AlaskaCare

Retiree Medicare Prescription Drug Plan (PDP) Part D
2021 Comprehensive Formulary (list of covered drugs)

Administered by OptumRx
Effective January 1, 2021

Please read: this document contains information about the drugs we cover in this plan.

This formulary was updated on January 1, 2021, and is a complete list of Part D drugs covered by our plan. For more recent information or if you have questions, please contact:

OptumRx Member Services
Phone: 1-855-409-6999
TTY users call: 711
Hour of operation: 24 hours a day, 7 days a week
Website: optumrx.com

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we”, “us” or “our”, it means OptumRx. When it refers to “plan” or “our plan”, it means AlaskaCare.

You can maximize your pharmacy benefits by using network pharmacies.

Formulary ID 18092

Optum Insurance of Ohio, Inc. is a Medicare approved Part D sponsor and administers this plan through its pharmacy benefit manager, OptumRx, on behalf of your employer, union or trustees of a fund. If you need this information in another language or alternate format (Braille, large print, audio), please contact OptumRx Member Services at the number located on the back of your ID card.

DB & Dual plans | S8841_19_MC-DS11_AKC

Can the formulary (drug list) change?
Yes. If you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except new adverse information about the safety or effectiveness of a drug is released.

If the Food and Drug Administration deems a drug on our formulary to be unsafe, or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2021. To get updated information about the drugs covered, please contact OptumRx Member Services. You may also visit our website at **optumrx.com**, where you will find the most up-to-date information about our list of covered drugs (formulary) by using the "Drug Information" tool (found under the "Member Tools" tab.)

Our contact information appears on the front and back cover pages.

How do I use the formulary?
There are two ways to find your drug within the formulary:

- **Medical Condition**
  The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 7. Then, look under the category name for your drug.

- **Alphabetical Listing**
  If you are not sure what category to look under, you should look for your drug in the Index that begins after the drug list. The Index provides an alphabetical list of all drugs included in this document. Both brand name drugs and generic drugs are listed in the Index.

Formulary design
The formulary structure features generic drugs and preferred brand-name drugs.

Drug Tier	Helpful Tips
Tier 1	Most generic drugs listed under Tier 1 have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name.

Please refer to your *Evidence of Coverage* for more information.

What are generic drugs?
Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization (PA)	A prior authorization requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from OptumRx before you fill your prescriptions. If you do not get approval, the drug may not be covered.
Quantity Limits (QL)	For certain drugs, there is a limit on the amount of the drug that will be covered.

To find out if your drug has any additional requirements or limits, look in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website or by calling OptumRx Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask OptumRx to make an exception to these restrictions or limits, or for a list of other similar drugs that may treat your health condition. See the section “How do I request an exception to the formulary?” on page c for information about how to request an exception.

What if my drug is not on the formulary?
If your drug is not included in this formulary (list of covered drugs), you should first contact OptumRx Member Services and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

If your drug is not covered, you have two options:

- You can ask Member Services for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.
- You can ask OptumRx to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the formulary?
You can ask OptumRx to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our formulary. If approved, the drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we may limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Please Note: If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, we will only approve your request for an exception if the drug is included on the plan's formulary, or would cause you to have adverse medical effects.

You should contact OptumRx for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary; or you may be taking a drug that is on our formulary, but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 31-day transition supply, written for as many pills as necessary, unless you have a prescription written for fewer days. We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a current enrollee with a level-of-care change and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) while you seek to obtain a formulary exception. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

For more information

For more detailed information about your prescription drug coverage, please review your other plan materials. If you have questions about the plan, please call OptumRx Member Services. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week. TTY users should call **1-877-486-2048.** Or visit medicare.gov.

Formulary

The formulary below provides information about covered drugs. If you have trouble finding your drug in the list, turn to the Index on page 66.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., COZAAR), and generic drugs are listed in lower-case (e.g., atenolol). The abbreviations in the Requirements/Limits column let you know if there are any special requirements for coverage of your drug.

Programs/ Limits	Helpful Tips
B/D	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NDS	Non-Extended Days' Supply. This prescription drugs is not available for an extended days' supply.
QL	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered.
SP	Specialty Medication. Medication is designated as specialty.

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Drug Name	Drug Tier	Req/ Limits
1st Generation/Typical		
HALDOL	2	
HALDOL DECANOATE 100	2	
HALDOL DECANOATE 50	2	
2nd Generation/Atypical		
ABILIFY	2	
ABILIFY MAINTENA	2	
ABILIFY MYCITE	2	
ARISTADA	2	
ARISTADA INITIO	2	
CAPLYTA	2	
FANAPT	2	
FANAPT TITRATION PACK	2	
GEODON	2	
INVEGA	2	
INVEGA SUSTENNA	2	
INVEGA TRINZA	2	
LATUDA	2	
NUPLAZID	2	
PERSERIS	2	
REXULTI	2	
RISPERDAL	2	
RISPERDAL CONSTA	2	
SAPHRIS	2	
SECUADO	2	
SEROQUEL	2	
SEROQUEL XR	2	
VRAYLAR	2	
ZYPREXA	2	
ZYPREXA RELPREVV	2	
ZYPREXA ZYDIS	2	
Alcohol Deterrents/Anti-craving		
ANTABUSE	2	
VIVITROL	2	
Alkylating Agents		
ALKERAN	2	
BELRAPZO	2	
BENDEKA	2	
BICNU	2	
BUSULFEX	2	
CYCLOPHOSPHAMIDE	2	
EVOMELA	2	

Drug Name	Drug Tier	Req/ Limits
GLEOSTINE	2	
IFEX	2	
KISQALI FEMARA 200 DOSE	2	
KISQALI FEMARA 400 DOSE	2	
KISQALI FEMARA 600 DOSE	2	
LEUKERAN	2	
MATULANE	2	
TEMODAR	2	
TEPADINA	2	
TREANDA	2	
VALCHLOR	2	
YONDELIS	2	
ZANOSAR	2	
ZEPZELCA	2	
Alpha-adrenergic Agonists		
BIORPHEN	2	
CATAPRES	2	
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
VAZCULEP	2	
Alpha-adrenergic Blocking Agents		
DIBENZYLINE	2	
MINIPRESS	2	
Aminoglycosides		
ARIKAYCE	2	
TOBREX	2	
ZEMDRI	2	
Aminosalicylates		
APRISO	2	
ASACOL HD	2	
CANASA	2	
DELZICOL	2	
DIPENTUM	2	
LIALDA	2	
PENTASA	2	
ROWASA	2	
SFROWASA	2	
Anabolic Steroids		
ANADROL-50	2	
Analgesics		
ALLZITAL	2	

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Drug Name	Drug Tier	Req/ Limits
BUPAP	2	
ESGIC	2	
FIORICET	2	
OFIRMEV	2	
ZEBUTAL	2	
Androgens		
ANDRODERM	2	
ANDROGEL	2	
ANDROGEL PUMP	2	
AVEED	2	
DEPO-TESTOSTERONE	2	
FORTESTA	2	
JATENZO	2	
METHITEST	2	
NATESTO	2	
STRIANT	2	
TESTIM	2	
TESTOSTERONE CYPIONATE	2	
VOGELXO	2	
VOGELXO PUMP	2	
Angioedema Agents		
BERINERT	2	
FIRAZYR	2	
KALBITOR	2	
RUCONEST	2	
Angiotensin II Receptor Antagonists		
ATACAND	2	
ATACAND HCT	2	
AVALIDE	2	
AVAPRO	2	
BENICAR	2	
BENICAR HCT	2	
COZAAR	2	
DIOVAN	2	
DIOVAN HCT	2	
EDARBI	2	
EDARBYCLOR	2	
HYZAAR	2	
MICARDIS	2	
MICARDIS HCT	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
ACCUPRIL	2	

Drug Name	Drug Tier	Req/ Limits
ACCURETIC	2	
ALTACE	2	
EPANED	2	
LOTENSIN	2	
LOTENSIN HCT	2	
PRESTALIA	2	
PRINIVIL	2	
QBRELIS	2	
TARKA	2	
VASERETIC	2	
VASOTEC	2	
ZESTORETIC	2	
ZESTRIL	2	
Anthelmintics		
ALBENZA	2	
BILTRICIDE	2	
EMVERM	2	
STROMECTOL	2	
Antiandrogens		
CASODEX	2	
ERLEADA	2	
NILANDRON	2	
NUBEQA	2	
XTANDI	2	
YONSA	2	
ZYTIGA	2	
Antiangiogenic Agents		
GAVRETO	2	
POMALYST	2	
QINLOCK	2	
REVLIMID	2	
TABRECTA	2	
THALOMID	2	
Antiarrhythmics		
ADENOCARD	2	
BETAPACE	2	
BETAPACE AF	2	
BRETYLIUM TOSYLATE	2	
CORVERT	2	
MULTAQ	2	
NEXTERONE	2	
NORPACE	2	

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Drug Name	Drug Tier	Req/ Limits
NORPACE CR	2	
QUINIDINE GLUCONATE	2	
RYTHMOL SR	2	
SOTALOL HYDROCHLORIDE	2	
SOTYLIZE	2	
TIKOSYN	2	
Antibacterials, Other		
AEMCOLO	2	
ALTABAX	2	
AMZEEQ	2	
BACTROBAN	2	
BACTROBAN NASAL	2	
CENTANY	2	
CLEOCIN	2	
CLEOCIN PEDIATRIC GRANULES	2	
CLEOCIN PHOSPHATE	2	
CLEOCIN-T	2	
CLINDAGEL	2	
CLINDAMYCIN/SODIUM CHLORIDE	2	
CLINDESSE	2	
COLY-MYCIN M	2	
CORTISPORIN	2	
CUBICIN	2	
CUBICIN RF	2	
DALVANCE	2	
EVOCLIN	2	
FIRVANQ	2	
FLAGYL	2	
FURADANTIN	2	
HIPREX	2	
IMPAVIDO	2	
LINCOCIN	2	
MACROBID	2	
MACRODANTIN	2	
METROGEL-VAGINAL	2	
METRONIDAZOLE	2	
MONUROL	2	
NEO-SYNALAR	2	
NUVESSA	2	
ORBACTIV	2	
PRIMSOL	2	
RELAGARD	2	

Drug Name	Drug Tier	Req/ Limits
SILVADENE	2	
SIVEXTRO	2	
SULFAMYLON	2	
SYNERCID	2	
TYGACIL	2	
VANCOCIN	2	
VANCOCIN HCL	2	
VANCOMYCIN HYDROCHLORIDE/ SODIUM CHLORIDE	2	
VIBATIV	2	
XENLETA	2	
XIFAXAN	2	
ZILXI	2	
ZYVOX	2	
Anticholinergics		
COGENTIN	2	
Anticoagulants		
ARIXTRA	2	
BEVYXXA	2	
CEPROTIN	2	
COUMADIN	2	
ELIQUIS	2	
ELIQUIS STARTER PACK	2	
FRAGMIN	2	
HEPARIN SODIUM/D5W	2	
HEPARIN SODIUM/SODIUM CHLORIDE	2	
LOVENOX	2	
PRADAXA	2	
REGIOCIT	2	
SAVAYSA	2	
XARELTO	2	
XARELTO STARTER PACK	2	
Anticonvulsants, Other		
APTIOM	2	
BRIVIACT	2	
EPIDIOLEX	2	PA
FINTEPLA	2	
FYCOMPA	2	
KEPPRA	2	
KEPPRA XR	2	
NAYZILAM	2	

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Drug Name	Drug Tier	Req/ Limits
SPRITAM	2	
XCOPRI	2	
Anti-cytomegalovirus (CMV) Agents		
CYTOVENE	2	B/D
FOSCAVIR	2	B/D
PREVYMIS	2	
VALCYTE	2	
ZIRGAN	2	
Antidementia Agents, Other		
NAMZARIC	2	
Antidepressants, Other		
APLENZIN	2	
BUPROPION HYDROCHLORIDE ER (XL)	2	
FORFIVO XL	2	
REMERON	2	
REMERON SOLTAB	2	
SPRAVATO 56MG DOSE	2	
SPRAVATO 84MG DOSE	2	
WELLBUTRIN SR	2	
WELLBUTRIN XL	2	
Antidiabetic Agents		
ACTOPLUS MET	2	
ACTOPLUS MET XR	2	
ACTOS	2	
ADLYXIN	2	
ADLYXIN STARTER PACK	2	
AMARYL	2	
AVANDIA	2	
BYDUREON BCISE	2	
BYDUREON PEN	2	
BYETTA	2	
CYCLOSET	2	
DUETACT	2	
FARXIGA	2	
FORTAMET	2	
GLUCOPHAGE	2	
GLUCOPHAGE XR	2	
GLUCOTROL	2	
GLUCOTROL XL	2	
GLUMETZA	2	
GLYNASE	2	

Drug Name	Drug Tier	Req/ Limits
GLYSET	2	
GLYXAMBI	2	
INVOKAMET	2	
INVOKAMET XR	2	
INVOKANA	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	2	
KOMBIGLYZE XR	2	
NESINA	2	
ONGLYZA	2	
OSENI	2	
OZEMPIC	2	
PRANDIN	2	
PRECOSE	2	
QTERN	2	
RIOMET	2	
RIOMET ER	2	
RYBELSUS	2	
SEGLUROMET	2	
STARLIX	2	
STEGLATRO	2	
STEGLUJAN	2	
SYMLINPEN 120	2	
SYMLINPEN 60	2	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	
VICTOZA	2	
XIGDUO XR	2	
Antiemetics, Other		
AKYNZEO	2	B/D
BARHEMSYS	2	
BONJESTA	2	
DICLEGIS	2	
PHENERGAN	2	

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Drug Name	Drug Tier	Req/ Limits
PHENERGAN FORTIS	2	
TIGAN	2	
TIGAN	2	B/D
TRANSDERM SCOP	2	
TRANSDERM-SCOP	2	
Antiestrogens/Modifiers		
EMCYT	2	
FARESTON	2	
FASLODEX	2	
SOLTAMOX	2	
Antifungals		
ABELCET	2	B/D
AMBISOME	2	B/D
ANCOBON	2	
BIO-STATIN	2	
CANCIDAS	2	
CRESEMBA	2	
DIFLUCAN	2	
ECOZA	2	
ERAXIS	2	
ERTACZO	2	
EXELDERM	2	
EXODERM	2	
EXTINA	2	
GYNAZOLE-1	2	
JUBLIA	2	
KERYDIN	2	
LOPROX	2	
LOPROX SHAMPOO	2	
LOTRISONE	2	
LULICONAZOLE	2	
LUZU	2	
MENTAX	2	
MICONAZOLE NITRATE/ZINC OXIDE/ WHITE PETROLATUM	2	
MYCAMINE	2	
NAFTIN	2	
NATACYN	2	
NIZORAL	2	
NOXAFIL	2	
ORAVIG	2	
OXISTAT	2	

Drug Name	Drug Tier	Req/ Limits
PENLAC NAIL LACQUER	2	
SPORANOX	2	
SPORANOX PULSEPAK	2	
TOLSURA	2	
VFEND	2	
VFEND IV	2	
VUSION	2	
XOLEGEL	2	
XOLEGEL COREPAK	2	
XOLEGEL DUO/HEAD & SHOULDERS	2	
XOLEGEL DUO/XOLEX	2	
Antigout Agents		
ALOPRIM	2	
COLCRYS	2	
DUZALLO	2	
GLOPERBA	2	
KRYSTEXXA	2	
MITIGARE	2	
ULORIC	2	
ZURAMPIC	2	
ZYLOPRIM	2	
Anti-hepatitis B (HBV) Agents		
BARACLUDE	2	
EPIVIR HBV	2	
HEPSERA	2	
INTRON A	2	
VEMLIDY	2	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents		
DAKLINZA	2	
EPCLUSA	2	
HARVONI	2	
MAVYRET	2	
SOVALDI	2	
VIEKIRA PAK	2	
VOSEVI	2	
ZEPATIER	2	
Anti-hepatitis C (HCV) Agents, Other		
MODERIBA 1200 DOSE PACK	2	
PEGASYS	2	
PEGASYS PROCLICK	2	
PEGINTRON	2	

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Drug Name	Drug Tier	Req/ Limits
REBETOL	2	
RIBASPHERE RIBAPAK	2	
Antiherpetic Agents		
DENAVIR	2	
SITAVIG	2	
VALTREX	2	
VIROPTIC	2	
XERESE	2	
ZOVIRAX	2	
Antihistamines		
BROMPHENIRAMINE	2	
CLARINEX	2	
CLARINEX-D 12 HOUR	2	
KARBINAL ER	2	
PATANASE	2	
RYCLORA	2	
SEMPREX-D	2	
VISTARIL	2	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	2	
DELSTRIGO	2	
DOVATO	2	
GENVOYA	2	
ISENTRESS	2	
JULUCA	2	
STRIBILD	2	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	2	
COMPLERA	2	
EDURANT	2	
INTELENCE	2	
ODEFSEY	2	
PIFELTRO	2	
RESCRIPTOR	2	
SUSTIVA	2	
SYMFI	2	
SYMFI LO	2	
VIRAMUNE	2	

Drug Name	Drug Tier	Req/ Limits
VIRAMUNE XR	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
CIMDUO	2	
COMBIVIR	2	
DESCOVY	2	
EMTRIVA	2	
EPIVIR	2	
EPZICOM	2	
RETROVIR	2	
RETROVIR IV INFUSION	2	
TEMIXYS	2	
TRIZIVIR	2	
TRUVADA	2	
VIDEX PEDIATRIC	2	
VIDEX EC	2	
VIREAD	2	
ZIAGEN	2	
Anti-HIV Agents, Other		
FUZEON	2	
ISENTRESS	2	
ISENTRESS HD	2	
RUKOBIA	2	
SELZENTRY	2	
TROGARZO	2	
TYBOST	2	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	2	
CRIXIVAN	2	
EVOTAZ	2	
INVIRASE	2	
KALETRA	2	
LEXIVA	2	
NORVIR	2	
PREZCOBIX	2	
PREZISTA	2	
REYATAZ	2	
SYMTUZA	2	
VIRACEPT	2	
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO	2	
ARMONAIR DIGIHALER	2	

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Drug Name	Drug Tier	Req/ Limits
ARNUITY ELLIPTA	2	
ASMANEX HFA	2	
ASMANEX TWISTHALER 120 METERED DOSES	2	
ASMANEX TWISTHALER 14 METERED DOSES	2	
ASMANEX TWISTHALER 30 METERED DOSES	2	
ASMANEX TWISTHALER 60 METERED DOSES	2	
ASMANEX TWISTHALER 7 METERED DOSES	2	
BECONASE AQ	2	
BREO ELLIPTA	2	
BREZTRI AEROSPHERE	2	
DULERA	2	
DYMISTA	2	
FLOVENT DISKUS	2	
FLOVENT HFA	2	
NASONEX	2	
NUCALA	2	
OMNARIS	2	
PULMICORT	2	B/D
PULMICORT FLEXHALER	2	
QNASL	2	
QNASL CHILDRENS	2	
QVAR REDIHALER	2	
XHANCE	2	
ZETONNA	2	
Anti-influenza Agents		
FLUMADINE	2	
RAPIVAB	2	
RELENZA DISKHALER	2	
TAMIFLU	2	
XOFLUZA	2	
Antileukotrienes		
ACCOLATE	2	
SINGULAIR	2	
ZYFLO	2	
ZYFLO CR	2	
Antimetabolites		
ALIMTA	2	
ARRANON	2	

Drug Name	Drug Tier	Req/ Limits
CARAC	2	
CLOLAR	2	
DROXIA	2	
EFUDEX	2	
FLUOROPLEX	2	
FOLOTYN	2	
HYDREA	2	
INFUGEM	2	
LONSURF	2	
NIPENT	2	
PURIXAN	2	
SIKLOS	2	
TABLOID	2	
TOLAK	2	
VYXEOS	2	
Antimigraine Agents		
REYVOW	2	
Antimycobacterials, Other		
MYCOBUTIN	2	
PRETOMANID	2	
Antineoplastics, Other		
ABRAXANE	2	
ASPARLAS	2	
BELEODAQ	2	
BRAFTOVI	2	
CISPLATIN	2	
COPIKTRA	2	
COSMEGEN	2	
COTELLIC	2	
DACOGEN	2	
DAURISMO	2	
DOXIL	2	
ELLENCE	2	
ELZONRIS	2	
ERWINAZE	2	
ETHYOL	2	
FARYDAK	2	
FUSILEV	2	
HALAVEN	2	
IBRANCE	2	
IDAMYCIN PFS	2	
INREBIC	2	

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Drug Name	Drug Tier	Req/ Limits
ISTODAX (OVERFILL)	2	
IXEMPRA KIT	2	
JEVTANA	2	
KISQALI	2	
LEVOLEUCOVORIN	2	
LORBRENA	2	
LYNPARZA	2	
MARQIBO	2	
MEKTOVI	2	
NAVELBINE	2	
NERLYNX	2	
NINLARO	2	
ONCASPAR	2	
ONUREG	2	
PEMAZYRE	2	
PHESGO	2	
PHOTOFRIN	2	
PIQRAY 200MG DAILY DOSE	2	
PIQRAY 250MG DAILY DOSE	2	
PIQRAY 300MG DAILY DOSE	2	
PROLEUKIN	2	
QUADRAMET	2	
RETEVMO	2	
ROZLYTREK	2	
RYDAPT	2	
SYLATRON	2	
SYNRIBO	2	
TALZENNA	2	
TAXOTERE	2	
TAZVERIK	2	
TICE BCG	2	
TRISENOX	2	
TUKYSA	2	
VALSTAR	2	
VELCADE	2	
VERZENIO	2	
VIDAZA	2	
VITRAKVI	2	
XPOVIO 100 MG ONCE WEEKLY	2	
XPOVIO 40 MG ONCE WEEKLY	2	
XPOVIO 40 MG TWICE WEEKLY	2	
XPOVIO 60 MG ONCE WEEKLY	2	

Drug Name	Drug Tier	Req/ Limits
XPOVIO 60 MG TWICE WEEKLY	2	
XPOVIO 80 MG ONCE WEEKLY	2	
XPOVIO 80 MG TWICE WEEKLY	2	
ZALTRAP	2	
ZOLINZA	2	
ZYKADIA	2	
Antiparkinson Agents, Other		
COMTAN	2	
GOCOVRI	2	
NOURIANZ	2	
ONGENTYS	2	
OSMOLEX ER	2	
TASMAR	2	
Antiprotozoals		
ALINIA	2	
ARAKODA	2	
COARTEM	2	
DARAPRIM	2	
KRINTAFEL	2	
LAMPIT	2	
MALARONE	2	
MEPRON	2	
NEBUPENT	2	B/D
PENTAM 300	2	
PLAQUENIL	2	
QUALAQUIN	2	PA
SOLOSEC	2	
Antispasmodics, Gastrointestinal		
BENTYL	2	
CUVPOSA	2	
GLYCATE	2	
GLYCOPYRROLATE	2	
GLYRX-PF	2	
Antispasmodics, Urinary		
DETROL	2	
DETROL LA	2	
DITROPAN XL	2	
ENABLEX	2	
GELNIQUE	2	
GELNIQUE PUMP	2	
HYOPHEN	2	
MYRBETRIQ	2	

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Drug Name	Drug Tier	Req/ Limits
OXYTROL	2	
PHOSPHASAL	2	
TOVIAZ	2	
URIMAR-T	2	
UROGESIC-BLUE	2	
URYL	2	
USTELL	2	
UTA	2	
UTICAP	2	
UTIRA-C	2	
VESICARE	2	
Antispasticity Agents		
BOTOX	2	PA
DANTRIUM	2	
DANTRIUM IV	2	
DYSPORT	2	PA
GABLOFEN	2	B/D
LIORESAL INTRATHECAL	2	B/D
MYOBLOC	2	PA
OZOBAX	2	
XEOMIN	2	PA
XEOMIN	2	
ZANAFLEX	2	
Antithyroid Agents		
TAPAZOLE	2	
Antituberculars		
CAPASTAT SULFATE	2	
MYAMBUTOL	2	
PASER	2	
PRIFTIN	2	
RIFADIN	2	
RIFAMATE	2	
RIFATER	2	
SIRTURO	2	
TRECATOR	2	
Aromatase Inhibitors, 3rd Generation		
ARIMIDEX	2	
AROMASIN	2	
FEMARA	2	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL	2	

Drug Name	Drug Tier	Req/ Limits
ADDERALL XR	2	
ADZENYS ER	2	
ADZENYS XR-ODT	2	
AMPHETAMINE ER	2	
DESOXYN	2	PA
DEXEDRINE	2	
DYANAVEL XR	2	
EVEKEO	2	
EVEKEO ODT	2	
MYDAYIS	2	
PROCENTRA	2	
VYVANSE	2	
ZENZEDI	2	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
ADHANSIA XR	2	
APTENSIO XR	2	
CONCERTA	2	
COTEMPLA XR-ODT	2	
DAYTRANA	2	
FOCALIN	2	
FOCALIN XR	2	
INTUNIV	2	
JORNAY PM	2	
KAPVAY	2	
METHYLIN	2	
QUILLICHEW ER	2	
QUILLIVANT XR	2	
RITALIN	2	
RITALIN LA	2	
STRATTERA	2	
Benign Prostatic Hypertrophy Agents		
AVODART	2	
CARDURA	2	
CARDURA XL	2	
CIALIS	2	PA
FLOMAX	2	
JALYN	2	
PROSCAR	2	
RAPAFLO	2	
UROXATRAL	2	
Benzodiazepines		

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Drug Name	Drug Tier	Req/ Limits
ATIVAN	2	
DORAL	2	
HALCION	2	
RESTORIL	2	
TRANXENE T	2	
VALIUM	2	
XANAX	2	
XANAX XR	2	
Beta-adrenergic Blocking Agents		
BREVIBLOC	2	
BREVIBLOC PREMIXED	2	
BREVIBLOC PREMIXED DOUBLESTRENGTH	2	
BYSTOLIC	2	
BYVALSON	2	
COREG	2	
COREG CR	2	
CORGARD	2	
CORZIDE	2	
DUTOPROL	2	
ESMOLOL HYDROCHLORIDE IN WATER	2	
ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH	2	
HEMANGEOL	2	
INDERAL LA	2	
INDERAL XL	2	
INNOPRAN XL	2	
KAPSPARGO SPRINKLE	2	
LOPRESSOR	2	
LOPRESSOR HCT	2	
TENORETIC 100	2	
TENORETIC 50	2	
TENORMIN	2	
TOPROL XL	2	
ZIAC	2	
Beta-lactam, Cephalosporins		
AVYCAZ	2	
CEFOTAN	2	
CEFOXITIN SODIUM	2	
FETROJA	2	
FORTAZ	2	
KEFLEX	2	

Drug Name	Drug Tier	Req/ Limits
MAXIPIME	2	
SUPRAX	2	
TAZICEF	2	
TEFLARO	2	
ZERBAXA	2	
Beta-lactam, Other		
AZACTAM	2	
AZACTAM IN ISO-OSMOTIC DEXTROSE	2	
DORIPENEM	2	
INVANZ	2	
MEROPENEM/SODIUM CHLORIDE	2	
MERREM	2	
PRIMAXIN IV	2	
RECARBRIO	2	
VABOMERE	2	
Beta-lactam, Penicillins		
AUGMENTIN	2	
AUGMENTIN ES-600	2	
BICILLIN C-R	2	
BICILLIN L-A	2	
OXACILLIN SODIUM	2	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
UNASYN	2	
UNASYN BULK PACK	2	
ZOSYN	2	
Blood Formation Modifiers		
ADAKVEO	2	
AGRYLIN	2	
ARANESP ALBUMIN FREE	2	
DOPTELET	2	
EPOGEN	2	
FULPHILA	2	
GRANIX	2	
LEUKINE	2	
MIRCERA	2	
MOZOBIL	2	
MULPLETA	2	
NEULASTA	2	
NEULASTA ONPRO KIT	2	
NEUPOGEN	2	

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Drug Name	Drug Tier	Req/ Limits
NIVESTYM	2	
NPLATE	2	
OXBRYTA	2	
PROCRIT	2	
PROMACTA	2	
REBLOZYL	2	
UDENYCA	2	
ZARXIO	2	
ZIEXTENZO	2	
Blood Products/Modifiers/Volume Expanders		
SOLIRIS	2	
ULTOMIRIS	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	2	
COMBIVENT RESPIMAT	2	
DUAKLIR PRESSAIR	2	
INCRUSE ELLIPTA	2	
LONHALA MAGNAIR REFILL KIT	2	
LONHALA MAGNAIR STARTER KIT	2	
SEEBRI NEOHALER	2	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
TUDORZA PRESSAIR	2	
YUPELRI	2	B/D
Bronchodilators, Sympathomimetic		
ARCAPTA NEOHALER	2	
AUVI-Q	2	
BEVESPI AEROSPHERE	2	
BROVANA	2	B/D
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
ISUPREL	2	
PERFOROMIST	2	B/D
PROAIR DIGIHALER	2	
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROVENTIL HFA	2	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
SYMJEPI	2	
UTIBRON NEOHALER	2	
VENTOLIN HFA	2	

Drug Name	Drug Tier	Req/ Limits
XOPENEX	2	B/D
XOPENEX CONCENTRATE	2	B/D
XOPENEX HFA	2	
Calcium Channel Blocking Agents		
ADALAT CC	2	
AZOR	2	
CADUET	2	
CALAN	2	
CALAN SR	2	
CARDENE IV	2	
CARDIZEM	2	
CARDIZEM CD	2	
CARDIZEM LA	2	
CONJUPRI	2	
CONSENSI	2	
EXFORGE	2	
EXFORGE HCT	2	
KATERZIA	2	
LOTREL	2	
NICARDIPINE HYDROCHLORIDE	2	
NICARDIPINE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
NORVASC	2	
NYMALIZE	2	
PROCARDIA	2	
PROCARDIA XL	2	
SULAR	2	
TIAZAC	2	
TRIBENZOR	2	
TWYNSTA	2	
VERELAN	2	
VERELAN PM	2	
Calcium Channel Modifying Agents		
CELONTIN	2	
LYRICA	2	
ZARONTIN	2	
ZONEGRAN	2	
Cardiovascular Agents, Other		
ADRENALIN	2	
ASCLERA	2	
ATROPEN	2	
CORLANOR	2	

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Drug Name	Drug Tier	Req/ Limits
DEFITELIO	2	
DEMSER	2	
ENTRESTO	2	
EPINEPHRINE	2	
EPINEPHRINE/SODIUM CHLORIDE	2	
LANOXIN	2	
LANOXIN PEDIATRIC	2	
LEVOPHED	2	
NATRECOR	2	
NEOPROFEN	2	
NORTHERA	2	
OSMITROL VIAFLEX	2	
PRALUENT	2	
RANEXA	2	
REPATHA	2	
REPATHA PUSHTRONEX SYSTEM	2	
REPATHA SURECLICK	2	
TAKHZYRO	2	
TEKTURNA	2	
TEKTURNA HCT	2	
VARITHENA	2	
VECAMYL	2	
VYNDAMAX	2	
VYNDAQEL	2	
Central Nervous System, Other		
AUSTEDO	2	
CAFCIT	2	
CAFFEINE/SODIUM BENZOATE	2	
DURACLON	2	B/D
ESGIC	2	
FIORINAL	2	
GRALISE	2	
HORIZANT	2	
INGREZZA	2	
NUEDEXTA	2	PA
PRIALT	2	B/D
RADICAVA	2	
RILUTEK	2	
TIGLUTIK	2	
XENAZINE	2	
Cholinesterase Inhibitors		
ARICEPT	2	

Drug Name	Drug Tier	Req/ Limits
EXELON	2	
RAZADYNE	2	
RAZADYNE ER	2	
Cystic Fibrosis Agents		
BETHKIS	2	B/D
CAYSTON	2	
KALYDECO	2	
KITABIS PAK	2	B/D
ORKAMBI	2	
PULMOZYME	2	B/D
SYMDEKO	2	
TOBI	2	B/D
TOBI PODHALER	2	
TRIKAFTA	2	
Dental and Oral Agents		
ARESTIN	2	
CITANEST PLAIN DENTAL	2	
DEBACTEROL	2	
EVOXAC	2	
FLUORIDEX SENSITIVITY RELIEF	2	
FLUORIDEX SENSITIVITY RELIEF/ SLS FREE	2	
KEPIVANCE	2	
NAFRINSE DAILY/ACIDULATED	2	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	2	
PERIDEX	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 SENSITIVE	2	
SALAGEN	2	
TOPEX TOPICAL ANESTHETIC	2	
Dermatological Agents		
ABSORICA	2	
ABSORICA LD	2	
ACANYA	2	
ACZONE	2	
ADAPALENE	2	
AKLIEF	2	
AKTIPAK	2	
ALDARA	2	
ALTRENO	2	

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Drug Name	Drug Tier	Req/ Limits
ARAZLO	2	
ATRALIN	2	
AVAR	2	
AVAR CLEANSER	2	
AVAR LS	2	
AVAR LS CLEANSER	2	
AVAR-E EMOLLIENT	2	
AVAR-E GREEN	2	
AVAR-E LS	2	
AZELEX	2	
BENSAL HP	2	
BENZAC AC WASH	2	
BENZACLIN	2	
BENZACLIN WITH PUMP	2	
BENZAMYCIN	2	
BENZEPRO CREAMY WASH	2	
BENZEPRO FOAMING CLOTHS	2	
BENZOLYL PEROXIDE FORTE- HC	2	
BENZOYL PEROXIDE	2	
BENZOYL PEROXIDE- HC	2	
CALCIPOTRIENE	2	
CONDYLOX	2	
COSENTYX	2	
COSENTYX SENSOREADY PEN	2	
DIFFERIN	2	
DOVONEX	2	
DRITHO-CREME HP	2	
DRYSOL	2	
DUAC	2	
DUOBRII	2	
DUPIXENT	2	
ELIDEL	2	
ENSTILAR	2	
EPIDUO	2	
EPIDUO FORTE	2	
EUCRISA	2	
FABIOR	2	
FINACEA	2	
GORDONS UREA	2	
HYDRO 40 FOAM	2	
HYDROCORTISONE ACETATE/ LIDOCAINE HYDROCHLORIDE	2	

Drug Name	Drug Tier	Req/ Limits
ILUMYA	2	
INOVA	2	
INOVA 4/1 ACNE CONTROL THERAPY	2	
INOVA 8/2 ACNE CONTROL THERAPY	2	
KERALYT	2	
KERALYT SCALP	2	
LAC-HYDRIN	2	
LEVULAN KERASTICK	2	
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE	2	
LIDOSOL-HC	2	
METROCREAM	2	
METROGEL	2	
METROLOTION	2	
MIRVASO	2	
NORITATE	2	
ONEXTON	2	
ORACEA	2	
ORAFATE	2	
OVACE PLUS	2	
OVACE PLUS WASH	2	
OVACE WASH	2	
OXSORALEN ULTRA	2	
PENNSAID	2	
PICATO	2	
PLEXION	2	
PLEXION CLEANSER	2	
PLEXION CLEANSING CLOTHS	2	
PR BENZOYL PEROXIDE WASH	2	
PROCTOFOAM HC	2	
PROTHELIAL	2	
PROTOPIC	2	
PRUDOXIN	2	
PYROGALLIC ACID	2	
QBREXZA	2	
QUTENZA	2	
RECTIV	2	
REGRANEX	2	
RETIN-A	2	
RETIN-A MICRO	2	
RETIN-A MICRO PUMP	2	

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Drug Name	Drug Tier	Req/ Limits
REXAPHENAC	2	
RHOFADE	2	
RIAX	2	
ROSANIL CLEANSER	2	
RYNODERM	2	
SALEX	2	
SALEX CREAM	2	
SALEX LOTION	2	
SALISOL	2	
SALITECH	2	
SALRIX	2	
SALVAX	2	
SALVAX DUO PLUS	2	
SANTYL	2	
SCALACORT DK	2	
SELRX	2	
SILIQ	2	
SODIUM SULFACETAMIDE WASH	2	
SOOLANTRA	2	
SORIATANE	2	
SORILUX	2	
STELARA	2	
SULFACLEANSE 8/4	2	
SUMADAN WASH	2	
SUMAXIN	2	
SUMAXIN WASH	2	
SYNALAR TS	2	
TACLONEX	2	
TALTZ	2	
TAZORAC	2	
TISSEEL	2	
TISSEEL VH	2	
TREMFYA	2	
ULTRASAL-ER	2	
UMECTA MOUSSE	2	
UREMEZ-40	2	
VANOXIDE-HC	2	
VECTICAL	2	
VELTIN	2	
VEREGEN	2	
VIRASAL	2	
XERAC AC	2	

Drug Name	Drug Tier	Req/ Limits
ZACARE 4% KIT	2	
ZACARE 8% KIT	2	
ZIANA	2	
ZITHRANOL	2	
ZONALON	2	
ZYCLARA	2	
ZYCLARA PUMP	2	
Diuretics, Loop		
BUMEX	2	
DEMADEX	2	
EDECRIN	2	
LASIX	2	
SODIUM EDECRIN	2	
Diuretics, Potassium-sparing		
ALDACTAZIDE	2	
ALDACTONE	2	
CAROSPIR	2	
DYAZIDE	2	
DYRENIUM	2	
INSPRA	2	
MAXZIDE	2	
MAXZIDE-25	2	
Diuretics, Thiazide		
DIURIL	2	
SODIUM DIURIL	2	
Dopamine Agonists		
APOKYN	2	
INBRIJA	2	
KYNMOBI	2	
KYNMOBI TITRATION KIT	2	
MIRAPEX	2	
MIRAPEX ER	2	
NEUPRO	2	
PARLODEL	2	
REQUIP	2	
REQUIP XL	2	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
DUOPA	2	PA
LODOSYN	2	
RYTARY	2	
SINEMET	2	

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Drug Name	Drug Tier	Req/ Limits
SINEMET CR	2	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
Dyslipidemics, Fibric Acid Derivatives		
ANTARA	2	
FENOGLIDE	2	
FIBRICOR	2	
LIPOFEN	2	
LOPID	2	
TRICOR	2	
TRIGLIDE	2	
TRILIPIX	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV	2	
CRESTOR	2	
EZALLOR SPRINKLE	2	
FLOLIPID	2	
LESCOL XL	2	
LIPITOR	2	
LIVALO	2	
PRAVACHOL	2	
ZOCOR	2	
ZYPITAMAG	2	
Dyslipidemics, Other		
COLESTID	2	
COLESTID FLAVORED	2	
JUXTAPID	2	PA
LOVAZA	2	
NEXLETOL	2	
NEXLIZET	2	
NIASPAN	2	
QUESTRAN	2	
QUESTRAN LIGHT	2	
VASCEPA	2	
VYTORIN	2	
WELCHOL	2	
ZETIA	2	
Electrolyte/Mineral Replacement		

Drug Name	Drug Tier	Req/ Limits
AMINOSYN 7%/ELECTROLYTES	2	B/D
AMINOSYN M	2	B/D
CALCIUM GLUCONATE	2	
CALCIUM GLUCONATE/SODIUM CHLORIDE	2	
CARBAGLU	2	
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX 6/5	2	B/D
CLINIMIX 8/10	2	B/D
CLINIMIX 8/14	2	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX E 5%/DEXTROSE 15%	2	B/D
CLINIMIX E 5%/DEXTROSE 20%	2	B/D
CLINIMIX E 8/10	2	B/D
CLINIMIX E 8/14	2	B/D
CLINIMIX N14G30E	2	B/D
CLINIMIX N9G15E	2	B/D
CLINIMIX N9G20E	2	B/D
CRYSVITA	2	
DEXTROSE	2	
DEXTROSE 25%	2	
DEXTROSE 50%	2	
EFFER-K	2	
FLUORABON	2	
FLURA-DROPS	2	
HYPERLYTE-CR	2	
IONOSOL-MB/DEXTROSE 5%	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
KABIVEN	2	B/D
K-PHOS	2	
K-PHOS NO 2	2	
K-TAB	2	
LMD 10% SODIUM CHLORIDE 0.9%	2	
NEUT	2	

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Drug Name	Drug Tier	Req/ Limits
NORMOSOL -R	2	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	2	
NORMOSOL-R IN D5W	2	
NORMOSOL-R/5% DEXTROSE	2	
ORACIT	2	
PERIKABIVEN	2	B/D
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PROCALAMINE	2	B/D
SODIUM BICARBONATE	2	
SODIUM CHLORIDE	2	
TPN ELECTROLYTES	2	
UROCIT-K 10	2	
UROCIT-K 15	2	
UROCIT-K 5	2	
VITAFOL FE+	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	2	
CUPRIMINE	2	
DEPEN TITRATABS	2	
D-PENAMINE	2	
EXJADE	2	
FERRIPROX	2	
FERRIPROX TWICE-A-DAY	2	
JADENU	2	
JADENU SPRINKLE	2	
JYNARQUE	2	
LOKELMA	2	
SAMSCA	2	
SYPRINE	2	
TOLVAPTAN	2	
VELTASSA	2	
Emetogenic Therapy Adjuncts		
ALOXI	2	
ANZEMET	2	B/D
CESAMET	2	PA
CINVANTI	2	
EMEND	2	B/D
EMEND	2	
EMEND TRIPACK	2	B/D
MARINOL	2	PA

Drug Name	Drug Tier	Req/ Limits
ONDANSETRON HYDROCHLORIDE	2	
SANCUSO	2	
SUSTOL	2	
SYNDROS	2	PA
VARUBI	2	B/D
ZOFRAN	2	B/D
ZUPLENZ	2	B/D
Enzyme Inhibitors		
BALVERSA	2	
CAMPTOSAR	2	
ETOPOPHOS	2	
HYCAMTIN	2	
KYPROLIS	2	
ONIVYDE	2	
ZYDELIG	2	
Ergot Alkaloids		
CAFERGOT	2	
D.H.E. 45	2	
ERGOMAR	2	
MIGERGOT	2	
MIGRANAL	2	
Estrogens		
ACTIVELLA	2	
ALORA	2	
ANGELIQ	2	
ANNOVERA	2	
BALCOLTRA	2	
BEYAZ	2	
BIJUVA	2	
CLIMARA	2	
CLIMARA PRO	2	
COMBIPATCH	2	
DELESTROGEN	2	
DEPO-ESTRADIOL	2	
DIVIGEL	2	
DUAVEE	2	
ELESTRIN	2	
ESTRACE	2	
ESTRING	2	
ESTROGEL	2	
ESTROSTEP FE	2	
EVAMIST	2	

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Drug Name	Drug Tier	Req/ Limits
FALESSA	2	
FEMHRT LOW DOSE	2	
FEMRING	2	
GENERESS FE	2	
IMVEXXY MAINTENANCE PACK	2	PA
IMVEXXY STARTER PACK	2	PA
LO LOESTRIN FE	2	
LOESTRIN 1.5/30-21	2	
LOESTRIN 1/20-21	2	
LOESTRIN FE 1.5/30	2	
LOESTRIN FE 1/20	2	
LOSEASONIQUE	2	
MENEST	2	
MENOSTAR	2	
MINASTRIN 24 FE	2	
MINIVELLE	2	
MIRCETTE	2	
NATAZIA	2	
NUVARING	2	
ORTHO TRI-CYCLEN	2	
ORTHO TRI-CYCLEN LO	2	
ORTHO-CYCLEN	2	
ORTHO-NOVUM 1/35	2	
ORTHO-NOVUM 7/7/7	2	
PREFEST	2	
PREMARIN	2	
PREMPHASE	2	
PREMPRO	2	
QUARTETTE	2	
SAFYRAL	2	
SEASONIQUE	2	
TAYTULLA	2	
TRI-NORINYL 28	2	
TWIRLA	2	
VAGIFEM	2	
VIVELLE-DOT	2	
YASMIN 28	2	
YAZ	2	
Fibromyalgia Agents		
LYRICA CR	2	
SAVELLA	2	
SAVELLA TITRATION PACK	2	

Drug Name	Drug Tier	Req/ Limits
GABA Receptor Modulators		
AMBIEN	2	
AMBIEN CR	2	
EDLUAR	2	
INTERMEZZO	2	
LUNESTA	2	
ZOLPIMIST	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
DEPACON	2	
DEPAKENE	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
DIACOMIT	2	
DIASTAT ACUDIAL	2	
DIASTAT PEDIATRIC	2	
GABITRIL	2	
KLONOPIN	2	
MYSOLINE	2	
NEURONTIN	2	
ONFI	2	
SABRIL	2	
SYMPAZAN	2	
VALTOCO	2	
Gastrointestinal Agents, Other		
ACTIGALL	2	
AKYNZEO	2	
CALCIUM DISODIUM VERSENATE	2	
CHENODAL	2	
CHOLBAM	2	
GASTROCROM	2	
GATTEX	2	
GIMOTI	2	
HELIDAC THERAPY	2	
LOMOTIL	2	
MOTEGRITY	2	
MOTOFEN	2	
MOVANTIK	2	
MYTESI	2	
OCALIVA	2	
OMECLAMOX-PAK	2	

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Drug Name	Drug Tier	Req/ Limits
PYLERA	2	
REGLAN	2	
RELISTOR	2	
SYMPROIC	2	
TALICIA	2	
TRULANCE	2	
URSO 250	2	
URSO FORTE	2	
XERMELO	2	
ZELNORM	2	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN	2	
ALDURAZYME	2	
BUPHENYL	2	
CERDELGA	2	
CEREZYME	2	
CREON	2	
CYSTADANE	2	
CYSTAGON	2	
ELAPRASE	2	
ELELYSO	2	
EVRYSDI	2	
EXONDYS 51	2	
FABRAZYME	2	
GALAFOLD	2	
KANUMA	2	
KUVAN	2	
LUMIZYME	2	
NAGLAZYME	2	
NITYR	2	
ONPATTRO	2	PA
ORFADIN	2	
PALYNZIQ	2	
PANCREAZE	2	
PERTZYE	2	
PROCYSBI	2	
RAVICTI	2	
REVCOVI	2	
STRENSIQ	2	
SUCRAID	2	
TEGSEDI	2	

Drug Name	Drug Tier	Req/ Limits
VIMIZIM	2	
VIOKACE	2	
VPRIV	2	
VYONDYS 53	2	
XIAFLEX	2	
XURIDEN	2	
ZAVESCA	2	
ZENPEP	2	
Genitourinary Agents, Other		
ELMIRON	2	
LITHOSTAT	2	
PHEXXI	2	
PYRIDIUM	2	
RENACIDIN	2	
RIMSO-50	2	
THIOLA	2	
THIOLA EC	2	
URECHOLINE	2	
Glucocorticoids		
ANUSOL-HC	2	
ENTOCORT EC	2	
EPIFOAM	2	
ORTIKOS	2	
PROCTOCORT	2	
UCERIS	2	
ZILRETTA	2	
Glutamate Reducing Agents		
FELBATOL	2	
LAMICTAL	2	
LAMICTAL CHEWABLE DISPERSIBLE	2	
LAMICTAL ODT	2	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	
LAMICTAL STARTER/TAKING VALPROATE	2	
LAMICTAL XR	2	
QUDEXY XR	2	
TOPAMAX	2	
TOPAMAX SPRINKLE	2	
TROKENDI XR	2	

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Drug Name	Drug Tier	Req/ Limits
Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS	2	
PROGLYCEM	2	
Hemostasis Agents		
AMICAR	2	
CYKLOKAPRON	2	
LYSTEDA	2	
RETACRIT	2	
TAVALISSE	2	
TRANEXAMIC ACID/SODIUM CHLORIDE	2	
Histamine2 (H2) Receptor Antagonists		
PEPCID	2	
Hormonal Agents, Stimulant/Replacement/ Modifying (Adrenal)		
ADVANCED ALLERGY COLLECTION KIT	2	
ALA SCALP	2	
ALA-SCALP	2	
ALKINDI SPRINKLE	2	
BETAMETHASONE ACETATE/ BETAMETHASONE	2	
BETAMETHASONE COMBO	2	
BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASONE ACETATE	2	
BRYHALI	2	
CAPEX	2	
CELESTONE-SOLUSPAN	2	
CLOBEX	2	
CLODERM	2	
CLODERM PUMP	2	
CORDRAN	2	
CORTEF	2	
CORTENEMA	2	

Drug Name	Drug Tier	Req/ Limits
CORTIFOAM	2	
CUTIVATE	2	
DECADRON	2	
DEPO-MEDROL	2	
DERMA-SMOOTHE/FS BODY	2	
DERMA-SMOOTHE/FS SCALP	2	
DESONATE	2	
DESOWEN	2	
DEXABLISS	2	
DEXAMETHASONE (LA)	2	
DEXAMETHASONE ACETATE/ DEXAMETHASONE PHOSPHATE	2	
DEXAMETHASONE SODIUM PHOSPHATE	2	
DEXONTO 0.4%	2	
DEXPAK 10 DAY	2	
DEXPAK 13 DAY	2	
DEXPAK 6 DAY	2	
DIPROLENE	2	
DIPROLENE AF	2	
DXEVO 11-DAY	2	
ELOCON	2	
EMFLAZA	2	
HALOG	2	
HEMADY	2	
HIDEX 6-DAY	2	
IMPOYZ	2	
INTRAROSA	2	PA
KENALOG	2	
KENALOG-10	2	
KENALOG-40	2	
KENALOG-80	2	
LEXETTE	2	
LOCOID	2	
LOCOID LIPOCREAM	2	
LUXIQ	2	
MEDROL	2	
MEDROL DOSEPAK	2	
METHYLPREDNISOLONE ACETATE	2	
MICORT-HC	2	
MILLIPRED	2	
MILLIPRED DP	2	

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Drug Name	Drug Tier	Req/ Limits
NUCORT	2	
OLUX	2	
OLUX-E	2	
ORAPRED ODT	2	
PANDEL	2	
PEDIAPRED	2	
PSORCON	2	
RAYOS	2	
SERNIVO	2	
SOLU-CORTEF	2	
SOLU-MEDROL	2	
SYNALAR	2	
TAPERDEX 12-DAY	2	
TAPERDEX 6-DAY	2	
TAPERDEX 7-DAY	2	
TEMOVATE	2	
TEXACORT	2	
TOPICORT	2	
TRIAMCINOLONE	2	
TRIAMCINOLONE ACETONIDE	2	
TRIAMCINOLONE ACETONIDE PF	2	
TRIAMCINOLONE DIACETATE	2	
TRIDESILON	2	
UCERIS	2	
ULTRAVATE	2	
VANOS	2	
VERDESO	2	
VERIPRED 20	2	
ZCORT 7-DAY	2	
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)		
ACTHAR	2	
DDAVP	2	
EGRIFTA	2	
EGRIFTA SV	2	
GENOTROPIN	2	
GENOTROPIN MINIQUICK	2	
HUMATROPE	2	
HUMATROPE COMBO PACK	2	
INCRELEX	2	
NOCDURNA	2	
NOCTIVA	2	

Drug Name	Drug Tier	Req/ Limits
NORDITROPIN FLEXPRO	2	
NOVAREL	2	PA
NUTROPIN AQ NUSPIN 10	2	
NUTROPIN AQ NUSPIN 20	2	
NUTROPIN AQ NUSPIN 5	2	
OMNITROPE	2	
SAIZEN	2	
SAIZENPREP RECONSTITUTIONKIT	2	
SEROSTIM	2	PA
STIMATE	2	
VAPRISOL	2	
VASOSTRICT	2	
ZOMACTON	2	
ZORBTIVE	2	
Hormonal Agents, Stimulant/Replacement/ Modifying (Prostaglandins)		
CERVIDIL	2	
HEMABATE	2	
KORLYM	2	
MIFEPREX	2	
PREPIDIL	2	
PROSTIN E2	2	
Hormonal Agents, Stimulant/Replacement/ Modifying (Sex Hormones/Modifiers)		
XYOSTED	2	
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)		
ARMOUR THYROID	2	
CYTOMEL	2	
NATURE-THROID	2	
NATURE-THROID NT-2.5	2	
TIROSINT	2	
TIROSINT-SOL	2	
TRIOSTAT	2	
WESTHROID	2	
WP THYROID	2	
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	2	
LYSODREN	2	
Hormonal Agents, Suppressant (Pituitary)		
BYNFEZIA PEN	2	
ELIGARD	2	
FENSOLVI	2	

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Drug Name	Drug Tier	Req/ Limits
FIRMAGON	2	
LUPANETA PACK	2	
LUPRON DEPOT (1-MONTH)	2	
LUPRON DEPOT (3-MONTH)	2	
LUPRON DEPOT (4-MONTH)	2	
LUPRON DEPOT (6-MONTH)	2	
LUPRON DEPOT-PED (1-MONTH)	2	
LUPRON DEPOT-PED (3-MONTH)	2	
MYCAPSSA	2	
ORIAHNN	2	
ORILISSA	2	
SANDOSTATIN	2	
SANDOSTATIN LAR DEPOT	2	
SIGNIFOR	2	
SIGNIFOR LAR	2	
SOMATULINE DEPOT	2	
SOMAVERT	2	
SUPPRELIN LA	2	
SYNAREL	2	
TRELSTAR MIXJECT	2	
TRIPTODUR	2	
VANTAS	2	
ZOLADEX	2	
Immune Suppressants		
ASTAGRAF XL	2	B/D
AVSOLA	2	
AZASAN	2	B/D
BENLYSTA	2	
CELLCEPT	2	B/D
CELLCEPT INTRAVENOUS	2	B/D
CIMZIA	2	
CIMZIA STARTER KIT	2	
ENBREL	2	
ENBREL MINI	2	
ENBREL SURECLICK	2	
ENVARSUS XR	2	B/D
HUMIRA	2	
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	2	
HUMIRA PEN	2	
HUMIRA PEN-CD/UC/HS STARTER	2	
HUMIRA PEN-PS/UV STARTER	2	

Drug Name	Drug Tier	Req/ Limits
IMURAN	2	B/D
INFLECTRA	2	
KINERET	2	
MYFORTIC	2	B/D
NEORAL	2	B/D
NULOJIX	2	
ORENCIA	2	
ORENCIA CLICKJECT	2	
OTREXUP	2	
PROGRAF	2	B/D
PROGRAF	2	
RAPAMUNE	2	B/D
RASUVO	2	
REMICADE	2	
RENFLEXIS	2	
SANDIMMUNE	2	
SANDIMMUNE	2	B/D
SIMPONI	2	
SKYRIZI	2	
TREXALL	2	
XATMEP	2	
ZORTRESS	2	B/D
Immunizing Agents, Passive		
ASCENIV	2	PA
ATGAM	2	
BIVIGAM	2	PA
CUTAQUIG	2	PA
CUVITRU	2	PA
CYTOGAM	2	
FLEBOGAMMA DIF	2	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	2	PA
GAMMAKED	2	PA
GAMMAPLEX	2	PA
GAMUNEX-C	2	PA
HEPAGAM B	2	B/D
HIZENTRA	2	PA
HYPERHEP B S/D	2	B/D
HYPERRAB	2	B/D
HYPERRAB S/D	2	B/D
HYPERRHO S/D	2	
HYPERRHO S/D MINI-DOSE	2	

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Drug Name	Drug Tier	Req/ Limits
HYQVIA	2	PA
KEDRAB	2	B/D
MICRHOGAM ULTRA-FILTERED PLUS	2	
OCTAGAM	2	PA
PANZYGA	2	PA
PRIVIGEN	2	PA
RHOGAM ULTRA-FILTERED PLUS	2	
RHOPHYLAC	2	
SYNAGIS	2	
THYMOGLOBULIN	2	
WINRHO SDF	2	
XEMBIFY	2	PA
Immunomodulators		
ACTEMRA	2	
ACTEMRA ACTPEN	2	
ACTIMMUNE	2	
ALFERON N	2	
ARAVA	2	
ARCALYST	2	
ENSPRYNG	2	
ENTYVIO	2	
GAMIFANT	2	
ILARIS	2	
KEVZARA	2	
LEMTRADA	2	
OLUMIANT	2	
OTEZLA	2	
PROVENGE	2	
RIDAURA	2	
RINVOQ	2	
SIMPONI ARIA	2	
SIMULECT	2	
SYLVANT	2	
UPLIZNA	2	
XELJANZ	2	
XELJANZ XR	2	
ZINPLAVA	2	
Insulins		
ADMELOG	2	
ADMELOG SOLOSTAR	2	
AFREZZA	2	

Drug Name	Drug Tier	Req/ Limits
APIDRA	2	
APIDRA SOLOSTAR	2	
BASAGLAR KWIKPEN	2	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
INSULIN ASPART	2	
INSULIN ASPART FLEXPEN	2	
INSULIN ASPART PENFILL	2	
INSULIN ASPART PROTAMINE/ INSULIN ASPART	2	
INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN	2	
INSULIN LISPRO	2	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO PROTAMINE/ INSULIN LISPRO KWIKPEN	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
MYXREDLIN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	

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Drug Name	Drug Tier	Req/ Limits
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG PENFILL	2	
SEMGLEE	2	
SOLIQUA 100/33	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
XULTOPHY 100/3.6	2	
Irritable Bowel Syndrome Agents		
AMITIZA	2	
LINZESS	2	
LOTRONEX	2	
VIBERZI	2	
Laxatives		
CLENPIQ	2	
COLYTE-FLAVOR PACKS	2	
GOLYTELY	2	
KRISTALOSE	2	
MOVIPREP	2	
NULYTELY	2	
NULYTELY/FLAVOR PACKS	2	
OSMOPREP	2	
PLENVU	2	
PREPOPIK	2	
SUPREP BOWEL PREP KIT	2	
Local Anesthetics		
ANACAINE	2	
ANASTIA	2	

Drug Name	Drug Tier	Req/ Limits
ARTICADENT DENTAL	2	
CARBOCAINE	2	
LIDOCAINE HYDROCHLORIDE	2	
LIDOCORT	2	
LIDODERM	2	PA
LIDO-K	2	
LIDOMAR	2	
LIDOPIN	2	
LIDORX	2	
LIDO-SORB	2	
LIDOTHOL	2	
LIDOTRAL	2	
LIDOTREX	2	
LIDOVEX	2	
LIDOZION	2	
MARCAINE	2	
MARCAINE SPINAL	2	
MARCAINE/EPINEPHRINE	2	
NAROPIN	2	
NESACAINE	2	
NESACAINE-MPF	2	
NUMBONEX	2	
ORABLOC	2	
PLIAGLIS	2	PA
PREMIUM SCAR PATCH	2	
SENSORCAINE/EPINEPHRINE	2	
SENSORCAINE-MPF	2	
SENSORCAINE-MPF/EPINEPHRINE	2	
SYNERA	2	
SYNVEXIA TC	2	
XYLOCAINE	2	
XYLOCAINE/EPINEPHRINE	2	
XYLOCAINE-MPF	2	
XYLOCAINE-MPF/EPINEPHRINE	2	
ZERUVIA	2	
ZIONODIL	2	
ZIONODIL 100	2	
ZTLIDO	2	PA
Macrolides		
AZASITE	2	
DIFICID	2	
E.E.S. GRANULES	2	

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Drug Name	Drug Tier	Req/ Limits
ERYGEL	2	
ERYPED 200	2	
ERYPED 400	2	
ERY-TAB	2	
ERYTHROCIN LACTOBIONATE	2	
ERYTHROCIN STEARATE	2	
KLARITY-A	2	
ZITHROMAX	2	
ZITHROMAX TRI-PAK	2	
ZITHROMAX Z-PAK	2	
Metabolic Bone Disease Agents		
ACTONEL	2	
ATELVIA	2	
BINOSTO	2	
BONIVA	2	
EVENITY	2	
FORTEO	2	
FOSAMAX	2	
FOSAMAX PLUS D	2	
HECTOROL	2	
MIACALCIN	2	
NATPARA	2	
PROLIA	2	
RECLAST	2	
ROCALTROL	2	
SENSIPAR	2	
TYMLOS	2	
XGEVA	2	
ZEMPLAR	2	
ZOMETA	2	
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS / MINI/31GX5MM	2	
1ST TIER UNIFINE PENTIPS 29GX12MM	2	
1ST TIER UNIFINE PENTIPS 31GX6MM	2	
1ST TIER UNIFINE PENTIPS 31GX8MM	2	
1ST TIER UNIFINE PENTIPS 32GX4MM	2	
1ST TIER UNIFINE PENTIPS 32GX6MM	2	

Drug Name	Drug Tier	Req/ Limits
1ST TIER UNIFINE PENTIPS 33GX4MM	2	
1ST TIER UNIFINE PENTIPS PLUS 31GX8MM	2	
1ST TIER UNIFINE PENTIPS PLUS 32GX4MM	2	
1ST TIER UNIFINE PENTIPS PLUS 33GX4MM	2	
1ST TIER UNIFINE PENTIPS PLUS/ MINI/31GX5MM	2	
1ST TIER UNIFINE PENTIPS PLUS/ ORIGINAL/29GX12MM	2	
1ST TIER UNIFINE PENTIPS PLUS/ ULTRA SHORT/31GX6MM	2	
ABOUTTIME PEN NEEDLE 32G X 5/32"	2	
ABOUTTIME PEN NEEDLES 30GX 5/16"	2	
ABOUTTIME PEN NEEDLES 31G X 3/16"	2	
ABOUTTIME PEN NEEDLES 31G X 5/16"	2	
ACETADOTE	2	
ADVOCATE INSULIN PEN NEEDLES	2	
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	2	
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	2	
ADVOCATE INSULIN PEN NEEDLES 31GX8MM	2	
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	2	
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	2	
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	2	
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	2	
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	2	
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	2	
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	2	
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	2	

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Drug Name	Drug Tier	Req/ Limits
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	2	
ALCOHOL PREP PADS	2	
AMINOSYN	2	B/D
AMINOSYN II	2	B/D
AMINOSYN-HBC	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
AMINOSYN-RF	2	B/D
AMMONUL	2	
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	2	
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	2	
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	2	
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	2	
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	2	
AURORA PEN NEEDLES 29GX12MM	2	
AURORA PEN NEEDLES 31G X 6MM	2	
AURORA PEN NEEDLES 31G X 8MM	2	
AURORA UNIFINE PENTIPS/32GX5/32"	2	
AURORA UNIFINE PENTIPS/ MINI/31GX3/16"	2	
AUTOPEN	2	
BAND-AID GAUZE PADS SMALL2" X 2"	2	
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	2	
BD AUTOSHIELD 29G X 3/16"	2	
BD AUTOSHIELD 29G X 5/16"	2	
BD AUTOSHIELD DUO 30G X 5MM	2	
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	2	
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	2	
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	2	
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	2	
BD INSULIN SYRINGE MICROFINE/ U-100/0.5ML/28G X 1/2"	2	

Drug Name	Drug Tier	Req/ Limits
BD INSULIN SYRINGE MICROFINE/ U-100/1ML/27G X 5/8"	2	
BD INSULIN SYRINGE MICROFINE/ U-100/1ML/28G X 1/2"	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE SLIP TIP/U-100/1ML	2	
BD INSULIN SYRINGE ULTRA FINE/1ML/30G X 1/2"	2	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	2	
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	2	
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	2	
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	2	
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	2	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	2	
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	2	

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Drug Name	Drug Tier	Req/ Limits
BD INSULIN SYRINGE/1ML/27G X 12.7MM	2	
BD INSULIN SYRINGE/1ML/29G X 12.7MM	2	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	2	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	2	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	2	
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	2	
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	2	
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM	2	
BD PEN	2	
BD PEN MINI	2	
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	
BD PEN NEEDLE/NANO/ULTRA -FINE/32G X 4MM	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16"	2	
BD SAFETY-LOK INSULIN SYRINGE/ PERM NEEDLE/UF/1ML/29G X 1/2"	2	

Drug Name	Drug Tier	Req/ Limits
BD VEO INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM	2	
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	2	
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	2	
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY	2	
CAREFINE PEN NEEDLE 32GX4MM	2	
CAREFINE PEN NEEDLES 29GX1/2"	2	
CAREFINE PEN NEEDLES 30GX5/16"	2	
CAREFINE PEN NEEDLES 31GX6MM	2	
CAREFINE PEN NEEDLES 31GX8MM	2	
CAREFINE PEN NEEDLES 32GX5MM	2	
CAREFINE PEN NEEDLES 32GX6MM	2	
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	2	
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	2	
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	2	
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	2	
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	2	
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	2	
CAREONE UNIFINE PENTIPS 29GX12MM	2	
CAREONE UNIFINE PENTIPS 31GX5MM	2	
CAREONE UNIFINE PENTIPS 31GX6MM	2	
CAREONE UNIFINE PENTIPS 31GX8MM	2	
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	2	
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	2	

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Drug Name	Drug Tier	Req/ Limits
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	2	
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	2	
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	2	
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	2	
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	2	
CARETOUCH PEN NEEDLES 31 G X 6 MM	2	
CARETOUCH PEN NEEDLES 31GX 5MM	2	
CARETOUCH PEN NEEDLES 31GX 8MM	2	
CARETOUCH PEN NEEDLES 32GX 4MM	2	
CARETOUCH PEN NEEDLES 32GX 5MM	2	
CARNITOR	2	
CARNITOR SF	2	
CEQUR SIMPLICITY 2U	2	
CEQUR SIMPLICITY INSERTER	2	
CETYLEV	2	
CINRYZE	2	
CLEVER CHOICE COMFORT EZ INSULIN PEN NEEDLES 31GX8MM	2	
CLEVER CHOICE COMFORT EZ INSULIN PEN NEEDLES 33GX4MM	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/0.3ML/30G X 1/2"	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/0.5ML/28G X 1/2"	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/0.5ML/30G X 1/2"	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/0.5ML/30G X 5/16"	2	

Drug Name	Drug Tier	Req/ Limits
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/1.0ML/30G X 1/2"	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/1ML/28G X 1/2"	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/1ML/29G X 1/2"	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/1ML/30G X 5/16"	2	
CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/U-100/1ML/31GX5/16"	2	
CLEVER CHOICE COMFORT EZ PEN NEEDLES 29GX12MM	2	
CLEVER CHOICE COMFORT EZ PEN NEEDLES 31GX5MM	2	
CLEVER CHOICE COMFORT EZ PEN NEEDLES 31GX6MM	2	
CLEVER CHOICE COMFORT EZ PEN NEEDLES 31GX8MM	2	
CLEVER CHOICE COMFORT EZ PEN NEEDLES 32GX4MM	2	
CLEVER CHOICE COMFORT EZ PEN NEEDLES 32GX5MM	2	
CLEVER CHOICE COMFORT EZ PEN NEEDLES 32GX6MM	2	
CLEVER CHOICE COMFORT EZ PEN NEEDLES 32GX8MM	2	
CLEVER CHOICE COMFORT EZ PEN NEEDLES 33GX4MM	2	
CLEVER CHOICE COMFORT EZ PEN NEEDLES 33GX5MM	2	
CLEVER CHOICE COMFORT EZ PEN NEEDLES 33GX6MM	2	
CLEVER CHOICE COMFORT EZ PEN NEEDLES 33GX8MM	2	
CLICKFINE PEN NEEDLE 32GX5/32"	2	
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	2	
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	2	
CLICKFINE PEN NEEDLES 31G X 1/4"	2	
CLICKFINE PEN NEEDLES 31G X 3/16"	2	

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Drug Name	Drug Tier	Req/ Limits
CLICKFINE PEN NEEDLES 31G X 5/16"	2	
CLICKFINE PEN NEEDLES 31G X 8MM	2	
CLICKFINE PEN NEEDLES 32G X 5/32"	2	
CLICKFINE PEN NEEDLES/31GX1/4"	2	
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	2	
CLINOLIPID	2	B/D
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2"	2	
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2"	2	
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16"	2	
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16"	2	
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
COMFORT EZ MICRO/32G X 4MM	2	
COMFORT EZ SHORT/31G X 8MM	2	
COMFORT EZ/31G X 5MM	2	
COMFORT EZ/31G X 6MM	2	
CURITY ALL PURPOSE SPON GES 2"X2" 4PLY	2	
CURITY ALL PURPOSE SPONGES 2"X2"	2	
CURITY ALL PURPOSE SPONGES 4 PLY	2	
CURITY AMD ANTIMICROBIAL GAUZE SPONGES 2"X2" 8 PLY	2	
CURITY GAUZE PADS 2"X2"	2	
CURITY GAUZE PADS 2"X2" 12 PLY	2	

Drug Name	Drug Tier	Req/ Limits
CURITY GAUZE SPONGE 2"X2" 8 PLY	2	
CURITY GAUZE SPONGE 2"X2"12 PLY	2	
CURITY SPONGES/CELLULOSE FILLED/2"X2"	2	
CVS GAUZE PADS 2"X2" 12-PLY	2	
DERMACEA GAUZE SPONGE 2"X2" 12 PLY	2	
DERMACEA GAUZE SPONGE 2"X2" 8 PLY	2	
DERMACEA I.V. DRAIN SPONGES 2"X2"	2	
DERMACEA I.V. SPONGES 2"X2"	2	
DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY	2	
DERMACEA TYPE VII GAUZE 2"X2" 12 PLY	2	
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY	2	
DESFERAL	2	B/D
DIATHRIVE PEN NEEDLE/31 G X 6MM	2	
DIATHRIVE PEN NEEDLE/31 GX 8MM	2	
DIATHRIVE PEN NEEDLE/31G X 5MM	2	
DIATHRIVE PEN NEEDLE/32G X 4MM	2	
DOJOLVI	2	
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	2	
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	2	
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	2	
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	2	
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	2	
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	2	
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	2	
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	2	
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	2	

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Drug Name	Drug Tier	Req/ Limits
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	2	
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	2	
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	2	
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	2	
DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	2	
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	2	
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	2	
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
DROPLET MICRON 34G X 9/64"	2	
DROPLET PEN NEEDLES 29GX10MM	2	
DROPLET PEN NEEDLES 29GX12MM	2	
DROPLET PEN NEEDLES 30G X 5/16"	2	
DROPLET PEN NEEDLES 31GX5MM	2	
DROPLET PEN NEEDLES 31GX6MM	2	
DROPLET PEN NEEDLES 31GX8MM	2	
DROPLET PEN NEEDLES 32G X 1/4"	2	
DROPLET PEN NEEDLES 32G X 3/16"	2	

Drug Name	Drug Tier	Req/ Limits
DROPLET PEN NEEDLES 32G X 5/16"	2	
DROPLET PEN NEEDLES 32G X 5/32"	2	
DROPLET PEN NEEDLES 32GX4MM	2	
DROPLET PEN NEEDLES 32GX5MM	2	
DROPLET PEN NEEDLES 32GX6MM	2	
DROPLET PEN NEEDLES 32GX8MM	2	
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	2	
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4"	2	
DRUG MART UNIFINE PENTIPS 31GX5MM	2	
DRUG MART UNIFINE PENTIPS29G X 12MM	2	
DRUG MART UNIFINE PENTIPS31GX6MM	2	
DRUG MART UNIFINE PENTIPS31GX8MM	2	
DRUG MART UNIFINE PENTIPS32GX4MM	2	
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	2	
DUODOTE	2	
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	2	
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	2	
EASY COMFORT INSULIN SYRINGE/ U-100/0.5ML/30G X 1/2"	2	
EASY COMFORT INSULIN SYRINGE/ U-100/1ML/30G X 1/2"	2	
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	2	
EASY COMFORT PEN NEEDLES 31GX1/4"	2	
EASY COMFORT PEN NEEDLES 31GX3/16"	2	

Effective 1/1/2021

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Drug Name	Drug Tier	Req/ Limits
EASY COMFORT PEN NEEDLES 31GX5/16"	2	
EASY COMFORT PEN NEEDLES 32GX5/32"	2	
EASY COMFORT PEN NEEDLES 33G X 4MM	2	
EASY COMFORT PEN NEEDLES 33G X 5MM	2	
EASY COMFORT PEN NEEDLES 33G X 6MM	2	
EASY GLIDE PEN NEEDLES 33G X 5/32"	2	
EASY TOUCH 32GX5MM	2	
EASY TOUCH 32GX6MM	2	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	2	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	2	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	2	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	2	
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	2	
EASY TOUCH INSULIN SYRINGE/ SAFETY/U-100/0.5ML/29G X 1/2"	2	
EASY TOUCH INSULIN SYRINGE/ SAFETY/U-100/0.5ML/30G X 5/16"	2	
EASY TOUCH INSULIN SYRINGE/ SAFETY/U-100/1ML/29G X 1/2"	2	
EASY TOUCH INSULIN SYRINGE/ SAFETY/U-100/1ML/30G X 1/2"	2	
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	2	
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	

Drug Name	Drug Tier	Req/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	2	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
EASY TOUCH PEN NEEDLE 30 G X 5/16"	2	
EASY TOUCH PEN NEEDLE/30 G X 3/16"	2	
EASY TOUCH PEN NEEDLES 29GX1/2"	2	
EASY TOUCH PEN NEEDLES 31GX1/4"	2	
EASY TOUCH PEN NEEDLES 31GX5/16"	2	
EASY TOUCH PEN NEEDLES 32GX1/4"	2	
EASY TOUCH PEN NEEDLES 32GX3/16"	2	
EASY TOUCH PEN NEEDLES 32GX5/32"	2	
EASY TOUCH PEN NEEDLES/31G X 3/16"	2	
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	2	
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	2	
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	2	
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	2	
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	2	
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	2	

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Drug Name	Drug Tier	Req/ Limits
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	2	
ELCYS	2	
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
ELITE-THIN INSULIN SYRINGE/1ML/29G X 5/16"	2	
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16"	2	
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 5/16"	2	
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/29G X 5/16"	2	
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 5/16"	2	
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
ENDARI	2	
EQL GAUZE PADS 2"X2"/SMALL	2	
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
EQL INSULIN SYRINGE/1ML/29G X 1/2"	2	
EQL INSULIN SYRINGE/1ML/30G X 5/16"	2	

Drug Name	Drug Tier	Req/ Limits
EQL INSULIN SYRINGE/1ML/31G X 5/16"	2	
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	2	
EXCILON I.V. SPONGES 2"X2" 6 PLY	2	
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	2	
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	2	
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	2	
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	2	
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	2	
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	2	
FAVIPIRAVIR	2	
FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	2	
FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	2	
FIFTY50 PEN NEEDLES 31GX5MM	2	
FIFTY50 PEN NEEDLES/31GX8MM	2	
FIFTY50 PEN NEEDLES/32GX4MM	2	
FIFTY50 PEN NEEDLES/32GX6MM	2	
FIFTY50 SUPERIOR COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
FIFTY50 SUPERIOR COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
FIFTY50 SUPERIOR COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	
FIRDAPSE	2	
FREAMINE HBC 6.9%	2	B/D
FREAMINE III	2	B/D

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Drug Name	Drug Tier	Req/ Limits
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	2	
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	2	
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16"	2	
GAUZE PADS 2"X2"	2	
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY	2	
GIVLAARI	2	
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	2	
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	2	
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	2	
GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM	2	
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	2	
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	

Drug Name	Drug Tier	Req/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	2	
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
GNP CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	2	
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	2	
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	2	

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Drug Name	Drug Tier	Req/ Limits
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	2	
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
GNP INSULIN SYRINGE/1ML/28G X 1/2"	2	
GNP INSULIN SYRINGE/1ML/29G X 1/2"	2	
GNP INSULIN SYRINGE/1ML/30G X 5/16"	2	
GNP INSULIN SYRINGE/1ML/31G X 5/16"	2	
GNP ULTICARE PEN NEEDLES /31GX5/16"	2	
GNP ULTICARE PEN NEEDLES/32GX 5/32"	2	
GNP ULTICARE PEN NEEDLES/32GX1/4"	2	
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT	2	
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT	2	
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT	2	
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT	2	
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	2	
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	2	

Drug Name	Drug Tier	Req/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT	2	
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT	2	
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	2	
GOODSENSE PEN NEEDLE/ PENFINE CLASSIC/31G X 3/16"	2	
GOODSENSE PEN NEEDLE/ PENFINE CLASSIC/31G X 5/16"	2	
GOODSENSE PEN NEEDLE/ PENFINE CLASSIC/32G X 1/4"	2	
GOODSENSE PEN NEEDLE/ PENFINE CLASSIC/32G X 5/32"	2	
GRASTEK	2	
HAEGARDA	2	
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	2	
HEALTHWISE MINI PEN NEEDLES 31GX6MM	2	
HEALTHWISE PEN NEEDLES 29GX12MM	2	
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	2	
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	2	
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	2	
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	2	
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	2	

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Drug Name	Drug Tier	Req/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	2	
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	2	
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	2	
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	2	
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	2	
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	2	
H-E-B IN CONTROL PEN NEEDLES/ NANO/32GX4MM	2	
H-E-B IN CONTROL UNIFINE PENTIPS PLUS 31GX5MM	2	
H-E-B IN CONTROL UNIFINE PENTIPS PLUS 32GX4MM	2	
H-E-B INCONTROL PEN NEEDLES 29GX12MM	2	
HM STERILE PADS 2"X2"	2	
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	2	
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	2	
INPEN 100/BLUE/LILLY	2	
INPEN 100/BLUE/NOVO	2	
INPEN 100/GRAY/LILLY	2	
INPEN 100/GREY/NOVO	2	
INPEN 100/PINK/LILLY	2	
INPEN 100/PINK/NOVO	2	
INSULIN SYRINGE 1ML/31G X1/4"	2	
INSULIN SYRINGE/0.3ML/29G X 1"	2	
INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
INSULIN SYRINGE/0.5ML/27G X 1/2"	2	
INSULIN SYRINGE/0.5ML/28G X 1/2"	2	
INSULIN SYRINGE/0.5ML/30G X 1/2"	2	
INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
INSULIN SYRINGE/1ML/28G X 1/2"	2	
INSULIN SYRINGE/1ML/29G X 1/2"	2	

Drug Name	Drug Tier	Req/ Limits
INSULIN SYRINGE/1ML/30G X 5/16"	2	
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	2	
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	2	
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	2	
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	2	
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	2	
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	2	
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	2	
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	2	
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
INSULIN SYRINGES 0.3ML/31G X 1/4"	2	
INSULIN SYRINGES 0.5ML/31G X 1/4"	2	
INSULIN SYRINGES/0.5ML/27GX1/2"	2	
INSULIN SYRINGES/0.5ML/28GX1/2"	2	
INSULIN SYRINGES/0.5ML/29GX1/2"	2	
INSULIN SYRINGES/0.5ML/30GX5/16"	2	
INSULIN SYRINGES/0.5ML/31GX 5/16"	2	
INSULIN SYRINGES/0.5ML/31GX5/16"	2	
INSULIN SYRINGES/1ML/27GX/1/2"	2	
INSULIN SYRINGES/1ML/27GX1/2"	2	
INSULIN SYRINGES/1ML/28GX1/2"	2	
INSULIN SYRINGES/1ML/29GX1/2"	2	
INSULIN SYRINGES/1ML/30GX1/2"	2	
INSULIN SYRINGES/1ML/31GX5/16"	2	
INSUPEN 29G X 12MM	2	

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Drug Name	Drug Tier	Req/ Limits
INSUPEN 31G X 5MM	2	
INSUPEN 31G X 8MM	2	
INSUPEN 32G X 4MM	2	
INSUPEN 33GX4MM	2	
INSUPEN PEN NEEDLES 32G X4MM	2	
INSUPEN SENSITIVE 32GX6MM	2	
INSUPEN SENSITIVE 32GX8MM	2	
INSUPEN ULTRAFIN 29GX12MM	2	
INSUPEN ULTRAFIN 30GX8MM	2	
INSUPEN ULTRAFIN 31GX6MM	2	
INSUPEN ULTRAFIN 31GX8MM	2	
INTRALIPID	2	B/D
J & J GAUZE 2"X2" 8 PLY	2	
KENDALL HYDROPHILIC FOAM DRESSING 2"X2"	2	
KENDALL HYDROPHILIC FOAM PLUS DRESSING 2"X2"	2	
KEVEYIS	2	
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	2	
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	2	
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	2	
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	2	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	2	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	2	
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	2	
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	2	
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	2	

Drug Name	Drug Tier	Req/ Limits
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	2	
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	2	
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	2	
KROGER PEN NEEDLES 29G X 12MM	2	
KROGER PEN NEEDLES 31G X 8MM	2	
KROGER PEN NEEDLES 31GX1/4"	2	
KROGER PEN NEEDLES/31G X 1/4"	2	
KROGER PEN NEEDLES/31G X 3/16"	2	
KROGER PEN NEEDLES/31G X 5/16"	2	
KROGER PEN NEEDLES/32G X 5/32"	2	
KROGER PEN NEEDLES/33G X 5/32"	2	
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	2	
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	2	
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	2	
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	2	
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	2	
LEADER UNIFINE PENTIPS PLUS/ MINI/31GX3/16"	2	
LEADER UNIFINE PENTIPS PLUS/ SHORT/31GX5/16"	2	

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Drug Name	Drug Tier	Req/ Limits
LEADER UNIFINE PENTIPS/ MINI/31GX3/16"	2	
LEADER UNIFINE PENTIPS/ NANO/32GX5/32"	2	
LEADER UNIFINE PENTIPS/ PLUS/32GX5/32"	2	
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	2	
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
LITETOUCH PEN NEEDLES 29GX12.7MM	2	
LITETOUCH PEN NEEDLES 31G X 6MM	2	
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	2	

Drug Name	Drug Tier	Req/ Limits
LITETOUCH PEN NEEDLES 31GX8MM SHORT	2	
LITETOUCH PEN NEEDLES/31 G X 3/16"	2	
LITETOUCH PEN NEEDLES/31G X 5MM/MINI	2	
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	2	
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	2	
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	2	
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	2	
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	2	
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	2	
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	2	
MARATHON MEDICAL PENTIPS 29GX12MM	2	
MARATHON MEDICAL PENTIPS 31GX5MM	2	
MARATHON MEDICAL PENTIPS 31GX8MM	2	
MARATHON MEDICAL PENTIPS 32GX4MM	2	
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	2	
MAXI-COMFORT INSULIN SYRINGE/ U-100/0.5ML/28GX1/2"	2	
MAXI-COMFORT INSULIN SYRINGE/ U-100/1ML/28GX1/2"	2	
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	2	
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	2	
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	2	
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	2	

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Drug Name	Drug Tier	Req/ Limits
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	2	
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	2	
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	2	
MEIJER PEN NEEDLES 29G X 12MM	2	
MEIJER PEN NEEDLES 31G X 6MM	2	
MEIJER PEN NEEDLES 31G X 8MM	2	
METOPIRONE	2	
MICRODOT PEN NEEDLE/31G X 6 MM	2	
MICRODOT PEN NEEDLE/32G X 4 MM	2	
MICRODOT PEN NEEDLE/33G X 4 MM	2	
MIRASORB SPONGES 2" X 2"	2	
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	2	
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	2	
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
MM PEN NEEDLES 31G X 1/4"	2	
MM PEN NEEDLES 31G X 3/16"	2	
MM PEN NEEDLES 31G X 5/16"	2	
MM PEN NEEDLES 32G X 5/32"	2	
MONOJECT INSULIN SYRINGE REGULAR LUER TIP/SOFTPACK/1ML	2	
MONOJECT INSULIN SYRINGE/1ML	2	
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	2	
MONOJECT INSULIN SYRINGE/ DETACH NEEDLE/1ML/25G X 5/8"	2	
MONOJECT INSULIN SYRINGE/ DETACH NEEDLE/1ML/27G X 1/2"	2	
MONOJECT INSULIN SYRINGE/ PERM NEEDLE/1ML/28G X 1/2"	2	

Drug Name	Drug Tier	Req/ Limits
MONOJECT INSULIN SYRINGE/ PERM NEEDLE/U-100/0.5ML/28G X 1/2"	2	
MONOJECT INSULIN SYRINGE/ SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	2	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	2	
MONOJECT INSULIN SYRINGE/ SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	2	
MONOJECT INSULIN SYRINGE/ SAFETY/PERM NEEDLE/1ML/29G X 1/2"	2	
MONOJECT INSULIN SYRINGE/ SOFTPACK/1ML/27G X 1/2"	2	
MONOJECT INSULIN SYRINGE/ SOFTPACK/U-100/0.5ML/28G X 1/2"	2	
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	2	
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	2	

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Drug Name	Drug Tier	Req/ Limits
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
MS INSULIN SYRINGE/1ML/31G X 5/16"	2	
MYALEPT	2	
NEPHRAMINE	2	B/D
NITHIODOTE	2	
NOVOFINE 32GX6MM	2	
NOVOFINE AUTOCOVER 30GX8MM	2	
NOVOFINE PLUS 32GX4MM	2	
NOVOPEN ECHO	2	
NOVOTWIST 32GX5MM	2	
OMEGAVEN	2	B/D
OMNIPOD 5 PACK	2	
OMNIPOD DASH 5 PACK	2	
OMNIPOD DASH SYSTEM	2	
OMNIPOD STARTER KIT	2	
ORALAIR	2	
ORALAIR ADULT SAMPLE KIT	2	
ORALAIR ADULT STARTER PACK	2	
ORALAIR CHILDREN/ADOLESCENTS SAMPLE KIT	2	
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK	2	
PALFORZIA INITIAL DOSE ESCALATION	2	
PALFORZIA LEVEL 1	2	
PALFORZIA LEVEL 10	2	
PALFORZIA LEVEL 11 (MAINTENANCE)	2	
PALFORZIA LEVEL 11 (TITRATION)	2	
PALFORZIA LEVEL 2	2	
PALFORZIA LEVEL 3	2	
PALFORZIA LEVEL 4	2	
PALFORZIA LEVEL 5	2	
PALFORZIA LEVEL 6	2	
PALFORZIA LEVEL 7	2	
PALFORZIA LEVEL 8	2	
PALFORZIA LEVEL 9	2	
PC UNIFINE PENTIPS 29G X 1/2"	2	
PC UNIFINE PENTIPS 31G X 5MM MINI	2	
PC UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	2	

Drug Name	Drug Tier	Req/ Limits
PC UNIFINE PENTIPS 31G X 8MM SHORT	2	
PEN NEEDLES 29G X 12MM	2	
PEN NEEDLES 29GX1/2"	2	
PEN NEEDLES 29GX12MM	2	
PEN NEEDLES 30GX5/16"	2	
PEN NEEDLES 30GX5MM	2	
PEN NEEDLES 30GX8MM	2	
PEN NEEDLES 31G X 1/4" SHORT	2	
PEN NEEDLES 31G X 3/16"	2	
PEN NEEDLES 31G X 5MM	2	
PEN NEEDLES 31G X 6MM	2	
PEN NEEDLES 31G X 8MM	2	
PEN NEEDLES 31GX5/16"	2	
PEN NEEDLES 31GX6MM (1/4")	2	
PEN NEEDLES 31GX8MM	2	
PEN NEEDLES 31GX8MM (5/16")	2	
PEN NEEDLES 32G X 4MM	2	
PEN NEEDLES 32G X 5MM	2	
PEN NEEDLES 32G X 6MM	2	
PEN NEEDLES 32GX4MM	2	
PEN NEEDLES 33G X 5/32"	2	
PEN NEEDLES/29G X 1/2"	2	
PEN NEEDLES/31G X 1/4"	2	
PEN NEEDLES/31G X 3/16"	2	
PEN NEEDLES/31G X 5/16"	2	
PEN NEEDLES/32G X 5/32"	2	
PENTETATE CALCIUM TRISODIUM	2	
PENTETATE ZINC TRISODIUM	2	
PENTIPS 29G X 12MM	2	
PENTIPS 29GX12MM	2	
PENTIPS 31G X 5MM	2	
PENTIPS 31G X 8MM	2	
PENTIPS 31GX5MM	2	
PENTIPS 31GX6MM	2	
PENTIPS 31GX8MM	2	
PENTIPS 32G X 4MM	2	
PENTIPS 32GX4MM	2	
PHYSIOLYTE	2	
PHYSIOSOL IRRIGATION	2	
PHYSOSTIGMINE SALICYLATE	2	
PITOCIN	2	

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Drug Name	Drug Tier	Req/ Limits
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	2	
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"	2	
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	2	
PRECISION SURE-DOSE PLUS INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
PRECISION SURE-DOSE PLUS INSULIN SYRINGE/1ML/29G X 1/2"	2	
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	2	
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	2	
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	2	
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	2	
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	2	
PREMASOL	2	B/D
PREVENT SAFETY PEN NEEDLES 31GX1/4"	2	
PREVENT SAFETY PEN NEEDLES 31GX5/16"	2	
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	2	

Drug Name	Drug Tier	Req/ Limits
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	2	
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	2	
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	2	
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	2	
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	2	
PRO COMFORT PEN NEEDLES/ 31G X 8MM	2	
PRO COMFORT PEN NEEDLES/ 32G X 4MM	2	
PRO COMFORT PEN NEEDLES/ 32G X 5MM	2	
PRO COMFORT PEN NEEDLES/ 32G X 6MM	2	
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16"	2	
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	2	
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	2	
PROSOL	2	B/D
PROTOPAM CHLORIDE	2	
PURE COMFORT PEN NEEDLE 32G X6MM	2	
PURE COMFORT PEN NEEDLE 32G X8MM	2	
PURE COMFORT PEN NEEDLE/32G X 5MM	2	
PURE COMFORT PEN NEEDLE/32G X4MM	2	
PX EXTRA SHORT PEN NEEDLES 31GX6MM	2	
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	
PX MINI PEN NEEDLES 31GX5MM	2	
PX PEN NEEDLE 29GX12MM	2	
PX PEN NEEDLE 31GX8MM	2	
PX SHORTLENGTH PEN NEEDLES/31GX8MM	2	
QC BORDER ISLAND GAUZE PAD 2"X2"	2	
QC PEN NEEDLES 29G X 12MM	2	

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Drug Name	Drug Tier	Req/ Limits
QC PEN NEEDLES 31G X 6MM	2	
QC PEN NEEDLES 31G X 8MM	2	
QC STERILE PADS	2	
QC UNIFINE PENTIPS 32GX4MM	2	
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
RA INSULIN SYRINGE/1ML/29G X 1/2"	2	
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	2	
RA PEN NEEDLES 31G X 5MM 3/16"	2	
RA PEN NEEDLES 31G X 8MM 5/16"	2	
RA STERILE PADS 2"X2"	2	
RAGWITEK	2	
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	
RELION INSULIN SYRINGE/U -100/0.5ML/29G	2	
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2"	2	
RELION INSULIN SYRINGE/U-100/0.3ML/29G	2	
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	
RELION INSULIN SYRINGE/U-100/0.3ML/30G	2	
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	

Drug Name	Drug Tier	Req/ Limits
RELION INSULIN SYRINGE/U-100/0.5ML/30G	2	
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
RELION INSULIN SYRINGE/U-100/1ML/30G	2	
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
RELION MINI PEN NEEDLES 31GX6MM	2	
RELION PEN NEEDLES 29GX12MM	2	
RELION PEN NEEDLES 31GX5/16"	2	
RELION PEN NEEDLES 31GX6MM	2	
RELION PEN NEEDLES 31GX8MM	2	
RELION PEN NEEDLES 32G X 5/32"	2	
RELION PEN NEEDLES 32GX4MM	2	
RELION PEN NEEDLES/31G X 1/4"	2	
RELION SHORT PEN NEEDLES 31GX8MM	2	
REMDESIVIR	2	
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2"	2	
RUZURGI	2	
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	2	
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	2	
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	2	
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	2	
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	2	
SAFETY INSULIN SYRINGES 1ML/27GX1/2"	2	

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Drug Name	Drug Tier	Req/ Limits
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	2	
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	2	
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	2	
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	2	
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	2	
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	2	
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	2	
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	2	
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/ REMOVR/32GX4MM	2	
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/ REMOVER/31GX5MM	2	
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/ REMOVER/29GX12MM	2	
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/ REMOVR/31GX8MM	2	
SM GAUZE PADS 2"X2"	2	
SM STERILE PADS 2"X2"	2	
SMOFLIPID	2	B/D
SODIUM THIOSULFATE	2	
SPINRAZA	2	PA
STERILE GAUZE PADS 2"X2"	2	
STERILE PADS 2"X2"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/0.3ML/29G X 1/2"	2	

Drug Name	Drug Tier	Req/ Limits
SURE COMFORT INSULIN SYRINGE/ U-100/0.3ML/30G X 1/2"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/0.3ML/30G X 5/16"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/0.3ML/31G X 5/16	2	
SURE COMFORT INSULIN SYRINGE/ U-100/0.3ML/31G X 5/16"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/0.3ML/31GX1/4"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/0.5ML/28G X 1/2"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/0.5ML/29G X 1/2"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/0.5ML/30G X 1/2"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/0.5ML/30G X 5/16"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/0.5ML/31G X 5/16	2	
SURE COMFORT INSULIN SYRINGE/ U-100/1ML/28G X 1/2"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/1ML/29G X 1/2"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/1ML/30G X 1/2"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/1ML/30G X 5/16"	2	
SURE COMFORT INSULIN SYRINGE/ U-100/1ML/31G X 5/16"	2	
SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM	2	
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	2	
SURE COMFORT PEN NEEDLES 29GX1/2" 12.7MM	2	
SURE COMFORT PEN NEEDLES 30GX5/16" SHORT	2	
SURE COMFORT PEN NEEDLES 31GX3/16" (5MM)	2	
SURE COMFORT PEN NEEDLES 31GX5/16" (8MM)	2	
SURE COMFORT PEN NEEDLES 32GX5/32"	2	
SURE COMFORT PEN NEEDLES 32GX6MM	2	

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Drug Name	Drug Tier	Req/ Limits
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	2	
SURE-FINE PEN NEEDLES 31GX3/16" 5MM	2	
SURE-FINE PEN NEEDLES 31GX5/16" 8MM	2	
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
SURGICAL GAUZE SPONGE	2	
SYNTHAMIN 17	2	B/D
TECHLITE INSULIN SYRINGE U-100/0.3ML/29G X 1/2"	2	
TECHLITE INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	2	
TECHLITE INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	2	
TECHLITE INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	2	
TECHLITE INSULIN SYRINGE U-100/0.3ML/31G X 5/16"	2	
TECHLITE INSULIN SYRINGE U-100/0.5ML/29G X 1/2"	2	
TECHLITE INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	2	
TECHLITE INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	2	

Drug Name	Drug Tier	Req/ Limits
TECHLITE INSULIN SYRINGE U-100/0.5ML/31G X 15/64"	2	
TECHLITE INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	2	
TECHLITE INSULIN SYRINGE U-100/1ML/29G X 1/2"	2	
TECHLITE INSULIN SYRINGE U-100/1ML/30G X 1/2"	2	
TECHLITE INSULIN SYRINGE U-100/1ML/30G X 5/16"	2	
TECHLITE INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	
TECHLITE INSULIN SYRINGE U-100/1ML/31G X 5/16"	2	
TECHLITE PEN NEEDLES 29G X 10MM	2	
TECHLITE PEN NEEDLES 29G X 12 MM	2	
TECHLITE PEN NEEDLES 31G X 5MM	2	
TECHLITE PEN NEEDLES/31G X 5MM	2	
TECHLITE PEN NEEDLES/31G X 6 MM	2	
TECHLITE PEN NEEDLES/31G X 8MM	2	
TECHLITE PEN NEEDLES/32G X 4MM	2	
TECHLITE PEN NEEDLES/32G X 6MM	2	
TECHLITE PEN NEEDLES/32G X 8MM	2	
TEGADERM FOAM DRESSING 2"X2"	2	
THERAGAUZE	2	
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	2	
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	2	
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	2	
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	2	
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	2	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	

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Drug Name	Drug Tier	Req/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	2	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
TRAVASOL	2	B/D
TROPHAMINE	2	B/D
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	
TRUE COMFORT PEN NEEDLES 31G X 5MM	2	
TRUE COMFORT PEN NEEDLES 31G X 6MM	2	
TRUE COMFORT PEN NEEDLES 32G X 4MM	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	2	
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	

Drug Name	Drug Tier	Req/ Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
TRUEPLUS PEN NEEDLES 29GX12MM	2	
TRUEPLUS PEN NEEDLES 31GX5MM	2	
TRUEPLUS PEN NEEDLES 31GX6MM	2	
TRUEPLUS PEN NEEDLES 31GX8MM	2	
TRUEPLUS PEN NEEDLES 32GX4MM	2	
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	2	
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	2	
ULTICARE INSULIN SYRINGE ULTRAFINE U-100/0.3ML/31G X 5/16"	2	
ULTICARE INSULIN SYRINGE ULTRAFINE U-100/0.5ML/31G X 5/16"	2	
ULTICARE INSULIN SYRINGE ULTRAFINE U-100/1ML/31G X 5/16"	2	
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	2	
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	2	
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	2	
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	2	
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	

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Drug Name	Drug Tier	Req/ Limits
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	2	
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	2	
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	2	
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	2	
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	2	
ULTICARE INSULIN SYRINGE/ SHORT/0.3ML/30G X 5/16"	2	
ULTICARE INSULIN SYRINGE/ SHORT/0.3ML/31G X 5/16"	2	
ULTICARE INSULIN SYRINGE/ SHORT/0.5ML/30G X 5/16"	2	
ULTICARE INSULIN SYRINGE/ SHORT/0.5ML/31G X 5/16"	2	
ULTICARE INSULIN SYRINGE/ SHORT/1ML/30G X 5/16"	2	
ULTICARE INSULIN SYRINGE/ SHORT/1ML/31G X 5/16"	2	
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
ULTICARE MICRO PEN NEEDLES 31G X 8MM	2	
ULTICARE MICRO PEN NEEDLES 32G X 4MM	2	
ULTICARE MICRO PEN NEEDLES/31G X 1/4"	2	
ULTICARE MICRO PEN NEEDLES/31G X 5/16"	2	
ULTICARE MICRO PEN NEEDLES/32G X 4MM	2	

Drug Name	Drug Tier	Req/ Limits
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	2	
ULTICARE MINI PEN NEEDLES 31GX6MM	2	
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	2	
ULTICARE MINI PEN NEEDLES/31G X 6MM	2	
ULTICARE MINI PEN NEEDLES/32G X 1/4"	2	
ULTICARE MINI PEN NEEDLES31GX6MM	2	
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	2	
ULTICARE PEN NEEDLES 31G X 5MM	2	
ULTICARE PEN NEEDLES 31G X 5MM/MINI	2	
ULTICARE PEN NEEDLES/29G X 12.7MM	2	
ULTICARE SHORT PEN NEEDLES 31GX8MM	2	
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	2	
ULTICARE SHORT PEN NEEDLES/31G X 8MM	2	
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	2	
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4"	2	
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	2	
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	2	
ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32G X 5/32"/SHARPS CONTA	2	
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	2	
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	2	
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	2	

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Drug Name	Drug Tier	Req/ Limits
ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31G X 5/16"/SHARPS CONTA	2	
ULTILET INSULIN SYRINGE 31X6MM	2	
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM	2	
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM	2	
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM	2	
ULTILET INSULIN SYRINGE/1ML/30G X 8MM	2	
ULTILET INSULIN SYRINGE/1ML/31G X 8MM	2	
ULTILET INSULIN SYRINGE/ SHORT/0.3ML/30G X 12.7MM	2	
ULTILET INSULIN SYRINGE/ SHORT/0.3ML/30G X 5/16"	2	
ULTILET INSULIN SYRINGE/ SHORT/0.3ML/31G X 5/16"	2	
ULTILET INSULIN SYRINGE/ SHORT/0.5ML/30G X 5/16"	2	
ULTILET INSULIN SYRINGE/ SHORT/0.5ML/31G X 5/16"	2	
ULTILET INSULIN SYRINGE/ SHORT/1ML/30G X 5/16"	2	
ULTILET INSULIN SYRINGE/ SHORT/1ML/31G X 5/16"	2	
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM	2	
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	
ULTILET PEN NEEDLE 29GX12.7MM	2	
ULTILET PEN NEEDLE 31GX5MM	2	
ULTILET PEN NEEDLE 31GX8MM	2	
ULTILET PEN NEEDLE 32GX4MM	2	
ULTILET PEN NEEDLE 32GX4MM/ SHORT	2	
ULTILET SHORT PEN NEEDLES 31GX5/16"	2	
ULTILET SHORT PEN NEEDLES31GX3/16"	2	
ULTILET U-100 INSULIN SYRINGES/1ML/31G X 6MM	2	

Drug Name	Drug Tier	Req/ Limits
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
ULTRA FLO INSULIN PEN NEEDLES	2	
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	2	
ULTRA THIN PEN NEEDLES 32G X 4MM	2	
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
ULTRACARE PEN NEEDLES/31G X 1/4"	2	
ULTRACARE PEN NEEDLES/31G X 3/16"	2	
ULTRACARE PEN NEEDLES/31G X 5/16"	2	
ULTRACARE PEN NEEDLES/32G X 1/14"	2	
ULTRACARE PEN NEEDLES/32G X 3/16"	2	
ULTRACARE PEN NEEDLES/32G X 5/32"	2	
ULTRACARE PEN NEEDLES/33G X 5/32"	2	
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	

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Drug Name	Drug Tier	Req/ Limits
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	2	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	2	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	2	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	2	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	2	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	2	
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	2	
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	2	
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16"	2	
ULTRA-THIN II PEN NEEDLES 29GX1/2"	2	
ULTRA-THIN II PEN NEEDLES/ SHORT/31GX5/16"	2	
UNIFINE PENTIPS 29GX12MM	2	
UNIFINE PENTIPS 31G X 3/16"	2	
UNIFINE PENTIPS 31GX5MM	2	
UNIFINE PENTIPS 31GX6MM	2	
UNIFINE PENTIPS 31GX8MM	2	
UNIFINE PENTIPS 32GX4MM	2	
UNIFINE PENTIPS 32GX6MM	2	
UNIFINE PENTIPS 33GX4MM	2	
UNIFINE PENTIPS PLUS 29GX12MM	2	
UNIFINE PENTIPS PLUS 31GX5MM	2	
UNIFINE PENTIPS PLUS 31GX6MM	2	
UNIFINE PENTIPS PLUS 31GX8MM	2	

Drug Name	Drug Tier	Req/ Limits
UNIFINE PENTIPS PLUS 32GX4MM	2	
UNIFINE PENTIPS PLUS 33G X 5/32"	2	
UNIFINE PENTIPS PLUS 33GX4MM	2	
UNIFINE PENTIPS PLUS/30G X 3/16"	2	
UNIFINE PENTIPS/30G X 3/16"	2	
UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"	2	
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	2	
VALUE HEALTH INSULIN SYRINGE/ U-100/0.5ML/29G X 1/2"	2	
VALUE HEALTH INSULIN SYRINGE/ U-100/1ML/29G X 1/2"	2	
VALUMARK PEN NEEDLES 29GX12MM	2	
VALUMARK PEN NEEDLES 31G X 6MM	2	
VALUMARK PEN NEEDLES 31G X 8MM	2	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	2	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	2	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	2	
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	2	
VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	2	
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	2	
VEKLURY	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIBATIV	2	
VIDA MIA UNIFINE PENTIPS 32GX4MM	2	
VIDA MIA UNIFINE PENTIPS MINI 31GX6MM	2	
VIDA MIA UNIFINE PENTIPS ORIGINAL 29GX12MM	2	
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	2	

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Drug Name	Drug Tier	Req/ Limits
VILTEPSO	2	
VISTOGARD	2	
VOLUVEN	2	
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	2	
WEGMANS UNIFINE PENTIPS PLUS/ MINI/31GX5MM	2	
WEGMANS UNIFINE PENTIPS PLUS/ SHORT/31GX8MM	2	
WEGMANS UNIFINE PENTIPS PLUS/ ULTRA SHORT/31GX6MM	2	
XENICAL	2	PA
Molecular Target Inhibitors		
AFINITOR	2	
AFINITOR DISPERZ	2	
ALECENSA	2	
ALIQOPA	2	
ALUNBRIG	2	
AYVAKIT	2	
BOSULIF	2	
BRUKINSA	2	
CABOMETYX	2	
CALQUENCE	2	
CAPRELSA	2	
COMETRIQ	2	
ERIVEDGE	2	
GILOTRIF	2	
GLEEVEC	2	
ICLUSIG	2	
IDHIFA	2	
IMBRUVICA	2	
INLYTA	2	
INQOVI	2	
IRESSA	2	
JAKAFI	2	
KOSELUGO	2	
LENVIMA 10 MG DAILY DOSE	2	
LENVIMA 12MG DAILY DOSE	2	
LENVIMA 14 MG DAILY DOSE	2	
LENVIMA 18 MG DAILY DOSE	2	
LENVIMA 20 MG DAILY DOSE	2	

Drug Name	Drug Tier	Req/ Limits
LENVIMA 24 MG DAILY DOSE	2	
LENVIMA 4 MG DAILY DOSE	2	
LENVIMA 8 MG DAILY DOSE	2	
MEKINIST	2	
NEXAVAR	2	
ODOMZO	2	
RUBRACA	2	
SPRYCEL	2	
STIVARGA	2	
SUTENT	2	
TAFINLAR	2	
TAGRISSO	2	
TARCEVA	2	
TASIGNA	2	
TIBSOVO	2	
TORISEL	2	
TURALIO	2	
TYKERB	2	
VENCLEXTA	2	
VENCLEXTA STARTING PACK	2	
VIZIMPRO	2	
VOTRIENT	2	
XALKORI	2	
XOSPATA	2	
ZEJULA	2	
ZELBORAF	2	
ZYKADIA	2	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	2	
XADAGO	2	
ZELAPAR	2	
Monoamine Oxidase Inhibitors		
EMSAM	2	
MARPLAN	2	
NARDIL	2	
PARNATE	2	
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS	2	
ARZERRA	2	
AVASTIN	2	
BAVENCIO	2	
BESPONSA	2	

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Drug Name	Drug Tier	Req/ Limits
BLINCYTO	2	PA
CYRAMZA	2	
DARZALEX	2	
DARZALEX FASPRO	2	
EMPLICITI	2	
ENHERTU	2	
ERBITUX	2	
GAZYVA	2	
HERCEPTIN	2	
HERCEPTIN HYLECTA	2	
HERZUMA	2	
IMFINZI	2	
KADCYLA	2	
KANJINTI	2	
KEYTRUDA	2	
LARTRUVO	2	
LIBTAYO	2	
LUMOXITI	2	
MONJUVI	2	
MVASI	2	
MYLOTARG	2	
OGIVRI	2	
ONTRUZANT	2	
OPDIVO	2	
PADCEV	2	
PERJETA	2	
POLIVY	2	
PORTRAZZA	2	
POTELIGEO	2	
RITUXAN	2	
RITUXAN HYCELA	2	
RUXIENCE	2	
SARCLISA	2	
TECENTRIQ	2	
TRAZIMERA	2	
TRODELVY	2	
TRUXIMA	2	
UNITUXIN	2	
VECTIBIX	2	
YERVOY	2	
ZEVALIN Y-90	2	
ZIRABEV	2	

Drug Name	Drug Tier	Req/ Limits
Mood Stabilizers		
EQUETRO	2	
LITHOBID	2	
Multiple Sclerosis Agents		
AMPYRA	2	
AUBAGIO	2	
AVONEX	2	
AVONEX PEN	2	
BAFIERTAM	2	
BETASERON	2	
COPAXONE	2	
EXTAVIA	2	
GILENYA	2	
KESIMPTA	2	
MAVENCLAD	2	
MAYZENT	2	
MAYZENT STARTER PACK	2	
OCREVUS	2	
PLEGRIDY	2	
PLEGRIDY STARTER PACK	2	
REBIF	2	
REBIF REBIDOSE	2	
REBIF REBIDOSE TITRATION PACK	2	
REBIF TITRATION PACK	2	
TECFIDERA	2	
TECFIDERA STARTER PACK	2	
TYSABRI	2	
VUMERITY	2	
ZEPOSIA	2	
ZEPOSIA 7-DAY STARTER PACK	2	
ZEPOSIA STARTER KIT	2	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
NAMENDA	2	
NAMENDA TITRATION PAK	2	
NAMENDA XR	2	
NAMENDA XR TITRATION PACK	2	
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	2	
ARTHROTEC 75	2	
CALDOLOR	2	
CAMBIA	2	
CELEBREX	2	

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Drug Name	Drug Tier	Req/ Limits
DAYPRO	2	
DICLOFENAC	2	
DUEXIS	2	
EC-NAPROSYN	2	
FELDENE	2	
FLECTOR	2	PA
INDOCIN	2	
INDOMETHACIN	2	
LODINE	2	
MOBIC	2	
NALFON	2	
NAPRELAN	2	
NAPROSYN	2	
QMIIZ ODT	2	
RELAFEN	2	
RELAFEN DS	2	
SPRIX	2	
TIVORBEX	2	
VIMOVO	2	
VIVLODEX	2	
VOLTAREN	2	
ZIPSOR	2	
ZORVOLEX	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
DURYSTA	2	
LUMIGAN	2	
TRAVATAN Z	2	
VYZULTA	2	
XALATAN	2	
XELPROS	2	
ZIOPTAN	2	
Ophthalmic Agents, Other		
AKTEN	2	
ALCAINE	2	
ALTACAINE	2	
BEOVU	2	
CEQUA	2	
CYCLOGYL	2	
CYSTADROPS	2	
CYSTARAN	2	
EYLEA	2	
ISOPTO ATROPINE	2	

Drug Name	Drug Tier	Req/ Limits
LACRISERT	2	
LUCENTIS	2	
OXERVATE	2	
POLYTRIM	2	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
RHOPRESSA	2	
TEPEZZA	2	
TETRAVISC	2	
TETRAVISC FORTE	2	
UPNEEQ	2	
VISUDYNE	2	
XIIDRA	2	
Ophthalmic Anti-allergy Agents		
ALOCRIL	2	
BEPREVE	2	
ELESTAT	2	
EMADINE	2	
LASTACAFT	2	
PATADAY	2	
PATANOL	2	
PAZEO	2	
ZERVIATE	2	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P	2	
AZOPT	2	
BETAGAN	2	
BETIMOL	2	
BETOPTIC-S	2	
COMBIGAN	2	
COSOPT	2	
COSOPT PF	2	
IOPIDINE	2	
ISOPTO CARPINE	2	
ISTALOL	2	
MIOCHOL-E	2	
PHOSPHOLINE IODIDE	2	
ROCKLATAN	2	
SIMBRINZA	2	
TIMOPTIC	2	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	2	

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Drug Name	Drug Tier	Req/ Limits
TRUSOPT	2	
Ophthalmic Anti-inflammatories		
ACULAR	2	
ACULAR LS	2	
ACUVAIL	2	
ALOMIDE	2	
ALREX	2	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
BROMSITE	2	
DUREZOL	2	
FLAREX	2	
FML	2	
FML FORTE	2	
FML LIQUIFILM	2	
ILEVRO	2	
INVELTYS	2	
LOTEMAX	2	
LOTEMAX SM	2	
MAXIDEX	2	
MAXITROL	2	
NEVANAC	2	
OMNIPRED	2	
PRED FORTE	2	
PRED MILD	2	
PRED-G	2	
PRED-G S.O.P.	2	
PROLENSA	2	
TOBRADEX	2	
TOBRADEX ST	2	
TRIESENCE	2	
ZYLET	2	
Opioid Analgesics, Long-acting		
ARYMO ER	2	NDS
BELBUCA	2	NDS
BUPRENEX	2	NDS
BUTRANS	2	NDS
CONZIP	2	NDS
DOLOPHINE	2	NDS
DURAGESIC	2	NDS
EMBEDA	2	NDS
EXALGO	2	NDS

Drug Name	Drug Tier	Req/ Limits
HYSINGLA ER	2	NDS
INFUMORPH 200	2	NDS
INFUMORPH 500	2	NDS
KADIAN	2	NDS
MORPHABOND ER	2	NDS
MS CONTIN	2	NDS
NUCYNTA ER	2	NDS
OXYCONTIN	2	NDS
XTAMPZA ER	2	NDS
ZOHYDRO ER	2	NDS
Opioid Analgesics, Short-acting		
ABSTRAL	2	PA; NDS
ACTIQ	2	PA; NDS
APADAZ	2	NDS
BENZHYDROCODONE/ ACETAMINOPHEN	2	NDS
DEMEROL	2	NDS
DILAUDID	2	NDS
DVORAH	2	NDS
FENTORA	2	PA; NDS
FIORICET/CODEINE	2	NDS
FIORINAL/CODEINE #3	2	NDS
IBUDONE	2	NDS
LAZANDA	2	PA; NDS
LORTAB	2	NDS
NORCO	2	NDS
NUCYNTA	2	NDS
OPANA	2	NDS
OXAYDO	2	NDS
PERCOCET	2	NDS
PRIMLEV	2	NDS
PROLATE	2	NDS
ROXICODONE	2	NDS
SUBSYS	2	PA; NDS
TREZIX	2	NDS
TYLENOL/CODEINE #3	2	NDS
TYLENOL/CODEINE #4	2	NDS
ULTRACET	2	NDS

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Drug Name	Drug Tier	Req/ Limits
ULTRAM	2	NDS
Opioid Dependence Treatments		
BUNAVAIL	2	
LUCEMYRA	2	
SUBLOCADE	2	
SUBOXONE	2	
ZUBSOLV	2	
Opioid Reversal Agents		
EVZIO	2	
NARCAN	2	
Otic Agents		
CIPRO HC	2	
CIPRODEX	2	
COLY-MYCIN S	2	
CORTISPORIN-TC	2	
DERMOTIC	2	
PRAMOTIC	2	
Parasympathomimetics		
MESTINON	2	
MESTINON TIMESPAN	2	
REGONOL	2	
Pediculicides/Scabicides		
ELIMITE	2	
EURAX	2	
NATROBA	2	
OVIDE	2	
SKLICE	2	
ULESFIA	2	
Phosphate Binders		
AURYXIA	2	PA
FOSRENOL	2	
PHOSLYRA	2	
RENAGEL	2	
RENVELA	2	
VELPHORO	2	
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	2	
ELIXOPHYLLIN	2	
THEO-24	2	
Platelet Modifying Agents		
AGGRENOX	2	
BRILINTA	2	

Drug Name	Drug Tier	Req/ Limits
CABLIVI	2	
DURLAZA	2	
EFFIENT	2	
INTEGRILIN	2	
KENGREAL	2	
PLAVIX	2	
REOPRO	2	
YOSPRALA	2	
ZONTIVITY	2	
Progesterone Agonists/Antagonists		
ELLA	2	
Progestins		
AYGESTIN	2	
CRINONE	2	PA
DEPO-PROVERA	2	
DEPO-PROVERA CONTRACEPTIVE	2	QL
DEPO-SUBQ PROVERA 104	2	QL
KYLEENA	2	
LILETTA	2	
MAKENA	2	
MAKENA	2	PA
MEGACE ES	2	
MIRENA	2	
NEXPLANON	2	
ORTHO MICRONOR	2	
PROMETRIUM	2	
PROVERA	2	
SKYLA	2	
SLYND	2	
Prophylactic		
AIMOVIG	2	
AJOVY	2	
EMGALITY	2	
NURTEC	2	
UBRELVY	2	
VYEPTI	2	
Protectants		
CARAFATE	2	
CYTOTEC	2	
Proton Pump Inhibitors		
ACIPHEX	2	
ACIPHEX SPRINKLE	2	

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Drug Name	Drug Tier	Req/ Limits
DEXILANT	2	
ESOMEPRAZOLE STRONTIUM	2	
FIRST-LANSOPRAZOLE	2	
NEXIUM	2	
NEXIUM I.V.	2	
PREVACID	2	
PREVACID SOLUTAB	2	
PRILOSEC	2	
PROTONIX	2	
ZEGERID	2	
Pulmonary Antihypertensives		
ADCIRCA	2	PA
ADEMPAS	2	
FLOLAN	2	PA
LETAIRIS	2	
OPSUMIT	2	
ORENITRAM	2	
REMODULIN	2	PA
REVATIO	2	PA
REVATIO	2	
TRACLEER	2	
TYVASO	2	PA
TYVASO REFILL	2	PA
TYVASO STARTER	2	PA
UPTRAVI	2	
VELETRI	2	PA
VENTAVIS	2	B/D
Pulmonary Fibrosis Agents		
ESBRIET	2	
Quinolones		
AVELOX	2	
BAXDELA	2	
BESIVANCE	2	
CETRAXAL	2	
CILOXAN	2	
CIPRO	2	
CIPRO I.V.-IN D5W	2	
FLOXIN OTIC	2	
LEVAQUIN	2	
MOXEZA	2	
MOXIFLOXACIN HYDROCHLORIDE	2	

Drug Name	Drug Tier	Req/ Limits
MOXIFLOXACIN HYDROCHLORIDE/ SODIUM CHLORIDE	2	
OCUFLOX	2	
OTOVEL	2	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN	2	
VIGAMOX	2	
XEPI	2	
ZYMAXID	2	
Respiratory Tract Agents, Other		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
AIRDUO DIGIHALER 113/14	2	
AIRDUO DIGIHALER 232/14	2	
AIRDUO DIGIHALER 55/14	2	
AIRDUO RESPICLICK 113/14	2	
AIRDUO RESPICLICK 232/14	2	
AIRDUO RESPICLICK 55/14	2	
ANORO ELLIPTA	2	
ARALAST NP	2	
CINQAIR	2	
DULERA	2	
DUPIXENT	2	
ESBRIET	2	
FASENRA	2	
FASENRA PEN	2	
GLASSIA	2	
NUCALA	2	
ODACTRA	2	
OFEV	2	
PROLASTIN-C	2	
STIOLTO RESPIMAT	2	
SYMBICORT	2	
TRELEGY ELLIPTA	2	
VIRAZOLE	2	
XOLAIR	2	
ZEMAIRA	2	
Retinoids		
PANRETIN	2	
TARGRETIN	2	
Selective Estrogen Receptor Modifying Agents		
EVISTA	2	

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Drug Name	Drug Tier	Req/ Limits
OSPHENA	2	PA
Serotonin (5-HT) 1b/1d Receptor Agonists		
AMERGE	2	
FROVA	2	
IMITREX	2	
IMITREX STATDOSE REFILL	2	
IMITREX STATDOSE SYSTEM	2	
MAXALT	2	
MAXALT-MLT	2	
ONZETRA XSAIL	2	
RELPAX	2	
TOSYMRA	2	
TREXIMET	2	
ZEMBRACE SYMTOUCH	2	
ZOMIG	2	
ZOMIG ZMT	2	
Skeletal Muscle Relaxants		
AMRIX	2	
ANECTINE	2	
FEXMID	2	
LORZONE	2	
NORGESIC FORTE	2	
ORPHENGESIC FORTE	2	
QUELICIN	2	
ROBAXIN	2	
ROBAXIN-750	2	
SKELAXIN	2	
SOMA	2	PA
SUCCINYLCHOLINE CHLORIDE	2	
Sleep Disorders, Other		
AMYTAL SODIUM	2	
BELSOMRA	2	
BUTISOL SODIUM	2	
DAYVIGO	2	
HETLIOZ	2	
NEMBUTAL SODIUM	2	
NUVIGIL	2	PA
PROVIGIL	2	PA
ROZEREM	2	
SECONAL SODIUM	2	
SILENOR	2	
SUNOSI	2	

Drug Name	Drug Tier	Req/ Limits
WAKIX	2	
XYREM	2	
XYWAV	2	
Smoking Cessation Agents		
CHANTIX	2	
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH PAK	2	
NICOTROL INHALER	2	
NICOTROL NS	2	
ZYBAN	2	
Sodium Channel Agents		
BANZEL	2	
CARBATROL	2	
CEREBYX	2	
DILANTIN	2	
DILANTIN INFATABS	2	
DILANTIN-125	2	
OXTELLAR XR	2	
PEGANONE	2	
PHENYTEK	2	
TEGRETOL	2	
TEGRETOL-XR	2	
TRILEPTAL	2	
VIMPAT	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
BRISDELLE	2	
CELEXA	2	
CYMBALTA	2	
DRIZALMA SPRINKLE	2	
EFFEXOR XR	2	
FETZIMA	2	
FETZIMA TITRATION PACK	2	
KHEDEZLA	2	
LEXAPRO	2	
PAXIL	2	
PAXIL CR	2	
PEXEVA	2	
PRISTIQ	2	
PROZAC	2	
SARAFEM	2	

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Drug Name	Drug Tier	Req/ Limits
SYMBYAX	2	
TRINTELLIX	2	
VIIBRYD	2	
VIIBRYD STARTER PACK	2	
ZOLOFT	2	
Sulfonamides		
AVC	2	
AZULFIDINE	2	
AZULFIDINE EN-TABS	2	
BACTRIM	2	
BACTRIM DS	2	
BLEPH-10	2	
KLARON	2	
Tetracyclines		
ACTICLATE	2	
DORYX	2	
DORYX MPC	2	
DOXYCYCLINE HYCLATE DR	2	
MINOCIN	2	
MINOCYCLINE HYDROCHLORIDEER	2	
MINOLIRA	2	
MORGIDOX 1X50MG KIT	2	
NUZYRA	2	
SEYSARA	2	
SOLODYN	2	
TARGADOX	2	
VIBRAMYCIN	2	
XERAVA	2	
XIMINO	2	
Treatment Adjuncts		
ELITEK	2	
KHAPZORY	2	
MESNEX	2	
TOTECT	2	
VORAXAZE	2	
ZINECARD	2	
Treatment-Resistant		
CLOZARIL	2	
FAZACLO	2	
VERSACLOZ	2	
Tricyclics		
ANAFRANIL	2	

Drug Name	Drug Tier	Req/ Limits
NORPRAMIN	2	
PAMELOR	2	
SURMONTIL	2	
TOFRANIL	2	
Vaccines		
ACTHIB	2	
ADACEL	2	
BEXSERO	2	
BIOTHRAX	2	
BOOSTRIX	2	
DAPTACEL	2	
ENGERIX-B	2	B/D
GARDASIL 9	2	
HAVRIX	2	
HEPLISAV-B	2	B/D
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
KINRIX	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
M-M-R II	2	
PEDIARIX	2	
PEDVAX HIB	2	
PENTACEL	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ	2	
SHINGRIX	2	
STAMARIL	2	
TENIVAC	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	

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Drug Name	Drug Tier	Req/ Limits
VARIZIG	2	
VAXCHORA	2	
VIVOTIF	2	
ZOSTAVAX	2	
Vasodilators, Direct-acting Arterial		
CORLOPAM	2	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	2	
DILATRATE SR	2	
GONITRO	2	
ISORDIL TITRADOSE	2	
NITRO-BID	2	
NITRO-DUR	2	
NITROLINGUAL PUMPSPRAY	2	
NITROMIST	2	
NITROPRESS	2	
NITROSTAT	2	
NITRO-TIME	2	
Vitamins		
ATABEX EC	2	
ATABEX OB	2	
AZESCHEW PRENATAL/POSTNATAL	2	
AZESCO	2	
BAL-CARE DHA	2	
CITRANATAL 90 DHA	2	
CITRANATAL ASSURE	2	
CITRANATAL B-CALM	2	
CITRANATAL BLOOM	2	
CITRANATAL BLOOM DHA	2	
CITRANATAL DHA	2	
CITRANATAL ESSENCE	2	
CITRANATAL HARMONY	2	
CITRANATAL MEDLEY	2	
CITRANATAL RX	2	
C-NATE DHA	2	
COMPLETE NATAL DHA	2	
COMPLETENATE	2	
CO-NATAL FA	2	
CONCEPT DHA	2	
CONCEPT OB	2	
DOTHELLE DHA	2	
DUET DHA 400	2	

Drug Name	Drug Tier	Req/ Limits
DUET DHA BALANCED	2	
ELITE-OB	2	
ENBRACE HR	2	
ESCAVITE	2	
ESCAVITE D	2	
ESCAVITE LQ	2	
FLORIVA	2	
FLORIVA PLUS	2	
FOLET DHA	2	
FOLET ONE	2	
FOLIVANE-OB	2	
INATAL GT	2	
MARNATAL-F	2	
M-NATAL PLUS	2	
MULTIVITAMIN WITH FLUORIDE	2	
MYNATAL	2	
MYNATAL ADVANCE	2	
MYNATAL PLUS	2	
MYNATAL ULTRACAPLET	2	
MYNATAL-Z	2	
MYNATE 90 PLUS	2	
NATACHEW	2	
NATALVIT	2	
NATELLE ONE	2	
NEEVO DHA	2	
NEONATAL 19	2	
NEONATAL COMPLETE	2	
NEONATAL FE	2	
NEONATAL PLUS	2	
NESTABS	2	
NESTABS ABC	2	
NESTABS DHA	2	
NESTABS ONE	2	
NEXA PLUS	2	
NIVA-PLUS	2	
OB COMPLETE	2	
OB COMPLETE ONE	2	
OB COMPLETE PETITE	2	
OB COMPLETE PREMIER	2	
OB COMPLETE/DHA	2	
OBSTETRIX DHA	2	
OBSTETRIX EC	2	

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Drug Name	Drug Tier	Req/ Limits
OBSTETRIX ONE	2	
O-CAL FA	2	
O-CAL PRENATAL	2	
ONE VITE WOMENS PRENATAL VITAMIN PLUS	2	
POLY-VI-FLOR	2	
POLY-VI-FLOR FS	2	
POLY-VI-FLOR/IRON	2	
PR NATAL 400	2	
PR NATAL 400 EC	2	
PR NATAL 430	2	
PR NATAL 430 EC	2	
PREGENNA	2	
PREMESISRX	2	
PRENA 1 TRUE	2	
PRENA1 CHEW	2	
PRENA1 PEARL	2	
PRENAISSANCE	2	
PRENAISSANCE PLUS	2	
PRENARA	2	
PRENATABS RX	2	
PRENATAL	2	
PRENATAL + DHA	2	
PRENATAL-U	2	
PRENATE	2	
PRENATE AM	2	
PRENATE DHA	2	
PRENATE ELITE	2	
PRENATE ENHANCE	2	
PRENATE ESSENTIAL	2	
PRENATE MINI	2	
PRENATE PIXIE	2	
PRENATE RESTORE	2	
PRENATRIX	2	
PRENATVITE COMPLETE	2	
PRENATVITE PLUS	2	
PRENATVITE RX	2	
PRETAB	2	
PRIMACARE	2	
PROVIDA DHA	2	
PROVIDA OB	2	
PUREFE OB PLUS	2	

Drug Name	Drug Tier	Req/ Limits
QUFLORA PEDIATRIC	2	
RAYALDEE	2	
RELNATE DHA	2	
R-NATAL OB	2	
SELECT-OB	2	
SELECT-OB+DHA	2	
SE-NATAL 19	2	
TARON-BC	2	
TARON-C DHA	2	
TARON-PREX	2	
THRIVITE RX	2	
TL FOLATE	2	
TL-CARE DHA	2	
TL-FLUORIVITE	2	
TL-SELECT	2	
TRICARE	2	
TRICARE PRENATAL DHA ONE	2	
TRICARE PRENATAL DHA ONE/ FOLATE	2	
TRINATAL RX 1	2	
TRINATE	2	
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OPTUMRx®

Nondiscrimination notice and access to communication services

OptumRx and its family of affiliated Optum companies does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

OptumRx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

Phone: **1-800-562-6223**, TTY **711**
Fax: 855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html

Phone: Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20211

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском** (**Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية** (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی** (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិន្ធអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាលេខឥតគិតថ្លៃ ដែលមាននាលីអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee néehozinígíí bine'dę́ę́› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

This formulary was updated on January 1, 2021, and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

OptumRx Member Services
Phone: 1-855-409-6999
TTY users call: 711
Hour of operation: 24 hours a day, 7 days a week
Website: optumrx.com

optumrx.com

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WF3884814 12142020

OPTUMRx®

AlaskaCare
Retiree Pharmacy Plan

AlaskaCare

Defined Benefit Retiree Plan Non-Part D Comprehensive Formulary (list of covered drugs)

Administered by OptumRx
Effective January 1, 2021

Please read: this document contains information about the AlaskaCare Wrap Supplemental drugs we cover in this plan.

This formulary was updated on January 1, 2021, and is a complete list of the wrap supplemental (Non-Part D) drugs covered by our plan. For more recent information or if you have questions, please contact:

OptumRx Member Services
Phone: 1-855-409-6999
TTY users call: 711
Hour of operation: 24 hours a day, 7 days a week
Website: optumrx.com

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Understanding your formulary

What is a formulary?
A formulary is a list of prescribed medications chosen by your plan for their safety, cost and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

OptumRx® is guided by the Pharmacy and Therapeutics Committee (a group of doctors, nurses, and pharmacists) who review which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

About this formulary
Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review yoiur benefit plan for full details.

How do I use my formulary?
You and your doctor can consult the formulary to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the member phone number on your ID card.

What are tiers?
Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

When does the formulary change?
- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equivalent becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?
A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?
You (or your authorized representative) and your doctor can ask for a coverage request by calling the member phone number on your ID card.

Medication tips

What is the difference between brand-name and generic medications?
Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

What if my doctor writes a brand-name prescription?
If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost could be right for you. Generic medications are usually your lowest-cost option.

Over-the-counter medications
An over-the-counter (OTC) medication may be the right treatment option for some conditions. Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

What if I am taking a specialty medication?
Specialty medications treat rare or complex conditions and are usually higher cost medications. Please note, not all specialty medications are listed in the formulary. our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-427-4682** and have your prescriptions delivered right to your home or doctor's office.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels will apply once you hit your deductible.

Drug Tier	Includes	Helpful Tips
Tier 1	**$ Lower-cost** generics and some brand-name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	**$$ Mid-range cost** preferred brand-name	Many Tier 2 drugs have lower-cost options in Tier 1. Ask your doctor if they could work for you.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered.

PA	**Prior Authorization**	Your doctor is required to give OptumRx more information to determine coverage.
QL	**Quantity Limit**	Medication may be limited to a certain quantity.

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PROCHLORPERAZINE MALEATE	2	
Alkylating Agents		
ALKERAN	2	
MELPHALAN	1	
MYLERAN	2	
TEMODAR	2	
TEMOZOLOMIDE	1	
Alpha-adrenergic Agonists		
AKOVAZ	2	
CLONIDINE HCL	2	
CLONIDINE HYDROCHLORIDE	2	
EPHEDRINE SULFATE	1	
EPHEDRINE SULFATE/SODIUM CHLORIDE	2	
PHENYLEPHRINE HYDROCHLORIDE	2	
PHENYLEPHRINE HYDROCHLORIDE/DEXTROSE	2	
PHENYLEPHRINE HYDROCHLORIDE/SODIUM CHLORIDE	2	
PHENYLEPHRINE/SODIUM CHLORIDE	2	
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LABETALOL HYDROCHLORIDE/ DEXTROSE	2	
LABETALOL HYDROCHLORIDE/ SODIUM CHLORIDE	2	
PHENYLEPHRINE HYDROCHLORIDE/DEXTROSE	2	
PRAZOSIN HYDROCHLORIDE	2	
RESERPINE	2	
Aminoglycosides		
AMIKACIN SULFATE	2	
GENTAMICIN SULFATE	2	
STREPTOMYCIN SULFATE	2	
TOBRAMYCIN SULFATE	2	
Aminosalicylates		
5-AMINOSALICYLIC ACID	2	
MESALAMINE	2	
Androgens		
DANAZOL	2	

Drug Name	Drug Tier	Req/ Limits
EC-RX TESTOSTERONE 0.2%	2	
EC-RX TESTOSTERONE 0.4%	2	
EC-RX TESTOSTERONE 10%	2	
EC-RX TESTOSTERONE 20%	2	
METHYLTESTOSTERONE	2	
TESTOSTERONE COMPOUNDING KIT	2	
Anesthetics		
ANESTHESIA S/I-40	2	
ANESTHESIA S/I-40A	2	
ANESTHESIA S/I-40H	2	
ANESTHESIA S/I-40S	2	
ANESTHESIA S/I-60	2	
KETAMINE HYDROCHLORIDE	2	
KETAMINE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
METHOHEXITAL SODIUM	2	
PROPOFOL	2	
Anthelmintics		
EGATEN	2	
MEBENDAZOLE	2	
PIPERAZINE CITRATE	2	
THIABENDAZOLE	2	
Antiarrhythmics		
ADENOSINE	2	
AMIODARONE HYDROCHLORIDE/ DEXTROSE	2	
DILTIAZEM HYDROCHLORIDE	2	
DILTIAZEM HYDROCHLORIDE/ SODIUM CHLORIDE	2	
LIDOCAINE HYDROCHLORIDE/ DEXTROSE	2	
PROCAINAMIDE HCL	2	
Antibacterials, Other		
BACITRACIN	2	
BACITRACIN ZINC	2	
BENZALKONIUM CHLORIDE	1	
BETADINE OPHTHALMIC PREP	2	
ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/ PRESATURATED	2	
FIRST-METRONIDAZOLE 100	2	
FIRST-METRONIDAZOLE 50	2	

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Drug Name	Drug Tier	Req/ Limits
FIRST-VANCOMYCIN 25	2	
FIRST-VANCOMYCIN 50	2	
HYDROGEN PEROXIDE	1	
IV PREP WIPES	2	
LUGOLS STRONG IODINE	1	
METRONIDAZOLE BENZOATE/ SYRSPEND SF PH4	2	
MICROCLENS WIPES	2	
NALIDIXIC ACID	2	
NEOMYCIN SULFATE	2	
NITROFURANTOIN MACROCRYSTAL	2	
NITROFURAZONE	2	
PHENOL	2	
POLYMYXIN B SULFATE	2	
POVIDONE IODINE	2	
SILVER NITRATE	1	
SILVER NITRATE	2	
SILVER PROTEIN MILD	2	
THIMEROSAL	2	
TRIMETHOPRIM	2	
TRIMO-SAN	2	
UNI-SOLVE	2	
VANCOMYCIN HCL + SYRSPENDSF PH4	2	
VANCOMYCIN HYDROCHLORIDE	2	
VANCOMYCIN HYDROCHLORIDE/ DEXTROSE	2	
VANCOMYCIN HYDROCHLORIDE/ SODIUM CHLORIDE	2	
Anticoagulants		
ACD FORMULA A	1	
ACD-A NOCLOT-50	2	
ANGIOMAX	2	
ANTICOAGULANT CITRATE DEXTROSE SOLUTION A	1	
ANTICOAGULANT SODIUM CITRATE	1	
BIVALIRUDIN	1	
CEPROTIN	2	
HEPARIN SODIUM	2	
HEPARIN SODIUM/D5W	2	
HEPARIN SODIUM/DEXTROSE	2	

Drug Name	Drug Tier	Req/ Limits
HEPARIN SODIUM/SODIUM CH LORIDE	2	
HEPARIN SODIUM/SODIUM CHLORIDE	2	
HEPARIN/SODIUM CHLORIDE	2	
RETAVASE	2	
RETAVASE HALF-KIT	2	
THROMBATE III	2	
THROMBATE III W/10 ML STERILE WATER	2	
THROMBATE III W/20 ML STERILE WATER	2	
TNKASE	2	
TRICITRASOL	2	
WARFARIN SODIUM CLATHRATEFORM	2	
Anticonvulsants, Other		
MAGNESIUM SULFATE/DEXTROSE	2	
Anti-cytomegalovirus (CMV) Agents		
GANCICLOVIR	2	
Antidepressants, Other		
ZULRESSO	2	
Antidiabetic Agents		
GLIPIZIDE	2	
GLYBURIDE	2	
Antiemetics, Other		
DROPERIDOL	2	
MECLIZINE HCL	2	
MECLIZINE HCL MONOHYDRATE	2	
Antifungals		
AMPHOTERICIN B	2	
BENZOIC ACID	2	
CICLODAN SOLUTION KIT	2	
CICLOPIROX OLAMINE	2	
CLIOQUINOL	2	
CLOTRIMAZOLE	2	
GENTIAN VIOLET	2	
MICONAZOLE	2	
MICONAZOLE NITRATE	2	
TOLNAFTATE	2	
Antigout Agents		
COLCHICINE	2	
Antihistamines		

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Drug Name	Drug Tier	Req/ Limits
BROMPHENIRAMINE MALEATE	2	
CHLORPHENIRAMINE MALEATE	2	
CLEMASTINE FUMARATE	2	
DICOPANOL FUSEPAQ	2	
DICOPANOL RAPIDPAQ	2	
DI-PHEN	2	
DIPHENHYDRAMINE HCL	2	
DOXYLAMINE SUCCINATE	2	
HISTEX-AC	2	
HYDROXYZINE PAMOATE	2	
PYRILAMINE MALEATE	2	
TRIPELENNAMINE HCL	2	
TUXARIN ER	2	
TUZISTRA XR	2	
Anti-inflammatories, Inhaled Corticosteroids		
FLUNISOLIDE ANHYDROUS	2	
Anti-influenza Agents		
FLUZONE HIGH-DOSE PF 2020-2021	1	
Antimetabolites		
CAPECITABINE	1	
XELODA	2	
Antimyasthenic Agents		
NEOSTIGMINE METHYLSULFATE	2	
Antineoplastics, Other		
IMLYGIC	2	
LEVAMISOLE HCL	2	
METASTRON	2	
TECARTUS	2	
XOFIGO	2	
YESCARTA	2	
Antiprotozoals		
CHLOROQUINE PHOSPHATE	2	
IODOQUINOL	2	
PYRIMETHAMINE/LEUCOVORIN	2	
QUINACRINE DIHYDROCHLORIDE	2	
QUINACRINE DIHYDROCHLORIDE DIHYDRATE	2	
QUINACRINE HCL	2	
QUININE SULFATE	2	
QUININE SULFATE DIHYDRATE	2	
Antispasmodics, Gastrointestinal		
ANASPAZ	2	

Drug Name	Drug Tier	Req/ Limits
ATROPINE SULFATE	2	
ATROPINE SULFATE MONOHYDRATE	2	
CHLORDIAZEPOXIDE HCL/ CLIDINIUM BROMIDE	1	
CHLORDIAZEPOXIDE HYDROCHLORIDE/CLIDINIUM BROMIDE	1	
ED-SPAZ	2	
GLYCOPYRROLATE	2	
HYOSCYAMINE SULFATE	1	
HYOSCYAMINE SULFATE	2	
HYOSCYAMINE SULFATE ODT	1	
ISOPROPAMIDE IODIDE	2	
LIBRAX	2	
NULEV	2	
OSCIMIN	1	
PROPANTHELINE BROMIDE	2	
SCOPOLAMINE HBR	2	
Antispasticity Agents		
BACLOFEN	2	
FIRST-BACLOFEN 1	2	
FIRST-BACLOFEN 5	2	
RYANODEX	2	
TIZANIDINE COMFORT PAC	2	
Antithyroid Agents		
METHIMAZOLE	2	
Antituberculars		
AMINOSALICYLIC ACID	2	
ETHAMBUTOL HCL	2	
ISONIAZID	2	
RIFAMPIN/SYRSPEND SF PH4	2	
Anxiolytics, Other		
DEXMEDETOMIDINE HCL	1	
DEXMEDETOMIDINE HCL	2	
DEXMEDETOMIDINE HYDROCHLORIDE	1	
DEXMEDETOMIDINE HYDROCHLORIDE/DEXTROSE MONOHYDRATE	2	
DEXMEDETOMIDINE HYDROCHLORIDE/SODIUM CHLORIDE	1	
PRECEDEX	2	

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Drug Name	Drug Tier	Req/ Limits
Benign Prostatic Hypertrophy Agents		
FINASTERIDE	1	
PROPECIA	2	
Benzodiazepines		
LORAZEPAM/DEXTROSE	2	
MIDAZOLAM	2	
MIDAZOLAM HYDROCHLORIDE	2	
MIDAZOLAM HYDROCHLORIDE/ DEXTROSE	2	
MIDAZOLAM HYDROCHLORIDE/ SODIUM CHLORIDE	2	
MIDAZOLAM/SODIUM CHLORIDE	2	
MIDAZOLAM/SYRSPEND SF PH4	2	
Beta-adrenergic Blocking Agents		
ACEBUTOLOL HCL	2	
ATENOLOL	2	
ATENOLOL/SYRSPEND SF PH4	2	
ESMOLOL HYDROCHLORIDE	2	
FIRST - METOPROLOL	2	
FIRST-ATENOLOL	2	
LABETALOL HYDROCHLORIDE	2	
LABETALOL HYDROCHLORIDE/ DEXTROSE	2	
LABETALOL HYDROCHLORIDE/ SODIUM CHLORIDE	2	
METOPROLOL TARTRATE	2	
NADOLOL	2	
PROPRANOLOL HCL	2	
TIMOLOL MALEATE	2	
Beta-lactam, Cephalosporins		
CEFAZOLIN SODIUM	2	
CEFAZOLIN SODIUM/DEXTROSE	2	
CEFAZOLIN SODIUM/SODIUM CHLORIDE	2	
CEFAZOLIN/SODIUM CHLORIDE	2	
Beta-lactam, Penicillins		
AMOXICILLIN TRIHYDRATE	2	
Blood Products/Modifiers/Volume Expanders		
ALBUMINEX	2	
PANHEMATIN	2	
Bronchodilators, Anticholinergic		
IPRATROPIUM BROMIDE	2	

Drug Name	Drug Tier	Req/ Limits
IPRATROPIUM BROMIDE MONOHYDRATE	2	
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE	2	
EPHEDRINE HCL	2	
EPHEDRINE SULFATE	2	
EPHEDRINE SULFATE/SODIUM CHLORIDE	2	
EPINEPHRINE HYDROCHLORIDE/ DEXTROSE	2	
EPINEPHRINE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
METAPROTERENOL SULFATE	2	
TERBUTALINE SULFATE	2	
Calcium Channel Blocking Agents		
AMLODIPINE BESYLATE/SYRSPEND SF PH4	2	
CLEVIPREX	2	
DILTIAZEM HYDROCHLORIDE/ DEXTROSE	2	
DILTIAZEM HYDROCHLORIDE/ SODIUM CHLORIDE	2	
NICARDIPINE HYDROCHLORIDE/ DEXTROSE	2	
NICARDIPINE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
VERAPAMIL HCL	2	
Cardiovascular Agents		
NOREPINEPHRINE BITARTRATE/ DEXTROSE	2	
NOREPINEPHRINE BITARTRATE/ SODIUM CHLORIDE	2	
NOREPINEPHRINE/DEXTROSE	2	
NOREPINEPHRINE/SODIUM CHLORIDE	2	
Cardiovascular Agents, Other		
EPHEDRINE SULFATE	2	
EPHEDRINE SULFATE/SODIUM CHLORIDE	2	
EPINEPHRINE	2	
EPINEPHRINE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
EPINEPHRINE/DEXTROSE	2	
EPINEPHRINE/SODIUM CHLORIDE	2	

Drug Name	Drug Tier	Req/ Limits
NOREPINEPHRINE BITARTRATE/ DEXTROSE	2	
NOREPINEPHRINE BITARTRATE/ SODIUM CHLORIDE	2	
NOREPINEPHRINE/SODIUM CHLORIDE	2	
NYLIDRIN HYDROCHLORIDE	2	
Central Nervous System, Other		
ADDYI	2	
ADIPEX-P	2	
BENZPHETAMINE HCL	1	
CAFFEINE ANHYDROUS	2	
CAFFEINE CITRATED	2	
CONTRAVE	2	
DIETHYLPROPION HCL	1	
DIETHYLPROPION HCL ER	1	
DOPRAM	2	
LOMAIRA	2	
PHENDIMETRAZINE TARTRATE	1	
PHENDIMETRAZINE TARTRATE ER	1	
PHENTERMINE HCL	1	
PHENTERMINE HYDROCHLORIDE	1	
QSYMIA	2	
REGIMEX	2	
VYLEESI	2	
Dental and Oral Agents		
CAVAREST	1	
CLINPRO 5000	2	
DENTA 5000 PLUS	2	
DENTAGEL	2	
FIRST-MOUTHWASH BLM	2	
FLUORIDEX	2	
FLUORIDEX ENHANCED WHITENING	2	
MI PASTE	2	
MI PASTE PLUS	2	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 ORTHO DEFENSE	2	
PREVIDENT 5000 PLUS	2	
PREVIDENT FLUORIDE	2	
PREVIDENT RINSE	1	
REMESENSE	2	

Drug Name	Drug Tier	Req/ Limits
SF	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE	1	
SODIUM FLUORIDE 1.1	1	
SODIUM FLUORIDE 5000 PLUS	1	
SODIUM FLUORIDE 5000 PPM	1	
Dermatological Agents		
1ST BASE	2	
A.A.G.C. KIT IN TERODERM	2	
ACTIVE-PREP KIT IV	2	
ACTIVE-PREP KIT V	2	
ACTIVE-TRAMADOL KIT	2	
ALUMINUM CHLORIDE ANHYDROUS	2	
ALUMINUM CHLORIDE HEXAHYDRATE	2	
ANHYDROUS BASE	2	
ANHYDROUS CREAM BASE	2	
ANTHRALIN	2	
ARTISS	2	
ATRAPRO DERMAL SPRAY	2	
ATREVIS HYDROGEL	2	
AVAGE	2	
BALSAM PERU & CASTOR OIL	1	
BEAU RX	2	
BENZOYL PEROXIDE	2	
BENZOYL PEROXIDE HYDROUS	2	
BLANCHE	1	
BPCO	2	
BRAVURA ALL-IN-ONE	2	
CALAMINE	2	
CAMPHOR	2	
CANTHARIDIN	2	
CAPSAICIN	2	
CETYLCIDE-G	2	
CHLORHEXIDINE GLUCONATE	2	
CHLOROACETIC ACID	2	
CLINOIN	2	
COAL TAR	1	
COLLAGENASE	2	
CREAM BASE	2	
DERMULCERA	2	

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Drug Name	Drug Tier	Req/ Limits
DURABASE	2	
DURABASE ADVANCED	2	
EMOLLIENT CREAM	2	
ENOVARX-DICLOFENAC SODIU M	2	
ENOVARX-NAPROXEN	2	
ENOVARX-TRAMADOL	2	
EPIQUIN MICRO	2	
FORMADON	2	
FORMALDEHYDE	1	
GLUTARALDEHYDE	1	
GORDOFILM	2	
HYALUCIL-4	2	
HYDROQUINONE	2	
HYDROQUINONE	1	
HYDROQUINONE TIME RELEASE	1	
ICHTHAMMOL	2	
KETOROLAC 2% GEL	2	
LACTIC ACID E	1	
LACTIC ACID W/VITAMIN E	1	
LANOLIN	1	
LANOLIN	2	
LANOLIN ANHYDROUS	2	
LIPOCREAM BASE	2	
LIPOSOMAL HEAVY	2	
MEDROX-RX	2	
METHOXSALEN	2	
MICROCYN	2	
MULTIBASE	2	
NEURAPTINE	2	
OMNIBASE	2	
PCCA COSMETIC HRT BASE	2	
PCCA ELLAGE	2	
PCCA PRACASIL TM-PLUS BASE	2	
PENSOMAL CREAM	2	
PERFORMAX SALT SUPPORTIVEBASE	2	
PODOPHYLLUM RESIN	2	
PRAMOXINE HCL	2	
RECEDO	2	
REFISSA	2	
REGENECARE	2	
REMERGENT HQ	1	

Drug Name	Drug Tier	Req/ Limits
RENOVA	2	
RENOVA PUMP	2	
RETINOIC ACID	2	
RETINOIC ACID-ALL TRANS	2	
SALT DURABLE CREAM	2	
SALT STABLE LS ADVANCED	2	
SANARE ADVANCED SCAR THERAPY	2	
SCARSILK GEL	2	
SCENESSE	2	
SKYY DERM	2	
STERA BASE	2	
STRATA TRIZ	2	
SULFACETAMIDE SODIUM	2	
TERODERM	2	
TERODERM-PLUS	2	
TISSEEL	2	
TL HYDROQUINONE	1	
TRETINOIN	2	
TRETINOIN (ALL-TRANS RETINOIC ACID)	2	
TRETINOIN EMOLLIENT	1	
TRI-CHLOR	2	
TRI-LUMA	2	
VANIQA	2	
VANISHING CREAM	2	
VASHE SKIN/WOUND/BURN CLEANSING	2	
VENELEX	2	
VERSAPRO	2	
VERSATILE CREAM BASE	2	
VERSATILE RICH CREAM BASE	2	
XALIX	2	
Diuretics, Loop		
FUROSEMIDE	2	
FUROSEMIDE/SODIUM CHLORIDE	2	
Diuretics, Potassium-sparing		
AMILORIDE HCL	2	
SPIRONOLACTONE	2	
TRIAMTERENE	2	
Diuretics, Thiazide		
HYDROCHLOROTHIAZIDE	2	
Dopamine Agonists		

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Drug Name	Drug Tier	Req/ Limits
BROMOCRIPTINE MESYLATE	2	
Dyslipidemics, Fibric Acid Derivatives		
GEMFIBROZIL	2	
Dyslipidemics, Other		
EPINEPHRINE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
Electrolyte/Mineral Replacement		
ACTIVE FE	2	
ALGESIS	2	
AMINO ACID	2	
AMINOPROTECT	2	
BCAA	2	
CALCIUM CARBONATE	2	
CALCIUM CARBONATE HEAVY	2	
CALCIUM CARBONATE LIGHT	2	
CALCIUM CHLORIDE	1	
CALCIUM CHLORIDE	2	
CALCIUM CHLORIDE ANHYDROUS	2	
CALCIUM CHLORIDE DIHYDRATE	2	
CALCIUM GLUCONATE ANHYDROUS	2	
CALCIUM GLUCONATE MONOHYDRATE	2	
CALCIUM GLUCONATE/DEXTROSE	2	
CALCIUM GLUCONATE/SODIUM CHLORIDE	2	
CALCIUM LACTATE PENTAHYDRATE	2	
CALCIUM PHOSPHATE DIBASIC	2	
CALCIUM PHOSPHATE TRIBASIC	2	
CENTRATEX	2	
CHROMAGEN	2	
CHROMIUM CHLORIDE	1	
COPPER TRACE METAL	2	
CORVITA 150	1	
CORVITE 150	2	
CORVITE FE	2	
CUPRIC SULFATE	2	
CUPRIC SULFATE PENTAHYDRATE	2	
DEXTROSE	2	
DEXTROSE ANHYDROUS	2	
DL-METHIONINE	2	
FERAHEME	2	
FEROCON	1	

Drug Name	Drug Tier	Req/ Limits
FEROTRINSIC	1	
FERRALET 90	2	
FERRAPLUS 90	1	
FERRLECIT	2	
FERROCITE PLUS	1	
FERRO-PLEX HEMATINIC	2	
FERROTRIN	2	
FERROUS SULFATE ANHYDROUS	2	
FERROUS SULFATE HEPTAHYDRATE	2	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
FOLTRIN	1	
FUSION SPRINKLES	2	
GABADONE	2	
GALZIN	2	
GLUTATHIONE (L)	2	
GLYCINE	2	
GLYCINE (L)	2	
GLYCOPHOS	2	
HEMATINIC PLUS VITAMINS/ MINERALS	1	
HEMATINIC/FOLIC ACID	1	
HEMATOGEN	2	
HEMATOGEN FA	2	
HEMATOGEN FORTE	2	
HEMATRON-AF	2	
HEMOCYTE PLUS	2	
HEMOCYTE-F	1	
HEMOCYTE-PLUS	1	
HESPAN	2	
HETASTARCH 6%/NACL	1	
HEXTEND	2	
HYPNOSOM	2	
ICAR-C PLUS	2	
IFEREX 150 FORTE	1	
INFED	2	
INJECTAFER	2	
INTEGRA F	2	
INTEGRA PLUS	2	
IS 24/6	2	
K-PHOS NEUTRAL	2	

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Drug Name	Drug Tier	Req/ Limits
K-TAN PLUS	1	
LIPICHOL 540	2	
LISTER-V	2	
LMD 10% DEXTROSE 5%	2	
L-METHIONINE	2	
L-TYROSINE	2	
MAGNESIUM CARBONATE HEAVY	2	
MAGNESIUM CARBONATE LIGHT	2	
MAGNESIUM CHLORIDE	2	
MAGNESIUM CHLORIDE HEXAHYDRATE	2	
MAGNESIUM STEARATE	2	
MAGNESIUM SULFATE	2	
MAGNESIUM SULFATE/DEXTROSE	2	
MAGNESIUM SULFATE/LACTATED RINGERS	2	
MAGNESIUM SULFATE/SODIUM CHLORIDE	2	
MANGANESE TRACE METAL	2	
MAXFE	2	
MEBOLIC	2	
METHIONINE	2	
MONOFERRIC	2	
MULTIGEN	2	
MULTIGEN FOLIC	2	
MULTIGEN PLUS	2	
MYFERON 150 FORTE	1	
NEOPHE	2	
NEPHRON FA	2	
NEUREPA	2	
NICAPRIN	2	
NICAZYME	2	
NIFEREX	2	
NUFERA	2	
OMNIVEX	2	
PHOSPHA 250 NEUTRAL	2	
PHOSPHOROUS	1	
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOXILLUM B22K4/0	2	
POLY-IRON 150 FORTE	1	
POLYSACCHARIDE IRON FORTE	1	
POTASSIUM ACETATE/SODIUM CHLORIDE	2	

Drug Name	Drug Tier	Req/ Limits
POTASSIUM BICARBONATE	2	
POTASSIUM CHLORIDE	2	
POTASSIUM CITRATE	2	
POTASSIUM CITRATE MONOHYDRATE	2	
POTASSIUM PHOSPHATE/ DEXTROSE	2	
POTASSIUM PHOSPHATE/SODIUM CHLORIDE	2	
POTASSIUM PHOSPHATES/ DEXTROSE	2	
POTASSIUM PHOSPHATES/SODIUM CHLORIDE	2	
PRISMASOL B22GK 4/0	2	
PRISMASOL BGK 0/2.5	2	
PRISMASOL BGK 2/0	2	
PRISMASOL BGK 2/3.5	2	
PRISMASOL BGK 4/2.5	2	
PRISMASOL BK 0/0/1.2	2	
PROLEEVA	2	
PROLEVA	2	
PROTEOLIN	2	
PROTEOLIN DS	2	
PULMONA	2	
PUREFE PLUS	2	
PUREVIT DUALFE PLUS	1	
SALINE/PHENOL	2	
SE-TAN PLUS	1	
SODIUM ACETATE ANHYDROUS	2	
SODIUM ACETATE TRIHYDRATE	2	
SODIUM CHLORIDE	2	
SODIUM CHLORIDE BACTERIOSTATIC	1	
SODIUM CHLORIDE BACTERIOSTATIC/BENZYL ALCOHOL	1	
SODIUM CITRATE	2	
SODIUM CITRATE ANHYDROUS	2	
SODIUM CITRATE/CITRIC ACID	1	
SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	1	
SODIUM PHOSPHATE/DEXTROSE	2	
SODIUM PHOSPHATE/SODIUM CHLORIDE	2	

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Drug Name	Drug Tier	Req/ Limits
SODIUM PHOSPHATES/DEXTROSE	2	
TANDEM PLUS	2	
TARON FORTE	2	
TAURINE	2	
THAM	2	
TL ICON	1	
TL-HEM 150	1	
TL-ICARE	2	
TRALEMENT	2	
TRI-AMINO	2	
TRICON	2	
TRIFERIC	2	
TRIGELS-F FORTE	1	
TRISODIUM CITRATE/CRRT	2	
VASCULERA	2	
VAYARIN PLUS	2	
VENOFER	2	
VIRT-FEFA PLUS	2	
VIRT-PHOS 250 NEUTRAL	1	
XYZBAC	2	
ZINC ACETATE	2	
ZINC CHLORIDE	2	
ZINC SULFATE	2	
ZINC SULFATE HEPTAHYDRATE	2	
ZINC SULFATE MONOHYDRATE	2	
ZYVEXOL	2	
ZYVIT	2	
Electrolytes/Minerals/Metals/Vitamins		
POTASSIUM PHOSPHATE/SODIUM CHLORIDE	2	
Emetogenic Therapy Adjuncts		
ONDANSETRON HYDROCHLORIDE/ DEXTROSE	2	
ONDANSETRON HYDROCHLORIDE/ SODIUM CHLORIDE	2	
Enzyme Inhibitors		
ETOPOSIDE	1	
HYCAMTIN	2	
Ergot Alkaloids		
DIHYDROERGOTAMINE MESYLATE	2	
ERGOTAMINE TARTRATE	2	
Estrogens		
BI-EST 50:50 COMPOUNDING KIT	2	

Drug Name	Drug Tier	Req/ Limits
BI-EST 50:50 PROGESTERONE-TESTOSTERONE COMPOUNDING KIT	2	
BI-EST 80:20 PROGESTERONE COMPOUNDING KIT	2	
BIEST/PROGESTERONE	2	
EC-RX ESTRADIOL 0.4%	2	
EC-RX ESTRADIOL 0.6%	2	
ESTRIOL-PROGESTERONE COMPOUNDING KIT	2	
ETHINYL ESTRADIOL	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
FANATREX FUSEPAQ	2	
PHENOBARBITAL	2	
PHENOBARBITAL SODIUM	2	
Gastrointestinal Agents, Other		
BIO-KULT INFANTIS	2	
BISMUTH SUBGALLATE	2	
CHARCOAL ACTIVATED	2	
CULTURELLE BABY GROW THRIVE	2	
DIFF-STAT	2	
EDETATE CALCIUM DISODIUM	2	
ENTEREG	2	
KAOLIN	2	
L-GLUTAMIC ACID HCL	2	
LOPERAMIDE HCL	2	
MAGNESIUM OXIDE HEAVY	2	
MAGNESIUM OXIDE LIGHT	2	
MAGNESIUM TRISILICATE	2	
MAGNESIUM TRISILICATE HYDRATE	2	
METOCLOPRAMIDE HCL	2	
METOCLOPRAMIDE HCL MONOHYDRATE	2	
METOCLOPRAMIDE HYDROCHLORIDE	2	
PECTIN	2	
PEPSIN	2	
PRO NUTRIENTS PROBIOTIC	2	
PROBIOMAX PLUS DF	2	
PROBIOTIC + COLOSTRUM	1	
RE:IIMMUNE	2	
RESTORA RX	2	

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Drug Name	Drug Tier	Req/ Limits
RESTORE	2	
SIMETHICONE	2	
SIMILAC PROBIOTIC TRI-BLEND	2	
SODIUM BICARBONATE	1	
URSODIOL/SYRSPEND SF PH4	2	
VISBIOME PROBIOTIC HIGH POTENCY	2	
VSL#3	2	
VSL#3 JUNIOR	2	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
BRINEURA	2	
MEPSEVII	2	
ZOLGENSMA 10.1-10.5 KG	2	
ZOLGENSMA 10.6-11.0 KG	2	
ZOLGENSMA 11.1-11.5 KG	2	
ZOLGENSMA 11.6-12.0 KG	2	
ZOLGENSMA 12.1-12.5 KG	2	
ZOLGENSMA 12.6-13.0 KG	2	
ZOLGENSMA 13.1-13.5 KG	2	
ZOLGENSMA 2.6-3.0 KG	2	
ZOLGENSMA 3.1-3.5 KG	2	
ZOLGENSMA 3.6-4.0 KG	2	
ZOLGENSMA 4.1-4.5 KG	2	
ZOLGENSMA 4.6-5.0 KG	2	
ZOLGENSMA 5.1-5.5 KG	2	
ZOLGENSMA 5.6-6.0 KG	2	
ZOLGENSMA 6.1-6.5 KG	2	
ZOLGENSMA 6.6-7.0 KG	2	
ZOLGENSMA 7.1-7.5 KG	2	
ZOLGENSMA 7.6-8.0 KG	2	
ZOLGENSMA 8.1-8.5 KG	2	
ZOLGENSMA 8.6-9.0 KG	2	
ZOLGENSMA 9.1-9.5 KG	2	
ZOLGENSMA 9.6-10.0 KG	2	
Genitourinary Agents, Other		
AMINOACETIC ACID	1	
CAVERJECT	2	PA
CIALIS	2	PA
GLYCINE	1	
GLYCINE	2	
LEVITRA	2	PA

Drug Name	Drug Tier	Req/ Limits
MUSE	2	PA
PHENAZOPYRIDINE HCL	2	
SILDENAFIL	1	PA
SILDENAFIL CITRATE	1	PA
STAXYN	2	PA
STENDRA	2	PA
TADALAFIL	1	PA
VARDENAFIL HYDROCHLORIDE	1	PA
VARDENAFIL HYDROCHLORIDE ODT	1	PA
VIAGRA	2	PA
Glycemic Agents		
FRUCTOSE	2	
GLUCAGON	2	
GLUCAGON HCL DIAGNOSTIC	2	
Hemostasis Agents		
ADVATE	2	
ADYNOVATE	2	
AFSTYLA	2	
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	2	
ALPHANINE SD	2	
ALPROLIX	2	
ASTRINGYN	2	
BENEFIX	2	
COAGADEX	2	
CORIFACT	2	
ELOCTATE	2	
ESPEROCT	2	
FEIBA	2	
FIBRYGA	2	
HELIXATE FS	2	
HEMLIBRA	2	
HEMOFIL M	2	
HUMATE-P	2	
IDELVION	2	
IXINITY	2	
JIVI	2	
KCENTRA	2	
KOATE	2	
KOATE-DVI	2	
KOGENATE FS	2	

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Drug Name	Drug Tier	Req/ Limits
KOVALTRY	2	
MONOCLATE-P	2	
MONONINE	2	
MONSELS FERRIC SUBSULFATE	2	
NOVOEIGHT	2	
NOVOSEVEN RT	2	
NUWIQ	2	
OBIZUR	2	
PROFILNINE	2	
PROFILNINE SD	2	
PROTAMINE SULFATE	1	
REBINYN	2	
RECOMBINATE	2	
RECOTHROM	2	
RECOTHROM SPRAY KIT	2	
RECOTHROM/SPRAY APPLICATOR KIT	2	
RIASTAP	2	
RIXUBIS	2	
SEVENFACT	2	
THROMBIN-JMI DILUENT	2	
THROMBIN-JMI EPISTAXIS	2	
THROMBIN-JMI SYRINGE SPRAY KIT	2	
THROMBIN-JMI W/DIL SPRAY PUMP ACTUATOR	2	
THROMBOGEN	2	
TRETTEN	2	
VONVENDI	2	
WILATE	2	
XYNTHA	2	
XYNTHA SOLOFUSE	2	
Histamine2 (H2) Receptor Antagonists		
CIMETIDINE	2	
FAMOTIDINE/SODIUM CHLORIDE	2	
Hormonal Agents, Stimulant/Replacement/ Modifying (Adrenal)		
BETAMETHASONE DIPROPIONATE	2	
BETAMETHASONE SODIUM PHOSPHATE	2	
BETAMETHASONE VALERATE	2	
CLOBETASOL 17 PROPIONATE	2	
CLOBETASOL PROPIONATE	2	

Drug Name	Drug Tier	Req/ Limits
CLOBETASOL PROPIONATE MICRONIZED USP	2	
CORTISONE ACETATE	2	
DESONIDE	2	
DEXAMETHASONE SODIUM PHOSPHATE	2	
DEXAMETHASONE SODIUM PHOSPHATE	1	
DEXAMETHASONE SODIUM PHOSPHATE/DEXTROSE	2	
DEXAMETHASONE SODIUM PHOSPHATE/SODIUM CHLORIDE	2	
FLUDROCORTISONE ACETATE	2	
FLUOCINOLONE ACETONIDE	2	
FLUOCINONIDE	2	
HYDROCORTISONE	2	
HYDROCORTISONE ACETATE	2	
HYDROCORTISONE ACETATE MICRONIZED	2	
HYDROCORTISONE MICRONIZED	2	
METHYLPREDNISOLONE	2	
METHYLPREDNISOLONE ACETATE	2	
METHYLPREDNISOLONE ACETATE/ BUPIVACAINE HYDROCHLORIDE	2	
PREDNISOLONE	2	
PREDNISOLONE USP, MICRONIZED ANHYDROUS	2	
PREDNISOLONE ACETATE	2	
PREDNISOLONE ANHYDROUS	2	
PREDNISOLONE SODIUM PHOSPHATE	2	
PREDNISOLONE SODIUM PHOSPHATE, USP	2	
PREDNISONE	2	
TRIAMCINOLONE ACETONIDE	2	
TRIAMCINOLONE ACETONIDE USP, MICRONIZED	2	
TRIAMCINOLONE DIACETATE	2	
TRIAMCINOLONE DIACETATE MICRONIZED	2	
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)		
OXYTOCIN/DEXTROSE	2	
OXYTOCIN/DEXTROSE/LACTATED RINGERS	2	

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Drug Name	Drug Tier	Req/ Limits
OXYTOCIN/LACTATED RINGERS	2	
OXYTOCIN/SODIUM CHLORIDE	2	
SERMORELIN ACETATE	2	
VASOPRESSIN/DEXTROSE	2	
VASOPRESSIN/SODIUM CHLORIDE	2	
Hormonal Agents, Stimulant/Replacement/ Modifying (Prostaglandins)		
ALPROSTADIL	1	
PROSTIN VR PEDIATRIC	2	
Hormonal Agents, Stimulant/Replacement/ Modifying (Sex Hormones/Modifiers)		
NANDROLONE DECANOATE	2	
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)		
THYROID	2	
THYROID PORCINE	2	
Hormonal Agents, Suppressant (Pituitary)		
LEUPROLIDE ACETATE/ BUPIVACAINE HYDROCHLORIDE	2	
Hormonal Agents, Suppressant (Thyroid)		
PARSABIV	2	
Immune Suppressants		
AZATHIOPRINE	2	
METHOTREXATE	2	
Immunomodulators		
KYMRIAH	2	
Laxatives		
BASE A POLYETHYLENE GLYCOL 1450	2	
BASE C POLYETHYLENE GLYCOL 300	2	
BASE C POLYETHYLENE GLYCOL E 300	2	
BASE D POLYETHYLENE GLYCOL 4500	2	
BISACODYL	2	
CASCARA SAGRADA	1	
DOCUSATE SODIUM	2	
GIALAX	2	
MAGNESIUM SULFATE	2	
MAGNESIUM SULFATE HEPTAHYDRATE	2	
MAGNESIUM SULFATE/SODIUM CHLORIDE	2	

Drug Name	Drug Tier	Req/ Limits
MEDIBASE C	2	
MEDIBASE C	1	
METHYLCELLULOSE	2	
MINERAL OIL	2	
MINERAL OIL HEAVY	1	
MINERAL OIL HEAVY	2	
MINERAL OIL LIGHT	2	
MURI-LUBE	2	
PEG 300	2	
POLYETHYLENE GLYCOL 1000	2	
POLYETHYLENE GLYCOL 1450	2	
POLYETHYLENE GLYCOL 300	2	
POLYETHYLENE GLYCOL 3350	2	
POLYETHYLENE GLYCOL 400	2	
POLYETHYLENE GLYCOL 4500	2	
POLYETHYLENE GLYCOL 600	2	
POLYETHYLENE GLYCOL 8000	2	
POLYETHYLENE GLYCOL NF	2	
Local Anesthetics		
BD PUDENDAL/LOCAL BLOCK TRAY 1% LIDOCAINE	2	
BUFFERED LIDOCAINE HYDROCHLORIDE/SODIUM BICARBONATE	2	
BUFFERED LIDOCAINE/SODIUM BICARBONATE	2	
BUFFERED LIDOCAINE/ SODIUMBICARBONATE	2	
BUPIVACAINE HCL	1	
BUPIVACAINE HCL	2	
BUPIVACAINE HCL MONOHYDRATE	2	
BUPIVACAINE HYDROCHLORIDE	2	
BUPIVACAINE HYDROCHLORIDE/ DEXTROSE	2	
BUPIVACAINE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
BUPIVACAINE HYDROCHLORIDE/ SODUM CHLORIDE	2	
BUPIVACAINE HYDROCHLORIDEMONOHYDRATE	2	
BUPIVICAINE HYDROCHLORIDE/ EPINEPHRINE	2	
COCAINE HCL	2	
D-CARE 100X	2	

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Drug Name	Drug Tier	Req/ Limits
DURASAFE SPINAL/ EPIDURAL TRAY/1% XYLOCAINE/19GX36"CLOSE CATH	2	
DURASAFE SPINAL/ EPIDURAL TRAY/1% XYLOCAINE/19GX36"OPEN CATH	2	
DURASAFE SPINAL/ EPIDURAL TRAY/1% XYLOCAINE/20GX36"CLOSE CATH	2	
DURASAFE SPINAL/ EPIDURAL TRAY/1% XYLOCAINE/20GX36"OPEN CATH	2	
ENOVARX-LIDOCAINE HCL	2	
ETHYL CHLORIDE	1	
ETHYL CHLORIDE/FINE PINPOINT	1	
ETHYL CHLORIDE/FINE STREAM	1	
ETHYL CHLORIDE/MEDIUM JET STREAM	1	
ETHYL CHLORIDE/MEDIUM STREAM	1	
ETHYL CHLORIDE/MIST	1	
EXPAREL	2	
GEBAUERS PAIN EASE	2	
GEBAUERS SPRAY AND STRETCH	2	
IV NOVICE PACK	2	
L.E.T.	2	
LETS KIT	2	
LIDOCAINE HYDROCHLORIDE	2	
LIDOCAINE HYDROCHLORIDE/ EPINEPHRINE/TETRACAINE HYDROCHLORIDE	2	
LIDOCAINE HYDROCHLORIDE/ SODIUM BICARBONATE	2	
LIDOCAINE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
LIDOCAINE-PRILOCAINE-CREAM BASE	2	
LIDTOPIC MAX	2	
MARCAINE	2	
MEPIVACAINE HCL	2	
MONOJECT BONE MARROW BIOPSY TRAY/BIOP ASPIR NEEDLE 11GX4"	2	
MONOJECT BONE MARROW BIOPSY TRAY/BIOP ASPIR NEEDLE 8GX4"	2	

Drug Name	Drug Tier	Req/ Limits
MONOJECT BONE MARROW BIOPSY TRAY/STERNAL-ILIAC NEEDLE 16G	2	
PF-LIDOCAINE HYDROCHLORIDE	2	
PREPIV SUPPLY	2	
PROCAINE HCL	2	
ROPIVACAINE HYDROCHLORIDE	2	
ROPIVACAINE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
SENSORCAINE	2	
TRIAMCINOLONE ACETONIDE/ BUPIVACAINE HYDROCHLORIDE	2	
VEINPUNCTURE PX1 PHLEBOTOMY SYSTEM	2	
VP GKL KIT	2	
Macrolides		
ERYTHROMYCIN	2	
ERYTHROMYCIN ETHYLSUCCINATE	2	
Mast Cell Stabilizers		
CROMOLYN SODIUM	2	
Miscellaneous		
ENDEAVORRX	2	
INFLUENZA VACCINE FOR SAFEWAY DEPENDANTS	1	
Miscellaneous Therapeutic Agents		
1/2ML ALLERGIST TRAY INTRADERMAL BEVEL 27G X 3/8"	2	
1/2ML ALLERGIST TRAY REGULAR BEVEL 27GX1/2"	2	
10-12ML SYRINGE/LUER LOCKTIP	2	
10-12ML SYRINGE/LUER SLIPTIP	2	
10ML CONTROL SYRINGE LUER-LOK TIP	2	
10ML LAB SYRINGE ECCENTRIC TIP	2	
10ML LUER-LOK TIP SYRINGE23G X 1-1/4"	2	
10ML SYRINGE ECCENTRIC TIP	2	
10ML SYRINGE LUER-LOK TIP	2	
10ML SYRINGE/INTERLINK VIAL ACCESS CANNULA	2	
12ML SYRINGE 20GX1"/LUER LOCK TIP	2	
12ML SYRINGE 22GX1"/LUER LOCK TIP	2	

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Drug Name	Drug Tier	Req/ Limits
12ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP	2	
12ML SYRINGE/21G X 1"/LUER LOCK TIP	2	
12ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	2	
12ML SYRINGE/22G X 1-1/2"/LUER LOCK TIP	2	
12-PANEL POC TOXICOLOGY MEDICATED COLLECTION SYSTEM	2	
1ML ALLERGIST TRAY INTRADERMAL BEVEL 26GX1/2"	2	
1ML ALLERGIST TRAY INTRADERMAL BEVEL 26GX3/8"	2	
1ML ALLERGIST TRAY INTRADERMAL BEVEL 27GX3/8"	2	
1ML ALLERGIST TRAY REGULAR BEVEL 26GX1/2"	2	
1ML ALLERGIST TRAY REGULAR BEVEL 27GX3/8"	2	
1ML SYRINGE/NEEDLE SLIP TIP 25GX5/8" SUB-Q	2	
1ML TB SYRINGE/25G X 5/8"/LUER SLIP TIP	2	
1ML TB SYRINGE/26G X 3/8"/LUER SLIP TIP	2	
1ML TB SYRINGE/27G X 1/2"/LUER SLIP TIP	2	
1ML TB SYRINGE/LUER SLIP TIP	2	
1ML TUBERCULIN SYRINGE DETACHABLE NEEDLE SLIP TIP 21GX1"	2	
1ML TUBERCULIN SYRINGE DETACHABLE NEEDLE SLIP TIP 25GX5/8"	2	
1ML TUBERCULIN SYRINGE DETACHABLE NEEDLE SLIP TIP 26GX3/8"	2	
1ML VANISHPOINT TUBERCULIN SYRINGE 25GX1"	2	
1ML VANISHPOINT TUBERCULIN SYRINGE 25GX5/8"	2	
1ML VANISHPOINT TUBERCULIN SYRINGE 27GX1/2"	2	
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	

Drug Name	Drug Tier	Req/ Limits
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	
20-25ML SYRINGE/LUER LOCKTIP	2	
20-25ML SYRINGE/LUER SLIPTIP/ ECCENTRIC TIP	2	
20ML SYRINGE LUER-LOK TIP	2	
2-3ML SYRINGE/LUER LOCK TIP	2	
2-3ML SYRINGE/LUER SLIP TIP	2	
30-35ML SYRINGE/CATHETER TIP	2	
30-35ML SYRINGE/LUER LOCKTIP	2	
30-35ML SYRINGE/LUER SLIPTIP/ ECCENTRIC TIP	2	
30ML SYRINGE LUER-LOK TIP	2	
30ML SYRINGES LUER LOCK	2	
3ML GLASS SYR KIT/1ML NA HEP/SWAB/GAUZE/TIP CAP/NDL STOPPER	1	
3ML GLASS SYR KIT/1ML NA HEP/ SWAB/PREP/CAP/NDL ST/LABEL/ DRAP	1	
3ML LUER LOCK SAFETY SYRINGES	2	
3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2"	2	
3ML LUER LOCK SAFETY SYRINGES/3ML/21G X 1 1/2"	2	
3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1"	2	
3ML LUER LOCK SAFETY SYRINGES/3ML/23G X 1"	2	
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 1"	2	
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 5/8"	2	
3ML LUER-LOK SYRINGE 21G X 1"	2	
3ML LUER-LOK SYRINGE 21G X 1-1/2"	2	
3ML LUER-LOK SYRINGE 22G X 1"	2	
3ML LUER-LOK SYRINGE 25G X 5/8"	2	
3ML LUER-LOK SYRINGE 22G X 1-1/2"	2	
3ML LUER-LOK TIP SYRINGE 25G X 1-1/2"	2	
3ML SYRINGE/18G X 1-1/2"/LUER LOCK TIP	2	

Drug Name	Drug Tier	Req/ Limits
3ML SYRINGE/20G X 1"/LUER LOCK TIP	2	
3ML SYRINGE/20G X 1"/LUER SLIP TIP	2	
3ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP	2	
3ML SYRINGE/21G X 1"/LUER LOCK TIP	2	
3ML SYRINGE/21G X 1"/LUER SLIP TIP	2	
3ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	2	
3ML SYRINGE/21G X 1-1/4"/LUER LOCK TIP	2	
3ML SYRINGE/22G 1-1/2"/LUER LOCK TIP	2	
3ML SYRINGE/22G X 1"/LUER LOCK TIP	2	
3ML SYRINGE/22G X 1-1/4"/LUER LOCK TIP	2	
3ML SYRINGE/22G X 3/4"/LUER LOCK TIP	2	
3ML SYRINGE/22G X 3/4"/LUER SLIP TIP	2	
3ML SYRINGE/25G X 1"/LUER LOCK TIP	2	
3ML SYRINGE/27G X 1-1/4"/LUER LOCK TIP	2	
3ML SYRINGE/INTERLINK SYRINGE CANNULA	2	
3ML SYRINGE/INTERLINK VIAL ACCESS CANNULA	2	
3ML SYRINGE/LUER LOCK TIP	2	
3ML SYRINGE/LUER LOCK TIP23GX1"	2	
3ML SYRINGE/LUER LOCK TIP25G X 1-1/2"	2	
3ML SYRINGE/LUER SLIP TIP23GX1"	2	
3ML SYRINGE/NEEDLE REGULAR WALL LUER-LOK 25GX5/8" SUB-Q	2	
50-60ML SYRINGE/CATHETER TIP/ ECCENTRIC TIP	2	
50-60ML SYRINGE/LUER LOCKTIP	2	
50-60ML SYRINGE/LUER SLIPTIP/ ECCENTRIC TIP	2	
5-6ML SYRINGE/LUER LOCK TIP	2	

Drug Name	Drug Tier	Req/ Limits
5-6ML SYRINGE/LUER SLIP TIP	2	
5ML GLASS SYR KIT/1ML NA HEP/SWAB/GAUZE/TIP CAP/NDL STOPPER	1	
5ML GLASS SYR KIT/1ML NA HEP/ SWAB/PREP/CAP/NDL ST/LABEL/ DRAP	1	
5ML SYRINGE/INTERLINK SYRINGE CANNULA	2	
5ML SYRINGE/INTERLINK VIAL ACCESS CANNULA	2	
5-MTHF	1	
60ML SYRINGE LUER-LOK TIP	2	
6ML SYRINGE 20GX1"/LUER LOCK TIP	2	
6ML SYRINGE 21GX1-1/4"/LUER LOCK TIP	2	
6ML SYRINGE 22GX1"/LUER LOCK TIP	2	
6ML SYRINGE 22GX1-1/4"/LUER LOCK TIP	2	
6ML SYRINGE/21G X 1"/LUER LOCK TIP	2	
6ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	2	
6ML SYRINGE/22G X 1-1/2"/LUER LOCK TIP	2	
ACACIA	2	
ACCU-CHEK AVIVA	2	
ACCU-CHEK AVIVA CONNECT	2	
ACCU-CHEK AVIVA PLUS	2	
ACCU-CHEK CLIP FOR PUMP SKIN	2	
ACCU-CHEK COMBO	2	
ACCU-CHEK COMPACT PLUS	2	
ACCU-CHEK COMPACT PLUS CARE KIT	2	
ACCU-CHEK COMPACT PLUS CLEAR CONTROL SOLUTION (2 LEVELS)	2	
ACCU-CHEK FASTCLIX LANCETDEVICE KIT	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK FLEXLINK PLUS INFUSION SET/100CM/10MM	2	
ACCU-CHEK FLEXLINK PLUS INFUSION SET/100CM/6MM	2	

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Drug Name	Drug Tier	Req/ Limits
ACCU-CHEK FLEXLINK PLUS INFUSION SET/100CM/8MM	2	
ACCU-CHEK FLEXLINK PLUS INFUSION SET/40CM/10MM	2	
ACCU-CHEK FLEXLINK PLUS INFUSION SET/40CM/6MM	2	
ACCU-CHEK FLEXLINK PLUS INFUSION SET/40CM/8MM	2	
ACCU-CHEK FLEXLINK PLUS INFUSION SET/70CM/10MM	2	
ACCU-CHEK FLEXLINK PLUS INFUSION SET/70CM/6MM	2	
ACCU-CHEK FLEXLINK PLUS INFUSION SET/70CM/8MM	2	
ACCU-CHEK GUIDE	2	
ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2	2	
ACCU-CHEK GUIDE ME	2	
ACCU-CHEK LINKASSIST INSERTION DEVICE	2	
ACCU-CHEK MULTICLIX LANC ET DEVICE KIT	2	
ACCU-CHEK MULTICLIX LANCETS	2	
ACCU-CHEK NANO SMARTVIEW	2	
ACCU-CHEK PLASTIC CARTRIDGE 3.15ML	2	
ACCU-CHEK RAPID-D INFUSION SET/24"/10MM	2	
ACCU-CHEK RAPID-D INFUSION SET/24"/6MM	2	
ACCU-CHEK RAPID-D INFUSION SET/24"/8MM	2	
ACCU-CHEK RAPID-D INFUSION SET/31"/10MM	2	
ACCU-CHEK RAPID-D INFUSION SET/31"/6MM	2	
ACCU-CHEK RAPID-D INFUSION SET/31"/8MM	2	
ACCU-CHEK RAPID-D INFUSION SET/43"/10MM	2	
ACCU-CHEK RAPID-D INFUSION SET/43"/6MM	2	
ACCU-CHEK RAPID-D INFUSION SET/43"/8MM	2	
ACCU-CHEK RAPID-D LINK 70CM TRANSFER	2	

Drug Name	Drug Tier	Req/ Limits
ACCU-CHEK SAFE-T-PRO LANCETS	2	
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	2	
ACCU-CHEK SMARTVIEW CONTROL	2	
ACCU-CHEK SMARTVIEW STRIPS	2	
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACCU-CHEK SPIRIT ADAPTER KIT	2	
ACCU-CHEK SPIRIT BATTERY KIT	2	
ACCU-CHEK SPIRIT CARTRIDGE 3.15ML	2	
ACCU-CHEK SPIRIT COMBO SERVICE PACK	2	
ACCU-CHEK SPIRIT INSULIN PUMP KIT	2	
ACCU-CHEK TENDER I INFUSION SET/24"	2	
ACCU-CHEK TENDER I INFUSION SET/31"	2	
ACCU-CHEK TENDER I INFUSION SET/43"	2	
ACCU-CHEK TENDER II INFUSION SET/24"/13MM	2	
ACCU-CHEK TENDER II INFUSION SET/24"/17MM	2	
ACCU-CHEK TENDER II INFUSION SET/31"/13MM	2	
ACCU-CHEK TENDER II INFUSION SET/31"/17MM	2	
ACCU-CHEK TENDER II INFUSION SET/43"/13MM	2	
ACCU-CHEK TENDER II INFUSION SET/43"/17MM	2	
ACCU-CHEK ULTRAFLEX INFUSION SET/24"/10MM	2	
ACCU-CHEK ULTRAFLEX INFUSION SET/24"/8MM	2	
ACCU-CHEK ULTRAFLEX INFUSION SET/31"/10MM	2	
ACCU-CHEK ULTRAFLEX INFUSION SET/31"/8MM	2	
ACCU-CHEK ULTRAFLEX INFUSION SET/43"/10MM	2	

Drug Name	Drug Tier	Req/ Limits
ACCU-CHEK ULTRAFLEX INFUSION SET/43"/8MM	2	
ACCU-CHEK ULTRAFLEX-1 INFUSION SOFT-1 SET/12"/6MM	2	
ACCU-CHEK ULTRAFLEX-1 INFUSION SOFT-1 SET/24"/6MM	2	
ACCU-CHEK ULTRAFLEX-1 INFUSION SOFT-1 SET/31"/6MM	2	
ACCUTREND GLUCOSE	2	
ACCUTREND GLUCOSE CONTROL	2	
ACTHREL	2	
ACTI-LANCE LANCETS 28G	2	
ACTI-LANCE LITE SAFETY LANCETS 28G	2	
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	2	
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	2	
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	2	
ACTIVE-MEDICATED SPECIMENCOLLECTION KIT	2	
ADA SHAMPOO	2	
ADENOSINE	1	
ADENOSINE-5-MONOPHOSPHATE	2	
ADENOSINE-5-TRIPHOSPHATE	2	
ADJUSTABLE LANCING DEVICE	2	
ADREVIEW	2	
ADVANCE INTUITION BLOOD GLUCOSE METER	2	
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM	2	
ADVANCE INTUITION CONTROL SOLUTION	2	
ADVANCE INTUITION TEST STRIPS	2	
ADVANCE MICRO-DRAW CONTROL LEVEL 1-2	2	
ADVANCE MICRO-DRAW METER	2	
ADVANCE MICRO-DRAW NORMAL CONTROL	2	
ADVANCE MICRO-DRAW TEST STRIPS	2	
ADVANCED MOBILE LANCET 30G	2	
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM	2	

Drug Name	Drug Tier	Req/ Limits
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM/TALKING	2	
ADVOCATE CONTROL SOLUTIONHIGH	2	
ADVOCATE CONTROL SOLUTIONLOW	2	
ADVOCATE DUO/TALKING	2	
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING DEVICE	2	
ADVOCATE REDI-CODE	2	
ADVOCATE REDI-CODE/TALKING	2	
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING	2	
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM	2	
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH	2	
ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW	2	
ADVOCATE REDI-CODE+ TEST STRIPS	2	
ADVOCATE REDI-CODE+/ TALKING	2	
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 26G	2	
ADVOCATE TEST STRIPS	2	
AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST	2	
AGAMATRIX AMP NO CODE TEST STRIPS	2	
AGAMATRIX CONTROL HIGH	2	
AGAMATRIX CONTROL NORMAL	2	
AGAMATRIX CONTROL NORMAL & HIGH	2	
AGAMATRIX CONTROL SOLUTION LEVEL 2	2	
AGAMATRIX CONTROL SOLUTION LEVEL 4	2	
AGAMATRIX JAZZ TEST STRIPS	2	
AGAMATRIX JAZZ WIRELESS 2	2	
AGAMATRIX KEYNOTE TEST STRIPS	2	

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Drug Name	Drug Tier	Req/ Limits
AGAMATRIX PRESTO	2	
AGAMATRIX PRESTO PRO METER	2	
AGAMATRIX PRESTO TEST STRIPS	2	
AGAMATRIX ULTRA-THIN LANCETS 33G	2	
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G	2	
ALANINE	2	
ALBUKED 25	2	
ALBUKED 5	2	
ALBUMIN HUMAN	1	
ALBUMINAR-25	2	
ALBUMINAR-5	2	
ALBUMIN-ZLB	1	
ALBURX	1	
ALBUTEIN	2	
ALCOHOL BASE GEL	2	
ALCOHOL DEHYDRATED	2	
ALCOH-WIPE 12" X 12"	2	
ALFALFA FLAVOR	2	
ALLERGIST PACKAGE	2	
ALLERGY SYRINGE/1ML/27G X 1/2"	2	
ALLERGY SYRINGES INTRADERMAL/1ML/27G X 3/8"	2	
ALLEVYN GENTLE	2	
ALMOND OIL BITTER FLAVOR	2	
ALPAWASH	2	
ALPHA-LIPOIC ACID	2	
ALPROSTADIL	1	
ALTERNATE SITE LANCING DEVICE	2	
AMARANTH	2	
AMD ANTIMICROBIAL FENESTRATED FOAM DRESSING 3.5"X3"	2	
AMD FOAM DRESSING 4"X4"	2	
AMD FOAM DRESSING 6"X6"	2	
AMD FOAM DRESSING/TOPSHEET 4"X4"	2	
AMIDATE	2	
AMIGO INSULIN PUMP	2	
AMINOBENZOIC ACID	2	
AMITRIPTYLINE	2	
AMPHADASE	2	

Drug Name	Drug Tier	Req/ Limits
AMYVID	2	
ANHYDROUS BASE	2	
ANHYDROUS GEL BASE	2	
ANIMAS VIBE INSULIN PUMP	2	
ANIMAS VIBE INSULIN PUMP/BLACK	2	
ANIMAS VIBE INSULIN PUMP/BLUE	2	
ANIMAS VIBE INSULIN PUMP/ LIMELIGHT GREEN	2	
ANIMAS VIBE INSULIN PUMP/PINK GLOW	2	
ANISE EXTRACT	2	
ANISE FLAVOR	2	
ANTICOAGULANT SODIUM CITRATE	2	
APOTHEDERM	2	
APOTHESAR	2	
APPLE FLAVOR	2	
APPTRIM	2	
APPTRIM-D	2	
APRICOT FLAVOR	2	
AQUA LANCE ADJUSTABLE LANCING DEVICE	2	
AQUACEL AG BURN	2	
AQUALANCE LANCETS UL TRA THIN 30G	2	
ASPARTAME	2	
ASPARTAME (NUTRASWEET)	2	
ASSURE 3 CONTROL LEVEL 1/2	2	
ASSURE 3 METER	2	
ASSURE 3 TEST STRIPS	2	
ASSURE 4 BLOOD GLUCOSE METER	2	
ASSURE 4 CONTROL LEVEL 1/2	2	
ASSURE 4 TEST STRIPS	2	
ASSURE COMFORT LANCETS ULTRA THIN 28G	2	
ASSURE DOSE NORMAL CONTROL	2	
ASSURE DOSE NORMAL/HIGH CONTROL	2	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	2	
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	2	
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	2	

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Drug Name	Drug Tier	Req/ Limits
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	2	
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	2	
ASSURE II	2	
ASSURE II CHECK STRIP	2	
ASSURE II CONTROL LEVEL 1	2	
ASSURE II CONTROL LEVEL 1/2	2	
ASSURE II TEST STRIPS	2	
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY LANCETS 25G	2	
ASSURE LANCE PLUS SAFETY LANCETS 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
ASSURE LANCETS	2	
ASSURE PLATINUM BLOOD GLUCOSE METER	2	
ASSURE PLATINUM TEST STRIPS	2	
ASSURE PRISM CONTROL LEV EL 1/2	2	
ASSURE PRISM MULTI BLOOD GLUCOSE MONITORING SYSTEM	2	
ASSURE PRISM MULTI TEST STRIPS	2	
ASSURE PRO BLOOD GLUCOSE METER	2	
ASSURE PRO CONTROL LEVEL 1/2	2	
ASSURE PRO TEST STRIPS	2	
ASTAMED MYO	2	
ASTRAGALUS ROOT	2	
AURORA LANCET SUPER THIN 30G	2	
AURORA LANCET THIN 23G	2	
AUTOJECT 2	2	
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE	2	
AUTOLET IMPRESSION LANCING DEVICE	2	
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE	2	
AUTOLET LITE STARTER PACK	2	

Drug Name	Drug Tier	Req/ Limits
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	
AUTOLET PLUS	2	
AUTOSOFT 30 INFUSION SET/23"/13MM	2	
AUTOSOFT 30 INFUSION SET/43"/13MM	2	
AUTOSOFT 90 INFUSION SET/23"/6MM	2	
AUTOSOFT 90 INFUSION SET/23"/9MM	2	
AUTOSOFT 90 INFUSION SET/43"/6MM	2	
AUTOSOFT 90 INFUSION SET/43"/9MM	2	
AUTOSOFT XC INFUSION SET/23"/6MM	2	
AUTOSOFT XC INFUSION SET/23"/9MM	2	
AUTOSOFT XC INFUSION SET/32"/6MM	2	
AUTOSOFT XC INFUSION SET/43"/6MM	2	
AUTOSOFT XC INFUSION SET/43"/9MM	2	
AVAILNEX	2	
AXILLARY BLOCK NEEDLE BLOCK BEVEL 22GX1"	2	
AXILLARY BLOCK NEEDLE BLOCK BEVEL 25GX1"	2	
AXONA	2	
AXUMIN	2	
AZO TEST STRIPS	2	
BACLOFEN	2	
BACOCALMINE	2	
BACON FLAVOR	2	
BACTERIOSTATIC WATER FOR INJECTION/BENZYL ALCOHOL	2	
BAL IN OIL	1	
BANANA CONCENTRATE	2	
BANANA CREAM FLAVOR	2	
BANANA CREME FLAVOR	2	
BANANA FLAVOR	2	
BARDIA BULB IRRIGATION SYRINGE/60ML	2	

Drug Name	Drug Tier	Req/ Limits
BARDIA PISTON IRRIGATION SYRINGE/60ML	2	
BARIUM SULFATE	1	
BASE CREAM WITH LIPOSOME	2	
BASE GELATIN GUMMY TROCHE	2	
BASE X	2	
BAYER CONTOUR LINK 2.4 BLOOD GLUCOSE MONITORING SYSTEM	2	
BD 1/2ML TUBERCULIN SYRINGE/ PERM NEEDLE/REG BEV/27G X 1/2"	2	
BD 10ML LUER-LOK SYRINGE 20G X 1-1/2"	2	
BD 10ML LUER-LOK SYRINGE 21G X 1"	2	
BD 10ML LUER-LOK SYRINGE 21G X 1-1/2"	2	
BD 10ML LUER-LOK SYRINGE 22GX1"	2	
BD 10ML SYRINGE LUER-LOK TIP	2	
BD 10ML SYRINGE SLIP TIP	2	
BD 10ML SYRINGE/DUAL CANNULA	2	
BD 1ML SYRINGE/NEEDLE/SLIP TIP/ SUBQ/26G X 5/8"	2	
BD 1ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25G X 5/8"	2	
BD 1ML TUBERCULIN SYRINGE/ SAFETYGLIDE TB NEEDLE 26GX3/8"	2	
BD 1ML TUBERCULIN SYRINGE/ SAFETYGLIDE TB NEEDLE 27GX1/2"	2	
BD 1ML TUBERCULIN SYRINGEDETACHABLE NEEDLE SLIP TIP 27GX1/2"	2	
BD 1ML TUBERCULIN SYRINGESLIP-TIP	2	
BD 20ML SYRINGE LUER SLIP TIP	2	
BD 20ML SYRINGE LUER-LOK TIP	2	
BD 20ML SYRINGE SLIP TIP	2	
BD 30ML SYRINGE LUER-LOK TIP	2	
BD 30ML SYRINGE SLIP TIP	2	
BD 3ML LL SYR/PREFILL LITH HEP/ GZ/SWAB/CAP/NDL STP/ICE BAG	2	
BD 3ML LL SYR/PREFILL LITH HEP/ GZ/SWAB/CAP/NDL STP/LBL/ICE	2	
BD 3ML LL SYR/PREFILL LITH HEP/ TIP CAP/NDL STOP/SAFETYCONE	2	

Drug Name	Drug Tier	Req/ Limits
BD 3ML LL SYR/PREFILL LITH HEP/ TIP CAP/NEEDLE STOP/22GX1"	2	
BD 3ML LUER-LOCK SYRINGE 18G X 1 1/2"	2	
BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"	2	
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2"	2	
BD 3ML LUER-LOK SYRINGE/20G X 1"	2	
BD 3ML LUER-LOK SYRINGE/21G X 1"	2	
BD 3ML LUER-LOK SYRINGE/21G X 1-1/2"	2	
BD 3ML LUER-LOK SYRINGE/23G X 1"	2	
BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"	2	
BD 3ML LUER-LOK SYRINGE/25G X 1"	2	
BD 3ML LUER-LOK SYRINGE/26G X 5/8"	2	
BD 3ML SYRINGE LUER-LOK TIP	2	
BD 3ML SYRINGE SLIP TIP	2	
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2"	2	
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1"	2	
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8"	2	
BD 5ML LUER-LOCK SYRINGE 18G X 1 1/2"	2	
BD 5ML LUER-LOK SYRINGE/20G X 1"	2	
BD 5ML LUER-LOK SYRINGE/20G X 1-1/2"	2	
BD 5ML LUER-LOK SYRINGE/21G X 1"	2	
BD 5ML LUER-LOK SYRINGE/21G X 1-1/2"	2	
BD 5ML LUER-LOK SYRINGE/22G X 1"	2	
BD 5ML LUER-LOK SYRINGE/22G X 1-1/2"	2	
BD 5ML SYRINGE LUER-LOK TIP	2	
BD 5ML SYRINGE SLIP TIP	2	

Drug Name	Drug Tier	Req/ Limits
BD 60ML SYRINGE LUER-LOK	2	
BD 60ML SYRINGE LUER-LOK TIP	2	
BD 60ML SYRINGE SLIP TIP	2	
BD ALLERGIST TRAY SYRINGE/1ML/27G X 1/2"	2	
BD ALLERGY/SYRINGE/ NEEDLE/1ML/28G X 1/2"	2	
BD BLUNT FILL NEEDLE	2	
BD BLUNT FILTER NEEDLE/18GX1-1/2"	2	
BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	2	
BD DISPOSABLE NEEDLE 23GX1-1/4"	2	
BD DISPOSABLE NEEDLE 27GX1-1/4"	2	
BD DISPOSABLE NEEDLE REGULAR BEVEL 22G X 3/4"	2	
BD DISPOSABLE NEEDLE REGULAR BEVEL 25GX1"	2	
BD DISPOSABLE NEEDLE REGULAR BEVEL THIN WALL 18G X 1"	2	
BD DISPOSABLE NEEDLE/30GX1"	2	
BD ECLIPSE 18G X 1-1/2"	2	
BD ECLIPSE 22G X 1"	2	
BD ECLIPSE 23G X 1" NEEDLE	2	
BD ECLIPSE NEEDLE 21G X 1"	2	
BD ECLIPSE NEEDLE 21G X 1-1/2"	2	
BD ECLIPSE NEEDLE 25G X 1.5"	2	
BD ECLIPSE NEEDLE 25GX1"	2	
BD ECLIPSE NEEDLE 27G X 1/2"	2	
BD ECLIPSE NEEDLE 30G X 1/2"	2	
BD ECLIPSE NEEDLE/22G X 1-1/2"	2	
BD ECLIPSE NEEDLE/25G X 5/8"	2	
BD ECLIPSE NEEDLE/27G X 1/2"	2	
BD ECLIPSE SYRINGE 3ML/21G X 1"	2	
BD ECLIPSE SYRINGE LUER-LOK/3ML/22G X 1"	2	
BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1"	2	
BD ECLIPSE SYRINGE SLIP TIP/1ML/25G X 5/8"	2	
BD ECLIPSE SYRINGE/1ML/27GX1/2"	2	

Drug Name	Drug Tier	Req/ Limits
BD ECLIPSE SYRINGE/1ML/30GX1/2"	2	
BD ECLIPSE SYRINGE/3ML/23G X 1"	2	
BD ECLIPSE SYRINGE/3ML/25GX5/8"	2	
BD ECLIPSE SYRINGE/LUER-LOK/3ML/22G X 1-1/2"	2	
BD FILTER NEEDLE W/5 MICRON/ THIN WALL/19G X 1-1/2"	2	
BD HYPODERMIC NEEDLE 26GX3/8"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 18G X 1-1/2"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 19G TW X 1-1/2"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 20GX1-1/2"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 21GX1-1/2"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 22GX1-1/2"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 23GX1"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 25GX1"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 25GX5/8"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 26GX5/8"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 21GX1"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 21GX1-1/2"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 23GX1"	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 23GX1-1/2"	2	
BD HYPODERMIC NEEDLE SHORT BEVEL 18G X 1-1/2"	2	
BD HYPODERMIC NEEDLE SHORT BEVEL 20GX1-1/2"	2	

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Drug Name	Drug Tier	Req/ Limits
BD HYPODERMIC NEEDLE SHORT BEVEL 22GX1-1/2"	2	
BD HYPODERMIC NEEDLES 16GX1"	2	
BD HYPODERMIC NEEDLES 18GX1"	2	
BD HYPODERMIC NEEDLES 18GX1.5"	2	
BD HYPODERMIC NEEDLES 19GX1"	2	
BD HYPODERMIC NEEDLES 19GX1.5"	2	
BD HYPODERMIC NEEDLES 21GX1"	2	
BD HYPODERMIC NEEDLES 21GX2"	2	
BD HYPODERMIC NEEDLES 22GX1"	2	
BD HYPODERMIC NEEDLES 22GX1.5"	2	
BD HYPODERMIC NEEDLES 23GX3/4"	2	
BD HYPODERMIC NEEDLES 25GX1.5"	2	
BD HYPODERMIC NEEDLES 26GX1/2"	2	
BD INTEGRA 3ML SYRINGE W/ RETRACTING NEEDLE/21G X 1-1/2"	2	
BD INTEGRA 3ML SYRINGE W/ RETRACTING NEEDLE/25G X 1"	2	
BD INTEGRA NEEDLE/25G X 5/8"	2	
BD INTEGRA RETRACTABLE NEEDLE 23G X 1"	2	
BD INTEGRA SYRINGE/3ML/21G X 1"	2	
BD INTEGRA SYRINGE/3ML/22G X 1.5"	2	
BD INTEGRA SYRINGE/3ML/23G X 1"	2	
BD INTEGRA SYRINGE/3ML/25G X 5/8	2	
BD KLATSKIN BIOPSY	2	
BD LANCET ULTRAFINE 30G	2	
BD LANCET ULTRAFINE 33G	2	
BD LATITUDE DIABETES MANAGEMENT SYSTEM	2	
BD LOGIC BLOOD GLUCOSE MONITOR	2	
BD LUER LOCK SYRINGE/1ML/20G X 1"	2	
BD LUER-LOK SYRINGE W/ECLIPSE NEEDLE	2	

Drug Name	Drug Tier	Req/ Limits
BD LUER-LOK SYRINGE/3ML/22G X 3/4"	2	
BD MAGNI-GUIDE MAGNIFIER	2	
BD MICROTAINER LANCETS	2	
BD MULTIFIT REUSABLE SYRINGE LUER-LOK 3ML (ZONE 2)	2	
BD NEEDLE/16G X 1-1/2"	2	
BD NEEDLE/18G 1-1/2"	2	
BD NEEDLE/19G X 1"	2	
BD NEEDLE/20G X 1"	2	
BD NEEDLE/20G X 1-1/2"	2	
BD NEEDLE/21G 1-1/2"	2	
BD NEEDLE/22G X 1-1/2"	2	
BD NEEDLE/25G X 5/8"	2	
BD NEEDLE/25G X 7/8"	2	
BD NEEDLE/27G X 1/2"	2	
BD NEEDLE/30G X 1/2"	2	
BD OSGOOD BIOPSY	2	
BD POSIFLUSH	1	
BD PRECISIONGLIDE NEEDLE 27G X 1-1/2"	2	
BD ROSENTHAL BIOPSY	2	
BD SAFETYGLIDE 21G X 1"	2	
BD SAFETYGLIDE 21G X 1-1/2"	2	
BD SAFETYGLIDE 22G X 1-1/2"	2	
BD SAFETYGLIDE 27G X 5/8"	2	
BD SAFETYGLIDE 27G X 5/8"NEEDLE	2	
BD SAFETYGLIDE ALLERGY S YRINGE/1ML/26G X 3/8"	2	
BD SAFETYGLIDE ALLERGY SYRINGE/1ML/27GX1/2"	2	
BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2"	2	
BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8"	2	
BD SAFETYGLIDE INJECTION NEEDLE 22GX1-1/2"	2	
BD SAFETYGLIDE INJECTION NEEDLE 25GX1"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"	2	
BD SAFETYGLIDE SYRINGE 3ML/25GX1"	2	

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Drug Name	Drug Tier	Req/ Limits
BD SAFETYGLIDE SYRINGE 5ML/22GX1.5"	2	
BD SYRINGE 10ML/20G X 1"	2	
BD SYRINGE BLUNT CANNULA 17G X 5ML	2	
BD SYRINGE BLUNT PLASTIC CANNULA 17GX10ML	2	
BD SYRINGE LUER-LOK/1ML	2	
BD SYRINGE SLIP TIP 1ML	2	
BD SYRINGE SLIP TIP/10ML	2	
BD SYRINGE/CATHETER TIP/60ML	2	
BD YALE LNR REUSABLE NEEDLE	2	
BD YALE TUBERCULIN SYRINGE GLASS LUER-LOK TIP 1ML	2	
BEEF FLAVOR	2	
BEEF TYPE FLAVOR NATURAL CHLORIDE FREE	2	
BEEF TYPE FLAVOR OS	2	
BEEF-ADE	2	
BEES WAX	2	
BEESWAX	2	
BENTONITE	2	
BENZYL ALCOHOL	2	
BHRT BASE	2	
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY	2	
BIOGUARD ISLAND DRESSINGS4"X10"	2	
BIOGUARD ISLAND DRESSINGS4"X14"	2	
BIOGUARD ISLAND DRESSINGS4"X5"	2	
BIOGUARD NON-ADHERENT DRESSINGS 3"X4"	2	
BIOGUARD NON-ADHERENT DRESSINGS 3"X8"	2	
BIOSCANNER GLUCOSE TEST STRIPS	2	
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM	2	
BITTER DRUG POWDER	2	
BITTER STOP FLAVOR	2	
BITTERNESS MASK FLAVOR	2	
BITTERNESS REDUCING AGENT	2	
BITTERNESS SUPRESSOR FLAVOR	2	

Drug Name	Drug Tier	Req/ Limits
BLACKBERRY FLAVOR	2	
BLOOD GLUCOSE MONITORING SYSTEM	2	
BLOOD GLUCOSE MONITORING SYSTEM PREMIUM	2	
BLOOD GLUCOSE SYSTEM PAK	2	
BLOOD GLUCOSE TEST STRIPS	2	
BLOOD GLUCOSE TEST STRIPS PREMIUM	2	
BLUEBERRY FLAVOR	2	
BORIC ACID	1	
BOTOX COSMETIC	2	
BREVITAL SODIUM	2	
BRIDION	2	
BRILLIANT BLUE G	2	
BROMELAIN	2	
BUBBLE GUM CONCENTRATE	2	
BUBBLE GUM FLAVOR	2	
BULLSEYE MINI SAFETY LANCETS	2	
BULLSEYE SAFETY LANCETS	2	
BUTTER FLAVOR	2	
BUTTER RUM FLAVOR	2	
BUTTERSCOTCH FLAVOR	2	
C10-C30 ALKYL ACRYLATE CROSSPOLYMER	2	
CADEXOMER IODINE GEL 0.9%	2	
CALM	2	
CAPS 0 CLEAR DELAYED RELEASE	2	
CAPSUBLEND-H	2	
CAPSUBLEND-P	2	
CAPSUBLEND-S	2	
CAPSULE CONI-SNAP #0 CLEAR/ CLEAR	2	
CAPSULE CONI-SNAP #0 CLEAR/ CLEAR VEGGIE	2	
CAPSULE CONI-SNAP #0 DARK BLUE/DARK BLUE	2	
CAPSULE CONI-SNAP #0 GREEN/ CLEAR	2	
CAPSULE CONI-SNAP #0 LIGHT BLUE/WHITE	2	
CAPSULE CONI-SNAP #0 PINK/PINK	2	
CAPSULE CONI-SNAP #0 RED/ WHITE	2	

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Drug Name	Drug Tier	Req/ Limits
CAPSULE CONI-SNAP #0 WHITE/ WHITE	2	
CAPSULE CONI-SNAP #0/PURPLE/ OPAQUE/CLEAR	2	
CAPSULE CONI-SNAP #00 CLEAR/ CLEAR	2	
CAPSULE CONI-SNAP #00 WHITE/ WHITE	2	
CAPSULE CONI-SNAP #000 CLEAR/ CLEAR	2	
CAPSULE CONI-SNAP #1 AQUABLUE/AQUA BLUE	2	
CAPSULE CONI-SNAP #1 BLUE/ BLUE	2	
CAPSULE CONI-SNAP #1 BLUE/ PINK	2	
CAPSULE CONI-SNAP #1 BLUE/ POWDER BLUE	2	
CAPSULE CONI-SNAP #1 BROWN/ IVORY	2	
CAPSULE CONI-SNAP #1 BROWN/ LIGHT BROWN	2	
CAPSULE CONI-SNAP #1 CLEAR/ CLEAR	2	
CAPSULE CONI-SNAP #1 CLEAR/ CLEAR VEGGIE	2	
CAPSULE CONI-SNAP #1 DARKGREEN/DARK GREEN	2	
CAPSULE CONI-SNAP #1 DARKGREEN/ORANGE	2	
CAPSULE CONI-SNAP #1 GREEN/ YELLOW	2	
CAPSULE CONI-SNAP #1 LIGHT BLUE/WHITE	2	
CAPSULE CONI-SNAP #1 LIGHT GREY/PINK	2	
CAPSULE CONI-SNAP #1 ORANGE	2	
CAPSULE CONI-SNAP #1 PINK/ AQUA BLUE	2	
CAPSULE CONI-SNAP #1 PINK/ CLEAR	2	
CAPSULE CONI-SNAP #1 PINK/PINK	2	
CAPSULE CONI-SNAP #1 PINK/ WHITE	2	
CAPSULE CONI-SNAP #1 PINK/ YELLOW	2	

Drug Name	Drug Tier	Req/ Limits
CAPSULE CONI-SNAP #1 PURPLE/ PURPLE	2	
CAPSULE CONI-SNAP #1 RED/BLUE	2	
CAPSULE CONI-SNAP #1 RED/ WHITE	2	
CAPSULE CONI-SNAP #1 WHITE	2	
CAPSULE CONI-SNAP #1 WHITE/ CLEAR	2	
CAPSULE CONI-SNAP #1 WHITE/ GREEN	2	
CAPSULE CONI-SNAP #1 YELLOW/ GREEN	2	
CAPSULE CONI-SNAP #1 YELLOW/ YELLOW	2	
CAPSULE CONI-SNAP #2 CLEAR/ CLEAR	2	
CAPSULE CONI-SNAP #2 WHITE	2	
CAPSULE CONI-SNAP #3 BLUE/ CLEAR	2	
CAPSULE CONI-SNAP #3 BROWN/ LIGHT BLUE	2	
CAPSULE CONI-SNAP #3 CLEAR/ CLEAR	2	
CAPSULE CONI-SNAP #3 CLEAR/ CLEAR VEGGIE	2	
CAPSULE CONI-SNAP #3 DARKGREY/PINK	2	
CAPSULE CONI-SNAP #3 GRAY/ YELLOW	2	
CAPSULE CONI-SNAP #3 GREEN/ BLUE	2	
CAPSULE CONI-SNAP #3 MAROON/ BLUE	2	
CAPSULE CONI-SNAP #3 MINTGREEN/MINT GREEN	2	
CAPSULE CONI-SNAP #3 OLIVE/ CLEAR	2	
CAPSULE CONI-SNAP #3 ORANGE/ ORANGE	2	
CAPSULE CONI-SNAP #3 PINK/ CLEAR	2	
CAPSULE CONI-SNAP #3 PINK/PINK	2	
CAPSULE CONI-SNAP #3 RED/ CLEAR	2	
CAPSULE CONI-SNAP #3 RED/RED	2	

Drug Name	Drug Tier	Req/ Limits
CAPSULE CONI-SNAP #3 WHITE/ CLEAR	2	
CAPSULE CONI-SNAP #3 WHITE/ WHITE	2	
CAPSULE CONI-SNAP #3 YELLOW/ YELLOW	2	
CAPSULE CONI-SNAP #4 BLACK/ GREEN	2	
CAPSULE CONI-SNAP #4 CLEAR/ CLEAR	2	
CAPSULE CONI-SNAP #4 WHITE	2	
CAPSULE EZEEFIT #0 CLEAR	2	
CAPSULE EZEEFIT #00 CLEAR	2	
CARAMEL FLAVOR	2	
CARBOGEL 940	2	
CARBOHOL 940	2	
CARBOMER GEL AQUEOUS	2	
CARBOMER GEL HYDROALCOHOLIC	2	
CARDIOCOM LANCING DEVICE	2	
CARDIOTEK-RX	2	
CAREONE ADVANCED LANCING DEVICE	2	
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM	2	
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE	2	
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM	2	
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE	2	
CAREONE LANCET THIN	2	
CAREONE LANCET ULTRA THIN	2	
CARESENS CONTROL A SOLUTION	2	
CARESENS LANCETS	2	
CARESENS N BLOOD GLUCOSE TEST STRIPS	2	
CARESENS N GLUCOSE MONITORING SYSTEM	2	
CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM	2	
CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM	2	
CARETOUCH BLOOD GLUCOSE TEST STRIPS	2	

Drug Name	Drug Tier	Req/ Limits
CARETOUCH CONTROL SOLUTION LEVEL 2	2	
CARETOUCH LANCING DEVICE WITH EJECTOR	2	
CARETOUCH SAFETY LANCETS/26G	2	
CARETOUCH SAFETY LANCETS/28G	2	
CARETOUCH SAFETY LANCETS/30G	2	
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CARRAGEENAN	2	
CARRASYN HYDROGEL WOUND DRESSING	2	
CARTICEL	2	
CARTRIDGE IR 1000 3ML	2	
CARTRIDGE IR 1200	2	
CARTRIDGE PUMP	2	
CAYA	2	
CEQUR SIMPLICITY STARTER KIT	2	
CERETEC	2	
CETYL ALCOHOL	2	
CGMS REPLACEMENT CABLE	2	
CGMS SOFTWARE	2	
CHEESE-ADE FLAVOR	1	
CHEESECAKE FLAVOR	2	
CHEMSIL K-12	2	
CHEMSIL K-51	2	
CHEMSTRIP 10 MD	2	
CHEMSTRIP -10 WITH SG	2	
CHEMSTRIP 2 GP STRIPS	2	
CHEMSTRIP 5 OB	2	
CHEMSTRIP 7	2	
CHEMSTRIP 9 STRIPS	2	
CHEMSTRIP BG LOG BOOK	2	
CHEMSTRIP UGK	2	
CHEMSTRIP-K	2	
CHERRY FLAVOR	2	
CHERRY SYRUP	2	
CHERRY-ADE FLAVOR	2	

Drug Name	Drug Tier	Req/ Limits
CHICKEN BROTH FLAVOR SPRAY DRIED	2	
CHICKEN FLAVOR	2	
CHICKEN FLAVOR OIL SOLUBLE	2	
CHICKEN FLAVOR WATER MISCIBLE	2	
CHIRHOSTIM	2	
CHLOROBUTANOL	2	
CHLOROBUTANOL ANHYDROUS	2	
CHOCOLATE FLAVOR	2	
CHOCOLATE HAZELNUT FLAVOR	2	
CHOCOLATE NATURAL & ARTIFICAL FLAVOR	2	
CHOICE DM DIABETES RISK IN-HOME TEST KIT	2	
CHOLETEC	2	
CHOLEXMAX	2	
CHOLEXTRA T/F	2	
CHOLINE BITARTRATE	2	
CHYMOTRYPSIN ALPHA	2	
CINNAMON FLAVOR	2	
CITANEST FORTE DENTAL	2	
CLEANLET LANCETS 28G	2	
CLEO 90 INFUSION SET 24"/6MM	2	
CLEO 90 INFUSION SET 24"/9MM	2	
CLEO 90 INFUSION SET 31"/6MM	2	
CLEO 90 INFUSION SET 31"/9MM	2	
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM	2	
CLEVER CHEK AUTO-CODE	2	
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM	2	
CLEVER CHEK AUTO-CODE TEST STRIPS	2	
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM	2	
CLEVER CHEK AUTO-CODE VOICE TEST STRIPS	2	
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM	2	
CLEVER CHEK LANCETS ULTRATHIN	2	

Drug Name	Drug Tier	Req/ Limits
CLEVER CHEK LANCETS ULTRATHIN 30G	2	
CLEVER CHEK TEST STRIPS	2	
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM	2	
CLEVER CHOICE AUTO-CODE PRO TEST STRIPS	2	
CLEVER CHOICE COMFORT EZ LANCETS 21G	2	
CLEVER CHOICE COMFORT EZ LANCETS 23G	2	
CLEVER CHOICE COMFORT EZ LANCETS 28G	2	
CLEVER CHOICE GLUCOSE CONTROL HIGH	2	
CLEVER CHOICE GLUCOSE CONTROL LOW	2	
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM	2	
CLEVER CHOICE MICRO TEST STRIPS	2	
CLEVER CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM	2	
CLEVER CHOICE NO CODING TEST STRIPS	2	
CLEVER CHOICE TALK BLOOD GLUCOSE MONITORING SYSTEM	2	
CLEVER CHOICE TALK NO CODING TEST STRIPS	2	
CLOVAGEL	2	
COAGUCHEK LANCETS	2	
COCOA BUTTER	2	
COCOA BUTTER DEODORIZED	2	
COCONUT FLAVOR	2	
COENZYME Q-10	2	
COFFEE FLAVOR	2	
COLA FLAVOR	2	
COLLASIL OSA	2	
COLLODION	2	
COLLODION FLEXIBLE	2	
COMFORT ASSURED LANCETS MICRO THIN 33G	2	
COMFORT ASSURED LANCETS SUPER THIN 28G	2	

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Drug Name	Drug Tier	Req/ Limits
COMFORT INFUSION SET 23"/17MM	2	
COMFORT INFUSION SET 31"/17MM	2	
COMFORT INFUSION SET 32"/17MM	2	
COMFORT INFUSION SET 43"/17MM	2	
COMFORT LANCETS	2	
COMFORT SHORT INFUSION SET 23"/13MM	2	
COMFORT SHORT INFUSION SET 31"/13MM	2	
COMFORT SHORT INFUSION SET 32"/13MM	2	
COMFORT SHORT INFUSION SET 43"/13MM	2	
CONRAY	2	
CONRAY 43	2	
CONTACT DETACH INFUSION SET 23" 6MM/29G	2	
CONTACT DETACH INFUSION SET 23" 8MM/29G	2	
CONTACT DETACH INFUSION SET 32" 6MM/29G	2	
CONTACT DETACH INFUSION SET 32" 8MM/29G	2	
CONTACT DETACH INFUSION SET 43" 6MM/29G	2	
CONTACT DETACH INFUSION SET 43" 8MM/29G	2	
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM	2	
CONTOUR BLOOD GLUCOSE TEST STRIPS	2	
CONTOUR HIGH CONTROL	2	
CONTOUR LOW CONTROL	2	
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM	2	
CONTOUR NEXT BLOOD GLUCOSE TEST	2	
CONTOUR NEXT CONTROL LEVEL 1	2	
CONTOUR NEXT CONTROL LEVEL 2	2	
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM	2	
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM	2	
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY	2	

Drug Name	Drug Tier	Req/ Limits
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM	2	
CONTOUR NORMAL CONTROL	2	
CONTROL SOLUTION NORMAL	2	
COOL BLOOD GLUCOSE MONITORING KIT	2	
COOL BLOOD GLUCOSE MONITORING SYSTEM	2	
COOL BLOOD GLUCOSE TEST STRIPS	2	
COOL CONTROL SOLUTION A	2	
COOL CONTROL SOLUTION B	2	
CORN SYRUP	2	
CORNWALL 10ML FLUID DISPENSING SYRINGE	2	
CORNWALL SYRINGE PIPETTING OUTFIT 10ML(1270S,1270MH,1220FO)	2	
CORNWALL SYRINGE PIPETTING OUTFIT 1ML (1240S,1240MH,1220FO)	2	
CORNWALL SYRINGE PIPETTING OUTFIT 2ML (1250S,1250MH,1220FO)	2	
CORNWALL SYRINGE PIPETTING OUTFIT 5ML (1260S,1260MH,1220FO)	2	
CORTROSYN	2	
COSYNTROPIN	1	
COTTON CANDY FLAVOR	2	
CRAN-RASPBERRY FLAVOR	2	
CREME DE MENTHE FLAVOR	2	
CREME DEMENTHE FLAVOR	2	
CRONO SYRINGE	2	
CURITY ADHESIVE WOUND CLOSURE STRIPS 1/2"X4"	2	
CURITY ADHESIVE WOUND CLOSURE STRIPS 1/4"X1-1/2"	2	
CURITY ADHESIVE WOUND CLOSURE STRIPS 1/4"X3"	2	
CURITY ADHESIVE WOUND CLOSURE STRIPS 1/4"X4"	2	
CURITY ADHESIVE WOUND CLOSURE STRIPS 1/8"X3"	2	
CURITY AMD ANTIMICROBIAL GAUZE SPONGES 4"X4" 12 PLY	2	

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Drug Name	Drug Tier	Req/ Limits
CURITY AMD ANTIMICROBIAL PACKING STRIPS 1"X3'	2	
CURITY AMD ANTIMICROBIAL PACKING STRIPS 1/2"X3'	2	
CURITY AMD ANTIMICROBIAL PACKING STRIPS 1/4"X3'	2	
CURITY HYPERTONIC SODIUM CHLORIDE PACKING STRIP 1/2"X15'	2	
CURITY IODOFORM PACKING STRIP	2	
CURITY IODOFORM PACKING STRIP 1"X15'	2	
CURITY IODOFORM PACKING STRIP 1/2"X15'	2	
CURITY IODOFORM PACKING STRIP 1/4"X15'	2	
CURITY IODOFORM PACKING STRIP 2"X15'	2	
CURITY SODIUM CHLORIDE DRESSING 6"X6-3/4"	2	
CUSTOM LIPOTHENE 110	2	
CUSTOM LIPOTHENE 133	2	
CUSTOM POLYGLYCOL TROCHE BASE	2	
CVS ADVANCED GLUCOSE METER	2	
CVS ADVANCED GLUCOSE METER TEST STRIPS	2	
CVS GLUCOSE METER TEST STRIPS	2	
CVS KETONE CARE	2	
CVS LANCETS 21G	2	
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS MICRO-THIN 33G	2	
CVS LANCETS ORIGINAL	2	
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA THIN 30G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CVS LANCING DEVICE	2	
CVS ULTRA THIN LANCETS	2	
CYANOKIT	2	
CYSTO-CONRAY II	2	
CYSTOGRAFIN	2	
CYSTOGRAFIN-DILUTE	2	
CYSVIEW	2	
CYTOSE	1	

Drug Name	Drug Tier	Req/ Limits
CYTOTINE	2	
DATSCAN	2	
D-CARE BLOOD GLUCOSE	2	
D-CARE GLUCOMETER KIT/ GLUCOSE TEST STRIPS	2	
DEFINITY	2	
DEHYDRATED ALCOHOL	1	
DELIVRA SR	2	
DELTEC COZMO CLEO INFUSION SET 24" 6MM	2	
DELTEC COZMO CLEO INFUSION SET 24" 9MM	2	
DELTEC COZMO CLEO INFUSION SET 31" 6MM	2	
DELTEC COZMO CLEO INFUSION SET 31" 9MM	2	
DELTEC COZMO CLEO INFUSION SET 42" 6MM	2	
DELTEC COZMO CLEO INFUSION SET 42" 9MM	2	
DELTEC COZMO INSULIN PUMP	2	
DENOVO	2	
DEPLIN 15	2	
DEPLIN 7.5	2	
DERMASHIELD HYDROGEL	2	
DESFLURANE	1	
DEXAMETHASONE	2	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	2	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	2	
DEXCOM G4 PLATINUM RECEIVER KIT	2	
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	2	
DEXCOM G4 PLATINUM TRANSMITTER KIT	2	
DEXCOM G4 SENSOR KIT	2	
DEXCOM G5 MOBILE RECEIVERKIT	2	
DEXCOM G5 MOBILE TRANSMITTER KIT	2	
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	2	
DEXCOM G5 RECEIVER KIT	2	
DEXCOM G6 RECEIVER	2	

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Drug Name	Drug Tier	Req/ Limits
DEXCOM G6 SENSOR	2	
DEXCOM G6 TRANSMITTER	2	
DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 1ML/22GX1-1/2"	2	
DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 3ML/22GX1-1/2"	2	
DIASCREEN 10	2	
DIASCREEN 1B	2	
DIASCREEN 1G	2	
DIASCREEN 1K	2	
DIASCREEN 2GK	2	
DIASCREEN 2GP	2	
DIASCREEN 3	2	
DIASCREEN 4NL	2	
DIASCREEN 4OBL	2	
DIASCREEN 4PH	2	
DIASCREEN 5	2	
DIASCREEN 6	2	
DIASCREEN 7	2	
DIASCREEN 8	2	
DIASCREEN 9	2	
DIASCREEN LIQUID URINE CONTROLS	2	
DIASTIX	2	
DIATHRIVE BLOOD GLUCOSE METER	2	
DIATHRIVE BLOOD GLUCOSE TEST STRIPS	2	
DIATHRIVE GLUCOSE CONTROL SOLUTION	2	
DIATHRIVE LANCETS	2	
DIATHRIVE LANCETS ULTRA THIN 30G	2	
DIATHRIVE LANCING DEVICE	2	
DIATHRIVE+ BLOOD GLUCOSE MONITORING SYSTEM/BLUETOOTH	2	
DIATHRIVE+ BLOOD GLUCOSE TEST STRIPS	2	
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 1	2	
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 2	2	
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3	2	

Drug Name	Drug Tier	Req/ Limits
DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM	2	
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS	2	
DIGIFAB	2	
DILUENT FOR LEFAMULIN INJECTION	2	
DIPRIVAN	2	
DL-ALANINE	2	
DL-LEUCINE	2	
DL-PHENYLALANINE	2	
DRCAPS SIZE 0 CLEAR	2	
DRCAPS SIZE 00 CLEAR	2	
DRCAPS SIZE 1 CLEAR	2	
DRIHEP ARTERIAL LINE SAMPLING SYR/1ML LS/3ML WASTE SYR/2-CAP	2	
DRIHEP ARTERIAL LINE SAMPLING SYR/1ML LS/SELF-VENT TIP CAP	2	
DRIHEP ARTERIAL LINE SAMPLING SYR/3ML LL/5ML WASTE SYR/2-CAP	2	
DRIHEP ARTERIAL LINE SAMPLING SYR/3ML LL/SELF-VENT TIP CAP	2	
DRIHEP ARTERIAL LINE SAMPLING SYR/3ML LS/5ML WASTE SYR/2-CAP	2	
DRIHEP ARTERIAL LINE SAMPLING SYR/3ML LS/SELF-VENT TIP CAP	2	
DRIHEP ARTERIAL LINE SAMPLING SYR/5ML LL/SELF-VENT TIP CAP	2	
DRIHEP PLUS 3ML LL PREFILLED SYR/GZ/PREP/LABEL/CAP/NDL STOP	2	
DRIHEP PLUS 3ML LL PREFILLED SYR/GZ/PREP/LABEL/CAP/ SAFTYCONE	2	
DRIHEP PLUS 3ML LL PREFILLED SYR/NEEDLE STOPPER/ SAFETYCONE	2	
DRIHEP PLUS 3ML LL PREFILLED SYR/TIP CAP/NDL STOP/ SAFETYCONE	2	
DRIHEP PLUS 3ML LL PREFILLED SYR/TIP CAP/NEEDLE STOPPER/22X1	2	
DRIHEP PLUS 3ML PREFILLEDSYR/ GZ/SWAB/TIP CAP/NDL ST/ICE BAG	2	
DROPLET LANCETS ULTRA THIN 30G	2	

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Drug Name	Drug Tier	Req/ Limits
DROPLET LANCING DEVICE	2	
DRUG MART ADJUSTABLE LANCING DEVICE	2	
DRUG MART LANCETS THIN	2	
DRUG MART ON-THE-GO LANCETS GENTLE 30G	2	
DRUG MART UNILET LANCETS SUPER THIN 30G	2	
DRUG MART UNILET LANCETS ULTRA THIN 28G	2	
DRUG MART UNILET MICRO THIN LANCETS 33G	2	
DUO-CARE	2	
DUO-CARE CONTROL SOLUTION	2	
DUO-CARE TEST STRIPS	2	
DUROLANE	2	
DX1 ORAGENOMIC MEDICATED DNA COLLECTION SCREEN	2	
DX2 ORAGENOMIC MEDICATED DNA COLLECTION SCREEN	2	
D-XYLOSE	1	
EASY COMFORT LANCETS	2	
EASY COMFORT LANCETS 30G/ PULL TOP	2	
EASY COMFORT LANCETS 30G/ THIN TOP	2	
EASY COMFORT LANCETS TWIST TOP	2	
EASY GLIDE LUER LOCK 1ML SYRINGE	2	
EASY MINI EJECT LANCING DEVICE	2	
EASY MINI LANCING DEVICE	2	
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM	2	
EASY PLUS II BLOOD GLUCOSE TEST	2	
EASY PLUS II CONTROL SOLUTION HIGH	2	
EASY PLUS II CONTROL SOLUTION LOW	2	
EASY STEP BLOOD GLUCOSE MONITOR	2	
EASY STEP CONTROL SOLUTION HIGH	2	
EASY STEP CONTROL SOLUTION LOW	2	

Drug Name	Drug Tier	Req/ Limits
EASY STEP CONTROL SOLUTION NORMAL	2	
EASY STEP TEST STRIPS	2	
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING	2	
EASY TALK BLOOD GLUCOSE TEST STRIPS	2	
EASY TALK CONTROL SOLUTION HIGH	2	
EASY TALK CONTROL SOLUTION LOW	2	
EASY TALK CONTROL SOLUTION NORMAL	2	
EASY TOUCH ALLERGY TRAY SAFETY SYRINGE/1ML/26G X 3/8"	2	
EASY TOUCH ALLERGY TRAY SAFETY SYRINGE/1ML/27G X 1/2"	2	
EASY TOUCH CONTROL SOLUTION/ HIGH & LOW	2	
EASY TOUCH FLIPLOCK NEEDLES 18GX1"	2	
EASY TOUCH FLIPLOCK NEEDLES 18GX1-1/2"	2	
EASY TOUCH FLIPLOCK NEEDLES 19GX1"	2	
EASY TOUCH FLIPLOCK NEEDLES 20GX1"	2	
EASY TOUCH FLIPLOCK NEEDLES 20GX1-1/2"	2	
EASY TOUCH FLIPLOCK NEEDLES 21GX1"	2	
EASY TOUCH FLIPLOCK NEEDLES 21GX1-1/2"	2	
EASY TOUCH FLIPLOCK NEEDLES 22GX1"	2	
EASY TOUCH FLIPLOCK NEEDLES 22GX1-1/2"	2	
EASY TOUCH FLIPLOCK NEEDLES 22GX3/4"	2	
EASY TOUCH FLIPLOCK NEEDLES 23GX1"	2	
EASY TOUCH FLIPLOCK NEEDLES 23GX1-1/2"	2	
EASY TOUCH FLIPLOCK NEEDLES 23GX5/8"	2	
EASY TOUCH FLIPLOCK NEEDLES 25GX1"	2	

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Drug Name	Drug Tier	Req/ Limits
EASY TOUCH FLIPLOCK NEEDLES 25GX1-1/2"	2	
EASY TOUCH FLIPLOCK NEEDLES 25GX5/8"	2	
EASY TOUCH FLIPLOCK NEEDLES 26GX1/2"	2	
EASY TOUCH FLIPLOCK NEEDLES 27GX1"	2	
EASY TOUCH FLIPLOCK NEEDLES 27GX1/2"	2	
EASY TOUCH FLIPLOCK NEEDLES 28GX1/2"	2	
EASY TOUCH FLIPLOCK NEEDLES 29GX1/2"	2	
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	
EASY TOUCH FLIPLOCK NEEDLES 30GX5/16"	2	
EASY TOUCH FLIPLOCK NEEDLES 31GX5/16"	2	
EASY TOUCH FLIPLOCK NEEDLLES 19GX1-1/2"	2	
EASY TOUCH FLIPLOCK SAFE TY SYRINGES 3ML/18GX1"	2	
EASY TOUCH FLIPLOCK SAFETTY SYRINGES 3ML/18GX1-1/2"	2	
EASY TOUCH FLIPLOCK SAFETY SRYINGE 5ML/22GX1-1/2"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/18GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/18GX1-1/2"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/21GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/22GX1-1/2"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/25GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/26GX3/8"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/27GX1/2"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 21G/10ML1-1/2"	2	

Drug Name	Drug Tier	Req/ Limits
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/19GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/19GX1.5"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/21GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1-1/2"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/18GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/20GX1-1/2"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1-1/2"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/25GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/25GX5/8"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1-1/2"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2"	2	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 5ML/20GX1"	2	
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	2	
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX5/8"	2	

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Drug Name	Drug Tier	Req/ Limits
EASY TOUCH FLURINGE FLU TRAY SYRINGE/1ML/25G X 1"	2	
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX1"	2	
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX5/8"	2	
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 1"	2	
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 5/8"	2	
EASY TOUCH GLUCOSE MONITORING SYSTEM	2	
EASY TOUCH GLUCOSE TEST STRIPS	2	
EASY TOUCH HYPODERMIC NEEDLES 16GX1"	2	
EASY TOUCH HYPODERMIC NEEDLES 16GX1-1/2"	2	
EASY TOUCH HYPODERMIC NEEDLES 18GX1"	2	
EASY TOUCH HYPODERMIC NEEDLES 18GX1.25"	2	
EASY TOUCH HYPODERMIC NEEDLES 18GX1-1/2"	2	
EASY TOUCH HYPODERMIC NEEDLES 19GX1"	2	
EASY TOUCH HYPODERMIC NEEDLES 19GX1-1/2"	2	
EASY TOUCH HYPODERMIC NEEDLES 20GX1"	2	
EASY TOUCH HYPODERMIC NEEDLES 20GX1-1/2"	2	
EASY TOUCH HYPODERMIC NEEDLES 21GX1"	2	
EASY TOUCH HYPODERMIC NEEDLES 21GX1-1/2"	2	
EASY TOUCH HYPODERMIC NEEDLES 22GX1"	2	
EASY TOUCH HYPODERMIC NEEDLES 22GX1-1/2"	2	
EASY TOUCH HYPODERMIC NEEDLES 23GX1"	2	
EASY TOUCH HYPODERMIC NEEDLES 23GX1-1/2"	2	

Drug Name	Drug Tier	Req/ Limits
EASY TOUCH HYPODERMIC NEEDLES 23GX1-1/4"	2	
EASY TOUCH HYPODERMIC NEEDLES 23GX3/4"	2	
EASY TOUCH HYPODERMIC NEEDLES 24GX1"	2	
EASY TOUCH HYPODERMIC NEEDLES 24GX1.25"	2	
EASY TOUCH HYPODERMIC NEEDLES 25GX1"	2	
EASY TOUCH HYPODERMIC NEEDLES 25GX1-1/2"	2	
EASY TOUCH HYPODERMIC NEEDLES 25GX5/8"	2	
EASY TOUCH HYPODERMIC NEEDLES 26GX1/2"	2	
EASY TOUCH HYPODERMIC NEEDLES 26GX3/8"	2	
EASY TOUCH HYPODERMIC NEEDLES 26GX5/8"	2	
EASY TOUCH HYPODERMIC NEEDLES 27GX1/2"	2	
EASY TOUCH HYPODERMIC NEEDLES 27GX1-1/2"	2	
EASY TOUCH HYPODERMIC NEEDLES 27GX1-1/4"	2	
EASY TOUCH HYPODERMIC NEEDLES 30GX1"	2	
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	
EASY TOUCH HYPODERMIC NEEDLES 31GX5/16"	2	
EASY TOUCH HYPODERMIC NEEDLES 32GX5/16"	2	
EASY TOUCH LANCETS 21G/ PRESSURE ACTIVATED	2	
EASY TOUCH LANCETS 23G/ PRESSURE ACTIVATED	2	
EASY TOUCH LANCETS 26G/ PRESSURE ACTIVATED	2	
EASY TOUCH LANCETS 26G/PULL-TOP	2	
EASY TOUCH LANCETS 28G/ PRESSURE ACTIVATED	2	
EASY TOUCH LANCETS 28G/PULL-TOP	2	
EASY TOUCH LANCETS 28G/TWIST	2	

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Drug Name	Drug Tier	Req/ Limits
EASY TOUCH LANCETS 30G/ BUTTON-ACTIVATED	2	
EASY TOUCH LANCETS 30G/ PRESSURE ACTIVATED	2	
EASY TOUCH LANCETS 30G/PULL-TOP	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G/ PRESSURE ACTIVATED	2	
EASY TOUCH LANCETS 32G/PULL-TOP	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE/ EJECTOR	2	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	2	
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	2	
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	2	
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	2	
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	2	
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	2	
EASY TOUCH SAFETY SYRINGE/1ML/25G X 1"	2	
EASY TOUCH SAFETY SYRINGE/1ML/25G X 5/8"	2	
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	2	
EASY TOUCH SAFETY SYRINGE/3ML/21G X 1"	2	
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1"	2	
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2"	2	
EASY TOUCH SAFETY SYRINGE/3ML/23G X 1"	2	
EASY TOUCH SAFETY SYRINGE/3ML/25G X 1"	2	

Drug Name	Drug Tier	Req/ Limits
EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/21GX1-1/2"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/22GX1-1/2"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/25GX1"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1-1/2"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/21GX1-1/2"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/22GX1-1/2"	2	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/25GX1"	2	
EASY TOUCH SHEATHLOCK SYRINGE BARRELS LUER LOCK 10ML	2	
EASY TOUCH SHEATHLOCK SYRINGE BARRELS LUER LOCK 3ML	2	
EASY TOUCH SYRINGE BARRELS LUER LOCK 10ML	2	
EASY TOUCH SYRINGE BARRELS LUER LOCK 1ML	2	
EASY TOUCH SYRINGE BARRELS LUER LOCK 3ML	2	
EASY TOUCH SYRINGE BARRELS LUER LOCK 5ML	2	
EASY TOUCH SYRINGE BARRELS UNI-SLIP 10ML	2	
EASY TOUCH SYRINGE BARRELS UNI-SLIP 3ML	2	

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Drug Name	Drug Tier	Req/ Limits
EASY TOUCH SYRINGE BARRELS UNI-SLIP 5ML	2	
EASY TOUCH TUBERCULIN FLIPLOCK SAFETY SYRINGE 1ML/26GX5/8"	2	
EASY TOUCH TUBERCULIN FLIPLOCK SAFETY SYRINGE 1ML/27GX1/2"	2	
EASY TOUCH TUBERCULIN FLIPLOCK SAFETY SYRINGE 1ML/28GX1/2"	2	
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/25GX5/8"	2	
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/26GX5/8"	2	
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/27GX1/2"	2	
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/28GX1/2"	2	
EASY TRAK II CONTROL SOLUTION/ NORMAL	2	
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM	2	
EASY TRAK BLOOD GLUCOSE TEST STRIPS	2	
EASY TRAK GLUCOSE CONTROLSOLUTION HIGH	2	
EASY TRAK GLUCOSE CONTROLSOLUTION LOW	2	
EASY TRAK GLUCOSE CONTROLSOLUTION NORMAL	2	
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM	2	
EASY TRAK II BLOOD GLUCOSE TEST STRIPS	2	
EASY TWIST & CAP LANCETS	2	
EASYGLUCO	2	
EASYGLUCO CONTROL SOLUTION HIGH	2	
EASYGLUCO CONTROL SOLUTION LOW	2	
EASYGLUCO CONTROL SOLUTION NORMAL	2	

Drug Name	Drug Tier	Req/ Limits
EASYGLUCO PLUS	2	
EASYGLUCO PLUS CONTROL SOLUTION LEVEL 1	2	
EASYGLUCO STARTER KIT	2	
EASYMAX 15 GLUCOSE CONTROL SOLUTION LEVEL 1/LEVEL 2	2	
EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3	2	
EASYMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION	2	
EASYMAX 15 TEST STRIPS	2	
EASYMAX CONTROL SOLUTION HIGH	2	
EASYMAX CONTROL SOLUTION LOW	2	
EASYMAX CONTROL SOLUTION NORMAL	2	
EASYMAX GLUCOSE CONTROL SOLUTION NORMAL/LOW	2	
EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH	2	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM	2	
EASYMAX TEST STRIPS	2	
EASYMAX V BLOOD GLUCOSE SYSTEM	2	
EASYMAX V BLOOD GLUCOSE SYSTEM/TALKING	2	
EASYPOINT NEEDLE 23G X 1"	2	
EASYPOINT NEEDLE 25G X 1"	2	
EASYPOINT NEEDLE 25G X 5/8"	2	
EASYPOINT NEEDLE 25GX1-1/2"	2	
EASYPOINT NEEDLE/18G X 1"	2	
EASYPOINT NEEDLE/18G X 1-1/2"	2	
EASYPOINT NEEDLE/20G X 1"	2	
EASYPOINT NEEDLE/20G X 1-1/2"	2	
EASYPOINT NEEDLE/21G X 1"	2	
EASYPOINT NEEDLE/21G X 1-1/2"	2	
EASYPOINT NEEDLE/22G X 1"	2	
EASYPOINT NEEDLE/22G X 1-1/2"	2	
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM	2	
EASYPRO BLOOD GLUCOSE TEST STRIPS	2	
EASYPRO PLUS	2	

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Drug Name	Drug Tier	Req/ Limits
EC- RX DHEA 4%	2	
EC-RX DHEA 10%	2	
EDETATE DISODIUM	2	
EFFERVESCENT	2	
ELEMENT AUTOCODE SYSTEM	2	
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM	2	
ELEMENT COMPACT CONTROL SOLUTION LEVEL 2	2	
ELEMENT COMPACT CONTROL SOLUTION LEVEL 3	2	
ELEMENT COMPACT TEST STRIPS	2	
ELEMENT COMPACT V BLOOD GLUCOSE MONITORING SYSTEM	2	
ELEMENT HIGH CONTROL	2	
ELEMENT LOW CONTROL	2	
ELEMENT NORMAL CONTROL	2	
ELEMENT PLUS BLOOD GLUCOSE METER	2	
ELEMENT TEST STRIPS	2	
ELFOLATE	2	
ELIGEN B12	2	
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM	2	
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING	2	
EMBRACE BLOOD GLUCOSE TEST STRIPS	2	
EMBRACE CONTROL SOLUTION LOW	2	
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT	2	
EMBRACE EVO BLOOD GLUCOSETEST STRIPS	2	
EMBRACE EVO GLUCOSE CONTROL SOLUTION LEVEL 1	2	
EMBRACE EVO GLUCOSE CONTROL SOLUTION LEVEL 2	2	
EMBRACE GLUCOSE CONTROL SOLUTION HIGH	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE PRO BLOOD GLUCOSE METER	2	
EMBRACE PRO BLOOD GLUCOSETEST STRIPS	2	

Drug Name	Drug Tier	Req/ Limits
EMBRACE PRO GLUCOSE CONTROL SOLUTION	2	
EMBRACE TALK BLOOD GLUCOSE MONITOR	2	
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM	2	
EMBRACE TALK BLOOD GLUCOSE TEST STRIPS	2	
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH	2	
EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW	2	
EMPTY CAPSULE SIZE 0 CLEAR	2	
EMPTY CAPSULE SIZE 0 PINK	2	
EMPTY CAPSULE SIZE 0 PURPLE	2	
EMPTY CAPSULE SIZE 0 PURPLE/ WHITE	2	
EMPTY CAPSULE SIZE 0 WHITE/ OPAQUE	2	
EMPTY CAPSULE SIZE 00 CLEAR	2	
EMPTY CAPSULE SIZE 00 LIGGHT BLUE OPAQUE	2	
EMPTY CAPSULE SIZE 1 BROWN/ IVORY	2	
EMPTY CAPSULE SIZE 1 CLEAR	2	
EMPTY CAPSULE SIZE 1 DARKGREEN	2	
EMPTY CAPSULE SIZE 1 GREEN TRANSLUCENT/YELLOW OPAQUE	2	
EMPTY CAPSULE SIZE 1 GREEN/ ORANGE	2	
EMPTY CAPSULE SIZE 1 GREEN/ WHITE	2	
EMPTY CAPSULE SIZE 1 GREEN/ YELLOW	2	
EMPTY CAPSULE SIZE 1 GREY/ PINK	2	
EMPTY CAPSULE SIZE 1 IVORY	2	
EMPTY CAPSULE SIZE 1 MAROON TRANS/CLEAR	2	
EMPTY CAPSULE SIZE 1 MINTGREEN	2	
EMPTY CAPSULE SIZE 1 ORANGE	2	
EMPTY CAPSULE SIZE 1 ORANGE/ CLEAR	2	

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Drug Name	Drug Tier	Req/ Limits
EMPTY CAPSULE SIZE 1 ORANGE/ YELLOW	2	
EMPTY CAPSULE SIZE 1 PINK	2	
EMPTY CAPSULE SIZE 1 PINK/ CLEAR	2	
EMPTY CAPSULE SIZE 1 PINK/ WHITE	2	
EMPTY CAPSULE SIZE 1 PINK/ YELLOW	2	
EMPTY CAPSULE SIZE 1 POWDER BLUE	2	
EMPTY CAPSULE SIZE 1 RED	2	
EMPTY CAPSULE SIZE 1 RED/BLUE	2	
EMPTY CAPSULE SIZE 1 RED/ WHITE	2	
EMPTY CAPSULE SIZE 1 VEGETABLE CLEAR	2	
EMPTY CAPSULE SIZE 1 WHITE	2	
EMPTY CAPSULE SIZE 1 WHITE/ CLEAR	2	
EMPTY CAPSULE SIZE 1 WHITE/ OPAQUE	2	
EMPTY CAPSULE SIZE 1 YELLOW	2	
EMPTY CAPSULE SIZE 2 CLEAR	2	
EMPTY CAPSULE SIZE 3 BLACK/ GREEN	2	
EMPTY CAPSULE SIZE 3 BLUE/ CLEAR	2	
EMPTY CAPSULE SIZE 3 BLUE/ WHITE	2	
EMPTY CAPSULE SIZE 3 CLEAR	2	
EMPTY CAPSULE SIZE 3 DARKGREEN	2	
EMPTY CAPSULE SIZE 3 GREEN/ BLUE	2	
EMPTY CAPSULE SIZE 3 GREEN/ BLUE TRANSLUCENT	2	
EMPTY CAPSULE SIZE 3 GREY/ PINK	2	
EMPTY CAPSULE SIZE 3 GREY/ YELLOW	2	
EMPTY CAPSULE SIZE 3 LIGHT BLUE OPAQUE	2	
EMPTY CAPSULE SIZE 3 MAROON/ BLUE	2	

Drug Name	Drug Tier	Req/ Limits
EMPTY CAPSULE SIZE 3 MAROON/ CLEAR	2	
EMPTY CAPSULE SIZE 3 MINT GREEN	2	
EMPTY CAPSULE SIZE 3 OLIVE/ CLEAR	2	
EMPTY CAPSULE SIZE 3 ORANGE	2	
EMPTY CAPSULE SIZE 3 ORANGE/ WHITE	2	
EMPTY CAPSULE SIZE 3 PINK	2	
EMPTY CAPSULE SIZE 3 PINK/ POWDER BLUE	2	
EMPTY CAPSULE SIZE 3 PINK/ WHITE	2	
EMPTY CAPSULE SIZE 3 PINK/ YELLOW	2	
EMPTY CAPSULE SIZE 3 PINKOPAQUE/CLEAR	2	
EMPTY CAPSULE SIZE 3 POWDER BLUE	2	
EMPTY CAPSULE SIZE 3 PURPLE	2	
EMPTY CAPSULE SIZE 3 PURPLE/ CLEAR	2	
EMPTY CAPSULE SIZE 3 RED	2	
EMPTY CAPSULE SIZE 3 RED/ CLEAR	2	
EMPTY CAPSULE SIZE 3 RED/ WHITE	2	
EMPTY CAPSULE SIZE 3 WHITE	2	
EMPTY CAPSULE SIZE 3 WHITE/ CLEAR	2	
EMPTY CAPSULE SIZE 3 WHITE/ OPAQUE	2	
EMPTY CAPSULE SIZE 3 YELLOW	2	
EMPTY CAPSULE SIZE 3 YELLOW/ CLEAR	2	
EMPTY CAPSULE SIZE 4 CLEAR	2	
EMPTY CAPSULE SIZE 4 PURPLE	2	
EMPTY CAPSULE SIZE 4 RED/ WHITE	2	
EMPTY CAPSULE SIZE 4 WHITE	2	
EMPTY CAPSULE SIZE 4 YELLOW	2	
EMPTY CAPSULE SIZE 5 CLEAR	2	
EMPTY CAPSULE SIZE 7 CLEAR	2	
EMULGADE CM	2	

Drug Name	Drug Tier	Req/ Limits
EMULSIFYING WAX	2	
EMULSION CONCENTRATE	2	
ENGLISH TOFFEE FLAVOR	2	
ENLITE GLUCOSE SENSOR	2	
ENLITE SERTER	2	
ENTERAGAM	2	
EOVIST	2	
EPIDURAL NEEDLE CRAWFORD POINT 18GX2"	2	
EPIDURAL NEEDLE CRAWFORD POINT 18GX3-1/2"	2	
EPIDURAL NEEDLE CRAWFORD POINT 18GX4"	2	
EPIDURAL NEEDLE THIN-WALLCRAWFORD POINT 18GX3-1/2"	2	
EPIDURAL NEEDLE TUOHY THIN-WALL 14GX3"	2	
EPIDURAL NEEDLE TUOHY THIN-WALL 16GX3"	2	
EPIDURAL NEEDLE TUOHY THIN-WALL 17GX3"	2	
EPIDURAL NEEDLE TUOHY THIN-WALL 17GX7"	2	
EPIDURAL NEEDLE TUOHY THIN-WALL 18GX3"	2	
EPIDURAL NEEDLE WEISS 17GX3"	2	
EPILOR LOSS OF RESISTANCESYRINGE 10ML LUER-LOK	2	
EPILOR LOSS OF RESISTANCESYRINGE 10ML LUER-SLIP	2	
EPILOR LOSS OF RESISTANCESYRINGE 5ML LUER-LOK	2	
EPILOR LOSS OF RESISTANCESYRINGE 5ML LUER-SLIP	2	
EQ BLOOD GLUCOSE TEST STRIPS	2	
EQL COLOR LANCETS 21G	2	
EQL COLOR LANCETS MICRO THIN 33G	2	
EQL SUPER THIN LANCETS 30G	2	
EQL THIN LANCETS 26G	2	
EROS-CTD	2	
ESPUMIL	2	

Drug Name	Drug Tier	Req/ Limits
ETHAMOLIN	2	
ETHYL ACETATE	2	
ETHYL ALCOHOL	2	
ETHYL ALCOHOL 200 PROOF	2	
ETOMIDATE	1	
EUCALYPTUS FLAVOR	2	
EUFLEXXA	2	
EUGENOL FLAVOR	2	
EVANS BLUE	2	
EVENCARE + BLOOD GLUCOSE TEST STRIP	2	
EVENCARE BLOOD GLUCOSE MONITORING SYSTEM	2	
EVENCARE BLOOD GLUCOSE TEST STRIP	2	
EVENCARE CONTROL SOLUTION	2	
EVENCARE G2 BLOOD GLUCOSEMONITORING SYSTEM	2	
EVENCARE G2 GLUCOSE CONTROL SOLUTION/LOW-HIGH	2	
EVENCARE G2 TEST STRIPS	2	
EVENCARE G3 BLOOD GLUCOSEMONITORING SYSTEM	2	
EVENCARE G3 GLUCOSE CONTROL SOLUTION/LOW-HIGH	2	
EVENCARE G3 TEST STRIPS	2	
EVENCARE MINI BLOOD GLUCOSE MONITORING SYSTEM	2	
EVENCARE MINI BLOOD GLUCOSE TEST STRIPS	2	
EVENCARE MINI GLUCOSE CONTROL SOLUTION NORMAL	2	
EVENCARE PROVIEW BLOOD GLUCOSE TEST STRIPS	2	
EVERSENSE SENSOR/HOLDER	2	
EVERSENSE SENSOR/HOLDER KIT	2	
EVERSENSE SMART TRANSMITTER	2	
EVOLUTION AUTOCODE	2	
EVOLUTION CONTROL SOLUTION NORMAL	2	
EXACTECH R-S-G TEST STRIPS	2	
EXACTECH TEST STRIPS	2	
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY	2	

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Drug Name	Drug Tier	Req/ Limits
EXQUISITE HRT	2	
E-Z JECT LANCETS	2	
E-Z JECT LANCETS 21G	2	
E-Z JECT LANCETS COLOR	2	
E-Z JECT LANCETS SUPER THIN 30G	2	
E-Z JECT LANCETS THIN 26G	2	
EZ SMART BLOOD GLUCOSE LANCETS	2	
EZ SMART BLOOD GLUCOSE TEST STRIPS	2	
EZ SMART DIABETES MONITORING SYSTEM	2	
EZ SMART PLUS BLOOD GLUCOSE TEST STRIPS	2	
EZ SMART PLUS DIABETES MONITORING SYSTEM	2	
E-ZJECT LANCETS MICRO-THIN 33G	2	
EZ-LETS LANCETS 21G	2	
EZ-LETS LANCETS 26G SUPER-SOFT	2	
EZ-LETS LANCETS 28G ULTRA-SOFT	2	
EZ-LETS LANCETS 30G	2	
FAGRON CAPFILL PRO	2	
FAGRON DISPERSAPRO	2	
FD&C YELLOW #5	2	
FD&C YELLOW #6 ALUMINUM LAKE	2	
FDC BLUE 1	2	
FDC BLUE 2	2	
FDC GREEN #3	2	
FDC RED #3	2	
FDC RED 40	2	
FDC YELLOW 6	2	
FDGARD	2	
FEMCAP	2	
FIFTY50 GLUCOSE METER 2.0	2	
FIFTY50 GLUCOSE TEST STRIP 2.0	2	
FIFTY50 SAFETY SEAL LANCETS 30G	2	
FIFTY50 SAFETY SEAL LANCETS 32G	2	
FIFTY50 UNILET LANCETS 33G	2	

Drug Name	Drug Tier	Req/ Limits
FILTER NEEDLE THIN WALL 5MICRON NOKOR POINT 18G X 1-1/2"	2	
FINE 30	2	
FINGERSTIX LANCETS	2	
FISH FLAVOR	2	
FIXED OIL SUSPENSION	2	
FIZZMIX BASE	2	
FLAVOR BLEND	2	
FLAVOR CONCENTRATE/ CHLORHEXIDINE	2	
FLAVOR PLUS	2	
FLAVOR SWEET	2	
FLAVOR SWEET-SF	2	
FLEXBUMIN	2	
FLOW-EZE VENTED NEEDLE	2	
FLUDEOXYGLUCOSE F 18	2	
F-MELT	2	
FOAMIL	2	
FOOD COLOR BLACK	2	
FOOD COLOR BLUE	2	
FOOD COLOR BROWN	2	
FOOD COLOR GREEN	2	
FOOD COLOR LIME GREEN	2	
FOOD COLOR ORANGE	2	
FOOD COLOR PINK	2	
FOOD COLOR RED	2	
FOOD COLOR VIOLET	2	
FOOD COLOR WHITE	2	
FOOD COLOR YELLOW	2	
FORA 6 CONNECT	2	
FORA BLOOD GLUCOSE TEST STRIPS	2	
FORA CONTROL SOLUTION HIGH	2	
FORA CONTROL SOLUTION LOW	2	
FORA CONTROL SOLUTION NORMAL	2	
FORA D10 2-IN-1 BLOOD GLUCOSE AND PRESSURE MONITOR	2	
FORA D15G 2-IN-1 BLOOD GLUCOSE AND PRESSURE MONITOR	2	
FORA D15G BLOOD GLUCOSE TEST STRIPS	2	

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Drug Name	Drug Tier	Req/ Limits
FORA D20 2-IN-1 BLOOD GLUCOSE AND PRESSURE MONITOR	2	
FORA D20 BLOOD GLUCOSE TEST STRIPS	2	
FORA D40 BLOOD GLUCOSE PLUS BLOOD PRESSURE MONITORING SYSTEM	2	
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS	2	
FORA D40G BLOOD GLUCOSE PLUS BLOOD PRESSURE MONITORING SYSTE	2	
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM	2	
FORA G20 BLOOD GLUCOSE TEST STRIPS	2	
FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS	2	
FORA G30A BLOOD GLUCOSE MONITORING SYSTEM	2	
FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM	2	
FORA GD20 TEST STRIPS	2	
FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM	2	
FORA GD50 BLOOD GLUCOSE TEST STRIPS	2	
FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL	2	
FORA GTEL BLOOD GLUCOSE TEST STRIPS	2	
FORA LANCETS	2	
FORA LANCING DEVICE	2	
FORA LANCING DEVICE/CLEARCAP	2	
FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM	2	
FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM	2	
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM	2	
FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS	2	
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING	2	
FORA V10 BLOOD GLUCOSE TEST STRIPS	2	

Drug Name	Drug Tier	Req/ Limits
FORA V10/V12/D10/D20 BLOOD GLUCOSE TEST STRIPS/LANCETS 30G	2	
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING	2	
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING	2	
FORA V12 BLOOD GLUCOSE TEST STRIPS	2	
FORA V20 BLOOD GLUCOSE MONITORING SYSTEM	2	
FORA V20 BLOOD GLUCOSE TEST STRIPS	2	
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM	2	
FORA V30A BLOOD GLUCOSE TEST STRIPS	2	
FORACARE GD40	2	
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM	2	
FORACARE GDH CONTROL SOLUTION HIGH	2	
FORACARE GDH CONTROL SOLUTION LOW	2	
FORACARE GDH CONTROL SOLUTION NORMAL	2	
FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM	2	
FORACARE PREMIUM V10 TESTSTRIPS	2	
FORACARE TEST N GO BLOOD GLUCOSE MONITORING SYSTEM	2	
FORACARE TEST N GO TEST STRIPS	2	
FORANE	2	
FORTISCARE BLOOD GLUCOSE TEST STRIP	2	
FORTISCARE CONTROL SOLUTIONS HIGH	2	
FORTISCARE CONTROL SOLUTIONS LOW	2	
FORTISCARE CONTROL SOLUTIONS NORMAL	2	
FORTISCARE SELF-MONITORING BLOOD GLUCOSE SYSTEM	2	
FORTISCARE SELF-MONITORING BLOOD GLUCOSE SYSTEM EMV3.1	2	

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Drug Name	Drug Tier	Req/ Limits
FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM	2	
FREDS PHARMACY AUTOLET LANCING DEVICE	2	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	
FREEDOM ADAPTADERM	2	
FREEDOM CEPAPRO	2	
FREEDOM LOLLIPOP BASE	2	
FREEDOM ODT BASE	2	
FREEDOM PEG TROCHE BASE	2	
FREEDOM SILOMAC ANHYDROUS	2	
FREEDOM SIMPLECAP POWDER	2	
FREESTYLE CONTROL SOLUTION	2	
FREESTYLE CONTROL SOLUTION HIGH/LOW	2	
FREESTYLE FLASH SYSTEM	2	
FREESTYLE FREEDOM	2	
FREESTYLE FREEDOM LITE	2	
FREESTYLE INSULINX BLOOD GLUCOSE MONITORING SYSTEM	2	
FREESTYLE INSULINX BLOOD GLUCOSE TEST	2	
FREESTYLE INSULINX BLOOD GLUCOSE TEST STRIPS	2	
FREESTYLE LANCETS	2	
FREESTYLE LIBRE 14 DAY/ READER/FLASH MONITORING SYSTEM	2	
FREESTYLE LIBRE 14 DAY/ SENSOR/FLASH MONITORING SYSTEM	2	
FREESTYLE LIBRE 2/READER/ FLASH GLUCOSE MONITORING SYSTEM	2	
FREESTYLE LIBRE 2/SENSOR/ FLASH GLUCOSE MONITORING SYSTEM	2	
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	2	
FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM	2	

Drug Name	Drug Tier	Req/ Limits
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM	2	
FREESTYLE LITE TEST STRIPS	2	
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM	2	
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS	2	
FREESTYLE SIDEKICK II VALUEPACK	2	
FREESTYLE SYSTEM KIT	2	
FREESTYLE TEST STRIPS	2	
FREESTYLE UNISTICK II LANCETS	2	
FRESENIUS PROPOVEN	1	
GABA	2	
GADAVIST	2	
GALAXTRA	2	
GALLIUM CITRATE GA 67	2	
GASTROGRAFIN	2	
GE100 BLOOD GLUCOSE MONITORING SYSTEM	2	
GE100 BLOOD GLUCOSE TEST STRIPS	2	
GE100 CONTROL SOLUTION NORMAL	2	
GELATIN	2	
GELATIN TYPE A	2	
GEL-ONE	2	
GELSYN-3	2	
GENTEEL BUTTERFLY TOUCH LANCETS	2	
GENTEEL CONTACT TIPS/BLUE	2	
GENTEEL CONTACT TIPS/CLEAR	2	
GENTEEL CONTACT TIPS/GREEN	2	
GENTEEL CONTACT TIPS/ORANGE	2	
GENTEEL CONTACT TIPS/RAINBOW	2	
GENTEEL CONTACT TIPS/VIOLET	2	
GENTEEL CONTACT TIPS/YELLOW	2	
GENTEEL LANCING DEVICE/BUFF BLACK	2	
GENTEEL LANCING DEVICE/ BUTTERFLY BLUE	2	
GENTEEL LANCING DEVICE/ GLORIOUS GOLD	2	

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Drug Name	Drug Tier	Req/ Limits
GENTEEL LANCING DEVICE/ PLAYFUL PURPLE	2	
GENTEEL LANCING DEVICE/ PRECIOUS PLATINUM	2	
GENTEEL LANCING DEVICE/ PRINCESS PINK	2	
GENTEEL LANCING DEVICE/ STATELY SILVER	2	
GENTEEL LANCING DEVICE/ WILLOWY WHITE	2	
GENTEEL LANCING KIT/BUTTERFLY BLUE	2	
GENTEEL NOZZLES	2	
GENTLE-LET GP LANCETS	2	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	
GENTLE-LET PLATFORMS 2.4MM	2	
GENTLE-LET PLATFORMS 3.0MM	2	
GENULTIMATE TEST STRIPS	2	
GENVISC 850	2	
GHT BLOOD GLUCOSE MONITO RING SYSTEM	2	
GHT TEST STRIPS	2	
GLEOLAN	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLOBAL LANCING DEVICE	2	
GLOFIL-125	2	
GLUCAGEN DIAGNOSTIC	2	
GLUCO PERFECT 3 BLOOD GLUCOSE METER	2	
GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/ VOICE	2	
GLUCO PERFECT 3 TEST STRIPS	2	
GLUCOCARD 01 BLOOD GLUCOSE METER	2	

Drug Name	Drug Tier	Req/ Limits
GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM	2	
GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH	2	
GLUCOCARD 01 CONTROL SOLUTION/NORMAL	2	
GLUCOCARD 01 SENSOR PLUS	2	
GLUCOCARD 01 SENSOR PLUS TEST STRIPS	2	
GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM	2	
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING	2	
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS	2	
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1	2	
GLUCOCARD SHINE	2	
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM	2	
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1	2	
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM	2	
GLUCOCARD SHINE TEST STRIPS	2	
GLUCOCARD SHINE XL	2	
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM	2	
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK	2	
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE	2	
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK	2	
GLUCOCARD VITAL TEST STRIPS	2	
GLUCOCARD X-METER	2	
GLUCOCARD X-METER CONTROLSOLUTION/NORMAL	2	
GLUCOCARD X-SENSOR	2	
GLUCOCOM AUTOLINK TELEMONITORING SYSTEM	2	

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Drug Name	Drug Tier	Req/ Limits
GLUCOCOM BLOOD GLUCOSE MONITOR	2	
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM	2	
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT	2	
GLUCOCOM HIGH CONTROL	2	
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GLUCOCOM NORMAL CONTROL	2	
GLUCOCOM TEST STRIPS	2	
GLUCONAVII BLOOD GLUCOSE MONITORING SYSTEM	2	
GLUCONAVII BLOOD GLUCOSE TEST STRIPS	2	
GLUCOPRO SYRINGE RESERVOIR/3ML/NEEDLE/22G X 3/8"	2	
GLUCOSE CONTROL NORMAL	2	
GLUCOSE CONTROL SOLUTION	2	
GLUCOSE METER TEST STRIPS ADVANCED	2	
GLUTAMINE	2	
GLUTATHIONE	2	
GLUTATHIONE (L)	2	
GLUTATHIONE-L	2	
GLUTATHIONE-L REDUCED	2	
GLYCOPYRROATE	2	
GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW	2	
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING	2	
GNP EASY TOUCH GLUCOSE TEST STRIPS	2	
GNP LANCETS	2	
GNP LANCETS 21G	2	
GNP LANCETS MICRO THIN 33G	2	
GNP LANCETS SUPER THIN 30G	2	
GNP LANCETS THIN	2	
GNP LANCETS THIN 26G	2	
GNP MICRO THIN LANCETS 33G	2	
GNP SUPER THIN LANCETS/30G	2	

Drug Name	Drug Tier	Req/ Limits
GOJJI BLOOD GLUCOSE TEST STRIPS	2	
GOJJI BLOOD GLUCOSE TEST STRIPS/GOJJI STERILE LANCETS 30G	2	
GOJJI CONTROL SOLUTION NORMAL	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS 30G	2	
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	
GOODSENSE LANCETS MICRO-THIN 33G	2	
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	
GOODSENSE LANCETS ULTRA-THIN 30G	2	
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	
GOODSENSE LANCING DEVICE	2	
GOODSENSE PREMIUM BLOOD GLUCOSE MONITORING SYSTEM	2	
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS	2	
GRAPE FLAVOR	2	
GRAPEFRUIT FLAVOR PINK	2	
GREENE POINT SPINAL NEEDLE 22GX3-1/2"	2	
GUARDIAN CONNECT TRANSMITTER	2	
GUARDIAN CONNECT TRANSMITTER KIT	2	
GUARDIAN LINK 3	2	
GUARDIAN LINK 3 TRANSMITTER KIT	2	
GUARDIAN REAL-TIME CHARGER REPLACEMENT	2	
GUARDIAN REAL-TIME REPLACEMENT MONITOR	2	
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	2	
GUARDIAN REAL-TIME STARTER KIT	2	

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Drug Name	Drug Tier	Req/ Limits
GUARDIAN REAL-TIME SYSTEM	2	
GUARDIAN REAL-TIME SYSTEMPEDIATRIC	2	
GUARDIAN REAL-TIME TEST PLUG REPLACEMENT	2	
GUARDIAN RT SOFTWARE	2	
GUARDIAN RT STARTER KIT	2	
GUARDIAN RT SYSTEM	2	
GUARDIAN SENSOR (3)	2	
GUARDIAN TRANSMITTER	2	
GUAVA FLAVOR	2	
GUM ARABIC SPRAY-DRIED	2	
GUM BASE GELATIN	2	
H20 GEL BASE	2	
HAEMOLANCE	2	
HAEMOLANCE LOW FLOW LANCETS	2	
HAEMOLANCE PLUS	2	
HAEMOLANCE PLUS HIGH FLOW	2	
HAEMOLANCE PLUS LOW FLOW	2	
HAEMOLANCE PLUS MAX FLOW	2	
HAEMOLANCE PLUS PEDIATRIC FLOW	2	
HALOPERIDOL	2	
HAM FLAVOR	2	
HARMONY BLOOD GLUCOSE TEST STRIPS	2	
HEALTH CARE LANCING DEVICE	2	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	2	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	
H-E-B INCONTROL ADVANCED LANCING DEVICE	2	
H-E-B INCONTROL LANCETS MICRO THIN 33G	2	
H-E-B INCONTROL LANCETS SUPER THIN 30G	2	
H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	
HEPARIN LOCK FLUSH	1	
HEPARIN LOCK FLUSH FOR FLUSHING VASCULAR ACCESS DEVICES	1	

Drug Name	Drug Tier	Req/ Limits
HEPARIN LOCK FLUSH/NACL FOR FLUSHING VASCULAR ACCESS DEVICES	1	
HEPARIN SODIUM LOCK FLUSH	1	
HEPATOLITE	2	
HISTATROL	2	
HOME PAP KIT	2	
HONEY FLAVOR	2	
HORMONE CREAM BASE	2	
HORMONE CREAM BASE BOTANICAL	2	
HRT BASE	2	
HRT BASE FOR MEN	2	
HRT BOTANICAL	2	
HRT BOTANICAL BASE	2	
HRT CREAM BASE	2	
HRT CREAM BASE WOMEN	1	
HRT CREAM BASE WOMEN	2	
HRT ESSENTIAL CREAM	2	
HRT HEAVY	2	
HRT NATURAL LOTION	2	
HUBER NEEDLE 20GX3/4"/R IGHT ANGLE	2	
HUBER NEEDLE/19GX3/4"/RIGHT ANGLE	2	
HUBER NEEDLE/20G X 1-1/4"/ STRAIGHT	2	
HUBER NEEDLE/22GX1-1/4"/4IGHT ANGLE	2	
HUBER NEEDLE/RIGHT ANGLE 19G X 1"	2	
HUBER NEEDLE/RIGHT ANGLE 20G X 1"	2	
HUBER NEEDLE/RIGHT ANGLE 20G X 1-1/2"	2	
HUBER NEEDLE/RIGHT ANGLE 22G X 1"	2	
HUBER NEEDLE/RIGHT ANGLE 22G X 1-1/2"	2	
HUBER NEEDLE/RIGHT ANGLE 22G X 3/4"	2	
HUBER NEEDLE/STRAIGHT 19GX 1-1/4"	2	
HUBER NEEDLE/STRAIGHT 20GX 1"	2	

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Drug Name	Drug Tier	Req/ Limits
HUBER NEEDLE/STRAIGHT 20GX 1-1/2"	2	
HUBER NEEDLE/STRAIGHT 22GX1"	2	
HUBER NEEDLE/STRAIGHT 22GX1-1/2"	2	
HUMAN ALBUMIN GRIFOLS	2	
HUMATROPEN FOR 12MG	2	
HUMATROPEN FOR 24MG	2	
HUMATROPEN FOR 6MG	2	
HW EMBRACE PRO BLOOD GLUCOSE METER	2	
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS	2	
HW EMBRACE TALK BLOOD GLUCOSE MONITOR	2	
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM	2	
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS	2	
HYALGAN	2	
HYDROC/APAP	2	
HYDROFERA BLUE FOAM DRESSING 2"X2"	2	
HYDROFERA BLUE FOAM DRESSING 4"X4"	2	
HYDROFERA BLUE FOAM DRESSING 6"X6"	2	
HYDROFERA BLUE FOAM DRESSING/MOISTURE RETENTIVE FILM/2-1/4X8	2	
HYDROFERA BLUE FOAM DRESSING/MOISTURE RETENTIVE FILM/4"X4"	2	
HYDROFERA BLUE FOAM DRESSING/MOISTURE RETENTIVE FILM/ISLAND	2	
HYDROFERA BLUE FOAM DRESSING/MOISTURE RETENTIVE/ OSTOMY/2.5"	2	
HYDROFERA BLUE FOAM DRESSING/TUNNELING/9MM	2	
HYDROFERA BLUE HEAVY DRAINAGE 4"X4"	2	
HYDROFERA BLUE HEAVY DRAINAGE 6"X6"	2	
HYDROFERA BLUE READY FOAMDRESSING 2.5"X2.5"	2	

Drug Name	Drug Tier	Req/ Limits
HYDROFERA BLUE READY FOAMDRESSING 4"X5"	2	
HYDROFERA BLUE READY FOAMDRESSING 8"X8"	2	
HYDROGEL	2	
HYDROMORPHONE	2	
HYLENEX	2	
HYMOVIS	2	
HYPODERMIC NEEDLE 18G X 1"	2	
HYPODERMIC NEEDLE 18G X 1-1/2"	2	
HYPODERMIC NEEDLE 19G X 1"	2	
HYPODERMIC NEEDLE 19G X 1-1/2"	2	
HYPODERMIC NEEDLE 20G X 1-1/2"	2	
HYPODERMIC NEEDLE 20GX3/4"	2	
HYPODERMIC NEEDLE 21GX1"	2	
HYPODERMIC NEEDLE 21GX1-1/2"	2	
HYPODERMIC NEEDLE 21GX1-1/4"	2	
HYPODERMIC NEEDLE 22GX1"	2	
HYPODERMIC NEEDLE 22GX1-1/2"	2	
HYPODERMIC NEEDLE 22GX1-1/4"	2	
HYPODERMIC NEEDLE 22GX3/4"	2	
HYPODERMIC NEEDLE 23GX1"	2	
HYPODERMIC NEEDLE 23GX3/4"	2	
HYPODERMIC NEEDLE 25GX1"	2	
HYPODERMIC NEEDLE 25GX1-1/2"	2	
HYPODERMIC NEEDLE 25GX3/4"	2	
HYPODERMIC NEEDLE 25GX5/8"	2	
HYPODERMIC NEEDLE 26GX1/2"	2	
HYPODERMIC NEEDLE 26GX3/8"	2	
HYPODERMIC NEEDLE 26GX5/8"	2	
HYPODERMIC NEEDLE 27GX1/2"	2	
HYPODERMIC NEEDLE 27GX1-1/2"	2	
HYPODERMIC NEEDLE 27GX1-1/4"	2	
HYPODERMIC NEEDLE 30GX1/2"	2	
HYPODERMIC NEEDLES 18GX1"	2	
HYPODERMIC NEEDLES 18GX1-1/2"	2	
HYPODERMIC NEEDLES 19GX1"	2	
HYPODERMIC NEEDLES 19GX1-1/2"	2	
HYPODERMIC NEEDLES 20GX1"	2	
HYPODERMIC NEEDLES 20GX1-1/2"	2	
HYPODERMIC NEEDLES 21GX1"	2	
HYPODERMIC NEEDLES 21GX1-1/2"	2	

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Drug Name	Drug Tier	Req/ Limits
HYPODERMIC NEEDLES 22GX1"	2	
HYPODERMIC NEEDLES 22GX1-1/2"	2	
HYPODERMIC NEEDLES 23GX1"	2	
HYPODERMIC NEEDLES 23GX1-1/2"	2	
HYPODERMIC NEEDLES 25GX1-1/2"	2	
HYPODERMIC NEEDLES 25GX5/8"	2	
HYPODERMIC NEEDLES 26GX1/2"	2	
HYPODERMIC NEEDLES 27GX1/2"	2	
HYPODERMIC NEEDLES 27GX1-1/2"	2	
HYPOLANCE AST LANCING KIT	2	
HY-VEE LANCETS	2	
HY-VEE THIN LANCETS	2	
IBG STAR BLOOD GLUCOSE MONITORING SYSTEM	2	
IC GREEN	2	
ID NOW COVID-19	2	
ID NOW COVID-19 CONTROL SWAB KIT	2	
IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM	2	
IGLUCOSE BLOOD GLUCOSE TEST STRIPS	2	
IN TOUCH	2	
IN TOUCH BLOOD GLUCOSE TEST STRIPS	2	
IN TOUCH DIABETES MANAGEMENT SOFTWARE	2	
IN TOUCH GLUCOSE CONTROL SOLUTION	2	
IN TOUCH LANCING DEVICE	2	
IN TOUCH STERILE LANCETS 30G	2	
INDICLOR	2	
INDIGO CARMINE	1	
INDIUM IN 111 OXYQUINOLINE	1	
INDOCYANINE GREEN	1	
INDOMETHACIN	2	
INFINITY BLOOD GLUCOSE MONITORING SYSTEM	2	
INFINITY BLOOD GLUCOSE MONITORING SYSTEM/STARTER KIT	2	
INFINITY BLOOD GLUCOSE TEST STRIPS	2	

Drug Name	Drug Tier	Req/ Limits
INFINITY CONTROL SOLUTION HIGH	2	
INFINITY CONTROL SOLUTION LOW	2	
INFINITY CONTROL SOLUTION NORMAL	2	
INFINITY VOICE	2	
INFINITY VOICE LEVEL 2	2	
INFUSION CATHETER SOFT/23"/60CM	2	
INFUSION CATHETER SOFT/31"/80CM	2	
INFUSION CATHETER SOFT/43"/110CM	2	
INFUSION NEEDLE 15GX2"	2	
INJECT-EASE	2	
INJECT-EASE AUTOMATIC INJECTOR	2	
INSET 30 INFUSION SET 23"	2	
INSET 30 INFUSION SET 43"	2	
INSET 30 INFUSION SET/23"/GREY	2	
INSET INFUSION SET 23" 6MM	2	
INSET INFUSION SET 23" 9MM	2	
INSET INFUSION SET 43" 6MM	2	
INSET INFUSION SET 43" 9MM	2	
INSET INFUSION SET/23"/6MM/ GREY	2	
INSET INFUSION SET/23"/9MM/ GREY	2	
INSULIN CARTRIDGE 3ML	2	
INSULIN PUMP IR2020 BLACK	2	
INSULIN PUMP IR2020 BLUE	2	
INSULIN PUMP IR2020 GREEN	2	
INSULIN PUMP IR2020 RED	2	
INSULIN PUMP IR2020 SILVER	2	
INSUL-TOTE	2	
INSUL-TOTE JR	2	
INULIN	2	
IODINE STRONG	1	
IOHEXOL	2	
ISOFLURANE	1	
ISOSULFAN BLUE	1	
ISOVUE-200	2	
ISOVUE-250	2	
ISOVUE-250 MULTIPACK	2	

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Drug Name	Drug Tier	Req/ Limits
ISOVUE-370	2	
ISOVUE-370 MULTIPACK	2	
ISOVUE-M 200	2	
ISOVUE-M 300	2	
IV STABILIZER FOR LUMOXITI	2	
J-TIP KIT W/VIAL ADAPTERS	2	
KAHLUA FLAVOR	2	
KARAYA GUM	2	
KEDBUMIN	1	
KENDALL HYDROGEL IMPREGNATED GAUZE 2"X2"	2	
KENDALL HYDROGEL IMPREGNATED GAUZE 4"X4"	2	
KENDALL HYDROGEL IMPREGNATED GAUZE 4"X8"	2	
KENDALL HYDROGEL WOUND DRESSING 3" DISK	2	
KENDALL HYDROGEL WOUND DRESSING 4-3/4" DISK	2	
KENDALL ZINC CALCIUM ALGINATE DRESSING 2"X2"	2	
KENDALL ZINC CALCIUM ALGINATE DRESSING 4"X4"	2	
KENDALL ZINC CALCIUM ALGINATE DRESSING 4"X8"	2	
KENDALL ZINC CALCIUM ALGINATE DRESSING ROPE 12"	2	
KERAMATRIX REPLICINE 10CMX10CM	2	
KERAMATRIX REPLICINE 5CMX5CM	2	
KERLIX AMD ANTIMICROBIAL BANDAGE ROLL 4-1/2"X12.3YD 6 PLY	2	
KERLIX AMD ANTIMICROBIAL SUPER SPONGES	2	
KETALAR	2	
KETAMINE HYDROCHLORIDE	1	
KETAMINE HYDROCHLORIDE	2	
KETAMINE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
KETO-DIASTIX	2	
KETONE	2	
KETONE TEST STRIPS	2	
KETOSTIX	2	
KINEVAC	2	

Drug Name	Drug Tier	Req/ Limits
KINNEY LANCETS	2	
KINNEY THIN LANCETS	2	
KIT FOR THE PREPARATION OF TECHNETIUM 99M MEDRONATE	2	
KIT FOR THE PREPARATION OF TECHNETIUM 99M SESTAMIBI	1	
KIT FOR THE PREPARATION OF TECHNETIUM 99M SULFUR COLLOID	1	
KIT FOR THE PREPARATION OF TECHNETIUM TC 99M PYROPHOSPHATE	2	
KIT FOR THE PREPARATION OF TECHNETIUM TC99M MEBROFENIN	1	
KRIS-ESTER 236	2	
KRISGEL 100	2	
KROGER AUTOLET LANCING DEVICE	2	
KROGER BLOOD GLUCOSE MONITORING KIT	2	
KROGER BLOOD GLUCOSE TESTSTRIPS	2	
KROGER HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM	2	
KROGER HEALTHPRO GLUCOSE CONTROL SOLUTION/HIGH/LOW	2	
KROGER HEALTHPRO GLUCOSE TEST STRIPS	2	
KROGER HEALTHPRO TWIST LANCETS/26G	2	
KROGER LANCETS	2	
KROGER LANCETS 21G	2	
KROGER LANCETS MICRO THIN33G	2	
KROGER LANCETS SUPER THIN	2	
KROGER LANCETS THIN	2	
KROGER LANCETS THIN 26G	2	
KROGER LANCETS ULTRATHIN 30G	2	
KROGER LANCING DEVICE	2	
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT	2	
KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS	2	
KROGER TEST STRIPS	2	
KYBELLA	2	
LACTOSE	2	

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Drug Name	Drug Tier	Req/ Limits
LACTOSE ANHYDROUS	2	
LACTOSE MONOHYDRATE	2	
LACTOSE MONOHYDRATE SPRAYDRIED	2	
L-ALANINE	2	
LAMB GEL	2	
LANCET DEVICE ADJUSTABLE	2	
LANCET DEVICE WITH EJECTOR	2	
LANCET TRANSPORTER CASE	2	
LANCETS	2	
LANCETS BULLSEYE SAFETY	2	
LANCETS 26G TWIST TOP	2	
LANCETS 28G	2	
LANCETS 30G	2	
LANCETS 30G TWIST TOP	2	
LANCETS 30G/TWIST TOP	2	
LANCETS 31G TWIST TOP	2	
LANCETS 33G UNIVERSAL DESIGN	2	
LANCETS MICRO THIN 33G	2	
LANCETS SAFETY SEAL 21G	2	
LANCETS SAFETY SEAL 26G	2	
LANCETS SAFETY SEAL 28G	2	
LANCETS SAFETY SEAL 30G	2	
LANCETS SUPER THIN 28G	2	
LANCETS THIN	2	
LANCETS TWIST TOP	2	
LANCETS ULTRA FINE	2	
LANCETS ULTRA THIN	2	
LANCETS ULTRA THIN 30G	2	
LANCING DEVICE	2	
LANCING DEVICE ADJUSTABLE	2	
LANOLIN ALCOHOL	2	
LANZO	2	
L-ARGININE	2	
L-ARGININE BASE	2	
L-ARGININE HYDROCHLORIDE	2	
L-CARNITINE	2	
L-CYSTINE	2	
LDL CARE	2	
LDR BLOOD GLUCOSE TRUETEST KIT	2	
LEADER ADVANCED LANCING DEVICE	2	

Drug Name	Drug Tier	Req/ Limits
LECITHIN	2	
LECITHIN ISOPROPYL PALMITATE	2	
LECITHIN ORGANOGEL	2	
LEMON EXTRACT	2	
LEMON FLAVOR	2	
LEMONADE FLAVOR	2	
LEVODOPA	2	
LEVOMEFOLATE CALCIUM ALGAL POWDER	1	
LEVOTHYROXINE SODIUM TAB 0.075MG	1	
LEXISCAN	2	
L-GLUTAMIC ACID	2	
L-GLUTAMINE	2	
L-HISTIDINE MONOHYDROCHLORIDE	2	
L-HISTIDINE MONOHYDROCHLORIDE MONOHYDRATE	2	
LIBERTY BLOOD GLUCOSE METER	2	
LIBERTY CONTROL SOLUTION HIGH	2	
LIBERTY CONTROL SOLUTION NORMAL	2	
LIBERTY GLUCOSE CONTROL MID	2	
LIBERTY GLUCOSE CONTROL NORMAL	2	
LIBERTY MEDICAL LANCETS 30G	2	
LIBERTY MINI LANCING DEVICE	2	
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR	2	
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS	2	
LIBERTY TEST STRIPS	2	
LICORICE FLAVOR	2	
LIDOPROFEN	2	
LIFESCAN UNISTIK 2 DEEP PENETRATION	2	
LIFESCAN UNISTIK II LANCETS	2	
LIMBREL	2	
LIMBREL250	2	
LIMBREL500	2	
LIME FLAVOR	2	
LIPIODOL	2	

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Drug Name	Drug Tier	Req/ Limits
LIPMAX	2	
LIPO	2	
LIPO-C	2	
LIPOGEL CR BASE	2	
LIPOLAYER	2	
LIPOLAYER	1	
LIPOPEN ANHYDROUS	2	
LIQUIGEL COMPLEX	2	
LIQUIHEP BD 3ML PREFIL SYR/ SWAB/GAUZE/CAP/NDL STOP/LBL/ NDLS	2	
LIQUIHEP BD 3ML PREFILLED SYR/ TIP CAP/NDL STOP/LABEL/23GX1"	2	
LIQUIHEP BD 3ML PREFILLED SYRINGE/TIP CAP/NEEDLE STOPPER	2	
LIQUIHEP II BD 3ML LL SYR/ LL/SWAB/GZ/CAP/NDL ST/ SAFETYCONE	2	
LIQUIHEP II BD 3ML PREFILL SYR/ LL/SWAB/GZ/CAP/NDL ST/ICE BG	2	
LIQUIHEP II BD 3ML PREFILL SYR/ SWAB/GAUZE/CAP/NDL ST/ICE BG	2	
LIQUIHEP II BD 3ML PREFILL SYR/ TIP CAP/NDL STOP/LABEL/23GX1	2	
LIQUIHEP II BD 3ML PREFILLED SYRINGE/TIP CAP/NEEDLE STOPPER	2	
L-ISOLEUCINE	2	
LISSAMINE GREEN B	2	
LITE TOUCH LANCETS	2	
LITE TOUCH LANCING PEN	2	
LITETOUCH LANCETS MICRO THIN 33G	2	
LIVE BETTER ADVANCED LANCING DEVICE	2	
LIVE BETTER LANCET SUPER THIN 30G	2	
LIVE BETTER LANCET ULTRA THIN 28G	2	
LIVER FLAVOR	2	
L-LEUCINE	2	
LLX EXTENSION NEEDLE	2	
L-LYSINE HYDROCHLORIDE	2	
L-METHYLFOLATE	1	

Drug Name	Drug Tier	Req/ Limits
L-METHYLFOLATE CA/S-ALGAL	1	
L-METHYLFOLATE CALCIUM	1	
L-METHYLFOLATE FORTE	2	
L-METHYLFOLATE FORTE	1	
LOCAL ANESTHESIA SECURITYBEAD NEEDLE 20G X 4"	2	
LOCAL ANESTHESIA SECURITYBEAD NEEDLE 22G X 3"	2	
LOCAL ANESTHESIA SECURITYBEAD NEEDLE 22G X 4"	2	
LOLLIPOP BASE	2	
LONGS LANCETS STANDARD	2	
LONGS LANCETS THIN	2	
LONGS LANCETS ULTRA THIN	2	
LOXORAL BASE	2	
LOZIBASE S	2	
L-PHENYLALANINE	2	
L-PROLINE	2	
L-THREONINE	2	
L-TRYPTOPHAN	2	
LUBRAJEL NP	2	
L-VALINE	2	
LYRA DIRECT SARS-COV-2 ASSAY	2	
LYRA SARS-COV-2 ASSAY	2	
MACUTEK	2	
MAGELLAN SYRINGE/HYPODERMIC SAFETY NEEDLE/1ML/23G X 1"	2	
MAGELLAN TUBERCULIN SAFETY SYRINGE/1ML/27G X 1/2"	2	
MAGELLAN TUBERCULIN SAFETY SYRINGE/1ML/28G X 1/2"	2	
MAGNEVIST	2	
MANGO FLAVOR	2	
MANGO FLAVOR SWEETENED	2	
MAPLE FLAVOR	2	
MARSHMALLOW FLAVOR	2	
MD-GASTROVIEW	1	
MEDACTIV	2	
MEDICATED BUCCAL DNA COLLECTION KIT	2	
MEDICATED BUCCAL DNA COLLECTION KIT 2	2	
MEDICATED DNA COLLECTION KIT	2	

Drug Name	Drug Tier	Req/ Limits
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	2	
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	2	
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	2	
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	2	
MEDICHOICE SAFETY LANCET EXTRA	2	
MEDICHOICE SAFETY LANCET NORMAL	2	
MEDIHOL BASE	2	
MEDIHONEY WOUND/BURN DRESSING	2	
MEDI-RDT BASE	2	
MEDI-RDT KIT	2	
MEDI-RDT KIT (MULTIDOSE)	2	
MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-LOW,1-MED,1 HIGH	2	
MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-NORMAL	2	
MEDISENSE HIGH/LOW CONTROL SOLUTION	2	
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION	2	
MEDISENSE MID CONTROL SOLUTION	2	
MEDISENSE THIN LANCETS	2	
MEDLANCE PLUS EXTRA LANCETS 21G	2	
MEDLANCE PLUS LANCETS	2	
MEDLANCE PLUS LANCETS LITE 25G	2	
MEDLANCE PLUS LITE LANCETS 25G	2	
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	2	
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS SUPERLITE 30G/ COMFORT MAX	2	
MEDLANCE PLUS UNIVERSAL LANCETS 21G	2	
MEDLANCE PLUS/LITE 25G	2	
MEDLANCE/EXTRA	2	

Drug Name	Drug Tier	Req/ Limits
MEDLANCE/LITE	2	
MEDLANCE/UNIVERSAL	2	
MEIJER BLOOD GLUCOSE MONITORING KIT	2	
MEIJER BLOOD GLUCOSE TESTSTRIPS	2	
MEIJER COLOR LANCETS UNIVERSAL 33G	2	
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM	2	
MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS	2	
MEIJER LANCETS	2	
MEIJER LANCETS THIN	2	
MEIJER LANCETS UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 30G	2	
MEIJER LANCETS UNIVERSAL 33G	2	
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT	2	
MEIJER PREMIUM BLOOD GLUCOSE TEST STRIPS	2	
MEIJER SUPER THIN LANCETS	2	
MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM	2	
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM	2	
MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS	2	
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT	2	
MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS	2	
MELPAQUE HP	1	
METER BUFFER PH 10	2	
METER BUFFER PH 4	2	
METER BUFFER PH 7	2	
METHACHOLINE CHLORIDE	2	
METHOHEXITAL SODIUM	2	
METHYLPARABEN	2	
METHYLPARABEN SODIUM	2	
METOPROLOL	2	
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM	2	
MICRODOT CONTROL SOLUTIONHIGH/LOW	2	

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Drug Name	Drug Tier	Req/ Limits
MICRODOT TEST STRIPS	2	
MICRODOT XTRA TEST STRIPS	2	
MICROLET LANCETS	2	
MICROLET NEXT	2	
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	2	
MINI LANCING DEVICE	2	
MINILINK REAL-TIME REPLACEMENT KIT	2	
MINILINK REAL-TIME STARTER KIT	2	
MINILINK REAL-TIME TRANSMITTER	2	
MINIMED 530G INSULIN PUMP/176ML RESERVOIR	2	
MINIMED 530G INSULIN PUMP/300ML RESERVOIR	2	
MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	2	
MINIMED 630G INSULIN PUMPKIT	2	
MINIMED 670G INSULIN PUMP	2	
MINIMED 770G INSULIN PUMPSYSTEM/MMT-1890	2	
MINIMED 770G INSULIN PUMPSYSTEM/MMT-1890M	2	
MINIMED GUARDIAN LINK 3 TRANSMITTER	2	
MINIMED GUARDIAN SENSOR 3	2	
MINIMED MIO ADVANCE INFUSION SET/23"/6MM	2	
MINIMED MIO INFUSION SET/18"/6MM	2	
MINIMED MIO INFUSION SET/23"/6MM	2	
MINIMED MIO INFUSION SET/32"/6MM	2	
MINIMED MIO INFUSION SET/32"/9MM	2	
MINIMED PRO-SET INFUSION SET/24"/6MM	2	
MINIMED PRO-SET INFUSION SET/42"/6MM	2	
MINIMED PUMP RESERVOIR 3ML	2	
MINIMED QUICK SET INFUSION SET/18"/6MM	2	
MINIMED QUICK SET INFUSION SET/23"/6MM	2	

Drug Name	Drug Tier	Req/ Limits
MINIMED QUICK SET INFUSION SET/23"/9MM	2	
MINIMED QUICK SET INFUSION SET/32"/6MM	2	
MINIMED QUICK SET INFUSION SET/32"/9MM	2	
MINIMED QUICK SET INFUSION SET/43"/6MM	2	
MINIMED QUICK SET INFUSION SET/43"/9MM	2	
MINIMED QUICK-SERTER	2	
MINIMED RESERVOIR 1.8ML	2	
MINIMED RESERVOIR 3ML	2	
MINIMED SILHOUETTE INFUSION SET	2	
MINT CHOCOLATE CHIP FLAVOR	2	
MIO INFUSION SET/18"/6MM	2	
MIO INFUSION SET/23"/6MM	2	
MIO INFUSION SET/32"/6MM	2	
MIO INFUSION SET/32"/9MM	2	
MIRACLE MOUTHWASH	2	
MITOSOL	2	
MM EASY TOUCH BLOOD GLUCOSE METER	2	
MM EASY TOUCH GLUCOSE TEST STRIPS	2	
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	
MOLASSES FLAVOR	2	
MONOJECT 12ML SYRINGE/12ML/21G X 1-1/2"	2	
MONOJECT 1ML LUER LOCK TUBERCULIN SYRINGE/TIP CAP	2	
MONOJECT 20ML SYRINGE REGULAR TIP	2	
MONOJECT 3ML SYRINGE/ STANDARD HYPODERMIC NEEDLE/21GX1-1/2"	2	
MONOJECT ALLERGIST TRAY/ DETACH NEEDLE/1ML/27G X 1/2"	2	
MONOJECT ALLERGIST TRAY/PERM NEEDLE/0.5ML/28G X 1/2"	2	
MONOJECT ALLERGIST TRAY/PERM NEEDLE/1ML/28G X 1/2"	2	
MONOJECT BLUNT CANNULA/20GX1-1/2"	2	

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Drug Name	Drug Tier	Req/ Limits
MONOJECT BLUNT CANNULA/21GX1"	2	
MONOJECT BLUNTIP SYRINGE/3ML/ CANNULA/IV ACCESS	2	
MONOJECT BLUNTIP SYRINGE/6ML/ CANNULA/IV ACCESS	2	
MONOJECT CONTROL SYRINGE/ LUER LOCK/12ML	2	
MONOJECT CONTROL SYRINGE/ LUER LOCK/20ML	2	
MONOJECT FILTER ASPIRATOR/5UM/18G X 3"	2	
MONOJECT FILTER NEEDLE 18GX1.5"	2	
MONOJECT FILTER NEEDLE/20G X 1-1/2"	2	
MONOJECT FILTER NEEDLE/5UM/18G X 1-1/2"	2	
MONOJECT HYPO/ALUM HUB/16G X 1"	2	
MONOJECT HYPO/ALUM HUB/18G X 1-1/2"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/INTM BEVEL/27G X 1/2"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/18G X 1"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/19G TW X 1-1/2"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/20G X 1"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/20G X 1-1/2"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/22G X 1"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/22G X 1-1/2"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/23G X 1"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 1-1/4"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 5/8"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/27G X 1-1/4"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/18G X 1"	2	

Drug Name	Drug Tier	Req/ Limits
MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/18G X 1-1/2"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/19G TW X 1-1/2"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/20G X 1-1/2"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/14G X 1"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/14G X 2"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/16G X 1-1/2 "	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/16G X 1-1/2"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/16G X 3/4"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/16G X 5/8"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/19G TW X 1"	2	
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/25G X 2"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/18G X 1"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/18G X 1-1/2"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/ BEVEL/25G X 1-1/2"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/INTM BEVEL/25G X 5/8"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/INTM BEVEL/26G X 1/2"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/REG BEVEL/19G TW X 1"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/REG BEVEL/19G TW X 1-1/2"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/REG BEVEL/20G X 1"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/REG BEVEL/20G X 1-1/2"	2	

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Drug Name	Drug Tier	Req/ Limits
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/REG BEVEL/21G X 1"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/REG BEVEL/21G X 1-1/2"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/REG BEVEL/22G X 1"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/REG BEVEL/23G X 1"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/REG BEVEL/23G X 3/4"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/REG BEVEL/25G X 1"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/REG BEVEL/30G X 3/4"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/SHORT BEVEL/18G X 1"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/SHORT BEVEL/18G X 1-1/2"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/SHORT BEVEL/19G TW X 1"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/SHORT BEVEL/19G TW X 1.5"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/SHORT BEVEL/20G X 1-1/2"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/SHORT BEVEL/22G X 1"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/LL/SHORT BEVEL/22G X 1-1/2"	2	
MONOJECT HYPO/ POLYPROPYLENE HUB/REG BEVEL/27G X 1/2"	2	
MONOJECT HYPODERMIC NEEDL3 18G X 1"	2	
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/2"	2	

Drug Name	Drug Tier	Req/ Limits
MONOJECT HYPODERMIC NEEDLE 30GX3/4"	2	
MONOJECT INTRODUCER NEEDLE/18GX1-1/4"	2	
MONOJECT LIFESHIELD BLUNTCANNULA/LUER LOCK SYR/3ML/18G X 1"	2	
MONOJECT LIFESHIELD SYRINGE/12ML/18GX1"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 18GX1"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 18GX1-1/2"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 19GX1"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 19GX1-1/2"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 20GX1"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 20GX1-1/2"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 21GX1"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 21GX1-1/2"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 21GX5/8"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 22GX1"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 22GX1-1/2"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 23GX1"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 23GX5/8"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 25GX1"	2	
MONOJECT MAGELLAN SAFETY NEEDLE 25GX5/8"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/12ML/18G X 1"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/12ML/20G X 1-1/2"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/12ML/21G X 1"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/12ML/21G X 1-1/2"	2	

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Drug Name	Drug Tier	Req/ Limits
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/12ML/22G X 1-1/2"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/1ML/23G X 1"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/1ML/25G X 1"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/1ML/25G X 5/8"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/3ML/20G X 1"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/3ML/20G X 1-1/2"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/3ML/21G X 1"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/3ML/21G X 1-1/2"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/3ML/22G X 1"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/3ML/22G X 1-1/2"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/3ML/23G X 1"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/3ML/25G X 1"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/3ML/25G X 5/8"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/6ML/18GX1"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/6ML/20G X 1-1/2"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/6ML/21G X 1"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/6ML/21G X 1-1/2"	2	
MONOJECT MAGELLAN SYRINGE/ SAFETY NEEDLE/6ML/22G X 1-1/2"	2	
MONOJECT MEDICATION TRANSFER NEEDLE/20GX1"	2	
MONOJECT PHARMA GRADE FLUSH SYRINGE	1	
MONOJECT PHARMACY TRAY/LUER LOCK/12ML	2	
MONOJECT PHARMACY TRAY/LUER LOCK/20ML	2	
MONOJECT PHARMACY TRAY/LUER LOCK/35ML	2	

Drug Name	Drug Tier	Req/ Limits
MONOJECT PHARMACY TRAY/LUER LOCK/3ML	2	
MONOJECT PHARMACY TRAY/LUER LOCK/60ML	2	
MONOJECT PHARMACY TRAY/LUER LOCK/6ML	2	
MONOJECT PHARMACY TRAY/REG LUER/1ML	2	
MONOJECT PISTON SYRINGE/ CATHETER TIP/140ML	2	
MONOJECT PISTON SYRINGE/ LUER-LOCK TIP/140ML	2	
MONOJECT PISTON SYRINGE/ REGULAR TIP/140ML	2	
MONOJECT SODIUM CHLORIDE FLUSH	1	
MONOJECT SOFTPACK 20ML/ LLOCK	2	
MONOJECT SOFTPACK 20ML/LTIP	2	
MONOJECT SOFTPACK 35ML/ CATHTIP	2	
MONOJECT SOFTPACK 35ML/ LLOCK	2	
MONOJECT SOFTPACK 35ML/ REGULAR LOCK	2	
MONOJECT SOFTPACK 60ML/ LLOCK	2	
MONOJECT SOFTPACK 60ML/ REGULAR LUER	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ALUMINUM HUB/14GX1-1/2"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ALUMINUM HUB/21G X 2"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLEN/22G X1-1/2"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE HUB/18GX1"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE HUB/19GX1"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE HUB/20GX1"	2	

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Drug Name	Drug Tier	Req/ Limits
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE HUB/21GX1"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE/18GX1-1/2"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE/19GX1-1/2"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE/20GX1-1/2"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE/21GX1-1/2"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE/22GX1"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE/22GX1-1/2"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE/23GX1"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE/25GX1"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE/25GX1-1/2"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE/25GX5/8"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE/26GX1-1/2"	2	
MONOJECT STANDARD HYPODERMIC NEEDLE/ POLYPROPYLENE/27GX1/2"	2	
MONOJECT SYRINGE 6ML	2	
MONOJECT SYRINGE PHARMACY TRAY/1ML LUER LOCK	2	
MONOJECT SYRINGE/12ML/18GX1"	2	
MONOJECT SYRINGE/12ML/20GX1-1/2"	2	
MONOJECT SYRINGE/12ML/21GX1"	2	
MONOJECT SYRINGE/ CATHETERTIP/35ML	2	

Drug Name	Drug Tier	Req/ Limits
MONOJECT SYRINGE/ CATHETERTIP/60ML	2	
MONOJECT SYRINGE/ECCENTRIC LUER/20ML	2	
MONOJECT SYRINGE/ECCENTRIC LUER/35ML	2	
MONOJECT SYRINGE/ECCENTRIC TIP/60ML	2	
MONOJECT SYRINGE/LUER LOCK/20ML	2	
MONOJECT SYRINGE/LUER LOCK/35ML	2	
MONOJECT SYRINGE/LUER LOCK/3ML	2	
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1"	2	
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	2	
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 3/4"	2	
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1"	2	
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	2	
MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1"	2	
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 1"	2	
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8"	2	
MONOJECT SYRINGE/LUER LOCK/3ML/27G X 1-1/4"	2	
MONOJECT SYRINGE/LUER LOCK/60ML	2	
MONOJECT SYRINGE/LUER LOCK/6ML	2	
MONOJECT SYRINGE/LUER LOCK/6ML/20G X 1-1/2"	2	
MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1"	2	
MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1-1/2"	2	
MONOJECT SYRINGE/LUER-LOCK TIP/12ML	2	
MONOJECT SYRINGE/LUER-LOCK TIP/140ML	2	

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Drug Name	Drug Tier	Req/ Limits
MONOJECT SYRINGE/LUER-LOCK TIP/3ML	2	
MONOJECT SYRINGE/LUER-LOCK TIP/60ML	2	
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1"	2	
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1-1/2"	2	
MONOJECT SYRINGE/LUER-LOCK/6ML	2	
MONOJECT SYRINGE/REG LUER/12ML	2	
MONOJECT SYRINGE/REG LUER/20ML	2	
MONOJECT SYRINGE/REG LUER/35ML	2	
MONOJECT SYRINGE/REG LUER/3ML	2	
MONOJECT SYRINGE/REG LUER/6ML	2	
MONOJECT SYRINGE/REGULAR TIP/3ML	2	
MONOJECT SYRINGE/REGULAR TIP/60ML	2	
MONOJECT SYRINGE/REGULAR TIP/6ML	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/12ML/21G X1"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/3ML/20GX1"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/3ML/20GX1-1/2"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/3ML/21GX1"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/3ML/22GX1"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/3ML/22GX1-1/2"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/3ML/23GX1"	2	

Drug Name	Drug Tier	Req/ Limits
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/3ML/25GX1"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/3ML/25GX1-1/4"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/3ML/25GX5/8"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/3ML/27GX1-1/4"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/6ML/20GX1-1/2"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/6ML/21G X1"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/6ML/21GX1-1/2"	2	
MONOJECT SYRINGE/ STANDARDHYPODERMIC NEEDLE/6ML/22GX1-1/2"	2	
MONOJECT SYRINGE/TOOMEY TYPE/60ML	2	
MONOJECT TB SYRINGE-NDL 1ML 26GX3/8"	2	
MONOJECT TB SYRINGE-NDL 1ML 27GX1/2"	2	
MONOJECT TUBERCULIN SAFETY SYRINGE/1ML/25G X 5/8"	2	
MONOJECT TUBERCULIN SAFETY SYRINGE/1ML/28G X 1/2"	2	
MONOJECT TUBERCULIN SYRINGE SOFTPACK 1ML REGULAR LUER TIP	2	
MONOJECT TUBERCULIN SYRINGE/1ML/25GX5/8"	2	
MONOJECT TUBERCULIN SYRINGE/1ML/28G X 1/2"	2	
MONOJECT TUBERCULIN SYRINGE/ DETACH NEEDLE/1ML/25G X 5/8"	2	
MONOJECT TUBERCULIN SYRINGE/ DETACH NEEDLE/1ML/26G X 3/8"	2	
MONOJECT TUBERCULIN SYRINGE/ DETACH NEEDLE/1ML/27G X 1/2"	2	

Drug Name	Drug Tier	Req/ Limits
MONOJECT TUBERCULIN SYRINGE/ PERM NEEDLE/0.5ML/28G X 1/2"	2	
MONOJECT TUBERCULIN SYRINGE/ PERM NEEDLE/1ML/28G X 1/2"	2	
MONOJECT TUBERCULIN SYRINGE/ WITHOUT NEEDLE/REG LUER/1ML	2	
MONOJECTOR END CAPS	2	
MONOJECTOR OPD END CAPS	2	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
MONOVISC	2	
MORPHINE	2	
MORPHINE/SALINE	2	
MOUTH WASH-GP	2	
MOUTHWASH-AF	2	
MOUTHWASH-OM	2	
MPD SAFETY LANCET 21G/1.8MM	2	
MPD SAFETY LANCET 28G/1.8MM	2	
MPD SAFETY LANCET 30G/1.8MM	2	
MPD SAFETY LANCETS 23G/1.8MM	2	
MS/HYDROGEL	2	
MUCOLOX	2	
MULTI-DRAW NEEDLE 20GX1- 1/2"	2	
MULTI-DRAW NEEDLE 21GX1"	2	
MULTI-DRAW NEEDLE 21GX1-1/2"	2	
MULTI-DRAW NEEDLE 22GX1"	2	
MULTI-DRAW NEEDLE 22GX1-1/2"	2	
MULTI-DRAW NEEDLE/20G X 1"	2	
MULTIFIT REUSABLE CONTROLSYRINGE LUER-LOK 10ML (ZONE 1)	2	
MULTIFIT REUSABLE CONTROLSYRINGE LUER-LOK 10ML (ZONE 2)	2	
MULTIFIT REUSABLE CONTROLSYRINGE LUER-LOK 10ML (ZONE 3)	2	
MULTIFIT REUSABLE CONTROLSYRINGE LUER-LOK 3ML (ZONE 1)	2	
MULTIFIT REUSABLE CONTROLSYRINGE LUER-LOK 3ML (ZONE 2)	2	

Drug Name	Drug Tier	Req/ Limits
MULTIFIT REUSABLE CONTROLSYRINGE LUER-LOK 3ML (ZONE 3)	2	
MULTIFIT REUSABLE CONTROLSYRINGE LUER-LOK 5ML (ZONE 1)	2	
MULTIFIT REUSABLE CONTROLSYRINGE LUER-LOK 5ML (ZONE 2)	2	
MULTIFIT REUSABLE CONTROLSYRINGE LUER-LOK 5ML (ZONE 3)	2	
MULTIFIT REUSABLE SYRINGEGLASS LUER 10ML (ZONE 1)	2	
MULTIFIT REUSABLE SYRINGEGLASS LUER 10ML (ZONE 2)	2	
MULTIFIT REUSABLE SYRINGEGLASS LUER 30ML (ZONE 1)	2	
MULTIFIT REUSABLE SYRINGELUER-LOK 10ML (ZONE 1)	2	
MULTIFIT REUSABLE SYRINGELUER-LOK 10ML (ZONE 2)	2	
MULTIFIT REUSABLE SYRINGELUER-LOK 10ML (ZONE 3)	2	
MULTIFIT REUSABLE SYRINGELUER-LOK 20ML (ZONE 1)	2	
MULTIFIT REUSABLE SYRINGELUER-LOK 20ML (ZONE 2)	2	
MULTIFIT REUSABLE SYRINGELUER-LOK 20ML (ZONE 3)	2	
MULTIFIT REUSABLE SYRINGELUER-LOK 30ML (ZONE 1)	2	
MULTIFIT REUSABLE SYRINGELUER-LOK 30ML (ZONE 2)	2	
MULTIFIT REUSABLE SYRINGELUER-LOK 30ML (ZONE 3)	2	
MULTIFIT REUSABLE SYRINGELUER-LOK 50ML (ZONE 1)	2	
MULTIFIT REUSABLE SYRINGELUER-LOK 50ML (ZONE 2)	2	
MULTIFIT REUSABLE SYRINGELUER-LOK 50ML (ZONE 3)	2	
MULTIFIT REUSABLE SYRINGEMETAL LUER 10ML (ZONE 1)	2	

Drug Name	Drug Tier	Req/ Limits
MULTIFIT REUSABLE SYRINGEMETAL LUER 10ML (ZONE 2)	2	
MULTIFIT REUSABLE SYRINGEMETAL LUER 10ML (ZONE 3)	2	
MULTIFIT REUSABLE SYRINGEMETAL LUER 20ML (ZONE 1)	2	
MULTIFIT REUSABLE SYRINGEMETAL LUER 20ML (ZONE 2)	2	
MULTIFIT REUSABLE SYRINGEMETAL LUER 20ML (ZONE 3)	2	
MULTIFIT REUSABLE SYRINGEMETAL LUER 30ML (ZONE 1)	2	
MULTIFIT REUSABLE SYRINGEMETAL LUER 30ML (ZONE 2)	2	
MULTIFIT REUSABLE SYRINGEMETAL LUER 30ML (ZONE 3)	2	
MULTIFIT REUSABLE SYRINGEMETAL LUER 50ML (ZONE 1)	2	
MULTIFIT REUSABLE SYRINGEMETAL LUER 50ML (ZONE 2)	2	
MULTIFIT REUSABLE SYRINGEMETAL LUER 50ML (ZONE 3)	2	
MULTIFIT REUSABLE TB SYRINGE LUER-LOK 2ML (ZONE 1)	2	
MULTIFIT REUSABLE TB SYRINGE LUER-LOK 2ML (ZONE 2)	2	
MULTIFIT REUSABLE TB SYRINGE LUER-LOK 2ML (ZONE 3)	2	
MULTIHANCE	2	
MULTI-LANCET DEVICE	2	
MULTI-LANCET DEVICE 2	2	
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM	2	
MYGLUCOHEALTH BLOOD GLUCOSE TEST	2	
MYGLUCOHEALTH CONTROL LOW/ NORMAL/HIGH	2	

Drug Name	Drug Tier	Req/ Limits
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	2	
MYOVIEW 30ML	2	
MYRJ 53	2	
NEOKE ALCAR	2	
NEOKE BCAA4	2	
NEOKE BHB	2	
NEOKE MCT70	2	
NEOKE RA LIPOIC	2	
NEULUMEX	2	
NEUTEK 2TEK BLOOD GLUCOSE AND WRIST BLOOD PRESSURE MONITOR	2	
NEUTEK 2TEK CONTROL SOLUTIONS	2	
NEUTEK 2TEK TEST STRIPS	2	
NEXAVIR	2	
NOKOR ADMIX NEEDLE THIN WALL NON-CORING 16G X 1"	2	
NOKOR ADMIX NEEDLE THIN WALL NON-CORING 18G X 1-1/2"	2	
NOKOR VENTED NEEDLE THIN WALL NON-CORING 16G X 1"	2	
NOKOR VENTED NEEDLE THIN WALL NON-CORING 18G X 1"	2	
NOKOR VENTED NEEDLE THIN WALL NON-CORING 18GX1-1/2"	2	
NORDIPEN 5 INJECTION DEVICE	2	
NORDIPEN DELIVERY SYSTEM	2	
NOREPINEPHRINE BITARTRATE/ SODIUM CHLORIDE	2	
NORMAL SALINE FLUSH	1	
NORMAL SALINE FLUSH FOR FLUSHING VASCULAR ACCESS DEVICES	1	
NORMAL SALINE I.V. FLUSH	1	
NORM-JECT LUER LOCK SYRINGE	2	
NORM-JECT TUBERKULIN 1ML LUER SLIP	2	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM	2	
NOVA MAX GLUCOSE TEST STRIPS	2	
NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID	2	
NOVA SAFETY LANCETS 23G	2	

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Drug Name	Drug Tier	Req/ Limits
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
OCCLUVAN	2	
OCTAPLAS BLOOD GROUP A	2	
OCTAPLAS BLOOD GROUP AB	2	
OCTAPLAS BLOOD GROUP B	2	
OCTAPLAS BLOOD GROUP O	2	
OINTMENT BASE EMULSIFYING	2	
OLEABASE PLASTICIZED	2	
OLEIC ACID	2	
OMNIFLEX DIAPHRAGM	2	
OMNIPAQUE	2	
OMNISCAN	2	
OMNISCAN/SODIUM CHLORIDE	2	
OMNITROPE PEN 10 INJECTION DEVICE	2	
OMNITROPE PEN 5 INJECTION DEVICE	2	
ON CALL EXPRESS BLOOD GLUCOSE METER	2	
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM	2	
ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS	2	
ON CALL EXPRESS GLUCOSE CONTROL SOLUTION	2	
ON CALL LANCETS	2	
ON CALL LANCING DEVICE	2	
ON CALL PLUS BLOOD GLUCOSE METER	2	
ON CALL PLUS BLOOD GLUCOSE MONITORING SYSTEM	2	
ON CALL PLUS BLOOD GLUCOSE TEST	2	
ON CALL PLUS GLUCOSE CONTROL LEVEL 1/2	2	
ON CALL PLUS LANCETS	2	
ON CALL PLUS LANCING DEVICE	2	
ON CALL VIVID BLOOD GLUCOSE METER	2	
ON CALL VIVID BLOOD GLUCOSE MONITORING SYSTEM	2	
ON CALL VIVID BLOOD GLUCOSE TEST	2	

Drug Name	Drug Tier	Req/ Limits
ON CALL VIVID BLOOD GLUCOSE TEST STRIPS	2	
ON CALL VIVID GLUCOSE CONTROL LEVEL 1/2	2	
ON CALL VIVID PAL BLOOD GLUCOSE METER	2	
ONE DROP BLOOD GLUCOSE MONITORING SYSTEM	2	
ONE DROP BLOOD GLUCOSE TEST STRIPS	2	
ONETOUCH CLUB LANCETS FINE POINT	2	
ONETOUCH DELICA LANCETS EXTRA FINE 33G	2	
ONETOUCH DELICA LANCETS FINE 30G	2	
ONETOUCH DELICA LANCING DEVICE	2	
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	
ONETOUCH DELICA PLUS LANCETS FINE 30G	2	
ONETOUCH DELICA PLUS LANCING DEVICE	2	
ONETOUCH FINEPOINT LANCETS	2	
ONETOUCH PING INSULIN PUMP	2	
ONETOUCH PING METER REMOTE	2	
ONETOUCH PING/BLACK	2	
ONETOUCH PING/BLUE	2	
ONETOUCH PING/LIMELIGHT GREEN	2	
ONETOUCH PING/PINK GLOW	2	
ONETOUCH PING/SILVER	2	
ONETOUCH SURESOFT LANCING DEVICE/18G	2	
ONETOUCH SURESOFT LANCING DEVICE/21G	2	
ONETOUCH SURESOFT LANCING DEVICE/28G	2	
ONETOUCH ULTRA	2	
ONETOUCH ULTRA 2	2	
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRA MINI	2	
ONETOUCH ULTRALINK SYSTEM (DEC)	2	

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Drug Name	Drug Tier	Req/ Limits
ONETOUCH ULTRALINK SYSTEM (HEX)	2	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO	2	
ONETOUCH VERIO CONTROL SOLUTION HIGH	2	
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM	2	
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM	2	
ONETOUCH VERIO MID CONTROL SOLUTION	2	
ONETOUCH VERIO REFLECT	2	
ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM	2	
ONETOUCH VERIO TEST STRIPS	2	
OPTIRAY 240	2	
OPTIRAY 300	2	
OPTIRAY 320	2	
OPTIRAY 350	2	
OPTISON	2	
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM	2	
OPTIUM TEST STRIPS	2	
OPTIUMEZ TEST STRIPS	2	
OPTUMRX BLOOD GLUCOSE METER	2	
OPTUMRX BLOOD GLUCOSE MONITORING SYSTEM	2	
OPTUMRX BLOOD GLUCOSE TEST	2	
OPTUMRX GLUCOSE CONTROL LEVEL 1/2	2	
ORA-BLEND	2	
ORA-BLEND SF	2	
ORAL MIX DRY ALKA SF/CHERRY	2	
ORAL MIX DRY ALKA SF/ UNFLAVORED	2	
ORANGE CREAM FLAVOR	2	
ORANGE FLAVOR	2	
ORANGE OIL FLAVOR	2	
ORA-PLUS	2	
ORA-SWEET	2	
ORA-SWEET SF	2	

Drug Name	Drug Tier	Req/ Limits
ORTHOVISC	2	
OVAL TAPE	2	
OXYCODONE	2	
OXYTOCIN/DEXTROSE	2	
OXYTOCIN/LACTATED RINGERS	2	
OXYTOCIN/SODIUM CHLORIDE	2	
PARA-AMINOBENZOIC ACID	2	
PARADIGM INSULIN PUMP PROGRAMMABLE	2	
PARADIGM INSULIN PUMP PROGRAMMABLE PEDIATRIC W/ LINK	2	
PARADIGM LINK BLOOD GLUCOSE MONITOR	2	
PARADIGM POLYFIN QR INFUSION SET/BENT NEEDLE/WINGS/24"	2	
PARADIGM POLYFIN QR INFUSION SET/BENT NEEDLE/WINGS42"	2	
PARADIGM PROGRAMMABLE INSULIN PUMP PATHWAY UPGRADE	2	
PARADIGM PUMP REMOTE PROGRAMMER	2	
PARADIGM PUMP RESERVOIR 1.8ML	2	
PARADIGM PUMP RESERVOIR 3ML	2	
PARADIGM QUICK-SET INFUSION SET/18"/6MM CANNULA	2	
PARADIGM QUICK-SET INFUSION SET/23"/6MM CANNULA	2	
PARADIGM QUICK-SET INFUSION SET/23"/9MM CANNULA	2	
PARADIGM QUICK-SET INFUSION SET/32"/6MM CANNULA	2	
PARADIGM QUICK-SET INFUSION SET/32"/9MM CANNULA	2	
PARADIGM QUICK-SET INFUSION SET/43"/6MM CANNULA	2	
PARADIGM QUICK-SET INFUSION SET/43"/9MM CANNULA	2	
PARADIGM REAL-TIME STARTER KIT	2	
PARADIGM REAL-TIME TRANSMITTER	2	
PARADIGM REVEL INSULIN PUMP PROGRAMMABLE	2	

Drug Name	Drug Tier	Req/ Limits
PARADIGM REVEL INSULIN PUMP PROGRAMMABLE/PEDIATRIC	2	
PARADIGM SILHOUETTE INFUSION SET/18"/13MM CANNULA	2	
PARADIGM SILHOUETTE INFUSION SET/32"/13MM CANNULA	2	
PARADIGM SILHOUETTE INFUSION SET/32"/17MM CANNULA	2	
PARADIGM SILHOUETTE INFUSION SET/COMBO/23"	2	
PARADIGM SILHOUETTE INFUSION SET/COMBO/43"	2	
PARADIGM SILHOUETTE INFUSION SET/FULL/23"	2	
PARADIGM SILHOUETTE INFUSION SET/FULL/43"	2	
PARADIGM SOF-SET MICRO QRINFUSION SET/24"	2	
PARADIGM SOF-SET MICRO QRINFUSION SET/42"	2	
PARADIGM SOF-SET ULTIMATEQR INFUSION SET/24"	2	
PARADIGM SOF-SET ULTIMATEQR INFUSION SET/42"	2	
PARADIGM SURE-T INFUSION SET/23"/6MM STEEL NEEDLE	2	
PARADIGM SURE-T INFUSION SET/23"/8MM STEEL NEEDLE	2	
PARAFFIN	2	
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	2	
PASSION FRUIT FLAVOR	2	
PASSION FRUIT FLAVOR SWEETENED	2	
PATIENT SAFE SYRINGE 10ML	2	
PATIENT SAFE SYRINGE 20ML	2	
PATIENT SAFE SYRINGE 30ML	2	
PATIENT SAFE SYRINGE 3ML	2	
PATIENT SAFE SYRINGE 5ML	2	
PATIENT SAFE SYRINGE 60ML	2	
PC LANCETS SUPER THIN 30G	2	
PCCA ACACIA SYRUP BASE	2	
PCCA ANHYDROUS BASE	2	
PCCA COBASE #1	2	
PCCA CUSTOM LIPO-MAX	2	

Drug Name	Drug Tier	Req/ Limits
PCCA EMULSIFIX-205 BASE	2	
PCCA FIXED OIL BASE	2	
PCCA GELATIN BASE	2	
PCCA LECITHIN ISOPROPYL PALMITATE	2	
PCCA LIPODERM HMW	2	
PCCA LIPOSOMIC BASE FOR DRY SKIN	2	
PCCA LIPOSOMIC BASE FOR NORMAL SKIN	2	
PCCA LIPOSOMIC BASE FOR OILY SKIN	2	
PCCA LIPOSOMIC BASE FOR SENSITIVE SKIN	2	
PCCA LOXASPERSE BASE	2	
PCCA OCCLUSADERM	2	
PCCA PLASTICIZED BASE	2	
PCCA PLURONIC F127 BASE	2	
PCCA POLOXAMER 407	2	
PCCA POLYGLYCOL TROCHE	2	
PCCA POLYPEG BASE	2	
PCCA PRACAMAC BASE	2	
PCCA RAPID DISSOLVE TABLET POWDER BASE	2	
PCCA SORBITOL LOLLIPOP BASE	2	
PCCA SPIRA-WASH BASE	2	
PCCA SWEETNESS ENHANCER	2	
PCCA SWEET-SF	2	
PCCA SYRUP VEHICLE	2	
PCCA XYLIFOS BASE	2	
PCCA-PLUS	2	
PEACH FLAVOR	2	
PEANUT BUTTER FLAVOR	2	
PEG OINTMENT BASE	2	
PEG TROCHE BASE	2	
PENLET II AUTOMATIC BLOODSAMPLER	2	
PENLET II REPLACEMENT CAPS	2	
PENLET II REPLACEMENT CAPS-DEEP	2	
PENLET II REPLACEMENT CAPS-REGULAR	2	
PEN-TOTE	2	
PEPPERMINT FLAVOR	2	

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Drug Name	Drug Tier	Req/ Limits
PERFECT LANCETS 30G	2	
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	2	
PETROLATUM WHITE	2	
PH 10 BUFFER	2	
PH 12 STERILE DILUENT FORFLOLAN	2	
PH 4 BUFFER	2	
PH 7 BUFFER	2	
PH STRIPS	2	
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM	2	
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS	2	
PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM	2	
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS	2	
PHARMACIST CHOICE ULTRA THIN LANCETS	2	
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	2	
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	2	
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	2	
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	2	
PHARMACY COUNTER LANCETS	2	
PHENOBARBITAL	2	
PHENYLEPHRINE HYDROCHLORIDE/SODIUM CHLORIDE	2	
PHOTREXA VISCOUS	2	
PHOTREXA/PHOTREXA VISCOUS KIT	2	
PINA COLADA FLAVOR	2	
PINEAPPLE FLAVOR	2	
PIP LANCETS/28G	2	
PIP LANCETS/30G	2	
PLACEBO #00	2	
PLASBUMIN-25	2	
PLASBUMIN-5	2	
PLASMANATE	2	

Drug Name	Drug Tier	Req/ Limits
PLASTIBASE	2	
PLASTICIZED BASE	2	
PLO GEL - MEDIFLO KIT	2	
PLO GEL - MEDIFLO PRE-MIXED	2	
PLO TRANSDERMAL CREAM	2	
PLO20 BASE	2	
PLO20 FLOWABLE	2	
PLURONIC	2	
PLURONIC F127	2	
PLURONIC L64	2	
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM	2	
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS	2	
POCKETCHEM EZ CONTROL LEVEL 1	2	
POLOXAMER 188	2	
POLOXAMER 407	2	
POLY HUB NEEDLE/18G X 1"	2	
POLY HUB NEEDLE/18G X 1-1-1/2"	2	
POLY HUB NEEDLE/21G X 1"	2	
POLY HUB NEEDLE/21G X 1-1/2"	2	
POLY HUB NEEDLE/22G X 1"	2	
POLY HUB NEEDLE/22G X 1-1/2"	2	
POLY HUB NEEDLE/23G X 1"	2	
POLY HUB NEEDLE/23G X 1-1/2"	2	
POLY HUB NEEDLE/25G X 1"	2	
POLY HUB NEEDLE/25G X 1-1/2"	2	
POLY HUB NEEDLE/25G X 5/8"	2	
POLY HUB NEEDLE/27G X 1/2"	2	
POLY HUB NEEDLE/27G X 1-1/4"	2	
POLY HUB NEEDLE/30G X 1/2"	2	
POLYETHYLENE GLYCOL 1500	2	
POLYETHYLENE GLYCOL 8000 BASE E	2	
POLYFIN INFUSION SET/BENT NEEDLE/24"	2	
POLYFIN INFUSION SET/BENT NEEDLE/42"	2	
POLYFIN QR INFUSION SET 42"	2	
POLYFIN QR INFUSION SET/BENT NEEDLE/42"	2	
POLYFIN QR INFUSION SET/BENT NEEDLE/WINGS/24"	2	

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Drug Name	Drug Tier	Req/ Limits
POLYFIN TUBING EXTENSION SET/60"	2	
POLYMAC PROGEL	2	
POLYOXYL 40 STEARATE	2	
POLYPEG SUPPOSITORY BASE	2	
POLYPEG SUPPOSITORY BASE	1	
POTASSIUM SORBATE	2	
PRALINES AND CREAM FLAVOR	2	
PRECISION GLUCOSE CONTROL	2	
PRECISION GLUCOSE CONTROLSOLUTION (TRI-LEVEL/HI/ LO/NORMAL)	2	
PRECISION GLUCOSE KETONE CONTROL SOLUTION 1-LOW, 1-HIGH	2	
PRECISION GLUCOSE/KETONE CONTROL SOLUTIONS 1-HI 1-LO	2	
PRECISION LINK	2	
PRECISION PCX	2	
PRECISION PCX PLUS TEST STRIPS	2	
PRECISION POINT OF CARE TEST STRIPS	2	
PRECISION QID MONITOR	2	
PRECISION QID TEST STRIPS	2	
PRECISION SOF-TACT MONITOR	2	
PRECISION SOF-TACT TEST STRIPS	2	
PRECISION THINS GP LANCET	2	
PRECISION XTRA	2	
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS	2	
PRECISION XTRA MONITOR	2	
PREFERRED PLUS LANCETS COLORED 21G	2	
PREFERRED PLUS LANCETS SUPER THIN 30G	2	
PREFERRED PLUS LANCETS THIN 26G	2	
PREMIUM BLOOD GLUCOSE TEST STRIPS	2	
PRESET 1ML LS SYR/ PREFILLLYOPH LITH HEP/CAP/ PREP/GZ/LABEL	1	

Drug Name	Drug Tier	Req/ Limits
PRESET 1ML LS SYR/ PREFILLLYOPH LITH HEP/CAP/ PREP/GZ/SFTYCONE	1	
PRESET 1ML LS SYR/ PREFILLLYOPHIL LITH HEP/TIP CAP/NDL STOP	1	
PRESET 1ML LS SYR/ PREFILLLYOPHIL LITH HEP/TIP CAP/SAFETYCONE	1	
PRESET 3ML LL SYR/ PREFILLLYOPH LITH HEP/CAP/ PREP/GZ/LABEL	1	
PRESET 3ML LL SYR/ PREFILLLYOPH LITH HEP/CAP/ PREP/GZ/SFTYCONE	1	
PRESET 3ML LL SYR/ PREFILLLYOPHIL LITH HEP/TIP CAP/NDL STOP	1	
PRESET 3ML LL SYR/ PREFILLLYOPHIL LITH HEP/TIP CAP/SAFETYCONE	1	
PRESET 3ML SYR/PREFILL LYOPH LITH HEP/SWAB/GZ/CAP/NDL STOP	1	
PRESET 3ML SYR/PREFILL LYOPH LITH HEP/SWAB/GZ/CAP/ SAFETYCONE	1	
PRESET 3ML SYR/PREFILLED LYOPHIL LITH HEP/TIP CAP/NDL STOP	1	
PRESSURE ACTIVATED SAFETYLANCET 21G	2	
PRO COMFORT LANCETS 30G	2	
PRO COMFORT LANCETS 31G	2	
PRO DNA COLLECTION KIT	2	
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM	2	
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS	2	
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM	2	
PROCHLORPERAZINE	2	
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM	2	
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING	2	
PRODIGY CONTROL SOLUTION HIGH	2	

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Drug Name	Drug Tier	Req/ Limits
PRODIGY CONTROL SOLUTION LOW	2	
PRODIGY LANCING DEVICE	2	
PRODIGY NO CODING BLOOD GLUCOSE	2	
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS	2	
PRODIGY POCKET BLOOD GLUCOSE METER KIT	2	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	2	
PRODIGY SAFETY LANCETS	2	
PRODIGY TWIST TOP LANCETS	2	
PRODIGY VOICE BLOOD GLUCOSE METER KIT	2	
PROFESSIONAL DNA COLLECTION KIT	2	
PROFESSIONAL DNA MEDICATED COLLECTION KIT	2	
PROHANCE	2	
PROPOFOL	1	
PROPYLPARABEN	2	
PROPYLPARABEN SODIUM	2	
PROVAYBLUE	2	
PROVOCHOLINE	2	
PSS SELECT GP LANCETS	2	
PSS SELECT PLATFORMS	2	
PSS SELECT SAFETY LANCETS	2	
PTS PANELS GLUCOSE TEST	2	
PUMP REMOTE PROGRAMMER 508 SERIES	2	
PUMPKIN FLAVOR	2	
PURIFIED WATER	2	
PUSH BUTTON SAFETY LANCETS 21G	2	
PUSH BUTTON SAFETY LANCETS 28G	2	
PX ADVANCED LANCING DEVICE	2	
PX LANCET AUTO INJECTOR	2	
PX LANCETS ULTRA THIN	2	
PX LANCETS ULTRA THIN 28G	2	
QC ADVANCED LANCING DEVICE	2	
QC LANCETS SUPER THIN	2	
QC LANCETS ULTRA THIN	2	

Drug Name	Drug Tier	Req/ Limits
QC UNILET LANCETS 28G/ULTRA THIN	2	
QC UNILET LANCETS 33G/MICRO THIN	2	
QUICK-SERTER INSERTION DEVICE	2	
QUICK-SET INFUSION SET 23"/6MM	2	
QUICK-SET INFUSION SET 233"/9MM	2	
QUICK-SET INFUSION SET 43"/6MM	2	
QUICK-SET INFUSION SET 43"/9MM	2	
QUICKTEK	2	
QUICKTEK CONTROL SOLUTION	2	
QUICKTEK TEST STRIPS	2	
QUICKVUE + STREP A TEST	2	
QUICKVUE DIPSTICK STREP A TEST	2	
QUICKVUE INFLUENZA A+B TEST	2	
QUICKVUE IN-LINE STREP A TEST	2	
QUINIZARIN GREEN SS	2	
QUINTET AC BLOOD GLUCOSE MONITORING SYSTEM	2	
QUINTET AC BLOOD GLUCOSE TEST STRIPS	2	
QUINTET BLOOD GLUCOSE MONITORING SYSTEM	2	
QUINTET BLOOD GLUCOSE TEST STRIPS	2	
QUINTET GLUCOSE CONTROL/ HIGH/NORMAL	2	
RA BLOOD GLUCOSE MONITOR	2	
RA E-ZJECT COLOR LANCETS MICRO-THIN 33G	2	
RA E-ZJECT LANCETS 28G	2	
RA E-ZJECT LANCETS THIN 26G	2	
RA E-ZJECT LANCETS THIN 28G	2	
RA E-ZJECT LANCETS ULTRA THIN 30G	2	
RA LANCING DEVICE	2	
RA TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM	2	
RA TRUERESULT BLOOD GLUCOSE MONITOR	2	
RA TRUETEST STRIPS	2	
RADIAPLEXRX	2	
RADIOGARDASE	2	

Drug Name	Drug Tier	Req/ Limits
RAPPORT RING LOADING SYSTEM	2	
RAPPORT VACUUM THERAPY DEVICE	2	
RASPBERRY CONCENTRATE	2	
RASPBERRY FLAVOR	2	
RASPBERRY SYRUP	2	
RDT-PLUS	2	
READI-CAT 2	2	
READI-CAT 2 BANANA SMOOTHIE	2	
READI-CAT 2 BERRY SMOOTHIE	2	
READI-CAT 2 CREAMY VANILLA SMOOTHIE	2	
READI-CAT 2 MOCHACCINO SMOOTHIE	2	
READYLANCE SAFETY LANCETS/21G/2.2MM	2	
READYLANCE SAFETY LANCETS/23G/1.8MM	2	
READYLANCE SAFETY LANCETS/26G/1.8MM	2	
READYLANCE SAFETY LANCETS/28G/1.8MM	2	
READYLANCE SAFETY LANCETS/30G/1.6MM	2	
REALITY LANCETS	2	
REALITY TRIGGER LANCETS	2	
REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM	2	
REFUAH PLUS BLOOD GLUCOSETEST STRIPS	2	
REFUAH PLUS GLUCOSE CONTROL SOLUTION	2	
REGENT ALCOHOL	2	
REGIONAL BLOCK NEEDLE SAFETY BEAD BLOCK BEVEL 22GX1-1/2"	2	
RELION 2-IN-1 LANCET DEV ICES 30G	2	
RELION 2-IN-1 LANCING DEVICE 25G	2	
RELION 2-IN-1 LANCING DEVICE 30G	2	
RELION BLOOD GLUCOSE TESTSTRIPS	2	
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM	2	

Drug Name	Drug Tier	Req/ Limits
RELION CONFIRM/MICRO TEST STRIPS	2	
RELION KETONE	2	
RELION KETONE TEST STRIPS	2	
RELION LANCETS MICRO-THIN33G	2	
RELION LANCETS STANDARD 21G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN30G	2	
RELION LANCING DEVICE	2	
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM	2	
RELION PREMIER BLOOD GLUCOSE TEST STRIPS	2	
RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM	2	
RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM	2	
RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM	2	
RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM	2	
RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM	2	
RELION PRIME BLOOD GLUCOSE TEST STRIPS	2	
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM	2	
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS	2	
RELION ULTIMA TEST STRIPS	2	
RELION ULTRA THIN LANCETS/30G	2	
RELION ULTRA THIN LANCETS30G	2	
RELION ULTRA THIN PLUS LANCETS 32G	2	
RELION ULTRA THIN PLUS LANCETS 33G	2	
RENEWCREAM HRT	2	
RESECTISOL	2	
RESERVAPAK KIT	2	
RESERVAPAK PLUS KIT	2	
RETROBULBAR ANESTHESIA NEEDLE ATKINSON 23GX1-3/8	2	
RETROBULBAR NEEDLE 25G TWX 1-1/2"	2	

Drug Name	Drug Tier	Req/ Limits
REUSABLE SYRINGE BARREL ONLY 1-1/2OZ	2	
REUSABLE SYRINGE BARREL ONLY 1OZ	2	
REUSABLE SYRINGE BARREL ONLY 2OZ	2	
REUSABLE SYRINGE BARREL ONLY 3OZ	2	
REUSABLE SYRINGE BARREL ONLY 4OZ	2	
REVEAL BLOOD GLUCOSE MONITOR	2	
REVEAL BLOOD GLUCOSE TEST	2	
REXALL BLOOD GLUCOSE MONITORING SYSTEM	2	
REXALL BLOOD GLUCOSE TEST STRIPS	2	
REXALL LANCETS ULTRA THIN	2	
R-GENE 10	2	
RHEOSPRAY	2	
RIGHTEST GC300 HIGH CONTROL	2	
RIGHTEST GC300 NORMAL CONTROL	2	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GD-L500 ALTERNATE SITE ADAPTER	2	
RIGHTEST GL300 LANCETS	2	
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM	2	
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM	2	
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM	2	
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS	2	
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS	2	
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS	2	
ROBB INFUSION SYRINGE 100ML	2	
ROBB-TYPE ANGIOGRAPHY SYRINGE 80ML (50ML ID)	2	
ROOT BEER FLAVOR	2	
RTD WOUND CARE DRESSING 2" X 2"	2	

Drug Name	Drug Tier	Req/ Limits
RTD WOUND CARE DRESSING 4" X 4"	2	
RTD WOUND CARE DRESSING 4" X 5"	2	
RX-SPECIMEN COLLECTION KIT	2	
SACCHARIN	2	
SACCHARIN SODIUM	1	
SAFESNAP ALLERGY SYRINGE/1ML/27G X 1/2"	2	
SAFESNAP SYRINGE/10ML	2	
SAFESNAP SYRINGE/3ML	2	
SAFESNAP SYRINGE/5ML	2	
SAFESNAP SYRINGE/ NEEDLE/10ML/20G X 1"	2	
SAFESNAP SYRINGE/ NEEDLE/10ML/20G X 1-1/2"	2	
SAFESNAP SYRINGE/ NEEDLE/10ML/21G X 1"	2	
SAFESNAP SYRINGE/ NEEDLE/10ML/21G X 1-1/2"	2	
SAFESNAP SYRINGE/ NEEDLE/10ML/22G X 1"	2	
SAFESNAP SYRINGE/ NEEDLE/10ML/22G X 1-1/2"	2	
SAFESNAP SYRINGE/ NEEDLE/3ML/20G X 1"	2	
SAFESNAP SYRINGE/ NEEDLE/3ML/20G X 1-1/2"	2	
SAFESNAP SYRINGE/ NEEDLE/3ML/21G X 1"	2	
SAFESNAP SYRINGE/ NEEDLE/3ML/21G X 1-1/2"	2	
SAFESNAP SYRINGE/ NEEDLE/3ML/22G X 1"	2	
SAFESNAP SYRINGE/ NEEDLE/3ML/22G X 1-1/2"	2	
SAFESNAP SYRINGE/ NEEDLE/3ML/23G X 1"	2	
SAFESNAP SYRINGE/ NEEDLE/3ML/23G X 1-1/2"	2	
SAFESNAP SYRINGE/ NEEDLE/3ML/25G X 1"	2	
SAFESNAP SYRINGE/ NEEDLE/3ML/25G X 5/8"	2	
SAFESNAP SYRINGE/ NEEDLE/5ML/20G X 1"	2	

Drug Name	Drug Tier	Req/ Limits
SAFESNAP SYRINGE/ NEEDLE/5ML/20G X 1-1/2"	2	
SAFESNAP SYRINGE/ NEEDLE/5ML/21G X 1"	2	
SAFESNAP SYRINGE/ NEEDLE/5ML/21G X 1-1/2"	2	
SAFESNAP SYRINGE/ NEEDLE/5ML/22G X 1"	2	
SAFESNAP SYRINGE/ NEEDLE/5ML/22G X 1-1/2"	2	
SAFESNAP TUBERCULIN SYRINGE/1ML/25G X 5/8"	2	
SAFESNAP TUBERCULIN SYRINGE/1ML/27G X 1/2"	2	
SAFE-T-LANCE LOW FLOW 25G	2	
SAFE-T-LANCE NORMAL FLOW 21G	2	
SAFE-T-LANCE PLUS SAFETY LANCET HIGH FLOW	2	
SAFE-T-LANCE PLUS SAFETY LANCET LOW FLOW	2	
SAFE-T-LANCE PLUS SAFETY LANCET NORMAL FLOW	2	
SAFETY LANCET 21G/PRESSURE ACTIVATED	2	
SAFETY LANCET 23G/PRESSURE ACTIVATED	2	
SAFETY LANCET 28G/PRESSURE ACTIVATED	2	
SAFETY LANCET 30G/PRESSURE ACTIVATED	2	
SAFETY LANCETS	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 28G	2	
SAFETY LET LANCETS	2	
SAFETY SEAL LANCETS 28G	2	
SAFETY SEAL LANCETS 30G	2	
SAFETY SYRINGES/NEEDLE 10ML/20GX1-1/2"	2	
SAFETY SYRINGES/NEEDLE 10ML/21GX1-1/2"	2	
SAFETY SYRINGES/NEEDLE 10ML/22GX1-1/2"	2	
SAFETY SYRINGES/NEEDLE 1ML/25GX5/8"	2	
SAFETY SYRINGES/NEEDLE 1ML/27GX1/2"	2	

Drug Name	Drug Tier	Req/ Limits
SAFETY SYRINGES/NEEDLE 3ML/20GX1"	2	
SAFETY SYRINGES/NEEDLE 3ML/20GX1-1/2"	2	
SAFETY SYRINGES/NEEDLE 3ML/21GX1"	2	
SAFETY SYRINGES/NEEDLE 3ML/21GX1-1/2"	2	
SAFETY SYRINGES/NEEDLE 3ML/22GX1"	2	
SAFETY SYRINGES/NEEDLE 3ML/22GX1-1/2"	2	
SAFETY SYRINGES/NEEDLE 3ML/23GX1"	2	
SAFETY SYRINGES/NEEDLE 3ML/25GX5/8"	2	
SAFETY SYRINGES/NEEDLE 5ML/20GX1-1/2"	2	
SAFETY SYRINGES/NEEDLE 5ML/21GX1-1/2"	2	
SAFETY SYRINGES/NEEDLE 5ML/22GX1-1/2"	2	
SAFETY-GARD SHIELDED NEEDLE 18G	2	
SAFETY-GARD SHIELDED NEEDLE 20G	2	
SAFETY-LOK SAFETY SYRINGE/1ML/25G X 5/8"	2	
SAFETY-LOK SYRINGE 10ML LUER-LOK	2	
SAFETY-LOK SYRINGE 3ML LUER-LOK	2	
SAFETY-LOK SYRINGE 5ML LUER-LOK	2	
SAFETY-LOK SYRINGE/ DETACHABLE NEEDLE 5ML/21G X 1-1/2"	2	
SAFETY-LOK SYRINGE/ DETACHABLE NEEDLE/10ML/21G X 1-1/2"	2	
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 21GX1-1/2"	2	
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 22GX1"	2	
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 22GX1-1/2"	2	

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Drug Name	Drug Tier	Req/ Limits
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 23GX1"	2	
SAFETY-LOK SYRINGE/NEEDLE3ML LUER-LOK 25GX5/8"	2	
SAFETY-LOK TB SYRINGE PERM NEEDLE 1ML 27GX1/2"	2	
SALINE FLUSH	1	
SALINE FLUSH ZR/STERILE FIELD	1	
SANA-LOK CONTROL SYRINGE METAL PLUNGER 10ML	2	
SANA-LOK CONTROL SYRINGE METAL PLUNGER 5ML	2	
SANA-LOK CONTROL SYRINGE ROENTGENOGRAPHY 20ML	2	
SAPS HEALTH CARE TWIST TOP LANCETS	2	
SAPS HEALTH TWIST TOP LANCETS 30G	2	
SAPSCARE TWIST TOP LANCETS 30G	2	
SASH KIT FOR FLUSHING VASCULAR ACCESS DEVICES	1	
SAXENDA	2	
SB LANCETS THIN	2	
SB LANCETS ULTRA THIN	2	
SECREFLO	2	
SECURESAFE ALLERGY TRAYS/1ML/27G X 1/2"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/18G X 1"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/18G X 1-1/2"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/19G X 1"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/19G X 1-1/2"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/20G X 1"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/20G X 1-1/2"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/21G X 1"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/21G X 1-1/2"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/22G X 1"	2	

Drug Name	Drug Tier	Req/ Limits
SECURESAFE SAFETY HYPODERMIC NEEDLE/22G X 1-1/2"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/23G X 1"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/23G X 1-1/2"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/25G X 1-1/2"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/25G X 5/8"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/26G X 1/2"	2	
SECURESAFE SAFETY HYPODERMIC NEEDLE/27G X 1/2"	2	
SECURESAFE SYRINGE/ NEEDLE/10ML/21G X 1-1/2"	2	
SECURESAFE SYRINGE/ NEEDLE/1ML/25G X 1"	2	
SECURESAFE SYRINGE/ NEEDLE/1ML/25G X 1-1/2"	2	
SECURESAFE SYRINGE/ NEEDLE/1ML/25G X 5/8"	2	
SECURESAFE SYRINGE/ NEEDLE/1ML/27G X 1/2"	2	
SECURESAFE SYRINGE/ NEEDLE/3ML/20G X 1"	2	
SECURESAFE SYRINGE/ NEEDLE/3ML/20G X 1-1/2"	2	
SECURESAFE SYRINGE/ NEEDLE/3ML/21G X 1"	2	
SECURESAFE SYRINGE/ NEEDLE/3ML/21G X 1-1/2"	2	
SECURESAFE SYRINGE/ NEEDLE/3ML/22G X 1"	2	
SECURESAFE SYRINGE/ NEEDLE/3ML/22G X 1-1/2"	2	
SECURESAFE SYRINGE/ NEEDLE/3ML/23G X 1"	2	
SECURESAFE SYRINGE/ NEEDLE/3ML/25G X 5/8"	2	
SECURESAFE SYRINGE/ NEEDLE/5ML/21G X 1-1/2"	2	
SECURESAFE TUBERCULIN INSULIN SYRINGE/1ML/25G X 5/8"	2	
SECURESAFE TUBERCULIN INSULIN SYRINGE/1ML/26G X 3/8"	2	

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Drug Name	Drug Tier	Req/ Limits
SECURESAFE TUBERCULIN INSULIN SYRINGE/1ML/27G X 1/2"	2	
SELECT-LITE DEVICE/LANCETS	2	
SELECT-LITE LANCING DEVICE	2	
SEN-SERTER	2	
SEPINEO P 600	2	
SEVOFLURANE	1	
SHEA BUTTER	2	
SHEA BUTTER ORGANIC	2	
SHOPKO AUTOLET LANCING DEVICE	2	
SHOPKO ON-THE-GO COMFORT LANCETS 30G	2	
SHOPKO UNILET LANCETS SUPER THIN 30G	2	
SHOPKO UNILET LANCETS ULTRA THIN 28G	2	
SHRIMP FLAVOR	2	
SIDE BUTTON SAFETY LANCET21G	2	
SILHOUETTE 13MM	2	
SILHOUETTE 17MM	2	
SILHOUETTE INFUSION SET 18"/13MM	2	
SILHOUETTE INFUSION SET 23" COMBO	2	
SILHOUETTE INFUSION SET 23" FULL	2	
SILHOUETTE INFUSION SET 23"/13MM	2	
SILHOUETTE INFUSION SET 23"/17MM	2	
SILHOUETTE INFUSION SET 43" COMBO	2	
SILHOUETTE INFUSION SET 43" FULL	2	
SILHOUETTE INFUSION SET 43"/17MM	2	
SILOSOME TRANSDERMAL	2	
SIL-SERTER INSERTION DEVICE	2	
SIMPLE DIAGNOSTICS LANCING DEVICE	2	
SIMPLE SYRUP	2	
SIMPLGEL 30	2	
SINGLE-LET	2	
SM MICRO THIN LANCETS 33G	2	

Drug Name	Drug Tier	Req/ Limits
SM TRUEDRAW LANCING DEVICE	2	
SMART DIABETES VANTAGE LANCING DEVICE	2	
SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM	2	
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS	2	
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	
SMART SENSE THIN LANCETS UNIVERSAL 26G	2	
SMART SENSE VALUE BLOOD GLUCOSE MONITORING SYSTEM	2	
SMART SENSE VALUE BLOOD GLUCOSE STRIPS	2	
SMARTEST BLOOD GLUCOSE TEST STRIPS	2	
SMARTEST CONTROL SOLUTIONMEDIUM	2	
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM	2	
SMARTEST EJECT STARTER KIT	2	
SMARTEST LANCETS 28G	2	
SMARTEST PERSONA STARTER KIT	2	
SMARTEST PRONTO STARTER KIT	2	
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM	2	
SMARTEST PROTEGE STARTER KIT	2	
SODIUM BENZOATE	2	
SODIUM CHLORIDE FLUSH	1	
SODIUM CITRATE	2	
SODIUM CITRATE LOCK FLUSH	2	
SODIUM HYALURONATE	2	
SODIUM LAURYL SULFATE	2	
SODIUM NITRITE	1	
SODIUM THIOSULFATE	2	
SODIUM THIOSULFATE PENTAHYDRATE	2	
SOFIA INFLUENZA A+B FIA	2	
SOFIA SARS ANTIGEN FIA	2	

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Drug Name	Drug Tier	Req/ Limits
SOFIA STREP A FIA	2	
SOFIA STREP A+ FIA	2	
SOFIA2 SARS ANTIGEN FIA	2	
SOF-SENSOR	2	
SOF-SERTER INSERTION DEVICE	2	
SOF-SET INFUSION SET 24"	2	
SOF-SET INFUSION SET 42"	2	
SOF-SET MICRO QR INFUSION SET 24"	2	
SOF-SET MICRO QR INFUSION SET 42"	2	
SOF-SET ULTIMATE QR INFUSION SET 24"	2	
SOF-SET ULTIMATE QR INFUSION SET 42"	2	
SOLARTEK GLUCOSE CONTROL SOLUTIONS	2	
SOLU-K GEL	2	
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM	2	
SOLUS V2 AUDIBLE TEST	2	
SOLUS V2 CONTROL HIGH	2	
SOLUS V2 CONTROL LOW	2	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	2	
SOLUS V2 TWIST LANCETS 30G	2	
SOLVATECH PLUS	2	
SOLVATECH SWEET SF	2	
SORBIC ACID	2	
SORBITOL	1	
SORBITOL	2	
SORBITOL CANDY BASE	2	
SORBITOL HARD CANDY BASE-GRAPE	2	
SORBITOL/MANNITOL IRRIGATION	1	
SORBITOL-MANNITOL	1	
SPEARMINT FLAVOR	2	
SPG SUPPOSI-BASE	2	
SPINAL NEEDLE 18GX3"	2	
SPINAL NEEDLE 18GX3-1/2"	2	
SPINAL NEEDLE 18GX6"	2	
SPINAL NEEDLE 19GX3"	2	
SPINAL NEEDLE 19GX3-1/2"	2	

Drug Name	Drug Tier	Req/ Limits
SPINAL NEEDLE 20GX1-1/2"	2	
SPINAL NEEDLE 20GX2-1/2"	2	
SPINAL NEEDLE 20GX3"	2	
SPINAL NEEDLE 20GX3-1/2"	2	
SPINAL NEEDLE 20GX6"	2	
SPINAL NEEDLE 22GX1-1/2"	2	
SPINAL NEEDLE 22GX2-1/2"	2	
SPINAL NEEDLE 22GX3"	2	
SPINAL NEEDLE 22GX3-1/2"	2	
SPINAL NEEDLE 22GX5"	2	
SPINAL NEEDLE 22GX7"	2	
SPINAL NEEDLE 23GX3-1/2"	2	
SPINAL NEEDLE 25G X 3-1/2"	2	
SPINAL NEEDLE 25GX3"	2	
SPINAL NEEDLE 25GX3-1/2"	2	
SPINAL NEEDLE 25GX4-11/16"	2	
SPINAL NEEDLE 26GX3-1/2"	2	
SPINAL NEEDLE 27GX3-1/2"	2	
SPINAL NEEDLE 27GX4-11/16"	2	
SPINAL NEEDLE 29GX3-1/2"	2	
SPINAL NEEDLE 29GX4-11/16"	2	
SPINAL NEEDLE NEONATAL LUMBAR PUNCTURE 25GX1"	2	
SPINAL NEEDLE NEONATAL LUMBAR PUNCTURE 25GX2"	2	
SPINAL NEEDLE THIN-WALL 18GX2-1/2"	2	
SPINAL NEEDLE THIN-WALL 18GX3-1/2"	2	
SPINAL NEEDLE WITH FITTEDSTYLET THIN-WALL 14GX2"	2	
SPINAL NEEDLE WITH FITTEDSTYLET THIN-WALL 18GX1-1/2"	2	
SPINAL NEEDLE WITH FITTEDSTYLET THIN-WALL 18GX2-1/2"	2	
SPINAL NEEDLE WITH FITTEDSTYLET THIN-WALL 18GX6"	2	
STEARIC ACID	2	
STEARIC ACID TRIPLE PRESSED	2	
STEARYL ALCOHOL	2	
STERILANCE PA	2	
STERILANCE TL	2	

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Drug Name	Drug Tier	Req/ Limits
STERILE DILUENT FOR EPOPROSTENOL SODIUM	1	
STERILE DILUENT FOR FLOLAN	2	
STERILE DILUENT FOR TREPROSTINIL INJECTION	1	
STERILE WATER FOR INJECTION	1	
STERILE WATER FOR INJECTION	2	
STEVIA GLYCERITE LIQUID EXTRACT	2	
STIMEX INSULATED NEEDLE TEFLON-COATED BLOCK BEVEL 22GX1-1/2"	2	
STIMEX INSULATED NEEDLE TEFLON-COATED BLOCK BEVEL 22GX2-1/8"	2	
STIMEX INSULATED NEEDLE TEFLON-COATED BLOCK BEVEL 22GX4-1/4"	2	
STRAWBERRY FLAVOR	2	
SULPHAN BLUE	2	
SUPARTZ FX	2	
SUPER SYNERSWEET FLAVOR	2	
SUPER THIN LANCETS	2	
SUPPOSI-PURE	2	
SUPPOSITORY BLEND	2	
SUPRANE	2	
SUPREME II CONFIDENCE PADDLES	2	
SUPREME II HIGH/LOW CONTROL SOLUTION	2	
SUPREME TEST STRIPS	2	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT LANCING PEN	2	
SURE EDGE BLOOD GLUCOSE MONITORING SYSTEM	2	
SURE EDGE BLOOD GLUCOSE TEST STRIPS	2	
SURE T INFUSION SET 18"/6MM	2	
SURE T INFUSION SET 23"/10MM	2	
SURE T INFUSION SET 23"/6MM	2	
SURE T INFUSION SET 23"/8MM	2	

Drug Name	Drug Tier	Req/ Limits
SURE T INFUSION SET 32"/10MM	2	
SURE T INFUSION SET 32"/6MM	2	
SURE T INFUSION SET 32"/8MM	2	
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM	2	
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT	2	
SURECHEK BLOOD GLUCOSE TEST STRIPS	2	
SURE-LANCE FLAT LANCETS	2	
SURE-LANCE LANCETS 26G	2	
SURE-LANCE THIN LANCETS 28G	2	
SURE-LANCE ULTRA THIN LANCETS	2	
SURELITE LANCETS	2	
SURE-PEN	2	
SURESTEP GLUCOSE CONTROL	2	
SURESTEP GLUCOSE CONTROL SOLUTION	2	
SURESTEP PRO HIGH GLUCOSECONTROL	2	
SURESTEP PRO LINEARITY KIT	2	
SURESTEP PRO LOW GLUCOSE CONTROL	2	
SURESTEP PRO NORMAL GLUCOSE CONTROL	2	
SURE-T INFUSION SET 18"	2	
SURE-T INFUSION SET 23"	2	
SURE-T INFUSION SET 32"	2	
SURE-T INFUSION SET 6MM	2	
SURE-T INFUSION SET 8MM	2	
SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS	2	
SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER	2	
SURE-TOUCH LANCETS UNIVERSAL	2	
SUSPENDRX WITH BITTER-BLOC/ SWEETENED	2	
SUSPENDRX WITH BITTER-BLOC/ UNSWEETENED	2	
SUSPENSION VEHICLE	2	
SWABFLUSH SALINE FLUSH	1	

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Drug Name	Drug Tier	Req/ Limits
SWEET CORN FLAVOR CONCENTRATE	2	
SWEETENING ENHANCER/ FLAVORX	2	
SYMPATHETIC NERVE NEEDLE 18G X 6"	2	
SYMPATHETIC NERVE NEEDLE 19G X 5"	2	
SYMPATHETIC NERVE NEEDLE 20G X 5"	2	
SYNAPSIN	2	
SYNATEK	2	
SYNVISC	2	
SYNVISC ONE	2	
SYRINGE LUER LOCK 35ML	2	
SYRINGE/BLUNT PLASTIC CANNULA	2	
SYRINGE/HYPODERMIC SAFETY12ML 18GX1"	2	
SYRINGE/LUER LOCK/10ML	2	
SYRINGE/LUER LOCK/10ML/21G X 1"	2	
SYRINGE/LUER LOCK/20ML	2	
SYRINGE/LUER LOCK/3ML	2	
SYRINGE/LUER LOCK/3ML/20G X 1"	2	
SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	2	
SYRINGE/LUER LOCK/3ML/20GX1-1/2"	2	
SYRINGE/LUER LOCK/3ML/21G X 1"	2	
SYRINGE/LUER LOCK/3ML/21G X 1-1/2"	2	
SYRINGE/LUER LOCK/3ML/21GX1"	2	
SYRINGE/LUER LOCK/3ML/21GX1-1/2"	2	
SYRINGE/LUER LOCK/3ML/22G X 1"	2	
SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	2	
SYRINGE/LUER LOCK/3ML/22GX1"	2	
SYRINGE/LUER LOCK/3ML/22GX1-1/2"	2	
SYRINGE/LUER LOCK/3ML/23G X 1"	2	
SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	2	
SYRINGE/LUER LOCK/3ML/23GX1"	2	

Drug Name	Drug Tier	Req/ Limits
SYRINGE/LUER LOCK/3ML/25G X 1"	2	
SYRINGE/LUER LOCK/3ML/25G X 1-1/2"	2	
SYRINGE/LUER LOCK/3ML/25G X 5/8"	2	
SYRINGE/LUER LOCK/3ML/25GX1"	2	
SYRINGE/LUER LOCK/3ML/25GX5/8"	2	
SYRINGE/LUER LOCK/5ML	2	
SYRINGE/LUER LOCK/5ML/20G X 1-1/2"	2	
SYRINGE/LUER LOCK/60ML	2	
SYRINGE/LUER SLIP/10ML	2	
SYRINGE/LUER SLIP/1ML	2	
SYRINGE/LUER SLIP/1ML/25G X 5/8"	2	
SYRINGE/LUER SLIP/1ML/26G X 3/8"	2	
SYRINGE/LUER SLIP/1ML/27G X 1/2"	2	
SYRINGE/LUER SLIP/35ML	2	
SYRINGE/LUER SLIP/3ML	2	
SYRINGE/LUER SLIP/5ML	2	
SYRINGE/LUER SLIP/60ML	2	
SYRINGES/LUER LOCK/10ML/20GX1"	2	
SYRINGES/LUER LOCK/10ML/20GX1-1/2"	2	
SYRINGES/LUER LOCK/10ML/21G X 1"	2	
SYRINGES/LUER LOCK/10ML/21GX1-1/2"	2	
SYRINGES/LUER LOCK/10ML/22GX1"	2	
SYRINGES/LUER LOCK/10ML/22GX1-1/2"	2	
SYRINGES/LUER LOCK/1ML/20GX1"	2	
SYRINGES/LUER LOCK/5ML/20GX1"	2	
SYRINGES/LUER LOCK/5ML/20GX1-1/2"	2	
SYRINGES/LUER LOCK/5ML/21GX1"	2	
SYRINGES/LUER LOCK/5ML/21GX1-1/2"	2	
SYRINGES/LUER LOCK/5ML/22GX1"	2	
SYRINGES/LUER LOCK/5ML/22GX1-1/2"	2	
SYRINGES/LUER LOCK/WITHOUT NEEDLE/10ML	2	

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Drug Name	Drug Tier	Req/ Limits
SYRINGES/LUER LOCK/WITHOUT NEEDLE/20ML	2	
SYRINGES/LUER LOCK/WITHOUT NEEDLE/30ML	2	
SYRINGES/LUER LOCK/WITHOUT NEEDLE/3ML	2	
SYRINGES/LUER LOCK/WITHOUT NEEDLE/5ML	2	
SYRINGES/LUER LOCK/WITHOUT NEEDLE/60ML	2	
SYRINGES/LUER SLIP/1ML/25GX5/8"	2	
SYRINGES/LUER SLIP/WITHOUT NEEDLE/1ML	2	
SYRPALTA	2	
SYRSPEND SF	2	
SYRSPEND SF PH4	2	
SYRUP VEHICLE	2	
SYRUP VEHICLE SF	2	
T:30 INFUSION SET	2	
T:90 INFUSION SET/23"/6MM/BLUE	2	
T:90 INFUSION SET/23"/6MM/GREY	2	
T:90 INFUSION SET/23"/6MM/PINK	2	
T:90 INFUSION SET/23"/9MM/BLUE	2	
T:90 INFUSION SET/23"/9MM/GREY	2	
T:90 INFUSION SET/23"/9MM/PINK	2	
T:90 INFUSION SET/43"/6MM/GREY	2	
T:90 INFUSION SET/43"/9MM/GREY	2	
T:FLEX INSULIN CARTRIDGE 4.8ML	2	
T:FLEX INSULIN PUMP	2	
T:FLEX T:LOCK INSULIN CARTRIDGE 4.8ML	2	
T:SLIM G4 INSULIN CARTRIDGE 3ML	2	
T:SLIM G4 INSULIN PUMP	2	
T:SLIM INSULIN CARTRIDGE 3ML	2	
T:SLIM INSULIN DELIVERY SYSTEM	2	
T:SLIM INSULIN PUMP	2	
T:SLIM T:LOCK INSULIN CARTRIDGE 3ML	2	
T:SLIM X2	2	
T:SLIM X2 3 ML CARTRIDGE	2	
T:SLIM X2 INFUSION PUMP/BASAL-IQ ACCESSORIES/INSTRUCTIONS	2	

Drug Name	Drug Tier	Req/ Limits
T:SLIM X2 INFUSION PUMP/ CONTROL-IQ ACCESSORIES/ INSTRUCTIONS	2	
T:SLIM X2 INSULIN PUMP	2	
T:SLIM X2 INSULIN PUMP/BASAL-IQ	2	
T:SLIM X2 INSULIN PUMP/BASAL-IQ 6.4	2	
T:SLIM X2 INSULIN PUMP/BASAL-IQ ACCESSORIES/INSTRUCTIONS	2	
T:SLIM X2 INSULIN PUMP/BASAL-IQ/ REFURBISHED	2	
T:SLIM X2 INSULIN PUMP/ CONTROL-IQ TECHNOLOGY	2	
T:SLIM X2 INSULIN PUMP/ CONTROL-IQ TECHNOLOGY 7.4	2	
T:SLIM X2 INSULIN PUMP/ CONTROL-IQ TECHNOLOGY/ REFURBISHED	2	
T:SLIM X2 INSULIN PUMP/ REFURBISHED	2	
TACHOSIL	2	
TAGITOL V	2	
TAI DOC CONTROL	2	
TANGERINE FLAVOR	2	
TANGERINE FLAVOR SWEETENED	2	
TANNIC ACID	2	
TAURINE	2	
TDC MAX CREAM	2	
TDM SOLUTION	2	
TEABERRY FLAVOR	2	
TEARS AGAIN HYDRATE	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 30G	2	
TELCARE BLOOD GLUCOSE MONITORING SYSTEM	2	
TELCARE BLOOD GLUCOSE TEST STRIPS	2	
TELCARE GLUCOSE CONTROL SOLUTION LEVEL 1/2	2	
TELFA AMD ANTIMICROBIAL ISLAND DRESSING 4"X5"	2	
TELFA AMD ANTIMICROBIAL ISLAND DRESSING4"X8"	2	

Drug Name	Drug Tier	Req/ Limits
TELFA AMD ANTIMICROBIAL NON-ADHERENT PAD 3"X8"	2	
TERRELL	1	
TEST PLUG	2	
TGT BLOOD GLUCOSE METER MONITORING SYSTEM	2	
TGT BLOOD GLUCOSE MONITORING SYSTEM	2	
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM	2	
TGT BLOOD GLUCOSE TEST STRIPS	2	
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM	2	
TGT LANCET MICRO THIN 33G	2	
TGT LANCET THIN 26G	2	
TGT LANCET ULTRA THIN 30G	2	
TGT LANCING DEVICE	2	
THALLOUS CHLORIDE TL 201	2	
THALLOUS CHLORIDE TL 201	1	
THE LIQUILIFT TRACE KIT	2	
THERAHONEY	2	
THERAMINE PLUS	2	
THINLETS GP LANCETS	2	
THREONINE	2	
THYROGEN	2	
TODAYS HEALTH ADVANCED LANCING DEVICE	2	
TODAYS HEALTH SUPER THIN LANCETS 30G	2	
TODAYS HEALTH ULTRA THIN LANCETS 28G	2	
TOMMY GEL	2	
TOOMEY SYRINGE	2	
TOPCARE LANCETS MICRO-THIN 33G	2	
TOXICOLOGY MEDICATED COLLECTION SYSTEM	2	
TOXICOLOGY SALIVA COLLECTION KIT	2	
TRACER II 3 VOLT BATTERY	2	
TRAGACANTH	2	
TRANSDERMAL PAIN BASE	2	
TRANSMITTER TAPE	2	

Drug Name	Drug Tier	Req/ Limits
TRAVEL LANCETS 30G	2	
TRAVEL LANCETS ADVANCED 28G	2	
TRAZODONE	2	
TRILURON	2	
TRIVISC	2	
TROCHE BASE	2	
TROCHE BASE NS	2	
TROCHE BASE SF WITH BITTER BLOC	2	
TROLAMINE	2	
TROPICAL PUNCH FLAVOR	2	
TROPICAMIDE	2	
TRUE COMFORT TWIST TOP LANCETS 30G	2	
TRUE FOCUS BLOOD GLUCOSE SELF MONITORING METER	2	
TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS	2	
TRUE METRIX	2	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH	2	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART	2	
TRUE METRIX AIR W/BLUETOOTH SMART	2	
TRUE METRIX BLOOD GLUCOSEMETER	2	
TRUE METRIX BLOOD GLUCOSETEST STRIPS	2	
TRUE METRIX CONTROL SOLUTION LEVEL 1	2	
TRUE METRIX CONTROL SOLUTION LEVEL 2	2	
TRUE METRIX CONTROL SOLUTION LEVEL 3	2	
TRUE METRIX GO BLOOD GLUCOSE METER	2	
TRUE METRIX PRO GLUCOSE TEST STRIPS	2	
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS	2	
TRUECONTROL GLUCOSE CONTROL LEVEL 0	2	
TRUECONTROL GLUCOSE CONTROL LEVEL 1	2	

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Drug Name	Drug Tier	Req/ Limits
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	1	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 28G SUPER THIN	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 30G ULTRA THIN	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS LANCETS 33G MICRO THIN	2	
TRUEPLUS SAFETY LANCETS 28G	2	
TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING	2	
TRUETEST STRIPS	2	
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM	2	
TRUETRACK BLOOD GLUCOSE TEST	2	
TRUETRACK SMART SYSTEM	2	
TRUETRACK TEST	2	
TRUSTEEL INFUSION SET/23"/6MM	2	
TRUSTEEL INFUSION SET/23"/8MM	2	
TRUSTEEL INFUSION SET/32"/6MM	2	
TRUSTEEL INFUSION SET/32"/8MM	2	
TRYPAN BLUE	2	
TRYPTOPHAN	2	
TUNA FLAVOR	2	
TUOHY EPIDURAL NEEDLE THIN-WALL TUOHY-SCHLIFF POINT 17GX3.5"	2	
TUOHY EPIDURAL NEEDLE THIN-WALL TUOHY-SCHLIFF POINT 18GX2"	2	
TUOHY EPIDURAL NEEDLE THIN-WALL TUOHY-SCHLIFF POINT 18GX3.5"	2	
TUOHY EPIDURAL NEEDLE THIN-WALL TUOHY-SCHLIFF POINT 20GX3.5"	2	
TUTTI FRUTTI FLAVOR	2	
TUTTI-FRUTTI FLAVOR	2	
TYR SPHERE 20	2	
UCARE POLYMER JR-400	2	

Drug Name	Drug Tier	Req/ Limits
ULTANE	2	
ULTICARE SAFETY SYRINGE/LOW DEAD SPACE/1.5ML/22GX1-1/2"	2	
ULTICARE SYRINGE/LOW DEADSPACE/1.5ML/22G X1-1/2"	2	
ULTICARE SYRINGE/LOW DEADSPACE/1ML/22G X1-1/2"	2	
ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2"	2	
ULTICARE TUBERCULIN SAFETSYRINGES/1ML/27G X 5/8"	2	
ULTICARE TUBERCULIN SAFETSYRINGES/1ML/28G X 1/2"	2	
ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 1"	2	
ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 5/8"	2	
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 1/2"	2	
ULTI-LANCE AUTOMATIC/ CLEAR TIP	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	
ULTILET LANCETS 33G	2	
ULTILET SAFETY LANCETS 21G X 2.2MM	2	
ULTILET SAFETY LANCETS 23G	2	
ULTIMA	2	
ULTIMA TEST STRIPS	2	
ULTRA THIN LANCETS 31G	2	
ULTRA TRAK PRO BLOOD GLUCOSE MONITORING SYSTEM	2	
ULTRA-CARE LANCETS 30G	2	
ULTRALANCE	2	
ULTRA-THIN II AUTO LANCET	2	
ULTRA-THIN II LANCETS 28G	2	
ULTRA-THIN II LANCETS 30G	2	
ULTRATRAK ACTIVE	2	
ULTRATRAK PRO	2	
ULTRATRAK PRO CONTROL SOLUTION 2 LEVELS	2	
ULTRATRAK PRO NORMAL CONTROL	2	
ULTRATRAK PRO TEST STRIPS	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Req/ Limits
ULTRATRAK ULTIMATE CONTROL SOLUTION 2 LEVELS	2	
ULTRATRAK ULTIMATE MONITOR	2	
ULTRATRAK ULTIMATE TEST STRIPS	2	
ULTRAVIST	2	
U-MILD SHAMPOO	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE	2	
UNILET EXCELITE II	2	
UNILET G.P. LANCET	2	
UNILET G.P. SUPERLITE LANCET	2	
UNILET GP 28 ULTRA THIN	2	
UNILET LANCET	2	
UNILET LANCETS MICRO-THIN33G	2	
UNILET LANCETS SUPER-THIN30G	2	
UNILET LANCETS ULTRA-THIN 28G	2	
UNILET SUPERLITE LANCET	2	
UNISPEND ANHYDROUS SWEETENED	2	
UNISTIK 1	2	
UNISTIK 2	2	
UNISTIK 2 COMFORT	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 NEONATAL	2	
UNISTIK 2 NORMAL	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 COMFORT	2	
UNISTIK 3 EXTRA	2	
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
UNISTIK 3 NORMAL	2	
UNISTIK CZT COMFORT	2	
UNISTIK CZT NORMAL	2	
UNISTIK PRO SAFETY LANCET 21G	2	
UNISTIK PRO SAFETY LANCET 25G	2	
UNISTIK PRO SAFETY LANCET 28G	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	

Drug Name	Drug Tier	Req/ Limits
UNISTIK TOUCH SAFETY LANCETS 21G	2	
UNISTIK TOUCH SAFETY LANCETS 23G	2	
UNISTIK TOUCH SAFETY LANCETS 28G	2	
UNISTIK TOUCH SAFETY LANCETS 30G	2	
UNISTRIP CONTROL SOLUTIONHIGH	2	
UNISTRIP CONTROL SOLUTIONLOW	2	
UNISTRIP1 GENERIC	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	
UNIVERSAL 1 LANCETS/33G/ MICRO-THIN	2	
UNIVERSAL WATER GEL	2	
URE-NA	2	
VACUSTIM BLACK	2	
VACUSTIM SILVER	2	
VALINE	2	
VALUE PLUS LANCETS STANDARD 21G	2	
VALUE PLUS LANCETS SUPER THIN 30G	2	
VALUE PLUS LANCETS THIN 26G	2	
VALUE PLUS LANCING DEVICE	2	
VALUMARK LANCET SUPER THIN 30G	2	
VALUMARK LANCET ULTRA THIN 28G	2	
VANCOMYCIN	1	
VANILLA BUTTERNUT FLAVOR	2	
VANILLA FLAVOR	2	
VANILLIN FLAVOR	2	
VANISHPOINT ALLERGY SYRINGE TRAY/1ML/27G X 1/2"	2	
VANISHPOINT SAFETY SYRINGE/10ML/20GX1"	2	
VANISHPOINT SAFETY SYRINGE/10ML/20GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/10ML/21GX1"	2	

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Drug Name	Drug Tier	Req/ Limits
VANISHPOINT SAFETY SYRINGE/10ML/21GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/10ML/22GX1"	2	
VANISHPOINT SAFETY SYRINGE/10ML/22GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/10ML/25GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/10ML/27GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	2	
VANISHPOINT SAFETY SYRINGE/3ML/20GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/3ML/21GX1"	2	
VANISHPOINT SAFETY SYRINGE/3ML/21GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/3ML/22GX1"	2	
VANISHPOINT SAFETY SYRINGE/3ML/22GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/3ML/23GX1"	2	
VANISHPOINT SAFETY SYRINGE/3ML/23GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/3ML/25GX1"	2	
VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/3ML/25GX5/8"	2	
VANISHPOINT SAFETY SYRINGE/3ML/27GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/5ML/20GX1"	2	
VANISHPOINT SAFETY SYRINGE/5ML/20GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/5ML/21GX1"	2	
VANISHPOINT SAFETY SYRINGE/5ML/21GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/5ML/22GX1"	2	
VANISHPOINT SAFETY SYRINGE/5ML/22GX1-1/2"	2	

Drug Name	Drug Tier	Req/ Limits
VANISHPOINT SAFETY SYRINGE/5ML/25GX1-1/2"	2	
VANISHPOINT SAFETY SYRINGE/5ML/27GX1-1/2"	2	
VANISHPOINT SYRINGE/10ML/21G X 1-1/2"	2	
VANISHPOINT SYRINGE/1ML/25G X 1"	2	
VANISHPOINT SYRINGE/3ML/20G X 1"	2	
VANISHPOINT SYRINGE/3ML/20G X 1-1/2"	2	
VANISHPOINT SYRINGE/3ML/21G X 1"	2	
VANISHPOINT SYRINGE/3ML/21G X 1-1/2"	2	
VANISHPOINT SYRINGE/3ML/22G X 1"	2	
VANISHPOINT SYRINGE/3ML/22G X 1-1/2"	2	
VANISHPOINT SYRINGE/3ML/23G X 1"	2	
VANISHPOINT SYRINGE/3ML/23G X 1-1/2"	2	
VANISHPOINT SYRINGE/3ML/25G X 1"	2	
VANISHPOINT SYRINGE/3ML/25G X 1-1/2"	2	
VANISHPOINT SYRINGE/3ML/25G X 5/8"	2	
VANISHPOINT SYRINGE/5ML/21G X 1-1/2"	2	
VANISHPOINT TUBERCULIN SYRINGE 1ML/25G X 5/8"	2	
VANISHPOINT TUBERCULIN SYRINGE 1ML/27GX1/2"	2	
VARISOFT INFUSION SET 23"/13MM	2	
VARISOFT INFUSION SET 23"/17MM	2	
VARISOFT INFUSION SET 32"/13MM	2	
VARISOFT INFUSION SET 32"/17MM	2	
VARISOFT INFUSION SET 43"/13MM	2	
VARISOFT INFUSION SET 43"/17MM	2	
VARISOFT INFUSION SET/23"/13MM	2	
VARISOFT INFUSION SET/23"/17MM	2	
VARISOFT INFUSION SET/32"/13MM	2	
VARISOFT INFUSION SET/32"/17MM	2	

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Drug Name	Drug Tier	Req/ Limits
VARISOFT INFUSION SET/43"/17MM	2	
VASCAZEN	2	
VASELINE	2	
VAYACOG	2	
VAYARIN	2	
VAYAROL	2	
VB6 P5P	2	
VEGETABLE CAPSULE #0 GREEN	2	
VEGETABLE CAPSULE #0 WHITE	2	
VEGETABLE CAPSULE #00 WHITE	2	
VEGETABLE CAPSULE #1 WHITE	2	
VEGETABLE CAPSULE #2 WHITE	2	
VEGETABLE CAPSULE #3 WHITE	2	
VEGETABLE CAPSULE #4 WHITE	2	
VERASENS BLOOD GLUCOSE MONITORING SYSTEM	2	
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT	2	
VERASENS BLOOD GLUCOSE TEST STRIPS	2	
VERASENS GLUCOSE CONTROL LEVEL 1	2	
VERSABASE	2	
VERSABASE FOAM	2	
VERSAFREE	2	
VERSAPLUS	2	
VERSAPRO	2	
VERSAPRO SHAMPOO	2	
VIDA MIA AUTOLET LANCING DEVICE	2	
VIDA MIA UNILET LANCETS SUPER THIN 30G	2	
VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	
VISCO-3	2	
VISIPAQUE	2	
VITALET PRO LANCETS	2	
VITALET PRO PLUS LANCETS	2	
VITATROCHE PLUS BASE SF WITH BITTER-BLOC	2	
VITRASE	2	
VIVAGUARD INO BLOOD GLUCOSE METER	2	

Drug Name	Drug Tier	Req/ Limits
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS	2	
VIVAGUARD INO CONTROL SOLUTION	2	
VIVAGUARD LANCETS	2	
VIVAGUARD LANCING DEVICE	2	
VIZAMYL	2	
VOCAL POINT BLOOD GLUCOSE MONITORING SYSTEM	2	
VOCAL POINT BLOOD GLUCOSE TEST STRIPS	2	
VOLUMEX	1	
VOPAC GB	2	
VOPAC KT	2	
WALGREENS ADVANCED TRAVELLANCETS 28G	2	
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	2	
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	2	
WALGREENS LANCETS	2	
WALGREENS THIN LANCETS	2	
WALGREENS ULTRA THIN LANCETS	2	
WATER BASE GEL	2	
WATERMELON FLAVOR	2	
WAVESENSE AMP	2	
WAVESENSE KEYNOTE	2	
WAVESENSE KEYNOTE PRO METER	2	
WAVESENSE PRESTO TEST STRIPS	2	
WEISS EPIDURAL NEEDLE THIN-WALL TUOHY-SCHLIFF POINT 17GX3.5"	2	
WEISS EPIDURAL NEEDLE THIN-WALL TUOHY-SCHLIFF POINT 17GX5"	2	
WEISS EPIDURAL NEEDLE THIN-WALL TUOHY-SCHLIFF POINT 17GX8CM	2	
WEISS EPIDURAL NEEDLE THIN-WALL TUOHY-SCHLIFF POINT 18GX2"	2	

Drug Name	Drug Tier	Req/ Limits
WEISS EPIDURAL NEEDLE THIN-WALL TUOHY-SCHLIFF POINT 18GX3.5"	2	
WEISS EPIDURAL NEEDLE THIN-WALL TUOHY-SCHLIFF POINT 18GX5"	2	
WEISS EPIDURAL NEEDLE THIN-WALL TUOHY-SCHLIFF POINT 18GX8CM	2	
WEISS EPIDURAL NEEDLE THIN-WALL TUOHY-SCHLIFF POINT 20GX3.5"	2	
WEISS EPIDURAL NEEDLE TUOHY-SCHLIFF POINT 20G X 2"	2	
WHITACRE PENCIL POINT SPINAL NEEDLE 22GX1-1/2"	2	
WHITACRE PENCIL POINT SPINAL NEEDLE 22GX3-1/2"	2	
WHITACRE PENCIL POINT SPINAL NEEDLE 25GX1-1/2"	2	
WHITACRE PENCIL POINT SPINAL NEEDLE 25GX3-1/2"	2	
WHITACRE PENCIL POINT SPINAL NEEDLE 25GX4-11/16"	2	
WHITACRE PENCIL POINT SPINAL NEEDLE 27GX1-1/2"	2	
WHITACRE PENCIL POINT SPINAL NEEDLE 27GX3-1/2"	2	
WHITACRE PENCIL POINT SPINAL NEEDLE 27GX4-11/16"	2	
WHITE BEES WAX	2	
WHITE PEDIATRIC ARTERIAL NEEDLE 19G X 1-1/2"	2	
WHITE PEDIATRIC ARTERIAL NEEDLE 20G X 1-1/2"	2	
WHITE PETROLATUM	2	
WHITE PETROLATUM	1	
WHITE WAX	2	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	2	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	2	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	2	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	2	

Drug Name	Drug Tier	Req/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	2	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	2	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	2	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	2	
WILD CHERRY FLAVOR	2	
WILEY BASIC ELEMENTS BHRTBASE	2	
WITEPSOL	2	
WITEPSOL H15 BASE F	2	
WOUND DEBRIDEMENT	2	
WOUND GEL	2	
WOUND WASH BASE	2	
XANTHAN GUM	2	
XENON XE 133	2	
XEROFORM NON-OCCLUSIVE OIL EMULSION GAUZE STRIP 5"X9"	2	
XEROFORM NON-OCCLUSIVE OIL EMULSION PATCH 2"X2"	2	
XEROFORM NON-OCCLUSIVE OIL EMULSION STRIP/OVERWRAP 1"X8"	2	
XEROFORM NON-OCCLUSIVE ROLL	2	
XEROFORM OCCLUSIVE PETROLATUM GAUZE ROLL 4"X9'	2	
XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP 1"X8"	2	
XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP 5"X9"	2	
XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/ OVERWRAP 1"X8"	2	
XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/ OVERWRAP 5"X9"	2	
XEROFORM OCCLUSIVE PETROLTUM GAUZE PATCH 2"X2"	2	
XEROFORM OCCLUSIVE PETROLTUM GAUZE PATCH 4"X4"	2	
YALE NEEDLE/REGULAR BEVEL/ LUER-LOK/27G X 1"	2	
YALE NEEDLES 17G X 3-1/2"	2	
YALE NEEDLES 19G X 3"	2	
YALE NEEDLES 25G X 2"	2	

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Drug Name	Drug Tier	Req/ Limits
YALE NEEDLES 30G X 1/2"	2	
YALE NEEDLES 21G X 1-1/4"	2	
YALE REUSABLE NEEDLE 26G X 3/4"	2	
YALE SPINAL NEEDLE QUINCKE 17GX3-1/2"	2	
YALE SPINAL NEEDLE QUINCKE 18GX3"	2	
YALE SPINAL NEEDLE QUINCKE 18GX3-1/2"	2	
YALE SPINAL NEEDLE QUINCKE 19GX3"	2	
YALE SPINAL NEEDLE QUINCKE 19GX3-1/2"	2	
YALE SPINAL NEEDLE QUINCKE 20GX2"	2	
YALE SPINAL NEEDLE QUINCKE 20GX3"	2	
YALE SPINAL NEEDLE QUINCKE 20GX3-1/2"	2	
YALE SPINAL NEEDLE QUINCKE 20GX4"	2	
YALE SPINAL NEEDLE QUINCKE 22GX1-1/2"	2	
YALE SPINAL NEEDLE QUINCKE 22GX2"	2	
YALE SPINAL NEEDLE QUINCKE 22GX3"	2	
YALE SPINAL NEEDLE QUINCKE 22GX3-1/2"	2	
YALE SPINAL NEEDLE QUINCKE 24GX3-1/2"	2	
YALE SPINAL NEEDLE QUINCKE 26GX3-1/2"	2	
YALE TUBERCULIN SYRINGE GLASS LUER TIP 1/2ML	2	
YELLOW PETROLATUM	2	
ZOSIL	2	
ZYTAZE	2	
Monoamine Oxidase B (MAO-B) Inhibitors		
SELEGILINE HCL	2	
Monoclonal Antibody/Antibody-Drug Conjugate		
BLENREP	2	
CAMPATH	2	
Mood Stabilizers		
LITHIUM CARBONATE	2	

Drug Name	Drug Tier	Req/ Limits
Nonsteroidal Anti-inflammatory Drugs		
ACETYL SALICYLIC ACID	2	
ACTIVE-KETOPROFEN KIT	2	
ACTIVE-PREP KIT I	2	
ACTIVE-PREP KIT II	2	
ACTIVE-PREP KIT III	2	
AIF #2 DRUG PREPARATION KIT	2	
AIF #3 DRUG PREPARATION KIT	2	
ASPIRIN	2	
BASE FIVE COMPONENT NAPROXEN SODIUM MULTI-PHASIC COMPOUND	2	
DICLOFONO	2	
DIFLUNISAL	2	
DUAL COMPLEX FORMULA 1 KIT	2	
DURAXIN	1	
ENOVARX-IBUPROFEN	2	
FBL KIT	2	
FENOPROFEN CALCIUM	2	
FLURBIPROFEN	2	
FROTEK	2	
GABAPENTIN/NAPROXEN SOD MULTI-PHASIC TRANSDERMAL CMPD KIT	2	
IBUPROFEN	2	
INDOMETHACIN	2	
K.B.G.L. IN TERODERM CREAM	2	
KETOPHENE RAPIDPAQ	2	
KETOROLAC TROMETHAMINE	2	
LICART	2	
MECLOFENAMATE SODIUM	2	
MEFENAMIC ACID	2	
NAPRO 15% COMPOUNDING KIT	2	
NAPROXEN	2	
NAPROXEN COMFORT PAC	2	
NAPROXEN SODIUM	2	
NP #2 DRUG PREPARATION KIT	2	
PHENYLBUTAZONE	2	
PIROXICAM	2	
SODIUM SALICYLATE	2	
SULINDAC	2	
TRIPLE COMPLEX FORMULA 3 KIT	2	
VP FC KIT	2	

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Drug Name	Drug Tier	Req/ Limits
Ophthalmic Prostaglandin and Prostamide Analogs		
BIMATOPROST	1	
LATISSE	2	
Ophthalmic Agents, Other		
AK-FLUOR	1	
ALTAFLUOR BENOX	2	
BEVACIZUMAB	2	
FLUORESCEIN/PROPARACAINE	1	
FLUORESCEIN-BENOXINATE	1	
FLUORESCITE	2	
FLUOR-I-STRIPS A.T.	1	
FLURA-SAFE	2	
GLOSTRIPS	2	
JETREA	2	
LISSAMINE GREEN	1	
MEMBRANEBLUE	2	
MYDRIACYL	2	
PAREMYD	2	
ROSE GLO	2	
TROPICAMIDE	1	
VISIONBLUE	2	
Ophthalmic Anti-allergy Agents		
CYCLOMYDRIL	2	
TROPICAMIDE/CYCLOPENTOLATE/ PHENYLEPHRINE	2	
Ophthalmic Antiglaucoma Agents		
METHAZOLAMIDE	2	
Ophthalmic Anti-inflammatories		
OZURDEX	2	
TRIPLE PMB	2	
Opioid Analgesics, Long-acting		
METHADONE HCL	1	
METHADONE HCL	2	
METHADONE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
METHADOSE	1	
MORPHINE SULFATE	2	
MORPHINE SULFATE/DEXTROSE	2	
MORPHINE SULFATE/SODIUM CHLORIDE	2	
PROBUPHINE IMPLANT KIT	2	
SYNAPRYN FUSEPAQ	2	
Opioid Analgesics, Short-acting		

Drug Name	Drug Tier	Req/ Limits
ALFENTANIL	1	
ALFENTANIL HYDROCHLORIDE	1	
CODEINE PHOSPHATE	2	
FENTANYL CITRATE	2	
FENTANYL CITRATE/BUPIVACAINE HCL/SODIUM CHLORIDE	2	
FENTANYL CITRATE/BUPIVACAINE HYDROCHLORIDE	2	
FENTANYL CITRATE/BUPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE	2	
FENTANYL CITRATE/BUPIVICAINE HCL/SODIUM CHLORIDE	2	
FENTANYL CITRATE/BUPIVICAINE HYDROCHLORIDE/SODIUM CHLORIDE	2	
FENTANYL CITRATE/NACL	2	
FENTANYL CITRATE/ROPIVACAINE HYDROCHLORIDE	2	
FENTANYL CITRATE/ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE	2	
FENTANYL CITRATE/SODIUM CHLORIDE	2	
HYDROMORPHONE HCL	2	
HYDROMORPHONE HCL/SODIUM CHLORIDE	2	
HYDROMORPHONE HYDROCHLORIDE	2	
HYDROMORPHONE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
HYDROMORPHONE HYDROCHLORIDE/BUPIVACAINE HYDROCHLORIDE	2	
HYDROMORPHONE HYDROCHLORIDE/ROPIVACAINE/ SODIUM CHLORIDE	2	
HYDROMORPHONE HYDROCHLORIDE/SODIUM CHLORIDE	2	
HYDROMORPHONE/SODIUM CHLORIDE	2	
MEPERIDINE HCL	2	
MEPERIDINE HYDROCHLORIDE/ SODIUM CHLORIDE	2	
MORPHINE SULFATE	2	

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Drug Name	Drug Tier	Req/ Limits
MORPHINE SULFATE/SODIUM CHLORIDE	2	
OXYCODONE HCL	2	
REMIFENTANIL HYDROCHLORIDE	1	
SUFENTANIL CITRATE	1	
ULTIVA	2	
Otic Agents		
TRIPLE PMK	2	
Parasympathomimetics		
BLOXIVERZ	2	
NEOSTIGMINE METHYLSULFATE	1	
NEOSTIGMINE METHYLSULFATE	2	
Pediculicides/Scabicides		
SULFURATED LIME	1	
Phosphodiesterase Inhibitors, Airways Disease		
AMINOPHYLLINE	2	
AMINOPHYLLINE ANHYDROUS	2	
DIFIL-G FORTE	1	
THEOPHYLLINE ETHYLENEDIAMINE EP	2	
Platelet Modifying Agents		
AGGRASTAT	2	
DIPYRIDAMOLE	1	
Progestins		
EC-RX PROGESTERONE 10%	2	
EC-RX PROGESTERONE 20%	2	
ENDOMETRIN	2	
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	2	
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	2	
MEGESTROL ACETATE	2	
NORETHINDRONE ACETATE	2	
PROGESTERONE 10% KIT	1	
PROGESTERONE COMPOUNDING KIT	2	
Protectants		
SUCRALFATE	2	
Proton Pump Inhibitors		
FIRST-OMEPRAZOLE	2	
OMEPRAZOLE + SYRSPEND SF ALKA	2	
Quinolones		

Drug Name	Drug Tier	Req/ Limits
DOUBLE PM	2	
Respiratory Tract Agents, Other		
ACETYLCYSTEINE	2	
BENZONATATE	1	
BROMFED DM	1	
BROMHEXINE HCL	2	
BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	1	
BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HYDROBROMIDE	1	
BROMPHENIRAMINE/ PSEUDOEPHEDRINE/DM	1	
CAPCOF	1	
CHERATUSSIN AC	1	
CODEINE/GUAIFENESIN	1	
CODITUSSIN AC	1	
CODITUSSIN DAC	1	
CUROSURF	2	
DEXTROMETHORPHAN HBR	2	
DEXTROMETHORPHAN HBR MONOHYDRATE	2	
G TUSSIN AC	1	
GILPHEX TR	2	
GILTUSS	2	
GILTUSS PEDIATRIC	1	
GILTUSS TR	2	
GUAIATUSSIN AC	1	
GUAIFENESIN	2	
GUAIFENESIN AC	1	
GUAIFENESIN/CODEINE	1	
HYDROCODONE BITARTRATE/ CHLORPHENIRAMINE MALEATE/ PSE	1	
HYDROCODONE BITARTRATE/ GUAIFENESIN	2	
HYDROCODONE BITARTRATE/ HOMATROPINE METHYLBROMIDE	1	
HYDROCODONE POLISTIREX/ CHLORPHENIRAMINE POLISTIREX	1	
HYDROCODONE/HOMATROPINE	1	
HYDROMET	1	
HYPERSAL	2	
HYPER-SAL	2	

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Drug Name	Drug Tier	Req/ Limits
INFASURF	2	
LORTUSS EX	2	
MAR-COF BP	2	
MAR-COF CG EXPECTORANT	2	
MAXI-TUSS AC	1	
MAXI-TUSS CD	1	
M-CLEAR WC	1	
M-END PE	2	
N-ACETYL-L-CYSTEINE	2	
NEBUSAL	1	
NEBUSAL	2	
NEOTUSS PLUS	2	
NINJACOF-XG	2	
PHENYLEPHRINE HCL	2	
PHENYLPROPANOLAMINE HYDROCHLORIDE USP	2	
POLY-TUSSIN AC	1	
PROMETHAZINE DM	1	
PROMETHAZINE HYDROCHLORIDE/ DEXTROMETHORPHAN HYDROBROMIDE	1	
PROMETHAZINE/CODEINE	1	
PROMETHAZINE/ DEXTROMETHORPHAN	1	
PROMETHAZINE/PHENYLEPHRINE/ CODEINE	1	
PRO-RED AC	2	
PSEUDOEPHEDRINE HCL	2	
PULMOSAL	1	
ROBAFEN AC	1	
RYDEX	2	
SCLEROSOL INTRAPLEURAL	2	
SINUVA	2	
SODIUM CHLORIDE	1	
STERILE TALC POWDER	2	
STERITALC	2	
SURVANTA INTRATRACHEAL	2	
TERPIN HYDRATE	2	
TERPIN HYDRATE MONOHYDRATE	2	
TESSALON PERLES	2	
TRYMINE CG	1	
TUSNEL C	2	
TUSSICAPS	2	

Drug Name	Drug Tier	Req/ Limits
TUSSIONEX PENNKINETIC EXTENDED RELEASE	2	
VIRTUSSIN A/C	1	
VIRTUSSIN AC/ALC	1	
VIRTUSSIN DAC	1	
Z-TUSS AC	2	
Skeletal Muscle Relaxants		
ACTIVE-CYCLOBENZAPRINE KIT	2	
ATRACURIUM BESYLATE	1	
BACLOFEN	1	
CARISOPRODOL	2	
CISATRACURIUM BESYLATE	1	
CISATRACURIUM BESYLATE	2	
CYCLOPHENE RAPIDPAQ	2	
ENOVARX-BACLOFEN	2	
ENOVARX-CYCLOBENZAPRINE HCL	1	
ENOVARX-CYCLOBENZAPRINE HCL	2	
NIMBEX	2	
ORPHENADRINE CITRATE	2	
PANCURONIUM BROMIDE	1	
ROCURONIUM BROMIDE	1	
ROCURONIUM BROMIDE	2	
SUCCINYLCHOLINE CHLORIDE	2	
TABRADOL FUSEPAQ	2	
TABRADOL RAPIDPAQ	2	
VECURONIUM BROMIDE	1	
VECURONIUM BROMIDE	2	
VECURONIUM BROMIDE/SODIUM CHLORIDE	2	
Sleep Disorders, Other		
CHLORAL HYDRATE	2	
PENTOBARBITAL SODIUM	2	
Sodium Channel Agents		
CARBAMAZEPINE	2	
PHENYTOIN SODIUM	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
TRAZODONE HCL	2	
Sulfonamides		
SULFADIAZINE	2	
SULFADIAZINE SODIUM	2	
SULFAMETHOXAZOLE	2	

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Drug Name	Drug Tier	Req/ Limits
SULFAMETHOXAZOLE MICRO	2	
SULFAPYRIDINE	2	
SULFASALAZINE	2	
SULFATHIAZOLE	2	
SULFISOXIZOLE	2	
Tetracyclines		
DOXYCYCLINE HYCLATE	2	
MINOCYCLINE HCL	2	
OXYTETRACYCLINE HCL	2	
TETRACYCLINE HCL	2	
TETRACYCLINE HYDROCHLORIDE	2	
Tricyclics		
DESIPRAMINE HCL	2	
IMIPRAMINE HCL	2	
NORTRIPTYLINE HCL	2	
TRIMIPRAMINE MALEATE	2	
Vaccines		
AFLURIA 2018-2019	1	
AFLURIA PF 2018-2019	1	
AFLURIA QUADRIVALENT 2018-2019	1	
AFLURIA QUADRIVALENT 2019-2020	1	
AFLURIA QUADRIVALENT 2020-2021	1	
FLUAD 2018-2019	1	
FLUAD 2019-2020	1	
FLUAD 2020-2021	1	
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	1	
FLUARIX QUADRIVALENT 2018-2019	1	
FLUARIX QUADRIVALENT 2019-2020	1	
FLUARIX QUADRIVALENT 2020-2021	1	
FLUBLOK QUADRIVALENT 2018-2019	1	
FLUBLOK QUADRIVALENT 2019-2020	1	
FLUBLOK QUADRIVALENT 2020-2021	1	
FLUCELVAX QUADRIVALENT 2018-2019	1	
FLUCELVAX QUADRIVALENT 2019-2020	1	
FLUCELVAX QUADRIVALENT 2020-2021	1	
FLULAVAL QUADRIVALENT 2018-2019	1	

Drug Name	Drug Tier	Req/ Limits
FLULAVAL QUADRIVALENT 2019-2020	1	
FLULAVAL QUADRIVALENT 2020-2021	1	
FLUMIST QUADRIVALENT	1	
FLUZONE HIGH-DOSE PF 2018-2019	1	
FLUZONE HIGH-DOSE PF 2019-2020	1	
FLUZONE QUADRIVALENT 2018-2019	1	
FLUZONE QUADRIVALENT 2019-2020	1	
FLUZONE QUADRIVALENT 2020-2021	1	
MEDICAL PROVIDER SINGLE USE EZ FLUCELVAX QUADRIVALENT	1	
Vasodilators, Direct-acting Arterial		
PAPAVERINE HCL	2	
PAPAVERINE HYDROCHLORIDE	2	
Vasodilators, Direct-acting Arterial/Venous		
NITRO-TIME	2	
Vitamins		
ABANEU-SL	2	
ADRENAL C FORMULA	2	
ADVANCED AM/PM	2	
AIRAVITE	1	
AQUASOL A PARENTERAL	2	
B-6 FOLIC ACID	1	
BACMIN	2	
BIOCEL	1	
BP VIT 3	1	
B-PLEX	1	
B-PLEX PLUS	1	
CALCIFOL	2	
CALCIUM ASCORBATE DIHYDRATE	2	
CALCIUM PANTOTHENATE	2	
CENFOL	2	
CEREFOLIN	2	
CEREFOLIN NAC	2	
COD LIVER OIL	1	
CORVITA	2	
CORVITE	2	
CORVITE FREE	1	
CYANOCOBALAMIN	1	

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Drug Name	Drug Tier	Req/ Limits
CYANOCOBALAMIN	2	
DEXPANTHENOL	2	
DIALYVITE	2	
DIALYVITE 3000	2	
DIALYVITE 5000	2	
DIALYVITE SUPREME D	2	
DIALYVITE/ZINC	2	
DRISDOL	2	
ELFOLATE	2	
ELFOLATE PLUS	2	
ERGOCALCIFEROL	2	
FABB	1	
FOLBEE	1	
FOLBEE PLUS	1	
FOLBEE PLUS CZ	2	
FOLBIC	2	
FOLBIC RF	2	
FOLGARD OS	2	
FOLGARD RX	2	
FOLIC ACID	1	
FOLIC ACID	2	
FOLIC ACID/VITAMIN B-6/VITAMIN B-12	1	
FOLPLEX 2.2	1	
FOLTANX	2	
FOLTANX RF	2	
FOLTRATE	2	
FOLTX	2	
FORTAVIT	2	
FOSTEUM	2	
FUSION PLUS	2	
HYDROXOCOBALAMIN	1	
INFUVITE ADULT	2	
INFUVITE PEDIATRIC	2	
LEVOMEFOLATE CALCIUM/N-ACETYLCYSTEINE/MECOBALAMIN/ ALGAL POWD	1	
LEVOMEFOLATE CALCIUM/ PYRIDOXAL PHOSPHATE/ MECOBALAMIN/ALGAL P	1	
LIPO-B	2	
L-METHYL-B6-B12	1	
L-METHYLFOLATE	1	

Drug Name	Drug Tier	Req/ Limits
L-METHYLFOLATE CA ME-CBL NAC	1	
L-METHYLFOLATE CA/P-5-P/ME-CBL	1	
L-METHYLFOLATE CALCIUM	1	
L-METHYL-MC	2	
L-METHYL-MC NAC	2	
LYSIPLEX PLUS	1	
M.V.I. ADULT	2	
M.V.I. PEDIATRIC	2	
MAGNEBIND 400	2	
MAGNESIUM SULFATE/DEXTROSE	2	
MEPHYTON	2	
METAFOLBIC	2	
METAFOLBIC PLUS	2	
METAFOLBIC PLUS RF	2	
METANX	2	
METHIONINE/INOSITOL/CHOLINE/ CYANOCOBALAMIN	2	
METHYLCOBALAMIN	2	
METHYLFOLATE	1	
MYNEPHRON	2	
NASCOBAL	2	
NEOVITE	2	
NEPHPLEX RX	2	
NEPHRONEX	1	
NEPHRO-VITE RX	2	
NEURIN-SL	2	
NIACIN	2	
NIACINAMIDE	2	
NICOMIDE	2	
NICOTINAMIDE	2	
NIVA-FOL	1	
NUFOL	1	
NUFOLA	2	
NUTRICAP	2	
NUTRIFAC ZX	1	
NUTRIVIT	2	
PHYTONADIONE	1	
PODIAPN	2	
PYRIDOXINE HCL	2	
PYRIDOXINE HCL	1	
PYRIDOXINE HYDROCHLORIDE	2	
REMEDIENT	2	

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Drug Name	Drug Tier	Req/ Limits
RENAL CAPS	2	
RENATABS	2	
RENATABS WITH IRON	2	
RENO CAPS	1	
REQ 49+	2	
SIDEROL	2	
SODIUM ASCORBATE	2	
STROVITE FORTE	2	
SUPERVITE	2	
SUPPORT	2	
SUPPORT-500	2	
SYNAGEX	2	
THIAMINE HCL	2	
THIAMINE HCL	1	
THIAMINE MONONITRATE	2	
THRIVITE 19	2	
TL GARD RX	1	
TL G-FOL OS	2	
TRIPHROCAPS	1	
UDAMIN SP	2	
UROSEX	1	
V-C FORTE	1	
VIC-FORTE	1	
VIRT-CAPS	1	
VIRT-GARD	1	
VITA S FORTE	1	
VITACEL	1	
VITAL-D RX	2	
VITAMAX PEDIATRIC	2	
VITA-MIN	1	
VITAMIN D	1	
VITAMIN E ACETATE	2	
VITAMIN K1	1	
VITAROCA PLUS	2	
VOL-CARE RX	1	
VP-VITE RX	1	
WESTAB MAX	2	
WESTAB MINI	1	
WESTAB ONE	1	
XAQUIL XR	2	

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1/2ML ALLERGIST TRAY REGULAR BEVEL 27GX1/2” . 110
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10ML CONTROL SYRINGE LUER-LOK TIP 110
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10ML LUER-LOK TIP SYRINGE23G X 1-1/4” 110
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3ML SYRINGE/21G X 1-1/4”/LUER LOCK TIP 112
3ML SYRINGE/21G X 1”/ LUER LOCK TIP 112
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3ML SYRINGE/22G 1-1/2”/ LUER LOCK TIP 112
3ML SYRINGE/22G X 1-1/4”/LUER LOCK TIP 112
3ML SYRINGE/22G X 1”/ LUER LOCK TIP 112
3ML SYRINGE/22G X 3/4”/ LUER LOCK TIP 112
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OPTUMRx®

Nondiscrimination notice and access to communication services

OptumRx and its family of affiliated Optum companies does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

OptumRx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

Phone: **1-800-562-6223**, TTY **711**
Fax: 855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html

Phone: Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20211

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском** (**Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية** (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی** (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិន្ធអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee néehozinígíí bine'dę́ę́› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

This formulary was updated on January 1, 2021, and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

OptumRx Member Services
Phone: 1-855-409-6999
TTY users call: 711
Hour of operation: 24 hours a day, 7 days a week
Website: optumrx.com

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