2016
Humana Drug List

This is a partial list of covered drugs

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

2016 Rx4 Traditional Drug List

Instructions for getting information about all covered drugs are inside.

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2016Rx4TA

Welcome to Humana

This Humana Drug List (formulary) is effective as of January 1, 2016 for employers plans, members, and healthcare providers. This is not an all-inclusive list and may change throughout the year. It includes the most commonly prescribed drugs covered by Humana.

What is the Drug List?

The Drug List is a list of covered drugs selected by Humana.* Humana will cover the drugs in our drug list as long as the drug is medically necessary , the prescription is filled at a Humana network pharmacy and other plan rules are followed.

If you have this insurance through your employer and live in Texas or Louisiana: You will continue to use the 2015 version of this formulary until your plan's renewal date in 2016. You can find that Drug List at **Humana.com/DrugList**.

How do I use the formulary?

Drugs are listed in the formulary alphabetically.

Prescription drugs are grouped into one of four levels – Level 1, Level 2, Level 3, or Level 4. Generic drugs have the same active ingredients as brand drugs and are prescribed for the same reasons. The FDA requires generics to be safe and work the same as brand name drugs. Generic drugs often cost much less.

- **Level One –** Includes low-cost generic and brand-name drugs.
- **Level Two –** Includes higher-cost generic and brand-name drugs.
- **Level Three –** Includes high-cost, mostly brand-name drugs. These drugs may have generic or brand-name alternatives in Levels 1 or 2.
- **Level Four –** Includes highest-costs drugs.
- ***Specialty Drugs:** High-cost/high-technology drugs that can often only be obtained at specialty pharmacies.

  Please visit **Humana.com** and log into MyHumana to view specific prescription drug benefits, including copayments or cost-share, limitations and exclusions; OR refer to your Certificate of Coverage/Insurance or Summary Plan Description/Policy of Insurance.

Please note:

If your drug isn't included in this printed list of covered drugs, you should visit **Humana.com** following the instructions below to see if your drug is covered.

- If Humana doesn't cover your drug, your doctor can ask Humana for approval. Generally, Humana will only approve a request if a covered drug wouldn't work as well OR would have a negative effect on your health.
- Some covered drugs may have additional requirements or limits on coverage, such as requiring your doctor to get advance approval from Humana in order to be covered under your pharmacy plan (also known as prior authorization). Please follow the instructions on page 3 to get information on specific drug coverage.

Can the formulary change?

Yes. The Humana Pharmacy & Therapeutics (P&T) Committee reviews and updates the drug list regularly. New drugs are added as needed, and drugs that are deemed unsafe by the Food and Drug Administration (FDA) or a drug's manufacturer are immediately removed.

We communicate changes to the drug list to members based on the drug list notification requirements established by each state. Members can view the most up-to-date drug list on **Humana.com**.

How much will I pay for covered drugs?

The amount of money you pay often depends on which drug level your medicine falls within the drug list and whether you fill your prescription at a network pharmacy. Please refer to your Certificate of Coverage/ Summary Plan Description/Policy of Insurance or call the number on the back of your Humana ID card to reach customer care to find out more about your pharmacy coverage.

For specific coverage and cost information:

- Visit **Humana.com** and log into MyHumana
- Access the drug search tool through "Drug Pricing Tool" under "Tools & Resources" at the bottom of the page.
- Search for your drug by name or by your condition.
- Please note: MyHumana only shows benefits as of the date of log in. Depending on your plan, you should wait until after your plan's 2016 renewal date to see your new benefit information.

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):** Some medicines need to be approved in advance to be covered under your pharmacy plan. For these medicines to be covered, your doctor must get approval from Humana. Your plan benefits won't cover this drug without prior authorization. You may pay the entire cost of the drug if you buy it without first getting a prior authorization.
- **Quantity limits (QL):** You may have a limit on how much you can get of some drugs at one time. These limits can be placed on some drugs because of safety or health care concerns and help prevent misuse of these drugs. If your prescription is over the limit there are two choices:
  - You can get the amount of drug that's covered by your plan, and then pay out-of-pocket for any drug that's over the limit.

    Or
  - If your doctor thinks you need more than the amount allowed, he or she can ask for prior authorization from Humana for the amount of the drug that goes over the limit.
- **Step therapy (ST):** Sometimes there's more than one drug that works to treat a health condition. Some drugs may cost less but still work for you. Before a prescription is filled for a drug that costs more, you may be asked to try at least one other drug first.

Talk to your doctor or health care provider if your drug has an additional requirement. Ask your doctor or health care provider to contact Humana Clinical Pharmacy Review (HCPR) to ask for approval for a drug that requires prior authorization, quantity limit, or step therapy. Your doctor can contact HCPR at 1-800-555-2546 between 8 a.m. – 6 p.m., Monday – Friday to request an approval. Please allow 24-48 hours for Humana to review and provide a response back to your doctor.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 5.

What if my drug is not on the formulary?

If your drug isn't included in this printed list of covered drugs, you should visit our web site to see if your drug is covered. You can use the drug search tool by signing into MyHumana at **Humana.com** to view alternatives for your drug. You can access the drug search tool through "Drug Pricing" under "Plan Tools" at the bottom of the page.

Your doctor can ask Humana to make an exception. Generally, Humana will only approve a request if a covered drug wouldn’t work as well OR would have a negative effect on your health. To ask for an approval, your doctor can contact HCPR at 1-800-555-2546 between 8 a.m. – 6 p.m., Monday – Friday.

For More Information

For more detailed information about your Humana prescription drug coverage, please review your Certificate of Insurance/Summary Plan Description/Policy of Insurance and other plan materials.

If you have questions:

- If you're thinking about enrolling in a Humana plan, please call Customer Care number listed in your enrollment materials
- If you're already enrolled in a Humana plan, please call the number on the back of your Humana member ID card

2016 Rx4 Traditional Drug List

The formulary that begins on the next page provides coverage information about some of the drugs covered by Humana.

How to read your formulary

The first column of the chart lists drug names in alphabetical order. Brand-name drugs are listed in UPPER CASE and generic drugs are listed in lower case. Next to the drug name you may see the following indicators to tell you about additional coverage information for that drug:

MM – Maintenance drugs are taken long-term such as drugs you take for high cholesterol, mental health, or high blood pressure. Coverage may be different by plan and you may be required to fill your prescriptions using your plan's mail-delivery pharmacy.

SP – Specialty medicines are typically high-cost/high-technology drugs that can often only be obtained at specialty pharmacies. Specialty drug coverage may be different by plan.

The second column lists the drug level. See page 2 for more details on the drug levels in your plan.

The third column shows the utilization management requirements for the drug. Utilization management requirements mean that Humana may have special rules for covering that drug. These can include prior authorization, quantity limits, or step therapy requirements. The quantity limit for each drug is based on safety or health care concerns and whether your doctor prescribes a supply for 30, 60, or 90 days. See page 3 for more details on these requirements for your plan.

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE	1	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE	1	
1ST TIER UNIFINE PENTIPS 31 X 3/16" NEEDLE	1	
1ST TIER UNIFINE PENTIPS 31 X 5/16" NEEDLE	1	
1ST TIER UNIFINE PENTIPS 32 X 5/32" NEEDLE	1	
1ST TIER UNILET COMFORTOUCH LANCET 30 GAUGE	1	
2TEK CONTROL (HIGH-NORMAL) SOLUTION	3	
2TEK GLUCOSE/BLOOD PRESSURE KIT	3	ST
ACANYA 1.2 %-2.5 % TOPICAL GEL	2	
acarbose 100 mg tablet MM	2	
acarbose 25 mg tablet MM	2	
acarbose 50 mg tablet MM	2	
ACCOLATE 10 MG TABLET MM	3	QL
ACCOLATE 20 MG TABLET MM	3	QL
ACCU-CHEK ACTIVE GLUCOSE CONT COMBO PACK	1	
ACCU-CHEK ACTIVE TEST STRIPS MM	1	QL
ACCU-CHEK AVIVA CONNECT METER	1	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	3	
ACCU-CHEK AVIVA PLUS METER	1	
ACCU-CHEK AVIVA PLUS TEST STRIPS MM	1	QL
ACCU-CHEK AVIVA STRIPS MM	1	QL
ACCU-CHEK CMFRT CURVE SOLN	3	
ACCU-CHEK CMFRT CURVE SOLN	1	
ACCU-CHEK CMFRT CURVE SOLN	1	
ACCU-CHEK CMFRT CURVE STRIP MM	1	QL
ACCU-CHEK COMPACT BLUE CONTROL, MID-HIGH SOLUTION	3	
ACCU-CHEK COMPACT PLUS CARE KIT	1	
ACCU-CHEK COMPACT PLUS CONTROL SOLUTION	3	
ACCU-CHEK COMPACT PLUS TEST STRIPS MM	1	QL
ACCU-CHEK COMPACT TEST STRIPS MM	1	QL
ACCU-CHEK FASTCLIX	1	
ACCU-CHEK FASTCLIX KIT	1	
ACCU-CHEK MULTICLIX LANCET	1	
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK NANO	1	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	1	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	1	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION	3	
ACCU-CHEK SMARTVIEW TEST STRIPS MM	1	QL
ACCU-CHEK SOFTCLIX LANCET DEV	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KIT	1	
ACCU-CHEK VOICEMATE KIT	1	
ACCUNEB 0.63 MG/3 ML INH SOLN MM	3	
ACCUNEB 1.25 MG/3 ML INH SOLN MM	3	

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ACCUPRIL 10 MG TABLET MM	3	
ACCUPRIL 20 MG TABLET MM	3	
ACCUPRIL 40 MG TABLET MM	3	
ACCUPRIL 5 MG TABLET MM	3	
ACCURETIC 10 MG-12.5 MG TABLET MM	3	
ACCURETIC 20 MG-12.5 MG TABLET MM	3	
ACCURETIC 20 MG-25 MG TABLET MM	3	
ACCUTREND GLUCOSE CONTROL SOLUTION	3	
ACCUTREND GLUCOSE STRIPS MM	1	QL
ACE AEROSOL CLOUD ENHANCER SPACER	1	
acebutolol 200 mg capsule MM	1	
acebutolol 400 mg capsule MM	1	
ACEON 4 MG TABLET MM	3	
ACEON 8 MG TABLET MM	3	
acetaminophen-cod #3 tablet	2	QL
ACTI-LANCE LANCETS 17 GAUGE	1	
ACTI-LANCE LANCETS 23 GAUGE	1	
ACTI-LANCE LANCETS 28 GAUGE	1	
ACTIVE OB 20 MG IRON-1 MG-320 MG CAPSULE	3	
ACTONEL 150 MG TABLET MM	3	QL
ACTONEL 30 MG TABLET	3	QL
ACTONEL 35 MG TABLET MM	3	QL
ACTONEL 5 MG TABLET MM	3	QL
ACTOPLUS MET 15 MG-500 MG TABLET MM	4	QL
ACTOPLUS MET 15 MG-850 MG TABLET MM	4	QL
ACTOPLUS MET XR 15 MG-1,000 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
ACTOPLUS MET XR 30 MG-1,000 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
ACTOS 15 MG TABLET MM	3	QL
ACTOS 30 MG TABLET MM	3	QL
ACTOS 45 MG TABLET MM	3	QL
ACURA CONTROL SOLUTION HIGH	3	
ACURA CONTROL SOLUTION LOW	3	
ACURA CONTROL SOLUTION NORMAL	3	
ACURA METER KIT	3	ST
ACURA PLUS METER KIT	3	ST
ACURA STARTER KIT	3	ST
ACURA TEST STRIPS MM	3	QL,ST
ACZONE 5 % TOPICAL GEL	3	
ADALAT CC 30 MG TABLET,EXTENDED RELEASE MM	3	QL
ADALAT CC 60 MG TABLET,EXTENDED RELEASE MM	3	QL
ADALAT CC 90 MG TABLET,EXTENDED RELEASE MM	3	QL
ADCIRCA 20 MG TABLET SP	*	QL,PA
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE	3	QL
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE	3	QL
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE	3	QL
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE	3	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE	3	QL
ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE	3	QL
ADJUSTABLE LANCING DEVICE	3	
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION MM	2	QL
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION MM	2	QL
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION MM	2	QL
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER MM	2	QL
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER MM	2	QL
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER MM	2	QL
ADVANCED GLUCOSE METER	3	ST
ADVANCED GLUCOSE METER TEST STRIPS MM	3	QL,ST
ADVANCED LANCING DEVICE KIT	1	
ADVANCED TRAVEL LANCETS 28 GAUGE	1	
ADVANCED TRAVEL LANCETS 30 GAUGE	1	
ADVICOR 1,000 MG-20 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
ADVICOR 1,000 MG-40 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
ADVICOR 500 MG-20 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
ADVICOR 750 MG-20 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
ADVOCATE BLOOD GLUCOSE MONITOR	3	ST
ADVOCATE CONTROL SOLUTION HIGH	3	
ADVOCATE DUO DEVICE	3	ST
ADVOCATE DUO METER KIT	3	ST
ADVOCATE LANCET 26 GAUGE	1	
ADVOCATE LANCET 30 GAUGE	1	
ADVOCATE LANCING DEVICE	1	
ADVOCATE LOW CONTROL SOLUTION	3	
ADVOCATE PEN NEEDLES 29 GAUGE X 1/2"	1	
ADVOCATE PEN NEEDLES 31 X 3/16"	1	
ADVOCATE PEN NEEDLES 31 X 5/16"	1	
ADVOCATE RAPID-SAFE LANCING DEVICE	3	
ADVOCATE REDI-CODE	3	ST
ADVOCATE REDI-CODE DUO METER	3	ST
ADVOCATE REDI-CODE GLUCOSE MONITOR KIT	3	ST
ADVOCATE REDI-CODE STRIPS MM	3	QL,ST
ADVOCATE REDI-CODE+	3	ST
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION	3	
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION	3	
ADVOCATE REDI-CODE+ STRIPS MM	3	QL,ST
ADVOCATE SYRINGES 0.3 ML 29 X 1/2" MM	1	
ADVOCATE SYRINGES 0.3 ML 30 X 5/16" MM	1	
ADVOCATE SYRINGES 0.3 ML 31 X 5/16" MM	1	
ADVOCATE SYRINGES 1 ML 29 X 1/2" MM	1	
ADVOCATE SYRINGES 1 ML 30 X 5/16" MM	1	
ADVOCATE SYRINGES 1 ML 31 X 5/16" MM	1	
ADVOCATE SYRINGES 1/2 ML 29 X 1/2" MM	1	
ADVOCATE SYRINGES 1/2 ML 30 X 5/16" MM	1	
ADVOCATE SYRINGES 1/2 ML 31 X 5/16" MM	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ADVOCATE TEST STRIPS MM	3	QL,ST
AEROCHAMBER MINI	1	
AEROCHAMBER MV SPACER	1	
AEROCHAMBER PLUS FLOW-VU	3	
AEROCHAMBER PLUS FLOW-VU,LARGE MASK	1	
AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK	1	
AEROCHAMBER PLUS FLOW-VU,SMALL MASK	2	
AEROCHAMBER PLUS Z STAT LARGE MASK	1	
AEROCHAMBER PLUS Z STAT MEDIUM MASK	2	
AEROCHAMBER PLUS Z STAT SMALL MASK	1	
AEROCHAMBER PLUS Z STAT SPACER	1	
AEROCHAMBER WITH FLOWSIGNAL	1	
AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL	2	
AEROGEAR ACTION ASTHMA KIT	1	
AEROTRACH PLUS SPACER	1	
afeditab cr 30 mg tablet,extended release MM	2	QL
afeditab cr 60 mg tablet,extended release MM	2	QL
AFREZZA 4 UNIT (30)/8 UNIT (60) CARTRIDGE WITH INHALATION DEVICE	3	QL,PA
AFREZZA 4 UNIT (60)/8 UNIT (30) CARTRIDGE WITH INHALATION DEVICE	3	QL,PA
AFREZZA 4 UNIT CARTRIDGE WITH INHALATION DEVICE	3	QL,PA
AFREZZA 8 UNIT (60)/12 UNIT (30) CARTRIDGE WITH INHALATION DEVICE	3	QL,PA
AGAMATRIX AMP GLUCOSE MONITORING SYSTEM	3	ST
AGAMATRIX AMP TEST STRIPS MM	3	QL,ST
AGAMATRIX CONTROL HIGH SOLUTION	3	
AGAMATRIX CONTROL NORM-HI SOLUTION	3	
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE MM	3	ST
AGRYLIN 0.5 MG CAPSULE MM	4	
albuterol 2.5 mg/0.5 ml sol MM	1	
albuterol 5 mg/ml solution MM	1	
albuterol sul 0.63 mg/3 ml sol MM	1	
albuterol sul 1.25 mg/3 ml sol MM	1	
albuterol sul 2.5 mg/3 ml soln MM	1	
albuterol sulf 2 mg/5 ml syrup MM	1	
albuterol sulfate 2 mg tab MM	3	
albuterol sulfate 4 mg tab MM	3	
albuterol sulfate er 4 mg tab MM	3	
albuterol sulfate er 8 mg tab MM	3	
ALDACTAZIDE 25 MG-25 MG TABLET MM	3	
ALDACTONE 100 MG TABLET MM	3	
ALDACTONE 25 MG TABLET MM	3	
ALDACTONE 50 MG TABLET MM	3	
alendronate sod 70 mg/75 ml MM	3	QL
alendronate sodium 10 mg tab MM	1	QL
alendronate sodium 35 mg tab MM	1	QL
alendronate sodium 40 mg tab MM	1	QL
alendronate sodium 5 mg tablet MM	1	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
alendronate sodium 70 mg tab MM	1	QL
ALLERGIST SYRINGE 1 ML 26 X 1/2"	1	
ALLERGIST SYRINGE 1 ML 26 X 3/8"	1	
ALLERGIST SYRINGE 1 ML 27 X 1/2"	1	
ALLERGIST TRAY 1/2 ML 27GX3/8" 1/2 ML 27 X 3/8" SYRINGE	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 X 1/2" SYRINGE	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 X 3/8" SYRINGE	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 27 X 3/8" SYRINGE	1	
ALLERGIST TRAY REGULAR BEVEL 1 ML 27 X 3/8" SYRINGE	1	
allopurinol 300 mg tablet MM	1	
alprazolam 0.25 mg tablet	1	QL
alprazolam 0.5 mg tablet	1	QL
alprazolam 1 mg tablet	1	QL
ALTACE 1.25 MG CAPSULE MM	3	
ALTACE 10 MG CAPSULE MM	3	
ALTACE 2.5 MG CAPSULE MM	3	
ALTACE 5 MG CAPSULE MM	3	
ALTERNATE SITE LANCET 26 GAUGE	1	
ALTERNATE SITE LANCING DEVICE	1	
ALTOPREV 20 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
ALTOPREV 40 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
ALTOPREV 60 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
ALVESCO 160 MCG/ACTUATION AEROSOL INHALER MM	3	QL
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER MM	3	QL
AMARYL 1 MG TABLET MM	3	
AMARYL 2 MG TABLET MM	3	
AMARYL 4 MG TABLET MM	3	
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	2	QL
amethyst 90 mcg-20 mcg tablet MM	2	
amiloride hcl 5 mg tablet MM	2	
AMITIZA 24 MCG CAPSULE MM	2	QL
AMITIZA 8 MCG CAPSULE MM	2	QL
amlod-valsa-hctz 10-160-12.5mg MM	3	QL,ST
amlod-valsa-hctz 10-160-25 mg MM	3	QL,ST
amlod-valsa-hctz 10-320-25 mg MM	3	QL,ST
amlod-valsa-hctz 5-160-12.5 mg MM	3	QL,ST
amlod-valsa-hctz 5-160-25 mg MM	3	QL,ST
amlodipine besylate 10 mg tab MM	1	QL
amlodipine besylate 2.5 mg tab MM	1	QL
amlodipine besylate 5 mg tab MM	1	QL
amlodipine-atorvast 10-10 mg MM	3	QL
amlodipine-atorvast 10-20 mg MM	3	QL
amlodipine-atorvast 10-40 mg MM	3	QL
amlodipine-atorvast 10-80 mg MM	3	QL
amlodipine-atorvast 2.5-10 mg MM	3	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine-atorvast 2.5-20 mg MM	3	QL
amlodipine-atorvast 2.5-40 mg MM	3	QL
amlodipine-atorvast 5-10 mg MM	3	QL
amlodipine-atorvast 5-20 mg MM	3	QL
amlodipine-atorvast 5-40 mg MM	3	QL
amlodipine-atorvast 5-80 mg MM	3	QL
amlodipine-benazepril 10-20 mg MM	2	QL
amlodipine-benazepril 10-40 mg MM	2	QL
amlodipine-benazepril 2.5-10 MM	2	QL
amlodipine-benazepril 5-10 mg MM	2	QL
amlodipine-benazepril 5-20 mg MM	2	QL
amlodipine-benazepril 5-40 mg MM	2	QL
amlodipine-valsartan 10-160 mg MM	3	QL,ST
amlodipine-valsartan 10-320 mg MM	3	QL,ST
amlodipine-valsartan 5-160 mg MM	3	QL,ST
amlodipine-valsartan 5-320 mg MM	3	QL,ST
amox tr-k clv 875-125 mg tab	2	
amoxapine 100 mg tablet MM	2	
amoxapine 150 mg tablet MM	2	
amoxapine 25 mg tablet MM	2	
amoxapine 50 mg tablet MM	2	
amoxicillin 400 mg/5 ml susp	2	
amoxicillin 500 mg capsule	2	
amoxicillin 875 mg tablet	2	
amphetamine salt combo 10 mg tablet	2	QL
amphetamine salt combo 20 mg tablet	2	QL
amphetamine salt combo 30 mg tablet	2	QL
AMTURNIDE 150-5-12.5 MG TAB MM	3	QL
AMTURNIDE 300-10-12.5 MG TAB MM	3	QL
AMTURNIDE 300-10-25 MG TAB MM	3	QL
AMTURNIDE 300-5-12.5 MG TAB MM	3	QL
AMTURNIDE 300-5-25 MG TAB MM	3	QL
anagrelide hcl 0.5 mg capsule MM	3	
anagrelide hcl 1 mg capsule MM	3	
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET MM	3	QL,ST
ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET MM	3	QL,ST
ANDROGEL 1.25 GRAM/ACTUATION (1%) TRANSDERMAL GEL PUMP MM	3	QL,ST
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET MM	2	QL
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET MM	2	QL
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MM	2	QL
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION MM	2	QL
ANTARA 130 MG CAPSULE MM	3	QL,ST
ANTARA 30 MG CAPSULE MM	3	QL,ST
ANTARA 43 MG CAPSULE MM	3	QL,ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ANTARA 90 MG CAPSULE MM	3	QL,ST
APIDRA 100 UNIT/ML SUBCUTANEOUS SOLUTION MM	3	ST
APIDRA SOLOSTAR 100 UNIT/ML SUBCUTANEOUS INSULIN PEN MM	3	ST
APLENZIN 174 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
APLENZIN 348 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
APLENZIN 522 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE MM	2	QL
AQUA LANCE LANCING DEVICE	1	
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE MM	3	QL
ARIXTRA 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE	4	QL
ARIXTRA 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE	4	QL
ARIXTRA 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE	4	QL
ARIXTRA 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE	4	QL
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	2	QL
ASMANEX TWISTHALER 110 MCG (30 DOSES) BREATH ACTIVATED MM	2	QL
ASMANEX TWISTHALER 110 MCG (7 DOSES) BREATH ACTIVATED MM	2	QL
ASMANEX TWISTHALER 220 MCG (120 DOSES) BREATH ACTIVATED MM	2	QL
ASMANEX TWISTHALER 220 MCG (14 DOSES) BREATH ACTIVATED MM	2	QL
ASMANEX TWISTHALER 220 MCG (30 DOSES) BREATH ACTIVATED MM	2	QL
ASMANEX TWISTHALER 220 MCG (60 DOSES) BREATH ACTIVATED MM	2	QL
aspirin-dipyridam er 25-200 mg MM	3	ST
ASSURE 4 BLOOD GLUCOSE METER	3	ST
ASSURE 4 CONTROL SOLUTION COMBO PACK	3	
ASSURE 4 STRIPS MM	3	QL,ST
ASSURE DOSE NORMAL CONTROL SOLUTION	3	
ASSURE DOSE NORMAL-HIGH CONTROL SOLUTION	3	
ASSURE HAEMOLANCE PLUS 18 GAUGE	3	
ASSURE HAEMOLANCE PLUS 21 GAUGE	3	
ASSURE HAEMOLANCE PLUS 25 GAUGE	3	
ASSURE HAEMOLANCE PLUS 28 GAUGE	3	
ASSURE ID INSULIN SAFETY 0.5 ML 29 X 1/2" SYRINGE MM	1	
ASSURE ID INSULIN SAFETY 1 ML 29 X 1/2" SYRINGE MM	2	
ASSURE LANCE 25 GAUGE	3	
ASSURE LANCE 28 GAUGE	3	
ASSURE LANCE PLUS 21 GAUGE	3	
ASSURE LANCE PLUS 25 GAUGE	3	
ASSURE LANCE PLUS 30 GAUGE	3	
ASSURE PLATINUM	3	ST
ASSURE PLATINUM STRIPS MM	3	QL,ST
ASSURE PRISM CONTROL 1-2 SOLUTION	3	
ASSURE PRISM MULTI METER	3	ST
ASSURE PRISM MULTI STRIP MM	3	QL,ST
ASSURE PRO TEST STRIPS MM	3	QL,ST
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY MM	3	QL,ST
ASTHMAPACK CHILDREN'S KIT	1	
ATABEX EC 29 MG-1 MG-50 MG TABLET,DELAYED RELEASE	1	
ATACAND 16 MG TABLET MM	3	QL,ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ATACAND 32 MG TABLET MM	3	QL,ST
ATACAND 4 MG TABLET MM	3	QL,ST
ATACAND 8 MG TABLET MM	3	QL,ST
ATACAND HCT 16 MG-12.5 MG TABLET MM	3	QL,ST
ATACAND HCT 32 MG-12.5 MG TABLET MM	3	QL,ST
ATACAND HCT 32 MG-25 MG TABLET MM	3	QL,ST
ATELVIA 35 MG TABLET,DELAYED RELEASE MM	3	QL
atenolol 100 mg tablet MM	1	
atenolol 25 mg tablet MM	1	
atenolol 50 mg tablet MM	1	
atenolol-chlorthalidone 100-25 MM	1	
atenolol-chlorthalidone 50-25 MM	1	
atorvastatin 10 mg tablet MM	1	QL
atorvastatin 20 mg tablet MM	1	QL
atorvastatin 40 mg tablet MM	1	QL
atorvastatin 80 mg tablet MM	1	QL
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MM	3	QL,ST
AUBAGIO 14 MG TABLET SP	*	QL,PA
AUBAGIO 7 MG TABLET SP	*	QL,PA
AURORA SUPER THIN 30G LANCETS	1	
AUTO-LANCET MINI	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	3	
AUTOLET IMPRESSION LANCING DEVICE KIT	3	
AUTOLET LANCING DEVICE	1	
AUTOPEN 1 TO 16 UNITS SUBCUTANEOUS	3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS	3	
AUTOPEN 2 TO 32 UNITS SUBCUTANEOUS	3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS	3	
AVALIDE 150 MG-12.5 MG TABLET MM	3	QL,ST
AVALIDE 300 MG-12.5 MG TABLET MM	3	QL,ST
AVANDAMET 2 MG-1,000 MG TABLET MM	3	QL
AVANDAMET 2 MG-500 MG TABLET MM	3	QL
AVANDAMET 4 MG-1,000 MG TABLET MM	3	QL
AVANDAMET 4 MG-500 MG TABLET MM	3	QL
AVANDARYL 4 MG-1 MG TABLET MM	3	QL
AVANDARYL 4 MG-2 MG TABLET MM	3	QL
AVANDARYL 4 MG-4 MG TABLET MM	3	QL
AVANDARYL 8 MG-2 MG TABLET MM	3	QL
AVANDARYL 8 MG-4 MG TABLET MM	3	QL
AVANDIA 2 MG TABLET MM	3	QL
AVANDIA 4 MG TABLET MM	3	QL
AVANDIA 8 MG TABLET MM	3	QL
AVAPRO 150 MG TABLET MM	3	QL,ST
AVAPRO 300 MG TABLET MM	3	QL,ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
AVAPRO 75 MG TABLET MM	3	QL,ST
AVODART 0.5 MG CAPSULE MM	3	QL,ST
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT SP	*	QL,PA
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT SP	*	QL,PA
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT SP	*	QL,PA
AXIRON 30 MG/ACTUATION (1.5 ML) TRANSDERM SOLUTION IN METERED PUMP MM	3	QL,ST
AZASITE 1 % EYE DROPS	2	QL
azithromycin 250 mg tablet	2	
AZOR 10 MG-20 MG TABLET MM	3	QL,ST
AZOR 10 MG-40 MG TABLET MM	3	QL,ST
AZOR 5 MG-20 MG TABLET MM	3	QL,ST
AZOR 5 MG-40 MG TABLET MM	3	QL,ST
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MM	2	
B-NEXA TABLET	2	
BAL-CARE DHA ESSENTIAL 27 MG IRON-1 MG-374 MG TABLET&CAPSULE,DELAY REL	3	
BD 1 ML SYRINGE-NEEDLE 25GX5/8	1	
BD ALLERGIST TRAY REG BEVEL 1 ML 26 X 1/2" SYRINGE	1	
BD ALLERGIST TRAY REG BEVEL 1 ML 27 X 1/2" SYRINGE	1	
BD ALLERGIST TRAY REG BEVEL 1/2 ML 27 X 1/2"	1	
BD AUTOSHIELD PEN NEEDLE 29 X 3/16"	1	
BD AUTOSHIELD PEN NEEDLE 29 X 5/16"	1	
BD BLUNT NEEDLE 18GX1-1/2"	1	
BD ECLIPSE LUER-LOK 1 ML 30 X 1/2" SYRINGE MM	2	
BD ECLIPSE NEEDLE 18GX1 1/2"	1	
BD ECLIPSE SYRINGE 3 ML 22GX1"	1	
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2"	1	
BD INSULIN PEN NEEDLE UF MINI 31 X 3/16"	1	
BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2"	1	
BD INSULIN PEN NEEDLE UF SHORT 31 X 5/16"	1	
BD INSULIN SYR 1 ML 25GX5/8" MM	2	
BD INSULIN SYR 1 ML 28GX1/2" MM	2	
BD INSULIN SYRINGE 1 ML 25 X 1" MM	2	
BD INSULIN SYRINGE 1 ML 25 X 5/8" MM	2	
BD INSULIN SYRINGE 1 ML 26 X 1/2" MM	2	
BD INSULIN SYRINGE 1 ML 28 X 1/2" MM	2	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 15/64" MM	2	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MM	2	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 MM	2	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 X 1/2" MM	2	
BD INSULIN SYRINGE MICRO-FINE 1/2 ML 28 X 1/2" MM	2	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 X 1/2" MM	2	
BD INSULIN SYRINGE SLIP TIP 1 ML MM	2	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 X 5/16" MM	2	
BD INSULIN SYRINGE ULT-FINE II 1 ML 31 X 5/16" MM	2	
BD INSULIN SYRINGE ULT-FINE II 1/2 ML 31 X 5/16" MM	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 X 1/2" MM	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 15/64" MM	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 5/16" MM	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 29 X 1/2" MM	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 X 1/2" MM	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 15/64" MM	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 5/16" MM	2	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 30 X 1/2" MM	2	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 15/64" MM	2	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 5/16" MM	2	
BD INTEGRA INSULIN SYRINGE 1 ML 29 X 1/2" MM	2	
BD INTEGRA SYRINGE 3 ML 25 X 1"	1	
BD LANCET DEVICE	1	
BD LO-DOSE MICRO-FINE IV 0.3 ML 28 X 1/2" SYRINGE MM	2	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 X 1/2" SYRINGE MM	2	
BD LO-DOSE ULTRA-FINE 0.3 ML 29 X 1/2" SYRINGE MM	2	
BD LO-DOSE ULTRA-FINE 1/2 ML 29 X 1/2" SYRINGE MM	2	
BD LUER-LOK 5 ML SYRINGE	1	
BD LUER-LOK SYRINGE 1 ML MM	1	
BD MICROTAINER LANCET 21 GAUGE	1	
BD MICROTAINER LANCET 30 GAUGE	1	
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 X 1/2" MM	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 X 5/16" MM	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 X 1/2" MM	2	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 29 X 1/2" MM	2	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 30 X 5/16" MM	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 X 5/8" MM	2	
BD SLIP TIP 60 ML SYRINGE	1	
BD SYRINGE 30 ML	1	
BD SYRINGE GLASS 3 ML	1	
BD ULTRA FINE LANCETS 33 GAUGE	1	
BD ULTRA-FINE II LANCETS 30 GAUGE	1	
BD ULTRA-FINE NANO PEN NEEDLES 32 X 5/32"	1	
benazepril hcl 10 mg tablet MM	1	
benazepril hcl 20 mg tablet MM	1	
benazepril hcl 40 mg tablet MM	1	
benazepril hcl 5 mg tablet MM	1	
benazepril-hctz 10-12.5 mg tab MM	2	
benazepril-hctz 20-12.5 mg tab MM	2	
benazepril-hctz 20-25 mg tab MM	2	
benazepril-hctz 5-6.25 mg tab MM	2	
BENICAR 20 MG TABLET MM	3	QL,ST
BENICAR 40 MG TABLET MM	3	QL,ST
BENICAR 5 MG TABLET MM	3	QL,ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BENICAR HCT 20 MG-12.5 MG TABLET MM	3	QL,ST
BENICAR HCT 40 MG-12.5 MG TABLET MM	3	QL,ST
BENICAR HCT 40 MG-25 MG TABLET MM	3	QL,ST
benzonatate 100 mg capsule	3	
benzonatate 200 mg capsule	3	
BETAPACE 120 MG TABLET MM	3	
BETAPACE 160 MG TABLET MM	3	
BETAPACE 240 MG TABLET MM	3	
BETAPACE 80 MG TABLET MM	3	
BETAPACE AF 120 MG TABLET MM	3	
BETAPACE AF 160 MG TABLET MM	3	
BETAPACE AF 80 MG TABLET MM	3	
BETASERON 0.3 MG SUBCUTANEOUS KIT SP	*	QL,PA
betaxolol 10 mg tablet MM	2	
betaxolol 20 mg tablet MM	2	
BEYAZ 3 MG-0.02 MG-0.451 MG (24) TABLET MM	2	
BG-STAR STRIPS MM	3	QL,ST
BIONIME RIGHTEST GM300 SYSTEM KIT	3	ST
BIONIME RIGHTEST TEST STRIPS MM	3	QL,ST
bisoprolol fumarate 10 mg tab MM	1	
bisoprolol fumarate 5 mg tab MM	1	
bisoprolol-hctz 10-6.25 mg tab MM	1	
bisoprolol-hctz 2.5-6.25 mg tb MM	1	
bisoprolol-hctz 5-6.25 mg tab MM	1	
BLOOD GLUCOSE CONTROL SOLUTION	3	
BLOOD GLUCOSE MONITORING KIT	3	ST
BLOOD GLUCOSE TEST STRIPS MM	3	QL,ST
BONIVA 150 MG TABLET MM	3	QL
BREATHERITE MDI SPACER	1	
BREATHERITE RIGID SPACER & MASK	1	
BREATHERITE RIGID SPACER & MASK, ADULT	1	
BREATHERITE RIGID SPACER & MASK, CHILD	1	
BREATHERITE RIGID SPACER & MASK, INFANT	1	
BREATHERITE RIGID SPACER & MASK, SMALL CHILD	1	
BREATHERITE VALVED MDI CHAMBER SPACER	1	
BREATHERITE VALVED MDI SPACER	1	
BREATHERITE WITH MASK, LARGE	1	
BREATHERITE WITH MASK, MEDIUM	1	
BREATHERITE WITH MASK, SMALL	1	
BREEZE 2 CONTROL SOLUTION, HIGH	3	
BREEZE 2 CONTROL SOLUTION, LOW	3	
BREEZE 2 CONTROL SOLUTION, NORMAL	3	
BREEZE 2 KIT	3	ST
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION MM	2	QL
BRILINTA 90 MG TABLET MM	2	QL
bromfed dm 2 mg-30 mg-10 mg/5 ml syrup	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION MM	4	QL,PA
budeprion sr 100 mg tablet MM	2	QL
budeprion sr 150 mg tablet MM	2	QL
budesonide 0.25 mg/2 ml susp MM	3	QL
budesonide 0.5 mg/2 ml susp MM	3	QL
budesonide 1 mg/2 ml inh susp MM	4	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE	1	
BULLSEYE MINI SAFETY LANCETS 28 GAUGE	1	
bumetanide 0.5 mg tablet MM	2	
bumetanide 1 mg tablet MM	2	
bumetanide 2 mg tablet MM	2	
buproban 150 mg tablet,extended release	2	QL
bupropion hcl 100 mg tablet MM	2	QL
bupropion hcl 75 mg tablet MM	2	QL
bupropion hcl sr 100 mg tablet MM	2	QL
bupropion hcl sr 150 mg tablet MM	2	QL
bupropion hcl sr 200 mg tab MM	2	QL
bupropion hcl xl 150 mg tablet MM	2	QL
bupropion hcl xl 300 mg tablet MM	2	QL
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION MM	3	QL,ST
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR MM	3	QL,ST
BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR MM	3	QL,ST
BYSTOLIC 10 MG TABLET MM	3	QL
BYSTOLIC 2.5 MG TABLET MM	3	QL
BYSTOLIC 20 MG TABLET MM	3	QL
BYSTOLIC 5 MG TABLET MM	3	QL
c-nate dha 28 mg-1 mg-200 mg capsule	2	
CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE	3	
CADUET 10 MG-10 MG TABLET MM	3	QL
CADUET 10 MG-20 MG TABLET MM	3	QL
CADUET 10 MG-40 MG TABLET MM	3	QL
CADUET 10 MG-80 MG TABLET MM	3	QL
CADUET 2.5 MG-10 MG TABLET MM	3	QL
CADUET 2.5 MG-20 MG TABLET MM	3	QL
CADUET 2.5 MG-40 MG TABLET MM	3	QL
CADUET 5 MG-10 MG TABLET MM	3	QL
CADUET 5 MG-20 MG TABLET MM	3	QL
CADUET 5 MG-40 MG TABLET MM	3	QL
CADUET 5 MG-80 MG TABLET MM	3	QL
CALAN 120 MG TABLET MM	3	
CALAN 80 MG TABLET MM	3	QL
CALAN SR 120 MG TABLET,EXTENDED RELEASE MM	3	QL
CALAN SR 180 MG TABLET,EXTENDED RELEASE MM	3	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
CALAN SR 240 MG TABLET,EXTENDED RELEASE MM	3	QL
calcitonin-salmon 200 units sp MM	2	QL
calcium pnv 28 mg-1 mg-250 mg capsule	3	
CAMBIA 50 MG ORAL POWDER PACKET	4	QL,ST
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	2	QL
CANASA 1,000 MG RECTAL SUPPOSITORY MM	2	QL
candesartan cilexetil 16 mg tb MM	2	QL
candesartan cilexetil 32 mg tb MM	2	QL
candesartan cilexetil 4 mg tab MM	2	QL
candesartan cilexetil 8 mg tab MM	2	QL
candesartan-hctz 16-12.5 mg tb MM	2	QL
candesartan-hctz 32-12.5 mg tb MM	2	QL
candesartan-hctz 32-25 mg tab MM	2	QL
captopril 100 mg tablet MM	3	
captopril 12.5 mg tablet MM	3	
captopril 25 mg tablet MM	3	
captopril 50 mg tablet MM	3	
captopril-hctz 25-15 mg tablet MM	3	
captopril-hctz 25-25 mg tablet MM	3	
captopril-hctz 50-15 mg tablet MM	3	
captopril-hctz 50-25 mg tablet MM	3	
CARDENE SR 30 MG CAPSULE,EXTENDED RELEASE MM	3	QL
CARDENE SR 45 MG CAPSULE,EXTENDED RELEASE MM	3	QL
CARDENE SR 60 MG CAPSULE MM	3	QL
CARDIZEM 120 MG TABLET MM	3	
CARDIZEM 30 MG TABLET MM	3	
CARDIZEM 60 MG TABLET MM	3	
CARDIZEM 90 MG TABLET MM	3	
CARDIZEM CD 120 MG CAPSULE,EXTENDED RELEASE MM	4	QL
CARDIZEM CD 180 MG CAPSULE,EXTENDED RELEASE MM	4	QL
CARDIZEM CD 240 MG CAPSULE,EXTENDED RELEASE MM	4	QL
CARDIZEM CD 300 MG CAPSULE,EXTENDED RELEASE MM	4	QL
CARDIZEM CD 360 MG CAPSULE,EXTENDED RELEASE MM	4	QL
CARDIZEM LA 120 MG TABLET,EXTENDED RELEASE MM	3	QL
CARDIZEM LA 180 MG TABLET,EXTENDED RELEASE MM	3	QL
CARDIZEM LA 240 MG TABLET,EXTENDED RELEASE MM	3	QL
CARDIZEM LA 300 MG TABLET,EXTENDED RELEASE MM	3	QL
CARDIZEM LA 360 MG TABLET,EXTENDED RELEASE MM	3	QL
CARDIZEM LA 420 MG TABLET,EXTENDED RELEASE MM	3	QL
CAREFINE PEN NEEDLE 29 GAUGE X 1/2"	1	
CAREFINE PEN NEEDLE 30 X 5/16"	1	
CAREFINE PEN NEEDLE 31 GAUGE X 1/4"	1	
CAREFINE PEN NEEDLE 31 X 5/16"	1	
CAREFINE PEN NEEDLE 32 GAUGE X 3/16"	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
CAREFINE PEN NEEDLE 32 X 1/4"	1	
CAREFINE PEN NEEDLE 32 X 5/32"	1	
CARELANCE ULTIMATE COMFORT LANCING DEVICE	3	
CAREONE LANCING DEVICE	1	
CAREONE THIN LANCET	1	
CAREONE ULTRA THIN LANCET	1	
CARESENS CONTROL A & B SOLUTION	3	
CARESENS CONTROL A NORMAL SOLUTION	3	
CARESENS LANCETS 30 GAUGE	3	
CARESENS N	3	ST
CARESENS N KIT	3	ST
CARESENS N TEST STRIPS MM	3	QL,ST
CARESENS N VOICE	3	ST
CARESENS N VOICE KIT	3	ST
CARESENS PREMIUM COMFORT LANCING DEVICE	3	
cartia xt 120 mg capsule,extended release MM	2	QL
cartia xt 180 mg capsule,extended release MM	2	QL
cartia xt 240 mg capsule,extended release MM	2	QL
cartia xt 300 mg capsule,extended release MM	2	QL
carvedilol 12.5 mg tablet MM	1	
carvedilol 25 mg tablet MM	1	
carvedilol 3.125 mg tablet MM	1	
carvedilol 6.25 mg tablet MM	1	
CATAPRES 0.1 MG TABLET MM	3	
CATAPRES 0.2 MG TABLET MM	3	
CATAPRES 0.3 MG TABLET MM	3	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH MM	3	QL
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH MM	3	QL
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH MM	3	QL
cavan-alpha kit combo pack	2	
cavan-ec sod dha vitamins	3	
CAYA CONTOURED 60 MM-85 MM VAGINAL DIAPHRAGM	4	
cefdinir 300 mg capsule	2	
CELEXA 10 MG TABLET MM	3	QL
CELEXA 20 MG TABLET MM	3	QL
CELEXA 40 MG TABLET MM	3	QL
cephalexin 500 mg capsule	2	
chlorhexidine 0.12% rinse	2	
chlorpropamide 100 mg tablet MM	3	
chlorpropamide 250 mg tablet MM	3	
chlorthalidone 25 mg tablet MM	1	
chlorthalidone 50 mg tablet MM	1	
CHOICE DM CLARUS NORMAL CONTROL SOLUTION	3	
choice-ob + dha combo pack	2	
CHOICEDM CLARUS	3	ST
CHOICEDM CLARUS STRIPS MM	3	QL,ST
CHOICEDM G20 BLOOD GLUCOSE SYS	3	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
CHOICEDM G20 TEST STRIPS MM	3	QL,ST
cholestyramine light 4 gram powder for susp in a packet MM	3	
cholestyramine packet MM	3	
cholestyramine powder MM	3	
cilostazol 100 mg tablet MM	1	
cilostazol 50 mg tablet MM	1	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION	2	
ciprofloxacin hcl 500 mg tab	2	
citalopram hbr 10 mg tablet MM	1	QL
citalopram hbr 10 mg/5 ml soln MM	2	
citalopram hbr 20 mg tablet MM	1	QL
citalopram hbr 40 mg tablet MM	1	QL
CITRANATAL 90 DHA (ALGAL OIL) 90 MG IRON-1 MG-50 MG-300 MG ORAL PACK	3	
CITRANATAL 90 DHA PACK	2	
CITRANATAL ASSURE 35 MG IRON-1 MG-50 MG-300 MG ORAL PACK	3	
CITRANATAL ASSURE COMBO PACK	2	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS	2	
CITRANATAL DHA (ALGAL OIL) 27 MG IRON-1 MG-50 MG-250 MG ORAL PACK	3	
CITRANATAL DHA PACK	3	
CITRANATAL HARMONY CAPSULE	2	
CITRANATAL HARMONY(IRON CARB-FUM) 27 MG IRON-1 MG-50 MG-260 MG CAPSULE	3	
CITRANATAL RX TABLET	3	
CLEVER CHEK BLOOD GLUCOSE	3	ST
CLEVER CHEK BLOOD GLUCOSE SYST KIT	3	ST
CLEVER CHEK LANCETS 30 GAUGE	1	
CLEVER CHOICE BLOOD GLUCOSE SYSTEM	3	ST
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	3	
CLEVER CHOICE MICRO	3	ST
CLEVER CHOICE MICRO TEST STRIP MM	3	QL,ST
CLEVER CHOICE MINI BLOOD GLUCOSE MONITOR	3	ST
CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR	3	ST
CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR STRIPS MM	3	QL,ST
CLEVER CHOICE TALK BLOOD GLUCOSE SYSTEM	3	ST
CLEVER CHOICE TALK TEST STRIPS MM	3	QL,ST
CLEVER CHOICE TEST STRIPS MM	3	QL,ST
CLEVER CHOICE VOICE+ TEST STRIPS MM	3	QL,ST
CLICKFINE 31 GAUGE X 1/4" NEEDLE	1	
CLICKFINE 31 X 5/16" NEEDLE	1	
CLICKFINE 32 X 5/32" NEEDLE	1	
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH MM	3	QL
clindamycin hcl 300 mg capsule	2	
clonazepam 0.5 mg tablet MM	1	
clonazepam 1 mg tablet MM	1	
clonidine 0.1 mg/day patch MM	3	QL

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clonidine 0.2 mg/day patch MM	3	QL
clonidine 0.3 mg/day patch MM	3	QL
clonidine hcl 0.1 mg tablet MM	1	
clonidine hcl 0.2 mg tablet MM	1	
clonidine hcl 0.3 mg tablet MM	1	
clopidogrel 300 mg tablet	3	QL
clopidogrel 75 mg tablet MM	1	QL
COAGUCHEK LANCETS	1	
COLCRYS 0.6 MG TABLET MM	2	QL
COLESTID 1 GRAM TABLET MM	3	
COLESTID 5 GRAM ORAL PACKET MM	3	
COLESTID FLAVORED 7.5 GRAM PACKET MM	3	
colestipol hcl granules packet MM	3	
colestipol micronized 1 gm tab MM	2	
COLOR LANCETS 21 GAUGE	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS MM	2	QL
COMBIVENT INHALER MM	3	QL,ST
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION MM	3	QL,ST
COMFORT EZ LANCETS 21 GAUGE	2	
COMFORT EZ LANCETS 23 GAUGE	2	
COMFORT EZ LANCETS 28 GAUGE	2	
COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4"	2	
COMFORT EZ PEN NEEDLES 31 X 3/16"	2	
COMFORT EZ PEN NEEDLES 31 X 5/16"	2	
COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16"	2	
COMFORT EZ PEN NEEDLES 32 X 1/4"	2	
COMFORT EZ PEN NEEDLES 32 X 5/16"	2	
COMFORT EZ PEN NEEDLES 32 X 5/32"	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4"	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16"	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16"	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32"	2	
COMFORT EZ SYRINGE 0.3 ML 29 X 1/2" MM	2	
COMFORT EZ SYRINGE 0.3 ML 30 X 1/2" MM	2	
COMFORT EZ SYRINGE 0.3 ML 30 X 5/16" MM	2	
COMFORT EZ SYRINGE 0.3 ML 31 X 5/16" MM	2	
COMFORT EZ SYRINGE 1 ML 28 X 1/2" MM	2	
COMFORT EZ SYRINGE 1 ML 29 X 1/2" MM	2	
COMFORT EZ SYRINGE 1 ML 30 X 1/2" MM	2	
COMFORT EZ SYRINGE 1 ML 30 X 5/16" MM	2	
COMFORT EZ SYRINGE 1 ML 31 X 5/16" MM	2	
COMFORT EZ SYRINGE 1/2 ML 28 X 1/2" MM	2	
COMFORT EZ SYRINGE 1/2 ML 29 X 1/2" MM	2	
COMFORT EZ SYRINGE 1/2 ML 30 X 1/2" MM	2	
COMFORT EZ SYRINGE 1/2 ML 30 X 5/16" MM	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
COMFORT EZ SYRINGE 1/2 ML 31 X 5/16" MM	2	
COMFORT LANCETS	3	
COMFORT POINT PEN NDL 31GX1/6"	2	
COMPACT SPACE CHAMBER PLUS	2	
COMPLETE FORMULATION D3000 3,000 UNIT-800 MCG CAPSULE	2	
COMPLETE FORMULATION PEDIATRIC 750 UNIT-500 MCG/0.5 ML ORAL DROPS	2	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE	2	
CONCEPT OB 85 MG-1 MG CAPSULE	2	
CONTOUR CONTROL SOLUTION, HIGH	3	
CONTOUR CONTROL SOLUTION, LOW	3	
CONTOUR CONTROL SOLUTION, NORMAL	3	
CONTOUR LINK KIT	3	ST
CONTOUR METER	3	ST
CONTOUR NEXT EZ METER	3	ST
CONTOUR NEXT EZ METER KIT	3	ST
CONTOUR NEXT LEVEL 1 CONTROL SOLUTION	3	
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION	3	
CONTOUR NEXT LINK KIT MM	3	ST
CONTOUR NEXT METER	3	ST
CONTOUR NEXT STRIPS MM	3	QL,ST
CONTOUR NEXT USB METER	3	ST
CONTOUR TEST STRIPS MM	3	QL,ST
CONTROL G3 STRIPS MM	3	QL,ST
CONTROL MONITORING SYSTEM KIT	3	ST
CONTROL TEST STRIPS MM	3	QL,ST
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
COREG 12.5 MG TABLET MM	3	
COREG 25 MG TABLET MM	3	
COREG 3.125 MG TABLET MM	3	
COREG 6.25 MG TABLET MM	3	
COREG CR 10 MG CAPSULE, EXTENDED RELEASE MM	3	QL
COREG CR 20 MG CAPSULE, EXTENDED RELEASE MM	3	QL
COREG CR 40 MG CAPSULE, EXTENDED RELEASE MM	3	QL
COREG CR 80 MG CAPSULE, EXTENDED RELEASE MM	3	QL
CORGARD 20 MG TABLET MM	3	
CORGARD 40 MG TABLET MM	3	
CORGARD 80 MG TABLET MM	3	
CORZIDE 40 MG-5 MG TABLET MM	3	
CORZIDE 80 MG-5 MG TABLET MM	3	
COUMADIN 1 MG TABLET MM	3	
COUMADIN 10 MG TABLET MM	3	
COUMADIN 2 MG TABLET MM	3	
COUMADIN 2.5 MG TABLET MM	3	
COUMADIN 3 MG TABLET MM	3	
COUMADIN 4 MG TABLET MM	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
COUMADIN 5 MG TABLET MM	3	
COUMADIN 6 MG TABLET MM	3	
COUMADIN 7.5 MG TABLET MM	3	
COZAAR 100 MG TABLET MM	3	QL,ST
COZAAR 25 MG TABLET MM	3	QL,ST
COZAAR 50 MG TABLET MM	3	QL,ST
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE MM	2	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE MM	2	
CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE MM	2	
CREON 36,000-114,000-180,000 UNIT CAPSULE,DELAYED RELEASE MM	2	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MM	2	
CRESTOR 10 MG TABLET MM	2	QL
CRESTOR 20 MG TABLET MM	2	QL
CRESTOR 40 MG TABLET MM	2	QL
CRESTOR 5 MG TABLET MM	2	QL
CRIXIVAN 400 MG CAPSULE	3	QL
cromolyn 20 mg/2 ml neb soln MM	3	
CVS LANCING DEVICE	1	
CVS THIN 26G LANCETS	1	
CVS ULTRA THIN LANCETS	1	
cyclobenzaprine 10 mg tablet	1	
CYCLOSET 0.8 MG TABLET MM	3	QL
CYMBALTA 20 MG CAPSULE,DELAYED RELEASE MM	3	QL
CYMBALTA 30 MG CAPSULE,DELAYED RELEASE MM	3	QL
CYMBALTA 60 MG CAPSULE,DELAYED RELEASE MM	3	QL
DALIRESP 500 MCG TABLET MM	3	QL
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	2	QL
DEMADEX 10 MG TABLET MM	3	
DEMADEX 100 MG TABLET MM	3	
DEMADEX 20 MG TABLET MM	3	
DEMADEX 5 MG TABLET MM	3	
desipramine 10 mg tablet MM	3	
desipramine 100 mg tablet MM	3	
desipramine 150 mg tablet MM	3	
desipramine 25 mg tablet MM	3	
desipramine 50 mg tablet MM	3	
desipramine 75 mg tablet MM	3	
desogestr-eth estrad eth estra MM	1	
desvenlafaxine er 100 mg tab MM	3	QL,ST
desvenlafaxine er 100 mg tab MM	3	QL,ST
desvenlafaxine er 50 mg tab MM	3	QL,ST
desvenlafaxine er 50 mg tablet MM	3	QL,ST
dex4 glucose 15 gram/33 gram oral gel packet	3	
dex4 glucose 4 gram chewable tablet	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
dex4 glucose pouch pack 4 gram chewable tablet	3	
dex4 glucose quick dissolve 4 gram chewable tablet	3	
DEXCOM G4 RECEIVER MM	4	PA
DEXCOM G4 RECEIVER PEDIATRIC MM	4	PA
DEXCOM G4 RECEIVER WITH SHARE (PEDIATRIC) MM	4	PA
DEXCOM G4 RECEIVER WITH SHARE KIT MM	4	PA
DEXCOM G4 SENSOR DEVICE MM	4	PA
DEXCOM G4 TRANSMITTER DEVICE MM	4	PA
DIABETA 1.25 MG TABLET MM	3	
DIABETA 2.5 MG TABLET MM	3	
DIABETA 5 MG TABLET MM	3	
DIATRUE CONTROL SOLUTION HIGH	3	
DIATRUE CONTROL SOLUTION LOW	3	
DIATRUE CONTROL SOLUTION NORMAL	3	
DIATRUE PLUS BLOOD GLUCOSE METER SYSTEM	3	ST
DIATRUE PLUS TEST STRIP MM	3	QL,ST
diazepam 5 mg tablet	2	QL
DILACOR XR 240 MG CAPSULE MM	3	QL
dilt-cd 120 mg capsule MM	2	QL
dilt-cd 180 mg capsule MM	2	QL
dilt-cd 240 mg capsule MM	2	QL
dilt-cd er 300 mg capsule MM	2	QL
dilt-xr 120 mg capsule, extended release MM	2	QL
dilt-xr 180 mg capsule, extended release MM	2	QL
dilt-xr 240 mg capsule, extended release MM	2	QL
diltiazem 120 mg tablet MM	1	
diltiazem 12hr er 120 mg cap MM	2	
diltiazem 12hr er 60 mg cap MM	2	
diltiazem 12hr er 90 mg cap MM	2	
diltiazem 24hr cd 120 mg cap MM	2	QL
diltiazem 24hr er 180 mg cap MM	2	QL
diltiazem 24hr er 240 mg cap MM	2	QL
diltiazem 24hr er 300 mg cap MM	2	QL
diltiazem 24hr er 360 mg cap MM	3	QL
diltiazem 30 mg tablet MM	1	
diltiazem 60 mg tablet MM	1	
diltiazem 90 mg tablet MM	1	
diltiazem er 120 mg capsule MM	2	QL
diltiazem er 180 mg capsule MM	2	QL
diltiazem er 180 mg capsule MM	2	QL
diltiazem er 180 mg tablet MM	3	QL
diltiazem er 240 mg capsule MM	2	QL
diltiazem er 240 mg tablet MM	3	QL
diltiazem er 300 mg tablet MM	3	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem er 360 mg tablet MM	3	QL
diltiazem er 420 mg tablet MM	3	QL
diltiazem hcl er 120 mg cap MM	2	QL
diltiazem hcl er 240 mg cap MM	2	QL
diltiazem hcl er 300 mg cap MM	2	QL
diltiazem hcl er 360 mg cap MM	2	QL
diltiazem hcl er 420 mg cap MM	2	QL
diltzac er 120 mg capsule MM	2	QL
diltzac er 180 mg capsule MM	2	QL
diltzac er 240 mg capsule MM	2	QL
diltzac er 300 mg capsule MM	2	QL
diltzac er 360 mg capsule MM	2	QL
DIOVAN 160 MG TABLET MM	3	QL,ST
DIOVAN 320 MG TABLET MM	3	QL,ST
DIOVAN 40 MG TABLET MM	3	QL,ST
DIOVAN 80 MG TABLET MM	3	QL,ST
DIOVAN HCT 160 MG-12.5 MG TABLET MM	3	QL,ST
DIOVAN HCT 160 MG-25 MG TABLET MM	3	QL,ST
DIOVAN HCT 320 MG-12.5 MG TABLET MM	3	QL,ST
DIOVAN HCT 320 MG-25 MG TABLET MM	3	QL,ST
DIOVAN HCT 80 MG-12.5 MG TABLET MM	3	QL,ST
dipyridamole 25 mg tablet MM	1	
dipyridamole 50 mg tablet MM	1	
dipyridamole 75 mg tablet MM	1	
DIURIL 250 MG/5 ML ORAL SUSPENSION MM	3	
doxepin 10 mg capsule MM	1	
doxepin 10 mg/ml oral conc MM	1	
doxepin 100 mg capsule MM	1	
doxepin 150 mg capsule MM	1	
doxepin 25 mg capsule MM	1	
doxepin 50 mg capsule MM	1	
doxepin 75 mg capsule MM	1	
doxycycline hyclate 100 mg cap	3	QL
DROPLET LANCETS 30 GAUGE	1	
DROPLET LANCING DEVICE	3	
DUET DHA 400 EC COMBO PACK	3	
DUET DHA 430 EC COMBO PACK	3	
DUET DHA 430 MG COMBO PACK	3	
DUET DHA BALANCED (26 MG IRON)	3	
DUET DHA BALANCED 25 MG IRON-1 MG-267 MG-233 MG ORAL PACK	3	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK	3	
DUETACT 30 MG-2 MG TABLET MM	3	QL,ST
DUETACT 30 MG-4 MG TABLET MM	3	QL,ST
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MM	2	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MM	2	QL
duloxetine hcl dr 20 mg cap MM	2	QL
duloxetine hcl dr 30 mg cap MM	2	QL
duloxetine hcl dr 60 mg cap MM	2	QL
DUONEB 0.5 MG-3 MG/3 ML SOLN MM	4	
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE MM	3	QL
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE MM	3	QL
DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE MM	3	QL
DYAZIDE 37.5 MG-25 MG CAPSULE MM	3	
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY MM	2	QL
DYRENIUM 100 MG CAPSULE MM	3	
DYRENIUM 50 MG CAPSULE MM	3	
E-Z JECT LANCETS	3	
E-Z JECT LANCETS 26 GAUGE	1	
E-Z JECT LANCETS 30 GAUGE	1	
E-Z JECT LANCETS 32 GAUGE	1	
E-Z JECT LANCETS 33 GAUGE	1	
E-Z JECT THIN LANCETS 28 GAUGE	1	
E-Z SPACER	2	
EASIVENT HOLDING CHAMBER	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
EASY CLICK LANCING DEVICE	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MM	2	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 1/2" MM	2	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MM	2	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2" MM	2	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MM	2	
EASY COMFORT LANCETS 30 GAUGE	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4"	2	
EASY COMFORT PEN NEEDLES 31 X 3/16"	1	
EASY COMFORT PEN NEEDLES 31 X 5/16"	2	
EASY COMFORT PEN NEEDLES 32 X 5/32"	3	
EASY GLUCO G2 STRIPS MM	3	QL,ST
EASY PLUS BLOOD GLUCOSE KIT	3	ST
EASY PLUS GLUCOSE SYSTEM	3	ST
EASY PLUS II BLOOD GLUCOSE METER	3	ST
EASY PLUS II HIGH CONTROL SOLUTION	3	
EASY PLUS II LOW CONTROL SOLUTION	3	
EASY PLUS II TEST STRIPS MM	3	QL,ST
EASY PLUS STRIPS MM	3	QL,ST
EASY STEP BLOOD GLUCOSE METER	3	ST
EASY STEP BLOOD GLUCOSE SYSTEM KIT	3	ST
EASY STEP HIGH CONTROL SOLN SOLUTION	3	
EASY STEP LOW CONTROL SOLUTION	3	
EASY STEP NORMAL CONTROL SOLN SOLUTION	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EASY STEP STRIPS MM	3	QL,ST
EASY TALK BLOOD GLUCOSE METER	3	ST
EASY TALK GLUCOSE SYSTEM KIT	3	ST
EASY TALK GLUCOSE TEST STRIPS MM	3	QL,ST
EASY TALK HIGH CONTROL SOLUTION	3	
EASY TALK LOW CONTROL SOLUTION	3	
EASY TOUCH 29 GAUGE X 1/2" NEEDLE	1	
EASY TOUCH 31 GAUGE X 1/4" NEEDLE	1	
EASY TOUCH 31 X 3/16" NEEDLE	1	
EASY TOUCH 31 X 5/16" NEEDLE	1	
EASY TOUCH 32 GAUGE X 3/16" NEEDLE	1	
EASY TOUCH 32 X 1/4" NEEDLE	1	
EASY TOUCH 32 X 5/32" NEEDLE	3	
EASY TOUCH GLUCOSE MONITOR	3	ST
EASY TOUCH HIGH-LOW CONTROL SOLUTION	3	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" MM	2	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 X 5/16" MM	2	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" MM	2	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 X 1/2" MM	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 1/2" MM	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" MM	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" MM	2	
EASY TOUCH INSULIN SYRINGE 1 ML 27 X 1/2" MM	2	
EASY TOUCH INSULIN SYRINGE 1 ML 28 X 1/2" MM	2	
EASY TOUCH INSULIN SYRINGE 1 ML 29 X 1/2" MM	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 1/2" MM	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 5/16" MM	2	
EASY TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" MM	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 X 1/2" MM	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 X 1/2" MM	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 29 X 1/2" MM	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 1/2" MM	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 5/16" MM	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" MM	2	
EASY TOUCH LANCETS 26 GAUGE	3	
EASY TOUCH LANCETS 30 GAUGE	3	
EASY TOUCH LANCETS 32 GAUGE	3	
EASY TOUCH LANCING DEVICE	3	
EASY TOUCH SAFETY LANCETS 21 GAUGE	1	
EASY TOUCH SAFETY LANCETS 23 GAUGE	1	
EASY TOUCH SAFETY LANCETS 26 GAUGE	1	
EASY TOUCH SAFETY LANCETS 28 GAUGE	1	
EASY TOUCH SAFETY LANCETS 30 GAUGE	1	
EASY TOUCH SAFETY LANCETS 32 GAUGE	1	
EASY TOUCH STRIPS MM	3	QL,ST
EASY TOUCH TWIST LANCETS 26 GAUGE	1	
EASY TOUCH TWIST LANCETS 28 GAUGE	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH TWIST LANCETS 30 GAUGE	1	
EASY TOUCH TWIST LANCETS 32 GAUGE	1	
EASY TOUCH TWIST LANCETS 33 GAUGE	1	
EASY TRAK BLOOD GLUCOSE METER	3	ST
EASY TRAK GLUCOSE SYSTEM KIT	3	ST
EASY TRAK GLUCOSE TEST STRIPS MM	3	QL,ST
EASY TRAK HIGH CONTROL SOLUTION	3	
EASY TRAK LOW CONTROL SOLUTION	3	
EASY TRAK NORMAL CONTROL SOLUTION	3	
EASY TWIST & CAP LANCETS 28 GAUGE	1	
EASYGLUCO METER KIT	3	ST
EASYGLUCO MONITORING SYSTEM KIT	3	ST
EASYGLUCO PLUS KIT	3	ST
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	3	
EASYGLUCO PLUS STRIPS MM	3	QL,ST
EASYGLUCO TEST STRIPS MM	3	QL,ST
EASYMAX 15 LEVEL 1 SOLUTION	3	
EASYMAX 15 LEVEL 2 SOLUTION	3	
EASYMAX 15 STRIPS MM	3	QL,ST
EASYMAX L BLOOD GLUCOSE METER	3	ST
EASYMAX LOW CONTROL SOLUTION	3	
EASYMAX NG KIT	3	ST
EASYMAX NG MISC	3	ST
EASYMAX NORMAL CONTROL SOLUTION	3	
EASYMAX STRIPS MM	3	QL,ST
EASYMAX V GLUCOSE SYSTEM KIT	3	ST
EASYMAX V SPEAKING BLOOD GLUCOSE SYSTEM	3	ST
EASYMAX V2 BLOOD GLUCOSE METER	3	ST
EASYMAX V2 GLUCOSE SYSTEM KIT	3	ST
ECLIPSE BLOOD GLUCOSE MONITOR	3	ST
ECLIPSE CONTROL SOLN NORMAL	3	
ECLIPSE CONTROL SOLUTION HIGH	3	
ECLIPSE CONTROL SOLUTION LOW	3	
ECLIPSE NEEDLE 23 X 1"	1	
ECLIPSE NEEDLE 25 X 5/8"	1	
ECLIPSE NEEDLE 27 X 1/2"	1	
ECLIPSE SYRINGE 3 ML 21 X 1"	1	
ECLIPSE SYRINGE 3 ML 25 X 1"	1	
ECLIPSE TEST STRIPS MM	3	QL,ST
EDARBI 40 MG TABLET MM	3	QL,ST
EDARBI 80 MG TABLET MM	3	QL,ST
EDARBYCLOR 40 MG-12.5 MG TABLET MM	3	QL,ST
EDARBYCLOR 40 MG-25 MG TABLET MM	3	QL,ST
EDECRIN 25 MG TABLET MM	4	
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE MM	3	QL
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE MM	3	QL
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE MM	3	QL
EFFIENT 10 MG TABLET MM	2	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EFFIENT 5 MG TABLET MM	2	QL
ELEMENT BLOOD GLUCOSE METER KIT	3	ST
ELEMENT COMPACT GLUCOSE METER	3	ST
ELEMENT COMPACT HIGH CONTROL SOLUTION	3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	3	
ELEMENT COMPACT TEST STRIPS MM	3	QL,ST
ELEMENT COMPACT V GLUCOSE METER	3	ST
ELEMENT HIGH CONTROL SOLUTION	3	
ELEMENT LOW CONTROL SOLUTION	3	
ELEMENT NORMAL CONTROL SOLUTION	3	
ELEMENT PLUS BLOOD GLUCOSE KIT	3	ST
ELEMENT PLUS CONTROL SOLUTION	3	
ELEMENT PLUS CONTROL SOLUTION	3	
ELEMENT PLUS CONTROL SOLUTION	3	
ELEMENT PLUS TEST STRIPS MM	3	QL,ST
ELEMENT TEST STRIPS MM	3	QL,ST
ELIQUIS 2.5 MG TABLET MM	2	QL
ELIQUIS 5 MG TABLET MM	2	QL
elite-ob 400 35 mg-5 mg-1.2 mg-400 mg capsule	2	
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MM	4	
EMBRACE BLOOD GLUCOSE KIT	3	ST
EMBRACE BLOOD GLUCOSE SYSTEM	3	ST
EMBRACE BLOOD GLUCOSE SYSTEM STRIPS MM	3	QL,ST
EMBRACE EVO BLOOD GLUCOSE KIT	3	ST
EMBRACE EVO LEVEL 1 SOLUTION	3	
EMBRACE EVO LEVEL 2 SOLUTION	3	
EMBRACE EVO TEST STRIPS MM	3	QL,ST
EMBRACE GLUCOSE CONTROL HIGH SOLUTION	3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION	3	
EMBRACE LANCETS 30 GAUGE	3	
EMBRACE PRO BLOOD GLUCOSE METER	3	ST
EMBRACE PRO SOLUTION	3	
EMBRACE PRO TEST STRIPS MM	3	QL,ST
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH MM	4	QL
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH MM	4	QL
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH MM	4	QL
enalapril maleate 10 mg tab MM	1	
enalapril maleate 2.5 mg tab MM	1	
enalapril maleate 20 mg tab MM	1	
enalapril maleate 5 mg tablet MM	1	
enalapril-hctz 10-25 mg tablet MM	1	
enalapril-hctz 5-12.5 mg tab MM	1	
ENBRACE HR 1.5 MG IRON-8.73 MG-6.4 MG CAPSULE,IMMED & DELAY RELEASE	3	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION SP	*	QL,PA
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE SP	*	QL,PA
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE SP	*	QL,PA
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR SP	*	QL,PA

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ENLITE GLUCOSE SENSOR DEVICE MM	3	PA
ENLITE SYSTEM MM	3	PA
enoxaparin 100 mg/ml syringe	3	QL
enoxaparin 120 mg/0.8 ml syr	3	QL
enoxaparin 150 mg/ml syringe	3	QL
enoxaparin 30 mg/0.3 ml syr	3	QL
enoxaparin 300 mg/3 ml vial	3	QL
enoxaparin 40 mg/0.4 ml syr	3	QL
enoxaparin 60 mg/0.6 ml syr	3	QL
enoxaparin 80 mg/0.8 ml syr	3	QL
ENTRESTO 24 MG-26 MG TABLET	3	QL,PA
ENTRESTO 49 MG-51 MG TABLET	3	QL,PA
ENTRESTO 97 MG-103 MG TABLET	3	QL,PA
ENVISION CONTROL SOLN HIGH	3	
ENVISION CONTROL SOLN LOW	3	
ENVISION CONTROL SOLN NORMAL	3	
ENVISION MONITORING SYSTEM	3	ST
ENVISION TEST STRIPS MM	3	QL,ST
EPIDUO 0.1 %-2.5 % TOPICAL GEL	3	ST
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP	3	ST
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) INJECTION,AUTO-INJECTOR	2	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML (1:2,000) INJECTION,AUTO-INJECTOR	2	
eplerenone 25 mg tablet MM	3	
eplerenone 50 mg tablet MM	3	
eprosartan mesylate 600 mg tab MM	3	QL,ST
EQL INSULIN 1 ML SYRINGE MM	2	
ESCAVITE 7.5 MG IRON-0.25 MG FLUOR. CHEWABLE TABLET	3	
escitalopram 10 mg tablet MM	1	QL
escitalopram 20 mg tablet MM	1	QL
escitalopram 5 mg tablet MM	1	QL
escitalopram oxalate 5 mg/5 ml MM	3	QL
estradiol 1 mg tablet MM	1	
etidronate disodium 200 mg tab MM	2	
etidronate disodium 400 mg tab MM	2	
EVENCARE G2	3	ST
EVENCARE G2 SOLUTION	3	
EVENCARE G2 STRIPS MM	3	QL,ST
EVENCARE G3 CONTROL SOLUTION	3	
EVENCARE G3 GLUCOSE METER KIT	3	ST
EVENCARE G3 TEST STRIPS MM	3	QL,ST
EVENCARE KIT	3	ST
EVENCARE SOLUTION	3	
EVENCARE TEST STRIPS MM	3	QL,ST
EVISTA 60 MG TABLET MM	3	QL
EVOLUTION BLOOD GLUCOSE METER KIT	3	ST
EVOLUTION NORMAL CONTROL SOLUTION	3	
EVOLUTION TEST STRIPS MM	3	QL,ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EXEL INSULIN 0.3 ML 29 X 1/2" SYRINGE MM	2	
EXEL INSULIN 1 ML 27 X 1/2" SYRINGE MM	2	
EXEL INSULIN 1 ML 30 X 5/16" SYRINGE MM	2	
EXEL INSULIN 1/2 ML 28 X 1/2" SYRINGE MM	2	
EXEL INSULIN 1/2 ML 30 X 5/16" SYRINGE MM	2	
EXEL INSULIN SYRN 27G-1/2 ML MM	2	
EXFORGE 10 MG-160 MG TABLET MM	3	QL,ST
EXFORGE 10 MG-320 MG TABLET MM	3	QL,ST
EXFORGE 5 MG-160 MG TABLET MM	3	QL,ST
EXFORGE 5 MG-320 MG TABLET MM	3	QL,ST
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET MM	3	QL,ST
EXFORGE HCT 10 MG-160 MG-25 MG TABLET MM	3	QL,ST
EXFORGE HCT 10 MG-320 MG-25 MG TABLET MM	3	QL,ST
EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET MM	3	QL,ST
EXFORGE HCT 5 MG-160 MG-25 MG TABLET MM	3	QL,ST
extra-virt plus dha 29 mg iron-1.25 mg-55 mg capsule	2	
EZ SMART CONTROL SOLUTION	3	
EZ SMART LANCETS 28 GAUGE	1	
EZ SMART PLUS SYSTEM KIT	3	ST
EZ SMART PLUS TEST STRIPS MM	3	QL,ST
EZ SMART SYSTEM KIT	3	ST
EZ SMART TEST STRIPS MM	3	QL,ST
falessa 1 mg tablet	3	
FARXIGA 10 MG TABLET MM	3	QL,ST
FARXIGA 5 MG TABLET MM	3	QL,ST
felodipine er 10 mg tablet MM	2	QL
felodipine er 2.5 mg tablet MM	2	QL
felodipine er 5 mg tablet MM	2	QL
FEMCAP 22 MM VAGINAL DEVICE	3	
FEMCAP 26 MM VAGINAL DEVICE	3	
FEMCAP 30 MM VAGINAL DEVICE	3	
fenofibrate 120 mg tablet MM	3	QL,ST
fenofibrate 130 mg capsule MM	3	QL
fenofibrate 134 mg capsule MM	2	QL
fenofibrate 145 mg tablet MM	3	QL
fenofibrate 150 mg capsule MM	3	QL
fenofibrate 160 mg tablet MM	2	QL
fenofibrate 200 mg capsule MM	2	QL
fenofibrate 43 mg capsule MM	2	QL
fenofibrate 48 mg tablet MM	2	QL
fenofibrate 50 mg capsule MM	3	QL
fenofibrate 54 mg tablet MM	2	QL
fenofibrate 67 mg capsule MM	2	QL
fenofibric acid 105 mg tablet MM	2	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
fenofibric acid 35 mg tablet MM	2	QL
fenofibric acid dr 135 mg cap MM	3	QL
fenofibric acid dr 45 mg cap MM	3	QL
FENOGLIDE 120 MG TABLET MM	3	QL,ST
FENOGLIDE 40 MG TABLET MM	3	QL,ST
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE MM	3	QL,PA
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK	3	QL,PA
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE MM	3	QL,PA
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE MM	3	QL,PA
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE MM	3	QL,PA
FIBRICOR 105 MG TABLET MM	3	QL
FIBRICOR 35 MG TABLET MM	3	QL
FIFTY50 GLUCOSE CONTROL SOLN	3	
FIFTY50 RESERVOIR 1.8 ML MISC MM	2	
FIFTY50 RESERVOIR 3 ML MISC MM	2	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE	1	
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE	1	
FIFTY50 TEST STRIP MM	3	QL,ST
FILTER NEEDLE 5 MICRON	1	
FILTER NEEDLE 5 MICRON	3	
FINACEA 15 % TOPICAL GEL	3	ST
FINE 30 UNIVERSAL LANCETS 30 GAUGE	1	
FINGERSTIX LANCETS	3	
FIRST CHOICE LANCETS THIN	1	
FLEXICHAMBER SPACER	3	
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION MM	2	QL
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION MM	2	QL
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION MM	2	QL
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER MM	2	QL
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER MM	2	QL
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MM	2	QL
fluconazole 150 mg tablet	2	
fluoxetine 20 mg/5 ml solution MM	1	
fluoxetine dr 90 mg capsule MM	3	QL
fluoxetine hcl 10 mg capsule MM	1	QL
fluoxetine hcl 10 mg tablet MM	2	QL
fluoxetine hcl 20 mg capsule MM	1	QL
fluoxetine hcl 20 mg tablet MM	2	QL
fluoxetine hcl 40 mg capsule MM	1	QL
fluoxetine hcl 60 mg tablet MM	2	QL
fluticasone prop 50 mcg spray MM	1	QL
fluvastatin sodium 20 mg cap MM	3	QL
fluvastatin sodium 40 mg cap MM	3	QL
focalgin 90 dha 90 mg iron-1 mg-50 mg-300 mg oral pack	3	
focalgin ca 35 mg iron-1 mg-50 mg-300 mg oral pack	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
focalgin-b tablet	2	
folcal dha capsule	2	
folcaps omega-3 capsule	2	
FOLET DHA 38 MG-1 MG-50 MG-350 MG ORAL PACK	3	
FOLET ONE 38 MG IRON-1 MG-25 MG-225 MG CAPSULE	3	
folivane-ob 85 mg-1 mg capsule	1	
folivane-prx dha nf capsule	2	
fondaparinux 10 mg/0.8 ml syr	4	QL
fondaparinux 2.5 mg/0.5 ml syr	4	QL
fondaparinux 5 mg/0.4 ml syr	4	QL
fondaparinux 7.5 mg/0.6 ml syr	4	QL
FORA D10 KIT	3	ST
FORA D10 STRIPS MM	3	QL,ST
FORA D15 DEVICE	3	ST
FORA D15C GLUCOSE TEST STRIPS MM	3	QL,ST
FORA D15G STRIPS MM	3	QL,ST
FORA D15Z GLUCOSE TEST STRIPS MM	3	QL,ST
FORA D20 KIT	3	ST
FORA D20 STRIPS MM	3	QL,ST
FORA G20 KIT	3	ST
FORA G20 STRIPS MM	3	QL,ST
FORA G30A	3	ST
FORA G30A STRIPS MM	3	QL,ST
FORA G71A BLOOD GLUCOSE SYSTEM	3	ST
FORA G71A GLUCOSE TEST STRIP MM	3	QL,ST
FORA G90 BLOOD GLUCOSE SYSTEM	3	ST
FORA G90 GLUCOSE TEST STRIP MM	3	QL,ST
FORA GD50 BLOOD GLUCOSE SYSTEM	3	ST
FORA GD50 TEST STRIPS MM	3	QL,ST
FORA HIGH CONTROL SOLUTION	3	
FORA LANCING DEVICE	1	
FORA LOW CONTROL SOLUTION	3	
FORA NORMAL CONTROL SOLUTION	3	
FORA TEST N'GO TEST STRIPS MM	3	QL,ST
FORA TEST N'GO VOICE METER	3	ST
FORA TEST STRIP MM	3	QL,ST
FORA V10 KIT	3	ST
FORA V10 STRIPS MM	3	QL,ST
FORA V12 BLOOD GLUCOSE SYSTEM	3	ST
FORA V12 BLOOD GLUCOSE SYSTEM KIT	3	ST
FORA V12 GLUCOSE STRIPS MM	3	QL,ST
FORA V20 KIT	3	ST
FORA V20 STRIPS MM	3	QL,ST
FORA V22 BLOOD GLUCOSE SYSTEM	3	ST
FORA V22 GLUCOSE TEST STRIP MM	3	QL,ST
FORA V30A	3	ST
FORA V30A KIT	3	ST
FORA V30A STRIPS MM	3	QL,ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
FORACARE GD20 GLUCOSE METER	3	ST
FORACARE GD20 STRIPS MM	3	QL,ST
FORACARE GD40 STRIPS MM	3	QL,ST
FORACARE GD40A GLUCOSE METER	3	ST
FORACARE GD40B GLUCOSE METER	3	ST
FORACARE GDH HIGH CONTROL SOLUTION	3	
FORACARE GDH LOW CONTROL SOLUTION	3	
FORACARE GDH NORMAL CONTROL SOLUTION	3	
FORACARE LANCETS 30 GAUGE	1	
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE MM	2	QL
FORFIVO XL 450 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
FORTAMET 1,000 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
FORTAMET 500 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
FORTICAL 200 UNIT/ACTUATION NASAL SPRAY MM	3	QL
FORTISCARE BLOOD GLUCOSE SYSTEM KIT	3	ST
FORTISCARE GLUCOSE TEST STRIPS MM	3	QL,ST
FORTISCARE HIGH SOLUTION	3	
FORTISCARE LOW SOLUTION	3	
FORTISCARE NORMAL SOLUTION	3	
FOSAMAX 70 MG TABLET MM	3	QL
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET MM	3	QL,ST
FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET MM	3	QL,ST
fosinopril sodium 10 mg tab MM	1	
fosinopril sodium 20 mg tab MM	1	
fosinopril sodium 40 mg tab MM	1	
fosinopril-hctz 10-12.5 mg tab MM	2	
fosinopril-hctz 20-12.5 mg tab MM	2	
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE	4	QL
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE	4	QL
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE	4	QL
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE	4	QL
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE	4	QL
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION	4	QL
FRAGMIN 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE	4	QL
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE	4	QL
FREESTYLE CONTROL SOLUTION	3	
FREESTYLE FLASH SYSTEM KIT	3	ST
FREESTYLE FREEDOM KIT	3	ST
FREESTYLE FREEDOM LITE KIT	3	ST
FREESTYLE INSULINX MISC	3	ST
FREESTYLE INSULINX STRIPS MM	3	QL,ST
FREESTYLE INSULINX TEST STRIPS MM	3	QL,ST
FREESTYLE LANCETS 28 GAUGE	3	
FREESTYLE LITE METER KIT	3	ST
FREESTYLE LITE STRIPS MM	3	QL,ST
FREESTYLE NAVIGATOR GLUCOSE SENSOR DEVICE MM	3	PA
FREESTYLE PRECISION 1 ML 30 X 5/16" SYRINGE MM	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
FREESTYLE PRECISION 1 ML 31 X 5/16" SYRINGE MM	2	
FREESTYLE PRECISION 1/2 ML 30 X 5/16" SYRINGE MM	2	
FREESTYLE PRECISION 1/2 ML 31 X 5/16" SYRINGE MM	2	
FREESTYLE SIDEKICK II KIT	3	ST
FREESTYLE SYSTEM KIT	3	ST
FREESTYLE TEST STRIPS MM	3	QL,ST
FREESTYLE UNISTIK 2	3	
furosemide 20 mg tablet MM	1	
furosemide 40 mg tablet MM	1	
furosemide 40 mg/5 ml soln MM	1	
furosemide 80 mg tablet MM	1	
G-4 BLOOD GLUCOSE METER	3	ST
G-4 TEST STRIPS MM	3	QL,ST
gabapentin 300 mg capsule MM	2	QL
GDRIVE KIT	3	ST
GE100 BLOOD GLUCOSE SYSTEM KIT	3	ST
GE100 BLOOD GLUCOSE TEST STRIP MM	3	QL,ST
GE100 CONTROL SOLUTION NORMAL	3	
GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET MM	3	QL,ST
GELNIQUE 28 MG/0.92 GRAM (3 %) TRANSDERMAL GEL PUMP MM	3	QL,ST
gemfibrozil 600 mg tablet MM	1	QL
GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET MM	3	
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE SP	*	QL,PA
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE SP	*	QL,PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
GENSTRIP TEST STRIP MM	3	QL,ST
GENULTIMATE TEST STRIPS MM	3	QL,ST
GESTICARE DHA COMBO PACK	2	
gianvi (28) 3 mg-20 mcg tablet MM	2	
gildess 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MM	3	
GILENYA 0.5 MG CAPSULE SP	*	QL,PA
glimepiride 1 mg tablet MM	1	
glimepiride 2 mg tablet MM	1	
glimepiride 4 mg tablet MM	1	
glipizide 10 mg tablet MM	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
glipizide 5 mg tablet MM	1	
glipizide er 2.5 mg tablet MM	1	
glipizide xl 10 mg tablet MM	1	
glipizide xl 5 mg tablet MM	1	
glipizide-metformin 2.5-250 mg MM	2	
glipizide-metformin 2.5-500 mg MM	2	
glipizide-metformin 5-500 mg MM	2	
GLUCAGEN DIAGNOSTIC KIT 1 MG/ML INJECTION	3	
GLUCAGEN HYPOKIT 1 MG INJECTION	3	
glucagon 1 mg vial	3	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION	3	
GLUCO NAVII GLUCOSE MONITOR KIT	3	ST
GLUCO NAVII TEST STRIP MM	3	QL,ST
GLUCOCARD 01 HIGH-NORMAL CONTROL SOLUTION	3	
GLUCOCARD 01 METER KIT	3	ST
GLUCOCARD 01 NORMAL CONTROL SOLUTION	3	
GLUCOCARD 01 SENSOR PLUS STRIPS MM	3	QL,ST
GLUCOCARD 01-MINI METER KIT	3	ST
GLUCOCARD EXPRESSION	3	ST
GLUCOCARD EXPRESSION KIT	3	ST
GLUCOCARD EXPRESSION SOLUTION	3	
GLUCOCARD EXPRESSION STRIPS MM	3	QL,ST
GLUCOCARD SHINE METER	3	ST
GLUCOCARD SHINE METER KIT	3	ST
GLUCOCARD SHINE SOLUTION	3	
GLUCOCARD SHINE TEST STRIPS MM	3	QL,ST
GLUCOCARD VITAL KIT	3	ST
GLUCOCARD VITAL SENSOR STRIPS MM	3	QL,ST
GLUCOCOM BLOOD GLUCOSE KIT	3	ST
GLUCOCOM CONTROL HIGH SOLUTION	3	
GLUCOCOM CONTROL NORMAL SOLUTION	3	
GLUCOCOM GLUCOSE STRIPS MM	3	QL,ST
GLUCOCOM LANCETS 30 GAUGE	1	
GLUCOCOM LANCETS 33 GAUGE	1	
GLUCOLAB CONTROL SOLN NORMAL	3	
GLUCOLAB CONTROL SOLUTION HIGH	3	
GLUCOLAB CONTROL SOLUTION LOW	3	
GLUCOLAB METER KIT	3	ST
GLUCOLAB TEST STRIPS MM	3	QL,ST
GLUCOLET 2 AUTOMATIC LANCING KIT	3	
GLUCOLET 2 AUTOMATIC LANCING MISC	3	
GLUCOPHAGE 1,000 MG TABLET MM	3	ST
GLUCOPHAGE 500 MG TABLET MM	3	ST
GLUCOPHAGE 850 MG TABLET MM	3	ST
GLUCOPHAGE XR 500 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
GLUCOPHAGE XR 750 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
glucose 4 gram tablet chew	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCOSE CONTROL SOLUTION	3	
GLUCOSE KETONE CONTROL SOLN SOLUTION	3	
glucose liquid	3	
GLUCOSOURCE MISC	3	
GLUCOTROL 10 MG TABLET MM	3	
GLUCOTROL 5 MG TABLET MM	3	
GLUCOTROL XL 10 MG TABLET,EXTENDED RELEASE MM	3	
GLUCOTROL XL 2.5 MG TABLET,EXTENDED RELEASE MM	3	
GLUCOTROL XL 5 MG TABLET,EXTENDED RELEASE MM	3	
GLUCOVANCE 2.5 MG-500 MG TABLET MM	3	
GLUCOVANCE 5 MG-500 MG TABLET MM	3	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
GLUMETZA 500 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
glyburid-metformin 1.25-250 mg MM	1	
glyburide 1.25 mg tablet MM	1	
glyburide 2.5 mg tablet MM	1	
glyburide 5 mg tablet MM	1	
glyburide micro 1.5 mg tab MM	1	
glyburide micro 3 mg tablet MM	1	
glyburide micro 6 mg tablet MM	1	
glyburide-metformin 2.5-500 mg MM	1	
glyburide-metformin 5-500 mg MM	1	
GLYNASE 1.5 MG TABLET MM	3	
GLYNASE 3 MG TABLET MM	3	
GLYNASE 6 MG TABLET MM	3	
GLYSET 100 MG TABLET MM	3	
GLYSET 25 MG TABLET MM	3	
GLYSET 50 MG TABLET MM	3	
GLYXAMBI 10 MG-5 MG TABLET	3	QL,PA
GLYXAMBI 25 MG-5 MG TABLET	3	QL,PA
GM100 KIT	3	ST
GM100 STRIPS MM	3	QL,ST
GMATE CONTROL SOLUTION, HIGH	3	
GMATE CONTROL SOLUTION, NORMAL	3	
GMATE LANCETS 30 GAUGE	3	
GMATE LANCING DEVICE	3	
GMATE SMART METER MM	3	ST
GMATE SMART STARTER KIT MM	3	ST
GMATE TEST STRIPS MM	3	QL,ST
GMATE VOICE METER	3	ST
GMATE VOICE STARTER KIT	3	ST
guanfacine 1 mg tablet MM	1	
guanfacine 2 mg tablet MM	1	
GUARDIAN REAL-TIME GLUCOSE MONITOR MM	3	PA
HEALTHPRO GLUCOSE MONITOR	3	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
HEALTHPRO HIGH-LOW CONTROL SOLUTION	3	
HEALTHPRO TEST STRIPS MM	3	QL,ST
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	3	
HEALTHY ACCENTS UNIFINE PENTIP 29 X 1/2" NEEDLE	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 3/16" NEEDLE	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 5/16" NEEDLE	1	
HEALTHY ACCENTS UNIFINE PENTIP 32 X 5/32" NEEDLE	1	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	1	
hemenatal ob + dha 28 mg iron-6 mg iron-1 mg oral pack	2	
hemenatal ob 28 mg-6 mg-1 mg tablet	3	
HUMALOG 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MM	2	QL
HUMALOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MM	2	QL
HUMALOG KWIKPEN 100 UNIT/ML SUBCUTANEOUS MM	2	
HUMALOG KWIKPEN 200 UNIT/ML (3 ML) SUBCUTANEOUS	2	
HUMALOG MIX 50-50 100 UNIT/ML SUBCUTANEOUS SUSPENSION MM	2	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML SUBCUTANEOUS PEN MM	2	
HUMALOG MIX 75-25 100 UNIT/ML SUBCUTANEOUS SUSPENSION MM	2	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML SUBCUTANEOUS INSULIN PEN MM	2	
HUMAPEN LUXURA HD SUBCUTANEOUS	3	
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT SP	*	QL,PA
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT SP	*	QL,PA
HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT SP	*	QL,PA
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS SP	*	QL,PA
HUMIRA PSORIASIS STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT SP	*	QL,PA
HUMULIN 70-30 PEN MM	2	
HUMULIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MM	2	
HUMULIN 70/30 KWIKPEN 100 UNIT/ML (70-30) SUBCUTANEOUS MM	2	
HUMULIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MM	2	
HUMULIN N 100 UNITS/ML PEN MM	2	
HUMULIN N KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS MM	2	
HUMULIN R 100 UNIT/ML INJECTION SOLUTION MM	2	
HUMULIN R U-500 "CONCENTRATED" INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN MM	2	
hydralazine 10 mg tablet MM	1	
hydralazine 100 mg tablet MM	1	
hydralazine 25 mg tablet MM	1	
hydralazine 50 mg tablet MM	1	
hydrochlorothiazide 12.5 mg cp MM	1	
hydrochlorothiazide 12.5 mg tb MM	1	
hydrochlorothiazide 25 mg tab MM	1	
hydrochlorothiazide 50 mg tab MM	1	
hydrocodon-acetaminoph 7.5-325	2	QL
hydrocodon-acetaminoph 7.5-500	2	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocodon-acetaminoph 7.5-750	2	QL
hydrocodon-acetaminophen 5-325	2	QL
hydrocodon-acetaminophen 5-500	2	QL
hydrocodon-acetaminophn 10-325	2	QL
hydrocodon-acetaminophn 10-500	2	QL
HYPOLANCE AST LANCING KIT	3	
HYZAAR 100 MG-12.5 MG TABLET MM	3	QL,ST
HYZAAR 100 MG-25 MG TABLET MM	3	QL,ST
HYZAAR 50 MG-12.5 MG TABLET MM	3	QL,ST
ibandronate sodium 150 mg tab MM	2	QL
IBG-STAR BLOOD GLUCOSE SYSTEM	3	ST
ibuprofen 600 mg tablet MM	1	
ibuprofen 800 mg tablet MM	1	
imipramine hcl 10 mg tablet MM	1	
imipramine hcl 25 mg tablet MM	1	
imipramine hcl 50 mg tablet MM	1	
imipramine pamoate 100 mg cap MM	3	
imipramine pamoate 125 mg cap MM	3	
imipramine pamoate 150 mg cap MM	3	
imipramine pamoate 75 mg cap MM	3	
IN CONTROL PEN NEEDLE 29 GAUGE X 1/2"	1	
IN CONTROL PEN NEEDLE 31 GAUGE X 1/4"	1	
IN CONTROL PEN NEEDLE 31 X 5/16"	1	
inatal advance 90 mg-1 mg-50 mg tablet	3	
inatal ultra 90 mg-1 mg-50 mg tablet	3	
INCONTROL 32 X 5/32" NEEDLE	1	
INCONTROL LANCING DEVICE	1	
INCONTROL PEN NEEDLES 31 X 3/16"	1	
INCONTROL SUPER THIN LANCETS 30 GAUGE	1	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	1	
indapamide 1.25 mg tablet MM	1	
indapamide 2.5 mg tablet MM	1	
INDERAL LA 120 MG CAPSULE,EXTENDED RELEASE MM	4	
INDERAL LA 160 MG CAPSULE,EXTENDED RELEASE MM	4	
INDERAL LA 60 MG CAPSULE,EXTENDED RELEASE MM	4	
INDERAL LA 80 MG CAPSULE,EXTENDED RELEASE MM	4	
INDERAL XL 120 MG CAPSULE,EXTENDED RELEASE MM	3	
INDERAL XL 80 MG CAPSULE,EXTENDED RELEASE MM	3	
INFANATE BALANCE 29 MG IRON-1 MG-50 MG-265 MG CAPSULE	3	
infanate plus softgel	3	
INFINITY CONTROL SOLUTION HIGH	3	
INFINITY CONTROL SOLUTION LOW	3	
INFINITY CONTROL SOLUTION NORMAL	3	
INFINITY METER KIT	3	ST
INFINITY STARTER KIT	3	ST
INFINITY TEST STRIPS MM	3	QL,ST
INJECT EASE LANCETS 28 GAUGE	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
INJECT EASE LANCETS 30 GAUGE	1	
INLYTA 1 MG TABLET SP	*	QL,PA
INLYTA 5 MG TABLET SP	*	QL,PA
INNOPRAN XL 120 MG CAPSULE,EXTENDED RELEASE MM	4	
INNOPRAN XL 80 MG CAPSULE,EXTENDED RELEASE MM	4	
INSPIRACHAMBER SPACER	3	
INSPIRACHAMBER WITH MASK-MED	3	
INSPIRACHAMBER WITH MASK-SMALL	3	
INSPRA 25 MG TABLET MM	3	
INSPRA 50 MG TABLET MM	3	
INSULIN 1 ML SYRINGE MM	2	
INSULIN 1/2 ML SYRINGE MM	2	
INSULIN 3/10 ML SYRINGE MM	2	
INSULIN PEN NEEDLE 29 GAUGE X 1/2"	1	
INSULIN PEN NEEDLE 31	1	
INSULIN PEN NEEDLE 31 GAUGE X 1/4"	1	
INSULIN SYRIN 0.3 ML 30GX1/2" MM	2	
INSULIN SYRIN 0.3 ML 31GX5/16" MM	2	
INSULIN SYRIN 0.5 ML 30GX1/2" MM	2	
INSULIN SYRIN 0.5 ML 31GX5/16" MM	2	
INSULIN SYRINGE 1 ML 28 X 1/2" MM	2	
INSULIN SYRINGE 1 ML 29 X 1/2" MM	2	
INSULIN SYRINGE 1 ML 30 X 5/16" MM	2	
INSULIN SYRINGE 1 ML 30GX1/2" MM	2	
INSULIN SYRINGE 1 ML 31GX5/16" MM	2	
INSULIN SYRINGE 1/2 ML 28 X 1/2" MM	2	
INSULIN SYRINGE 1/2 ML 29 X 1/2" MM	2	
INSULIN SYRINGE 1/2 ML 30 X 5/16" MM	2	
INSULIN SYRINGE MICROFINE 0.3 ML 28 X 1/2" MM	2	
INSULIN SYRINGE MICROFINE 1 ML 27 X 5/8" MM	2	
INSULIN SYRINGE MICROFINE 1/2 ML 28 X 1/2" MM	2	
INSULIN SYRINGE U100 1 ML MM	2	
INSULIN SYRINGE ULTRAFINE 1/2 ML 29 X 1/2" MM	2	
INSUPEN 29 GAUGE X 1/2" NEEDLE	1	
INSUPEN 30 X 5/16" NEEDLE	1	
INSUPEN 31 GAUGE X 1/4" NEEDLE	1	
INSUPEN 31 X 5/16" NEEDLE	1	
INSUPEN 32 X 1/4" NEEDLE	1	
INSUPEN 32 X 5/16" NEEDLE	1	
INSUPEN 32 X 5/32" NEEDLE	1	
INSUPEN 33 GAUGE X 5/32" NEEDLE	1	
INTEGRA SYRINGE 3 ML 21 X 1"	1	
INTERLINK SYRINGE AND CANNULA 15 X 10 ML	1	
INVACARE LANCETS 30 GAUGE	1	
INVOKAMET 150 MG-1,000 MG TABLET	2	QL
INVOKAMET 150 MG-500 MG TABLET	2	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
INVOKAMET 50 MG-1,000 MG TABLET	2	QL
INVOKAMET 50 MG-500 MG TABLET	2	QL
INVOKANA 100 MG TABLET MM	2	QL
INVOKANA 300 MG TABLET MM	2	QL
iprat-albut 0.5-3(2.5) mg/3 ml MM	2	
ipratropium br 0.02% soln MM	1	
irbesartan 150 mg tablet MM	1	QL
irbesartan 300 mg tablet MM	1	QL
irbesartan 75 mg tablet MM	1	QL
irbesartan-hctz 150-12.5 mg tb MM	1	QL
irbesartan-hctz 300-12.5 mg tb MM	1	QL
isradipine 2.5 mg capsule MM	3	
isradipine 5 mg capsule MM	3	
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MM	3	QL,ST
jantoven 1 mg tablet MM	1	
jantoven 10 mg tablet MM	1	
jantoven 2 mg tablet MM	1	
jantoven 2.5 mg tablet MM	1	
jantoven 3 mg tablet MM	1	
jantoven 4 mg tablet MM	1	
jantoven 5 mg tablet MM	1	
jantoven 6 mg tablet MM	1	
jantoven 7.5 mg tablet MM	1	
JANUMET 50 MG-1,000 MG TABLET MM	2	QL
JANUMET 50 MG-500 MG TABLET MM	2	QL
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MM	2	QL
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE MM	2	QL
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MM	2	QL
JANUVIA 100 MG TABLET MM	2	QL
JANUVIA 25 MG TABLET MM	2	QL
JANUVIA 50 MG TABLET MM	2	QL
JARDIANCE 10 MG TABLET	2	QL
JARDIANCE 25 MG TABLET	2	QL
JENTADUETO 2.5 MG-1,000 MG TABLET MM	2	QL
JENTADUETO 2.5 MG-500 MG TABLET MM	2	QL
JENTADUETO 2.5 MG-850 MG TABLET MM	2	QL
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet MM	3	
JUVISYNC 100-10 MG TABLET MM	2	QL
JUVISYNC 100-20 MG TABLET MM	2	QL
JUVISYNC 100-40 MG TABLET MM	2	QL
JUVISYNC 50-10 MG TABLET MM	2	QL
JUVISYNC 50-20 MG TABLET MM	2	QL
JUVISYNC 50-40 MG TABLET MM	2	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MM	2	
KAZANO 12.5 MG-1,000 MG TABLET MM	3	QL
KAZANO 12.5 MG-500 MG TABLET MM	3	QL
KEYNOTE BLOOD GLUCOSE SYSTEM	3	ST
KEYNOTE GLUCOSE TEST STRIPS MM	3	QL,ST
KEYNOTE PRO BLOOD GLUCOSE SYST	3	ST
KHEDEZLA 100 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
KHEDEZLA 50 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MM	2	
KINNEY BRAND LANCETS 23 GAUGE	1	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MM	3	QL
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MM	3	QL
KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE MM	3	QL
labetalol hcl 100 mg tablet MM	2	
labetalol hcl 200 mg tablet MM	2	
labetalol hcl 300 mg tablet MM	2	
LANCETS, SUPER THIN	1	
LANCETS,THIN	1	
LANCETS,THIN 23 GAUGE	1	
LANCETS,THIN 28 GAUGE	1	
LANCETS,ULTRA THIN 26 GAUGE	1	
LANCING DEVICE WITH LANCETS	1	
LANCING SYSTEM	1	
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION MM	2	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MM	2	
LANZO LANCING DEVICE KIT	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MM	3	
LASIX 20 MG TABLET MM	3	
LASIX 40 MG TABLET MM	3	
LASIX 80 MG TABLET MM	3	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET MM	3	
LEADER PEN NEEDLES 12MM 29G	1	
LEADER PEN NEEDLES 31G	1	
LESCOL 20 MG CAPSULE MM	3	QL,ST
LESCOL 40 MG CAPSULE MM	3	QL,ST
LESCOL XL 80 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
LETAIRIS 10 MG TABLET SP	*	QL,PA
LETAIRIS 5 MG TABLET SP	*	QL,PA
levalbuterol 0.31 mg/3 ml sol MM	3	
levalbuterol 0.63 mg/3 ml sol MM	3	
levalbuterol 1.25 mg/3 ml sol MM	3	
levalbuterol conc 1.25 mg/0.5 MM	3	
LEVATOL 20 MG TABLET MM	3	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION MM	2	
LEVEMIR FLEXPEN 100 UNITS/ML MM	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MM	2	
levomefolate dha 27 mg-400 mcg-1.13 mg-250 mg capsule	3	
levono-e estrad 0.15-0.03-0.01	3	QL
levonor-eth estra 0.09-0.02 mg MM	2	
levothyroxine 100 mcg tablet MM	1	
levothyroxine 125 mcg tablet MM	1	
levothyroxine 25 mcg tablet MM	1	
levothyroxine 50 mcg tablet MM	1	
levothyroxine 75 mcg tablet MM	1	
LEXAPRO 10 MG TABLET MM	3	QL
LEXAPRO 20 MG TABLET MM	3	QL
LEXAPRO 5 MG TABLET MM	3	QL
LEXAPRO 5 MG/5 ML ORAL SOLUTION MM	3	QL
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE MM	2	QL
LIBERTY BLOOD GLUCOSE MONITOR	1	
LIBERTY LEVEL 1 GLUCOSE CONTROL LOW SOLUTION	3	
LIBERTY LEVEL 2 GLUCOSE CONTROL NORMAL SOLUTION	3	
LIBERTY TEST STRIPS MM	1	QL
LILETTA 18.6 MCG/24 HOUR (3 YEARS) INTRAUTERINE DEVICE SP	*	
LINZESS 145 MCG CAPSULE MM	2	QL
LINZESS 290 MCG CAPSULE MM	2	QL
LIPICHOL 540 CAPSULE	3	
LIPITOR 10 MG TABLET MM	3	QL,ST
LIPITOR 20 MG TABLET MM	3	QL,ST
LIPITOR 40 MG TABLET MM	3	QL,ST
LIPITOR 80 MG TABLET MM	3	QL,ST
LIPOFEN 150 MG CAPSULE MM	3	QL,ST
LIPOFEN 50 MG CAPSULE MM	3	QL,ST
LIPTRUZET 10 MG-10 MG TABLET MM	3	QL,ST
LIPTRUZET 10 MG-20 MG TABLET MM	3	QL,ST
LIPTRUZET 10 MG-40 MG TABLET MM	3	QL,ST
LIPTRUZET 10 MG-80 MG TABLET MM	3	QL,ST
lisinopril 10 mg tablet MM	1	
lisinopril 2.5 mg tablet MM	1	
lisinopril 20 mg tablet MM	1	
lisinopril 30 mg tablet MM	1	
lisinopril 40 mg tablet MM	1	
lisinopril 5 mg tablet MM	1	
lisinopril-hctz 10-12.5 mg tab MM	1	
lisinopril-hctz 20-12.5 mg tab MM	1	
lisinopril-hctz 20-25 mg tab MM	1	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2"	2	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4"	2	
LITE TOUCH INSULIN PEN NEEDLES 31 X 3/16"	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
LITE TOUCH INSULIN PEN NEEDLES 31 X 5/16"	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 X 1/2" MM	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" MM	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" MM	2	
LITE TOUCH INSULIN SYRINGE 1 ML 28 MM	2	
LITE TOUCH INSULIN SYRINGE 1 ML 29 MM	2	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" MM	2	
LITE TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" MM	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 MM	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 MM	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 MM	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" MM	2	
LITE TOUCH LANCETS 30 GAUGE	1	
LITE TOUCH LANCETS 33 GAUGE	1	
LITE TOUCH LANCING DEVICE	3	
LITE TOUCH-MEDIUM MASK	1	
LITEAIRE MDI CHAMBER	1	
LITETOUCH-LARGE MASK	1	
LITETOUCH-SMALL MASK	1	
LIVALO 1 MG TABLET MM	3	QL,ST
LIVALO 2 MG TABLET MM	3	QL,ST
LIVALO 4 MG TABLET MM	3	QL,ST
LOESTRIN 24 FE TABLET MM	3	
lofibra 134 mg capsule MM	3	QL
lofibra 160 mg tablet MM	3	QL
lofibra 200 mg capsule MM	3	QL
lofibra 54 mg tablet MM	3	QL
lofibra 67 mg capsule MM	3	QL
lomedia 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MM	2	
LOPID 600 MG TABLET MM	3	QL
LOPRESSOR 100 MG TABLET MM	3	
LOPRESSOR 50 MG TABLET MM	3	
LOPRESSOR HCT 50 MG-25 MG TABLET MM	3	
losartan potassium 100 mg tab MM	1	QL
losartan potassium 25 mg tab MM	1	QL
losartan potassium 50 mg tab MM	1	QL
losartan-hctz 100-12.5 mg tab MM	1	QL
losartan-hctz 100-25 mg tab MM	1	QL
losartan-hctz 50-12.5 mg tab MM	1	QL
LOTENSIN 20 MG TABLET MM	3	
LOTENSIN 40 MG TABLET MM	3	
LOTENSIN HCT 10 MG-12.5 MG TABLET MM	3	
LOTENSIN HCT 20 MG-12.5 MG TABLET MM	3	
LOTENSIN HCT 20 MG-25 MG TABLET MM	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
LOTREL 10 MG-20 MG CAPSULE MM	3	QL
LOTREL 10 MG-40 MG CAPSULE MM	3	QL
LOTREL 2.5 MG-10 MG CAPSULE MM	3	QL
LOTREL 5 MG-10 MG CAPSULE MM	3	QL
LOTREL 5 MG-20 MG CAPSULE MM	3	QL
LOTREL 5 MG-40 MG CAPSULE MM	3	QL
lovastatin 10 mg tablet MM	1	QL
lovastatin 20 mg tablet MM	1	QL
lovastatin 40 mg tablet MM	1	QL
LOVAZA 1 GRAM CAPSULE MM	3	QL,ST
LOVENOX 100 MG/ML SUBCUTANEOUS SYRINGE	4	QL
LOVENOX 120 MG/0.8 ML SUBCUTANEOUS SYRINGE	4	QL
LOVENOX 150 MG/ML SUBCUTANEOUS SYRINGE	4	QL
LOVENOX 30 MG/0.3 ML SUBCUTANEOUS SYRINGE	4	QL
LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION	4	QL
LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	4	QL
LOVENOX 60 MG/0.6 ML SUBCUTANEOUS SYRINGE	4	QL
LOVENOX 80 MG/0.8 ML SUBCUTANEOUS SYRINGE	4	QL
low-ogestrel (28) 0.3 mg-30 mcg tablet MM	1	
LUMIGAN 0.01 % EYE DROPS MM	2	QL
lutera (28) 0.1 mg-20 mcg tablet MM	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" MM	2	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" MM	2	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" MM	2	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 X 5/16" MM	2	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16" MM	2	
MAGELLAN SYRINGE 0.5 ML 30 X 5/16" MM	2	
MAGELLAN SYRINGE 1 ML 27 X 1/2"	2	
MARNATAL-F 60 MG IRON-1 MG CAPSULE	3	
MARPLAN 10 MG TABLET MM	3	
matzim la 180 mg tablet,extended release MM	3	QL
matzim la 240 mg tablet,extended release MM	3	QL
matzim la 300 mg tablet,extended release MM	3	QL
matzim la 360 mg tablet,extended release MM	3	QL
matzim la 420 mg tablet,extended release MM	3	QL
MAVIK 1 MG TABLET MM	3	
MAVIK 2 MG TABLET MM	3	
MAVIK 4 MG TABLET MM	3	
MAXAIR AUTOHALER 0.2 MG AERO MM	4	QL
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MM	1	
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MM	1	
MAXIMA CONTROL SOLUTION	3	
MAXIMA CONTROL SOLUTION	3	
MAXIMA CONTROL SOLUTION	3	
MAXIMA CONTROL SOLUTION	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MAXIMA STRIPS MM	3	QL,ST
MAXZIDE 75 MG-50 MG TABLET MM	3	
MAXZIDE-25MG 37.5 MG-25 MG TABLET MM	3	
MEDI-JECTOR NEEDLE-FREE SYR A	3	
MEDI-JECTOR NEEDLE-FREE SYR B	3	
MEDI-JECTOR NEEDLE-FREE SYR C	3	
MEDI-JECTOR VISION	3	
MEDI-LANCE LANCETS	1	
MEDISENSE COMBO PACK	3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK	3	
MEDISENSE GLUCOSE KETONE COMBO PACK	3	
MEDISENSE MID CONTROL SOLUTION	3	
MEDISENSE THIN LANCETS 28 GAUGE	1	
MEDLANCE PLUS LANCETS 21 GAUGE	1	
MEDLANCE PLUS LANCETS 25 GAUGE	1	
MEDLANCE PLUS LANCETS 30 GAUGE	1	
MEDPOINT NORMAL CONTROL SOLUTION	3	
meloxicam 15 mg tablet MM	1	QL
metaproterenol 10 mg tablet MM	1	
metaproterenol 10 mg/5 ml syr MM	1	
metaproterenol 20 mg tablet MM	1	
METER-CHECK SOLUTION	3	
metformin er 1,000 mg osm-tab MM	3	QL,ST
metformin hcl 1,000 mg tablet MM	1	
metformin hcl 500 mg tablet MM	1	
metformin hcl 850 mg tablet MM	1	
metformin hcl er 500 mg osm-tb MM	3	QL,ST
metformin hcl er 500 mg tablet MM	1	QL
metformin hcl er 750 mg tablet MM	1	QL
methyldopa 250 mg tablet MM	1	
methyldopa 500 mg tablet MM	1	
methyldopa-hctz 250-15 mg tab MM	3	
methyldopa-hctz 250-25 mg tab MM	3	
methylphenidate er 36 mg tab	3	QL,ST
methylprednisolone 4 mg dosepk	2	
metolazone 10 mg tablet MM	2	
metolazone 2.5 mg tablet MM	2	
metolazone 5 mg tablet MM	2	
metoprolol succ er 100 mg tab MM	2	QL
metoprolol succ er 200 mg tab MM	2	QL
metoprolol succ er 25 mg tab MM	2	QL
metoprolol succ er 50 mg tab MM	2	QL
metoprolol tartrate 100 mg tab MM	1	
metoprolol tartrate 25 mg tab MM	1	
metoprolol tartrate 50 mg tab MM	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
metoprolol-hctz 100-25 mg tab MM	2	
metoprolol-hctz 100-50 mg tab MM	2	
metoprolol-hctz 50-25 mg tab MM	2	
metronidazole 500 mg tablet	2	
MEVACOR 20 MG TABLET MM	3	QL
MEVACOR 40 MG TABLET MM	3	QL
MIACALCIN 200 UNIT/ACTUATION NASAL SPRAY MM	3	QL
MIACALCIN 200 UNIT/ML INJECTION SOLUTION	4	QL
MICARDIS 20 MG TABLET MM	3	QL,ST
MICARDIS 40 MG TABLET MM	3	QL,ST
MICARDIS 80 MG TABLET MM	3	QL,ST
MICARDIS HCT 40 MG-12.5 MG TABLET MM	3	QL,ST
MICARDIS HCT 80 MG-12.5 MG TABLET MM	3	QL,ST
MICARDIS HCT 80 MG-25 MG TABLET MM	3	QL,ST
MICRO BLOOD GLUCOSE STRIPS MM	3	QL,ST
MICRO THIN LANCETS 33 GAUGE	1	
MICROCHAMBER SPACER	3	
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM	3	ST
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	3	ST
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM STRIPS MM	3	QL,ST
MICRODOT HIGH-LOW CONTROL SOLUTION	3	
MICRODOT NORMAL CONTROL SOLUTION	3	
MICRODOT XTRA BLOOD GLUCOSE STRIPS MM	3	QL,ST
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MM	1	
MICROLET 2 LANCING DEVICE KIT	3	
MICROLET LANCET	3	
MICROSPACER	1	
MICROZIDE 12.5 MG CAPSULE MM	3	
MINI LANCING DEVICE	1	
MINI ULTRA-THIN II 31 X 3/16" NEEDLE	1	
MINI WRIGHT PEAK FLOW METER	1	
MINI-WRIGHT PEAK FLOW METER	1	
MINILINK REAL-TIME TRANSMITTER DEVICE MM	3	PA
MINIMED SYRINGE RESERVOIR 3 ML MM	2	
minoxidil 10 mg tablet MM	1	
minoxidil 2.5 mg tablet MM	1	
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET MM	3	
mirtazapine 15 mg odt MM	2	QL
mirtazapine 15 mg tablet MM	1	QL
mirtazapine 30 mg odt MM	2	QL
mirtazapine 30 mg tablet MM	1	QL
mirtazapine 45 mg odt MM	2	QL
mirtazapine 45 mg tablet MM	1	QL
mirtazapine 7.5 mg tablet MM	1	
moexipril hcl 15 mg tablet MM	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
moexipril hcl 7.5 mg tablet MM	2	
moexipril-hctz 15-12.5 mg tab MM	2	
moexipril-hctz 15-25 mg tablet MM	2	
moexipril-hctz 7.5-12.5 mg tab MM	2	
MONAGHAN Z STAT ANTI-STATIC VALVED HOLDING CHAMBER SPACER	1	
MONAGHAN Z STAT CHAMBER-LARGE MASK	1	
MONAGHAN Z STAT CHAMBER-MEDIUM MASK	1	
MONAGHAN Z STAT CHAMBER-SMALL MASK	1	
MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE	1	
MONOJECT BLOOD COLLECTION 20 X 1" NEEDLE	1	
MONOJECT BLOOD COLLECTION 21 X 1" NEEDLE	1	
MONOJECT BLOOD COLLECTION 22 X 1" NEEDLE	1	
MONOJECT CONTROL SYRINGE LUER LOCK 12 ML	3	
MONOJECT HYPODERMIC NEEDLES 22 X 1 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 22 X 1"	1	
MONOJECT HYPODERMIC NEEDLES 23 X 1"	1	
MONOJECT HYPODERMIC NEEDLES 23 X 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 25 X 1 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 25 X 1"	1	
MONOJECT HYPODERMIC NEEDLES 25 X 5/8"	1	
MONOJECT HYPODERMIC NEEDLES 26 X 1 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 27 X 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 30 X 3/4"	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" MM	2	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 X 5/16" MM	2	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 29 X 1/2" MM	2	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 30 X 5/16" MM	2	
MONOJECT INSULIN SAFETY SYRINGE 29 X 1/2" MM	2	
MONOJECT INSULIN SYRINGE 0.3 ML 29 X 1/2" MM	2	
MONOJECT INSULIN SYRINGE 0.3 ML 30 X 5/16" MM	2	
MONOJECT INSULIN SYRINGE 0.3 ML 31 X 5/16" MM	2	
MONOJECT INSULIN SYRINGE 1 ML MM	1	
MONOJECT INSULIN SYRINGE 1 ML 25 X 5/8" MM	2	
MONOJECT INSULIN SYRINGE 1 ML 27 X 1/2" MM	2	
MONOJECT INSULIN SYRINGE 1 ML 28 X 1/2" MM	2	
MONOJECT INSULIN SYRINGE 1 ML 29 X 1/2" MM	2	
MONOJECT INSULIN SYRINGE 1 ML 30 X 5/16" MM	2	
MONOJECT INSULIN SYRINGE 1 ML 31 X 5/16" MM	2	
MONOJECT INSULIN SYRINGE 1/2 ML 28 X 1/2" MM	2	
MONOJECT INSULIN SYRINGE 1/2 ML 29 X 1/2" MM	2	
MONOJECT INSULIN SYRINGE 1/2 ML 30 X 5/16" MM	2	
MONOJECT INSULIN SYRINGE 1/2 ML 31 X 5/16" MM	2	
MONOJECT LUER-LOCK TIP 12 ML SYRINGE	2	
MONOJECT MAGELLAN SYRINGE 1 ML 25 X 1"	1	
MONOJECT MAGELLAN SYRINGE 1 ML 25 X 5/8"	1	
MONOJECT MAGELLAN SYRINGE 3 ML 20 X 1"	1	
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT REGULAR LUER 12 ML SYRINGE	2	
MONOJECT SAFETY SYRINGES	1	
MONOJECT SAFETY SYRINGES 12 ML 21 X 1 1/2"	1	
MONOJECT SAFETY SYRINGES 3 ML 21 X 1"	1	
MONOJECT SAFETY SYRINGES 3 ML 22 X 1 1/2"	1	
MONOJECT SAFETY SYRINGES 6 ML	1	
MONOJECT SMARTIP CANNULA 12 ML SYRINGE	1	
MONOJECT SMARTIP CANNULA 3 ML SYRINGE	1	
MONOJECT SMARTIP CANNULA 6 ML SYRINGE	1	
MONOJECT SYRINGE 1/2 ML 28 MM	2	
MONOJECT SYRINGE 12 ML	2	
MONOJECT SYRINGE 3 ML	2	
MONOJECT SYRINGE 6 ML	2	
MONOJECT SYRINGE 6 ML 20 X 1 1/2"	2	
MONOJECT SYRINGE 6 ML 21 X 1 1/2"	2	
MONOJECT SYRINGE 6 ML 21 X 1"	2	
MONOJECT SYRINGE 6 ML 22 X 1 1/2"	2	
MONOJECT TB LUER LOK 1 ML SYRINGE	1	
MONOJECT TUBERCULIN SYRINGE 1 ML	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 SYRINGE MM	2	
MONOLET LANCETS 21 GAUGE	1	
MONOLET THIN LANCETS 28 GAUGE	1	
mononessa (28) 0.25 mg-35 mcg tablet MM	1	
montelukast sod 10 mg tablet MM	1	QL
montelukast sod 4 mg granules MM	3	QL
montelukast sod 4 mg tab chew MM	1	QL
montelukast sod 5 mg tab chew MM	1	QL
MULTAQ 400 MG TABLET MM	2	QL
MULTI-LANCET DEVICE	3	
mupirocin 2% ointment	2	
MYGLUCOHEALTH CONTROL SOLUTION	3	
MYGLUCOHEALTH KIT	3	ST
MYGLUCOHEALTH LANCETS 30 GAUGE	1	
MYGLUCOHEALTH STRIPS MM	3	QL,ST
mynatal 90 mg-1 mg-50 mg tablet	1	
mynatal advance 90 mg-1 mg-50 mg tablet	1	
mynatal plus 65 mg-1 mg tablet	1	
mynatal-z 65 mg-1 mg tablet	1	
mynate 90 plus 90 mg iron-1 mg tablet,extended release	1	
nadolol 20 mg tablet MM	3	
nadolol 40 mg tablet MM	3	
nadolol 80 mg tablet MM	3	
nadolol-bendroflu 40-5 mg tab MM	3	
nadolol-bendroflu 80-5 mg tab MM	3	
NAMENDA XR 14 MG CAPSULE SPRINKLE,EXTENDED RELEASE MM	2	QL
NAMENDA XR 21 MG CAPSULE SPRINKLE,EXTENDED RELEASE MM	2	QL
NAMENDA XR 28 MG CAPSULE SPRINKLE,EXTENDED RELEASE MM	2	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
NAMENDA XR 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE MM	2	QL
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK	2	QL
naproxen 500 mg tablet MM	1	
NARDIL 15 MG TABLET MM	3	
NASONEX 50 MCG/ACTUATION SPRAY MM	2	QL
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET	3	
NATAFORT TABLET	2	
natal-v rx tablet	1	
natalvirt 90 dha combo pack	2	
natalvirt ca combo pack	2	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET MM	2	
nateglinide 120 mg tablet MM	2	
nateglinide 60 mg tablet MM	2	
NATELLE ONE 28 MG-1 MG-250 MG CAPSULE	3	
necon 1/35 (28) 1 mg-35 mcg tablet MM	1	
NEEDLE FREE SYRINGE KIT A	1	
NEEDLE FREE SYRINGE KIT B	1	
NEEDLE FREE SYRINGE KIT C	1	
NEEVODHA (WITH ALGAL OIL) 27 MG IRON-1.13 MG-581.92 MG CAPSULE	3	
nefazodone hcl 100 mg tablet MM	3	
nefazodone hcl 150 mg tablet MM	3	
nefazodone hcl 200 mg tablet MM	3	
nefazodone hcl 250 mg tablet MM	3	
nefazodone hcl 50 mg tablet MM	3	
NESINA 12.5 MG TABLET MM	3	QL
NESINA 25 MG TABLET MM	3	QL
NESINA 6.25 MG TABLET MM	3	QL
NESTABS 32 MG-1,000 MCG TABLET	2	
NESTABS ABC 32 MG IRON-1 MG-120 MG-180 MG ORAL PACK	3	
NESTABS DHA 32 MG-1,000 MCG-230 MG ORAL PACK	2	
NEUTEK 2TEK TEST STRIPS MM	3	QL,ST
newgen 32 mg-1,000 mcg tablet	3	
NEXA PLUS 29 MG IRON-1.25 MG-55 MG CAPSULE	3	
NEXIUM 20 MG CAPSULE,DELAYED RELEASE MM	3	QL,ST
NEXIUM 40 MG CAPSULE,DELAYED RELEASE MM	3	QL,ST
niacin er 1,000 mg tablet MM	3	PA
niacin er 500 mg tablet MM	3	PA
niacin er 750 mg tablet MM	3	PA
NIASPAN 1,000 MG TABLET,EXTENDED RELEASE MM	3	PA
NIASPAN 500 MG TABLET,EXTENDED RELEASE MM	3	PA
NIASPAN 750 MG TABLET,EXTENDED RELEASE MM	3	PA
nicardipine 20 mg capsule MM	3	
nicardipine 30 mg capsule MM	2	
nifedical xl 30 mg tablet,extended release MM	2	QL
nifedical xl 60 mg tablet,extended release MM	2	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
nifedipine 10 mg capsule MM	2	
nifedipine 20 mg capsule MM	2	
nifedipine er 30 mg tablet MM	2	QL
nifedipine er 30 mg tablet MM	2	QL
nifedipine er 60 mg tablet MM	2	QL
nifedipine er 60 mg tablet MM	2	QL
nifedipine er 90 mg tablet MM	2	QL
nifedipine er 90 mg tablet MM	2	QL
nimodipine 30 mg capsule	4	
nisoldipine er 17 mg tablet MM	3	QL
nisoldipine er 20 mg tablet MM	3	QL
nisoldipine er 25.5 mg tablet MM	3	QL
nisoldipine er 30 mg tablet MM	3	QL
nisoldipine er 34 mg tablet MM	3	QL
nisoldipine er 40 mg tablet MM	3	QL
nisoldipine er 8.5 mg tablet MM	3	QL
nitrofurantoin mono-mcr 100 mg	2	
niva-plus 27 mg-1 mg tablet	1	
norethin-estra-fe 0.8-0.025 mg MM	3	
norethin-estrad-ferr 1-0.02 mg MM	1	
NORM-JECT SYRINGE	1	
NORPRAMIN 10 MG TABLET MM	3	
NORPRAMIN 100 MG TABLET MM	3	
NORPRAMIN 150 MG TABLET MM	3	
NORPRAMIN 25 MG TABLET MM	3	
NORPRAMIN 50 MG TABLET MM	3	
NORPRAMIN 75 MG TABLET MM	3	
nortriptyline 10 mg/5 ml sol MM	2	
nortriptyline hcl 10 mg cap MM	1	
nortriptyline hcl 25 mg cap MM	1	
nortriptyline hcl 50 mg cap MM	1	
nortriptyline hcl 75 mg cap MM	1	
NORVASC 10 MG TABLET MM	3	QL
NORVASC 2.5 MG TABLET MM	3	QL
NORVASC 5 MG TABLET MM	3	QL
NOVA MAX BLOOD GLUCOSE METER	3	ST
NOVA MAX GLUCOSE CONTROL SOLUTION	3	
NOVA MAX GLUCOSE TEST STRIPS MM	3	QL,ST
NOVA SAFETY LANCETS 23 GAUGE	1	
NOVA SUREFLEX LANCETS	1	
NOVAMAX PLUS GLU-KET SOLUTION	3	ST
NOVOFINE 30 30 X 1/3" NEEDLE	1	
NOVOFINE 32 32 X 1/4" NEEDLE	1	
NOVOFINE AUTOCOVER 30 X 1/3" NEEDLE	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MM	3	ST
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MM	3	ST
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION MM	3	ST
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MM	3	ST
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS MM	3	ST
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION MM	3	ST
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN MM	3	ST
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MM	3	ST
NOVOPEN 3 INSULIN DEVICE	3	
NOVOPEN 3 PENMATE DEVICE	3	
NOVOPEN ECHO SUBCUTANEOUS	3	
NOVOPEN JR INSULIN DEVICE	3	
NOVOTWIST 30 X 1/3" NEEDLE	1	
NOVOTWIST 32 X 1/5" NEEDLE	1	
NUEDEXTA 20 MG-10 MG CAPSULE	2	QL
NUTROPIN AQ 10 MG/2 ML (5 MG/ML) SUBCUTANEOUS CARTRIDGE SP	*	QL,PA
NUTROPIN AQ 20 MG/2 ML (10 MG/ML) SUBCUTANEOUS CARTRIDGE SP	*	QL,PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML) SUBCUTANEOUS CARTRIDGE SP	*	QL,PA
NUTROPIN AQ NUSPIN 20 MG/2 ML (10 MG/ML) SUBCUTANEOUS CARTRIDGE SP	*	QL,PA
NUTROPIN AQ NUSPIN 5 MG/2 ML (2.5 MG/ML) SUBCUTANEOUS CARTRIDGE SP	*	QL,PA
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL MM	2	QL
NUVIGIL 150 MG TABLET MM	3	QL,PA
NUVIGIL 200 MG TABLET MM	3	QL,PA
NUVIGIL 250 MG TABLET MM	3	QL,PA
NUVIGIL 50 MG TABLET MM	3	QL,PA
OB COMPLETE 400 CAPSULE	3	
OB COMPLETE CHEWABLE TABLET	3	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET	3	
OB COMPLETE WITH DHA 30 MG IRON-10 MG IRON-1 MG CAPSULE	3	
obstetrix dha 29 mg iron-1 mg-50 mg tablet&capsule,delayed release	2	
OBTREX DHA 29 MG IRON-1 MG-50 MG TABLET&CAPSULE,DELAYED RELEASE	2	
ocella 3 mg-0.03 mg tablet MM	2	
OLEPTRO ER 150 MG TABLET,EXTENDED RELEASE MM	3	QL,PA
OLEPTRO ER 300 MG TABLET,EXTENDED RELEASE MM	3	QL,PA
omega-3 ethyl esters 1 gm cap MM	3	QL
omeprazole dr 20 mg capsule MM	1	QL
omeprazole dr 40 mg capsule MM	1	QL
OMNARIS 50 MCG NASAL SPRAY MM	2	QL
ON CALL EXPRESS CONTROL SOLUTION	3	
ON CALL EXPRESS METER	3	ST
ON CALL EXPRESS METER KIT	3	ST
ON CALL EXPRESS TEST STRIP MM	3	QL,ST
ON CALL LANCET 30 GAUGE	3	
ON CALL LANCING DEVICE	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ON CALL PLUS CONTROL SOLUTION	3	
ON CALL PLUS LANCET 30 GAUGE	3	
ON CALL PLUS LANCING DEVICE	3	
ON CALL PLUS METER	3	ST
ON CALL PLUS METER KIT	3	ST
ON CALL PLUS TEST STRIP MM	3	QL,ST
ON CALL VIVID CONTROL SOLUTION	3	
ON CALL VIVID METER	3	ST
ON CALL VIVID METER KIT	3	ST
ON CALL VIVID PAL BLOOD GLUCOSE METER	3	ST
ON CALL VIVID PAL BLOOD GLUCOSE METER KIT	3	ST
ON CALL VIVID TEST STRIP MM	3	QL,ST
ON-THE-GO LANCETS 30 GAUGE	1	
ONETOUCH DELICA LANCETS 30 GAUGE	3	
ONETOUCH DELICA LANCETS 33 GAUGE	3	
ONETOUCH DELICA LANCING DEVICE KIT	3	
ONETOUCH FINEPOINT LANCETS 25 GAUGE	3	
ONETOUCH SURESOFT LANCING DEVICES	3	
ONETOUCH ULTRA CONTROL SOLUTION	3	
ONETOUCH ULTRA SYSTEM KIT	3	ST
ONETOUCH ULTRA TEST STRIPS MM	3	QL,ST
ONETOUCH ULTRA2 KIT	3	ST
ONETOUCH ULTRALINK SYSTEM	3	ST
ONETOUCH ULTRAMINI KIT	3	ST
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO HIGH CONTROL SOLUTION	3	
ONETOUCH VERIO IQ METER	3	ST
ONETOUCH VERIO MID CONTROL SOLUTION	3	
ONETOUCH VERIO STRIPS MM	3	QL,ST
ONETOUCH VERIO SYNC KIT	3	ST
ONETOUCH VERIO SYSTEM	3	ST
ONGLYZA 2.5 MG TABLET MM	3	QL
ONGLYZA 5 MG TABLET MM	3	QL
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	2	QL
OPANA ER 15 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	2	QL
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	2	QL
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	2	QL
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	2	QL
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	2	QL
OPANA ER 7.5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	2	QL
OPTICHAMBER ADULT MASK-LARGE	1	
OPTICHAMBER DIAMOND DEVICE	3	
OPTICHAMBER DIAMOND-LG MSK DEVICE	2	
OPTICHAMBER DIAMOND-MED MSK DEVICE	2	
OPTICHAMBER DIAMOND-SML MSK DEVICE	2	
OPTIUM EZ STRIPS MM	3	QL,ST
OPTIUM TEST STRIPS MM	3	QL,ST
OPTUMRX KIT	3	ST
OPTUMRX MISC	3	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
OPTUMRX SOLUTION	3	
OPTUMRX STRIPS MM	3	QL,ST
ORACEA 40 MG CAPSULE,IMMEDIATE & DELAY RELEASE	3	QL
ORTHO ALL-FLEX DIAPHRAGM 65MM	3	
ORTHO ALL-FLEX DIAPHRAGM 70MM	3	
ORTHO ALL-FLEX DIAPHRAGM 75MM	3	
ORTHO ALL-FLEX DIAPHRAGM 80MM	3	
ORTHO ALL-FLEX FITTING SET	3	
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET MM	2	
OSENI 12.5 MG-15 MG TABLET MM	3	QL
OSENI 12.5 MG-30 MG TABLET MM	3	QL
OSENI 12.5 MG-45 MG TABLET MM	3	QL
OSENI 25 MG-15 MG TABLET MM	3	QL
OSENI 25 MG-30 MG TABLET MM	3	QL
OSENI 25 MG-45 MG TABLET MM	3	QL
oxycodone-acetaminophen 10-325	2	QL
oxycodone-acetaminophen 5-325	2	QL
paire ob plus dha 22 mg-6 mg-1 mg-200 mg oral pack	2	
PAMELOR 10 MG CAPSULE MM	4	
PAMELOR 25 MG CAPSULE MM	4	
PAMELOR 50 MG CAPSULE MM	4	
PAMELOR 75 MG CAPSULE MM	4	
pantoprazole sod dr 40 mg tab MM	1	QL
PARADIGM REAL-TIME TRANSMITTER MISC MM	3	PA
PARADIGM RESERVOIR 1.8 ML MM	3	
PARADIGM RESERVOIR 3 ML MM	3	
PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE MM,SP	4	
PARNATE 10 MG TABLET MM	3	QL
paroxetine cr 12.5 mg tablet MM	3	QL
paroxetine cr 25 mg tablet MM	3	QL
paroxetine er 37.5 mg tablet MM	3	QL
paroxetine hcl 10 mg tablet MM	1	QL
paroxetine hcl 20 mg tablet MM	1	QL
paroxetine hcl 30 mg tablet MM	1	QL
paroxetine hcl 40 mg tablet MM	1	QL
PATADAY 0.2 % EYE DROPS	2	
PAXIL 10 MG TABLET MM	3	QL
PAXIL 10 MG/5 ML ORAL SUSPENSION MM	3	
PAXIL 20 MG TABLET MM	3	QL
PAXIL 30 MG TABLET MM	3	QL
PAXIL 40 MG TABLET MM	3	QL
PAXIL CR 12.5 MG TABLET,EXTENDED RELEASE MM	3	QL
PAXIL CR 25 MG TABLET,EXTENDED RELEASE MM	3	QL
PAXIL CR 37.5 MG TABLET,EXTENDED RELEASE MM	3	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION SP	*	QL,PA
PEGASYS PROCLICK 135 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR SP	*	QL,PA
PEGASYS PROCLICK 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR SP	*	QL,PA
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBCUTANEOUS KIT SP	*	QL,PA
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBCUTANEOUS KIT SP	*	QL,PA
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBCUTANEOUS KIT SP	*	QL,PA
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBCUTANEOUS KIT SP	*	QL,PA
PEN NEEDLE 29 GAUGE	1	
PEN NEEDLE 29 GAUGE X 1/2"	1	
PEN NEEDLE 30 X 5/16"	1	
PEN NEEDLE 31 GAUGE X 1/4"	1	
PEN NEEDLE 31 X 3/16"	1	
PEN NEEDLE 31 X 5/16"	1	
PEN NEEDLE 32 X 5/32"	1	
PEN NEEDLES 6MM 31G	1	
penicillin vk 500 mg tablet	2	
PENLET PLUS BLOOD SAMPLER KIT	3	
PENTASA 250 MG CAPSULE,EXTENDED RELEASE MM	4	QL
PENTASA 500 MG CAPSULE,EXTENDED RELEASE MM	4	QL
PENTIPS 31 X 3/16" NEEDLE	1	
PENTIPS 31 X 5/16" NEEDLE	1	
PENTIPS 32 X 5/32" NEEDLE	1	
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MM	4	QL,PA
perindopril erbumine 2 mg tab MM	1	
perindopril erbumine 4 mg tab MM	1	
perindopril erbumine 8 mg tab MM	1	
PERSANTINE 25 MG TABLET MM	3	
PERSANTINE 50 MG TABLET MM	3	
PERSANTINE 75 MG TABLET MM	3	
PFLEX INSPIRATORY TRAINER DEVICE	1	
PHARMACIST CHOICE 30G LANCETS	1	
PHARMACIST CHOICE 33G LANCETS	1	
PHARMACIST CHOICE BLOOD GLUCOSE SYSTEM	3	ST
PHARMACIST CHOICE GLUCOSE TEST STRIPS MM	3	QL,ST
PHASEAL PROTECTOR 13 MM DEVICE	1	
PHASEAL PROTECTOR 20 MM DEVICE	1	
PHASEAL PROTECTOR 28 MM DEVICE	1	
phenelzine sulfate 15 mg tab MM	3	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MM	2	
pindolol 10 mg tablet MM	2	
pindolol 5 mg tablet MM	2	
pioglitaz-glimepir 30-2 mg tab MM	3	QL,ST
pioglitaz-glimepir 30-4 mg tab MM	3	QL,ST
pioglitazone hcl 15 mg tablet MM	1	QL
pioglitazone hcl 30 mg tablet MM	1	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
pioglitazone hcl 45 mg tablet MM	1	QL
pioglitazone-metformin 15-500 MM	3	QL
pioglitazone-metformin 15-850 MM	3	QL
PLAVIX 300 MG TABLET	3	QL
PLAVIX 75 MG TABLET MM	3	QL
PLETAL 100 MG TABLET MM	3	
PLETAL 50 MG TABLET MM	3	
pnv 29-1 29 mg iron-1 mg tablet	1	
pnv folic acid + iron tablet	1	
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack	2	
pnv-dha + docusate 27 mg-1.25 mg-55 mg-300 mg capsule	2	
pnv-dha 27 mg-1 mg-300 mg capsule	2	
pnv-ferrous fumarate 29 mg-docu 25 mg-fa 1 mg tablet	1	
pnv-first softgel	2	
pnv-omega 28 mg-1 mg-300 mg capsule	2	
pnv-select 27 mg-1 mg tablet	3	
pnv-total 35 mg-5 mg-1.2 mg-400 mg capsule	3	
pnv-vp-u 106.5 mg-1 mg capsule	1	
POCKET CHAMBER SPACER	1	
pr natal 400 29 mg-1 mg-400 mg oral pack	2	
pr natal 400 ec 29 mg-1 mg-400 mg tablet&capsule,delayed release	2	
pr natal 430 29 mg-1 mg-430 mg oral pack	1	
pr natal 430 ec 29 mg-1 mg-430 mg tablet&capsule,delayed release	2	
PRADAXA 150 MG CAPSULE MM	3	QL
PRADAXA 75 MG CAPSULE MM	3	QL
PRANDIN 0.5 MG TABLET MM	3	
PRANDIN 1 MG TABLET MM	3	
PRANDIN 2 MG TABLET MM	3	
PRAVACHOL 20 MG TABLET MM	3	QL,ST
PRAVACHOL 40 MG TABLET MM	3	QL,ST
PRAVACHOL 80 MG TABLET MM	3	QL,ST
pravastatin sodium 10 mg tab MM	2	QL
pravastatin sodium 20 mg tab MM	2	QL
pravastatin sodium 40 mg tab MM	2	QL
pravastatin sodium 80 mg tab MM	2	QL
PRECISION GLUCOSE CONTROL SOLN COMBO PACK	3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK	3	
PRECISION MISC	3	ST
PRECISION PCX PLUS TEST STRIPS MM	3	QL,ST
PRECISION PCX TEST STRIPS MM	3	QL,ST
PRECISION POINT OF CARE TEST STRIPS MM	3	QL,ST
PRECISION Q-I-D TEST STRIPS MM	3	QL,ST
PRECISION XTRA MONITOR	3	ST
PRECISION XTRA TEST STRIPS MM	3	QL,ST
PRECOSE 100 MG TABLET MM	3	
PRECOSE 25 MG TABLET MM	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PRECOSE 50 MG TABLET MM	3	
prednisone 10 mg tablet	1	
prednisone 20 mg tablet	1	
PREFERA-OB 28 MG-6 MG-1 MG TABLET	2	
PREFERA-OB ONE 22 MG-6 MG-1 MG-200 MG CAPSULE	2	
PREFERRED PLUS SYRINGE 0.5 ML MM	2	
PREFERRED PLUS SYRINGE 1 ML MM	2	
prefol-dha capsule	1	
PREMIUM BLOOD GLUCOSE MONITORING SYSTEM	3	ST
PREMIUM V10	3	ST
PREMIUM V10 STRIPS MM	3	QL,ST
PRENA1 CHEW 1.4 MG CHEW TABLET,IMMEDIATE & DELAYED REL	3	
prena1 chew tablet	2	
prena1 pearl 30 mg-1.4 mg-200 mg capsule,immediate & delay release	3	
prena1 plus combo pack	2	
prena1 softgel	2	
prenaissance 29 mg-1.25 mg-55 mg-325 mg capsule	2	
prenaissance 90 dha combo pack	2	
prenaissance balance 30 mg iron-1 mg-50 mg-260 mg capsule	3	
prenaissance dha combo pack	2	
prenaissance dha harmony cmbpk	3	
prenaissance harmony dha cmbpk	3	
PRENAISSANCE NEXT-B 1.22 MG-42 MG-124.23 MG TABLET	3	
prenaissance promise combo pck	2	
prenaplus tablet	1	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET	1	
PRENATABS FA 29 MG-1 MG TABLET	2	
PRENATABS RX 29 MG IRON-1 MG TABLET	2	
prenatal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet	1	
prenatal 19 29 mg iron-1 mg chewable tablet	3	
prenatal ad tablet	1	
prenatal low iron 27 mg-1 mg tablet	1	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet	1	
prenatal plus 29 mg iron-1 mg tablet	1	
prenatal plus iron tablet	1	
prenatal vitamins with low iron 27 mg iron-1 mg tablet	1	
prenatal-u 106.5 mg-1 mg capsule	1	
PRENATE AM 1 MG-500 MG TABLET	3	
PRENATE CHEWABLE 1 MG TABLET	3	
PRENATE DHA (FERROUS ASPARTO GLYCINATE) 18 MG IRON-1 MG-300 MG CAPSULE	3	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE	3	
PRENATE ELITE (IRON ASPARTO GLYCINATE) 20 MG IRON-1 MG TABLET	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET	3	
PRENATE ENHANCE 28 MG IRON-1 MG-400 MG CAPSULE	3	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE	3	
PRENATE MINI (FERROUS ASPARTO GLYCINATE) 18 MG-1 MG-350 MG CAPSULE	3	
PRENATE MINI 29 MG IRON-1 MG-350 MG CAPSULE	3	
PRENATE PIXIE 10 MG IRON-1 MG-200 MG CAPSULE	3	
PRENATE RESTORE 27 MG IRON-1 MG-400 MG CAPSULE	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PRENATE STAR 20 MG IRON-1 MG TABLET	3	
PRENEXA CAPSULE	3	
preplus 27 mg iron-1 mg tablet	1	
PREQUE 10 15 MG IRON-0.5 MG-25 MG TABLET	2	
PRESSURE ACTIVATED LANCETS 21 GAUGE	1	
PRESSURE ACTIVATED LANCETS 28 GAUGE	1	
PRESTALIA 14 MG-10 MG TABLET	3	ST
PRESTALIA 3.5 MG-2.5 MG TABLET	3	ST
PRESTALIA 7 MG-5 MG TABLET	3	ST
PRESTO PRO BLOOD GLUCOSE METER	3	ST
pretab 29 mg-1 mg tablet	3	
prevalite 4 gram powder for susp in a packet MM	3	
PRIMEAIRE SPACER	1	
PRINIVIL 10 MG TABLET MM	3	
PRINIVIL 20 MG TABLET MM	3	
PRINIVIL 5 MG TABLET MM	3	
PRISTIQ 100 MG TABLET,EXTENDED RELEASE MM	3	QL
PRISTIQ 25 MG TABLET,EXTENDED RELEASE	3	QL
PRISTIQ 50 MG TABLET,EXTENDED RELEASE MM	3	QL
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER MM	3	QL,ST
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED	3	QL,ST
PROCARDIA 10 MG CAPSULE MM	3	
PROCARDIA XL 30 MG TABLET,EXTENDED RELEASE MM	3	QL
PROCARDIA XL 60 MG TABLET,EXTENDED RELEASE MM	3	QL
PROCARDIA XL 90 MG TABLET,EXTENDED RELEASE MM	3	QL
PROCHAMBER	2	
PROCRIT 10,000 UNIT/ML INJECTION SOLUTION SP	*	QL,PA
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION SP	*	QL,PA
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION SP	*	QL,PA
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION SP	*	QL,PA
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM	3	ST
PRODIGY AUTOCODE METER KIT	3	ST
PRODIGY CONTROL SOLUTION, LOW	3	
PRODIGY CONTROL SOLUTION,HIGH	3	
PRODIGY INSULIN SYRINGE 0.3 ML 31 X 5/16" MM	2	
PRODIGY INSULIN SYRINGE 1 ML 28 X 1/2" MM	2	
PRODIGY INSULIN SYRINGE 1/2 ML 31 X 5/16" MM	2	
PRODIGY LANCETS 28 GAUGE	1	
PRODIGY LANCING DEVICE	1	
PRODIGY MINI PEN NDL 31GX3/16"	1	
PRODIGY NO CODING STRIPS MM	3	QL,ST
PRODIGY PEN NEEDLE 29GX1/2"	1	
PRODIGY PEN NEEDLE 31GX5/16"	1	
PRODIGY POCKET METER KIT	3	ST
PRODIGY TWIST TOP LANCET 28 GAUGE	1	
PRODIGY VOICE GLUCOSE METER KIT	3	ST
PROGLYCEM 50 MG/ML ORAL SUSPENSION MM	4	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
promethazine 25 mg tablet	2	
propranolol 10 mg tablet MM	1	
propranolol 20 mg tablet MM	1	
propranolol 20 mg/5 ml soln MM	2	
propranolol 40 mg tablet MM	1	
propranolol 40 mg/5 ml soln MM	2	
propranolol 60 mg tablet MM	1	
propranolol 80 mg tablet MM	1	
propranolol er 120 mg capsule MM	2	
propranolol er 160 mg capsule MM	2	
propranolol er 60 mg capsule MM	2	
propranolol er 80 mg capsule MM	2	
propranolol-hctz 40-25 mg tab MM	2	
propranolol-hctz 80-25 mg tab MM	2	
PROTECT NATAL TABLET	1	
protriptyline hcl 10 mg tablet MM	3	
protriptyline hcl 5 mg tablet MM	3	
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER MM	3	QL,ST
PROVIDA DHA 32 MG-1.25 MG-110 MG CAPSULE	3	
PROVIDA OB 40 MG IRON-1.25 MG CAPSULE	2	
PROZAC 10 MG CAPSULE MM	4	QL
PROZAC 20 MG CAPSULE MM	4	QL
PROZAC 40 MG CAPSULE MM	4	QL
PROZAC WEEKLY 90 MG CAPSULE,DELAYED RELEASE MM	3	QL
PUB 28G LANCETS	1	
PULMICORT 0.25 MG/2 ML SUSPENSION FOR NEBULIZATION MM	4	QL
PULMICORT 0.5 MG/2 ML SUSPENSION FOR NEBULIZATION MM	4	QL
PULMICORT 1 MG/2 ML SUSPENSION FOR NEBULIZATION MM	4	
PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED MM	3	QL
PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED MM	3	QL
PUREFE OB PLUS 106 MG IRON-1 MG CAPSULE	3	
PUREFE PLUS 106 MG IRON-1 MG CAPSULE	3	
PUSH BUTTON SAFETY LANCETS 28 GAUGE	1	
Q-TABS 1 MG TABLET	3	
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY	3	QL
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY MM	3	QL
QUESTRAN 4 GRAM ORAL POWDER MM	3	
QUESTRAN 4 GRAM POWDER FOR SUSP IN A PACKET MM	3	
QUESTRAN LIGHT PACKET MM	3	
quinapril 10 mg tablet MM	1	
quinapril 20 mg tablet MM	1	
quinapril 40 mg tablet MM	1	
quinapril 5 mg tablet MM	1	
quinapril-hctz 10-12.5 mg tab MM	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
quinapril-hctz 20-12.5 mg tab MM	2	
quinapril-hctz 20-25 mg tab MM	2	
QUINTET AC MISC	3	ST
QUINTET AC STRIPS MM	3	QL,ST
QUINTET BLOOD GLUCOSE METER	3	ST
QUINTET GLUCOSE TEST STRIPS MM	3	QL,ST
QVAR 40 MCG/ACTUATION METERED AEROSOL ORAL INHALER MM	2	QL
QVAR 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER MM	2	QL
r-natal ob 20 mg iron-1 mg-320 mg capsule	3	
RA BLOOD GLUCOSE MONITOR	3	ST
raloxifene hcl 60 mg tablet MM	3	QL
ramipril 1.25 mg capsule MM	1	
ramipril 10 mg capsule MM	1	
ramipril 2.5 mg capsule MM	1	
ramipril 5 mg capsule MM	1	
RANEXA 1,000 MG TABLET,EXTENDED RELEASE MM	2	QL,ST
RANEXA 500 MG TABLET,EXTENDED RELEASE MM	2	QL,ST
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR SP	*	QL,PA
REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR SP	*	QL,PA
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. SP	*	QL,PA
reclipsen (28) 0.15 mg-0.03 mg tablet MM	1	
REFUAH PLUS GLUCOSE CONTROL SOLUTION	3	
REFUAH PLUS GLUCOSE MONITOR KIT	3	ST
REFUAH PLUS STRIPS MM	3	QL,ST
RELI-ON INSULIN 0.3 ML SYR MM	2	
RELIAMED LANCET 23 GAUGE	3	
RELIAMED LANCET 28 GAUGE	3	
RELIAMED LANCET 30 GAUGE	3	
RELIAMED MINI LANCING DEVICE	3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE	1	
RELIAMED SAFETY SEAL LANCETS 30 GAUGE	1	
RELIAMED TWIST & CAP LANCET 28 GAUGE	3	
RELION CONFIRM KIT	3	ST
RELION CONFIRM-MICRO STRIPS MM	3	QL,ST
RELION INS SYR 0.3 ML 29GX1/2" MM	2	
RELION INS SYR 0.3 ML 30GX5/16 MM	2	
RELION INS SYR 1 ML 29GX1/2" MM	2	
RELION INS SYR 1 ML 30GX5/16" MM	2	
RELION INSULIN SYR 0.5 ML MM	2	
RELION MICRO GLUCOSE MONITOR	3	ST
RELION MICRO GLUCOSE MONITOR KIT	3	ST
RELION NEEDLES 31 GAUGE X 1/4"	1	
RELION PEN NEEDLES 32 X 5/32"	1	
RELION PRIME METER	3	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
RELION PRIME TEST STRIPS MM	3	QL,ST
RELION SYR 0.5 ML 30GX5/16" MM	2	
RELION THIN LANCETS 26 GAUGE	3	
RELION ULTIMA STRIPS MM	3	QL,ST
RELION ULTRA THIN PLUS LANCETS	1	
relnate dha 28 mg-1 mg-200 mg capsule	3	
REMERON 15 MG TABLET MM	3	QL
REMERON 30 MG TABLET MM	3	QL
REMERON 45 MG TABLET MM	3	QL
REMERON SOLTAB 15 MG DISINTEGRATING TABLET MM	3	QL
REMERON SOLTAB 30 MG DISINTEGRATING TABLET MM	3	QL
REMERON SOLTAB 45 MG DISINTEGRATING TABLET MM	3	QL
RENEW ADVANCED LANCING SYSTEM	1	
RENEW ADVANCED MICRO-LANCETS	1	
repaglinide 0.5 mg tablet MM	3	
repaglinide 1 mg tablet MM	3	
repaglinide 2 mg tablet MM	3	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MM	2	QL
REVEAL BLOOD GLUCOSE METER KIT	3	ST
REVEAL TEST STRIP MM	3	QL,ST
RIGHTEST CONTROL SOLUTION HIGH	3	
RIGHTEST CONTROL SOLUTION NORMAL	3	
RIGHTEST GC250S CONTROL SOLUTION NORMAL	3	
RIGHTEST GD500 LANCING DEVICE	1	
RIGHTEST GL300 LANCETS 30 GAUGE	1	
RIGHTEST GM250S GLUCOSE METER	3	ST
RIGHTEST GM260 GLUCOSE METER	3	ST
RIGHTEST GM550 SYSTEM KIT	3	ST
RIGHTEST GS250S TEST STRIPS MM	3	QL,ST
RIGHTEST GS260 TEST STRIPS MM	3	QL,ST
RIGHTEST GS550 TEST STRIPS MM	3	QL,ST
RIOMET 500 MG/5 ML ORAL SOLUTION MM	3	QL
risedronate sod dr 35 mg tab MM	3	QL
risedronate sodium 150 mg tab MM	3	QL
risedronate sodium 30 mg tab	3	QL
risedronate sodium 35 mg tab MM	3	QL
risedronate sodium 5 mg tablet MM	3	QL
RITEFLO AEROCHAMBER	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 X 5/16" MM	2	
SAFESNAP INSULIN SYRINGE 0.5 ML 29 X 1/2" MM	2	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 X 5/16" MM	2	
SAFESNAP INSULIN SYRINGE 1 ML 28 X 1/2" MM	2	
SAFESNAP INSULIN SYRINGE 1 ML 29 X 1/2" MM	2	
SAFETY LANCETS 21 GAUGE	1	
SAFETY LANCETS 26 GAUGE	3	
SAFETY LANCETS 28 GAUGE	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SAFETY SEAL LANCETS 28 GAUGE	1	
SAFETY SEAL LANCETS 30 GAUGE	1	
SAFETY-LET LANCETS 30 GAUGE	1	
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH	4	QL
SARAFEM 10 MG TABLET MM	3	QL
SARAFEM 20 MG TABLET MM	3	QL
SAVELLA 100 MG TABLET MM	3	QL
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK	3	QL
SAVELLA 12.5 MG TABLET MM	3	QL
SAVELLA 25 MG TABLET MM	3	QL
SAVELLA 50 MG TABLET MM	3	QL
se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet	1	
se-natal 19 29 mg iron-1 mg chewable tablet	1	
se-tan dha 30 mg-1 mg-310.1 mg capsule	2	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK	3	QL
SECTRAL 200 MG CAPSULE MM	3	
SECTRAL 400 MG CAPSULE MM	3	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK	3	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET	3	
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MM	2	QL
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE MM	2	QL
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE MM	2	QL
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE MM	2	QL
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE MM	2	QL
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE MM	2	QL
sertraline 20 mg/ml oral conc MM	2	QL
sertraline hcl 100 mg tablet MM	1	QL
sertraline hcl 25 mg tablet MM	1	QL
sertraline hcl 50 mg tablet MM	1	QL
setonet prenatal vitamin	2	
SETONET-EC PRENATAL VITAMINS	2	
SEVEN SYSTEM SENSOR MM	3	PA
SIDEKICK BLOOD GLUCOSE SYSTEM KIT MM	1	
SILICONE MASK - INFANT	1	
SIMCOR 1,000 MG-20 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
SIMCOR 1,000 MG-40 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
SIMCOR 500 MG-20 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
SIMCOR 500 MG-40 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
SIMCOR 750 MG-20 MG TABLET,EXTENDED RELEASE MM	3	QL,ST
SIMPLE DIAGNSTIC LANCET DEVICE	1	
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR SP	*	QL,PA
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE SP	*	QL,PA
simvastatin 10 mg tablet MM	1	QL
simvastatin 20 mg tablet MM	1	QL
simvastatin 40 mg tablet MM	1	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
simvastatin 5 mg tablet MM	1	QL
simvastatin 80 mg tablet MM	1	QL
SINGLE-LET MISC	3	
SINGULAIR 10 MG TABLET MM	3	QL
SINGULAIR 4 MG CHEWABLE TABLET MM	3	QL
SINGULAIR 4 MG ORAL GRANULES IN PACKET MM	3	QL
SINGULAIR 5 MG CHEWABLE TABLET MM	3	QL
SM LANCETS 21G	1	
SMART CARESENS N KIT	3	ST
SMART CARESENS N TEST STRIPS MM	3	QL,ST
SMART SENSE LANCETS 21 GAUGE	1	
SMART SENSE LANCETS 26 GAUGE	1	
SMART SENSE LANCETS 33 GAUGE	1	
SMART SENSE MONITORING SYSTEM	3	ST
SMART SENSE TEST STRIPS MM	3	QL,ST
SMARTDIABETES VANTAGE	3	
SMARTDIABETES VANTAGE 30G	3	
SMARTDIABETES XPRES GLUC SYST	3	ST
SMARTDIABETES XPRES TEST STRIP MM	3	QL,ST
SMARTEST CONTROL SOLUTION	3	
SMARTEST EJECT KIT	3	ST
SMARTEST LANCET	1	
SMARTEST PERSONA GLUCOSE METER	3	ST
SMARTEST PERSONA STARTER KIT	3	ST
SMARTEST PRONTO GLUCOSE METER	3	ST
SMARTEST PRONTO STARTER KIT	3	ST
SMARTEST PROTEGE KIT	3	ST
SMARTEST SMART CODE METER KIT	3	ST
SMARTEST TALKING METER KIT	3	ST
SMARTEST TEST STRIPS MM	3	QL,ST
SMS GLUCOSE CONTROL SOL NORMAL	3	
SOF-SENSOR DEVICE MM	3	PA
SOFT TOUCH LANCETS	1	
SOLODYN 105 MG TABLET,EXTENDED RELEASE	3	QL
SOLODYN 115 MG TABLET,EXTENDED RELEASE	3	QL
SOLODYN 55 MG TABLET,EXTENDED RELEASE	3	QL
SOLODYN 65 MG TABLET,EXTENDED RELEASE	3	QL
SOLODYN 80 MG TABLET,EXTENDED RELEASE	3	QL
SOLTAMOX 10 MG/5 ML ORAL SOLUTION MM	3	QL
SOLUS V2 AUDIBLE METER	3	ST
SOLUS V2 AUDIBLE METER KIT	3	ST
SOLUS V2 CONTROL SOLUTION, LOW	3	
SOLUS V2 CONTROL SOLUTION,HIGH	3	
SOLUS V2 LANCETS 28 GAUGE	1	
SOLUS V2 LANCETS 30 GAUGE	1	
SOLUS V2 LANCING DEVICE KIT	1	
SOLUS V2 TEST STRIPS MM	3	QL,ST
sorine 120 mg tablet MM	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
sorine 160 mg tablet MM	1	
sorine 240 mg tablet MM	1	
sorine 80 mg tablet MM	1	
sotalol 120 mg tablet MM	1	
sotalol 160 mg tablet MM	1	
sotalol 240 mg tablet MM	1	
sotalol 80 mg tablet MM	1	
sotalol af 120 mg tablet MM	1	
sotalol af 160 mg tablet MM	1	
sotalol af 80 mg tablet MM	1	
SOVALDI 400 MG TABLET SP	*	QL,PA
SPACE CHAMBER PLUS	2	
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES MM	2	QL
spironolactone 100 mg tablet MM	1	
spironolactone 25 mg tablet MM	1	
spironolactone 50 mg tablet MM	1	
spironolactone-hctz 25-25 tab MM	2	
sprintec (28) 0.25 mg-35 mcg tablet MM	1	
SPRYCEL 100 MG TABLET SP	*	QL,PA
SPRYCEL 140 MG TABLET SP	*	QL,PA
SPRYCEL 20 MG TABLET SP	*	QL,PA
SPRYCEL 50 MG TABLET SP	*	QL,PA
SPRYCEL 70 MG TABLET SP	*	QL,PA
SPRYCEL 80 MG TABLET SP	*	QL,PA
STARLIX 120 MG TABLET MM	3	
STARLIX 60 MG TABLET MM	3	
STERILANCE TL 30 GAUGE	1	
STERILANCE TL 32 GAUGE	1	
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	3	QL,PA
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	3	QL,PA
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	3	QL,PA
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	3	QL,PA
SULAR 17 MG TABLET,EXTENDED RELEASE MM	3	QL
SULAR 34 MG TABLET,EXTENDED RELEASE MM	3	QL
SULAR 8.5 MG TABLET,EXTENDED RELEASE MM	3	QL
sulfamethoxazole-tmp ds tablet	2	
SUPER THIN LANCETS 28 GAUGE	1	
SUPER THIN LANCETS 30 GAUGE	1	
SUPER THIN LANCETS 33 GAUGE	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" MM	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 1/2" MM	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MM	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 X 5/16" MM	2	
SURE COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MM	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SURE COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" MM	2	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 1/2" MM	2	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MM	2	
SURE COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" MM	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MM	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2" MM	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MM	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" MM	2	
SURE COMFORT INSULIN SYRINGE U-100 1/2 ML 29 X 1/2" MM	2	
SURE COMFORT LANCETS 30 GAUGE	1	
SURE COMFORT LANCING PEN	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2"	1	
SURE COMFORT PEN NEEDLE 30 X 5/16"	1	
SURE COMFORT PEN NEEDLE 31 X 3/16"	1	
SURE COMFORT PEN NEEDLE 31 X 5/16"	1	
SURE COMFORT PEN NEEDLE 32 X 1/4"	1	
SURE COMFORT PEN NEEDLE 32 X 5/32"	1	
SURE EDGE BLOOD GLUCOSE METER	3	ST
SURE EDGE GLUCOSE CONTROL SOLN	3	
SURE EDGE GLUCOSE CONTROL SOLN	3	
SURE EDGE GLUCOSE CONTROL SOLN	3	
SURE EDGE TEST STRIPS MM	3	QL,ST
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2"	1	
SURE-FINE PEN NEEDLES 31 X 3/16"	1	
SURE-FINE PEN NEEDLES 31 X 5/16"	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 X 1/2" MM	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 30 X 5/16" MM	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 X 5/16" MM	2	
SURE-JECT INSULIN SYRINGE 1 ML 28 X 1/2" MM	2	
SURE-JECT INSULIN SYRINGE 1 ML 29 X 1/2" MM	2	
SURE-JECT INSULIN SYRINGE 1 ML 30 X 5/16" MM	2	
SURE-JECT INSULIN SYRINGE 1 ML 31 X 5/16" MM	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 X 1/2" MM	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 29 X 1/2" MM	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 30 X 5/16" MM	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 31 X 5/16" MM	2	
SURE-LANCE 26 GAUGE	1	
SURE-LANCE 28 GAUGE	1	
SURE-LANCE ULTRA THIN 30 GAUGE	1	
SURE-PEN LANCING DEVICE	1	
SURE-TEST EASYPLUS MINI METER	3	ST
SURE-TEST EASYPLUS MINI SOLUTION	3	
SURE-TEST EASYPLUS MINI STRIPS MM	3	QL,ST
SURE-TOUCH LANCET	1	
SURECHEK BLOOD GLUCOSE MONITOR	3	ST
SURECHEK GLUCOSE CONTROL SOLN	3	
SURECHEK TEST STRIPS MM	3	QL,ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SUREFLEX LANCING DEVICE	1	
SUREFLEX LANCING DEVICE WITH LANCETS KIT	1	
SURESTEP PRO CONTROL SOLN	3	
SURESTEP PRO CONTROL SOLN	3	
SURESTEP PRO CONTROL SOLN	3	
SURESTEP PRO CONTROL SOLN	3	
SURESTEP PRO LINEARITY KIT	3	ST
SURESTEP PRO TEST STRIPS MM	3	QL,ST
SURGUARD2 SAFETY 1 ML 25 X 5/8" SYRINGE	2	
SURGUARD2 SAFETY 1 ML 26 X 3/8" SYRINGE	2	
SURGUARD2 SAFETY 1 ML 27 X 1/2" SYRINGE	2	
SURGUARD2 SAFETY 10 ML 20 X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 10 ML 20 X 1" SYRINGE	2	
SURGUARD2 SAFETY 10 ML 21 X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 18 X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 18 X 1" NEEDLE	2	
SURGUARD2 SAFETY 19 X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 19 X 1" NEEDLE	2	
SURGUARD2 SAFETY 20 X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 20 X 1" NEEDLE	2	
SURGUARD2 SAFETY 21 X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 21 X 1" NEEDLE	2	
SURGUARD2 SAFETY 22 X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 22 X 1" NEEDLE	2	
SURGUARD2 SAFETY 23 X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 23 X 1" NEEDLE	2	
SURGUARD2 SAFETY 25 X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 25 X 1" NEEDLE	2	
SURGUARD2 SAFETY 25 X 5/8" NEEDLE	2	
SURGUARD2 SAFETY 26 X 1/2" NEEDLE	2	
SURGUARD2 SAFETY 27 X 1/2" NEEDLE	2	
SURGUARD2 SAFETY 3 ML 20 X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 20 X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 21 X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 21 X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 22 X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 22 X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 23 X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 25 X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 25 X 5/8" SYRINGE	2	
SURGUARD2 SAFETY 30 X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 5 ML 20 X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 5 ML 20 X 1" SYRINGE	2	
SURGUARD2 SAFETY 5 ML 21 X 1 1/2" SYRINGE	2	
SURMONTIL 100 MG CAPSULE MM	4	
SURMONTIL 25 MG CAPSULE MM	4	
SURMONTIL 50 MG CAPSULE MM	4	
SUTENT 12.5 MG CAPSULE SP	*	QL,PA
SUTENT 25 MG CAPSULE SP	*	QL,PA
SUTENT 37.5 MG CAPSULE SP	*	QL,PA

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SUTENT 50 MG CAPSULE SP	*	QL,PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MM	2	QL
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MM	2	QL
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR MM	4	QL
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR MM	4	QL
tamoxifen 10 mg tablet MM	1	
tamoxifen 20 mg tablet MM	1	
tamsulosin hcl 0.4 mg capsule MM	1	QL
TANZEUM 30 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MM	3	QL,ST
TANZEUM 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MM	3	QL,ST
TARKA 1 MG-240 MG TABLET, EXTENDED RELEASE MM	3	
TARKA 2 MG-180 MG TABLET, EXTENDED RELEASE MM	3	
TARKA 2 MG-240 MG TABLET, EXTENDED RELEASE MM	3	
TARKA 4 MG-240 MG TABLET, EXTENDED RELEASE MM	3	
taron-bc 20 mg iron-1 mg-25 mg/25 mg tablets	2	
taron-c dha 35 mg-1 mg-200 mg capsule	1	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule	2	
taztia xt 120 mg capsule,extended release MM	2	QL
taztia xt 180 mg capsule,extended release MM	2	QL
taztia xt 240 mg capsule,extended release MM	2	QL
taztia xt 300 mg capsule,extended release MM	2	QL
taztia xt 360 mg capsule,extended release MM	2	QL
TD GOLD BLOOD GLUCOSE MONITOR	3	ST
TD GOLD LEVEL 1 CONTROL SOLUTION	3	
TD GOLD LEVEL 2 CONTROL SOLUTION	3	
TD GOLD LEVEL 3 CONTROL SOLUTION	3	
TD GOLD TEST STRIP MM	3	QL,ST
TD GOLD VOICE GLUCOSE MONITOR	3	ST
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE SP	*	QL,PA
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE SP	*	QL,PA
TECFIDERA 240 MG CAPSULE,DELAYED RELEASE SP	*	QL,PA
TECHLITE LANCETS 25 GAUGE	3	
TECHLITE LANCETS 28 GAUGE	3	
TECHLITE LANCETS 30 GAUGE	1	
TEKAMLO 150 MG-10 MG TABLET MM	2	QL
TEKAMLO 150 MG-5 MG TABLET MM	2	QL
TEKAMLO 300 MG-10 MG TABLET MM	2	QL
TEKAMLO 300 MG-5 MG TABLET MM	2	QL
TEKTURNA 150 MG TABLET MM	2	QL
TEKTURNA 300 MG TABLET MM	2	QL
TEKTURNA HCT 150 MG-12.5 MG TABLET MM	2	QL
TEKTURNA HCT 150 MG-25 MG TABLET MM	2	QL
TEKTURNA HCT 300 MG-12.5 MG TABLET MM	2	QL
TEKTURNA HCT 300 MG-25 MG TABLET MM	2	QL
TELCARE BGM KIT	3	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TELCARE BLOOD GLUCOSE KIT	3	ST
TELCARE CONTROL SOLUTION	3	
TELCARE LANCETS 30 GAUGE	1	
TELCARE TEST STRIPS MM	3	QL,ST
telmisartan 20 mg tablet MM	3	QL,ST
telmisartan 40 mg tablet MM	3	QL,ST
telmisartan 80 mg tablet MM	3	QL,ST
telmisartan-amlodipine 40-10 MM	3	QL,ST
telmisartan-amlodipine 40-5 mg MM	3	QL,ST
telmisartan-amlodipine 80-10 MM	3	QL,ST
telmisartan-amlodipine 80-5 mg MM	3	QL,ST
telmisartan-hctz 40-12.5 mg tb MM	3	QL,ST
telmisartan-hctz 80-12.5 mg tb MM	3	QL,ST
telmisartan-hctz 80-25 mg tab MM	3	QL,ST
TENEX 1 MG TABLET MM	3	
TENEX 2 MG TABLET MM	3	
TENORETIC 100 100 MG-25 MG TABLET MM	3	
TENORETIC 50 50 MG-25 MG TABLET MM	3	
TENORMIN 100 MG TABLET MM	3	
TENORMIN 25 MG TABLET MM	3	
TENORMIN 50 MG TABLET MM	3	
terbutaline sulfate 2.5 mg tab MM	2	
terbutaline sulfate 5 mg tab MM	2	
TERUMO INS SYRINGE U100-1 ML MM	2	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8" MM	2	
TERUMO INSULIN SYRINGE 0.5CC/27G 1/2 ML 27 X 1/2" MM	2	
TERUMO INSULIN SYRINGE 1 ML 27 X 1/2" MM	2	
TERUMO INSULIN SYRINGE 1 ML 28 X 1/2" MM	2	
TERUMO INSULIN SYRINGE 1 ML 29 X 1/2" MM	2	
TERUMO INSULIN SYRINGE 1/2 ML 28 X 1/2" MM	2	
TERUMO INSULIN SYRINGE 1/2 ML 29 X 1/2" MM	2	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8" MM	2	
TEST N'GO BLOOD GLUCOSE SYSTEM	3	ST
TEST N'GO TEST STRIPS MM	3	QL,ST
TEVETEN 600 MG TABLET MM	3	QL,ST
TEVETEN HCT 600 MG-25 MG TABLET MM	3	QL,ST
TEVETEN HCT 600-12.5 MG TAB MM	3	QL,ST
THEO-24 100 MG CAPSULE,EXTENDED RELEASE MM	3	
THEO-24 200 MG CAPSULE,EXTENDED RELEASE MM	3	
THEO-24 300 MG CAPSULE,EXTENDED RELEASE MM	3	
THEO-24 400 MG CAPSULE,EXTENDED RELEASE MM	3	
theochron 100 mg tablet,extended release MM	1	
theochron 200 mg tablet,extended release MM	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
theochron 300 mg tablet,extended release MM	1	
theophylline er 100 mg tablet MM	2	
theophylline er 200 mg tablet MM	2	
theophylline er 300 mg tab MM	2	
theophylline er 400 mg tablet MM	2	
theophylline er 450 mg tab MM	2	
theophylline er 600 mg tablet MM	2	
THIN LANCETS 26 GAUGE	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 X 1/2" MM	2	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" MM	2	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" MM	2	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" MM	2	
THINPRO INSULIN SYRINGE 1 ML 28 X 1/2" MM	2	
THINPRO INSULIN SYRINGE 1 ML 29 X 1/2" MM	2	
THINPRO INSULIN SYRINGE 1 ML 30 X 3/8" MM	2	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" MM	2	
THINPRO INSULIN SYRINGE 1/2 ML 28 X 1/2" MM	2	
THINPRO INSULIN SYRINGE 1/2 ML 29 X 1/2" MM	2	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" MM	2	
THINSET RESERVOIR 1.8 ML MM	2	
THINSET RESERVOIR 3 ML MM	2	
THRESHOLD IMT TRAINER DEVICE	1	
THRESHOLD PEP DEVICE	1	
thrivite-19 29 mg iron-1 mg-25 mg tablet	2	
TIAZAC 120 MG CAPSULE,EXTENDED RELEASE MM	3	QL
TIAZAC 180 MG CAPSULE,EXTENDED RELEASE MM	3	QL
TIAZAC 240 MG CAPSULE,EXTENDED RELEASE MM	3	QL
TIAZAC 300 MG CAPSULE,EXTENDED RELEASE MM	3	QL
TIAZAC 360 MG CAPSULE,EXTENDED RELEASE MM	3	QL
TIAZAC 420 MG CAPSULE,EXTENDED RELEASE MM	3	QL
ticlopidine 250 mg tablet MM	2	
tizanidine hcl 4 mg tablet MM	1	
TL FOLATE 27 MG IRON-1 MG TABLET	3	
tl-care dha softgel	2	
tl-fluorivite chewable tablet	3	
tl-select 29 mg-1.25 mg-55 mg-325 mg capsule	2	
TL-SELECT DHA SOFTGEL	3	
TOFRANIL 10 MG TABLET MM	3	
TOFRANIL 25 MG TABLET MM	3	
TOFRANIL 50 MG TABLET MM	3	
TOFRANIL-PM 100 MG CAPSULE MM	4	
TOFRANIL-PM 125 MG CAPSULE MM	4	
TOFRANIL-PM 150 MG CAPSULE MM	4	
TOFRANIL-PM 75 MG CAPSULE MM	4	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
tolazamide 250 mg tablet MM	1	
tolazamide 500 mg tablet MM	1	
TOOMEY SYRINGE 70 ML	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE	1	
TOPCARE CLICKFINE 31 X 5/16" NEEDLE	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 X 1/2" SYRINGE MM	2	
TOPCARE ULTRA COMFORT 0.3 ML 30 X 5/16" SYRINGE MM	2	
TOPCARE ULTRA COMFORT 0.3 ML 31 X 5/16" SYRINGE MM	2	
TOPCARE ULTRA COMFORT 1 ML 29 X 1/2" SYRINGE MM	2	
TOPCARE ULTRA COMFORT 1 ML 30 X 5/16" SYRINGE MM	2	
TOPCARE ULTRA COMFORT 1 ML 31 X 5/16" SYRINGE MM	2	
TOPCARE ULTRA COMFORT 1/2 ML 29 X 1/2" SYRINGE MM	2	
TOPCARE ULTRA COMFORT 1/2 ML 30 X 5/16" SYRINGE MM	2	
TOPCARE ULTRA COMFORT 1/2 ML 31 X 5/16" SYRINGE MM	2	
TOPCARE UNIVERSAL1 THIN LANCET	1	
TOPROL XL 100 MG TABLET,EXTENDED RELEASE MM	3	QL
TOPROL XL 200 MG TABLET,EXTENDED RELEASE MM	3	QL
TOPROL XL 25 MG TABLET,EXTENDED RELEASE MM	3	QL
TOPROL XL 50 MG TABLET,EXTENDED RELEASE MM	3	QL
torsemide 10 mg tablet MM	1	
torsemide 100 mg tablet MM	1	
torsemide 20 mg tablet MM	1	
torsemide 5 mg tablet MM	1	
TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN	2	
TOVIAZ 4 MG TABLET,EXTENDED RELEASE MM	2	QL
TOVIAZ 8 MG TABLET,EXTENDED RELEASE MM	2	QL
TRACLEER 125 MG TABLET SP	*	QL,PA
TRACLEER 62.5 MG TABLET SP	*	QL,PA
TRADJENTA 5 MG TABLET MM	2	QL
tramadol hcl 50 mg tablet	2	QL
TRANDATE 100 MG TABLET MM	3	
TRANDATE 200 MG TABLET MM	3	
TRANDATE 300 MG TABLET MM	3	
trandolapr-verapam er 1-240 mg MM	3	
trandolapr-verapam er 2-180 mg MM	3	
trandolapr-verapam er 2-240 mg MM	3	
trandolapr-verapam er 4-240 mg MM	3	
trandolapril 1 mg tablet MM	1	
trandolapril 2 mg tablet MM	1	
trandolapril 4 mg tablet MM	1	
tranylcypromine sulf 10 mg tab MM	3	QL
TRAVATAN Z 0.004 % EYE DROPS MM	2	QL
trazodone 100 mg tablet MM	1	
trazodone 150 mg tablet MM	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
trazodone 300 mg tablet MM	1	
trazodone 50 mg tablet MM	1	
TREXIMET 85 MG-500 MG TABLET	4	QL,ST
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MM	1	
tri-tabs dha 32 mg-1,000 mcg-230 mg oral pack	2	
triadvance 90 mg-1 mg-50 mg tablet	1	
triamterene-hctz 37.5-25 mg cp MM	1	
triamterene-hctz 37.5-25 mg tb MM	1	
triamterene-hctz 50-25 mg cap MM	1	
triamterene-hctz 75-50 mg tab MM	1	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET MM	3	QL,ST
TRIBENZOR 40 MG-10 MG-12.5 MG TABLET MM	3	QL,ST
TRIBENZOR 40 MG-10 MG-25 MG TABLET MM	3	QL,ST
TRIBENZOR 40 MG-5 MG-12.5 MG TABLET MM	3	QL,ST
TRIBENZOR 40 MG-5 MG-25 MG TABLET MM	3	QL,ST
TRICARE 27 MG IRON-1 MG TABLET	2	
TRICARE PRENATAL DHA ONE 27 MG-1 MG-25 MG-500 MG CAPSULE	2	
TRICOR 145 MG TABLET MM	3	QL
TRICOR 48 MG TABLET MM	3	QL
TRIGLIDE 160 MG TABLET MM	3	QL
TRILIPIX 135 MG CAPSULE,DELAYED RELEASE MM	3	QL
TRILIPIX 45 MG CAPSULE,DELAYED RELEASE MM	3	QL
trimipramine maleate 100 mg cp MM	3	
trimipramine maleate 25 mg cap MM	3	
trimipramine maleate 50 mg cap MM	3	
trinatal gt 90 mg-1 mg-50 mg tablet	1	
trinatal rx 1 60 mg iron-1 mg tablet	1	
trinatal ultra tablet	1	
TRINATE 28 MG-1 MG TABLET	1	
trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MM	1	
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE	3	
triveen-duo dha 29 mg-1 mg-400 mg oral pack	2	
triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule	1	
triveen-ten tablets	2	
triveen-u 106.5 mg-1 mg capsule	3	
TRUE METRIX AIR GLUCOSE METER	1	
TRUE METRIX GLUCOSE METER	1	
TRUE METRIX GLUCOSE TEST STRIP MM	1	QL
TRUE METRIX LEVEL 1 SOLUTION	3	
TRUE METRIX LEVEL 2 SOLUTION	3	
TRUE METRIX LEVEL 3 SOLUTION	3	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT	1	
TRUECONTROL LEVEL 0 SOLUTION	3	
TRUECONTROL LEVEL 1 SOLUTION	3	
TRUEDRAW LANCING DEVICE	1	
TRUEPLUS INSULIN 0.3 ML 29 X 1/2" SYRINGE MM	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TRUEPLUS INSULIN 0.3 ML 30 X 5/16" SYRINGE MM	2	
TRUEPLUS INSULIN 0.3 ML 31 X 5/16" SYRINGE MM	2	
TRUEPLUS INSULIN 1 ML 28 X 1/2" SYRINGE MM	2	
TRUEPLUS INSULIN 1 ML 29 X 1/2" SYRINGE MM	2	
TRUEPLUS INSULIN 1 ML 30 X 5/16" SYRINGE MM	2	
TRUEPLUS INSULIN 1 ML 31 X 5/16" SYRINGE MM	2	
TRUEPLUS INSULIN 1/2 ML 28 X 1/2" SYRINGE MM	2	
TRUEPLUS INSULIN 1/2 ML 29 X 1/2" SYRINGE MM	2	
TRUEPLUS INSULIN 1/2 ML 30 X 5/16" SYRINGE MM	2	
TRUEPLUS INSULIN 1/2 ML 31 X 5/16" SYRINGE MM	2	
TRUEPLUS LANCETS 26 GAUGE	1	
TRUEPLUS LANCETS 28 GAUGE	1	
TRUEPLUS LANCETS 30 GAUGE	1	
TRUEPLUS LANCETS 33 GAUGE	1	
TRUERESULT BLOOD GLUCOSE SYSTEM	1	
TRUERESULT BLOOD GLUCOSE SYSTEM KIT	1	
TRUETEST HIGH GLUCOSE CONTROL SOLUTION	3	
TRUETEST LOW GLUCOSE CONTROL SOLUTION	3	
TRUETEST NORMAL GLUCOSE CONTROL SOLUTION	3	
TRUETEST TEST STRIPS MM	1	QL
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	1	
TRUETRACK SMART SYSTEM KIT	1	
TRUETRACK SMART SYSTEM STRIPS MM	1	QL
TRUETRACK TEST STRIPS MM	1	QL
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	2	QL
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	2	QL
TRUZONE PEAK FLOW METER	1	
TUBERCULIN SYRINGE 1 ML 25 X 1"	1	
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED MM	3	QL
TWYNSTA 40 MG-10 MG TABLET MM	3	QL,ST
TWYNSTA 40 MG-5 MG TABLET MM	3	QL,ST
TWYNSTA 80 MG-10 MG TABLET MM	3	QL,ST
TWYNSTA 80 MG-5 MG TABLET MM	3	QL,ST
ULORIC 40 MG TABLET MM	2	QL,ST
ULORIC 80 MG TABLET MM	2	QL,ST
ULTI-LANCE KIT	3	
ULTI-LANCE MISC	3	
ULTICARE 0.3 ML 29 X 1/2" SYRINGE MM	2	
ULTICARE 0.3 ML 30 X 1/2" SYRINGE MM	2	
ULTICARE 0.3 ML 30 X 5/16" SYRINGE MM	2	
ULTICARE 0.3 ML 31 X 5/16" SYRINGE MM	2	
ULTICARE 1 ML 25 X 5/8" SYRINGE	2	
ULTICARE 1 ML 29 X 1/2" SYRINGE MM	2	
ULTICARE 1 ML 30 X 1/2" SYRINGE MM	2	
ULTICARE 1 ML 30 X 5/16" SYRINGE MM	2	
ULTICARE 1 ML 31 X 5/16" SYRINGE MM	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ULTICARE 1.5 ML 22 X 1 1/2" SYRINGE	2	
ULTICARE 1/2 ML 29 X 1/2" SYRINGE MM	2	
ULTICARE 1/2 ML 30 X 1/2" SYRINGE MM	2	
ULTICARE 1/2 ML 30 X 5/16" SYRINGE MM	2	
ULTICARE 1/2 ML 31 X 5/16" SYRINGE MM	2	
ULTICARE 29 GAUGE X 1/2" NEEDLE	2	
ULTICARE 31 GAUGE X 1/4" NEEDLE	2	
ULTICARE 31 X 5/16" NEEDLE	2	
ULTICARE 32 X 5/32" NEEDLE	2	
ULTICARE SYR 0.5 ML 29GX1/2" MM	2	
ULTICARE SYRIN 0.5 ML 28GX1/2" MM	2	
ULTILET BASIC LANCETS 30 GAUGE	1	
ULTILET CLASSIC LANCETS 28 GAUGE	1	
ULTILET CLASSIC LANCETS 30 GAUGE	1	
ULTILET CLASSIC LANCETS 33 GAUGE	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 MM	2	
ULTILET INSULIN SYRINGE 0.3 ML 29 X 1/2" MM	2	
ULTILET INSULIN SYRINGE 0.3 ML 30 X 5/16" MM	2	
ULTILET INSULIN SYRINGE 0.3 ML 31 X 5/16" MM	2	
ULTILET INSULIN SYRINGE 1 ML 29 MM	2	
ULTILET INSULIN SYRINGE 1 ML 29 X 1/2" MM	2	
ULTILET INSULIN SYRINGE 1 ML 30 X 5/16" MM	2	
ULTILET INSULIN SYRINGE 1 ML 31 X 5/16" MM	2	
ULTILET INSULIN SYRINGE 1/2 ML 29 MM	2	
ULTILET INSULIN SYRINGE 1/2 ML 29 X 1/2" MM	2	
ULTILET INSULIN SYRINGE 1/2 ML 30 X 5/16" MM	2	
ULTILET INSULIN SYRINGE 1/2 ML 31 X 5/16" MM	2	
ULTILET LANCETS 28 GAUGE	1	
ULTILET LANCETS 30 GAUGE	1	
ULTILET LANCETS 33 GAUGE	1	
ULTILET PEN NEEDLE 29 GAUGE	1	
ULTILET PEN NEEDLE 32 X 5/32"	1	
ULTILET SAFETY LANCETS 23 GAUGE	1	
ULTIMA MONITOR	3	ST
ULTIMA TEST STRIPS MM	3	QL,ST
ultimate ob dha combo pack	2	
ultimatecare one 27 mg-1 mg-330 mg capsule	2	
ultimatecare one nf 27 mg-1 mg-50 mg-500 mg capsule	2	
ULTRA COMFORT INSULIN SYRINGE MM	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" MM	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 MM	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MM	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 31 X 5/16" MM	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 MM	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MM	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 MM	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" MM	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" MM	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MM	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" MM	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 MM	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MM	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MM	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 X 1/2" MM	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 MM	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MM	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" MM	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" MM	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 X 5/16" MM	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MM	2	
ULTRA THIN II LANCETS 30 GAUGE	1	
ULTRA THIN LANCETS 28 GAUGE	1	
ULTRA THIN LANCETS 30 GAUGE	1	
ULTRA THIN LANCETS 31 GAUGE	1	
ULTRA THIN LANCETS 33 GAUGE	1	
ULTRA THIN PLUS LANCETS 33 GAUGE	1	
ULTRA TLC LANCETS	3	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 X 5/16" MM	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 X 5/16" MM	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 X 5/16" MM	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 31 X 5/16" MM	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1/2 ML 30 X 5/16" MM	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1/2 ML 31 X 5/16" MM	1	
ULTRA-THIN II (SHORT) PEN NDL 31 X 5/16" NEEDLE	1	
ULTRA-THIN II INS PEN NEEDLES 29 GAUGE X 1/2"	1	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 X 1/2" MM	1	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 X 1/2" MM	1	
ULTRA-THIN II INSULIN SYRINGE 1/2 ML 29 X 1/2" MM	1	
ULTRA-THIN II LANCETS 26 GAUGE	1	
ULTRALANCE LANCETS 26 GAUGE	1	
ULTRALANCE LANCETS 28 GAUGE	1	
ULTRATRAK GLUCOSE METER	3	ST
ULTRATRAK GLUCOSE METER KIT	3	ST
ULTRATRAK HIGH-LOW CONTROL SOLUTION	3	
ULTRATRAK NORMAL CONTROL SOLUTION	3	
ULTRATRAK STRIPS MM	3	QL,ST
ULTRATRAK ULTIMATE	3	ST
ULTRATRAK ULTIMATE SOLUTION	3	
ULTRATRAK ULTIMATE STRIPS MM	3	QL,ST
UNIFINE PENTIPS 29 GAUGE NEEDLE	1	
UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE	1	
UNIFINE PENTIPS 29 X 5/16" NEEDLE	1	

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UNIFINE PENTIPS 30 X 5/16" NEEDLE	1	
UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE	1	
UNIFINE PENTIPS 31 NEEDLE	1	
UNIFINE PENTIPS 31 X 3/16" NEEDLE	1	
UNIFINE PENTIPS 31 X 5/16" NEEDLE	1	
UNIFINE PENTIPS 32 X 5/32" NEEDLE	1	
UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE MM	1	
UNIFINE PENTIPS PLUS 31 X 3/16" NEEDLE MM	1	
UNIFINE PENTIPS PLUS 31 X 5/16" NEEDLE MM	1	
UNILET COMFORTOUCH LANCET	1	
UNILET COMFORTOUCH LANCET 26 GAUGE	1	
UNILET EXCELITE II LANCET	3	
UNILET EXCELITE LANCET	3	
UNILET GP LANCET	1	
UNILET LANCET	3	
UNILET LANCET 28 GAUGE	1	
UNILET LANCET 33 GAUGE	1	
UNILET LANCETS 30 GAUGE	3	
UNILET SUPER THIN LANCETS 30 GAUGE	1	
UNIRETIC 15-12.5 TABLET MM	3	
UNIRETIC 15-25 MG TABLET MM	3	
UNIRETIC 7.5-12.5 MG TABLET MM	3	
UNISTIK 2 DEVICE KIT	3	
UNISTIK 2 EXTRA KIT	1	
UNISTIK 2 NORMAL LANCET&DEVICE KIT	1	
UNISTIK 3 COMFORT DEVICE KIT	3	
UNISTIK 3 COMFORT LANCET	1	
UNISTIK 3 EXTRA LANCET 21 GAUGE	1	
UNISTIK 3 GENTLE 30 GAUGE	3	
UNISTIK 3 KIT	3	
UNISTIK 3 LANCETS 21 GAUGE	1	
UNISTIK 3 NEONATAL DEVICE KIT	3	
UNISTIK 3 NEONATAL KIT	3	
UNISTIK CZT LANCET 23 GAUGE	1	
UNISTIK CZT LANCET 28 GAUGE	1	
UNISTIK SAFETY 28 GAUGE	1	
UNISTIK SAFETY 30 GAUGE	1	
UNISTRIP HIGH CONTROL SOLUTION	3	
UNISTRIP LOW CONTROL SOLUTION	3	
UNISTRIP1 TEST STRIP MM	3	QL,ST
UNIVASC 15 MG TABLET MM	3	
UNIVASC 7.5 MG TABLET MM	3	
UNIVERSAL 1 LANCETS 21 GAUGE	1	
UNIVERSAL 1 LANCETS 26 GAUGE	1	
UNIVERSAL 1 LANCETS 30 GAUGE	1	
UNIVERSAL 1 LANCETS 33 GAUGE	1	
valacyclovir hcl 1 gram tablet MM	2	QL
valacyclovir hcl 500 mg tablet MM	2	QL
valsartan 160 mg tablet MM	2	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
valsartan 320 mg tablet MM	2	QL
valsartan 40 mg tablet MM	2	QL
valsartan 80 mg tablet MM	2	QL
valsartan-hctz 160-12.5 mg tab MM	1	QL
valsartan-hctz 160-25 mg tab MM	1	QL
valsartan-hctz 320-12.5 mg tab MM	1	QL
valsartan-hctz 320-25 mg tab MM	1	QL
valsartan-hctz 80-12.5 mg tab MM	1	QL
VANISHPOINT SYRINGE 1 ML 29 X 1/2" MM	2	
VANISHPOINT SYRINGE 1/2 ML 30 X 1/2" MM	2	
VASCEPA 1 GRAM CAPSULE MM	3	QL
VASERETIC 10 MG-25 MG TABLET MM	3	
VASOTEC 10 MG TABLET MM	3	
VASOTEC 2.5 MG TABLET MM	3	
VASOTEC 20 MG TABLET MM	3	
VASOTEC 5 MG TABLET MM	3	
vemavite-prx-2 27 mg-1.25 mg-55 mg-300 mg capsule	2	
venatal complete dha 27 mg-1 mg-430 mg tablet &capsule,delayed release	2	
venatal-fa tablet	3	
venlafaxine hcl 100 mg tablet MM	1	
venlafaxine hcl 25 mg tablet MM	1	
venlafaxine hcl 37.5 mg tablet MM	1	
venlafaxine hcl 50 mg tablet MM	1	
venlafaxine hcl 75 mg tablet MM	1	
venlafaxine hcl er 150 mg cap MM	1	QL
VENLAFAXINE HCL ER 150 MG TAB MM	3	QL
VENLAFAXINE HCL ER 225 MG TAB MM	3	QL
venlafaxine hcl er 37.5 mg cap MM	1	QL
VENLAFAXINE HCL ER 37.5 MG TAB MM	3	QL
venlafaxine hcl er 75 mg cap MM	1	QL
VENLAFAXINE HCL ER 75 MG TAB MM	3	QL
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MM	2	QL
VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY,SUSPENSION MM	3	QL
verapamil 120 mg tablet MM	1	
verapamil 360 mg cap pellet MM	2	QL
verapamil 40 mg tablet MM	1	QL
verapamil 80 mg tablet MM	1	QL
verapamil er 120 mg capsule MM	2	QL
verapamil er 120 mg tablet MM	1	QL
verapamil er 180 mg capsule MM	2	QL
verapamil er 180 mg tablet MM	1	QL
verapamil er 240 mg capsule MM	2	QL
verapamil er 240 mg tablet MM	1	QL

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
verapamil er pm 100 mg capsule MM	3	QL
verapamil er pm 200 mg capsule MM	3	QL
verapamil er pm 300 mg capsule MM	3	QL
VERELAN 120 MG CAPSULE,EXTENDED RELEASE MM	3	QL
VERELAN 180 MG CAPSULE,EXTENDED RELEASE MM	3	QL
VERELAN 240 MG CAPSULE,EXTENDED RELEASE MM	3	QL
VERELAN 360 MG CAPSULE,EXTENDED RELEASE MM	3	QL
VERELAN PM 100 MG CAPSULE, EXTENDED RELEASE MM	3	QL
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE MM	3	QL
VERELAN PM 300 MG CAPSULE, EXTENDED RELEASE MM	3	QL
VICTORY BLOOD GLUCOSE MONITOR	3	ST
VICTORY GLUCOSE TEST STRIPS MM	3	QL,ST
VICTORY HIGH-LOW CONTROL SOLN	3	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MM	2	QL
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MM	2	QL
VICTRELIS 200 MG CAPSULE SP	*	QL
VIGAMOX 0.5 % EYE DROPS	3	
VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK	3	QL,ST
VIIBRYD 10 MG TABLET MM	3	QL,ST
VIIBRYD 20 MG TABLET MM	3	QL,ST
VIIBRYD 40 MG TABLET MM	3	QL,ST
vinacal 27 mg-1 mg-50 mg tablet	1	
vinate dha 27 mg-400 mcg-1.13 mg-250 mg capsule	2	
VINATE DHA RF 27 MG IRON-1.13 MG-581.28 MG CAPSULE	3	
vinate gt 90 mg-1 mg-50 mg tablet	1	
vinate ii 29 mg-1 mg tablet	1	
vinate m 27 mg-1 mg tablet	1	
vinate one 60 mg iron-1 mg tablet	1	
vinate ultra 90 mg-1 mg-50 mg tablet	1	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MM	2	
virt nate 28 mg-1 mg tablet	1	
virt-advance 90 mg-1 mg-50 mg tablet	1	
VIRT-BAL DHA COMBO PACK	3	
VIRT-BAL DHA PLUS COMBO PACK	3	
virt-c dha 35 mg-1 mg-200 mg capsule	2	
virt-care one 27 mg-1 mg-330 mg capsule	2	
virt-pn 27 mg-1 mg tablet	2	
virt-pn dha 27 mg-1 mg-300 mg capsule	2	
virt-pn plus 28 mg-1 mg-300 mg capsule	2	
virt-select 29 mg-1.25 mg-55 mg-325 mg capsule	2	
virt-vite gt 90 mg-1 mg-50 mg tablet	1	
virtprex 26 mg-1.2 mg-55 mg-300 mg capsule	1	
vit d2 1.25 mg (50,000 unit) MM	1	
VITAFOL NANO 18 MG IRON-1 MG TABLET	3	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE	3	
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE	2	
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMED MD PLUS RX 30 MG IRON-1 MG-300 MG ORAL PACK	2	
VITAMEDMD REDICHEW RX 1.4 MG CHEW TABLET,IMMEDIATE & DELAYED REL	3	
VITAMEDMD REDICHEW RX TAB CHEW	2	
vitamin d2 50,000 unit capsule MM	1	
VITAPEARL 30 MG-1.4 MG-200 MG CAPSULE,IMMEDIATE & DELAY RELEASE	3	
vitaspire 29 mg-1 mg tablet	3	
VIVA CT PRENATAL CHEWABLE TAB	3	
VIVA DHA 28 MG-1 MG-200 MG CAPSULE	3	
VIVACTIL 10 MG TABLET MM	3	
VIVACTIL 5 MG TABLET MM	3	
VOCAL POINT GLUCOSE CONTROL SOLUTION	3	
VOCAL POINT TEST STRIP MM	3	QL,ST
VOCALPOINT GLUCOSE CONTROL SOLUTION	3	
vol-nate 28 mg-1 mg tablet	1	
vol-plus 27 mg-1 mg tablet	1	
vol-plus tablet	3	
vol-tab rx 29 mg iron-1 mg tablet	1	
VOLTAREN 1 % TOPICAL GEL MM	3	PA
VORTEX HOLDING CHAMBER	2	
VORTEX HOLDING CHAMBER WITH CHILD MASK	1	
VORTEX HOLDING CHAMBER WITH TODDLER MASK	1	
VORTEX VHC FROG MASK-CHILD	1	
VORTEX VHC LADYBUG MASK-TODDLER	1	
VOSPIRE ER 4 MG TABLET,EXTENDED RELEASE MM	3	
VOSPIRE ER 8 MG TABLET,EXTENDED RELEASE MM	3	
VP CH ULTRA SOFTGEL	3	
vp-ch plus 29 mg iron-1 mg-50 mg-265 mg capsule	2	
vp-ch-pnv 30 mg iron-1 mg-50 mg-260 mg capsule	2	
vp-era ob plus tablet	3	
vp-heme ob + dha 28 mg iron-6 mg iron-1 mg oral pack	2	
vp-heme ob 28 mg-6 mg-1 mg tablet	2	
vp-heme one 22 mg-6 mg-1 mg-200 mg capsule	2	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE	3	
VYTORIN 10 MG-10 MG TABLET MM	3	QL
VYTORIN 10 MG-20 MG TABLET MM	3	QL
VYTORIN 10 MG-40 MG TABLET MM	3	QL
VYTORIN 10 MG-80 MG TABLET MM	3	QL
VYVANSE 20 MG CAPSULE	2	QL
VYVANSE 30 MG CAPSULE	2	QL
VYVANSE 40 MG CAPSULE	2	QL
VYVANSE 50 MG CAPSULE	2	QL
VYVANSE 60 MG CAPSULE	2	QL
VYVANSE 70 MG CAPSULE	2	QL
warfarin sodium 1 mg tablet MM	1	
warfarin sodium 10 mg tablet MM	1	
warfarin sodium 2 mg tablet MM	1	
warfarin sodium 2.5 mg tablet MM	1	
warfarin sodium 3 mg tablet MM	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
warfarin sodium 4 mg tablet MM	1	
warfarin sodium 5 mg tablet MM	1	
warfarin sodium 6 mg tablet MM	1	
warfarin sodium 7.5 mg tablet MM	1	
WATCHHALER SPACER	1	
WAVESENSE AMP KIT	3	ST
WAVESENSE CONTROL SOLUTION	3	
WAVESENSE JAZZ KIT	3	ST
WAVESENSE JAZZ STRIPS MM	3	QL,ST
WAVESENSE PRESTO	3	ST
WAVESENSE PRESTO KIT	3	ST
WAVESENSE PRESTO STRIPS MM	3	QL,ST
WELCHOL 3.75 GRAM ORAL POWDER PACKET MM	3	ST
WELCHOL 625 MG TABLET MM	3	ST
WELLBUTRIN 100 MG TABLET MM	3	QL
WELLBUTRIN 75 MG TABLET MM	3	QL
WELLBUTRIN SR 100 MG TABLET,SUSTAINED-RELEASE MM	3	QL
WELLBUTRIN SR 150 MG TABLET,SUSTAINED-RELEASE MM	3	QL
WELLBUTRIN SR 200 MG TABLET,SUSTAINED-RELEASE MM	3	QL
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE MM	4	QL
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE MM	4	QL
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL	4	
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL	4	
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL	4	
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL	4	
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL	4	
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL	4	
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL	4	
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL	4	
XARELTO 10 MG TABLET	2	QL
XARELTO 15 MG TABLET MM	2	QL
XARELTO 20 MG TABLET MM	2	QL
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE	3	QL,ST
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE	3	QL,ST
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE	3	QL,ST
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE	3	QL,ST
XOPENEX 0.31 MG/3 ML SOLUTION FOR NEBULIZATION MM	3	
XOPENEX 0.63 MG/3 ML SOLUTION FOR NEBULIZATION MM	4	
XOPENEX 1.25 MG/3 ML SOLUTION FOR NEBULIZATION MM	4	
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION MM	3	
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER MM	3	QL
XPRES CONTROL SOLUTION NORMAL	3	
zafirlukast 10 mg tablet MM	3	QL
zafirlukast 20 mg tablet MM	3	QL
ZAROXOLYN 2.5 MG TABLET MM	3	
ZAROXOLYN 5 MG TABLET MM	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
zatean-ch 27 mg-1 mg-50 mg-250 mg capsule	2	
zatean-pn dha 27 mg-1 mg-300 mg capsule	2	
zatean-pn plus 28 mg-1 mg-300 mg capsule	3	
zatean-pn tablet	2	
ZEBETA 10 MG TABLET MM	3	
ZEBETA 5 MG TABLET MM	3	
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE,DELAYED RELEASE MM	2	
ZENPEP 15,000-51,000-82,000 UNIT CAPSULE,DELAYED RELEASE MM	2	
ZENPEP 20,000-68,000-109,000 UNIT CAPSULE,DELAYED RELEASE MM	2	
ZENPEP 25,000-85,000-136,000 UNIT CAPSULE,DELAYED RELEASE MM	2	
ZENPEP 3,000-10,000-16,000 UNIT CAPSULE,DELAYED RELEASE MM	2	
ZENPEP 5,000-17,000-27,000 UNIT CAPSULE,DELAYED RELEASE MM	2	
ZESTORETIC 10 MG-12.5 MG TABLET MM	3	
ZESTORETIC 20 MG-12.5 MG TABLET MM	3	
ZESTORETIC 20 MG-25 MG TABLET MM	3	
ZESTRIL 10 MG TABLET MM	3	
ZESTRIL 2.5 MG TABLET MM	3	
ZESTRIL 20 MG TABLET MM	3	
ZESTRIL 30 MG TABLET MM	3	
ZESTRIL 40 MG TABLET MM	3	
ZESTRIL 5 MG TABLET MM	3	
ZETIA 10 MG TABLET MM	2	QL
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER MM	2	QL
ZIAC 10 MG-6.25 MG TABLET MM	3	
ZIAC 2.5 MG-6.25 MG TABLET MM	3	
ZIAC 5 MG-6.25 MG TABLET MM	3	
ZIANA 1.2 %-0.025 % TOPICAL GEL	3	
ZOCOR 10 MG TABLET MM	3	QL,ST
ZOCOR 20 MG TABLET MM	3	QL,ST
ZOCOR 40 MG TABLET MM	3	QL,ST
ZOCOR 5 MG TABLET MM	3	QL,ST
ZOCOR 80 MG TABLET MM	3	QL,ST
ZOLOFT 100 MG TABLET MM	3	QL
ZOLOFT 20 MG/ML ORAL CONCENTRATE MM	3	QL
ZOLOFT 25 MG TABLET MM	3	QL
ZOLOFT 50 MG TABLET MM	3	QL
zolpidem tartrate 10 mg tablet	1	QL
ZYFLO 600 MG TABLET MM	4	QL,ST
ZYFLO CR 600 MG TABLET,EXTENDED RELEASE MM	4	QL,ST
ZYTIGA 250 MG TABLET SP	*	QL,PA

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