURORA LANCET THIN 23G MISC ( <i>lancets</i> )	F	
AUTO-LANCET MINI MISC ( <i>lancet devices</i> )	F	
AUTO-LANCET MISC ( <i>lancet devices</i> )	F	
AUTOLET II CLINISAFE KIT ( <i>lancets misc.</i> )	F	
AUTOLET IMPRESSION LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
AUTOLET LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
AUTOLET LITE CLINISAFE KIT ( <i>lancets misc.</i> )	F	
AUTOLET LITE STARTER PACK KIT ( <i>lancets misc.</i> )	F	
AUTOLET MINI MISC ( <i>lancet devices</i> )	F	
AUTOLET PLATFORMS MISC ( <i>lancets misc.</i> )	F	
AUTOLET PLUS MISC ( <i>lancet devices</i> )	F	
BD LANCET ULTRAFINE 30G MISC ( <i>lancets</i> )	F	
CARDIOCOM LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
CAREONE ADVANCED LANCINGDEVICE MISC ( <i>lancet devices</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
CAREONE LANCET THIN MISC ( <i>lancets</i> )	F	
CAREONE LANCET ULTRA THIN MISC ( <i>lancets</i> )	F	
CARETOUCH LANCING DEVICEWITH EJECTOR MISC ( <i>lancet devices</i> )	F	
CARETOUCH TWIST LANCETS 30G MISC ( <i>lancets</i> )	F	
CLEANLET LANCETS 28G MISC ( <i>lancets</i> )	F	
COMFORT ASSURED LANCETS SUPER THIN 28G MISC ( <i>lancets</i> )	F	
COMFORT LANCETS MISC ( <i>lancets</i> )	F	
CVS LANCETS 21G MISC ( <i>lancets</i> )	F	
CVS LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	F	
CVS LANCETS MICRO-THIN 33G MISC ( <i>lancets</i> )	F	
CVS LANCETS ORIGINAL MISC ( <i>lancets</i> )	F	
CVS LANCETS THIN 26G MISC ( <i>lancets</i> )	F	
CVS LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	F	
CVS LANCETS ULTRA-THIN 30G MISC ( <i>lancets</i> )	F	
CVS LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
CVS ULTRA THIN LANCETS MISC ( <i>lancets</i> )	F	
DIATHRIVE LANCETS MISC ( <i>lancets</i> )	F	
DIATHRIVE LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
DIATHRIVE LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
DROPLET LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	F	
DROPLET LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
DRUG MART ADJUSTABLE LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
DRUG MART LANCETS THIN MISC ( <i>lancets</i> )	F	
DRUG MART UNILET LANCETSSUPER THIN 30G MISC ( <i>lancets</i> )	F	
DRUG MART UNILET LANCETSULTRA THIN 28G MISC ( <i>lancets</i> )	F	
DRUG MART UNILET MICRO THIN LANCETS 33G MISC ( <i>lancets</i> )	F	
E-Z JECT LANCETS 21G MISC ( <i>lancets</i> )	F	
E-Z JECT LANCETS COLOR MISC ( <i>lancets</i> )	F	
E-Z JECT LANCETS MISC ( <i>lancets</i> )	F	
E-Z JECT LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	F	
E-Z JECT LANCETS THIN 26G MISC ( <i>lancets</i> )	F	
E-ZJECT LANCETS MICRO-THIN 33G MISC ( <i>lancets</i> )	F	
EASY MINI EJECT LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
EASY MINI LANCING DEVICE MISC ( <i>lancet devices</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 26G/PULL-TOP MISC ( <i>lancets</i> )	F	
EASY TOUCH LANCETS 28G/PULL-TOP MISC ( <i>lancets</i> )	F	
EASY TOUCH LANCETS 28G/TWIST MISC ( <i>lancets</i> )	F	
EASY TOUCH LANCETS 30G/PULL-TOP MISC ( <i>lancets</i> )	F	
EASY TOUCH LANCETS 30G/TWIST MISC ( <i>lancets</i> )	F	
EASY TOUCH LANCETS 32G/PULL-TOP MISC ( <i>lancets</i> )	F	
EASY TOUCH LANCETS 32G/TWIST MISC ( <i>lancets</i> )	F	
EASY TOUCH LANCETS 33G/TWIST MISC ( <i>lancets</i> )	F	
EASY TOUCH LANCING DEVICE/EJECTOR MISC ( <i>lancet devices</i> )	F	
EQL COLOR LANCETS 21G MISC ( <i>lancets</i> )	F	
EQL COLOR LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	F	
EQL SUPER THIN LANCETS 30G MISC ( <i>lancets</i> )	F	
EQL THIN LANCETS 26G MISC ( <i>lancets</i> )	F	
EZ SMART BLOOD GLUCOSE LANCETS MISC ( <i>lancets</i> )	F	
EZ-LETS LANCETS 26G SUPER-SOFT MISC ( <i>lancets</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
EZ-LETS LANCETS 28G ULTRA-SOFT MISC ( <i>lancets</i> )	F	
EZ-LETS LANCETS 30G MISC ( <i>lancets</i> )	F	
FORA LANCETS MISC ( <i>lancets</i> )	F	
FORA LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
FORA LANCING DEVICE/CLEARCAP MISC ( <i>lancet devices</i> )	F	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	F	
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	F	
FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD ( <i>blood glucose calibration</i> )	F	
FREESTYLE CONTROL SOLUTION LIQD ( <i>blood glucose calibration</i> )	F	
FREESTYLE FLASH SYSTEM KIT ( <i>blood glucose monitoring supplies</i> )	F	QL(1 ea per fill retail, 1 ea per 365 days retail)
FREESTYLE FREEDOM LITE KIT ( <i>blood glucose monitoring supplies</i> )	F	QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT ( <i>blood glucose monitoring supplies</i> )	F	QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
FREESTYLE LANCETS MISC ( <i>lancets</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI ( <i>blood glucose monitoring supplies</i> )	F	QL(1 ea per fill retail, 1 ea per 365 days retail)
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT ( <i>blood glucose monitoring supplies</i> )	F	QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
FREESTYLE SYSTEM KIT KIT ( <i>blood glucose monitoring supplies</i> )	F	QL(1 ea per fill retail, 1 ea per 365 days retail)
FREESTYLE UNISTICK II LANCETS MISC ( <i>lancets</i> )	F	
GENTEEL CONTACT TIPS/BLUE MISC ( <i>lancets misc.</i> )	F	
GENTEEL CONTACT TIPS/CLEAR MISC ( <i>lancets misc.</i> )	F	
GENTEEL CONTACT TIPS/GREEN MISC ( <i>lancets misc.</i> )	F	
GENTEEL CONTACT TIPS/ORANGE MISC ( <i>lancets misc.</i> )	F	
GENTEEL CONTACT TIPS/RAINBOW MISC ( <i>lancets misc.</i> )	F	
GENTEEL CONTACT TIPS/VIOLET MISC ( <i>lancets misc.</i> )	F	
GENTEEL CONTACT TIPS/YELLOW MISC ( <i>lancets misc.</i> )	F	
GENTEEL LANCING DEVICE/BUFF BLACK MISC ( <i>lancet devices</i> )	F	
GENTEEL LANCING DEVICE/BUTTERFLY BLUE MISC ( <i>lancet devices</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC ( <i>lancet devices</i> )	F	
GENTEEL LANCING DEVICE/PLAYFUL PURPLE MISC ( <i>lancet devices</i> )	F	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC ( <i>lancet devices</i> )	F	
GENTEEL LANCING DEVICE/PRINCESS PINK MISC ( <i>lancet devices</i> )	F	
GENTEEL LANCING DEVICE/STATELY SILVER MISC ( <i>lancet devices</i> )	F	
GENTEEL LANCING DEVICE/WILLOWY WHITE MISC ( <i>lancet devices</i> )	F	
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT ( <i>lancets misc.</i> )	F	
GENTEEL NOZZLES MISC ( <i>lancets misc.</i> )	F	
GENTLE-LET GP LANCETS MISC ( <i>lancets</i> )	F	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC ( <i>lancets</i> )	F	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC ( <i>lancets</i> )	F	
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC ( <i>lancets</i> )	F	
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC ( <i>lancets</i> )	F	
GENTLE-LET PLATFORMS 2.4MM MISC ( <i>lancets misc.</i> )	F	

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GENTLE-LET PLATFORMS 3.0MM MISC ( <i>lancets misc.</i> )	F	
GLOBAL LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
GNP LANCETS 21G MISC ( <i>lancets</i> )	F	
GNP LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	F	
GNP LANCETS MISC ( <i>lancets</i> )	F	
GNP LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	F	
GNP LANCETS THIN 26G MISC ( <i>lancets</i> )	F	
GNP LANCETS THIN MISC ( <i>lancets</i> )	F	
GNP MICRO THIN LANCETS 33G MISC ( <i>lancets</i> )	F	
GNP SUPER THIN LANCETS/30G MISC ( <i>lancets</i> )	F	
GOJJI LANCING DEVICE/CLEAR CAP MISC ( <i>lancet devices</i> )	F	
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC ( <i>lancets</i> )	F	
GOODSENSE LANCETS MICRO-THIN 33G MISC ( <i>lancets</i> )	F	
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC ( <i>lancets</i> )	F	
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC ( <i>lancets</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS ULTRA-THIN 30G MISC ( <i>lancets</i> )	F	
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC ( <i>lancets</i> )	F	
GOODSENSE LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC ( <i>lancet devices</i> )	F	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	F	
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	F	
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	F	
HAEMOLANCE LOW FLOW LANCETS MISC ( <i>lancets</i> )	F	
HAEMOLANCE MISC ( <i>lancets</i> )	F	
HAEMOLANCE PLUS HIGH FLOW MISC ( <i>lancets</i> )	F	
HAEMOLANCE PLUS LOW FLOW MISC ( <i>lancets</i> )	F	
HAEMOLANCE PLUS MAX FLOW MISC ( <i>lancets</i> )	F	
HAEMOLANCE PLUS MISC ( <i>lancets</i> )	F	
HAEMOLANCE PLUS PEDIATRIC FLOW MISC ( <i>lancets</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
HEALTH CARE LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	F	
HY-VEE LANCETS MISC ( <i>lancets</i> )	F	
HY-VEE THIN LANCETS MISC ( <i>lancets</i> )	F	
HYPOLANCE AST LANCING KIT KIT ( <i>lancets misc.</i> )	F	
IN TOUCH LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
KINNEY LANCETS MISC ( <i>lancets</i> )	F	
KINNEY THIN LANCETS MISC ( <i>lancets</i> )	F	
KROGER AUTOLET LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
KROGER HEALTHPRO TWIST LANCETS/26G MISC ( <i>lancets</i> )	F	
KROGER LANCETS 21G MISC ( <i>lancets</i> )	F	
KROGER LANCETS MICRO THIN33G MISC ( <i>lancets</i> )	F	
KROGER LANCETS MISC ( <i>lancets</i> )	F	
KROGER LANCETS SUPER THIN MISC ( <i>lancets</i> )	F	
KROGER LANCETS THIN 26G MISC ( <i>lancets</i> )	F	
KROGER LANCETS THIN MISC ( <i>lancets</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS ULTRATHIN30G MISC ( <i>lancets</i> )	F	
KROGER LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
LANCET DEVICE ADJUSTABLE MISC ( <i>lancet devices</i> )	F	
LANCET DEVICE WITH EJECTOR MISC ( <i>lancet devices</i> )	F	
LANCET TRANSPORTER CASE MISC ( <i>lancets misc.</i> )	F	
LANCETS 26G TWIST TOP MISC ( <i>lancets</i> )	F	
LANCETS 28G MISC ( <i>lancets</i> )	F	
LANCETS 30G MISC ( <i>lancets</i> )	F	
LANCETS MISC ( <i>lancets</i> )	F	
LANCETS SAFETY SEAL 21G MISC ( <i>lancets</i> )	F	
LANCETS SAFETY SEAL 26G MISC ( <i>lancets</i> )	F	
LANCETS SAFETY SEAL 28G MISC ( <i>lancets</i> )	F	
LANCETS SUPER THIN 28G MISC ( <i>lancets</i> )	F	
LANCETS THIN MISC ( <i>lancets</i> )	F	
LANCETS ULTRA THIN MISC ( <i>lancets</i> )	F	
LANCING DEVICE ADJUSTABLE MISC ( <i>lancet devices</i> )	F	
LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
LANZO MISC ( <i>lancet devices</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
LEADER ADVANCED LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
LIBERTY MINI LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
LITE TOUCH LANCING PEN MISC ( <i>lancet devices</i> )	F	
LIVE BETTER ADVANCED LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
LIVE BETTER LANCET SUPERTHIN 30G MISC ( <i>lancets</i> )	F	
LIVE BETTER LANCET ULTRATHIN 28G MISC ( <i>lancets</i> )	F	
LONGS LANCETS STANDARD MISC ( <i>lancets</i> )	F	
LONGS LANCETS THIN MISC ( <i>lancets</i> )	F	
MEDISENSE THIN LANCETS MISC ( <i>lancets</i> )	F	
MEIJER COLOR LANCETS UNIVERSAL 33G MISC ( <i>lancets</i> )	F	
MEIJER LANCETS MISC ( <i>lancets</i> )	F	
MEIJER LANCETS THIN MISC ( <i>lancets</i> )	F	
MEIJER LANCETS UNIVERSAL21G MISC ( <i>lancets</i> )	F	
MEIJER LANCETS UNIVERSAL30G MISC ( <i>lancets</i> )	F	
MEIJER LANCETS UNIVERSAL33G MISC ( <i>lancets</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
MEIJER SUPER THIN LANCETS MISC ( <i>lancets</i> )	F	
MICROLET NEXT MISC ( <i>lancet devices</i> )	F	
MINI LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
MM LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
MONOJECTOR END CAPS MISC ( <i>lancets misc.</i> )	F	
MONOJECTOR OPD END CAPS MISC ( <i>lancets misc.</i> )	F	
MONOLET LANCETS MISC ( <i>lancets</i> )	F	
MONOLET OPD LANCETS MISC ( <i>lancets</i> )	F	
MULTI-LANCET DEVICE 2 KIT ( <i>lancets misc.</i> )	F	
MULTI-LANCET DEVICE MISC ( <i>lancet devices</i> )	F	
NOVA SUREFLEX LANCETS MISC ( <i>lancets</i> )	F	
NOVA SUREFLEX LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
ON CALL LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
ON CALL PLUS LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
ONETOUCH DELICA LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
ONETOUCH DELICA PLUS LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
ONETOUCH SURESOFT LANCING DEVICE/18G MISC ( <i>lancets misc.</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH SURESOFT LANCING DEVICE/21G MISC ( <i>lancets misc.</i> )	F	
ONETOUCH SURESOFT LANCING DEVICE/28G MISC ( <i>lancets misc.</i> )	F	
PC LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	F	
PENLET II AUTOMATIC BLOODSAMPLER KIT ( <i>lancets misc.</i> )	F	
PENLET II REPLACEMENT CAPS MISC ( <i>lancets misc.</i> )	F	
PENLET II REPLACEMENT CAPS-DEEP MISC ( <i>lancets misc.</i> )	F	
PENLET II REPLACEMENT CAPS-REGULAR MISC ( <i>lancets misc.</i> )	F	
PERFECT LANCETS 30G MISC ( <i>lancets</i> )	F	
PHARMACY COUNTER LANCETS MISC ( <i>lancets</i> )	F	
PRECISION GLUCOSE CONTROL LIQD ( <i>blood glucose calibration</i> )	F	
PRECISION GLUCOSE CONTROLSOLUTION ( <i>TRI-LEVEL/HI/LO/NORMAL</i> ) SOLN (blood glucose calibration)	F	
PRECISION GLUCOSE KETONECONTROL SOLUTION 1-LOW, 1-HIGH LIQD ( <i>blood glucose calibration</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
PRECISION GLUCOSE/KETONECONTROL SOLUTIONS 1-HI 1-LO LIQD ( <i>blood glucose calibration</i> )	F	
PRECISION THINS GP LANCET MISC ( <i>lancets</i> )	F	
PRECISION XTRA DEVI XX ( <i>blood glucose monitoring supplies</i> )	F	QL(1 ea per fill retail, 1 ea per 365 days retail)
PRECISION XTRA KIT XX ( <i>blood glucose monitoring supplies</i> )	F	QL(1 ea per fill retail, 1 ea per 365 days retail)
PREFERRED PLUS LANCETS COLORED 21G MISC ( <i>lancets</i> )	F	
PREFERRED PLUS LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	F	
PREFERRED PLUS LANCETS THIN 26G MISC ( <i>lancets</i> )	F	
PRODIGY LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
PRODIGY TWIST TOP LANCETS MISC ( <i>lancets</i> )	F	
PSS SELECT GP LANCETS MISC ( <i>lancets</i> )	F	
PSS SELECT PLATFORMS MISC ( <i>lancets misc.</i> )	F	
PSS SELECT SAFETY LANCETS MISC ( <i>lancets</i> )	F	
PX ADVANCED LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
PX LANCET AUTO INJECTOR MISC ( <i>lancet devices</i> )	F	
PX LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
PX LANCETS ULTRA THIN MISC ( <i>lancets</i> )	F	
QC ADVANCED LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
QC LANCETS SUPER THIN MISC ( <i>lancets</i> )	F	
QC LANCETS ULTRA THIN MISC ( <i>lancets</i> )	F	
QC UNILET LANCETS 28G/ULTRA THIN MISC ( <i>lancets</i> )	F	
QC UNILET LANCETS 33G/MICRO THIN MISC ( <i>lancets</i> )	F	
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC ( <i>lancets</i> )	F	
RA E-ZJECT LANCETS 28G MISC ( <i>lancets</i> )	F	
RA E-ZJECT LANCETS THIN 26G MISC ( <i>lancets</i> )	F	
RA E-ZJECT LANCETS THIN 28G MISC ( <i>lancets</i> )	F	
RA E-ZJECT LANCETS ULTRATHIN 30G MISC ( <i>lancets</i> )	F	
RA LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
READYLANCE SAFETY LANCETS/30G/1.6MM MISC ( <i>lancets</i> )	F	
REALITY LANCETS MISC ( <i>lancets</i> )	F	
RELION 2-IN-1 LANCET DEVICES 30G MISC ( <i>lancet devices</i> )	F	
RELION 2-IN-1 LANCING DEVICE 25G MISC ( <i>lancet devices</i> )	F	
RELION 2-IN-1 LANCING DEVICE 30G MISC ( <i>lancet devices</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS MICRO-THIN33G MISC ( <i>lancets</i> )	F	
RELION LANCETS STANDARD 21G MISC ( <i>lancets</i> )	F	
RELION LANCETS THIN 26G MISC ( <i>lancets</i> )	F	
RELION LANCETS ULTRA-THIN30G MISC ( <i>lancets</i> )	F	
RELION LANCING DEVICE KIT ( <i>lancets misc.</i> )	F	
RELION LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
RELION ULTRA THIN LANCETS30G MISC ( <i>lancets</i> )	F	
RELION ULTRA THIN PLUS LANCETS 32G MISC ( <i>lancets</i> )	F	
RELION ULTRA THIN PLUS LANCETS 33G MISC ( <i>lancets</i> )	F	
REXALL LANCETS ULTRA THIN MISC ( <i>lancets</i> )	F	
RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC ( <i>lancets misc.</i> )	F	
RIGHTEST GD500 LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
RIGHTEST GL300 LANCETS MISC ( <i>lancets</i> )	F	
SAFETY LANCETS 28G MISC ( <i>lancets</i> )	F	
SAFETY SEAL LANCETS 28G MISC ( <i>lancets</i> )	F	
SAFETY SEAL LANCETS 30G MISC ( <i>lancets</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
SAPS HEALTH TWIST TOP LANCETS 30G MISC ( <i>lancets</i> )	F	
SB LANCETS THIN MISC ( <i>lancets</i> )	F	
SB LANCETS ULTRA THIN MISC ( <i>lancets</i> )	F	
SELECT-LITE DEVICE/LANCETS KIT ( <i>lancets misc.</i> )	F	
SELECT-LITE LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
SHOPKO AUTOLET LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
SHOPKO UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	F	
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	F	
SIMPLE DIAGNOSTICS LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
SM MICRO THIN LANCETS 33G MISC ( <i>lancets</i> )	F	
SM TRUEDRAW LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
SMART DIABETES VANTAGE LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC ( <i>lancets</i> )	F	
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC ( <i>lancets</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC ( <i>lancets</i> )	F	
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC ( <i>lancets</i> )	F	
SOLUS V2 LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
STERILANCE PA MISC ( <i>lancets misc.</i> )	F	
STERILANCE TL MISC ( <i>lancets</i> )	F	
SUPER THIN LANCETS MISC ( <i>lancets</i> )	F	
SURE COMFORT LANCETS 18G MISC ( <i>lancets</i> )	F	
SURE COMFORT LANCETS 21G MISC ( <i>lancets</i> )	F	
SURE COMFORT LANCETS 23G MISC ( <i>lancets</i> )	F	
SURE COMFORT LANCETS 30G MISC ( <i>lancets</i> )	F	
SURE COMFORT LANCING PEN MISC ( <i>lancet devices</i> )	F	
SURE-PEN MISC ( <i>lancet devices</i> )	F	
SURELITE LANCETS MISC ( <i>lancets</i> )	F	
TECHLITE AST LANCETS MISC ( <i>lancets</i> )	F	
TECHLITE LANCETS 30G MISC ( <i>lancets</i> )	F	
TECHLITE LANCETS MISC ( <i>lancets</i> )	F	
TGT LANCET MICRO THIN 33G MISC ( <i>lancets</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
TGT LANCET THIN 26G MISC ( <i>lancets</i> )	F	
TGT LANCET ULTRA THIN 30G MISC ( <i>lancets</i> )	F	
TGT LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
THINLETS GP LANCETS MISC ( <i>lancets</i> )	F	
TODAYS HEALTH ADVANCED LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
TODAYS HEALTH SUPER THINLANCETS 30G MISC ( <i>lancets</i> )	F	
TODAYS HEALTH ULTRA THINLANCETS 28G MISC ( <i>lancets</i> )	F	
TOPCARE LANCETS MICRO-THIN 33G MISC ( <i>lancets</i> )	F	
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN ( <i>blood glucose calibration</i> )	F	QL(90 day(s) limit)
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN ( <i>blood glucose calibration</i> )	F	QL(90 day(s) limit)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN ( <i>blood glucose calibration</i> )	F	QL(90 day(s) limit)
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD ( <i>blood glucose calibration</i> )	F	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD ( <i>blood glucose calibration</i> )	F	
TRUEDRAW LANCING DEVICE MISC ( <i>lancet devices</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 26G MISC ( <i>lancets</i> )	F	
TRUEPLUS LANCETS 28G MISC ( <i>lancets</i> )	F	
TRUEPLUS LANCETS 28G SUPER THIN MISC ( <i>lancets</i> )	F	
TRUEPLUS LANCETS 30G MISC ( <i>lancets</i> )	F	
TRUEPLUS LANCETS 30G ULTRA THIN MISC ( <i>lancets</i> )	F	
TRUEPLUS LANCETS 33G MISC ( <i>lancets</i> )	F	
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC ( <i>lancet devices</i> )	F	
ULTILET CLASSIC LANCETS MISC ( <i>lancets</i> )	F	
ULTRALANCE MISC ( <i>lancets misc.</i> )	F	
UNILET COMFORTOUCH LANCET MISC ( <i>lancets</i> )	F	
UNILET EXCELITE II MISC ( <i>lancets</i> )	F	
UNILET EXCELITE MISC ( <i>lancets</i> )	F	
UNILET G.P. LANCET MISC ( <i>lancets</i> )	F	
UNILET G.P. SUPERLITE LANCET MISC ( <i>lancets</i> )	F	
UNILET GP 28 ULTRA THIN MISC ( <i>lancets</i> )	F	
UNILET LANCET MISC ( <i>lancets</i> )	F	
UNILET LANCETS MICRO-THIN33G MISC ( <i>lancets</i> )	F	
UNILET LANCETS SUPER-THIN30G MISC ( <i>lancets</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
UNILET LANCETS ULTRA-THIN 28G MISC ( <i>lancets</i> )	F	
UNILET SUPERLITE LANCET MISC ( <i>lancets</i> )	F	
UNISTIK 1 MISC ( <i>lancets misc.</i> )	F	
UNISTIK 2 COMFORT MISC ( <i>lancets misc.</i> )	F	
UNISTIK 2 EXTRA MISC ( <i>lancets misc.</i> )	F	
UNISTIK 2 MISC ( <i>lancets misc.</i> )	F	
UNISTIK 2 NEONATAL MISC ( <i>lancets misc.</i> )	F	
UNISTIK 2 NORMAL MISC ( <i>lancets misc.</i> )	F	
UNISTIK 2 SUPER MISC ( <i>lancets misc.</i> )	F	
UNISTIK 3 COMFORT MISC ( <i>lancets misc.</i> )	F	
UNISTIK 3 EXTRA MISC ( <i>lancets misc.</i> )	F	
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC ( <i>lancets misc.</i> )	F	
UNISTIK 3 MISC ( <i>lancets misc.</i> )	F	
UNISTIK 3 NEONATAL MISC ( <i>lancets misc.</i> )	F	
UNISTIK 3 NORMAL MISC ( <i>lancets misc.</i> )	F	
UNISTIK CZT COMFORT MISC ( <i>lancets misc.</i> )	F	
UNISTIK CZT NORMAL MISC ( <i>lancets misc.</i> )	F	
UNIVERSAL 1 LANCETS THIN26G MISC ( <i>lancets</i> )	F	
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
UNIVERSAL 1 LANCETS/33G/MICRO- THIN MISC ( <i>lancets</i> )	F	
VALUE PLUS LANCETS STANDARD 21G MISC ( <i>lancets</i> )	F	
VALUE PLUS LANCETS SUPERTHIN 30G MISC ( <i>lancets</i> )	F	
VALUE PLUS LANCETS THIN 26G MISC ( <i>lancets</i> )	F	
VALUE PLUS LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
VALUMARK LANCET SUPER THIN 30G MISC ( <i>lancets</i> )	F	
VALUMARK LANCET ULTRA THIN 28G MISC ( <i>lancets</i> )	F	
VIDA MIA AUTOLET LANCINGDEVICE MISC ( <i>lancet devices</i> )	F	
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	F	
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	F	
VIVAGUARD LANCING DEVICE MISC ( <i>lancet devices</i> )	F	
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC ( <i>lancets</i> )	F	
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC ( <i>lancets</i> )	F	
WALGREENS THIN LANCETS MISC ( <i>lancets</i> )	F	
<b>Misc. Devices</b>		

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Drug Name	Drug Tier	Requirements/ Limits
ALCOH-WIPE 12" X 12" SHEE ( <i>alcohol sheets</i> )	F	
ALCOHOL PREP PADS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
ALCOHOL SWABS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
ALCOHOL SWABSTICK PADS ( <i>alcohol swabs</i> )	F	RX/OTC
ALCOHOL WIPES PADS ( <i>alcohol swabs</i> )	F	RX/OTC
APLICARE ALCOHOL SWABSTICK PADS ( <i>alcohol swabs</i> )	F	RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS ( <i>alcohol swabs</i> )	F	RX/OTC
BD SWABS SINGLE USE PADS ( <i>alcohol swabs</i> )	F	RX/OTC
CARETOUCH ALCOHOL PREP PADS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS ( <i>alcohol swabs</i> )	F	RX/OTC
CURITY ALCOHOL SWABS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
CVS ALCOHOL PREP PADS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
CVS PREP PADS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS ( <i>alcohol swabs</i> )	F	RX/OTC
EQL ALCOHOL SWABS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
GNP ALCOHOL SWABS PADS ( <i>alcohol swabs</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL ALCOHOL PADS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS ( <i>alcohol swabs</i> )	F	RX/OTC
QC ALCOHOL SWABS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
RA ALCOHOL SWABS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
REALITY SWABS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
RELION ALCOHOL SWABS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
SB ALCOHOL PREP PADS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
SHOPKO ALCOHOL SWABS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
SM ALCOHOL PREP PADS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
TGT ALCOHOL SWABS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
ULTICARE ALCOHOL SWABS PADS ( <i>alcohol swabs</i> )	F	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS ( <i>alcohol swabs</i> )	F	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS ( <i>alcohol swabs</i> )	F	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS ( <i>alcohol swabs</i> )	F	RX/OTC
<b>Parenteral Therapy Supplies</b>		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNIFINE PENTIPS29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC ( <i>insulin pen needle</i> )	F	
1ST TIER UNIFINE PENTIPS31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM MISC ( <i>insulin pen needle</i> )	F	
1ST TIER UNIFINE PENTIPS33GX4MM MISC ( <i>insulin pen needle</i> )	F	
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM MISC ( <i>insulin pen needle</i> )	F	
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC ( <i>insulin pen needle</i> )	F	

Drug Name	Drug Tier	Requirements/Limits
3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/21G X 1 1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	
3ML LUER LOCK SAFETY SYRINGES/3ML/23G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 5/8" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
3ML LUER-LOK SYRINGE 22GX 1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
3ML LUER-LOK SYRINGE 21G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
3ML LUER-LOK SYRINGE 21G X 1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
3ML LUER-LOK SYRINGE 22G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
3ML LUER-LOK SYRINGE25G X 5/8" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
3ML LUER-LOK TIP SYRINGE25G X 1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
3ML SYRINGE/18G X 1-1/2"/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
3ML SYRINGE/20G X 1"/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
3ML SYRINGE/20G X 1"/LUER SLIP TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
3ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
3ML SYRINGE/21G X 1"/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
3ML SYRINGE/21G X 1"/LUER SLIP TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
3ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
3ML SYRINGE/21G X 1-1/4"/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
3ML SYRINGE/22G 1-1/2"/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
3ML SYRINGE/22G X 1"/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
3ML SYRINGE/22G X 1-1/4"/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
3ML SYRINGE/22G X 3/4"/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
3ML SYRINGE/22G X 3/4"/LUER SLIP TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
3ML SYRINGE/25G X 1"/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
3ML SYRINGE/27G X 1-1/4"/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
3ML SYRINGE/LUER LOCK TIP MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
3ML SYRINGE/LUER LOCK TIP23GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
3ML SYRINGE/LUER LOCK TIP25G X 1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
3ML SYRINGE/LUER SLIP TIP23GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
3ML SYRINGE/NEEDLE REGULAR WALL LUER-LOK 25GX5/8" SUB-Q MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ABOUTTIME PEN NEEDLE 32GX 5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC ( <i>insulin pen needle</i> )	F	
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ADVOCATE INSULIN PEN NEEDLES MISC ( <i>insulin pen needle</i> )	F	
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16" MISC ( <i>insulin pen needle</i> )	F	

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Drug Name	Drug Tier	Requirements/Limits
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC ( <i>insulin pen needle</i> )	F	
AURORA PEN NEEDLES 31G X8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/Limits
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD 3ML LUER-LOCK SYRINGE 18G X 1 1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	
BD 3ML LUER-LOK SYRINGE 18G X 1 1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/20G X 1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/21G X 1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/21G X 1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/23G X 1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/23G X 1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	
BD 3ML LUER-LOK SYRINGE/25G X 1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/26G X 5/8" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	

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Drug Name	Drug Tier	Requirements/ Limits
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
BD AUTOSHIELD 29G X 3/16" MISC ( <b><i>insulin pen needle</i></b> )	F	
BD AUTOSHIELD 29G X 5/16" MISC ( <b><i>insulin pen needle</i></b> )	F	
BD AUTOSHIELD DUO 30G X 5MM MISC ( <b><i>insulin pen needle</i></b> )	F	
BD ECLIPSE SYRINGE 3ML/21G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
BD ECLIPSE SYRINGE LUER-LOK/3ML/22G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
BD ECLIPSE SYRINGE/3ML/23G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD ECLIPSE SYRINGE/3ML/25GX5/8" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
BD ECLIPSE SYRINGE/LUER-LOK/3ML/22G X 1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC ( <b><i>insulin syringes (disposable)</i></b> )	F	RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC ( <i>insulin syringes (disposable)</i> )	F	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC ( <i>insulin syringe/needle u-100</i> )	F	

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BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8" MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM MISC ( <i>insulin syringe/needle u-500</i> )	F	
BD INTEGRA 3ML SYRINGE W/RETRACTING NEEDLE/21G X 1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
BD INTEGRA 3ML SYRINGE W/RETRACTING NEEDLE/25G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
BD INTEGRA SYRINGE/3ML/21G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
BD INTEGRA SYRINGE/3ML/22G X 1.5" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
BD INTEGRA SYRINGE/3ML/23G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
BD INTEGRA SYRINGE/3ML/25G X 5/8" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD LUER-LOK SYRINGE/3ML/22G X 3/4" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC ( <i>insulin pen needle</i> )	F	
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC ( <i>insulin pen needle</i> )	F	
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE 3ML/25GX1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
CAREFINE PEN NEEDLE 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
CAREFINE PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC ( <i>insulin pen needle</i> )	F	
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
CAREONE UNIFINE PENTIPS 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
CAREONE UNIFINE PENTIPS 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
CARETOUCH PEN NEEDLES 31G X 6 MM MISC ( <i>insulin pen needle</i> )	F	
CARETOUCH PEN NEEDLES 31GX 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM MISC ( <i>insulin pen needle</i> )	F	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC ( <i>insulin pen needle</i> )	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM MISC ( <i>insulin pen needle</i> )	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM MISC ( <i>insulin pen needle</i> )	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM MISC ( <i>insulin pen needle</i> )	F	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM MISC ( <i>insulin pen needle</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM MISC ( <i>insulin pen needle</i> )	F	
CLICKFINE PEN NEEDLE 32GX5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC ( <i>insulin pen needle</i> )	F	
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4" MISC ( <i>insulin pen needle</i> )	F	
CLICKFINE PEN NEEDLES 31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC ( <i>insulin pen needle</i> )	F	
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
COMFORT EZ MICRO/32G X 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
COMFORT EZ SHORT/31G X 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
COMFORT EZ/31G X 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
COMFORT EZ/31G X 6MM MISC ( <i>insulin pen needle</i> )	F	
DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 3ML/22GX1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
DIATHRIVE PEN NEEDLE/31 G X 6MM MISC ( <i>insulin pen needle</i> )	F	
DIATHRIVE PEN NEEDLE/31 GX 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

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DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
DROPLET PEN NEEDLES 29GX10MM MISC ( <i>insulin pen needle</i> )	F	
DROPLET PEN NEEDLES 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DROPLET PEN NEEDLES 30G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
DROPLET PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC ( <i>insulin pen needle</i> )	F	
DROPLET PEN NEEDLES 32G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DROPLET PEN NEEDLES 32G X 5/16" MISC ( <i>insulin pen needle</i> )	F	
DROPLET PEN NEEDLES 32G X 5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC ( <i>insulin pen needle</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 32GX8MM MISC ( <i>insulin pen needle</i> )	F	
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" MISC ( <i>insulin pen needle</i> )	F	
DRUG MART UNIFINE PENTIPS 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC ( <i>insulin pen needle</i> )	F	
DRUG MART UNIFINE PENTIPS31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

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EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EASY COMFORT PEN NEEDLES31GX1/4" MISC ( <i>insulin pen needle</i> )	F	
EASY COMFORT PEN NEEDLES31GX3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM MISC ( <i>insulin pen needle</i> )	F	
EASY COMFORT PEN NEEDLES33G X 5MM MISC ( <i>insulin pen needle</i> )	F	
EASY COMFORT PEN NEEDLES33G X 6MM MISC ( <i>insulin pen needle</i> )	F	
EASY GLIDE PEN NEEDLES 33G X 5/32" MISC ( <i>insulin pen needle</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH 32GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EASY TOUCH 32GX6MM MISC ( <i>insulin pen needle</i> )	F	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/21GX1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC

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EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC ( <b><i>insulin syringe/needle u-100</i></b> )	F	

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EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EASY TOUCH PEN NEEDLE 30G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EASY TOUCH PEN NEEDLE/30G X 3/16" MISC ( <i>insulin pen needle</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH PEN NEEDLES 29GX1/2" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC ( <i>insulin pen needle</i> )	F	
EASY TOUCH PEN NEEDLES 31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC ( <i>insulin pen needle</i> )	F	
EASY TOUCH PEN NEEDLES 32GX3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM MISC ( <i>insulin pen needle</i> )	F	
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM MISC ( <i>insulin pen needle</i> )	F	
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/21G X 1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1" MISC ( <b>syringe/needle (disp)</b> 3 ml)	F	
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2" MISC ( <b>syringe/needle (disp)</b> 3 ml)	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/23G X 1" MISC ( <b>syringe/needle (disp)</b> 3 ml)	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 1" MISC ( <b>syringe/needle (disp)</b> 3 ml)	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8" MISC ( <b>syringe/needle (disp)</b> 3 ml)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC ( <b>insulin syringe/needle u-100</b> )	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC ( <b>insulin syringe/needle u-100</b> )	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC ( <b>insulin syringe/needle u-100</b> )	F	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC ( <b>insulin syringe/needle u-100</b> )	F	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1" MISC ( <b>syringe/needle (disp)</b> 3 ml)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1-1/2" MISC ( <b>syringe/needle (disp)</b> 3 ml)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1" MISC ( <b>syringe/needle (disp)</b> 3 ml)	F	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1-1/2" MISC ( <b>syringe/needle (disp)</b> 3 ml)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1" MISC ( <b>syringe/needle (disp)</b> 3 ml)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1" MISC ( <b>syringe/needle (disp)</b> 3 ml)	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8" MISC ( <b>syringe/needle (disp)</b> 3 ml)	F	RX/OTC
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <b>insulin syringe/needle u-100</b> )	F	
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <b>insulin syringe/needle u-100</b> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/29G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/29G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM MISC ( <i>insulin pen needle</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC ( <i>insulin pen needle</i> )	F	
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" ( <b>5MM</b> ) MISC ( <i>insulin pen needle</i> )	F	RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" ( <b>8MM</b> ) MISC ( <i>insulin pen needle</i> )	F	RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC ( <i>insulin pen needle</i> )	F	
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	

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GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F		GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F		GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F		GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	

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GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31G X5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC ( <i>insulin pen needle</i> )	F	
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
GNP ULTICARE PEN NEEDLES/31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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GNP ULTICARE PEN NEEDLES/32GX1/4" MISC ( <i>insulin pen needle</i> )	F	
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC ( <i>insulin syringe/needle u-100</i> )	F	
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC ( <i>insulin syringe/needle u-100</i> )	F	
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC ( <i>insulin pen needle</i> )	F	
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
HEALTHWISE PEN NEEDLES 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
INSULIN SYRINGE 1ML/31G X 1/4" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGE/0.3ML/29G X 1" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGE/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGES 0.3ML/31G X 1/4" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGES 0.5ML/31G X 1/4" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGES/0.5ML/27GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGES/0.5ML/28GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGES/0.5ML/31GX5/ 16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGES/1ML/27GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSULIN SYRINGES/1ML/31GX5/16 " MISC ( <i>insulin syringe/needle u-100</i> )	F	
INSUPEN 29G X 12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
INSUPEN 31G X 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
INSUPEN 31G X 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
INSUPEN 32G X 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN 33GX4MM MISC ( <i>insulin pen needle</i> )	F	
INSUPEN PEN NEEDLES 32G X4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC ( <i>insulin pen needle</i> )	F	
INSUPEN SENSITIVE 32GX8MM MISC ( <i>insulin pen needle</i> )	F	
INSUPEN ULTRAFIN 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
INSUPEN ULTRAFIN 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
INSUPEN ULTRAFIN 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G MISC ( <i>insulin syringes (disposable)</i> )	F	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G MISC ( <i>insulin syringes (disposable)</i> )	F	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G MISC ( <i>insulin syringes (disposable)</i> )	F	
KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC ( <i>insulin syringes (disposable)</i> )	F	RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G MISC ( <i>insulin syringes (disposable)</i> )	F	RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
KROGER PEN NEEDLES 29G X12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC ( <i>insulin pen needle</i> )	F	
KROGER PEN NEEDLES/31G X1/4" MISC ( <i>insulin pen needle</i> )	F	
KROGER PEN NEEDLES/31G X3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
KROGER PEN NEEDLES/31G X5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
KROGER PEN NEEDLES/32G X5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
KROGER PEN NEEDLES/33G X5/32" MISC ( <i>insulin pen needle</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI MISC ( <i>insulin pen needle</i> )	F	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

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LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
LITETOUCH PEN NEEDLES 29GX12.7MM MISC ( <i>insulin pen needle</i> )	F	
LITETOUCH PEN NEEDLES 31G X 6MM MISC ( <i>insulin pen needle</i> )	F	
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC ( <i>insulin pen needle</i> )	F	
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC ( <i>insulin pen needle</i> )	F	RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC ( <i>insulin pen needle</i> )	F	RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC ( <i>insulin pen needle</i> )	F	RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	

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MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16" MISC ( <i>insulin pen needle</i> )	F	
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" MISC ( <i>insulin pen needle</i> )	F	
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC ( <i>insulin pen needle</i> )	F	
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC ( <i>insulin pen needle</i> )	F	
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC ( <i>insulin pen needle</i> )	F	
MEIJER PEN NEEDLES 31G X8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM MISC ( <i>insulin pen needle</i> )	F	
MICRODOT PEN NEEDLE/32G X 4 MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
MICRODOT PEN NEEDLE/33G X 4 MM MISC ( <i>insulin pen needle</i> )	F	
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
MM PEN NEEDLES 31G X 1/4" MISC ( <i>insulin pen needle</i> )	F	
MM PEN NEEDLES 31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
MONOJECT 3ML SYRINGE/STANDARD HYPODERMIC NEEDLE/21GX1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/1ML MISC ( <i>insulin syringes (disposable)</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC ( <i>insulin syringe/needle u-100</i> )	F	

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MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1M L/27G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML MISC ( <i>insulin syringes (disposable)</i> )	F	RX/OTC
MONOJECT LIFESHIELD BLUNTCANNULA/LUER LOCK SYR/3ML/18G X 1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/23G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 5/8" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 3/4" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/27G X 1-1/4" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/20GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/20GX1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/21GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/22GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/22GX1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/23GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX1-1/4" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX5/8" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/27GX1-1/4" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
NOVOFINE 32GX6MM MISC ( <i>insulin pen needle</i> )	F	
NOVOFINE AUTOCOVER 30GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
NOVOFINE PLUS 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
NOVOTWIST 32GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC ( <i>insulin pen needle</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PC UNIFINE PENTIPS 31G X5MM MINI MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC ( <i>insulin pen needle</i> )	F	
PC UNIFINE PENTIPS 31G X8MM SHORT MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 29G X 12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 29GX1/2" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 30GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 30GX5MM MISC ( <i>insulin pen needle</i> )	F	
PEN NEEDLES 30GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC ( <i>insulin pen needle</i> )	F	
PEN NEEDLES 31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 31G X 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 31G X 6MM MISC ( <i>insulin pen needle</i> )	F	
PEN NEEDLES 31G X 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES 31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC ( <i>insulin pen needle</i> )	F	
PEN NEEDLES 31GX8MM (5/16") MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 32G X 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 32G X 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 32G X 6MM MISC ( <i>insulin pen needle</i> )	F	
PEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES 33G X 5/32" MISC ( <i>insulin pen needle</i> )	F	
PEN NEEDLES/29G X 1/2" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES/31G X 1/4" MISC ( <i>insulin pen needle</i> )	F	
PEN NEEDLES/31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES/31G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PEN NEEDLES/32G X 5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PENTIPS 29G X 12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PENTIPS 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PENTIPS 31G X 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PENTIPS 31G X 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PENTIPS 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PENTIPS 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
PENTIPS 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PENTIPS 32G X 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PENTIPS 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC ( <i>insulin syringe/needle u-100</i> )	F	

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Drug Name	Drug Tier	Requirements/Limits
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC ( <i>insulin pen needle</i> )	F	
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC ( <i>insulin pen needle</i> )	F	
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	

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PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
PRO COMFORT PEN NEEDLES/31G X 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC ( <i>insulin pen needle</i> )	F	
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM MISC ( <i>insulin pen needle</i> )	F	
PURE COMFORT PEN NEEDLE 32G X8MM MISC ( <i>insulin pen needle</i> )	F	
PURE COMFORT PEN NEEDLE/32G X 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
PX MINI PEN NEEDLES 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PX PEN NEEDLE 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PX PEN NEEDLE 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
QC PEN NEEDLES 29G X 12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
QC PEN NEEDLES 31G X 6MM MISC ( <i>insulin pen needle</i> )	F	

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Drug Name	Drug Tier	Requirements/Limits
QC PEN NEEDLES 31G X 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/29G MISC ( <i>insulin syringe/needle u-100</i> )	F	
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/30G MISC ( <i>insulin syringe/needle u-100</i> )	F	
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
RELION INSULIN SYRINGE/U-100/0.5ML/29G MISC ( <i>insulin syringe/needle u-100</i> )	F	
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/30G MISC ( <i>insulin syringe/needle u-100</i> )	F	
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
RELION INSULIN SYRINGE/U-100/1ML/30G MISC ( <i>insulin syringe/needle u-100</i> )	F	
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
RELION MINI PEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
RELION PEN NEEDLES 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
RELION PEN NEEDLES 31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
RELION PEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
RELION PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
RELION PEN NEEDLES 32G X5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
RELION PEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
RELION PEN NEEDLES/31G X1/4" MISC ( <i>insulin pen needle</i> )	F	
RELION SHORT PEN NEEDLES31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 0G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 0G X 1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 1G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 1G X 1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 2G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	
SAFESNAP SYRINGE/NEEDLE/3ML/2 2G X 1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 3G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 3G X 1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
SAFESNAP SYRINGE/NEEDLE/3ML/2 5G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 5G X 5/8" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
SAFETY SYRINGES/NEEDLE 3ML/20GX1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/20GX1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/21GX1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SAFETY SYRINGES/NEEDLE 3ML/21GX1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/22GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
SAFETY SYRINGES/NEEDLE 3ML/22GX1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/23GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/25GX5/8" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 21GX1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 22GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 22GX1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 23GX1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 25GX5/8" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SECURESAFE SYRINGE/NEEDLE/3ML/2 1G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 1G X 1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 2G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	
SECURESAFE SYRINGE/NEEDLE/3ML/2 2G X 1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 3G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 5G X 5/8" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
SURE COMFORT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16 MISC ( <i>insulin syringe/needle u-100</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4" MISC ( <i>insulin syringe/needle u-100</i> )	F	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 MISC ( <i>insulin syringe/needle u-100</i> )	F	
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC ( <i>insulin pen needle</i> )	F	
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" ( <i>5MM</i> ) MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" ( <i>8MM</i> ) MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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SURE COMFORT PEN NEEDLES32GX6MM MISC ( <i>insulin pen needle</i> )	F	
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC ( <i>insulin pen needle</i> )	F	
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
SYRINGE/LUER LOCK/3ML/20G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SYRINGE/LUER LOCK/3ML/20G X 1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SYRINGE/LUER LOCK/3ML/20GX1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21G X 1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21G X 1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21GX1" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SYRINGE/LUER LOCK/3ML/21GX1-1/2" MISC ( <b><i>syringe/needle</i></b> <b><i>(disp)</i></b> 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/22G X 1" MISC ( <b><i>syringe/needle</i></b> ( <b><i>disp</i></b> ) 3 ml)	F	
SYRINGE/LUER LOCK/3ML/22G X 1-1/2" MISC ( <b><i>syringe/needle</i></b> <b><i>(disp)</i></b> 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/22GX1" MISC ( <b><i>syringe/needle</i></b> ( <b><i>disp</i></b> ) 3 ml)	F	
SYRINGE/LUER LOCK/3ML/22GX1-1/2" MISC ( <b><i>syringe/needle</i></b> <b><i>(disp)</i></b> 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/23G X 1" MISC ( <b><i>syringe/needle</i></b> ( <b><i>disp</i></b> ) 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/23G X 1-1/2" MISC ( <b><i>syringe/needle</i></b> <b><i>(disp)</i></b> 3 ml)	F	
SYRINGE/LUER LOCK/3ML/23GX1" MISC ( <b><i>syringe/needle</i></b> ( <b><i>disp</i></b> ) 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1" MISC ( <b><i>syringe/needle</i></b> ( <b><i>disp</i></b> ) 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1-1/2" MISC ( <b><i>syringe/needle</i></b> <b><i>(disp)</i></b> 3 ml)	F	
SYRINGE/LUER LOCK/3ML/25G X 5/8" MISC ( <b><i>syringe/needle</i></b> <b><i>(disp)</i></b> 3 ml)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SYRINGE/LUER LOCK/3ML/25GX1" MISC ( <b><i>syringe/needle</i></b> ( <b><i>disp</i></b> ) 3 ml)	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25GX5/8" MISC ( <b><i>syringe/needle</i></b> ( <b><i>disp</i></b> ) 3 ml)	F	RX/OTC
SYRINGES/LUER LOCK/1ML/20GX1" MISC ( <b><i>syringe/needle</i></b> ( <b><i>disp</i></b> ) 3 ml)	F	RX/OTC
TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2" MISC ( <b><i>insulin</i></b> <b><i>syringe/needle u-100</i></b> )	F	RX/OTC
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 1/2" MISC ( <b><i>insulin</i></b> <b><i>syringe/needle u-100</i></b> )	F	
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16" MISC ( <b><i>insulin</i></b> <b><i>syringe/needle u-100</i></b> )	F	RX/OTC
TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 15/64" MISC ( <b><i>insulin</i></b> <b><i>syringe/needle u-100</i></b> )	F	RX/OTC
TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16" MISC ( <b><i>insulin</i></b> <b><i>syringe/needle u-100</i></b> )	F	
TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2" MISC ( <b><i>insulin</i></b> <b><i>syringe/needle u-100</i></b> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TECHLITE PEN NEEDLES 29GX 10MM MISC ( <i>insulin pen needle</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE PEN NEEDLES 29GX 12 MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC ( <i>insulin pen needle</i> )	F	
TECHLITE PEN NEEDLES/31GX 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC ( <i>insulin pen needle</i> )	F	
TECHLITE PEN NEEDLES/32GX 8MM MISC ( <i>insulin pen needle</i> )	F	
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC ( <i>insulin pen needle</i> )	F	
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC ( <i>insulin pen needle</i> )	F	
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TRUE COMFORT PEN NEEDLES 31G X 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TRUE COMFORT PEN NEEDLES 31G X 6MM MISC ( <i>insulin pen needle</i> )	F	
TRUE COMFORT PEN NEEDLES 32G X 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC ( <i>insulin pen needle</i> )	F	
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
TRUEPLUS PEN NEEDLES 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
TRUEPLUS PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC ( <i>insulin pen needle</i> )	F	
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC ( <i>insulin pen needle</i> )	F	
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC ( <i>insulin pen needle</i> )	F	
ULTICARE MINI PEN NEEDLES/32G X 1/4" MISC ( <i>insulin pen needle</i> )	F	
ULTICARE MINI PEN NEEDLES31GX6MM MISC ( <i>insulin pen needle</i> )	F	
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC ( <i>insulin pen needle</i> )	F	
ULTICARE PEN NEEDLES 31GX 5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC ( <i>insulin pen needle</i> )	F	
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2" MISC ( <i>syringe/needle (disp) 3 ml</i> )	F	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32G X 5/32"/SHARPS CONTA MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN MISC ( <i>insulin pen needle</i> )	F	

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTA MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN MISC ( <i>insulin pen needle</i> )	F	
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTILET INSULIN SYRINGE 31X6MM MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTILET INSULIN SYRINGE 31X6MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC ( <i>insulin syringe/needle u-100</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
ULTILET PEN NEEDLE 29GX12.7MM MISC ( <i>insulin pen needle</i> )	F	
ULTILET PEN NEEDLE 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTILET SHORT PEN NEEDLES 31GX3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTILET U-100 INSULIN SYRINGES/1ML/31G X 6MM MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTRA FLO INSULIN PEN NEEDLES MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	ULTRA-COMFORT INSULIN SYRINGE/U- 100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	ULTRA-COMFORT INSULIN SYRINGE/U- 100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F		ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/30GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/31GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F		ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/1ML/28G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTRA-COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.5ML/29GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

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ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC ( <i>insulin pen needle</i> )	F	
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
ULTRACARE PEN NEEDLES/31G X 1/4" MISC ( <i>insulin pen needle</i> )	F	
ULTRACARE PEN NEEDLES/31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC ( <i>insulin pen needle</i> )	F	
ULTRACARE PEN NEEDLES/32G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32" MISC ( <i>insulin pen needle</i> )	F	
UNIFINE PENTIPS 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
UNIFINE PENTIPS 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
UNIFINE PENTIPS 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
UNIFINE PENTIPS 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
UNIFINE PENTIPS 32GX6MM MISC ( <i>insulin pen needle</i> )	F	
UNIFINE PENTIPS 33GX4MM MISC ( <i>insulin pen needle</i> )	F	
UNIFINE PENTIPS PLUS 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC ( <i>insulin pen needle</i> )	F	
UNIFINE PENTIPS PLUS 31GX8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
UNIFINE PENTIPS PLUS 33GX 5/32" MISC ( <i>insulin pen needle</i> )	F	
UNIFINE PENTIPS PLUS 33GX4MM MISC ( <i>insulin pen needle</i> )	F	
UNIFINE PENTIPS PLUS/30GX 3/16" MISC ( <i>insulin pen needle</i> )	F	

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS/30G X 3/16" MISC ( <i>insulin pen needle</i> )	F	
UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16" MISC ( <i>insulin pen needle</i> )	F	
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" MISC ( <i>insulin pen needle</i> )	F	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC ( <i>insulin pen needle</i> )	F	
VALUMARK PEN NEEDLES 31GX 8MM MISC ( <i>insulin pen needle</i> )	F	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC

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VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC ( <i>insulin syringe/needle u-100</i> )	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/22GX1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	
VANISHPOINT SAFETY SYRINGE/3ML/22GX1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT SAFETY SYRINGE/3ML/23GX1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	
VANISHPOINT SAFETY SYRINGE/3ML/25GX1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	
VANISHPOINT SAFETY SYRINGE/3ML/25GX5/8" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/27GX1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	
VANISHPOINT SYRINGE/3ML/20G X 1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/21G X 1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/21G X 1-1/2" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/22G X 1" MISC ( <i>syringe/needle (disp)</i> 3 ml)	F	

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VANISHPOINT SYRINGE/3ML/22G X 1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
VANISHPOINT SYRINGE/3ML/25G X 1" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
VANISHPOINT SYRINGE/3ML/25G X 1-1/2" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	
VANISHPOINT SYRINGE/3ML/25G X 5/8" MISC ( <b><i>syringe/needle (disp)</i></b> 3 ml)	F	RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC ( <b><i>insulin pen needle)</i></b>	F	RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC ( <b><i>insulin pen needle)</i></b>	F	
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC ( <b><i>insulin pen needle)</i></b>	F	RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC ( <b><i>insulin pen needle)</i></b>	F	RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC ( <b><i>insulin syringe/needle u-100)</i></b>	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC ( <b><i>insulin pen needle)</i></b>	F	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC ( <b><i>insulin pen needle)</i></b>	F	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC ( <b><i>insulin pen needle)</i></b>	F	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC ( <b><i>insulin pen needle)</i></b>	F	
<b>Respiratory Therapy Supplies</b>		
ACE AEROSOL CLOUD ENHANCER MISC ( <b><i>respiratory therapy supplies)</i></b>	F	QL(1 ml per 360 days retail); RX/OTC
ACTIVITY POUCH MISC ( <b><i>respiratory therapy supplies)</i></b>	F	QL(1 ml per 360 days retail); RX/OTC
ADULT AEROSOL MASK MISC ( <b><i>respiratory therapy supplies)</i></b>	F	QL(1 ml per 360 days retail); RX/OTC
ADULT MASK LARGE MISC ( <b><i>respiratory therapy supplies)</i></b>	F	QL(1 ml per 360 days retail); RX/OTC
ADULT MASK MISC ( <b><i>respiratory therapy supplies)</i></b>	F	QL(1 ml per 360 days retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI ( <b><i>spacer/aerosol-holding chambers)</i></b>	F	RX/OTC
AEROCHAMBER MV MISC ( <b><i>spacer/aerosol-holding chambers)</i></b>	F	RX/OTC

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AEROCHAMBER PLUS FLOW VU MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER/FLOWSIGNAL MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
AEROTRACH PLUS MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
AIRZONE PEAK FLOW METER DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
ARIAL CHAMBER DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
ASSESS FULL RANGE PEAK FLOW METER DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
ASSESS LOW RANGE PEAK FLOW METER DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
ASSESS PEAK FLOW METER FULL RANGE DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
ASSESS PEAK FLOW METER LOW RANGE DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
ASTHMA CHECK METER-ZONE SYSTEM DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
ASTHMAMENTOR DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC

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BREATHE EASE NEBULIZER MASK/CHILD MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
BREATHE EASE PEAK FLOW METER DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
BREATHE EASE/MEDIUM MASK DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
BREATHE EASE/SMALL MASK DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
BREATHERITE MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
BREATHERITE W/LARGE MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
BREATHERITE W/MEDIUM MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
BREATHERITE W/SMALL MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC

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CARETOUCH CPAP TUBE CLEANING BRUSH MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
CLEVER CHOICE PEAK FLOW METER DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CO MONITOR REPLACEMENT TPIECES MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
EASIVENT MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
EASIVENT/MASK-LARGE MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
EASIVENT/MASK-MEDIUM MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
EASIVENT/MASK-SMALL MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
EBASE CONTROLLER KIT MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
EFLOW SCF AEROSOL HEAD MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ELITE DC AUTO ADAPTER MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
FILTER AIR PP MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
FLEXICHAMBER DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
FULL KIT NEBULIZER SET MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
INSPIRACHAMBER/LARGE DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
INSPIREASE DRUG DELIVERY SYSTEM MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
INSPIREASE RESERVOIR BAGS MISC ( <i>spacer/aerosol-holding chamber supplies - bags</i> )	F	QL(3 ea per 180 days retail)
LITEAIRE DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
LITETOUCH MASK LARGE MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
LITETOUCH MASK SMALL MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
LUNG PERFORMANCE PEAK FLOW METER DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC

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MICROCHAMBER DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
MICROCHAMBER MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
MICROELITE FILTER REPLACEMENTS MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
MICROELITE RECHARGEABLE BATTERY MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
MICROSPACER MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
MINIELITE RECHARGEABLE BATTERY MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEBULIZER PEDIATRIC MASK MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
NOSE CLIP MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
OPTICHAMBER DIAMOND MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER FACE MASK/MEDIUM MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
OPTIHALER MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PARI MASK SET MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PARI SOFT PLASTIC ADULT MASK MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PARI VORTEX ADULT MASK MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PEAK A-I-R FLOW METER DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PERSONAL BEST FULL RANGE DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
PERSONAL BEST LOW RANGE DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
PFLEX MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PIKO 1 ELECTRONIC DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
PILLOW MASK/ADULT MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC

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PILLOW MASK/CHILD MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
POCKET CHAMBER DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
POCKET PEAK FLOW METER DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
POCKET SPACER DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PROCARE SPACER CHAMBER W/CHILD MASK DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
PRONEB ULTRA FILTER SET MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
PURE COMFORT PEAK FLOW METER ADULT DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
PURE COMFORT PEAK FLOW METER CHILD DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
REPLACEMENT AIR FILTER MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
RITEFLO DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
SAMI THE SEAL REPLACEMENT FILTERS MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SIDESTREAM PLUS ADULT FACE MASK MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
THRESHOLD IMT MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUZONE PEAK FLOW METER DEVI ( <i>peak flow meter</i> )	F	QL(2 ea per 365 days retail); RX/OTC
TUBING/WING TIP MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
WATCHHALER DEVI ( <i>spacer/aerosol-holding chambers</i> )	F	RX/OTC
WINDMILL TRAINER MISC ( <i>respiratory therapy supplies</i> )	F	QL(1 ml per 360 days retail); RX/OTC
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Calcitonin Gene-Related Peptide (CGRP)</b>		
AIMOVIIG SOAJ ( <i>erenumab-aooe</i> )	F	PA; SP-AcariaHealth
<b>Migraine Combinations</b>		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	F	
CAFERGOT TABS ( <i>ergotamine w/ caffeine</i> )	NF	
<i>ergotamine w/ caffeine tabs</i>	F	
<b>Migraine Products</b>		
D.H.E. 45 SOLN ( <i>dihydroergotamine mesylate</i> )	NF	AL(At least 18 yrs old)
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	F	AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<b><i>dihydroergotamine mesylate soln na 4 mg/ml</i></b>	F	AL(At least 18 yrs old)
ERGOMAR SUBL ( <b><i>ergotamine tartrate</i></b> )	F	
MIGRANAL SOLN ( <b><i>dihydroergotamine mesylate</i></b> )	F	AL(At least 18 yrs old)
<b>Serotonin Agonists</b>		
<b><i>almotriptan malate tabs</i></b>	F	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
AMERGE TABS ( <b><i>naratriptan hcl</i></b> )	NF	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
<b><i>eletriptan hydrobromide tabs</i></b>	F	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT ( <b><i>sumatriptan</i></b> )	NF	QL(6 ea per 30 days retail)
IMITREX SOLN SC 6 MG/0.5ML ( <b><i>sumatriptan succinate</i></b> )	NF	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML ( <b><i>sumatriptan succinate</i></b> )	NF	Limit 2 per 7 days;QL(0.29 ml daily); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML ( <b><i>sumatriptan succinate</i></b> )	NF	QL(2 ml per 7 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML ( <b><i>sumatriptan succinate</i></b> )	NF	Limit 2 per 7 days;QL(0.29 ml daily); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML ( <b><i>sumatriptan succinate</i></b> )	NF	QL(2 ml per 7 days retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS OR 100 MG, 25 MG, 50 MG ( <b><i>sumatriptan succinate</i></b> )	NF	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
MAXALT TABS ( <b><i>rizatriptan benzoate</i></b> )	NF	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
MAXALT-MLT TBDP ( <b><i>rizatriptan benzoate</i></b> )	NF	QL(0.4 ea daily); AL(At least 6 yrs old)
<b><i>naratriptan hcl tabs</i></b>	F	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
RELPAK TABS ( <b><i>eletriptan hydrobromide</i></b> )	NF	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<b><i>rizatriptan benzoate tabs 10 mg, 5 mg</i></b>	F	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
<b><i>rizatriptan benzoate tbdp 10 mg, 5 mg</i></b>	F	QL(0.4 ea daily); AL(At least 6 yrs old)
<b><i>sumatriptan soln</i></b>	F	QL(6 ea per 30 days retail)
<b><i>sumatriptan succinate soaj sc 4 mg/0.5ml</i></b>	F	Limit 2 per 7 days;QL(0.29 ml daily); AL(At least 12 yrs old)
<b><i>sumatriptan succinate soaj sc 6 mg/0.5ml</i></b>	F	QL(2 ml per 7 days retail); AL(At least 12 yrs old)
<b><i>sumatriptan succinate soct sc 4 mg/0.5ml</i></b>	F	Limit 2 per 7 days;QL(0.29 ml daily); AL(At least 12 yrs old)
<b><i>sumatriptan succinate soct sc 6 mg/0.5ml</i></b>	F	QL(2 ml per 7 days retail); AL(At least 12 yrs old)

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<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	F	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	F	QL(2 ml per 7 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	F	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
<i>zolmitriptan tabs 2.5 mg</i>	F	QL(12 ea per 30 days retail); AL(At least 18 yrs old)
<i>zolmitriptan tabs 5 mg</i>	F	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<i>zolmitriptan tbdp 2.5 mg</i>	F	QL(12 ea per 30 days retail); AL(At least 18 yrs old)
<i>zolmitriptan tbdp 5 mg</i>	F	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG SOLN NA 5 MG ( <i>zolmitriptan</i> )	F	QL(12 ea per 30 days retail); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG ( <i>zolmitriptan</i> )	NF	QL(12 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG TABS OR 5 MG ( <i>zolmitriptan</i> )	NF	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG ZMT TBDP 2.5 MG ( <i>zolmitriptan</i> )	NF	QL(12 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG ZMT TBDP 5 MG ( <i>zolmitriptan</i> )	NF	QL(6 ea per 30 days retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Calcium</b>		
(Calcium Carbonate) CAL-CARB FORTE, CALCIUM 600 HIGH POTENCY, CALCIUM HIGH POTENCY, CALTRATE 600, CVS CALCIUM CARBONATE, GNP CALCIUM, HIGH POTENCY CALCIUM, QC CALCIUM FAST DISSOLUTION, RA CALCIUM 600, SUPER CALCIUM TABS	F	
(Calcium Carbonate) CALCIUM 600 TABS 600 MG	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Calcium Carbonate-Cholecalciferol) CALCIUM 500 + D, CALCIUM 500 +D, CALCIUM 500 +D3, CALCIUM 500+D3, CALCIUM 600 WITH VITAMIND, CALCIUM 600-D, CALCIUM 600/VITAMIN D, CALCIUM 600/VITAMIN D3, CALCIUM EXTRA D3, CALCIUM/VITAMIN D3, CVS CALCIUM 600 & VITAMIND3, CVS CALCIUM 600+D, CVS OYSTER SHELL CALCIUM+VITAMIN D, CVS OYSTER SHELL CALCIUM/VITAMIN D, EQ CALCIUM 500+D, EQ CALCIUM 600+D, EQL CALCIUM 600MG/VITAMIND3, GNP CALCIUM 500 +D3, GNP CALCIUM 600 +D3, HM CALCIUM 600 & VITAMIND3, HM CALCIUM 600 + VITAMIND3, NATRUL OYSTER CALCIUM +D, OS-CAL CALCIUM + D3, OS-CAL EXTRA D3, OYSTER CALCIUM/D3, OYSTER SHELL CALCIUM + D, OYSTER SHELL CALCIUM + D3, OYSTER SHELL CALCIUM + VITAMIN D, OYSTER SHELL CALCIUM 250+D, OYSTER SHELL CALCIUM PLUSVITAMIN D, OYSTER SHELL CALCIUM+D, OYSTER SHELL CALCIUM/VITAMIN D3, OYSTERCAL-D, PA CALCIUM 600/VITAMIN D, PRONUTRIENTS CALCIUM+D3, RA CALCIUM 600 PLUS VITAMIN D-3, SM CALCIUM /VITAMIN D, SM CALCIUM 600+D3, SM OYSTER SHELL	F	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM/VITAMIN D3, TGT CALCIUM + VITAMIN D3 TABS		
(Calcium Carbonate-Cholecalciferol) CALCIUM 500+D, HM CALCIUM/VITAMIN D, OYSCO 500+D, SM CALCIUM/VITAMIN D TABS 200 UNIT-500 MG	F	
(Calcium Carbonate-Cholecalciferol) CALCIUM 500/D, CALCIUM/VITAMIN D-3, OS-CAL, OYSTER SHELL CALCIUM 500+D CHEW	F	
(Calcium Carbonate-Cholecalciferol) CALCIUM PLUS VITAMIN D TABS 5 MCG-500 MG	F	
(Calcium Carbonate-Cholecalciferol) CALCIUM PLUS VITAMIN D3, KP CALCIUM 600+D CAPS 500 UNIT-600 MG	F	
(Calcium Carbonate-Cholecalciferol) CALCIUM+D3 TABS 15 MCG-500 MG	F	
(Calcium Carbonate-Cholecalciferol) KP CALCIUM 600+D3, LIQUID CALCIUM/D3 CAPS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Calcium Carbonate-Vitamin D) CALCIUM 500 + D, CALCIUM 500+D HIGH POTENCY, CALCIUM 500/D, CALCIUM 500/VITAMIN D, CALCIUM 600+D HIGH POTENCY, CALCIUM HIGH POTENCY + VITAMIN D, GNP CALCIUM 500/D, GNP CALCIUM 600/D, OSCAL 500/200 D-3, OYSTER CALCIUM/VITAMIN D, OYSTER SHELL CALCIUM 500+ D, OYSTER SHELL CALCIUM/D3, PA OYSTER SHELL CALCIUM, PX CALCIUM&D, RA CALCIUM PLUS VITAMIN D, RA HI CAL, RA HI-CAL PLUS VITAMIN D, SB CALCIUM + D, SM CALCIUM 500/VITAMIN D3, SM CALCIUM 600/VITAMIN D, SM OYSTER SHELL CALCIUM/VITAMIN D, SUPER CALCIUM 600 + D3, SUPER CALCIUM 600+D 400, SUPER CALCIUM 600+D3 400 TABS	F	
(Calcium Carbonate-Vitamin D) CALCIUM 500+D TABS 200 UNIT-500 MG	F	
(Calcium Carbonate-Vitamin D) CALCIUM 600 + D, CALCIUM 600+D3 TABS 400 UNIT-600 MG	F	
(Calcium Carbonate-Vitamin D) CALCIUM 600+D TABS 200 UNIT-600 MG, 400 UNIT-600 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Calcium Carbonate-Vitamin D) RA OYSTER SHELL CALCIUM/VITAMIN D TABS 125 UNIT-250 MG, 200 UNIT-500 MG	F	
(Calcium Citrate) CALCITRATE TABS 950 MG	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Calcium Citrate-Vitamin D) CALCITRATE PLUS D, CALCIUM CITRATE + D, CALCIUM CITRATE + D3 MAXIMUM, CALCIUM CITRATE +D, CALCIUM CITRATE+ D, CALCIUM CITRATE+D, CALCIUM CITRATE+D3, CALCIUM CITRATE+D3 PETITES, CITRUS CALCIUM +D, CVS CALCIUM CITRATE + D, CVS CALCIUM CITRATE +D3 MINIATURES, CVS CALCIUM CITRATE+D3, CVS CALCIUM CITRATE+D3 PETITES, EQ CALCIUM CITRATE+D, EQ CALCIUM CITRATE+D3, EQ CALCIUM CITRATE+D3/PETITES, EQL CALCIUM CITRATE W/VITAMIN D, EQL CALCIUM CITRATE/ VITAMIN D3, GNP CALCIUM CITRATE +D3, GNP CALCIUM CITRATE+D MAXIMUM, GNP CALCIUM CITRATE+D3 MAXIMUM, HM CALCIUM CITRATE + VITAMIN D, HM CALCIUM CITRATE+D3 PETITE, KP CALCIUM CITRATE+D, RA CALCIUM CITRATE PLUS VITAMIN D, RA CALCIUM CITRATE PLUS VITAMIN D-3, RA CALCIUM CITRATE/VITAMIN D-3 PETITES, SM CALCIUM CITRATE + D, SM CALCIUM CITRATE W/VITAMIN D3, SM CALCIUM CITRATE+ W/VITAMIN D, SM CALCIUM CITRATE/VITAMIN D3 PETITE TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
(Calcium Citrate-Vitamin D) CALCIUM CITRATE + D3 TABS 200 UNIT-250 MG	F	
(Calcium Citrate-Vitamin D) CALCIUM CITRATE + TABS 200 UNIT-315 MG	F	
(Calcium Citrate-Vitamin D) CALCIUM CITRATE/D3 TABS 315 MG-5 MCG	F	
(Oyster Shell) OYSCO 500, OYSTERCAL, RA HI-CAL, RA OYSTER SHELL CALCIUM, SB OYSTER SHELL CALCIUM TABS	F	
CALCI-CHEW CHEW ( <i>calcium carbonate</i> )	F	
CALCIUM CARBONATE CHEW 500 MG ( <i>calcium carbonate</i> )	F	
<i>calcium carbonate tabs 1250 mg, 500 mg, 600 mg</i>	F	
<i>calcium carbonate- cholecalciferol caps 500 unit-600 mg</i>	F	
<i>calcium carbonate- cholecalciferol chew 10 mcg-500 mg, 100 unit- 500 mg</i>	F	
<i>calcium carbonate- cholecalciferol tabs 200 unit-500 mg, 5 mcg-500 mg</i>	F	
<i>calcium carbonate- vitamin d tabs 125 unit- 250 mg, 125 unit-500 mg, 200 unit-500 mg, 200 unit-600 mg, 400 unit-600 mg</i>	F	
CALCIUM CHEW 500 MG ( <i>calcium carbonate</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CITRATE MALATE/VITAMIN D TABS ( <i>calcium citrate malate-cholecalciferol</i> )	F	
<i>calcium citrate tabs 200 mg</i>	F	
<i>calcium citrate-vitamin d tabs 200 unit-315 mg, 315 mg-5 mcg</i>	F	
CALCIUM GLUCONATE TABS 500 MG ( <i>calcium gluconate</i> )	F	
CALCIUM LACTATE TABS 648 MG, 750 MG ( <i>calcium lactate</i> )	F	
CALCIUM TABS 200 UNIT-600 MG ( <i>calcium w/ vitamin d</i> )	F	
CALCIUM/VITAMIN D CAPS ( <i>calcium carbonate-cholecalciferol</i> )	F	
EQL CALCIUM/VITAMIN D CAPS 100 UNIT-600 MG ( <i>calcium carbonate-cholecalciferol</i> )	F	
<i>oyster shell tabs</i>	F	
PARVA-CAL TABS ( <i>calcium-ergocalciferol</i> )	F	
QC CALCIUM 500MG/D3 TABS ( <i>calcium-cholecalciferol</i> )	F	
RA CALCIUM HI-CAL/VITAMIND TABS ( <i>calcium w/ vitamin d</i> )	F	
RA CALCIUM HI-CAL/VITAMIND TABS ( <i>calcium-cholecalciferol</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
RA OYSTER SHELL CALCIUM/VITAMIN D TABS 125 UNIT-250 MG, 200 UNIT-500 MG ( <i>calcium carbonate-ergocalciferol</i> )	F	
RISACAL-D TABS ( <i>calcium &amp; phosphorus w/ vitamin d</i> )	F	
<b>Electrolyte Mixtures</b>		
(Oral Electrolytes) ADVANTAGE CARE ORAL ELECTROLYTE PEDIATRIC, CERALYTE 70, CVS ELECTROLYTE SOLUTION, CVS PEDIATRIC ELECTROLYTE, CVS PEDIATRIC ELECTROLYTE FREEZER POPS, GNP PEDIATRIC ELECTROLYTE, H-E-B ORAL ELECTROLYTE SOLUTION, HM PEDIATRIC ELECTROLYTE, ORAL ELECTROLYTE SOLUTIONFREEZER POPS PEDIATRIC, ORALYTE, ORALYTE FREEZER POPS, PEDIA VANCE, PEDIATRIC ELECTROLYTE, PEDIATRIC ELECTROLYTE FREEZE POPS, PEDIATRIC ELECTROLYTE FREEZER POPS, PEDIATRIC ELECTROLYTE/WITH ZINC, PEDIATRIC ELECTROLYTE/ZINC, RA PEDIATRIC ELECTROLYTE, RA PEDIATRIC ELECTROLYTEFREEZER POPS, REHYDRALYTE, SB PEDIATRIC ELECTROLYTE, SM PEDIATRIC ELECTROLYTE SOLN	F	

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Drug Name	Drug Tier	Requirements/ Limits
CERALYTE 70 SOLN ( <i>oral electrolytes</i> )	F	
CERASPORT EX1 SOLN ( <i>oral electrolytes</i> )	F	
CERASPORT SOLN 18 MEQ/L-20 MEQ/L-4 MEQ/L-6 MEQ/L ( <i>oral electrolytes</i> )	F	
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX SOLN ( <i>electrolyte-48 in dextrose</i> )	F	PA
DEXTROSE 10%/NACL 0.2% SOLN ( <i>dextrose w/ sodium chloride</i> )	F	PA
DEXTROSE 5%/NACL 0.3% SOLN ( <i>dextrose w/ sodium chloride</i> )	F	PA
<i>dextrose w/ sodium chloride soln</i>	F	PA
DEXTROSE/SODIUM CHLORIDE SOLN ( <i>dextrose w/ sodium chloride</i> )	F	PA
ENFAMIL ENFALYTE SOLN ( <i>oral electrolytes</i> )	F	
EQUALYTE SOLN ( <i>oral electrolytes</i> )	NF	
HYDRALYTE FREEZER POPS SOLN ( <i>oral electrolytes</i> )	F	
HYDRALYTE SOLN 16 GM/L-20 MEQ/L-45 MEQ/L-45 MEQ/L-90 MEQ/L, 210 MG/250ML- 270 MG/250ML ( <i>oral electrolytes</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
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 % ( <i>electrolyte-mb in dextrose</i> )	F	PA
ISOLYTE-P/DEXTROSE 5% SOLN ( <i>electrolyte-p in dextrose</i> )	F	PA
ISOLYTE-S PH 7.4 SOLN ( <i>electrolyte-s (ph 7.4)</i> )	F	PA
ISOLYTE-S SOLN ( <i>electrolyte-s</i> )	F	PA
KCL 0.15%/D5W/NACL 0.225% SOLN ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )	F	PA
KCL 0.3%/D5W/NACL 0.9% SOLN ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )	F	PA
KINDERLYTE PREMAX SOLN ( <i>oral electrolytes</i> )	F	
KINDERLYTE SOLN ( <i>oral electrolytes</i> )	F	
<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>	F	PA
NORMOSOL -R SOLN ( <i>electrolyte-r</i> )	F	PA
NORMOSOL-M IN D5W SOLN ( <i>electrolyte-m in dextrose</i> )	F	PA
NORMOSOL-R SOLN ( <i>electrolyte-r (ph 7.4)</i> )	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<b>oral electrolytes soln</b>	F	
PEDIALYTE ADVANCED CARE SOLN ( <b>oral electrolytes</b> )	NF	
PEDIALYTE FREEZER POPS SOLN ( <b>oral electrolytes</b> )	NF	
PEDIALYTE SINGLES SOLN ( <b>oral electrolytes</b> )	NF	
PEDIALYTE SOLN ( <b>oral electrolytes</b> )	NF	
PLASMA-LYTE A SOLN ( <b>electrolyte-a</b> )	F	PA
PLASMA-LYTE-148 SOLN ( <b>electrolyte-148</b> )	F	PA
POTASSIUM CHLORIDE /SODIUM CHLORIDE SOLN ( <b>potassium chloride in nacl</b> )	F	PA
<b>potassium chloride in dextrose &amp; sodium chloride soln</b>	F	PA
<b>potassium chloride in dextrose soln</b>	F	PA
<b>potassium chloride in nacl soln</b>	F	PA
POTASSIUM CHLORIDE/DEXTROSE SOLN ( <b>potassium chloride in dextrose</b> )	F	PA
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN ( <b>potassium chloride in d5w lactated ringers</b> )	F	PA
POTASSIUM CHLORIDE/LIDOCAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN ( <b>potassium chloride-lidocaine-sodium chloride</b> )	F	PA

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE/SODIUM CHLORIDE SOLN 0.9 %-10 MEQ/100ML, 0.9 %-40 MEQ/250ML, 0.9 %-40 MEQ/500ML ( <b>potassium chloride in nacl</b> )	F	PA
POTASSIUM CHLORIDE/SODIUMCHLORIDE SOLN ( <b>potassium chloride in nacl</b> )	F	PA
<b>ringer's soln</b>	F	PA
<b>Fluoride</b>		
(Sodium Fluoride) FLUORITAB, FLURADROPS, NAFRINSE DROPS SOLN	F	
(Sodium Fluoride) FLUORITAB, NAFRINSE CHEW	F	
MONOCAL TABS ( <b>sodium monofluorophosphate-calcium carbonate</b> )	F	
<b>sodium fluoride chew</b>	F	
<b>sodium fluoride soln</b>	F	
<b>sodium fluoride tabs</b>	F	
<b>Magnesium</b>		
(Magnesium Chloride) MAGDELAY TBEC 64 MG	F	
MAG64 TBEC ( <b>magnesium chloride</b> )	NF	
MAGDELAY TBEC 70 MG ( <b>magnesium chloride</b> )	F	
MAGNESIUM CAPS 400 MG ( <b>magnesium oxide (mg supplement)</b> )	F	
<b>magnesium chloride tbec or 64 mg</b>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<b>magnesium oxide (mg supplement) tabs 400 mg</b>	F	
MAGNESIUM OXIDE CAPS 400 MG ( <b>magnesium oxide (mg supplement)</b> )	F	
<b>Phosphate</b>		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) AV-PHOS 250 NEUTRAL, PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL TABS	F	
K-PHOS NEUTRAL TABS ( <b>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</b> )	NF	
K-PHOS TABS ( <b>potassium phosphate monobasic</b> )	F	
<b>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic tabs</b>	F	
<b>Potassium</b>		
(Potassium Bicarb & Chloride) EFFERVESCENT POT CHLORIDE TBEF	F	
(Potassium Bicarbonate) EFFER-K TBEF 25 MEQ	F	
(Potassium Bicarbonate) K-EFFERVESCENT, K-PRIME, K-VESENT, KLOR-CON/EF TBEF	F	
(Potassium Chloride Microencapsulated Crystals Er) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 TBCR	F	

Drug Name	Drug Tier	Requirements/ Limits
(Potassium Chloride) K-SOL, POTASSIUM CHLORIDE PROAMP SOLN	F	
(Potassium Chloride) K-SOL, POTASSIUM CHLORIDE PROAMP SOLN	F	PA
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR	F	
(Potassium Chloride) KLOR-CON PACK	F	
(Potassium Chloride) KLOR-CON SPRINKLE CPCR 10 MEQ	F	
(Potassium Chloride) KLOR-CON SPRINKLE CPCR 8 MEQ	F	QL(1 ea daily)
K-TAB TBCR 10 MEQ ( <b>potassium chloride</b> )	NF	
K-TAB TBCR 8 MEQ ( <b>potassium chloride</b> )	F	
<b>potassium bicarb &amp; chloride tbeF</b>	F	
<b>potassium bicarbonate tbeF</b>	F	
<b>potassium chloride cpcr or 10 meq</b>	F	
<b>potassium chloride cpcr or 8 meq</b>	F	QL(1 ea daily)
<b>potassium chloride microencapsulated crystals er tbcR</b>	F	
<b>potassium chloride pack or 20 meq</b>	F	
POTASSIUM CHLORIDE SOLN IV 0.4 MEQ/ML, 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML ( <b>potassium chloride</b> )	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride soln iv 2 meq/ml</i>	F	PA
<i>potassium chloride soln or 10 %, 20 %</i>	F	
<i>potassium chloride tbc or 10 meq, 8 meq</i>	F	
<b>Sodium</b>		
LIQUVIDA HYDRATION KIT KIT ( <i>sodium chloride</i> )	F	PA
SODIUM CHLORIDE SOLN IJ 0.9 % ( <i>sodium chloride</i> )	F	PA
<i>sodium chloride soln ij 0.9 %, 2.5 meq/ml</i>	F	PA
<i>sodium chloride soln iv 0.45 %, 0.9 %, 23.4 %, 3 %, 4 meq/ml, 5 %</i>	F	PA
<b>Zinc</b>		
(Zinc Sulfate) ORAZINC, ZINC-220 CAPS	F	
<i>zinc sulfate caps or 220 mg</i>	F	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
DEPEN TITRATABS TABS ( <i>penicillamine</i> )	NF	
<i>penicillamine tabs</i>	F	
<b>Enzymes</b>		
XIAFLEX SOLR ( <i>collagenase clostridium histolyticum</i> )	F	PA; SP
<b>Immunomodulators</b>		
REVLIMID CAPS ( <i>lenalidomide</i> )	F	PA; SP-Caremark;SP
<b>Immunosuppressive Agents</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS	F	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	F	
AZASAN TABS ( <i>azathioprine</i> )	F	
<i>azathioprine tabs or 50 mg</i>	F	
CELLCEPT CAPS ( <i>mycophenolate mofetil</i> )	NF	
CELLCEPT SUSR ( <i>mycophenolate mofetil</i> )	NF	
CELLCEPT TABS ( <i>mycophenolate mofetil</i> )	NF	
<i>cyclosporine caps</i>	F	
<i>cyclosporine modified (for microemulsion) caps</i>	F	
<i>cyclosporine modified (for microemulsion) soln</i>	F	
<i>everolimus (immunosuppressant) tabs</i>	F	AL(At least 21 yrs old)
IMURAN TABS ( <i>azathioprine</i> )	NF	
<i>mycophenolate mofetil caps</i>	F	
<i>mycophenolate mofetil susr</i>	F	
<i>mycophenolate mofetil tabs</i>	F	
<i>mycophenolate sodium tbec</i>	F	
MYFORTIC TBEC ( <i>mycophenolate sodium</i> )	NF	

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Drug Name	Drug Tier	Requirements/Limits
NEORAL CAPS ( <i>cyclosporine modified (for microemulsion)</i> )	NF	
NEORAL SOLN ( <i>cyclosporine modified (for microemulsion)</i> )	NF	
PROGRAF CAPS 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	NF	
PROGRAF PACK 0.2 MG, 1 MG ( <i>tacrolimus</i> )	F	PA
RAPAMUNE SOLN ( <i>sirolimus</i> )	NF	
RAPAMUNE TABS ( <i>sirolimus</i> )	NF	
SANDIMMUNE CAPS 100 MG, 25 MG ( <i>cyclosporine</i> )	F	
SANDIMMUNE SOLN 100 MG/ML ( <i>cyclosporine</i> )	F	
<i>sirolimus soln</i>	F	
<i>sirolimus tabs</i>	F	
<i>tacrolimus caps</i>	F	
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG ( <i>everolimus (immunosuppressant)</i> )	NF	AL(At least 21 yrs old)
<b>Potassium Removing Agents</b>		
(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP	F	
<i>sodium polystyrene sulfonate powd</i>	F	
<i>sodium polystyrene sulfonate susp</i>	F	
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA SOLR IV 120 MG, 400 MG ( <i>belimumab</i> )	F	PA; SP-AcariaHealth;S P
<b>MOUTH/THROAT/DENTAL AGENTS</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Anesthetics Topical Oral</b>		
FIRST-MOUTHWASH BLM SUSP ( <i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i> )	F	
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	F	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole troc</i>	F	
<i>nystatin (mouth-throat) susp</i>	F	
<b>Antiseptics - Mouth/Throat</b>		
(Chlorhexidine Gluconate (Mouth-Throat)) PAROEX, PERIOGARD SOLN	F	
<i>chlorhexidine gluconate (mouth-throat) soln</i>	F	
PERIDEX SOLN ( <i>chlorhexidine gluconate (mouth-throat)</i> )	NF	
<b>Dental Products</b>		
(Sodium Fluoride (Dental)) CAVAREST, DENTAGEL, SF GEL	F	QL(112 ml per fill retail)
(Sodium Fluoride (Dental)) DENTA 5000 PLUS, SF 5000 PLUS, SODIUM FLUORIDE 5000 PLUS, SODIUM FLUORIDE 5000 PPM CREA	F	QL(102 gm per fill retail)
(Stannous Fluoride) FLUORIDEX DAILY RENEWAL, PERIOMED CONC	F	RX/OTC
PREVIDENT 5000 DRY MOUTH GEL ( <i>sodium fluoride (dental)</i> )	NF	QL(112 ml per fill retail)
PREVIDENT 5000 PLUS CREA ( <i>sodium fluoride (dental)</i> )	NF	QL(102 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT FLUORIDE GEL ( <i>sodium fluoride (dental)</i> )	NF	QL(112 ml per fill retail)
PREVIDENT RINSE SOLN ( <i>sodium fluoride (dental)</i> )	F	
<i>sodium fluoride (dental) crea</i>	F	QL(102 gm per fill retail)
<i>sodium fluoride (dental) gel</i>	F	QL(112 ml per fill retail)
<b>Steroids - Mouth/Throat/Dental</b>		
(Triamcinolone Acetonide (Mouth)) ORALONE DENTAL PASTE PSTE	F	
<i>triamcinolone acetonide (mouth) pste</i>	F	
<b>Throat Products - Misc.</b>		
AQUORAL SOLN ( <i>artificial saliva</i> )	F	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN ( <i>artificial saliva</i> )	F	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN ( <i>artificial saliva</i> )	F	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN ( <i>artificial saliva</i> )	F	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN ( <i>artificial saliva</i> )	F	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN ( <i>artificial saliva</i> )	F	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN ( <i>artificial saliva</i> )	F	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE SOLN ( <i>artificial saliva</i> )	F	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD ( <i>artificial saliva</i> )	F	QL(900 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN ( <i>artificial saliva</i> )	F	QL(900 ml per fill retail); RX/OTC
<i>pilocarpine hcl (oral) tabs</i>	F	
RA DRY MOUTH SOLN ( <i>artificial saliva</i> )	F	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS ( <i>pilocarpine hcl (oral)</i> )	NF	
XEROSTOMIA RELIEF SPRAY SOLN ( <i>artificial saliva</i> )	F	QL(900 ml per fill retail); RX/OTC
<b>MULTIVITAMINS</b>		
<b>B-Complex Vitamins</b>		
(B-Complex Vitamins) B-COMPLEX 50, PA B-COMPLEX WITH B-12, RA B-COMPLEX, RA B-COMPLEX WITH B-12 TABS	F	
<i>b-complex vitamins caps</i>	F	
<i>b-complex vitamins tabs</i>	F	
<b>B-Complex w/ C</b>		
(B Complex W/ C) SUPER B WITH C, VITAMIN B COMPLEX-C CAPS	F	
<i>b complex w/ c caps</i>	F	
<b>B-Complex w/ Folic Acid</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(B-Complex W/ C & Folic Acid) ACTIVITE, DAVITE, DEXIFOL, DIALYVITE, FOLBEE PLUS, FOLIKANC, FOLIKA-T, GENICIN VITA-S, LORID, NEPHRO VITAMINS, NEPHRONEX, RENA-VITE, RENA-VITE RX, RENAL MULTIVITAMIN FORMULA, RENAL VITAMIN, RENAL-VITE, TRONVITE, VITASURE, VOL-CARE RX, VP-VITE RX, XVITE TABS	F	QL(1 ea daily); RX/OTC
(B-Complex W/ C & Folic Acid) MYNEPHROCAPS, MYNEPHRON, RENAL CAPS, RENO CAPS, TRIPHROCAPS, VIRT-CAPS CAPS	F	RX/OTC
NEPHRO-VITE RX TABS <i>(b-complex w/ c &amp; folic acid)</i>	NF	QL(1 ea daily); RX/OTC
<b>Multiple Vitamins w/ Iron</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamins W/ Iron) DAILY MULTIPLE VITAMINS W/IRON, DAILY VITAMIN FORMULA+IRON, DAILY VITE MULTIVITAMIN/IRON, DAILY-VITAMIN/IRON, DAILY-VITE/IRON/BETA-CAROTENE, GNP ONE DAILY PLUS IRON, HM ONE DAILY/IRON, MULTI VITAMIN WITH IRON, MULTI-DAYPLUS IRON, MULTI-VITAMINS/IRON, NAT-RUL DAILY-VITE + IRON, ONCE DAILY/IRON, ONE DAILY MULTIVITAMIN/IRON, ONE DAILY MULTIVITAMIN/IRON ADULT, ONE-DAILY MULTI-VITAMIN/IRON, ONE-DAILY/IRON, QC DAILY MULTIVITAMINS/IRON, RA ONE DAILY MULTI-VITAMIN PLUS IRON, SM MULTIPLE VITAMINS/IRON, STRESS B COMPLEX/IRON, STRESS FORMULA W/IRON, TAB-A-VITE MULTIVITAMIN/IRON, TAB-A-VITE/IRON TABS	F	
(Multiple Vitamins W/ Iron) STRESS FORMULA/IRON TABS 10 MG-10 MG-100 MG-12 MCG-18 MG-20 MG-30 UNIT-400 MCG-45 MCG-5 MG-500 MG, 10 MG-100 MG-12 MCG-15 MG-20 MG-27 MG-30 UNIT-400 MCG-45 MCG-5 MG-500 MG	F	
<i>multiple vitamins w/ iron tabs</i>	F	
<b>Multiple Vitamins w/ Minerals</b>		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT FORMULA, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED FORMULA, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATEWOMENS, A THRU Z ULTIMATE MENS, ABC PLUS, ABC PLUS SENIOR, ABC PLUS SENIOR ADULTS 50+, ANTIOXIDANT PROTECTION FORMULA, ANTIOXIDANT VITAMINS, B-PLEX PLUS, B- REDI/RED HEARTS/RED ROOSTERS, BIOCEL, BIOTIN PLUS/CALCIUM/VIT D3, CARRAVITE, CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERAL S, CENTRAVITES, CENTURY, CENTURY MATURE, CEROVITE ADVANCED FORMULA, CEROVITE SENIOR, CERTA PLUS, CERTAGEN, COMPANION, COMPETE, COMPLETE, COMPLETE DAILY WITH LUTEIN, COMPLETE ENERGY, COMPLETE SENIOR, COMPLETE WOMENS, CORVITE FREE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE FOR WOMEN, CVS DAILY MULTIPLE FOR WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY WOMENS	F	QL(1 ea daily); RX/OTC	FORMULA, CVS SPECTRAVITE ADVANCEDFORMULA, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA HEALTH MENS, CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMIN, DAILY MENS HEALTH FORMULA, DAILY MULTI, DAILY MULTI 50+, DAILY MULTIPLE VITAMINS/MINERALS, DAILY VITAMIN FORMULA+MINERALS, DAILY WOMENS HEALTH FORMULA, DAILY- VITAMIN MAXIMUM FORMULA, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, DOCTORS CHOICE MULTIVITAMINS MEN, ENVIRO-STRESS, EQ COMPLETE MULTIVITAMINADULTS 50+, EQ ONE DAILY WOMENS PRO-ACTIVE, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN50+, EQL ONE DAILY MENS 50+ ADVANCED, EQL ONE DAILY MENS HEALTH FORMULA, EQL ONE DAILY WOMENS 50+ADVANCED, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, EYEPROTECT, GERIVITE COMPLETE, GNP CENTURY, GNP CENTURY ADULT FORMULA, GNP		

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CENTURY ADULTS 50+ SENIOR, GNP CENTURY CARDIO HEALTHFORMULA, GNP CENTURY MATURE, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP CENTURY ULTIMATE MENS COMPLETE, GNP CENTURY ULTIMATE MENS SENIOR FORMULA, GNP CENTURY ULTIMATE WOMENS COMPLETE, GNP CENTURY ULTIMATE WOMENS SENIOR FORMULA, GNP DIABETIC SUPPORT FORMULA, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MAXIMUM ONE DAILY, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MAXIMUM, GNP ONE DAILY MENS 50+ ADVANCED, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS HEALTH/LYCOPENE, GNP ONE DAILY WOMENS 50+ADVANCED, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP OPTI-VITAMINS, GNP THERAPEUTIC-M, GNP WOMENS ONE DAILY, HAIR FORMULA EXTRA STRENGTH, HAIR SKIN AND NAILS FORMULA, HAIR VITAMINS, HAIR/SKIN/NAILS, HAIR/SKIN/NAILS/BIOTIN, HEALTHY EYES, HEALTHY EYES/LUTEIN,			HI-KOVITE 2-PART FORMULA, HI-POTENCY MULTI-VITAMIN/MINERAL SUPPLEMENT, HM ANTIOXIDANT VITAMINS, HM COMPLETE, HM COMPLETE 50+, HM COMPLETE WOMEN, HM MENS 50+ ADVANCED ONEDAILY, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, I-VITE PROTECT, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA W/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, LYSIPLEX PLUS, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MAXIMUM BLUE LABEL, MAXIMUM GREEN LABEL, MAXIMUM RED LABEL, MEDIPLEX PLUS, MEGA VM-80, MEIJER ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR ADULTS 50+, MENS HAIR FORMULA ULTRA MAN, MENS LIFE PACK, MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIUM CARDIO, MILLTRIUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-DAY WEIGHT TRIM, MULTI-DAYPLUS		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MINERALS, MULTI-LEAN, MULTI-VITAMIN/MENOPAUSAL FORMULA, MULTI-VITAMIN/MINERALS, MULTILEX-T&M, MULTIMINERAL PLUS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN MENS, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMEN 50+ ADVANCED, MULTIVITAMIN WOMENS, MYAMULTI, NUTRIFAC ZX, OCUTABS, OCUTABS VISION FORMULA, OCUTABS/LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE/LUTEIN, ONE DAILY 50 PLUS, ONE DAILY ADULTS 50+, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ADVANCED, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHTADVANCED, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVITAMIN, ONE DAILY MENS HEALTH/LYCOPENE, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE,			ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY MULTIVITAMIN/IRON-FREE, ONE DAILY PLUS IRON, ONE DAILY PLUS MINERALS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/IRON/CALCIUM, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGEFOR HER, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITAMINS/LYCOPENE, PX COMPLETE SENIOR MULTIVITAMINS, PX MENS MULTIVITAMINS, QC HAIR SKIN & NAILS, QC MAXIMUM DAILY MULTIVITAMIN/MULTIMINERAL, QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE 50 & OVER, QC THERIN-M, QC WOMENS DAILY MULTIVITAMIN, RA CENTRAL-VITE ENERGY, RA CENTRAL-VITE MENS MATURE, RA CENTRAL-VITE SELECT, RA CENTRAL-VITE SELECT MATURE, RA CENTRAL-VITE SENIOR, RA CENTRAL-VITE WOMENS MATURE, RA CENTRAL-VITE/ANTIOXIDANTS, RA HAIR/SKIN/NAILS, RA MATURE WOMENS DIETARY SUPPLEMENT, RA ONE DAILY ENERGY FORMULA, RA ONE DAILY MAXIMUM, RA ONE DAILY MENS 50+ WITH VITAMIN D-3, RA		

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ONE DAILY MENS MULTI, RA ONE DAILY MENS/VITAMIND-3, RA ONE DAILY WOMENS/VITAMIN D-3, RA STRESS FORMULA ADVANCED, RA STRESS FORMULA ENERGY, RA THERAPEUTIC M PLUS BETA CAROTENE, RA VISION VITE PLUS ZINC, RA WHOLE SOURCE COMPLETEFORMULA FOR MEN, RA WHOLE SOURCE DIETARY, RA WHOLE SOURCE DIETARY FOR MEN, RA WHOLE SOURCE DIETARY MATURE, RA WHOLE SOURCE WOMENS, RENAPLEX, SAVISION, SENIOR TABS, SENTRY ADULTS UNDER 50, SM ANTIOXIDANT VITAMINS, SM COMPLETE, SM COMPLETE 50+, SM COMPLETE 50+ ULTIMATEMENS, SM COMPLETE 50+ ULTIMATEWOMENS, SM COMPLETE ADVANCED FORMULA, SM COMPLETE SENIOR FORMULA, SM DAILY DIET SUPPORT, SM HAIR/SKIN/NAILS, SM OPTI-VITAMINS, STRESS B-COMPLEX/C/ZINC, STRESS FORMULA/ZINC, STRESSTABS ADVANCED, SUNVITE ACTIVE ADULT 50+, SUNVITE ADVANCED, SUPER 28 FORMULA, SUPER ANTIOXIDANT/A/C/E/SEL ENIUM, SUPER AYTINAL 50 PLUS, SUPER AYTINAL FOR ACTIVEADULTS, SUPER MULTIPLE, SUPER NU-			THERA, SUPER THERA VITE M, SUPER VIKAPS, SUPER VITA-MINS, TGT MULTIVITAMIN/MULTIMIN ERAL ADULTS/LYCOPENE, TGT MULTIVITAMIN/MULTIMIN ERAL/ADULT, THERA VITAL M, THERA VITAL- M, THERA-MILL M, THERABASIC-M, THERADEX "M", THERADEX "M"/BETA CAROTENE, THERAPEUTIC FORMULA/HEMATINICS, THERAPEUTIC M, THERAPEUTIC-M, THERAPEUTIC- M/LUTEIN, THERATRUM COMPLETE, THERATRUM COMPLETE 50 PLUS, THERAVIM-M, THRIVE FOR LIFE WOMENS, TOTAL FORMULA, TOTAL FORMULA 2, TOTAL FORMULA 3, ULTRA ANTIOXIDANT FORMULA, ULTRA FREEDA, ULTRA FREEDA/IRON, ULTRA VITA-TIME, ULTRACHOICE ADVANCED FORMULA, ULTRACHOICE ADVANCED FORMULA MATURE, VISION FORMULA/LUTEIN, VISION VITAMINS, VISIVITES, VISIVITES/LUTEIN, VITA HAIR, VITA S FORTE, VITABASIC COMPLETE, VITABASIC SENIOR, VITACEL, VITATRUM COMPLETE, VITEYES MULTIVITAMIN AREDS COMPANION WITH LYCOPENE, VITRUM SENIOR, WOMENS DAILY FORMULA, WOMENS DAILY FORMULA/FOLIC		

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Drug Name	Drug Tier	Requirements/ Limits
ACID/CALCIUM/IRON, WOMENS LIFE PACK, WOMENS MULTIVITAMIN, WOMENS ONE DAILY, YOUR LIFE MULTI MENS 50+, YOUR LIFE MULTI WOMENS 50+ TABS		
(Multiple Vitamins W/ Minerals) ANTIOXIDANT FORMULA TABS 133 UNIT-167 MG-17 MCG-53 MG-8333 UNIT	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) CENTRAVITES 50 PLUS TABS 1.5 MG-1.7 MG-10 MCG-10 MCG-10 MG-100 MG-130 MCG-15 MG-150 MCG-150 MCG- 160 MCG-2 MG-2 MG-20 MCG-20 MG-200 MG-25 MCG-3 MG-3.5 MG-30 MCG-4 MG-400 MCG-400 UNIT-45 UNIT-48 MG-5 MCG-5000 UNIT-60 MG- 72 MG-80 MG	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) CERTAVITE/ANTIOXIDAN TS, RA CENTRAL-VITE TABS 0.5 MG-1.5 MG-1.7 MG-10 MCG-10 MCG-10 MG-11 MG-150 MCG-18 MG-2 MG-2 MG-2.3 MG-20 MG-20 MG-200 MG-25 MCG-30 MCG-30 UNIT-35 MCG-3500 UNIT-400 MCG-400 UNIT-45 MCG-5 MCG-50 MG-55 MCG-6 MCG-60 MG-72 MG-75 MCG-80 MG	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) EQ ONE DAILY WOMENS HEALTH TABS 1.5 MG-1.7 MG-10 MG- 1000 UNIT-120 MCG-15 MG-150 MCG-18 MG-2 MG-2 MG-2 MG-20 MCG- 20 MG-22.5 UNIT-25 MCG-2500 UNIT-300 MCG-400 MCG-500 MG-6 MCG-60 MG	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamins W/ Minerals) MULTILEX TABS 0.15 MG-1 MG-1 MG-1.5 MG-1.7 MG-10 MG-10 MG- 100 MG-10000 UNIT-15 MG-3 MCG-30 MG-400 UNIT-5 MG-5 MG-5.5 UNIT	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) MULTIVITAMIN ADULTS TABS 0.5 MG-1.5 MG-1.7 MG-10 MCG-10 MCG-10 MCG-10 MG-1050 MCG-11 MG-13.5 MG-150 MCG-18 MG-2 MG-2 MG- 2.3 MG-20 MG-20 MG-200 MG-25 MCG-30 MCG-35 MCG-400 MCG-45 MCG-5 MCG-50 MG-55 MCG-6 MCG-60 MG-72 MG-75 MCG-80 MG, 0.5 MG-1.5 MG-1.7 MG-10 MCG-10 MCG-10 MG-11 MG-150 MCG-18 MG-2 MG-2 MG- 2.3 MG-20 MG-20 MG-200 MG-25 MCG-30 MCG-30 UNIT-35 MCG-3500 UNIT- 400 MCG-400 UNIT-45 MCG-5 MCG-50 MG-55 MCG-6 MCG-60 MG-72 MG-75 MCG-80 MG	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) ONE DAILY MULTIVITAMIN ADULT TABS 0.4 MG-1.5 MG-1.7 MG-10 MCG-2 MG-20 MG- 30 UNIT-3000 UNIT-400 UNIT-45 MG-6 MCG-60 MG	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamins W/ Minerals) ONE DAILY WOMENS TABS 1.5 MG- 1.7 MG-10 MG-1000 UNIT- 120 MCG-15 MG-150 MCG-18 MG-2 MG-2 MG-2 MG-20 MCG-20 MG-22.5 UNIT-25 MCG-2500 UNIT- 300 MCG-400 MCG-500 MG-6 MCG-60 MG, 1.5 MG-1.7 MG-10 MG-15 MG- 18 MG-2 MG-2500 UNIT- 30 UNIT-400 MCG-400 UNIT-450 MG-5 MG-50 MG-6 MCG-60 MG	F	QL(1 ea daily); RX/OTC	(Multiple Vitamins W/ Minerals) SENTRY SENIOR TABS 0.5 MG-1.5 MG-1.7 MG-10 MCG-10 MG-11 MG-150 MCG-150 MCG-2 MG-2.3 MG-20 MG-20 MG-220 MG-25 MCG-250 MCG-2500 UNIT-3 MG-30 MCG-30 MCG-300 MCG-400 MCG- 45 MCG-45 MCG-5 MCG- 50 MG-50 UNIT-500 UNIT- 55 MCG-60 MG-72 MG-80 MG, 0.9 MG-1.5 MG-1.7 MG-10 MCG-10 MG-11 MG-110 MG-150 MCG-150 MCG-2 MG-2.3 MG-20 MG-220 MG-25 MCG-250 MCG-2500 UNIT-3 MG-30 MCG-30 MCG-300 MCG- 45 MCG-45 MCG-5 MCG- 50 MG-50 UNIT-500 MCG- 500 UNIT-55 MCG-72 MG- 80 MG-90 MG	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) QC MULTI-VITE TABS 0.9 MG-1.5 MG-1.7 MG-10 MCG-10 MCG-10 MG-11 MG-150 MCG-18 MG-2 MG-2 MG-2.3 MG-20 MG-20 MG-200 MG-25 MCG-30 MCG-30 UNIT-35 MCG-3500 UNIT-400 MCG-400 UNIT-45 MCG-5 MCG-50 MG-55 MCG-6 MCG-60 MG-72 MG-75 MCG-80 MG	F	QL(1 ea daily); RX/OTC	(Multiple Vitamins W/ Minerals) SENTRY TABS 0.9 MG-1.5 MG-1.7 MG-10 MCG-10 MCG-10 MG-100 MG-109 MG-11 MG-150 MCG-150 MCG-18 MG-2 MG-2 MG-2.3 MG-20 MG- 200 MG-25 MCG-250 MCG-30 MCG-30 UNIT- 300 MCG-35 MCG-3500 UNIT-400 UNIT-45 MCG-5 MCG-500 MCG-55 MCG-6 MCG-72 MG-80 MG-90 MG	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) QUINTABS-M TABS 0.2 MG-10 MG-100 MG-15 MG-150 MCG-2 MG-30 MCG-30 MCG-30 MG-30 MG-30 MG-30 MG- 30 MG-300 MG-35 MCG- 400 MCG-400 UNIT-50 UNIT-5000 UNIT-7.5 MG	F	QL(1 ea daily); RX/OTC	(Multiple Vitamins W/ Minerals) STRESS FORMULA TABS 10 MG- 10 MG-100 MG-12 MCG- 20 MG-24 MG-3 MG-30 UNIT-400 MCG-45 MCG-5 MG-500 MG-77 MG, 10 MG-10 MG-100 MG-12 MCG-20 MG-30 UNIT-400 MCG-45 MCG-5 MG-500 MG-69 MG	F	QL(1 ea daily); RX/OTC

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(Multiple Vitamins W/ Minerals) STRESS FORMULA/IRON TABS 10 MG-10 MG-100 MG-12 MCG-18 MG-20 MG-30 UNIT-400 MCG-45 MCG-5 MG-500 MG	F	QL(1 ea daily); RX/OTC
(Multiple Vitamins W/ Minerals) THERA-M TABS 10 MCG-10 MCG-10 MG- 100 MG-15 MG-150 MCG- 150 MCG-18 MG-2 MG-2 MG-20 MG-21 MCG-26 MCG-28 MCG-3 MG-3 MG-3.4 MG-3.5 MG-30 MCG-30 UNIT-31 MG-32 MCG-40 MG-400 MCG- 400 UNIT-5 MCG-5000 UNIT-7.5 MG-7.5 MG-9 MCG-90 MG, 10 MCG-10 MG-100 MG-120 MG-15 MCG-15 MCG-15 MCG-15 MG-150 MCG-18 MG-2 MG-3 MG-3 MG-3.4 MG-30 MG-30 UNIT-31 MG-400 MCG-400 UNIT-44 MG-5 MG-5500 UNIT-7.5 MG-7.5 MG-9 MCG	F	QL(1 ea daily); RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ALIVE ENERGY 50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ALIVE MENS ENERGY TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ALIVE ONCE DAILY WOMENS 50+ ULTRA POTENCY TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ALIVE WOMENS 50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ALIVE WOMENS ENERGY TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
ANTIOXIDANT FORMULA TABS 167 MG-17 MCG- 2492 MCG-53 MG-61 MG <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
BACMIN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
BASIC AM TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
BASIC PM TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CAL-DAY 1000 TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRAVITES 50 PLUS TABS 0.5 MG-1.5 MG-1.7 MG-10 MCG-10 MG-1000 UNIT-11 MG-150 MCG-19 MCG-2 MG-2.3 MG-20 MG-20 MG-220 MG-25 MCG-250 MCG-2500 UNIT-3 MG-30 MCG-30 MCG-300 MCG-400 MCG- 45 MCG-5 MCG-50 MCG- 50 MG-50 UNIT-60 MG-80 MG <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRAVITES ADULTS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CENTRUM ADULTS TABS <i>(multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
CENTRUM CARDIO TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM MEN TABS 0.9 MG-1.2 MG-1.3 MG-10 MCG-10 MCG-100 MCG- 100 MG-1000 UNIT-11 MG-15 MG-150 MCG-16 MG-2 MG-2 MG-2.3 MG-20 MG-200 MCG-210 MG-35 MCG-3500 UNIT-40 MCG- 45 UNIT-5 MCG-50 MCG-6 MCG-60 MCG-600 MCG- 72 MG-8 MG-80 MG-90 MG <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM MEN TABS 0.9 MG-1.2 MG-1.3 MG-100 MCG-100 MG-1050 MCG- 11 MG-15 MG-150 MCG- 16 MG-2 MG-2.3 MG-20 MG-20.3 MG-200 MCG- 210 MG-25 MCG-35 MCG- 40 MCG-50 MCG-6 MCG- 60 MCG-600 MCG-72 MG- 8 MG-80 MG-90 MG <i>(multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER 50+MEN TABS <i>(multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER 50+WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER ADULT 50+ TABS <i>(multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER TABS <i>(multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM SILVER ULTRA WOMENS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST HEART TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST VISION TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM TABS <i>(multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
CENTRUM ULTRA WOMENS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CENTRUM WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
CERTAVITE SENIOR TABs <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CERTAVITE/ANTIOXIDAN TS TABS 0.5 MG-1.5 MG- 1.7 MG-10 MCG-10 MCG- 10 MCG-10 MG-1050 MCG-11 MG-13.5 MG-150 MCG-18 MG-2 MG-2 MG- 2.3 MG-20 MG-20 MG-200 MG-25 MCG-30 MCG-35 MCG-400 MCG-45 MCG-5 MCG-50 MG-55 MCG-6 MCG-60 MG-72 MG-75 MCG-80 MG <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CLINICAL NUTRIENTS 45-PLUS WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS 50-PLUS MEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR FEMALE TEENS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR MALE TEENS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR MEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS ONE DAILY MENS 50+ ADVANCED TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE ULTRA WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
DERMAVITE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
EQ ONE DAILY MENS 50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
EQ ONE DAILY MENS HEALTH TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
EQ ONE DAILY WOMENS 50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS 1.5 MG-1.7 MG-10 MG-1000 UNIT-120 MCG-15 MG-18 MG-2 MG-2 MG-2 MG-20 MCG-22.5 UNIT-25 MCG-2500 UNIT-30 MCG-400 MCG-5 MG-50 MG-500 MG-6 MCG-60 MG <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EQL CENTURY MENS TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
EQL CENTURY WOMENS TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
EQL ONE DAILY MENS TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
EYE HEALTH/LUTEIN TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN/LUTEIN TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN/SODIUM TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
FOLIKA-CI TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
FOLIKA-MG TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
FOSFREE TABS ( <i>multiple vitamins w/ minerals</i> )	NF	QL(1 ea daily); RX/OTC
FREEDAVITE TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
GERI-FREEDA SENIOR FORMULA TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HAIR SKIN & NAILS ADVANCED FORMULA TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
HM COMPLETE 50+ MENS ULTIMATE TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
HM COMPLETE 50+ WOMENS ULTIMATE TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
HM COMPLETE MEN TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
HM COMPLETE TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
HM HAIR/SKIN/NAILS TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
HM ONE DAILY MENS TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
HM ONE DAILY WOMENS TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
HYLAZINC TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
ICAPS AREDS FORMULA TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
ICAPS PLUS TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LUTEIN PLUS/ZEAXANTHIN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MACULAR VITAMIN BENEFIT TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MEGA MULTI FOR MEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MEGA MULTI FOR WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MEGA MULTIVITAMIN FOR MEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MEGA MULTIVITAMIN FOR WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MEGAVITE FRUITS & VEGGIES TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MENS MULTI VITAMIN & MINERAL FORMULA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MENS MULTIVITAMIN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MULTI-BETIC DIABETES TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTI-VITAMIN MONOCAPS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MULTILEX T&M TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MULTILEX TABS 1 MG-1 MG-1.5 MG-1.7 MG-10 MG-10 MG-100 MG-10000 UNIT-15 MG-150 MCG-3 MCG-30 MG-400 UNIT-5 MG-5 MG-5.5 UNIT <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
<i>multiple vitamins w/ minerals tabs</i>	F	QL(1 ea daily); RX/OTC
MULTIVITAMIN ADULTS TABS 0.5 MG-1.5 MG-1.7 MG-10 MCG-10 MCG-10 MG-11 MG-150 MCG-18 MG-2 MG-2 MG-2.3 MG-20 MG-20 MG-200 MG-25 MCG-30 MCG-30 UNIT-35 MCG-3500 UNIT-400 MCG-400 UNIT-45 MCG-5 MCG-50 MG-55 MCG-6 MCG-60 MG-72 MG-75 MCG-80 MG <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MULTIVITAMIN MEN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MULTIVITAMIN TABS 1 MG-1 MG-1.5 MG-10 MCG-10 MG-10 MG-100 MG-15 MG-15 MG-150 MCG-150 MG-2 MG-2.5 MG-3000 MCG-5 MG-7.5 MCG <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
NATRUL-VITES TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
NEOVITE TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
NICADAN TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
NICADAN ZX TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
NICAZEL FORTE TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
NICAZEL TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
NO IRON MULTIPLE VITAMIN/MINERALS TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
NUTRICAP TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
OCULAR VITAMINS TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
ONCOVITE TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY WOMENS TABS 1.5 MG-1.7 MG-10 MG-1000 UNIT-120 MCG-15 MG-150 MCG-18 MG-2 MG-2 MG-2 MG-20 MCG-20 MG-22.5 UNIT-25 MCG-2500 UNIT-300 MCG-400 MCG-500 MG-6 MCG-60 MG ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
ONE-A-DAY ENERGY TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS 50+ TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS PRO EDGE TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS TABS 0.9 MG-1.32 MG-1.43 MG-11 MG-120 MG-15 MG-15.5 MG-150 MCG-17.6 MG-2.17 MG-2.3 MG-210 MG-240 MCG-25 MCG-30 MCG-300 MCG-35 MCG-43 MCG-55 MCG-6.24 MCG-900 MCG-99 MG ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS ( <i>multiple vitamins w/ minerals</i> )	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCED TABS ( <b>multiple vitamins w/ minerals</b> )	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS ( <b>multiple vitamins w/ minerals</b> )	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS ( <b>multiple vitamins w/ minerals</b> )	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS ( <b>multiple vitamins w/ minerals</b> )	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS PETITES TABS ( <b>multiple vitamins w/ minerals</b> )	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS ( <b>multiple vitamins w/ minerals</b> )	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
ONEVITE TABS ( <b>multiple vitamins w/ minerals &amp; folic acid</b> )	F	
OPTIVITE P.M.T. TABS ( <b>multiple vitamins w/ minerals</b> )	NF	QL(1 ea daily); RX/OTC
OPURITY TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
PARVLEX TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
PHYTOMULTI TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
PRESERVISION AREDS TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
PRO-CAL TABS 100 UNIT-145 MG-187.5 MG-40 MG-7.5 MG ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
PROCERV HP TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
PRORENAL+D TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
PROVIT TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
QC MULTI-VITE TABS 0.5 MG-1.5 MG-1.7 MG-10 MCG-10 MCG-10 MG-11 MG-150 MCG-18 MG-2 MG-2 MG-2.3 MG-20 MG-20 MG-200 MG-25 MCG-30 MCG-30 UNIT-35 MCG-3500 UNIT-400 MCG-400 UNIT-45 MCG-5 MCG-50 MG-55 MCG-6 MCG-60 MG-72 MG-75 MCG-80 MG ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
QUENCH TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
QUIN B STRONG TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC

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QUINTABS-M TABS 0.2 MG-100 MG-15 MG-150 MCG-2 MG-30 MCG-30 MCG-30 MG-30 MG-30 MG-30 MG-35 MCG-400 MCG-400 UNIT-50 UNIT-5000 UNIT-7.5 MG ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
RA CENTRAL-VITE TABS 0.5 MG-1.5 MG-1.7 MG-10 MCG-10 MCG-10 MG-1000 UNIT-11 MG-150 MCG-18 MG-2 MG-2 MG-2.3 MG-20 MG-20 MG-200 MG-25 MCG-30 MCG-30 UNIT-35 MCG-3500 UNIT-400 MCG-45 MCG-5 MCG-50 MG-55 MCG-6 MCG-60 MG-72 MG-80 MG ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
RA CENTRAL-VITE UNDER 50MENS TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
RA CENTRAL-VITE UNDER 50WOMENS TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
RENAPLEX-D TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
REQ 49+ TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
SENTRY SENIOR TABS 0.5 MG-1.5 MG-1.7 MG-10 MCG-10 MG-11 MG-150 MCG-150 MCG-2 MG-2.3 MG-20 MG-20 MG-220 MG-25 MCG-250 MCG-2500 UNIT-3 MG-30 MCG-30 MCG-300 MCG-400 MCG-45 MCG-45 MCG-5 MCG-50 MG-50 UNIT-500 UNIT-55 MCG-60 MG-72 MG-80 MG ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SENTRY SENIOR/LUTEIN TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
SENTRY TABS 0.5 MG-1.5 MG-1.7 MG-10 MCG-10 MCG-10 MG-11 MG-150 MCG-18 MG-2 MG-2 MG-2.3 MG-20 MG-20 MG-200 MG-25 MCG-30 MCG-30 UNIT-35 MCG-3500 UNIT-400 MCG-400 UNIT-45 MCG-5 MCG-50 MG-55 MCG-6 MCG-60 MG-72 MG-75 MCG-80 MG ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
SIDEROL TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
SM ONE DAILY MENS TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
SM ONE DAILY WOMENS TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
SOLO TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
SPECTRAVITE TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
STROVITE FORTE TABS ( <b>multiple vitamins w/ minerals</b> )	NF	QL(1 ea daily); RX/OTC
STROVITE ONE TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
SYSTANE ICAPS AREDS2 TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC
T-VITES TABS ( <b>multiple vitamins w/ minerals</b> )	F	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERA M PLUS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERA-M TABS 10 MCG- 10 MCG-10 MG-100 MG- 12 MCG-15 MG-150 MCG- 150 MCG-2 MG-2 MG-20 MG-23 MG-28 MCG-3 MG- 3.4 MG-30 MCG-30 MG- 400 MCG-400 UNIT-5 MCG-50 MCG-5000 UNIT- 6 MG-6 MG-60 UNIT-7 MG-7.5 MG-70 MCG-75 MCG-9 MG-90 MG <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERA-TABS M TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERABETIC MULTI- VITAMIN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THERAGRAN-M TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
THEREMS-H TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THEREMS-M TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
THRIVITE 19 TABS <i>(multiple vitamins w/ minerals &amp; folic acid)</i>	F	
UDAMIN SP TABS <i>(multiple vitamins w/ minerals &amp; folic acid)</i>	F	
UNICOMPLEX-M TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITALINE TOTAL FORMULA 2 TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITALINE TOTAL FORMULA 3 TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITAMIN D3 COMPLETE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITAROCA PLUS TABS <i>(multiple vitamins w/ minerals)</i>	NF	QL(1 ea daily); RX/OTC
VITASANA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITATRUM TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITREXYL TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITREXYL/IRON TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC

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VITRUM 50+ ADULT-MULTI IRON FREE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
VITRUM 50+ SENIOR MULTI TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
WHOLE FOOD MULTIVITAMIN TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
WOMENS BIOMULTIPLE TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
YELETS TEENAGE FORMULA TABS <i>(multiple vitamins w/ minerals)</i>	F	QL(1 ea daily); RX/OTC
<b>Multivitamins</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamin) ANTI-OXIDANT, DAILY MULTIPLE VITAMINS, DAILY VALUE MULTIVITAMIN, DAILY VITAMIN, DAILY VITAMINS, DAILY VITE, DAILY-VITAMIN, DAILY-VITE, DAILY-VITE MULTIVITAMIN, GNP ESSENTIAL ONE DAILY, HEALTHY HAIR SKIN & NAILS, MULTI VITAMIN DAILY, MULTI-DAY, MULTI-VITAMIN, MULTI-VITAMIN DAILY, MULTI-VITAMINS, MULTIPLE VITAMINS ESSENTIAL, MULTIVITAMIN IRON-FREE, ONCE DAILY, ONE DAILY, ONE DAILY ESSENTIAL, ONE-DAILY MULTI VITAMINS, ONE-DAILY MULTI-VITAMIN, QC ESSENTIALS, RA ONE DAILY ESSENTIAL, RA ONE DAILY MULTI-VITAMIN, RENAL MULTIVITAMIN FORMULA/ZINC, SIGTAB, SM MULTIPLE VITAMINS ESSENTIAL, STRESSTABS ENERGY, TAB-A-VITE, TAB-A-VITE W/BETA CAROTENE, THERA-MILL, THERA-TABS, THERAPEUTIC, THEREMS, VITALEE TABS	F	
(Multiple Vitamin) ONE DAILY MULTIVITAMIN ADULT TABS 0.4 MG-1.5 MG-1.7 MG-2 MG-20 MG-400 UNIT-5000 UNIT-6 MCG-60 MG	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamin) STRESS FORMULA TABS 0.4 MG-100 MG-12 MCG-15 MG-20 MG-30 UNIT-45 MCG-600 MG, 10 MG-10 MG-100 MG-12 MCG-20 MG-3 MG-30 UNIT-400 MCG-45 MCG-500 MG, 10 MG-10 MG-100 MG-12 MCG-20 MG-30 UNIT-400 MCG-45 MCG-5 MG-500 MG, 10 MG-100 MG-12 MCG-15 MG-20 MG-30 UNIT-400 MCG-45 MCG-5 MG-500 MG	F	
(Multiple Vitamin) THERA TABS 10 MG-20 MG-3 MG-3 MG-3.4 MG-30 MCG-30 UNIT-400 MCG-400 UNIT-5000 UNIT-9 MCG-90 MG	F	
ESTROFACTORS TABS ( <i>multiple vitamin</i> )	F	
HIGH POTENCY MULTIVITAMIN TABS ( <i>multiple vitamin</i> )	F	
MULTI VITAMIN TABS ( <i>multiple vitamin</i> )	F	
MULTI VITAMIN/D-3 TABS ( <i>multiple vitamin</i> )	F	
<i>multiple vitamin tabs</i>	F	
MULTIVITAMIN ADULT TABS ( <i>multiple vitamin</i> )	F	
MULTIVITAMIN TABS 0.1 MG-1 MG-1.5 MG-10 MCG-1500 MCG-2 MG-20 MG-28.5 MG-37.5 MG ( <i>multiple vitamin</i> )	F	
NEOMULTIVITE TABS ( <i>multiple vitamin</i> )	F	
OMNICAP TABS ( <i>multiple vitamin</i> )	F	
ONE-A-DAY ESSENTIAL TABS ( <i>multiple vitamin</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY MENS TABS 0.4 MG-10 MG-2.25 MG-2.55 MG-20 MG-200 MG-3 MG-400 UNIT-45 UNIT-5000 UNIT-9 MCG ( <i>multiple vitamin</i> )	NF	
QUINTABS TABS ( <i>multiple vitamin</i> )	F	
THERA TABS 10 MG-20 MG-3 MG-3 MG-3.4 MG-30 MCG-30 UNIT-35 MG-400 MCG-400 UNIT-45 MG-5000 UNIT-9 MCG-90 MG, 10 MG-20 MG-3 MG-3 MG-3.4 MG-30 MCG-30 UNIT-400 MCG-400 UNIT-45 MG-5000 UNIT-9 MCG-90 MG ( <i>multiple vitamin</i> )	F	
THEREMS MULTIVITAMIN TABS ( <i>multiple vitamin</i> )	F	
<b>Ped MV w/ Fluoride</b>		
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS, MULTIVITAMIN WITH FLUORIDE SOLN	F	AL(Up to 13 yrs old )

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Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-13.5 MG-15 UNIT-2500 UNIT-4.5 MCG-400 UNIT-60 MG, 0.25 MG-1.05 MG-1.05 MG-1.2 MG-13.5 MG-15 UNIT-2500 UNIT-300 MCG-4.5 MCG-400 UNIT-60 MG, 0.3 MG-0.5 MG-1.05 MG-1.05 MG-1.2 MG-13.5 MG-15 UNIT-2500 UNIT-4.5 MCG-400 UNIT-60 MG, 0.3 MG-1 MG-1.05 MG-1.05 MG-1.2 MG-13.5 MG-15 UNIT-2500 UNIT-4.5 MCG-400 UNIT-60 MG, 0.5 MG-1.05 MG-1.05 MG-1.2 MG-13.5 MG-15 UNIT-2500 UNIT-300 MCG-4.5 MCG-400 UNIT-60 MG, 1 MG-1.05 MG-1.05 MG-1.2 MG-13.5 MG-15 UNIT-2500 UNIT-300 MCG-4.5 MCG-400 UNIT-60 MG	F	AL(Up to 13 yrs old )
(Pediatric Multivitamins W/Fl) MULTIVITAMINS/FLUORIDE CHEW	F	AL(Up to 13 yrs old )
(Pediatric Vitamins Acd W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	F	AL(Up to 13 yrs old )
FLORIVA PLUS SOLN <i>(pediatric multivitamins w/fl)</i>	F	AL(Up to 13 yrs old )
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-13.5 MG-15 UNIT-2500 UNIT-4.5 MCG-400 UNIT-60 MG, 0.3 MG-1 MG-1.05 MG-1.05 MG-1.2 MG-13.5 MG-15 UNIT-2500 UNIT-4.5 MCG-400 UNIT-60 MG <i>(pediatric multivitamins w/fl)</i>	F	AL(Up to 13 yrs old )

Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric vitamins acd w/ fluoride soln</i>	F	AL(Up to 13 yrs old )
POLY-VI-FLOR CHEW 0.25 MG-15 UNIT-200 MCG-400 UNIT, 0.5 MG-15 UNIT-200 MCG-400 UNIT, 1 MG-15 UNIT-200 MCG-400 UNIT <i>(pediatric multivitamins w/fl)</i>	F	AL(Up to 5 yrs old )
QUFLORA PEDIATRIC CHEW <i>(pediatric multivitamins w/fl)</i>	F	AL(Up to 13 yrs old )
QUFLORA PEDIATRIC SOLN <i>(pediatric multivitamins w/fl)</i>	F	AL(Up to 13 yrs old )
<b>Ped MV w/ Iron</b>		
(Pediatric Multiple Vitamins W/ Iron) NOVAFERUM PEDIATRIC MULTI-VITAMIN/IRON SOLN	F	
BPROTECTED PEDIA POLY-VITE/IRON SOLN <i>(pediatric multiple vitamins w/ iron)</i>	F	
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN <i>(pediatric multiple vitamins w/ iron)</i>	F	
POLY-VITA/IRON SOLN <i>(pediatric multiple vitamins w/ iron)</i>	F	
<b>Ped Multi Vitamins w/Fl &amp; FE</b>		
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTI-VITAMIN/FLUORIDE/IRON SOLN	F	AL(Up to 13 yrs old )
POLY-VI-FLOR/IRON CHEW 0.5 MG-10 MG-15 UNIT-200 MCG-400 UNIT <i>(ped multivitamins w/fl &amp; iron)</i>	F	AL(Up to 5 yrs old )
<b>Pediatric Multiple Vitamins</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Multiple Vitamin W/ C & Fa) ANIMAL CHEWS, ANIMAL SHAPES, BITE-A-MINS, BOUNTY BEARS/C, CHEWABLE VITAMINS CHILDRENS, CHEWABLE VITE CHILDRENS, CHILDRENS CHEWABLE MULTIVITAMIN, CHILDRENS CHEWABLE VITAMIN, CHILDRENS CHEWABLE VITAMINS, CHILDRENS MULTIVITAMIN, DINO-LIFE, FLINTSTONES GUMMIES PLUSOMEGA-3 DHA, FLINTSTONES PLUS CALCIUM, FLINTSTONES/MY FIRST, FRUITY CHEWS, GNP ANIMAL SHAPES, GNP LITTLE ONES CHILDRENS, LITTLE ANIMALS, MULTIVITAMIN CHILDRENS, POLY VITAMIN, SM ANIMAL SHAPES KIDS FIRST, ZOO FRIENDS GUMMIES CHEW	F	
(Pediatric Multiple Vitamin W/ C) BPROTECTED PEDIA POLY-VITE, POLY-VITA, POLY-VITE PEDIATRIC SOLN	F	
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW ( <i>pediatric multiple vitamin w/ c &amp; fa</i> )	NF	
<b>Pediatric Vitamins</b>		
(Pediatric Vitamins Adc) BPROTECTED PEDIA TRI-VITE, PC PEDIATRIC TRI-VITAMIN DROPS, TRI-VITE PEDIATRIC SOLN	F	AL(Up to 5 yrs old )
<b>Prenatal Vitamins</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS 1 MG-100 MG-1000 UNIT-12 MCG-15 MG-20 MG-20 MG-200 MG-25 MG-29 MG-3 MG-3 MG-30 UNIT-400 UNIT-7 MG	F	RX/OTC
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	F	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW 1 MG-100 MG-1000 UNIT-12 MCG-20 MG-20 MG-200 MG-25 MG-29 MG-3 MG-3 MG-30 UNIT-400 UNIT-6 MG-7 MG	F	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) TRINATE TABS	F	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) ELITE-OB, PRENATABS RX TABS	F	
ALIVE PRENATAL MULTI-VITAMIN/PLANT DHA CHEW ( <i>prenatal multivitamins &amp; minerals w/fa-dha</i> )	F	
ATABEX EC TBEC ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> )	F	
ATABEX OB TABS ( <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i> )	F	
ATABEX PRENATAL CHEW ( <i>prenatal without a vit w/ iron carbonyl-folic acid</i> )	F	
BRAINSTRONG PRENATAL MISC ( <i>prenatal mv &amp; min w/fe carbonyl-fa-dha</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
CALNA TABS ( <i>prenatal vitamin</i> )	F	
CENTRUM SPECIALIST PRENATAL MISC ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	F	
CLASSIC PRENATAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
CLINICAL NUTRIENTS PRENATAL FORMULA TABS ( <i>prenatal vitamins w/ ferrous succinate-folic acid</i> )	F	
CO-NATAL FA TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
COMPLETE NATAL DHA MISC ( <i>prenatal mv &amp; min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i> )	F	
COMPLETENATE CHEW ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
CVS PRENATAL GUMMIES CHEW ( <i>prenatal multivitamins &amp; minerals w/fa-dha</i> )	F	
CVS PRENATAL GUMMY/DHA/FOLIC ACID CHEW ( <i>prenatal multivitamins &amp; minerals w/ folic acid-fish oil</i> )	F	
CVS PRENATAL MULTI+DHA CAPS ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	F	
CVS PRENATAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
CVS WOMENS PRENATAL+DHA MISC ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	F	
ENFAMIL EXPECTA MISC ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	F	
EQL PRENATAL FORMULA TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
EZFE FORTE CAPS ( <i>prenatal without vit a w/ iron polysaccharide complex-fa</i> )	F	
GNP DAILY PRENATAL MISC ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	F	
GNP PRENATAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
GOODSENSE PRENATAL VITAMINS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
HEALTHY MAMA BE WELL ROUNDED THPK ( <i>prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid</i> )	F	
HM ONE DAILY PRENATAL COMBO MISC ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	F	
HM PRENATAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
KP PRENATAL MULTIVITAMINS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
KPN PRENATAL TABS ( <i>prenatal multivit-min w/fe-fa</i> )	F	
M-NATAL PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
M-VIT TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
MARNATAL-F CAPS ( <i>prenatal without vit a w/ iron polysaccharide complex-fa</i> )	F	
MULTI PRENATAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
MYNATAL ADVANCE TABS ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> )	F	
MYNATAL CAPS ( <i>prenatal multivit-min w/fe-fa</i> )	F	
MYNATAL PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
MYNATAL ULTRACAPLET TABS ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> )	F	
MYNATAL-Z TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
MYNATE 90 PLUS TBCR ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	F	
NATALVIT TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
NEONATAL COMPLETE TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
NEONATAL PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
NEONATAL VITAMIN TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
NIVA-PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
O-CAL FA TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
O-CAL PRENATAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
OBSTETRIX EC TABS ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> )	F	RX/OTC
OBTREX TABS ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> )	F	RX/OTC
ONE A DAY PRENATAL CHEW ( <i>prenatal multivitamins &amp; minerals w/fa-dha</i> )	F	
ONE A DAY WOMENS PRENATAL/DHA MISC ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	F	
ONE A DAY WOMENS PRENATAL1 CAPS ( <i>prenatal vitamins w/ iron carbonyl-folic acid-omega 3</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
ONE-A-DAY WOMENS PRENATAL MISC ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	F	
PA PRENATAL FORMULA TABS ( <i>prenatal vit w/ selenium-fe fumarate-folic acid</i> )	F	
PERRY PRENATAL CAPS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
PNV TABS 29-1 TABS ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	F	
PRE-NATAL FORMULA TABS ( <i>prenatal multivit-min w/fe-fa</i> )	F	RX/OTC
PRENATABS FA TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
PRENATAL 19 CHEW 1 MG-100 MG-1000 UNIT-12 MCG-15 MG-20 MG-20 MG-200 MG-29 MG-3 MG-3 MG-30 UNIT-400 UNIT-7 MG ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL 19 TABS 1 MG-100 MG-1000 UNIT-12 MCG-15 MG-20 MG-20 MG-200 MG-25 MG-29 MG-3 MG-3 MG-30 UNIT-400 UNIT-7 MG ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	F	RX/OTC
PRENATAL ADULT GUMMY/DHA/FOLIC ACID CHEW ( <i>prenatal multivitamins &amp; minerals w/fa-dha</i> )	F	
PRENATAL AND IRON TABS ( <i>prenatal multivit-min w/fe-fa</i> )	F	RX/OTC
PRENATAL COMPLETE TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
PRENATAL FORMULA A-FREE TABS ( <i>prenatal without a vit w/ fe fumarate-folic acid</i> )	F	
PRENATAL FORMULA CAPS ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	F	
PRENATAL FORTE TABS ( <i>prenatal multivit-min w/fe-fa</i> )	F	RX/OTC
PRENATAL GUMMIES/DHA & FOLIC ACID CHEW ( <i>prenatal multivitamins &amp; minerals w/fa-omega-3 fatty acids</i> )	F	
PRENATAL LOW IRON TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL MULTI + DHA CAPS ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	F	
PRENATAL MULTI +DHA CAPS ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	F	
PRENATAL MULTIVITAMIN + DHA MISC ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	F	
PRENATAL MULTIVITAMIN PLUS DHA CAPS ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	F	
PRENATAL MULTIVITAMIN PLUS DHA MISC ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	F	
PRENATAL MULTIVITAMIN TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
PRENATAL ONE DAILY TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
PRENATAL PLUS IRON TABS ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	F	
PRENATAL PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 0.5 MG-0.5 MG-0.5 MG-0.75 MG-0.75 MG-100 UNIT-15 MG-2.5 MCG-2.5 MG-200 MCG-25 MCG-25 MG-3.75 MG-3.75 UNIT-5 MG-50 MG-500 UNIT-6.75 MG, 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 ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
PRENATAL TABS 0.8 MG-1.7 MG-1.84 MG-100 MG-11 UNIT-18 MG-2.6 MG-200 MG-25 MG-27 MG-4 MCG-400 UNIT-4000 UNIT ( <i>prenatal multivit-min w/fe-fa</i> )	F	RX/OTC
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 ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
PRENATAL VITAMIN & MINERAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMIN TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
PRENATAL VITAMIN/IRON TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
PRENATAL VITAMINS PLUS LOW IRON TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
PRENATAL VITAMINS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
PRENATAL+DHA MISC ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	F	
PRENATAL-U CAPS ( <i>prenatal without a vit w/ fe fumarate-folic acid</i> )	F	
PRENATAL/OMEGA-3/FOLIC ACID/IRON CAPS ( <i>prenatal vit w/ ferrous fumarate-fa-fish oil</i> )	F	
PRENATRIX TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
PRENATVITE RX TABS ( <i>prenatal multivit-min w/fe-fa</i> )	F	RX/OTC
PREPLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
PRETAB TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
PUREFE OB PLUS CAPS ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
PX PRENATAL MULTIVITAMINS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
QC PRENATAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
RA ONE DAILY MISC ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	F	
RA PRENATAL FORMULA/FOLICACID TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
RA PRENATAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
RIGHT STEP PRENATAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
SE-NATAL 19 CHEW 1 MG-100 MG-1000 UNIT-12 MCG-15 MG-20 MG-20 MG-200 MG-29 MG-3 MG-3 MG-30 UNIT-400 UNIT-7 MG ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
SE-NATAL 19 TABS 1 MG-100 MG-1000 UNIT-12 MCG-15 MG-20 MG-20 MG-200 MG-25 MG-29 MG-3 MG-3 MG-30 UNIT-400 UNIT-7 MG ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	F	RX/OTC
SIMILAC PRENATAL EARLY SHIELD MISC ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	F	

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Drug Name	Drug Tier	Requirements/ Limits
SM ONE DAILY PRENATAL MISC ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	F	
SM PRENATAL VITAMINS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
STUART ONE CAPS ( <i>prenatal mv &amp; min w/fe carbonyl-fa-dha</i> )	F	
TARON-BC MISC ( <i>prenatal without vit a w/ iron carbonyl-folic acid &amp; vit b6</i> )	F	
THERANATAL COMPLETE MISC ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	F	
THERANATAL CORE NUTRITION TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
THRIVITE RX TABS ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	F	
TL FOLATE TABS ( <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i> )	F	
TRICARE TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
TRINATAL RX 1 TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
VIL-RX TABS ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
VINATE II TABS ( <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i> )	F	
VINATE M TABS ( <i>prenatal vit w/ selenium-fe fumarate-folic acid</i> )	F	
VINATE ONE TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
VITAFOL-OB TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
VITATHELY/GINGER TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
VOL-NATE TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	
VOL-PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
VOL-TAB RX TABS ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	F	
WEGMANS COMPLETE PRENATAL+DHA MISC ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	F	
WESTAB PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	RX/OTC
YOUR LIFE MULTI PRENATAL CAPS ( <i>prenatal vit w/ ferrous fumarate-fa-fish oil</i> )	F	
Vitamins w/ Lipotropics		

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Drug Name	Drug Tier	Requirements/Limits
(Vitamins W/ Lipotropics) B-STRESS, BALANCED B-50 COMPLEX, METHACHOLINE/LIVER, MULTI-VITAMIN HP/MINERALS CAPS	F	
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
(Carisoprodol) VANADOM TABS	F	
<i>baclofen tabs or 10 mg, 20 mg</i>	F	
<i>carisoprodol tabs 350 mg</i>	F	
<i>chlorzoxazone tabs 500 mg</i>	F	
<i>cyclobenzaprine hcl tabs 10 mg, 5 mg, 7.5 mg</i>	F	
<i>methocarbamol tabs or 500 mg, 750 mg</i>	F	
<i>orphenadrine citrate tb12 or 100 mg</i>	F	
ROBAXIN TABS OR 500 MG ( <i>methocarbamol</i> )	NF	
ROBAXIN-750 TABS ( <i>methocarbamol</i> )	NF	
SOMA TABS 350 MG ( <i>carisoprodol</i> )	NF	
<i>tizanidine hcl tabs 2 mg, 4 mg</i>	F	
ZANAFLEX TABS 4 MG ( <i>tizanidine hcl</i> )	NF	
<b>Direct Muscle Relaxants</b>		
DANTRIUM CAPS ( <i>dantrolene sodium</i> )	NF	
<i>dantrolene sodium caps</i>	F	
<b>Muscle Relaxant Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
NORGESIC FORTE TABS ( <i>orphenadrine w/ aspirin &amp; caff</i> )	NF	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agents - Misc.</b>		
(Saline) AFRIN SALINE NASAL MIST, ALTAMIST, AYR, BABY AYR SALINE, CVS SALINE NASAL SPRAY, CVS SALINE NOSE SPRAY, DEEP SEA NASAL SPRAY, EQ SALINE NASAL SPRAY, EQL SALINE NASAL SPRAY, GNP NASAL MOISTURIZING, HM SALINE NASAL SPRAY, LITTLE NOSES SALINE, LITTLE NOSES STUFFY NOSEKIT, MEIJER SALINE NASAL SPRAY, NASAL MOIST, NASAL MOISTURIZING SPRAY, OCEAN FOR KIDS, PX SALINE NASAL SPRAY, QC SALINE NASAL RELIEF, RA SALINE NASAL SPRAY, SALINE MIST, SB SALINE NOSE, SM NASAL SPRAY SALINE, TGT NASAL SPRAY, TGT SALINE NASAL SPRAY SOLN	F	
OCEAN NASAL SPRAY SOLN ( <i>saline</i> )	NF	
<i>saline soln</i>	F	
<b>Nasal Anti-infectives</b>		
BACTROBAN NASAL OINT ( <i>mupirocin calcium</i> )	F	
<b>Nasal Antiallergy</b>		
<i>azelastine hcl soln</i>	F	
<i>cromolyn sodium (nasal) aers</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
NASALCROM AERS ( <i>cromolyn sodium (nasal)</i> )	NF	
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide (nasal) soln</i>	F	
<b>Nasal Steroids</b>		
(Budesonide (Nasal)) CVS BUDESONIDE NASAL SPRAY, EQ BUDESONIDE NASAL SPRAY, GNP BUDESONIDE NASAL SPRAY, RA BUDESONIDE NASAL SPRAY, RHINOCORT ALLERGY SUSP	F	
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, EQ ALLERGY RELIEF, QC ALLERGY RELIEF SUSP 50 MCG/ACT	F	RX/OTC
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, EQ ALLERGY RELIEF, QC ALLERGY RELIEF SUSP NA 50 MCG/ACT	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Fluticasone Propionate (Nasal)) CLARISPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, GNP FLUTICASONE PROPIONATE, GNP FLUTICASONE PROPIONATE CHILDRENS, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, KP FLUTICASONE PROPIONATE, QC FLUTICASONE PROPIONATE, SM ALLERGY RELIEF NASAL SPRAY SUSP	F	RX/OTC
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR AERO 55 MCG/ACT	F	
(Triamcinolone Acetonide (Nasal)) CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPDOM, RA NASAL ALLERGY SPRAY AERO	F	
<b>budesonide (nasal) susp</b>	F	
FLONASE ALLERGY RELIEF CHILDRENS SUSP ( <i>fluticasone propionate (nasal)</i> )	NF	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY RELIEF SUSP ( <i>fluticasone propionate (nasal)</i> )	NF	RX/OTC
<i>flunisolide (nasal) soln</i>	F	
<i>fluticasone propionate (nasal) susp</i>	F	RX/OTC
NASACORT ALLERGY 24HR AERO ( <i>triamcinolone acetonide (nasal)</i> )	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO ( <i>triamcinolone acetonide (nasal)</i> )	NF	
<i>triamcinolone acetonide (nasal) aero</i>	F	
Sympathomimetic Decongestants		

Drug Name	Drug Tier	Requirements/ Limits
(Phenylephrine Hcl (Oral)) CVS NASAL DECONGESTANT PE, CVS SINUS PE DECONGESTANT, EQ NASAL DECONGESTANT PEMA XIMUM STRENGTH, EQL NASAL DECONGESTANT PE MAXIMUM STRENGTH, GNP NASAL DECONGESTANT PEMA XIMUM STRENGTH, HM NASAL DECONGESTANT PE, KLS SUPHEDRINE PE, NASAL DECONGESTANT PE, NASAL DECONGESTANT PE MAXIMUM STRENGTH, NON-PSEUDO SINUS DECONGESTANT, PX NASAL DECONGESTANT PE, QC NASAL DECONGESTANT PE, RA NASAL DECONGESTANT PE, RA SINUS PRESSURE/ CONGESTION RELIEF PE, SM NASAL DECONGESTANT PE, SUDOGEST PE, WALPHED PE TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Pseudoephedrine Hcl) 12 HOUR DECONGESTANT, 12 HOUR NASAL DECONGESTANT, 12 HOUR NASAL DECONGESTANT/MAXIMUM STRENGTH, CVS 12 HOUR NASAL DECONGESTANT, DECONGESTANT 12HOUR MAXIMUM STRENGTH, GNP PSEUDOEPHEDRINE HCL ER, GNP PSEUDOEPHEDRINE HCL 12 HOUR, HM NASAL DECONGESTANT 12HOUR, NASAL DECONGESTANT 12 HOUR SINUS, PX NASAL DECONGESTANT, QC SUPHEDRINE MAXIMUM STRENGTH, RA SUPHEDRINE, SHOPKO NASAL DECONGESTANT, SINUS 12 HOUR, SM 12 HOUR SINUS DECONGESTANT, SUDAFED 12 HOUR, SUDAFED SINUS CONGESTION 12 HOUR, SUDOGEST 12 HOUR, TGT SINUS 12 HOUR, WAL-PHED 12 HOUR, WAL-PHED D TB12	F	
(Pseudoephedrine Hcl) CHILDRENS SILFEDRINE, GNP SUPHEDRIN LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
(Pseudoephedrine Hcl) CVS NASAL DECONGESTANT, DECONGESTANT, EQ SUPHEDRINE, EQL NASAL DECONGESTANT, EQL NASAL DECONGESTANT MAXIMUM STRENGTH, GENAPHED, GNP NASAL DECONGESTANT, GNP NASAL DECONGESTANT/MAXIMUM STRENGTH, HM NASAL DECONGESTANT, KP PSEUDOEPHEDRINE HCL, MEIJER NASAL DECONGESTANT, NASAL DECONGESTANT MAXIMUM STRENGTH, PX NASAL DECONGESTANT, QC SUPHEDRINE, RA SUPHEDRINE, SHOPKO NASAL DECONGESTANT MAXIMUM STRENGTH, SM NASAL DECONGESTANT MAXIMUM STRENGTH, SUDOGEST, SUDOGEST MAXIMUM STRENGTH, WAL-PHED TABS	F	
(Pseudoephedrine Hcl) NASAL DECONGESTANT TABS OR 30 MG	F	
ADRENALIN SOLN <i>(epinephrine hcl (nasal))</i>	NF	
<i>epinephrine hcl (nasal) soln</i>	F	
NASAL DECONGESTANT LIQD OR 30 MG/5ML <i>(pseudoephedrine hcl)</i>	F	
NASAL DECONGESTANT SYRP OR 30 MG/5ML <i>(pseudoephedrine hcl)</i>	F	
<i>phenylephrine hcl (oral) tabs</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine hcl tabs</i>	F	
<i>pseudoephedrine hcl tb12</i>	F	
SUDAFED CHILDRENS LIQD ( <i>pseudoephedrine hcl</i> )	NF	
SUDAFED CONGESTION TABS ( <i>pseudoephedrine hcl</i> )	NF	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN ( <i>phenylephrine hcl (oral)</i> )	F	
SUDAFED PE SINUS CONGESTION TABS ( <i>phenylephrine hcl (oral)</i> )	NF	
SUDAFED SINUS CONGESTION TABS ( <i>pseudoephedrine hcl</i> )	NF	
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RADICAVA SOLN ( <i>edaravone</i> )	F	PA; SP-Caremark;SP
RILUTEK TABS ( <i>riluzole</i> )	NF	
<i>riluzole tabs</i>	F	
<b>Muscular Dystrophy Agents</b>		
EXONDYS 51 SOLN ( <i>eteplirsen</i> )	F	PA; SP
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX SOLR ( <i>onabotulinumtoxina</i> )	F	PA; SP-AcariaHealth;S P
DYSPORT SOLR ( <i>abobotulinumtoxina</i> )	F	PA; SP-AcariaHealth;S P
MYOBLOC SOLN ( <i>rimabotulinumtoxinb</i> )	F	PA; SP-AcariaHealth;S P

Drug Name	Drug Tier	Requirements/Limits
XEOMIN SOLR ( <i>incobotulinumtoxina</i> )	F	PA; SP-AcariaHealth;S P
<b>Spinal Muscular Atrophy Agents (SMA)</b>		
SPINRAZA SOLN ( <i>nusinersen</i> )	F	PA
<b>NUTRIENTS</b>		
<b>Carbohydrates</b>		
DEXTROSE 20% SOLN ( <i>dextrose</i> )	F	PA
DEXTROSE 40% SOLN ( <i>dextrose</i> )	F	PA
<i>dextrose soln 10 %, 250 mg/ml, 30 %, 5 %, 50 %, 70 %</i>	F	PA
DEXTROSE SOLN 20 % ( <i>dextrose</i> )	F	PA
POLYCOSE LIQD ( <i>glucose polymer</i> )	F	QL(124 ml per fill retail)
POLYCOSE POWD ( <i>glucose polymer</i> )	F	QL(350 gm per fill retail)
<b>Lipids</b>		
CLINOLIPID EMUL ( <i>fat emulsion plant based</i> )	F	PA
INTRALIPID EMUL ( <i>fat emulsion plant based</i> )	F	PA
NUTRILIPID EMUL ( <i>fat emulsion plant based</i> )	F	PA
<b>Misc. Nutritional Substances</b>		
(Docosahexaenoic Acid) ALGAL OMEGA-3 DHA, ATABEX DHA 200, CVS ALGAL-900 DHA, DHA ALGAL-900, DHA COMPLETE, DHA NATURAL OMEGA-3, PRENATAL DHA, RA EXPECTING DHA CAPS	F	
(Omega-3 Fatty Acids) CVS FISH OIL CAPS 1000 MG-300 MG, 1000 MG-360 MG-455 MG-900 MG, 1200 MG-360 MG	F	

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(Omega-3 Fatty Acids) CVS FISH OIL HALF-THE-SIZE, CVS NATURAL FISH OIL, DIALYVITE OMEGA-3 CONCENTRATE, EQL FISH OIL, EQL OMEGA 3 FISH OIL, ESKIMO PUREFA, FISH OIL DOUBLE STRENGTH, FISH OIL OMEGA-3, FISH OIL/SUPER POTENT/NOBURP, KP FISH OIL, MAXEPA, MAXIMUM EPA, MINI FISH OIL, NORWEGIAN SALMON OIL, OMEGA 3 500, OMEGA III EPA+DHA, OMEGA-3 CF, OMEGA-3 PLUS, OMEGA, OVEGA-3, PA FISH OIL, PX FISH OIL, QC FISH OIL, SAM-E.P.A., SB OMEGA-3 FISH OIL, SEA-OMEGA, SEA-OMEGA 30, SM OMEGA-3 FISH OIL, SUPER DHA GEMS, SUPER OMEGA 3, SUPER OMEGA 3 EPA/DHA FORMULA, SUPER OMEGA-3, SV FISH OIL, THERAGRAN-M FISH OIL CONCENTRATE, THEROMEGA, TYLER ESKIMO-3, ULTRA OMEGA-3 CAPS	F	
(Omega-3 Fatty Acids) EQL OMEGA-3 FISH OIL CAPS 1000 MG-120 MG-180 MG-300 MG, 1200 MG-144 MG-216 MG-360 MG	F	
(Omega-3 Fatty Acids) FISH OIL BURP-LESS CAPS 1000 MG-300 MG, 120 MG-1200 MG-180 MG-60 MG, 1200 MG-300 MG-360 MG-60 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Omega-3 Fatty Acids) FISH OIL CONCENTRATE CAPS 1000 MG-300 MG, 120 MG-180 MG-300 MG	F	
(Omega-3 Fatty Acids) FISH OIL EXTRA STRENGTH CAPS 1200 MG-360 MG	F	
(Omega-3 Fatty Acids) FISH OIL MAXIMUM STRENGTH CAPS 1200 MG	F	
(Omega-3 Fatty Acids) GNP FISH OIL CAPS 1000 MG-300 MG	F	
(Omega-3 Fatty Acids) HM FISH OIL CAPS 1000 MG-300 MG, 1200 MG-360 MG	F	
(Omega-3 Fatty Acids) KP OMEGA-3 FISH OIL CAPS 1200 MG-600 MG	F	
(Omega-3 Fatty Acids) RA FISH OIL CAPS 100 MG-1000 MG-160 MG, 1000 MG-120 MG-180 MG, 120 MG-180 MG	F	
(Omega-3 Fatty Acids) SM FISH OIL CAPS 1000 MG-120 MG-180 MG, 1000 MG-300 MG, 1200 MG-360 MG	F	
<b><i>docosahexaenoic acid caps</i></b>	F	

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<i>omega-3 fatty acids caps 1 unit-1000 mg-1000 mg-300 mg, 1 unit-1000 mg-120 mg-180 mg, 1 unit-1000 mg-120 mg-180 mg-340 mg, 1 unit-1000 mg-300 mg, 1000 mg, 1000 mg-120 mg-180 mg, 1000 mg-120 mg-180 mg-300 mg, 1000 mg-180 mg-270 mg, 1000 mg-300 mg, 1000 mg-350 mg, 1000 mg-600 mg, 12 mg-1200 mg-360 mg-360 mg, 120 mg-1200 mg-180 mg-60 mg, 120 mg-180 mg, 120 mg-180 mg-300 mg, 120 mg-180 mg-5 unit, 1200 mg, 1200 mg-144 mg-15 unit-216 mg, 1200 mg-144 mg-180 mg, 1200 mg-144 mg-216 mg, 1200 mg-144 mg-216 mg-360 mg, 1200 mg-216 mg-324 mg-600 mg, 1200 mg-300 mg-360 mg-60 mg, 1200 mg-360 mg, 1200 mg-600 mg</i>	F	
<b>Protein-Carbohydrate-Lipid Combinations</b>		
KABIVEN EMUL ( <i>amino acids-dextrose-lipids with electrolytes</i> )	F	PA
PERIKABIVEN EMUL ( <i>amino acids-dextrose-lipids with electrolytes</i> )	F	PA
<b>Proteins</b>		
(Amino Acid Infusion) CLINISOL SF 15%, HEPATAMINE, PLENAMINE SOLN	F	PA

Drug Name	Drug Tier	Requirements/ Limits
(Amino Acid Infusion) PREMASOL SOLN 120 MG/100ML-140 MG/100ML-15 MG/100ML- 190 MG/100ML-20 MG/100ML-200 MG/100ML-220 MG/100ML-230 MG/100ML-250 MG/100ML-290 MG/100ML-290 MG/100ML-3 MEQ/L-300 MG/100ML-320 MG/100ML-410 MG/100ML-470 MG/100ML-490 MG/100ML-490 MG/100ML-5 MEQ/L-56 MEQ/L-730 MG/100ML- 840 MG/100ML	F	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN II SOLN 1000 MG/100ML-1018 MG/100ML-1050 MG/100ML-172 MG/100ML-200 MG/100ML-270 MG/100ML-298 MG/100ML-300 MG/100ML-38 MEQ/L-400 MG/100ML-500 MG/100ML-500 MG/100ML-530 MG/100ML-660 MG/100ML-700 MG/100ML-71.8 MEQ/L- 722 MG/100ML-738 MG/100ML-993 MG/100ML, 1000 MG/100ML-1018 MG/100ML-1050 MG/100ML-172 MG/100ML-200 MG/100ML-270 MG/100ML-298 MG/100ML-300 MG/100ML-400 MG/100ML-45.3 MEQ/L- 500 MG/100ML-500 MG/100ML-530 MG/100ML-660 MG/100ML-700 MG/100ML-71.8 MEQ/L- 722 MG/100ML-738 MG/100ML-993 MG/100ML, 1000 MG/100ML-1018 MG/100ML-1050 MG/100ML-172 MG/100ML-200 MG/100ML-270 MG/100ML-298 MG/100ML-300 MG/100ML-400 MG/100ML-500 MG/100ML-500 MG/100ML-530 MG/100ML-660 MG/100ML-700 MG/100ML-722 MG/100ML-738 MG/100ML-993 MG/100ML, 146		PA	MG/100ML-170 MG/100ML-230 MG/100ML-253 MG/100ML-255 MG/100ML-33.3 MEQ/L- 340 MG/100ML-425 MG/100ML-425 MG/100ML-450 MG/100ML-561 MG/100ML-595 MG/100ML-61.1 MEQ/L- 614 MG/100ML-627 MG/100ML-844 MG/100ML-850 MG/100ML-865 MG/100ML-893 MG/100ML <b>(amino acid infusion)</b>		
	F		AMINOSYN II SOLN 1050 MG/100ML-107.6 MEQ/L- 1083 MG/100ML-1107 MG/100ML-1490 MG/100ML-1500 MG/100ML-1527 MG/100ML-1575 MG/100ML-258 MG/100ML-300 MG/100ML-405 MG/100ML-447 MG/100ML-450 MG/100ML-50 MEQ/L-600 MG/100ML-750 MG/100ML-750 MG/100ML-795 MG/100ML-990 MG/100ML <b>(amino acid infusion)</b>	NF	PA
			AMINOSYN SOLN <b>(amino acid infusion)</b>	F	PA
			AMINOSYN-HBC SOLN <b>(amino acid infusion)</b>	F	PA
			AMINOSYN-PF 7% SOLN <b>(amino acid infusion)</b>	F	PA
			AMINOSYN-PF SOLN <b>(amino acid infusion)</b>	F	PA
			AMINOSYN-RF SOLN <b>(amino acid infusion)</b>	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 2.75%/DEXTROSE 5% SOLN ( <i>amino acid infusion in d5w</i> )	F	PA
CLINIMIX 4.25%/DEXTROSE 10% SOLN ( <i>amino acid infusion in d10w</i> )	F	PA
CLINIMIX 4.25%/DEXTROSE 20% SOLN ( <i>amino acid infusion in d20w</i> )	F	PA
CLINIMIX 4.25%/DEXTROSE 25% SOLN ( <i>amino acid infusion in d25w</i> )	F	PA
CLINIMIX 4.25%/DEXTROSE 5% SOLN ( <i>amino acid infusion in d5w</i> )	F	PA
CLINIMIX 5%/DEXTROSE 15% SOLN ( <i>amino acid infusion in d15w</i> )	F	PA
CLINIMIX 5%/DEXTROSE 20% SOLN ( <i>amino acid infusion in d20w</i> )	F	PA
CLINIMIX 5%/DEXTROSE 25% SOLN ( <i>amino acid infusion in d25w</i> )	F	PA
CLINIMIX E 2.75%/DEXTROSE 10% SOLN ( <i>amino acid electrolyte w/ calcium infusion in d10w</i> )	F	PA
CLINIMIX E 2.75%/DEXTROSE 5% SOLN ( <i>amino acid electrolyte w/ calcium infusion in d5w</i> )	F	PA
CLINIMIX E 4.25%/DEXTROSE 10% SOLN ( <i>amino acid electrolyte w/ calcium infusion in d10w</i> )	F	PA

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX E 4.25%/DEXTROSE 5% SOLN ( <i>amino acid electrolyte w/ calcium infusion in d5w</i> )	F	PA
CLINIMIX N9G20E SOLN ( <i>amino acid electrolyte w/ calcium infusion in d10w</i> )	F	PA
FREAMINE HBC 6.9% SOLN ( <i>amino acid infusion</i> )	F	PA
FREAMINE III SOLN ( <i>amino acid infusion</i> )	F	PA
NEPHRAMINE SOLN ( <i>amino acid infusion</i> )	F	PA
PREMASOL SOLN 152 MG/100ML-1760 MG/100ML-1760 MG/100ML-34 MEQ/L-34 MG/100ML-356 MG/100ML-356 MG/100ML-372 MG/100ML-390 MG/100ML-406 MG/100ML-492 MG/100ML-492 MG/100ML-52 MEQ/L-526 MG/100ML-526 MG/100ML-880 MG/100ML ( <i>amino acid infusion</i> )	F	PA
PROSOL SOLN ( <i>amino acid infusion</i> )	F	PA
SYNTHAMIN 17 SOLN ( <i>amino acid infusion</i> )	F	PA
TRAVASOL SOLN ( <i>amino acid infusion</i> )	F	PA
TROPHAMINE SOLN ( <i>amino acid infusion</i> )	F	PA
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
(Polyvinyl Alcohol) ARTIFICIAL TEARS SOLN 1.4 %	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Polyvinyl Alcohol) LIQUITEARS, TEARS AGAIN SOLN	F	
(White Petrolatum-Mineral Oil) AKWA TEARS, ALTALUBE, CVS DRY-EYE RELIEF NIGHTTIME, CVS EYE LUBRICANT, CVS LUBRICATING EYE OINTMENT/OVERNIGHT, CVS NIGHTTIME DRY-EYE RELIEF, EQ RESTORE PM, EYE LUBRICANT, FOR STY RELIEF, GENTEAL TEARS NIGHT-TIME, GNP LUBRICANT PM, HYPOTEAR, LUBRICANT EYE, LUBRICANT EYE FAST ACTING, LUBRICANT EYE NIGHTTIME, LUBRICANT EYE PM, LUBRICANT PM, LUBRIFRESH P.M., PURALUBE, REFRESH LACRI-LUBE, REFRESH P.M., RETAINE PM, SOOTHE NIGHTTIME DRY EYETHERAPY, STYE, SYSTANE NIGHTTIME, TEARS AGAIN, TGT LUBRICANT EYE NIGHTTIME, ULTRA FRESH PM OINT	F	QL(42 gm per fill retail)
(White Petrolatum-Mineral Oil) ARTIFICIAL TEARS OINT 15 %-83 %	F	QL(42 gm per fill retail)
HYPOTEAR SOLN ( <i>polyethylene glycol-polyvinyl alcohol (ophth)</i> )	F	QL(30 ml per fill retail)
NUTRATEAR SOLN ( <i>polyvinyl alcohol</i> )	F	
<i>polyvinyl alcohol soln</i>	F	
TEARS NATURALE PM OINT ( <i>white petrolatum-mineral oil</i> )	NF	QL(42 gm per fill retail)
<b>Beta-blockers - Ophthalmic</b>		

Drug Name	Drug Tier	Requirements/ Limits
BETAGAN SOLN ( <i>levobunolol hcl</i> )	NF	
<i>betaxolol hcl (ophth) soln</i>	F	
BETOPTIC-S SUSP ( <i>betaxolol hcl (ophth)</i> )	F	
<i>carteolol hcl (ophth) soln</i>	F	
COSOPT SOLN ( <i>dorzolamide hcl-timolol maleate</i> )	NF	
<i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml</i>	F	
ISTALOL SOLN ( <i>timolol maleate (ophth)</i> )	NF	
<i>levobunolol hcl soln</i>	F	
<i>metipranolol soln</i>	F	
<i>timolol maleate (ophth) solg</i>	F	
<i>timolol maleate (ophth) soln</i>	F	
TIMOPTIC OCUDOSE SOLN 0.25 % ( <i>timolol maleate (ophth)</i> )	F	
TIMOPTIC OCUDOSE SOLN 0.5 % ( <i>timolol maleate (ophth)</i> )	F	QL(60 ea per fill retail)
TIMOPTIC SOLN ( <i>timolol maleate (ophth)</i> )	NF	
TIMOPTIC-XE SOLG ( <i>timolol maleate (ophth)</i> )	F	
<b>Cycloplegic Mydriatics</b>		
(Homatropine Hbr) HOMATROPAIRE SOLN	F	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	F	

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Drug Name	Drug Tier	Requirements/ Limits
ATROPINE SULFATE OINT OP 1 % ( <i>atropine sulfate (ophthalmic)</i> )	F	
ATROPINE SULFATE SOLN OP 1 % ( <i>atropine sulfate (ophthalmic)</i> )	F	
CYCLOGYL SOLN ( <i>cyclopentolate hcl</i> )	NF	
CYCLOMYDRIL SOLN ( <i>cyclopentolate w/ phenylephrine</i> )	F	
<i>cyclopentolate hcl soln</i>	F	
<i>homatropine hbr soln</i>	F	
ISOPTO ATROPINE SOLN ( <i>atropine sulfate (ophthalmic)</i> )	F	
MYDRIACYL SOLN ( <i>tropicamide</i> )	NF	
<i>phenylephrine hcl (mydriatic) soln 2.5 %</i>	F	
<i>tropicamide soln</i>	F	
<b>Miotics</b>		
ISOPTO CARPINE SOLN ( <i>pilocarpine hcl</i> )	NF	
PHOSPHOLINE IODIDE SOLR ( <i>echothiophate iodide</i> )	F	
<i>pilocarpine hcl soln</i>	F	
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
LUCENTIS SOLN 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> )	F	PA; SP-AcariaHealth;S P
LUCENTIS SOSY 0.5 MG/0.05ML ( <i>ranibizumab</i> )	F	PA; SP-AcariaHealth;S P
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P SOLN 0.1 % ( <i>brimonidine tartrate</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
ALPHAGAN P SOLN 0.15 % ( <i>brimonidine tartrate</i> )	NF	
<i>apraclonidine hcl soln</i>	F	
<i>brimonidine tartrate soln</i>	F	
IOPIDINE SOLN 0.5 % ( <i>apraclonidine hcl</i> )	NF	
IOPIDINE SOLN 1 % ( <i>apraclonidine hcl</i> )	F	
<b>Ophthalmic Anti-infectives</b>		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCYN OINT	F	
(Erythromycin (Ophth)) ILOTYCIN OINT	F	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	F	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCYN OINT	F	
<i>bacitracin (ophthalmic) oint</i>	F	
<i>bacitracin-polymyxin b (ophth) oint</i>	F	
BLEPH-10 SOLN ( <i>sulfacetamide sodium (ophth)</i> )	NF	
CILOXAN OINT ( <i>ciprofloxacin hcl (ophth)</i> )	F	
CILOXAN SOLN ( <i>ciprofloxacin hcl (ophth)</i> )	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	F	
<i>erythromycin (ophth) oint</i>	F	
<i>gatifloxacin (ophth) soln</i>	F	
<i>gentamicin sulfate (ophth) soln</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<b>moxifloxacin hcl (ophth) soln</b>	F	QL(3 ml per fill retail)
NATACYN SUSP ( <b>natamycin</b> )	F	
<b>neomycin-bacitracin zn-polymyxin oint</b>	F	
<b>neomycin-polymyxin-gramicidin soln</b>	F	
NEOSPORIN SOLN OP 0.025 MG/ML-1.75 MG/ML- 10000 UNIT/ML ( <b>neomycin-polymyxin-gramicidin</b> )	NF	
OCUFLOX SOLN ( <b>ofloxacin (ophth)</b> )	NF	
<b>ofloxacin (ophth) soln</b>	F	
<b>polymyxin b-trimethoprim soln</b>	F	
POLYTRIM SOLN ( <b>polymyxin b-trimethoprim</b> )	NF	
<b>sulfacetamide sodium (ophth) oint</b>	F	
<b>sulfacetamide sodium (ophth) soln</b>	F	
<b>tobramycin (ophth) soln</b>	F	
TOBREX OINT ( <b>tobramycin (ophth)</b> )	F	
TOBREX SOLN ( <b>tobramycin (ophth)</b> )	NF	
<b>trifluridine soln</b>	F	
VIGAMOX SOLN ( <b>moxifloxacin hcl (ophth)</b> )	NF	QL(3 ml per fill retail)
VIROPTIC SOLN ( <b>trifluridine</b> )	NF	
ZYMAXID SOLN ( <b>gatifloxacin (ophth)</b> )	NF	
<b>Ophthalmic Decongestants</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Naphazoline W/ Pheniramine) ALLERGY EYE DROPS, CVS EYE ALLERGY RELIEF, EQ EYE ALLERGY RELIEF, EYE ALLERGY RELIEF, RA EYE ALLERGY RELIEF, TGT EYE ALLERGY RELIEF, VISINE-A SOLN	F	
(Naphazoline W/ Pheniramine) VISINE SOLN 0.025 %-0.3 %	F	
(Tetrahydrozoline Hcl (Ophth)) CVS EYE DROPS ORIGINAL, EQ EYE DROPS, EQL EYE DROPS, EYE DROPS, HM EYE DROPS, OPTI- CLEAR, PX STERILE EYE DROPS, REDNESS RELIEVER EYE DROPS, SM EYE DROPS SOLN	F	QL(30 ml per fill retail)
(Tetrahydrozoline Hcl (Ophth)) GNP EYE DROPS, GOODSENSE EYE DROPS SOLN 0.05 %	F	QL(30 ml per fill retail)
NAPHCON-A SOLN ( <b>naphazoline w/ pheniramine</b> )	NF	
OPCON-A SOLN ( <b>naphazoline w/ pheniramine</b> )	NF	
VISINE RED EYE COMFORT SOLN ( <b>tetrahydrozoline hcl (ophth)</b> )	NF	QL(30 ml per fill retail)
VISINE SOLN 0.05 % ( <b>tetrahydrozoline hcl (ophth)</b> )	NF	QL(30 ml per fill retail)
<b>Ophthalmic Immunomodulators</b>		
RESTASIS EMUL ( <b>cyclosporine (ophth)</b> )	F	PA
RESTASIS MULTIDOSE EMUL ( <b>cyclosporine (ophth)</b> )	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<b>Ophthalmic Kinase Inhibitors</b>		
RHOPRESSA SOLN ( <i>netarsudil dimesylate</i> )	F	PA
<b>Ophthalmic Local Anesthetics</b>		
(Tetracaine Hcl (Ophth)) ALTACAINE, TETCAINE, TETRAVISC, TETRAVISC FORTE SOLN	F	
ALCAINE SOLN ( <i>proparacaine hcl</i> )	NF	PA
<i>proparacaine hcl soln</i>	F	PA
<i>tetracaine hcl (ophth) soln</i>	F	
<b>Ophthalmic Steroids</b>		
(Bacitracin-Poly-Neomycin- Hc) NEO-POLYCIN HC OINT	F	
<i>bacitracin-poly- neomycin-hc oint</i>	F	
BLEPHAMIDE S.O.P. OINT ( <i>sulfacetamide sod-prednisolone</i> )	F	
BLEPHAMIDE SUSP ( <i>sulfacetamide sod- prednisolone</i> )	F	
<i>dexamethasone sodium phosphate (ophth) soln</i>	F	
<i>fluorometholone (ophth) susp</i>	F	
FML FORTE SUSP ( <i>fluorometholone (ophth)</i> )	F	
FML LIQUIFILM SUSP ( <i>fluorometholone (ophth)</i> )	NF	
FML OINT ( <i>fluorometholone (ophth)</i> )	F	
MAXIDEX SUSP ( <i>dexamethasone (ophth)</i> )	F	

Drug Name	Drug Tier	Requirements/ Limits
MAXITROL OINT ( <i>neomycin-polymy- dexameth</i> )	NF	
MAXITROL SUSP ( <i>neomycin-polymy- dexameth</i> )	NF	
<i>neomycin-polymy- dexameth oint</i>	F	
<i>neomycin-polymy- dexameth susp</i>	F	
<i>neomycin-polymyxin-hc (ophth) susp</i>	F	
OMNIPRED SUSP ( <i>prednisolone acetate (ophth)</i> )	NF	
PRED FORTE SUSP ( <i>prednisolone acetate (ophth)</i> )	NF	
PRED MILD SUSP ( <i>prednisolone acetate (ophth)</i> )	F	
PRED-G S.O.P. OINT ( <i>gentamicin- prednisolone acetate</i> )	F	
PRED-G SUSP ( <i>gentamicin- prednisolone acetate</i> )	F	
<i>prednisolone acetate (ophth) susp</i>	F	
PREDNISOLONE ACETATE P-F SUSP ( <i>prednisolone acetate (ophth)</i> )	F	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 % ( <i>prednisolone sodium phosphate (ophth)</i> )	F	
<i>sulfacetamide sod- prednisolone soln</i>	F	
TOBRADEX OINT ( <i>tobramycin- dexamethasone</i> )	F	QL(4 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX SUSP ( <i>tobramycin-dexamethasone</i> )	NF	
<i>tobramycin-dexamethasone susp</i>	F	
<b>Ophthalmics - Misc.</b>		
(Ketotifen Fumarate (Ophth)) ALAWAY, ALAWAY CHILDRENS ALLERGYEYE ITCH RELIEF, ALLERGY EYE DROPS, CLARITIN EYE, CVS ALLERGY EYE DROPS, CVS EYE ITCH RELIEF, EYE ITCH RELIEF, GNP EYE ITCH RELIEF, GNP ITCHY EYE, HM EYE ITCH RELIEF, KP KETOTIFEN FUMARATE, RA ANTIHISTAMINE EYE DROPS, RA EYE ITCH RELIEF, SM EYE ITCH RELIEF, THERATEARS ALLERGY EYE ITCH RELIEF SOLN	F	
(Sodium Chloride Hypertonic) ALTACHLORE, CVS SODIUM CHLORIDE OINT	F	
(Sodium Chloride Hypertonic) ALTACHLORE, CVS SODIUM CHLORIDE, RA OPHTHALMIC SOLUTION, SOCHLOR SOLN	F	
ACULAR LS SOLN ( <i>ketorolac tromethamine (ophth)</i> )	NF	
ACULAR SOLN ( <i>ketorolac tromethamine (ophth)</i> )	NF	
ALOCRIAL SOLN ( <i>nedocromil sodium (ophth)</i> )	F	QL(5 ml per fill retail)
ALOMIDE SOLN ( <i>Iodoxamide tromethamine</i> )	F	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl (ophth) soln</i>	F	
AZOPT SUSP ( <i>brinzolamide</i> )	F	QL(15 ml per fill retail)
<i>bromfenac sodium (ophth) soln</i>	F	
<i>cromolyn sodium (ophth) soln</i>	F	QL(10 ml per fill retail)
CYSTARAN SOLN ( <i>cysteamine hcl</i> )	F	Limit 4 bottles per month;QL(2.15 ml daily)
<i>diclofenac sodium (ophth) soln</i>	F	QL(5 ml per fill retail)
<i>dorzolamide hcl soln</i>	F	
DORZOLAMIDE HCL SOLN ( <i>dorzolamide hcl</i> )	F	
<i>flurbiprofen sodium soln</i>	F	
<i>ketorolac tromethamine (ophth) soln</i>	F	
<i>ketotifen fumarate (ophth) soln</i>	F	
MURO 128 OINT 5 % ( <i>sodium chloride hypertonic</i> )	NF	
MURO 128 SOLN 2 % ( <i>sodium chloride hypertonic</i> )	F	
MURO 128 SOLN 5 % ( <i>sodium chloride hypertonic</i> )	NF	
<i>sodium chloride hypertonic oint</i>	F	
<i>sodium chloride hypertonic soln</i>	F	
TRUSOPT SOLN ( <i>dorzolamide hcl</i> )	NF	
ZADITOR SOLN ( <i>ketotifen fumarate (ophth)</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost soln</i>	F	Limit 2.5mls per month;QL(0.09 ml daily)
<i>latanoprost soln</i>	F	
LUMIGAN SOLN ( <i>bimatoprost</i> )	F	Limit 2.5mls per month;QL(0.09 ml daily)
XALATAN SOLN ( <i>latanoprost</i> )	NF	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Carbamide Peroxide (Otic)) AURAPHENE-B, CLEARCANAL EARWAX SOFTENER, CVS EAR DROPS, CVS EARWAX REMOVAL KIT, CVS EARWAX REMOVAL SYSTEM, EAR DROPS, EAR DROPS EARWAX REMOVALAID, EAR WAX REMOVAL DROPS, EAR WAX REMOVAL KIT, EAR WAX REMOVAL SYSTEM, EARWAX REMOVAL, EARWAX REMOVAL KIT, EQ EAR DROPS, EQ EAR WAX REMOVAL AID, GNP EAR DROPS, GNP EAR SYSTEMS, GNP EARWAX REMOVAL DROPS, GNP EARWAX REMOVAL KIT, GOODSENSE EAR WAX REMOVAL, GOODSENSE EAR WAX REMOVAL DROPS, GOODSENSE EAR WAX REMOVAL KIT, HM EARWAX REMOVAL AID, HM EARWAX REMOVAL KIT, MURINE EAR, MURINE FOR EAR WAX REMOVAL SYSTEM, OTIX, QC EAR WAX REMOVAL DROPS, QC EARWAX REMOVAL, QC EARWAX REMOVAL KIT, RA EAR DROPS, RA EARWAX REMOVAL KIT, SB EAR WAX REMOVER, SM EAR DROPS SOLN	F	
<i>acetic acid (otic) soln</i>	F	
DEBROX SOLN ( <i>carbamide peroxide (otic)</i> )	NF	
<b>Otic Anti-infectives</b>		
CETRAXAL SOLN ( <i>ciprofloxacin hcl (otic)</i> )	NF	
<i>ciprofloxacin hcl (otic) soln</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
FLOXIN OTIC SOLN ( <i>ofloxacin (otic)</i> )	NF	
<i>ofloxacin (otic) soln</i>	F	
<b>Otic Combinations</b>		
(Pramoxine-Hc-Chloroxylenol) CORTIC-ND, EXOTIC-HC SOLN	F	QL(15 ml per fill retail)
CIPRODEX SUSP ( <i>ciprofloxacin-dexamethasone</i> )	NF	QL(7.5 ml per 30 days retail)
<i>ciprofloxacin-dexamethasone susp</i>	F	QL(7.5 ml per 30 days retail)
CORTANE-B AQUEOUS SOLN ( <i>pramoxine-hc-chloroxylenol aqueous</i> )	F	QL(10 ml per fill retail)
CORTANE-B-OTIC SOLN ( <i>pramoxine-hc-chloroxylenol</i> )	NF	QL(15 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) soln</i>	F	
<i>neomycin-polymyxin-hc (otic) susp</i>	F	
OTICIN HC NR SOLN ( <i>pramoxine-hc-chloroxylenol</i> )	NF	QL(15 ml per fill retail)
OTOVEL SOLN ( <i>ciprofloxacin-fluocinolone acetonide</i> )	NF	QL(0.5 ea daily)
<b>Otic Steroids</b>		
(Fluocinolone Acetonide (Otic)) FLAC OIL	F	QL(20 ml per fill retail)
DERMOTIC OIL ( <i>fluocinolone acetonide (otic)</i> )	NF	QL(20 ml per fill retail)
<i>fluocinolone acetonide (otic) oil</i>	F	QL(20 ml per fill retail)
<i>hydrocortisone w/acetic acid soln</i>	F	QL(10 ml per fill retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
Oxytocics		

Drug Name	Drug Tier	Requirements/Limits
(Methylergonovine Maleate) METHERGINE TABS	F	
<i>methylergonovine maleate tabs or 0.2 mg</i>	F	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
HYPERRHO S/D SOSY ( <i>rho d immune globulin (human)</i> )	F	SP-AcariaHealth;S P
RHOGAM ULTRA-FILTERED PLUS SOSY ( <i>rho d immune globulin (human)</i> )	F	SP-AcariaHealth;S P
<b>Monoclonal Antibodies</b>		
SYNAGIS SOLN ( <i>palivizumab</i> )	F	PA; SP-AcariaHealth;S P
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps</i>	F	
<i>amoxicillin chew</i>	F	
<i>amoxicillin susr</i>	F	
<i>amoxicillin tabs</i>	F	
<i>ampicillin caps</i>	F	
<b>Natural Penicillins</b>		
<i>penicillin v potassium solr</i>	F	
<i>penicillin v potassium tabs</i>	F	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate chew</i>	F	
<i>amoxicillin &amp; pot clavulanate susr</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin &amp; pot clavulanate tabs</i>	F	
<i>amoxicillin &amp; pot clavulanate tb12</i>	F	
AUGMENTIN ES-600 SUSR ( <i>amoxicillin &amp; pot clavulanate</i> )	NF	
AUGMENTIN SUSR 125 MG/5ML-31.25 MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	F	
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	NF	
AUGMENTIN TABS 125 MG-500 MG, 125 MG-875 MG ( <i>amoxicillin &amp; pot clavulanate</i> )	NF	
AUGMENTIN XR TB12 ( <i>amoxicillin &amp; pot clavulanate</i> )	NF	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium caps</i>	F	
<i>nafcillin sodium solr ij 1 gm, 2 gm</i>	F	PA
NAFCILLIN SODIUM SOLR IJ 10 GM ( <i>nafcillin sodium</i> )	F	PA
<i>nafcillin sodium solr iv 1 gm, 10 gm, 2 gm</i>	F	PA
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>Internal Vehicle Ingredients/Agents</b>		
SIMPLYTHICK EASY MIX GEL ( <i>xanthan gum (thickening)</i> )	F	
SIMPLYTHICK EASYMIX GEL ( <i>xanthan gum (thickening)</i> )	F	

Drug Name	Drug Tier	Requirements/Limits
SIMPLYTHICK GEL ( <i>xanthan gum (thickening)</i> )	F	
<b>Semi Solid Vehicles</b>		
(Lanolin) HPA LANOLIN OINT	F	RX/OTC
<i>lanolin oint</i>	F	RX/OTC
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS ( <i>norethindrone acetate</i> )	NF	
<i>hydroxyprogesterone caproate oil</i>	F	PA; SP-AcariaHealth
MAKENA OIL IM 250 MG/ML ( <i>hydroxyprogesterone caproate</i> )	NF	PA; SP-AcariaHealth
MAKENA SOAJ SC 275 MG/1.1ML ( <i>hydroxyprogesterone caproate</i> )	F	PA; SP-AcariaHealth
<i>medroxyprogesterone acetate tabs</i>	F	
<i>norethindrone acetate tabs</i>	F	
<i>progesterone micronized caps 100 mg</i>	F	QL(1 ea daily,30 ea per 30 days retail)
<i>progesterone micronized caps 200 mg</i>	F	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG ( <i>progesterone micronized</i> )	NF	QL(1 ea daily,30 ea per 30 days retail)
PROMETRIUM CAPS 200 MG ( <i>progesterone micronized</i> )	NF	QL(20 ea per 30 days retail)
PROVERA TABS ( <i>medroxyprogesterone acetate</i> )	NF	

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Drug Name	Drug Tier	Requirements/Limits
<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>	CO	
ANTABUSE TABS ( <i>disulfiram</i> )	CO	
<i>disulfiram tabs</i>	CO	
LUCEMYRA TABS ( <i>lofexidine hcl</i> )	CO	
<b>Antidementia Agents</b>		
ARICEPT TABS ( <i>donepezil hydrochloride</i> )	NF	
<i>donepezil hydrochloride tabs</i>	F	
<i>donepezil hydrochloride tbdp</i>	F	
EXELON PT24 ( <i>rivastigmine</i> )	NF	PA
<i>galantamine hydrobromide cp24</i>	F	
<i>galantamine hydrobromide soln</i>	F	
<i>galantamine hydrobromide tabs</i>	F	
<i>memantine hcl cp24 14 mg, 21 mg, 28 mg, 7 mg</i>	F	PA
<i>memantine hcl soln 10 mg/5ml, 2 mg/ml</i>	F	
<i>memantine hcl tabs 10 mg, 5 mg,</i>	F	
NAMENDA TABS ( <i>memantine hcl</i> )	NF	
NAMENDA TITRATION PAK TABS ( <i>memantine hcl</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CP24 ( <i>memantine hcl</i> )	NF	PA
NAMENDA XR TITRATION PACK CP24 ( <i>memantine hcl</i> )	F	PA
RAZADYNE ER CP24 ( <i>galantamine hydrobromide</i> )	NF	
RAZADYNE TABS ( <i>galantamine hydrobromide</i> )	NF	
<i>rivastigmine pt24</i>	F	PA
<i>rivastigmine tartrate caps</i>	F	PA
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline tabs</i>	F	
<i>olanzapine-fluoxetine hcl caps</i>	CO	
<i>perphenazine-amitriptyline tabs</i>	F	
SYMBYAX CAPS ( <i>olanzapine-fluoxetine hcl</i> )	CO	
<b>Fibromyalgia Agents</b>		
SAVELLA TABS ( <i>milnacipran hcl</i> )	F	PA
SAVELLA TITRATION PACK MISC ( <i>milnacipran hcl</i> )	F	PA; QL(55 ea per 365 days retail)
<b>Movement Disorder Drug Therapy</b>		
<i>tetrabenazine tabs 12.5 mg</i>	F	AL(At least 21 yrs old)
<i>tetrabenazine tabs 25 mg</i>	F	AL(At least 21 yrs old); SP
XENAZINE TABS 12.5 MG ( <i>tetrabenazine</i> )	NF	AL(At least 21 yrs old)
XENAZINE TABS 25 MG ( <i>tetrabenazine</i> )	NF	AL(At least 21 yrs old); SP
<b>Multiple Sclerosis Agents</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Glatiramer Acetate) GLATOPA SOSY	F	PA; SP- AcariaHealth;S P
AMPYRA TB12 ( <i>dalfampridine</i> )	NF	PA; SP
AUBAGIO TABS ( <i>teriflunomide</i> )	F	PA; SP- AcariaHealth;S P
AVONEX KIT ( <i>interferon beta-1a</i> )	F	PA; SP- AcariaHealth;S P
AVONEX PEN AJKT ( <i>interferon beta-1a</i> )	F	PA; SP- AcariaHealth;S P
AVONEX PSKT ( <i>interferon beta-1a</i> )	F	PA; SP- AcariaHealth;S P
BETASERON KIT ( <i>interferon beta-1b</i> )	F	PA; SP- AcariaHealth;S P
COPAXONE SOSY ( <i>glatiramer acetate</i> )	NF	PA; SP- AcariaHealth;S P
<i>dalfampridine tb12</i>	F	PA; SP
<i>dimethyl fumarate cpdr</i>	F	PA; SP
<i>dimethyl fumarate misc</i>	F	PA; SP
EXTAVIA KIT ( <i>interferon beta-1b</i> )	F	PA; SP- AcariaHealth;S P
GILENYA CAPS 0.5 MG ( <i>fingolimod hcl</i> )	F	PA; SP- AcariaHealth;S P
<i>glatiramer acetate sosy</i>	F	PA; SP- AcariaHealth;S P
LEMTRADA SOLN ( <i>alemtuzumab (ms)</i> )	F	PA; SP- Caremark;SP
OCREVUS SOLN ( <i>ocrelizumab</i> )	F	PA; SP- AcariaHealth;S P
PLEGRIDY SOPN ( <i>peginterferon beta-1a</i> )	F	PA; SP
PLEGRIDY SOSY ( <i>peginterferon beta-1a</i> )	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY STARTER PACK SOPN ( <i>peginterferon beta-1a</i> )	F	PA; SP
PLEGRIDY STARTER PACK SOSY ( <i>peginterferon beta-1a</i> )	F	PA; SP
REBIF REBIDOSE SOAJ ( <i>interferon beta-1a</i> )	F	PA; SP- AcariaHealth;S P
REBIF REBIDOSE TITRATIONPACK SOAJ ( <i>interferon beta-1a</i> )	F	PA; SP- AcariaHealth;S P
REBIF SOSY ( <i>interferon beta-1a</i> )	F	PA; SP- AcariaHealth;S P
REBIF TITRATION PACK SOSY ( <i>interferon beta-1a</i> )	F	PA; SP- AcariaHealth;S P
TECFIDERA CPDR ( <i>dimethyl fumarate</i> )	NF	PA; SP
TECFIDERA STARTER PACK MISC ( <i>dimethyl fumarate</i> )	NF	PA; SP
TYSABRI CONC ( <i>natalizumab</i> )	F	PA; SP- AcariaHealth;S P
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
<i>fluoxetine hcl (pmdd) caps 10 mg</i>	F	QL(1 ea daily,270 ea per 9999 days retail)
<i>fluoxetine hcl (pmdd) caps 20 mg</i>	F	QL(2 ea daily)
<b>Psychotherapeutic and Neurological Agents -</b>		
<i>ergoloid mesylates tabs</i>	F	
ORAP TABS ( <i>pimozide</i> )	CO	
<i>pimozide tabs</i>	CO	
<b>Smoking Deterrents</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX, TGT NICOTINE POLACRILEX LOZG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE GUM REFILL, EQ NICOTINE GUM STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICORELIEF, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX, SR NICOTINE GUM, TGT NICOTINE GUM, TGT NICOTINE POLACRILEX, THRIVE GUM	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, HM NICOTINE TRANSDERMAL SYSTEM, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE TRANSDERMAL SYSTEM STEP 3, SM NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	F	

Drug Name	Drug Tier	Requirements/ Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, TGT NICOTINE STEP ONE, TGT NICOTINE STEP THREE, TGT NICOTINE STEP TWO PT24		
<b>bupropion hcl (smoking deterrent) tb12</b>	F	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS ( <b>varenicline tartrate</b> )	F	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS ( <b>varenicline tartrate</b> )	F	
CHANTIX TABS ( <b>varenicline tartrate</b> )	F	QL(2 ea daily)
NICODERM CQ PT24 ( <b>nicotine</b> )	NF	
NICORETTE GUM ( <b>nicotine polacrilex</b> )	NF	
NICORETTE LOZG ( <b>nicotine polacrilex</b> )	NF	
NICORETTE MINI LOZG ( <b>nicotine polacrilex</b> )	NF	
NICORETTE STARTER KIT GUM ( <b>nicotine polacrilex</b> )	NF	
<b>nicotine polacrilex gum</b>	F	
<b>nicotine polacrilex lozg</b>	F	
<b>nicotine pt24</b>	F	
NICOTINE TRANSDERMAL SYSTEM KIT ( <b>nicotine</b> )	F	
NICOTROL INHALER INHA ( <b>nicotine</b> )	F	QL(16.8 ea daily, 1512 ea per 90 days retail)
NICOTROL NS SOLN ( <b>nicotine</b> )	F	QL(360 ml per 90 days retail)

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Drug Name	Drug Tier	Requirements/Limits
ZYBAN TB12 ( <i>bupropion hcl (smoking deterrent)</i> )	NF	QL(2 ea daily)
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP SOLR 1000 MG ( <i>alpha1-proteinase inhibitor (human)</i> )	F	PA; SP
ARALAST NP SOLR 500 MG ( <i>alpha1-proteinase inhibitor (human)</i> )	F	PA; SP-Caremark;SP
GLASSIA SOLN ( <i>alpha1-proteinase inhibitor (human)</i> )	F	PA; SP-Caremark;SP
PROLASTIN-C SOLN ( <i>alpha1-proteinase inhibitor (human)</i> )	F	PA; SP
PROLASTIN-C SOLR ( <i>alpha1-proteinase inhibitor (human)</i> )	F	PA; SP
ZEMAIRA SOLR ( <i>alpha1-proteinase inhibitor (human)</i> )	F	PA; SP
<b>Cystic Fibrosis Agents</b>		
KALYDECO PACK ( <i>ivacaftor</i> )	F	PA; SP
KALYDECO TABS ( <i>ivacaftor</i> )	F	PA; SP
ORKAMBI PACK ( <i>lumacaftor-ivacaftor</i> )	F	PA; SP- Acaria Health;SP
ORKAMBI TABS ( <i>lumacaftor-ivacaftor</i> )	F	PA; SP- Acaria Health;SP
PULMOZYME SOLN ( <i>dornase alfa</i> )	F	SP- AcariaHealth;S P
SYMDEKO TBPK ( <i>tezacaftor-ivacaftor</i> )	F	PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
SULFADIAZINE TABS ( <i>sulfadiazine</i> )	F	

Drug Name	Drug Tier	Requirements/Limits
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
(Doxycycline (Monohydrate)) AVIDOXY TABS	F	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG, 50 MG	F	
(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 1X50MG, MORGIDOX 2X100MG CAPS	F	
<i>doxycycline (monohydrate) caps 100 mg, 50 mg</i>	F	
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	F	
<i>doxycycline (monohydrate) tabs 100 mg, 50 mg</i>	F	
<i>doxycycline hyclate caps 100 mg, 50 mg</i>	F	
<i>doxycycline hyclate tabs 100 mg, 20 mg</i>	F	
MINOCIN CAPS OR 50 MG ( <i>minocycline hcl</i> )	NF	
<i>minocycline hcl caps 100 mg, 50 mg, 75 mg</i>	F	
TARGADOX TABS ( <i>doxycycline hyclate</i> )	NF	
<i>tetracycline hcl caps</i>	F	
VIBRAMYCIN CAPS 100 MG ( <i>doxycycline hyclate</i> )	NF	
VIBRAMYCIN SUSR 25 MG/5ML ( <i>doxycycline (monohydrate)</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
VIBRAMYCIN SYRP 50 MG/5ML ( <i>doxycycline calcium</i> )	F	
XIMINO CP24 135 MG, 45 MG, 90 MG ( <i>minocycline hcl</i> )	NF	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs</i>	F	
<i>propylthiouracil tabs</i>	F	
TAPAZOLE TABS ( <i>methimazole</i> )	NF	
<b>Thyroid Hormones</b>		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS	F	
(Thyroid) NP THYROID 120, NP THYROID 15, NP THYROID 30, NP THYROID 60, NP THYROID 90 TABS	F	
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>thyroid</i> )	F	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG ( <i>thyroid</i> )	F	
CYTOMEL TABS 25 MCG, 50 MCG ( <i>liothyronine sodium</i> )	NF	
CYTOMEL TABS 5 MCG ( <i>liothyronine sodium</i> )	F	
<i>levothyroxine sodium tabs or 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>liothyronine sodium tabs</i>	F	
NATURE-THROID NT-2.5 TABS ( <i>thyroid</i> )	F	
NATURE-THROID TABS 130 MG, 16.25 MG, 195 MG, 32.5 MG, 65 MG ( <i>thyroid</i> )	F	
SYNTHROID TABS ( <i>levothyroxine sodium</i> )	F	
<i>thyroid tabs</i>	F	
WESTHROID TABS 130 MG, 195 MG, 32.5 MG, 65 MG ( <i>thyroid</i> )	F	
WP THYROID TABS 130 MG, 16.25 MG, 32.5 MG, 65 MG ( <i>thyroid</i> )	F	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	F	Limit 1 dose per 10 years;1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
BOOSTRIX SUSP ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	F	Limit 1 dose per 10 years;1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
TDVAX SUSP ( <i>tetanus-diphtheria toxoids (td)</i> )	F	Limit 1 dose per 10 years;1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
TENIVAC INJ ( <i>tetanus-diphtheria toxoids (td)</i> )	F	Limit 1 dose per 10 years; 1 rtl MAX fill, 999 rtl day(s) supply,; AL (At least 19 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP ( <i>tetanus-diphtheria toxoids (td)</i> )	F	Limit 1 dose per 10 years; 1 rtl MAX fill, 999 rtl day(s) supply,; AL (At least 19 yrs old)
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
(Hyoscyamine Sulfate) ED-SPAZ, NULEV, OSCIMIN TBDP	F	
(Hyoscyamine Sulfate) OSCIMIN SR, SYMAX-SR TB12	F	
(Hyoscyamine Sulfate) OSCIMIN SUBL	F	
(Hyoscyamine Sulfate) OSCIMIN TABS	F	
ANASPAZ TBDP ( <i>hyoscyamine sulfate</i> )	NF	
CUVPOSA SOLN ( <i>glycopyrrolate</i> )	F	
<i>dicyclomine hcl caps</i>	F	
<i>dicyclomine hcl soln</i>	F	
<i>dicyclomine hcl tabs</i>	F	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	F	
<i>hyoscyamine sulfate elix or 0.125 mg/5ml</i>	F	
<i>hyoscyamine sulfate soln or 0.125 mg/ml</i>	F	
<i>hyoscyamine sulfate subl sl 0.125 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate tabs or 0.125 mg</i>	F	
<i>hyoscyamine sulfate tb12 or 0.375 mg</i>	F	
<i>hyoscyamine sulfate tbdp or 0.125 mg</i>	F	
LEVVID TB12 ( <i>hyoscyamine sulfate</i> )	NF	
LEVSIN TABS ( <i>hyoscyamine sulfate</i> )	NF	
<i>propantheline bromide tabs</i>	F	
SYMAX DUOTAB TBCR ( <i>hyoscyamine sulfate</i> )	F	
<b>H-2 Antagonists</b>		
(Cimetidine) CIMETIDINE 200, CIMETIDINE ACID REDUCER, EQ CIMETIDINE ACID REDUCER, EQ HEARTBURN RELIEF, GNP HEARTBURN RELIEF, GNP HEARTBURN RELIEF 200, SB CIMETIDINE TABS	F	RX/OTC
(Cimetidine) CVS HEARTBURN RELIEF, EQ ACID REDUCER, HEARTBURN RELIEF, PX ACID REDUCER, RA ACID REDUCER, SM ACID REDUCER TABS 200 MG	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER, ACID CONTROLLER MAXIMUM STRENGTH, ACID CONTROLLER ORIGINALSTRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ ACID REDUCER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, GNP ACID REDUCER, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER, QC ACID CONTROLLER MAXIMUM STRENGTH, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH TABS	F	RX/OTC	(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER, ACID CONTROLLER MAXIMUM STRENGTH, ACID CONTROLLER ORIGINALSTRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ ACID REDUCER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, GNP ACID REDUCER, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER, QC ACID CONTROLLER MAXIMUM STRENGTH, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH TABS	F	

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(Famotidine) ACID REDUCER, EQ ACID REDUCER, HEARTBURN RELIEF, HM FAMOTIDINE, PX ACID REDUCER, RA ACID REDUCER, SB ACID REDUCER, SM ACID REDUCER TABS 10 MG	F	
(Famotidine) HM FAMOTIDINE TABS 20 MG	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Ranitidine Hcl) ACID CONTROL MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID REDUCER, CVS ACID REDUCER MAXIMUMSTRENGTH, CVS RANITIDINE, EQ RANITIDINE, EQL ACID REDUCER, EQL ACID REDUCER MAXIMUMSTRENGTH, EQL HEARTBURN RELIEF MAXIMUM STRENGTH, GNP ACID CONTROL 150 MAXIMUM STRENGTH, GNP ACID REDUCER, HEARTBURN RELIEF 150 MAXIMUM STRENGTH, HM ACID REDUCER MAXIMUM STRENGTH, KLS ACID REDUCER, KLS ACID REDUCER MAXIMUMSTRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, PX RANITIDINE, RA ACID REDUCER MAXIMUM STRENGTH, RANITIDINE 150 MAXIMUM STRENGTH, RANITIDINE ACID REDUCER, SB ACID REDUCER RANITIDINE 75, SM ACID REDUCER MAXIMUM STRENGTH, TGT ACID REDUCER, WAL-ZAN 150 MAXIMUM STRENGTH, WAL-ZAN 75 TABS	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Ranitidine Hcl) ACID CONTROL MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID REDUCER, CVS ACID REDUCER MAXIMUMSTRENGTH, CVS RANITIDINE, EQ RANITIDINE, EQL ACID REDUCER, EQL ACID REDUCER MAXIMUMSTRENGTH, EQL HEARTBURN RELIEF MAXIMUM STRENGTH, GNP ACID CONTROL 150 MAXIMUM STRENGTH, GNP ACID REDUCER, HEARTBURN RELIEF 150 MAXIMUM STRENGTH, HM ACID REDUCER MAXIMUM STRENGTH, KLS ACID REDUCER, KLS ACID REDUCER MAXIMUMSTRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, PX RANITIDINE, RA ACID REDUCER MAXIMUM STRENGTH, RANITIDINE 150 MAXIMUM STRENGTH, RANITIDINE ACID REDUCER, SB ACID REDUCER RANITIDINE 75, SM ACID REDUCER MAXIMUM STRENGTH, TGT ACID REDUCER, WAL-ZAN 150 MAXIMUM STRENGTH, WAL-ZAN 75 TABS	F	
(Ranitidine Hcl) ACID REDUCER, EQ ACID REDUCER, GOODSENSE ACID REDUCER, HM ACID REDUCER, PX ACID REDUCER, RA ACID REDUCER, SM ACID REDUCER TABS 75 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
(Ranitidine Hcl) ACID REDUCER, EQ ACID REDUCER, GOODSENSE ACID REDUCER, HM ACID REDUCER, SB ACID REDUCER TABS 150 MG	F	RX/OTC
<i>cimetidine hcl soln</i>	F	
<i>cimetidine tabs 200 mg</i>	F	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	F	
<i>famotidine susr 40 mg/5ml</i>	F	
<i>famotidine tabs 10 mg, 40 mg</i>	F	
<i>famotidine tabs 20 mg</i>	F	RX/OTC
GNP ACID CONTROL 150 MAXIMUM STRENGTH TABS ( <i>ranitidine hcl</i> )	F	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS ( <i>famotidine</i> )	NF	RX/OTC
PEPCID AC TABS ( <i>famotidine</i> )	NF	
PEPCID SUSR 40 MG/5ML ( <i>famotidine</i> )	NF	
PEPCID TABS 20 MG ( <i>famotidine</i> )	NF	RX/OTC
PEPCID TABS 40 MG ( <i>famotidine</i> )	NF	
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	F	QL(2 ea daily)
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	F	
<i>ranitidine hcl tabs or 150 mg</i>	F	RX/OTC
<i>ranitidine hcl tabs or 300 mg, 75 mg</i>	F	
TAGAMET HB TABS ( <i>cimetidine</i> )	NF	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ZANTAC 150 MAXIMUM STRENGTH TABS ( <i>ranitidine hcl</i> )	NF	RX/OTC
ZANTAC 75 TABS ( <i>ranitidine hcl</i> )	NF	
ZANTAC SOLN IJ 25 MG/ML ( <i>ranitidine hcl</i> )	NF	
ZANTAC TABS OR 300 MG ( <i>ranitidine hcl</i> )	NF	
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP ( <i>sucralfate</i> )	NF	
CARAFATE TABS ( <i>sucralfate</i> )	NF	
<i>sucralfate susp</i>	F	
<i>sucralfate tabs</i>	F	
<b>Proton Pump Inhibitors</b>		
(Esomeprazole Magnesium) CVS ESOMEPRAZOLE MAGNESIUM, CVS ESOMEPRAZOLE MAGNESIUM, GNP ESOMEPRAZOLE MAGNESIUM, GNP ESOMEPRAZOLE MAGNESIUM, GOODSENSE ESOMEPRAZOLE MAGNESIUM, HEARTBURN TREATMENT 24 HOUR, HM ESOMEPRAZOLE MAGNESIUM DELAYED RELEASE, KLS ESOMEPRAZOLE MAGNESIUM, QC ESOMEPRAZOLE MAGNESIUM, RA ESOMEPRAZOLE MAGNESIUM, SM ESOMEPRAZOLE MAGNESIUM CPDR	F	QL(2 ea daily); RX/OTC
(Lansoprazole) CVS LANSOPRAZOLE TBDD	F	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HEARTBURN TREATMENT 24 HOUR, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, RA LANSOPRAZOLE, SM LANSOPRAZOLE CPDR	F	QL(2 ea daily); RX/OTC
(Omeprazole Magnesium) ACID REDUCER TBEC 20 MG	F	QL(1 ea daily)
(Omeprazole) CVS OMEPRAZOLE, EQ OMEPRAZOLE, EQL OMEPRAZOLE, GNP OMEPRAZOLE, HM OMEPRAZOLE, KLS OMEPRAZOLE, PX OMEPRAZOLE, RA OMEPRAZOLE, SB OMEPRAZOLE, SM OMEPRAZOLE, TGT OMEPRAZOLE TBEC	F	QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	F	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 15 mg</i>	F	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	F	QL(2 ea daily)
<i>lansoprazole tbdd 15 mg</i>	F	QL(1 ea daily); RX/OTC
<i>lansoprazole tbdd 30 mg</i>	F	QL(1 ea daily)
NEXIUM 24HR CLEAR MINIS CPDR ( <i>esomeprazole magnesium</i> )	NF	RX/OTC
NEXIUM 24HR CPDR ( <i>esomeprazole magnesium</i> )	NF	RX/OTC

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NEXIUM CPDR 20 MG ( <i>esomeprazole magnesium</i> )	NF	RX/OTC
<i>omeprazole cpdr 10 mg, 40 mg</i>	F	QL(2 ea daily)
<i>omeprazole cpdr 20 mg</i>	F	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium tbec 20 mg</i>	F	QL(1 ea daily)
<i>omeprazole tbec 20 mg</i>	F	QL(1 ea daily)
<i>pantoprazole sodium tbec 20 mg</i>	F	QL(1 ea daily)
<i>pantoprazole sodium tbec 40 mg</i>	F	QL(2 ea daily)
PREVACID 24HR CPDR ( <i>lansoprazole</i> )	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG ( <i>lansoprazole</i> )	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG ( <i>lansoprazole</i> )	NF	QL(2 ea daily)
PREVACID SOLUTAB TBDD 15 MG ( <i>lansoprazole</i> )	NF	QL(1 ea daily); RX/OTC
PREVACID SOLUTAB TBDD 30 MG ( <i>lansoprazole</i> )	NF	QL(1 ea daily)
PRILOSEC OTC TBEC ( <i>omeprazole magnesium</i> )	NF	QL(1 ea daily)
PROTONIX TBEC 20 MG ( <i>pantoprazole sodium</i> )	NF	QL(1 ea daily)
PROTONIX TBEC 40 MG ( <i>pantoprazole sodium</i> )	NF	QL(2 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC TABS ( <i>misoprostol</i> )	NF	
<i>misoprostol tabs</i>	F	
<b>Ulcer Therapy Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	F	QL(112 ea per fill retail)
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infectives</b>		
<i>nitrofurantoin monohyd macro caps</i>	F	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
DETROL LA CP24 ( <i>tolterodine tartrate</i> )	NF	QL(1 ea daily)
DETROL TABS ( <i>tolterodine tartrate</i> )	NF	
DITROPAN XL TB24 ( <i>oxybutynin chloride</i> )	NF	
<i>oxybutynin chloride syrp</i>	F	
<i>oxybutynin chloride tabs</i>	F	
<i>oxybutynin chloride tb24</i>	F	
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	F	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	F	
<i>trospium chloride cp24</i>	F	
<i>trospium chloride tabs</i>	F	
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs</i>	F	
URECHOLINE TABS ( <i>bethanechol chloride</i> )	NF	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	F	
<b>VACCINES</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b>Bacterial Vaccines</b>		
ACTHIB SOLR ( <i>haemophilus b polysac conj vac</i> )	F	AL(At least 19 yrs old)
BEXSERO SUSY ( <i>meningococcal vac group b (recombant omv adjuvanted)</i> )	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
HIBERIX SOLR ( <i>haemophilus b polysac conj vac</i> )	F	AL(At least 19 yrs old)
MENACTRA INJ ( <i>meningococcal (a,c,y&amp;w-135) polysaccharide conjugate vaccine</i> )	F	AL(At least 19 yrs old)
MENQUADFI INJ ( <i>meningococcal (a,c,y&amp;w-135) polysaccharide conjugate vaccine</i> )	F	AL(At least 19 yrs old)
MENVEO SOLR ( <i>meningococcal (a,c,y&amp;w-135) oligosaccharide conjugate vac</i> )	F	AL(At least 19 yrs old)
PNEUMOVAX 23 INJ ( <i>pneumococcal vac polyvalent</i> )	F	Limit 5 per lifetime;5 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE INJ ( <i>pneumococcal vac polyvalent</i> )	F	Limit 5 per lifetime;5 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
PREVNAR 13 SUSP ( <i>pneumococcal 13-valent conjugate vaccine</i> )	F	Limit 1 dose per lifetime;1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TRUMENBA SUSY ( <i>meningococcal group b vaccine (recombinant)</i> )	F	Limit 3 doses per lifetime;3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
TYPHIM VI SOLN ( <i>typhoid vi polysaccharide vaccine</i> )	F	PA
VAXCHORA SUSR ( <i>cholera vaccine live attenuated</i> )	F	PA
VIVOTIF BERNA CPDR ( <i>typhoid vaccine</i> )	F	PA
VIVOTIF CPDR ( <i>typhoid vaccine</i> )	F	PA
<b>Viral Vaccines</b>		
AFLURIA 2018-2019 SUSP ( <i>influenza virus vaccine split</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
AFLURIA PF 2018-2019 SUSY ( <i>influenza virus vaccine split preservative free</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2018-2019 SUSP ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2018-2019 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2019-2020 SUSP ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2019-2020 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)

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AFLURIA QUADRIVALENT 2020-2021 SUSP <i>(influenza virus vaccine split quadrivalent)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSY <i>(influenza virus vaccine split quadrivalent)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
ENGERIX-B INJ <i>(hepatitis b vaccine recomb)</i>	F	Limit 3 per lifetime;3 rtl MAX fill,999 rtl day(s) supply;; AL(At least 19 yrs old)
ENGERIX-B SUSP <i>(hepatitis b vaccine recomb)</i>	F	Limit 3 per lifetime;3 rtl MAX fill,999 rtl day(s) supply;; AL(At least 19 yrs old)
FLUAD 2018-2019 SUSY <i>(influenza virus vaccine types a &amp; b surface antigen adjuvant)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUAD 2019-2020 SUSY <i>(influenza virus vaccine types a &amp; b surface antigen adjuvant)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUAD 2020-2021 SUSY <i>(influenza virus vaccine types a &amp; b surface antigen adjuvant)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY <i>(influenza virus vacc types a &amp; b surf antigen adjuvant quad)</i>	F	Limit 1 fill every 180 days;AL(At least 19 yrs old)
FLUARIX QUADRIVALENT 2018-2019 SUSY <i>(influenza virus vaccine split quadrivalent)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUARIX QUADRIVALENT 2019-2020 SUSY <i>(influenza virus vaccine split quadrivalent)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUARIX QUADRIVALENT 2020-2021 SUSY <i>(influenza virus vaccine split quadrivalent)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT 2018-2019 SOSY <i>(influenza virus vac recomb hemagglutinin (ha) quadrivalent)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT 2019-2020 SOSY <i>(influenza virus vac recomb hemagglutinin (ha) quadrivalent)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT 2020-2021 SOSY <i>(influenza virus vac recomb hemagglutinin (ha) quadrivalent)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2018-2019 SUSP <i>(influenza virus vaccine tissue-cultured subunit quadrivalent)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2018-2019 SUSY <i>(influenza virus vaccine tissue-cultured subunit quadrivalent)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2019-2020 SUSP <i>(influenza virus vaccine tissue-cultured subunit quadrivalent)</i>	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)

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FLUCELVAX QUADRIVALENT 2019-2020 SUSY ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSP ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSY ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2018-2019 SUSP ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2018-2019 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2019-2020 SUSP ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2019-2020 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2020-2021 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUMIST QUADRIVALENT SUSP ( <i>influenza virus vaccine live quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2018-2019 SUSY ( <i>influenza virus vaccine split high-dose preservative free</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2019-2020 SUSY ( <i>influenza virus vaccine split high-dose preservative free</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2020-2021 SUSY ( <i>influenza virus vac split high-dose quad preservative free</i> )	F	Limit 1 fill every 180 days;AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2018-2019 SUSP ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2018-2019 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2019-2020 SUSP ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2019-2020 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSP ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)

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FLUZONE QUADRIVALENT 2020-2021 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	F	Limit 1 fill per 180 days;AL(At least 19 yrs old)
GARDASIL 9 SUSP ( <i>human papillomavirus (hvp)</i> 9-valent recombinant vaccine)	F	Limit 3 per lifetime;3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
GARDASIL 9 SUSY ( <i>human papillomavirus (hvp)</i> 9-valent recombinant vaccine)	F	Limit 3 per lifetime;3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
HAVRIX SUSP ( <i>hepatitis a vaccine</i> )	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
HEPLISAV-B SOLN ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
HEPLISAV-B SOSY ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
IMOVAX RABIES ( <i>H.D.C.V.</i> ) INJ (rabies virus vaccine, hdc)	F	
IXIARO SUSP ( <i>japanese encephalitis vaccine inactivated adsorbed</i> )	F	PA
M-M-R II SOLR ( <i>measles, mumps &amp; rubella virus vaccines</i> )	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RABAVERT SUSR ( <i>rabies vaccine, pcec</i> )	F	
RECOMBIVAX HB SUSP ( <i>hepatitis b vaccine (recomb)</i> )	F	Limit 3 per lifetime;3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
SHINGRIX SUSR ( <i>zoster vaccine recombinant adjuvanted</i> )	F	Limit 2 doses per lifetime;2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 50 yrs old)
STAMARIL SUSR ( <i>yellow fever vaccine</i> )	F	PA
TWINRIX SUSP ( <i>hepatitis a (inactivated)</i> -hepatitis b (recombinant) vaccines)	F	Limit 5 per lifetime;5 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
TWINRIX SUSY ( <i>hepatitis a (inactivated)</i> -hepatitis b (recombinant) vaccines)	F	Limit 5 per lifetime;5 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
VAQTA SUSP ( <i>hepatitis a vaccine</i> )	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
VARIVAX INJ ( <i>varicella virus vaccine live</i> )	F	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
YF-VAX INJ ( <i>yellow fever vaccine</i> )	F	PA
ZOSTAVAX SUSR ( <i>zoster vaccine live</i> )	F	Limit 1 dose per lifetime;1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 50 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Spermicides</b>		
(Nonoxynol-9) VCF VAGINAL CONTRACEPTIVE GEL	F	
ENCARE SUPP ( <i>nonoxynol-9</i> )	F	
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL ( <i>nonoxynol-9</i> )	NF	
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL ( <i>nonoxynol-9</i> )	F	
SHUR-SEAL GEL ( <i>nonoxynol-9</i> )	F	
TODAY SPONGE MISC ( <i>nonoxynol-9</i> )	F	
VCF VAGINAL CONTRACEPTIVE FILM FILM ( <i>nonoxynol-9</i> )	F	
VCF VAGINAL CONTRACEPTIVE FOAM FOAM ( <i>nonoxynol-9</i> )	F	
<b>Vaginal Anti-infectives</b>		
(Clotrimazole Vaginal) 3 DAY VAGINAL, CLOTRIMAZOLE 3, CLOTRIMAZOLE-7, CVS 3-DAY VAGINAL CREAM, CVS CLOTRIMAZOLE 3, GNP CLOTRIMAZOLE 3, RA CLOTRIMAZOLE 3, RA CLOTRIMAZOLE 7, SM 3-DAY VAGINAL, SM CLOTRIMAZOLE VAGINAL CREA	F	QL(21 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
(Clotrimazole Vaginal) 3 DAY VAGINAL, CLOTRIMAZOLE 3, CLOTRIMAZOLE-7, CVS 3-DAY VAGINAL CREAM, CVS CLOTRIMAZOLE 3, GNP CLOTRIMAZOLE 3, RA CLOTRIMAZOLE 3, RA CLOTRIMAZOLE 7, SM 3-DAY VAGINAL, SM CLOTRIMAZOLE VAGINAL CREA	F	
(Metronidazole Vaginal) VANDAZOLE GEL	F	
(Miconazole Nitrate Vaginal) CVS MICONAZOLE 1 COMBINATION PACK, CVS MICONAZOLE 3, CVS MICONAZOLE 3 COMBINATION PACK, EQ MICONAZOLE 1, EQ MICONAZOLE 3 COMBO PACK, EQL MICONAZOLE 3, GNP MICONAZOLE 3, GOODSENSE MICONAZOLE 1, MICONAZOLE 1, MICONAZOLE 3 COMBINATION PACK, MICONAZOLE 3 COMBINATION PACK, MICONAZOLE 3 COMBO PACK, PX MICONAZOLE 3-DAY COMBO PACK, RA MICONAZOLE 3 COMBINATION PACK, RA MICONAZOLE 3 COMBINATION PACK, SM MICONAZOLE 3, SM MICONAZOLE 3, TGT MICONAZOLE 1, TGT MICONAZOLE 3 COMBINATION PACK, VAGISTAT-3 KIT	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Miconazole Nitrate Vaginal) CVS MICONAZOLE 7, EQ MICONAZOLE 7, EQ MICONAZOLE 7 DAY TREATMENT, EQL MICONAZOLE 7, GNP MICONAZOLE 7, MICONAZOLE 7, QC 3 DAY VAGINAL CREAM, QC MICONAZOLE 7, RA MICONAZOLE 7, SM MICONAZOLE 7, TGT MICONAZOLE 7 CREA	F	
(Miconazole Nitrate Vaginal) MICONAZOLE 3 CREA 4 %	F	
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	F	QL(3 ea per fill retail)
(Miconazole Nitrate Vaginal) MICONAZOLE 7, SM MICONAZOLE 7 SUPP	F	
(Tioconazole Vaginal) CVS TIOCONAZOLE 1, EQ TIOCONAZOLE 1, EQL TIOCONAZOLE-1, GNP TIOCONAZOLE 1, MONISTAT 1-DAY, RA TIOCONAZOLE 1, SM TIOCONAZOLE-1, TGT TIOCONAZOLE 1, TGT TIOCONAZOLE 1DAY, TIOCONAZOLE 1, TIOCONAZOLE-1 OINT	F	
AVC CREA ( <i>sulfanilamide vaginal</i> )	F	
CLEOCIN CREA VA 2 % ( <i>clindamycin phosphate vaginal</i> )	NF	
<i>clindamycin phosphate vaginal crea</i>	F	
CLINDESSE CREA ( <i>clindamycin phosphate one dose</i> )	F	
<i>clotrimazole vaginal crea</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
GYNAZOLE-1 CREA ( <i>butoconazole nitrate one dose</i> )	F	
GYNE-LOTRIMIN 3 CREA ( <i>clotrimazole vaginal</i> )	NF	QL(21 gm per fill retail)
GYNE-LOTRIMIN CREA ( <i>clotrimazole vaginal</i> )	NF	
METROGEL-VAGINAL GEL ( <i>metronidazole vaginal</i> )	NF	
<i>metronidazole vaginal gel</i>	F	
<i>miconazole nitrate vaginal crea</i>	F	
MONISTAT 3 COMBINATION PACK KIT ( <i>miconazole nitrate vaginal</i> )	NF	
MONISTAT 3 CREA ( <i>miconazole nitrate vaginal</i> )	NF	
MONISTAT 7 SIMPLY CURE CREA ( <i>miconazole nitrate vaginal</i> )	NF	
<i>terconazole vaginal crea 0.4 %</i>	F	QL(45 gm per fill retail)
<i>terconazole vaginal crea 0.8 %</i>	F	QL(20 gm per fill retail)
<i>terconazole vaginal supp 80 mg</i>	F	QL(3 ea per fill retail)
<b>Vaginal Estrogens</b>		
ESTRACE CREA ( <i>estradiol vaginal</i> )	NF	
<i>estradiol vaginal crea 0.1 mg/gm</i>	F	
PREMARIN CREA VA 0.625 MG/GM ( <i>estrogens, conjugated vaginal</i> )	F	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) soaj</i>	F	QL(2 ea per fill retail)
EPIPEN 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i>	NF	QL(2 ea per fill retail)
EPIPEN-JR 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i>	NF	QL(2 ea per fill retail)
<b>Vasopressors</b>		
<i>midodrine hcl tabs</i>	F	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
(Cholecalciferol) AQUEOUS VITAMIN D INFANTS, BABY SUPER DAILY D3, BABY VITAMIN D3 DROPS, BPROTECTED PEDIA D- VITE, D-VITE PEDIATRIC, D3 MAXIMUM STRENGTH, D3 VITAMIN, JUST D, PHARMACIST CHOICE D-VITAMIN PEDIATRIC DROPS, VITAMIN D INFANT LIQD	F	
(Cholecalciferol) CVS D3, EQL VITAMIN D3 CAPS 1000 UNIT, 2000 UNIT, 5000 UNIT	F	

Drug Name	Drug Tier	Requirements/ Limits
(Cholecalciferol) CVS VITAMIN D3, D 1000, D 10000, D 5000, D-3-5, D2000 ULTRA STRENGTH, D3 HIGH POTENCY, D3 MAXIMUM STRENGTH, D3 SUPER STRENGTH, D3-1000, D3- 50, DIALYVITE VITAMIN D 5000, GNP D 1000, IS-D 10, 000, KLS D3, KP VITAMIN D3, OPTIMAL-D, OPTIMAL-D PACK, PA VITAMIN D-3, PRONUTRIENTS VITAMIN D3, QC VITAMIN D3, RA VITAMIN D-3, SM VITAMIN D3, VITAMIN D HIGH POTENCY, VITAMIN D3 HIGH POTENCY, VITAMIN D3 MAXIMUM STRENGTH, WEEKLY-D CAPS	F	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Cholecalciferol) D 1000, D 400, D 5000, D-1000, D-1000 EXTRA STRENGTH, D-2000 MAXIMUM STRENGTH, D-400, D-5000, D3 HIGH POTENCY, D3-1000, DELTA D3, DIALYVITE VITAMIN D3 MAX, GNP VITAMIN D MAXIMUM STRENGTH, GNP VITAMIN D SUPER STRENGTH, GNP VITAMIN D-400, GNP VITAMIN D3 EXTRA STRENGTH, HM VITAMIN D, NAT-RUL VITAMIN D, NATURAL VITAMIN D-3, PA VITAMIN D-3, QC VITAMIN D3, RA VITAMIN D-3, RADIANCE PLATINUM VITAMIN D3, SM VITAMIN D, SM VITAMIN D3, THERA-D 2000, THERA-D RAPID REPLETION, VITAMIN D-1000 MAXIMUM STRENGTH, VITAMIN D-400, VITAMIN D3 SUPER STRENGTH, VITAMIN D3 ULTRA POTENCY TABS	F		(Ergocalciferol) CALCIDOL, CALCIFEROL SOLN	F	
(Cholecalciferol) DECARA CAPS 50000 UNIT	F		(Phytonadione) K 100 TABS	F	
(Cholecalciferol) GNP VITAMIN D TABS 1000 UNIT	F		(Vitamin E) ALPH-E, ALPH-E-MIXED, ALPH-E-MIXED 1000, CVS E, E 1000, E-1000, E-200, E-400, E-400-CLEAR, E-400-MIXED, E-MAX-1000, E1000, E200, E400, E400 MIXED, E600, ESTER-E, GNP VITAMIN E WATER DISPERSIBLE, HM E VITAMIN, KP VITAMIN E, PA VITAMIN E, PX VITAMIN E, QC VITAMIN E, RA NATURAL VITAMIN E, RA VITAMIN E BLEND, RA VITAMIN E NATURAL, SM VITAMIN E BLENDED, VITAMIN E BLEND, VITAMIN E COMPLEX, VITAMIN E HIGH POTENCY, VITAMIN E-200, VITAMIN E-400, VITAMIN E/D-ALPHA NATURAL, YL VITAMIN E CAPS	F	
(Cholecalciferol) HM VITAMIN D3 CAPS 2000 UNIT	F		(Vitamin E) CVS VITAMIN E, EQL VITAMIN E, VITAMIN E COMPLEX NATURAL CAPS 400 UNIT	F	
(Cholecalciferol) HM VITAMIN D3 TABS 25 MCG	F		(Vitamin E) CVS VITAMIN E, EQL VITAMIN E, VITAMIN E COMPLEX NATURAL CAPS OR 400 UNIT	F	
(Cholecalciferol) KP VITAMIN D CAPS 1000 UNIT, 2000 UNIT	F		(Vitamin E) GNP VITAMIN E, HM VITAMIN E, RA VITAMIN E, SM VITAMIN E CAPS 200 UNIT, 400 UNIT	F	
(Cholecalciferol) SM VITAMIN D3 MAXIMUM STRENGTH CAPS 5000 UNIT	F		(Vitamin E) GNP VITAMIN E, HM VITAMIN E, RA VITAMIN E, SM VITAMIN E CAPS OR 200 UNIT, 400 UNIT	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Vitamin E) NATURAL VITAMIN E CAPS 100 UNIT, 400 UNIT	F	
BABY DDROPS LIQD 400 UNT/0.03ML ( <i>cholecalciferol</i> )	F	
BABY DDROPS LIQD 400 UT/0.028ML ( <i>cholecalciferol</i> )	NF	
<i>cholecalciferol caps 1.25 mg, 1000 unit, 125 mcg, 2000 unit, 25 mcg, 50 mcg, 5000 unit, 50000 unit</i>	F	
<i>cholecalciferol liqd 400 unit/ml, 5000 unit/ml</i>	F	
<i>cholecalciferol tabs 1000 unit, 2000 unit, 25 mcg, 400 unit, 50 mcg, 5000 unit</i>	F	
D-VI-SOL LIQD ( <i>cholecalciferol</i> )	NF	
DRISDOL CAPS ( <i>ergocalciferol</i> )	NF	
<i>ergocalciferol caps</i>	F	
<i>ergocalciferol soln</i>	F	
KEY-E CHEW ( <i>vitamin e</i> )	F	
MEPHYTON TABS ( <i>phytonadione</i> )	NF	
<i>phytonadione tabs or 100 mcg, 5 mg</i>	F	
VITAMIN A TABS 1000 UNIT-10000 UNIT ( <i>vitamin a-beta carotene</i> )	F	
<i>vitamin e caps or 100 unit, 200 unit, 400 unit, 45 mg</i>	F	
VITAMIN E CHEW OR 400 UNIT ( <i>vitamin e</i> )	F	
<b>Water Soluble Vitamins</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Ascorbic Acid) ASCO-TABS-1000, C 1000, C 250, C 500, C 500/ROSE HIPS, C-1000, C-1000/ROSE HIPS, C-250, C-500, C-500/ROSE HIPS, CVS VITAMIN C, CVS VITAMIN C/ROSE HIPS, EQL VITAMIN C, EQL VITAMIN C/ROSE HIPS, GNP VITAMIN C W/ROSE HIPS, GNP VITAMIN C/ROSE HIPS, HM VITAMIN C/ROSE HIPS, MEIJER C, NATURAL C/ROSE HIPS, PUREWAY-C, PX VITAMIN C, QC C WITH ROSE HIPS, RA VITAMIN C/ROSE HIPS, SB VITAMIN C, SM VIT C/ROSE HIPS, SM VITAMIN C/ROSE HIPS, VITAMIN C PLUS BIOFLAVONOIDS/WILD ROSE HIPS, YL VITAMIN C, YL VITAMIN C/ROSE HIPS TABS	F	
(Ascorbic Acid) GNP VITAMIN C, SM VITAMIN C TABS 1000 MG, 250 MG, 500 MG	F	
(Ascorbic Acid) HM VITAMIN C, QC VITAMIN C TABS 1000 MG, 500 MG	F	
(Ascorbic Acid) RA VITAMIN C TABS 250 MG, 500 MG	F	
(Niacin) ENDUR-ACIN, GNP NIACIN TR, HM NIACIN, HM NIACIN TR, SM NIACIN CR TBCR	F	
(Niacin) GNP NIACIN, KP NIACIN, NIACIN-50, PX NIACIN, RA NIACIN, RA NO FLUSH NIACIN 500 TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
(Pyridoxine Hcl) B6 NATURAL, CVS B6, EQL B-6, GNP VITAMIN B-6, HM VITAMIN B6, KP VITAMIN B-6, NEURO-K- 250 VITAMIN B6, NEURO- K-50, NEURO-K-500, QC VITAMIN B6, RA VITAMIN B-6, SM VITAMIN B-6, SM VITAMIN B6, YL VITAMIN B-6 TABS	F	
(Riboflavin) CVS VITAMIN B-2 TABS	F	
(Thiamine Hcl) B1 HIGH POTENCY, CVS B-1, CVS B1, GNP VITAMIN B-1, QC VITAMIN B1 TABS	F	
(Thiamine Mononitrate) GNP VITAMIN B1, HM VITAMIN B1, RA VITAMIN B-1, SM VITAMIN B1 TABS	F	
<b><i>ascorbic acid tabs or 10 mg-500 mg, 1000 mg, 250 mg, 500 mg</i></b>	F	
B-1 TABS ( <i>thiamine hcl</i> )	F	
<b><i>niacin cpcr 250 mg, 500 mg</i></b>	F	
<b><i>niacin tabs 100 mg, 50 mg, 500 mg</i></b>	F	
<b><i>niacin tbcr 250 mg, 500 mg, 750 mg</i></b>	F	
NIACIN TR TBCR ( <i>niacin</i> )	F	
<b><i>pyridoxine hcl tabs or 100 mg, 25 mg, 50 mg</i></b>	F	
<b><i>riboflavin tabs 100 mg, 25 mg, 50 mg</i></b>	F	
SLO-NIACIN TBCR 500 MG, 750 MG ( <i>niacin</i> )	NF	
<b><i>thiamine hcl soln</i></b>	F	
<b><i>thiamine hcl tabs</i></b>	F	

Drug Name	Drug Tier	Requirements/ Limits
<b><i>thiamine mononitrate tabs</i></b>	F	

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1ST TIER UNIFINE		3ML LUER-LOK SYRINGE22G X 1"	152	abiraterone acetate	56
PENTIPS/MINI/31GX5MM	151	3ML LUER-LOK SYRINGE25G X 5/8"	153	ABOUTTIME PEN NEEDLE	
1ST TIER UNIFINE		3ML LUER-LOK TIP		32GX 5/32"	154
PENTIPS29GX12MM	152	SYRINGE25G X 1-1/2"	153	ABOUTTIME PEN NEEDLES	
1ST TIER UNIFINE		3ML SYRINGE/18G X 1-1/2"/LUER LOCK TIP	153	30GX 5/16"	154
PENTIPS31GX6MM	152	3ML SYRINGE/20G X 1"/LUER LOCK TIP	153	ABOUTTIME PEN NEEDLES	
1ST TIER UNIFINE		3ML SYRINGE/20G X 1"/LUER SLIP TIP	153	31G X 3/16"	154
PENTIPS31GX8MM	152	3ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP	153	ABOUTTIME PEN NEEDLES	
1ST TIER UNIFINE		3ML SYRINGE/21G X 1"/LUER SLIP TIP	153	31G X 5/16"	154
PENTIPS32GX4MM	152	3ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	153	acamprosate calcium	275
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PENTIPS32GX6MM	152	3ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	153	ACCOLATE	27
1ST TIER UNIFINE		3ML SYRINGE/22G 1-1/2"/LUER LOCK TIP	153	ACCU-CHEK FASTCLIX	
PENTIPS33GX4MM	152	3ML SYRINGE/22G X 1"/LUER LOCK TIP	153	LANCETDEVICE KIT	138
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anti-itch	93	ARTHRITIS PAIN RELIEVING	101	ASSURE LANCE LANCETS 21G	139
anti-itch intensive healing	94	artificial tears	266,267	ASSURE LANCE PLUS SAFETYLANCETS 25G	139
anti-itch maximum strength	94	ASACOL HD	113	ASSURE LANCE PLUS SAFETYLANCETS 30G	139
anti-oxidant	248	ascomp/codeine	16	ASSURE PLATINUM TEST STRIPS	105
antibacterial liquid soap	65	ascorbic acid	296	ASTHMA CHECK METER-ZONE SYSTEM	212
antifungal	91	ASMANEX HFA	27	ASTHMAMENTOR	212
antioxidant formula	237	ASMANEX TWISTHALER METERED DOSES	120	ATABEX EC	251
ANTIOXIDANT FORMULA	239	ASMANEX TWISTHALER 14 METERED DOSES	27	ATABEX OB	251
antiseptic skin cleanser	65	ASMANEX TWISTHALER 30 METERED DOSES	27	ATABEX PRENATAL	251
antiseptic spray	65	ASMANEX TWISTHALER 60 METERED DOSES	27	ATACAND	52
antiseptic wound & skin cleanser	65	ASMANEX TWISTHALER 7 METERED DOSES	27	ATACAND HCT	53
ANUSOL-HC	18	aspirin	13	atazanavir sulfate	69
APEXICON E	97	ASPIRIN	13	ATELVIA	107
APLICARE ALCOHOL SWABSTICK	151	aspirin	13	atenolol	74
aplicare povidone-iodinescrub	68	aspirin 81 low dose	12	atenolol & chlorthalidone	53
APLICARE POVIDONE/IODINE	68	aspirin adult	13	athletes foot	91
apra	8	aspirin buffered (cal carb-mag carb-mag oxide)	13	ATIVAN	25
apraclonidine hcl	268	ASSESS FULL RANGE PEAK FLOW METER	212	atomoxetine hcl	2
aprepitant	42	ASSESS LOW RANGE PEAK FLOW METER	212	atorvastatin calcium	51
apri	77	ASSESS PEAK FLOW METER FULL RANGE	212	atovaquone	23
APRISO	113	ASSESS PEAK FLOW METER LOW RANGE	212	atovaquone-proguanil hcl	54
aprodine	85	ASSURE COMFORT LANCETS ULTRA THIN 30G	139	ATRIPLA	70
APTIVUS	69	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	139	ATROPINE SULFATE	268
AQUA LANCE ADJUSTABLE LANCING DEVICE	139	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	139	ATROVENT HFA	26
AQUALANCE LANCETS ULTRA THIN 30G	139	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	139	AUBAGIO	276
aqueous vitamin d infants	293	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	139	AUGMENTIN	274
AQUORAL	231	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	139	AUGMENTIN ES-600	274
ARALAST NP	279			AUGMENTIN XR	274
ARANESP ALBUMIN FREE	117			auraphene-b	272
ARAVA	7			aurodryl allergy childrens	45
argyle sterile saline 100ml	114			AURORA LANCET SUPER THIN30G	139
ARIAL CHAMBER	212				
ARICEPT	275				
ARIKAYCE	2				
ARIMIDEX	56				
aripiprazole	64				

AURORA LANCET THIN 23G.....	139	AZULFIDINE EN-TABS..	113	BAND-AID HURT-FREE NON- STICK PADS LARGE 3" X 4".....	130
AURORA PEN NEEDLES 29GX12MM.....	155	azurette.....	77	BAND-AID HURT-FREE NON- STICK PADS MEDIUM 2" X 3".....	130
AURORA PEN NEEDLES 31G X6MM.....	155	b complex w/ c.....	231	BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4".....	130
AURORA PEN NEEDLES 31G X8MM.....	155	B-1.....	296	BAND-AID QUILTVENT WATERPROOF PAD LARGE 2.875" X 4".....	130
AURORA UNIFINE PENTIPS/32GX5/32".....	155	b-complex 50.....	231	banophen.....	44,45
AURORA UNIFINE PENTIPS/MINI/31GX3/16".....	155	b-complex vitamins.....	231	BANZEL.....	30
aurovela 1.5/30.....	78	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16".....	155	BAQSIMI ONE PACK.....	35
aurovela 1/20.....	78	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16".....	155	BAQSIMI TWO PACK.....	36
aurovela 24 fe.....	78	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16".....	155	BARACLUDGE.....	73
AUTO-LANCET.....	139	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	155	BASAGLAR KWIKPEN.....	37
AUTO-LANCET MINI.....	139	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	155	BASIC AM.....	239
AUTOLET II CLINISAFE.....	139	b-stress.....	258	BASIC PM.....	239
AUTOLET IMPRESSION LANCING DEVICE.....	139	b1 high potency.....	296	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2".....	155
AUTOLET LANCING DEVICE.....	139	b6 natural.....	296	BD 3ML LUER-LOCK SYRINGE 18G X 1 1/2".....	155
AUTOLET LITE CLINISAFE.....	139	BABY DDROPS.....	295	BD 3ML LUER-LOK SYRINGE 18G X 1 1/2".....	155
AUTOLET LITE STARTER PACK.....	139	BACIGUENT.....	90	BD 3ML LUER-LOK SYRINGE 20G X 1-1/2".....	155
AUTOLET MINI.....	139	bacitracin (ophthalmic).....	268	BD 3ML LUER-LOK SYRINGE/20G X 1".....	155
AUTOLET PLATFORMS.....	139	bacitracin (topical).....	90	BD 3ML LUER-LOK SYRINGE/21G X 1".....	155
AUTOLET PLUS.....	139	bacitracin zinc.....	90	BD 3ML LUER-LOK SYRINGE/21G X 1-1/2".....	155
av-phos 250 neutral.....	228	bacitracin-poly-neomycin-hc .....	270	BD 3ML LUER-LOK SYRINGE/23G X 1".....	155
AVALIDE.....	53	bacitracin-polymyxin b (ophth).....	268	BD 3ML LUER-LOK SYRINGE/23G X 1-1/2".....	155
AVANDIA.....	37	bacitraycin plus.....	89	BD 3ML LUER-LOK SYRINGE/25G X 1".....	155
AVAPRO.....	52	baclofen.....	258	BD 3ML LUER-LOK SYRINGE/26G X 5/8".....	155
AVASTIN.....	56	BACMIN.....	239	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1- 1/2".....	156
AVC.....	292	BACTRIM.....	23	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1".....	156
aveeno anti-itch maximumstrength.....	95	BACTRIM DS.....	23	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8".....	156
avidoxy.....	279	BACTROBAN.....	90	BD AUTOSHIELD 29G X 3/16".....	156
avita.....	87	BACTROBAN NASAL.....	258		
AVONEX.....	276	balsalazide disodium.....	113		
AVONEX PEN.....	276	BAND-AID ALL-IN-ONE ADHESIVE GAUZE PAD/LARGE.....	129		
AYGESTIN.....	274	BAND-AID ALL-IN-ONE ADHESIVE GAUZE PAD/MEDIUM.....	129		
AZASAN.....	229	BAND-AID GAUZE PADS LARGE4" X 4".....	129		
azathioprine.....	229	BAND-AID GAUZE PADS MEDIUM 3" X 3".....	130		
azelaic acid.....	103	BAND-AID GAUZE PADS SMALL2" X 2".....	130		
azelastine hcl.....	258				
azelastine hcl (ophth).....	271				
azithromycin.....	128,129				
AZOPT.....	271				
AZOR.....	53				
AZULFIDINE.....	113				

BD AUTOSHIELD 29G X 5/16".....	156	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	157	BD INTEGRA SYRINGE/3ML/23G X 1".....	158
BD AUTOSHIELD DUO 30G X 5MM.....	156	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	157	BD INTEGRA SYRINGE/3ML/25G X 5/8".....	158
BD ECLIPSE SYRINGE 3ML/21G X 1".....	156	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	157	BD LANCET ULTRAFINE 30G.....	139
BD ECLIPSE SYRINGE LUER-LOK/3ML/22G X 1".....	156	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	157	BD LUER-LOK SYRINGE/3ML/22G X 3/4".....	158
BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1".....	156	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	157	BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM.....	158
BD ECLIPSE SYRINGE/3ML/23G X 1".....	156	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	157	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM.....	158
BD ECLIPSE SYRINGE/3ML/25GX5/8".....	156	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 12.7MM.....	157	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	158
BD ECLIPSE SYRINGE/LUER-LOK/3ML/22G X 1-1/2".....	156	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 12.7MM.....	157	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM.....	158
BD GLUCOSE.....	36	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	157	BD PEN NEEDLE/ORIGINAL/ULTRAFINE/29G X 12.7MM.....	158
BD INSULIN SYRINGE LUER-LOK/U-100/1ML.....	156	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	157	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM.....	158
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2".....	156	BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	157	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	158
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8".....	156	BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	157	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	158
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	156	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	157	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	158
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	156	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	157	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64".....	159
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	156	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	158	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	159
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	156	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	158	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64".....	159
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	157	BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8".....	158	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16".....	159
BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	157	BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM.....	158	BD SAFETYGLIDE SYRINGE 3ML/25GX1".....	159
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 12.7MM.....	157	BD INTEGRA 3ML SYRINGE W/RETRACTING NEEDLE/21G X 1-1/2".....	158	BD SWABS SINGLE USE BUTTERFLY.....	151
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 8MM.....	157	BD INTEGRA 3ML SYRINGE W/RETRACTING NEEDLE/25G X 1".....	158	BD VEO INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM.....	159
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 12.7MM.....	157	BD INTEGRA SYRINGE/3ML/21G X 1".....	158		
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 8MM.....	157	BD INTEGRA SYRINGE/3ML/22G X 1.5".....	158		
BD INSULIN SYRINGE ULTRAFINE/1/2 UNIT/0.3ML/31G X 8MM.....	157				
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 12.7MM.....	157				
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 8MM.....	157				

BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM.....	159	betamethasone dipropionate (topical).....	97	BLEPHAMIDE S.O.P.....	270
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM.....	159	betamethasone dipropionate augmented.....	97	blis-to-sol.....	91
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM... ..	159	betamethasone valerate... ..	97	bonine.....	41
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	159	BETAPACE.....	74	BONJESTA.....	42
BEBULIN.....	115	BETAPACE AF.....	74	BOOSTRIX.....	280
bedding spray lice treatment step 3.....	103	betasept surgical scrub.....	65	BORDERED GAUZE.....	130
BELBUCA.....	17	BETASERON.....	276	boro-packs.....	102
BELVIQ.....	2	betaxolol hcl (ophth).....	267	bosentan.....	76
BELVIQ XR.....	2	bethanechol chloride.....	286	BOSULIF.....	58
BENADRYL ALLERGY.....	46	BETHKIS.....	2	BOTOX.....	262
BENADRYL ALLERGY CHILDRENS.....	46	BETOPTIC-S.....	267	bp wash.....	87
BENADRYL ALLERGY PLUS CONGESTION CHILDRENS.....	85	BEVESPI AEROSPHERE.....	28	bprotected pedia iron.....	118
benazepril & hydrochlorothiazide.....	53	BEVYXXA.....	29	bprotected pedia poly-vite.....	251
benazepril hcl.....	51	bexarotene.....	60	BPROTECTED PEDIA POLY- VITE/IRON.....	250
BENEFIX.....	115	BEXSERO.....	287	bprotected pedia tri-vite.....	251
bengay lidocaine.....	101	bicalutamide.....	57	BRAFTOVI.....	58
BENICAR.....	52	BIKTARVY.....	70	BRAINSTRONG PRENATAL.....	251
BENICAR HCT.....	53	BILTRICIDE.....	23	BREATHE EASE NEBULIZER MASK/CHILD.....	213
BENLYSTA.....	230	bimatoprost.....	272	BREATHE EASE NEBULIZER MASK/INFANT.....	213
BENZAC AC WASH.....	88	BIO-STATIN.....	42	BREATHE EASE PEAK FLOW METER.....	213
BENZALKONIUM CHLORIDE.....	66	biocotron.....	83	BREATHE EASE/LARGE MASK.....	213
benzalkonium chloride.....	66	BIOGUARD GAUZE SPONGE 2"X2" 8 PLY.....	130	BREATHE EASE/MEDIUM MASK.....	213
BENZALKONIUM CHLORIDE.....	66	BIOGUARD GAUZE SPONGES 4"X4" 12 PLY.....	130	BREATHE EASE/SMALL MASK.....	213
BENZAMYCIN.....	88	BIOPATCH ANTIMICROBIAL DRESSING/1" DISK/4MM HOLE.....	66	BREATHERITE.....	213
benzonatate.....	81	BIOPATCH ANTIMICROBIAL DRESSING/1" DISK/7MM HOLE.....	66	BREATHERITE COLLAPSIBLEADULT SPACER W/MASK.....	213
benzoyl peroxide.....	88	BIOPATCH ANTIMICROBIAL DRESSING/3/4" DISK/1.5MM HOLE.....	66	BREATHERITE COLLAPSIBLECHILD SPACER W/MASK.....	213
BENZOYL PEROXIDE CLEANSER.....	88	BIOPATCH PROTECTIVE DISKWITH CHG/1"DISK/4MM HOLE.....	66	BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK.....	213
benzoyl peroxide wash.....	87	BIOTENE DRY MOUTH MOISTURIZING SPRAY.....	231	BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK.....	213
benzoyl peroxide- erythromycin.....	88	bisacodyl.....	127	BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK.....	213
benzphetamine hcl.....	1	bisacodyl laxative.....	126	BREATHERITE RIGID SPACERW/MASK.....	213
benztropine mesylate.....	61	bismatrol.....	39	BREATHERITE W/LARGE MASK.....	213
BETADINE.....	68	bismuth subsalicylate.....	39	BREATHERITE W/MEDIUM MASK.....	213
BETADINE SURGICAL SCRUB.....	68	bisoprolol & hydrochlorothiazide.....	53	BREATHERITE W/SMALL MASK.....	213
BETADINE SWABSTICKS... ..	68	bisoprolol fumarate.....	74		
BETAGAN.....	267	bleomycin sulfate.....	58		
		BLEPH-10.....	268		
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BREO ELLIPTA.....	28	CA-REZZ NORISC.....	66	calcium polycarbophil.....	122
BRILINTA.....	116	CA-REZZ NORISC		calcium+d3.....	222
brimonidine tartrate.....	268	CREAM.....	66	CALCIUM/VITAMIN D.....	225
bromfenac sodium (ophth).....	271	cabergoline.....	109	CALNA.....	252
bromocriptine mesylate.....	61	CABOMETYX.....	58	CALQUENCE.....	58
BUBBLES THE FISH II		CAFERGOT.....	219	camila.....	80
PEDIATRIC MASK/PVC.....	213	caffeine citrate.....	1	CAMPTOSAR.....	60
BUCALSEP.....	64	cal-carb forte.....	221	candesartan cilexetil.....	52
budesonide.....	80	CAL-DAY 1000.....	239	candesartan cilexetil-	
budesonide (inhalation).....	27	CALAMINE.....	102	hydrochlorothiazide.....	53
budesonide (nasal).....	259	CALAMINE		capecitabine.....	55
budesonide-formoterol fumarate		PHENOLATED.....	102	CAPEX.....	97
dihydrate.....	28	CALAN.....	75	CAPHOSOL.....	231
BUFFERIN.....	13	CALAN SR.....	75	CAPLYTA.....	62
BUFFERIN EXTRA		CALCI-CHEW.....	224	CAPRELSA.....	58
STRENGTH.....	13	calcidol.....	294	capsaicin.....	101
BUFFERIN LOW DOSE.....	13	calcipotriene.....	93	capsaicin hp.....	100
bumetanide.....	106	calcitonin (salmon).....	107	captopril.....	51
BUMEX.....	106	calcitrate.....	223	captopril &	
BUNAVAIL.....	17	calcitrate plus d.....	224	hydrochlorothiazide.....	53
BUPRENEX.....	17	calcitrene.....	93	CAPZASIN-HP.....	101
buprenorphine.....	17	calcitriol.....	108	CAPZASIN-P.....	101
buprenorphine hcl.....	17	calcitriol (topical).....	93	CARAC.....	92
buprenorphine hcl-naloxone hcl		CALCIUM.....	224,225	CARAFATE.....	285
dihydrate.....	17	calcium 500 + d.....	223	CARBAGLU.....	108
bupropion hcl.....	33	calcium 500+d.....	223	carbamazepine.....	30
bupropion hcl (smoking		calcium 600.....	221	CARBATROL.....	31
deterrent).....	278	calcium 600 + d.....	223	carbidopa.....	61
buspirone hcl.....	25	calcium 600+d.....	223	carbidopa-levodopa.....	61
butalbital-acetaminophen.....	8	calcium acetate (phosphate		CARDIOCOM LANCING	
butalbital-acetaminophen-		binder).....	113	DEVICE.....	139
caffeine.....	8	CALCIUM		CARDIZEM.....	75
butalbital-acetaminophen-		CARBONATE.....	22,224	CARDIZEM CD.....	75
caffeine w/ codeine.....	16	calcium carbonate.....	224	CARDURA.....	52
butalbital-aspirin-caffeine.....	8	calcium carbonate		CAREFINE PEN NEEDLE	
butalbital-aspirin-caffeine		(antacid).....	22	32GX4MM.....	159
w/cod.....	16	calcium carbonate-		CAREFINE PEN NEEDLES	
BUTALBITAL/ACETAMINOPHEN		cholecalciferol.....	224	29GX1/2".....	159
.....	8	calcium carbonate-vitamin		CAREFINE PEN NEEDLES	
BUTALBITAL/ASPIRIN/CAFFEIN		d.....	224	30GX5/16".....	159
E.....	8	calcium citrate.....	225	CAREFINE PEN NEEDLES	
BUTRANS.....	17	calcium citrate +.....	224	31GX6MM.....	159
BYDUREON.....	36	calcium citrate + d3.....	224	CAREFINE PEN NEEDLES	
BYDUREON BCISE.....	36	CALCIUM CITRATE		31GX8MM.....	159
BYDUREON PEN.....	36	MALATE/VITAMIN D.....	225	CAREFINE PEN NEEDLES	
BYETTA.....	36	calcium citrate-vitamin d.....	225	32GX5MM.....	159
bzk antiseptic towelettes.....	65	calcium citrate/d3.....	224	CAREFINE PEN NEEDLES	
CA-REZZ.....	66	CALCIUM GLUCONATE.....	225	32GX6MM.....	159
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CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	159	CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16".....	160	CELEBREX.....	6
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	159	CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16".....	160	celecoxib.....	6
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	160	CARETOUCH LANCING DEVICEWITH EJECTOR.....	140	CELEXA.....	33
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16".....	160	CARETOUCH PEN NEEDLES 31G X 6 MM.....	160	CELLCEPT.....	229
CAREONE INSULIN SYRINGES/1ML/30G X 1/2".....	160	CARETOUCH PEN NEEDLES 31GX 5MM.....	160	CELONTIN.....	32
CAREONE INSULIN SYRINGES/1ML/31GX5/16".....	160	CARETOUCH PEN NEEDLES 31GX 8MM.....	160	centravites 50 plus.....	237
CAREONE LANCET THIN.....	140	CARETOUCH PEN NEEDLES 32GX 4MM.....	160	CENTRAVITES 50 PLUS.....	239
CAREONE LANCET ULTRA THIN.....	140	CARETOUCH PEN NEEDLES 32GX 5MM.....	160	CENTRAVITES ADULTS.....	239
CAREONE UNIFINE PENTIPS 29GX12MM.....	160	CARETOUCH TWIST LANCETS 30G.....	140	CENTRUM.....	240
CAREONE UNIFINE PENTIPS 31GX5MM.....	160	CARETOUCH UNIVERSAL CPAPFILTERS.....	214	CENTRUM ADULTS.....	240
CAREONE UNIFINE PENTIPS 31GX6MM.....	160	carisoprodol.....	258	CENTRUM CARDIO.....	240
CAREONE UNIFINE PENTIPS 31GX8MM.....	160	CARNITOR.....	108	CENTRUM MEN.....	240
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	160	CARNITOR SF.....	108	CENTRUM SILVER.....	240
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	160	CARRASMART.....	130	CENTRUM SILVER 50+MEN.....	240
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	160	CARRASMART FOAM.....	130	CENTRUM SILVER 50+WOMEN.....	240
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	160	carrington antifungal.....	91	CENTRUM SILVER ADULT 50+.....	240
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	160	carteolol hcl (ophth).....	267	CENTRUM SILVER ULTRA WOMENS.....	240
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cyclobenzaprine hcl.....	258	deferasirox.....	40	DERMACEA X-RAY SPONGES 4"X4" 16 PLY.....	133
CYCLOGYL.....	268	DELSTRIGO.....	70	dermacinrx penetral.....	101
CYCLOMYDRIL.....	268	DELZICOL.....	113	DERMALEVIN ADHESIVE FOAMDRESSING 4"X4".....	133
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CYMBALTA.....	34	DEPAKOTE.....	32	desmopressin acetate.....	109
cyproheptadine hcl.....	50	DEPAKOTE ER.....	32	desmopressin acetate spray.....	109
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CYTOMEL.....	280	DEPO-PROVERA CONTRACEPTIVE.....	80	desogestrel-ethinyl estradiol (biphasic).....	78
CYTOTEC.....	286	DEPO-SUBQ PROVERA 104.....	80	desonide.....	98
cytra k crystals.....	113	DEPO-TESTOSTERONE.....	17	DESOWEN.....	98
d 1000.....	293	DERMA CIDOL 2000.....	65	desoximetasone.....	98
D-VI-SOL.....	295	DERMA-SMOOTH/FS BODY.....	97	DESOXIMETASONE.....	98
D.H.E. 45.....	219	DERMA-SMOOTH/FS SCALP.....	97	desoximetasone.....	98
DACOGEN.....	55	DERMACEA DRAIN SPONGES 4"X4".....	132	desvenlafaxine.....	34
DAILY FIBER.....	122	DERMACEA GAUZE SPONGE 2"X2" 12 PLY.....	132	DESVENLAFAXINE ER.....	34
daily multiple vitamins w/iron.....	232	DERMACEA GAUZE SPONGE 2"X2" 8 PLY.....	132		
DAKINS SOLUTION FULL STRENGTH.....	66	DERMACEA GAUZE SPONGE 3"X3" 12 PLY.....	132		
DAKINS SOLUTION HALF STRENGTH.....	67	DERMACEA GAUZE SPONGE 3"X3" 8 PLY.....	132		
DAKINS SOLUTION QUARTER STRENGTH.....	67	DERMACEA GAUZE SPONGE 4"X4" 12 PLY.....	132		
dalfampridine.....	276	DERMACEA GAUZE SPONGE 4"X4" 16 PLY.....	132		

desvenlafaxine succinate . . . . .	34	DIATHRIVE LANCING DEVICE . . . . .	140	diphenhydramine hcl (sleep) . . . . .	120
DETROL . . . . .	286	DIATHRIVE PEN NEEDLE/31 G X 6MM . . . . .	163	diphenoxylate w/ atropine . . . . .	40
DETROL LA . . . . .	286	DIATHRIVE PEN NEEDLE/31 GX 8MM . . . . .	163	DIPROLENE . . . . .	98
DEX4 QUICK DISSOLVE GLUCOSE . . . . .	36	DIATHRIVE PEN NEEDLE/31GX 5MM . . . . .	163	DIPROLENE AF . . . . .	98
dexamethasone . . . . .	80,81	DIATHRIVE PEN NEEDLE/32GX 4MM . . . . .	163	dipyridamole . . . . .	116
DEXAMETHASONE INTENSOL . . . . .	80	diazepam . . . . .	25	disopyramide phosphate . . . . .	26
dexamethasone sodium phosphate . . . . .	80	diazepam (anticonvulsant) . . . . .	30	disulfiram . . . . .	275
DEXAMETHASONE SODIUM PHOSPHATE . . . . .	80	DIBENZYLINE . . . . .	52	DITROPAN XL . . . . .	286
dexamethasone sodium phosphate (ophth) . . . . .	270	dibucaine . . . . .	101	divalproex sodium . . . . .	32
dexchlorpheniramine maleate . . . . .	43	DICLEGIS . . . . .	42	DOCETAXEL . . . . .	60
DEXEDRINE . . . . .	1	diclofenac potassium . . . . .	6	docetaxel . . . . .	60
dexmethylphenidate hcl . . . . .	2	diclofenac sodium . . . . .	6	DOCETAXEL . . . . .	60
dextroamphetamine sulfate . . . . .	1	diclofenac sodium (ophth) . . . . .	271	DOCETAXEL (NON-ALCOHOL FORMULA) . . . . .	60
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dextrose . . . . .	262	dicloxacillin sodium . . . . .	274	docuprene . . . . .	128
DEXTROSE . . . . .	262	dicyclomine hcl . . . . .	281	docusate calcium . . . . .	128
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX . . . . .	226	didanosine . . . . .	70	docusate sodium . . . . .	128
DEXTROSE 10%/NACL 0.2% . . . . .	226	diethylpropion hcl . . . . .	1	DOCUSOL KIDS . . . . .	128
DEXTROSE 20% . . . . .	262	DIFFERIN . . . . .	88	DOCUSOL PLUS MINI-ENEMA . . . . .	128
DEXTROSE 40% . . . . .	262	difil-g forte . . . . .	26	dofetilide . . . . .	26
DEXTROSE 5%/NACL 0.3% . . . . .	226	diflorasone diacetate . . . . .	98	DOLOPHINE . . . . .	13
dextrose w/ sodium chloride . . . . .	226	DIFLUCAN . . . . .	42	DOMEBORO . . . . .	102
DEXTROSE/SODIUM CHLORIDE . . . . .	226	diflunisal . . . . .	13	donepezil hydrochloride . . . . .	275
DHS TAR . . . . .	105	digitek . . . . .	76	DORAL . . . . .	120
DHS TAR GEL . . . . .	105	digoxin . . . . .	76	dorzolamide hcl . . . . .	271
DI-DAK-SOL . . . . .	67	dihydroergotamine mesylate . . . . .	219,220	DORZOLAMIDE HCL . . . . .	271
DIABET-X DAILY PREVENTIONSKIN THERAPY . . . . .	67	DILANTIN . . . . .	32	dorzolamide hcl-timolol maleate . . . . .	267
DIABETIC BASICS HEALTHY FOOT . . . . .	67	DILANTIN INFATABS . . . . .	32	dotti . . . . .	110
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DIASTAT ACUDIAL . . . . .	30	dilt-xr . . . . .	75	doxepin hcl . . . . .	34
DIASTAT PEDIATRIC . . . . .	30	diltiazem hcl . . . . .	75	doxepin hcl (antipruritic) . . . . .	93
DIASTIX . . . . .	105	diltiazem hcl coated beads . . . . .	75	doxorubicin hcl . . . . .	58
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		diocto . . . . .	128	dr gs clear nail . . . . .	91
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		diphen . . . . .	46	DRITHO-CREME HP . . . . .	93
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DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2".....	164	DROPLET PEN NEEDLES 32G X 5/16".....	165	duramorph.....	13
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DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	164	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16".....	165	E-Z JECT LANCETS.....	140
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DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	164	DRUG MART LANCETS THIN.....	140	E-ZJECT LANCETS MICRO- THIN 33G.....	140
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DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	164	DRUG MART UNIFINE PENTIPS29G X 12MM.....	165	E.E.S. GRANULES.....	129
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	165	DRUG MART UNIFINE PENTIPS31GX6MM.....	165	EASIVENT.....	214
DROPLET LANCETS ULTRA THIN 30G.....	140	DRUG MART UNIFINE PENTIPS31GX8MM.....	165	EASIVENT/MASK-LARGE.....	214
DROPLET LANCING DEVICE.....	140	DRUG MART UNIFINE PENTIPS32GX4MM.....	165	EASIVENT/MASK-MEDIUM .....	214
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		DRUG MART UNILET LANCETSULTRA THIN 28G.....	140	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	165
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				EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	166
				EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	166
				EASY COMFORT PEN NEEDLES31GX1/4".....	166
				EASY COMFORT PEN NEEDLES31GX3/16".....	166

EASY COMFORT PEN NEEDLES31GX5/16".....	166	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1".....	167	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	168
EASY COMFORT PEN NEEDLES32GX5/32".....	166	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1".....	167	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	168
EASY COMFORT PEN NEEDLES33G X 4MM.....	166	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2".....	167	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	168
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EASY MINI LANCING DEVICE.....	140	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	167	EASY TOUCH LANCETS 30G/PULL-TOP.....	141
EASY TOUCH 32GX5MM.....	166	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	167	EASY TOUCH LANCETS 30G/TWIST.....	141
EASY TOUCH 32GX6MM.....	166	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	167	EASY TOUCH LANCETS 32G/PULL-TOP.....	141
EASY TOUCH ALCOHOL PREP PADS/MEDIUM.....	151	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	167	EASY TOUCH LANCETS 32G/TWIST.....	141
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1-1/2".....	166	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2".....	167	EASY TOUCH LANCETS 33G/TWIST.....	141
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	166	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16".....	167	EASY TOUCH LANCING DEVICE/EJECTOR.....	141
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	166	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 1/2".....	167	EASY TOUCH PEN NEEDLE 30G X 5/16".....	168
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	166	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/29G X 1/2".....	167	EASY TOUCH PEN NEEDLE/30G X 3/16".....	168
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	166	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	167	EASY TOUCH PEN NEEDLES 29GX1/2".....	168
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/21GX1".....	166	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	167	EASY TOUCH PEN NEEDLES 31GX1/4".....	168
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1".....	166	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	167	EASY TOUCH PEN NEEDLES 31GX5/16".....	168
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EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1- 1/2".....	167	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	168	EASY TOUCH PEN NEEDLES 32GX3/16".....	168
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EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8".....	167	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	168	EASY TOUCH PEN NEEDLES/31G X 3/16".....	168
				EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM.....	168
				EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM.....	168
				EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16".....	168
				EASY TOUCH SAFETY SYRINGE/3ML/20G X 1".....	168
				EASY TOUCH SAFETY SYRINGE/3ML/21G X 1".....	168

EASY TOUCH SAFETY SYRINGE/3ML/22G X 1" ...	169	efavirenz.....	70	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	170
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2".....	169	efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	70	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	170
EASY TOUCH SAFETY SYRINGE/3ML/23G X 1" ...	169	efavirenz-lamivudine-tenofovir disoproxil fumarate.....	70	ELIXOPHYLLIN.....	29
EASY TOUCH SAFETY SYRINGE/3ML/25G X 1" ...	169	effe-k.....	228	ELLA.....	80
EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8".....	169	effervescent pot chloride.....	228	ELMIRON.....	114
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	169	EFFEXOR XR.....	34	ELOCON.....	98
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	169	EFFIENT.....	116	ELOCTATE.....	115
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EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1".....	169	eletriptan hydrobromide.....	220	EMEND.....	42
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EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1".....	169	ELIQUIS.....	29	emtricitabine.....	70
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1".....	169	ELIQUIS STARTER PACK.....	29	emtricitabine-tenofovir disoproxil fumarate.....	70
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8".....	169	ELITE DC AUTO ADAPTER.....	215	EMTRIVA.....	70
EBASE CONTROLLER KIT.....	214	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	169	EMVERM.....	23
EC-NAPROSYN.....	6	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	169	enalapril maleate.....	51
ec-naproxen.....	6	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	170	enalapril maleate & hydrochlorothiazide.....	53
econazole nitrate.....	91	ELITE-THIN INSULIN SYRINGE/1ML/29G X 5/16".....	170	ENBREL.....	8
ECOTRIN MAXIMUM STRENGTH.....	13	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	170	ENBREL MINI.....	8
ECOTRIN REGULAR STRENGTH.....	13	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	170	ENBREL SURECLICK.....	8
ED CHLORPED.....	43	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 5/16".....	170	ENCARE.....	291
ED CHLORPED D.....	86	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/29G X 5/16".....	170	endocet.....	16
ed-spaz.....	281	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	170	endur-acin.....	295
EDURANT.....	70	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	170	ENEMEEZ PLUS.....	128
		ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	170	ENFAMIL ENFALYTE.....	226
		ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 5/16".....	170	ENFAMIL EXPECTA.....	252
				ENGERIX-B.....	288
				enoxaparin sodium.....	29,30
				enpresse-28.....	77
				entacapone.....	61
				entecavir.....	73
				ENTOCORT EC.....	81
				ENTYVIO.....	113
				enulose.....	113
				EPCLUSA.....	73
				EPIFOAM.....	98
				epinephrine (anaphylaxis).....	293
				epinephrine hcl (nasal).....	261
				EPIPEN 2-PAK.....	293
				EPIPEN-JR 2-PAK.....	293



epitol.....	30	EQL INSULIN		erythromycin (ophth).....	268
EPIVIR.....	70	SYRINGE/0.3ML/29G X		erythromycin base.....	129
EPIVIR HBV.....	73	1/2".....	170	erythromycin	
EPZICOM.....	70	EQL INSULIN		ethylsuccinate.....	129
eq allergy relief.....	47,48	SYRINGE/0.3ML/30G X		escitalopram oxalate.....	33
eq cetirizine hydrochloride		5/16".....	170	esgic.....	8
childrens.....	47	EQL INSULIN		ESGIC.....	8
eq cold/allergy childrens.....	82	SYRINGE/0.3ML/31G X		esomeprazole magnesium.....	285
EQ COMPLETE		5/16".....	170	estarylla.....	78
MULTIVITAMINADULTS UNDER		EQL INSULIN		estazolam.....	120
50.....	241	SYRINGE/0.5ML/29G X		ESTRACE.....	110
eq fiber therapy.....	121	1/2".....	170	estradiol.....	110
eq motion sickness relief.....	41	EQL INSULIN		estradiol & norethindrone	
EQ ONE DAILY MENS 50+.....	241	SYRINGE/0.5ML/30G X		acetate.....	109
EQ ONE DAILY MENS		5/16".....	170	estradiol vaginal.....	292
HEALTH.....	241	EQL INSULIN		ESTROFACTORS.....	249
EQ ONE DAILY WOMENS		SYRINGE/1ML/29G X		ESTROSTEP FE.....	78
50+.....	241	1/2".....	170	eszopiclone.....	120
eq one daily womens		EQL INSULIN		ethambutol hcl.....	55
health.....	237	SYRINGE/1ML/30G X		ethosuximide.....	32
EQ ONE DAILY WOMENS		5/16".....	170	ethyl chloride.....	101
HEALTH.....	241	EQL INSULIN		ETHYL CHLORIDE/FINE	
EQ SPACE CHAMBER ANTI-		SYRINGE/1ML/30G X		STREAM.....	101
STATIC.....	215	5/16".....	170	ETHYL CHLORIDE/MEDIUM	
EQ SPACE CHAMBER ANTI-		EQL INSULIN		STREAM.....	102
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EQ SPACE CHAMBER ANTI-		5/16".....	170	estrad.....	79
STATIC/MEDIUM MASK.....	215	eql omega-3 fish oil.....	263	etidronate disodium.....	107
EQ SPACE CHAMBER ANTI-		EQ ONE DAILY MENS.....	242	etodolac.....	6
STATIC/SMALL MASK.....	215	EQ PRENATAL		etonogestrel-ethinyl estradiol.....	80
EQL ALCOHOL SWABS.....	151	FORMULA.....	252	etoposide.....	60
EQL ANTIBACTERIAL		eql slow release iron.....	118	EURAX.....	104
DEODORANT SOAP.....	67	EQ SUPER THIN LANCETS		euthyrox.....	280
EQL ANTIBACTERIAL		30G.....	141	EVAC.....	122
FOAMINGHAND WASH.....	67	EQL THIN LANCETS		evac-u-gen.....	127
EQL CALCIUM/VITAMIN D.....	225	26G.....	141	everolimus.....	58
EQL CENTURY MATURE		eql vitamin e.....	294	everolimus	
ADULTS50+.....	241	EQUALACTIN.....	122	(immunosuppressant).....	229
EQL CENTURY MENS.....	242	EQUALYTE.....	226	EVISTA.....	108
EQL CENTURY WOMENS.....	242	ergocalciferol.....	295	EVOTAZ.....	70
EQL COLOR LANCETS		ergoloid mesylates.....	276	EVZIO.....	41
21G.....	141	ERGOMAR.....	220	EX-LAX.....	127
EQL COLOR LANCETS MICRO		ergotamine w/ caffeine.....	219	EXALGO.....	14
THIN 33G.....	141	ERIVEDGE.....	56	EXCEL AP.....	64
EQL DRY MOUTH ORAL		ERLEADA.....	57	EXCEL COMFORT POINT	
RINSE.....	231	erlotinib hcl.....	58	INSULIN PEN NEEDLES 31G X	
eql fiber therapy.....	121	ery.....	87	4MM.....	170
eql gas relief.....	112	ery-tab.....	129	EXCILON AMD	
EQL GAUZE PADS		ERYGEL.....	88	ANTIMICROBIALDRAIN	
2"X2"/SMALL.....	133	ERYPED 200.....	129	SPONGES 4"X4" 6 PLY.....	133
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4"X4" 6 PLY.....	ezetimibe.....	51	FERROUS SULFATE.....	118
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6MM.....	FANAPT TITRATION	FANTASY LUBRICATED	FIBRYGA.....	115
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EXEL COMFORT POINT	fe tabs.....	118	NEEDLES/31GX8MM.....	171
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GNP QUICK DISSOLVE GLUCOSE.....	36	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	143	gynecort 10.....	97
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ONE-A-DAY MENS HEALTH FORMULA .....	244	OPTIHALER .....	217	OTICIN HC NR .....	273
ONE-A-DAY MENS PRO EDGE .....	244	OPTIHALER MDI DRUG DELIVERY SYSTEM .....	217	OTOVEL .....	273
ONE-A-DAY PROACTIVE 65+ .....	244	OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE .....	291	OVACE PLUS WASH .....	93
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ONE-A-DAY WEIGHT SMART ADVANCED .....	245	OPURITY .....	245	oxandrolone .....	17
ONE-A-DAY WOMENS .....	245	ORACEA .....	103	oxaprozin .....	7
ONE-A-DAY WOMENS 50+ ADVANTAGE .....	245	ORACIT .....	113	OXAYDO .....	15
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE .....	245	oral electrolytes .....	227	oxazepam .....	25
ONE-A-DAY WOMENS ACTIVE MIND & BODY .....	245	ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT .....	231	oxcarbazepine .....	31
ONE-A-DAY WOMENS PETITES .....	245	oralone dental paste .....	231	oxybutynin chloride .....	286
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT .....	245	ORAP .....	276	oxycodone hcl .....	15
ONE-A-DAY WOMENS PRENATAL .....	254	orazinc .....	229	oxycodone w/ acetaminophen .....	16
ONETOUCH DELICA LANCING DEVICE .....	145	ORENCIA .....	8	oxycodone-aspirin .....	16
ONETOUCH DELICA PLUS LANCING DEVICE .....	145	ORENCIA CLICKJECT .....	7	OXYCONTIN .....	16
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ONETOUCH SURESOFT LANCING DEVICE/21G .....	146	orphenadrine citrate .....	258	oysco 500 .....	224
ONETOUCH SURESOFT LANCING DEVICE/28G .....	146	ORTHO MICRONOR .....	80	oyster shell .....	225
ONEVITE .....	245	ORTHO TRI-CYCLEN .....	79	oyster shell calcium 500+d .....	222
ONGLYZA .....	36	ORTHO TRI-CYCLEN LO .....	79	PA PRENATAL FORMULA .....	254
OPCON-A .....	269			pacerone .....	26
OPDIVO .....	56			pain & fever childrens .....	10
				pain reliever/fever reducer childrens .....	10
				paliperidone .....	62
				PAMELOR .....	34
				panadol infant .....	9
				PANCREAZE .....	106
				PANOXYL .....	88
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				PANRETIN .....	92
				pantoprazole sodium .....	286
				paregoric .....	40

PARI ALTERA NEBULIZER	pediatric vitamins acid w/ fluoride	PEN NEEDLES/32G X 5/32"
HANDSET	250	189
PARI BABY CONVERSION KITSIZE 1	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	penicillamine
217	123	229
PARI BABY CONVERSION KITSIZE 2	peg 3350-potassium chloride- sod bicarbonate-sod	penicillin v potassium
217	chloride	273
PARI BABY CONVERSION KITSIZE 3	124	PENLET II AUTOMATIC BLOODSAMPLER
217	PEGASYS	146
PARI ERAPID NEBULIZER HANDSET	73	PENLET II REPLACEMENT CAPS
217	PEGASYS PROCLICK	146
PARI EXPIRATORY FILTER VALVE SET	73	PENLET II REPLACEMENT CAPS-DEEP
217	PEGINTRON	146
PARI MASK SET	73	PENLET II REPLACEMENT CAPS-REGULAR
217	PEN NEEDLES 29G X 12MM	146
PARI SOFT PLASTIC ADULT MASK	188	PENTIPS 29G X 12MM
217	PEN NEEDLES	189
PARI SOFT PLASTIC PEDIATRIC MASK	29GX1/2"	189
217	PEN NEEDLES	189
PARI VORTEX ADULT MASK	29GX12MM	189
217	PEN NEEDLES	189
paricalcitol	30GX5/16"	PENTIPS 31G X 5MM
108	PEN NEEDLES	189
PARLODEL	30GX5MM	PENTIPS 31G X 8MM
61	PEN NEEDLES	189
PARNATE	30GX8MM	PENTIPS 31GX5MM
33	188	189
paroex	PEN NEEDLES 31G X 1/4" SHORT	PENTIPS 31GX6MM
230	188	189
paromomycin sulfate	PEN NEEDLES 31G X 3/16"	PENTIPS 31GX8MM
3	188	189
paroxetine hcl	PEN NEEDLES 31G X 5MM	PENTIPS 32G X 4MM
34	188	189
PARVA-CAL	PEN NEEDLES 31G X 6MM	PENTIPS 32GX4MM
225	188	189
PARVLEX	PEN NEEDLES 31G X 8MM	pentoxifylline
245	188	116
PAXIL	PEN NEEDLES	PEPCID
34	31GX5/16"	284
PAXIL CR	PEN NEEDLES 31GX6MM (1/4")	PEPCID AC
34	189	284
PC LANCETS SUPER THIN 30G	PEN NEEDLES	PEPCID AC MAXIMUM STRENGTH
146	31GX8MM	284
PC PEDIATRIC POLY-VITAMIN DROPS/IRON	189	PEPTO BISMOL
250	PEN NEEDLES 31GX8MM (5/16")	40
PC UNIFINE PENTIPS 29G X1/2"	189	PEPTO-BISMOL
188	189	40
PC UNIFINE PENTIPS 31G X5MM MINI	PEN NEEDLES 32G X 4MM	PEPTO-BISMOL MAX STRENGTH
188	189	40
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	PEN NEEDLES 32G X 5MM	PEPTO-BISMOL TO-GO
188	189	40
PC UNIFINE PENTIPS 31G X8MM SHORT	PEN NEEDLES 32G X 6MM	PERCOCET
188	189	16
PEAK A-I-R FLOW METER	PEN NEEDLES	PERFECT LANCETS 30G
217	32GX4MM	146
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	189	PERIDEX
217	PEN NEEDLES 33G X 5/32"	230
PEDIALYTE	189	PERIKABIVEN
227	PEN NEEDLES/29G X 1/2"	264
PEDIALYTE ADVANCED CARE	189	PERJETA
227	PEN NEEDLES/31G X 1/4"	56
PEDIALYTE FREEZER POPS	189	permethrin
227	PEN NEEDLES/31G X 3/16"	104
PEDIALYTE SINGLES	189	perphenazine
227	PEN NEEDLES/31G X 5/16"	64
PEDIAPRED	189	perphenazine-amitriptyline
81		275
PEDIATRIC MOUTHPIECE/DISPOSABLE		PERRY PRENATAL
217		254
		PERSERIS
		62
		PERSONAL BEST FULL RANGE
		217
		PERSONAL BEST LOW RANGE
		217
		PFLEX
		217
		PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES
		217
		PHARMACY COUNTER LANCETS
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phenazopyridine hcl.....	114	PLEGRIDY STARTER PACK.....	276	POTASSIUM CHLORIDE/DEXTROSE/LACTA TED RINGERS.....	227
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phenoxybenzamine hcl.....	52	POCKET PEAK FLOW METER.....	218	povidone-iodine.....	69
phentermine hcl.....	1	POCKET SPACER.....	218	POVIDONE-IODINE.....	69
phenylephrine hcl (mydriatic).....	268	POCKETPEAK PEAK FLOW METER LOW RANGE... ..	218	POVIDONE-IODINE PREP PAD.....	69
phenylephrine hcl (oral)....	261	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM.....	218	POVIDONE-IODINE PREP PADS.....	69
PHENYTEK.....	32	podofilox.....	100	POVIDONE-IODINE SCRUB LARGE WINGED SPONGE.....	69
phenytoin.....	32	POLY-VI-FLOR.....	250	POVIDONE-IODINE SCRUB SMALL WINGED SPONGE.....	69
phenytoin infatabs.....	32	POLY-VI-FLOR/IRON... ..	250	POVIDONE-IODINE SCRUB SPONGE STICKS.....	69
phenytoin sodium extended... ..	32	POLY-VITA/IRON.....	250	PRADAXA.....	30
phillips milk of magnesia... ..	125	POLYCOSE.....	262	pramipexole dihydrochloride.....	61
PHILLIPS MILK OF MAGNESIA.....	125	polyethylene glycol 3350.....	124	PRAMOSONE.....	99
PHILLIPS MILK OF MAGNESIA CHEWABLE.....	125	POLYMEM FILM DOT... ..	135	pramoxine hcl (rectal).....	18
PHILLIPS MILK OF MAGNESIA CONCENTRATED.....	125	POLYMEM NON-ADHESIVE PAD.....	135	prasugrel hcl.....	116
phosphasal.....	23	polymyxin b-trimethoprim.....	269	PRAVACHOL.....	51
PHOSPHOLINE IODIDE.....	268	polysaccharide iron complex.....	118	pravastatin sodium.....	51
PHYTOMULTI.....	245	POLYSPORIN.....	90	praziquantel.....	23
phytonadione.....	295	POLYTRIM.....	269	prazosin hcl.....	52
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PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	190	PREFERRED PLUS LANCETS SUPER THIN 30G.....	146	PRENATAL MULTIVITAMIN + DHA.....	255
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SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2".....	195	SENTRY SENIOR.....	246	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT.....	219
SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1".....	195	SENTRY.....	246	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT.....	219
SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1-1/2".....	195	SENIOR/LUTEIN.....	246	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC.....	219
SECURESAFE SYRINGE/NEEDLE/3ML/21G X 1".....	196	SEREVENT DISKUS.....	29	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT.....	219
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SECURESAFE SYRINGE/NEEDLE/3ML/22G X 1-1/2".....	196	sertraline hcl.....	34	simethicone.....	112
SECURESAFE SYRINGE/NEEDLE/3ML/23G X 1".....	196	SFROWASA.....	113	SIMILAC PRENATAL EARLY SHIELD.....	256
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selenium sulfide.....	93	NEEDLES/MICRO/32GX4MM.....	196	SIMPONI ARIA.....	3
		SHOPKO UNIFINE PENTIPS PEN.....	196	simvastatin.....	51
		NEEDLES/ORIGINAL/29GX12MM.....	196	SINEMET.....	61
		SHOPKO UNIFINE PENTIPS PLUS PEN.....	196	SINEMET CR.....	61
		NEEDLES/MICRO/REMOVR/32GX4MM.....	196	SINGULAIR.....	27
		SHOPKO UNIFINE PENTIPS PLUS PEN.....	196	sirolimus.....	230
		NEEDLES/SHORT/31GX8MM.....	196		
		SHOPKO UNIFINE PENTIPS PLUS PEN.....	196		
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		SHOPKO UNIFINE PENTIPS PLUS PEN.....	196		
		NEEDLES/SHORT/REMOVR/31GX5MM.....	196		
		SHOPKO UNIFINE PENTIPS PLUS PEN.....	196		
		NEEDLES/MINI/REMOVER/31GX5MM.....	196		

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sleep aid.....	120	SODIUM CHLORIDE.....	229	spironolactone & hydrochlorothiazide.....	106
SLO-NIACIN.....	296	sodium chloride.....	229	SPORANOX.....	42
slow release iron.....	118	sodium chloride (gu irrigant).....	114	SPORANOX PULSEPAK.....	42
SM ADHESIVE PADS 2"X3".....	136	sodium chloride (inhalant).....	86	SPRYCEL.....	59
SM ADHESIVE PADS 3"X4".....	136	sodium chloride hypertonic.....	271	ssd.....	94
SM ALCOHOL PREP PADS.....	151	sodium citrate & citric acid.....	114	STALEVO 100.....	62
sm allergy relief.....	43	sodium fluoride.....	227	STALEVO 125.....	62
SM CALAMINE.....	103	sodium fluoride (dental).....	231	STALEVO 150.....	62
SM CALAMINE PHENOLATED.....	103	sodium phosphates.....	125	STALEVO 200.....	62
sm fiber.....	122	sodium polystyrene sulfonate.....	230	STALEVO 50.....	62
SM FIBER POWDER.....	122	sodium sulfacetamide wash.....	93	STALEVO 75.....	62
sm fish oil.....	263	SODIUM SULFACETAMIDE/SULFUR .....	89	STAMARIL.....	290
sm foaming antacid.....	20	SOF-SET ADHESIVE PATCH.....	136	STARLIX.....	38
SM GAUZE PADS 2"X2".....	136	SOF-WICK 4"X4".....	136	stavudine.....	71
SM GAUZE PADS 3"X3".....	136	sofosbuvir-velpatasvir.....	73	STEGLATRO.....	38
SM GAUZE PADS 4"X4".....	136	SOLQUA 100/33.....	35	STELARA.....	93
SM GLUCOSE.....	36	SOLIRIS.....	116	STERILANCE PA.....	148
sm hydrocortisone.....	96	SOLO.....	246	STERILANCE TL.....	148
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SM IODINE TINCTURE.....	69	SOLUS V2 LANCING DEVICE.....	148	STERILE GAUZE PADS 3"X3".....	136
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SM ONE DAILY MENS.....	246	SOOLANTRA.....	103	STERILE PADS 3"X3".....	136
SM ONE DAILY PRENATAL.....	257	soothe.....	39	STERILE PADS 4"X4".....	136
SM ONE DAILY WOMENS.....	246	SOOTHENEB NBL 100 CHILD MASK.....	219	STIMATE.....	109
SM PRENATAL VITAMINS.....	257	SOOTHENEB NBL 100 MEDICATION CUP.....	219	STIOLTO RESPIMAT.....	29
SM STERILE PADS.....	136	SOOTHENEB NBL 100 MESH CAP.....	219	STIVARGA.....	59
SM STERILE PADS 2"X2".....	136	SOOTHENEB NBL100 ADULT MASK.....	219	STRATTERA.....	2
SM TRUEDRAW LANCING DEVICE.....	148	SORBITOL.....	124	stress formula.....	238,249
sm vitamin c.....	295	sorine.....	74	stress formula/iron.....	232,239
sm vitamin d3 maximum strength.....	294	sotalol hcl.....	74	STRIBILD.....	71
SMART DIABETES VANTAGE LANCING DEVICE.....	148	sotalol hcl (afib/af).....	74	STRIVERDI RESPIMAT.....	29
SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	148	SOTYLIZE.....	74	STROVITE FORTE.....	246
SMART SENSE STANDARD LANCETS UNIVERSAL 21G.....	148	SPECTRAVITE.....	246	STROVITE ONE.....	246
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G.....	148	spinosad.....	104	STUART ONE.....	257
SMART SENSE THIN LANCETSUNIVERSAL 26G.....	148	SPINRAZA.....	262	SUBLOCADE.....	17
		SPIRIVA HANDIHALER.....	26	SUBOXONE.....	17
		SPIRIVA RESPIMAT.....	26	subvenite.....	30
				sucralfate.....	285
				SUDAFED CHILDRENS.....	262
				SUDAFED CONGESTION.....	262
				SUDAFED PE CHILDRENS NASAL DECONGESTANT.....	262
				SUDAFED PE SINUS CONGESTION.....	262

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SULAR .....	75	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" .....	197	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....	198
sulconazole nitrate .....	92	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" .....	197	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .....	198
sulfacetamide sod- prednisolone .....	270	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" .....	197	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .....	198
sulfacetamide sodium .....	93	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....	197	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .....	198
sulfacetamide sodium (acne) (ophth) .....	89	SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM .....	197	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....	198
sulfacetamide sodium w/ sulfur .....	89	SURE COMFORT INSULIN SYRINGES/U- 100/1ML/31GX6MM .....	197	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" .....	198
SULFADIAZINE .....	279	SURE COMFORT LANCETS 18G .....	148	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" .....	198
sulfamethoxazole-trimethoprim .....	23	SURE COMFORT LANCETS 21G .....	148	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....	198
SULFAMYLON .....	94	SURE COMFORT LANCETS 23G .....	148	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" .....	198
sulfasalazine .....	113	SURE COMFORT LANCETS 30G .....	148	SURE-PEN .....	148
sulfatrim pediatric .....	23	SURE COMFORT LANCING PEN .....	148	SURELITE LANCETS .....	148
sulindac .....	7	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM .....	197	SURGICAL GAUZE SPONGE .....	136
sumatriptan .....	220	SURE COMFORT PEN NEEDLES30GX5/16" SHORT .....	197	SUSTIVA .....	71
sumatriptan succinate .....	220,221	SURE COMFORT PEN NEEDLES31GX3/16" (5MM) .....	197	SUTENT .....	59
super b with c .....	231	SURE COMFORT PEN NEEDLES31GX5/16" (8MM) .....	197	SYLATRON .....	60
SUPER THIN LANCETS ...	148	SURE COMFORT PEN NEEDLES32GX5/32" .....	197	SYMAX DUOTAB .....	281
SUPPRELIN LA .....	108	SURE COMFORT PEN NEEDLES32GX6MM .....	198	SYMBICORT .....	29
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .....	196	SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM .....	198	SYMBYAX .....	275
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .....	196	SURE-FINE PEN NEEDLES 31GX3/16" 5MM .....	198	SYMDEKO .....	279
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....	196	SURE-FINE PEN NEEDLES 31GX5/16" 8MM .....	198	SYMFI .....	71
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....	196	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .....	198	SYMFI LO .....	71
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....	197			SYMLINPEN 120 .....	35
SURE COMFORT INSULIN SYRINGE/U- 100/0.3ML/31GX1/4" .....	197			SYMLINPEN 60 .....	35
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .....	197			SYMTUZA .....	71
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .....	197			SYNAGIS .....	273
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .....	197			SYNALAR .....	99
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .....	197			SYNAREL .....	108
				SYNJARDY .....	35
				SYNJARDY XR .....	35
				SYNTHAMIN 17 .....	266
				SYNTHROID .....	280

SYRINGE/LUER LOCK/3ML/20G X 1"	198	TANZEUM	36	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16"	200
SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	198	TAPAZOLE	280	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	200
SYRINGE/LUER LOCK/3ML/20GX1-1/2"	198	TARCEVA	59	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	200
SYRINGE/LUER LOCK/3ML/21G X 1"	198	TARGADOX	279	TECHLITE LANCETS	148
SYRINGE/LUER LOCK/3ML/21G X 1-1/2"	198	TARGRETIN	60	TECHLITE LANCETS 30G	148
SYRINGE/LUER LOCK/3ML/21GX1"	198	TARKA	54	TECHLITE PEN NEEDLES 29GX 10MM	200
SYRINGE/LUER LOCK/3ML/21GX1-1/2"	199	TARON-BC	257	TECHLITE PEN NEEDLES 29GX 12 MM	200
SYRINGE/LUER LOCK/3ML/22G X 1"	199	TASIGNA	59	TECHLITE PEN NEEDLES 31GX 5MM	200
SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	199	TAXOTERE	60	TECHLITE PEN NEEDLES/31GX 5MM	200
SYRINGE/LUER LOCK/3ML/22GX1"	199	tazarotene	93	TECHLITE PEN NEEDLES/31GX 6 MM	200
SYRINGE/LUER LOCK/3ML/22GX1-1/2"	199	TAZORAC	93	TECHLITE PEN NEEDLES/31GX 8MM	200
SYRINGE/LUER LOCK/3ML/23G X 1"	199	taztia xt	75	TECHLITE PEN NEEDLES/32GX 4MM	200
SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	199	TDVAX	280	TECHLITE PEN NEEDLES/32GX 6MM	200
SYRINGE/LUER LOCK/3ML/23GX1"	199	TEARS NATURALE PM	267	TECHLITE PEN NEEDLES/32GX 8MM	200
SYRINGE/LUER LOCK/3ML/25G X 1"	199	TECFIDERA	276	TEGADERM CHG DRESSING/2-3/4"X3-3/8"	67
SYRINGE/LUER LOCK/3ML/25G X 1-1/2"	199	TECFIDERA STARTER PACK	276	TEGADERM CHG DRESSING/3-1/2"X4-1/2"	67
SYRINGE/LUER LOCK/3ML/25GX1"	199	TECHLITE AST LANCETS	148	TEGADERM CHG DRESSING/4"X4-3/4"	67
SYRINGE/LUER LOCK/3ML/25GX5/8"	199	TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	199	TEGADERM CHG DRESSING/4"X6-1/8"	68
SYRINGES/LUER LOCK/1ML/20GX1"	199	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2"	199	TEGADERM FOAM DRESSING 2"X2"	136
SYSTANE ICAPS AREDS2	246	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	199	TEGADERM FOAM DRESSING 4"X4"	136
T-VITES	246	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	199	TEGRETOL	31
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE	247	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	199	TEGRETOL-XR	31
TABLOID	56	TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	199	TEKURNA	54
TACLONEX	99	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	200	telmisartan	52
tacrolimus	230	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	200	telmisartan-amlodipine	54
tadalafil (pulmonary hypertension)	76	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	200	telmisartan-hydrochlorothiazide	54
TAFINLAR	59	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	200	temazepam	120
TAGAMET HB	284	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	200	TEMIXYS	72
TAGRISSE	59	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	200	TEMODAR	55
TAMIFLU	74	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	200	TEMOVATE	99
tamoxifen citrate	57			temozolomide	55
tamsulosin hcl	114			tencon	8

TENORMIN.....	74	THEREMS		TODAYS HEALTH SHORT PEN	
terazosin hcl.....	52	MULTIVITAMIN.....	249	NEEDLES 31G X 5/16".....	200
terbinafine hcl.....	42	THEREMS-H.....	247	TODAYS HEALTH SUPER	
terbinafine hcl (topical).....	92	THEREMS-M.....	247	THINLANCETS 30G.....	149
terbutaline sulfate.....	29	thiamine hcl.....	296	TODAYS HEALTH ULTRA	
terconazole vaginal.....	292	thiamine mononitrate.....	296	THINLANCETS 28G.....	149
TESSALON PERLES.....	81	THINLETS GP LANCETS.....	149	TOFRANIL.....	34
TESTIM.....	17	THIOLA.....	114	tolazamide.....	38
testosterone.....	17	thioridazine hcl.....	64	tolbutamide.....	38
testosterone cypionate.....	17	thiothixene.....	64	tolmetin sodium.....	7
TESTOSTERONE		THRESHOLD IMT.....	219	tolnaftate.....	92
CYPIONATE.....	17	THRIVITE 19.....	247	tolterodine tartrate.....	286
testosterone cypionate.....	17	THRIVITE RX.....	257	TOLVAPTAN.....	109
TETANUS/DIPHThERIA		thyroid.....	280	tolvaptan.....	109
TOXOIDS-ADSORBED		tiagabine hcl.....	32	TOPAMAX.....	31
ADULT.....	281	TIAZAC.....	75	TOPAMAX SPRINKLE.....	31
tetrabenazine.....	275	TIBSOVO.....	59	TOPCARE CLICKFINE	
tetracaine hcl (ophth).....	270	TIGAN.....	42	UNIVERSAL PEN EEDLES	
tetracycline hcl.....	279	TIKOSYN.....	26	31GX1/4".....	201
TGT ALCOHOL SWABS.....	151	tilia fe.....	78	TOPCARE CLICKFINE	
tgt allergy+ congestion relief-		timolol maleate.....	74	UNIVERSAL PEN EEDLES	
d.....	82	timolol maleate (ophth).....	267	31GX5/16".....	201
TGT LANCET MICRO THIN		TIMOPTIC.....	267	TOPCARE LANCETS MICRO-	
33G.....	148	TIMOPTIC OCUDOSE.....	267	THIN 33G.....	149
TGT LANCET THIN 26G.....	149	TIMOPTIC-XE.....	267	TOPCARE ULTRA COMFORT	
TGT LANCET ULTRA THIN		TINACTIN.....	92	INSULIN SYRINGE/0.3ML/30G X	
30G.....	149	TIVICAY.....	72	5/16".....	201
TGT LANCING DEVICE.....	149	TIVICAY PD.....	72	TOPCARE ULTRA COMFORT	
THEO-24.....	29	tizanidine hcl.....	258	INSULIN SYRINGE/0.5ML/30G X	
theophylline.....	29	TL FOLATE.....	257	5/16".....	201
thera.....	249	TOBI.....	3	TOPCARE ULTRA COMFORT	
THERA.....	249	TOBI PODHALER.....	3	INSULIN SYRINGE/0.5ML/31G X	
THERA M PLUS.....	247	TOBRADEX.....	270	5/16".....	201
thera-m.....	239	tobramycin.....	3	TOPCARE ULTRA COMFORT	
THERA-M.....	247	tobramycin (ophth).....	269	INSULIN SYRINGE/1ML/30G X	
THERA-TABS M.....	247	tobramycin inhalation solution		5/16".....	201
THERABETIC MULTI-		pak.....	2	TOPCARE ULTRA COMFORT	
VITAMIN.....	247	tobramycin sulfate.....	3	INSULIN SYRINGE/U-	
THERAGAUZE.....	136	tobramycin-		100/0.3ML/29G X 1/2".....	201
THERAGRAN-M.....	247	dexamethasone.....	271	TOPCARE ULTRA COMFORT	
THERAGRAN-M		TOBEX.....	269	INSULIN SYRINGE/U-	
ADVANCED.....	247	TODAY SPONGE.....	291	100/0.5ML/29G X 1/2".....	201
THERAGRAN-M ADVANCED 50		TODAYS HEALTH ADVANCED		TOPCARE ULTRA COMFORT	
PLUS.....	247	LANCING DEVICE.....	149	INSULIN SYRINGE/U-	
THERAGRAN-M PREMIER.....	247	TODAYS HEALTH MINI PEN		100/1ML/29G X 1/2".....	201
THERAGRAN-M PREMIER 50		NEEDLES 31G X 1/4".....	200	TOPICORT.....	99
PLUS.....	247	TODAYS HEALTH ORIGINAL		topiramate.....	31
THERANATAL		PEN NEEDLES 29G X		topotecan hcl.....	61
COMPLETE.....	257	1/2".....	200	TOPOTECAN HCL.....	61
THERANATAL CORE					
NUTRITION.....	257				

topotecan hcl.....	61	trimethobenzamide hcl.....	42	TRUEPLUS INSULIN	
TOPPER DRESSING SPONGES		trimethoprim.....	23	SYRINGE/U-100/0.5ML/29G X	
4"X4".....	136	TRINATAL RX 1.....	257	1/2".....	202
TOPROL XL.....	74	trinate.....	251	TRUEPLUS INSULIN	
toremifene citrate.....	57	TRIUMEQ.....	72	SYRINGE/U-100/0.5ML/30G X	
toremide.....	106	TRIZIVIR.....	72	5/16".....	202
TRACLEER.....	76	TROGARZO.....	72	TRUEPLUS INSULIN	
TRADJENTA.....	36	TROPHAMINE.....	266	SYRINGE/U-100/0.5ML/31G X	
tramadol hcl.....	16	tropicamide.....	268	5/16".....	202
tramadol-acetaminophen....	16	trospium chloride.....	286	TRUEPLUS INSULIN	
trandolapril.....	52	TRUE COMFORT INSULIN		SYRINGE/U-100/1ML/28G X	
trandolapril-verapamil hcl...	54	SYRINGE/0.5ML/31G X		1/2".....	202
tranexamic acid.....	119	5/16".....	201	TRUEPLUS INSULIN	
TRANXENE T.....	25	TRUE COMFORT INSULIN		SYRINGE/U-100/1ML/29G X	
tranylcypromine sulfate.....	33	SYRINGE/1ML/31G X		1/2".....	202
TRAVASOL.....	266	5/16".....	201	TRUEPLUS INSULIN	
trazodone hcl.....	34	TRUE COMFORT PEN		SYRINGE/U-100/1ML/31G X	
TRECATOR.....	55	NEEDLES31G X 5MM...	201	5/16".....	202
TRELEGY ELLIPTA.....	29	TRUE COMFORT PEN		TRUEPLUS LANCETS	
TRELSTAR MIXJECT.....	57	NEEDLES31G X 6MM...	201	26G.....	149
treprostinil.....	76	TRUE COMFORT PEN		TRUEPLUS LANCETS	
tretinoin.....	89	NEEDLES32G X 4MM...	201	28G.....	149
tretinoin (chemotherapy)....	60	TRUE METRIX CONTROL		TRUEPLUS LANCETS 28G	
tretinoin microsphere.....	89	SOLUTION LEVEL 1.....	149	SUPER THIN.....	149
TRETTEN.....	116	TRUE METRIX CONTROL		TRUEPLUS LANCETS	
TREXALL.....	56	SOLUTION LEVEL 2.....	149	30G.....	149
tri femynor.....	78	TRUE METRIX CONTROL		TRUEPLUS LANCETS 30G	
TRI-NORINYL 28.....	79	SOLUTION LEVEL 3.....	149	ULTRA THIN.....	149
tri-vite/fluoride.....	250	TRUECONTROL GLUCOSE		TRUEPLUS LANCETS	
triamcinolone acetonide		CONTROL LEVEL 0.....	149	33G.....	149
(mouth).....	231	TRUECONTROL GLUCOSE		TRUEPLUS PEN NEEDLES	
triamcinolone acetonide		CONTROL LEVEL 1.....	149	29GX12MM.....	202
(nasal).....	260	TRUEDRAW LANCING		TRUEPLUS PEN NEEDLES	
triamcinolone acetonide		DEVICE.....	149	31GX5MM.....	202
(topical).....	99	TRUEPLUS 5-BEVEL PEN		TRUEPLUS PEN NEEDLES	
triamterene &		NEEDLES 29GX12.7MM...	201	31GX6MM.....	202
hydrochlorothiazide.....	106	TRUEPLUS 5-BEVEL PEN		TRUEPLUS PEN NEEDLES	
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ULTICARE SHORT PEN		X 5/16" .....	206	5/16" .....	207
NEEDLES/31G X 8MM .....	205	ULTILET INSULIN		ULTRA-COMFORT INSULIN	
ULTICARE SYRINGE/LOW		SYRINGE/SHORT/0.5ML/30G		SYRINGE/U-100/0.5ML/28G X	
DEADSPACE/3ML/22G X1-		X 5/16" .....	206	1/2" .....	207
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SYRINGES/0.3ML/31G X		X 5/16" .....	206	1/2" .....	207
1/4" .....	205	ULTILET INSULIN		ULTRA-COMFORT INSULIN	
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SYRINGES/0.3ML/31G		5/16" .....	206	5/16" .....	207
X1/4" .....	205	ULTILET INSULIN		ULTRA-COMFORT INSULIN	
ULTICARE U-100 INSULIN		SYRINGE/SHORT/1ML/31G X		SYRINGE/U-100/0.5ML/31G X	
SYRINGES/0.5ML/31G X		5/16" .....	206	5/16" .....	207
1/4" .....	205	ULTILET INSULIN		ULTRA-COMFORT INSULIN	
ULTICARE U-100 INSULIN		SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/1ML/28G X	
SYRINGES/1ML/31G X		1/2" .....	206	1/2" .....	207
1/4" .....	205	ULTILET INSULIN		ULTRA-COMFORT INSULIN	
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NEEDLE/32G X 5/32"/SHARPS		ULTILET INSULIN		ULTRA-COMFORT INSULIN	
CONTA .....	205	SYRINGE/U-100/1ML/30G X		SYRINGE/U-100/1ML/30G X	
ULTIGUARD SAFEPACK/MINI		1/2" .....	206	5/16" .....	207
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1/4"/SHARPS CONTAIN ...	205	29GX12.7MM .....	206	SYRINGE/U-100/1ML/31G X	
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ULTRACARE INSULIN			
SYRINGE/U-100/0.3ML/31G X			
5/16"	208		
ULTRACARE INSULIN			
SYRINGE/U-100/0.5ML/30G X			
1/2"	208		
ULTRACARE INSULIN			
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5/16"	208		
ULTRACARE INSULIN			
SYRINGE/U-100/0.5ML/31G X			
5/16"	208		
ULTRACARE INSULIN			
SYRINGE/U-100/1ML/30G X			
1/2"	208		
ULTRACARE INSULIN			
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5/16"	208		
ULTRACARE INSULIN			
SYRINGE/U-100/1ML/31G X			
5/16"	208		
ULTRACARE PEN			
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UNISTIK 1	150		
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UNISTIK 2 NORMAL	150		
UNISTIK 2 SUPER	150		
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UNISTIK 3 COMFORT	150		
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UNISTIK CZT COMFORT	150		
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VITASANA.....	247	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM.....	211	xulane.....	79
VITATHELY/GINGER.....	257	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM.....	211	XULTOPHY 100/3.6.....	35
VITATRUM.....	247	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM.....	211	XURIDEN.....	109
VITREXYL.....	247	WELLBUTRIN SR.....	33	XYNTHA.....	116
VITREXYL/IRON.....	247	WELLBUTRIN XL.....	33	XYNTHA SOLOFUSE.....	116
VITRUM 50+ ADULT-MULTI IRON FREE.....	248	WESTAB PLUS.....	257	XYZAL ALLERGY 24HR.....	50
VITRUM 50+ SENIOR MULTI.....	248	WESTHROID.....	280	YASMIN 28.....	79
VIVAGUARD LANCING DEVICE.....	150	WHOLE FOOD MULTIVITAMIN.....	248	YAZ.....	79
VIVELLE-DOT.....	110	WILATE.....	116	YELETS TEENAGE FORMULA.....	248
VIVITROL.....	41	WINDMILL TRAINER.....	219	YF-VAX.....	290
VIVOTIF.....	287	wixela inhub.....	28	YONDELIS.....	55
VIVOTIF BERNA.....	287	WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA.....	248	YONSA.....	57
VOGELXO.....	17	WOMENS BIOMULTIPLE.....	248	YOUR LIFE MULTI PRENATAL.....	257
VOGELXO PUMP.....	18	WOMENS MULTI VITAMIN & MINERAL FORMULA.....	248	ZADITOR.....	271
VOL-NATE.....	257	WP THYROID.....	280	zafirlukast.....	27
VOL-PLUS.....	257	XALATAN.....	272	zaleplon.....	121
VOL-TAB RX.....	257	XALKORI.....	60	ZALTRAP.....	56
VOLTAREN.....	89	XANAX.....	26	ZANAFLEX.....	258
VONVENDI.....	116	XARELTO.....	29	ZANTAC.....	285
voriconazole.....	43	XARELTO STARTER PACK.....	29	ZANTAC 150 MAXIMUM STRENGTH.....	285
VORTEX VALVED HOLDING CHAMBER.....	219			ZANTAC 75.....	285
VOTRIENT.....	60			ZARONTIN.....	32
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	211			ZARXIO.....	117
VPRIV.....	117			ZEJULA.....	60
VRAYLAR.....	62			ZELBORAF.....	60
VUSION.....	92			ZEMAIRA.....	279
VYTORIN.....	50			ZEMPLAR.....	109
VYVANSE.....	1			zenzedi.....	1
				ZERIT.....	72
				ZESTORETIC.....	54
				ZESTRIL.....	52

ZETIA.....	51	ZYRTEC-D	
ZIAC.....	54	ALLERGY/CONGESTION	86
ZIAGEN.....	72	ZYTIGA.....	57
zidovudine.....	72		
zinc oxide (topical).....	103		
zinc sulfate.....	229		
ziprasidone hcl.....	62		
ziprasidone mesylate.....	62		
ZITHROMAX.....	129		
ZITHROMAX TRI-PAK.....	129		
ZITHROMAX Z-PAK.....	129		
ZOCOR.....	51		
ZOFRAN.....	41		
ZOLADEX.....	57		
zoledronic acid.....	107		
ZOLEDRONIC ACID.....	107		
zoledronic acid.....	107		
ZOLEDRONIC ACID.....	107		
ZOLINZA.....	60		
zolmitriptan.....	221		
ZOLOFT.....	34		
zolpidem tartrate.....	121		
ZOMACTON.....	108		
ZOMETA.....	107		
ZOMIG.....	221		
ZOMIG ZMT.....	221		
ZONALON.....	93		
ZONEGRAN.....	31		
zonisamide.....	31		
ZONTIVITY.....	116		
ZORTRESS.....	230		
ZOSTAVAX.....	290		
ZOVIRAX.....	73,94		
ZUBSOLV.....	17		
ZYBAN.....	279		
ZYCLARA.....	100		
ZYCLARA PUMP.....	100		
ZYDELIG.....	60		
ZYLOPRIM.....	114		
ZYMAXID.....	269		
ZYPREXA.....	63		
ZYPREXA RELPREVV.....	63		
ZYPREXA ZYDIS.....	63		
ZYRTEC ALLERGY.....	50		
ZYRTEC CHILDRENS			
ALLERGY.....	50		