

# Open Medication Guide

July 2022

Please consider talking to your doctor about prescribing one of the formulary medications that are indicated as covered under your plan; which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug formulary is regularly updated. Please visit [www.floridablue.com](http://www.floridablue.com) for the most up-to-date information.

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## Introduction

Florida Blue and Florida Blue HMO are pleased to present the Open Formulary Medication Guide. This is a general guide that includes an abbreviated listing of Brand and Generic medications that are covered under your plan. Since coverage for medication varies by the plan purchased by you or your employer, it's important that you refer to your plan documents for complete coverage details. When we refer to "plan documents" we are referring to one or more of the following: Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement.

The Open Formulary Medication Guide provides helpful tips on how to make the most of your pharmacy benefits and details about the various coverage programs that are designed to provide safe and appropriate medication when you need it. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online at [www.floridablue.com](http://www.floridablue.com) or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

**Si de se a hablar sobre esta guía en español con uno de nuestros representantes, por favor llame al número de atención al cliente indicado en su tarjeta de asegurado y pida ser transferido a un representante bilingüe.**

**NOTE:** The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating physician in accordance with the patient/physician relationship.

### Key Tips and Coverage Guidelines

By following these simple guidelines, you will be assured that you are getting the maximum benefit from your plan.

- When you have your prescriptions filled, ask your pharmacist if a generic equivalent is available. Generic medications are usually less expensive, and most generics are covered unless specifically excluded under your plan documents.
- Select Brand Name medications are included in the formulary and are therefore available to you through your plan. The List includes all covered brand name medications unless specifically excluded under your plan documents.
- Take this Guide with you when you visit your doctor or health care provider so that he or she is aware of the drugs listed and cost impacts when you discuss medication options.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc. Florida Blue HMO is a trade name of Health Options, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross Blue Shield Association.

## Medication List

The Medication Guide includes the Preferred Medication List and some commonly prescribed Non-Preferred prescription medications. The Preferred Medication List reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee.

**NOTE:** This is not a complete listing of all covered prescriptions medications. Florida Blue reserves the right to modify (add, remove or change) the tier or apply limits of coverage to any prescription medication in this Medication Guide at any time.

For your out-of-pocket expenses to be as low as possible, please consider asking your doctor to prescribe generic medications, or if necessary, brand name medications that are included on the List. This will help ensure that your covered medications are allowed and reimbursed under your plan. In addition, consider using a participating pharmacy to obtain your covered medications because your out-of-pocket expenses should be lower than if you used a non-participating pharmacy.

To save the most money on medications, share this Medication Guide with your doctor or health care provider at each visit so he or she is aware of the drugs listed and cost impacts when you discuss medication options.

## Changes to the formulary

This guide includes the medication list which reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue reserves the right to add or remove or change the tier of any medication in this Medication Guide at any time.

The medication list is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness and current use in therapy.

There are varying reasons changes are made to the medications listed in the Medication Guide:

- The tier level of a medication included on the medication list may increase (change to a higher tier or non-covered) when an FDA-approved bioequivalent generic medication becomes available.
- Newly marketed prescription medications may not be covered until the Pharmacy & Therapeutics Committee has had an opportunity to review the medication, to determine whether the medication will be covered and if so, which tier will apply based on safety, efficacy, and the availability of other products within that class of medications. Go to [New To Market Drug List](#) for the most up-to-date information.

The most up to date information about modifications to the medications listed in this Medication Guide can be found by:

Going to [www.floridablue.com](http://www.floridablue.com).

- Click on the **Members** tab.
- Click on the **Login Now** button and either **Login** or **Register**.
- Once Logged in, click on **My Plan**, then select **Pharmacy** under Additional Items.
- Under Pharmacy Resources, click on **Medication Guide & Specialty Pharmacy**
- Under **Medication Guide/Approved Drug Lists**, click [Open Medication Guide](#) or [Open Medication Guide Updates](#).
- Medication Guides and Medication Guide updates are posted every January, April July, and October.

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## Your Share of Expenses

Your cost share will depend on which cost share tier the medication is assigned. You can determine your out-of-pocket amount for medication by reviewing your Schedule of Benefits. If your plan includes a Deductible, you may have to satisfy that amount before the costs of your medications are covered.

If you or your provider requests a covered brand name medication when there is a generic medication available; you will be responsible for:

the difference in cost between the generic medication and the brand name medication; and

the cost share applicable to brand name medication, as indicated on your Schedule of Benefits.

Example: If your drug copay is \$10 for generic and \$40 for brand, and you choose a brand name drug when a generic is available, here is what you might pay.

Difference in Drug Cost is \$70 (Brand Drug Cost \$120- Generic Drug Cost \$50) + Brand Co-Pay \$40=

**\$110 is Your Total Cost**

## Pharmacy Benefits

The pharmacy benefit has three parts/components, called Tiers. This means that covered medications must be included in one of the following Tiers, unless specifically excluded by your plan:

**Tier 1:** Covered Generic Prescription Medications

**Tier 2:** Covered Preferred Brand Prescription Medications

**Tier 3:** Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

**Specialty Medications:** Covered Specialty Medications as indicated in the Medication List

**Condition Care Rx\* Value/HSA Preventive Prescription Medications:** Refer to the Condition Care Rx Program section of this Medication Guide for a description of the program

## Medications that are not covered

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives.
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative.
- The medication is no longer marketed.
- The medication has a widely available/distributed AB rated generic equivalent formulation.
- The medication has not been approved by the FDA.
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC.
- The medication is not covered because of safety or effectiveness concerns.

In addition to any drug not listed in the medication guide, a list of certain medication that are not covered may be found [at Medications Not Covered List](#).

**NOTE:** To determine the medication exclusions that apply to your plan, check your plan documents. Coverage details are also available to you by logging into the member section of [www.floridablue.com](http://www.floridablue.com).

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## Condition Care Rx Program

The Condition Care Rx Program is designed to help manage the cost of medications used to treat certain chronic conditions and encourage medication adherence. If members have the Condition Care Rx Program as part of their benefits, they can purchase medications from the Condition Care Rx Program Value/Health Savings Account Preventive List at a reduced cost.

A list of medications that are part of the Condition Care Rx Value Program may be found at: [Condition Care Rx Program Value List](#).

A list of medications that are part of the Condition Care Rx Program for Health Savings Account (HSA) compatible plans may be found at: [Condition Care Rx Program HSA Preventive List](#).

**Note:** Check your plan documents to determine if the Condition Care Rx Program applies to your plan and the applicable cost share. Coverage details may also be available to you by logging into the member section of [www.floridablue.com](http://www.floridablue.com) or by calling the customer service number listed on your member ID card.

## Generic drugs

Florida Blue encourages the use of generic medications as a way to provide high-quality medications at a reduced cost. Generic medications are as safe and effective as their brand name counterparts and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved generic medication may be substituted for its brand name counterpart because it:

- Contains the same active ingredient(s) as the brand name medication.
- Is identical in strength, dosage form, and route of administration.
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

Check with your doctor or health care provider to determine if switching to a generic medication is appropriate for you.

## Oral Chemotherapy Drugs

Oral chemotherapy drugs are drugs prescribed by a physician to kill or slow the growth of cancerous cells in a manner consistent with the national accepted standards of practice. A list of these drugs can be found at: [Oral Chemotherapy Drug List](#).

## Over-the-Counter (OTC) medications

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications. Some groups may customize their pharmacy plan to exclude coverage for OTC medications, so it is important to check your plan documents to determine if OTC medications are covered under your plan. Only those OTC medications prescribed by your physician and designated on the formulary with "OTC" in parenthesis following the medication name are eligible for coverage.

**NOTE:** Check your plan documents to [determine if this benefit](#) applies to your plan. Coverage details are also available to you logging into the member section of [www.floridablue.com](http://www.floridablue.com).

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## Patient Protection Affordable Care Act (PPACA) Preventive Services

- Preventive medications - Certain preventive care services, medications, and immunizations are covered at no cost share when purchased at a participating pharmacy.

A list of medications covered under this benefit may be found at: [Preventive Medications List](#).

- Immunizations - Certain vaccines which are covered under your preventive benefit can be administered by pharmacists that are certified. Not all pharmacies provide services for vaccine administration. It is important to contact the pharmacy prior to your visit to ensure availability and administration of the vaccine.

A list of vaccines that are covered under your pharmacy benefits may be found at: [Pharmacy Benefit Vaccines List](#).

- Women's preventive services - Certain contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy.

A list of medications and devices covered under this benefit may be found at: [Women's Preventive Services List](#).

## Tier Exception Requests for Contraceptives & HIV Pre-Exposure Prophylaxis (PrEP)

If, for medical reasons, you need a contraceptive or HIV PrEP medication that is not included on these Preventive Service list(s), you may request an exception to waive the otherwise applicable cost sharing for your medication. To request an exception, your doctor must complete and submit request online at [covermymeds.com](http://covermymeds.com) or by fax using the Exception Request Forms in links below.

[Contraceptives Tier Exception Request Form](#)

[HIV PrEP Tier Exception Request Form](#)

## Specialty Pharmacy medications

Specialty Pharmacy medications are high-cost injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of the patient's therapy.

**NOTE:** Check your plan documents for information on how Specialty Pharmacy medications are covered on your plan. Coverage details are also available by calling the customer service number listed on your member ID card.

Specialty Medications are divided into two categories:

- Self-Administered – Patients self-administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician's office. If these medications are not obtained from a participating Specialty Pharmacy, out-of-network cost shares will apply (where out-of-network coverage is available). [A current listing of Self-Administered Specialty Medications can be found here.](#)
- Self-administered injectable medications are designated in the Medication List with "inj" following the medication name (e.g., enoxaparin inj). No other Self-administered injectables will be covered unless such injectable is identified as a Specialty Drug in this Medication Guide. Self-administered injectables will be subject to the Brand or Generic cost share, as described in your Schedule of Benefits. Florida Blue reserves the right to change the Self-administered injectables covered through your plan at any time and for any reason.

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- **Provider-Administered** – These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider-administered Specialty Pharmacy medications are covered under your *medical* benefit. [A current listing of Provider-Administered Specialty Medications can be found here.](#)

**NOTE:** We have noted medications that may be covered as either Self-Administered and/or Provider-Administered. These Specialty Pharmacy products can be obtained in either setting.

## Pharmacy Options

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled – retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled, you should confirm which pharmacy is considered ‘in-network’ for that particular medication.

### • **Participating Pharmacy**

- **Retail Pharmacy Network** – Non-Specialty ‘Generic’ medications and ‘Brand Name’ medications listed in the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.
- **Specialty Pharmacy Network** – We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a ‘Specialty Drug’ in this Medication Guide. To be covered under your pharmacy program at the in-network cost share, they must be purchased at a preferred Specialty Pharmacy. These pharmacies are **different** than the retail pharmacies and are identified in both the Provider Directory and this Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.
  - **Limited Distribution (LD) Pharmacy** – Drug manufacturers will choose one or a limited number of specialty pharmacies to handle and dispense certain specialty drugs. Typically, these drugs are costly and require special monitoring and prior authorization (pre-approval). The pharmacy that dispenses your limited distribution drug can be found here: [Limited Distribution Drugs](#)

### • **Non-Participating Pharmacy**

If your plan offers out-of-network pharmacy coverage, choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim for benefit determination. Our payment will be based on our Non-Participating Pharmacy Allowance minus your cost share. You will be responsible for your cost share and the difference between our Allowance and the cost of the medication.

If your plan doesn’t offer out-of-network pharmacy coverage, choosing a non-participating pharmacy may risk your ability to be reimbursed. You may have to pay the full cost of the medication.

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## Participating Specialty Pharmacy Provider

If you are currently taking a Specialty Pharmacy medication, then your network for Specialty Pharmacies is limited to the following participating Specialty Pharmacy providers. Unless indicated below, any other pharmacy is considered a non-participating Specialty Pharmacy even if it participates in Florida Blue's networks for non-Specialty Pharmacy medications. You may pay more out of pocket if you use a different specialty pharmacy.

### CVS/Caremark Specialty Pharmacy Services

Provider-Administered and Self-Administered Products; excludes hemophilia

Phone: (866) 278-5108

Fax: (800) 323-2445

[CVS/Caremark Specialty Pharmacy](#)

### CVS/Caremark Hemophilia Services

Hemophilia Products

Telephone: (866) 792-2731

Fax: (866) 811-7450

(Mon-Fri., 9:00 a.m. to 7:30 p.m. EST)

[CVS/Caremark Hemophilia Specialty Pharmacy](#)

### Accredo

Self-Administered Products (excluding Hemophilia)

Phone: (888) 425-5970

Fax: (888) 302-1028

[Accredo](#)

### AllianceRx Walgreens Prime **\*\*Baptist Employer Group B0496 ONLY\*\***

Self-Administered Products (excluding Hemophilia)

Phone: (877) 627-6337

Fax: (877) 828-3939

[AllianceRx Walgreens Prime](#)

**Note: Specialty Pharmacy medications are not covered when purchased through the Mail Order Pharmacy.**

Self-administered specialty medications as classified by Florida Blue outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy providers [Accredo](#) or [CVS/Caremark Specialty](#).

If a member resides or is traveling outside the state of Florida and needs to receive a provider-administered specialty medication, the prescribing physician should coordinate with the participating specialty pharmacy provider for their area or contact the local BlueCross and BlueShield Plan. This coordination can help ensure members receive their medications at the in-network cost share.

Members that receive a written prescription directly from their provider for a provider-administered specialty medication should contact customer service for further assistance.

## Home Delivery Pharmacy Services

Getting prescription medications through home delivery pharmacy services may reduce the cost you pay for your prescription drugs. Check your plan documents to see if your plan includes home delivery pharmacy services.

**NOTE:** If the original prescription was filled at a pharmacy other than the home delivery pharmacy, a new, original three-month supply prescription with a quantity of up to a three-month supply and not less than a two-month supply will be required. Prescriptions may not be transferred from a retail pharmacy to the home delivery pharmacy.

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### Three-month supply at Retail Pharmacy

In addition to being able to obtain up to a three-month supply of medication through our home delivery pharmacy, you may be able to receive up to a three-month supply of your medication through a participating retail pharmacy. Please refer to your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for complete coverage details.

## Utilization Management Programs

### Prior Authorization Program

The Prior Authorization Program encourages the appropriate, safe and cost-effective use of medication. If you are currently taking or are prescribed a medication that is included in the Prior Authorization Program, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. A current listing of drugs requiring prior authorization are indicated in the prior authorization column following the product name in the medication list.

Florida Blue reserves the right to change the medications that require Prior Authorization at any time and for any reason.

**NOTE:** Some groups may customize their pharmacy plan to exclude prior authorization requirements, so it is important to check your plan documents to determine if prior authorization requirements apply to your plan. Coverage details are also available to you by logging into the member section of [www.floridablue.com](http://www.floridablue.com).

**NOTE:** Prior Authorizations expire on the earlier of, but not to exceed 12 months for most medications:

- o The termination date of your policy or
- o The period authorized by us, as indicated in the letter you received from us.

### Obtaining Prior Authorization

Information about **Prior Authorization** and forms for how to obtain a prior authorization approval can be found here:

[Prior Authorization Program Information and Forms](#)

**NOTE:** Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a participating pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Prior authorization approval does not waive your cost share.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or over-the-counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

**NOTE:** You have the right to request an appeal if coverage authorization is denied. Please refer to the “How to Appeal an Adverse Benefit Determination” subsection of the Claims Processing or Appeal and Grievance Process section in your current plan documents for information on how to file an appeal.

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## Responsible Quantity Program

The Responsible Quantity Program encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations. Medications that are subject to this program are indicated in the quantity limits column following the product name in the medication list.

Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override.

Information about the Responsible Quantity Program and steps for how to obtain an exception can be found here:

[Responsible Quantity Program Information](#)

[Responsible Quantity Authorization Form](#)

## Responsible Steps Program

The Responsible Steps Program promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical evidence, and research. Prescription medications included in the Responsible Steps Program are not covered unless you have tried one or more covered alternative medications first.

A list of current drugs included in the Responsible Steps Program may be found here:

[Responsible Steps Program Information and Authorization Forms](#)

## Responsible Steps Program for Medical Pharmacy

Certain physician-administered prescription drugs which are rendered in a physician's office may be included in the Responsible Steps for Medical Pharmacy Program. If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

If, due to medical reasons, you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

A list of current drugs included in the Responsible Steps Program for Medical Pharmacy may be found here: [Responsible Steps Program for Medical Pharmacy Information and Authorization Forms](#)

**NOTE:** Check your plan documents to determine if Responsible Steps requirements apply to your plan. Coverage details are also available to you by logging into the member section of [www.floridablue.com](http://www.floridablue.com) or by calling the customer service [number listed on your ID card](#).

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## Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in your plan documents. In the event of any inconsistencies between the Medication Guide and the provisions contained in your plan documents, the provisions contained in your plan documents shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

## Using the Medication Guide

The Medication List is organized into broad categories (e.g., Antibacterials). Below are descriptions of the columns included in the medication list.

**Column 1. Drug Name:** lists the medication name. Generic medications are listed in lowercase **boldface**

(e.g., **demeclocycline**) followed by a reference to the brand prescription drug (in parentheses) to assist in product recognition. Example: azithromycin (Zithromax). The brand name reference does not indicate the brand prescription drug is covered. **Covered Brand name medications** are listed in **UPPERCASE** letters (e.g., ZITHROMAX packets).

Separate medication entries are shown for each dosage form and strength.

**Note:** Self-administered injectable medications are designated in the medication list with “inj” following the medication name (e.g., **enoxaparin inj**).

**Column 2. Drug Tier:** indicates the tier level and whether the medication is on the preventive list:

**Tier 1** (Lowest Cost): Covered Generic Prescription Medications

**Tier 2** (Higher Cost): Covered Preferred Brand Prescription Medications

**Tier 3** (Highest Cost): Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

**Column 3. Specialty:** indicates if the medication is a Self-Administered Specialty medication.

**Column 4. Prior Authorization:** indicates if the prior authorization requirement applies to the medication. If an indicator is present in the column, then the prior authorization requirement applies.

**Column 5. Responsible Quantity:** indicates if quantity limits apply to the medication. If an indicator is present in the column, then quantity limits apply.

**Column 6. Responsible Steps:** indicates if responsible steps apply to the medication. If an indicator is present in the column then the Responsible Steps Program applies.

**Column 7. Limited Distribution:** indicates if the medication has limited distribution and not available at most specialty pharmacies. If an indicator is present in the column, the medication may be available only at certain pharmacies. For more information, find the Participating Pharmacy, Specialty Pharmacy Network section in medication guide.

An asterisk (\*) next to a drug name signifies that this drug may not be covered. Please refer to your plan documents.

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## Abbreviation key

<b>aer</b> .....	aerosol	<b>nebu</b> .....	nebulizer
<b>cap</b> .....	capsules	<b>odt</b> .....	orally disintegrating tabs
<b>chew</b> .....	chewable	<b>oint</b> .....	ointment
<b>conc</b> .....	concentrate	<b>ophth</b> .....	ophthalmic
<b>cr</b> .....	controlled release	<b>osm</b> .....	osmotic release
<b>dr</b> .....	delayed release	<b>pack</b> .....	packets
<b>ec</b> .....	enteric coated	<b>powd</b> .....	powder
<b>equiv</b> .....	equivalent	<b>pttw</b> .....	twice-weekly patch
<b>er</b> .....	extended release	<b>sl</b> .....	sublingual
<b>gm</b> .....	gram	<b>soln</b> .....	solution
<b>inhal</b> .....	inhaler	<b>suppos</b> .....	suppositories
<b>inj</b> .....	injection	<b>susp</b> .....	suspension
<b>liqd</b> .....	liquid	<b>tab</b> .....	tablets
<b>mg</b> .....	milligram	<b>td</b> .....	transdermal
<b>ml</b> .....	milliliter	<b>w/</b> .....	with

To determine if your drug is covered and/or find drug pricing, please login to Your Account on the Florida Blue website at [www.floridablue.com](http://www.floridablue.com). In Your Account choose Tools, and then Compare Drug Prices.

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
<b>ANTI-INFECTIVE AGENTS</b>						
<b>PENICILLINS</b>						
AMOXICILLIN – amoxicillin (trihydrate) chew tab 125 mg	3					
AMOXICILLIN – amoxicillin (trihydrate) chew tab 250 mg	2					
<b>amoxicillin (trihydrate) cap 250 mg</b>	1					
<b>amoxicillin (trihydrate) cap 500 mg</b>	1					
<b>amoxicillin (trihydrate) for susp 125 mg/5ml</b>	1					
<b>amoxicillin (trihydrate) for susp 200 mg/5ml</b>	1					
<b>amoxicillin (trihydrate) for susp 250 mg/5ml</b>	1					
<b>amoxicillin (trihydrate) for susp 400 mg/5ml</b>	1					
<b>amoxicillin (trihydrate) tab 500 mg</b>	1					
<b>amoxicillin (trihydrate) tab 875 mg</b>	1					
<b>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</b>	1					
<b>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml (Augmentin)</b>	1					
<b>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</b>	1					
<b>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)</b>	1					
<b>amoxicillin &amp; k clavulanate tab 250-125 mg</b>	1					
<b>amoxicillin &amp; k clavulanate tab 500-125 mg (Augmentin)</b>	1					
<b>amoxicillin &amp; k clavulanate tab 875-125 mg</b>	1					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	3					
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate chew tab 200-28.5 mg	3					
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate chew tab 400-57 mg	3					
AMPICILLIN – ampicillin cap 500 mg	2					
AUGMENTIN – amoxicillin & k clavulanate tab 500-125 mg	3					
AUGMENTIN ES-600 – amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3					
<b>dicloxacillin sodium cap 250 mg</b>	1					
<b>dicloxacillin sodium cap 500 mg</b>	1					
PENICILLIN V POTASSIUM – penicillin v potassium for soln 125 mg/5ml	2					
PENICILLIN V POTASSIUM – penicillin v potassium for soln 250 mg/5ml	2					
<b>penicillin v potassium tab 250 mg</b>	1					
<b>penicillin v potassium tab 500 mg</b>	1					
<b>CEPHALOSPORINS</b>						
CEFACTOR – cefaclor cap 250 mg	3					
CEFACTOR – cefaclor cap 500 mg	3					
CEFACTOR – cefaclor for susp 125 mg/5ml	3					
CEFACTOR – cefaclor for susp 250 mg/5ml	3					
CEFACTOR – cefaclor for susp 375 mg/5ml	3					
CEFADROXIL – cefadroxil tab 1 gm	3					

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cefadroxil cap 500 mg	1						SUPRAX – cefixime for susp 200 mg/5ml	3					
cefadroxil for susp 250 mg/5ml	1						SUPRAX – cefixime for susp 500 mg/5ml	2					
cefadroxil for susp 500 mg/5ml	1						<b>MACROLIDES</b>						
cefdinir cap 300 mg	1						AZITHROMYCIN – azithromycin powd pack for susp 1 gm	3					
cefdinir for susp 125 mg/5ml	1						azithromycin for susp 100 mg/5ml (Zithromax)	1					
cefdinir for susp 250 mg/5ml	1						azithromycin for susp 200 mg/5ml (Zithromax)	1					
cefixime cap 400 mg (Suprax)	1						azithromycin tab 250 mg (Zithromax)	1					
cefixime for susp 100 mg/5ml (Suprax)	1						azithromycin tab 500 mg (Zithromax)	1					
cefixime for susp 200 mg/5ml (Suprax)	1						azithromycin tab 600 mg	1					
cefpodoxime proxetil for susp 50 mg/5ml	1						CLARITHROMYCIN – clarithromycin for susp 125 mg/5ml	3					
cefpodoxime proxetil for susp 100 mg/5ml	1						CLARITHROMYCIN – clarithromycin for susp 250 mg/5ml	3					
cefpodoxime proxetil tab 100 mg	1						clarithromycin tab er 24hr 500 mg	1					
cefpodoxime proxetil tab 200 mg	1						clarithromycin tab 250 mg	1					
cefprozil for susp 125 mg/5ml	1						clarithromycin tab 500 mg	1					
cefprozil for susp 250 mg/5ml	1						DIFICID – fidaxomicin tab 200 mg	2			•		
cefprozil tab 250 mg	1						DIFICID – fidaxomicin for susp 40 mg/ml	2			•		
cefprozil tab 500 mg	1						E.E.S. GRANULES – erythromycin ethylsuccinate for susp 200 mg/5ml	3					
cefuroxime axetil tab 250 mg	1						E.E.S. 400 – erythromycin ethylsuccinate tab 400 mg	3					
cefuroxime axetil tab 500 mg	1						ERYPED 200 – erythromycin ethylsuccinate for susp 200 mg/5ml	3					
cephalexin cap 250 mg	1												
cephalexin cap 500 mg	1												
cephalexin for susp 125 mg/5ml	1												
cephalexin for susp 250 mg/5ml	1												
SUPRAX – cefixime cap 400 mg	3												
SUPRAX – cefixime chew tab 100 mg	2												
SUPRAX – cefixime chew tab 200 mg	2												

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ERYPED 400 – erythromycin ethylsuccinate for susp 400 mg/5ml	3					
ERYTHROCIN STEARATE – erythromycin stearate tab 250 mg	3					
ERYTHROMYCIN – erythromycin w/ delayed release particles cap 250 mg	3					
ERYTHROMYCIN ETHYLSUCCINA – erythromycin ethylsuccinate tab 400 mg	3					
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1					
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1					
erythromycin tab delayed release 250 mg	1					
erythromycin tab delayed release 333 mg	1					
erythromycin tab delayed release 500 mg	1					
erythromycin tab 250 mg	1					
erythromycin tab 500 mg	1					
ZITHROMAX – azithromycin powd pack for susp 1 gm	2					
<b>TETRACYCLINES</b>						
demeclocycline hcl tab 150 mg	1					
demeclocycline hcl tab 300 mg	1					
doxycycline hyclate cap 50 mg	1					
doxycycline hyclate cap 100 mg (Vibramycin)	1					
doxycycline hyclate tab 20 mg	1					
doxycycline hyclate tab 50 mg	1					
doxycycline hyclate tab 100 mg	1					

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doxycycline monohydrate cap 50 mg	1					
doxycycline monohydrate cap 100 mg	1					
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	1					
doxycycline monohydrate tab 50 mg	1					
doxycycline monohydrate tab 75 mg	1					
doxycycline monohydrate tab 100 mg	1					
minocycline hcl cap 50 mg	1					
minocycline hcl cap 75 mg	1					
minocycline hcl cap 100 mg	1					
NUZYRA – omadacycline tosylate tab 150 mg (base equivalent)	3	X	•	•		•
tetracycline hcl cap 250 mg	1					
tetracycline hcl cap 500 mg	1					
VIBRAMYCIN – doxycycline calcium syrup 50 mg/5ml	3				•	
<b>FLUOROQUINOLONES</b>						
BAXDELA – delafloxacin meglumine tab 450 mg (base equiv)	3		•	•		
CIPRO – ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	3					
CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	2					
CIPROFLOXACIN HCL – ciprofloxacin hcl tab 100 mg (base equiv)	3					
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)	1					
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)	1					

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<b>ciprofloxacin hcl tab 750 mg (base equiv)</b>	1						CYCLOSERINE – cycloserine cap 250 mg	3					
<b>levofloxacin oral soln 25 mg/ml</b>	1						<b>ethambutol hcl tab 100 mg</b>	1					
<b>levofloxacin tab 250 mg</b>	1						<b>ethambutol hcl tab 400 mg (Myambutol)</b>	1					
<b>levofloxacin tab 500 mg</b>	1						ISONIAZID – isoniazid tab 100 mg	3					
<b>levofloxacin tab 750 mg</b>	1						ISONIAZID – isoniazid syrup 50 mg/5ml	2					
<b>moxifloxacin hcl tab 400 mg (base equiv)</b>	1						<b>isoniazid tab 300 mg</b>	1					
OFLOXACIN – ofloxacin tab 300 mg	3						MYAMBUTOL – ethambutol hcl tab 400 mg	3					
<b>ofloxacin tab 400 mg</b>	1						MYCOBUTIN – rifabutin cap 150 mg	3					
<b>AMINOGLYCOSIDES</b>							PASER – aminosalicylic acid er granules packet 4 gm	3					
ARIKAYCE – amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	3	X				•	PRETOMANID – pretomanid tab 200 mg	3				•	
BETHKIS – tobramycin nebu soln 300 mg/4ml	3	X				•	PRIFTIN – rifapentine tab 150 mg	2					
HUMATIN – paromomycin sulfate cap 250 mg	3					•	<b>pyrazinamide tab 500 mg</b>	1					
KITABIS PAK – tobramycin nebu soln 300 mg/5ml	3	X				•	<b>rifabutin cap 150 mg (Mycobutin)</b>	1					
<b>neomycin sulfate tab 500 mg</b>	1						<b>rifampin cap 150 mg</b>	1					
<b>paromomycin sulfate cap 250 mg (Humatin)</b>	1						<b>rifampin cap 300 mg</b>	1					
TOBI PODHALER – tobramycin inhal cap 28 mg	2	X				•	SIRTURO – bedaquiline fumarate tab 20 mg (base equiv)	3	X			•	•
TOBRAMYCIN – tobramycin nebu soln 300 mg/5ml	3	X					SIRTURO – bedaquiline fumarate tab 100 mg (base equiv)	3	X			•	•
<b>tobramycin nebu soln 300 mg/5ml (Tobi)</b>	1	X					TRECTOR – ethionamide tab 250 mg	3					
<b>tobramycin nebu soln 300 mg/4ml (Bethkis)</b>	1	X					<b>ANTIFUNGALS</b>						
<b>SULFONAMIDES</b>							ANCOBON – flucytosine cap 250 mg	3					
SULFADIAZINE – sulfadiazine tab 500 mg	2						ANCOBON – flucytosine cap 500 mg	3					
<b>ANTIMYCOBACTERIAL AGENTS</b>							CRESEMBA – isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	3		•			

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DIFLUCAN – fluconazole for susp 10 mg/ml	3						SPORANOX – itraconazole cap 100 mg	3		•	•		
DIFLUCAN – fluconazole for susp 40 mg/ml	3						SPORANOX PULSEPAK – itraconazole cap 100 mg	3		•	•		
<b>fluconazole for susp 10 mg/ml</b> (Diflucan)	1						<b>terbinafine hcl tab 250 mg</b>	1			•		
<b>fluconazole for susp 40 mg/ml</b> (Diflucan)	1						VFEND – voriconazole for susp 40 mg/ml	3		•			
<b>fluconazole tab 50 mg</b> (Diflucan)	1						VFEND – voriconazole tab 50 mg	3		•			
<b>fluconazole tab 100 mg</b> (Diflucan)	1						VFEND – voriconazole tab 200 mg	3		•			
<b>fluconazole tab 150 mg</b> (Diflucan)	1						<b>voriconazole for susp 40 mg/ml</b> (Vfend)	1		•			
<b>fluconazole tab 200 mg</b> (Diflucan)	1						<b>voriconazole tab 50 mg</b> (Vfend)	1		•			
<b>flucytosine cap 250 mg</b> (Ancobon)	1						<b>voriconazole tab 200 mg</b> (Vfend)	1		•			
<b>flucytosine cap 500 mg</b> (Ancobon)	1						<b>ANTIVIRALS</b>						
<b>griseofulvin microsize susp 125 mg/5ml</b>	1						<b>abacavir sulfate soln 20 mg/ml (base equiv)</b> (Ziagen)	1			•		
<b>griseofulvin microsize tab 500 mg</b>	1						<b>abacavir sulfate tab 300 mg (base equiv)</b> (Ziagen)	1			•		
<b>griseofulvin ultramicrosize tab 125 mg</b>	1						<b>abacavir sulfate-lamivudine tab 600-300 mg</b> (Epzicom)	1			•		
<b>griseofulvin ultramicrosize tab 250 mg</b>	1						<b>acyclovir cap 200 mg</b>	1					
<b>itraconazole cap 100 mg</b> (Sporanox)	1		•	•			<b>acyclovir susp 200 mg/5ml</b> (Zovirax)	1					
<b>itraconazole oral soln 10 mg/ml</b> (Sporanox)	1		•	•			<b>acyclovir tab 400 mg</b>	1					
<b>ketoconazole tab 200 mg</b>	1						<b>acyclovir tab 800 mg</b>	1					
NOXAFIL – posaconazole tab delayed release 100 mg	3		•				<b>adefovir dipivoxil tab 10 mg</b> (Hepsera)	1					
NOXAFIL – posaconazole susp 40 mg/ml	2		•				APTIVUS – tipranavir cap 250 mg	2			•		
<b>nystatin tab 500000 unit</b>	1						<b>atazanavir sulfate cap 150 mg (base equiv)</b> (Reyataz)	1			•		
<b>posaconazole tab delayed release 100 mg</b> (Noxafil)	1		•				<b>atazanavir sulfate cap 200 mg (base equiv)</b> (Reyataz)	1			•		
SPORANOX – itraconazole oral soln 10 mg/ml	3		•	•			<b>atazanavir sulfate cap 300 mg (base equiv)</b> (Reyataz)	1			•		

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BARACLUDE – entecavir oral soln 0.05 mg/ml	2						<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</b> (Symfi)	1			•		
BIKTARVY – bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg	2			•			<b>emtricitabine caps 200 mg</b> (Emtriva)	1			•		
BIKTARVY – bicitgravir-emtricitabine-tenofovir af tab 50-200-25 mg	2			•			<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</b> (Truvada)	1			•		
CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2			•			<b>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</b> (Truvada)	1			•		
COMBIVIR – lamivudine-zidovudine tab 150-300 mg	3			•			<b>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</b> (Truvada)	1			•		
COMPLERA – emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2			•			<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</b> (Truvada)	1			•		
DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2			•			EMTRIVA – emtricitabine caps 200 mg	3			•		
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	2			•			EMTRIVA – emtricitabine soln 10 mg/ml	2			•		
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	2			•			<b>entecavir tab 0.5 mg</b> (Baraclude)	1					
DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2			•			<b>entecavir tab 1 mg</b> (Baraclude)	1					
EDURANT – rilpivirine hcl tab 25 mg (base equivalent)	2			•			EPCLUSA – sofosbuvir-velpatasvir tab 200-50 mg	2	X	•	•		
<b>efavirenz cap 50 mg</b> (Sustiva)	1			•			EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg	2	X	•	•		
<b>efavirenz cap 200 mg</b> (Sustiva)	1			•			EPCLUSA – sofosbuvir-velpatasvir pellet pack 150-37.5 mg	2	X	•	•		
<b>efavirenz tab 600 mg</b> (Sustiva)	1			•			EPCLUSA – sofosbuvir-velpatasvir pellet pack 200-50 mg	2	X	•	•		
<b>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</b> (Atripla)	1			•			EPIVIR – lamivudine oral soln 10 mg/ml	3			•		
<b>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</b> (Symfi lo)	1			•			EPIVIR – lamivudine tab 150 mg	3			•		
							EPIVIR – lamivudine tab 300 mg	3			•		
							EPIVIR HBV – lamivudine tab 100 mg (hbv)	3					

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EPIVIR HBV – lamivudine oral soln 5 mg/ml (hbv)	2						ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv)	2			•		
EPZICOM – abacavir sulfate-lamivudine tab 600-300 mg	3			•			ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv)	2			•		
<b>etravirine tab 100 mg</b> (Intelence)	1			•			ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)	2			•		
<b>etravirine tab 200 mg</b> (Intelence)	1			•			JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2			•		
EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2			•			KALETRA – lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	3			•		
<b>famciclovir tab 125 mg</b>	1						KALETRA – lopinavir-ritonavir tab 100-25 mg	3			•		
<b>famciclovir tab 250 mg</b>	1						KALETRA – lopinavir-ritonavir tab 200-50 mg	3			•		
<b>famciclovir tab 500 mg</b>	1						LAGEVRIO – molnupiravir cap 200 mg	3			•		
<b>fosamprenavir calcium tab 700 mg (base equiv)</b> (Lexiva)	1			•			<b>lamivudine oral soln 10 mg/ml</b> (Epivir)	1			•		
FUZEON – enfuvirtide for inj 90 mg	2	X		•			<b>lamivudine tab 100 mg (hbv)</b> (Epivir hbv)	1					
GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2			•			<b>lamivudine tab 150 mg</b> (Epivir)	1			•		
HARVONI – ledipasvir-sofosbuvir tab 45-200 mg	2	X	•	•			<b>lamivudine tab 300 mg</b> (Epivir)	1			•		
HARVONI – ledipasvir-sofosbuvir tab 90-400 mg	2	X	•	•			<b>lamivudine-zidovudine tab 150-300 mg</b> (Combivir)	1			•		
HARVONI – ledipasvir-sofosbuvir pellet pack 33.75-150 mg	2	X	•	•			LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg	2	X	•	•		
HARVONI – ledipasvir-sofosbuvir pellet pack 45-200 mg	2	X	•	•			LEXIVA – fosamprenavir calcium tab 700 mg (base equiv)	3			•		
INTELENCE – etravirine tab 25 mg	2			•			LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv)	2			•		
INTELENCE – etravirine tab 100 mg	3			•			LIVTENCITY – maribavir tab 200 mg	3	X	•	•	•	
INTELENCE – etravirine tab 200 mg	3			•									
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)	2			•									
ISENTRESS – raltegravir potassium tab 400 mg (base equiv)	2			•									

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<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</b> (Kaletra)	1			•			PAXLOVID – nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3			•		
<b>lopinavir-ritonavir tab 100-25 mg</b> (Kaletra)	1			•			PAXLOVID – nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3			•		
<b>lopinavir-ritonavir tab 200-50 mg</b> (Kaletra)	1			•			PEGASYS – peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	3	X	•			
<b>maraviroc tab 150 mg</b> (Selzentry)	1			•			PEGASYS – peginterferon alfa-2a inj 180 mcg/ml	3	X	•			
<b>maraviroc tab 300 mg</b> (Selzentry)	1			•			PIFELTRO – doravirine tab 100 mg	2			•		
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg	2	X	•	•			PREVYMIS – letermovir tab 240 mg	3					
MAVYRET – glecaprevir-pibrentasvir pellet pack 50-20 mg	2	X	•	•			PREVYMIS – letermovir tab 480 mg	3					
NEVIRAPINE – nevirapine susp 50 mg/5ml	3			•			PREZCOBIX – darunavir-cobicistat tab 800-150 mg	2			•		
NEVIRAPINE ER – nevirapine tab er 24hr 100 mg	2			•			PREZISTA – darunavir oral susp 100 mg/ml	2			•		
<b>nevirapine tab er 24hr 400 mg</b> (Viramune xr)	1			•			PREZISTA – darunavir tab 75 mg	2			•		
<b>nevirapine tab 200 mg</b>	1			•			PREZISTA – darunavir tab 150 mg	2			•		
NORVIR – ritonavir tab 100 mg	3			•			PREZISTA – darunavir tab 600 mg	2			•		
NORVIR – ritonavir oral soln 80 mg/ml	2			•			PREZISTA – darunavir tab 800 mg	2			•		
NORVIR – ritonavir powder packet 100 mg	2			•			RELENZA DISKHALER – zanamivir aero powder breath activated 5 mg/blister	3			•		
ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2			•			RETROVIR – zidovudine cap 100 mg	3			•		
<b>oseltamivir phosphate cap 30 mg (base equiv)</b> (Tamiflu)	1			•			RETROVIR – zidovudine syrup 10 mg/ml	3			•		
<b>oseltamivir phosphate cap 45 mg (base equiv)</b> (Tamiflu)	1			•			REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv)	2			•		
<b>oseltamivir phosphate cap 75 mg (base equiv)</b> (Tamiflu)	1			•			REYATAZ – atazanavir sulfate cap 200 mg (base equiv)	3			•		
<b>oseltamivir phosphate for susp 6 mg/ml (base equiv)</b> (Tamiflu)	1			•			REYATAZ – atazanavir sulfate cap 300 mg (base equiv)	3			•		
							<b>ribavirin cap 200 mg</b>	1					

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<b>ribavirin for inhal soln 6 gm</b> (Virazole)	1					
<b>ribavirin tab 200 mg</b>	1					
RIMANTADINE HYDROCHLORIDE – rimantadine hydrochloride tab 100 mg	3					
<b>ritonavir tab 100 mg</b> (Norvir)	1			•		
RUKOBIA – fostemsavir tromethamine tab er 12hr 600 mg	2			•		
SELZENTRY – maraviroc oral soln 20 mg/ml	2			•		
SELZENTRY – maraviroc tab 25 mg	2			•		
SELZENTRY – maraviroc tab 75 mg	2			•		
SELZENTRY – maraviroc tab 150 mg	3			•		
SELZENTRY – maraviroc tab 300 mg	3			•		
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg	2	X	•	•		
SOVALDI – sofosbuvir tab 200 mg	2	X	•	•		
SOVALDI – sofosbuvir tab 400 mg	2	X	•	•		
SOVALDI – sofosbuvir pellet pack 150 mg	2	X	•	•		
SOVALDI – sofosbuvir pellet pack 200 mg	2	X	•	•		
STAVUDINE – stavudine cap 15 mg	2			•		
STAVUDINE – stavudine cap 20 mg	2			•		
STAVUDINE – stavudine cap 30 mg	2			•		
STAVUDINE – stavudine cap 40 mg	2			•		
STRIBILD – elvitegrav-cobic- emtricitab-tenofovd tab 150-150-200-300 mg	2			•		
SUSTIVA – efavirenz tab 600 mg	3			•		
SUSTIVA – efavirenz cap 50 mg	3			•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
SUSTIVA – efavirenz cap 200 mg	3			•		
SYMFI – efavirenz-lamivudine- tenofovir df tab 600-300-300 mg	3			•		
SYMFI LO – efavirenz-lamivudine- tenofovir df tab 400-300-300 mg	3			•		
SYMTUZA – darunavir-cobic- emtricitab-tenofov af tab 800-150-200-10 mg	2			•		
TAMIFLU – oseltamivir phosphate for susp 6 mg/ml (base equiv)	3			•		
TAMIFLU – oseltamivir phosphate cap 30 mg (base equiv)	3			•		
TAMIFLU – oseltamivir phosphate cap 45 mg (base equiv)	3			•		
TAMIFLU – oseltamivir phosphate cap 75 mg (base equiv)	3			•		
<b>tenofovir disoproxil fumarate tab 300 mg</b> (Viread)	1			•		
TIVICAY – dolutegravir sodium tab 10 mg (base equiv)	2			•		
TIVICAY – dolutegravir sodium tab 25 mg (base equiv)	2			•		
TIVICAY – dolutegravir sodium tab 50 mg (base equiv)	2			•		
TIVICAY PD – dolutegravir sodium tab for oral susp 5 mg (base equiv)	2			•		
TRIUMEQ – abacavir-dolutegravir- lamivudine tab 600-50-300 mg	2			•		
TRIUMEQ PD – abacavir- dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2			•		
TRIZIVIR – abacavir sulfate- lamivudine-zidovudine tab 300-150-300 mg	3			•		

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TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	3			•			VIREAD – tenofovir disoproxil fumarate tab 300 mg	3			•		
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	3			•			VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	X	•	•		
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	3			•			XOFLUZA – baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	3			•		
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	3			•			XOFLUZA – baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	3			•		
TYBOST – cobicistat tab 150 mg	2			•			ZIAGEN – abacavir sulfate tab 300 mg (base equiv)	3			•		
<b>valacyclovir hcl tab 500 mg</b> (Valtrex)	1						ZIAGEN – abacavir sulfate soln 20 mg/ml (base equiv)	3			•		
<b>valacyclovir hcl tab 1 gm</b> (Valtrex)	1						<b>zidovudine cap 100 mg</b> (Retrovir)	1			•		
<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b> (Valcyte)	1						<b>zidovudine syrup 10 mg/ml</b> (Retrovir)	1			•		
<b>valganciclovir hcl tab 450 mg (base equivalent)</b> (Valcyte)	1						<b>zidovudine tab 300 mg</b>	1			•		
VEMLIDY – tenofovir alafenamide fumarate tab 25 mg	3						ZOVIRAX – acyclovir susp 200 mg/5ml	3					
VIRACEPT – nelfinavir mesylate tab 250 mg	2			•			<b>ANTIMALARIALS</b>						
VIRACEPT – nelfinavir mesylate tab 625 mg	2			•			ARAKODA – tafenoquine succinate tab 100 mg (base equivalent)	3					
VIRAZOLE – ribavirin for inhal soln 6 gm	3						<b>atovaquone-proguanil hcl tab 62.5-25 mg</b> (Malarone)	1					
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm	2			•			<b>atovaquone-proguanil hcl tab 250-100 mg</b> (Malarone)	1					
VIREAD – tenofovir disoproxil fumarate tab 150 mg	2			•			CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 500 mg	3					
VIREAD – tenofovir disoproxil fumarate tab 200 mg	2			•			<b>chloroquine phosphate tab 250 mg</b>	1					
VIREAD – tenofovir disoproxil fumarate tab 250 mg	2			•			COARTEM – artemether-lumefantrine tab 20-120 mg	2					
							DARAPRIM – pyrimethamine tab 25 mg	3	X	•	•		•

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<b>hydroxychloroquine sulfate tab 200 mg</b> (Plaquenil)	1					
KRINTAFEL – tafenoquine succinate tab 150 mg (base equivalent)	3					
<b>mefloquine hcl tab 250 mg</b>	1					
PLAQUENIL – hydroxychloroquine sulfate tab 200 mg	3					
PRIMAQUINE PHOSPHATE – primaquine phosphate tab 26.3 mg (15 mg base)	3					
<b>primaquine phosphate tab 26.3 mg (15 mg base)</b> (Primaquine phosphate)	1					
<b>pyrimethamine tab 25 mg</b> (Daraprim)	1	X	•	•		
QUALAQUIN – quinine sulfate cap 324 mg	3			•		
<b>quinine sulfate cap 324 mg</b> (Quaaluan)	1			•		
<b>ANTHELMINTICS</b>						
<b>albendazole tab 200 mg</b> (Albenza)	1		•	•		
BENZNIDAZOLE – benznidazole tab 12.5 mg	2					
BENZNIDAZOLE – benznidazole tab 100 mg	2					
BILTRICIDE – praziquantel tab 600 mg	3					
EGATEN – triclabendazole tab 250 mg	2	X	•			
EMVERM – mebendazole chew tab 100 mg	3		•	•		
<b>ivermectin tab 3 mg</b> (Stromectol)	1		•			
<b>praziquantel tab 600 mg</b> (Biltricide)	1					
STROMECTOL – ivermectin tab 3 mg	3		•			

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
<b>ANTI-INFECTIVE AGENTS - MISC.</b>						
AEMCOLO – rifamycin sodium tab delayed release 194 mg (base equiv)	3			•		
ALINIA – nitazoxanide tab 500 mg	3			•		
ALINIA – nitazoxanide for susp 100 mg/5ml	2			•		
<b>atovaquone susp 750 mg/5ml</b> (Mepron)	1					
BACTRIM – sulfamethoxazole-trimethoprim tab 400-80 mg	3					
BACTRIM DS – sulfamethoxazole-trimethoprim tab 800-160 mg	3					
CAYSTON – aztreonam lysine for inhal soln 75 mg (base equivalent)	2	X				•
CLEOCIN – clindamycin hcl cap 75 mg	3					
CLEOCIN – clindamycin hcl cap 150 mg	3					
CLEOCIN – clindamycin hcl cap 300 mg	3					
CLEOCIN PEDIATRIC GRANULE – clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	3					
<b>clindamycin hcl cap 75 mg</b> (Cleocin)	1					
<b>clindamycin hcl cap 150 mg</b> (Cleocin)	1					
<b>clindamycin hcl cap 300 mg</b> (Cleocin)	1					
<b>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</b> (Cleocin pediatric gr)	1					
<b>colistimethate sod for inj 150 mg (colistin base activity)</b> (Colymycin m)	1					

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COLY-MYCIN M – colistimethate sod for inj 150 mg (colistin base activity)	3						<b>metronidazole tab 250 mg</b>	1					
<b>dapsone tab 25 mg</b>	1						<b>metronidazole tab 500 mg (Flagyl)</b>	1					
<b>dapsone tab 100 mg</b>	1						MONUROL – fosfomycin tromethamine powd pack 3 gm (base equivalent)	3					
FIRVANQ – vancomycin hcl for oral soln 25 mg/ml (base equivalent)	3						NEBUPENT – pentamidine isethionate for nebulization soln 300 mg	3					
FIRVANQ – vancomycin hcl for oral soln 50 mg/ml (base equivalent)	3			•			<b>nitazoxanide tab 500 mg (Alinia)</b>	1			•		
FLAGYL – metronidazole cap 375 mg	3						<b>nitrofurantoin macrocrystalline cap 25 mg (Macrochantin)</b>	1					
<b>fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)</b>	1						<b>nitrofurantoin macrocrystalline cap 50 mg (Macrochantin)</b>	1					
HIPREX – methenamine hippurate tab 1 gm	3						<b>nitrofurantoin macrocrystalline cap 100 mg (Macrochantin)</b>	1					
IMPAVIDO – miltefosine cap 50 mg	2	X	•				<b>nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)</b>	1					
LAMPIT – nifurtimox tab 30 mg	3			•			<b>nitrofurantoin susp 25 mg/5ml</b>	1					
LAMPIT – nifurtimox tab 120 mg	3			•			<b>pentamidine isethionate for nebulization soln 300 mg (Nebupent)</b>	1					
<b>linezolid for susp 100 mg/5ml (Zyvox)</b>	1						SIVEXTRO – tedizolid phosphate tab 200 mg	2		•	•		
<b>linezolid tab 600 mg (Zyvox)</b>	1						<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b>	1					
MACROBID – nitrofurantoin monohydrate macrocrystalline cap 100 mg	3						<b>sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)</b>	1					
MACRODANTIN – nitrofurantoin macrocrystalline cap 25 mg	3						<b>sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)</b>	1					
MACRODANTIN – nitrofurantoin macrocrystalline cap 50 mg	3						<b>tinidazole tab 250 mg</b>	1					
MACRODANTIN – nitrofurantoin macrocrystalline cap 100 mg	3						<b>tinidazole tab 500 mg</b>	1					
MEPRON – atovaquone susp 750 mg/5ml	3						TRIMETHOPRIM – trimethoprim tab 100 mg	2					
<b>methenamine hippurate tab 1 gm (Hiprex)</b>	1						VANCOGIN – vancomycin hcl cap 125 mg (base equivalent)	3			•		
<b>metronidazole cap 375 mg (Flagyl)</b>	1												

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VANCOGIN – vancomycin hcl cap 250 mg (base equivalent)	3			•		
<b>vancomycin hcl cap 125 mg (base equivalent)</b> (Vancocin hcl)	1			•		
<b>vancomycin hcl cap 250 mg (base equivalent)</b> (Vancocin)	1			•		
XENLETA – lefamulin acetate tab 600 mg	3			•		•
XIFAXAN – rifaximin tab 200 mg	3		•	•		
XIFAXAN – rifaximin tab 550 mg	2		•	•		
<b>BIOLOGICALS</b>						
<b>VACCINES</b>						
ACTHIB – haemophilus b polysaccharide conjugate vaccine for inj	3					
AFLURIA QUADRIVALENT 2021 – influenza virus vac split quadrivalent susp pref syr 0.25 ml	3			•		
AFLURIA QUADRIVALENT 2021 – influenza virus vac split quadrivalent susp pref syr 0.5ml	3			•		
AFLURIA QUADRIVALENT 2021 – influenza virus vaccine split quadrivalent im inj	3			•		
BEXSERO – meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3					
COMIRNATY – covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	3			•		
ENGERIX-B – hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	3					
ENGERIX-B – hepatitis b vaccine (recombinant) susp 20 mcg/ml	3					
FLUAD QUADRIVALENT 2021-2 – influenza vac type a&b surface ant adj quad pref syr 0.5 ml	3			•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
FLUARIX QUADRIVALENT 2021 – influenza virus vac split quadrivalent susp pref syr 0.5ml	3			•		
FLUBLOK QUADRIVALENT 2021 – influenza vac recomb ha quad pf soln pref syr 0.5 ml	3			•		
FLUCELVAX QUADRIVALENT 20 – influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	3			•		
FLUCELVAX QUADRIVALENT 20 – influenza vac tissue-cultured subunit quadrivalent im susp	3			•		
FLULAVAL QUADRIVALENT 202 – influenza virus vac split quadrivalent susp pref syr 0.5ml	3			•		
FLUZONE HIGH-DOSE PF 2021 – influenza vac split high-dose quad pf susp pref syr 0.7 ml	3			•		
FLUZONE QUADRIVALENT 2021 – influenza virus vac split quadrivalent susp pref syr 0.5ml	3			•		
FLUZONE QUADRIVALENT 2021 – influenza virus vaccine split quadrivalent im inj	3			•		
FLUZONE QUADRIVALENT 2021 – influenza virus vaccine split quadrivalent inj 0.5 ml	3			•		
GARDASIL 9 – human papillomavirus (hvp) 9-valent recomb vac susp pref syr	3					
GARDASIL 9 – human papillomavirus (hvp) 9-valent recomb vac im susp	3					
HAVRIX – hepatitis a vaccine inj susp 720 el unit/0.5ml	3					
HAVRIX – hepatitis a vaccine inj susp 1440 el unit/ml	3					

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HEPLISAV-B – hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	3						PFIZER-BIONTECH COVID-19 – covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.2ml	3			•		
HIBERIX – haemophilus b polysaccharide conjugate vac for inj 10 mcg	3						PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	3			•		
IPOL INACTIVATED IPV – poliovirus vaccine, ipv injection	3						PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	3			•		
JANSSEN COVID-19 VACCINE – covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml	3			•			PREHEVBRIO – hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	3					
M-M-R II – measles-mumps-rubella virus vaccines for inj soln	3						PREVNAR 13 – pneumococcal 13-valent conjugate vaccine inj	3			•		
MENACTRA – meningococcal (a, c, y, and w-135) diphth conjugate vaccine	3						PREVNAR 20 – pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	3			•		
MENQUADFI – meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	3						PROQUAD – measles-mumps-rubella-varicella virus vaccines for susp	3					
MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj	3						RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	3					
MODERNA COVID-19 VACCINE – covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml	3			•			RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 10 mcg/ml	3					
MODERNA COVID-19 VACCINE – covid-19 (sars-cov-2)mrna vacc-moderna im susp 100 mcg/0.5ml	3			•			RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 40 mcg/ml	3					
PEDVAX HIB – haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3						ROTARIX – rotavirus vaccine, live for oral susp	3					
PFIZER-BIONTECH COVID-19 – covid-19 (sars-cov-2) mrna vacc-pfizer im susp 30 mcg/0.3ml	3			•			ROTATEQ – rotavirus vaccine, live oral pentavalent soln	3					
PFIZER-BIONTECH COVID-19 – covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	3			•			SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2			•		

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SPIKEVAX COVID-19 VACCINE – covid-19 (sars-cov-2)mrna vacc-moderna im susp 100 mcg/0.5ml	3			•		
TRUMENBA – meningococcal group b vac (recomb) im susp prefilled syr	3					
TWINRIX – hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3					
VAQTA – hepatitis a vaccine inj susp 25 unit/0.5ml	3					
VAQTA – hepatitis a vaccine inj susp 50 unit/ml	3					
VARIVAX – varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3					
VAXCHORA – cholera vaccine live attenuated for oral susp	3					
VAXNEUVANCE – pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	3			•		
VIVOTIF – typhoid vaccine cap delayed release	3					
<b>TOXOIDS</b>						
ADACEL – tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3					
BOOSTRIX – tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3					
BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3					
DAPTACEL – diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3					
DIPHtheria/TETANUS TOXOID – diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3					
INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
KINRIX – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3					
PEDIARIX – diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3					
PENTACEL – diph-ac per-tet tox ad-poliiov-haemoph b poly vac for im susp	3					
QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3					
QUADRACEL – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3					
TDVAX – tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3					
TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lfu	3					
VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	3					
VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	3					
<b>PASSIVE IMMUNIZING AGENTS</b>						
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 1 gm/10ml	2	X	•			
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	2	X	•			
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 5 gm/50ml	2	X	•			
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 10 gm/100ml	2	X	•			
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 20 gm/200ml	2	X	•			

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GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 30 gm/300ml	2	X	•				HIZENTRA – immune globulin (human) subcutaneous soln pref syr 2 gm/10ml	3	X	•			•
GAMMAKED – immune globulin (human) iv or subcutaneous soln 1 gm/10ml	3	X	•				HIZENTRA – immune globulin (human) subcutaneous soln pref syr 4 gm/20ml	3	X	•			•
GAMMAKED – immune globulin (human) iv or subcutaneous soln 5 gm/50ml	2	X	•				HIZENTRA – immune globulin (human) subcutaneous inj 1 gm/5ml	3	X	•			•
GAMMAKED – immune globulin (human) iv or subcutaneous soln 10 gm/100ml	2	X	•				HIZENTRA – immune globulin (human) subcutaneous inj 2 gm/10ml	3	X	•			•
GAMMAKED – immune globulin (human) iv or subcutaneous soln 20 gm/200ml	2	X	•				HIZENTRA – immune globulin (human) subcutaneous inj 4 gm/20ml	3	X	•			•
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 1 gm/10ml	2	X	•				HIZENTRA – immune globulin (human) subcutaneous inj 10 gm/50ml	3	X	•			•
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	2	X	•				HYQVIA – immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	3	X	•			•
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 5 gm/50ml	2	X	•				HYQVIA – immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	3	X	•			•
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 10 gm/100ml	2	X	•				HYQVIA – immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	3	X	•			•
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 20 gm/200ml	2	X	•				HYQVIA – immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	3	X	•			•
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 40 gm/400ml	2	X	•				HYQVIA – immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	3	X	•			•
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 1 gm/5ml	3	X	•			•	<b>BIOLOGICALS MISC</b>						
							GRASTEK – timothy grass pollen allergen ext sl tab 2800 bau	3		•	•		
							ODACTRA – dust mite mixed ext sl tab 12 sq-hdm	3		•	•		

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PALFORZIA INITIAL DOSE ES – peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	3	X	•	•		•	PALFORZIA LEVEL 9 – peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	3	X	•	•		•
PALFORZIA LEVEL 1 – peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	3	X	•	•		•	RAGWITEK – short ragweed pollen allergen extract sl tab 12 amb a 1-u	3		•	•		
PALFORZIA LEVEL 10 – peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	3	X	•	•		•	<b>ANTINEOPLASTIC AGENTS</b>						
PALFORZIA LEVEL 11 (MAINT – peanut allergen powder-dnfp maintenance packet 300 mg)	3	X	•	•		•	<b>ANTINEOPLASTICS</b>						
PALFORZIA LEVEL 11 (TITRA – peanut allergen powder-dnfp titration packet 300 mg)	3	X	•	•		•	abiraterone acetate tab 250 mg (Zytiga)	1	X	•	•		
PALFORZIA LEVEL 2 – peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	3	X	•	•		•	abiraterone acetate tab 500 mg (Zytiga)	1	X	•	•		
PALFORZIA LEVEL 3 – peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	3	X	•	•		•	ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	2	X	•			•
PALFORZIA LEVEL 4 – peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	3	X	•	•		•	AFINITOR – everolimus tab 2.5 mg	3	X	•	•		•
PALFORZIA LEVEL 5 – peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	3	X	•	•		•	AFINITOR – everolimus tab 5 mg	3	X	•	•		•
PALFORZIA LEVEL 6 – peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	3	X	•	•		•	AFINITOR – everolimus tab 7.5 mg	3	X	•	•		•
PALFORZIA LEVEL 7 – peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	3	X	•	•		•	AFINITOR – everolimus tab 10 mg	3	X	•	•		•
PALFORZIA LEVEL 8 – peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	3	X	•	•		•	AFINITOR DISPERZ – everolimus tab for oral susp 2 mg	3	X	•	•		•
							AFINITOR DISPERZ – everolimus tab for oral susp 3 mg	3	X	•	•		•
							AFINITOR DISPERZ – everolimus tab for oral susp 5 mg	3	X	•	•		•
							ALECENSA – alectinib hcl cap 150 mg (base equivalent)	2	X	•	•		•
							ALKERAN – melphalan tab 2 mg	3					
							ALUNBRIG – brigatinib tab initiation therapy pack 90 mg & 180 mg	2	X	•	•		•
							ALUNBRIG – brigatinib tab 30 mg	2	X	•	•		•
							ALUNBRIG – brigatinib tab 90 mg	2	X	•	•		•
							ALUNBRIG – brigatinib tab 180 mg	2	X	•	•		•
							anastrozole tab 1 mg (Arimidex)	1					
							AYVAKIT – avapritinib tab 25 mg	2	X	•	•		•

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AYVAKIT – avapritinib tab 50 mg	2	X	•	•		•	COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	X	•	•		•
AYVAKIT – avapritinib tab 100 mg	2	X	•	•		•	COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	X	•	•		•
AYVAKIT – avapritinib tab 200 mg	2	X	•	•		•	COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	X	•	•		•
AYVAKIT – avapritinib tab 300 mg	2	X	•	•		•	COPIKTRA – duvelisib cap 15 mg	2	X	•	•		•
BALVERSA – erdafitinib tab 3 mg	2	X	•	•		•	COPIKTRA – duvelisib cap 25 mg	2	X	•	•		•
BALVERSA – erdafitinib tab 4 mg	2	X	•	•		•	COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent)	2	X	•	•		•
BALVERSA – erdafitinib tab 5 mg	2	X	•	•		•	CYCLOPHOSPHAMIDE – cyclophosphamide cap 25 mg	3					
BESREMI – ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	2	X	•	•		•	CYCLOPHOSPHAMIDE – cyclophosphamide cap 50 mg	3					
<b>bexarotene cap 75 mg</b> (Targretin)	1	X	•				CYCLOPHOSPHAMIDE – cyclophosphamide tab 25 mg	2					
<b>bicalutamide tab 50 mg</b> (Casodex)	1						CYCLOPHOSPHAMIDE – cyclophosphamide tab 50 mg	2					
BOSULIF – bosutinib tab 100 mg	2	X	•	•		•	<b>cyclophosphamide cap 25 mg</b> (Cyclophosphamide)	1					
BOSULIF – bosutinib tab 400 mg	2	X	•	•		•	<b>cyclophosphamide cap 50 mg</b> (Cyclophosphamide)	1					
BOSULIF – bosutinib tab 500 mg	2	X	•	•		•	DAURISMO – glasdegib maleate tab 25 mg (base equivalent)	2	X	•	•		•
BRAFTOVI – encorafenib cap 75 mg	2	X	•	•		•	DAURISMO – glasdegib maleate tab 100 mg (base equivalent)	2	X	•	•		•
BRUKINSA – zanubrutinib cap 80 mg	2	X	•	•		•	EMCYT – estramustine phosphate sodium cap 140 mg	2					
CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent)	2	X	•	•		•	ERIVEDGE – vismodegib cap 150 mg	2	X	•	•		•
CABOMETYX – cabozantinib s-malate tab 40 mg (base equivalent)	2	X	•	•		•	ERLEADA – apalutamide tab 60 mg	2	X	•	•		•
CABOMETYX – cabozantinib s-malate tab 60 mg (base equivalent)	2	X	•	•		•	<b>erlotinib hcl tab 25 mg (base equivalent)</b> (Tarceva)	1	X	•	•		•
CALQUENCE – acalabrutinib cap 100 mg	2	X	•	•		•							
<b>capecitabine tab 150 mg</b> (Xeloda)	1	X	•	•									
<b>capecitabine tab 500 mg</b> (Xeloda)	1	X	•	•									
CAPRELSA – vandetanib tab 100 mg	2	X	•	•		•							
CAPRELSA – vandetanib tab 300 mg	2	X	•	•		•							

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<b>erlotinib hcl tab 100 mg (base equivalent)</b> (Tarceva)	1	X	•	•			GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent)	2	X	•	•		•
<b>erlotinib hcl tab 150 mg (base equivalent)</b> (Tarceva)	1	X	•	•			GILOTRIF – afatinib dimaleate tab 30 mg (base equivalent)	2	X	•	•		•
ETOPOSIDE – etoposide cap 50 mg	2						GILOTRIF – afatinib dimaleate tab 40 mg (base equivalent)	2	X	•	•		•
EULEXIN – flutamide cap 125 mg	3					•	GLEOSTINE – lomustine cap 10 mg	2	X				
<b>everolimus tab for oral susp 2 mg</b> (Afinitor disperz)	1	X	•	•			GLEOSTINE – lomustine cap 40 mg	2	X				
<b>everolimus tab for oral susp 3 mg</b> (Afinitor disperz)	1	X	•	•			GLEOSTINE – lomustine cap 100 mg	2	X				
<b>everolimus tab for oral susp 5 mg</b> (Afinitor disperz)	1	X	•	•			HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv)	2	X	•			
<b>everolimus tab 2.5 mg</b> (Afinitor)	1	X	•	•			HYCAMTIN – topotecan hcl cap 1 mg (base equiv)	2	X	•			
<b>everolimus tab 5 mg</b> (Afinitor)	1	X	•	•			HYDREA – hydroxyurea cap 500 mg	3					
<b>everolimus tab 7.5 mg</b> (Afinitor)	1	X	•	•			<b>hydroxyurea cap 500 mg</b> (Hydrea)	1					
<b>everolimus tab 10 mg</b> (Afinitor)	1	X	•	•			IBRANCE – palbociclib cap 75 mg	2	X	•	•		•
<b>exemestane tab 25 mg</b> (Aromasin)	1						IBRANCE – palbociclib cap 100 mg	2	X	•	•		•
EXKIVITY – mobocertinib succinate cap 40 mg	2	X	•	•		•	IBRANCE – palbociclib cap 125 mg	2	X	•	•		•
FARESTON – toremifene citrate tab 60 mg (base equivalent)	3						IBRANCE – palbociclib tab 75 mg	2	X	•	•		•
FARYDAK – panobinostat lactate cap 10 mg (base equivalent)	2	X	•	•			IBRANCE – palbociclib tab 100 mg	2	X	•	•		•
FARYDAK – panobinostat lactate cap 15 mg (base equivalent)	2	X	•	•			IBRANCE – palbociclib tab 125 mg	2	X	•	•		•
FARYDAK – panobinostat lactate cap 20 mg (base equivalent)	2	X	•	•			ICLUSIG – ponatinib hcl tab 10 mg (base equiv)	2	X	•	•		•
FLUTAMIDE – flutamide cap 125 mg	3						ICLUSIG – ponatinib hcl tab 15 mg (base equiv)	2	X	•	•		•
FOTIVDA – tivozanib hcl cap 0.89 mg (base equivalent)	2	X	•	•		•	ICLUSIG – ponatinib hcl tab 30 mg (base equiv)	2	X	•	•		•
FOTIVDA – tivozanib hcl cap 1.34 mg (base equivalent)	2	X	•	•		•	ICLUSIG – ponatinib hcl tab 45 mg (base equiv)	2	X	•	•		•
GAVRETO – pralsetinib cap 100 mg	2	X	•	•		•	IDHIFA – enasidenib mesylate tab 50 mg (base equivalent)	2	X	•	•		•
							IDHIFA – enasidenib mesylate tab 100 mg (base equivalent)	2	X	•	•		•

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<b>imatinib mesylate tab 100 mg (base equivalent)</b> (Gleevec)	1	X	•	•			KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	2	X	•	•		
<b>imatinib mesylate tab 400 mg (base equivalent)</b> (Gleevec)	1	X	•	•			KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	2	X	•	•		
IMBRUVICA – ibrutinib cap 70 mg	2	X	•	•	•		KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	X	•	•		
IMBRUVICA – ibrutinib cap 140 mg	2	X	•	•	•		KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	X	•	•		
IMBRUVICA – ibrutinib tab 140 mg	2	X	•	•	•		KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	X	•	•		
IMBRUVICA – ibrutinib tab 280 mg	2	X	•	•	•		KOSELUGO – selumetinib sulfate cap 10 mg	2	X	•	•		•
IMBRUVICA – ibrutinib tab 420 mg	2	X	•	•	•		KOSELUGO – selumetinib sulfate cap 25 mg	2	X	•	•		•
IMBRUVICA – ibrutinib tab 560 mg	2	X	•	•	•		<b>lapatinib ditosylate tab 250 mg (base equiv)</b> (Tykerb)	1	X	•	•		
INLYTA – axitinib tab 1 mg	2	X	•	•	•		LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	X	•	•		•
INLYTA – axitinib tab 5 mg	2	X	•	•	•		LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	X	•	•		•
INQOVI – decitabine-cedazuridine tab 35-100 mg	2	X	•	•	•		LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	X	•	•		•
INREBIC – fedratinib hcl cap 100 mg	2	X	•	•	•		LENVIMA 18 MG DAILY DOSE – lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	X	•	•		•
INTRON A – interferon alfa-2b for inj 10000000 unit	2	X	•				LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	2	X	•	•		•
INTRON A – interferon alfa-2b for inj 18000000 unit	2	X	•										
INTRON A – interferon alfa-2b for inj 50000000 unit	2	X	•										
IRESSA – gefitinib tab 250 mg	2	X	•	•	•								
JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent)	2	X	•	•	•								
JAKAFI – ruxolitinib phosphate tab 10 mg (base equivalent)	2	X	•	•	•								
JAKAFI – ruxolitinib phosphate tab 15 mg (base equivalent)	2	X	•	•	•								
JAKAFI – ruxolitinib phosphate tab 20 mg (base equivalent)	2	X	•	•	•								
JAKAFI – ruxolitinib phosphate tab 25 mg (base equivalent)	2	X	•	•	•								
KISQALI – ribociclib succinate tab pack 200 mg daily dose	2	X	•	•									

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LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	X	•	•		•	MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	2	X	•	•		
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	X	•	•		•	MEKTOVI – binimetinib tab 15 mg	2	X	•	•		•
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	2	X	•	•		•	<b>melphalan tab 2 mg</b> (Alkeran)	1					
<b>letrozole tab 2.5 mg</b> (Femara)	1						<b>mercaptapurine tab 50 mg</b>	1					
<b>leucovorin calcium tab 5 mg</b>	1						MESNEX – mesna tab 400 mg	2					
<b>leucovorin calcium tab 10 mg</b>	1						METHOTREXATE SODIUM – methotrexate sodium inj 250 mg/10ml (25 mg/ml)	3					
<b>leucovorin calcium tab 15 mg</b>	1						<b>methotrexate sodium for inj 1 gm</b>	1					
<b>leucovorin calcium tab 25 mg</b>	1						<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</b>	1					
LEUKERAN – chlorambucil tab 2 mg	2						<b>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</b>	1					
<b>leuprolide acetate inj kit 5 mg/ml</b>	1	X	•	•			<b>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</b>	1					
LONSURF – trifluridine-tipiracil tab 15-6.14 mg	2	X	•	•		•	<b>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</b>	1					
LONSURF – trifluridine-tipiracil tab 20-8.19 mg	2	X	•	•		•	<b>methotrexate sodium tab 2.5 mg (base equiv)</b>	1					
LORBRENA – lorlatinib tab 25 mg	2	X	•	•		•	MYLERAN – busulfan tab 2 mg	2					
LORBRENA – lorlatinib tab 100 mg	2	X	•	•		•	NERLYNX – neratinib maleate tab 40 mg (base equivalent)	2	X	•	•		•
LUMAKRAS – sotorasib tab 120 mg	2	X	•	•		•	NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)	2	X	•	•		•
LYNPARZA – olaparib tab 100 mg	2	X	•	•		•	NILANDRON – nilutamide tab 150 mg	3					
LYNPARZA – olaparib tab 150 mg	2	X	•	•		•	<b>nilutamide tab 150 mg</b> (Nilandron)	1					
LYSODREN – mitotane tab 500 mg	2	X				•	NINLARO – ixazomib citrate cap 2.3 mg (base equivalent)	2	X	•	•		•
MATULANE – procarbazine hcl cap 50 mg	2	X				•	NINLARO – ixazomib citrate cap 3 mg (base equivalent)	2	X	•	•		•
<b>megestrol acetate susp 40 mg/ml</b>	1						NINLARO – ixazomib citrate cap 4 mg (base equivalent)	2	X	•	•		•
<b>megestrol acetate tab 20 mg</b>	1												
<b>megestrol acetate tab 40 mg</b>	1												
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	2	X	•	•		•							

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NUBEQA – darolutamide tab 300 mg	2	X	•	•			ROZLYTREK – entrectinib cap 100 mg	2	X	•	•		•
ODOMZO – sonidegib phosphate cap 200 mg (base equivalent)	2	X	•	•		•	ROZLYTREK – entrectinib cap 200 mg	2	X	•	•		•
ONUREG – azacitidine tab 200 mg	2	X	•	•			RUBRACA – rucaparib camsylate tab 200 mg (base equivalent)	2	X	•	•		•
ONUREG – azacitidine tab 300 mg	2	X	•	•			RUBRACA – rucaparib camsylate tab 250 mg (base equivalent)	2	X	•	•		•
ORGOVYX – relugolix tab 120 mg	2	X	•	•		•	RUBRACA – rucaparib camsylate tab 300 mg (base equivalent)	2	X	•	•		•
PEMAZYRE – pemigatinib tab 4.5 mg	2	X	•	•		•	RYDAPT – midostaurin cap 25 mg	2	X	•	•		
PEMAZYRE – pemigatinib tab 9 mg	2	X	•	•		•	SCSEMBLIX – asciminib hcl tab 20 mg	2	X	•	•		•
PEMAZYRE – pemigatinib tab 13.5 mg	2	X	•	•		•	SCSEMBLIX – asciminib hcl tab 40 mg	2	X	•	•		•
PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose	2	X	•	•			SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	3					
PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	X	•	•			SPRYCEL – dasatinib tab 20 mg	2	X	•	•		
PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	X	•	•			SPRYCEL – dasatinib tab 50 mg	2	X	•	•		
POMALYST – pomalidomide cap 1 mg	2	X	•	•		•	SPRYCEL – dasatinib tab 70 mg	2	X	•	•		
POMALYST – pomalidomide cap 2 mg	2	X	•	•		•	SPRYCEL – dasatinib tab 80 mg	2	X	•	•		
POMALYST – pomalidomide cap 3 mg	2	X	•	•		•	SPRYCEL – dasatinib tab 100 mg	2	X	•	•		
POMALYST – pomalidomide cap 4 mg	2	X	•	•		•	SPRYCEL – dasatinib tab 140 mg	2	X	•	•		
PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)	2	X				•	STIVARGA – regorafenib tab 40 mg	2	X	•	•		•
QINLOCK – ripretinib tab 50 mg	2	X	•	•		•	<b>sunitinib malate cap 12.5 mg (base equivalent)</b> (Sutent)	1	X	•	•		
RETEVMO – selpercatinib cap 40 mg	2	X	•	•		•	<b>sunitinib malate cap 25 mg (base equivalent)</b> (Sutent)	1	X	•	•		
RETEVMO – selpercatinib cap 80 mg	2	X	•	•		•	<b>sunitinib malate cap 37.5 mg (base equivalent)</b> (Sutent)	1	X	•	•		
							<b>sunitinib malate cap 50 mg (base equivalent)</b> (Sutent)	1	X	•	•		
							SUTENT – sunitinib malate cap 12.5 mg (base equivalent)	3	X	•	•		•

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SUTENT – sunitinib malate cap 25 mg (base equivalent)	3	X	•	•		•	TARCEVA – erlotinib hcl tab 100 mg (base equivalent)	3	X	•	•		•
SUTENT – sunitinib malate cap 37.5 mg (base equivalent)	3	X	•	•		•	TARCEVA – erlotinib hcl tab 150 mg (base equivalent)	3	X	•	•		•
SUTENT – sunitinib malate cap 50 mg (base equivalent)	3	X	•	•		•	TARGRETIN – bexarotene cap 75 mg	3	X	•			
SYNRIBO – omacetaxine mepesuccinate for inj 3.5 mg	3	X	•			•	TASIGNA – nilotinib hcl cap 50 mg (base equivalent)	2	X	•	•		
TABLOID – thioguanine tab 40 mg	2						TASIGNA – nilotinib hcl cap 150 mg (base equivalent)	2	X	•	•		
TABRECTA – capmatinib hcl tab 150 mg	2	X	•	•			TASIGNA – nilotinib hcl cap 200 mg (base equivalent)	2	X	•	•		
TABRECTA – capmatinib hcl tab 200 mg	2	X	•	•			TAZVERIK – tazemetostat hbr tab 200 mg	2	X	•	•		•
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)	2	X	•	•			TEMODAR – temozolomide cap 100 mg	3	X	•			
TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)	2	X	•	•			TEMODAR – temozolomide cap 140 mg	3	X	•			
TAGRISSEO – osimertinib mesylate tab 40 mg (base equivalent)	2	X	•	•		•	TEMODAR – temozolomide cap 180 mg	3	X	•			
TAGRISSEO – osimertinib mesylate tab 80 mg (base equivalent)	2	X	•	•		•	TEMODAR – temozolomide cap 250 mg	3	X	•			
TALZENNA – talazoparib tosylate cap 0.25 mg (base equivalent)	2	X	•	•		•	<b>temozolomide cap 5 mg</b>	1	X	•			
TALZENNA – talazoparib tosylate cap 0.5 mg (base equivalent)	2	X	•	•		•	<b>temozolomide cap 20 mg</b>	1	X	•			
TALZENNA – talazoparib tosylate cap 0.75 mg (base equivalent)	2	X	•	•		•	<b>temozolomide cap 100 mg (Temodar)</b>	1	X	•			
TALZENNA – talazoparib tosylate cap 1 mg (base equivalent)	2	X	•	•		•	<b>temozolomide cap 140 mg (Temodar)</b>	1	X	•			
<b>tamoxifen citrate tab 10 mg (base equivalent)</b>	1						<b>temozolomide cap 180 mg (Temodar)</b>	1	X	•			
<b>tamoxifen citrate tab 20 mg (base equivalent)</b>	1						<b>temozolomide cap 250 mg (Temodar)</b>	1	X	•			
TARCEVA – erlotinib hcl tab 25 mg (base equivalent)	3	X	•	•		•	TEPMETKO – tepotinib hcl tab 225 mg	2	X	•	•		•
							TIBSOVO – ivosidenib tab 250 mg	2	X	•	•		•

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<b>toremifene citrate tab 60 mg (base equivalent)</b> (Fareston)	1						VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	X	•	•		•
<b>tretinoin cap 10 mg</b>	1	X	•				VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent)	2	X	•	•		•
TRUSELTIQ – infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose)	2	X	•	•		•	VITRAKVI – larotrectinib sulfate cap 100 mg (base equivalent)	2	X	•	•		•
TRUSELTIQ – infigratinib phos cap ther pack 3 x 25 mg (75 mg daily dose)	2	X	•	•		•	VIZIMPRO – dacomitinib tab 15 mg	2	X	•	•		•
TRUSELTIQ – infigratinib phos cap ther pack 100 mg (100 mg daily dose)	2	X	•	•		•	VIZIMPRO – dacomitinib tab 30 mg	2	X	•	•		•
TRUSELTIQ – infigratinib phos cap pack 100 & 25 mg (125 mg daily dose)	2	X	•	•		•	VIZIMPRO – dacomitinib tab 45 mg	2	X	•	•		•
TUKYSA – tucatinib tab 50 mg	2	X	•	•		•	VONJO – pacritinib citrate cap 100 mg	2	X	•	•		•
TUKYSA – tucatinib tab 150 mg	2	X	•	•		•	VOTRIENT – pazopanib hcl tab 200 mg (base equiv)	2	X	•	•		•
TURALIO – pexidartinib hcl cap 200 mg (base equivalent)	2	X	•	•		•	WELIREG – belzutifan tab 40 mg	2	X	•	•		•
TYKERB – lapatinib ditosylate tab 250 mg (base equiv)	3	X	•	•		•	XALKORI – crizotinib cap 200 mg	2	X	•	•		•
VENCLEXTA – venetoclax tab 10 mg	2	X	•	•		•	XALKORI – crizotinib cap 250 mg	2	X	•	•		•
VENCLEXTA – venetoclax tab 50 mg	2	X	•	•		•	XOSPATA – gilteritinib fumarate tablet 40 mg (base equivalent)	2	X	•	•		•
VENCLEXTA – venetoclax tab 100 mg	2	X	•	•		•	XPOVIO – selinexor tab therapy pack 40 mg (40 mg once weekly)	2	X	•	•		•
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	X	•	•		•	XPOVIO – selinexor tab therapy pack 40 mg (40 mg twice weekly)	2	X	•	•		•
VERZENIO – abemaciclib tab 50 mg	2	X	•	•		•	XPOVIO – selinexor tab therapy pack 40 mg (80 mg once weekly)	2	X	•	•		•
VERZENIO – abemaciclib tab 100 mg	2	X	•	•		•	XPOVIO – selinexor tab therapy pack 50 mg (100 mg once weekly)	2	X	•	•		•
VERZENIO – abemaciclib tab 150 mg	2	X	•	•		•	XPOVIO – selinexor tab therapy pack 60 mg (60 mg once weekly)	2	X	•	•		•
VERZENIO – abemaciclib tab 200 mg	2	X	•	•		•	XPOVIO 60 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (60 mg twice weekly)	2	X	•	•		•
							XPOVIO 80 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (80 mg twice weekly)	2	X	•	•		•
							XTANDI – enzalutamide cap 40 mg	2	X	•	•		•

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XTANDI – enzalutamide tab 40 mg	2	X	•	•		•	EMFLAZA – deflazacort susp 22.75 mg/ml	3	X	•			•
XTANDI – enzalutamide tab 80 mg	2	X	•	•		•	EMFLAZA – deflazacort tab 6 mg	3	X	•	•		•
YONSA – abiraterone acetate tab 125 mg	2	X	•	•		•	EMFLAZA – deflazacort tab 18 mg	3	X	•	•		•
ZEJULA – niraparib tosylate cap 100 mg (base equivalent)	2	X	•	•		•	EMFLAZA – deflazacort tab 30 mg	3	X	•			•
ZELBORAF – vemurafenib tab 240 mg	2	X	•	•		•	EMFLAZA – deflazacort tab 36 mg	3	X	•			•
ZOLINZA – vorinostat cap 100 mg	2	X	•	•		•	<b>fludrocortisone acetate tab 0.1 mg</b>	1					
ZYDELIG – idelalisib tab 100 mg	2	X	•	•		•	<b>hydrocortisone tab 5 mg (Cortef)</b>	1					
ZYDELIG – idelalisib tab 150 mg	2	X	•	•		•	<b>hydrocortisone tab 10 mg (Cortef)</b>	1					
ZYKADIA – ceritinib tab 150 mg	2	X	•	•		•	<b>hydrocortisone tab 20 mg (Cortef)</b>	1					
<b>ENDOCRINE AND METABOLIC DRUGS</b>							MEDROL – methylprednisolone tab 2 mg	3					
<b>CORTICOSTEROIDS</b>							MEDROL – methylprednisolone tab 4 mg	3					
<b>budesonide delayed release particles cap 3 mg (Entocort ec)</b>	1						MEDROL – methylprednisolone tab 8 mg	3					
<b>budesonide tab er 24hr 9 mg (Uceris)</b>	1						MEDROL – methylprednisolone tab 16 mg	3					
DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml	2						MEDROL – methylprednisolone tab 32 mg	3					
DEXAMETHASONE – dexamethasone tab 0.5 mg	2						MEDROL DOSEPAK – methylprednisolone tab therapy pack 4 mg (21)	3					
DEXAMETHASONE – dexamethasone tab 0.75 mg	2						<b>methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)</b>	1					
DEXAMETHASONE – dexamethasone tab 1 mg	2						<b>methylprednisolone tab 4 mg (Medrol)</b>	1					
DEXAMETHASONE – dexamethasone tab 2 mg	2						<b>methylprednisolone tab 8 mg (Medrol)</b>	1					
<b>dexamethasone elixir 0.5 mg/5ml</b>	1						<b>methylprednisolone tab 16 mg (Medrol)</b>	1					
DEXAMETHASONE INTENSOL – dexamethasone conc 1 mg/ml	3						<b>methylprednisolone tab 32 mg (Medrol)</b>	1					
<b>dexamethasone tab 1.5 mg</b>	1												
<b>dexamethasone tab 4 mg</b>	1												
<b>dexamethasone tab 6 mg</b>	1												

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PEDIAPRED – prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	3					
PREDNISOLONE – prednisolone syrup 15 mg/5ml (usp solution equivalent)	3					
<b>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</b> (Pediapred)	1					
<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</b>	1					
PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3					
PREDNISOLONE SODIUM PHOSP – prednisolone sod phos orally disintegr tab 10 mg (base eq)	3					
PREDNISOLONE SODIUM PHOSP – prednisolone sod phos orally disintegr tab 15 mg (base eq)	3					
PREDNISOLONE SODIUM PHOSP – prednisolone sod phos orally disintegr tab 30 mg (base eq)	3					
PREDNISON – prednisone oral soln 5 mg/5ml	2					
PREDNISON INTENSOL – prednisone conc 5 mg/ml	3					
<b>prednisone tab therapy pack 5 mg (21)</b>	1					
<b>prednisone tab therapy pack 5 mg (48)</b>	1					
<b>prednisone tab therapy pack 10 mg (21)</b>	1					
<b>prednisone tab therapy pack 10 mg (48)</b>	1					
<b>prednisone tab 1 mg</b>	1					
<b>prednisone tab 2.5 mg</b>	1					

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<b>prednisone tab 5 mg</b>	1					
<b>prednisone tab 10 mg</b>	1					
<b>prednisone tab 20 mg</b>	1					
<b>prednisone tab 50 mg</b>	1					
TARPEYO – budesonide delayed release cap 4 mg	3	X	•	•		•
<b>ANDROGEN-ANABOLIC</b>						
<b>danazol cap 50 mg</b>	1		•			
<b>danazol cap 100 mg</b>	1		•			
<b>danazol cap 200 mg</b>	1		•			
DEPO-TESTOSTERONE – testosterone cypionate im inj in oil 100 mg/ml	3			•		
DEPO-TESTOSTERONE – testosterone cypionate im inj in oil 200 mg/ml	3			•		
METHITEST – methyltestosterone oral tab 10 mg	3		•	•		
<b>methyltestosterone cap 10 mg</b>	1		•	•		
<b>oxandrolone tab 2.5 mg</b>	1		•			
<b>oxandrolone tab 10 mg</b>	1		•			
<b>testosterone cypionate im inj in oil 100 mg/ml</b> (Depo-testosterone)	1			•		
<b>testosterone cypionate im inj in oil 200 mg/ml</b> (Depo-testosterone)	1			•		
TESTOSTERONE ENANTHATE – testosterone enanthate im inj in oil 200 mg/ml	3			•		
<b>testosterone td gel 25 mg/2.5gm (1%)</b> (Androgel)	1		•	•		
<b>testosterone td gel 50 mg/5gm (1%)</b> (Androgel)	1		•	•		

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<b>testosterone td gel 12.5 mg/act (1%)</b>	1		•	•			DIVIGEL – estradiol td gel 1 mg/gm (0.1%)	2			•		
<b>testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)</b>	1		•	•			DIVIGEL – estradiol td gel 1.25 mg/1.25gm (0.1%)	2			•		
<b>testosterone td gel 10mg/act (2%) (Fortesta)</b>	1		•	•			DUAVEE – conjugated estrogens-bazedoxifene tab 0.45-20 mg	2					
<b>testosterone td soln 30 mg/act</b>	1		•	•			ELESTRIN – estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	3			•		
<b>ESTROGENS</b>													
ALORA – estradiol td patch twice weekly 0.025 mg/24hr	3			•			ESTRACE – estradiol tab 0.5 mg	3					
ALORA – estradiol td patch twice weekly 0.05 mg/24hr	3			•			ESTRACE – estradiol tab 1 mg	3					
ALORA – estradiol td patch twice weekly 0.075 mg/24hr	3			•			ESTRACE – estradiol tab 2 mg	3					
ALORA – estradiol td patch twice weekly 0.1 mg/24hr	3			•			<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b>	1					
ANGELIQ – drospirenone-estradiol tab 0.25-0.5 mg	3						<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg (Activella)</b>	1					
ANGELIQ – drospirenone-estradiol tab 0.5-1 mg	3						<b>estradiol tab 0.5 mg (Estrace)</b>	1					
BIJUVA – estradiol-progesterone cap 1-100 mg	3						<b>estradiol tab 1 mg (Estrace)</b>	1					
CLIMARA PRO – estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2			•			<b>estradiol tab 2 mg (Estrace)</b>	1					
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day	3						<b>estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)</b>	1			•		
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day	3						<b>estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)</b>	1			•		
DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%)	2			•			<b>estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)</b>	1			•		
DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%)	2			•			<b>estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)</b>	1			•		
DIVIGEL – estradiol td gel 0.75 mg/0.75gm (0.1%)	2			•			<b>estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)</b>	1			•		
							<b>estradiol td patch weekly 0.025 mg/24hr (Climara)</b>	1			•		
							<b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)</b>	1			•		
							<b>estradiol td patch weekly 0.05 mg/24hr (Climara)</b>	1			•		

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<b>estradiol td patch weekly 0.06 mg/24hr</b> (Climara)	1			•			PREMARIN – estrogens, conjugated tab 0.625 mg	2					
<b>estradiol td patch weekly 0.075 mg/24hr</b> (Climara)	1			•			PREMARIN – estrogens, conjugated tab 0.9 mg	2					
<b>estradiol td patch weekly 0.1 mg/24hr</b> (Climara)	1			•			PREMARIN – estrogens, conjugated tab 1.25 mg	2					
ESTROGEL – estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2			•			PREMPHASE – conj est 0.625(14)/ conj est-medroxypro ac tab 0.625-5mg(14)	2					
EVAMIST – estradiol transdermal spray 1.53 mg/spray	3			•			PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg	2					
MENEST – esterified estrogens tab 0.3 mg	2						PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg	2					
MENEST – esterified estrogens tab 0.625 mg	2						PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg	2					
MENEST – esterified estrogens tab 1.25 mg	2						PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg	2					
MENOSTAR – estradiol td patch weekly 14 mcg/24hr	3			•			<b>CONTRACEPTIVES</b>						
MYFEMBREE – relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2		•	•			BEYAZ – drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	3					
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b> (Femhrt)	1						<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b> (Mircette)	1					
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b>	1						<b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025m mg</b>	1					
ORIAHNN – elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack	2		•	•			<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	1					
PREFEST – estradiol tab 1 mg(15)/estradiol-norgestimate tab 1-0.09mg(15)	3						<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</b> (Beyaz)	1					
PREMARIN – estrogens, conjugated tab 0.3 mg	2												
PREMARIN – estrogens, conjugated tab 0.45 mg	2												

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<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)</b>	1						<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>	1					
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)</b>	1						LO LOESTRIN FE – norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	3					
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)</b>	1						<b>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)</b>	1					
ELLA – ulipristal acetate tab 30 mg	2						<b>medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)</b>	1					
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	1						NATAZIA – estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	3					
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b>	1						<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b>	1					
<b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)</b>	1		•				<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b>	1					
GENERESS FE – norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	3						<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b>	1					
<b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg (Quartette)</b>	1						<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	1					
<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7) (Loseasonique)</b>	1						<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)</b>	1					
<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7) (Seasonique)</b>	1						<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b>	1					
<b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b>	1						<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b>	1					
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b>	1						<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b>	1					
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	1						<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b>	1					
<b>levonorgestrel tab 1.5 mg</b>	1												
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>	1												

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<b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</b> (Taytulla)	1					
<b>norethindrone tab 0.35 mg</b>	1					
<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b>	1					
<b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b>	1					
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	1					
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b>	1					
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b>	1					
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b>	1					
NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	2					
PLAN B ONE-STEP – levonorgestrel tab 1.5 mg	3					
SAFYRAL – drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	3					
SEASONIQUE – levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	3					
SLYND – drospirenone tab 4 mg	3					
TYBLUME – levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3					
YASMIN 28 – drospirenone-ethinyl estradiol tab 3-0.03 mg	3					
YAZ – drospirenone-ethinyl estradiol tab 3-0.02 mg	3					

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<b>PROGESTINS</b>						
AYGESTIN – norethindrone acetate tab 5 mg	3					
<b>medroxyprogesterone acetate tab 2.5 mg</b> (Provera)	1					
<b>medroxyprogesterone acetate tab 5 mg</b> (Provera)	1					
<b>medroxyprogesterone acetate tab 10 mg</b> (Provera)	1					
<b>megestrol acetate susp 625 mg/5ml</b>	1					
<b>norethindrone acetate tab 5 mg</b> (Aygestin)	1					
<b>progesterone cap 100 mg</b> (Prometrium)	1					
<b>progesterone cap 200 mg</b> (Prometrium)	1					
PROVERA – medroxyprogesterone acetate tab 2.5 mg	3					
PROVERA – medroxyprogesterone acetate tab 5 mg	3					
PROVERA – medroxyprogesterone acetate tab 10 mg	3					
<b>ANTIDIABETICS</b>						
<b>Antidiabetics</b>						
<b>acarbose tab 25 mg</b> (Precose)	1					
<b>acarbose tab 50 mg</b> (Precose)	1					
<b>acarbose tab 100 mg</b> (Precose)	1					
BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose	2					
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose	2					
BYDUREON BCISE – exenatide extended release susp auto-injector 2 mg/0.85ml	3			•	•	

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CYCLOSET – bromocriptine mesylate tab 0.8 mg (base equivalent)	3						<b>glyburide micronized tab 1.5 mg</b> (Glynase)	1					
<b>diazoxide susp 50 mg/ml</b> (Proglycem)	1						<b>glyburide micronized tab 3 mg</b> (Glynase)	1					
FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)	2			•	•		<b>glyburide micronized tab 6 mg</b> (Glynase)	1					
FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)	2			•	•		<b>glyburide tab 1.25 mg</b>	1					
<b>glimepiride tab 1 mg</b> (Amaryl)	1						<b>glyburide tab 2.5 mg</b>	1					
<b>glimepiride tab 2 mg</b> (Amaryl)	1						<b>glyburide tab 5 mg</b>	1					
<b>glimepiride tab 4 mg</b> (Amaryl)	1						<b>glyburide-metformin tab 1.25-250 mg</b>	1					
<b>glipizide tab er 24hr 2.5 mg</b> (Glucotrol xl)	1						<b>glyburide-metformin tab 2.5-500 mg</b>	1					
<b>glipizide tab er 24hr 5 mg</b> (Glucotrol xl)	1						<b>glyburide-metformin tab 5-500 mg</b>	1					
<b>glipizide tab er 24hr 10 mg</b> (Glucotrol xl)	1						GLYNASE – glyburide micronized tab 1.5 mg	3					
<b>glipizide tab 5 mg</b>	1						GLYNASE – glyburide micronized tab 3 mg	3					
<b>glipizide tab 10 mg</b>	1						GLYNASE – glyburide micronized tab 6 mg	3					
<b>glipizide-metformin hcl tab 2.5-250 mg</b>	1						GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg	2			•	•	
<b>glipizide-metformin hcl tab 2.5-500 mg</b>	1						GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg	2			•	•	
<b>glipizide-metformin hcl tab 5-500 mg</b>	1						GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2					
GLUCAGEN HYPOKIT – glucagon hcl (rdna) for inj 1 mg (base equiv)	3						GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2					
<b>glucagon (rdna) for inj kit 1 mg</b> (Glucagon emergency k)	1						GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2					
GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg	3						GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2					
GLUCAGON EMERGENCY KIT FO – glucagon hcl for inj 1 mg	2												

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GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml	2						<b>metformin hcl tab 1000 mg</b>	1					
GVOKE PFS – glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml	2						METFORMIN HYDROCHLORIDE – metformin hcl tab 625 mg	3					
GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2						<b>miglitol tab 25 mg</b>	1					
JANUMET – sitagliptin-metformin hcl tab 50-500 mg	2			•	•		<b>miglitol tab 50 mg</b>	1					
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg	2			•	•		<b>miglitol tab 100 mg</b>	1					
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg	2			•	•		<b>nateglinide tab 60 mg</b>	1					
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2			•	•		<b>nateglinide tab 120 mg</b>	1					
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg	2			•	•		OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	2			•	•	
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)	2			•	•		OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	2			•	•	
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)	2			•	•		OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	2			•	•	
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)	2			•	•		<b>pioglitazone hcl tab 15 mg (base equiv) (Actos)</b>	1					
JARDIANCE – empagliflozin tab 10 mg	2			•	•		<b>pioglitazone hcl tab 30 mg (base equiv) (Actos)</b>	1					
JARDIANCE – empagliflozin tab 25 mg	2			•	•		<b>pioglitazone hcl tab 45 mg (base equiv) (Actos)</b>	1					
KORLYM – mifepristone tab 300 mg	3	X	•	•	•		<b>pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)</b>	1					
<b>metformin hcl tab er 24hr 500 mg</b>	1						<b>pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)</b>	1					
<b>metformin hcl tab er 24hr 750 mg</b>	1						PRECOSE – acarbose tab 25 mg	3					
<b>metformin hcl tab 500 mg</b>	1						PRECOSE – acarbose tab 50 mg	3					
<b>metformin hcl tab 850 mg</b>	1						PRECOSE – acarbose tab 100 mg	3					
							PROGLYCEM – diazoxide susp 50 mg/ml	3					
							<b>repaglinide tab 0.5 mg</b>	1					
							<b>repaglinide tab 1 mg</b>	1					
							<b>repaglinide tab 2 mg</b>	1					
							RYBELSUS – semaglutide tab 3 mg	2			•	•	

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RYBELSUS – semaglutide tab 7 mg	2			•	•		TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg	2			•	•	
RYBELSUS – semaglutide tab 14 mg	2			•	•		TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg	2			•	•	
SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2			•	•		TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml	2			•	•	
SYMLINPEN 120 – pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	2						TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml	2			•	•	
SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	2						TRULICITY – dulaglutide soln pen-injector 3 mg/0.5ml	2			•	•	
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg	2			•	•		TRULICITY – dulaglutide soln pen-injector 4.5 mg/0.5ml	2			•	•	
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg	2			•	•		VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	2			•	•	
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg	2			•	•		XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	2			•	•	
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg	2			•	•		XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-500 mg	2			•	•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg	2			•	•		XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	2			•	•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg	2			•	•		XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-500 mg	2			•	•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	2			•	•		XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	2			•	•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2			•	•		XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2			•	•	
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2			•	•		ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2					
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg	2			•	•								

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ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2					
<b>Rapid-Acting Insulins</b>						
FIASP – insulin aspart (with niacinamide) inj 100 unit/ml	2					
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2					
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2					
INSULIN ASPART – insulin aspart inj soln 100 unit/ml	2					
INSULIN ASPART FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	2					
INSULIN ASPART PENFILL – insulin aspart soln cartridge 100 unit/ml	2					
NOVOLOG – insulin aspart inj soln 100 unit/ml	2					
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	2					
NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml	2					
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml	2					
NOVOLOG RELION – insulin aspart inj soln 100 unit/ml	2					
<b>Short-Acting Insulins</b>						
AFREZZA – insulin regular (human) inhalation powder 4 unit/cartridge	3		•	•		
AFREZZA – insulin regular (human) inhalation powder 8 unit/cartridge	3		•	•		

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AFREZZA – insulin regular (human) inhalation powder 12 unit/cartridge	3		•	•		
AFREZZA – insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	3		•	•		
AFREZZA – insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit	3		•	•		
AFREZZA – insulin regular (human) inh powd 60x4 & 60x8 & 60x12 ut/cart	3		•	•		
HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml	2					
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml	2					
NOVOLIN R – insulin regular (human) inj 100 unit/ml	2					
NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml	2					
NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/ml	2					
NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml	2					
RELION R – insulin regular (human) inj 100 unit/ml	2					
<b>Intermediate-Acting Insulins</b>						
INSULIN ASPART PROTAMINE/ – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2					
INSULIN ASPART PROTAMINE/ – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2					
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml	2					

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NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2						LANTUS – insulin glargine inj 100 unit/ml	2					
NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2						LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	2					
NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml	2						LEVEMIR – insulin detemir inj 100 unit/ml	2					
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	2						LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml	2					
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2						TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2					
NOVOLIN 70/30 FLEXPEN REL – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2						TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2					
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)	2						TRESIBA – insulin degludec inj 100 unit/ml	2					
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2						TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml	2					
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2						TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml	2					
NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2						<b>THYROID AGENTS</b>						
<b>Basal Insulins</b>							ARMOUR THYROID – thyroid tab 15 mg (1/4 grain)	3					
BASAGLAR KWIKPEN – insulin glargine soln pen-injector 100 unit/ml	3						ARMOUR THYROID – thyroid tab 30 mg (1/2 grain)	3					
INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml	2						ARMOUR THYROID – thyroid tab 60 mg (1 grain)	3					
INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml	2						ARMOUR THYROID – thyroid tab 90 mg (1 1/2 grain)	3					
							ARMOUR THYROID – thyroid tab 120 mg (2 grain)	3					
							ARMOUR THYROID – thyroid tab 180 mg (3 grain)	3					

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ARMOUR THYROID – thyroid tab 240 mg (4 grain)	3						<b>propylthiouracil tab 50 mg</b>	1					
ARMOUR THYROID – thyroid tab 300 mg (5 grain)	3						SYNTHROID – levothyroxine sodium tab 25 mcg	2					
<b>levothyroxine sodium tab 25 mcg</b> (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 50 mcg	2					
<b>levothyroxine sodium tab 50 mcg</b> (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 75 mcg	2					
<b>levothyroxine sodium tab 75 mcg</b> (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 88 mcg	2					
<b>levothyroxine sodium tab 88 mcg</b> (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 100 mcg	2					
<b>levothyroxine sodium tab 100 mcg</b> (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 112 mcg	2					
<b>levothyroxine sodium tab 112 mcg</b> (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 125 mcg	2					
<b>levothyroxine sodium tab 125 mcg</b> (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 137 mcg	2					
<b>levothyroxine sodium tab 137 mcg</b> (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 150 mcg	2					
<b>levothyroxine sodium tab 150 mcg</b> (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 175 mcg	2					
<b>levothyroxine sodium tab 175 mcg</b> (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 200 mcg	2					
<b>levothyroxine sodium tab 200 mcg</b> (Synthroid)	1						SYNTHROID – levothyroxine sodium tab 300 mcg	2					
<b>levothyroxine sodium tab 300 mcg</b> (Synthroid)	1						THYQUIDITY – levothyroxine sodium oral solution 100 mcg/5ml	3					
<b>liothyronine sodium tab 5 mcg</b> (Cytomel)	1						<b>thyroid tab 15 mg (1/4 grain)</b> (Armour thyroid)	1					
<b>liothyronine sodium tab 25 mcg</b> (Cytomel)	1						<b>thyroid tab 30 mg (1/2 grain)</b> (Armour thyroid)	1					
<b>liothyronine sodium tab 50 mcg</b> (Cytomel)	1						<b>thyroid tab 60 mg (1 grain)</b> (Armour thyroid)	1					
<b>methimazole tab 5 mg</b> (Tapazole)	1						<b>thyroid tab 90 mg (1 1/2 grain)</b> (Armour thyroid)	1					
<b>methimazole tab 10 mg</b> (Tapazole)	1												

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<b>thyroid tab 120 mg (2 grain)</b> (Armour thyroid)	1					
<b>OXYTOCICS</b>						
<b>methylergonovine maleate tab 0.2 mg</b>	1			•		
<b>ENDOCRINE and METABOLIC AGENTS - MISC.</b>						
ACTHAR – corticotropin inj gel 80 unit/ml	3	X	•	•		•
ALENDRONATE SODIUM – alendronate sodium oral soln 70 mg/75ml	3					
ALENDRONATE SODIUM – alendronate sodium tab 5 mg	3					
<b>alendronate sodium tab 10 mg</b>	1					
<b>alendronate sodium tab 35 mg</b>	1					
<b>alendronate sodium tab 70 mg</b> (Fosamax)	1					
<b>betaine powder for oral solution</b> (Cystadane)	1	X	•			•
BINOSTO – alendronate sodium effervescent tab 70 mg	3					
BUPHENYL – sodium phenylbutyrate tab 500 mg	3	X	•	•		•
<b>cabergoline tab 0.5 mg</b>	1					
<b>calcitonin (salmon) inj 200 unit/ml</b> (Miacalcin)	1					
<b>calcitonin (salmon) nasal soln 200 unit/act</b>	1					
<b>calcitriol cap 0.25 mcg</b> (Rocaltrol)	1					
<b>calcitriol cap 0.5 mcg</b> (Rocaltrol)	1					
<b>calcitriol oral soln 1 mcg/ml</b> (Rocaltrol)	1					
CARBAGLU – carglumic acid soluble tab 200 mg	3	X				•

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<b>carglumic acid soluble tab 200 mg</b> (Carbaglu)	1	X				
CARNITOR – levocarnitine tab 330 mg	3					
CARNITOR – levocarnitine oral soln 1 gm/10ml (10%)	3					
CARNITOR SF – levocarnitine oral soln 1 gm/10ml (10%)	3					
<b>cinacalcet hcl tab 30 mg (base equiv)</b> (Sensipar)	1		•			
<b>cinacalcet hcl tab 60 mg (base equiv)</b> (Sensipar)	1		•			
<b>cinacalcet hcl tab 90 mg (base equiv)</b> (Sensipar)	1		•			
CYSTADANE – betaine powder for oral solution	3	X	•			•
DDAVP – desmopressin acetate inj 4 mcg/ml	3					
DDAVP – desmopressin acetate preservative free (pf) inj 4 mcg/ml	3					
DESMOPRESSIN ACETATE – desmopressin acetate nasal soln 1.5 mg/ml	2					
<b>desmopressin acetate inj 4 mcg/ml</b> (Ddavp)	1					
<b>desmopressin acetate nasal spray soln 0.01%</b>	1					
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated)</b>	1					
<b>desmopressin acetate preservative free (pf) inj 4 mcg/ml</b> (Ddavp)	1					
<b>desmopressin acetate tab 0.1 mg</b> (Ddavp)	1					
<b>desmopressin acetate tab 0.2 mg</b> (Ddavp)	1					
<b>doxercalciferol cap 0.5 mcg</b>	1					

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<b>doxercalciferol cap 1 mcg</b>	1						KUVAN – sapropterin dihydrochloride tab 100 mg	3	X	•			•
<b>doxercalciferol cap 2.5 mcg</b>	1						KUVAN – sapropterin dihydrochloride powder packet 100 mg	3	X	•			•
EGRIFTA SV – tesamorelin acetate for inj 2 mg (base equiv)	3	X	•				KUVAN – sapropterin dihydrochloride powder packet 500 mg	3	X	•			•
FORTEO – teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	2	X	•				<b>levocarnitine oral soln 1 gm/10ml (10%)</b> (Carnitor)	1					
FOSAMAX – alendronate sodium tab 70 mg	3						<b>levocarnitine tab 330 mg</b> (Carnitor)	1					
GALAFOLD – migalastat hcl cap 123 mg (base equivalent)	3	X	•	•		•	MIACALCIN – calcitonin (salmon) inj 200 unit/ml	3					
<b>ibandronate sodium tab 150 mg (base equivalent)</b> (Boniva)	1						MYALEPT – metreleptin for subcutaneous inj 11.3 mg	3	X	•	•		•
INCRELEX – mecaseprin inj 40 mg/4ml (10 mg/ml)	2	X	•			•	MYCAPSSA – octreotide acetate cap delayed release 20 mg	3	X	•	•		•
ISTURISA – osilodrostat phosphate tab 1 mg	3	X	•	•		•	NATPARA – parathyroid hormone (recombinant) for inj cartridge 25 mcg	3	X	•			•
ISTURISA – osilodrostat phosphate tab 5 mg	3	X	•	•		•	NATPARA – parathyroid hormone (recombinant) for inj cartridge 50 mcg	3	X	•			•
ISTURISA – osilodrostat phosphate tab 10 mg	3	X	•	•		•	NATPARA – parathyroid hormone (recombinant) for inj cartridge 75 mcg	3	X	•			•
JYNARQUE – tolvaptan tab therapy pack 15 mg	3	X	•	•		•	NATPARA – parathyroid hormone (recombinant) for inj cartridge 100 mcg	3	X	•			•
JYNARQUE – tolvaptan tab therapy pack 30 & 15 mg	3	X	•	•		•	<b>nitisinone cap 2 mg</b> (Orfadin)	1	X	•			•
JYNARQUE – tolvaptan tab therapy pack 45 & 15 mg	3	X	•	•		•	<b>nitisinone cap 5 mg</b> (Orfadin)	1	X	•			•
JYNARQUE – tolvaptan tab therapy pack 60 & 30 mg	3	X	•	•		•	<b>nitisinone cap 10 mg</b> (Orfadin)	1	X	•			•
JYNARQUE – tolvaptan tab therapy pack 90 & 30 mg	3	X	•	•		•	NITYR – nitisinone tab 2 mg	2	X	•			
JYNARQUE – tolvaptan tab 15 mg	3	X	•	•		•	NITYR – nitisinone tab 5 mg	2	X	•			
JYNARQUE – tolvaptan tab 30 mg	3	X	•	•		•	NITYR – nitisinone tab 10 mg	2	X	•			
KERENDIA – finerenone tab 10 mg	3		•	•									
KERENDIA – finerenone tab 20 mg	3		•	•									

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NORDITROPIN FLEXPPO – somatropin solution pen-injector 5 mg/1.5ml	2	X	•				ORFADIN – nitisinone cap 20 mg	2	X	•			•
NORDITROPIN FLEXPPO – somatropin solution pen-injector 10 mg/1.5ml	2	X	•				ORLISSA – elagolix sodium tab 150 mg (base equiv)	2		•	•		
NORDITROPIN FLEXPPO – somatropin solution pen-injector 15 mg/1.5ml	2	X	•				ORLISSA – elagolix sodium tab 200 mg (base equiv)	2		•	•		
NORDITROPIN FLEXPPO – somatropin solution pen-injector 30 mg/3ml	2	X	•				OSPHENA – ospemifene tab 60 mg	3					
NULIBRY – fosdenopterin hydrobromide for iv soln 9.5 mg	3	X	•		•		OVIDREL – choriogonadotropin alfa inj 250 mcg/0.5ml	2					
OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 50 mcg/ml	3	X					PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	3	X	•	•		•
OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 100 mcg/ml	3	X					PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	3	X	•	•		•
OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 500 mcg/ml	3	X					PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	3	X	•	•		•
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	1	X					paricalcitol cap 1 mcg (Zemlar)	1					
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	1	X					paricalcitol cap 2 mcg (Zemlar)	1					
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	X					paricalcitol cap 4 mcg	1					
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	1	X					raloxifene hcl tab 60 mg (Evista)	1					
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	X					RAVICTI – glycerol phenylbutyrate liquid 1.1 gm/ml	3	X	•	•		•
ORFADIN – nitisinone susp 4 mg/ml	2	X	•			•	risedronate sodium tab delayed release 35 mg (Atelvia)	1					
ORFADIN – nitisinone cap 2 mg	3	X	•			•	risedronate sodium tab 5 mg	1					
ORFADIN – nitisinone cap 5 mg	3	X	•			•	risedronate sodium tab 30 mg	1					
ORFADIN – nitisinone cap 10 mg	3	X	•			•	risedronate sodium tab 35 mg (Actonel)	1					
							risedronate sodium tab 150 mg (Actonel)	1					
							ROCALTROL – calcitriol oral soln 1 mcg/ml	3					
							ROCALTROL – calcitriol cap 0.25 mcg	3					

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ROCALTROL – calcitriol cap 0.5 mcg	3						SIGNIFOR LAR – pasireotide pamoate for im er susp 10 mg (base equiv)	3	X	•	•		•
SAMSCA – tolvaptan tab 15 mg	3	X		•		•	SIGNIFOR LAR – pasireotide pamoate for im er susp 20 mg (base equiv)	3	X	•	•		•
SANDOSTATIN – octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	3	X					SIGNIFOR LAR – pasireotide pamoate for im er susp 30 mg (base equiv)	3	X	•	•		•
SANDOSTATIN – octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	3	X					SIGNIFOR LAR – pasireotide pamoate for im er susp 40 mg (base equiv)	3	X	•	•		•
SANDOSTATIN – octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	3	X					SIGNIFOR LAR – pasireotide pamoate for im er susp 60 mg (base equiv)	3	X	•	•		•
<b>sapropterin dihydrochloride powder packet 100 mg</b> (Kuvan)	1	X	•				<b>sodium phenylbutyrate oral powder 3 gm/teaspoonful</b> (Buphenyl)	1	X	•	•		
<b>sapropterin dihydrochloride powder packet 500 mg</b> (Kuvan)	1	X	•				<b>sodium phenylbutyrate tab 500 mg</b> (Buphenyl)	1	X	•	•		
<b>sapropterin dihydrochloride tab 100 mg</b> (Kuvan)	1	X	•				SOMAVERT – pegvisomant for inj 10 mg (as protein)	2	X				•
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv)	3		•				SOMAVERT – pegvisomant for inj 15 mg (as protein)	2	X				•
SENSIPAR – cinacalcet hcl tab 60 mg (base equiv)	3		•				SOMAVERT – pegvisomant for inj 20 mg (as protein)	2	X				•
SENSIPAR – cinacalcet hcl tab 90 mg (base equiv)	3		•				SOMAVERT – pegvisomant for inj 25 mg (as protein)	2	X				•
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 4 mg	3	X	•			•	SOMAVERT – pegvisomant for inj 30 mg (as protein)	2	X				•
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 5 mg	3	X	•			•	STIMATE – desmopressin acetate nasal soln 1.5 mg/ml	2					
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 6 mg	3	X	•			•	STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml	2	X	•			•
SIGNIFOR – pasireotide diaspertate inj 0.3 mg/ml (base equiv)	3	X	•	•		•	STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml	2	X	•			•
SIGNIFOR – pasireotide diaspertate inj 0.6 mg/ml (base equiv)	3	X	•	•		•							
SIGNIFOR – pasireotide diaspertate inj 0.9 mg/ml (base equiv)	3	X	•	•		•							

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STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml	2	X	•			•
STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml	2	X	•			•
SYNAREL – nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2	X				
TERIPARATIDE – teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	3	X	•			
<b>tolvaptan tab 15 mg (Samsca)</b>	1	X		•		
<b>tolvaptan tab 30 mg (Samsca)</b>	1	X		•		
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	X	•			•
VOXZOGO – vosoritide for subcutaneous inj 0.4 mg	3	X	•	•		•
VOXZOGO – vosoritide for subcutaneous inj 0.56 mg	3	X	•	•		•
VOXZOGO – vosoritide for subcutaneous inj 1.2 mg	3	X	•	•		•
XURIDEN – uridine triacetate oral granules packet 2 gm	3	X	•			•
ZEMPLAR – paricalcitol cap 1 mcg	3					
ZEMPLAR – paricalcitol cap 2 mcg	3					
<b>CARDIOVASCULAR AGENTS</b>						
<b>CARDIOTONICS</b>						
DIGOXIN – digoxin oral soln 0.05 mg/ml	3					
<b>digoxin oral soln 0.05 mg/ml (Digoxin)</b>	1					
<b>digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)</b>	1					
<b>digoxin tab 125 mcg (0.125 mg) (Lanoxin)</b>	1					

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<b>digoxin tab 250 mcg (0.25 mg) (Lanoxin)</b>	1					
LANOXIN – digoxin tab 62.5 mcg (0.0625 mg)	3					
LANOXIN – digoxin tab 125 mcg (0.125 mg)	3					
LANOXIN – digoxin tab 250 mcg (0.25 mg)	3					
<b>ANTIANGINAL AGENTS</b>						
<b>isosorbide dinitrate tab 5 mg (Isordil titradose)</b>	1					
<b>isosorbide dinitrate tab 10 mg</b>	1					
<b>isosorbide dinitrate tab 20 mg</b>	1					
<b>isosorbide dinitrate tab 30 mg</b>	1					
<b>isosorbide dinitrate tab 40 mg (Isordil titradose)</b>	1					
<b>isosorbide mononitrate tab er 24hr 30 mg</b>	1					
<b>isosorbide mononitrate tab er 24hr 60 mg</b>	1					
<b>isosorbide mononitrate tab er 24hr 120 mg</b>	1					
<b>isosorbide mononitrate tab 10 mg</b>	1					
<b>isosorbide mononitrate tab 20 mg</b>	1					
NITRO-BID – nitroglycerin oint 2%	2					
NITRO-DUR – nitroglycerin td patch 24hr 0.1 mg/hr	3					
NITRO-DUR – nitroglycerin td patch 24hr 0.2 mg/hr	3					
NITRO-DUR – nitroglycerin td patch 24hr 0.3 mg/hr	2					
NITRO-DUR – nitroglycerin td patch 24hr 0.4 mg/hr	3					
NITRO-DUR – nitroglycerin td patch 24hr 0.6 mg/hr	3					

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NITRO-DUR – nitroglycerin td patch 24hr 0.8 mg/hr	2						RANEXA – ranolazine tab er 12hr 500 mg	3					
NITRO-TIME – nitroglycerin cap er 2.5 mg	3						RANEXA – ranolazine tab er 12hr 1000 mg	3					
NITRO-TIME – nitroglycerin cap er 6.5 mg	3						<b>ranolazine tab er 12hr 500 mg</b> (Ranexa)	1					
NITRO-TIME – nitroglycerin cap er 9 mg	3						<b>ranolazine tab er 12hr 1000 mg</b> (Ranexa)	1					
<b>nitroglycerin sl tab 0.3 mg</b> (Nitrostat)	1						<b>BETA BLOCKERS</b>						
<b>nitroglycerin sl tab 0.4 mg</b> (Nitrostat)	1						<b>acebutolol hcl cap 200 mg</b>	1					
<b>nitroglycerin sl tab 0.6 mg</b> (Nitrostat)	1						<b>acebutolol hcl cap 400 mg</b>	1					
<b>nitroglycerin td patch 24hr 0.1 mg/hr</b> (Nitro-dur)	1						<b>atenolol tab 25 mg</b> (Tenormin)	1					
<b>nitroglycerin td patch 24hr 0.2 mg/hr</b> (Nitro-dur)	1						<b>atenolol tab 50 mg</b> (Tenormin)	1					
<b>nitroglycerin td patch 24hr 0.4 mg/hr</b> (Nitro-dur)	1						<b>atenolol tab 100 mg</b> (Tenormin)	1					
<b>nitroglycerin td patch 24hr 0.6 mg/hr</b> (Nitro-dur)	1						<b>betaxolol hcl tab 10 mg</b>	1					
<b>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</b> (Nitrolingual pumpspr)	1						<b>betaxolol hcl tab 20 mg</b>	1					
NITROLINGUAL PUMPSPRAY – nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	3						<b>bisoprolol fumarate tab 5 mg</b>	1					
NITROMIST – nitroglycerin lingual aerosol 400 mcg/spray	3						<b>bisoprolol fumarate tab 10 mg</b>	1					
NITROSTAT – nitroglycerin sl tab 0.3 mg	3						BYSTOLIC – nebivolol hcl tab 2.5 mg (base equivalent)	3					
NITROSTAT – nitroglycerin sl tab 0.4 mg	3						BYSTOLIC – nebivolol hcl tab 5 mg (base equivalent)	3					
NITROSTAT – nitroglycerin sl tab 0.6 mg	3						BYSTOLIC – nebivolol hcl tab 10 mg (base equivalent)	3					
							BYSTOLIC – nebivolol hcl tab 20 mg (base equivalent)	3					
							<b>carvedilol tab 3.125 mg</b> (Coreg)	1					
							<b>carvedilol tab 6.25 mg</b> (Coreg)	1					
							<b>carvedilol tab 12.5 mg</b> (Coreg)	1					
							<b>carvedilol tab 25 mg</b> (Coreg)	1					
							CORGARD – nadolol tab 20 mg	3					
							CORGARD – nadolol tab 40 mg	3					
							CORGARD – nadolol tab 80 mg	3					

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INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg	2						<b>nebivolol hcl tab 5 mg (base equivalent)</b> (Bystolic)	1					
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 120 mg	2						<b>nebivolol hcl tab 10 mg (base equivalent)</b> (Bystolic)	1					
<b>labetalol hcl tab 100 mg</b>	1						<b>nebivolol hcl tab 20 mg (base equivalent)</b> (Bystolic)	1					
<b>labetalol hcl tab 200 mg</b>	1						<b>pindolol tab 5 mg</b>	1					
<b>labetalol hcl tab 300 mg</b>	1						<b>pindolol tab 10 mg</b>	1					
LOPRESSOR – metoprolol tartrate tab 50 mg	3						PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml	2					
LOPRESSOR – metoprolol tartrate tab 100 mg	3						<b>propranolol hcl cap er 24hr 60 mg</b> (Inderal la)	1					
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</b> (Toprol xl)	1						<b>propranolol hcl cap er 24hr 80 mg</b> (Inderal la)	1					
<b>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</b> (Toprol xl)	1						<b>propranolol hcl cap er 24hr 120 mg</b> (Inderal la)	1					
<b>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</b> (Toprol xl)	1						<b>propranolol hcl cap er 24hr 160 mg</b> (Inderal la)	1					
<b>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</b> (Toprol xl)	1						<b>propranolol hcl oral soln 20 mg/5ml</b>	1					
<b>metoprolol tartrate tab 25 mg</b>	1						<b>propranolol hcl tab 10 mg</b>	1					
<b>metoprolol tartrate tab 37.5 mg</b>	1						<b>propranolol hcl tab 20 mg</b>	1					
<b>metoprolol tartrate tab 50 mg</b> (Lopressor)	1						<b>propranolol hcl tab 40 mg</b>	1					
<b>metoprolol tartrate tab 75 mg</b>	1						<b>propranolol hcl tab 60 mg</b>	1					
<b>metoprolol tartrate tab 100 mg</b> (Lopressor)	1						<b>propranolol hcl tab 80 mg</b>	1					
<b>nadolol tab 20 mg</b> (Corgard)	1						<b>sotalol hcl (afib/af) tab 80 mg</b> (Betapace af)	1					
<b>nadolol tab 40 mg</b> (Corgard)	1						<b>sotalol hcl (afib/af) tab 120 mg</b> (Betapace af)	1					
<b>nadolol tab 80 mg</b> (Corgard)	1						<b>sotalol hcl (afib/af) tab 160 mg</b> (Betapace af)	1					
<b>nebivolol hcl tab 2.5 mg (base equivalent)</b> (Bystolic)	1						<b>sotalol hcl tab 80 mg</b> (Betapace)	1					
							<b>sotalol hcl tab 120 mg</b> (Betapace)	1					
							<b>sotalol hcl tab 160 mg</b> (Betapace)	1					
							<b>sotalol hcl tab 240 mg</b>	1					

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<b>timolol maleate tab 5 mg</b>	1						<b>diltiazem hcl coated beads cap er 24hr 180 mg</b> (Cardizem cd)	1					
<b>timolol maleate tab 10 mg</b>	1						<b>diltiazem hcl coated beads cap er 24hr 240 mg</b> (Cardizem cd)	1					
<b>timolol maleate tab 20 mg</b>	1						<b>diltiazem hcl coated beads cap er 24hr 300 mg</b> (Cardizem cd)	1					
TOPROL XL – metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	3						<b>diltiazem hcl coated beads cap er 24hr 360 mg</b> (Cardizem cd)	1					
TOPROL XL – metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	3						<b>diltiazem hcl coated beads tab er 24hr 180 mg</b> (Cardizem la)	1					
TOPROL XL – metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	3						<b>diltiazem hcl coated beads tab er 24hr 240 mg</b> (Cardizem la)	1					
TOPROL XL – metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	3						<b>diltiazem hcl coated beads tab er 24hr 300 mg</b> (Cardizem la)	1					
<b>CALCIUM CHANNEL BLOCKERS</b>							<b>diltiazem hcl coated beads tab er 24hr 360 mg</b> (Cardizem la)	1					
<b>amlodipine besylate tab 2.5 mg (base equivalent)</b> (Norvasc)	1						<b>diltiazem hcl coated beads tab er 24hr 420 mg</b> (Cardizem la)	1					
<b>amlodipine besylate tab 5 mg (base equivalent)</b> (Norvasc)	1						<b>diltiazem hcl extended release beads cap er 24hr 120 mg</b> (Tiazac)	1					
<b>amlodipine besylate tab 10 mg (base equivalent)</b> (Norvasc)	1						<b>diltiazem hcl extended release beads cap er 24hr 180 mg</b> (Tiazac)	1					
CALAN SR – verapamil hcl tab er 120 mg	3						<b>diltiazem hcl extended release beads cap er 24hr 240 mg</b> (Tiazac)	1					
CALAN SR – verapamil hcl tab er 180 mg	3						<b>diltiazem hcl extended release beads cap er 24hr 300 mg</b> (Tiazac)	1					
CALAN SR – verapamil hcl tab er 240 mg	3						<b>diltiazem hcl extended release beads cap er 24hr 360 mg</b> (Tiazac)	1					
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 120 mg	3						<b>diltiazem hcl extended release beads cap er 24hr 420 mg</b> (Tiazac)	1					
<b>diltiazem hcl cap er 12hr 60 mg</b>	1						<b>diltiazem hcl tab 30 mg</b> (Cardizem)	1					
<b>diltiazem hcl cap er 12hr 90 mg</b>	1												
<b>diltiazem hcl cap er 12hr 120 mg</b>	1												
<b>diltiazem hcl cap er 24hr 120 mg</b>	1												
<b>diltiazem hcl cap er 24hr 180 mg</b>	1												
<b>diltiazem hcl cap er 24hr 240 mg</b>	1												
<b>diltiazem hcl coated beads cap er 24hr 120 mg</b> (Cardizem cd)	1												

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diltiazem hcl tab 60 mg (Cardizem)	1						<b>nisoldipine tab er 24hr 17 mg</b> (Sular)	1					
diltiazem hcl tab 90 mg	1						<b>nisoldipine tab er 24hr 34 mg</b> (Sular)	1					
diltiazem hcl tab 120 mg (Cardizem)	1						NYMALIZE – nimodipine oral soln 6 mg/ml	3			•		
felodipine tab er 24hr 2.5 mg	1						SULAR – nisoldipine tab er 24hr 8.5 mg	3					
felodipine tab er 24hr 5 mg	1						SULAR – nisoldipine tab er 24hr 17 mg	3					
felodipine tab er 24hr 10 mg	1						SULAR – nisoldipine tab er 24hr 34 mg	3					
isradipine cap 2.5 mg	1						<b>verapamil hcl cap er 24hr 120 mg</b> (Verelan)	1					
isradipine cap 5 mg	1						<b>verapamil hcl cap er 24hr 180 mg</b> (Verelan)	1					
nicardipine hcl cap 20 mg	1						<b>verapamil hcl cap er 24hr 240 mg</b> (Verelan)	1					
nicardipine hcl cap 30 mg	1						VERAPAMIL HCL ER – verapamil hcl cap er 24hr 100 mg	3					
nifedipine cap 10 mg	1						VERAPAMIL HCL ER – verapamil hcl cap er 24hr 300 mg	3					
nifedipine cap 20 mg	1						VERAPAMIL HCL SR – verapamil hcl cap er 24hr 360 mg	3					
nifedipine tab er 24hr 30 mg	1						<b>verapamil hcl tab er 120 mg</b> (Calan sr)	1					
nifedipine tab er 24hr 60 mg	1						<b>verapamil hcl tab er 180 mg</b> (Calan sr)	1					
nifedipine tab er 24hr 90 mg	1						<b>verapamil hcl tab er 240 mg</b> (Calan sr)	1					
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	1						<b>verapamil hcl tab 40 mg</b>	1					
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	1						<b>verapamil hcl tab 80 mg</b>	1					
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	1						<b>verapamil hcl tab 120 mg</b>	1					
nimodipine cap 30 mg	1			•			VERAPAMIL HYDROCHLORIDE E – verapamil hcl cap er 24hr 200 mg	3					
NISOLDIPINE ER – nisoldipine tab er 24hr 20 mg	2												
NISOLDIPINE ER – nisoldipine tab er 24hr 25.5 mg	2												
NISOLDIPINE ER – nisoldipine tab er 24hr 30 mg	2												
NISOLDIPINE ER – nisoldipine tab er 24hr 40 mg	2												
<b>nisoldipine tab er 24hr 8.5 mg</b> (Sular)	1												

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
VERELAN – verapamil hcl cap er 24hr 120 mg	3						MULTAQ – dronedarone hcl tab 400 mg (base equivalent)	2					
VERELAN – verapamil hcl cap er 24hr 180 mg	3						NORPACE – disopyramide phosphate cap 100 mg	3					
VERELAN – verapamil hcl cap er 24hr 240 mg	3						NORPACE – disopyramide phosphate cap 150 mg	3					
VERELAN – verapamil hcl cap er 24hr 360 mg	3						NORPACE CR – disopyramide phosphate cap er 12hr 100 mg	3					
VERELAN PM – verapamil hcl cap er 24hr 100 mg	2						NORPACE CR – disopyramide phosphate cap er 12hr 150 mg	3					
VERELAN PM – verapamil hcl cap er 24hr 200 mg	2						<b>propafenone hcl cap er 12hr 225 mg</b> (Rythmol sr)	1					
VERELAN PM – verapamil hcl cap er 24hr 300 mg	2						<b>propafenone hcl cap er 12hr 325 mg</b> (Rythmol sr)	1					
<b>ANTIARRHYTHMICS</b>							<b>propafenone hcl cap er 12hr 425 mg</b> (Rythmol sr)	1					
<b>amiodarone hcl tab 100 mg</b>	1						<b>propafenone hcl tab 150 mg</b>	1					
<b>amiodarone hcl tab 200 mg</b>	1						<b>propafenone hcl tab 225 mg</b>	1					
<b>amiodarone hcl tab 400 mg</b>	1						<b>propafenone hcl tab 300 mg</b>	1					
<b>disopyramide phosphate cap 100 mg</b> (Norpace)	1						<b>quinidine gluconate tab er 324 mg</b>	1					
<b>disopyramide phosphate cap 150 mg</b> (Norpace)	1						QUINIDINE SULFATE – quinidine sulfate tab 200 mg	3					
<b>dofetilide cap 125 mcg (0.125 mg)</b> (Tikosyn)	1						QUINIDINE SULFATE – quinidine sulfate tab 300 mg	3					
<b>dofetilide cap 250 mcg (0.25 mg)</b> (Tikosyn)	1						<b>ANTIHYPERTENSIVES</b>						
<b>dofetilide cap 500 mcg (0.5 mg)</b> (Tikosyn)	1						ACCURETIC – quinapril-hydrochlorothiazide tab 10-12.5 mg	3					
<b>flecainide acetate tab 50 mg</b>	1						ACCURETIC – quinapril-hydrochlorothiazide tab 20-12.5 mg	3					
<b>flecainide acetate tab 100 mg</b>	1						ACCURETIC – quinapril-hydrochlorothiazide tab 20-25 mg	3					
<b>flecainide acetate tab 150 mg</b>	1						<b>aliskiren fumarate tab 150 mg (base equivalent)</b> (Tekturna)	1			•		
<b>mexiletine hcl cap 150 mg</b>	1												
<b>mexiletine hcl cap 200 mg</b>	1												
<b>mexiletine hcl cap 250 mg</b>	1												

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<b>aliskiren fumarate tab 300 mg (base equivalent)</b> (Tekturna)	1			•			<b>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</b> (Lotensin hct)	1					
<b>amlodipine besylate-benazepril hcl cap 2.5-10 mg</b>	1						<b>benazepril &amp; hydrochlorothiazide tab 20-25 mg</b> (Lotensin hct)	1					
<b>amlodipine besylate-benazepril hcl cap 5-10 mg</b> (Lotrel)	1						<b>benazepril hcl tab 5 mg</b>	1					
<b>amlodipine besylate-benazepril hcl cap 5-20 mg</b> (Lotrel)	1						<b>benazepril hcl tab 10 mg</b> (Lotensin)	1					
<b>amlodipine besylate-benazepril hcl cap 5-40 mg</b>	1						<b>benazepril hcl tab 20 mg</b> (Lotensin)	1					
<b>amlodipine besylate-benazepril hcl cap 10-20 mg</b> (Lotrel)	1						<b>benazepril hcl tab 40 mg</b> (Lotensin)	1					
<b>amlodipine besylate-benazepril hcl cap 10-40 mg</b> (Lotrel)	1						BENAZEPRIL HCL/HYDROCHLOR – benazepril & hydrochlorothiazide tab 5-6.25 mg	3					
<b>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</b> (Azor)	1			•			<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b> (Ziac)	1					
<b>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</b> (Azor)	1			•			<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b> (Ziac)	1					
<b>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</b> (Azor)	1			•			<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</b> (Ziac)	1					
<b>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</b> (Azor)	1			•			<b>candesartan cilexetil tab 4 mg</b> (Atacand)	1			•		
<b>amlodipine besylate-valsartan tab 5-160 mg</b> (Exforge)	1			•			<b>candesartan cilexetil tab 8 mg</b> (Atacand)	1			•		
<b>amlodipine besylate-valsartan tab 5-320 mg</b> (Exforge)	1			•			<b>candesartan cilexetil tab 16 mg</b> (Atacand)	1			•		
<b>amlodipine besylate-valsartan tab 10-160 mg</b> (Exforge)	1			•			<b>candesartan cilexetil tab 32 mg</b> (Atacand)	1			•		
<b>amlodipine besylate-valsartan tab 10-320 mg</b> (Exforge)	1			•			<b>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</b> (Atacand hct)	1			•		
<b>atenolol &amp; chlorthalidone tab 50-25 mg</b> (Tenoretic 50)	1						<b>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</b> (Atacand hct)	1			•		
<b>atenolol &amp; chlorthalidone tab 100-25 mg</b> (Tenoretic 100)	1						<b>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</b> (Atacand hct)	1			•		
<b>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</b> (Lotensin hct)	1												

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<b>captopril tab 12.5 mg</b>	1						<b>enalapril maleate tab 10 mg</b> (Vasotec)	1					
<b>captopril tab 25 mg</b>	1						<b>enalapril maleate tab 20 mg</b> (Vasotec)	1					
<b>captopril tab 50 mg</b>	1						EPANED – enalapril maleate oral soln 1 mg/ml	3			•		
<b>captopril tab 100 mg</b>	1						<b>eplerenone tab 25 mg</b> (Inspra)	1					
<b>clonidine hcl tab 0.1 mg</b>	1						<b>eplerenone tab 50 mg</b> (Inspra)	1					
<b>clonidine hcl tab 0.2 mg</b>	1						<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</b>	1					
<b>clonidine hcl tab 0.3 mg</b>	1						<b>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</b>	1					
<b>clonidine td patch weekly 0.1 mg/24hr</b> (Catapres-tts-1)	1						<b>fosinopril sodium tab 10 mg</b>	1					
<b>clonidine td patch weekly 0.2 mg/24hr</b> (Catapres-tts-2)	1						<b>fosinopril sodium tab 20 mg</b>	1					
<b>clonidine td patch weekly 0.3 mg/24hr</b> (Catapres-tts-3)	1						<b>fosinopril sodium tab 40 mg</b>	1					
DIBENZYLINE – phenoxybenzamine hcl cap 10 mg	3						<b>guanfacine hcl tab 1 mg</b>	1					
<b>doxazosin mesylate tab 1 mg</b> (Cardura)	1						<b>guanfacine hcl tab 2 mg</b>	1					
<b>doxazosin mesylate tab 2 mg</b> (Cardura)	1						<b>hydralazine hcl tab 10 mg</b>	1					
<b>doxazosin mesylate tab 4 mg</b> (Cardura)	1						<b>hydralazine hcl tab 25 mg</b>	1					
<b>doxazosin mesylate tab 8 mg</b> (Cardura)	1						<b>hydralazine hcl tab 50 mg</b>	1					
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b>	1						<b>hydralazine hcl tab 100 mg</b>	1					
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b> (Vaseretic)	1						<b>irbesartan tab 75 mg</b> (Avapro)	1			•		
<b>enalapril maleate oral soln 1 mg/ ml</b> (Epaned)	1			•			<b>irbesartan tab 150 mg</b> (Avapro)	1			•		
<b>enalapril maleate tab 2.5 mg</b> (Vasotec)	1						<b>irbesartan tab 300 mg</b> (Avapro)	1			•		
<b>enalapril maleate tab 5 mg</b> (Vasotec)	1						<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg</b> (Avalide)	1			•		
							<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg</b> (Avalide)	1			•		
							<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</b> (Zestoretic)	1					
							<b>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</b> (Zestoretic)	1					

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<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (Zestoretic)</b>	1						LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-25 mg	3					
<b>lisinopril tab 2.5 mg (Zestril)</b>	1						METHYLDOPA – methyldopa tab 250 mg	3					
<b>lisinopril tab 5 mg (Zestril)</b>	1						METHYLDOPA – methyldopa tab 500 mg	3					
<b>lisinopril tab 10 mg (Zestril)</b>	1						<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b>	1					
<b>lisinopril tab 20 mg (Prinivil)</b>	1						<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b>	1					
<b>lisinopril tab 30 mg (Zestril)</b>	1						METOPROLOL/ HYDROCHLOROTHI – metoprolol & hydrochlorothiazide tab 100-50 mg	3					
<b>lisinopril tab 40 mg (Zestril)</b>	1						MINIPRESS – prazosin hcl cap 1 mg	3					
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (Hyzaar)</b>	1			•			MINIPRESS – prazosin hcl cap 2 mg	3					
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (Hyzaar)</b>	1			•			MINIPRESS – prazosin hcl cap 5 mg	3					
<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (Hyzaar)</b>	1			•			<b>minoxidil tab 2.5 mg</b>	1					
<b>losartan potassium tab 25 mg (Cozaar)</b>	1			•			<b>minoxidil tab 10 mg</b>	1					
<b>losartan potassium tab 50 mg (Cozaar)</b>	1			•			<b>moexipril hcl tab 7.5 mg</b>	1					
<b>losartan potassium tab 100 mg (Cozaar)</b>	1			•			<b>moexipril hcl tab 15 mg</b>	1					
LOTENSIN – benazepril hcl tab 10 mg	3						<b>olmesartan medoxomil tab 5 mg (Benicar)</b>	1			•		
LOTENSIN – benazepril hcl tab 20 mg	3						<b>olmesartan medoxomil tab 20 mg (Benicar)</b>	1			•		
LOTENSIN – benazepril hcl tab 40 mg	3						<b>olmesartan medoxomil tab 40 mg (Benicar)</b>	1			•		
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 10-12.5 mg	3						<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)</b>	1			•		
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-12.5 mg	3						<b>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)</b>	1			•		

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<b>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</b> (Benicar hct)	1			•		
<b>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</b> (Tribenzor)	1			•		
<b>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</b> (Tribenzor)	1			•		
<b>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</b> (Tribenzor)	1			•		
<b>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</b> (Tribenzor)	1			•		
<b>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</b> (Tribenzor)	1			•		
<b>perindopril erbumine tab 2 mg</b>	1					
<b>perindopril erbumine tab 4 mg</b>	1					
<b>perindopril erbumine tab 8 mg</b>	1					
<b>phenoxybenzamine hcl cap 10 mg</b> (Dibenzyline)	1					
<b>prazosin hcl cap 1 mg</b> (Minipress)	1					
<b>prazosin hcl cap 2 mg</b> (Minipress)	1					
<b>prazosin hcl cap 5 mg</b> (Minipress)	1					
<b>quinapril hcl tab 5 mg</b> (Accupril)	1					
<b>quinapril hcl tab 10 mg</b> (Accupril)	1					
<b>quinapril hcl tab 20 mg</b> (Accupril)	1					
<b>quinapril hcl tab 40 mg</b> (Accupril)	1					
<b>quinapril-hydrochlorothiazide tab 10-12.5 mg</b> (Accuretic)	1					
<b>quinapril-hydrochlorothiazide tab 20-12.5 mg</b> (Accuretic)	1					
<b>quinapril-hydrochlorothiazide tab 20-25 mg</b> (Accuretic)	1					

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<b>ramipril cap 1.25 mg</b> (Altace)	1					
<b>ramipril cap 2.5 mg</b> (Altace)	1					
<b>ramipril cap 5 mg</b> (Altace)	1					
<b>ramipril cap 10 mg</b> (Altace)	1					
TEKTURNA – aliskiren fumarate tab 150 mg (base equivalent)	3			•	•	
TEKTURNA – aliskiren fumarate tab 300 mg (base equivalent)	3			•	•	
<b>telmisartan tab 20 mg</b> (Micardis)	1			•		
<b>telmisartan tab 40 mg</b> (Micardis)	1			•		
<b>telmisartan tab 80 mg</b> (Micardis)	1			•		
<b>telmisartan-amlodipine tab 40-5 mg</b> (Twynsta)	1			•		
<b>telmisartan-amlodipine tab 40-10 mg</b> (Twynsta)	1			•		
<b>telmisartan-amlodipine tab 80-5 mg</b> (Twynsta)	1			•		
<b>telmisartan-amlodipine tab 80-10 mg</b> (Twynsta)	1			•		
<b>telmisartan-hydrochlorothiazide tab 40-12.5 mg</b> (Micardis hct)	1			•		
<b>telmisartan-hydrochlorothiazide tab 80-12.5 mg</b> (Micardis hct)	1			•		
<b>telmisartan-hydrochlorothiazide tab 80-25 mg</b> (Micardis hct)	1			•		
TENORETIC 100 – atenolol & chlorthalidone tab 100-25 mg	3					
TENORETIC 50 – atenolol & chlorthalidone tab 50-25 mg	3					
<b>terazosin hcl cap 1 mg (base equivalent)</b>	1					
<b>terazosin hcl cap 2 mg (base equivalent)</b>	1					
<b>terazosin hcl cap 5 mg (base equivalent)</b>	1					

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<b>terazosin hcl cap 10 mg (base equivalent)</b>	1					
<b>trandolapril tab 1 mg</b>	1					
<b>trandolapril tab 2 mg</b>	1					
<b>trandolapril tab 4 mg</b>	1					
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 1-240 mg	3					
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 2-180 mg	3					
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 2-240 mg	3					
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 4-240 mg	3					
VALSARTAN – valsartan oral soln 4 mg/ml	3			•	•	
<b>valsartan tab 40 mg (Diovan)</b>	1			•		
<b>valsartan tab 80 mg (Diovan)</b>	1			•		
<b>valsartan tab 160 mg (Diovan)</b>	1			•		
<b>valsartan tab 320 mg (Diovan)</b>	1			•		
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)</b>	1			•		
<b>valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)</b>	1			•		
<b>valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)</b>	1			•		
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)</b>	1			•		
<b>valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)</b>	1			•		
VECAMEYL – mecamlamine hcl tab 2.5 mg	3					•
<b>DIURETICS</b>						

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
<b>acetazolamide cap er 12hr 500 mg</b>	1					
<b>acetazolamide tab 125 mg</b>	1					
<b>acetazolamide tab 250 mg</b>	1					
ALDACTAZIDE – spironolactone & hydrochlorothiazide tab 25-25 mg	3					
ALDACTAZIDE – spironolactone & hydrochlorothiazide tab 50-50 mg	3					
<b>amiloride &amp; hydrochlorothiazide tab 5-50 mg</b>	1					
<b>amiloride hcl tab 5 mg</b>	1					
<b>bumetanide tab 0.5 mg (Bumex)</b>	1					
<b>bumetanide tab 1 mg</b>	1					
<b>bumetanide tab 2 mg</b>	1					
BUMEX – bumetanide tab 0.5 mg	3					
<b>chlorthalidone tab 25 mg</b>	1					
<b>chlorthalidone tab 50 mg</b>	1					
DIURIL – chlorothiazide susp 250 mg/5ml	3					
DYRENIUM – triamterene cap 50 mg	3					
DYRENIUM – triamterene cap 100 mg	3					
EDECIN – ethacrynic acid tab 25 mg	3					
<b>ethacrynic acid tab 25 mg (Edecin)</b>	1					
FUROSEMIDE – furosemide oral soln 8 mg/ml	3					
<b>furosemide oral soln 10 mg/ml</b>	1					
<b>furosemide tab 20 mg (Lasix)</b>	1					
<b>furosemide tab 40 mg (Lasix)</b>	1					
<b>furosemide tab 80 mg (Lasix)</b>	1					
<b>hydrochlorothiazide cap 12.5 mg</b>	1					
<b>hydrochlorothiazide tab 12.5 mg</b>	1					

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hydrochlorothiazide tab 25 mg	1					
hydrochlorothiazide tab 50 mg	1					
indapamide tab 1.25 mg	1					
indapamide tab 2.5 mg	1					
KEVEYIS – dichlorphenamide tab 50 mg	3	X	•	•	•	
LASIX – furosemide tab 20 mg	3					
LASIX – furosemide tab 40 mg	3					
LASIX – furosemide tab 80 mg	3					
MAXZIDE – triamterene & hydrochlorothiazide tab 75-50 mg	3					
MAXZIDE-25 – triamterene & hydrochlorothiazide tab 37.5-25 mg	3					
methazolamide tab 25 mg	1					
methazolamide tab 50 mg	1					
metolazone tab 2.5 mg	1					
metolazone tab 5 mg	1					
metolazone tab 10 mg	1					
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1					
spironolactone tab 25 mg (Aldactone)	1					
spironolactone tab 50 mg (Aldactone)	1					
spironolactone tab 100 mg (Aldactone)	1					
toremide tab 5 mg	1					
toremide tab 10 mg	1					
toremide tab 20 mg	1					
toremide tab 100 mg	1					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
triamterene & hydrochlorothiazide cap 37.5-25 mg	1					
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1					
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1					
triamterene cap 50 mg (Dyrenium)	1					
triamterene cap 100 mg (Dyrenium)	1					
<b>VASOPRESSORS</b>						
EPINEPHRINE – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3					
EPINEPHRINE – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3					
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1					
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1					
midodrine hcl tab 2.5 mg	1					
midodrine hcl tab 5 mg	1					
midodrine hcl tab 10 mg	1					
SYMJEPI – epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	2					
SYMJEPI – epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	2					
<b>ANTIHYPERTENSIVES</b>						
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	1			•		

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<b>atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)</b>	1			•		
<b>atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)</b>	1			•		
<b>atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)</b>	1			•		
<b>cholestyramine light powder packets 4 gm</b>	1					
<b>cholestyramine light powder 4 gm/dose (Questran light)</b>	1					
<b>cholestyramine powder packets 4 gm (Questran)</b>	1					
<b>cholestyramine powder 4 gm/dose (Questran)</b>	1					
<b>choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)</b>	1			•		
<b>choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)</b>	1			•		
<b>colesevelam hcl packet for susp 3.75 gm (Welchol)</b>	1					
<b>colesevelam hcl tab 625 mg (Welchol)</b>	1					
COLESTID – colestipol hcl tab 1 gm	3					
COLESTID – colestipol hcl granules 5 gm	3					
COLESTID – colestipol hcl granule packets 5 gm	3					
COLESTID FLAVORED – colestipol hcl granules 5 gm	3					
COLESTID FLAVORED – colestipol hcl granule packets 5 gm	3					
<b>colestipol hcl granule packets 5 gm (Colestid flavored)</b>	1					
<b>colestipol hcl granules 5 gm (Colestid flavored)</b>	1					
<b>colestipol hcl tab 1 gm (Colestid)</b>	1					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
<b>ezetimibe tab 10 mg (Zetia)</b>	1					
<b>ezetimibe-simvastatin tab 10-10 mg (Vytorin)</b>	1			•		
<b>ezetimibe-simvastatin tab 10-20 mg (Vytorin)</b>	1			•		
<b>ezetimibe-simvastatin tab 10-40 mg (Vytorin)</b>	1			•		
<b>ezetimibe-simvastatin tab 10-80 mg (Vytorin)</b>	1			•		
<b>fenofibrate micronized cap 43 mg</b>	1			•		
<b>fenofibrate micronized cap 67 mg</b>	1			•		
<b>fenofibrate micronized cap 130 mg</b>	1			•		
<b>fenofibrate micronized cap 134 mg</b>	1			•		
<b>fenofibrate micronized cap 200 mg</b>	1			•		
<b>fenofibrate tab 48 mg (Tricor)</b>	1			•		
<b>fenofibrate tab 54 mg</b>	1			•		
<b>fenofibrate tab 145 mg (Tricor)</b>	1			•		
<b>fenofibrate tab 160 mg</b>	1			•		
<b>fluvastatin sodium cap 20 mg (base equivalent)</b>	1			•		
<b>fluvastatin sodium cap 40 mg (base equivalent)</b>	1			•		
<b>fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)</b>	1			•		
<b>gemfibrozil tab 600 mg (Lopid)</b>	1			•		
JUXTAPID – lomitapide mesylate cap 5 mg (base equiv)	3	X	•	•		•
JUXTAPID – lomitapide mesylate cap 10 mg (base equiv)	3	X	•	•		•
JUXTAPID – lomitapide mesylate cap 20 mg (base equiv)	3	X	•	•		•

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JUXTAPID – lomitapide mesylate cap 30 mg (base equiv)	3	X	•	•		•	REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2		•	•		
LIVALO – pitavastatin calcium tab 1 mg	3			•	•		REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2		•	•		
LIVALO – pitavastatin calcium tab 2 mg	3			•	•		REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml	2		•	•		
LIVALO – pitavastatin calcium tab 4 mg	3			•	•		<b>rosuvastatin calcium tab 5 mg</b> (Crestor)	1			•		
LOPID – gemfibrozil tab 600 mg	3			•	•		<b>rosuvastatin calcium tab 10 mg</b> (Crestor)	1			•		
<b>lovastatin tab 10 mg</b>	1			•			<b>rosuvastatin calcium tab 20 mg</b> (Crestor)	1			•		
<b>lovastatin tab 20 mg</b>	1			•			<b>rosuvastatin calcium tab 40 mg</b> (Crestor)	1			•		
<b>lovastatin tab 40 mg</b>	1			•			<b>simvastatin tab 5 mg</b>	1			•		
NEXLETOL – bempedoic acid tab 180 mg	2		•	•			<b>simvastatin tab 10 mg</b> (Zocor)	1			•		
NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg	2		•	•			<b>simvastatin tab 20 mg</b> (Zocor)	1			•		
<b>niacin tab er 500 mg (antihyperlipidemic)</b> (Niaspan)	1						<b>simvastatin tab 40 mg</b> (Zocor)	1			•		
<b>niacin tab er 750 mg (antihyperlipidemic)</b> (Niaspan)	1						<b>simvastatin tab 80 mg</b> (Zocor)	1			•		
<b>niacin tab er 1000 mg (antihyperlipidemic)</b> (Niaspan)	1						TRICOR – fenofibrate tab 48 mg	3			•	•	
<b>omega-3-acid ethyl esters cap 1 gm</b> (Lovaza)	1						TRICOR – fenofibrate tab 145 mg	3			•	•	
<b>pravastatin sodium tab 10 mg</b>	1			•			VASCEPA – icosapent ethyl cap 0.5 gm	2		•	•		
<b>pravastatin sodium tab 20 mg</b>	1			•			VASCEPA – icosapent ethyl cap 1 gm	2		•	•		
<b>pravastatin sodium tab 40 mg</b>	1			•			<b>CARDIOVASCULAR AGENTS - MISC.</b>						
<b>pravastatin sodium tab 80 mg</b>	1			•			ADEMPAS – riociguat tab 0.5 mg	3	X	•	•		•
QUESTRAN – cholestyramine powder 4 gm/dose	3						ADEMPAS – riociguat tab 1 mg	3	X	•	•		•
QUESTRAN – cholestyramine powder packets 4 gm	3						ADEMPAS – riociguat tab 1.5 mg	3	X	•	•		•
QUESTRAN LIGHT – cholestyramine light powder 4 gm/dose	3						ADEMPAS – riociguat tab 2 mg	3	X	•	•		•
							ADEMPAS – riociguat tab 2.5 mg	3	X	•	•		•
							<b>ambrisentan tab 5 mg</b> (Letairis)	1	X	•	•		•

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<b>ambrisentan tab 10 mg</b> (Letairis)	1	X	•	•		•	ORENITRAM – treprostinil diolamine tab er 5 mg (base equiv)	3	X	•			•
BIDIL – isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3						REMODULIN – treprostinil inj soln 20 mg/20ml (1 mg/ml)	3	X	•			•
<b>bosentan tab 62.5 mg</b> (Tracleer)	1	X	•	•			REMODULIN – treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	3	X	•			•
<b>bosentan tab 125 mg</b> (Tracleer)	1	X	•	•			REMODULIN – treprostinil inj soln 100 mg/20ml (5 mg/ml)	3	X	•			•
CORLANOR – ivabradine hcl oral soln 5 mg/5ml (base equiv)	2						REMODULIN – treprostinil inj soln 200 mg/20ml (10 mg/ml)	3	X	•			•
CORLANOR – ivabradine hcl tab 5 mg (base equiv)	2						<b>sildenafil citrate for suspension 10 mg/ml</b> (Revatio)	1		•	•		
CORLANOR – ivabradine hcl tab 7.5 mg (base equiv)	2						<b>sildenafil citrate tab 20 mg</b> (Revatio)	1		•	•		
ENTRESTO – sacubitril-valsartan tab 24-26 mg	2			•			<b>tadalafil tab 20 mg (pah)</b> (Adcirca)	1	X	•	•		
ENTRESTO – sacubitril-valsartan tab 49-51 mg	2			•			TRACLEER – bosentan tab for oral susp 32 mg	2	X	•	•		•
ENTRESTO – sacubitril-valsartan tab 97-103 mg	2			•			TRACLEER – bosentan tab 62.5 mg	3	X	•	•		•
<b>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</b> (Bidil)	1						TRACLEER – bosentan tab 125 mg	3	X	•	•		•
LETAIRIS – ambrisentan tab 5 mg	3	X	•	•		•	<b>treprostinil inj soln 20 mg/20ml (1 mg/ml)</b> (Remodulin)	1	X	•			
LETAIRIS – ambrisentan tab 10 mg	3	X	•	•		•	<b>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</b> (Remodulin)	1	X	•			
OPSUMIT – macitentan tab 10 mg	2	X	•	•		•	<b>treprostinil inj soln 100 mg/20ml (5 mg/ml)</b> (Remodulin)	1	X	•			
ORENITRAM – treprostinil diolamine tab er 0.125 mg (base equiv)	3	X	•			•	<b>treprostinil inj soln 200 mg/20ml (10 mg/ml)</b> (Remodulin)	1	X	•			
ORENITRAM – treprostinil diolamine tab er 0.25 mg (base equiv)	3	X	•			•	TYVASO – treprostinil inhalation solution 0.6 mg/ml	3	X	•	•		•
ORENITRAM – treprostinil diolamine tab er 1 mg (base equiv)	3	X	•			•	TYVASO REFILL – treprostinil inhalation solution 0.6 mg/ml	3	X	•	•		•
ORENITRAM – treprostinil diolamine tab er 2.5 mg (base equiv)	3	X	•			•	TYVASO STARTER – treprostinil inhalation solution 0.6 mg/ml	3	X	•	•		•

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UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	2	X	•	•		•
UPTRAVI – selexipag tab 200 mcg	2	X	•	•		•
UPTRAVI – selexipag tab 400 mcg	2	X	•	•		•
UPTRAVI – selexipag tab 600 mcg	2	X	•	•		•
UPTRAVI – selexipag tab 800 mcg	2	X	•	•		•
UPTRAVI – selexipag tab 1000 mcg	2	X	•	•		•
UPTRAVI – selexipag tab 1200 mcg	2	X	•	•		•
UPTRAVI – selexipag tab 1400 mcg	2	X	•	•		•
UPTRAVI – selexipag tab 1600 mcg	2	X	•	•		•
VENTAVIS – iloprost inhalation solution 10 mcg/ml	2	X	•	•		•
VENTAVIS – iloprost inhalation solution 20 mcg/ml	2	X	•	•		•
VERQUVO – vericiguat tab 2.5 mg	2		•	•		
VERQUVO – vericiguat tab 5 mg	2		•	•		
VERQUVO – vericiguat tab 10 mg	2		•	•		
VYNDAMAX – tafamidis cap 61 mg	2	X	•	•		
VYNDAQEL – tafamidis meglumine (cardiac) cap 20 mg	2	X	•	•		
<b>ERECTILE DYSFUNCTION</b>						
CIALIS – tadalafil tab 2.5 mg	3			•		
CIALIS – tadalafil tab 5 mg	3			•		
<b>tadalafil tab 2.5 mg (Cialis)</b>	1			•		
<b>tadalafil tab 5 mg (Cialis)</b>	1			•		
<b>RESPIRATORY AGENTS</b>						
<b>ANTI-HISTAMINES</b>						
CARBINOXAMINE MALEATE – carbinoxamine maleate soln 4 mg/5ml	3					
<b>carbinoxamine maleate tab 4 mg</b>	1					
CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg	3					

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<b>cyproheptadine hcl syrup 2 mg/5ml</b>	1					
<b>cyproheptadine hcl tab 4 mg</b>	1					
<b>desloratadine tab 5 mg (Clarinet)</b>	1					
<b>levocetirizine dihydrochloride tab 5 mg</b>	1					
<b>loratadine rapidly-disintegrating tab 10 mg (Claritin)</b>	1					
<b>loratadine syrup 5 mg/5ml</b>	1					
<b>loratadine tab 10 mg</b>	1					
<b>promethazine hcl suppos 12.5 mg</b>	1					
<b>promethazine hcl suppos 25 mg</b>	1					
<b>promethazine hcl syrup 6.25 mg/5ml</b>	1					
<b>promethazine hcl tab 12.5 mg</b>	1					
<b>promethazine hcl tab 25 mg</b>	1					
<b>promethazine hcl tab 50 mg</b>	1					
PROMETHEGAN – promethazine hcl suppos 50 mg	3					
<b>NASAL AGENTS - SYSTEMIC and TOPICAL</b>						
<b>azelastine hcl nasal spray 0.1% (137 mcg/spray)</b>	1			•		
FLUNISOLIDE – flunisolide nasal soln 25 mcg/act (0.025%)	3			•	•	
<b>fluticasone propionate nasal susp 50 mcg/act</b>	1			•		
<b>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</b>	1			•		
<b>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</b>	1			•		
<b>olopatadine hcl nasal soln 0.6% (Patanase)</b>	1			•		
XHANCE – fluticasone propionate nasal exhaler susp 93 mcg/act	3		•	•		
<b>COUGH/COLD/ALLERGY</b>						

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acetylcysteine inhal soln 10%	1					
acetylcysteine inhal soln 20%	1					
benzonatate cap 100 mg (Tessalon perles)	1					
benzonatate cap 200 mg	1					
HYCODAN – hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	3					
HYCODAN – hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	3					
hydrocod polst-chlorphen polster susp 10-8 mg/5ml	1					
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	1					
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	1					
HYPERSAL – sodium chloride soln nebu 7%	3					
loratadine & pseudoephedrine tab er 12hr 5-120 mg	1					
loratadine & pseudoephedrine tab er 24hr 10-240 mg	1					
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1					
promethazine w/ codeine syrup 6.25-10 mg/5ml	1					
promethazine-dm syrup 6.25-15 mg/5ml	1					
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1					
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1					
sodium chloride soln nebu 3%	1					

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sodium chloride soln nebu 7% (Hypersal)	1					
sodium chloride soln nebu 10%	1					
<b>ANTIASTHMATIC and BRONCHODILATOR AGENTS</b>						
ACCOLATE – zafirlukast tab 10 mg	3					
ACCOLATE – zafirlukast tab 20 mg	3					
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/act	2			•		
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/act	2			•		
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/act	2			•		
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act	2			•		
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act	2			•		
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act	2			•		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proair hfa)	1			•		
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1					
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1					
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1					
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1					
albuterol sulfate syrup 2 mg/5ml	1					
albuterol sulfate tab 2 mg	1					

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<b>albuterol sulfate tab 4 mg</b>	1						ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act	2			•		
ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	2			•			BEVESPI AEROSPHERE – glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	3			•		
<b>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</b> (Brovana)	1						BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	2			•		
ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act	2			•			BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	2			•		
ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act	2			•			BREZTRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2			•		
ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act	2			•			BROVANA – arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	3					
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act	2			•			<b>budesonide inhalation susp 0.25 mg/2ml</b> (Pulmicort)	1					
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act	2			•			<b>budesonide inhalation susp 0.5 mg/2ml</b> (Pulmicort)	1					
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act	2			•			<b>budesonide inhalation susp 1 mg/2ml</b> (Pulmicort)	1					
ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/inh (breath activated)	2			•			COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2			•		
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/inh (breath activated)	2			•			<b>cromolyn sodium soln nebu 20 mg/2ml</b>	1					
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated)	2			•			DALIRESP – roflumilast tab 250 mcg	3					
ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated)	2			•			DALIRESP – roflumilast tab 500 mcg	3					
							DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	2			•		

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DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	2			•			<b>fluticasone-salmeterol aer powder ba 100-50 mcg/act</b> (Advair diskus)	1		•	•		
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	2			•			<b>fluticasone-salmeterol aer powder ba 250-50 mcg/act</b> (Advair diskus)	1		•	•		
ELIXOPHYLLIN – theophylline elixir 80 mg/15ml	3						<b>fluticasone-salmeterol aer powder ba 500-50 mcg/act</b> (Advair diskus)	1		•	•		
FASENRA PEN – benralizumab subcutaneous soln auto-injector 30 mg/ml	2	X	•	•			INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)	2			•		
FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister	2			•			<b>ipratropium bromide inhal soln 0.02%</b>	1					
FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister	2			•			<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</b>	1					
FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister	2			•			<b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</b> (Xopenex concentrate)	1					
FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	2			•			<b>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</b> (Xopenex)	1					
FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	2			•			<b>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</b> (Xopenex)	1					
FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	2			•			<b>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</b> (Xopenex)	1					
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act	2			•			<b>montelukast sodium chew tab 4 mg (base equiv)</b> (Singulair)	1					
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 113-14 mcg/act	2			•			<b>montelukast sodium chew tab 5 mg (base equiv)</b> (Singulair)	1					
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 232-14 mcg/act	2			•			<b>montelukast sodium tab 10 mg (base equiv)</b> (Singulair)	1					
							NUCALA – mepolizumab subcutaneous solution auto-injector 100 mg/ml	2	X	•	•		•

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NUCALA – mepolizumab subcutaneous solution pref syringe 100 mg/ml	2	X	•	•		•	THEO-24 – theophylline cap er 24hr 200 mg	3					
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act	2			•			THEO-24 – theophylline cap er 24hr 300 mg	3					
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act	2			•			THEO-24 – theophylline cap er 24hr 400 mg	3					
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)	2			•			THEOPHYLLINE ER – theophylline tab er 12hr 300 mg	3					
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2			•			THEOPHYLLINE ER – theophylline tab er 12hr 450 mg	3					
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	2			•			<b>theophylline soln 80 mg/15ml</b>	1					
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	2			•			<b>theophylline tab er 24hr 400 mg</b>	1					
STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2			•			<b>theophylline tab er 24hr 600 mg</b>	1					
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2			•			TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	2			•		
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	2			•			TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh	2			•		
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	2			•			VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2			•		
<b>terbutaline sulfate tab 2.5 mg</b>	1						XOLAIR – omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	2	X	•			•
<b>terbutaline sulfate tab 5 mg</b>	1						XOLAIR – omalizumab subcutaneous soln prefilled syringe 150 mg/ml	2	X	•			•
THEO-24 – theophylline cap er 24hr 100 mg	3						<b>zafirlukast tab 10 mg (Accolate)</b>	1					
							<b>zafirlukast tab 20 mg (Accolate)</b>	1					
							<b>zileuton tab er 12hr 600 mg</b>	1		•	•		
							<b>RESPIRATORY AGENTS - MISC.</b>						
							BRONCHITOL – mannitol inhal cap 40 mg	3	X		•		
							BRONCHITOL TOLERANCE TEST – mannitol inhal cap 40 mg	3	X		•		

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ESBRIET – pirfenidone cap 267 mg	3	X	•	•		•
ESBRIET – pirfenidone tab 267 mg	3	X	•	•		•
ESBRIET – pirfenidone tab 801 mg	3	X	•	•		•
KALYDECO – ivacaftor tab 150 mg	2	X	•	•		•
KALYDECO – ivacaftor packet 25 mg	2	X	•	•		•
KALYDECO – ivacaftor packet 50 mg	2	X	•	•		•
KALYDECO – ivacaftor packet 75 mg	2	X	•	•		•
OFEV – nintedanib esylate cap 100 mg (base equivalent)	3	X	•	•		•
OFEV – nintedanib esylate cap 150 mg (base equivalent)	3	X	•	•		•
ORKAMBI – lumacaftor-ivacaftor tab 100-125 mg	3	X	•	•		•
ORKAMBI – lumacaftor-ivacaftor tab 200-125 mg	3	X	•	•		•
ORKAMBI – lumacaftor-ivacaftor granules packet 100-125 mg	3	X	•	•		•
ORKAMBI – lumacaftor-ivacaftor granules packet 150-188 mg	3	X	•	•		•
<b>pirfenidone tab 267 mg</b> (Esbriet)	1	X	•	•		•
<b>pirfenidone tab 801 mg</b> (Esbriet)	1	X	•	•		•
PULMOZYME – dornase alfa inhal soln 2.5 mg/2.5ml	2	X				
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	X	•	•		•
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	X	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	X	•	•		•

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TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	2	X	•	•		•
<b>GASTROINTESTINAL AGENTS</b>						
<b>LAXATIVES</b>						
GAVILYTE-C – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	3					
GOLYTELY – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	3					
<b>lactulose solution 10 gm/15ml</b>	1					
MOVIPREP – peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	3					
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</b> (Golytely)	1					
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</b> (Moviprep)	1					
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b> (Nulytely)	1					
PEG-PREP – bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	3					
PLENVU – peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	3					
SUPREP BOWEL PREP KIT – sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3					
SUTAB – sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	3					
<b>ANTIDIARRHEALS</b>						
<b>diphenoxylate w/ atropine tab 2.5-0.025 mg</b> (Lomotil)	1					

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DIPHENOXYLATE/ATROPINE – diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3						<b>glycopyrrolate tab 1 mg</b>	1					
LOMOTIL – diphenoxylate w/ atropine tab 2.5-0.025 mg	3						<b>glycopyrrolate tab 2 mg</b>	1					
MYTESI – crofelemer tab delayed release 125 mg	3				•		HELIDAC THERAPY – metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack	3					
<b>ULCER DRUGS</b>							<b>lansoprazole cap delayed release 30 mg (Prevacid)</b>	1			•		
<b>cimetidine hcl soln 300 mg/5ml</b>	1						<b>methscopolamine bromide tab 2.5 mg</b>	1					
CUVPOSA – glycopyrrolate oral soln 1 mg/5ml	3						<b>methscopolamine bromide tab 5 mg</b>	1					
CYTOTEC – misoprostol tab 100 mcg	3						<b>misoprostol tab 100 mcg (Cytotec)</b>	1					
CYTOTEC – misoprostol tab 200 mcg	3						<b>misoprostol tab 200 mcg (Cytotec)</b>	1					
<b>dicyclomine hcl cap 10 mg</b>	1						NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg	2			•		
<b>dicyclomine hcl oral soln 10 mg/5ml</b>	1						NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg	2			•		
<b>dicyclomine hcl tab 20 mg</b>	1						NIZATIDINE – nizatidine cap 150 mg	3					
<b>esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)</b>	1			•			NIZATIDINE – nizatidine cap 300 mg	3					
<b>esomeprazole magnesium for delayed release susp packet 10 mg (Nexium)</b>	1			•			<b>omeprazole cap delayed release 10 mg</b>	1			•		
<b>esomeprazole magnesium for delayed release susp packet 20 mg (Nexium)</b>	1			•			<b>omeprazole cap delayed release 20 mg</b>	1			•		
<b>esomeprazole magnesium for delayed release susp packet 40 mg (Nexium)</b>	1			•			<b>omeprazole cap delayed release 40 mg</b>	1			•		
<b>famotidine for susp 40 mg/5ml</b>	1						<b>pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)</b>	1			•		
<b>famotidine tab 20 mg (Pepcid)</b>	1						<b>pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)</b>	1			•		
<b>famotidine tab 40 mg (Pepcid)</b>	1						<b>pantoprazole sodium for delayed release susp packet 40 mg (Protonix)</b>	1			•		
<b>glycopyrrolate oral soln 1 mg/5ml (Cuvposa)</b>	1												

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<b>rabeprazole sodium ec tab 20 mg</b> (Aciphex)	1			•		
<b>sucralfate tab 1 gm</b> (Carafate)	1					
<b>ANTIEMETICS</b>						
AKYNZEO – netupitant-palonosetron cap 300-0.5 mg	3		•	•		
ANZEMET – dolasetron mesylate tab 50 mg	3			•		
<b>aprepitant capsule therapy pack 80 &amp; 125 mg</b> (Emend tripack)	1			•		
<b>aprepitant capsule 40 mg</b>	1					
<b>aprepitant capsule 80 mg</b> (Emend)	1			•		
<b>aprepitant capsule 125 mg</b>	1			•		
BONJESTA – doxylamine-pyridoxine tab er 20-20 mg	3		•	•		
DICLEGIS – doxylamine-pyridoxine tab delayed release 10-10 mg	3		•	•		
<b>doxylamine-pyridoxine tab delayed release 10-10 mg</b> (Diclegis)	1		•	•		
<b>dronabinol cap 2.5 mg</b> (Marinol)	1					
<b>dronabinol cap 5 mg</b> (Marinol)	1					
<b>dronabinol cap 10 mg</b> (Marinol)	1					
EMEND – aprepitant capsule 80 mg	3			•		
EMEND – aprepitant for oral susp 125 mg (125 mg/5ml)	2			•		
EMEND TRIPACK – aprepitant capsule therapy pack 80 & 125 mg	3			•		
<b>granisetron hcl tab 1 mg</b>	1			•		
<b>meclizine hcl tab 12.5 mg</b>	1					
<b>meclizine hcl tab 25 mg</b>	1					
ONDANSETRON HCL – ondansetron hcl tab 24 mg	3			•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
<b>ondansetron hcl oral soln 4 mg/5ml</b>	1					
<b>ondansetron hcl tab 4 mg</b> (Zofran)	1					
<b>ondansetron hcl tab 8 mg</b>	1					
<b>ondansetron orally disintegrating tab 4 mg</b>	1					
<b>ondansetron orally disintegrating tab 8 mg</b>	1					
SANCUSO – granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	3		•	•		
<b>scopolamine td patch 72hr 1 mg/3days</b> (Transderm-scop)	1					
TRANSDERM-SCOP – scopolamine td patch 72hr 1 mg/3days	3					
<b>trimethobenzamide hcl cap 300 mg</b>	1					
VARUBI – rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	2	X		•		•
<b>DIGESTIVE AIDS</b>						
CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	2					
CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	2					
CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	2					
CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	2					
CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	2					
SUCRAID – sacrosidase soln 8500 unit/ml	3	X	•	•		•

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ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	2					
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	2					
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	2					
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	2					
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	2					
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	2					
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	2					
<b>GASTROINTESTINAL AGENTS- MISC.</b>						
<b>alosetron hcl tab 0.5 mg (base equiv)</b> (Lotronex)	1		•	•		
<b>alosetron hcl tab 1 mg (base equiv)</b> (Lotronex)	1		•	•		
AZULFIDINE – sulfasalazine tab 500 mg	3					
AZULFIDINE EN-TABS – sulfasalazine tab delayed release 500 mg	3					
<b>balsalazide disodium cap 750 mg</b> (Colazal)	1					
BYLVAY – odevoxibat cap 400 mcg	3	X	•	•		•
BYLVAY – odevoxibat cap 1200 mcg	3	X	•	•		•
BYLVAY (PELLETS) – odevoxibat pellets cap sprinkle 200 mcg	3	X	•	•		•

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BYLVAY (PELLETS) – odevoxibat pellets cap sprinkle 600 mcg	3	X	•	•		•
<b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</b>	1					
<b>calcium acetate (phosphate binder) tab 667 mg</b>	1					
CHENODAL – chenodiol tab 250 mg	2	X				•
CHOLBAM – cholic acid cap 50 mg	3	X	•			•
CHOLBAM – cholic acid cap 250 mg	3	X	•			•
CIMZIA – certolizumab pegol for inj kit 2 x 200 mg	3	X	•	•		
CIMZIA – certolizumab pegol prefilled syringe kit 2 x 200 mg/ml	3	X	•	•		
CIMZIA STARTER KIT – certolizumab pegol prefilled syringe kit 6 x 200 mg/ml	3	X	•	•		
<b>cromolyn sodium oral conc 100 mg/5ml</b> (Gastrocrom)	1					
DELZICOL – mesalamine cap dr 400 mg	3					
FOSRENOL – lanthanum carbonate chew tab 500 mg (elemental)	3					•
FOSRENOL – lanthanum carbonate chew tab 750 mg (elemental)	3					•
FOSRENOL – lanthanum carbonate chew tab 1000 mg (elemental)	3					•
FOSRENOL – lanthanum carbonate oral powder pack 750 mg (elemental)	3					•
FOSRENOL – lanthanum carbonate oral powder pack 1000 mg (elemental)	3					•
GATTEX – teduglutide (rdna) for inj kit 5 mg	3	X	•	•		•

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<b>lactulose (encephalopathy) solution 10 gm/15ml</b>	1						MOVANTIK – naloxegol oxalate tab 25 mg (base equivalent)	2		•	•		
<b>lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)</b>	1				•		OCALIVA – obeticholic acid tab 5 mg	3	X	•	•		•
<b>lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)</b>	1				•		OCALIVA – obeticholic acid tab 10 mg	3	X	•	•		•
<b>lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)</b>	1				•		PHOSLYRA – calcium acetate (phosphate binder) oral soln 667 mg/5ml	3					
LIVMARLI – maralixibat chloride oral soln 9.5 mg/ml	3	X	•	•		•	REGLAN – metoclopramide hcl tab 5 mg (base equivalent)	3					
LUBIPROSTONE – lubiprostone cap 8 mcg	3		•	•			REGLAN – metoclopramide hcl tab 10 mg (base equivalent)	3					
LUBIPROSTONE – lubiprostone cap 24 mcg	3		•	•			RENAGEL – sevelamer hcl tab 800 mg	3				•	
<b>mesalamine cap dr 400 mg (Delzicol)</b>	1						<b>sevelamer carbonate packet 0.8 gm (Renvela)</b>	1					
<b>mesalamine cap er 24hr 0.375 gm (Apriso)</b>	1						<b>sevelamer carbonate packet 2.4 gm (Renvela)</b>	1					
<b>mesalamine cap er 500 mg (Pentasa)</b>	1						<b>sevelamer carbonate tab 800 mg (Renvela)</b>	1					
<b>mesalamine enema 4 gm</b>	1						<b>sevelamer hcl tab 800 mg (Renegel)</b>	1					
<b>mesalamine suppos 1000 mg (Canasa)</b>	1						SEVELAMER HYDROCHLORIDE – sevelamer hcl tab 400 mg	3				•	
<b>mesalamine tab delayed release 800 mg (Asacol hd)</b>	1						SFROWASA – mesalamine sulfite-free (sf) enema 4 gm/60ml	3					
<b>mesalamine tab delayed release 1.2 gm (Lialda)</b>	1						<b>sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)</b>	1					
<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>	1						<b>sulfasalazine tab 500 mg (Azulfidine)</b>	1					
<b>metoclopramide hcl tab 5 mg (base equivalent) (Reglan)</b>	1						SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent)	2		•	•		
<b>metoclopramide hcl tab 10 mg (base equivalent) (Reglan)</b>	1						TRULANCE – plecanatide tab 3 mg	2		•	•		
MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent)	2		•	•			<b>ursodiol cap 300 mg</b>	1					
							<b>ursodiol tab 250 mg (Urso 250)</b>	1					

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<b>ursodiol tab 500 mg</b> (Urso forte)	1						<b>solifenacin succinate tab 5 mg</b> (Vesicare)	1			•		
VELPHORO – sucroferric oxyhydroxide chew tab 500 mg	2				•		<b>solifenacin succinate tab 10 mg</b> (Vesicare)	1			•		
VIBERZI – eluxadoline tab 75 mg	2		•	•			<b>tolterodine tartrate cap er 24hr 2 mg</b> (Detrol la)	1			•		
VIBERZI – eluxadoline tab 100 mg	2		•	•			<b>tolterodine tartrate cap er 24hr 4 mg</b> (Detrol la)	1			•		
XERMELO – telotristat ethyl tab 250 mg (as telotristat etiprate)	3	X	•			•	<b>tolterodine tartrate tab 1 mg</b> (Detrol)	1			•		
<b>GENITOURINARY AGENTS</b>							<b>URINARY ANTISPASMODICS</b>						
<b>bethanechol chloride tab 5 mg</b>	1						<b>tolterodine tartrate tab 2 mg</b> (Detrol)	1			•		
<b>bethanechol chloride tab 10 mg</b>	1						<b>tropium chloride cap er 24hr 60 mg</b>	1			•		
<b>bethanechol chloride tab 25 mg</b>	1						<b>tropium chloride tab 20 mg</b>	1			•		
<b>bethanechol chloride tab 50 mg</b>	1						VESICARE – solifenacin succinate tab 5 mg	3			•		
<b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</b>	1			•			VESICARE – solifenacin succinate tab 10 mg	3			•		
<b>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</b>	1			•			<b>VAGINAL PRODUCTS</b>						
<b>flavoxate hcl tab 100 mg</b>	1						CLEOCIN – clindamycin phosphate vaginal cream 2%	3					
MYRBETRIQ – mirabegron granules for oral extended release susp 8 mg/ml	2			•			CLEOCIN – clindamycin phosphate vaginal suppos 100 mg	2					
MYRBETRIQ – mirabegron tab er 24 hr 25 mg	2			•			<b>clindamycin phosphate vaginal cream 2%</b> (Cleocin)	1					
MYRBETRIQ – mirabegron tab er 24 hr 50 mg	2			•			CLINDESSE – clindamycin phosphate (one dose) vaginal cream 2%	3					
<b>oxybutynin chloride syrup 5 mg/5ml</b>	1			•			CRINONE – progesterone vaginal gel 4%	3					
<b>oxybutynin chloride tab er 24hr 5 mg</b> (Ditropan xl)	1			•			ENCARE – nonoxynol-9 vaginal suppos 100 mg	3					
<b>oxybutynin chloride tab er 24hr 10 mg</b> (Ditropan xl)	1			•			ESTRACE – estradiol vaginal cream 0.1 mg/gm	3					
<b>oxybutynin chloride tab er 24hr 15 mg</b>	1			•									
<b>oxybutynin chloride tab 5 mg</b>	1			•									

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<b>estradiol vaginal cream 0.1 mg/gm</b> (Estrace)	1						VAGIFEM – estradiol vaginal tab 10 mcg	2					
<b>estradiol vaginal tab 10 mcg</b> (Vagifem)	1		•				VANDAZOLE – metronidazole vaginal gel 0.75%	3					
ESTRING – estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2			•			VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 foam 12.5%	3					
GYNAZOLE-1 – butoconazole nitrate (one dose) vaginal cream 2%	3						VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%	3					
IMVEXXY MAINTENANCE PACK – estradiol vaginal insert 4 mcg	3			•			VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 gel 4%	3					
IMVEXXY MAINTENANCE PACK – estradiol vaginal insert 10 mcg	3			•			<b>GENITOURINARY AGENTS - MISC.</b>						
IMVEXXY STARTER PACK – estradiol vaginal insert starter pack 4 mcg	3			•			<b>acetic acid irrigation soln 0.25%</b>	1					
IMVEXXY STARTER PACK – estradiol vaginal insert starter pack 10 mcg	3			•			<b>alfuzosin hcl tab er 24hr 10 mg</b> (Uroxatral)	1					
INTRAROSA – prasterone vaginal insert 6.5 mg	3						CYSTAGON – cysteamine bitartrate cap 50 mg	2					•
<b>metronidazole vaginal gel 0.75%</b>	1						CYSTAGON – cysteamine bitartrate cap 150 mg	2					•
MICONAZOLE 3 – miconazole nitrate vaginal suppos 200 mg	3						<b>dutasteride cap 0.5 mg</b> (Avodart)	1					
OPTIONS GYNOL II VAGINAL – nonoxynol-9 gel 3%	3						<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</b> (Jalyn)	1					
PREMARIN – estrogens, conjugated vaginal cream 0.625 mg/gm	2						ELMIRON – pentosan polysulfate sodium caps 100 mg	3		•			
SHUR-SEAL – nonoxynol-9 gel 2%	3						<b>finasteride tab 5 mg</b> (Proscar)	1					
<b>terconazole vaginal cream 0.4%</b>	1						JALYN – dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3					
<b>terconazole vaginal cream 0.8%</b>	1						K-PHOS NO 2 – potassium & sodium acid phosphates tab 305-700 mg	2					
<b>terconazole vaginal suppos 80 mg</b>	1						LITHOSTAT – acetohydroxamic acid tab 250 mg	3					
TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg	3						<b>potassium citrate tab er 5 meq (540 mg)</b> (Urocit-k 5)	1					
							<b>potassium citrate tab er 10 meq (1080 mg)</b> (Urocit-k 10)	1					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
<b>potassium citrate tab er 15 meq (1620 mg)</b> (Urocit-k 15)	1						UROCIT-K 5 – potassium citrate tab er 5 meq (540 mg)	3					
PROCYSBI – cysteamine bitartrate delayed release granules packet 75 mg	3	X	•			•	<b>CENTRAL NERVOUS SYSTEM DRUGS</b>						
PROCYSBI – cysteamine bitartrate delayed release granules packet 300 mg	3	X	•			•	<b>ANTI-ANXIETY AGENTS</b>						
PROCYSBI – cysteamine bitartrate cap delayed release 25 mg (base equiv)	3	X	•			•	ALPRAZOLAM INTENSOL – alprazolam conc 1 mg/ml	3					
PROCYSBI – cysteamine bitartrate cap delayed release 75 mg (base equiv)	3	X	•			•	<b>alprazolam orally disintegrating tab 0.25 mg</b>	1					
PROSCAR – finasteride tab 5 mg	3						<b>alprazolam orally disintegrating tab 0.5 mg</b>	1					
RAPAFLO – silodosin cap 4 mg	3						<b>alprazolam orally disintegrating tab 1 mg</b>	1					
RAPAFLO – silodosin cap 8 mg	3						<b>alprazolam orally disintegrating tab 2 mg</b>	1					
<b>silodosin cap 4 mg</b> (Rapaflo)	1						<b>alprazolam tab er 24hr 0.5 mg</b> (Xanax xr)	1					
<b>silodosin cap 8 mg</b> (Rapaflo)	1						<b>alprazolam tab er 24hr 1 mg</b> (Xanax xr)	1					
<b>sodium chloride irrigation soln 0.9%</b>	1						<b>alprazolam tab er 24hr 2 mg</b> (Xanax xr)	1					
<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml</b>	1						<b>alprazolam tab er 24hr 3 mg</b> (Xanax xr)	1					
<b>tamsulosin hcl cap 0.4 mg</b> (Flomax)	1						<b>alprazolam tab 0.25 mg</b> (Xanax)	1					
THIOLA – tiopronin tab 100 mg	3	X	•	•		•	<b>alprazolam tab 0.5 mg</b> (Xanax)	1					
THIOLA EC – tiopronin tab delayed release 100 mg	3	X	•	•		•	<b>alprazolam tab 1 mg</b> (Xanax)	1					
THIOLA EC – tiopronin tab delayed release 300 mg	3	X	•	•		•	<b>alprazolam tab 2 mg</b> (Xanax)	1					
<b>tiopronin tab 100 mg</b> (Thiola)	1	X	•	•			<b>bupirone hcl tab 5 mg</b>	1					
UROCIT-K 10 – potassium citrate tab er 10 meq (1080 mg)	3						<b>bupirone hcl tab 7.5 mg</b>	1					
UROCIT-K 15 – potassium citrate tab er 15 meq (1620 mg)	3						<b>bupirone hcl tab 10 mg</b>	1					
							<b>bupirone hcl tab 15 mg</b>	1					
							<b>bupirone hcl tab 30 mg</b>	1					
							<b>chlordiazepoxide hcl cap 5 mg</b>	1					
							<b>chlordiazepoxide hcl cap 10 mg</b>	1					
							<b>chlordiazepoxide hcl cap 25 mg</b>	1					

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clorazepate dipotassium tab 3.75 mg	1					
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1					
clorazepate dipotassium tab 15 mg	1					
diazepam conc 5 mg/ml	1					
diazepam oral soln 1 mg/ml	1					
diazepam tab 2 mg (Valium)	1					
diazepam tab 5 mg (Valium)	1					
diazepam tab 10 mg (Valium)	1					
hydroxyzine hcl syrup 10 mg/5ml	1					
hydroxyzine hcl tab 10 mg	1					
hydroxyzine hcl tab 25 mg	1					
hydroxyzine hcl tab 50 mg	1					
HYDROXYZINE PAMOATE – hydroxyzine pamoate cap 100 mg	3					
hydroxyzine pamoate cap 25 mg (Vistaril)	1					
hydroxyzine pamoate cap 50 mg (Vistaril)	1					
lorazepam conc 2 mg/ml	1					
lorazepam tab 0.5 mg (Ativan)	1					
lorazepam tab 1 mg (Ativan)	1					
lorazepam tab 2 mg (Ativan)	1					
meprobamate tab 200 mg	1					
meprobamate tab 400 mg	1					
oxazepam cap 10 mg	1					
oxazepam cap 15 mg	1					
oxazepam cap 30 mg	1					
VISTARIL – hydroxyzine pamoate cap 25 mg	3					
VISTARIL – hydroxyzine pamoate cap 50 mg	3					

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<b>ANTIDEPRESSANTS</b>						
amitriptyline hcl tab 10 mg	1					
amitriptyline hcl tab 25 mg	1					
amitriptyline hcl tab 50 mg	1					
amitriptyline hcl tab 75 mg	1					
amitriptyline hcl tab 100 mg	1					
amitriptyline hcl tab 150 mg	1					
AMOXAPINE – amoxapine tab 25 mg	3					
AMOXAPINE – amoxapine tab 50 mg	3					
AMOXAPINE – amoxapine tab 100 mg	3					
AMOXAPINE – amoxapine tab 150 mg	3					
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	1					
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	1					
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	1					
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	1					
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	1					
bupropion hcl tab 75 mg	1					
bupropion hcl tab 100 mg	1					
citalopram hydrobromide oral soln 10 mg/5ml	1					
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	1					
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	1					
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	1					

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<b>clomipramine hcl cap 25 mg</b> (Anafranil)	1						<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</b> (Cymbalta)	1					
<b>clomipramine hcl cap 50 mg</b> (Anafranil)	1						<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</b> (Cymbalta)	1					
<b>clomipramine hcl cap 75 mg</b> (Anafranil)	1						<b>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</b> (Cymbalta)	1					
<b>desipramine hcl tab 10 mg</b> (Norpramin)	1						EMSAM – selegiline td patch 24hr 6 mg/24hr	3					
<b>desipramine hcl tab 25 mg</b> (Norpramin)	1						EMSAM – selegiline td patch 24hr 9 mg/24hr	3					
<b>desipramine hcl tab 50 mg</b>	1						EMSAM – selegiline td patch 24hr 12 mg/24hr	3					
<b>desipramine hcl tab 75 mg</b>	1						<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b>	1					
<b>desipramine hcl tab 100 mg</b>	1						<b>escitalopram oxalate tab 5 mg (base equiv)</b> (Lexapro)	1					
<b>desipramine hcl tab 150 mg</b>	1						<b>escitalopram oxalate tab 10 mg (base equiv)</b> (Lexapro)	1					
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 50 mg	3			•	•		<b>escitalopram oxalate tab 20 mg (base equiv)</b> (Lexapro)	1					
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 100 mg	3			•	•		FETZIMA – levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	3			•	•	
<b>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</b> (Pristiq)	1			•			FETZIMA – levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	3			•	•	
<b>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</b> (Pristiq)	1			•			FETZIMA – levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	3			•	•	
<b>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</b> (Pristiq)	1			•			FETZIMA TITRATION PACK – levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3			•	•	
<b>doxepin hcl cap 10 mg</b>	1						FLUOXETINE DR – fluoxetine hcl cap delayed release 90 mg	3				•	
<b>doxepin hcl cap 25 mg</b>	1						<b>fluoxetine hcl cap 10 mg</b> (Prozac)	1					
<b>doxepin hcl cap 50 mg</b>	1												
<b>doxepin hcl cap 75 mg</b>	1												
<b>doxepin hcl cap 100 mg</b>	1												
<b>doxepin hcl cap 150 mg</b>	1												
<b>doxepin hcl conc 10 mg/ml</b>	1												

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<b>fluoxetine hcl cap 20 mg</b> (Prozac)	1						NORPRAMIN – desipramine hcl tab 10 mg	3					
<b>fluoxetine hcl cap 40 mg</b> (Prozac)	1						NORPRAMIN – desipramine hcl tab 25 mg	3					
<b>fluoxetine hcl solution 20 mg/5ml</b>	1						NORTRIPTYLINE HCL – nortriptyline hcl soln 10 mg/5ml	2					
<b>fluvoxamine maleate tab 25 mg</b>	1			•			<b>nortriptyline hcl cap 10 mg</b> (Pamelor)	1					
<b>fluvoxamine maleate tab 50 mg</b>	1			•			<b>nortriptyline hcl cap 25 mg</b> (Pamelor)	1					
<b>fluvoxamine maleate tab 100 mg</b>	1			•			<b>nortriptyline hcl cap 50 mg</b> (Pamelor)	1					
<b>imipramine hcl tab 10 mg</b>	1						<b>nortriptyline hcl cap 75 mg</b> (Pamelor)	1					
<b>imipramine hcl tab 25 mg</b>	1						PAMELOR – nortriptyline hcl cap 10 mg	3					
<b>imipramine hcl tab 50 mg</b>	1						PAMELOR – nortriptyline hcl cap 25 mg	3					
MARPLAN – isocarboxazid tab 10 mg	3						PAMELOR – nortriptyline hcl cap 50 mg	3					
<b>mirtazapine orally disintegrating tab 15 mg</b> (Remeron soltab)	1			•			PAMELOR – nortriptyline hcl cap 75 mg	3					
<b>mirtazapine orally disintegrating tab 30 mg</b> (Remeron soltab)	1			•			PARNATE – tranylcypromine sulfate tab 10 mg	3					
<b>mirtazapine orally disintegrating tab 45 mg</b> (Remeron soltab)	1			•			<b>paroxetine hcl oral susp 10 mg/5ml (base equiv)</b> (Paxil)	1					
<b>mirtazapine tab 7.5 mg</b>	1			•			<b>paroxetine hcl tab 10 mg</b> (Paxil)	1					
<b>mirtazapine tab 15 mg</b> (Remeron)	1			•			<b>paroxetine hcl tab 20 mg</b> (Paxil)	1					
<b>mirtazapine tab 30 mg</b> (Remeron)	1			•			<b>paroxetine hcl tab 30 mg</b> (Paxil)	1					
<b>mirtazapine tab 45 mg</b>	1			•			<b>paroxetine hcl tab 40 mg</b> (Paxil)	1					
NARDIL – phenelzine sulfate tab 15 mg	3						<b>phenelzine sulfate tab 15 mg</b> (Nardil)	1					
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 50 mg	3						<b>protriptyline hcl tab 5 mg</b>	1					
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 100 mg	3						<b>protriptyline hcl tab 10 mg</b>	1					
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 150 mg	3												
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 200 mg	3												
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 250 mg	3												

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sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1						venlafaxine hcl tab 100 mg (base equivalent)	1					
sertraline hcl tab 25 mg (Zoloft)	1						VIIBRYD – vilazodone hcl tab 10 mg	3			•	•	
sertraline hcl tab 50 mg (Zoloft)	1						VIIBRYD – vilazodone hcl tab 20 mg	3			•	•	
sertraline hcl tab 100 mg (Zoloft)	1						VIIBRYD – vilazodone hcl tab 40 mg	3			•	•	
tranylcypromine sulfate tab 10 mg (Parnate)	1						VIIBRYD STARTER PACK – vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	3			•	•	
trazodone hcl tab 50 mg	1						ZOLOFT – sertraline hcl oral concentrate for solution 20 mg/ml	3				•	
trazodone hcl tab 100 mg	1						<b>ANTIPSYCHOTICS</b>						
trazodone hcl tab 150 mg	1						aripiprazole oral solution 1 mg/ml	1			•		
trimipramine maleate cap 25 mg	1						aripiprazole orally disintegrating tab 10 mg	1			•		
trimipramine maleate cap 50 mg	1						aripiprazole orally disintegrating tab 15 mg	1			•		
trimipramine maleate cap 100 mg	1						aripiprazole tab 2 mg (Abilify)	1			•		
TRINTELLIX – vortioxetine hbr tab 5 mg (base equiv)	3			•	•		aripiprazole tab 5 mg (Abilify)	1			•		
TRINTELLIX – vortioxetine hbr tab 10 mg (base equiv)	3			•	•		aripiprazole tab 10 mg (Abilify)	1			•		
TRINTELLIX – vortioxetine hbr tab 20 mg (base equiv)	3			•	•		aripiprazole tab 15 mg (Abilify)	1			•		
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	1						aripiprazole tab 20 mg (Abilify)	1			•		
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	1						aripiprazole tab 30 mg (Abilify)	1			•		
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	1						asenapine maleate sl tab 2.5 mg (base equiv) (Saphris)	1			•		
venlafaxine hcl tab 25 mg (base equivalent)	1						asenapine maleate sl tab 5 mg (base equiv) (Saphris)	1			•		
venlafaxine hcl tab 37.5 mg (base equivalent)	1						asenapine maleate sl tab 10 mg (base equiv) (Saphris)	1			•		
venlafaxine hcl tab 50 mg (base equivalent)	1						CAPLYTA – lumateperone tosylate cap 42 mg	3			•	•	
venlafaxine hcl tab 75 mg (base equivalent)	1						chlorpromazine hcl tab 10 mg	1					
							chlorpromazine hcl tab 25 mg	1					
							chlorpromazine hcl tab 50 mg	1					
							chlorpromazine hcl tab 100 mg	1					

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<b>chlorpromazine hcl tab 200 mg</b>	1						<b>fluphenazine hcl tab 2.5 mg</b>	1					
CLOZAPINE ODT – clozapine orally disintegrating tab 12.5 mg	3						<b>fluphenazine hcl tab 5 mg</b>	1					
CLOZAPINE ODT – clozapine orally disintegrating tab 150 mg	3						<b>fluphenazine hcl tab 10 mg</b>	1					
CLOZAPINE ODT – clozapine orally disintegrating tab 200 mg	3						FLUPHENAZINE HYDROCHLORID – fluphenazine hcl elixir 2.5 mg/5ml	2					
<b>clozapine orally disintegrating tab 25 mg</b>	1						<b>haloperidol lactate oral conc 2 mg/ml</b>	1					
<b>clozapine orally disintegrating tab 100 mg</b>	1						<b>haloperidol tab 0.5 mg</b>	1					
<b>clozapine tab 25 mg (Clozaril)</b>	1						<b>haloperidol tab 1 mg</b>	1					
<b>clozapine tab 50 mg (Clozaril)</b>	1						<b>haloperidol tab 2 mg</b>	1					
<b>clozapine tab 100 mg (Clozaril)</b>	1						<b>haloperidol tab 5 mg</b>	1					
<b>clozapine tab 200 mg (Clozaril)</b>	1						<b>haloperidol tab 10 mg</b>	1					
EQUETRO – carbamazepine (mood) cap er 12hr 100 mg	3						<b>haloperidol tab 20 mg</b>	1					
EQUETRO – carbamazepine (mood) cap er 12hr 200 mg	3						INVEGA – paliperidone tab er 24hr 1.5 mg	3			•	•	
EQUETRO – carbamazepine (mood) cap er 12hr 300 mg	3						INVEGA – paliperidone tab er 24hr 3 mg	3			•	•	
FANAPT – iloperidone tab 1 mg	3			•	•		INVEGA – paliperidone tab er 24hr 6 mg	3			•	•	
FANAPT – iloperidone tab 2 mg	3			•	•		INVEGA – paliperidone tab er 24hr 9 mg	3			•	•	
FANAPT – iloperidone tab 4 mg	3			•	•		LATUDA – lurasidone hcl tab 20 mg	2			•		
FANAPT – iloperidone tab 6 mg	3			•	•		LATUDA – lurasidone hcl tab 40 mg	2			•		
FANAPT – iloperidone tab 8 mg	3			•	•		LATUDA – lurasidone hcl tab 60 mg	2			•		
FANAPT – iloperidone tab 10 mg	3			•	•		LATUDA – lurasidone hcl tab 80 mg	2			•		
FANAPT – iloperidone tab 12 mg	3			•	•		LATUDA – lurasidone hcl tab 120 mg	2			•		
FANAPT TITRATION PACK – iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3			•	•		LITHIUM CARBONATE – lithium carbonate cap 150 mg	3					
FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ml	2						LITHIUM CARBONATE – lithium carbonate cap 300 mg	3					
<b>fluphenazine hcl tab 1 mg</b>	1						LITHIUM CARBONATE – lithium carbonate cap 600 mg	3					

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<b>lithium carbonate cap 150 mg</b> (Lithium carbonate)	1						<b>olanzapine tab 7.5 mg</b> (Zyprexa)	1			•		
<b>lithium carbonate cap 300 mg</b>	1						<b>olanzapine tab 10 mg</b> (Zyprexa)	1			•		
<b>lithium carbonate cap 600 mg</b> (Lithium carbonate)	1						<b>olanzapine tab 15 mg</b> (Zyprexa)	1			•		
<b>lithium carbonate tab er 300 mg</b> (Lithobid)	1						<b>olanzapine tab 20 mg</b> (Zyprexa)	1			•		
<b>lithium carbonate tab er 450 mg</b>	1						<b>paliperidone tab er 24hr 1.5 mg</b> (Invega)	1			•		
<b>lithium carbonate tab 300 mg</b>	1						<b>paliperidone tab er 24hr 3 mg</b> (Invega)	1			•		
LITHOBID – lithium carbonate tab er 300 mg	3						<b>paliperidone tab er 24hr 6 mg</b> (Invega)	1			•		
<b>loxapine succinate cap 5 mg</b>	1						<b>paliperidone tab er 24hr 9 mg</b> (Invega)	1			•		
<b>loxapine succinate cap 10 mg</b>	1						<b>perphenazine tab 2 mg</b>	1					
<b>loxapine succinate cap 25 mg</b>	1						<b>perphenazine tab 4 mg</b>	1					
<b>loxapine succinate cap 50 mg</b>	1						<b>perphenazine tab 8 mg</b>	1					
MOLINDONE HYDROCHLORIDE – molindone hcl tab 5 mg	3						<b>perphenazine tab 16 mg</b>	1					
MOLINDONE HYDROCHLORIDE – molindone hcl tab 10 mg	3						<b>prochlorperazine maleate tab 5 mg (base equivalent)</b>	1					
MOLINDONE HYDROCHLORIDE – molindone hcl tab 25 mg	3						<b>prochlorperazine maleate tab 10 mg (base equivalent)</b>	1					
NUPLAZID – pimavanserin tartrate cap 34 mg (base equivalent)	3	X	•	•		•	<b>prochlorperazine suppos 25 mg</b>	1					
NUPLAZID – pimavanserin tartrate tab 10 mg (base equivalent)	3	X	•	•		•	<b>quetiapine fumarate tab er 24hr 50 mg</b> (Seroquel xr)	1			•		
<b>olanzapine orally disintegrating tab 5 mg</b> (Zyprexa zydis)	1			•			<b>quetiapine fumarate tab er 24hr 150 mg</b> (Seroquel xr)	1			•		
<b>olanzapine orally disintegrating tab 10 mg</b> (Zyprexa zydis)	1			•			<b>quetiapine fumarate tab er 24hr 200 mg</b> (Seroquel xr)	1			•		
<b>olanzapine orally disintegrating tab 15 mg</b> (Zyprexa zydis)	1			•			<b>quetiapine fumarate tab er 24hr 300 mg</b> (Seroquel xr)	1			•		
<b>olanzapine orally disintegrating tab 20 mg</b> (Zyprexa zydis)	1			•			<b>quetiapine fumarate tab er 24hr 400 mg</b> (Seroquel xr)	1			•		
<b>olanzapine tab 2.5 mg</b> (Zyprexa)	1			•			<b>quetiapine fumarate tab 25 mg</b> (Seroquel)	1			•		
<b>olanzapine tab 5 mg</b> (Zyprexa)	1			•			<b>quetiapine fumarate tab 50 mg</b> (Seroquel)	1			•		

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<b>quetiapine fumarate tab 100 mg</b> (Seroquel)	1			•			<b>risperidone tab 4 mg</b> (Risperdal)	1			•		
<b>quetiapine fumarate tab 200 mg</b> (Seroquel)	1			•			SAPHRIS – asenapine maleate sl tab 2.5 mg (base equiv)	3			•	•	
<b>quetiapine fumarate tab 300 mg</b> (Seroquel)	1			•			SAPHRIS – asenapine maleate sl tab 5 mg (base equiv)	3			•	•	
<b>quetiapine fumarate tab 400 mg</b> (Seroquel)	1			•			SAPHRIS – asenapine maleate sl tab 10 mg (base equiv)	3			•	•	
REXULTI – brexpiprazole tab 0.25 mg	3			•			SECUADO – asenapine td patch 24 hr 3.8 mg/24hr	3			•	•	
REXULTI – brexpiprazole tab 0.5 mg	3			•			SECUADO – asenapine td patch 24 hr 5.7 mg/24hr	3			•	•	
REXULTI – brexpiprazole tab 1 mg	3			•			SECUADO – asenapine td patch 24 hr 7.6 mg/24hr	3			•	•	
REXULTI – brexpiprazole tab 2 mg	3			•			<b>thioridazine hcl tab 10 mg</b>	1					
REXULTI – brexpiprazole tab 3 mg	3			•			<b>thioridazine hcl tab 25 mg</b>	1					
REXULTI – brexpiprazole tab 4 mg	3			•			<b>thioridazine hcl tab 50 mg</b>	1					
RISPERIDONE ODT – risperidone orally disintegrating tab 0.25 mg	3			•	•		<b>thioridazine hcl tab 100 mg</b>	1					
<b>risperidone orally disintegrating tab 0.5 mg</b>	1			•			<b>thiothixene cap 1 mg</b>	1					
<b>risperidone orally disintegrating tab 1 mg</b>	1			•			<b>thiothixene cap 2 mg</b>	1					
<b>risperidone orally disintegrating tab 2 mg</b>	1			•			<b>thiothixene cap 5 mg</b>	1					
<b>risperidone orally disintegrating tab 3 mg</b>	1			•			<b>thiothixene cap 10 mg</b>	1					
<b>risperidone orally disintegrating tab 4 mg</b>	1			•			<b>trifluoperazine hcl tab 1 mg (base equivalent)</b>	1					
<b>risperidone soln 1 mg/ml</b> (Risperdal)	1			•			<b>trifluoperazine hcl tab 2 mg (base equivalent)</b>	1					
<b>risperidone tab 0.25 mg</b>	1			•			<b>trifluoperazine hcl tab 5 mg (base equivalent)</b>	1					
<b>risperidone tab 0.5 mg</b> (Risperdal)	1			•			<b>trifluoperazine hcl tab 10 mg (base equivalent)</b>	1					
<b>risperidone tab 1 mg</b> (Risperdal)	1			•			VERSACLOZ – clozapine susp 50 mg/ml	3			•	•	
<b>risperidone tab 2 mg</b> (Risperdal)	1			•			VRAYLAR – cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	3			•	•	
<b>risperidone tab 3 mg</b> (Risperdal)	1			•									

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VRAYLAR – cariprazine hcl cap 1.5 mg (base equivalent)	3			•	•		<b>phenobarbital tab 15 mg</b>	1					
VRAYLAR – cariprazine hcl cap 3 mg (base equivalent)	3			•	•		<b>phenobarbital tab 16.2 mg</b>	1					
VRAYLAR – cariprazine hcl cap 4.5 mg (base equivalent)	3			•	•		<b>phenobarbital tab 30 mg</b>	1					
VRAYLAR – cariprazine hcl cap 6 mg (base equivalent)	3			•	•		<b>phenobarbital tab 32.4 mg</b>	1					
<b>ziprasidone hcl cap 20 mg</b> (Geodon)	1			•			<b>phenobarbital tab 60 mg</b>	1					
<b>ziprasidone hcl cap 40 mg</b> (Geodon)	1			•			<b>phenobarbital tab 64.8 mg</b>	1					
<b>ziprasidone hcl cap 60 mg</b> (Geodon)	1			•			<b>phenobarbital tab 97.2 mg</b>	1					
<b>ziprasidone hcl cap 80 mg</b> (Geodon)	1			•			<b>phenobarbital tab 100 mg</b>	1					
<b>HYPNOTICS</b>							<b>ramelteon tab 8 mg</b> (Rozerem)	1			•		
<b>doxepin hcl (sleep) tab 3 mg</b> (base equiv) (Silenor)	1			•			ROZEREM – ramelteon tab 8 mg	3			•	•	
<b>doxepin hcl (sleep) tab 6 mg</b> (base equiv) (Silenor)	1			•			SILENOR – doxepin hcl (sleep) tab 3 mg (base equiv)	3			•	•	
<b>estazolam tab 1 mg</b>	1						SILENOR – doxepin hcl (sleep) tab 6 mg (base equiv)	3			•	•	
<b>estazolam tab 2 mg</b>	1						<b>temazepam cap 7.5 mg</b> (Restoril)	1					
<b>eszopiclone tab 1 mg</b> (Lunesta)	1			•			<b>temazepam cap 15 mg</b> (Restoril)	1					
<b>eszopiclone tab 2 mg</b> (Lunesta)	1			•			<b>temazepam cap 22.5 mg</b> (Restoril)	1					
<b>eszopiclone tab 3 mg</b> (Lunesta)	1			•			<b>temazepam cap 30 mg</b> (Restoril)	1					
FLURAZEPAM HCL – flurazepam hcl cap 15 mg	3						<b>zaleplon cap 5 mg</b>	1			•		
FLURAZEPAM HCL – flurazepam hcl cap 30 mg	3						<b>zaleplon cap 10 mg</b>	1			•		
HETLIOZ – tasimelteon capsule 20 mg	3	X	•	•		•	<b>zolpidem tartrate tab er 6.25 mg</b> (Ambien cr)	1			•		
HETLIOZ LQ – tasimelteon oral susp 4 mg/ml	3	X	•	•		•	<b>zolpidem tartrate tab er 12.5 mg</b> (Ambien cr)	1			•		
<b>phenobarbital elixir 20 mg/5ml</b>	1						<b>zolpidem tartrate tab 5 mg</b> (Ambien)	1			•		
							<b>zolpidem tartrate tab 10 mg</b> (Ambien)	1			•		
							<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS</b>						
							<b>amphetamine-dextroamphetamine cap er 24hr 5 mg</b> (Adderall xr)	1			•		

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amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	1			•		
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	1			•		
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	1			•		
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	1			•		
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	1			•		
amphetamine-dextroamphetamine tab 5 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 10 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 15 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1			•		
amphetamine-dextroamphetamine tab 30 mg (Adderall)	1			•		
armodafinil tab 50 mg (Nuvigil)	1			•		
armodafinil tab 150 mg (Nuvigil)	1			•		

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armodafinil tab 200 mg (Nuvigil)	1			•		
armodafinil tab 250 mg (Nuvigil)	1			•		
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	1			•		
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	1			•		
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	1			•		
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	1			•		
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	1			•		
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	1			•		
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	1			•		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1					
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1			•		
DESOXYN – methamphetamine hcl tab 5 mg	3		•	•		
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	1			•		
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	1			•		
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	1			•		
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	1			•		
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	1			•		
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	1			•		

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<b>dexmethylphenidate hcl cap er 24 hr 35 mg</b> (Focalin xr)	1			•			IMCIVREE – setmelanotide acetate subcutaneous soln 10 mg/ml	3	X	•	•		•
<b>dexmethylphenidate hcl cap er 24 hr 40 mg</b> (Focalin xr)	1			•			<b>methamphetamine hcl tab 5 mg</b> (Desoxyn)	1			•		
<b>dexmethylphenidate hcl tab 2.5 mg</b> (Focalin)	1			•			METHYLIN – methylphenidate hcl soln 5 mg/5ml	3		•	•		
<b>dexmethylphenidate hcl tab 5 mg</b> (Focalin)	1			•			METHYLIN – methylphenidate hcl soln 10 mg/5ml	3		•	•		
<b>dexmethylphenidate hcl tab 10 mg</b> (Focalin)	1			•			<b>methylphenidate hcl cap er 10 mg (cd)</b>	1			•		
<b>dextroamphetamine sulfate cap er 24hr 5 mg</b> (Dexedrine)	1			•			<b>methylphenidate hcl cap er 20 mg (cd)</b>	1			•		
<b>dextroamphetamine sulfate cap er 24hr 10 mg</b> (Dexedrine)	1			•			<b>methylphenidate hcl cap er 30 mg (cd)</b>	1			•		
<b>dextroamphetamine sulfate cap er 24hr 15 mg</b> (Dexedrine)	1			•			<b>methylphenidate hcl cap er 40 mg (cd)</b>	1			•		
<b>dextroamphetamine sulfate oral solution 5 mg/5ml</b>	1			•			<b>methylphenidate hcl cap er 50 mg (cd)</b>	1			•		
<b>dextroamphetamine sulfate tab 5 mg</b>	1			•			<b>methylphenidate hcl cap er 60 mg (cd)</b>	1			•		
<b>dextroamphetamine sulfate tab 10 mg</b>	1			•			<b>methylphenidate hcl cap er 24hr 10 mg (la)</b> (Ritalin la)	1			•		
FOCALIN – dexmethylphenidate hcl tab 2.5 mg	3		•	•			<b>methylphenidate hcl cap er 24hr 20 mg (la)</b> (Ritalin la)	1			•		
FOCALIN – dexmethylphenidate hcl tab 5 mg	3		•	•			<b>methylphenidate hcl cap er 24hr 30 mg (la)</b> (Ritalin la)	1			•		
FOCALIN – dexmethylphenidate hcl tab 10 mg	3		•	•			<b>methylphenidate hcl cap er 24hr 40 mg (la)</b> (Ritalin la)	1			•		
<b>guanfacine hcl tab er 24hr 1 mg (base equiv)</b> (Intuniv)	1			•			<b>methylphenidate hcl chew tab 2.5 mg</b>	1			•		
<b>guanfacine hcl tab er 24hr 2 mg (base equiv)</b> (Intuniv)	1			•			<b>methylphenidate hcl chew tab 5 mg</b>	1			•		
<b>guanfacine hcl tab er 24hr 3 mg (base equiv)</b> (Intuniv)	1			•			<b>methylphenidate hcl chew tab 10 mg</b>	1			•		
<b>guanfacine hcl tab er 24hr 4 mg (base equiv)</b> (Intuniv)	1			•			<b>methylphenidate hcl soln 5 mg/5ml</b> (Methylin)	1			•		

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<b>methylphenidate hcl soln 10 mg/5ml (Methylin)</b>	1			•			QUILLICHEW ER – methylphenidate hcl chew tab extended release 30 mg	3		•	•		
<b>methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)</b>	1			•			QUILLICHEW ER – methylphenidate hcl chew tab extended release 40 mg	3		•	•		
<b>methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)</b>	1			•			QUILLIVANT XR – methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	3		•	•		
<b>methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)</b>	1			•			RITALIN – methylphenidate hcl tab 5 mg	3		•	•		
<b>methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)</b>	1			•			RITALIN – methylphenidate hcl tab 10 mg	3		•	•		
<b>methylphenidate hcl tab er 10 mg</b>	1			•			RITALIN – methylphenidate hcl tab 20 mg	3		•	•		
<b>methylphenidate hcl tab er 20 mg</b>	1			•			SUNOSI – solriamfetol hcl tab 75 mg (base equiv)	2		•	•		
<b>methylphenidate hcl tab er 24hr 27 mg</b>	1			•			SUNOSI – solriamfetol hcl tab 150 mg (base equiv)	2		•	•		
<b>methylphenidate hcl tab er 24hr 36 mg</b>	1			•			VYVANSE – lisdexamfetamine dimesylate cap 10 mg	2			•		
<b>methylphenidate hcl tab er 24hr 54 mg</b>	1			•			VYVANSE – lisdexamfetamine dimesylate cap 20 mg	2			•		
<b>methylphenidate hcl tab 5 mg (Ritalin)</b>	1			•			VYVANSE – lisdexamfetamine dimesylate cap 30 mg	2			•		
<b>methylphenidate hcl tab 10 mg (Ritalin)</b>	1			•			VYVANSE – lisdexamfetamine dimesylate cap 40 mg	2			•		
<b>methylphenidate hcl tab 20 mg (Ritalin)</b>	1			•			VYVANSE – lisdexamfetamine dimesylate cap 50 mg	2			•		
<b>METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er 24hr 18 mg</b>	3		•	•			VYVANSE – lisdexamfetamine dimesylate cap 60 mg	2			•		
<b>modafinil tab 100 mg (Provigil)</b>	1			•			VYVANSE – lisdexamfetamine dimesylate cap 70 mg	2			•		
<b>modafinil tab 200 mg (Provigil)</b>	1			•			VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg	2			•		
<b>phentermine hcl cap 15 mg</b>	1						VYVANSE – lisdexamfetamine dimesylate chew tab 20 mg	2			•		
<b>QUILLICHEW ER – methylphenidate hcl chew tab extended release 20 mg</b>	3		•	•									

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VYVANSE – lisdexamfetamine dimesylate chew tab 30 mg	2			•			CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide-amitriptyline tab 5-12.5 mg	3					
VYVANSE – lisdexamfetamine dimesylate chew tab 40 mg	2			•			CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide-amitriptyline tab 10-25 mg	3					
VYVANSE – lisdexamfetamine dimesylate chew tab 50 mg	2			•			<b>dalfampridine tab er 12hr 10 mg</b> (Ampyra)	1		•	•		
VYVANSE – lisdexamfetamine dimesylate chew tab 60 mg	2			•			<b>dimethyl fumarate capsule delayed release 120 mg</b> (Tecfidera)	1	X		•		
WAKIX – pitolisant hcl tab 4.45 mg (base equivalent)	3	X	•	•		•	<b>dimethyl fumarate capsule delayed release 240 mg</b> (Tecfidera)	1	X		•		
WAKIX – pitolisant hcl tab 17.8 mg (base equivalent)	3	X	•	•		•	<b>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</b> (Tecfidera starter pa)	1	X		•		
<b>PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.</b>													
<b>acamprosate calcium tab delayed release 333 mg</b>	1						<b>disulfiram tab 250 mg</b>	1					
APO-VARENICLINE – varenicline tartrate tab 0.5 mg (base equiv)	2						<b>disulfiram tab 500 mg</b>	1					
APO-VARENICLINE – varenicline tartrate tab 1 mg (base equiv)	2						<b>donepezil hydrochloride orally disintegrating tab 5 mg</b>	1					
AUBAGIO – teriflunomide tab 7 mg	2	X	•	•		•	<b>donepezil hydrochloride orally disintegrating tab 10 mg</b>	1					
AUBAGIO – teriflunomide tab 14 mg	2	X	•	•		•	<b>donepezil hydrochloride tab 5 mg</b> (Aricept)	1					
AUSTEDO – deutetrabenazine tab 6 mg	3	X	•	•			<b>donepezil hydrochloride tab 10 mg</b> (Aricept)	1					
AUSTEDO – deutetrabenazine tab 9 mg	3	X	•	•			<b>donepezil hydrochloride tab 23 mg</b> (Aricept)	1					
AUSTEDO – deutetrabenazine tab 12 mg	3	X	•	•			ERGOLOID MESYLATES – ergoloid mesylates tab 1 mg	3					
AVONEX – interferon beta-1a im pre-filled syringe kit 30 mcg/0.5ml	2	X	•	•			EXELON – rivastigmine td patch 24hr 4.6 mg/24hr	3					
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	X	•	•			EXELON – rivastigmine td patch 24hr 9.5 mg/24hr	3					
BETASERON – interferon beta-1b for inj kit 0.3 mg	2	X	•	•			EXELON – rivastigmine td patch 24hr 13.3 mg/24hr	3					
<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b>	1												

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GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml	3						LYBALVI – olanzapine-samidorphan l-malate tab 10-10 mg	3			•	•	
<b>galantamine hydrobromide cap er 24hr 8 mg</b> (Razadyne er)	1						LYBALVI – olanzapine-samidorphan l-malate tab 15-10 mg	3			•	•	
<b>galantamine hydrobromide cap er 24hr 16 mg</b> (Razadyne er)	1						LYBALVI – olanzapine-samidorphan l-malate tab 20-10 mg	3			•	•	
<b>galantamine hydrobromide cap er 24hr 24 mg</b> (Razadyne er)	1						MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs)	2	X	•	•		•
<b>galantamine hydrobromide tab 4 mg</b>	1						MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs)	2	X	•	•		•
<b>galantamine hydrobromide tab 8 mg</b>	1						MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs)	2	X	•	•		•
<b>galantamine hydrobromide tab 12 mg</b>	1						MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs)	2	X	•	•		•
GILENYA – fingolimod hcl cap 0.5 mg (base equiv)	2	X	•	•		•	MAVENCLAD – cladribine tab therapy pack 10 mg (8 tabs)	2	X	•	•		•
<b>glatiramer acetate soln prefilled syringe 20 mg/ml</b> (Copaxone)	1	X		•			MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs)	2	X	•	•		•
<b>glatiramer acetate soln prefilled syringe 40 mg/ml</b> (Copaxone)	1	X		•			MAVENCLAD – cladribine tab therapy pack 10 mg (10 tabs)	2	X	•	•		•
INGREZZA – valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	3	X	•	•		•	MAYZENT – siponimod fumarate tab 0.25 mg (base equiv)	2	X	•	•		•
INGREZZA – valbenazine tosylate cap 40 mg (base equiv)	3	X	•	•		•	MAYZENT – siponimod fumarate tab 1 mg (base equiv)	2	X	•	•		•
INGREZZA – valbenazine tosylate cap 60 mg (base equiv)	3	X	•	•		•	MAYZENT – siponimod fumarate tab 2 mg (base equiv)	2	X	•	•		•
INGREZZA – valbenazine tosylate cap 80 mg (base equiv)	3	X	•	•		•	MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (7) starter pack	2	X	•	•		•
KESIMPTA – ofatumumab soln auto-injector 20 mg/0.4ml	2	X	•	•			MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (12) starter pack	2	X	•	•		•
LUCEMYRA – lofexidine hcl tab 0.18 mg (base equivalent)	3		•	•			<b>memantine hcl oral solution 2 mg/ml</b>	1					
LYBALVI – olanzapine-samidorphan l-malate tab 5-10 mg	3			•	•		<b>memantine hcl tab 5 mg</b>	1					
							<b>memantine hcl tab 10 mg</b>	1					

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<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</b> (Namenda titration pa)	1						PIMOZIDE – pimozide tab 2 mg	3					
<b>nicotine polacrilex gum 2 mg</b>	1						PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	2	X	•	•		•
<b>nicotine polacrilex gum 4 mg</b>	1						PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	X	•	•		•
<b>nicotine polacrilex lozenge 2 mg</b>	1						PLEGRIDY – peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	2	X	•	•		•
<b>nicotine polacrilex lozenge 4 mg</b>	1						PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	2	X	•	•		•
<b>nicotine td patch 24hr 7 mg/24hr</b>	1						PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	X	•	•		•
<b>nicotine td patch 24hr 14 mg/24hr</b>	1						PONVORY – ponesimod tab 20 mg	3	X	•	•		•
<b>nicotine td patch 24hr 21 mg/24hr</b>	1						PONVORY 14-DAY STARTER PA – ponesimod tab starter pack 2,3,4,5,6,7,8,9 & 10 mg	3	X	•	•		
NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)	2						RAZADYNE ER – galantamine hydrobromide cap er 24hr 8 mg	3					
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2						RAZADYNE ER – galantamine hydrobromide cap er 24hr 16 mg	3					
NUEDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3		•	•			RAZADYNE ER – galantamine hydrobromide cap er 24hr 24 mg	3					
<b>paroxetine mesylate cap 7.5 mg (base equiv)</b> (Brisdelle)	1						REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml	2	X	•	•		
PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 2-10 mg	3						REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml	2	X	•	•		
PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 2-25 mg	3						REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml	2	X	•	•		
PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-10 mg	3						REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml	2	X	•	•		
PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-25 mg	3						REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	X	•	•		
PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-50 mg	3												
PIMOZIDE – pimozide tab 1 mg	3												

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REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	X	•	•			VARENICLINE STARTING MONT – varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	2					
<b>rivastigmine tartrate cap 1.5 mg (base equivalent)</b>	1						VARENICLINE TARTRATE – varenicline tartrate tab 0.5 mg (base equiv)	2					
<b>rivastigmine tartrate cap 3 mg (base equivalent)</b>	1						VARENICLINE TARTRATE – varenicline tartrate tab 1 mg (base equiv)	2					
<b>rivastigmine tartrate cap 4.5 mg (base equivalent)</b>	1						XYREM – sodium oxybate oral solution 500 mg/ml	3	X	•	•		•
<b>rivastigmine tartrate cap 6 mg (base equivalent)</b>	1						XYWAV – calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	3	X	•	•		•
<b>rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)</b>	1						ZEPOSIA – ozanimod hcl cap 0.92 mg	2	X	•	•		
<b>rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)</b>	1						ZEPOSIA STARTER KIT – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg	2	X	•	•		
<b>rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)</b>	1						ZEPOSIA 7-DAY STARTER PAC – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	2	X	•	•		
SAVELLA – milnacipran hcl tab 12.5 mg	3			•	•		<b>ANALGESICS AND ANESTHETICS</b>						
SAVELLA – milnacipran hcl tab 25 mg	3			•	•		<b>ANALGESICS - NON-NARCOTIC</b>						
SAVELLA – milnacipran hcl tab 50 mg	3			•	•		<b>aspirin chew tab 81 mg</b>	1					
SAVELLA – milnacipran hcl tab 100 mg	3			•	•		<b>aspirin tab delayed release 81 mg</b>	1					
SAVELLA TITRATION PACK – milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3			•	•		<b>butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)</b>	1			•		
TEGSEDI – inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	3	X	•	•		•	<b>butalbital-acetaminophen tab 50-325 mg</b>	1			•		
<b>tetrabenazine tab 12.5 mg (Xenazine)</b>	1	X	•	•			<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)</b>	1			•		
<b>tetrabenazine tab 25 mg (Xenazine)</b>	1	X	•	•			<b>butalbital-aspirin-caffeine cap 50-325-40 mg</b>	1			•		
							<b>diflunisal tab 500 mg</b>	1					
							TENCON – butalbital-acetaminophen tab 50-325 mg	3			•		

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<b>ANALGESICS - NARCOTIC</b>						
<b>acetaminophen w/ codeine soln 120-12 mg/5ml</b>	1		•	•		
<b>acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)</b>	1		•	•		
<b>acetaminophen w/ codeine tab 300-30 mg</b>	1		•	•		
<b>acetaminophen w/ codeine tab 300-60 mg</b>	1		•	•		
ACTIQ – fentanyl citrate lozenge on a handle 200 mcg	3		•	•		
ACTIQ – fentanyl citrate lozenge on a handle 400 mcg	3		•	•		
ACTIQ – fentanyl citrate lozenge on a handle 600 mcg	3		•	•		
ACTIQ – fentanyl citrate lozenge on a handle 800 mcg	3		•	•		
ACTIQ – fentanyl citrate lozenge on a handle 1200 mcg	3		•	•		
ACTIQ – fentanyl citrate lozenge on a handle 1600 mcg	3		•	•		
APADAZ – benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	3		•	•		
BELBUCA – buprenorphine hcl buccal film 75 mcg (base equivalent)	2		•	•		
BELBUCA – buprenorphine hcl buccal film 150 mcg (base equivalent)	2		•	•		
BELBUCA – buprenorphine hcl buccal film 300 mcg (base equivalent)	2		•	•		
BELBUCA – buprenorphine hcl buccal film 450 mcg (base equivalent)	2		•	•		

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BELBUCA – buprenorphine hcl buccal film 600 mcg (base equivalent)	2		•	•		
BELBUCA – buprenorphine hcl buccal film 750 mcg (base equivalent)	2		•	•		
BELBUCA – buprenorphine hcl buccal film 900 mcg (base equivalent)	2		•	•		
BENZHYDROCODONE/ ACETAMINO – benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	3		•	•		
<b>buprenorphine hcl sl tab 2 mg (base equiv)</b>	1			•		
<b>buprenorphine hcl sl tab 8 mg (base equiv)</b>	1			•		
<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)</b>	1			•		
<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)</b>	1			•		
<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)</b>	1			•		
<b>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)</b>	1			•		
<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b>	1			•		
<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b>	1			•		
<b>buprenorphine td patch weekly 5 mcg/hr (Butrans)</b>	1		•	•		
<b>buprenorphine td patch weekly 7.5 mcg/hr (Butrans)</b>	1		•	•		

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<b>buprenorphine td patch weekly 10 mcg/hr</b> (Butrans)	1		•	•			<b>fentanyl td patch 72hr 50 mcg/hr</b>	1		•	•		
<b>buprenorphine td patch weekly 15 mcg/hr</b> (Butrans)	1		•	•			<b>fentanyl td patch 72hr 75 mcg/hr</b>	1		•	•		
<b>buprenorphine td patch weekly 20 mcg/hr</b> (Butrans)	1		•	•			<b>fentanyl td patch 72hr 100 mcg/hr</b>	1		•	•		
<b>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</b>	1		•	•			HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 10 mg	3		•	•		
<b>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</b>	1		•	•			HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 15 mg	3		•	•		
<b>butorphanol tartrate nasal soln 10 mg/ml</b>	1		•	•			HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 20 mg	3		•	•		
CODEINE SULFATE – codeine sulfate tab 15 mg	3		•	•			HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 30 mg	3		•	•		
CODEINE SULFATE – codeine sulfate tab 30 mg	3		•	•			HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 40 mg	3		•	•		
CODEINE SULFATE – codeine sulfate tab 60 mg	3		•	•			HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 50 mg	3		•	•		
<b>codeine sulfate tab 30 mg</b> (Codeine sulfate)	1		•	•			<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b>	1		•	•		
DILAUDID – hydromorphone hcl liqd 1 mg/ml	3		•	•			<b>hydrocodone-acetaminophen tab 10-325 mg</b>	1		•	•		
<b>fentanyl citrate lozenge on a handle 200 mcg</b> (Actiq)	1		•	•			<b>hydrocodone-acetaminophen tab 5-325 mg</b>	1		•	•		
<b>fentanyl citrate lozenge on a handle 400 mcg</b> (Actiq)	1		•	•			<b>hydrocodone-acetaminophen tab 7.5-325 mg</b>	1		•	•		
<b>fentanyl citrate lozenge on a handle 600 mcg</b> (Actiq)	1		•	•			<b>hydrocodone-ibuprofen tab 7.5-200 mg</b>	1		•	•		
<b>fentanyl citrate lozenge on a handle 800 mcg</b> (Actiq)	1		•	•			HYDROCODONE/IBUPROFEN – hydrocodone-ibuprofen tab 5-200 mg	3		•	•		
<b>fentanyl citrate lozenge on a handle 1200 mcg</b> (Actiq)	1		•	•			HYDROCODONE/IBUPROFEN – hydrocodone-ibuprofen tab 10-200 mg	3		•	•		
<b>fentanyl citrate lozenge on a handle 1600 mcg</b> (Actiq)	1		•	•									
<b>fentanyl td patch 72hr 12 mcg/hr</b>	1		•	•									
<b>fentanyl td patch 72hr 25 mcg/hr</b>	1		•	•									

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hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1		•	•			METHADOSE SUGAR-FREE – methadone hcl conc 10 mg/ml	3		•	•		
hydromorphone hcl tab er 24hr 8 mg	1		•	•			MORPHINE SULFATE – morphine sulfate oral soln 20 mg/5ml	2		•	•		
hydromorphone hcl tab er 24hr 12 mg	1		•	•			MORPHINE SULFATE – morphine sulfate tab 15 mg	3		•	•		
hydromorphone hcl tab er 24hr 16 mg	1		•	•			MORPHINE SULFATE – morphine sulfate tab 30 mg	3		•	•		
hydromorphone hcl tab er 24hr 32 mg	1		•	•			MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 30 mg	3		•	•		
hydromorphone hcl tab 2 mg (Dilaudid)	1		•	•			MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 45 mg	3		•	•		
hydromorphone hcl tab 4 mg (Dilaudid)	1		•	•			MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 60 mg	3		•	•		
hydromorphone hcl tab 8 mg (Dilaudid)	1		•	•			MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 75 mg	3		•	•		
levorphanol tartrate tab 2 mg	1		•	•			MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 90 mg	3		•	•		
MEPERIDINE HCL – meperidine hcl oral soln 50 mg/5ml	3		•	•			MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 120 mg	3		•	•		
METHADONE HCL – methadone hcl soln 5 mg/5ml	3		•	•			morphine sulfate oral soln 10 mg/5ml	1		•	•		
METHADONE HCL – methadone hcl soln 10 mg/5ml	3		•	•			morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1		•	•		
methadone hcl conc 10 mg/ml (Methadose)	1		•	•			morphine sulfate tab er 15 mg (Ms contin)	1		•	•		
methadone hcl soln 5 mg/5ml (Methadone hcl)	1		•	•			morphine sulfate tab er 30 mg (Ms contin)	1		•	•		
methadone hcl soln 10 mg/5ml (Methadone hcl)	1		•	•			morphine sulfate tab er 60 mg (Ms contin)	1		•	•		
methadone hcl tab for oral susp 40 mg	1		•	•									
methadone hcl tab 5 mg	1		•	•									
methadone hcl tab 10 mg	1		•	•									
METHADOSE – methadone hcl conc 10 mg/ml	3		•	•									

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<b>morphine sulfate tab er 100 mg</b> (Ms contin)	1		•	•		
<b>morphine sulfate tab er 200 mg</b> (Ms contin)	1		•	•		
<b>morphine sulfate tab 15 mg</b> (Morphine sulfate)	1		•	•		
<b>morphine sulfate tab 30 mg</b> (Morphine sulfate)	1		•	•		
NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg	3		•	•		
NUCYNTA ER – tapentadol hcl tab er 12hr 100 mg	3		•	•		
NUCYNTA ER – tapentadol hcl tab er 12hr 150 mg	3		•	•		
NUCYNTA ER – tapentadol hcl tab er 12hr 200 mg	3		•	•		
NUCYNTA ER – tapentadol hcl tab er 12hr 250 mg	3		•	•		
<b>oxycodone hcl cap 5 mg</b>	1		•	•		
<b>oxycodone hcl conc 100 mg/5ml</b> (20 mg/ml)	1		•	•		
<b>oxycodone hcl soln 5 mg/5ml</b>	1		•	•		
<b>oxycodone hcl tab 5 mg</b> (Roxicodone)	1		•	•		
<b>oxycodone hcl tab 10 mg</b>	1		•	•		
<b>oxycodone hcl tab 15 mg</b> (Roxicodone)	1		•	•		
<b>oxycodone hcl tab 20 mg</b>	1		•	•		
<b>oxycodone hcl tab 30 mg</b> (Roxicodone)	1		•	•		
OXYCODONE HYDROCHLORIDE/ A – oxycodone w/ acetaminophen soln 5-325 mg/5ml	3		•	•		
<b>oxycodone w/ acetaminophen tab</b> <b>2.5-325 mg</b> (Percocet)	1		•	•		

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<b>oxycodone w/ acetaminophen tab</b> <b>5-325 mg</b> (Percocet)	1		•	•		
<b>oxycodone w/ acetaminophen tab</b> <b>7.5-325 mg</b> (Percocet)	1		•	•		
<b>oxycodone w/ acetaminophen tab</b> <b>10-325 mg</b> (Percocet)	1		•	•		
OXYCODONE/ACETAMINOPHEN – oxycodone w/ acetaminophen tab 2.5-300 mg	3		•	•		
<b>pentazocine w/ naloxone hcl tab</b> <b>50-0.5 mg</b>	1		•	•		
<b>tramadol hcl tab er 24hr 100 mg</b>	1		•	•		
<b>tramadol hcl tab er 24hr 200 mg</b>	1		•	•		
<b>tramadol hcl tab er 24hr 300 mg</b>	1		•	•		
<b>tramadol hcl tab 50 mg</b> (Ultram)	1		•	•		
<b>tramadol-acetaminophen tab</b> <b>37.5-325 mg</b> (Ultracet)	1		•	•		
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg	2		•	•		
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 13.5 mg	2		•	•		
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 18 mg	2		•	•		
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 27 mg	2		•	•		
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg	2		•	•		
ZUBSOLV – buprenorphine hcl- naloxone hcl sl tab 0.7-0.18 mg (base eq)	3			•		
ZUBSOLV – buprenorphine hcl- naloxone hcl sl tab 1.4-0.36 mg (base eq)	3			•		
ZUBSOLV – buprenorphine hcl- naloxone hcl sl tab 2.9-0.71 mg (base eq)	3			•		

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ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)	3			•			<b>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</b> (Arthrotec 75)	1					
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	3			•			ENBREL – etanercept subcutaneous inj 25 mg/0.5ml	2	X	•	•		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)	3			•			ENBREL – etanercept for subcutaneous inj 25 mg	2	X	•	•		
<b>ANALGESICS - ANTI-INFLAMMATORY</b>							ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	2	X	•	•		
ACTEMRA – tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	2	X	•	•		•	ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml	2	X	•	•		
ACTEMRA ACTPEN – tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	2	X	•	•			ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml	2	X	•	•		
ANAPROX DS – naproxen sodium tab 550 mg	3						ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml	2	X	•	•		
ARCALYST – rilonacept for inj 220 mg	2	X	•	•		•	<b>etodolac cap 200 mg</b>	1					
<b>celecoxib cap 50 mg</b> (Celebrex)	1						<b>etodolac cap 300 mg</b>	1					
<b>celecoxib cap 100 mg</b> (Celebrex)	1						<b>etodolac tab er 24hr 400 mg</b>	1					
<b>celecoxib cap 200 mg</b> (Celebrex)	1						<b>etodolac tab er 24hr 500 mg</b>	1					
<b>celecoxib cap 400 mg</b> (Celebrex)	1						<b>etodolac tab er 24hr 600 mg</b>	1					
DAYPRO – oxaprozin tab 600 mg	3						<b>etodolac tab 400 mg</b> (Lodine)	1					
<b>diclofenac potassium tab 50 mg</b>	1						<b>etodolac tab 500 mg</b>	1					
<b>diclofenac sodium tab delayed release 25 mg</b>	1						FELDENE – piroxicam cap 10 mg	3					
<b>diclofenac sodium tab delayed release 50 mg</b>	1						FELDENE – piroxicam cap 20 mg	3					
<b>diclofenac sodium tab delayed release 75 mg</b>	1						<b>fenoprofen calcium tab 600 mg</b> (Nalfon)	1					
<b>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</b> (Arthrotec 50)	1						FLURBIPROFEN – flurbiprofen tab 50 mg	3					
							<b>flurbiprofen tab 100 mg</b>	1					
							HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml	2	X	•	•		

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HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml	2	X	•	•			<b>indomethacin cap 25 mg</b>	1					
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml	2	X	•	•			<b>indomethacin cap 50 mg</b>	1					
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml	2	X	•	•			<b>ketorolac tromethamine tab 10 mg</b>	1			•		
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml	2	X	•	•			KEVZARA – sarilumab subcutaneous solution auto-injector 150 mg/1.14ml	3	X	•	•		
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	2	X	•	•			KEVZARA – sarilumab subcutaneous solution auto-injector 200 mg/1.14ml	3	X	•	•		
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml	2	X	•	•			KEVZARA – sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml	3	X	•	•		
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.4ml	2	X	•	•			KEVZARA – sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	3	X	•	•		
HUMIRA PEN – adalimumab pen-injector kit 80 mg/0.8ml	2	X	•	•			KINERET – anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	3	X	•	•		•
HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 40 mg/0.8ml	2	X	•	•			<b>leflunomide tab 10 mg (Arava)</b>	1					
HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 80 mg/0.8ml	2	X	•	•			<b>leflunomide tab 20 mg (Arava)</b>	1					
HUMIRA PEN-PEDIATRIC UC S – adalimumab pen-injector kit 80 mg/0.8ml	2	X	•	•			LODINE – etodolac tab 400 mg	3					
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 40 mg/0.8ml	2	X	•	•			MECLOFENAMATE SODIUM – meclofenamate sodium cap 50 mg	3					
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	2	X	•	•			MECLOFENAMATE SODIUM – meclofenamate sodium cap 100 mg	3					
<b>ibuprofen tab 400 mg</b>	1						<b>meloxicam tab 7.5 mg (Mobic)</b>	1					
<b>ibuprofen tab 600 mg</b>	1						<b>meloxicam tab 15 mg (Mobic)</b>	1					
<b>ibuprofen tab 800 mg</b>	1						<b>nabumetone tab 500 mg</b>	1					
<b>indomethacin cap er 75 mg</b>	1						<b>nabumetone tab 750 mg</b>	1					
							NAPROSYN – naproxen tab 500 mg	3					
							<b>naproxen sodium tab 275 mg</b>	1					
							<b>naproxen sodium tab 550 mg</b>	1					
							<b>naproxen tab 250 mg</b>	1					

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<b>naproxen tab 375 mg</b>	1						<b>piroxicam cap 20 mg (Feldene)</b>	1					
<b>naproxen tab 500 mg (Naprosyn)</b>	1						REDITREX – methotrexate soln prefilled syringe 7.5 mg/0.3ml	2				•	
OLUMIANT – baricitinib tab 1 mg	3	X	•	•		•	REDITREX – methotrexate soln prefilled syringe 10 mg/0.4ml	2				•	
OLUMIANT – baricitinib tab 2 mg	3	X	•	•		•	REDITREX – methotrexate soln prefilled syringe 12.5 mg/0.5ml	2				•	
ORENCIA – abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	3	X	•	•			REDITREX – methotrexate soln prefilled syringe 15 mg/0.6ml	2				•	
ORENCIA – abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	3	X	•	•			REDITREX – methotrexate soln prefilled syringe 17.5 mg/0.7ml	2				•	
ORENCIA – abatacept subcutaneous soln prefilled syringe 125 mg/ml	3	X	•	•			REDITREX – methotrexate soln prefilled syringe 20 mg/0.8ml	2				•	
ORENCIA CLICKJECT – abatacept subcutaneous soln auto-injector 125 mg/ml	3	X	•	•			REDITREX – methotrexate soln prefilled syringe 22.5 mg/0.9ml	2				•	
OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	2	X	•	•			REDITREX – methotrexate soln prefilled syringe 25 mg/ml	2				•	
OTEZLA – apremilast tab 30 mg	2	X	•	•			RIDAURA – auranofin cap 3 mg	2					
OTREXUP – methotrexate soln pf auto-injector 10 mg/0.4ml	2					•	RINVOQ – upadacitinib tab er 24hr 15 mg	2	X	•	•		•
OTREXUP – methotrexate soln pf auto-injector 12.5 mg/0.4ml	2					•	RINVOQ – upadacitinib tab er 24hr 30 mg	2	X	•	•		•
OTREXUP – methotrexate soln pf auto-injector 15 mg/0.4ml	2					•	RINVOQ – upadacitinib tab er 24hr 45 mg	2	X	•	•		•
OTREXUP – methotrexate soln pf auto-injector 17.5 mg/0.4ml	2					•	SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml	3	X	•	•		
OTREXUP – methotrexate soln pf auto-injector 20 mg/0.4ml	2					•	SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml	2	X	•	•		
OTREXUP – methotrexate soln pf auto-injector 22.5 mg/0.4ml	2					•	SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	3	X	•	•		
OTREXUP – methotrexate soln pf auto-injector 25 mg/0.4ml	2					•	SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml	2	X	•	•		
<b>oxaprozin tab 600 mg (Daypro)</b>	1						<b>sulindac tab 150 mg</b>	1					
<b>piroxicam cap 10 mg (Feldene)</b>	1												

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<b>sulindac tab 200 mg</b>	1					
XELJANZ – tofacitinib citrate oral soln 1 mg/ml (base equivalent)	2	X	•	•		
XELJANZ – tofacitinib citrate tab 5 mg (base equivalent)	2	X	•	•		
XELJANZ – tofacitinib citrate tab 10 mg (base equivalent)	2	X	•	•		
XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent)	2	X	•	•		
XELJANZ XR – tofacitinib citrate tab er 24hr 22 mg (base equivalent)	2	X	•	•		
<b>MIGRAINE PRODUCTS</b>						
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	2		•	•		
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	2		•	•		
AJOVY – fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2		•	•		
AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2		•	•		
<b>almotriptan malate tab 6.25 mg</b>	1		•	•		
<b>almotriptan malate tab 12.5 mg</b>	1		•	•		
CAFERGOT – ergotamine w/ caffeine tab 1-100 mg	3					
D.H.E. 45 – dihydroergotamine mesylate inj 1 mg/ml	3			•		
<b>dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)</b>	1			•		
<b>dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)</b>	1		•	•		
<b>eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)</b>	1			•		

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<b>eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)</b>	1			•		
EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2		•	•		
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2		•	•		
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2		•	•		
<b>ergotamine w/ caffeine tab 1-100 mg (Cafergot)</b>	1					
<b>frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)</b>	1		•	•		
MIGERGOT – ergotamine w/ caffeine suppos 2-100 mg	3					
<b>naratriptan hcl tab 1 mg (base equiv) (Amerge)</b>	1			•		
<b>naratriptan hcl tab 2.5 mg (base equiv) (Amerge)</b>	1			•		
NURTEC – rimegepant sulfate tab disint 75 mg	2		•	•		
QULIPTA – atogepant tab 10 mg	3		•	•		
QULIPTA – atogepant tab 30 mg	3		•	•		
QULIPTA – atogepant tab 60 mg	3		•	•		
REYVOW – lasmiditan succinate tab 50 mg	2		•	•		
REYVOW – lasmiditan succinate tab 100 mg	2		•	•		
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b>	1			•		
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)</b>	1			•		

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<b>rizatriptan benzoate tab 5 mg (base equivalent)</b>	1			•			<b>zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)</b>	1			•		
<b>rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)</b>	1			•			<b>zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)</b>	1			•		
<b>sumatriptan nasal spray 5 mg/act (Imitrex)</b>	1			•			<b>zolmitriptan tab 2.5 mg (Zomig)</b>	1			•		
<b>sumatriptan nasal spray 20 mg/act (Imitrex)</b>	1			•			<b>zolmitriptan tab 5 mg (Zomig)</b>	1			•		
<b>sumatriptan succinate inj 6 mg/0.5ml (Imitrex)</b>	1			•			ZOMIG – zolmitriptan nasal spray 2.5 mg/spray unit	3		•	•		
SUMATRIPTAN SUCCINATE REF – sumatriptan succinate solution cartridge 4 mg/0.5ml	2		•	•			ZOMIG – zolmitriptan nasal spray 5 mg/spray unit	3		•	•		
SUMATRIPTAN SUCCINATE REF – sumatriptan succinate solution cartridge 6 mg/0.5ml	2		•	•			<b>GOUT AGENTS</b>						
<b>sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)</b>	1			•			<b>allopurinol tab 100 mg (Zyloprim)</b>	1					
<b>sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)</b>	1			•			<b>allopurinol tab 300 mg (Zyloprim)</b>	1					
<b>sumatriptan succinate tab 25 mg (Imitrex)</b>	1			•			<b>colchicine tab 0.6 mg (Colcrys)</b>	1					
<b>sumatriptan succinate tab 50 mg (Imitrex)</b>	1			•			<b>colchicine w/ probenecid tab 0.5-500 mg</b>	1					
<b>sumatriptan succinate tab 100 mg (Imitrex)</b>	1			•			<b>febuxostat tab 40 mg (Uloric)</b>	1			•		
TRUDHESA – dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act	3		•	•			<b>febuxostat tab 80 mg (Uloric)</b>	1			•		
UBRELVY – ubrogepant tab 50 mg	2		•	•			<b>probenecid tab 500 mg</b>	1					
UBRELVY – ubrogepant tab 100 mg	2		•	•			<b>NEUROMUSCULAR DRUGS</b>						
ZOLMITRIPTAN – zolmitriptan nasal spray 2.5 mg/spray unit	3		•	•			<b>ANTICONVULSANTS</b>						
<b>zolmitriptan nasal spray 5 mg/spray unit (Zomig)</b>	1			•			APTIOM – eslicarbazepine acetate tab 200 mg	2					
							APTIOM – eslicarbazepine acetate tab 400 mg	2					
							APTIOM – eslicarbazepine acetate tab 600 mg	2					
							APTIOM – eslicarbazepine acetate tab 800 mg	2					
							BANZEL – rufinamide susp 40 mg/ml	3					
							BANZEL – rufinamide tab 200 mg	3					
							BANZEL – rufinamide tab 400 mg	3					
							BRIVIACT – brivaracetam tab 10 mg	3					

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BRIVIACT – brivaracetam tab 25 mg	3						<b>clobazam tab 10 mg</b> (Onfi)	1					
BRIVIACT – brivaracetam tab 50 mg	3						<b>clobazam tab 20 mg</b> (Onfi)	1					
BRIVIACT – brivaracetam tab 75 mg	3						<b>clonazepam orally disintegrating tab 0.125 mg</b>	1					
BRIVIACT – brivaracetam tab 100 mg	3						<b>clonazepam orally disintegrating tab 0.25 mg</b>	1					
BRIVIACT – brivaracetam oral soln 10 mg/ml	3						<b>clonazepam orally disintegrating tab 0.5 mg</b>	1					
BRIVIACT – brivaracetam iv soln 50 mg/5ml	3						<b>clonazepam orally disintegrating tab 1 mg</b>	1					
<b>carbamazepine cap er 12hr 100 mg</b> (Carbatrol)	1						<b>clonazepam orally disintegrating tab 2 mg</b>	1					
<b>carbamazepine cap er 12hr 200 mg</b> (Carbatrol)	1						<b>clonazepam tab 0.5 mg</b> (Klonopin)	1					
<b>carbamazepine cap er 12hr 300 mg</b> (Carbatrol)	1						<b>clonazepam tab 1 mg</b> (Klonopin)	1					
<b>carbamazepine chew tab 100 mg</b>	1						<b>clonazepam tab 2 mg</b> (Klonopin)	1					
<b>carbamazepine susp 100 mg/5ml</b> (Tegretol)	1						DEPAKOTE – divalproex sodium tab delayed release 125 mg	3					
<b>carbamazepine tab er 12hr 100 mg</b> (Tegretol-xr)	1						DEPAKOTE – divalproex sodium tab delayed release 250 mg	3					
<b>carbamazepine tab er 12hr 200 mg</b> (Tegretol-xr)	1						DEPAKOTE – divalproex sodium tab delayed release 500 mg	3					
<b>carbamazepine tab er 12hr 400 mg</b> (Tegretol-xr)	1						DEPAKOTE ER – divalproex sodium tab er 24 hr 250 mg	3					
<b>carbamazepine tab 200 mg</b> (Tegretol)	1						DEPAKOTE ER – divalproex sodium tab er 24 hr 500 mg	3					
CARBATROL – carbamazepine cap er 12hr 100 mg	3						DEPAKOTE SPRINKLES – divalproex sodium cap delayed release sprinkle 125 mg	3					
CARBATROL – carbamazepine cap er 12hr 200 mg	3						DIACOMIT – stiripentol cap 250 mg	3	X				
CARBATROL – carbamazepine cap er 12hr 300 mg	3						DIACOMIT – stiripentol cap 500 mg	3	X				
CELONTIN – methsuximide cap 300 mg	2						DIACOMIT – stiripentol packet 250 mg	3	X				
<b>clobazam suspension 2.5 mg/ml</b> (Onfi)	1						DIACOMIT – stiripentol packet 500 mg	3	X				

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DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg	2						EPIDIOLEX – cannabidiol soln 100 mg/ml	2	X	•			•
DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg	2						EPRONTIA – topiramate oral soln 25 mg/ml	3			•		
DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg	2						<b>ethosuximide cap 250 mg</b> (Zarontin)	1					
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 2.5 mg	3						<b>ethosuximide soln 250 mg/5ml</b> (Zarontin)	1					
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 10 mg	3						<b>felbamate susp 600 mg/5ml</b> (Felbatol)	1					
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 20 mg	3						<b>felbamate tab 400 mg</b> (Felbatol)	1					
DILANTIN – phenytoin sodium extended cap 30 mg	2						<b>felbamate tab 600 mg</b> (Felbatol)	1					
DILANTIN – phenytoin sodium extended cap 100 mg	3						FELBATOL – felbamate susp 600 mg/5ml	3					
DILANTIN INFATABS – phenytoin chew tab 50 mg	3						FELBATOL – felbamate tab 400 mg	3					
DILANTIN-125 – phenytoin susp 125 mg/5ml	3						FELBATOL – felbamate tab 600 mg	3					
<b>divalproex sodium cap delayed release sprinkle 125 mg</b> (Depakote sprinkles)	1						FINTEPLA – fenfluramine hcl oral soln 2.2 mg/ml	3	X	•			•
<b>divalproex sodium tab delayed release 125 mg</b> (Depakote)	1						FYCOMPA – perampanel susp 0.5 mg/ml	3					
<b>divalproex sodium tab delayed release 250 mg</b> (Depakote)	1						FYCOMPA – perampanel tab 2 mg	3					
<b>divalproex sodium tab delayed release 500 mg</b> (Depakote)	1						FYCOMPA – perampanel tab 4 mg	3					
<b>divalproex sodium tab er 24 hr 250 mg</b> (Depakote er)	1						FYCOMPA – perampanel tab 6 mg	3					
<b>divalproex sodium tab er 24 hr 500 mg</b> (Depakote er)	1						FYCOMPA – perampanel tab 8 mg	3					
							FYCOMPA – perampanel tab 10 mg	3					
							FYCOMPA – perampanel tab 12 mg	3					
							<b>gabapentin cap 100 mg</b> (Neurontin)	1					
							<b>gabapentin cap 300 mg</b> (Neurontin)	1					
							<b>gabapentin cap 400 mg</b> (Neurontin)	1					
							<b>gabapentin oral soln 250 mg/5ml</b> (Neurontin)	1					
							<b>gabapentin tab 600 mg</b> (Neurontin)	1					

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<b>gabapentin tab 800 mg</b> (Neurontin)	1						LAMICTAL ODT – lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	2					
GABITRIL – tiagabine hcl tab 2 mg	3						LAMICTAL ODT – lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	2					
GABITRIL – tiagabine hcl tab 4 mg	3						LAMICTAL ODT – lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	3					
GABITRIL – tiagabine hcl tab 12 mg	3						LAMICTAL ODT – lamotrigine orally disintegrating tab 25 mg	3					
GABITRIL – tiagabine hcl tab 16 mg	3						LAMICTAL ODT – lamotrigine orally disintegrating tab 50 mg	3					
KEPPRA – levetiracetam oral soln 100 mg/ml	3						LAMICTAL ODT – lamotrigine orally disintegrating tab 100 mg	3					
KEPPRA – levetiracetam tab 250 mg	3						LAMICTAL ODT – lamotrigine orally disintegrating tab 200 mg	3					
KEPPRA – levetiracetam tab 500 mg	3						LAMICTAL STARTER/NOT TAKI – lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	3					
KEPPRA – levetiracetam tab 750 mg	3						LAMICTAL STARTER/TAKING C – lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	3					
KEPPRA – levetiracetam tab 1000 mg	3						LAMICTAL STARTER/TAKING V – lamotrigine tab 35 x 25 mg starter kit	3					
KEPPRA XR – levetiracetam tab er 24hr 500 mg	3						LAMICTAL XR – lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	3					
KEPPRA XR – levetiracetam tab er 24hr 750 mg	3						LAMICTAL XR – lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	3					
<b>lacosamide oral solution 10 mg/ml</b> (Vimpat)	1						LAMICTAL XR – lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	3					
<b>lacosamide tab 50 mg</b> (Vimpat)	1						LAMICTAL XR – lamotrigine tab er 24hr 25 mg	3					
<b>lacosamide tab 100 mg</b> (Vimpat)	1												
<b>lacosamide tab 150 mg</b> (Vimpat)	1												
<b>lacosamide tab 200 mg</b> (Vimpat)	1												
LAMICTAL – lamotrigine tab 25 mg	3												
LAMICTAL – lamotrigine tab 100 mg	3												
LAMICTAL – lamotrigine tab 150 mg	3												
LAMICTAL – lamotrigine tab 200 mg	3												
LAMICTAL CHEWABLE DISPERS – lamotrigine tab chewable dispersible 5 mg	3												
LAMICTAL CHEWABLE DISPERS – lamotrigine tab chewable dispersible 25 mg	3												

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LAMICTAL XR – lamotrigine tab er 24hr 50 mg	3						<b>lamotrigine tab er 24hr 300 mg</b> (Lamictal xr)	1					
LAMICTAL XR – lamotrigine tab er 24hr 100 mg	3						<b>lamotrigine tab 25 mg</b> (Lamictal)	1					
LAMICTAL XR – lamotrigine tab er 24hr 200 mg	3						<b>lamotrigine tab 100 mg</b> (Lamictal)	1					
LAMICTAL XR – lamotrigine tab er 24hr 250 mg	3						<b>lamotrigine tab 150 mg</b> (Lamictal)	1					
LAMICTAL XR – lamotrigine tab er 24hr 300 mg	3						<b>lamotrigine tab 200 mg</b> (Lamictal)	1					
<b>lamotrigine orally disintegrating tab 25 mg</b> (Lamictal odt)	1						<b>lamotrigine tab 35 x 25 mg starter kit</b> (Lamictal starter/tak)	1					
<b>lamotrigine orally disintegrating tab 50 mg</b> (Lamictal odt)	1						<b>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</b> (Lamictal starter/not)	1					
<b>lamotrigine orally disintegrating tab 100 mg</b> (Lamictal odt)	1						<b>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</b> (Lamictal starter/tak)	1					
<b>lamotrigine orally disintegrating tab 200 mg</b> (Lamictal odt)	1						<b>levetiracetam oral soln 100 mg/ml</b> (Keppra)	1					
<b>lamotrigine tab chewable dispersible 5 mg</b> (Lamictal chewable di)	1						<b>levetiracetam tab er 24hr 500 mg</b> (Keppra xr)	1					
<b>lamotrigine tab chewable dispersible 25 mg</b> (Lamictal chewable di)	1						<b>levetiracetam tab er 24hr 750 mg</b> (Keppra xr)	1					
<b>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</b> (Lamictal odt)	1						<b>levetiracetam tab 250 mg</b> (Keppra)	1					
<b>lamotrigine tab er 24hr 25 mg</b> (Lamictal xr)	1						<b>levetiracetam tab 500 mg</b> (Keppra)	1					
<b>lamotrigine tab er 24hr 50 mg</b> (Lamictal xr)	1						<b>levetiracetam tab 750 mg</b> (Keppra)	1					
<b>lamotrigine tab er 24hr 100 mg</b> (Lamictal xr)	1						<b>levetiracetam tab 1000 mg</b> (Keppra)	1					
<b>lamotrigine tab er 24hr 200 mg</b> (Lamictal xr)	1						LYRICA – pregabalin soln 20 mg/ml	3			•	•	
<b>lamotrigine tab er 24hr 250 mg</b> (Lamictal xr)	1						NAYZILAM – midazolam nasal spray soln 5 mg/0.1 ml	3			•		
							NEURONTIN – gabapentin oral soln 250 mg/5ml	3					
							NEURONTIN – gabapentin cap 100 mg	3					
							NEURONTIN – gabapentin cap 300 mg	3					

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NEURONTIN – gabapentin cap 400 mg	3						<b>phenytoin susp 125 mg/5ml</b> (Dilantin-125)	1					
NEURONTIN – gabapentin tab 600 mg	3						<b>pregabalin cap 25 mg</b> (Lyrica)	1			•		
NEURONTIN – gabapentin tab 800 mg	3						<b>pregabalin cap 50 mg</b> (Lyrica)	1			•		
ONFI – clobazam suspension 2.5 mg/ml	3						<b>pregabalin cap 75 mg</b> (Lyrica)	1			•		
ONFI – clobazam tab 10 mg	3						<b>pregabalin cap 100 mg</b> (Lyrica)	1			•		
ONFI – clobazam tab 20 mg	3						<b>pregabalin cap 150 mg</b> (Lyrica)	1			•		
<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</b> (Trileptal)	1						<b>pregabalin cap 200 mg</b> (Lyrica)	1			•		
<b>oxcarbazepine tab 150 mg</b> (Trileptal)	1						<b>pregabalin cap 225 mg</b> (Lyrica)	1			•		
<b>oxcarbazepine tab 300 mg</b> (Trileptal)	1						<b>pregabalin cap 300 mg</b> (Lyrica)	1			•		
<b>oxcarbazepine tab 600 mg</b> (Trileptal)	1						<b>pregabalin soln 20 mg/ml</b> (Lyrica)	1			•		
OXTELLAR XR – oxcarbazepine tab er 24hr 150 mg	3						<b>primidone tab 50 mg</b> (Mysoline)	1					
OXTELLAR XR – oxcarbazepine tab er 24hr 300 mg	3						<b>primidone tab 250 mg</b> (Mysoline)	1					
OXTELLAR XR – oxcarbazepine tab er 24hr 600 mg	3						QUDEXY XR – topiramate cap er 24hr sprinkle 25 mg	3		•	•		
PHENYTEK – phenytoin sodium extended cap 200 mg	3						QUDEXY XR – topiramate cap er 24hr sprinkle 50 mg	3		•	•		
PHENYTEK – phenytoin sodium extended cap 300 mg	3						QUDEXY XR – topiramate cap er 24hr sprinkle 100 mg	3		•	•		
<b>phenytoin chew tab 50 mg</b> (Dilantin infatabs)	1						QUDEXY XR – topiramate cap er 24hr sprinkle 150 mg	3		•	•		
<b>phenytoin sodium extended cap 100 mg</b> (Dilantin)	1						QUDEXY XR – topiramate cap er 24hr sprinkle 200 mg	3		•	•		
<b>phenytoin sodium extended cap 200 mg</b> (Phenytek)	1						<b>rufinamide susp 40 mg/ml</b> (Banzel)	1					
<b>phenytoin sodium extended cap 300 mg</b> (Phenytek)	1						<b>rufinamide tab 200 mg</b> (Banzel)	1					
							<b>rufinamide tab 400 mg</b> (Banzel)	1					
							SABRIL – vigabatrin tab 500 mg	3	X				•
							SABRIL – vigabatrin powd pack 500 mg	3	X				•
							SYMPAZAN – clobazam oral film 5 mg	2					
							SYMPAZAN – clobazam oral film 10 mg	2					

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SYMPAZAN – clobazam oral film 20 mg	2						<b>topiramate sprinkle cap 15 mg</b> (Topamax sprinkle)	1					
TEGRETOL – carbamazepine tab 200 mg	3						<b>topiramate sprinkle cap 25 mg</b> (Topamax sprinkle)	1					
TEGRETOL – carbamazepine susp 100 mg/5ml	3						<b>topiramate tab 25 mg</b> (Topamax)	1					
TEGRETOL-XR – carbamazepine tab er 12hr 100 mg	3						<b>topiramate tab 50 mg</b> (Topamax)	1					
TEGRETOL-XR – carbamazepine tab er 12hr 200 mg	3						<b>topiramate tab 100 mg</b> (Topamax)	1					
TEGRETOL-XR – carbamazepine tab er 12hr 400 mg	3						<b>topiramate tab 200 mg</b> (Topamax)	1					
<b>tiagabine hcl tab 2 mg</b> (Gabitril)	1						TRILEPTAL – oxcarbazepine susp 300 mg/5ml (60 mg/ml)	3					
<b>tiagabine hcl tab 4 mg</b> (Gabitril)	1						TRILEPTAL – oxcarbazepine tab 150 mg	3					
<b>tiagabine hcl tab 12 mg</b> (Gabitril)	1						TRILEPTAL – oxcarbazepine tab 300 mg	3					
<b>tiagabine hcl tab 16 mg</b> (Gabitril)	1						TRILEPTAL – oxcarbazepine tab 600 mg	3					
TOPAMAX – topiramate tab 25 mg	3						TROKENDI XR – topiramate cap er 24hr 25 mg	3		•	•		
TOPAMAX – topiramate tab 50 mg	3						TROKENDI XR – topiramate cap er 24hr 50 mg	3		•	•		
TOPAMAX – topiramate tab 100 mg	3						TROKENDI XR – topiramate cap er 24hr 100 mg	3		•	•		
TOPAMAX – topiramate tab 200 mg	3						TROKENDI XR – topiramate cap er 24hr 200 mg	3		•	•		
TOPAMAX SPRINKLE – topiramate sprinkle cap 15 mg	3						<b>valproate sodium oral soln 250 mg/5ml (base equiv)</b>	1					
TOPAMAX SPRINKLE – topiramate sprinkle cap 25 mg	3						<b>valproic acid cap 250 mg</b>	1					
<b>topiramate cap er 24hr sprinkle 25 mg</b> (Qudexy xr)	1		•	•			VALTOCO – diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	3			•		
<b>topiramate cap er 24hr sprinkle 50 mg</b> (Qudexy xr)	1		•	•			VALTOCO – diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	3			•		
<b>topiramate cap er 24hr sprinkle 100 mg</b> (Qudexy xr)	1		•	•			VALTOCO – diazepam nasal spray 5 mg/0.1 ml	3			•		
<b>topiramate cap er 24hr sprinkle 150 mg</b> (Qudexy xr)	1		•	•									
<b>topiramate cap er 24hr sprinkle 200 mg</b> (Qudexy xr)	1		•	•									

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VALTOCO – diazepam nasal spray 10 mg/0.1 ml	3			•		
<b>vigabatrin powd pack 500 mg</b> (Sabril)	1	X				•
<b>vigabatrin tab 500 mg</b> (Sabril)	1	X				•
VIMPAT – lacosamide oral solution 10 mg/ml	2					
VIMPAT – lacosamide tab 50 mg	3					
VIMPAT – lacosamide tab 100 mg	3					
VIMPAT – lacosamide tab 150 mg	3					
VIMPAT – lacosamide tab 200 mg	3					
XCOPRI – cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	3					
XCOPRI – cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	3					
XCOPRI – cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	3					
XCOPRI – cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	3					
XCOPRI – cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	3					
XCOPRI – cenobamate tab 50 mg	3					
XCOPRI – cenobamate tab 100 mg	3					
XCOPRI – cenobamate tab 150 mg	3					
XCOPRI – cenobamate tab 200 mg	3					
ZARONTIN – ethosuximide cap 250 mg	3					
ZARONTIN – ethosuximide soln 250 mg/5ml	3					
ZONEGRAN – zonisamide cap 25 mg	3					
ZONEGRAN – zonisamide cap 100 mg	3					

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<b>zonisamide cap 25 mg</b> (Zonegran)	1					
<b>zonisamide cap 50 mg</b>	1					
<b>zonisamide cap 100 mg</b> (Zonegran)	1					
<b>ANTIPARKINSON AGENTS</b>						
<b>amantadine hcl cap 100 mg</b>	1					
<b>amantadine hcl soln 50 mg/5ml</b>	1					
<b>amantadine hcl tab 100 mg</b>	1					
APOKYN – apomorphine hcl soln cartridge 30 mg/3ml	3	X	•			•
<b>apomorphine hcl soln cartridge 30 mg/3ml</b> (Apokyn)	1	X	•			
<b>benztropine mesylate tab 0.5 mg</b>	1					
<b>benztropine mesylate tab 1 mg</b>	1					
<b>benztropine mesylate tab 2 mg</b>	1					
<b>bromocriptine mesylate cap 5 mg (base equivalent)</b> (Parlodel)	1					
<b>bromocriptine mesylate tab 2.5 mg (base equivalent)</b> (Parlodel)	1					
<b>carbidopa &amp; levodopa tab er 25-100 mg</b>	1					
<b>carbidopa &amp; levodopa tab er 50-200 mg</b>	1					
<b>carbidopa &amp; levodopa tab 10-100 mg</b> (Sinemet)	1					
<b>carbidopa &amp; levodopa tab 25-100 mg</b> (Sinemet)	1					
<b>carbidopa &amp; levodopa tab 25-250 mg</b>	1					
<b>carbidopa tab 25 mg</b> (Lodosyn)	1					
<b>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</b> (Stalevo 50)	1					

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<b>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</b> (Stalevo 75)	1						KYNMOBI – apomorphine hydrochloride film 30 mg	2					
<b>carbidopa-levodopa-entacapone tabs 25-100-200 mg</b> (Stalevo 100)	1						LODOSYN – carbidopa tab 25 mg	3					
<b>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</b> (Stalevo 125)	1						NEUPRO – rotigotine td patch 24hr 1 mg/24hr	3					
<b>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</b> (Stalevo 150)	1						NEUPRO – rotigotine td patch 24hr 2 mg/24hr	3					
<b>carbidopa-levodopa-entacapone tabs 50-200-200 mg</b> (Stalevo 200)	1						NEUPRO – rotigotine td patch 24hr 3 mg/24hr	3					
CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 10-100 mg	3						NEUPRO – rotigotine td patch 24hr 4 mg/24hr	3					
CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 25-100 mg	3						NEUPRO – rotigotine td patch 24hr 6 mg/24hr	3					
CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 25-250 mg	3						NEUPRO – rotigotine td patch 24hr 8 mg/24hr	3					
COMTAN – entacapone tab 200 mg	3						NOURIANZ – istradefylline tab 20 mg	3	X	•			•
<b>entacapone tab 200 mg</b> (Comtan)	1						NOURIANZ – istradefylline tab 40 mg	3	X	•			•
INBRIJA – levodopa inhal powder cap 42 mg	2	X	•			•	PARLODEL – bromocriptine mesylate cap 5 mg (base equivalent)	3					
KYNMOBI – apomorphine hydrochloride film 10 mg	2						PARLODEL – bromocriptine mesylate tab 2.5 mg (base equivalent)	3					
KYNMOBI – apomorphine hydrochloride film 15 mg	2						<b>pramipexole dihydrochloride tab er 24hr 0.375 mg</b> (Mirapex er)	1					
KYNMOBI – apomorphine hydrochloride film 20 mg	2						<b>pramipexole dihydrochloride tab er 24hr 0.75 mg</b> (Mirapex er)	1					
KYNMOBI – apomorphine hydrochloride film 25 mg	2						<b>pramipexole dihydrochloride tab er 24hr 1.5 mg</b> (Mirapex er)	1					
							<b>pramipexole dihydrochloride tab er 24hr 2.25 mg</b> (Mirapex er)	1					
							<b>pramipexole dihydrochloride tab er 24hr 3 mg</b> (Mirapex er)	1					
							<b>pramipexole dihydrochloride tab er 24hr 3.75 mg</b> (Mirapex er)	1					

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pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er)	1					
pramipexole dihydrochloride tab 0.125 mg (Mirapex)	1					
pramipexole dihydrochloride tab 0.25 mg	1					
pramipexole dihydrochloride tab 0.5 mg (Mirapex)	1					
pramipexole dihydrochloride tab 0.75 mg (Mirapex)	1					
pramipexole dihydrochloride tab 1 mg (Mirapex)	1					
pramipexole dihydrochloride tab 1.5 mg	1					
rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)	1					
rasagiline mesylate tab 1 mg (base equiv) (Azilect)	1					
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1					
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1					
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1					
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1					
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1					
ropinirole hydrochloride tab 0.25 mg	1					
ropinirole hydrochloride tab 0.5 mg	1					
ropinirole hydrochloride tab 1 mg	1					
ropinirole hydrochloride tab 2 mg	1					
ropinirole hydrochloride tab 3 mg	1					
ropinirole hydrochloride tab 4 mg	1					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
ropinirole hydrochloride tab 5 mg	1					
selegiline hcl cap 5 mg	1					
selegiline hcl tab 5 mg	1					
SINEMET – carbidopa & levodopa tab 10-100 mg	3					
SINEMET – carbidopa & levodopa tab 25-100 mg	3					
TASMAR – tolcapone tab 100 mg	3					
tolcapone tab 100 mg (Tasmar)	1					
TRIHXYPHENIDYL HCL – trihexyphenidyl hcl oral soln 0.4 mg/ml	3					
trihexyphenidyl hcl tab 2 mg	1					
trihexyphenidyl hcl tab 5 mg	1					
<b>NEUROMUSCULAR AGENTS</b>						
EVRYSDI – risdiplam for soln 0.75 mg/ml	3	X	•	•		•
EXSERVAN – riluzole oral film 50 mg	3	X	•	•		•
riluzole tab 50 mg (Rilutek)	1					
TIGLUTIK – riluzole susp 50 mg/10ml	3	X	•	•		•
<b>MUSCULOSKELETAL THERAPY AGENTS</b>						
baclofen tab 10 mg	1					
baclofen tab 20 mg	1					
carisoprodol tab 350 mg (Soma)	1					
chlorzoxazone tab 500 mg	1					
cyclobenzaprine hcl tab 5 mg	1					
cyclobenzaprine hcl tab 10 mg	1					
DANTRIUM – dantrolene sodium cap 25 mg	3					
dantrolene sodium cap 25 mg (Dantrium)	1					

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<b>dantrolene sodium cap 50 mg</b> (Dantrium)	1						<b>phytonadione tab 5 mg</b> (Mephyton)	1			•			
<b>dantrolene sodium cap 100 mg</b>	1						<b>MULTIVITAMINS</b>							
<b>metaxalone tab 400 mg</b>	1						ATABEX OB – prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	3						
<b>metaxalone tab 800 mg</b> (Skelaxin)	1						CITRANATAL B-CALM – prenatal w/o a w/febn-feglu-fa tab 20-1 mg & vit b6 tab pak	3						
<b>methocarbamol tab 500 mg</b>	1						CO-NATAL FA – prenatal vit w/ fe fumarate-fa tab 29-1 mg	2						
<b>methocarbamol tab 750 mg</b>	1						COMPLETE NATAL DHA – prenatal- fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	2						
<b>orphenadrine citrate tab er 12hr 100 mg</b>	1						COMPLETENATE – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2						
<b>tizanidine hcl tab 2 mg (base equivalent)</b>	1						CONCEPT DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2						
<b>tizanidine hcl tab 4 mg (base equivalent)</b> (Zanaflex)	1						CONCEPT OB – prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	2						
ZANAFLEX – tizanidine hcl tab 4 mg (base equivalent)	3						FOLIVANE-OB – prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	2						
<b>ANTIMYASTHENIC AGENTS</b>							INATAL GT – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	3						
FIRDAPSE – amifampridine phosphate tab 10 mg (base equivalent)	3	X	•	•		•	JENLIVA PRENATAL/POSTNATA – prenatal multivitamins & minerals w/ iron & fa cap 1 mg	3						
<b>pyridostigmine bromide oral soln 60 mg/5ml</b> (Mestinon)	1						M-NATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						
<b>pyridostigmine bromide tab er 180 mg</b> (Mestinon timespan)	1						NATALVIT – prenatal vit w/ fe fumarate-fa tab 75-1 mg	3						
<b>pyridostigmine bromide tab 60 mg</b> (Mestinon)	1						NEONATAL COMPLETE – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						
<b>NUTRITIONAL PRODUCTS</b>							NEONATAL COMPLETE – prenatal vit w/ fe fumarate-fa tab 29-1 mg	2						
<b>VITAMINS</b>														
<b>cholecalciferol cap 1.25 mg (50000 unit)</b>	1													
DRISDOL – ergocalciferol cap 1.25 mg (50000 unit)	3													
<b>ergocalciferol cap 1.25 mg (50000 unit)</b> (Drisdol)	1													
MEPHYTON – phytonadione tab 5 mg	3			•										

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NEONATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						PRENATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2					
NESTABS – prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg	3						PRENATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2					
NIVA-PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						PRENATAL-U – prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	2					
OBSTETRIX DHA – prenat w/febn-fa-dss tab 29-1 mg & omega 3 cap 387 mg pak	3						PRENATRYL – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2					
OBSTETRIX EC – prenatal vit w/ dss-iron carbonyl-fa tab 29-1 mg	3						PREPLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2					
OBSTETRIX ONE – prenat w/o a w/ febn-bisg-methylf-dss-dha cap 38-1-225 mg	3						PROVIDA OB – prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	2					
ONE VITE WOMENS PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						SE-NATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2					
PNV-DHA+DOCUSATE – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg	3						SE-NATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2					
PNV-OMEGA – prenat w/o a w/ fe fumarate-methylfolate-fa-omega 3 cap	3						SELECT-OB – prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg	3					
PRENAISSANCE – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg	3						TARON-C DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	2					
PRENATABS RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2						TARON-PREX – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 30-1.2-265 mg	3					
PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						THRIVITE RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2					
PRENATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						TRICARE – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2					
PRENATAL PLUS VITAMIN AND – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						TRINATAL RX 1 – prenatal vit w/ fe fumarate-fa tab 60-1 mg	2					
PRENATAL VITAMINS PLUS LO – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						TRINATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg	2					
							VINATE II – prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	3					
							VINATE ONE – prenatal vit w/ fe fumarate-fa tab 60-1 mg	2					

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VIRT-C DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2						POTASSIUM CHLORIDE ER – potassium chloride tab er 8 meq (600 mg)	3					
VITAFOL STRIPS – prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg	3						<b>potassium chloride microencapsulated crys er tab 10 meq</b>	1					
VITATHELY/GINGER – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						<b>potassium chloride microencapsulated crys er tab 15 meq</b>	1					
WESCAP-C DHA – prenatal w/ fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2						<b>potassium chloride microencapsulated crys er tab 20 meq</b>	1					
WESTAB PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2						<b>potassium chloride oral soln 10% (20 meq/15ml)</b>	1					
<b>MINERALS and ELECTROLYTES</b>							<b>potassium chloride oral soln 20% (40 meq/15ml)</b>	1					
FLORIVA – sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	3						<b>potassium chloride tab er 8 meq (600 mg)</b>	1					
GALZIN – zinc acetate cap 25 mg (elemental zinc)	3						<b>potassium chloride tab er 10 meq (K-tab)</b>	1					
GALZIN – zinc acetate cap 50 mg (elemental zinc)	3						<b>potassium chloride tab er 20 meq (1500 mg) (K-tab)</b>	1					
K-PHOS – potassium phosphate monobasic tab 500 mg	3						<b>potassium phosphate monobasic tab 500 mg (K-phos)</b>	1					
K-PHOS NEUTRAL – pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	3						SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	2					
K-TAB – potassium chloride tab er 8 meq (600 mg)	3						SODIUM FLUORIDE – sodium fluoride tab 1 mg f (from 2.2 mg naf)	2					
K-TAB – potassium chloride tab er 10 meq	3						<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b>	1					
K-TAB – potassium chloride tab er 20 meq (1500 mg)	3						<b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b>	1					
<b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg (K-phos neutral)</b>	1						<b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b>	1					
<b>potassium chloride cap er 8 meq</b>	1												
<b>potassium chloride cap er 10 meq</b>	1												

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
<b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</b>	1					
<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</b>	1					
<b>NUTRIENTS</b>						
DOJOLVI – triheptanoin oral liquid 100%	3	X	•			•
<b>HEMATOLOGICAL AGENTS</b>						
<b>HEMATOPOIETIC AGENTS</b>						
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 500 mcg/ml	2	X	•			

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 40 mcg/ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 60 mcg/ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 100 mcg/ml	2	X	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 200 mcg/ml	2	X	•			
<b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b>	1					
CERDELGA – eliglustat tartrate cap 84 mg (base equivalent)	2	X	•	•		•
<b>cyanocobalamin inj 1000 mcg/ml</b>	1					
DOPTELET – avatrombopag maleate tab 20 mg (base equiv)	2	X	•	•		•
DROXIA – hydroxyurea cap 200 mg	2					
DROXIA – hydroxyurea cap 300 mg	2					
DROXIA – hydroxyurea cap 400 mg	2					
ENDARI – glutamine (sickle cell) powd pack 5 gm	3	X	•			•
EPOGEN – epoetin alfa inj 2000 unit/ml	3	X	•			
EPOGEN – epoetin alfa inj 3000 unit/ml	3	X	•			
EPOGEN – epoetin alfa inj 4000 unit/ml	3	X	•			
EPOGEN – epoetin alfa inj 10000 unit/ml	3	X	•			
EPOGEN – epoetin alfa inj 20000 unit/ml	3	X	•			

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FERROUS SULFATE – ferrous sulfate liquid 220 mg/5ml (44 mg/5ml elemental fe)	3						NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	2	X	•			
<b>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</b>	1						NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	2	X	•			
<b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</b>	1						NIVESTYM – filgrastim-aafi inj 300 mcg/ml	2	X	•			
<b>folic acid tab 400 mcg</b>	1						NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	2	X	•			
<b>folic acid tab 800 mcg</b>	1						NYVEPRIA – pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	3	X	•	•		
<b>folic acid tab 1 mg</b>	1						OXBRYTA – voxelotor tab 500 mg	3	X	•	•		•
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	2	X	•	•			OXBRYTA – voxelotor tab for oral susp 300 mg	3	X	•	•		•
LEUKINE – sargramostim lyophilized for inj 250 mcg	3	X	•				PROCRIT – epoetin alfa inj 2000 unit/ml	2	X	•			
<b>miglustat cap 100 mg (Zavesca)</b>	1	X	•	•			PROCRIT – epoetin alfa inj 3000 unit/ml	2	X	•			
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml	3	X	•				PROCRIT – epoetin alfa inj 4000 unit/ml	2	X	•			
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 50 mcg/0.3ml	3	X	•				PROCRIT – epoetin alfa inj 10000 unit/ml	2	X	•			
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 75 mcg/0.3ml	3	X	•				PROCRIT – epoetin alfa inj 20000 unit/ml	2	X	•			
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 100 mcg/0.3ml	3	X	•				PROCRIT – epoetin alfa inj 40000 unit/ml	2	X	•			
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 150 mcg/0.3ml	3	X	•				PROMACTA – eltrombopag olamine tab 12.5 mg (base equiv)	3	X	•	•		
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 200 mcg/0.3ml	3	X	•				PROMACTA – eltrombopag olamine tab 25 mg (base equiv)	3	X	•	•		
MULPLETA – lusutrombopag tab 3 mg	3	X	•	•			PROMACTA – eltrombopag olamine tab 50 mg (base equiv)	3	X	•	•		
NEULASTA – pegfilgrastim soln prefilled syringe 6 mg/0.6ml	2	X	•	•			PROMACTA – eltrombopag olamine tab 75 mg (base equiv)	3	X	•	•		
							PROMACTA – eltrombopag olamine powder pack for susp 25 mg (base equiv)	3	X	•	•		

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PROMACTA – eltrombopag olamine powder pack for susp 12.5 mg (base eq)	3	X	•	•		
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml	2	X	•			
RETACRIT – epoetin alfa-epbx inj 3000 unit/ml	2	X	•			
RETACRIT – epoetin alfa-epbx inj 4000 unit/ml	2	X	•			
RETACRIT – epoetin alfa-epbx inj 10000 unit/ml	2	X	•			
RETACRIT – epoetin alfa-epbx inj 20000 unit/ml	2	X	•			
RETACRIT – epoetin alfa-epbx inj 40000 unit/ml	2	X	•			
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	3	X	•	•		
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	2	X	•			
ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	2	X	•			
ZAVESCA – miglustat cap 100 mg	3	X	•	•		•
ZIEXTENZO – pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	2	X	•	•		
<b>ANTICOAGULANTS</b>						
ELIQUIS – apixaban tab 2.5 mg	2			•		
ELIQUIS – apixaban tab 5 mg	2			•		
ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg	2			•		
<b>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</b> (Lovenox)	1			•		
<b>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</b> (Lovenox)	1			•		
<b>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</b> (Lovenox)	1			•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
<b>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</b> (Lovenox)	1			•		
<b>enoxaparin sodium inj soln pref syr 100 mg/ml</b> (Lovenox)	1			•		
<b>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</b> (Lovenox)	1			•		
<b>enoxaparin sodium inj soln pref syr 150 mg/ml</b> (Lovenox)	1			•		
<b>enoxaparin sodium inj 300 mg/3ml</b> (Lovenox)	1			•		
<b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</b> (Arixtra)	1			•		
<b>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</b> (Arixtra)	1			•		
<b>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</b> (Arixtra)	1			•		
<b>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</b> (Arixtra)	1			•		
FRAGMIN – dalteparin sodium inj 95000 unit/3.8ml	3			•		
FRAGMIN – dalteparin sodium soln prefilled syr 2500 unit/0.2ml	3			•		
FRAGMIN – dalteparin sodium soln prefilled syr 5000 unit/0.2ml	3			•		
FRAGMIN – dalteparin sodium soln prefilled syr 7500 unit/0.3ml	3			•		
FRAGMIN – dalteparin sodium soln prefilled syr 10000 unit/ml	3			•		
FRAGMIN – dalteparin sodium soln prefilled syr 12500 unit/0.5ml	3			•		
FRAGMIN – dalteparin sodium soln prefilled syr 15000 unit/0.6ml	3			•		

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FRAGMIN – dalteparin sodium soln prefilled syr 18000 unit/0.72ml	3			•		
HEPARIN SODIUM – heparin sodium (porcine) pf inj 5000 unit/ml	3					
<b>heparin sodium (porcine) inj 5000 unit/ml</b>	1					
<b>heparin sodium (porcine) inj 10000 unit/ml</b>	1					
PRADAXA – dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	3			•		
PRADAXA – dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	3			•		
PRADAXA – dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	3			•		
<b>warfarin sodium tab 1 mg</b>	1					
<b>warfarin sodium tab 2 mg</b>	1					
<b>warfarin sodium tab 2.5 mg</b>	1					
<b>warfarin sodium tab 3 mg</b>	1					
<b>warfarin sodium tab 4 mg</b>	1					
<b>warfarin sodium tab 5 mg</b>	1					
<b>warfarin sodium tab 6 mg</b>	1					
<b>warfarin sodium tab 7.5 mg</b>	1					
<b>warfarin sodium tab 10 mg</b>	1					
XARELTO – rivaroxaban for susp 1 mg/ml	2			•		
XARELTO – rivaroxaban tab 2.5 mg	2			•		
XARELTO – rivaroxaban tab 10 mg	2			•		
XARELTO – rivaroxaban tab 15 mg	2			•		
XARELTO – rivaroxaban tab 20 mg	2			•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg	2			•		
<b>HEMOSTATICS</b>						
<b>aminocaproic acid oral soln 0.25 gm/ml (Amicar)</b>	1					
<b>aminocaproic acid tab 500 mg (Amicar)</b>	1					
<b>aminocaproic acid tab 1000 mg (Amicar)</b>	1					
LYSTEDA – tranexamic acid tab 650 mg	3					
<b>tranexamic acid tab 650 mg (Lysteda)</b>	1					
<b>HEMATOLOGICAL AGENTS - MISC.</b>						
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 250 unit	2	X	•			
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 500 unit	2	X	•			
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	2	X	•			
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 1500 unit	2	X	•			
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	2	X	•			
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	2	X	•			
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 4000 unit	2	X	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit	2	X	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 500 unit	2	X	•			

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ADYNOVATE – antihemophilic factor recomb pegylated for inj 750 unit	2	X	•				ALPHANATE – antihemophilic factor/vwf (human) for inj 250 unit	2	X	•			•
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1000 unit	2	X	•				ALPHANATE – antihemophilic factor/vwf (human) for inj 500 unit	2	X	•			•
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1500 unit	2	X	•				ALPHANATE – antihemophilic factor/vwf (human) for inj 1000 unit	2	X	•			•
ADYNOVATE – antihemophilic factor recomb pegylated for inj 2000 unit	2	X	•				ALPHANATE – antihemophilic factor/vwf (human) for inj 1500 unit	2	X	•			•
ADYNOVATE – antihemophilic factor recomb pegylated for inj 3000 unit	2	X	•				ALPHANATE – antihemophilic factor/vwf (human) for inj 2000 unit	2	X	•			•
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit	2	X	•				ALPHANINE SD – coagulation factor ix for inj 500 unit	2	X	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 500 unit	2	X	•				ALPHANINE SD – coagulation factor ix for inj 1000 unit	2	X	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1000 unit	2	X	•				ALPHANINE SD – coagulation factor ix for inj 1500 unit	2	X	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1500 unit	2	X	•				ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit	2	X	•			•
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2000 unit	2	X	•				ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 500 unit	2	X	•			•
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2500 unit	2	X	•				ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	2	X	•			•
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 3000 unit	2	X	•				ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	2	X	•			•
AGRYLIN – anagrelide hcl cap 0.5 mg	3						ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	2	X	•			•
							ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	2	X	•			•
							<b>anagrelide hcl cap 0.5 mg (Agrylin)</b>	1					
							<b>anagrelide hcl cap 1 mg</b>	1					
							<b>aspirin-dipyridamole cap er 12hr 25-200 mg</b>	1					
							BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit	2	X	•			

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BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit	2	X	•				ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 750 unit	2	X	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit	2	X	•				ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1000 unit	2	X	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit	2	X	•				ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1500 unit	2	X	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit	2	X	•				ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 2000 unit	2	X	•			
BERINERT – c1 esterase inhibitor (human) for iv inj kit 500 unit	3	X	•	•		•	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 3000 unit	2	X	•			
BRILINTA – ticagrelor tab 60 mg	2						ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 4000 unit	2	X	•			
BRILINTA – ticagrelor tab 90 mg	2						ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 5000 unit	2	X	•			
CABLIVI – caplacizumab-yhdp for inj kit 11 mg	3	X	•	•		•	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 6000 unit	2	X	•			
<b>cilostazol tab 50 mg</b>	1						EMPAVELI – pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	2	X	•	•		•
<b>cilostazol tab 100 mg</b>	1						ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 500 unit	3	X	•			•
CINRYZE – c1 esterase inhibitor (human) for iv inj 500 unit	2	X	•	•		•	ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 1000 unit	3	X	•			•
<b>clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)</b>	1						ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 1500 unit	3	X	•			•
<b>clopidogrel bisulfate tab 300 mg (base equiv)</b>	1						ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 2000 unit	3	X	•			•
COAGADEX – coagulation factor x (human) for inj 250 unit	2	X	•			•	ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 3000 unit	3	X	•			•
COAGADEX – coagulation factor x (human) for inj 500 unit	2	X	•			•	FEIBA – antiinhibitor coagulant complex for iv soln 500 unit	2	X	•			
CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit	2	X	•			•							
<b>dipyridamole tab 25 mg</b>	1												
<b>dipyridamole tab 50 mg</b>	1												
<b>dipyridamole tab 75 mg</b>	1												
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit	2	X	•										
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 500 unit	2	X	•										

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FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit	2	X	•				<b>icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)</b>	1	X	•	•		•
FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit	2	X	•				IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit	2	X	•			
FIBRYGA – fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	X	•				IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit	2	X	•			
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	2	X	•	•		•	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	2	X	•			
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	2	X	•	•		•	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	2	X	•			
HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml	2	X	•			•	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	2	X	•			
HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	2	X	•			•	IXINITY – coagulation factor ix (recombinant) for inj 250 unit	2	X	•			•
HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	2	X	•			•	IXINITY – coagulation factor ix (recombinant) for inj 500 unit	2	X	•			•
HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml	2	X	•			•	IXINITY – coagulation factor ix (recombinant) for inj 1000 unit	2	X	•			•
HEMOFIL M – antihemophilic factor (human) for inj 250 unit	2	X	•				IXINITY – coagulation factor ix (recombinant) for inj 1500 unit	2	X	•			•
HEMOFIL M – antihemophilic factor (human) for inj 500 unit	2	X	•				IXINITY – coagulation factor ix (recombinant) for inj 2000 unit	2	X	•			•
HEMOFIL M – antihemophilic factor (human) for inj 1000 unit	2	X	•				IXINITY – coagulation factor ix (recombinant) for inj 3000 unit	2	X	•			•
HEMOFIL M – antihemophilic factor (human) for inj 1700 unit	2	X	•				JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	2	X	•			
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit	2	X	•				JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit	2	X	•			
HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit	2	X	•				JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit	2	X	•			
HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit	2	X	•				JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit	2	X	•			
							KALBITOR – ecallantide inj 10 mg/ml	3	X	•	•		•
							KOATE – antihemophilic factor (human) for inj 250 unit	2	X	•			

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KOATE – antihemophilic factor (human) for inj 500 unit	2	X	•				NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit	2	X	•			
KOATE – antihemophilic factor (human) for inj 1000 unit	2	X	•				NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit	2	X	•			
KOATE-DVI – antihemophilic factor (human) for inj 500 unit	2	X	•				NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit	2	X	•			
KOATE-DVI – antihemophilic factor (human) for inj 1000 unit	2	X	•				NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit	2	X	•			
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 250 unit	2	X	•				NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit	2	X	•			
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 500 unit	2	X	•				NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	2	X	•			•
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 1000 unit	2	X	•				NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	2	X	•			•
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 2000 unit	2	X	•				NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	2	X	•			•
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 3000 unit	2	X	•				NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	2	X	•			•
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 250 unit	2	X	•				NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit	2	X	•			•
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 500 unit	2	X	•				NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit	2	X	•			•
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	2	X	•				NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit	2	X	•			•
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	2	X	•				NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1500 unit	2	X	•			•
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	2	X	•				NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit	2	X	•			•
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit	2	X	•										

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NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit	2	X	•			•	<b>prasugrel hcl tab 5 mg (base equiv)</b> (Effient)	1					
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit	2	X	•			•	<b>prasugrel hcl tab 10 mg (base equiv)</b> (Effient)	1					
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit	2	X	•			•	PROFILNINE – factor ix complex for inj 500 unit	2	X	•			
NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit	2	X	•			•	PROFILNINE – factor ix complex for inj 1000 unit	2	X	•			
NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit	2	X	•			•	PROFILNINE – factor ix complex for inj 1500 unit	2	X	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit	2	X	•			•	REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unt	2	X	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit	2	X	•			•	REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unt	2	X	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit	2	X	•			•	REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unt	2	X	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit	2	X	•			•	RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 220-400 unit	2	X	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit	2	X	•			•	RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 401-800 unit	2	X	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit	2	X	•			•	RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 801-1240 unit	2	X	•			
OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit	2	X	•			•	RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 1241-1800 unit	2	X	•			
ORLADEYO – berotralstat hcl cap 110 mg	3	X	•	•		•	RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 1801-2400 unit	2	X	•			
ORLADEYO – berotralstat hcl cap 150 mg	3	X	•	•		•	RIASTAP – fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	X	•			•
<b>pentoxifylline tab er 400 mg</b>	1												

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RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit	2	X	•				WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit	2	X	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit	2	X	•				WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	2	X	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit	2	X	•				XYNTHA – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	2	X	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit	2	X	•				XYNTHA – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	2	X	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit	2	X	•				XYNTHA – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	2	X	•			
RUCONEST – c1 esterase inhibitor (recombinant) for iv inj 2100 unit	3	X	•	•		•	XYNTHA – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	2	X	•			
RYPLAZIM – plasminogen, human-tvmh for iv soln 68.8 mg	3	X	•			•	XYNTHA SOLOFUSE – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	2	X	•			
SEVENFACT – coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg)	3	X	•			•	XYNTHA SOLOFUSE – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	2	X	•			
SEVENFACT – coagulation factor viia (recom)-jncw for inj 5 mg (5000 mcg)	3	X	•			•	XYNTHA SOLOFUSE – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	2	X	•			
TAKHZYRO – lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml)	2	X	•	•		•	XYNTHA SOLOFUSE – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	2	X	•			
TAKHZYRO – lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	2	X	•	•		•	XYNTHA SOLOFUSE – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 3000 unit	2	X	•			
TAVALISSE – fostamatinib disodium tab 100 mg (base equivalent)	3	X	•	•		•	ZONTIVITY – vorapaxar sulfate tab 2.08 mg (base equivalent)	3					
TAVALISSE – fostamatinib disodium tab 150 mg (base equivalent)	3	X	•	•		•	<b>TOPICAL PRODUCTS</b>						
TAVNEOS – avacopan cap 10 mg	3	X	•	•		•	<b>OPHTHALMIC AGENTS</b>						
TRETEN – coagulation factor xiii a-subunit for inj 2000-3125 unit	2	X	•			•	ACULAR – ketorolac tromethamine ophth soln 0.5%	3					
VONVENDI – von willebrand factor (recombinant) for inj 650 unit	2	X	•				ACULAR LS – ketorolac tromethamine ophth soln 0.4%	3					
VONVENDI – von willebrand factor (recombinant) for inj 1300 unit	2	X	•										

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AKTEN – lidocaine hcl ophth gel 3.5%	3					
ALOCRIAL – nedocromil sodium ophth soln 2%	3					
ALOMIDE – Iodoxamide tromethamine ophth soln 0.1%	3					
ALPHAGAN P – brimonidine tartrate ophth soln 0.15%	3					
ALREX – loteprednol etabonate ophth susp 0.2%	3					
<b>apraclonidine hcl ophth soln 0.5% (base equivalent)</b>	1					
ATROPINE SULFATE – atropine sulfate ophth soln 1%	3					
<b>atropine sulfate ophth soln 1% (Atropine sulfate)</b>	1					
<b>azelastine hcl ophth soln 0.05%</b>	1					
BACITRACIN – bacitracin ophth oint 500 unit/gm	2					
<b>bacitracin-polymyxin b ophth oint</b>	1					
<b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b>	1					
<b>bepotastine besilate ophth soln 1.5% (Bepreve)</b>	1					
BEPREVE – bepotastine besilate ophth soln 1.5%	3					
BESIVANCE – besifloxacin hcl ophth susp 0.6% (base equiv)	3					
BETADINE OPHTHALMIC PREP – povidone-iodine ophth soln 5%	3					
<b>betaxolol hcl ophth soln 0.5%</b>	1					
<b>bimatoprost ophth soln 0.03%</b>	1			•		
BLEPH-10 – sulfacetamide sodium ophth soln 10%	3					

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BLEPHAMIDE S.O.P. – sulfacetamide sodium-prednisolone ophth oint 10-0.2%	2					
<b>brimonidine tartrate ophth soln 0.15% (Alphagan p)</b>	1					
<b>brimonidine tartrate ophth soln 0.2%</b>	1					
<b>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)</b>	1					
<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b>	1					
CARTEOLOL HCL – carteolol hcl ophth soln 1%	3					
CEQUA – cyclosporine (ophth) soln 0.09% (pf)	3		•	•		
<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)</b>	1					
COMBIGAN – brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3					
<b>cromolyn sodium ophth soln 4%</b>	1					
CYCLOGYL – cyclopentolate hcl ophth soln 0.5%	3					
CYCLOGYL – cyclopentolate hcl ophth soln 1%	3					
CYCLOGYL – cyclopentolate hcl ophth soln 2%	3					
CYCLOMYDRIL – cyclopentolate w/ phenylephrine ophth soln 0.2-1%	3					
<b>cyclopentolate hcl ophth soln 0.5% (Cyclogyl)</b>	1					
<b>cyclopentolate hcl ophth soln 1% (Cyclogyl)</b>	1					
<b>cyclopentolate hcl ophth soln 2% (Cyclogyl)</b>	1					

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CYSTADROPS – cysteamine hcl ophth soln 0.37% (base equivalent)	3	X	•	•		•	<b>gatifloxacin ophth soln 0.5%</b> (Zymaxid)	1					
CYSTARAN – cysteamine hcl ophth soln 0.44% (base equivalent)	3	X	•	•		•	GENTAK – gentamicin sulfate ophth oint 0.3%	3					
DEXAMETHASONE SODIUM PHOS – dexamethasone sodium phosphate ophth soln 0.1%	3						<b>gentamicin sulfate ophth soln 0.3%</b>	1					
<b>diclofenac sodium ophth soln 0.1%</b>	1						ILEVRO – nepafenac ophth susp 0.3%	2					
<b>difluprednate ophth emulsion 0.05%</b> (Durezol)	1						IOPIDINE – apraclonidine hcl ophth soln 1% (base equivalent)	3					
<b>dorzolamide hcl ophth soln 2%</b> (Trusopt)	1						ISOPTO ATROPINE – atropine sulfate ophth soln 1%	3					
<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b> (Cosopt)	1						ISOPTO CARPINE – pilocarpine hcl ophth soln 1%	3					
<b>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</b> (Cosopt pf)	1						<b>ketorolac tromethamine ophth soln 0.4%</b> (Acular Is)	1					
DUREZOL – difluprednate ophth emulsion 0.05%	3						<b>ketorolac tromethamine ophth soln 0.5%</b> (Acular)	1					
<b>epinastine hcl ophth soln 0.05%</b>	1						LACRISERT – artificial tear ophth insert	3					
<b>erythromycin ophth oint 5 mg/gm</b>	1						<b>latanoprost ophth soln 0.005%</b> (Xalatan)	1			•		
FLAREX – fluorometholone acetate ophth susp 0.1%	3						LEVOBUNOLOL HCL – levobunolol hcl ophth soln 0.5%	3					
<b>fluorometholone ophth susp 0.1%</b> (Fml liquifilm)	1						<b>levofloxacin ophth soln 0.5%</b>	1					
FLURBIPROFEN SODIUM – flurbiprofen sodium ophth soln 0.03%	3						LOTEMAX – loteprednol etabonate ophth oint 0.5%	2					
FML – fluorometholone ophth oint 0.1%	3						LOTEMAX – loteprednol etabonate ophth susp 0.5%	3					
FML FORTE – fluorometholone ophth susp 0.25%	3						LOTEMAX – loteprednol etabonate ophth gel 0.5%	3					
FML LIQUIFILM – fluorometholone ophth susp 0.1%	3						LOTEMAX SM – loteprednol etabonate ophth gel 0.38%	2					
							<b>loteprednol etabonate ophth gel 0.5%</b> (Lotemax)	1					

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<b>loteprednol etabonate ophth susp 0.5%</b> (Lotemax)	1						<b>phenylephrine hcl ophth soln 10%</b>	1					
LUMIGAN – bimatoprost ophth soln 0.01%	2			•			PHOSPHOLINE IODIDE – echothiophate iodide ophth for soln 0.125%	3					
MAXIDEX – dexamethasone ophth susp 0.1%	3						<b>pilocarpine hcl ophth soln 1%</b> (Isopto carpine)	1					
MAXITROL – neomycin-polymyxin-dexamethasone ophth susp 0.1%	3						<b>pilocarpine hcl ophth soln 2%</b> (Isopto carpine)	1					
MAXITROL – neomycin-polymyxin-dexamethasone ophth oint 0.1%	3						<b>pilocarpine hcl ophth soln 4%</b> (Isopto carpine)	1					
<b>moxifloxacin hcl ophth soln 0.5% (base equiv)</b> (Vigamox)	1						<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b> (Polytrim)	1					
MYDRIACYL – tropicamide ophth soln 1%	3						POLYTRIM – polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	3					
NATACYN – natamycin ophth susp 5%	2						PRED MILD – prednisolone acetate ophth susp 0.12%	3					
<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b>	1						PRED-G – gentamicin-prednisolone ace ophth susp 0.3-1%	3					
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b> (Maxitrol)	1						PRED-G S.O.P. – gentamicin-prednisolone ace ophth oint 0.3-0.6%	3					
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b> (Maxitrol)	1						PREDNISOLONE ACETATE – prednisolone acetate ophth susp 1%	2					
NEOMYCIN/POLYMYXIN/GRAMIC – neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3						PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate ophth soln 1%	3					
OCUFLOX – ofloxacin ophth soln 0.3%	3						<b>proparacaine hcl ophth soln 0.5%</b> (Alcaine)	1					
<b>ofloxacin ophth soln 0.3%</b> (Ocuflox)	1						RESTASIS – cyclosporine (ophth) emulsion 0.05%	2		•	•		
OXERVATE – cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	3	X	•	•	•		RHOPRESSA – netarsudil dimesylate ophth soln 0.02%	3			•	•	
<b>phenylephrine hcl ophth soln 2.5%</b>	1												

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ROCKLATAN – netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3			•	•		TOBRADEX – tobramycin-dexamethasone ophth susp 0.3-0.1%	3					
SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2						TOBRADEX ST – tobramycin-dexamethasone ophth susp 0.3-0.05%	3					
SULFACETAMIDE SODIUM – sulfacetamide sodium ophth oint 10%	3						<b>tobramycin ophth soln 0.3%</b> (Tobrex)	1					
<b>sulfacetamide sodium ophth soln 10%</b> (Bleph-10)	1						<b>tobramycin-dexamethasone ophth susp 0.3-0.1%</b> (Tobradex)	1					
SULFACETAMIDE SODIUM/ PRED – sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	3						TOBREX – tobramycin ophth oint 0.3%	3					
<b>tetracaine hcl ophth soln 0.5%</b>	1						TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3			•		
<b>timolol maleate ophth gel forming soln 0.25%</b> (Timoptic-xe)	1						<b>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</b> (Travatan z)	1			•		
<b>timolol maleate ophth gel forming soln 0.5%</b> (Timoptic-xe)	1						TRIFLURIDINE – trifluridine ophth soln 1%	2					
<b>timolol maleate ophth soln 0.25%</b> (Timoptic)	1						<b>tropicamide ophth soln 0.5%</b>	1					
<b>timolol maleate ophth soln 0.5%</b> (Timoptic)	1						<b>tropicamide ophth soln 1%</b> (Mydracyl)	1					
<b>timolol maleate ophth soln 0.5% (once-daily)</b> (Istalol)	1						TRUSOPT – dorzolamide hcl ophth soln 2%	3					
<b>timolol maleate preservative free ophth soln 0.5%</b> (Timoptic ocudose)	1						XIIDRA – lifitegrast ophth soln 5%	3		•	•		
TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.25%	3						ZERVIAE – cetirizine hcl ophth soln 0.24% (base equiv)	3		•	•		
TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.5%	3						ZIOPTAN – tafluprost preservative free (pf) ophth soln 0.0015%	3			•		
TOBRADEX – tobramycin-dexamethasone ophth oint 0.3-0.1%	2						ZIRGAN – ganciclovir ophth gel 0.15%	3					
							ZYMAXID – gatifloxacin ophth soln 0.5%	3					
							<b>OTIC AGENTS</b>						
							<b>acetic acid otic soln 2%</b>	1					

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CETRAXAL – ciprofloxacin hcl otic soln 0.2% (base equivalent)	3						<b>lidocaine hcl viscous soln 2%</b>	1					
CIPRO HC – ciprofloxacin-hydrocortisone otic susp 0.2-1%	3						<b>nystatin susp 100000 unit/ml</b>	1					
CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%	3						ORAVIG – miconazole buccal tab 50 mg (mouth-throat)	3					
CIPROFLOXACIN – ciprofloxacin hcl otic soln 0.2% (base equivalent)	3						PERIDEX – chlorhexidine gluconate soln 0.12%	3					
<b>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)</b>	1						<b>pilocarpine hcl tab 5 mg (Salagen)</b>	1					
DERMOTIC – fluocinolone acetonide (otic) oil 0.01%	3						<b>pilocarpine hcl tab 7.5 mg (Salagen)</b>	1					
<b>fluocinolone acetonide (otic) oil 0.01% (Dermotic)</b>	1						PREVIDENT RINSE – sodium fluoride rinse 0.2%	3					
<b>hydrocortisone w/ acetic acid otic soln 1-2%</b>	1						SALAGEN – pilocarpine hcl tab 5 mg	3					
<b>neomycin-polymyxin-hc otic soln 1%</b>	1						SALAGEN – pilocarpine hcl tab 7.5 mg	3					
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b>	1						<b>sodium fluoride cream 1.1% (Prevident 5000 plus)</b>	1					
<b>ofloxacin otic soln 0.3%</b>	1						<b>sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)</b>	1					
<b>MOUTH/THROAT/DENTAL AGENTS</b>							<b>sodium fluoride paste 1.1% (Prevident 5000 boost)</b>	1					
<b>cevimeline hcl cap 30 mg (Evoxac)</b>	1						<b>sodium fluoride rinse 0.2% (Prevident rinse)</b>	1					
<b>chlorhexidine gluconate soln 0.12% (Peridex)</b>	1						<b>sodium fluoride-potassium nitrate gel 1.1-5% (Prevident 5000 sensi)</b>	1					
<b>clotrimazole troche 10 mg</b>	1						<b>stannous fluoride gel 0.4%</b>	1					
FLUORIDEX SENSITIVITY REL – sodium fluoride-potassium nitrate paste 1.1-5%	3						<b>triamcinolone acetonide dental paste 0.1%</b>	1					
FLUORIMAX 5000 SENSITIVE – sodium fluoride-potassium nitrate paste 1.1-5%	3						<b>ANORECTAL AGENTS</b>						
LIDOCAINE HCL – lidocaine hcl laryngotracheal soln 4%	3						ANALPRAM HC – hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3					
							ANALPRAM HC SINGLES – hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3					

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ANALPRAM-HC – hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	3					
ANALPRAM-HC – hydrocortisone acetate w/ pramoxine perianal cream 1-1%	3					
ANUSOL-HC – hydrocortisone perianal cream 2.5%	3					
CORTENEMA – hydrocortisone enema 100 mg/60ml	3					
CORTIFOAM – hydrocortisone acetate perianal foam 10% (90 mg/dose)	3					
<b>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</b> (Analpram-hc)	1					
<b>hydrocortisone enema 100 mg/60ml</b> (Cortenema)	1					
<b>hydrocortisone perianal cream 1%</b> (Proctocort)	1					
<b>hydrocortisone perianal cream 2.5%</b> (Anusol-hc)	1					
PROCTOFOAM HC – hydrocortisone acetate w/ pramoxine perianal foam 1-1%	2					
RECTIV – nitroglycerin oint 0.4%	3					
<b>DERMATOLOGICALS</b>						
<b>acitretin cap 10 mg</b> (Soriatane)	1					
<b>acitretin cap 17.5 mg</b>	1					
<b>acitretin cap 25 mg</b> (Soriatane)	1					
<b>acyclovir oint 5%</b> (Zovirax)	1					
<b>adapalene gel 0.1%</b>	1					
ADBRY – tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	3	X	•	•		•

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
AFTERTEST TOPICAL PAIN RE – benzocaine stick 10%	3					
<b>alclometasone dipropionate cream 0.05%</b>	1			•		
<b>alclometasone dipropionate oint 0.05%</b>	1			•		
ALTABAX – retapamulin oint 1%	3					
AMCINONIDE – amcinonide lotion 0.1%	3			•	•	
AUGMENTED BETAMETHASONE D – betamethasone dipropionate augmented gel 0.05%	3			•	•	
<b>azelaic acid gel 15%</b> (Finacea)	1					
BENZAMYCIN – benzoyl peroxide-erythromycin gel 5-3%	3					
<b>benzoyl peroxide-erythromycin gel 5-3%</b> (Benzamycin)	1					
<b>betamethasone dipropionate augmented cream 0.05%</b> (Diprolene af)	1			•		
<b>betamethasone dipropionate augmented lotion 0.05%</b>	1			•		
<b>betamethasone dipropionate augmented oint 0.05%</b> (Diprolene)	1			•		
<b>betamethasone dipropionate cream 0.05%</b>	1			•		
<b>betamethasone dipropionate lotion 0.05%</b>	1			•		
<b>betamethasone dipropionate oint 0.05%</b>	1			•		
<b>betamethasone valerate cream 0.1% (base equivalent)</b>	1			•		
<b>betamethasone valerate lotion 0.1% (base equivalent)</b>	1			•		

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<b>betamethasone valerate oint 0.1% (base equivalent)</b>	1			•			<b>clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzacilin)</b>	1					
<b>bexarotene gel 1% (Targretin)</b>	1	X	•				<b>clobetasol propionate cream 0.05% (Temovate)</b>	1			•		
<b>calcipotriene cream 0.005% (Dovonex)</b>	1			•			<b>clobetasol propionate emollient base cream 0.05%</b>	1			•		
<b>calcipotriene oint 0.005%</b>	1			•			<b>clobetasol propionate gel 0.05%</b>	1			•		
<b>calcipotriene soln 0.005% (50 mcg/ml)</b>	1			•			<b>clobetasol propionate oint 0.05% (Temovate)</b>	1			•		
<b>calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)</b>	1			•			<b>clobetasol propionate soln 0.05%</b>	1			•		
<b>calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)</b>	1			•			<b>clocortolone pivalate cream 0.1% (Cloderm)</b>	1			•		
CALCITRIOL – calcitriol oint 3 mcg/gm	3			•			CLODERM – clocortolone pivalate cream 0.1%	3			•	•	
CENTANY – mupirocin oint 2%	3						<b>clotrimazole w/ betamethasone cream 1-0.05%</b>	1					
<b>ciclopirox gel 0.77%</b>	1						CONDYLOX – podofilox gel 0.5%	2					
<b>ciclopirox olamine cream 0.77% (base equiv) (Loprox)</b>	1						CORDRAN – flurandrenolide tape 4 mcg/sqcm	3			•	•	
<b>ciclopirox olamine susp 0.77% (base equiv) (Loprox)</b>	1						COSENTYX – secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	2	X	•	•		•
<b>ciclopirox shampoo 1% (Loprox shampoo)</b>	1						COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml	2	X	•	•		•
<b>ciclopirox solution 8% (Penlac nail lacquer)</b>	1			•			COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	2	X	•	•		•
CLEOCIN-T – clindamycin phosphate lotion 1%	3						COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml	2	X	•	•		•
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b>	1						COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	X	•	•		•
<b>clindamycin phosphate gel 1%</b>	1						CROTAN – crotamiton lotion 10%	3					
<b>clindamycin phosphate lotion 1% (Cleocin-t)</b>	1						DENAVIR – penciclovir cream 1%	3					
<b>clindamycin phosphate soln 1%</b>	1			•									
<b>clindamycin phosphate swab 1%</b>	1												

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DERMA-SMOOTH/FS BODY – fluocinolone acetonide oil 0.01% (body oil)	3			•	•		DUPIXENT – dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml	2	X	•	•		
DERMA-SMOOTH/FS SCALP – fluocinolone acetonide oil 0.01% (scalp oil)	3			•	•		DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	2	X	•	•		
<b>desonide cream 0.05%</b> (Desowen)	1			•			DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	2	X	•	•		
<b>desonide oint 0.05%</b>	1			•			<b>econazole nitrate cream 1%</b>	1			•		
<b>desoximetasone cream 0.05%</b> (Topicort)	1			•			EFUDEX – fluorouracil cream 5%	3		•	•		
<b>desoximetasone cream 0.25%</b> (Topicort)	1			•			EPIFOAM – pramoxine-hc aerosol foam 1-1%	3					
<b>desoximetasone gel 0.05%</b> (Topicort)	1			•			ERTACZO – sertaconazole nitrate cream 2%	3		•			
<b>desoximetasone oint 0.05%</b> (Topicort)	1			•			ERY – erythromycin pads 2%	3					
<b>desoximetasone oint 0.25%</b> (Topicort)	1			•			ERYGEL – erythromycin gel 2%	3					
<b>desoximetasone spray 0.25%</b> (Topicort)	1			•			<b>erythromycin gel 2%</b> (Erygel)	1					
<b>diclofenac sodium soln 1.5%</b>	1			•	•		<b>erythromycin soln 2%</b>	1					
<b>diclofenac sodium soln 2%</b> (Pennsaid)	1						EXELDERM – sulconazole nitrate solution 1%	3		•			
DIPROLENE – betamethasone dipropionate augmented oint 0.05%	3			•	•		EXELDERM – sulconazole nitrate cream 1%	3		•			
DOVONEX – calcipotriene cream 0.005%	3			•			FINACEA – azelaic acid gel 15%	3					
DOXEPIN HYDROCHLORIDE – doxepin hcl cream 5%	3		•	•			<b>fluocinolone acetonide cream 0.01%</b>	1			•		
DUPIXENT – dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	2	X	•	•			<b>fluocinolone acetonide cream 0.025%</b> (Synalar)	1			•		
DUPIXENT – dupilumab subcutaneous soln pen-injector 300 mg/2ml	2	X	•	•			<b>fluocinolone acetonide oil 0.01% (body oil)</b> (Derma-smoothe/fs bod)	1			•		
							<b>fluocinolone acetonide oil 0.01% (scalp oil)</b> (Derma-smoothe/fs sca)	1			•		
							<b>fluocinolone acetonide oint 0.025%</b> (Synalar)	1			•		

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<b>fluocinolone acetonide soln 0.01%</b> (Synalar)	1			•		
<b>fluocinonide cream 0.05%</b>	1			•		
<b>fluocinonide emulsified base cream 0.05%</b>	1			•		
<b>fluocinonide gel 0.05%</b>	1			•		
<b>fluocinonide oint 0.05%</b>	1			•		
<b>fluocinonide soln 0.05%</b>	1			•		
FLUOROPLEX – fluorouracil cream 1%	3		•	•		
FLUOROURACIL – fluorouracil soln 2%	3					
FLUOROURACIL – fluorouracil soln 5%	3					
<b>fluorouracil cream 5%</b> (Efudex)	1		•	•		
<b>fluticasone propionate cream 0.05%</b>	1			•		
<b>fluticasone propionate oint 0.005%</b>	1			•		
<b>gentamicin sulfate cream 0.1%</b>	1			•		
<b>gentamicin sulfate oint 0.1%</b>	1			•		
<b>halcinonide cream 0.1%</b> (Halog)	1			•		
<b>halobetasol propionate cream 0.05%</b>	1			•		
HALOG – halcinonide soln 0.1%	3			•	•	
HALOG – halcinonide oint 0.1%	3			•	•	
HYDROCORTISONE BUTYRATE – hydrocortisone butyrate soln 0.1%	3			•	•	
HYDROCORTISONE BUTYRATE – hydrocortisone butyrate cream 0.1%	3			•	•	
<b>hydrocortisone butyrate oint 0.1%</b>	1			•		
<b>hydrocortisone cream 2.5%</b>	1			•		
<b>hydrocortisone lotion 2.5%</b>	1			•		

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<b>hydrocortisone oint 2.5%</b>	1			•		
<b>hydrocortisone valerate cream 0.2%</b>	1			•		
<b>hydrocortisone valerate oint 0.2%</b>	1			•		
<b>imiquimod cream 5%</b> (Aldara)	1			•		
<b>isotretinoin cap 10 mg</b> (Absorica)	1					
<b>isotretinoin cap 20 mg</b> (Absorica)	1					
<b>isotretinoin cap 30 mg</b> (Absorica)	1					
<b>isotretinoin cap 40 mg</b> (Absorica)	1					
IVERMECTIN – ivermectin lotion 0.5%	3					
<b>ivermectin cream 1%</b> (Soolantra)	1		•			
<b>ketoconazole cream 2%</b>	1			•		
<b>ketoconazole shampoo 2%</b>	1					
KLARON – sulfacetamide sodium lotion 10% (acne)	3					
KLISYRI – tirbanibulin ointment 1%	3		•	•		
<b>lidocaine hcl soln 4%</b>	1			•		
<b>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</b>	1					
<b>lidocaine patch 5%</b> (Lidoderm)	1		•	•		
<b>lidocaine-prilocaine cream 2.5-2.5%</b>	1			•		
LINDANE – lindane shampoo 1%	3					
LOPROX – ciclopirox olamine susp 0.77% (base equiv)	3					
LOPROX – ciclopirox olamine cream 0.77% (base equiv)	3					
<b>mafenide acetate packet for topical soln 5% (50 gm)</b> (Sulfamylon)	1					
<b>malathion lotion 0.5%</b> (Ovide)	1					
MENTAX – butenafine hcl cream 1%	3					

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METHOXSALEN – methoxsalen rapid cap 10 mg	3						<b>permethrin cream 5%</b>	1					
METROGEL – metronidazole gel 1%	3						<b>pimecrolimus cream 1% (Elidel)</b>	1			•	•	
METROLOTION – metronidazole lotion 0.75%	3						<b>podofilox soln 0.5%</b>	1					
<b>metronidazole cream 0.75%</b> (Metrocream)	1						PREDNICARBATE – prednicarbate oint 0.1%	3			•	•	
<b>metronidazole gel 0.75%</b>	1						PRUDOXIN – doxepin hcl cream 5%	3		•	•		
<b>metronidazole gel 1%</b> (Metrogel)	1						REGRANEX – becaplermin gel 0.01%	3					
<b>metronidazole lotion 0.75%</b> (Metrolotion)	1						RETIN-A – tretinoin gel 0.01%	3					
<b>mometasone furoate cream 0.1%</b>	1			•			RETIN-A – tretinoin gel 0.025%	3					
<b>mometasone furoate oint 0.1%</b>	1			•			SANTYL – collagenase oint 250 unit/gm	2			•		
<b>mometasone furoate solution 0.1% (lotion)</b>	1			•			<b>selenium sulfide lotion 2.5%</b>	1					
<b>mupirocin oint 2%</b>	1						SILIQ – brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	3	X	•	•		
NATROBA – spinosad susp 0.9%	3						SILVADENE – silver sulfadiazine cream 1%	3					
NEO-SYNALAR – neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	3						<b>silver sulfadiazine cream 1%</b> (Silvadene)	1					
<b>nystatin cream 100000 unit/gm</b>	1						SKYRIZI – risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	X	•	•		
<b>nystatin oint 100000 unit/gm</b>	1						SKYRIZI – risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	2	X	•	•		
<b>nystatin topical powder 100000 unit/gm</b>	1						SKYRIZI PEN – risankizumab-rzaa soln auto-injector 150 mg/ml	2	X	•	•		
<b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b>	1						SOOLANTRA – ivermectin cream 1%	2					
<b>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</b>	1						SPINOSAD – spinosad susp 0.9%	3					
OPZELURA – ruxolitinib phosphate cream 1.5%	3		•	•			STELARA – ustekinumab inj 45 mg/0.5ml	2	X	•	•		
OVIDE – malathion lotion 0.5%	3						STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml	2	X	•	•		
<b>oxiconazole nitrate cream 1%</b> (Oxistat)	1		•										
PANRETIN – alitretinoin gel 0.1%	3												

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STELARA – ustekinumab soln prefilled syringe 90 mg/ml	2	X	•	•			TOPICORT – desoximetasone oint 0.25%	3			•	•	
SULCONAZOLE NITRATE – sulconazole nitrate solution 1%	3		•				TREMFYA – guselkumab soln pen-injector 100 mg/ml	2	X	•	•		
SULCONAZOLE NITRATE – sulconazole nitrate cream 1%	3		•				TREMFYA – guselkumab soln prefilled syringe 100 mg/ml	2	X	•	•		
<b>sulfacetamide sodium lotion 10% (acne)</b> (Klaron)	1						<b>tretinoin cream 0.025%</b> (Retin-a)	1					
SULFAMYLON – mafenide acetate packet for topical soln 5% (50 gm)	3						<b>tretinoin cream 0.05%</b> (Retin-a)	1					
SULFAMYLON – mafenide acetate cream 85 mg/gm	3						<b>tretinoin cream 0.1%</b> (Retin-a)	1					
SYNERA – lidocaine-tetracaine topical patch 70-70 mg	3		•	•			<b>tretinoin gel 0.01%</b> (Retin-a)	1					
<b>tacrolimus oint 0.03%</b> (Protopic)	1			•	•		<b>tretinoin gel 0.025%</b> (Retin-a)	1					
<b>tacrolimus oint 0.1%</b> (Protopic)	1			•	•		<b>triamcinolone acetone aerosol soln 0.147 mg/gm</b> (Kenalog)	1			•		
TALTZ – ixekizumab subcutaneous soln auto-injector 80 mg/ml	3	X	•	•		•	<b>triamcinolone acetone cream 0.025%</b>	1			•		
TALTZ – ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	3	X	•	•		•	<b>triamcinolone acetone cream 0.1%</b>	1			•		
TARGRETIN – bexarotene gel 1%	3	X	•				<b>triamcinolone acetone cream 0.5%</b>	1			•		
<b>tazarotene cream 0.1%</b> (Tazorac)	1			•			<b>triamcinolone acetone lotion 0.025%</b>	1			•		
TAZORAC – tazarotene cream 0.05%	2			•			<b>triamcinolone acetone lotion 0.1%</b>	1			•		
TAZORAC – tazarotene gel 0.05%	2			•			<b>triamcinolone acetone oint 0.025%</b>	1			•		
TAZORAC – tazarotene gel 0.1%	2			•			<b>triamcinolone acetone oint 0.1%</b>	1			•		
TEMOVATE – clobetasol propionate cream 0.05%	3			•	•		<b>triamcinolone acetone oint 0.5%</b>	1			•		
TEMOVATE – clobetasol propionate oint 0.05%	3			•	•		VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	2	X				•
TOPICORT – desoximetasone cream 0.25%	3			•	•		VECTICAL – calcitriol oint 3 mcg/gm	3			•		
TOPICORT – desoximetasone gel 0.05%	3			•	•		ZONALON – doxepin hcl cream 5%	3		•	•		
<b>MISCELLANEOUS PRODUCTS</b>													
<b>ANTIDOTES</b>													
CHEMET – succimer cap 100 mg	2	X	•										

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<b>deferasirox granules packet 90 mg</b> (Jadenu sprinkle)	1	X					JADENU SPRINKLE – deferasirox granules packet 180 mg	3	X				
<b>deferasirox granules packet 180 mg</b> (Jadenu sprinkle)	1	X					JADENU SPRINKLE – deferasirox granules packet 360 mg	3	X				
<b>deferasirox granules packet 360 mg</b> (Jadenu sprinkle)	1	X					KLOXXADO – naloxone hcl nasal spray 8 mg/0.1ml	2			•		
<b>deferasirox tab for oral susp 125 mg</b> (Exjade)	1	X					<b>naloxone hcl inj 0.4 mg/ml</b>	1			•		
<b>deferasirox tab for oral susp 250 mg</b> (Exjade)	1	X					<b>naloxone hcl inj 4 mg/10ml</b>	1			•		
<b>deferasirox tab for oral susp 500 mg</b> (Exjade)	1	X					<b>naloxone hcl nasal spray 4 mg/0.1ml</b> (Narcan)	1			•		
<b>deferasirox tab 90 mg</b> (Jadenu)	1	X					<b>naloxone hcl soln prefilled syringe 2 mg/2ml</b>	1			•		
<b>deferasirox tab 180 mg</b> (Jadenu)	1	X					NALOXONE HYDROCHLORIDE – naloxone hcl soln cartridge 0.4 mg/ml	3			•		
<b>deferasirox tab 360 mg</b> (Jadenu)	1	X					<b>naltrexone hcl tab 50 mg</b>	1					
<b>deferiprone tab 500 mg</b> (Ferriprox)	1	X					NARCAN – naloxone hcl nasal spray 4 mg/0.1ml	3			•		
<b>deferiprone tab 1000 mg</b> (Ferriprox)	1	X					RADIOGARDASE – prussian blue insoluble cap 0.5 gm	3					
EXJADE – deferasirox tab for oral susp 125 mg	3	X					VISTOGARD – uridine triacetate oral granules packet 10 gm	3	X	•			•
EXJADE – deferasirox tab for oral susp 250 mg	3	X					<b>DIAGNOSTIC PRODUCTS</b>						
EXJADE – deferasirox tab for oral susp 500 mg	3	X					ACCU-CHEK AVIVA PLUS – glucose blood test strip	3			•	•	
FERRIPROX – deferiprone oral soln 100 mg/ml	3	X				•	ACCU-CHEK COMPACT STRIPS – glucose blood test strip	3			•	•	
FERRIPROX – deferiprone tab 500 mg	3	X				•	ACCU-CHEK COMPACT TEST DR – glucose blood test strip	3			•	•	
FERRIPROX – deferiprone tab 1000 mg	3	X				•	ACCU-CHEK GUIDE – glucose blood test strip	3			•	•	
JADENU – deferasirox tab 90 mg	3	X					ACCU-CHEK SMARTVIEW STRIP – glucose blood test strip	3			•	•	
JADENU – deferasirox tab 180 mg	3	X					ACCUTREND GLUCOSE – glucose blood test strip	3			•	•	
JADENU – deferasirox tab 360 mg	3	X											
JADENU SPRINKLE – deferasirox granules packet 90 mg	3	X											

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ADVANCE INTUITION TEST ST – glucose blood test strip	3		•	•			BD VERITOR AT-HOME COVID- – covid-19 at home antigen test kit	3					
ADVANCE MICRO-DRAW TEST S – glucose blood test strip	3		•	•			BINAXNOW COVID-19 AG CARD – covid-19 at home antigen test kit	3					
ADVOCATE REDI-CODE – glucose blood test strip	3		•	•			BIOSCANNER GLUCOSE TEST S – glucose blood test strip	3		•	•		
ADVOCATE REDI-CODE+ TEST – glucose blood test strip	3		•	•			BLOOD GLUCOSE TEST STRIPS – glucose blood test strip	3		•	•		
ADVOCATE TEST STRIPS – glucose blood test strip	3		•	•			BLULINK GLUCOSE TEST STRI – glucose blood test strip	3		•	•		
AGAMATRIX AMP NO CODE TES – glucose blood test strip	3		•	•			CAREONE BLOOD GLUCOSE TES – glucose blood test strip	3		•	•		
AGAMATRIX JAZZ TEST STRIP – glucose blood test strip	3		•	•			CARESENS N BLOOD GLUCOSE – glucose blood test strip	3		•	•		
AGAMATRIX KEYNOTE TEST ST – glucose blood test strip	3		•	•			CARESTART COVID-19 ANTIGE – covid-19 at home antigen test kit	3					
AGAMATRIX PRESTO TEST STR – glucose blood test strip	3		•	•			CARETOUCH BLOOD GLUCOSE T – glucose blood test strip	3		•	•		
ASSURE II – glucose blood test strip	3		•	•			CELLTRION DIATRUST COVID- – covid-19 at home antigen test kit	3					
ASSURE II CHECK STRIP – glucose blood test strip	3		•	•			CHEMSTRIP-K – acetone (urine) test strip	2					
ASSURE II TEST STRIPS – glucose blood test strip	3		•	•			CLEARDETECT COVID-19 ANTI – covid-19 at home antigen test kit	3					
ASSURE PLATINUM TEST STRI – glucose blood test strip	3		•	•			CLEVER CHEK AUTO-CODE TES – glucose blood test strip	3		•	•		
ASSURE PRISM MULTI TEST S – glucose blood test strip	3		•	•			CLEVER CHEK AUTO-CODE VOI – glucose blood test strip	3		•	•		
ASSURE PRO TEST STRIPS – glucose blood test strip	3		•	•			CLEVER CHEK TEST STRIPS – glucose blood test strip	3		•	•		
ASSURE 3 TEST STRIPS – glucose blood test strip	3		•	•			CLEVER CHOICE AUTO-CODE P – glucose blood test strip	3		•	•		
ASSURE 4 TEST STRIPS – glucose blood test strip	3		•	•			CLEVER CHOICE MICRO TEST – glucose blood test strip	3		•	•		
AT LAST TEST STRIPS – glucose blood test strip	3		•	•			CLEVER CHOICE NO CODING T – glucose blood test strip	3		•	•		

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CLEVER CHOICE TALK NO COD – glucose blood test strip	3		•	•			EASY TRAK BLOOD GLUCOSE T – glucose blood test strip	3		•	•		
CLINITEST RAPID COVID-19 – covid-19 at home antigen test kit	3						EASY TRAK II BLOOD GLUCOS – glucose blood test strip	3		•	•		
CONTOUR BLOOD GLUCOSE TES – glucose blood test strip	2			•			EASYGLUCO – glucose blood test strip	3		•	•		
CONTOUR NEXT BLOOD GLUCOS – glucose blood test strip	2			•			EASYMAX TEST STRIPS – glucose blood test strip	3		•	•		
COOL BLOOD GLUCOSE TEST S – glucose blood test strip	3		•	•			EASYMAX 15 TEST STRIPS – glucose blood test strip	3		•	•		
COVID-19 AT-HOME TEST KIT – covid-19 at home antigen test kit	3						EASYPRO BLOOD GLUCOSE TES – glucose blood test strip	3		•	•		
CVS ADVANCED GLUCOSE METE – glucose blood test strip	3		•	•			EASYPRO PLUS – glucose blood test strip	3		•	•		
CVS GLUCOSE METER TEST ST – glucose blood test strip	3		•	•			ELEMENT COMPACT TEST STRI – glucose blood test strip	3		•	•		
DIATHRIVE BLOOD GLUCOSE T – glucose blood test strip	3		•	•			ELEMENT TEST STRIPS – glucose blood test strip	3		•	•		
DIATHRIVE+ BLOOD GLUCOSE – glucose blood test strip	3		•	•			ELLUME COVID-19 HOME TEST – covid-19 at home antigen test kit	3					
DIATRUE PLUS BLOOD GLUCOS – glucose blood test strip	3		•	•			EMBRACE BLOOD GLUCOSE TES – glucose blood test strip	3		•	•		
DUO-CARE TEST STRIPS – glucose blood test strip	3		•	•			EMBRACE EVO BLOOD GLUCOSE – glucose blood test strip	3		•	•		
EASY PLUS II BLOOD GLUCOS – glucose blood test strip	3		•	•			EMBRACE PRO BLOOD GLUCOSE – glucose blood test strip	3		•	•		
EASY STEP TEST STRIPS – glucose blood test strip	3		•	•			EMBRACE TALK BLOOD GLUCOS – glucose blood test strip	3		•	•		
EASY TALK BLOOD GLUCOSE T – glucose blood test strip	3		•	•			EQ BLOOD GLUCOSE TEST STR – glucose blood test strip	3		•	•		
EASY TALK PLUS II BLOOD G – glucose blood test strip	3		•	•			EVENCARE BLOOD GLUCOSE TE – glucose blood test strip	3		•	•		
EASY TOUCH GLUCOSE TEST S – glucose blood test strip	3		•	•			EVOLUTION AUTOCODE – glucose blood test strip	3		•	•		
EASY TOUCH HEALTHPRO GLUC – glucose blood test strip	3		•	•									

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FIFTY50 GLUCOSE TEST STRI – glucose blood test strip	3		•	•			FORACARE GD40 – glucose blood test strip	3		•	•		
FLOWFLEX COVID-19 ANTIGEN – covid-19 at home antigen test kit	3						FORACARE PREMIUM V10 TEST – glucose blood test strip	3		•	•		
FORA BLOOD GLUCOSE TEST S – glucose blood test strip	3		•	•			FORACARE TEST N GO TEST S – glucose blood test strip	3		•	•		
FORA D15G BLOOD GLUCOSE T – glucose blood test strip	3		•	•			FORTISCARE BLOOD GLUCOSE – glucose blood test strip	3		•	•		
FORA D20 BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			FORTISCARE G1 BLOOD GLUCO – glucose blood test strip	3		•	•		
FORA D40/G31 BLOOD GLUCOS – glucose blood test strip	3		•	•			FREESTYLE INSULINX BLOOD – glucose blood test strip	3		•	•		
FORA GD20 TEST STRIPS – glucose blood test strip	3		•	•			FREESTYLE LITE TEST STRIP – glucose blood test strip	3		•	•		
FORA GD50 BLOOD GLUCOSE T – glucose blood test strip	3		•	•			FREESTYLE PRECISION NEO B – glucose blood test strip	3		•	•		
FORA GTEL BLOOD GLUCOSE T – glucose blood test strip	3		•	•			FREESTYLE TEST STRIPS – glucose blood test strip	3		•	•		
FORA G20 BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			GENULTIMATE TEST STRIPS – glucose blood test strip	3		•	•		
FORA G30/PREMIUM V10 BLOO – glucose blood test strip	3		•	•			GE100 BLOOD GLUCOSE TEST – glucose blood test strip	3		•	•		
FORA TN'G ADVANCE PRO BLO – glucose blood test strip	3		•	•			GHT TEST STRIPS – glucose blood test strip	3		•	•		
FORA TN'G/TN'G VOICE BLOO – glucose blood test strip	3		•	•			GLUCAGEN DIAGNOSTIC – glucagon hcl (rdna) diagnostic for inj 1 mg (base equiv)	3					
FORA V10 BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			GLUCO PERFECT 3 TEST STRI – glucose blood test strip	3		•	•		
FORA V12 BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			GLUCOCARD EXPRESSION BLOO – glucose blood test strip	3		•	•		
FORA V20 BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			GLUCOCARD SHINE TEST STRI – glucose blood test strip	3		•	•		
FORA V30A BLOOD GLUCOSE T – glucose blood test strip	3		•	•			GLUCOCARD VITAL TEST STRI – glucose blood test strip	3		•	•		
FORA 6 CONNECT – glucose blood test strip	3		•	•			GLUCOCARD X-SENSOR – glucose blood test strip	3		•	•		

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GLUCOCARD 01 SENSOR PLUS – glucose blood test strip	3		•	•			INTELISWAB COVID-19 RAPID – covid-19 at home antigen test kit	3					
GLUCOCOM TEST STRIPS – glucose blood test strip	3		•	•			KETOCARE – acetone (urine) test strip	2					
GLUCONAVII BLOOD GLUCOSE – glucose blood test strip	3		•	•			KETONE – acetone (urine) test strip	2					
GLUCOSE METER TEST STRIPS – glucose blood test strip	3		•	•			KETONE TEST STRIPS – acetone (urine) test strip	2					
GNP EASY TOUCH GLUCOSE TE – glucose blood test strip	3		•	•			KETOSTIX – acetone (urine) test strip	2					
GNP TRUE METRIX SELF MONI – glucose blood test strip	3		•	•			KROGER BLOOD GLUCOSE TEST – glucose blood test strip	3		•	•		
GNP TRUETRACK BLOOD GLUCO – glucose blood test strip	3		•	•			KROGER HEALTHPRO GLUCOSE – glucose blood test strip	3		•	•		
GNP TRUETRACK SMART SYSTE – glucose blood test strip	3		•	•			KROGER PREMIUM BLOOD GLUC – glucose blood test strip	3		•	•		
GOJJI BLOOD GLUCOSE TEST – glucose blood test strip	3		•	•			LIBERTY NEXT GENERATION B – glucose blood test strip	3		•	•		
GOODSENSE PREMIUM BLOOD G – glucose blood test strip	3		•	•			LIBERTY TEST STRIPS – glucose blood test strip	3		•	•		
HW EMBRACE PRO BLOOD GLUC – glucose blood test strip	3		•	•			MEIJER BLOOD GLUCOSE TEST – glucose blood test strip	3		•	•		
HW EMBRACE TALK BLOOD GLU – glucose blood test strip	3		•	•			MEIJER ESSENTIAL BLOOD GL – glucose blood test strip	3		•	•		
IGLUCOSE BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			MEIJER PREMIUM BLOOD GLUC – glucose blood test strip	3		•	•		
IHEALTH COVID-19 ANTIGEN – covid-19 at home antigen test kit	3						MEIJER TRUETEST BLOOD GLU – glucose blood test strip	3		•	•		
IN TOUCH BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			MEIJER TRUETRACK BLOOD GL – glucose blood test strip	3		•	•		
INDICAID COVID-19 RAPID A – covid-19 at home antigen test kit	3						METOPIRONE – metyrapone cap 250 mg	3	X				•
INFINITY BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			MICRODOT TEST STRIPS – glucose blood test strip	3		•	•		
INFINITY VOICE – glucose blood test strip	3		•	•			MICRODOT XTRA TEST STRIPS – glucose blood test strip	3		•	•		

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MM EASY TOUCH GLUCOSE TES – glucose blood test strip	3		•	•			PREMIUM BLOOD GLUCOSE TES – glucose blood test strip	3		•	•		
MYGLUCOHEALTH BLOOD GLUCO – glucose blood test strip	3		•	•			PRESTIGE TEST STRIPS – glucose blood test strip	3		•	•		
NEUTEK 2TEK TEST STRIPS – glucose blood test strip	3		•	•			PRO VOICE V8/V9 BLOOD GLU – glucose blood test strip	3		•	•		
NOVA MAX GLUCOSE TEST STR – glucose blood test strip	3		•	•			PRODIGY NO CODING BLOOD G – glucose blood test strip	3		•	•		
ON/GO COVID-19 ANTIGEN SE – covid-19 at home antigen test kit	3						PTS PANELS GLUCOSE TEST – glucose blood test strip	3		•	•		
ON/GO ONE COVID-19 ANTIGE – covid-19 at home antigen test kit	3						QUICKTEK TEST STRIPS – glucose blood test strip	3		•	•		
ONE DROP BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			QUICKVUE AT-HOME COVID-19 – covid-19 at home antigen test kit	3					
ONETOUCH ULTRA – glucose blood test strip	3		•	•			QUINTET AC BLOOD GLUCOSE – glucose blood test strip	3		•	•		
ONETOUCH ULTRA BLUE – glucose blood test strip	3		•	•			QUINTET BLOOD GLUCOSE TES – glucose blood test strip	3		•	•		
ONETOUCH ULTRA TEST STRIP – glucose blood test strip	3		•	•			REFUAH PLUS BLOOD GLUCOSE – glucose blood test strip	3		•	•		
ONETOUCH VERIO TEST STRIP – glucose blood test strip	3		•	•			RELION CONFIRM/MICRO TEST – glucose blood test strip	3		•	•		
OPTIUMEZ TEST STRIPS – glucose blood test strip	3		•	•			RELION KETONE TEST STRIPS – acetone (urine) test strip	2					
PHARMACIST CHOICE AUTOCOD – glucose blood test strip	3		•	•			RELION PREMIER BLOOD GLUC – glucose blood test strip	3		•	•		
PHARMACIST CHOICE NO CODI – glucose blood test strip	3		•	•			RELION PRIME BLOOD GLUCOS – glucose blood test strip	3		•	•		
POCKETCHEM EZ BLOOD GLUCO – glucose blood test strip	3		•	•			RELION TRUE METRIX BLOOD – glucose blood test strip	3		•	•		
POGO AUTOMATIC TEST CARTR – glucose blood test automatic cartridge	3		•	•			RELION ULTIMA BLOOD GLUCO – glucose blood test strip	3		•	•		
PRECISION SOF-TACT TEST S – glucose blood test strip	3		•	•			REXALL BLOOD GLUCOSE TEST – glucose blood test strip	3		•	•		
PRECISION XTRA BLOOD GLUC – glucose blood test strip	3		•	•			RIGHTEST GS100 BLOOD GLUC – glucose blood test strip	3		•	•		

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RIGHTEST GS300 BLOOD GLUC – glucose blood test strip	3		•	•			<b>MEDICAL DEVICES</b>						
RIGHTEST GS333 BLOOD GLUC – glucose blood test strip	3		•	•			ABOUTTIME PEN NEEDLE 32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
RIGHTEST GS550 BLOOD GLUC – glucose blood test strip	3		•	•			ABOUTTIME PEN NEEDLES 30G – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
SMART SENSE PREMIUM BLOOD – glucose blood test strip	3		•	•			ABOUTTIME PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
SMART SENSE VALUE BLOOD G – glucose blood test strip	3		•	•			ABOUTTIME PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
SMARTTEST BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			ACCU-CHEK AVIVA PLUS – blood glucose monitoring kit w/ device	3					
SOLUS V2 AUDIBLE TEST – glucose blood test strip	3		•	•			ACCU-CHEK FASTCLIX LANCET – lancets	2					
SUPREME TEST STRIPS – glucose blood test strip	3		•	•			ACCU-CHEK FASTCLIX LANCET – lancets kit	2					
TGT BLOOD GLUCOSE TEST ST – glucose blood test strip	3		•	•			ACCU-CHEK GUIDE – blood glucose monitoring kit w/ device	3					
TRUE FOCUS SELF MONITORIN – glucose blood test strip	3		•	•			ACCU-CHEK GUIDE ME – blood glucose monitoring kit w/ device	3					
TRUE METRIX BLOOD GLUCOSE – glucose blood test strip	3		•	•			ACCU-CHEK SAFE-T-PRO LANC – lancets	2					
TRUE METRIX SELF MONITORI – glucose blood test strip	3		•	•			ACCU-CHEK SAFE-T-PRO PLUS – lancets	2					
TRUETEST STRIPS – glucose blood test strip	3		•	•			ACCU-CHEK SOFTCLIX LANCET – lancets	2					
TRUETRACK BLOOD GLUCOSE T – glucose blood test strip	3		•	•			ACCU-CHEK SOFTCLIX LANCET – lancets kit	2					
TRUETRACK TEST – glucose blood test strip	3		•	•			ACTI-LANCE LANCETS 28G – lancets	2					
UNISTRIP1 GENERIC – glucose blood test strip	3		•	•			ACTI-LANCE LITE SAFETY LA – lancets	2					
VERASENS BLOOD GLUCOSE TE – glucose blood test strip	3		•	•			ACTI-LANCE SPECIAL SAFETY – lancets	2					
VIVAGUARD INO BLOOD GLUCO – glucose blood test strip	3		•	•									

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ACTI-LANCE UNIVERSAL SAFE – lancets	2						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
ADJUSTABLE LANCING DEVICE – lancet devices	2						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
ADVANCE INTUITION BLOOD G – blood glucose monitoring devices	3						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
ADVANCE INTUITION BLOOD G – blood glucose monitoring kit w/ device	3						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
ADVANCE MICRO-DRAW METER – blood glucose monitoring devices	3						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
ADVANCED MOBILE LANCET 30 – lancets	2						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
ADVOCATE BLOOD GLUCOSE MO – blood glucose monitoring devices	3						ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
ADVOCATE BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3						ADVOCATE LANCETS – lancets	2					
ADVOCATE INSULIN PEN NEED – insulin pen needle 29 g x 12.7 mm (1/2")	2						ADVOCATE LANCETS 30G – lancets	2					
ADVOCATE INSULIN PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						ADVOCATE LANCING DEVICE – lancet devices	2					
ADVOCATE INSULIN PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						ADVOCATE RAPID-SAFE LANCI – lancet devices	2					
ADVOCATE INSULIN PEN NEED – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						ADVOCATE REDI-CODE – blood glucose monitoring devices	3					
ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						ADVOCATE REDI-CODE+ BLOOD – blood glucose monitoring devices	3					
ADVOCATE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						ADVOCATE REDI-CODE/TALKIN – blood glucose monitoring kit w/ device	3					
							ADVOCATE SAFETY LANCETS 2 – lancets	2					

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AEROCHAMBER MINI AEROSOL – spacer/aerosol-holding chambers - device	2						AGAMATRIX PRESTO PRO METE – blood glucose monitoring devices	3					
AEROCHAMBER MV – spacer/aerosol-holding chambers - device	2						AGAMATRIX ULTRA-THIN LANC – lancets	2					
AEROCHAMBER PLUS FLOW-VU – spacer/aerosol-holding chambers - device	2						AIMSCO TWIST LANCETS 32G – lancets	2					
AEROCHAMBER PLUS FLOW-VU/ – spacer/aerosol-holding chambers - device	2						AIMSCO TWIST LANCETS 33G – lancets	2					
AEROCHAMBER Z-STAT PLUS V – spacer/aerosol-holding chambers - device	2						ALLERGY SYRINGE/1ML/27G X – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3					
AEROCHAMBER Z-STAT PLUS/F – spacer/aerosol-holding chambers - device	2						ASSURE COMFORT LANCETS UL – lancets	2					
AEROCHAMBER Z-STAT PLUS/L – spacer/aerosol-holding chambers - device	2						ASSURE HAEMOLANCE PLUS HI – lancets	2					
AEROCHAMBER Z-STAT PLUS/M – spacer/aerosol-holding chambers - device	2						ASSURE HAEMOLANCE PLUS LO – lancets	2					
AEROCHAMBER Z-STAT PLUS/S – spacer/aerosol-holding chambers - device	2						ASSURE HAEMOLANCE PLUS MI – lancets	2					
AF LANCETS SUPER THIN – lancets	2						ASSURE HAEMOLANCE PLUS NO – lancets	2					
AGAMATRIX AMP NO CODE ADV – blood glucose monitoring devices	3						ASSURE HAEMOLANCE PLUS PE – lancets	2					
AGAMATRIX JAZZ WIRELESS 2 – blood glucose monitoring kit w/ device	3						ASSURE ID INSULIN SAFETY – insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
AGAMATRIX PRESTO – blood glucose monitoring kit w/ device	3						ASSURE ID SAFETY PEN NEED – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
							ASSURE ID SAFETY PEN NEED – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
							ASSURE ID SAFETY PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					

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ASSURE LANCE LANCETS – lancets	2						AUM MINI INSULIN PEN NEED – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
ASSURE LANCE LANCETS 21G – lancets	2						AUM MINI INSULIN PEN NEED – insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2					
ASSURE LANCE PLUS SAFETY – lancets	2						AUM MINI INSULIN PEN NEED – insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2					
ASSURE LANCE SAFETY LANCE – lancets	2						AUM READYGARD DUO SAFETY – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ASSURE PLATINUM BLOOD GLU – blood glucose monitoring devices	3						AUM SAFETY PEN NEEDLE/31 – insulin pen needle 31 g x 4 mm (1/6" or 5/32")	2					
ASSURE PRISM MULTI BLOOD – blood glucose monitoring devices	3						AUM SAFETY PEN NEEDLE/31 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ASSURE PRO BLOOD GLUCOSE – blood glucose monitoring devices	3						AURORA LANCET SUPER THIN – lancets	2					
ASSURE 3 METER – blood glucose monitoring kit	3						AURORA LANCET THIN 23G – lancets	2					
ASSURE 4 BLOOD GLUCOSE ME – blood glucose monitoring devices	3						AURORA PEN NEEDLES 29GX12 – insulin pen needle 29 g x 12 mm (1/2")	2					
AT LAST BLOOD GLUCOSE SYS – blood glucose monitoring kit	3						AURORA PEN NEEDLES 31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
AT LAST LANCETS – lancets	2						AURORA PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
AUM MINI INSULIN PEN NEED – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						AURORA UNIFINE PENTIPS/MI – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
AUM MINI INSULIN PEN NEED – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						AURORA UNIFINE PENTIPS/32 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
AUM MINI INSULIN PEN NEED – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						AUTO-LANCET – lancet devices	2					
AUM MINI INSULIN PEN NEED – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2												

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
AUTO-LANCET MINI – lancet devices	2						BD AUTOSHIELD 29G X 5/16" – insulin pen needle 29 g x 8 mm (1/3" or 5/16")	2					
AUTOLET IMPRESSION LANCIN – lancet devices	2						BD BLUNT FILL NEEDLE/18G – needle (disp) 18 x 1-1/2"	3					
AUTOLET LANCING DEVICE – lancet devices	2						BD DISPOSABLE NEEDLE REGU – needle (disp) 25 x 1"	2					
AUTOLET MINI – lancet devices	2						BD DISPOSABLE NEEDLE 23GX – needle (disp) 23 x 1"	2					
AUTOLET PLUS – lancet devices	2						BD DISPOSABLE NEEDLE 23GX – needle (disp) 23 x 1-1/4"	3					
AUTOPEN – injection device for insulin	3						BD ECLIPSE NEEDLE 25G X 1 – needle (disp) 25 x 1-1/2"	3					
B-D INSULIN SYRINGE MICRO – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						BD ECLIPSE NEEDLE 25GX1" – needle (disp) 25 x 1"	2					
B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2						BD ECLIPSE NEEDLE/25G X – needle (disp) 25 x 5/8"	3					
B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						BD HYPODERMIC NEEDLE REGU – needle (disp) 18 x 1-1/2"	2					
B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						BD HYPODERMIC NEEDLES 16G – needle (disp) 16 x 1"	3					
B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						BD HYPODERMIC NEEDLES 18G – needle (disp) 18 x 1"	2					
BD LO-DOSE INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						BD HYPODERMIC NEEDLES 18G – needle (disp) 18 x 1-1/2"	3					
BD ALLERGY/SYRINGE/NEEDLE – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3						BD HYPODERMIC NEEDLES 19G – needle (disp) 19 x 1"	3					
BD AUTOSHIELD DUO 30G X 5 – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2						BD HYPODERMIC NEEDLES 19G – needle (disp) 19 x 1-1/2"	3					
BD AUTOSHIELD 29G X 3/16" – insulin pen needle 29 g x 5 mm (1/5" or 3/16")	2						BD HYPODERMIC NEEDLES 21G – needle (disp) 21 x 1"	2					
							BD HYPODERMIC NEEDLES 21G – needle (disp) 21 x 2"	3					
							BD HYPODERMIC NEEDLES 22G – needle (disp) 22 x 1"	2					
							BD HYPODERMIC NEEDLES 22G – needle (disp) 22 x 1-1/2"	2					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
BD HYPODERMIC NEEDLES 23G – needle (disp) 23 x 3/4"	3					
BD HYPODERMIC NEEDLES 23G – needle (disp) 23 x 1"	3					
BD HYPODERMIC NEEDLES 25G – needle (disp) 25 x 1-1/2"	3					
BD HYPODERMIC NEEDLES 26G – needle (disp) 26 x 1/2"	2					
BD INSULIN SYRINGE LUER-L – insulin syringe (disp) u-100 1 ml	2					
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 0.3 ml 28 x 1/2"	2					
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 1 ml 27 x 5/8"	2					
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
BD INSULIN SYRINGE SAFETY – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
BD INSULIN SYRINGE SLIP T – insulin syringe (disp) u-100 1 ml	2					
BD INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
BD INSULIN SYRINGE ULTRA- – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					

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BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						BD LANCET ULTRAFINE 30G – lancets	2					
BD INSULIN SYRINGE/DETACH – insulin syringe/needle u-100 1 ml 25 x 5/8"	2						BD LANCET ULTRAFINE 33G – lancets	2					
BD INSULIN SYRINGE/DETACH – insulin syringe/needle u-100 1 ml 25 x 1"	2						BD LATITUDE DIABETES MANA – blood glucose monitoring kit w/ device	3					
BD INSULIN SYRINGE/DETACH – insulin syringe/needle u-100 1 ml 26 x 1/2"	2						BD LOGIC BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3					
BD INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 27 x 1/2"	2						BD LUER LOCK SYRINGE/1ML/ – syringe/needle (disp) 1 ml 20 x 1"	2					
BD INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 2 ml 27.5 x 5/8"	2						BD MAGNI-GUIDE MAGNIFIER – blood glucose monitoring supplies	3					
BD INSULIN SYRINGE/U-500/ – insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	2						BD MICROTAINER LANCETS – lancets	2					
BD INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						BD NEEDLE/16G X 1-1/2" – needle (disp) 16 x 1-1/2"	3					
BD INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						BD NEEDLE/18G 1-1/2" – needle (disp) 18 x 1-1/2"	2					
BD INSULIN SYRINGE/1ML/27 – insulin syringe/needle u-100 1 ml 27 x 1/2"	2						BD NEEDLE/19G X 1" – needle (disp) 19 x 1"	3					
BD INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						BD NEEDLE/20G X 1-1/2" – needle (disp) 20 x 1-1/2"	3					
BD INTEGRA RETRACTABLE NE – needle (disp) 23 x 1"	3						BD NEEDLE/20G X 1" – needle (disp) 20 x 1"	2					
BD INTEGRA SYRINGE/3ML/22 – syringe/needle (disp) 3 ml 22 x 1-1/2"	2						BD NEEDLE/21G 1-1/2" – needle (disp) 21 x 1-1/2"	2					
							BD NEEDLE/22G X 1-1/2" – needle (disp) 22 x 1-1/2"	2					
							BD NEEDLE/25G X 5/8" – needle (disp) 25 x 5/8"	2					
							BD NEEDLE/25G X 7/8" – needle (disp) 25 x 7/8"	2					
							BD NEEDLE/27G X 1/2" – needle (disp) 27 x 1/2"	2					

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BD NEEDLE/30G X 1/2" – needle (disp) 30 x 1/2"	2						BD SAFETYGLIDE HYPODERMIC – needle (disp) 18 x 1-1/2"	3					
BD PEN – injection device for insulin	3						BD SAFETYGLIDE HYPODERMIC – needle (disp) 25 x 5/8"	2					
BD PEN MINI – injection device for insulin	3						BD SAFETYGLIDE HYPODERMIC – needle (disp) 25 x 1"	3					
BD PEN NEEDLE/MICRO/ULTRA – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
BD PEN NEEDLE/MINI/ULTRA- – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
BD PEN NEEDLE/NANO 2ND GE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					
BD PEN NEEDLE/NANO/ULTRA – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
BD PEN NEEDLE/ORIGINAL/UL – insulin pen needle 29 g x 12.7 mm (1/2")	2						BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2					
BD PEN NEEDLE/SHORT/ULTRA – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
BD PLASTIPAK SYRINGES ALL – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3						BD SAFETYGLIDE NEEDLE/SHI – needle (disp) 22 x 1-1/2"	3					
BD PRECISIONGLIDE NEEDLE – needle (disp) 27 x 1-1/2"	3						BD SAFETYGLIDE SHIELDED N – needle (disp) 23 x 1"	3					
BD PRECISIONGLIDE 23GX1-1 – needle (disp) 23 x 1-1/2"	3						BD SAFETYGLIDE SYRINGE 5M – syringe/needle (disp) 5 ml 22 x 1-1/2"	2					
BD SAFETY-GLIDE INSULIN S – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						BD SAFETYGLIDE 21G X 1" – needle (disp) 21 x 1"	3					
BD SAFETY-LOK INSULIN SYR – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						BD SYRINGE BLUNT PLASTIC – syringe (disposable) 10 ml	2					
							BD SYRINGE LUER-LOK/1ML – syringe (disposable) 1 ml	2					

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BD SYRINGE 10ML/20G X 1" – syringe/needle (disp) 10 ml 20 x 1"	2						BD 3ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 3 ml 23 x 1-1/2"	2					
BD TUBERCULIN SYRINGE/NEE – tuberculin/allergy syringe/needle (disp) 1 ml 21 x 1"	3						BD 3ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 3 ml 25 x 1"	2					
BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2						BD 3ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 3 ml 26 x 5/8"	2					
BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2						BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 21 x 1-1/2"	2					
BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 1 ml 31 x 15/64"	2						BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 22 x 1"	2					
BD 1ML SLIP TIP SYRINGE 2 – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	2						BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 22 x 1-1/2"	2					
BD 1ML SLIP TIP SYRINGE 2 – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	2						BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 23 x 1"	2					
BD 1ML TUBERCULIN SYRINGE – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	2						BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 25 x 5/8"	2					
BD 1ML TUBERCULIN SYRINGE – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	2						BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 25 x 1-1/2"	2					
BD 10ML LUER-LOK SYRINGE – syringe/needle (disp) 10 ml 21 x 1"	2						BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 20 x 1"	2					
BD 10ML SYRINGE/DUAL CANN – syringe (disposable) 10 ml	2						BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 21 x 1-1/2"	2					
BD 3ML LUER-LOK SYRINGE 1 – syringe/needle (disp) 3 ml 18 x 1-1/2"	2						BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 22 x 1"	2					
BD 3ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 3 ml 20 x 1"	2						BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 22 x 1-1/2"	2					
							BIOTEL CARE BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3					

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BIOTEL CARE CONNECTED BLO – blood glucose monitoring kit w/ device	3						CAREONE BLOOD GLUCOSE MON – blood glucose monitoring kit w/ device	3					
BLOOD GLUCOSE MONITORING – blood glucose monitoring kit w/ device	3						CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
BLOOD GLUCOSE SYSTEM PAK – blood glucose monitoring kit w/ device	3						CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
BLULINK BLOOD GLUCOSE MON – blood glucose monitoring devices	3						CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
CARDIOCOM LANCING DEVICE – lancet devices	2						CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
CAREFINE PEN NEEDLE 32GX4 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
CAREFINE PEN NEEDLES 29GX – insulin pen needle 29 g x 12 mm (1/2")	2						CAREONE INSULIN SYRINGES/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
CAREFINE PEN NEEDLES 30GX – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						CAREONE LANCET SUPER THIN – lancets	2					
CAREFINE PEN NEEDLES 31GX – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						CAREONE LANCET THIN – lancets	2					
CAREFINE PEN NEEDLES 31GX – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						CAREONE LANCET ULTRA THIN – lancets	2					
CAREFINE PEN NEEDLES 32GX – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						CAREONE UNIFINE PENTIPS P – insulin pen needle 29 g x 12 mm (1/2")	2					
CAREFINE PEN NEEDLES 32GX – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						CAREONE UNIFINE PENTIPS P – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
CAREONE ADVANCED LANCING – lancet devices	2						CAREONE UNIFINE PENTIPS P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
							CAREONE UNIFINE PENTIPS P – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					

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CAREONE UNIFINE PENTIPS P – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 25 x 5/8"	3					
CAREONE UNIFINE PENTIPS P – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 25 x 1"	3					
CAREONE UNIFINE PENTIPS 2 – insulin pen needle 29 g x 12 mm (1/2")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 25 x 1-1/2"	3					
CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						CARETOUCH HYPODERMIC NEED – needle (disp) 26 x 1"	3					
CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
CAREONE UNIFINE PENTIPS 3 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
CARESENS LANCETS – lancets	2						CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 28 x 5/16"	2					
CARESENS N GLUCOSE MONITO – blood glucose monitoring devices	3						CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 5/16"	2					
CARESENS N VOICE BLOOD GL – blood glucose monitoring devices	3						CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
CARETOUCH BLOOD GLUCOSE M – blood glucose monitoring kit w/ device	3						CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
CARETOUCH HYPODERMIC NEED – needle (disp) 18 x 1-1/2"	3						CARETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
CARETOUCH HYPODERMIC NEED – needle (disp) 20 x 1"	3						CARETOUCH LANCING DEVICE – lancet devices	2					
CARETOUCH HYPODERMIC NEED – needle (disp) 22 x 1"	3						CARETOUCH PEN NEEDLE 29GX – insulin pen needle 29 g x 12 mm (1/2")	2					
CARETOUCH HYPODERMIC NEED – needle (disp) 23 x 1"	3						CARETOUCH PEN NEEDLES 31 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
CARETOUCH HYPODERMIC NEED – needle (disp) 23 x 1-1/2"	3												

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CARETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
CARETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
CARETOUCH PEN NEEDLES 32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
CARETOUCH PEN NEEDLES 32G – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
CARETOUCH SAFETY LANCETS/ – lancets	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
CARETOUCH TWIST LANCETS 2 – lancets	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
CARETOUCH TWIST LANCETS 3 – lancets	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
CAYA – diaphragm arc-spring	3						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
CHEMSTRIP BG LOG BOOK – blood glucose monitoring misc.	3						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
CLEANLET LANCETS 28G – lancets	2						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
CLEVER CHEK AUTO CODE VOI – blood glucose monitoring devices	3						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
CLEVER CHEK AUTO-CODE BLO – blood glucose monitoring devices	3						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
CLEVER CHEK AUTO-CODE VOI – blood glucose monitoring devices	3						CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
CLEVER CHEK BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3												
CLEVER CHEK LANCETS ULTRA – lancets	2												
CLEVER CHOICE AUTO-CODE P – blood glucose monitoring devices	3												

**Tier**  
**KEY** 1 = Covered Generic Drugs      2 = Preferred Brand Drugs      X = Tier 4: Separate Specialty costshare  
 3 = Non-preferred Brand Drugs      • = Responsible Rx Program      may apply – see endorsement

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						CLEVER CHOICE COMFORT EZ – insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2					
CLEVER CHOICE COMFORT EZ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						CLEVER CHOICE COMFORT EZ – insulin pen needle 33 g x 8 mm (1/3" or 5/16")	2					
CLEVER CHOICE COMFORT EZ – insulin pen needle 29 g x 12 mm (1/2")	2						CLEVER CHOICE COMFORT EZ – lancets	2					
CLEVER CHOICE COMFORT EZ – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						CLEVER CHOICE MICRO BLOOD – blood glucose monitoring kit w/ device	3					
CLEVER CHOICE COMFORT EZ – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						CLEVER CHOICE MINI BLOOD – blood glucose monitoring devices	3					
CLEVER CHOICE COMFORT EZ – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						CLEVER CHOICE TALK BLOOD – blood glucose monitoring devices	3					
CLEVER CHOICE COMFORT EZ – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						CLICKFINE PEN NEEDLE UNIV – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
CLEVER CHOICE COMFORT EZ – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						CLICKFINE PEN NEEDLE UNIV – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
CLEVER CHOICE COMFORT EZ – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						CLICKFINE PEN NEEDLE 32GX – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
CLEVER CHOICE COMFORT EZ – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2						CLICKFINE PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
CLEVER CHOICE COMFORT EZ – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						CLICKFINE PEN NEEDLES 31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
CLEVER CHOICE COMFORT EZ – insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2						CLICKFINE PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
							CLICKFINE PEN NEEDLES 32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
CLICKFINE PEN NEEDLES/31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
CLICKFINE UNIVERSAL PEN N – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
COAGUCHEK LANCETS – lancets	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
COMFORT ASSIST INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
COMFORT ASSURED LANCETS M – lancets	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
COMFORT ASSURED LANCETS S – lancets	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
COMFORT EZ INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
COMFORT EZ INSULIN SYRING – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
COMFORT EZ MICRO/32G X 4M – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2					
COMFORT EZ SHORT/31G X 8M – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						COMFORT TOUCH PEN NEEDLES – insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2					
COMFORT EZ/31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						COMFORT TOUCH PLUS SAFETY – lancets	2					
COMFORT EZ/31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						CONTOUR BLOOD GLUCOSE MON – blood glucose monitoring devices	2					
COMFORT LANCETS – lancets	2						CONTOUR NEXT BLOOD GLUCOS – blood glucose monitoring kit w/ device	2					
COMFORT TOUCH LANCETS ULT – lancets	2												
COMFORT TOUCH PEN NEEDLES – insulin pen needle 31 g x 4 mm (1/6" or 5/32")	2												

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CONTOUR NEXT EZ BLOOD GLU – blood glucose monitoring kit w/ device	2						CVS LANCETS ULTRA-THIN 30 – lancets	2					
CONTOUR NEXT GEN BLOOD GL – blood glucose monitoring kit w/ device	2						CVS LANCETS 21G – lancets	2					
CONTOUR NEXT LINK BLOOD G – blood glucose monitoring kit w/ device	2						CVS LANCING DEVICE – lancet devices	2					
CONTOUR NEXT LINK WIRELES – blood glucose monitoring kit w/ device	2						CVS ULTRA THIN LANCETS – lancets	2					
CONTOUR NEXT LINK 2.4 WIR – blood glucose monitoring kit w/ device	3						D-CARE GLUCOMETER KIT/GLU – blood glucose monitoring kit w/ device	3					
CONTOUR NEXT ONE BLOOD GL – blood glucose monitoring devices	2						DIATHRIVE BLOOD GLUCOSE M – blood glucose monitoring devices	3					
CONTOUR NEXT ONE BLOOD GL – blood glucose monitoring kit	2						DIATHRIVE LANCETS – lancets	2					
COOL BLOOD GLUCOSE MONITO – blood glucose monitoring devices	3						DIATHRIVE LANCETS ULTRA T – lancets	2					
COOL BLOOD GLUCOSE MONITO – blood glucose monitoring kit w/ device	3						DIATHRIVE LANCING DEVICE – lancet devices	2					
CVS ADVANCED GLUCOSE METE – blood glucose monitoring kit w/ device	3						DIATHRIVE PEN NEEDLE/31 G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
CVS LANCETS MICRO THIN 33 – lancets	2						DIATHRIVE PEN NEEDLE/31 G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
CVS LANCETS MICRO-THIN 33 – lancets	2						DIATHRIVE PEN NEEDLE/31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
CVS LANCETS ORIGINAL – lancets	2						DIATHRIVE PEN NEEDLE/32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
CVS LANCETS THIN 26G – lancets	2						DIATHRIVE+ BLOOD GLUCOSE – blood glucose monitoring devices	3					
CVS LANCETS ULTRA THIN 30 – lancets	2						DIATRUE PLUS BLOOD GLUCOS – blood glucose monitoring devices	3					
							DROPLET GENTEEL LANCING D – lancet devices	2					

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DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2						DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						DROPLET INSULIN SYRINGE 0 – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						DROPLET INSULIN SYRINGE 0 – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						DROPLET INSULIN SYRINGE 1 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2						DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.3 ml 30 x 15/64"	2						DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 0.5 ml 30 x 15/64"	2						DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 30 x 15/64"	2						DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
DROPLET INSULIN SYRINGE U – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2					

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DROPLET INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 31 x 15/64"	2						DROPLET PEN NEEDLES 32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
DROPLET LANCETS ULTRA THI – lancets	2						DROPLET PEN NEEDLES 32G X – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
DROPLET LANCING DEVICE – lancet devices	2						DROPLET PEN NEEDLES 32G X – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
DROPLET MICRON 34G X 9/64 – insulin pen needle 34 g x 3.5 mm (9/64")	2						DROPLET PEN NEEDLES 32G X – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
DROPLET PEN NEEDLES 29G X – insulin pen needle 29 g x 12 mm (1/2")	2						DROPLET PEN NEEDLES 32GX4 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
DROPLET PEN NEEDLES 29GX1 – insulin pen needle 29 g x 10 mm	2						DROPLET PEN NEEDLES 32GX5 – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
DROPLET PEN NEEDLES 29GX1 – insulin pen needle 29 g x 12 mm (1/2")	2						DROPLET PEN NEEDLES 32GX6 – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
DROPLET PEN NEEDLES 30G X – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						DROPLET PEN NEEDLES 32GX8 – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2					
DROPLET PEN NEEDLES 31G X – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						DROPLET PERSONAL LANCETS – lancets	2					
DROPLET PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						DROPSAFE SAFETY PEN NEEDL – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
DROPLET PEN NEEDLES 31GX5 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						DROPSAFE SAFETY PEN NEEDL – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
DROPLET PEN NEEDLES 31GX6 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						DROPSAFE SAFETY PEN NEEDL – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
DROPLET PEN NEEDLES 31GX8 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						DRUG MART ADJUSTABLE LANC – lancet devices	2					

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DRUG MART LANCETS THIN – lancets	2						DUANE READE UNIFINE PENTI – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
DRUG MART LANCETS ULTRA T – lancets	2						E-Z JECT LANCETS – lancets	2					
DRUG MART ON-THE-GO LANCE – lancets	2						E-Z JECT LANCETS COLOR – lancets	2					
DRUG MART UNIFINE PENTIPS – insulin pen needle 29 g x 12 mm (1/2")	2						E-Z JECT LANCETS SUPER TH – lancets	2					
DRUG MART UNIFINE PENTIPS – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						E-Z JECT LANCETS THIN 26G – lancets	2					
DRUG MART UNIFINE PENTIPS – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						E-Z JECT LANCETS 21G – lancets	2					
DRUG MART UNIFINE PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						E-ZJECT LANCETS MICRO-THI – lancets	2					
DRUG MART UNIFINE PENTIPS – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
DRUG MART UNILET LANCETS – lancets	2						EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
DRUG MART UNILET MICRO TH – lancets	2						EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
DUANE READE LANCET ALTERN – lancets	2						EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.5 ml 32 x 5/16"	2					
DUANE READE LANCET SUPER – lancets	2						EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 32 x 5/16"	2					
DUANE READE LANCET ULTRA – lancets	2						EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
DUANE READE UNIFINE PENTI – insulin pen needle 29 g x 12 mm (1/2")	2						EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
DUANE READE UNIFINE PENTI – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						EASY COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					

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EASY COMFORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						EASY TOUCH ALLERGY TRAY S – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	3					
EASY COMFORT PEN NEEDLES – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						EASY TOUCH ALLERGY TRAY S – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3					
EASY COMFORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 28 x 1/2" (12.7 mm)	3					
EASY COMFORT PEN NEEDLES – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 29 x 1/2" (12.7 mm)	3					
EASY COMFORT PEN NEEDLES – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 18 x 1"	3					
EASY COMFORT PEN NEEDLES – insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 18 x 1-1/2"	3					
EASY COMFORT PEN NEEDLES – insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 19 x 1"	3					
EASY GLIDE PEN NEEDLES 33 – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 19 x 1-1/2"	3					
EASY MINI EJECT LANCING D – lancet devices	2						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 20 x 1"	3					
EASY MINI LANCING DEVICE – lancet devices	2						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 20 x 1-1/2"	3					
EASY PLUS II BLOOD GLUCOS – blood glucose monitoring devices	3						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 21 x 1"	3					
EASY STEP BLOOD GLUCOSE M – blood glucose monitoring devices	3						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 21 x 1-1/2"	3					
EASY TALK BLOOD GLUCOSE M – blood glucose monitoring devices	3						EASY TOUCH FLIPLOCK NEEDL – needle (disp) 22 x 3/4"	3					
							EASY TOUCH FLIPLOCK NEEDL – needle (disp) 22 x 1"	3					
							EASY TOUCH FLIPLOCK NEEDL – needle (disp) 22 x 1-1/2"	3					
							EASY TOUCH FLIPLOCK NEEDL – needle (disp) 23 x 5/8"	3					
							EASY TOUCH FLIPLOCK NEEDL – needle (disp) 23 x 1"	3					

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EASY TOUCH FLIPLOCK NEEDL – needle (disp) 23 x 1-1/2"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 16 x 1"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 25 x 5/8"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 16 x 1-1/2"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 25 x 1"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 18 x 1"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 25 x 1-1/2"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 18 x 1.25" (30 mm)	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 26 x 1/2"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 18 x 1-1/2"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 27 x 1/2"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 19 x 1"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 27 x 1" (25 mm)	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 19 x 1-1/2"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 30 x 5/16" (8 mm)	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 20 x 1"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 30 x 1/2"	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 20 x 1-1/2"	3					
EASY TOUCH FLIPLOCK NEEDL – needle (disp) 31 x 5/16" (8 mm)	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 21 x 1"	3					
EASY TOUCH FLIPLOCK SAFET – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						EASY TOUCH HYPODERMIC NEE – needle (disp) 21 x 1-1/2"	3					
EASY TOUCH FLIPLOCK SAFET – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						EASY TOUCH HYPODERMIC NEE – needle (disp) 22 x 1"	3					
EASY TOUCH FLIPLOCK SAFET – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						EASY TOUCH HYPODERMIC NEE – needle (disp) 22 x 1-1/2"	3					
EASY TOUCH FLIPLOCK SAFET – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						EASY TOUCH HYPODERMIC NEE – needle (disp) 23 x 3/4"	3					
EASY TOUCH GLUCOSE MONITO – blood glucose monitoring kit w/ device	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 23 x 1"	3					
EASY TOUCH HYPODERMIC NEE – needle (disp) 32 x 5/16" (8 mm)	3						EASY TOUCH HYPODERMIC NEE – needle (disp) 23 x 1-1/4"	3					
							EASY TOUCH HYPODERMIC NEE – needle (disp) 23 x 1-1/2"	3					
							EASY TOUCH HYPODERMIC NEE – needle (disp) 24 x 1"	3					

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EASY TOUCH HYPODERMIC NEE – needle (disp) 24 x 1.25" (30 mm)	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 25 x 5/8"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 25 x 1"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 25 x 1-1/2"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 26 x 3/8"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 26 x 1/2"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 27 x 1/2"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 26 x 5/8"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 27 x 1/2"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 27 x 1-1/4"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 27 x 1-1/2"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 30 x 1/2"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 30 x 1"	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
EASY TOUCH HYPODERMIC NEE – needle (disp) 31 x 5/16" (8 mm)	3						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2						EASY TOUCH LANCETS 21G/PR – lancets	2					
EASY TOUCH INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 27 x 1/2"	2												

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EASY TOUCH LANCETS 23G/PR – lancets	2						EASY TOUCH PEN NEEDLES 29 – insulin pen needle 29 g x 12 mm (1/2")	2					
EASY TOUCH LANCETS 26G/PR – lancets	2						EASY TOUCH PEN NEEDLES 31 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
EASY TOUCH LANCETS 26G/PU – lancets	2						EASY TOUCH PEN NEEDLES 31 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
EASY TOUCH LANCETS 28G/PR – lancets	2						EASY TOUCH PEN NEEDLES 32 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
EASY TOUCH LANCETS 28G/PU – lancets	2						EASY TOUCH PEN NEEDLES 32 – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
EASY TOUCH LANCETS 28G/TW – lancets	2						EASY TOUCH PEN NEEDLES 32 – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
EASY TOUCH LANCETS 30G/BU – lancets	2						EASY TOUCH PEN NEEDLES/31 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
EASY TOUCH LANCETS 30G/PR – lancets	2						EASY TOUCH SAFETY LANCETS – lancets	2					
EASY TOUCH LANCETS 30G/PU – lancets	2						EASY TOUCH SAFETY PEN NEE – insulin pen needle 29 g x 5 mm (1/5" or 3/16")	2					
EASY TOUCH LANCETS 30G/TW – lancets	2						EASY TOUCH SAFETY PEN NEE – insulin pen needle 29 g x 8 mm (1/3" or 5/16")	2					
EASY TOUCH LANCETS 32G/PR – lancets	2						EASY TOUCH SAFETY PEN NEE – insulin pen needle 30 g x 6 mm (1/4" or 15/64")	2					
EASY TOUCH LANCETS 32G/PU – lancets	2						EASY TOUCH SAFETY PEN NEE – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
EASY TOUCH LANCETS 32G/TW – lancets	2						EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
EASY TOUCH LANCETS 33G/TW – lancets	2												
EASY TOUCH LANCING DEVICE – lancet devices	2												
EASY TOUCH PEN NEEDLE 30 – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2												
EASY TOUCH PEN NEEDLE/30 – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2												

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EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						EASYMAX NG SELF-MONITORIN – blood glucose monitoring devices	3					
EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						EASYMAX NG SELF-MONITORIN – blood glucose monitoring kit w/ device	3					
EASY TOUCH SHEATHLOCK SAF – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						EASYMAX V BLOOD GLUCOSE S – blood glucose monitoring devices	3					
EASY TOUCH TUBERCULIN FLI – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3						EASYPOINT NEEDLE 23G X 1" – needle (disp) 23 x 1"	3					
EASY TOUCH TUBERCULIN FLI – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3						EASYPOINT NEEDLE 25G X 1" – needle (disp) 25 x 1"	3					
EASY TOUCH TUBERCULIN SHE – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	3						EASYPOINT NEEDLE 25G X 5/ – needle (disp) 25 x 5/8"	3					
EASY TOUCH TUBERCULIN SHE – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3						EASYPOINT NEEDLE 25GX1-1/ – needle (disp) 25 x 1-1/2"	3					
EASY TOUCH TUBERCULIN SHE – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3						EASYPOINT NEEDLE/18G X 1- – needle (disp) 18 x 1-1/2"	3					
EASY TOUCH 32GX5MM – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						EASYPOINT NEEDLE/18G X 1" – needle (disp) 18 x 1"	3					
EASY TOUCH 32GX6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						EASYPOINT NEEDLE/20G X 1- – needle (disp) 20 x 1-1/2"	3					
EASY TRAK BLOOD GLUCOSE M – blood glucose monitoring devices	3						EASYPOINT NEEDLE/20G X 1" – needle (disp) 20 x 1"	3					
EASY TRAK II BLOOD GLUCOS – blood glucose monitoring devices	3						EASYPOINT NEEDLE/21G X 1- – needle (disp) 21 x 1-1/2"	3					
EASYGLUCO – blood glucose monitoring kit	3						EASYPOINT NEEDLE/21G X 1" – needle (disp) 21 x 1"	3					
							EASYPOINT NEEDLE/22G X 1- – needle (disp) 22 x 1-1/2"	3					
							EASYPOINT NEEDLE/22G X 1" – needle (disp) 22 x 1"	3					
							EASYPRO BLOOD GLUCOSE MON – blood glucose monitoring kit w/ device	3					

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EASYPRO PLUS – blood glucose monitoring kit w/ device	3						EQL COLOR LANCETS MICRO T – lancets	2					
ELEMENT AUTOCODE SYSTEM – blood glucose monitoring kit w/ device	3						EQL COLOR LANCETS 21G – lancets	2					
ELEMENT COMPACT BLOOD GLU – blood glucose monitoring devices	3						EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
ELEMENT COMPACT V BLOOD – blood glucose monitoring devices	3						EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
ELEMENT PLUS BLOOD GLUCOS – blood glucose monitoring devices	3						EQL INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
EMBRACE BLOOD GLUCOSE MON – blood glucose monitoring devices	3						EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
EMBRACE EVO BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3						EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
EMBRACE EVO COMPACT BLOOD – blood glucose monitoring devices	3						EQL INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
EMBRACE LANCETS ULTRA THI – lancets	2						EQL INSULIN SYRINGE/1ML/2 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
EMBRACE LANCING DEVICE WI – lancet devices	2						EQL INSULIN SYRINGE/1ML/3 – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
EMBRACE PRESSURE ACTIVATE – lancets	2						EQL INSULIN SYRINGE/1ML/3 – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
EMBRACE PRO BLOOD GLUCOSE – blood glucose monitoring devices	3						EQL SHORT PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
EMBRACE TALK BLOOD GLUCOS – blood glucose monitoring devices	3						EQL SUPER THIN LANCETS 30 – lancets	2					
EMBRACE TALK BLOOD GLUCOS – blood glucose monitoring kit w/ device	3						EQL THIN LANCETS 26G – lancets	2					

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EQL ULTRA SHORT PEN NEEDL – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						EXEL COMFORT POINT INSULI – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
EVENCARE BLOOD GLUCOSE MO – blood glucose monitoring kit	3						EXEL COMFORT POINT INSULI – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
EVOLUTION AUTOCODE – blood glucose monitoring devices	3						EZ-LETS LANCETS 21G – lancets	2					
EXCEL COMFORT POINT INSUL – insulin pen needle 31 g x 4 mm (1/6" or 5/32")	2						EZ-LETS LANCETS 26G SUPER – lancets	2					
EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						EZ-LETS LANCETS 28G ULTRA – lancets	2					
EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						EZ-LETS LANCETS 30G – lancets	2					
EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						FC2 FEMALE CONDOM – condoms - female	3					
EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						FEMCAP – cervical cap 22 mm	3					
EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						FEMCAP – cervical cap 26 mm	3					
EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						FEMCAP – cervical cap 30 mm	3					
EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						FIFTY50 GLUCOSE METER 2.0 – blood glucose monitoring kit w/ device	3					
EXEL COMFORT POINT INSULI – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						FIFTY50 PEN NEEDLES 31G X – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
EXEL COMFORT POINT INSULI – insulin pen needle 29 g x 12 mm (1/2")	2						FIFTY50 PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
							FIFTY50 PEN NEEDLES 31GX5 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
							FIFTY50 PEN NEEDLES/31GX8 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
							FIFTY50 PEN NEEDLES/32GX4 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					

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FIFTY50 PEN NEEDLES/32GX6 – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						FORA LANCING DEVICE – lancet devices	2					
FIFTY50 SAFETY SEAL LANCE – lancets	2						FORA LANCING DEVICE/CLEAR – lancet devices	2					
FIFTY50 SUPERIOR COMFORT – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						FORA PREMIUM V10 BLE BLOO – blood glucose monitoring devices	3					
FIFTY50 SUPERIOR COMFORT – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						FORA TEST N' GO VOICE BLO – blood glucose monitoring devices	3					
FIFTY50 SUPERIOR COMFORT – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						FORA TN'G VOICE BLOOD GLU – blood glucose monitoring kit w/ device	3					
FIFTY50 UNILET LANCETS 33 – lancets	2						FORA V10 BLOOD GLUCOSE MO – blood glucose monitoring devices	3					
FINE 30 – lancets	2						FORA V10/V12/D10/D20 BLOO – blood glucose monitoring kit	3					
FINGERSTIX LANCETS – lancets	2						FORA V12 BLOOD GLUCOSE MO – blood glucose monitoring devices	3					
FLOW-EZE VENTED NEEDLE – hypodermic needles (disposable)	3						FORA V20 BLOOD GLUCOSE MO – blood glucose monitoring devices	3					
FORA GD20 BLOOD GLUCOSE M – blood glucose monitoring devices	3						FORA V30A BLOOD GLUCOSE M – blood glucose monitoring devices	3					
FORA GD50 BLOOD GLUCOSE M – blood glucose monitoring devices	3						FORA V30A BLOOD GLUCOSE M – blood glucose monitoring kit w/ device	3					
FORA GTEL BLOOD GLUCOSE M – blood glucose monitoring devices	3						FORACARE GD40 BLOOD GLUCO – blood glucose monitoring devices	3					
FORA G20 BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3						FORACARE PREMIUM V10 BLOO – blood glucose monitoring devices	3					
FORA G30A BLOOD GLUCOSE M – blood glucose monitoring devices	3						FORACARE TEST N GO BLOOD – blood glucose monitoring devices	3					
FORA LANCETS – lancets	2						FORTISCARE T1 SELF-MONITO – blood glucose monitoring devices	3					

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FREDS PHARMACY AUTOLET LA – lancet devices	2						FREESTYLE PRECISION NEO B – blood glucose monitoring kit w/ device	3					
FREDS PHARMACY UNIFINE PE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						FREESTYLE UNISTICK II LAN – lancets	2					
FREDS PHARMACY UNIFINE PE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						GENTEEL BUTTERFLY TOUCH L – lancets	2					
FREDS PHARMACY UNIFINE PE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						GENTEEL PLUS LANCING DEVI – lancet devices	2					
FREDS PHARMACY UNILET LAN – lancets	2						GENTLE-LET GP LANCETS – lancets	2					
FREESTYLE FREEDOM LITE – blood glucose monitoring kit w/ device	3						GENTLE-LET LANCETS GENERA – lancets	2					
FREESTYLE LANCETS – lancets	2						GENTLE-LET LANCETS SAFETY – lancets	2					
FREESTYLE LIBRE 14 DAY/RE – continuous blood glucose system receiver	3			•	•		GE100 BLOOD GLUCOSE MONIT – blood glucose monitoring devices	3					
FREESTYLE LIBRE 14 DAY/SE – continuous blood glucose system sensor	3			•	•		GE100 BLOOD GLUCOSE MONIT – blood glucose monitoring kit w/ device	3					
FREESTYLE LIBRE 2/READER/ – continuous blood glucose system receiver	3			•	•		GHT BLOOD GLUCOSE MONITO – blood glucose monitoring kit w/ device	3					
FREESTYLE LIBRE 2/SENSOR/ – continuous blood glucose system sensor	3			•	•		GLOBAL EASE INJECT PEN NE – insulin pen needle 29 g x 12 mm (1/2")	2					
FREESTYLE LIBRE/READER/FL – continuous blood glucose system receiver	3			•	•		GLOBAL EASE INJECT PEN NE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
FREESTYLE LITE BLOOD GLUC – blood glucose monitoring devices	3						GLOBAL EASE INJECT PEN NE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
FREESTYLE LITE BLOOD GLUC – blood glucose monitoring kit w/ device	3						GLOBAL EASE INJECT PEN NE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					

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GLOBAL EASY GLIDE INSULIN – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
GLOBAL EASY GLIDE INSULIN – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
GLOBAL EASY GLIDE INSULIN – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
GLOBAL EASY GLIDE INSULIN – insulin syringe/needle u-100 1 ml 31 x 15/64"	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
GLOBAL EASY GLIDE PEN NEE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2						GLOBAL INJECT EASE LANCET – lancets	2					
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						GLOBAL INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						GLOBAL INSULIN SYRINGES/U – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						GLOBAL LANCING DEVICE – lancet devices	2					
GLOBAL INJECT EASE INSULI – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						GLUCO PERFECT 3 BLOOD GLU – blood glucose monitoring devices	3					
							GLUCOCARD EXPRESSION AUDI – blood glucose monitoring kit w/ device	3					

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GLUCOCARD SHINE – blood glucose monitoring devices	3						GLUCOCOM LANCETS 30G – lancets	2					
GLUCOCARD SHINE – blood glucose monitoring kit w/ device	3						GLUCOCOM LANCETS 33G – lancets	2					
GLUCOCARD SHINE CONNEX BL – blood glucose monitoring kit w/ device	3						GLUCONAVII BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3					
GLUCOCARD SHINE EXPRESS B – blood glucose monitoring kit w/ device	3						GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GLUCOCARD SHINE XL – blood glucose monitoring devices	3						GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
GLUCOCARD VITAL BLOOD GLU – blood glucose monitoring kit w/ device	3						GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
GLUCOCARD X-METER – blood glucose monitoring kit w/ device	3						GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
GLUCOCARD 01 BLOOD GLUCOS – blood glucose monitoring devices	3						GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
GLUCOCARD 01 BLOOD GLUCOS – blood glucose monitoring kit w/ device	3						GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
GLUCOCARD 01-MINI BLOOD G – blood glucose monitoring kit w/ device	3						GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
GLUCOCOM AUTOLINK TELEMON – blood glucose monitoring misc.	3						GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
GLUCOCOM BLOOD GLUCOSE MO – blood glucose monitoring devices	3						GLUCOPRO INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
GLUCOCOM BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3						GNP CLICKFINE UNIVERSAL P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
GLUCOCOM LANCETS 28G – lancets	2												

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GNP CLICKFINE UNIVERSAL P – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						GNP INSULIN SYRINGES/0.3M – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
GNP EASY TOUCH GLUCOSE MO – blood glucose monitoring devices	3						GNP INSULIN SYRINGES/1/2M – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
GNP INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						GNP INSULIN SYRINGES/1ML/ – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
GNP INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						GNP INSULIN SYRINGES/1ML/ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
GNP INSULIN SYRINGE/0.3ML – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						GNP INSULIN SYRINGES/1ML/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						GNP INSULIN SYRINGES/3ML/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						GNP LANCETS THIN 26G – lancets	2					
GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						GNP LANCETS 21G – lancets	2					
GNP INSULIN SYRINGE/0.5ML – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						GNP LANCING SYSTEM DEVICE – lancet devices	2					
GNP INSULIN SYRINGE/1ML/2 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						GNP STERILE LANCETS 28G – lancets	2					
GNP INSULIN SYRINGE/1ML/3 – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						GNP STERILE LANCETS 30G – lancets	2					
GNP INSULIN SYRINGE/1ML/3 – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						GNP STERILE LANCETS 33G – lancets	2					
							GNP TRUE METRIX AIR SELF – blood glucose monitoring kit w/ device	3					
							GNP TRUE METRIX SELF MONI – blood glucose monitoring kit w/ device	3					
							GNP ULTICARE PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					

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GNP ULTICARE PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						GOODSENSE LANCING DEVICE – lancet devices	2					
GNP ULTICARE PEN NEEDLES/ – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						GOODSENSE PEN NEEDLE/PENF – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
GNP ULTICARE PEN NEEDLES/ – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						GOODSENSE PEN NEEDLE/PENF – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
GNP ULTIGUARD SAFEPACK/MI – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						GOODSENSE PEN NEEDLE/PENF – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
GNP ULTIGUARD SAFEPACK/MI – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						GOODSENSE PEN NEEDLE/PENF – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
GNP ULTIGUARD SAFEPACK/MI – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						GOODSENSE PREMIUM BLOOD – blood glucose monitoring kit w/ device	3					
GNP ULTIGUARD SAFEPACK/SH – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						H-E-B IN CONTROL PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
GNP ULTRA COMFORT INSULIN – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						H-E-B IN CONTROL PEN NEED – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
GOJJI LANCING DEVICE/CLEA – lancet devices	2						H-E-B IN CONTROL PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
GOJJI STERILE LANCETS 30G – lancets	2						H-E-B IN CONTROL PEN NEED – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
GOODSENSE CLICKFINE SAFET – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						H-E-B IN CONTROL UNIFINE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
GOODSENSE COLOR LANCETS M – lancets	2						H-E-B IN CONTROL UNIFINE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
GOODSENSE LANCETS MICRO-T – lancets	2						H-E-B IN CONTROL UNIFINE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
GOODSENSE LANCETS ULTRA-T – lancets	2												

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H-E-B IN CONTROL UNIFINE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
H-E-B IN CONTROL UNIFINE – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
H-E-B INCONTROL ADVANCED – lancet devices	2						HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
H-E-B INCONTROL LANCETS M – lancets	2						HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
H-E-B INCONTROL LANCETS S – lancets	2						HEALTHWISE MICRON PEN NEE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
H-E-B INCONTROL LANCETS U – lancets	2						HEALTHWISE MINI PEN NEEDL – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
H-E-B INCONTROL PEN NEEDL – insulin pen needle 29 g x 12 mm (1/2")	2						HEALTHWISE PEN NEEDLES 29 – insulin pen needle 29 g x 12 mm (1/2")	2					
HAEMOLANCE – lancets	2						HEALTHWISE SHORT PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
HAEMOLANCE LOW FLOW LANCE – lancets	2						HEALTHWISE SHORT PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
HAEMOLANCE PLUS – lancets	2						HEALTHWISE UNIFINE PENTIP – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
HAEMOLANCE PLUS HIGH FLOW – lancets	2						HEALTHY ACCENTS AUTOLET I – lancet devices	2					
HAEMOLANCE PLUS LOW FLOW – lancets	2						HEALTHY ACCENTS UNIFINE P – insulin pen needle 29 g x 12 mm (1/2")	2					
HAEMOLANCE PLUS MAX FLOW – lancets	2						HEALTHY ACCENTS UNIFINE P – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
HAEMOLANCE PLUS PEDIATRIC – lancets	2												
HEALTH CARE LANCING DEVIC – lancet devices	2												
HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2												
HEALTHWISE INSULIN SYRING – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2												

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HEALTHY ACCENTS UNIFINE P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						HUBER NEEDLE/STRAIGHT 19G – needle (disp) 19 x 1-1/4"	3					
HEALTHY ACCENTS UNIFINE P – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						HUBER NEEDLE/STRAIGHT 20G – needle (disp) 20 x 1"	3					
HEALTHY ACCENTS UNIFINE P – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						HUBER NEEDLE/STRAIGHT 20G – needle (disp) 20 x 1-1/2"	3					
HEALTHY ACCENTS UNILET LA – lancets	2						HUBER NEEDLE/STRAIGHT 22G – needle (disp) 22 x 1"	3					
HM ULTICARE INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						HUBER NEEDLE/STRAIGHT 22G – needle (disp) 22 x 1-1/2"	3					
HM ULTICARE INSULIN SYRIN – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						HUBER NEEDLE/19GX3/4"/RIG – needle (disp) 19 x 3/4"	3					
HM ULTICARE MINI PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						HUBER NEEDLE/20G X 1-1/4" – needle (disp) 20 x 1-1/4"	3					
HM ULTICARE SHORT PEN NEE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						HUBER NEEDLE/22GX1-1/4"/4 – needle (disp) 22 x 1-1/4"	3					
HUBER NEEDLE 20GX3/4"/R – needle (disp) 20 x 3/4"	3						HW EMBRACE PRO BLOOD GLUC – blood glucose monitoring devices	3					
HUBER NEEDLE/RIGHT ANGLE – needle (disp) 19 x 1"	3						HW EMBRACE TALK BLOOD GLU – blood glucose monitoring devices	3					
HUBER NEEDLE/RIGHT ANGLE – needle (disp) 20 x 1"	3						HW EMBRACE TALK BLOOD GLU – blood glucose monitoring kit w/ device	3					
HUBER NEEDLE/RIGHT ANGLE – needle (disp) 20 x 1-1/2"	3						HY-VEE LANCETS – lancets	2					
HUBER NEEDLE/RIGHT ANGLE – needle (disp) 22 x 3/4"	3						HY-VEE THIN LANCETS – lancets	2					
HUBER NEEDLE/RIGHT ANGLE – needle (disp) 22 x 1"	3						HYPODERMIC NEEDLE 18G X 1 – needle (disp) 18 x 1"	3					
HUBER NEEDLE/RIGHT ANGLE – needle (disp) 22 x 1-1/2"	3						HYPODERMIC NEEDLE 18G X 1 – needle (disp) 18 x 1-1/2"	3					
							HYPODERMIC NEEDLE 19G X 1 – needle (disp) 19 x 1"	3					
							HYPODERMIC NEEDLE 19G X 1 – needle (disp) 19 x 1-1/2"	3					
							HYPODERMIC NEEDLE 20G X 1 – needle (disp) 20 x 1-1/2"	3					

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HYPODERMIC NEEDLE 20GX3/4 – needle (disp) 20 x 3/4"	3						HYPODERMIC NEEDLE 27GX1-1 – needle (disp) 27 x 1-1/2"	3					
HYPODERMIC NEEDLE 21GX1-1 – needle (disp) 21 x 1-1/4"	3						HYPODERMIC NEEDLE 27GX1/2 – needle (disp) 27 x 1/2"	3					
HYPODERMIC NEEDLE 21GX1-1 – needle (disp) 21 x 1-1/2"	3						HYPODERMIC NEEDLE 30GX1/2 – needle (disp) 30 x 1/2"	3					
HYPODERMIC NEEDLE 21GX1" – needle (disp) 21 x 1"	3						HYPODERMIC NEEDLES 18GX1- – needle (disp) 18 x 1-1/2"	3					
HYPODERMIC NEEDLE 22GX1-1 – needle (disp) 22 x 1-1/4"	3						HYPODERMIC NEEDLES 18GX1" – needle (disp) 18 x 1"	3					
HYPODERMIC NEEDLE 22GX1-1 – needle (disp) 22 x 1-1/2"	3						HYPODERMIC NEEDLES 19GX1- – needle (disp) 19 x 1-1/2"	3					
HYPODERMIC NEEDLE 22GX1" – needle (disp) 22 x 1"	3						HYPODERMIC NEEDLES 19GX1" – needle (disp) 19 x 1"	3					
HYPODERMIC NEEDLE 22GX3/4 – needle (disp) 22 x 3/4"	3						HYPODERMIC NEEDLES 20GX1- – needle (disp) 20 x 1-1/2"	3					
HYPODERMIC NEEDLE 23GX1" – needle (disp) 23 x 1"	3						HYPODERMIC NEEDLES 20GX1" – needle (disp) 20 x 1"	3					
HYPODERMIC NEEDLE 23GX3/4 – needle (disp) 23 x 3/4"	3						HYPODERMIC NEEDLES 21GX1- – needle (disp) 21 x 1-1/2"	3					
HYPODERMIC NEEDLE 25GX1-1 – needle (disp) 25 x 1-1/2"	3						HYPODERMIC NEEDLES 21GX1" – needle (disp) 21 x 1"	3					
HYPODERMIC NEEDLE 25GX1" – needle (disp) 25 x 1"	3						HYPODERMIC NEEDLES 22GX1- – needle (disp) 22 x 1-1/2"	3					
HYPODERMIC NEEDLE 25GX3/4 – needle (disp) 25 x 3/4"	3						HYPODERMIC NEEDLES 22GX1" – needle (disp) 22 x 1"	3					
HYPODERMIC NEEDLE 25GX5/8 – needle (disp) 25 x 5/8"	3						HYPODERMIC NEEDLES 23GX1- – needle (disp) 23 x 1-1/2"	3					
HYPODERMIC NEEDLE 26GX1/2 – needle (disp) 26 x 1/2"	3						HYPODERMIC NEEDLES 23GX1" – needle (disp) 23 x 1"	3					
HYPODERMIC NEEDLE 26GX3/8 – needle (disp) 26 x 3/8"	3						HYPODERMIC NEEDLES 25GX1- – needle (disp) 25 x 1-1/2"	3					
HYPODERMIC NEEDLE 26GX5/8 – needle (disp) 26 x 5/8"	3						HYPODERMIC NEEDLES 25GX5/ – needle (disp) 25 x 5/8"	3					
HYPODERMIC NEEDLE 27GX1-1 – needle (disp) 27 x 1-1/4"	3						HYPODERMIC NEEDLES 26GX1/ – needle (disp) 26 x 1/2"	3					

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HYPODERMIC NEEDLES 27GX1- – needle (disp) 27 x 1-1/2"	3						INSULIN SYRINGE 1ML/31G X – insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	2					
HYPODERMIC NEEDLES 27GX1/ – needle (disp) 27 x 1/2"	3						INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
IGLUOSE BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3						INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
IN TOUCH – blood glucose monitoring devices	3						INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
IN TOUCH DIABETES MANAGEM – blood glucose monitoring misc.	3						INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
IN TOUCH LANCING DEVICE – lancet devices	2						INSULIN SYRINGE/NEEDLE 0. – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
IN TOUCH STERILE LANCETS – lancets	2						INSULIN SYRINGE/NEEDLE 1M – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
INFINITY BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3						INSULIN SYRINGE/NEEDLE 1M – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
INFINITY VOICE – blood glucose monitoring kit w/ device	3						INSULIN SYRINGE/NEEDLE 1M – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
INPEN 100/BLUE/LILLY/HUMA – injection device for insulin	3						INSULIN SYRINGE/U-100/0.3 – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
INPEN 100/BLUE/NOVOLOG/FI – injection device for insulin	3						INSULIN SYRINGE/U-100/0.5 – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
INPEN 100/GREY/LILLY/HUMA – injection device for insulin	3						INSULIN SYRINGE/U-100/1ML – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
INPEN 100/GREY/NOVOLOG/FI – injection device for insulin	3												
INPEN 100/PINK/LILLY/HUMA – injection device for insulin	3												
INPEN 100/PINK/NOVOLOG/FI – injection device for insulin	3												
INSUL-TOTE – blood glucose monitoring supplies	3												
INSUL-TOTE JR – blood glucose monitoring supplies	3												

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INSULIN SYRINGE/U-100/1ML – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						INSULIN SYRINGES 0.3ML/31 – insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	2					
INSULIN SYRINGE/U-100/1ML – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						INSULIN SYRINGES 0.5ML/31 – insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	2					
INSULIN SYRINGE/U-100/1ML – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						INSULIN SYRINGES/0.5ML/27 – insulin syringe/needle u-100 1/2 ml 27 x 1/2"	2					
INSULIN SYRINGE/0.3ML/30G – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						INSULIN SYRINGES/0.5ML/28 – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
INSULIN SYRINGE/0.3ML/31G – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						INSULIN SYRINGES/0.5ML/29 – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
INSULIN SYRINGE/0.5ML/27G – insulin syringe/needle u-100 1/2 ml 27 x 1/2"	2						INSULIN SYRINGES/0.5ML/30 – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
INSULIN SYRINGE/0.5ML/28G – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						INSULIN SYRINGES/0.5ML/31 – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
INSULIN SYRINGE/0.5ML/30G – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						INSULIN SYRINGES/1ML/27GX – insulin syringe/needle u-100 1 ml 27 x 1/2"	2					
INSULIN SYRINGE/0.5ML/31G – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						INSULIN SYRINGES/1ML/28GX – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
INSULIN SYRINGE/1ML/28G X – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						INSULIN SYRINGES/1ML/29GX – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
INSULIN SYRINGE/1ML/29G X – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						INSULIN SYRINGES/1ML/30GX – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
INSULIN SYRINGE/1ML/30G X – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						INSULIN SYRINGES/1ML/31GX – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					

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INSUPEN PEN NEEDLES 32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						KINRAY INSULIN SYRINGE PR – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
INSUPEN SENSITIVE 32GX6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						KINRAY INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
INSUPEN SENSITIVE 32GX8MM – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2						KMART VALU PLUS INSULIN S – insulin syringe (disp) u-100 0.3 ml	2					
INSUPEN ULTRAFIN 30GX8MM – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						KMART VALU PLUS INSULIN S – insulin syringe (disp) u-100 1/2 ml	2					
INSUPEN ULTRAFIN 31GX6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						KMART VALU PLUS INSULIN S – insulin syringe (disp) u-100 1 ml	2					
INSUPEN ULTRAFIN 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						KROGER AUTOLET LANCING DE – lancet devices	2					
INSUPEN 29G X 12MM – insulin pen needle 29 g x 12 mm (1/2")	2						KROGER BLOOD GLUCOSE MONI – blood glucose monitoring kit w/ device	3					
INSUPEN 31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						KROGER HEALTHPRO BLOOD GL – blood glucose monitoring kit w/ device	3					
INSUPEN 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						KROGER HEALTHPRO TWIST LA – lancets	2					
INSUPEN 32G X 4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						KROGER INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
INSUPEN 33GX4MM – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
KINNEY LANCETS – lancets	2						KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
KINNEY THIN LANCETS – lancets	2						KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
KINRAY INSULIN SYRINGE PR – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
KINRAY INSULIN SYRINGE PR – insulin syringe/needle u-100 1 ml 31 x 5/16"	2												

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KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						KROGER PEN NEEDLES/31G X – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
KROGER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						KROGER PEN NEEDLES/31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
KROGER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						KROGER PEN NEEDLES/31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
KROGER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						KROGER PEN NEEDLES/32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
KROGER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						KROGER PEN NEEDLES/33G X – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
KROGER LANCETS – lancets	2						KROGER PREMIUM BLOOD GLUC – blood glucose monitoring kit w/ device	3					
KROGER LANCETS MICRO THIN – lancets	2						LANCET DEVICE ADJUSTABLE – lancet devices	2					
KROGER LANCETS SUPER THIN – lancets	2						LANCET DEVICE WITH EJECTO – lancet devices	2					
KROGER LANCETS THIN – lancets	2						LANCETS – lancets	2					
KROGER LANCETS THIN 26G – lancets	2						LANCETS MICRO THIN 33G – lancets	2					
KROGER LANCETS ULTRATHIN – lancets	2						LANCETS SUPER THIN 28G – lancets	2					
KROGER LANCETS 21G – lancets	2						LANCETS THIN – lancets	2					
KROGER LANCING DEVICE – lancet devices	2						LANCETS ULTRA THIN – lancets	2					
KROGER PEN NEEDLES 29G X – insulin pen needle 29 g x 12 mm (1/2")	2						LANCETS ULTRA THIN 30G – lancets	2					
KROGER PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						LANCETS 30G – lancets	2					
KROGER PEN NEEDLES 31GX1/ – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						LANCETS 30G TWIST TOP – lancets	2					
							LANCETS 30G/TWIST TOP – lancets	2					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
LANCETS 33G EXTRA FINE – lancets	2						LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
LANCETS 33G UNIVERSAL DES – lancets	2						LEADER LANCETS COLORED – lancets	2					
LANCING DEVICE – lancet devices	2						LEADER SUPER THIN LANCET – lancets	2					
LANZO – lancet devices	2						LEADER THIN LANCETS – lancets	2					
LEADER ADVANCED LANCING D – lancet devices	2						LEADER UNIFINE PENTIPS PL – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						LEADER UNIFINE PENTIPS PL – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						LEADER UNIFINE PENTIPS/MI – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						LEADER UNIFINE PENTIPS/NA – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						LEADER UNIFINE PENTIPS/PL – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						LIBERTY BLOOD GLUCOSE MET – blood glucose monitoring devices	3					
LEADER INSULIN SYRINGE/0. – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						LIBERTY MEDICAL LANCETS 3 – lancets	2					
LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						LIBERTY MINI LANCING DEVI – lancet devices	2					
LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						LIBERTY NEXT GENERATION B – blood glucose monitoring devices	3					
LEADER INSULIN SYRINGE/1M – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						LIFESCAN UNISTIK II LANCE – lancets	2					
							LIFESCAN UNISTIK 2 DEEP P – lancets	2					
							LITE TOUCH LANCETS – lancets	2					

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LITE TOUCH LANCING PEN – lancet devices	2						LITETOUCH LANCETS MICRO T – lancets	2					
LITETOUCH INSULIN PEN NEE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						LITETOUCH PEN NEEDLES 29G – insulin pen needle 29 g x 12.7 mm (1/2")	2					
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						LITETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						LITETOUCH PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						LITETOUCH PEN NEEDLES/31 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						LITETOUCH PEN NEEDLES/31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						LITETOUCH PEN NEEDLES/31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						LIVE BETTER ADVANCED LANC – lancet devices	2					
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						LIVE BETTER LANCET SUPER – lancets	2					
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						LIVE BETTER LANCET ULTRA – lancets	2					
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						LIVE BETTER PEN NEEDLES 2 – insulin pen needle 29 g x 12 mm (1/2")	2					
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						LIVE BETTER PEN NEEDLES 3 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
LITETOUCH INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						LIVE BETTER PEN NEEDLES 3 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
							LONGS INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					

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LONGS LANCETS STANDARD – lancets	2						MARATHON MEDICAL PENTIPS – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
LONGS LANCETS THIN – lancets	2						MAXI-COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
LONGS LANCETS ULTRA THIN – lancets	2						MAXI-COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						MAXI-COMFORT SAFETY PEN N – insulin pen needle 29 g x 5 mm (1/5" or 3/16")	2					
MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						MAXI-COMFORT SAFETY PEN N – insulin pen needle 29 g x 8 mm (1/3" or 5/16")	2					
MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						MAXICOMFORT II PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						MAXICOMFORT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 27 x 1/2"	2					
MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						MAXICOMFORT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 27 x 1/2"	2					
MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						MEDIC INSULIN SYRINGE/0.3 – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
MAGELLAN TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3						MEDIC INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
MAGELLAN TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3						MEDICHOICE PRE-SET SAFETY – lancets	2					
MARATHON MEDICAL PENTIPS – insulin pen needle 29 g x 12 mm (1/2")	2						MEDICHOICE SAFETY LANCET – lancets	2					
MARATHON MEDICAL PENTIPS – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						MEDICINE SHOPPE LANCETS – lancets	2					
MARATHON MEDICAL PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						MEDICINE SHOPPE LANCETS T – lancets	2					

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MEDICINE SHOPPE PEN NEEDL – insulin pen needle 29 g x 12 mm (1/2")	2						MEIJER LANCETS THIN – lancets	2					
MEDICINE SHOPPE PEN NEEDL – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						MEIJER LANCETS UNIVERSAL – lancets	2					
MEDICINE SHOPPE PEN NEEDL – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						MEIJER PEN NEEDLES 29G X – insulin pen needle 29 g x 12 mm (1/2")	2					
MEDLANCE PLUS EXTRA LANCE – lancets	2						MEIJER PEN NEEDLES 31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
MEDLANCE PLUS LANCETS – lancets	2						MEIJER PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
MEDLANCE PLUS LANCETS LIT – lancets	2						MEIJER PREMIUM BLOOD GLUC – blood glucose monitoring kit w/ device	3					
MEDLANCE PLUS LITE LANCET – lancets	2						MEIJER SUPER THIN LANCETS – lancets	2					
MEDLANCE PLUS SPECIAL LAN – lancets	2						MEIJER TRUERESULT BLOOD G – blood glucose monitoring kit w/ device	3					
MEDLANCE PLUS SUPERLITE 3 – lancets	2						MEIJER TRUETRACK BLOOD GL – blood glucose monitoring kit w/ device	3					
MEDLANCE PLUS UNIVERSAL L – lancets	2						MEIJER TRUE2GO BLOOD GLUC – blood glucose monitoring kit w/ device	3					
MEDLANCE PLUS/LITE 25G – lancets	2						MICRODOT BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3					
MEDLANCE/EXTRA – lancets	2						MICRODOT PEN NEEDLE/31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
MEDLANCE/LITE – lancets	2						MICRODOT PEN NEEDLE/32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
MEDLANCE/UNIVERSAL – lancets	2						MICRODOT PEN NEEDLE/33G X – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
MEIJER BLOOD GLUCOSE MONI – blood glucose monitoring kit w/ device	3												
MEIJER COLOR LANCETS UNIV – lancets	2												
MEIJER ESSENTIAL BLOOD GL – blood glucose monitoring kit w/ device	3												
MEIJER LANCETS – lancets	2												

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MICROLET LANCETS – lancets	2						MM PEN NEEDLES 32G X 5/32 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
MICROLET NEXT – lancet devices	2						MM TWIST LANCETS – lancets	2					
MINI LANCING DEVICE – lancet devices	2						MONOJECT BLUNT CANNULA/20 – needle (disp) 20 x 1-1/2"	3					
MM EASY TOUCH BLOOD GLUCO – blood glucose monitoring kit w/ device	3						MONOJECT BLUNT CANNULA/21 – needle (disp) 21 x 1"	3					
MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 14 x 1"	3					
MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 14 x 2"	3					
MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 16 x 5/8"	3					
MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 16 x 3/4"	3					
MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 16 x 1-1/2"	3					
MM INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 18 x 1"	2					
MM LANCING DEVICE – lancet devices	2						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 18 x 1-1/2"	2					
MM PEN NEEDLES 31G X 1/4" – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 19 x 1"	3					
MM PEN NEEDLES 31G X 3/16 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 19 x 1-1/2"	3					
MM PEN NEEDLES 31G X 5/16 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						MONOJECT HYPO/ALUM HUB/LU – needle (disp) 20 x 1"	3					
							MONOJECT HYPO/ALUM HUB/LU – needle (disp) 20 x 1-1/2"	2					
							MONOJECT HYPO/ALUM HUB/LU – needle (disp) 22 x 1"	3					
							MONOJECT HYPO/ALUM HUB/LU – needle (disp) 22 x 1-1/2"	3					
							MONOJECT HYPO/ALUM HUB/LU – needle (disp) 23 x 1"	3					

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MONOJECT HYPO/ALUM HUB/LU – needle (disp) 25 x 5/8"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 22 x 1"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 25 x 1-1/4"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 22 x 1-1/2"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 25 x 2"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 23 x 3/4"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 27 x 1/2"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 23 x 1"	3					
MONOJECT HYPO/ALUM HUB/LU – needle (disp) 27 x 1-1/4"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 25 x 5/8"	3					
MONOJECT HYPO/ALUM HUB/16 – needle (disp) 16 x 1"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 25 x 1"	3					
MONOJECT HYPO/ALUM HUB/18 – needle (disp) 18 x 1-1/2"	2						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 25 x 1-1/2"	3					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 18 x 1"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 26 x 1/2"	3					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 18 x 1-1/2"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 27 x 1/2"	3					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 19 x 1"	3						MONOJECT HYPO/ POLYPROPYLE – needle (disp) 30 x 3/4"	3					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 19 x 1-1/2"	3						MONOJECT HYPODERMIC NEEDL – needle (disp) 18 x 1"	3					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 20 x 1"	3						MONOJECT HYPODERMIC NEEDL – needle (disp) 27 x 1-1/2"	3					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 20 x 1-1/2"	3						MONOJECT HYPODERMIC NEEDL – needle (disp) 30 x 3/4"	3					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 21 x 1"	3						MONOJECT INSULIN SYRINGE – insulin syringe (disp) u-100 1 ml	2					
MONOJECT HYPO/ POLYPROPYLE – needle (disp) 21 x 1-1/2"	3												

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MONOJECT INSULIN SYRINGE/ – insulin syringe (disp) u-100 1 ml	2						MONOJECT MAGELLAN SAFETY – needle (disp) 18 x 1-1/2"	2					
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						MONOJECT MAGELLAN SAFETY – needle (disp) 19 x 1"	3					
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						MONOJECT MAGELLAN SAFETY – needle (disp) 19 x 1-1/2"	3					
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						MONOJECT MAGELLAN SAFETY – needle (disp) 20 x 1"	2					
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						MONOJECT MAGELLAN SAFETY – needle (disp) 20 x 1-1/2"	2					
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						MONOJECT MAGELLAN SAFETY – needle (disp) 21 x 5/8"	2					
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 25 x 5/8"	2						MONOJECT MAGELLAN SAFETY – needle (disp) 21 x 1"	2					
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 27 x 1/2"	2						MONOJECT MAGELLAN SAFETY – needle (disp) 21 x 1-1/2"	2					
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						MONOJECT MAGELLAN SAFETY – needle (disp) 22 x 1"	2					
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						MONOJECT MAGELLAN SAFETY – needle (disp) 22 x 1-1/2"	2					
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						MONOJECT MAGELLAN SAFETY – needle (disp) 23 x 5/8"	2					
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						MONOJECT MAGELLAN SAFETY – needle (disp) 23 x 1"	2					
MONOJECT MAGELLAN SAFETY – needle (disp) 18 x 1"	2						MONOJECT MAGELLAN SAFETY – needle (disp) 25 x 5/8"	2					
							MONOJECT MAGELLAN SAFETY – needle (disp) 25 x 1"	2					
							MONOJECT MEDICATION TRANS – hypodermic needles (disposable)	3					
							MONOJECT STANDARD HYPODER – needle (disp) 14 x 1-1/2"	3					
							MONOJECT STANDARD HYPODER – needle (disp) 18 x 1"	3					

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MONOJECT STANDARD HYPODER – needle (disp) 18 x 1-1/2"	3						MONOJECT STANDARD HYPODER – needle (disp) 27 x 1/2"	3					
MONOJECT STANDARD HYPODER – needle (disp) 19 x 1"	3						MONOJECT SYRINGE PHARMACY – syringe (disposable) 1 ml	2					
MONOJECT STANDARD HYPODER – needle (disp) 19 x 1-1/2"	3						MONOJECT TB SYRINGE-NDL 1 – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	3					
MONOJECT STANDARD HYPODER – needle (disp) 20 x 1"	3						MONOJECT TB SYRINGE-NDL 1 – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3					
MONOJECT STANDARD HYPODER – needle (disp) 20 x 1-1/2"	3						MONOJECT TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	3					
MONOJECT STANDARD HYPODER – needle (disp) 21 x 1"	3						MONOJECT TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3					
MONOJECT STANDARD HYPODER – needle (disp) 21 x 1-1/2"	3						MONOJECT TUBERCULIN SYRIN – syringe (disposable) 1 ml	2					
MONOJECT STANDARD HYPODER – needle (disp) 21 x 2"	3						MONOJECT TUBERCULIN SYRIN – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	2					
MONOJECT STANDARD HYPODER – needle (disp) 22 x 1"	3						MONOJECT TUBERCULIN SYRIN – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	3					
MONOJECT STANDARD HYPODER – needle (disp) 22 x 1-1/2"	3						MONOJECT TUBERCULIN SYRIN – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3					
MONOJECT STANDARD HYPODER – needle (disp) 23 x 1"	3						MONOJECT TUBERCULIN SYRIN – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
MONOJECT STANDARD HYPODER – needle (disp) 25 x 5/8"	3						MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
MONOJECT STANDARD HYPODER – needle (disp) 25 x 1"	3												
MONOJECT STANDARD HYPODER – needle (disp) 25 x 1-1/2"	3												
MONOJECT STANDARD HYPODER – needle (disp) 26 x 1-1/2"	3												

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MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						MS INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						MS INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						MS INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						MS INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						MS INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						MS INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						MS INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
MONOJECT 1ML LUER LOCK TU – syringe (disposable) 1 ml	2						MS INSULIN SYRINGE/1ML/30 – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
MONOLET LANCETS – lancets	2						MS INSULIN SYRINGE/1ML/31 – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
MONOLET OPD LANCETS – lancets	2						MULTI-DRAW NEEDLE 20GX1- – needle (disp) 20 x 1-1/2"	3					
MONOLETTOR SAFETY LANCETS – lancets	2						MULTI-DRAW NEEDLE 21GX1-1 – needle (disp) 21 x 1-1/2"	3					
MPD SAFETY LANCET 21G/1.8 – lancets	2						MULTI-DRAW NEEDLE 22GX1-1 – needle (disp) 22 x 1-1/2"	3					
MPD SAFETY LANCET 28G/1.8 – lancets	2						MULTI-LANCET DEVICE – lancet devices	2					
MPD SAFETY LANCET 30G/1.8 – lancets	2						MYGLUCOHEALTH BLOOD GLUCO – blood glucose monitoring kit w/ device	3					
MPD SAFETY LANCETS 23G/1. – lancets	2												

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MYGLUCOHEALTH MGH SOFTLAN – lancets	2						OMNIPOD DASH PODS (GEN 4) – insulin infusion disposable pump supplies	3			•		
NOVA MAX BLOOD GLUCOSE MO – blood glucose monitoring devices	3						OMNIPOD 5 G6 INTRO KIT (G – insulin infusion disposable pump kit	3			•		
NOVA MAX BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3						OMNIPOD 5 G6 PODS (GEN 5) – insulin infusion disposable pump supplies	3			•		
NOVA SAFETY LANCETS 23G – lancets	2						ONE DROP BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3					
NOVA SAFETY LANCETS 28G – lancets	2						ONETOUCH CLUB LANCETS FIN – lancets	2					
NOVA SUREFLEX LANCETS – lancets	2						ONETOUCH DELICA LANCETS E – lancets	2					
NOVA SUREFLEX LANCING DEV – lancet devices	2						ONETOUCH DELICA LANCETS F – lancets	2					
NOVOFINE AUTOCOVER PEN NE – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						ONETOUCH DELICA LANCING D – lancet devices	2					
NOVOFINE PEN NEEDLE 32G X – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						ONETOUCH DELICA PLUS LANC – lancets	2					
NOVOFINE PLUS PEN NEEDLE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						ONETOUCH DELICA PLUS LANC – lancet devices	2					
NOVOPEN ECHO – injection device for insulin	3						ONETOUCH DELICA SAFETY LA – lancet devices	2					
OMNIFLEX DIAPHRAGM – diaphragms	3						ONETOUCH FINEPOINT LANCET – lancets	2					
OMNIPOD CLASSIC PDM START – insulin infusion disposable pump kit	3			•			ONETOUCH LANCETS – lancets	2					
OMNIPOD CLASSIC PODS (GEN – insulin infusion disposable pump supplies	3			•			ONETOUCH SOLUTIONS RX STA – blood glucose monitor kit w/ wellness device & digital app	3					
OMNIPOD DASH INTRO KIT (G – insulin infusion disposable pump kit	3			•			ONETOUCH SURESOFT LANCING – lancets misc.	2					
							ONETOUCH ULTRA MINI – blood glucose monitoring kit w/ device	3					

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ONETOUGH ULTRA 2 – blood glucose monitoring kit w/ device	3						PEN NEEDLES 31G X 3/16" – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ONETOUGH ULTRASOFT LANCET – lancets	2						PEN NEEDLES 31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ONETOUGH VERIO – blood glucose monitoring kit w/ device	3						PEN NEEDLES 31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ONETOUGH VERIO FLEX BLOOD – blood glucose monitoring kit w/ device	3						PEN NEEDLES 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ONETOUGH VERIO IQ BLOOD G – blood glucose monitoring kit w/ device	3						PEN NEEDLES 31GX5/16" – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ONETOUGH VERIO REFLECT – blood glucose monitoring kit w/ device	3						PEN NEEDLES 31GX6MM (1/4" – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PC LANCETS SUPER THIN 30G – lancets	2						PEN NEEDLES 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PC UNIFINE PENTIPS 29G X – insulin pen needle 29 g x 12 mm (1/2")	2						PEN NEEDLES 31GX8MM (5/16 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PC UNIFINE PENTIPS 31G X – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						PEN NEEDLES 32G X 4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PC UNIFINE PENTIPS 31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						PEN NEEDLES 32G X 5MM – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
PC UNIFINE PENTIPS 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						PEN NEEDLES 32G X 6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
PEN NEEDLES 29GX12MM – insulin pen needle 29 g x 12 mm (1/2")	2						PEN NEEDLES 32GX4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PEN NEEDLES 30GX5MM – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2												
PEN NEEDLES 30GX8MM – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2												

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PEN NEEDLES 33G X 5/32" – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						PENTIPS 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PEN NEEDLES/29G X 1/2" – insulin pen needle 29 g x 12 mm (1/2")	2						PENTIPS 32G X 4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PEN NEEDLES/31G X 1/4" – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						PENTIPS 32GX4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PEN NEEDLES/31G X 3/16" – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						PERFECT LANCETS 30G – lancets	2					
PEN NEEDLES/31G X 5/16" – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						PERFECT PRESSURE ACTIVATE – lancets	2					
PEN NEEDLES/31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						PHARMACIST CHOICE AUTOCOD – blood glucose monitoring kit w/ device	3					
PEN NEEDLES/32G X 5/32" – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						PHARMACIST CHOICE MINI BL – blood glucose monitoring devices	3					
PEN-TOTE – blood glucose monitoring supplies	3						PHARMACIST CHOICE ULTRA T – lancets	2					
PENLET II REPLACEMENT CAP – lancets misc.	2						PHARMACY COUNTER LANCETS – lancets	2					
PENTIPS 29G X 12MM – insulin pen needle 29 g x 12 mm (1/2")	2						PIP LANCETS/28G – lancets	2					
PENTIPS 29GX12MM – insulin pen needle 29 g x 12 mm (1/2")	2						PIP LANCETS/30G – lancets	2					
PENTIPS 31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						POCKETCHEM EZ BLOOD GLUCO – blood glucose monitoring kit w/ device	3					
PENTIPS 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						POGO AUTOMATIC BLOOD GLUC – blood glucose monitoring devices	3					
PENTIPS 31GX5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						POLY HUB NEEDLE/18G X 1-1 – needle (disp) 18 x 1-1/2"	3					
PENTIPS 31GX6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						POLY HUB NEEDLE/18G X 1" – needle (disp) 18 x 1"	3					
							POLY HUB NEEDLE/21G X 1-1 – needle (disp) 21 x 1-1/2"	3					
							POLY HUB NEEDLE/21G X 1" – needle (disp) 21 x 1"	3					
							POLY HUB NEEDLE/22G X 1-1 – needle (disp) 22 x 1-1/2"	3					

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POLY HUB NEEDLE/22G X 1" – needle (disp) 22 x 1"	3						PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
POLY HUB NEEDLE/23G X 1-1 – needle (disp) 23 x 1-1/2"	3						PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
POLY HUB NEEDLE/23G X 1" – needle (disp) 23 x 1"	3						PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
POLY HUB NEEDLE/25G X 1-1 – needle (disp) 25 x 1-1/2"	3						PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
POLY HUB NEEDLE/25G X 1" – needle (disp) 25 x 1"	3						PREFERRED PLUS LANCETS CO – lancets	2					
POLY HUB NEEDLE/25G X 5/8 – needle (disp) 25 x 5/8"	3						PREFERRED PLUS LANCETS SU – lancets	2					
POLY HUB NEEDLE/27G X 1-1 – needle (disp) 27 x 1-1/4"	3						PREFERRED PLUS LANCETS TH – lancets	2					
POLY HUB NEEDLE/27G X 1/2 – needle (disp) 27 x 1/2"	3						PREFERRED PLUS UNIFINE PE – insulin pen needle 29 g x 12 mm (1/2")	2					
POLY HUB NEEDLE/30G X 1/2 – needle (disp) 30 x 1/2"	3						PREFERRED PLUS UNIFINE PE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
PRECISION SURE-DOSE INSUL – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						PREFERRED PLUS UNIFINE PE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PRECISION THINS GP LANCET – lancets	2						PREFERRED PLUS UNIFINE PE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PRECISION XTRA – blood glucose monitoring kit w/ device	3						PREFERRED PLUS UNIFINE PE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						PREVENT DROPSAFE SAFETY P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2												
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2												
PREFERRED PLUS INSULIN SY – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2												

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PREVENT DROPSAFE SAFETY P – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						PRO COMFORT PEN NEEDLES/ – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
PREVENT SAFETY PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						PRO VOICE V8 BLOOD GLUCOS – blood glucose monitoring devices	3					
PREVENT SAFETY PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						PRO VOICE V9 BLOOD GLUCOS – blood glucose monitoring devices	3					
PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						PRODIGY AUTOCODE BLOOD GL – blood glucose monitoring devices	3					
PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						PRODIGY AUTOCODE BLOOD GL – blood glucose monitoring kit w/ device	3					
PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						PRODIGY INSULIN SYRING/U- – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						PRODIGY INSULIN SYRINGE/1 – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						PRODIGY INSULIN SYRINGE/1 – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
PRO COMFORT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						PRODIGY LANCING DEVICE – lancet devices	2					
PRO COMFORT PEN NEEDLES/ – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						PRODIGY NO CODING BLOOD G – blood glucose monitoring kit w/ device	3					
PRO COMFORT PEN NEEDLES/ – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						PRODIGY POCKET BLOOD GLUC – blood glucose monitoring kit w/ device	3					
PRO COMFORT PEN NEEDLES/ – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						PRODIGY PRESSURE ACTIVATE – lancets	2					
							PRODIGY SAFETY LANCETS – lancets	2					
							PRODIGY TWIST TOP LANCETS – lancets	2					

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PRODIGY VOICE BLOOD GLUCO – blood glucose monitoring kit w/ device	3						PX PEN NEEDLE 29GX12MM – insulin pen needle 29 g x 12 mm (1/2")	2					
PSS SELECT GP LANCETS – lancets	2						PX PEN NEEDLE 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PSS SELECT SAFETY LANCETS – lancets	2						PX SHORTLENGTH PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
PURE COMFORT PEN NEEDLE 3 – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						QC ADVANCED LANCING DEVIC – lancet devices	2					
PURE COMFORT PEN NEEDLE 3 – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2						QC INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
PURE COMFORT PEN NEEDLE/3 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						QC INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
PURE COMFORT PEN NEEDLE/3 – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						QC INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
PX ADVANCED LANCING DEVIC – lancet devices	2						QC INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
PX EXTRA SHORT PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						QC INSULIN SYRINGE/1ML/31 – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
PX INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						QC LANCETS SUPER THIN – lancets	2					
PX LANCET AUTO INJECTOR – lancet devices	2						QC LANCETS ULTRA THIN – lancets	2					
PX LANCETS MICROTHIN 33G – lancets	2						QC PEN NEEDLES 29G X 12MM – insulin pen needle 29 g x 12 mm (1/2")	2					
PX LANCETS ULTRA THIN – lancets	2						QC PEN NEEDLES 31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
PX LANCETS ULTRA THIN 28G – lancets	2												
PX MINI PEN NEEDLES 31GX5 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2												

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QC PEN NEEDLES 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						RA PEN NEEDLES 31G X 5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
QC UNIFINE PENTIPS 32GX4M – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						RA PEN NEEDLES 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
QC UNILET LANCETS 28G/ULT – lancets	2						READYLANC SAFETY LANCETS – lancets	2					
QC UNILET LANCETS 33G/MIC – lancets	2						REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
QUICKTEK – blood glucose monitoring kit	3						REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
QUICKTEK – blood glucose monitoring kit w/ device	3						REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
QUINTET AC BLOOD GLUCOSE – blood glucose monitoring devices	3						REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
QUINTET BLOOD GLUCOSE MON – blood glucose monitoring devices	3						REALITY LANCETS – lancets	2					
RA E-ZJECT LANCETS THIN 2 – lancets	2						REALITY TRIGGER LANCETS – lancets	2					
RA E-ZJECT LANCETS ULTRA – lancets	2						REFUAH PLUS BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3					
RA E-ZJECT LANCETS 28G – lancets	2						RELION CONFIRM BLOOD GLUC – blood glucose monitoring kit w/ device	3					
RA INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						RELION INSULIN SYRINGE 0. – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2					
RA INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						RELION INSULIN SYRINGE 1M – insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
RA INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
RA INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2												

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RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						RELION PEN NEEDLES 29GX12 – insulin pen needle 29 g x 12 mm (1/2")	2					
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						RELION PEN NEEDLES 31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2						RELION PEN NEEDLES 31G X – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						RELION PEN NEEDLES 31GX5/ – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						RELION PEN NEEDLES 31GX6M – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						RELION PEN NEEDLES 31GX8M – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
RELION INSULIN SYRINGE/U- – insulin syringe/needle u-100 1 ml 31 x 15/64"	2						RELION PEN NEEDLES 32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
RELION LANCETS – lancets	2						RELION PEN NEEDLES 32GX4M – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
RELION LANCETS MICRO-THIN – lancets	2						RELION PEN NEEDLES/31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
RELION LANCETS THIN 26G – lancets	2						RELION PREMIER BLU BLOOD – blood glucose monitoring devices	3					
RELION LANCETS ULTRA-THIN – lancets	2						RELION PREMIER CLASSIC BL – blood glucose monitoring devices	3					
RELION LANCING DEVICE – lancet devices	2						RELION PREMIER COMPACT BL – blood glucose monitoring kit w/ device	3					
RELION MICRO BLOOD GLUCOS – blood glucose monitoring kit w/ device	3						RELION PREMIER VOICE BLOO – blood glucose monitoring devices	3					
RELION MINI PEN NEEDLES 3 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2												

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
RELION PRIME BLOOD GLUCOS – blood glucose monitoring devices	3						RIGHTEST GM550 BLOOD GLUC – blood glucose monitoring kit w/ device	3					
RELION SHORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						RIGHTEST GT333 BLOOD GLUC – blood glucose monitoring devices	3					
RELION THIN LANCETS – lancets	2						SAFE-T-LANCE LOW FLOW 25G – lancets	2					
RELION TRUE METRIX AIR BL – blood glucose monitoring kit w/ device	3						SAFE-T-LANCE NORMAL FLOW – lancets	2					
RELION ULTIMA BLOOD GLUCO – blood glucose monitoring kit w/ device	3						SAFE-T-LANCE PLUS SAFETY – lancets	2					
RELION ULTRA THIN LANCETS – lancets	2						SAFETY INSULIN SYRINGES 0 – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
RELION ULTRA THIN PLUS LA – lancets	2						SAFETY INSULIN SYRINGES 0 – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
RELION 2-IN-1 LANCET DEV – lancet devices	2						SAFETY INSULIN SYRINGES 1 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
RELION 2-IN-1 LANCING DEV – lancet devices	2						SAFETY INSULIN SYRINGES 1 – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
REXALL BLOOD GLUCOSE MONI – blood glucose monitoring kit w/ device	3						SAFETY LANCETS – lancets	2					
REXALL LANCETS ULTRA THIN – lancets	2						SAFETY LANCETS 21G – lancets	2					
RIGHTEST GD500 LANCING DE – lancet devices	2						SAPS HEALTH CARE TWIST TO – lancets	2					
RIGHTEST GL300 LANCETS – lancets	2						SAPS HEALTH TWIST TOP LAN – lancets	2					
RIGHTEST GM100 BLOOD GLUC – blood glucose monitoring kit w/ device	3						SAPSCARE TWIST TOP LANCET – lancets	2					
RIGHTEST GM300 BLOOD GLUC – blood glucose monitoring kit w/ device	3						SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
							SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					

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SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						SECURES SAFE SAFETY HYPODER – needle (disp) 22 x 1-1/2"	3					
SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						SECURES SAFE SAFETY HYPODER – needle (disp) 23 x 1"	3					
SB INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						SECURES SAFE SAFETY HYPODER – needle (disp) 23 x 1-1/2"	3					
SB LANCETS THIN – lancets	2						SECURES SAFE SAFETY HYPODER – needle (disp) 25 x 5/8"	3					
SB LANCETS ULTRA THIN – lancets	2						SECURES SAFE SAFETY HYPODER – needle (disp) 25 x 1-1/2"	3					
SCHNUCKS INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						SECURES SAFE SAFETY HYPODER – needle (disp) 26 x 1/2"	3					
SCHNUCKS INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						SECURES SAFE SAFETY HYPODER – needle (disp) 27 x 1/2"	3					
SECURES SAFE SAFETY HYPODER – needle (disp) 18 x 1"	3						SECURES SAFE SAFETY INSULIN – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
SECURES SAFE SAFETY HYPODER – needle (disp) 18 x 1-1/2"	3						SECURES SAFE SAFETY INSULIN – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
SECURES SAFE SAFETY HYPODER – needle (disp) 19 x 1"	3						SECURES SAFE SAFETY PEN NEE – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
SECURES SAFE SAFETY HYPODER – needle (disp) 19 x 1-1/2"	3						SECURES SAFE TUBERCULIN INS – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	3					
SECURES SAFE SAFETY HYPODER – needle (disp) 20 x 1"	3						SECURES SAFE TUBERCULIN INS – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	3					
SECURES SAFE SAFETY HYPODER – needle (disp) 20 x 1-1/2"	3						SECURES SAFE TUBERCULIN INS – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3					
SECURES SAFE SAFETY HYPODER – needle (disp) 21 x 1"	3						SELECT-LITE LANCING DEVIC – lancet devices	2					
SECURES SAFE SAFETY HYPODER – needle (disp) 21 x 1-1/2"	3						SHOPKO AUTOLET LANCING DE – lancet devices	2					
SECURES SAFE SAFETY HYPODER – needle (disp) 22 x 1"	3												

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SHOPKO ON-THE-GO COMFORT – lancets	2						SMART DIABETES VANTAGE LA – lancet devices	2					
SHOPKO UNIFINE PENTIPS PE – insulin pen needle 29 g x 12 mm (1/2")	2						SMART SENSE COLOR LANCETS – lancets	2					
SHOPKO UNIFINE PENTIPS PE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						SMART SENSE PREMIUM BLOOD – blood glucose monitoring kit w/ device	3					
SHOPKO UNIFINE PENTIPS PE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						SMART SENSE STANDARD LANC – lancets	2					
SHOPKO UNIFINE PENTIPS PE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						SMART SENSE SUPER THIN LA – lancets	2					
SHOPKO UNIFINE PENTIPS PL – insulin pen needle 29 g x 12 mm (1/2")	2						SMART SENSE THIN LANCETS – lancets	2					
SHOPKO UNIFINE PENTIPS PL – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						SMART SENSE VALUE BLOOD – blood glucose monitoring kit w/ device	3					
SHOPKO UNIFINE PENTIPS PL – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						SMARTEST EJECT BLOOD GLUC – blood glucose monitoring devices	3					
SHOPKO UNIFINE PENTIPS PL – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						SMARTEST EJECT STARTER KI – blood glucose monitoring kit w/ device	3					
SHOPKO UNILET LANCETS SUP – lancets	2						SMARTEST LANCETS 28G – lancets	2					
SHOPKO UNILET LANCETS ULT – lancets	2						SMARTEST PERSONA STARTER – blood glucose monitoring kit w/ device	3					
SIMPLE DIAGNOSTICS LANCIN – lancet devices	2						SMARTEST PRONTO STARTER – blood glucose monitoring kit w/ device	3					
SINGLE-LET – lancets	2						SMARTEST PROTEGE BLOOD GL – blood glucose monitoring devices	3					
SM MICRO THIN LANCETS 33G – lancets	2						SMARTEST PROTEGE STARTER – blood glucose monitoring kit w/ device	3					
SM TRUEDRAW LANCING DEVIC – lancet devices	2						SOLUS V2 AUDIBLE BLOOD GL – blood glucose monitoring devices	3					

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SOLUS V2 AUDIBLE BLOOD GL – blood glucose monitoring kit w/ device	3						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	2					
SOLUS V2 LANCING DEVICE – lancet devices	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	2					
SOLUS V2 PRESSURE ACTIVAT – lancets	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	2					
SOLUS V2 TWIST LANCETS 30 – lancets	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
STERILANCE TL – lancets	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
SUPER THIN LANCETS – lancets	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
SUPREME II CONFIDENCE PAD – blood glucose monitoring misc.	3						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2						SURE COMFORT LANCETS 18G – lancets	2					
SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						SURE COMFORT LANCETS 21G – lancets	2					
SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2						SURE COMFORT LANCETS 23G – lancets	2					
SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						SURE COMFORT LANCETS 28G – lancets	2					
SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						SURE COMFORT LANCETS 30G – lancets	2					
SURE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2												

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SURE COMFORT LANCING PEN – lancet devices	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
SURE COMFORT PEN NEEDLES – insulin pen needle 29 g x 12.7 mm (1/2")	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
SURE COMFORT PEN NEEDLES – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2					
SURE COMFORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
SURE COMFORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
SURE COMFORT PEN NEEDLES – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
SURE COMFORT PEN NEEDLES – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
SURELITE LANCETS – lancets	2						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2					
SURESTEP PRO LINEARITY KI – blood glucose monitoring misc.	3						TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 15/64"	2					
TECHLITE AST LANCETS – lancets	2						TECHLITE LANCETS – lancets	2					
TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						TECHLITE LANCETS 30G – lancets	2					
TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						TECHLITE PEN NEEDLES 29G – insulin pen needle 29 g x 10 mm	2					
TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						TECHLITE PEN NEEDLES 29G – insulin pen needle 29 g x 12 mm (1/2")	2					
TECHLITE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						TECHLITE PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					

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TECHLITE PEN NEEDLES/31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						THINLETS GP LANCETS – lancets	2					
TECHLITE PEN NEEDLES/31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						TODAYS HEALTH ADVANCED LA – lancet devices	2					
TECHLITE PEN NEEDLES/31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						TODAYS HEALTH MINI PEN NE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TECHLITE PEN NEEDLES/32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						TODAYS HEALTH ORIGINAL PE – insulin pen needle 29 g x 12 mm (1/2")	2					
TECHLITE PEN NEEDLES/32G – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						TODAYS HEALTH SHORT PEN N – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
TECHLITE PEN NEEDLES/32G – insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2						TODAYS HEALTH SUPER THIN – lancets	2					
TGT ADVANCED LANCING DEVI – lancet devices	2						TODAYS HEALTH ULTRA THIN – lancets	2					
TGT BLOOD GLUCOSE MONITOR – blood glucose monitoring kit w/ device	3						TOPCARE CLICKFINE UNIVERS – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TGT LANCET ALTERNATE SITE – lancets	2						TOPCARE CLICKFINE UNIVERS – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
TGT LANCET MICRO THIN 33G – lancets	2						TOPCARE LANCETS MICRO-THI – lancets	2					
TGT LANCET SUPER THIN 30G – lancets	2						TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
TGT LANCET THIN 23G – lancets	2						TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
TGT LANCET THIN 26G – lancets	2						TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
TGT LANCET ULTRA THIN 28G – lancets	2						TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
TGT LANCET ULTRA THIN 30G – lancets	2												
TGT LANCING DEVICE – lancet devices	2												

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TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 0.5 ml 32 x 5/16"	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1 ml 32 x 5/16"	2					
TOPCARE ULTRA COMFORT INS – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
TRACER II 3 VOLT BATTERY – blood glucose monitoring misc.	3						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
TRAVEL LANCETS ADVANCED 2 – lancets	2						TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
TRAVEL LANCETS 30G – lancets	2						TRUE COMFORT PRO PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
TRUE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						TRUE COMFORT PRO PEN NEED – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
TRUE COMFORT INSULIN SYRI – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						TRUE COMFORT PRO PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
TRUE COMFORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						TRUE COMFORT PRO PEN NEED – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
TRUE COMFORT PEN NEEDLES – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						TRUE COMFORT PRO PEN NEED – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2					
TRUE COMFORT PEN NEEDLES – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2												
TRUE COMFORT PRO INSULIN – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2												

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TRUE COMFORT PRO PEN NEED – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
TRUE COMFORT PRO PEN NEED – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
TRUE COMFORT PRO PEN NEED – insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
TRUE COMFORT PRO PEN NEED – insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
TRUE COMFORT TWIST TOP LA – lancets	2						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
TRUE FOCUS BLOOD GLUCOSE – blood glucose monitoring devices	3						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
TRUE METRIX – blood glucose monitoring devices	3						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 28 x 1/2"	2					
TRUE METRIX AIR BLOOD GLU – blood glucose monitoring devices	3						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
TRUE METRIX AIR BLOOD GLU – blood glucose monitoring kit w/ device	3						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
TRUE METRIX AIR W/BLUETOO – blood glucose monitoring kit w/ device	3						TRUEPLUS INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
TRUE METRIX BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3						TRUEPLUS LANCETS 26G – lancets	2					
TRUE METRIX GO BLOOD GLUC – blood glucose monitoring kit w/ device	3						TRUEPLUS LANCETS 28G – lancets	2					
TRUEDRAW LANCING DEVICE – lancet devices	2						TRUEPLUS LANCETS 28G SUPE – lancets	2					
TRUEPLUS INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						TRUEPLUS LANCETS 30G – lancets	2					

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TRUEPLUS LANCETS 30G ULTR – lancets	2						TRUETRACK SMART SYSTEM – blood glucose monitoring kit w/ device	3					
TRUEPLUS LANCETS 33G – lancets	2						ULTI-LANCE AUTOMATIC/ CLE – lancet devices	2					
TRUEPLUS LANCETS 33G MICR – lancets	2						ULTICARE INSULIN SAFETY S – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
TRUEPLUS PEN NEEDLES 31GX – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						ULTICARE INSULIN SAFETY S – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
TRUEPLUS PEN NEEDLES 32GX – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						ULTICARE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
TRUEPLUS SAFETY LANCETS 2 – lancets	2						ULTICARE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 29 g x 12.7 mm (1/2")	2						ULTICARE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2					
TRUEPLUS 5-BEVEL PEN NEED – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
TRUERESULT BLOOD GLUCOSE – blood glucose monitoring kit w/ device	3						ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2					
TRUETRACK BLOOD GLUCOSE M – blood glucose monitoring devices	3						ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
TRUETRACK BLOOD GLUCOSE M – blood glucose monitoring kit w/ device	3												

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						ULTICARE MINI PEN NEEDLES – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						ULTICARE MINI SAFETY PEN – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 28 x 1/2"	2						ULTICARE ORIGINAL PEN NEE – insulin pen needle 29 g x 12.7 mm (1/2")	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						ULTICARE PEN NEEDLES 31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						ULTICARE PEN NEEDLES/29G – insulin pen needle 29 g x 12.7 mm (1/2")	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						ULTICARE SHORT PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						ULTICARE SHORT SAFETY PEN – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2					
ULTICARE INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						ULTICARE TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	2					
ULTICARE MICRO PEN NEEDLE – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						ULTICARE TUBERCULIN SAFET – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 1"	2					
ULTICARE MICRO PEN NEEDLE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						ULTICARE U-100 INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	2					
ULTICARE MICRO PEN NEEDLE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						ULTICARE U-100 INSULIN SY – insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	2					
ULTICARE MINI PEN NEEDLES – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						ULTICARE U-100 INSULIN SY – insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	2					

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ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						ULTIGUARD SAFEPACK PEN NE – insulin pen needle 29 g x 12.7 mm (1/2")	2					
ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						ULTIGUARD SAFEPACK/MICRO – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						ULTIGUARD SAFEPACK/MINI P – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						ULTIGUARD SAFEPACK/MINI P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						ULTIGUARD SAFEPACK/MINI P – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
ULTIGUARD INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						ULTIGUARD SAFEPACK/SHORT – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2						ULTIGUARD SAFEPACK/SYRING – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						ULTILET CLASSIC LANCETS – lancets	2					
ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						ULTILET LANCETS – lancets	2					
ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						ULTILET LANCETS 33G – lancets	2					
ULTIGUARD SAFEPACK INSULI – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						ULTILET PEN NEEDLE 29GX12 – insulin pen needle 29 g x 12.7 mm (1/2")	2					
ULTIGUARD SAFEPACK MINI P – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						ULTILET PEN NEEDLE 31GX5M – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
							ULTILET PEN NEEDLE 31GX8M – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
							ULTILET PEN NEEDLE 32GX4M – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					

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ULTILET SAFETY LANCETS 21 – lancets	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
ULTILET SAFETY LANCETS 23 – lancets	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
ULTILET SHORT PEN NEEDLES – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
ULTILET SHORT PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
ULTRA COMFORT INSULIN SYR – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
ULTRA FLO INSULIN PEN NEE – insulin pen needle 29 g x 12 mm (1/2")	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
ULTRA FLO INSULIN PEN NEE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
ULTRA FLO INSULIN PEN NEE – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
ULTRA FLO INSULIN PEN NEE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
ULTRA FLO INSULIN PEN NEE – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						ULTRA INSULIN SYRINGE/U-1 – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2						ULTRA THIN LANCETS 28G – lancets	2					
ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						ULTRA THIN LANCETS 31G – lancets	2					
ULTRA FLO INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2						ULTRA THIN PEN NEEDLES 32 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					

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ULTRA-THIN II AUTO LANCET – lancets	2						ULTRA-THIN II PEN NEEDLES – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2						ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2					
ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2						ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2					
ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2						ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2					
ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2					
ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 5/16"	2					
ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 30 x 1/2"	2					
ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 1 ml 31 x 5/16"	2						ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 1 ml 31 x 5/16"	2					
ULTRA-THIN II INSULIN SYR – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2						ULTRACARE INSULIN SYRINGE – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2					
ULTRA-THIN II LANCETS 28G – lancets	2						ULTRACARE PEN NEEDLES/31G – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTRA-THIN II LANCETS 30G – lancets	2						ULTRACARE PEN NEEDLES/31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ULTRA-THIN II MINI PEN NE – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						ULTRACARE PEN NEEDLES/31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ULTRA-THIN II PEN NEEDLES – insulin pen needle 29 g x 12.7 mm (1/2")	2												

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ULTRACARE PEN NEEDLES/32G – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						UNIFINE PENTIPS PLUS/30G – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
ULTRACARE PEN NEEDLES/32G – insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2						UNIFINE PENTIPS 29GX12MM – insulin pen needle 29 g x 12 mm (1/2")	2					
ULTRACARE PEN NEEDLES/32G – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						UNIFINE PENTIPS 31G X 3/1 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ULTRACARE PEN NEEDLES/33G – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						UNIFINE PENTIPS 31G X 6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ULTRATRAK ACTIVE – blood glucose monitoring devices	3						UNIFINE PENTIPS 31G X 8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
UNIFINE PEN NEEDLE/32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						UNIFINE PENTIPS 31GX5MM – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
UNIFINE PENTIPS PLUS 29GX – insulin pen needle 29 g x 12 mm (1/2")	2						UNIFINE PENTIPS 31GX6MM – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
UNIFINE PENTIPS PLUS 31GX – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						UNIFINE PENTIPS 31GX8MM – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
UNIFINE PENTIPS PLUS 31GX – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						UNIFINE PENTIPS 32GX4MM – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
UNIFINE PENTIPS PLUS 31GX – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						UNIFINE PENTIPS 32GX6MM – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2					
UNIFINE PENTIPS PLUS 32GX – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						UNIFINE PENTIPS 33GX4MM – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2					
UNIFINE PENTIPS PLUS 33G – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						UNIFINE PENTIPS/30G X 3/1 – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2					
UNIFINE PENTIPS PLUS 33GX – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2												

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UNIFINE SAFECONTROL PEN N – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2						UNISTIK PRO SAFETY LANCET – lancets	2					
UNIFINE SAFECONTROL PEN N – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2						UNISTIK SAFETY LANCETS 28 – lancets	2					
UNIFINE ULTRA PEN NEEDLE/ – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						UNISTIK SAFETY LANCETS 30 – lancets	2					
UNIFINE ULTRA PEN NEEDLE/ – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						UNISTIK TOUCH SAFETY LANC – lancets	2					
UNIFINE ULTRA PEN NEEDLE/ – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						UNISTIK 3 GENTLE – lancets	2					
UNIFINE ULTRA PEN NEEDLE/ – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						UNIVERSAL 1 LANCETS THIN – lancets	2					
UNILET COMFORTOUCH LANCET – lancets	2						UNIVERSAL 1 LANCETS ULTRA – lancets	2					
UNILET EXCELITE – lancets	2						UNIVERSAL 1 LANCETS/33G/M – lancets	2					
UNILET EXCELITE II – lancets	2						V-GO 20 – insulin infusion disposable pump kit	3			•		
UNILET G.P. LANCET – lancets	2						V-GO 30 – insulin infusion disposable pump kit	3			•		
UNILET G.P. SUPERLITE LAN – lancets	2						V-GO 40 – insulin infusion disposable pump kit	3			•		
UNILET GP 28 ULTRA THIN – lancets	2						VALUE HEALTH INSULIN SYRI – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2					
UNILET LANCET – lancets	2						VALUE HEALTH INSULIN SYRI – insulin syringe/needle u-100 1 ml 29 x 1/2"	2					
UNILET LANCETS MICRO-THIN – lancets	2						VALUE PLUS LANCETS STANDA – lancets	2					
UNILET LANCETS SUPER-THIN – lancets	2						VALUE PLUS LANCETS SUPER – lancets	2					
UNILET LANCETS ULTRA-THIN – lancets	2						VALUE PLUS LANCETS THIN 2 – lancets	2					
UNILET SUPERLITE LANCET – lancets	2						VALUE PLUS LANCING DEVICE – lancet devices	2					
							VALUMARK LANCET SUPER THI – lancets	2					

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VALUMARK LANCET ULTRA THI – lancets	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 21 x 1"	2					
VALUMARK PEN NEEDLES 29GX – insulin pen needle 29 g x 12 mm (1/2")	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 21 x 1-1/2"	2					
VALUMARK PEN NEEDLES 31G – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 22 x 1"	2					
VALUMARK PEN NEEDLES 31G – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 22 x 1-1/2"	2					
VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 23 x 1"	2					
VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 23 x 1-1/2"	2					
VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 3/16" (5 mm)	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 25 x 5/8"	2					
VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 0.5 ml 30 x 3/16" (5 mm)	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 25 x 1"	2					
VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 29 x 1/2"	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 25 x 1-1/2"	2					
VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 29 x 5/16"	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 5 ml 21 x 1"	2					
VANISHPOINT INSULIN SYRIN – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 5 ml 21 x 1-1/2"	2					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 20 x 1"	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 5 ml 22 x 1-1/2"	2					
VANISHPOINT SAFETY SYRING – syringe/needle (disp) 3 ml 20 x 1-1/2"	2						VANISHPOINT SAFETY SYRING – syringe/needle (disp) 10 ml 21 x 1-1/2"	2					
							VANISHPOINT TUBERCULIN SY – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	3					

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VANISHPOINT TUBERCULIN SY – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3						VP INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2					
VERASENS BLOOD GLUCOSE MO – blood glucose monitoring devices	3						WALGREENS ADVANCED TRAVEL – lancets	2					
VERASENS BLOOD GLUCOSE MO – blood glucose monitoring kit w/ device	3						WALGREENS COMFORT ASSURED – lancets	2					
VIDA MIA AUTOLET LANCING – lancet devices	2						WALGREENS LANCETS – lancets	2					
VIDA MIA UNIFINE PENTIPS – insulin pen needle 29 g x 12 mm (1/2")	2						WALGREENS THIN LANCETS – lancets	2					
VIDA MIA UNIFINE PENTIPS – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						WALGREENS ULTRA THIN LANC – lancets	2					
VIDA MIA UNIFINE PENTIPS – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						WAVESENSE AMP – blood glucose monitoring kit w/ device	3					
VIDA MIA UNILET LANCETS S – lancets	2						WEGMANS UNIFINE PENTIPS P – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
VIDA MIA UNILET LANCETS U – lancets	2						WEGMANS UNIFINE PENTIPS P – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
VIDA MIA UNIPFINE PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						WEGMANS UNIFINE PENTIPS P – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
VIVAGUARD INO BLOOD GLUCO – blood glucose monitoring devices	3						WEGMANS UNIFINE PENTIPS P – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
VIVAGUARD INO SMART BLOOD – blood glucose monitoring devices	3						WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 60 mm	3					
VIVAGUARD LANCETS – lancets	2						WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 65 mm	3					
VIVAGUARD LANCING DEVICE – lancet devices	2						WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 70 mm	3					
VIVAGUARD SAFETY LANCETS/ – lancets	2						WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 75 mm	3					
							WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 80 mm	3					

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WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 85 mm	3						1ML TB SYRINGE/26G X 3/8" – tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	3					
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 90 mm	3						1ML TB SYRINGE/27G X 1/2" – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3					
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 95 mm	3						1ML VANISHPOINT TUBERCULI – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	2					
YALE NEEDLES 21G X 1-1/4" – needle (disp) 21 x 1-1/4"	3						1ML VANISHPOINT TUBERCULI – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 1"	2					
ZEVXR INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2						1ML VANISHPOINT TUBERCULI – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	2					
ZEVXR INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2						1ST CHOICE LANCETS SUPER – lancets	2					
ZEVXR INSULIN SYRINGE/1ML – insulin syringe/needle u-100 1 ml 30 x 5/16"	2						1ST CHOICE LANCETS THIN – lancets	2					
ZEVXR INSULIN SYRINGE/1ML – insulin syringe/needle u-100 1 ml 30 x 1/2"	2						1ST CHOICE LANCETS ULTRA – lancets	2					
ZEVXR PEN NEEDLES 31G X 5 – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2						1ST TIER UNIFINE PENTIPS – insulin pen needle 29 g x 12 mm (1/2")	2					
ZEVXR PEN NEEDLES 31G X 6 – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2						1ST TIER UNIFINE PENTIPS – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2					
ZEVXR PEN NEEDLES 31G X 8 – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2						1ST TIER UNIFINE PENTIPS – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2					
ZEVXR PEN NEEDLES 32G X 4 – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2						1ST TIER UNIFINE PENTIPS – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2					
ZEVXR TWIST TOP LANCETS 3 – lancets	2						1ST TIER UNIFINE PENTIPS – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2					
1ML TB SYRINGE/25G X 5/8" – tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	3												

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
1ST TIER UNIFINE PENTIPS – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2						<b>cyclosporine cap 100 mg</b> (Sandimmune)	1					
1ST TIER UNIFINE PENTIPS – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2						<b>cyclosporine modified cap 25 mg</b> (Neoral)	1					
1ST TIER UNILET COMFORTOU – lancets	2						<b>cyclosporine modified cap 50 mg</b>	1					
10ML SYRINGE LUER-LOK TIP – syringe (disposable) 10 ml	2						<b>cyclosporine modified cap 100 mg</b> (Neoral)	1					
3ML SYRINGE/LUER LOCK TIP – syringe/needle (disp) 3 ml 23 x 1"	2						<b>cyclosporine modified oral soln 100 mg/ml</b> (Neoral)	1					
3ML SYRINGE/22G X 1"/LUER – syringe/needle (disp) 3 ml 22 x 1"	2						ENSPRYNG – satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	3	X	•	•	•	
<b>ASSORTED CLASSES</b>							ENVARUSUS XR – tacrolimus tab er 24hr 0.75 mg	3					
ASTAGRAF XL – tacrolimus cap er 24hr 0.5 mg	3						ENVARUSUS XR – tacrolimus tab er 24hr 1 mg	3					
ASTAGRAF XL – tacrolimus cap er 24hr 1 mg	3						ENVARUSUS XR – tacrolimus tab er 24hr 4 mg	3					
ASTAGRAF XL – tacrolimus cap er 24hr 5 mg	3						<b>everolimus tab 0.25 mg</b> (Zortress)	1					
<b>azathioprine tab 50 mg</b> (Imuran)	1						<b>everolimus tab 0.5 mg</b> (Zortress)	1					
BENLYSTA – belimumab subcutaneous solution auto-injector 200 mg/ml	3	X	•	•	•	•	<b>everolimus tab 0.75 mg</b> (Zortress)	1					
BENLYSTA – belimumab subcutaneous solution prefilled syringe 200 mg/ml	3	X	•	•	•	•	<b>everolimus tab 1 mg</b> (Zortress)	1					
CELLCEPT – mycophenolate mofetil cap 250 mg	3						IMURAN – azathioprine tab 50 mg	3					
CELLCEPT – mycophenolate mofetil tab 500 mg	3						<b>irrigation solution, physiological</b>	1					
CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ml	3						<b>lactated ringer's for irrigation</b>	1					
<b>cyclosporine cap 25 mg</b> (Sandimmune)	1						<b>lenalidomide cap 5 mg</b> (Revlimid)	1	X	•	•		
							<b>lenalidomide cap 10 mg</b> (Revlimid)	1	X	•	•		
							<b>lenalidomide cap 15 mg</b> (Revlimid)	1	X	•	•		
							<b>lenalidomide cap 25 mg</b> (Revlimid)	1	X	•	•		
							LOKELMA – sodium zirconium cyclosilicate for susp packet 5 gm	2					
							LOKELMA – sodium zirconium cyclosilicate for susp packet 10 gm	2					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution	Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
LUPKYNIS – voclosporin cap 7.9 mg	3	X	•	•		•	RAPAMUNE – sirolimus tab 0.5 mg	3					
<b>mycophenolate mofetil cap 250 mg</b> (Cellcept)	1						RAPAMUNE – sirolimus tab 1 mg	3					
<b>mycophenolate mofetil for oral susp 200 mg/ml</b> (Cellcept)	1						RAPAMUNE – sirolimus tab 2 mg	3					
<b>mycophenolate mofetil tab 500 mg</b> (Cellcept)	1						REVLIMID – lenalidomide caps 2.5 mg	2	X	•	•		•
<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</b> (Myfortic)	1						REVLIMID – lenalidomide cap 5 mg	2	X	•	•		•
<b>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</b> (Myfortic)	1						REVLIMID – lenalidomide cap 10 mg	2	X	•	•		•
MYFORTIC – mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	3						REVLIMID – lenalidomide cap 15 mg	2	X	•	•		•
MYFORTIC – mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	3						REVLIMID – lenalidomide cap 20 mg	2	X	•	•		•
NEORAL – cyclosporine modified oral soln 100 mg/ml	3						REVLIMID – lenalidomide cap 25 mg	2	X	•	•		•
NEORAL – cyclosporine modified cap 25 mg	3						REZUROCK – belumosudil mesylate tab 200 mg	3	X	•	•		•
NEORAL – cyclosporine modified cap 100 mg	3						<b>ringer's solution for irrigation</b>	1					
<b>penicillamine tab 250 mg</b> (Depen titratabs)	1	X	•				SANDIMMUNE – cyclosporine oral soln 100 mg/ml	3					
PROGRAF – tacrolimus cap 0.5 mg	3						SANDIMMUNE – cyclosporine cap 25 mg	3					
PROGRAF – tacrolimus cap 1 mg	3						SANDIMMUNE – cyclosporine cap 100 mg	3					
PROGRAF – tacrolimus cap 5 mg	3						<b>sirolimus oral soln 1 mg/ml</b> (Rapamune)	1					
PROGRAF – tacrolimus packet for susp 0.2 mg	3						<b>sirolimus tab 0.5 mg</b> (Rapamune)	1					
PROGRAF – tacrolimus packet for susp 1 mg	3						<b>sirolimus tab 1 mg</b> (Rapamune)	1					
RAPAMUNE – sirolimus oral soln 1 mg/ml	3						<b>sirolimus tab 2 mg</b> (Rapamune)	1					
							<b>sodium polystyrene sulfonate powder</b>	1					
							SPS – sodium polystyrene sulfonate oral susp 15 gm/60ml	3					
							SYPRINE – trientine hcl cap 250 mg	3	X	•			
							<b>tacrolimus cap 0.5 mg</b> (Prograf)	1					
							<b>tacrolimus cap 1 mg</b> (Prograf)	1					

Tier		
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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps	Limited Distribution
<b>tacrolimus cap 5 mg</b> (Prograf)	1					
THALOMID – thalidomide cap 50 mg	2	X	•	•		•
THALOMID – thalidomide cap 100 mg	2	X	•	•		•
THALOMID – thalidomide cap 150 mg	2	X	•	•		•
THALOMID – thalidomide cap 200 mg	2	X	•	•		•
<b>trientine hcl cap 250 mg</b> (Syprine)	1	X	•			
VELTASSA – patiomer sorbitex calcium for susp packet 8.4 gm (base eq)	2					
VELTASSA – patiomer sorbitex calcium for susp packet 16.8 gm (base eq)	2					
VELTASSA – patiomer sorbitex calcium for susp packet 25.2 gm (base eq)	2					
<b>water for irrigation, sterile irrigation soln</b>	1					
ZOKINVY – lonafarnib cap 50 mg	2	X	•			•
ZOKINVY – lonafarnib cap 75 mg	2	X	•			•
ZORTRESS – everolimus tab 0.25 mg	3					
ZORTRESS – everolimus tab 0.5 mg	3					
ZORTRESS – everolimus tab 0.75 mg	3					
ZORTRESS – everolimus tab 1 mg	3					

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<b>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml.....</b>	<b>1</b>	ANALPRAM HC SINGLES – hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%.....	119
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<b>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600).....</b>	<b>1</b>	<b>anastrozole tab 1 mg (Arimidex).....</b>	<b>17</b>
<b>amoxicillin &amp; k clavulanate tab 250-125 mg.....</b>	<b>1</b>	ANCOBON – flucytosine cap 250 mg.....	4
<b>amoxicillin &amp; k clavulanate tab 875-125 mg.....</b>	<b>1</b>	ANCOBON – flucytosine cap 500 mg.....	4
<b>amoxicillin &amp; k clavulanate tab 500-125 mg (Augmentin).....</b>	<b>1</b>	ANGELIQ – drospirenone-estradiol tab 0.25-0.5 mg.....	27
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<b>amoxicillin (trihydrate) for susp 400 mg/5ml.....</b>	<b>1</b>	APO-VARENICLINE – varenicline tartrate tab 0.5 mg (base equiv).....	80
<b>amoxicillin (trihydrate) tab 500 mg.....</b>	<b>1</b>	APO-VARENICLINE – varenicline tartrate tab 1 mg (base equiv).....	80
<b>amoxicillin (trihydrate) tab 875 mg.....</b>	<b>1</b>	<b>apraclonidine hcl ophth soln 0.5% (base equivalent).....</b>	<b>115</b>
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ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml.....	105	ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act.....	58
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml.....	105	ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act.....	58
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ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml.....	105	ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/inh (breath activated).....	58
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml.....	105	ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated).....	58
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BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1 ml 29 x 1/2".....	137	BD 5ML LUER-LOK SYRINGE/2 – syringe/needle (disp) 5 ml 22 x 1-1/2".....	140
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BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 25 x 1-1/2".....	140	BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1/2 ml 31 x 15/64".....	139
BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 22 x 1".....	140	BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	139
BD 3ML SYRINGE LUER-LOK 2 – syringe/needle (disp) 3 ml 23 x 1".....	140	BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 15/64".....	139
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BD 1ML TUBERCULIN SYRINGE – tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2".....	140	BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1 ml 31 x 15/64".....	139
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BD NEEDLE/19G X 1" – needle (disp) 19 x 1".....	138	BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 0.3 ml 31 x 15/64".....	140
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<b>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)</b> .....	47	<b>betamethasone dipropionate cream 0.05%</b> .....	120
<b>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)</b> .....	47	<b>betamethasone dipropionate lotion 0.05%</b> .....	120
<b>benazepril &amp; hydrochlorothiazide tab 20-25 mg (Lotensin hct)</b> .....	47	<b>betamethasone dipropionate oint 0.05%</b> .....	120
<b>BENAZEPRIL HCL/HYDROCHLOR – benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</b> .....	47	<b>betamethasone valerate cream 0.1% (base equivalent)</b> .....	120
<b>benazepril hcl tab 5 mg</b> .....	47	<b>betamethasone valerate lotion 0.1% (base equivalent)</b> .....	120
<b>benazepril hcl tab 10 mg (Lotensin)</b> .....	47	<b>betamethasone valerate oint 0.1% (base equivalent)</b> .....	121
<b>benazepril hcl tab 20 mg (Lotensin)</b> .....	47	<b>BETASERON – interferon beta-1b for inj kit 0.3 mg</b> .....	80
<b>benazepril hcl tab 40 mg (Lotensin)</b> .....	47	<b>betaxolol hcl ophth soln 0.5%</b> .....	115
<b>BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit</b> .....	109	<b>betaxolol hcl tab 10 mg</b> .....	42
<b>BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit</b> .....	110	<b>betaxolol hcl tab 20 mg</b> .....	42
<b>BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit</b> .....	110	<b>bethanechol chloride tab 5 mg</b> .....	66
<b>BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit</b> .....	110	<b>bethanechol chloride tab 10 mg</b> .....	66
<b>BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit</b> .....	110	<b>bethanechol chloride tab 25 mg</b> .....	66
<b>BENLYSTA – belimumab subcutaneous solution auto-injector 200 mg/ml</b> .....	205	<b>bethanechol chloride tab 50 mg</b> .....	66
<b>BENLYSTA – belimumab subcutaneous solution prefilled syringe 200 mg/ml</b> .....	205	<b>BETHKIS – tobramycin nebu soln 300 mg/4ml</b> .....	4
<b>BENZAMYCIN – benzoyl peroxide-erythromycin gel 5-3%</b> .....	120	<b>BEVESPI AEROSPHERE – glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act</b> .....	58
<b>BENZHYDROCODONE/ACETAMINO – benzhydrocodone hcl-acetaminophen tab 4.08-325 mg</b> .....	84	<b>bexarotene cap 75 mg (Targretin)</b> .....	18
<b>BENZNIDAZOLE – benznidazole tab 12.5 mg</b> .....	11	<b>bexarotene gel 1% (Targretin)</b> .....	121
<b>BENZNIDAZOLE – benznidazole tab 100 mg</b> .....	11	<b>BEXSERO – meningococcal vac b (recomb omv adjuv) inj prefilled syringe</b> .....	13
<b>benzonatate cap 200 mg</b> .....	57	<b>BEYAZ – drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</b> .....	28
<b>benzonatate cap 100 mg (Tessalon perles)</b> .....	57	<b>bicalutamide tab 50 mg (Casodex)</b> .....	18
<b>benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)</b> .....	120	<b>BIDIL – isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</b> .....	55
<b>benztropine mesylate tab 0.5 mg</b> .....	99	<b>BIJUVA – estradiol-progesterone cap 1-100 mg</b> .....	27
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<b>BEPREVE – bepotastine besilate ophth soln 1.5%</b> .....	115	<b>bimatoprost ophth soln 0.03%</b> .....	115
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<b>betamethasone dipropionate augmented lotion 0.05%</b> .....	120	<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg (Ziac)</b> .....	47
<b>betamethasone dipropionate augmented oint 0.05% (Diprolene)</b> .....	120	<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg (Ziac)</b> .....	47
		<b>bisoprolol fumarate tab 5 mg</b> .....	42
		<b>bisoprolol fumarate tab 10 mg</b> .....	42
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BOSULIF – bosutinib tab 500 mg.....	18	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	84
BRAFTOVI – encorafenib cap 75 mg.....	18	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	84
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BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh.....	58	buprenorphine hcl sl tab 8 mg (base equiv).....	84
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<b>brimonidine tartrate ophth soln 0.15% (Alphagan p).....</b>	<b>115</b>	buprenorphine td patch weekly 20 mcg/hr (Butrans).....	85
<b>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan).....</b>	<b>115</b>	bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....	80
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<b>calcium acetate (phosphate binder) tab 667 mg</b> .....	<b>64</b>	<b>carbidopa &amp; levodopa tab 25-100 mg (Sinemet)</b> .....	<b>99</b>
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divalproex sodium tab delayed release 250 mg		doxycycline hyclate tab 100 mg.....	3
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53.5-38-1 mg.....	104	mg.....	56
VISTARIL – hydroxyzine pamoate cap 25 mg.....	69	VYVANSE – lisdexamfetamine dimesylate cap 10 mg.....	79
VISTARIL – hydroxyzine pamoate cap 50 mg.....	69	VYVANSE – lisdexamfetamine dimesylate cap 20 mg.....	79
VISTOGARD – uridine triacetate oral granules packet 10		VYVANSE – lisdexamfetamine dimesylate cap 30 mg.....	79
gm.....	126	VYVANSE – lisdexamfetamine dimesylate cap 40 mg.....	79
VITAFOL STRIPS – prenatal w/ b6-b12-cholecalciferol-		VYVANSE – lisdexamfetamine dimesylate cap 50 mg.....	79
folic acid film 1 mg.....	104	VYVANSE – lisdexamfetamine dimesylate cap 60 mg.....	79
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27-1 mg.....	104	VYVANSE – lisdexamfetamine dimesylate chew tab 10	
VITRAKVI – larotrectinib sulfate cap 25 mg (base		mg.....	79
equivalent).....	24	VYVANSE – lisdexamfetamine dimesylate chew tab 20	
VITRAKVI – larotrectinib sulfate cap 100 mg (base		mg.....	79
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