



2023 Michigan Medicaid Formulary

Version 266

Introduction

Meridian is pleased to provide an updated 2023 Medicaid Formulary as a reference and informational tool for providers, pharmacists, and patients. The purpose of the Meridian formulary is to help providers choose clinically fit and cost-effective products for their patients. This document has ~~for~~ about the drugs we cover in this plan.

Pharmacy and Therapeutics (P&T) Committee

Meridian uses the State of Michigan criteria for the formulary items to determine coverage. For items not on the list or formulary Meridian would depend on our internal P&T Committee made up of providers, pharmacists, and healthcare professionals. The clinical information within the formulary was derived from medical literature and is reviewed and approved by the P&T Committee.

Notice

The information contained in this formulary is provided by Meridian, solely for the convenience of medical providers. This formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. Meridian assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

Preface

The Meridian formulary is organized in sections. Each section includes therapeutic groups named by either drug class or disease state. Brand and common names are included as a reference to help in product recognition. Brand name drugs are capitalized (e.g., CONCERTA) and generic drugs are listed in lower-case italics (e.g., methylphenidate HCL).

Meridian will not cover prescription drugs that are prescribed for experimental, investigational, or non-FDA approved indications, dosages, or routes of administration.

Formulary Components

The Meridian formulary contains covered medications without authorization, medications that must meet step therapy protocol, medications that need prior authorization, specialty medications, and medications that have quantity limits. Members will not be charged a co-pay when Meridian covers a medication.

Generic Substitution

Meridian is a mandatory generic plan. Michigan Department of Health and Human Services (MDHHS) has mandated that some brand medications are to be covered over the generic medication. Generic medication will be dispensed when available.

Covered Medications without Authorization

Meridian covers many medications without requiring authorization. These medications include many prescriptions and over-the-counter medications (with a valid prescription).

Non-Covered Benefits

The following categories are not covered benefits: medications used for cosmetic purposes, to promote fertility, for sexual dysfunction, for experimental or investigational purposes, or medications that are not licensed for use in the United States.

Tier Descriptions

Tier Number	Tier Name	Tier Description
1	PDL Preferred	MDHHS preferred drug list (PDL) mandated coverage. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.
2	PDL Non-Preferred	MDHHS PDL mandated coverage. Prior authorization required. In some cases will need the trial and failure of preferred agent(s). Some products may have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.
3	Non-PDL	MDHHS mandated Non-PDL coverage. Prior authorization required. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.
4	Supplemental	Additional products that Meridian covers for the benefit of its members. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.

Prior Authorization

Drugs indicated with "PA" require prior authorization for coverage. Details of PA criteria are listed next to the drug name. Please call the Help Desk at **866-984-6462** or fax a completed prior authorization form to **877-355-8070**. All prior authorizations will be reviewed within 24 hours.

Step Therapy (ST)

Drugs with an "ST" need step therapy for coverage. The required step is listed next to the drug name.

Specialty Medications (SP)

All specialty medications noted as "SP" are to be filled at contracted, in-network specialty pharmacies.

Quantity Limits (QL)

Drugs with a "QL" have a set quantity limit imposed. These limits are based on FDA-recommended dosing guidelines. The quantity limit is listed next to the drug name. All medications have a maximum of 30 days per prescription.

Fill Limit (FL)

Drugs indicated with an "FL" have a set fill limit imposed. The fill limit is listed next to the drug name. These medications are limited to a number of fills in a set amount of time.

Day Supply Limit (DS)

Drugs indicated with a "DS" have a set day supply limit imposed. The day supply limit is listed next to the drug name. These medications are limited to a certain day supply in a set amount of time.

Gender Restriction (GR)

Drugs indicated with a "GR" have a set gender restriction imposed. The gender restriction is listed next to the drug name. These medications are limited to either males or females.

Age Limit (AL)

Drugs indicated with an "AL" have a set age limit imposed. The age limit is listed next to the drug name. These medications are limited to a specific age range.

Benefit Exception

The process for requesting non-formulary medication(s) requires covermymeds submission or faxing a completed Formulary Exception form indicating the request for an exception to the formulary. This request must include pertinent clinical documentation showing trial and failure of all formulary agents. It should also contain information showing the medication is the standard of care for the indication provided (peer-reviewed journal articles may be required). Please call the Help Desk at **866-984-6462**, fax completed Formulary Exception forms to **877-355-8070** or follow the covermymeds prior authorization process.

Pharmacy Benefit Management

Meridian utilizes CVS Caremark to manage each member's pharmacy benefit. CVS Caremark provides Meridian with a pharmacy network, pharmacy claims management services, and claims adjudication. This formulary is up to date through the date of publication. Please notify Meridian of any mistakes in the formulary. A copy of this formulary can be mailed upon request. The Help Desk can be contacted at **866-984-6462**.

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
DYANAVEL XR CHER	CO	
XELSTRYM	CO	
Analeptics		
<i>caffeine citrate SOLN OR</i>	3	AL(Up to 1 yrs old); MP
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	NF	AL(At least 18 yrs old); PA
ADIPEX-P TABS (<i>phentermine hcl</i>)	NF	AL(At least 18 yrs old); PA
<i>benzphetamine hcl 50 MG</i>	1	AL(At least 18 yrs old); PA
<i>diethylpropion hcl TABS</i>	1	AL(At least 18 yrs old); PA
<i>diethylpropion hcl TB24</i>	1	AL(At least 18 yrs old); PA
LOMAIRA TABS	1	AL(At least 18 yrs old); PA
PHENDIMETRAZINE TARTRATEER CP24	1	AL(At least 18 yrs old); PA
<i>phendimetrazine tartrate TABS</i>	1	AL(At least 18 yrs old); PA
<i>phentermine hcl CAPS</i>	1	AL(At least 18 yrs old); PA
<i>phentermine hcl TABS</i>	1	AL(At least 18 yrs old); PA
Anti-Obesity Agents		
IMCIVREE	CO	SP
<i>orlistat</i>	1	AL(At least 12 yrs old); PA
SAXENDA	1	AL(At least 12 yrs old); PA
WEGOVY	1	AL(At least 12 yrs old); PA
XENICAL (<i>orlistat</i>)	1	AL(At least 12 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		

Drug Name	Drug Tier	Requirements/ Limits
Agents		
<i>clonidine hcl (adhd) TB12</i>	CO	
KAPVAY TB12 (<i>clonidine hcl (adhd)</i>)	CO	
Stimulants - Misc.		
METHYLPHENIDATE HYDROCHLORIDE ER TBCR	CO	
RELEXXII TBCR	CO	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
PALFORZIA INITIAL DOSE ESCALATION CSPK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 10 CSPK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 11 (MAINTENANCE) PACK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 11 (TITRATION) PACK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 1 CSPK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 2 CSPK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 3 CSPK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 4 CSPK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA LEVEL 5 CSPK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 6 CSPK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 7 CSPK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 8 CSPK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 9 CSPK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA

ALTERNATIVE MEDICINES

Alternative Medicine - M's

<i>melatonin LIQD 1 MG/ML</i>	3	
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AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

Aminoglycosides

BETHKIS NEBU (<i>tobramycin</i>)	1	SP
HUMATIN	3	
KITABIS PAK NEBU (<i>tobramycin</i>)	NF	SP
<i>neomycin sulfate TABS</i>	1	
TOBI PODHALER CAPS	1	SP
TOBI NEBU (<i>tobramycin</i>)	NF	SP
<i>tobramycin NEBU</i>	2	SP
<i>tobramycin NEBU</i>	1	SP

ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions

Antirheumatic - Enzyme Inhibitors

OLUMIANT	2	SP
RINVOQ	2	SP

Drug Name	Drug Tier	Requirements/ Limits
XELJANZ XR TB24	2	SP
XELJANZ SOLN	2	SP
XELJANZ TABS	2	SP
Anti-TNF-alpha - Monoclonal Antibodies		
AMJEVITA SOAJ 40 MG/0.8ML	2	AL(At least 2 yrs old); SP
AMJEVITA SOSY	2	AL(At least 2 yrs old); SP
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	1	SP
HUMIRA PEN-CD/UC/HS STARTER PNKT	1	SP
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	1	SP
HUMIRA PEN PNKT	1	SP
HUMIRA PEN-PS/UV STARTER PNKT	1	SP
HUMIRA PSKT	1	SP
SIMPONI ARIA SOLN	2	SP
SIMPONI SOAJ	2	SP
SIMPONI SOSY	2	SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	2	SP
ACTEMRA SOSY	2	SP
KEVZARA SOAJ	2	
KEVZARA SOSY	2	SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL DUAL ACTION /ACETAMINOPHEN TABS (<i>ibuprofen-acetaminophen</i>)	2	
ADVIL MIGRAINE CAPS (<i>ibuprofen</i>)	NF	
ADVIL CAPS (<i>ibuprofen</i>)	NF	
ADVIL TABS (<i>ibuprofen</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALEVE ARTHRITIS TABS (naproxen sodium)	NF		etodolac TB24	2	
ALEVE CAPS (naproxen sodium)	NF		FELDENE CAPS (piroxicam)	2	
ALEVE TABS (naproxen sodium)	NF		fenoprofen calcium CAPS 400 MG	2	
ANAPROX DS TABS (naproxen sodium)	2		fenoprofen calcium TABS	2	
ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	2		flurbiprofen TABS 100 MG	2	
ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	2		ibuprofen-acetaminophen TABS	2	
CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	2	QL(2 ea daily)	ibuprofen CAPS	1	
CELEBREX 400 MG (celecoxib)	2	QL(1 ea daily)	ibuprofen CHEW	1	
celecoxib 400 MG	1	QL(1 ea daily)	ibuprofen-famotidine	2	
celecoxib 50 MG, 100 MG, 200 MG	1	QL(2 ea daily)	ibuprofen SUSP	1	RX/OTC
CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen)	NF	RX/OTC	ibuprofen TABS	1	
CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen)	NF	RX/OTC	INDOCIN SUSP	2	
DAYPRO (oxaprozin)	2		indomethacin CAPS 25 MG, 50 MG	1	
diclofenac potassium CAPS	2		indomethacin CPCR	2	
diclofenac potassium TABS	2		INFANTS ADVIL SUSP (ibuprofen)	NF	
diclofenac sodium TB24	2		ketoprofen CAPS 50 MG, 75 MG	2	
diclofenac sodium TBEC	1		ketoprofen CP24	2	
diclofenac w/ misoprostol TBEC	2		KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	2	QL(5 ea per fill retail)
DICLOFENAC CAPS	2		ketorolac tromethamine TABS	1	QL(21 ea per fill retail)
DUEXIS (ibuprofen- famotidine)	2		LODINE TABS (etodolac)	2	
EC-NAPROSYN TBEC (naproxen)	2		meclofenamate sodium CAPS	2	
etodolac CAPS	2		mefenamic acid CAPS	2	
etodolac TABS	2		meloxicam CAPS	2	
			meloxicam TABS	1	
			MOBIC TABS (meloxicam)	2	
			MOTRIN CHILDRENS CHEW (ibuprofen)	NF	
			MOTRIN INFANTS DROPS SUSP (ibuprofen)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>nabumetone</i>	1	
NALFON CAPS (<i>fenoprofen calcium</i>)	2	
NALFON TABS (<i>fenoprofen calcium</i>)	2	
NAPRELAN TB24 (<i>naproxen sodium</i>)	2	
NAPROSYN SUSP (<i>naproxen</i>)	2	
NAPROSYN TABS 500 MG (<i>naproxen</i>)	NF	
<i>naproxen sodium CAPS</i>	1	
<i>naproxen sodium TABS 275 MG, 550 MG</i>	2	
<i>naproxen sodium TABS 220 MG</i>	1	
<i>naproxen sodium TB24</i>	2	
<i>naproxen-esomeprazole magnesium</i>	2	
<i>naproxen SUSP</i>	2	
<i>naproxen TABS</i>	1	
<i>naproxen TBEC</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam CAPS</i>	2	
RELAFEN DS	2	
SPRIX SOLN NA	2	QL(5 ea per fill retail)
<i>sulindac TABS</i>	1	
<i>tolmetin sodium CAPS</i>	2	
<i>tolmetin sodium TABS 600 MG</i>	2	
VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	2	
VIVLODEX CAPS (<i>meloxicam</i>)	2	
ZIPSOR CAPS (<i>diclofenac potassium</i>)	2	
ZORVOLEX CAPS	2	
Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
OTEZLA TABS	2	SP
OTEZLA TBPK	2	SP
Pyrimidine Synthesis Inhibitors		
ARAVA (<i>leflunomide</i>)	3	QL(1 ea daily)
<i>leflunomide</i>	3	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	2	SP
ORENCIA SOSY	2	SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	1	SP
ENBREL SURECLICK SOAJ	1	SP
ENBREL SOLN	1	SP
ENBREL SOLR	1	SP
ENBREL SOSY	1	SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	3	QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	3	QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old)
<i>butalbital-aspirin-caffeine CAPS</i>	3	QL(4 ea daily); AL(Up to 64 yrs old)
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	3	QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old)
Analgesics Other		
<i>acetaminophen CAPS 500 MG</i>	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen CHEW 80 MG</i>	3		<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	3	AL(At least 40 yrs old - Up to 79 yrs old)
<i>acetaminophen LIQD 160 MG/5ML</i>	3		<i>aspirin CHEW</i>	3	QL(1 ea daily); MP
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	3		ASPIRIN SUPP 300 MG	3	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	3		<i>aspirin TABS 325 MG</i>	3	QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old)
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	3		<i>aspirin TBEC 81 MG</i>	3	QL(1 ea daily); MP
<i>acetaminophen TABS 325 MG, 500 MG</i>	3		<i>aspirin TBEC 325 MG</i>	3	QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old)
<i>acetaminophen TBCR</i>	3		BUFFERIN (<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>)	3	AL(At least 40 yrs old - Up to 79 yrs old)
<i>acetaminophen TBDP 160 MG</i>	3		<i>diflunisal TABS</i>	2	
FEVERALL JUNIOR STRENGTH SUPP	3		ECOTRIN ARTHRITIS PAIN TBEC (<i>aspirin</i>)	3	QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old)
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (<i>acetaminophen</i>)	3		ECOTRIN REGULAR STRENGTH TBEC (<i>aspirin</i>)	3	QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old)
TYLENOL 8 HOUR TBCR (<i>acetaminophen</i>)	3		ECOTRIN TBEC (<i>aspirin</i>)	3	QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old)
TYLENOL CHILDRENS PAIN + FEVER SUSP (<i>acetaminophen</i>)	3		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
TYLENOL CHILDRENS SUSP (<i>acetaminophen</i>)	3		Opioid Agonists		
TYLENOL EXTRA STRENGTH TABS (<i>acetaminophen</i>)	3		ACTIQ LPOP (<i>fentanyl citrate</i>)	2	QL(4 ea daily); AL(At least 18 yrs old)
TYLENOL FOR CHILDREN/ADULTS SUSP (<i>acetaminophen</i>)	3		<i>codeine sulfate TABS 30 MG</i>	1	QL(6 ea daily); AL(At least 12 yrs old)
TYLENOL INFANTS PAIN+FEVER SUSP (<i>acetaminophen</i>)	3		CODEINE SULFATE TABS	1	QL(6 ea daily); AL(At least 12 yrs old)
TYLENOL TABS (<i>acetaminophen</i>)	3		CONZIP CP24 (<i>tramadol hcl</i>)	2	AL(At least 12 yrs old)
Salicylates					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DILAUDID LIQD (hydromorphone hcl)	2	QL(4 ml daily)	methadone hcl CONC	2	
DILAUDID TABS 8 MG (hydromorphone hcl)	2	QL(67 ea per 30 days retail)	methadone hcl SOLN OR	2	
DILAUDID TABS 4 MG (hydromorphone hcl)	2	QL(135 ea per 30 days retail)	methadone hcl TABS	2	
DILAUDID TABS 2 MG (hydromorphone hcl)	2	QL(6 ea daily)	methadone hcl TBSO	2	
fentanyl citrate LPOP	2	QL(4 ea daily); AL(At least 18 yrs old)	METHADOSE SUGAR-FREE CONC (methadone hcl)	2	
fentanyl citrate TABS	2	QL(4 ea daily); AL(At least 18 yrs old)	METHADOSE CONC (methadone hcl)	2	
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	2	QL(10 ea per fill retail)	morphine sulfate beads	2	
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	QL(10 ea per fill retail)	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	2	
FENTORA TABS (fentanyl citrate)	2	QL(4 ea daily); AL(At least 18 yrs old)	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	1	QL(8 ml daily)
hydrocodone bitartrate CP12	2		morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML	1	QL(4 ml daily)
hydrocodone bitartrate T24A	2		morphine sulfate SUPP	1	
hydromorphone hcl LIQD	1	QL(4 ml daily)	morphine sulfate TABS 30 MG	1	QL(3 ea daily)
HYDROMORPHONE HCL SUPP	2		morphine sulfate TABS 15 MG	1	QL(6 ea daily)
hydromorphone hcl TABS 4 MG	1	QL(135 ea per 30 days retail)	morphine sulfate TBCR	1	
hydromorphone hcl TABS 2 MG	1	QL(6 ea daily)	MS CONTIN TBCR (morphine sulfate)	2	
hydromorphone hcl TABS 8 MG	1	QL(67 ea per 30 days retail)	NUCYNTA ER TB12	2	
hydromorphone hcl TB24	2		NUCYNTA TABS	2	
HYSINGLA ER T24A	2		OXAYDO TABS	2	QL(3 ea daily)
levorphanol tartrate TABS	2		oxycodone hcl CAPS	2	QL(3 ea daily)
meperidine hcl SOLN OR 50 MG/5ML	2	QL(8 ml daily)	oxycodone hcl CONC 100 MG/5ML	2	QL(3 ml daily)
meperidine hcl TABS 50 MG	2	QL(4 ea daily)	oxycodone hcl SOLN	1	QL(8 ml daily)
			oxycodone hcl T12A 15 MG	2	QL(4 ea daily)
			oxycodone hcl T12A 60 MG	2	QL(1 ea daily)
			oxycodone hcl T12A 30 MG	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl T12A 80 MG</i>	2	Limit: 22 tablets per 30 days; QL(0.74 ea daily)	ROXYBOND TABA 5 MG	2	QL(3 ea daily)
<i>oxycodone hcl T12A 20 MG</i>	2	QL(3 ea daily)	ROXYBOND TABA 15 MG	2	QL(90 ea per 30 days retail)
<i>oxycodone hcl T12A 40 MG</i>	2	Limit: 45 tablets per 30 days; QL(1.5 ea daily)	ROXYBOND TABA 30 MG	2	QL(60 ea per 30 days retail)
<i>oxycodone hcl T12A 10 MG</i>	2	QL(6 ea daily)	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	AL(At least 12 yrs old)
<i>oxycodone hcl TABS 30 MG</i>	2	QL(2 ea daily)	<i>tramadol hcl SOLN</i>	2	QL(80 ml daily); AL(At least 12 yrs old)
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG</i>	1	QL(3 ea daily)	<i>tramadol hcl TABS</i>	1	AL(At least 12 yrs old)
<i>oxycodone hcl TABS 20 MG</i>	2	QL(3 ea daily)	<i>tramadol hcl TB24</i>	1	AL(At least 12 yrs old)
OXYCONTIN T12A 80 MG	2	Limit: 22 tablets per 30 days; QL(0.74 ea daily)	TRAMADOL HYDROCHLORIDE SOLN (<i>tramadol hcl</i>)	2	QL(80 ml daily); AL(At least 12 yrs old)
OXYCONTIN T12A 20 MG	2	QL(3 ea daily)	ULTRAM TABS (<i>tramadol hcl</i>)	2	AL(At least 12 yrs old)
OXYCONTIN T12A 40 MG	2	Limit: 45 tablets per 30 days; QL(1.5 ea daily)	XTAMPZA ER 36 MG	2	QL(1.5 ea daily)
OXYCONTIN T12A 30 MG	2	QL(2 ea daily)	XTAMPZA ER 9 MG, 13.5 MG, 18 MG, 27 MG	2	QL(2 ea daily)
OXYCONTIN T12A 60 MG	2	QL(1 ea daily)	Opioid Combinations		
OXYCONTIN T12A 10 MG	2	QL(6 ea daily)	<i>acetaminophen w/ codeine SOLN</i>	1	AL(At least 12 yrs old)
OXYCONTIN T12A 15 MG	2	QL(4 ea daily)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	AL(At least 12 yrs old)
<i>oxymorphone hcl TABS 10 MG</i>	2	QL(3 ea daily)	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	2	AL(At least 12 yrs old)
<i>oxymorphone hcl TABS 5 MG</i>	2	QL(4 ea daily)	<i>acetaminophen-caff-dihydrocod TABS 30 MG-325 MG-16 MG</i>	2	AL(At least 12 yrs old)
<i>oxymorphone hcl TB12</i>	2		APADAZ	2	
QDOLO SOLN (<i>tramadol hcl</i>)	2	QL(80 ml daily); AL(At least 12 yrs old)	BENZHYDROCODONE/A CETAMINOPHEN	2	
ROXICODONE TABS 5 MG, 15 MG (<i>oxycodone hcl</i>)	2	QL(3 ea daily)	<i>butalbital-acetaminophen-caffeine w/ codeine</i>	2	AL(At least 12 yrs old)
ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	2	QL(2 ea daily)	<i>butalbital-aspirin-caffeine w/cod</i>	2	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	2	AL(At least 12 yrs old)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	2	
NALOCET TABS	2	
OXYCODONE AND ACETAMINOPHEN TABS	2	
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLN	2	
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	
OXYCODONE/ACETAMINOPHEN TABS	2	
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	2	
PROLATE SOLN	2	
PROLATE TABS	2	
SEGLENTIS	2	QL(4 ea daily); AL(At least 12 yrs old)
<i>tramadol-acetaminophen</i>	1	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ULTRACET (<i>tramadol-acetaminophen</i>)	2	AL(At least 12 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	2	QL(2 ea daily)
BRIXADI SOSY	CO	SP
<i>buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG</i>	2	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	CO	
<i>buprenorphine PTWK</i>	2	Limit: 6 patches per 28 days; QL(0.215 ea daily)
<i>butorphanol tartrate NA 10 MG/ML</i>	2	QL(15 ml per 30 days retail)
BUTRANS PTWK (<i>buprenorphine</i>)	1	Limit: 6 patches per 28 days; QL(0.215 ea daily)
<i>pentazocine w/ naloxone hcl</i>	2	
ZUBSOLV SUBL	CO	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	
ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	2	PA
ANDROGEL GEL TD (<i>testosterone</i>)	2	
<i>danazol CAPS</i>	3	
FORTESTA GEL TD (<i>testosterone</i>)	2	
NATESTO GEL NA	2	
TESTIM GEL TD (<i>testosterone</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone cypionate SOLN IM</i>	3	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	3	
<i>testosterone GEL TD 1.62 %</i>	1	PA
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	2	
<i>testosterone SOLN</i>	2	
VOGELXO PUMP GEL TD (<i>testosterone</i>)	2	
VOGELXO GEL TD (<i>testosterone</i>)	2	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Rectal Steroids		
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	3	
<i>hydrocortisone (rectal) EX 2.5 %</i>	3	
<i>hydrocortisone (rectal) EX 1 %</i>	2	
PROCTOCORT EX (<i>hydrocortisone (rectal)</i>)	2	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	3	
<i>alum & mag hydrox-simethicone SUSP</i>	3	
<i>aluminum hydroxide-mag carb SUSP 358 MG/15ML-95 MG/15ML</i>	3	
GAVISCON SUSP (<i>aluminum hydroxide-mag carb</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (<i>alum & mag hydrox-simethicone</i>)	3	
SM FOAMING ANTACID	4	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	3	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	3	
SODIUM BICARBONATE POWD	4	RX/OTC
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	3	
<i>calcium carbonate (antacid) SUSP</i>	3	MP
TUMS CHEWY BITES CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS E-X 750 CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS EXTRA STRENGTH 750 CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS LASTING EFFECTS CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS SMOOTHIES CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS ULTRA 1000 CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS CHEW (<i>calcium carbonate (antacid)</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 420 MG</i>	3	MP
<i>magnesium oxide TABS 400 MG</i>	4	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	4	
ALBENZA (<i>albendazole</i>)	NF	
BENZNIDAZOLE	3	PA
<i>ivermectin</i>	3	QL(10 ea per 30 days retail)
STROMEKTOL (<i>ivermectin</i>)	3	QL(10 ea per 30 days retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	3	QL(2 ea daily); AL(At least 18 yrs old); PA
RANEXA TB12 (<i>ranolazine</i>)	3	QL(2 ea daily); MP; PA
<i>ranolazine TB12</i>	3	QL(2 ea daily); MP; PA
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>isosorbide dinitrate</i>)	3	MP
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	3	MP
<i>isosorbide mononitrate TABS</i>	3	MP
<i>isosorbide mononitrate TB24</i>	3	QL(2 ea daily); MP
NITRO-BID OINT	3	MP
NITRO-DUR PT24 (<i>nitroglycerin</i>)	3	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin PT24</i>	3	QL(1 ea daily); MP
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	3	ST
<i>nitroglycerin SUBL</i>	3	MP
NITROLINGUAL PUMPSPRAY SOLN TL (<i>nitroglycerin</i>)	3	ST
NITROSTAT SUBL (<i>nitroglycerin</i>)	3	MP
ANTIANKXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>hydroxyzine hcl SYRP</i>	1	AL(Up to 12 yrs old)
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	2	
Benzodiazepines		
LOREEV XR CS24	CO	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	3	AL(Up to 64 yrs old); MP
NORPACE CAPS (<i>disopyramide phosphate</i>)	3	AL(Up to 64 yrs old); MP
<i>quinidine sulfate TABS</i>	3	MP
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	3	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	3	MP
<i>propafenone hcl TABS</i>	3	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG, 400 MG</i>	3	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>amiodarone hcl TABS 100 MG</i>	3	QL(1 ea daily); MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	2	SP; MP
FASENRA SOSY	2	AL(At least 12 yrs old); SP; MP
NUCALA SOAJ	2	AL(At least 6 yrs old); SP; MP
NUCALA SOLR	2	AL(At least 6 yrs old); SP
NUCALA SOSY 40 MG/0.4ML	2	SP; MP
NUCALA SOSY 100 MG/ML	2	AL(At least 6 yrs old); SP; MP
TEZSPIRE SOAJ	2	AL(At least 12 yrs old); SP
TEZSPIRE SOSY	2	AL(At least 12 yrs old); SP
XOLAIR SOLR	2	AL(At least 6 yrs old); SP; PA
Bronchodilators - Anticholinergics		
ATROVENT HFA	1	QL(0.9 gm daily); MP
INCRUSE ELLIPTA	1	QL(21 ea per 90 days retail); MP
<i>ipratropium bromide SOLN 0.02 %</i>	1	MP
LONHALA MAGNAIR REFILL KIT SOLN	2	MP
LONHALA MAGNAIR STARTER KIT SOLN	2	MP
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	1	QL(1 ea daily); MP
SPIRIVA RESPIMAT AERS	1	QL(0.16 gm daily); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 ea daily); MP
TUDORZA PRESSAIR	2	MP
YUPELRI	2	MP
Leukotriene Modulators		
ACCOLATE (<i>zafirlukast</i>)	2	MP
<i>montelukast sodium CHEW 4 MG</i>	1	AL(Up to 5 yrs old); MP
<i>montelukast sodium CHEW 5 MG</i>	1	AL(Up to 14 yrs old); MP
<i>montelukast sodium PACK</i>	2	AL(Up to 5 yrs old); MP
<i>montelukast sodium TABS</i>	1	MP
SINGULAIR CHEW 4 MG (<i>montelukast sodium</i>)	2	AL(Up to 5 yrs old); MP
SINGULAIR CHEW 5 MG (<i>montelukast sodium</i>)	2	AL(Up to 14 yrs old); MP
SINGULAIR PACK (<i>montelukast sodium</i>)	2	AL(Up to 5 yrs old); MP
SINGULAIR TABS (<i>montelukast sodium</i>)	2	MP
<i>zafirlukast</i>	2	MP
<i>zileuton TB12</i>	2	MP
ZYFLO TABS	2	MP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	NF	MP; PA
<i>roflumilast</i>	1	MP; PA
Steroid Inhalants		
ALVESCO	1	
ARMONAIR DIGIHALER	2	
ARNUITY ELLIPTA	2	
ASMANEX HFA AERO	2	QL(0.55 gm daily); MP
ASMANEX TWISTHALER 120 METERED DOSES AEPB	1	QL(1 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX TWISTHALER 14 METERED DOSES AEPB	1	QL(1 ea per 30 days retail)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	1	QL(1 ea per 30 days retail); AL(Up to 11 yrs old)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	1	QL(1 ea per 30 days retail)
ASMANEX TWISTHALER 60 METERED DOSES AEPB	1	QL(1 ea per 30 days retail)
ASMANEX TWISTHALER 7 METERED DOSES AEPB	1	QL(1 ea per 30 days retail); AL(Up to 11 yrs old)
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ml daily)
FLOVENT DISKUS AEPB	2	
FLOVENT HFA 44 MCG/ACT	1	QL(0.45 gm daily); MP
FLOVENT HFA 110 MCG/ACT	1	QL(0.5 gm daily); MP
FLOVENT HFA 220 MCG/ACT	1	QL(0.9 gm daily); MP
<i>fluticasone propionate (inhalation) AEPB</i>	2	
<i>fluticasone propionate hfa 110 MCG/ACT</i>	2	QL(0.5 gm daily); MP
<i>fluticasone propionate hfa 44 MCG/ACT</i>	2	QL(0.45 gm daily); MP
<i>fluticasone propionate hfa 220 MCG/ACT</i>	2	QL(0.9 gm daily); MP
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	QL(0.07 ea daily); MP
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	QL(0.04 ea daily); MP
PULMICORT SUSP (<i>budesonide (inhalation)</i>)	2	QL(4 ml daily)
QVAR REDHALER	2	
Sympathomimetics		

Drug Name	Drug Tier	Requirements/ Limits
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	1	QL(2.5 ea daily); MP
ADVAIR HFA AERO	1	QL(0.5 gm daily); MP
AIRDUO DIGIHALER 113/14	2	QL(0.04 ea daily); MP
AIRDUO DIGIHALER 232/14	2	QL(0.04 ea daily); MP
AIRDUO DIGIHALER 55/14	2	QL(0.04 ea daily); MP
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	2	QL(0.04 ea daily); MP
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	2	QL(0.04 ea daily); MP
AIRDUO RESPICLICK 55/14 AEPB	2	QL(0.04 ea daily); MP
<i>albuterol sulfate AERS</i>	2	QL(0.6 gm daily); MP
<i>albuterol sulfate AERS</i>	2	QL(0.5 gm daily); MP
<i>albuterol sulfate AERS</i>	2	QL(1.3 gm daily); MP
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1	MP
ALBUTEROL SULFATE NEBU	1	MP
ANORO ELLIPTA	1	QL(42 ea per 90 days retail)
<i>arformoterol tartrate</i>	2	MP
BEVESPI AEROSPHERE	1	QL(32.1 gm per 90 days retail); MP
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	QL(180 ea per 90 days retail); MP
BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH	2	QL(2.5 ea daily); MP
BREZTRI AEROSPHERE	2	QL(17.7 gm per 90 days retail); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BROVANA (<i>arformoterol tartrate</i>)	2	MP	STIOLTO RESPIMAT	1	QL(12 gm per 90 days retail); MP
<i>budesonide-formoterol fumarate dihydrate</i>	2	QL(0.7 gm daily); MP	STRIVERDI RESPIMAT	2	MP
COMBIVENT RESPIMAT AERS	1	QL(20 gm per 90 days retail); MP	SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	1	QL(0.7 gm daily); MP
DUAKLIR PRESSAIR	2	MP	<i>terbutaline sulfate</i> TABS	3	MP
DULERA	1	QL(0.9 gm daily); MP	TRELEGY ELLIPTA	1	QL(84 ea per 90 days retail); MP
<i>fluticasone furoate-vilanterol</i>	2	QL(2.5 ea daily); MP	TRELEGY ELLIPTA	1	QL(180 ea per 90 days retail); MP
<i>fluticasone-salmeterol</i> AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	2	QL(0.04 ea daily); MP	VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	1	QL(0.55 gm daily); MP
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	2	QL(2.5 ea daily); MP	XOPENEX HFA (<i>levalbuterol tartrate</i>)	NF	QL(1 gm daily); MP
<i>fluticasone-salmeterol</i> AERO	2	QL(0.5 gm daily); MP	Xanthines		
<i>formoterol fumarate</i> NEBU	2	MP	<i>theophylline</i> ELIX	3	
<i>ipratropium-albuterol</i> SOLN	1	MP	<i>theophylline</i> SOLN	3	MP
<i>levalbuterol tartrate</i>	1	QL(1 gm daily); MP	<i>theophylline</i> TB12 300 MG, 450 MG	3	MP
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	2	MP	ANTICOAGULANTS - Blood Thinners		
PROAIR DIGIHALER	2	QL(0.04 ea daily); MP	Coumarin Anticoagulants		
PROAIR HFA AERS (<i>albuterol sulfate</i>)	1	QL(0.6 gm daily); MP	<i>warfarin sodium</i> TABS	1	MP
PROAIR RESPICLICK AEPB	2	QL(0.04 ea daily); MP	Direct Factor Xa Inhibitors		
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	1	QL(0.5 gm daily); MP	ELIQUIS STARTER PACK TBPK	1	QL(74 ea per 30 days retail)
SEREVENT DISKUS	1	QL(2.5 ea daily); MP	ELIQUIS TABS 5 MG	1	QL(218 ea per 102 days retail); MP
			ELIQUIS TABS 2.5 MG	1	QL(2 ea daily); MP
			SAVAYSA	2	MP
			XARELTO STARTER PACK TBPK	1	QL(51 ea per 30 days retail)
			XARELTO SUSR	1	QL(20 ml daily); MP
			XARELTO TABS 10 MG	1	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 15 MG	1	QL(102 ea per 102 days retail); MP
XARELTO TABS 2.5 MG	1	QL(2 ea daily); MP
XARELTO TABS 20 MG	1	QL(42 ea per 34 days retail); MP
Heparins And Heparinoid-Like Agents		
ARIXTRA (<i>fondaparinux sodium</i>)	2	SP; MP
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	SP; MP
<i>enoxaparin sodium SOSY</i>	1	SP; MP
<i>fondaparinux sodium</i>	2	SP; MP
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	2	SP; MP
FRAGMIN SOSY	2	SP; MP
<i>heparin sodium (porcine) lock flush 10 UNIT/ML</i>	4	MP
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML</i>	3	MP
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	2	SP; MP
LOVENOX SOSY (<i>enoxaparin sodium</i>)	2	SP; MP
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	2	QL(2 ea daily); MP
PRADAXA CAPS 75 MG, 150 MG	1	QL(2 ea daily); MP
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	1	QL(2 ea daily); MP
PRADAXA CAPS 110 MG	1	QL(4 ea daily); MP
PRADAXA PACK	2	AL(Up to 11 yrs old); MP
ANTICONVULSANTS - Drugs to Treat Seizures		

Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants - Misc.		
LEVETIRACETAM/SODIUM CHLORIDE	CO	
MOTPOLY XR CP24	CO	
<i>primidone</i>	CO	
ZONISADE SUSP	CO	
ZTALMY	CO	SP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Antidepressant Combinations		
AUVELITY	CO	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CITALOPRAM HYDROBROMIDE CAPS	CO	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
VENLAFAXINE BESYLATE ER	CO	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	MP
<i>miglitol</i>	1	MP
PRECOSE (<i>acarbose</i>)	2	MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	1	MP
SYMLINPEN 60 SOPN	1	MP
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>pioglitazone hcl-metformin hcl</i>)	2	MP
<i>alogliptin-metformin hcl</i>	2	MP
<i>alogliptin-pioglitazone</i>	2	MP
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	2	MP
<i>glipizide-metformin hcl</i>	2	MP
<i>glyburide-metformin</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
GLYXAMBI	2	MP
INVOKAMET XR TB24	2	MP
INVOKAMET TABS	1	MP
JANUMET XR TB24	1	MP
JANUMET TABS	1	QL(2 ea daily); MP
JENTADUETO XR TB24	2	MP
JENTADUETO TABS	1	MP
KAZANO (<i>alogliptin-metformin hcl</i>)	2	MP
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	2	MP
OSENI	2	MP
OSENI (<i>alogliptin-pioglitazone</i>)	2	MP
<i>pioglitazone hcl-glimepiride</i>	2	MP
<i>pioglitazone hcl-metformin hcl TABS</i>	2	MP
QTERN	2	MP
<i>saxagliptin-metformin hcl</i>	2	MP
SEGLUROMET	2	MP
SOLIQUA 100/33	2	QL(0.6 ml daily); MP
STEGLUJAN	2	MP
SYNJARDY XR TB24	2	MP
SYNJARDY TABS	1	MP
TRIJARDY XR	2	MP
XIGDUO XR	1	MP
XULTOPHY 100/3.6	2	QL(0.5 ml daily); MP
Biguanides		
GLUMETZA TB24 (<i>metformin hcl</i>)	2	MP
<i>metformin hcl SOLN</i>	2	MP
<i>metformin hcl TABS</i>	1	MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	2	MP
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
METFORMIN HYDROCHLORIDE TABS	1	MP
RIOMET SOLN (<i>metformin hcl</i>)	2	MP
Diabetic Other		
BAQSIMI ONE PACK POWD	1	QL(0.067 ea daily); MP
BAQSIMI TWO PACK POWD	1	QL(0.067 ea daily); MP
<i>diazoxide</i>	2	MP
GLUCAGEN HYPOKIT	1	MP
<i>glucagon (rdna)</i>	1	MP
GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	NF	MP
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	MP
GVOKE HYPOPEN 1-PACK SOAJ 1 MG/0.2ML	1	QL(0.4 ml per 30 days retail; 1 ml per 90 days mail)
GVOKE HYPOPEN 1-PACK SOAJ 0.5 MG/0.1ML	1	QL(0.2 ml per 30 days retail)
GVOKE HYPOPEN 2-PACK SOAJ 0.5 MG/0.1ML	1	QL(0.2 ml per 30 days retail)
GVOKE HYPOPEN 2-PACK SOAJ 1 MG/0.2ML	1	QL(0.4 ml per 30 days retail; 1 ml per 90 days mail)
GVOKE KIT SOLN	2	QL(0.4 ml per 30 days retail)
GVOKE PFS SOSY 1 MG/0.2ML	2	QL(0.4 ml per 30 days retail; 1 ml per 90 days mail)
GVOKE PFS SOSY 0.5 MG/0.1ML	2	QL(0.2 ml per 30 days retail)
PROGLYCEM (<i>diazoxide</i>)	1	MP
ZEGALOGUE SOAJ	1	
ZEGALOGUE SOSY	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			APIDRA SOLN	1	QL(3 ml daily); MP
<i>alogliptin benzoate</i>	2	MP	BASAGLAR KWIKPEN SOPN	2	QL(3 ml daily); MP
JANUVIA	1	QL(2 ea daily); MP	BASAGLAR TEMPO PEN SOPN	2	QL(3 ml daily); MP
NESINA (<i>alogliptin benzoate</i>)	2	MP	FIASP FLEXTOUCH SOPN	2	QL(3 ml daily); MP
ONGLYZA (<i>saxagliptin hcl</i>)	2	MP	FIASP PENFILL SOCT	2	QL(3 ml daily); MP
<i>saxagliptin hcl</i>	2	MP	FIASP PUMPCART SOCT	2	QL(3 ml daily); MP
TRADJENTA	1	MP	FIASP SOLN	2	QL(3 ml daily); MP
Incretin Mimetic Agents			HUMALOG JUNIOR KWIKPEN SOPN	1	QL(3 ml daily); MP
ADLYXIN STARTER PACK PNKT	2	QL(0.22 ml daily); MP	HUMALOG KWIKPEN SOPN 100 UNIT/ML	1	QL(3 ml daily); MP
ADLYXIN SOPN	2	QL(0.22 ml daily); MP	HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(3 ml daily); MP
BYDUREON BCISE AUIJ	2	QL(0.122 ml daily); MP	HUMALOG MIX 50/50 KWIKPEN SUPN	1	QL(3 ml daily); MP
BYETTA SOPN 5 MCG/0.02ML	1	QL(0.04 ml daily); MP	HUMALOG MIX 50/50 SUSP	1	QL(3 ml daily); MP
BYETTA SOPN 10 MCG/0.04ML	1	QL(0.08 ml daily); MP	HUMALOG MIX 75/25 KWIKPEN SUPN	1	QL(3 ml daily); MP
MOUNJARO	2	QL(0.072 ml daily)	HUMALOG MIX 75/25 SUSP	1	QL(3 ml daily); MP
OZEMPIC SOPN	2	QL(0.11 ml daily); MP	HUMALOG TEMPO PEN SOPN	1	QL(3 ml daily); MP
OZEMPIC SOPN 2 MG/1.5ML	2	MP	HUMALOG SOCT	1	QL(3 ml daily); MP
RYBELSUS TABS	2	QL(1 ea daily); MP	HUMALOG SOLN IJ	1	QL(3 ml daily); MP
TRULICITY	1	QL(0.072 ml daily); MP	HUMULIN 70/30 KWIKPEN SUPN	1	QL(3 ml daily); MP
VICTOZA	1	QL(0.2 ml daily); MP	HUMULIN 70/30 SUSP	1	QL(3 ml daily); MP
Insulin			HUMULIN N KWIKPEN SUPN	2	QL(3 ml daily); MP
ADMELOG SOLOSTAR SOPN	2	QL(3 ml daily); MP	HUMULIN N SUSP	1	QL(3 ml daily); MP
ADMELOG SOLN IJ	2	QL(3 ml daily); MP	HUMULIN R U-500 (CONCENTRATED) SOLN SC	1	QL(3 ml daily); MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	2	QL(6 ea daily); MP			
APIDRA SOLOSTAR SOPN	1	QL(3 ml daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 KWIKPEN SOPN SC	1	QL(3 ml daily); MP	LEVEMIR FLEXTOUCH SOPN	1	QL(3 ml daily); MP
HUMULIN R SOLN IJ	1	QL(3 ml daily); MP	LEVEMIR SOLN	1	QL(3 ml daily); MP
INSULIN ASPART FLEXPEN SOPN	2	QL(90 ml per fill retail); MP	LYUMJEV KWIKPEN SOPN	2	QL(3 ml daily); MP
INSULIN ASPART PENFILL SOCT	2	QL(3 ml daily); MP	LYUMJEV TEMPO PEN SOPN	2	QL(3 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	2	QL(90 ml per fill retail); MP	LYUMJEV SOLN	2	QL(3 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1	QL(3 ml daily)	NOVOLIN 70/30 FLEXPEN RELION SUPN	2	QL(3 ml daily); MP
INSULIN ASPART SOLN IJ	2	QL(90 ml per fill retail); MP	NOVOLIN 70/30 FLEXPEN SUPN	2	QL(3 ml daily); MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	QL(3 ml daily); MP	NOVOLIN 70/30 RELION SUSP	2	QL(3 ml daily); MP
INSULIN DEGLUDEC SOLN	2	QL(3 ml daily); MP	NOVOLIN 70/30 SUSP	2	QL(3 ml daily); MP
INSULIN GLARGINE SOLOSTAR SOPN	2	QL(3 ml daily); MP	NOVOLIN N FLEXPEN RELION SUPN	1	QL(3 ml daily); MP
INSULIN GLARGINE SOLN	2	QL(3 ml daily); MP	NOVOLIN N FLEXPEN SUPN	1	QL(3 ml daily); MP
INSULIN GLARGINE-YFGN SOLN	2	QL(3 ml daily); MP	NOVOLIN N RELION SUSP	1	QL(3 ml daily); MP
INSULIN GLARGINE-YFGN SOPN	2	QL(3 ml daily); MP	NOVOLIN N SUSP	1	QL(3 ml daily); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1	QL(3 ml daily); MP	NOVOLIN R FLEXPEN RELION SOPN IJ	1	QL(3 ml daily); MP
INSULIN LISPRO KWIKPEN SOPN	1	QL(3 ml daily); MP	NOVOLIN R FLEXPEN SOPN IJ	1	QL(3 ml daily); MP
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	QL(3 ml daily); MP	NOVOLIN R RELION SOLN IJ	1	QL(3 ml daily); MP
INSULIN LISPRO SOLN IJ	1	QL(3 ml daily); MP	NOVOLIN R SOLN IJ	1	QL(3 ml daily); MP
LANTUS SOLOSTAR SOPN	1	QL(3 ml daily); MP	NOVOLOG FLEXPEN RELION SOPN	2	QL(90 ml per fill retail); MP
LANTUS SOLN	1	QL(3 ml daily); MP	NOVOLOG FLEXPEN SOPN	2	QL(90 ml per fill retail); MP
LEVEMIR FLEXPEN SOPN	1	QL(3 ml daily); MP	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	2	QL(90 ml per fill retail); MP
			NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	QL(90 ml per fill retail); MP

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30 RELION SUSP	2	QL(3 ml daily); MP
NOVOLOG MIX 70/30 SUSP	2	QL(3 ml daily); MP
NOVOLOG PENFILL SOCT	1	QL(3 ml daily); MP
NOVOLOG RELION SOLN IJ	2	QL(90 ml per fill retail); MP
NOVOLOG SOLN IJ	2	QL(90 ml per fill retail); MP
REZVOGLAR KWIKPEN	2	QL(90 ml per fill retail); MP
SEMGLEE SOLN	2	QL(3 ml daily); MP
SEMGLEE SOPN	2	QL(3 ml daily); MP
TOUJEO MAX SOLOSTAR SOPN	2	QL(3 ml daily); MP
TOUJEO SOLOSTAR SOPN	2	QL(3 ml daily); MP
TRESIBA FLEXTOUCH SOPN	2	QL(3 ml daily); MP
TRESIBA SOLN	2	QL(3 ml daily); MP
Insulin Sensitizing Agents		
ACTOS (<i>pioglitazone hcl</i>)	2	MP
<i>pioglitazone hcl</i>	1	MP
Meglitinide Analogues		
<i>nateglinide</i>	1	MP
<i>repaglinide</i>	1	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	1	MP
INVOKANA	1	MP
JARDIANCE	1	MP
STEGLATRO	2	MP
Sulfonylureas		
AMARYL (<i>glimepiride</i>)	2	MP
<i>glimepiride</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
<i>glipizide TB24</i>	1	MP
GLUCOTROL XL TB24 (<i>glipizide</i>)	2	MP
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
<i>glyburide TABS</i>	1	MP
GLYNASE (<i>glyburide micronized</i>)	2	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	3	
<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i>	3	
<i>bismuth subsalicylate TABS</i>	3	
PEPTO BISMOL TABS (<i>bismuth subsalicylate</i>)	3	
PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>)	3	
PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>)	3	
PEPTO-BISMOL CHEW (<i>bismuth subsalicylate</i>)	3	
PEPTO-BISMOL SUSP (<i>bismuth subsalicylate</i>)	3	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
IMODIUM A-D SOLN (loperamide hcl)	3	
IMODIUM A-D TABS (loperamide hcl)	NF	
LOMOTIL TABS (diphenoxylate w/ atropine)	NF	
loperamide hcl CAPS	1	RX/OTC
loperamide hcl SOLN 1 MG/7.5ML	3	
loperamide hcl SUSP	3	
loperamide hcl TABS	1	
LOPERAMIDE HYDROCHLORIDE SUSP	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
Opioid Antagonists		
KLOXXADO LIQD	3	QL(6 ea per 90 days retail)
naloxone hcl LIQD	3	QL(6 ea per 90 days retail); RX/OTC
naloxone hcl SOCT	3	QL(6 ml per 90 days retail)
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	3	QL(6 ml per 90 days retail)
naloxone hcl SOSY	3	QL(6 ml per 90 days retail)
NARCAN LIQD (naloxone hcl)	3	QL(6 ea per 90 days retail); RX/OTC
OPVEE NA	3	QL(6 ea per 90 days retail)
ZIMHI SOSY	3	QL(3 ml per 90 days retail)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
granisetron hcl TABS	1	QL(15 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ondansetron hcl SOLN OR 4 MG/5ML	1	QL(75 ml per fill retail)
ondansetron hcl TABS 4 MG, 8 MG	1	QL(15 ea per fill retail)
ondansetron TBDP	1	QL(15 ea per fill retail)
SANCUSO PTCH	2	Limit: 6 patches per 30 days; QL(0.2 ea daily); SP
ZOFRAN TABS 4 MG (ondansetron hcl)	2	QL(15 ea per fill retail)
ZUPLENZ FILM 4 MG	2	
Antiemetics - Anticholinergic		
ANTIVERT CHEW (meclizine hcl)	3	RX/OTC
dimenhydrinate TABS	3	
DRAMAMINE TABS (dimenhydrinate)	3	
meclizine hcl CHEW	3	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG	3	RX/OTC
trimethobenzamide hcl CAPS	4	
Antiemetics - Miscellaneous		
AKYNZEO	2	QL(1 ea per fill retail); SP
dronabinol CAPS	3	PA
MARINOL CAPS (dronabinol)	3	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS 80 MG	2	QL(2 ea per fill retail); AL(At least 12 yrs old)
aprepitant CAPS 40 MG, 125 MG	2	QL(1 ea per fill retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant CAPS</i>	2	QL(3 ea per fill retail); AL(At least 12 yrs old)	DIFLUCAN TABS 150 MG (<i>fluconazole</i>)	2	QL(2 ea per fill retail)
<i>aprepitant MISC</i>	2	QL(3 ea per fill retail); AL(At least 12 yrs old)	<i>fluconazole SUSR</i>	1	
EMEND TRIPACK CAPS (<i>aprepitant</i>)	2	QL(3 ea per fill retail); AL(At least 12 yrs old)	<i>fluconazole TABS 150 MG</i>	1	QL(2 ea per fill retail)
EMEND CAPS 80 MG (<i>aprepitant</i>)	1	QL(2 ea per fill retail); AL(At least 12 yrs old)	<i>fluconazole TABS 50 MG, 100 MG, 200 MG</i>	1	
EMEND SUSR	2	AL(At least 12 yrs old)	<i>itraconazole CAPS</i>	2	QL(84 ea per fill retail)
VARUBI TBPB	2	QL(2 ea per 7 days retail)	<i>itraconazole SOLN</i>	2	QL(840 ml per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections			<i>ketoconazole</i>	1	
Antifungal - Glucan Synthesis Inhibitors			NOXAFIL PACK	2	
BREXAFEMME	2	QL(4 ea per fill retail)	NOXAFIL SUSP (<i>posaconazole</i>)	2	
Antifungals			NOXAFIL TBEC (<i>posaconazole</i>)	2	
ANCOBON (<i>flucytosine</i>)	2		<i>posaconazole SUSP</i>	2	
<i>flucytosine</i>	2		<i>posaconazole TBEC</i>	2	
<i>griseofulvin microsize SUSP</i>	1		SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	2	QL(84 ea per fill retail)
<i>griseofulvin microsize TABS</i>	2		SPORANOX CAPS (<i>itraconazole</i>)	2	QL(84 ea per fill retail)
<i>griseofulvin ultramicrosize</i>	2		SPORANOX SOLN (<i>itraconazole</i>)	2	QL(840 ml per fill retail)
<i>nystatin TABS</i>	1		TOLSURA CAPS	2	
<i>terbinafine hcl TABS</i>	1	QL(84 ea per fill retail)	VFEND SUSR (<i>voriconazole</i>)	2	
Imidazole-Related Antifungals			VFEND TABS (<i>voriconazole</i>)	2	
CRESEMBA CAPS 186 MG	2		VIVJOA	2	QL(18 ea per fill retail)
DIFLUCAN SUSR (<i>fluconazole</i>)	2		<i>voriconazole SUSR</i>	2	
DIFLUCAN TABS 50 MG, 100 MG, 200 MG (<i>fluconazole</i>)	2		<i>voriconazole TABS</i>	2	
			ANTIHIISTAMINES - Drugs to Treat Allergies		
			Antihistamines - Alkylamines		
			<i>chlorpheniramine maleate TABS</i>	3	
			Antihistamines - Ethanolamines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BENADRYL ALLERGY CHILDRENS LIQD (<i>diphenhydramine hcl</i>)	3		CLARINEX TABS (<i>desloratadine</i>)	2	
BENADRYL ALLERGY ULTRATABS TABS (<i>diphenhydramine hcl</i>)	3	AL(Up to 64 yrs old)	CLARITIN ALLERGY CHILDRENS SOLN (<i>loratadine</i>)	NF	QL(10 ml daily)
BENADRYL ALLERGY CAPS (<i>diphenhydramine hcl</i>)	3	AL(Up to 64 yrs old)	CLARITIN CHILDRENS CHEW (<i>loratadine</i>)	NF	
BENADRYL ALLERGY TABS (<i>diphenhydramine hcl</i>)	3	AL(Up to 64 yrs old)	CLARITIN CHEW (<i>loratadine</i>)	NF	
<i>carbinoxamine maleate</i> SOLN	3		CLARITIN SOLN (<i>loratadine</i>)	NF	QL(10 ml daily)
<i>carbinoxamine maleate</i> TABS 4 MG	3		CLARITIN TABS (<i>loratadine</i>)	NF	QL(1 ea daily)
<i>clemastine fumarate</i> TABS 1.34 MG	3		<i>desloratadine</i> TABS	2	
<i>diphenhydramine hcl</i> CAPS	3	AL(Up to 64 yrs old)	<i>desloratadine</i> TBDP 5 MG	2	
<i>diphenhydramine hcl</i> ELIX 12.5 MG/5ML	3		<i>desloratadine</i> TBDP 2.5 MG	2	AL(Up to 11 yrs old)
<i>diphenhydramine hcl</i> LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	3		<i>fexofenadine hcl</i> SUSP	1	
<i>diphenhydramine hcl</i> SOLN 50 MG/ML	3	AL(Up to 64 yrs old)	<i>fexofenadine hcl</i> TABS 60 MG, 180 MG	1	
<i>diphenhydramine hcl</i> TABS 25 MG	3	AL(Up to 64 yrs old)	<i>levocetirizine dihydrochloride</i> SOLN	2	RX/OTC
Antihistamines - Non-Sedating			<i>levocetirizine dihydrochloride</i> TABS	1	RX/OTC
ALLEGRA ALLERGY CHILDRENS SUSP (<i>fexofenadine hcl</i>)	1		<i>loratadine</i> CHEW	1	
ALLEGRA ALLERGY TABS (<i>fexofenadine hcl</i>)	NF		<i>loratadine</i> SOLN	1	QL(10 ml daily)
<i>cetirizine hcl</i> CAPS	2		<i>loratadine</i> TABS	1	QL(1 ea daily)
<i>cetirizine hcl</i> CHEW	2		XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>levocetirizine dihydrochloride</i>)	2	RX/OTC
<i>cetirizine hcl</i> SOLN OR	1	QL(10 ml daily); RX/OTC	XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	NF	RX/OTC
<i>cetirizine hcl</i> SYRP OR	1	QL(10 ml daily); RX/OTC	ZYRTEC ALLERGY CAPS (<i>cetirizine hcl</i>)	2	
<i>cetirizine hcl</i> TABS 10 MG	1	QL(1 ea daily)	ZYRTEC ALLERGY TABS (<i>cetirizine hcl</i>)	NF	QL(1 ea daily)
<i>cetirizine hcl</i> TABS 5 MG	1		ZYRTEC CHILDRENS ALLERGY SOLN OR (<i>cetirizine hcl</i>)	2	QL(10 ml daily); RX/OTC
			Antihistamines - Phenothiazines		

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl SOLN 6.25 MG/5ML</i>	3	AL(At least 2 yrs old - Up to 64 yrs old)
<i>promethazine hcl SUPP 50 MG</i>	3	QL(2 ea daily); AL(At least 2 yrs old - Up to 64 yrs old)
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	3	QL(4 ea daily); AL(At least 2 yrs old - Up to 64 yrs old)
<i>promethazine hcl SYRP</i>	3	AL(At least 2 yrs old - Up to 64 yrs old)
<i>promethazine hcl TABS</i>	3	AL(At least 2 yrs old - Up to 64 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	3	AL(Up to 64 yrs old)
<i>cyproheptadine hcl TABS</i>	3	AL(Up to 64 yrs old)
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	2	AL(At least 18 yrs old)
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	2	QL(1 ea daily)
NEXLIZET	2	AL(At least 18 yrs old)
VYTORIN (<i>ezetimibe-simvastatin</i>)	2	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	
LOVAZA (<i>omega-3-acid ethyl esters</i>)	2	
<i>omega-3-acid ethyl esters</i>	2	
VASCEPA (<i>icosapent ethyl</i>)	2	
Bile Acid Sequestrants		

Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine light PACK</i>	1	MP
<i>cholestyramine light POWD</i>	1	MP
<i>cholestyramine PACK</i>	1	MP
<i>cholestyramine POWD</i>	1	MP
<i>colesevelam hcl PACK</i>	2	MP
<i>colesevelam hcl TABS</i>	2	MP
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	2	MP
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	2	MP
COLESTID GRAN (<i>colestipol hcl</i>)	2	MP
COLESTID PACK (<i>colestipol hcl</i>)	2	MP
COLESTID TABS (<i>colestipol hcl</i>)	2	MP
<i>colestipol hcl GRAN</i>	2	MP
<i>colestipol hcl PACK</i>	2	MP
<i>colestipol hcl TABS</i>	1	MP
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	2	MP
QUESTRAN PACK (<i>cholestyramine</i>)	2	MP
QUESTRAN POWD (<i>cholestyramine</i>)	2	MP
WELCHOL PACK (<i>colesevelam hcl</i>)	2	MP
WELCHOL TABS (<i>colesevelam hcl</i>)	2	MP
Fibric Acid Derivatives		
ANTARA 30 MG, 90 MG (<i>fenofibrate micronized</i>)	2	
ANTARA 30 MG, 90 MG	2	
<i>choline fenofibrate</i>	2	
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG</i>	2	
<i>fenofibrate CAPS</i>	2	
<i>fenofibrate TABS 40 MG, 120 MG</i>	2	
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1	
FENOFIBRATE TABS	1	
<i>fenofibric acid</i>	2	
FENOGLIDE TABS (<i>fenofibrate</i>)	2	
FIBRICOR (<i>fenofibric acid</i>)	2	
<i>gemfibrozil TABS</i>	1	
LIPOFEN CAPS (<i>fenofibrate</i>)	2	
LOPID TABS (<i>gemfibrozil</i>)	2	
TRICOR TABS (<i>fenofibrate</i>)	2	
TRILIPIX (<i>choline fenofibrate</i>)	2	
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	2	QL(1 ea daily)
ATORVALIQ SUSP	2	QL(20 ml daily)
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>rosuvastatin calcium</i>)	2	QL(1 ea daily)
EZALLOR SPRINKLE CPSP	2	QL(1 ea daily)
<i>fluvastatin sodium CAPS</i>	2	QL(1 ea daily)
<i>fluvastatin sodium TB24</i>	2	QL(1 ea daily)
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	2	QL(1 ea daily)
LIPITOR TABS (<i>atorvastatin calcium</i>)	2	QL(1 ea daily)
LIVALO (<i>pitavastatin calcium</i>)	2	QL(1 ea daily)
<i>lovastatin TABS</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>pitavastatin calcium</i>	2	QL(1 ea daily)
<i>pravastatin sodium</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)
<i>simvastatin TABS</i>	1	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (<i>simvastatin</i>)	2	QL(1 ea daily)
ZYPITAMAG 2 MG, 4 MG	2	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
ZETIA (<i>ezetimibe</i>)	2	
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	2	
NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	2	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	1	QL(2 ml per 28 days retail); SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	1	QL(7 ml per 28 days retail); SP; PA
REPATHA SURECLICK SOAJ	1	QL(2 ml per 28 days retail); SP; PA
REPATHA SOSY	1	QL(2 ml per 28 days retail); SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	2	MP
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	2	MP
<i>benazepril hcl</i>	1	MP
<i>captopril</i>	2	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril maleate SOLN</i>	2	MP
<i>enalapril maleate TABS</i>	1	MP
EPANED SOLN (<i>enalapril maleate</i>)	2	MP
<i>fosinopril sodium</i>	2	MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	2	MP
<i>moexipril hcl</i>	2	MP
<i>perindopril erbumine</i>	2	MP
QBRELIS SOLN	2	MP
<i>quinapril hcl</i>	2	MP
<i>ramipril CAPS</i>	1	MP
<i>trandolapril</i>	2	MP
VASOTEC TABS (<i>enalapril maleate</i>)	2	MP
ZESTRIL TABS (<i>lisinopril</i>)	2	MP
Angiotensin II Receptor Antagonists		
ATACAND (<i>candesartan cilexetil</i>)	2	MP
AVAPRO (<i>irbesartan</i>)	2	MP
BENICAR (<i>olmesartan medoxomil</i>)	2	MP
<i>candesartan cilexetil</i>	2	MP
COZAAR (<i>losartan potassium</i>)	2	MP
DIOVAN TABS (<i>valsartan</i>)	2	MP
EDARBI	2	MP
<i>irbesartan</i>	2	MP
<i>losartan potassium</i>	1	MP
MICARDIS (<i>telmisartan</i>)	2	MP
<i>olmesartan medoxomil</i>	1	MP
<i>telmisartan</i>	2	MP
VALSARTAN SOLN	2	MP
<i>valsartan TABS</i>	1	MP
Antiadrenergic Antihypertensives		

Drug Name	Drug Tier	Requirements/ Limits
CARDURA (<i>doxazosin mesylate</i>)	2	MP
CATAPRES-TTS-1 (<i>clonidine</i>)	1	Limit: 4 patches per 28 days; QL(0.143 ea daily); MP
CATAPRES-TTS-2 (<i>clonidine</i>)	1	Limit: 4 patches per 28 days; QL(0.143 ea daily); MP
CATAPRES-TTS-3 (<i>clonidine</i>)	1	Limit: 4 patches per 28 days; QL(0.143 ea daily); MP
<i>clonidine</i>	1	Limit: 4 patches per 28 days; QL(0.143 ea daily); MP
<i>clonidine hcl TABS</i>	1	MP
<i>clonidine hcl TB24</i>	1	
<i>doxazosin mesylate</i>	1	MP
<i>guanfacine hcl</i>	1	MP
<i>methyldopa TABS</i>	1	MP
MINIPRESS CAPS (<i>prazosin hcl</i>)	2	MP
NEXICLON XR TB24 (<i>clonidine hcl</i>)	2	
<i>prazosin hcl CAPS</i>	1	MP
<i>terazosin hcl</i>	1	MP
Antihypertensive Combinations		
ACCURETIC (<i>quinapril-hydrochlorothiazide</i>)	2	MP
ACCURETIC	2	MP
<i>amlodipine besylate-benazepril hcl</i>	1	MP
<i>amlodipine besylate-olmesartan medoxomil</i>	1	MP
<i>amlodipine besylate-valsartan</i>	1	MP
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	2	MP
atenolol & chlorthalidone	1	MP
AVALIDE (irbesartan-hydrochlorothiazide)	2	MP
AZOR (amlodipine besylate-olmesartan medoxomil)	2	MP
benazepril & hydrochlorothiazide	1	MP
BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide)	2	MP
bisoprolol & hydrochlorothiazide	1	MP
candesartan cilexetil-hydrochlorothiazide	2	MP
captopril & hydrochlorothiazide	2	MP
DIOVAN HCT (valsartan-hydrochlorothiazide)	2	MP
EDARBYCLOR	2	MP
enalapril maleate & hydrochlorothiazide	1	MP
EXFORGE (amlodipine besylate-valsartan)	2	MP
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	2	MP
fosinopril sodium & hydrochlorothiazide	2	MP
HYZAAR (losartan potassium & hydrochlorothiazide)	2	MP
irbesartan-hydrochlorothiazide	2	MP
lisinopril & hydrochlorothiazide	1	MP
losartan potassium & hydrochlorothiazide	1	MP

Drug Name	Drug Tier	Requirements/ Limits
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)	2	MP
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)	2	MP
metoprolol & hydrochlorothiazide TABS	2	MP
MICARDIS HCT (telmisartan-hydrochlorothiazide)	2	MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	2	MP
olmesartan medoxomil-hydrochlorothiazide	1	MP
quinapril-hydrochlorothiazide	2	MP
TEKTURNA HCT	2	MP
telmisartan-amlodipine	2	MP
telmisartan-hydrochlorothiazide	2	MP
TENORETIC 100 (atenolol & chlorthalidone)	2	MP
TENORETIC 50 (atenolol & chlorthalidone)	2	MP
trandolapril-verapamil hcl	2	MP
TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	2	MP
valsartan-hydrochlorothiazide	1	MP
VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide)	2	MP
ZESTORETIC (lisinopril & hydrochlorothiazide)	2	MP
ZIAC (bisoprolol & hydrochlorothiazide)	2	MP
Direct Renin Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
<i>aliskiren fumarate</i>	2	MP
TEKTURNA (<i>aliskiren fumarate</i>)	2	MP
Vasodilators		
<i>hydralazine hcl SOLN</i>	3	MP
<i>hydralazine hcl TABS 100 MG</i>	3	QL(3 ea daily); MP
<i>hydralazine hcl TABS 10 MG, 25 MG, 50 MG</i>	3	QL(4 ea daily); MP
<i>minoxidil 2.5 MG, 10 MG</i>	3	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	2	QL(12 ea per fill retail); AL(At least 18 yrs old)
FLAGYL CAPS (<i>metronidazole</i>)	2	
<i>metronidazole CAPS</i>	2	
<i>metronidazole TABS</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim TABS</i>	3	
XIFAXAN 550 MG	2	AL(At least 18 yrs old)
XIFAXAN 200 MG	2	QL(9 ea per fill retail); AL(At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>sulfamethoxazole-trimethoprim SUSP</i>	3	
<i>sulfamethoxazole-trimethoprim TABS</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
Antiprotozoal Agents		
ALINIA TABS (<i>nitazoxanide</i>)	2	QL(6 ea per 30 days retail)
<i>atovaquone</i>	3	
MEPRON (<i>atovaquone</i>)	3	
<i>nitazoxanide TABS</i>	2	QL(6 ea per 30 days retail)
Glycopeptides		
FIRVANQ SOLR OR (<i>vancomycin hcl</i>)	1	
VANCOCIN CAPS (<i>vancomycin hcl</i>)	2	
<i>vancomycin hcl CAPS</i>	1	
<i>vancomycin hcl SOLR OR 25 MG/ML, 250 MG/5ML</i>	2	
<i>vancomycin hcl SOLR IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG, 1000 MG</i>	3	
VANCOMYCIN HYDROCHLORIDE SOLR IV 750 MG (<i>vancomycin hcl</i>)	3	
Leprostatics		
<i>dapsone</i>	3	
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	3	
CLEOCIN PEDIATRIC GRANULES (<i>clindamycin palmitate hydrochloride</i>)	3	AL(Up to 12 yrs old)
<i>clindamycin hcl</i>	3	
<i>clindamycin palmitate hydrochloride</i>	3	AL(Up to 12 yrs old)
Monobactams		
CAYSTON	1	SP
Oxazolidinones		
<i>linezolid SUSP</i>	2	
<i>linezolid TABS</i>	1	QL(28 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
SIVEXTRO TABS	2	QL(14 ea per fill retail)
ZYVOX SUSR (<i>linezolid</i>)	2	
ZYVOX TABS (<i>linezolid</i>)	2	QL(28 ea per fill retail)
Urinary Anti-infectives		
HIPREX (<i>methenamine hippurate</i>)	3	
MACROBID (<i>nitrofurantoin monohydrate macro</i>)	3	QL(20 ea per 10 days retail); AL(Up to 64 yrs old)
MACRODANTIN 50 MG, 100 MG (<i>nitrofurantoin macrocrystal</i>)	3	QL(2 ea daily); AL(Up to 64 yrs old)
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate</i>	3	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	3	QL(2 ea daily); AL(Up to 64 yrs old)
<i>nitrofurantoin monohydrate macro</i>	3	QL(20 ea per 10 days retail); AL(Up to 64 yrs old)
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarials		
<i>chloroquine phosphate TABS</i>	3	MP
DARAPRIM (<i>pyrimethamine</i>)	3	MP; PA
<i>hydroxychloroquine sulfate</i>	3	
KRINTAFEL	3	1 rtl MAX fill; 365 rtl day(s) supply; 1 mail MAX fill; AL(At least 16 yrs old); MP; PA
<i>mefloquine hcl</i>	3	MP; PA
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	3	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>primaquine phosphate TABS</i>	3	MP
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	3	MP
<i>pyrimethamine</i>	3	MP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
MESTINON TABS (<i>pyridostigmine bromide</i>)	3	
<i>pyridostigmine bromide TABS 60 MG</i>	3	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	3	MP
<i>ethambutol hcl TABS</i>	3	MP
<i>isoniazid SYRP</i>	3	AL(Up to 12 yrs old); MP
<i>isoniazid TABS</i>	3	MP
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	3	MP
MYCOBUTIN (<i>rifabutin</i>)	3	MP
PRETOMANID	3	MP; PA
PRIFTIN	3	QL(0.86 ea daily); MP
<i>pyrazinamide</i>	3	MP
<i>rifabutin</i>	3	MP
<i>rifampin CAPS</i>	3	MP
SIRTURO	3	PA
TRECATOR	3	MP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melfalan</i>)	3	
<i>cyclophosphamide CAPS</i>	3	
CYCLOPHOSPHAMIDE TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
LEUKERAN	3	
<i>melphalan</i>	3	
MYLERAN TABS	3	SP
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	3	SP
<i>oxaliplatin SOLR</i>	3	SP
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	3	SP
<i>temozolomide CAPS</i>	3	SP
Antimetabolites		
ALIMTA SOLR (<i>pemetrexed disodium</i>)	3	SP
ARRANON (<i>nelarabine</i>)	3	SP
<i>azacitidine SUSR</i>	3	SP
<i>capecitabine</i>	3	SP
<i>cladribine 10 MG/10ML</i>	3	SP
<i>clofarabine</i>	3	SP
CLOLAR (<i>clofarabine</i>)	3	SP
<i>cytarabine SOLN</i>	3	SP
DACOGEN (<i>decitabine</i>)	3	SP
<i>decitabine</i>	3	SP
<i>floxuridine</i>	3	SP
<i>fludarabine phosphate SOLN</i>	3	SP
FLUDARABINE PHOSPHATE SOLN	3	SP
<i>fludarabine phosphate SOLR</i>	3	SP
<i>fluorouracil</i>	3	SP
FOLOTYN	3	SP
FOLOTYN (<i>pralatrexate</i>)	3	SP
<i>gemcitabine hcl SOLN</i>	3	SP
<i>gemcitabine hcl SOLR</i>	3	SP
GEMCITABINE HYDROCHLORIDE SOLN (<i>gemcitabine hcl</i>)	3	SP
<i>mercaptopurine TABS</i>	3	SP

Drug Name	Drug Tier	Requirements/ Limits
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	3	SP
<i>methotrexate sodium SOLR</i>	3	SP
<i>methotrexate sodium TABS 2.5 MG</i>	3	
<i>nelarabine</i>	3	SP
ONUREG TABS	3	SP
<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	3	SP
<i>pralatrexate</i>	3	SP
PURIXAN SUSP	3	SP
TABLOID	3	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	
VIDAZA SUSR (<i>azacitidine</i>)	3	SP
XATMEP SOLN	3	
XELODA (<i>capecitabine</i>)	3	SP
Antineoplastic - Angiogenesis Inhibitors		
CYRAMZA	3	
Antineoplastic - Antibodies		
ARZERRA	3	SP
BLINCYTO	3	SP
GAZYVA	3	SP
KEYTRUDA	3	SP
OPDIVO 40 MG/4ML, 100 MG/10ML	3	SP
RIABNI	3	SP
RITUXAN	3	SP
YERVOY	3	
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	3	SP
VENCLEXTA TABS	3	SP
Antineoplastic - Hedgehog Pathway Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
DAURISMO	3	SP
ERIVEDGE	3	SP
ODOMZO	3	SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	3	SP
AKEEGA	3	SP
<i>anastrozole</i>	3	
ARIMIDEX (<i>anastrozole</i>)	3	
AROMASIN (<i>exemestane</i>)	3	
<i>bicalutamide</i>	3	
CAMCEVI	3	SP
CASODEX (<i>bicalutamide</i>)	3	
ELIGARD KIT SC	3	SP
EMCYT	3	SP
ERLEADA 60 MG	3	SP
EULEXIN	3	
<i>exemestane</i>	3	
FARESTON (<i>toremifene citrate</i>)	3	SP
FEMARA (<i>letrozole</i>)	3	
<i>flutamide</i>	3	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	SP
<i>letrozole</i>	3	
LEUPROLIDE ACETATE INJ	3	SP
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	3	SP
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	3	SP
LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG	3	SP
LUPRON DEPOT (4-MONTH) IM	3	SP
LUPRON DEPOT (6-MONTH) IM	3	SP
LYSODREN	3	SP
<i>megestrol acetate SUSP</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>megestrol acetate TABS</i>	3	
NILANDRON (<i>nilutamide</i>)	3	SP
<i>nilutamide</i>	3	SP
NUBEQA	3	SP
ORGOVYX	3	SP
ORSERDU	3	SP
SOLTAMOX SOLN	3	
<i>tamoxifen citrate TABS</i>	3	
<i>toremifene citrate</i>	3	SP
TRELSTAR MIXJECT	3	SP
XTANDI CAPS	3	SP
XTANDI TABS	3	SP
YONSA	3	SP
ZYTIGA (<i>abiraterone acetate</i>)	3	SP
Antineoplastic - Immunomodulators		
POMALYST	3	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO	3	SP
XPOVIO 60 MG TWICE WEEKLY	3	SP
XPOVIO 80 MG TWICE WEEKLY	3	SP
Antineoplastic Combinations		
INQOVI	3	SP
KISQALI FEMARA 200 DOSE	3	SP
KISQALI FEMARA 400 DOSE	3	SP
KISQALI FEMARA 600 DOSE	3	SP
LONSURF	3	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	3	SP
AFINITOR TABS (<i>everolimus</i>)	3	SP

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG TABS	CO	SP
ALUNBRIG TBPk	CO	SP
BORTEZOMIB SOLN	CO	SP
BORTEZOMIB SOLR IV 3.5 MG	CO	SP
BRAFTOVI 75 MG	3	SP
CALQUENCE	CO	SP
CAPRELSA	CO	SP
<i>everolimus TABS</i>	3	SP
<i>everolimus TBSO</i>	3	SP
FARYDAK	3	SP
IDHIFA	3	SP
IMBRUVICA SUSP	CO	SP
JAKAFI	3	SP
JAYPIRCA	CO	SP
KRAZATI	3	SP
LUMAKRAS 120 MG	3	SP
LYTGOBI	CO	SP
MEKINIST SOLR	CO	SP
REZLIDHIA	3	SP
RUBRACA	CO	SP
TAFINLAR TBSO	CO	SP
TALZENNA	CO	SP
TAZVERIK	3	SP
TIBSOVO	3	SP
TURALIO	CO	SP
VANFLYTA	CO	SP
ZEJULA CAPS	CO	SP
ZEJULA TABS	CO	SP
ZOLINZA	3	SP
Antineoplastics Misc.		
BESREMI	3	
<i>bexarotene</i>	3	SP
HYDREA (<i>hydroxyurea</i>)	3	MP
<i>hydroxyurea</i>	3	MP
INTRON A SOLN 6000000 UNIT/ML	3	

Drug Name	Drug Tier	Requirements/ Limits
INTRON A SOLR	3	
MATULANE	3	SP
NIPENT	3	SP
TARGRETIN (<i>bexarotene</i>)	3	SP
<i>tretinoin (chemotherapy)</i>	3	SP
Chemotherapy Rescue/Antidote/Protective Agents		
COSELA	CO	SP
<i>leucovorin calcium TABS</i>	3	
MESNEX TABS	3	SP
Mitotic Inhibitors		
<i>etoposide CAPS</i>	3	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	3	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	MP
LODOSYN (<i>carbidopa</i>)	2	MP
NOURIANZ	2	MP
Antiparkinson COMT Inhibitors		
COMTAN (<i>entacapone</i>)	2	MP
<i>entacapone</i>	2	MP
ONGENTYS	2	MP
TASMAR (<i>tolcapone</i>)	2	MP
<i>tolcapone</i>	2	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	MP
<i>amantadine hcl SOLN</i>	1	MP
<i>amantadine hcl TABS</i>	2	MP
<i>bromocriptine mesylate CAPS</i>	2	MP
<i>bromocriptine mesylate TABS 2.5 MG</i>	2	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-entacapone</i>	2	MP	STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	2	MP
<i>carbidopa-levodopa TABS</i>	1	MP	STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	2	MP
<i>carbidopa-levodopa TBCR</i>	1	MP	STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>)	2	MP
<i>carbidopa-levodopa TBDP</i>	2	MP	STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	2	MP
DHIVY TABS	2	MP	STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	2	MP
DUOPA SUSP	2	MP	Antiparkinson Monoamine Oxidase Inhibitors		
GOCOVRI CP24	2	SP; MP	AZILECT (<i>rasagiline mesylate</i>)	2	AL (At least 18 yrs old); MP; PA
INBRIJA CAPS	2	MP	<i>rasagiline mesylate</i>	1	AL (At least 18 yrs old); MP; PA
KYNMOBI TITRATION KIT KIT	2	MP	<i>selegiline hcl CAPS</i>	2	MP
KYNMOBI FILM	2	SP; MP	<i>selegiline hcl TABS</i>	2	MP
MIRAPEX ER TB24 (<i>pramipexole dihydrochloride</i>)	2	MP	XADAGO	2	MP
NEUPRO	2	QL(1 ea daily); MP	ZELAPAR TBDP	2	MP
OSMOLEX ER T4PK	2	MP	ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
OSMOLEX ER TB24 129 MG, 193 MG	2	MP	Antimanic Agents		
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	2	MP	LITHIUM	CO	
PARLODEL TABS (<i>bromocriptine mesylate</i>)	2	MP	Antipsychotics - Misc.		
<i>pramipexole dihydrochloride TABS</i>	1	MP	CAPLYTA	CO	
<i>pramipexole dihydrochloride TB24</i>	2	MP	Benzisoxazoles		
<i>ropinirole hydrochloride TABS</i>	1	MP	RYKINDO SRER	CO	
<i>ropinirole hydrochloride TB24</i>	2	MP	UZEDY SUSY	CO	
RYTARY CPCR	2	MP	Dibenzapines		
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	2	MP	<i>quetiapine fumarate TABS</i>	CO	
STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	2	MP	Phenothiazines		
			<i>prochlorperazine</i>	3	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate</i> TABS	3	QL(4 ea daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	CO	
ABILIFY MYCITE	CO	
ABILIFY MYCITE MAINTENANCE KIT	CO	SP
ABILIFY MYCITE STARTER KIT	CO	SP
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
DESCOVY	CO	SP
PREZISTA SUSP	CO	SP
SUNLENCA SOLN	CO	SP
SUNLENCA TBPK	CO	SP
Antiviral Combinations		
PAXLOVID 100 MG-150 MG	3	SP
CMV Agents		
LIVTENCITY	3	SP; PA
VALCYTE TABS (<i>valganciclovir hcl</i>)	3	QL(2 ea daily)
<i>valganciclovir hcl</i> TABS	3	QL(2 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	3	QL(1 ea daily); SP; MP
BARACLUDE TABS (<i>entecavir</i>)	3	QL(1 ea daily); SP; MP
<i>entecavir</i> TABS	3	QL(1 ea daily); SP; MP
EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	3	QL(1 ea daily); SP; MP
HEPSERA (<i>adefovir dipivoxil</i>)	3	QL(1 ea daily); SP; MP
<i>lamivudine (hbv)</i> TABS	3	QL(1 ea daily); SP; MP

Drug Name	Drug Tier	Requirements/Limits
VEMLIDY	3	QL(1 ea daily); AL(At least 12 yrs old); SP; MP; PA
Herpes Agents		
<i>acyclovir</i> CAPS	1	MP
<i>acyclovir</i> SUSP	1	MP
<i>acyclovir</i> TABS OR	1	MP
<i>famciclovir</i>	1	MP
SITAVIG TABS BU	2	MP
<i>valacyclovir hcl</i>	1	MP
VALTREX (<i>valacyclovir hcl</i>)	2	MP
ZOVIRAX SUSP (<i>acyclovir</i>)	2	MP
Influenza Agents		
<i>oseltamivir phosphate</i> CAPS	1	QL(14 ea per fill retail)
<i>oseltamivir phosphate</i> SUSR	1	QL(120 ml per fill retail)
RELENZA DISKHALER	1	
<i>rimantadine hydrochloride</i> TABS	1	
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	2	QL(14 ea per fill retail)
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	2	QL(120 ml per fill retail)
XOFLUZA	1	
Misc. Antivirals		
LAGEVRIO	3	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1	MP
<i>carvedilol phosphate</i>	2	MP
COREG (<i>carvedilol</i>)	2	MP
COREG CR (<i>carvedilol phosphate</i>)	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>labetalol hcl TABS</i>	1	MP
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	2	MP
<i>atenolol TABS</i>	1	MP
<i>betaxolol hcl</i>	2	MP
<i>bisoprolol fumarate</i>	2	MP
BYSTOLIC (<i>nebivolol hcl</i>)	1	MP
KAPSPARGO SPRINKLE CS24	2	MP
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	2	MP
<i>metoprolol succinate TB24</i>	1	MP
<i>metoprolol tartrate TABS</i>	1	MP
<i>nebivolol hcl</i>	2	MP
TENORMIN TABS (<i>atenolol</i>)	2	MP
TOPROL XL TB24 (<i>metoprolol succinate</i>)	2	MP
Beta Blockers Non-Selective		
BETAPACE AF (<i>sotalol hcl (afib/af)</i>)	2	MP
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	2	MP
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	2	MP
HEMANGEOL SOLN OR	2	SP; MP
INDERAL LA CP24 (<i>propranolol hcl</i>)	2	MP
INDERAL XL	2	MP
INNOPRAN XL	2	MP
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	2	MP
<i>pindolol TABS</i>	2	MP
<i>propranolol hcl CP24</i>	1	MP
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>propranolol hcl TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>sotalol hcl (afib/af)</i>	1	MP
<i>sotalol hcl TABS</i>	1	MP
SOTYLIZE SOLN OR	2	MP
<i>timolol maleate TABS</i>	2	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1	MP
CALAN SR TBCR (<i>verapamil hcl</i>)	2	MP
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	2	MP
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	2	MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	2	MP
CONJUPRI (<i>levamlodipine maleate</i>)	2	MP
<i>diltiazem hcl coated beads CP24</i>	1	MP
<i>diltiazem hcl extended release beads</i>	2	MP
<i>diltiazem hcl extended release beads</i>	1	MP
<i>diltiazem hcl CP12</i>	1	MP
<i>diltiazem hcl CP24</i>	1	MP
<i>diltiazem hcl TABS</i>	1	MP
<i>diltiazem hcl TB24</i>	2	MP
<i>felodipine</i>	2	MP
<i>isradipine CAPS</i>	2	MP
KATERZIA	2	AL(At least 6 yrs old); MP
<i>levamlodipine maleate</i>	2	MP
<i>nicardipine hcl CAPS</i>	2	MP
<i>nifedipine CAPS</i>	1	MP
<i>nifedipine TB24</i>	1	MP
<i>nimodipine CAPS</i>	3	QL(252 ea per 365 days retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nisoldipine</i>	2	MP	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	2	QL(1 ea daily); MP
NORLIQVA SOLN	2	AL(At least 6 yrs old); MP	ENTRESTO	1	QL(2 ea daily); MP
NORVASC TABS (<i>amlodipine besylate</i>)	2	MP	Prostaglandin Vasodilators		
PROCARDIA XL TB24 (<i>nifedipine</i>)	2	MP	ORENITRAM TITRATION KIT MONTH 1 TEPK	2	SP
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	2	MP	ORENITRAM TITRATION KIT MONTH 2 TEPK	2	SP
TIAZAC (<i>diltiazem hcl extended release beads</i>)	2	MP	ORENITRAM TITRATION KIT MONTH 3 TEPK	2	SP
<i>verapamil hcl CP24</i>	2	MP	ORENITRAM TBCR	2	SP; MP
<i>verapamil hcl TABS</i>	1	MP	TYVASO DPI MAINTENANCE KIT POWD	2	SP; MP
<i>verapamil hcl TBCR</i>	1	MP	TYVASO DPI TITRATION KIT POWD	2	SP; MP
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>verapamil hcl</i>)	2	MP	TYVASO REFILL SOLN IN	1	SP; MP; PA
VERELAN PM CP24 (<i>verapamil hcl</i>)	2	MP	TYVASO STARTER SOLN IN	1	SP; MP; PA
VERELAN CP24 (<i>verapamil hcl</i>)	2	MP	TYVASO SOLN IN	1	SP; MP; PA
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm			VENTAVIS	1	SP; MP; PA
Cardiac Glycosides			Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	3	MP	<i>ambrisentan</i>	1	SP; MP; PA
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3	MP	<i>bosentan TABS</i>	2	SP; MP; PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			LETAIRIS (<i>ambrisentan</i>)	2	SP; MP; PA
Cardiac Myosin Inhibitors			OPSUMIT	1	SP; MP; PA
CAMZYOS	3	QL(1 ea daily); AL(At least 18 yrs old); SP; PA	TRACLEER TABS (<i>bosentan</i>)	1	SP; MP; PA
Cardiovascular Agents Misc. - Combinations			TRACLEER TBSO	2	SP; MP
<i>amlodipine besylate-atorvastatin calcium</i>	2	QL(1 ea daily); MP	Pulmonary Hypertension - Phosphodiesterase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	2	SP; MP; PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	2	SP; MP; PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	2	SP; MP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; MP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; MP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; MP; PA
TADLIQ SUSP	2	AL(At least 18 yrs old); SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	1	SP; MP; PA
UPTRAVI TABS	1	SP; MP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	2	SP; MP
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	3	AL(At least 18 yrs old); MP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	QL(28 ea per fill retail)
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	2	QL(28 ea per fill retail)
<i>cephalexin CAPS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cephalexin SUSR</i>	1	
<i>cephalexin TABS</i>	1	
KEFLEX CAPS 750 MG (<i>cephalexin</i>)	2	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	2	QL(42 ea per fill retail)
<i>cefaclor CAPS</i>	2	QL(42 ea per fill retail)
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	2	
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	QL(28 ea per fill retail)
<i>cefuroxime axetil TABS</i>	1	QL(42 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	QL(28 ea per fill retail)
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	2	
<i>cefpodoxime proxetil SUSR</i>	2	
<i>cefpodoxime proxetil TABS</i>	2	QL(28 ea per fill retail)
SUPRAX CAPS (<i>cefixime</i>)	1	
SUPRAX SUSR 100 MG/5ML (<i>cefixime</i>)	2	
CHEMICALS		
Bulk Chemicals - C's		
CITRULLINE(L)	4	RX/OTC
CREATINE MONOHYDRATE	4	RX/OTC
L-CITRULLINE	4	RX/OTC
Bulk Chemicals - O's		
L-ORNITHINE HYDROCHLORIDE	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ORNITHINE HYDROCHLORIDE	4	RX/OTC
Bulk Chemicals - S's		
NICE PURE BAKING SODA	4	RX/OTC
Solids		
CO-ENZYME Q 10	4	RX/OTC
COENZYME Q10	4	RX/OTC
UBIDECARENONE	4	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	3	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	3	
<i>ethynodiol diacet & eth estrad</i>	3	
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	3	
<i>levonorgestrel & eth estradiol TABS</i>	3	
<i>levonorgestrel-eth estradiol (triphasic)</i>	3	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	3	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	3	
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	3	
<i>norethin acet & estrad-fe CHEW</i>	3	
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	3	
<i>norethindrone & eth estradiol</i>	3	
<i>norethindrone & ethinyl estradiol-fe</i>	3	
<i>norethindrone acet & eth estra</i>	3	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	3	
<i>norethindrone-eth estradiol (triphasic)</i>	3	
<i>norgestimate-ethinyl estradiol</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	3	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	3	
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	3	
YAZ (<i>drospirenone-ethinyl estradiol</i>)	3	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	3	QL(0.11 ea daily)
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	3	QL(0.036 ea daily)
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	3	QL(0.036 ea daily)
Emergency Contraceptives		
ELLA	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel (emergency oc) 1.5 MG</i>	3	
PLAN B ONE-STEP <i>(levonorgestrel (emergency oc))</i>	3	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM <i>(medroxyprogesterone acetate (contraceptive))</i>	3	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	3	
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	3	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
ALKINDI SPRINKLE CPSP	3	
<i>budesonide CPEP</i>	3	PA
<i>budesonide TB24</i>	2	
CORTEF TABS <i>(hydrocortisone)</i>	3	
DEPO-MEDROL SUSP	3	
DEPO-MEDROL SUSP <i>(methylprednisolone acetate)</i>	3	
DEXAMETHASONE INTENSOL CONC	3	
<i>dexamethasone sodium phosphate SOLN IJ</i>	3	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	3	
DEXAMETHASONE SODIUM PHOSPHATE SOSY IJ 10 MG/ML	3	
<i>dexamethasone ELIX</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone SOLN</i>	3	
<i>dexamethasone TABS</i>	3	
<i>dexamethasone TBPk</i>	3	
EMFLAZA SUSP	3	AL(At least 2 yrs old); SP
EMFLAZA TABS	3	AL(At least 2 yrs old); SP
ENTOCORT EC CPEP <i>(budesonide)</i>	3	PA
HEMADY TABS	3	
<i>hydrocortisone TABS</i>	3	
KENALOG-10 SUSP	3	
KENALOG-40 SUSP <i>(triamcinolone acetonide)</i>	3	
MEDROL DOSEPAK TBPk <i>(methylprednisolone)</i>	3	
MEDROL TABS <i>(methylprednisolone)</i>	3	
MEDROL TABS	3	
<i>methylprednisolone acetate SUSP</i>	3	
METHYLPREDNISOLON E ACETATE SUSP 40 MG/ML, 80 MG/ML	3	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	3	
<i>methylprednisolone TABS</i>	3	
<i>methylprednisolone TBPk</i>	3	
MILLIPRED TABS	3	
ORAPRED ODT TBPk <i>(prednisolone sodium phosphate)</i>	3	
PEDIAPRED SOLN <i>(prednisolone sodium phosphate)</i>	3	
<i>prednisolone sodium phosphate SOLN</i>	3	
<i>prednisolone sodium phosphate TBPk</i>	3	
<i>prednisolone SOLN</i>	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone TABS</i>	3		<i>dextromethorphan-phenylephrine-acetaminophen LIQD</i>	3	
PREDNISONE INTENSOL CONC	3		<i>guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML</i>	4	
<i>prednisone SOLN</i>	3		<i>guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML</i>	4	
<i>prednisone TABS</i>	3		<i>guaifenesin-codeine SYRP</i>	4	
<i>prednisone TBPk</i>	3		MUCINEX D TB12 (pseudoephedrine-guaifenesin)	NF	
RAYOS TBEC	3		<i>promethazine & phenylephrine SYRP</i>	4	
SOLU-CORTEF	3		<i>promethazine w/codeine SOLN</i>	4	
SOLU-MEDROL (methylprednisolone sod succ)	3		<i>promethazine w/codeine SYRP</i>	4	
SOLU-MEDROL	3		<i>promethazine-dm SYRP</i>	4	
<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	3		<i>promethazine-phenylephrine-codeine</i>	4	
TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML	3		<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	4	
UCERIS TB24 (budesonide)	2		VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF LIQD (dextromethorphan-doxylamine-acetaminophen)	NF	
Mineralocorticoids			VICKS NYQUIL COLD & FLU LIQD (dextromethorphan-doxylamine-acetaminophen)	NF	
<i>fludrocortisone acetate TABS</i>	3	MP	VICKS NYQUIL HBP COLD & FLU LIQD (dextromethorphan-doxylamine-acetaminophen)	NF	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			Expectorants		
Cough/Cold/Allergy Combinations			GERI-TUSSIN SYRP	4	
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	4		<i>guaifenesin LIQD</i>	4	
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	4				
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML</i>	4				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>guaifenesin SYRP</i>	4		BENZA CLIN GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	2	
<i>guaifenesin TABS 200 MG</i>	4		BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	3	
Misc. Respiratory Inhalants			<i>benzoyl peroxide CREA 10 %</i>	3	
HYPERSAL NEBU	3		<i>benzoyl peroxide-erythromycin GEL</i>	3	
HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	3		<i>benzoyl peroxide FOAM 10 %</i>	3	
NEBUSAL NEBU	3		<i>benzoyl peroxide GEL 10 %</i>	3	QL(114 gm per 30 days retail)
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	3		<i>benzoyl peroxide GEL 5 %</i>	3	
Mucolytics			<i>benzoyl peroxide LIQD 5 %, 10 %</i>	3	
<i>acetylcysteine SOLN</i>	3		<i>clindamycin phosphate (topical) SOLN</i>	3	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>clindamycin phosphate (topical) SWAB</i>	3	
Acne Products			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	3	QL(2 ea daily); PA	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	NF		<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1	
ACANYA GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	2		<i>clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %</i>	2	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	3	QL(45 gm per 30 days retail); AL(Up to 30 yrs old)	DIFFERIN DAILY DEEP CLEANSER LIQD (<i>benzoyl peroxide</i>)	3	RX/OTC
<i>adapalene GEL 0.3 %</i>	3	QL(45 gm per 30 days retail); AL(Up to 30 yrs old)	DIFFERIN GEL 0.3 % (<i>adapalene</i>)	3	QL(45 gm per 30 days retail); AL(Up to 30 yrs old)
<i>adapalene GEL 0.1 %</i>	3	QL(45 gm per 30 days retail); RX/OTC	DIFFERIN GEL 0.1 % (<i>adapalene</i>)	3	QL(45 gm per 30 days retail); RX/OTC
BENZAC AC WASH LIQD 5 % (<i>benzoyl peroxide</i>)	3	RX/OTC			
BENZA CLIN WITH PUMP GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	3	QL(45 gm per 30 days retail); AL(Up to 30 yrs old)	ALOE VESTA ANTIFUNGAL OINT (<i>miconazole nitrate (topical)</i>)	2	
<i>erythromycin (acne aid) SOLN</i>	3		ALOE VESTA CLEAR ANTIFUNGAL OINT (<i>miconazole nitrate (topical)</i>)	2	
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	QL(2 ea daily); PA	<i>butenafine hcl</i>	2	RX/OTC
NEUAC KIT	2		<i>ciclopirox olamine CREA</i>	1	
ONEXTON GEL	2		<i>ciclopirox olamine SUSP</i>	2	
RETIN-A CREA 0.025 %, 0.05 % (<i>tretinoin</i>)	3	QL(20 gm per 30 days retail); AL(Up to 30 yrs old)	<i>ciclopirox GEL</i>	2	
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	3		<i>ciclopirox KIT</i>	2	
<i>tretinoin CREA 0.025 %, 0.05 %</i>	3	QL(20 gm per 30 days retail); AL(Up to 30 yrs old)	<i>ciclopirox SHAM</i>	2	
Antibiotics - Topical			<i>ciclopirox SOLN</i>	2	
<i>bacitracin (topical) OINT</i>	3		<i>ciclopirox SOLN</i>	1	
<i>bacitracin zinc OINT</i>	3		<i>clotrimazole (topical) CREA</i>	2	RX/OTC
CENTANY AT KIT	2		<i>clotrimazole (topical) CREA</i>	1	RX/OTC
CENTANY OINT	2		<i>clotrimazole (topical) SOLN</i>	1	RX/OTC
<i>gentamicin sulfate (topical) CREA</i>	3		<i>clotrimazole w/ betamethasone CREA</i>	1	
<i>gentamicin sulfate (topical) OINT</i>	3		<i>clotrimazole w/ betamethasone LOTN</i>	2	
<i>mupirocin calcium (topical)</i>	2		<i>econazole nitrate CREA</i>	2	
<i>mupirocin OINT</i>	1		ERTACZO	2	
<i>neomycin-bacitracin-polymyxin OINT</i>	3		EXELDERM CREA (<i>sulconazole nitrate</i>)	2	
NEOSPORIN ORIGINAL OINT (<i>neomycin-bacitracin-polymyxin</i>)	3		EXTINA FOAM (<i>ketoconazole (topical)</i>)	2	
XEPI	2	QL(60 gm per 30 days retail)	JUBLIA	2	AL(At least 6 yrs old)
Antifungals - Topical			KERYDIN (<i>tavaborole</i>)	2	AL(At least 6 yrs old)
			<i>ketoconazole (topical) CREA</i>	1	
			<i>ketoconazole (topical) FOAM</i>	2	
			<i>ketoconazole (topical) SHAM 2 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KETODAN KIT	2		<i>nystatin (topical) OINT</i>	1	
LAMISIL AT JOCK ITCH CREA (<i>terbinafine hcl (topical)</i>)	3		<i>nystatin (topical) POWD EX</i>	1	
LAMISIL AT CREA (<i>terbinafine hcl (topical)</i>)	3		<i>nystatin-triamcinolone CREA</i>	1	
LOPROX	2		<i>nystatin-triamcinolone OINT</i>	1	
LOPROX KIT	2		<i>oxiconazole nitrate CREA</i>	2	
LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	2		OXISTAT CREA (<i>oxiconazole nitrate</i>)	2	
LOPROX CREA (<i>ciclopirox olamine</i>)	2		OXISTAT LOTN	2	
LOPROX SUSP (<i>ciclopirox olamine</i>)	2		<i>sulconazole nitrate CREA</i>	2	
LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	2	RX/OTC	<i>tavaborole</i>	2	AL(At least 6 yrs old)
LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	NF	RX/OTC	<i>terbinafine hcl (topical) CREA</i>	3	
LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	2	RX/OTC	TINACTIN CREA (<i>tolnaftate</i>)	2	
LOTRIMIN ULTRA (<i>butenafine hcl</i>)	2	RX/OTC	<i>tolnaftate CREA</i>	1	
<i>luliconazole</i>	2		<i>tolnaftate POWD EX</i>	1	
LUZU (<i>luliconazole</i>)	2		VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	2	
MENTAX	2	RX/OTC	Anti-inflammatory Agents - Topical		
MICATIN CREA (<i>miconazole nitrate (topical)</i>)	NF		<i>diclofenac epolamine PTCH EX</i>	2	QL(2 ea daily)
<i>miconazole nitrate (topical) CREA</i>	1		<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
<i>miconazole nitrate (topical) OINT</i>	2		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	
<i>miconazole-zinc oxide-white petrolatum</i>	2		<i>diclofenac sodium (topical) SOLN EX 2 %</i>	2	
<i>naftifine hcl CREA</i>	2		FLECTOR PTCH EX (<i>diclofenac epolamine</i>)	2	QL(2 ea daily)
<i>naftifine hcl GEL</i>	2		LICART PT24	2	Limit: 15 patches per 30 days; QL(0.5 ea daily)
NAFTIN GEL	2		PENNSAID SOLN EX	2	
NAFTIN GEL (<i>naftifine hcl</i>)	2		VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	2	RX/OTC
<i>nystatin (topical) CREA</i>	1				

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	3	SP
CARAC CREA (<i>fluorouracil (topical)</i>)	3	SP
<i>diclofenac sodium (actinic keratoses) EX</i>	3	
EFUDEX CREA (<i>fluorouracil (topical)</i>)	3	SP
<i>fluorouracil (topical) CREA</i>	3	SP
<i>fluorouracil (topical) SOLN</i>	3	SP
TARGRETIN (<i>bexarotene (topical)</i>)	3	SP
VALCHLOR	3	SP
Antipsoriatics		
<i>acitretin 10 MG, 25 MG</i>	3	QL(2 ea daily); PA
<i>acitretin 17.5 MG</i>	3	PA
<i>calcipotriene CREA</i>	3	QL(4 gm daily); AL(At least 2 yrs old); PA
<i>calcipotriene OINT</i>	3	QL(4 gm daily); AL(At least 2 yrs old); PA
<i>calcipotriene SOLN</i>	3	QL(2 ml daily); AL(At least 2 yrs old); PA
<i>calcitriol (topical)</i>	3	QL(4 gm daily); AL(At least 2 yrs old); PA
COSENTYX SENSOREADY PEN SOAJ	1	SP
COSENTYX UNOREADY SOAJ	1	SP
COSENTYX SOSY	1	SP
DOVONEX CREA (<i>calcipotriene</i>)	3	QL(4 gm daily); AL(At least 2 yrs old); PA
ILUMYA	2	SP
SILIQ	2	SP

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI PEN SOAJ	2	SP
SKYRIZI PSKT	2	SP
SKYRIZI SOSY	2	SP
SOTYKTU	2	QL(1 ea daily); AL(At least 18 yrs old); SP
STELARA SOSY	2	SP
TALTZ SOAJ	2	SP
TALTZ SOSY	2	SP
<i>tazarotene CREA</i>	3	AL(Up to 20 yrs old); PA
<i>tazarotene GEL</i>	3	AL(Up to 20 yrs old); PA
TAZORAC CREA (<i>tazarotene</i>)	3	AL(Up to 20 yrs old); PA
TAZORAC GEL (<i>tazarotene</i>)	3	AL(Up to 20 yrs old); PA
TREMFYA SOPN	2	SP
TREMFYA SOSY	2	SP
VECTICAL (<i>calcitriol (topical)</i>)	3	QL(4 gm daily); AL(At least 2 yrs old); PA
VTAMA	2	AL(At least 18 yrs old)
ZORYVE	3	AL(At least 12 yrs old); PA
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	3	
Antivirals - Topical		
ABREVA (<i>docosanol</i>)	3	MP
<i>acyclovir topical CREA</i>	2	MP
<i>acyclovir topical OINT</i>	1	MP
DENAVIR (<i>penciclovir</i>)	1	MP
<i>docosanol</i>	3	MP
<i>penciclovir</i>	2	MP
XERESE	2	MP
ZOVIRAX CREA (<i>acyclovir topical</i>)	1	MP
ZOVIRAX OINT (<i>acyclovir topical</i>)	2	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Burn Products			<i>clobetasol propionate emollient base 0.05 %</i>	2	
SILVADENE (<i>silver sulfadiazine</i>)	3		<i>clobetasol propionate emulsion</i>	2	
<i>silver sulfadiazine</i>	3		<i>clobetasol propionate CREA 0.05 %</i>	1	
Corticosteroids - Topical			<i>clobetasol propionate FOAM</i>	2	
<i>alclometasone dipropionate CREA</i>	2		<i>clobetasol propionate GEL 0.05 %</i>	2	
<i>alclometasone dipropionate OINT</i>	2		<i>clobetasol propionate LIQD</i>	2	
<i>amcinonide LOTN</i>	2		<i>clobetasol propionate LOTN</i>	2	
APEXICON E CREA	2		<i>clobetasol propionate OINT 0.05 %</i>	1	
BESER	2		<i>clobetasol propionate SHAM</i>	2	
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1		CLOBEX LIQD (<i>clobetasol propionate</i>)	2	
<i>betamethasone dipropionate (topical) OINT</i>	1		CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	2	
<i>betamethasone dipropionate augmented CREA</i>	2		CLOBEX SHAM (<i>clobetasol propionate</i>)	2	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	2		<i>clocortolone pivalate</i>	2	
<i>betamethasone dipropionate augmented LOTN</i>	2		CLODAN KIT	2	
<i>betamethasone dipropionate augmented OINT</i>	2		CLODERM (<i>clocortolone pivalate</i>)	2	
<i>betamethasone valerate CREA</i>	1		CORDRAN CREA (<i>flurandrenolide</i>)	2	
<i>betamethasone valerate FOAM</i>	2		CORDRAN LOTN (<i>flurandrenolide</i>)	2	
<i>betamethasone valerate LOTN</i>	1		CORDRAN OINT	2	
<i>betamethasone valerate OINT</i>	1		CUTIVATE LOTN (<i>fluticasone propionate</i>)	2	
BRYHALI LOTN	2		DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetone</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	2		<i>fluticasone propionate</i> CREA 0.05 %	1	
<i>desonide</i> CREA	2		<i>fluticasone propionate</i> LOTN	2	
<i>desonide</i> GEL	2		<i>fluticasone propionate</i> OINT	1	
<i>desonide</i> LOTN	2		<i>halcinonide</i> CREA	2	
<i>desonide</i> OINT	2		<i>halobetasol propionate</i> CREA	1	
DESOWEN CREA (<i>desonide</i>)	2		HALOBETASOL PROPIONATE FOAM	2	
<i>desoximetasone</i> CREA	2		<i>halobetasol propionate</i> OINT	1	
<i>desoximetasone</i> GEL	2		HALOG CREA (<i>halcinonide</i>)	2	
<i>desoximetasone</i> LIQD	2		HALOG OINT	2	
<i>desoximetasone</i> OINT	2		HALOG SOLN	2	
<i>diflorasone diacetate</i> CREA	2		HYDROCORT LOTION COMPLETEKIT	2	
<i>diflorasone diacetate</i> OINT	2		<i>hydrocortisone (topical)</i> CREA 1 %	2	RX/OTC
DIPROLENE AF CREA (<i>betamethasone dipropionate augmented</i>)	2		<i>hydrocortisone (topical)</i> CREA	1	RX/OTC
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	2		<i>hydrocortisone (topical)</i> LOTN 2.5 %	1	
<i>fluocinolone acetonide</i> CREA	2		<i>hydrocortisone (topical)</i> OINT 1 %, 2.5 %	1	RX/OTC
<i>fluocinolone acetonide</i> OIL	2		<i>hydrocortisone (topical)</i> SOLN 1 %	2	
<i>fluocinolone acetonide</i> OINT	2		<i>hydrocortisone acetate (topical)</i> CREA 1 %	1	
<i>fluocinolone acetonide</i> SOLN	2		<i>hydrocortisone acetate (topical)</i> OINT	1	
<i>fluocinonide emulsified base</i>	2		<i>hydrocortisone butyrate hydrophilic lipo base</i>	2	
<i>fluocinonide</i> CREA	2		<i>hydrocortisone butyrate</i> CREA	2	
<i>fluocinonide</i> GEL	2		<i>hydrocortisone butyrate</i> LOTN	2	
<i>fluocinonide</i> OINT	2		<i>hydrocortisone butyrate</i> OINT	2	
<i>fluocinonide</i> SOLN	2				
<i>flurandrenolide</i> CREA	2				
<i>flurandrenolide</i> LOTN	2				
<i>flurandrenolide</i> OINT	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone butyrate SOLN</i>	2		SYNALAR OINT (<i>fluocinolone acetonide</i>)	2	
<i>hydrocortisone valerate CREA</i>	2		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	2	
<i>hydrocortisone valerate OINT</i>	2		TEMOVATE CREA (<i>clobetasol propionate</i>)	2	
IMPEKLO LOTN	2		TEMOVATE OINT (<i>clobetasol propionate</i>)	2	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	2		TEXACORT SOLN 2.5 %	2	
LEXETTE FOAM	2		TOPICORT CREA (<i>desoximetasone</i>)	2	
LOCOID LIPOCREAM (<i>hydrocortisone butyrate hydrophilic lipo base</i>)	2		TOPICORT GEL (<i>desoximetasone</i>)	2	
LOCOID LOTN (<i>hydrocortisone butyrate</i>)	2		TOPICORT LIQD (<i>desoximetasone</i>)	2	
LUXIQ FOAM (<i>betamethasone valerate</i>)	2		TOPICORT OINT (<i>desoximetasone</i>)	2	
<i>mometasone furoate CREA</i>	3		TOVET KIT	2	
<i>mometasone furoate OINT</i>	1		<i>triamcinolone acetonide (topical) AERS</i>	2	
<i>mometasone furoate SOLN</i>	1		<i>triamcinolone acetonide (topical) CREA</i>	1	
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH CREA (<i>hydrocortisone (topical)</i>)	1	RX/OTC	<i>triamcinolone acetonide (topical) LOTN</i>	1	
OLUX-E (<i>clobetasol propionate emulsion</i>)	2		<i>triamcinolone acetonide (topical) OINT</i>	1	
OLUX FOAM (<i>clobetasol propionate</i>)	2		<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	2	
PANDEL	2		<i>triamcinolone acetonide-dimethicone-silicone</i>	2	
<i>prednicarbate OINT</i>	2		TRIDESILON CREA 0.05 % (<i>desonide</i>)	2	
SERNIVO EMUL	2		ULTRAVATE LOTN	2	
SYNALAR CREAM KIT	2		VANICREAM HC MAXIMUM STRENGTH CREA	2	
SYNALAR OINTMENT KIT	2		VANOS CREA (<i>fluocinonide</i>)	2	
SYNALAR TS	2		Eczema Agents		
SYNALAR CREA (<i>fluocinolone acetonide</i>)	2		ADBRY	1	QL(4 ml per 28 days retail); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CIBINQO	2	AL(At least 12 yrs old); SP	Keratolytic/Antimitotic Agents		
DUPIXENT SOPN	1	AL(At least 2 yrs old); SP; PA	<i>podofilox SOLN</i>	3	
DUPIXENT SOSY	1	SP; PA	Local Anesthetics - Topical		
OPZELURA	2	QL(240 gm per 30 days retail); AL(At least 12 yrs old); SP	<i>lidocaine hcl CREA 3 %</i>	3	QL(85 gm per 30 days retail); RX/OTC
Emollients			<i>lidocaine hcl GEL 2 %</i>	3	
<i>lactic acid (ammonium lactate) CREA</i>	3	RX/OTC	<i>lidocaine hcl PRSY</i>	3	
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	3	RX/OTC	<i>lidocaine OINT</i>	3	QL(100 gm per 30 days retail)
Immunomodulating Agents - Topical			<i>lidocaine-prilocaine CREA</i>	3	QL(1 gm daily)
ALDARA (<i>imiquimod</i>)	3		<i>lidocaine PTCH 5 %</i>	3	PA
<i>imiquimod 5 %</i>	3		<i>lidocaine PTCH 4 %</i>	3	QL(30 ea per 30 days retail)
Immunosuppressive Agents - Topical			LIDOCARE ARM/NECK/LEG PTCH (<i>lidocaine</i>)	3	QL(30 ea per 30 days retail)
ELIDEL (<i>pimecrolimus</i>)	1	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA	LIDOCARE BACK/SHOULDER PTCH (<i>lidocaine</i>)	3	QL(30 ea per 30 days retail)
HYFTOR	3	AL(At least 6 yrs old); PA	LIDODERM PTCH (<i>lidocaine</i>)	3	PA
<i>pimecrolimus</i>	2	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA	LIDOREAL-30	3	QL(1 ea daily)
PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	2	QL(30 gm per 30 days retail); AL(At least 2 yrs old)	LIDOZO	3	QL(1 ea daily)
PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	2	QL(30 gm per 30 days retail); AL(At least 16 yrs old)	Misc. Topical		
<i>tacrolimus (topical) OINT 0.03 %</i>	2	QL(30 gm per 30 days retail); AL(At least 2 yrs old)	BASIS FACIAL MOISTURIZER CREA	4	
<i>tacrolimus (topical) OINT 0.1 %</i>	2	QL(30 gm per 30 days retail); AL(At least 16 yrs old)	BASIS OVERNIGHT CREA	4	
			DRYSOL SOLN	4	
			EUCERIN ORIGINAL HEALING CREA (<i>skin protectants, misc.</i>)	NF	
			HYDROCERIN CREA	4	
			SENSI-CARE MOISTURIZING CREA	4	
			<i>skin protectants, misc. CREA</i>	4	
			SORBIDON HYDRATE CREA	4	

Drug Name	Drug Tier	Requirements/ Limits
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	1	QL(100 gm per 30 days retail); PA
Rosacea Agents		
METROCREAM CREA (metronidazole (topical))	3	
metronidazole (topical) CREA	3	
metronidazole (topical) GEL 0.75 %	3	
Scabicides & Pediculicides		
malathion	3	1 rtl MAX fill; 30 rtl day(s) supply; QL(1.97 ml daily); ST
NATROBA (spinosad)	3	ST
NIX CREME RINSE LIQD EX (permethrin)	3	QL(59 ml per 30 days retail)
OVIDE (malathion)	3	1 rtl MAX fill; 30 rtl day(s) supply; QL(1.97 ml daily); ST
permethrin CREA	3	QL(2 gm daily)
permethrin LIQD EX	3	QL(59 ml per 30 days retail)
permethrin LOTN	3	
pyrethrins-piperonyl butoxide LIQD 4 %-0.33 %	3	QL(236 ml per 30 days retail)
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %, 4 %-0.33 %	3	QL(236 ml per 30 days retail)
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	3	QL(236 ea per 30 days retail)
spinosad	3	ST
Tar Products		
coal tar extract SHAM 0.5 %	4	

Drug Name	Drug Tier	Requirements/ Limits
DHS TAR GEL SHAM (coal tar extract)	NF	
DHS TAR SHAM (coal tar extract)	NF	
NEUTROGENA T/GEL SHAM 0.5 % (coal tar extract)	NF	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
BINAXNOW COVID-19 AG CARD HOME TEST KIT	4	QL(1 ea daily)
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	4	QL(1 ea daily)
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	4	QL(1 ea daily)
CUE COVID-19 TEST CARTRIDGE CART	4	QL(1 ea daily)
ELLUME COVID-19 HOME TEST KIT	4	QL(1 ea daily)
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	4	QL(1 ea daily)
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	4	QL(1 ea daily)
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	4	QL(1 ea daily)
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	4	QL(1 ea daily)
INTELISWAB COVID-19 RAPID TEST KIT	4	QL(1 ea daily)
ONETOUCH VERIO TEST STRIPS STRP	4	QL(250 ea per 30 days retail); RX/OTC
QUICKVUE AT-HOME COVID-19 TEST KIT	4	QL(1 ea daily)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Dietary Management Products			MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	3	MP
ELFOLATE PLUS TABS	3		MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	3	MP
FOLBIC	3	MP; RX/OTC	<i>spironolactone & hydrochlorothiazide</i>	3	QL(3 ea daily); MP
<i>folic acid-pyridoxine-cyanocobalamin</i>	3	MP; RX/OTC	<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	3	MP
FOLTANX TABS	3		<i>triamterene & hydrochlorothiazide TABS</i>	3	MP
L-METHYL-B6-B12 TABS	3		Loop Diuretics		
NIVA-FOL	3	MP; RX/OTC	FUROSCIX CTKT	3	QL(8 ea per 30 days retail); AL(At least 18 yrs old); PA
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	3	AL(Up to 12 yrs old); MP
Digestive Enzymes			<i>furosemide TABS 20 MG</i>	3	QL(16 ea daily); MP
CREON CPEP	1	MP; PA	<i>furosemide TABS 40 MG</i>	3	QL(8 ea daily); MP
PERTZYE CPEP	2	MP	<i>furosemide TABS 80 MG</i>	3	QL(4 ea daily); MP
VIOKACE TABS	2	MP	LASIX TABS 40 MG (<i>furosemide</i>)	3	QL(8 ea daily); MP
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	1	MP; PA	LASIX TABS 20 MG (<i>furosemide</i>)	3	QL(16 ea daily); MP
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			LASIX TABS 80 MG (<i>furosemide</i>)	3	QL(4 ea daily); MP
Carbonic Anhydrase Inhibitors			SOAANZ TABS 20 MG	3	QL(4 ea daily); MP
<i>acetazolamide CP12</i>	3	QL(2 ea daily); MP	<i>torsemide TABS 10 MG, 20 MG</i>	3	QL(4 ea daily); MP
<i>acetazolamide TABS</i>	3	QL(4 ea daily); MP	<i>torsemide TABS 5 MG, 100 MG</i>	3	QL(2 ea daily); MP
Diuretic Combinations			Potassium Sparing Diuretics		
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	3	QL(3 ea daily); MP	ALDACTONE TABS (<i>spironolactone</i>)	3	QL(4 ea daily); MP
<i>amiloride & hydrochlorothiazide</i>	3	QL(2 ea daily); MP	<i>amiloride hcl TABS</i>	3	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>spironolactone TABS</i>	3	QL(4 ea daily); MP	FOSAMAX PLUS D	2	4 tablets per 28 days; QL(0.15 ea daily)
Thiazides and Thiazide-Like Diuretics			FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	2	4 tablets per 28 days; QL(0.15 ea daily)
<i>chlorthalidone 25 MG, 50 MG</i>	3	QL(4 ea daily); MP	<i>ibandronate sodium SOLN</i>	2	SP
DIURIL SUSP	3	AL(Up to 12 yrs old); MP	<i>ibandronate sodium TABS</i>	2	Limit: 1 tablet per 28 days; QL(0.04 ea daily); SP
<i>hydrochlorothiazide CAPS</i>	3	MP	<i>risedronate sodium TABS 35 MG</i>	2	Limit: 4 tablets per 28 days; QL(0.143 ea daily)
<i>hydrochlorothiazide TABS</i>	3	MP	<i>risedronate sodium TABS 5 MG, 30 MG, 150 MG</i>	2	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	3	QL(1 ea daily); MP	<i>risedronate sodium TBEC</i>	2	Limit: 4 tablets per 28 days; QL(0.134 ea daily)
<i>metolazone</i>	3	QL(2 ea daily); MP	<i>teriparatide (recombinant) SOPN</i>	2	SP
ENDOCRINE AND METABOLIC AGENTS - MISC.			TERIPARATIDE SOPN	2	SP
- Drugs to Treat Bone Disease and Regulate Hormones			TYMLOS	2	SP
Bone Density Regulators			GnRH/LHRH Antagonists		
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	2	Limit: 4 tablets per 28 days; QL(0.143 ea daily)	ORILISSA 150 MG	1	QL(28 ea per 28 days retail); AL(At least 18 yrs old); PA
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	2		ORILISSA 200 MG	1	QL(56 ea per 28 days retail); AL(At least 18 yrs old); PA
<i>alendronate sodium SOLN</i>	2		Growth Hormones		
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1		GENOTROPIN MINIQUICK PRSY	1	SP; PA
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	4 tablets per 28 days; QL(0.15 ea daily)	GENOTROPIN CART SC	1	SP; PA
ATELVIA TBEC (<i>risedronate sodium</i>)	2	Limit: 4 tablets per 28 days; QL(0.134 ea daily)	HUMATROPE CART IJ	2	SP
BINOSTO TBEF	2		NORDITROPIN FLEXPPO SOPN	1	SP; PA
BONIVA TABS (<i>ibandronate sodium</i>)	2	Limit: 1 tablet per 28 days; QL(0.04 ea daily); SP	NUTROPIN AQ NUSPIN 10 SOPN	2	SP
<i>calcitonin (salmon) NA</i>	1	SP			
FORTEO SOPN (<i>teriparatide (recombinant)</i>)	2	SP			

Drug Name	Drug Tier	Requirements/ Limits
NUTROPIN AQ NUSPIN 20 SOPN	2	SP
NUTROPIN AQ NUSPIN 5 SOPN	2	SP
OMNITROPE SOCT	2	SP
OMNITROPE SOLR SC	2	SP
SAIZEN IJ	2	SP
SAIZENPREP RECONSTITUTIONKIT IJ	2	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	2	SP
SKYTROFA	2	SP
ZOMACTON SOLR SC	2	SP
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	2	
<i>raloxifene hcl</i>	1	
Metabolic Modifiers		
<i>calcitriol CAPS</i>	3	QL(4 ea daily); MP
<i>calcitriol SOLN OR</i>	3	AL(Up to 12 yrs old); MP
<i>cinacalcet hcl 30 MG, 60 MG</i>	3	QL(2 ea daily); SP; PA
<i>cinacalcet hcl 90 MG</i>	3	QL(4 ea daily); SP; PA
<i>doxercalciferol CAPS</i>	4	SP
<i>doxercalciferol SOLN</i>	4	
HECTOROL SOLN (<i>doxercalciferol</i>)	NF	
<i>paricalcitol CAPS</i>	4	SP
<i>paricalcitol SOLN</i>	4	
PHEBURANE PLLT	CO	SP
ROCALTROL CAPS (<i>calcitriol</i>)	3	QL(4 ea daily); MP
ROCALTROL SOLN OR (<i>calcitriol</i>)	3	AL(Up to 12 yrs old); MP
SENSIPAR 90 MG (<i>cinacalcet hcl</i>)	3	QL(4 ea daily); SP; PA
SENSIPAR 30 MG, 60 MG (<i>cinacalcet hcl</i>)	3	QL(2 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
STRENSIQ	CO	SP; MP
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NF	SP
ZEMPLAR SOLN (<i>paricalcitol</i>)	NF	
Mineralocorticoid Receptor Antagonists		
KERENDIA	3	QL(1 ea daily); AL(At least 18 yrs old); PA
Natriuretic Peptides		
VOXZOGO	CO	SP
Posterior Pituitary Hormones		
DDAVP TABS (<i>desmopressin acetate</i>)	3	QL(6 ea daily)
<i>desmopressin acetate spray</i>	3	PA
<i>desmopressin acetate spray refrigerated</i>	3	PA
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS</i>	3	QL(6 ea daily)
STIMATE SOLN NA	3	
Prolactin Inhibitors		
<i>cabergoline</i>	3	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	3	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (<i>octreotide acetate</i>)	3	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	3	AL(Up to 64 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>esterified estrogens & methyltestosterone 1.25 MG-0.625 MG</i>	4	MP	<i>estradiol TABS</i>	3	AL(Up to 64 yrs old); MP
<i>estradiol & norethindrone acetate TABS</i>	3	AL(Up to 64 yrs old); MP	MENEST	3	AL(Up to 64 yrs old)
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	3	QL(1 ea daily); AL(Up to 64 yrs old); MP	MINIVELLE PTTW (<i>estradiol</i>)	3	QL(0.29 ea daily); AL(Up to 64 yrs old); MP
MYFEMBREE	1	QL(28 ea per 28 days retail); AL(At least 18 yrs old)	PREMARIN TABS	3	QL(1 ea daily); AL(Up to 64 yrs old); MP
<i>norethindrone acetate-ethinyl estradiol 0.5 MG-2.5 MCG</i>	3	QL(1 ea daily); AL(Up to 64 yrs old); MP	VIVELLE-DOT PTTW (<i>estradiol</i>)	3	QL(0.29 ea daily); AL(Up to 64 yrs old); MP
<i>norethindrone acetate-ethinyl estradiol 1 MG-5 MCG</i>	3	AL(Up to 64 yrs old); MP	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
ORIAHNN	1	QL(56 ea per 28 days retail); AL(At least 18 yrs old); PA	Fluoroquinolones		
PREMPHASE	3	QL(1 ea daily); AL(Up to 64 yrs old); MP	BAXDELA TABS	2	
PREMPRO	3	QL(1 ea daily); AL(Up to 64 yrs old); MP	<i>ciprofloxacin hcl TABS</i>	1	QL(42 ea per fill retail)
Estrogens			<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
ALORA PTTW	3	QL(0.29 ea daily); AL(Up to 64 yrs old); MP	CIPRO SUSR	1	
CLIMARA PTWK (<i>estradiol</i>)	3	QL(0.143 ea daily); AL(Up to 64 yrs old); MP	CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	2	QL(42 ea per fill retail)
DELESTROGEN (<i>estradiol valerate</i>)	3	MP	<i>levofloxacin SOLN OR</i>	1	
ESTRACE TABS (<i>estradiol</i>)	3	AL(Up to 64 yrs old); MP	<i>levofloxacin TABS 250 MG, 500 MG</i>	1	QL(14 ea per fill retail)
<i>estradiol valerate</i>	3	MP	<i>levofloxacin TABS 750 MG</i>	1	QL(28 ea per fill retail)
<i>estradiol PTTW</i>	3	QL(0.29 ea daily); AL(Up to 64 yrs old); MP	<i>moxifloxacin hcl TABS</i>	2	QL(14 ea per fill retail)
<i>estradiol PTWK</i>	3	QL(0.143 ea daily); AL(Up to 64 yrs old); MP	<i>ofloxacin 300 MG, 400 MG</i>	2	
			GASTROINTESTINAL AGENTS - MISC. -		
			Miscellaneous Gastrointestinal Drugs		
			5-HT4 Receptor Agonists		
			MOTEGRITY	2	
			Agents for Chronic Idiopathic Constipation (CIC)		
			TRULANCE	2	
			Antiflatulents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GAS-X EXTRA STRENGTH CHEW (<i>simethicone</i>)	3		APRISO CP24 (<i>mesalamine</i>)	1	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>simethicone</i>)	3		ASACOL HD TBEC (<i>mesalamine</i>)	2	
MYLICON INFANTS GAS RELIEF SUSP (<i>simethicone</i>)	3		AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	2	
<i>simethicone CHEW</i>	3		AZULFIDINE TABS (<i>sulfasalazine</i>)	2	
<i>simethicone LIQD OR 20 MG/0.3ML</i>	3		<i>balsalazide disodium CAPS</i>	2	
<i>simethicone SUSP</i>	3		CIMZIA STARTER KIT PSKT	2	SP
Gallstone Solubilizing Agents			CIMZIA KIT	2	SP
RELTONE CAPS	2	MP	CIMZIA PSKT	2	SP
URSO 250 TABS (<i>ursodiol</i>)	2	MP	COLAZAL CAPS (<i>balsalazide disodium</i>)	2	
URSO FORTE TABS (<i>ursodiol</i>)	2	MP	DELZICOL CPDR (<i>mesalamine</i>)	2	
<i>ursodiol CAPS</i>	1	MP	DIPENTUM	2	
URSODIOL CAPS	2	MP	ENTYVIO SOLR	2	SP
<i>ursodiol TABS</i>	1	MP	ENTYVIO SOPN	2	SP
Gastrointestinal Antiallergy Agents			LIALDA TBEC (<i>mesalamine</i>)	1	
<i>cromolyn sodium (mastocytosis)</i>	3		<i>mesalamine CP24</i>	2	
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>)	3		<i>mesalamine CPCR</i>	2	
Gastrointestinal Chloride Channel Activators			<i>mesalamine CPDR</i>	2	
AMITIZA (<i>lubiprostone</i>)	1		<i>mesalamine ENEM</i>	3	
<i>lubiprostone</i>	2		<i>mesalamine TBEC</i>	2	
Gastrointestinal Stimulants			PENTASA CPCR	2	
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	3		SFROWASA ENEM	3	
<i>metoclopramide hcl TABS</i>	3		SKYRIZI SOCT 180 MG/1.2ML	2	SP
REGLAN TABS (<i>metoclopramide hcl</i>)	3		SKYRIZI SOCT 360 MG/2.4ML	2	SP; PA
Inflammatory Bowel Agents			STELARA 130 MG/26ML	2	SP
			<i>sulfasalazine TABS</i>	1	
			<i>sulfasalazine TBEC</i>	1	
			Intestinal Acidifiers		

Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose (encephalopathy)</i>	CO	
<i>lactulose (encephalopathy)</i>	3	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	2	
IBSRELA	2	QL(2 ea daily); AL(At least 18 yrs old)
LINZESS	1	
LOTRONEX (<i>alosetron hcl</i>)	2	
VIBERZI	2	QL(2 ea daily)
ZELNORM 6 MG	2	
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	
RELISTOR SOLN	2	
RELISTOR TABS	2	
SYMPROIC	2	
Phosphate Binder Agents		
AURYXIA	2	MP
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP; PA
<i>calcium acetate (phosphate binder) TABS</i>	1	MP; PA; RX/OTC
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	2	MP
FOSRENOL PACK	2	MP
<i>lanthanum carbonate CHEW</i>	2	MP
RENAGEL (<i>sevelamer hcl</i>)	2	MP
RENVELA PACK (<i>sevelamer carbonate</i>)	2	MP
RENVELA TABS (<i>sevelamer carbonate</i>)	2	MP; PA
<i>sevelamer carbonate PACK</i>	2	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>sevelamer carbonate TABS</i>	1	MP; PA
<i>sevelamer hcl</i>	2	MP
VELPHORO	2	MP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	3	
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	3	
<i>potassium citrate-citric acid SOLN</i>	3	RX/OTC
<i>sodium citrate & citric acid</i>	3	RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	3	
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	3	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	3	
Cystinosis Agents		
CYSTAGON CAPS	CO	SP
PROCYSBI CPDR	CO	SP
PROCYSBI PACK	CO	SP
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	4	
Interstitial Cystitis Agents		
ELMIRON CAPS	3	PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	
AVODART (<i>dutasteride</i>)	2	
CARDURA XL	2	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	2	
ENTADFI	2	
<i>finasteride</i>	1	
FLOMAX (<i>tamsulosin hcl</i>)	2	
JALYN (<i>dutasteride-tamsulosin hcl</i>)	2	
PROSCAR (<i>finasteride</i>)	2	
RAPAFLO (<i>silodosin</i>)	2	
<i>silodosin</i>	2	
<i>tamsulosin hcl</i>	1	
UROXATRAL (<i>alfuzosin hcl</i>)	NF	
Urinary Analgesics		
<i>phenazopyridine hcl</i> TABS 100 MG, 100 MG, 200 MG	3	
PYRIDIUM TABS (<i>phenazopyridine hcl</i>)	3	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol</i>	1	
ALLOPURINOL	1	
<i>colchicine CAPS</i>	2	
<i>colchicine TABS</i>	1	
COLCRYS TABS (<i>colchicine</i>)	2	
<i>febuxostat</i>	2	
GLOPERBA SOLN OR	2	
MITIGARE CAPS (<i>colchicine</i>)	2	
ULORIC (<i>febuxostat</i>)	2	
ZYLOPRIM 100 MG (<i>allopurinol</i>)	2	
ZYLOPRIM 300 MG (<i>allopurinol</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	CO	SP
COAGADEX	CO	SP
NUWIQ KIT	CO	SP
NUWIQ SOLR	CO	SP
REBINYN	CO	SP
Complement Inhibitors		
EMPAVELI	CO	SP
ENJAYMO	CO	SP
SOLIRIS	CO	SP
TAVNEOS	CO	SP
ULTOMIRIS	CO	SP
Hematorheologic Agents		
<i>pentoxifylline</i>	3	MP
Plasma Kallikrein Inhibitors		
TAKHZYRO SOSY	CO	SP
Plasma Proteins		
RYPLAZIM	CO	
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	3	
<i>anagrelide hcl</i>	3	
<i>aspirin-dipyridamole</i>	2	MP
BRILINTA	1	MP
<i>cilostazol</i>	3	QL(2 ea daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	QL(2 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 ea daily); MP
<i>dipyridamole</i>	2	MP
EFFIENT (<i>prasugrel hcl</i>)	2	AL(Up to 75 yrs old); MP
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	2	QL(1 ea daily); MP
<i>prasugrel hcl</i>	1	AL(Up to 75 yrs old); MP
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	CO	SP
PYRUKYND TABS	CO	SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
DROXIA CAPS	3	MP
ENDARI	3	AL(At least 5 yrs old); PA
OXBRYTA TABS 300 MG	3	QL(3 ea daily); AL(At least 4 yrs old); SP; PA
OXBRYTA TABS 500 MG	3	QL(3 ea daily); AL(At least 12 yrs old); SP; PA
OXBRYTA TBSO	3	QL(3 ea daily); AL(At least 4 yrs old); SP; PA
SIKLOS TABS	3	AL(At least 2 yrs old); MP; PA
Cobalamins		
<i>cyanocobalamin SOLN IJ</i>	3	MP
Folic Acid/Folates		
<i>folic acid TABS 400 MCG</i>	3	QL(1 ea daily); MP
<i>folic acid TABS 1 MG, 800 MCG</i>	3	MP; RX/OTC
Hematopoietic Growth Factors		

Drug Name	Drug Tier	Requirements/ Limits
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	1	SP; PA
ARANESP ALBUMIN FREE SOSY	1	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	SP; PA
FULPHILA	2	QL(0.6 ml per 14 days retail); SP
FYLNETRA	2	QL(0.6 ml per 14 days retail); SP
GRANIX SOLN	2	SP
GRANIX SOSY	2	SP
LEUKINE SOLR IJ	2	SP
NEULASTA ONPRO KIT PSKT	2	QL(0.6 ml per 14 days retail); SP
NEULASTA SOSY	2	QL(0.6 ml per 14 days retail); SP
NEUPOGEN SOLN	1	SP
NEUPOGEN SOSY	1	SP
NIVESTYM SOLN	2	SP
NIVESTYM SOSY	2	SP
NYVEPRIA	1	QL(0.6 ml per 14 days retail); SP
PROCRIT	2	SP
PROCRIT	2	SP
RELEUKO SOLN	2	SP
RELEUKO SOSY	2	SP
RETACRIT	1	SP; PA
RETACRIT	1	SP; PA
STIMUFEND	2	QL(0.6 ml per 14 days retail); SP

Drug Name	Drug Tier	Requirements/ Limits
UDENYCA SOAJ	2	QL(0.6 ml per 14 days retail); SP
UDENYCA SOSY	2	QL(0.6 ml per 14 days retail); SP
ZARXIO	2	QL(45 ml per 30 days retail); SP
ZIEXTENZO	2	QL(0.6 ml per 14 days retail); SP
Hematopoietic Mixtures		
BIFERA	4	MP
FEOSOL BIFERA	4	MP
FERREX 150 FORTE PLUS	4	MP
FERREX 150 PLUS 50 MG-50 MG-50 MG-50 MG-150 MG-150 MG	4	MP
FERREX 28 MISC	4	MP
FOLGARD RX TABS (folic acid-vitamin b6-vitamin b12)	3	AL(Up to 12 yrs old); MP
folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG, 25 MG-2.5 MG-1 MG	3	MP
folic acid-vitamin b6-vitamin b12 TABS 25 MG-2.2 MG-1 MG	3	AL(Up to 12 yrs old); MP
FOLITAB 500	4	MP
FOLTABS 800 TABS	3	MP
HEMATRON-AF	4	MP
HEMATRON-AF (iron-docusate-b12-folic acid-vit c-vit e-copper-biotin)	NF	MP; RX/OTC
HEMAX	4	MP
ICAR-C (iron-vitamin c)	NF	MP
ICAR-C PLUS TABS (iron-vitamin c-vitamin b12-folic acid)	3	AL(Up to 12 yrs old); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
iron polysaccharide complex-vit b12-folic acid CAPS	4	MP; RX/OTC
iron-docusate-b12-folic acid-vit c-vit e-copper-biotin	4	MP; RX/OTC
iron-vitamin c	4	MP
iron-vitamin c-vitamin b12-folic acid TABS	3	AL(Up to 12 yrs old); MP; RX/OTC
MULTIGEN	4	MP
NEPHRON FA	3	
Iron		
FEOSOL TABS (ferrous sulfate dried)	3	MP
FER-IN-SOL SOLN (ferrous sulfate)	3	AL(Up to 12 yrs old); MP
ferrous gluconate TABS 27 MG, 240 MG, 324 MG	3	MP
FERROUS GLUCONATE TABS 324 MG	3	MP
ferrous sulfate dried TABS 200 MG	3	MP
ferrous sulfate dried TBCR 45 MG	3	MP
ferrous sulfate SOLN	3	AL(Up to 12 yrs old); MP
ferrous sulfate TABS 65 MG, 325 MG	3	MP
ferrous sulfate TBCR 45 MG, 142 MG	3	MP
ferrous sulfate TBEC	3	MP
FERROUS SULFATE TBEC	3	MP
SLOW FE TBCR 142 MG (ferrous sulfate)	3	MP
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
SEZABY SOLR	CO	
Non-Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
IGALMI FILM	CO	SP
<i>midazolam hcl SOLN IJ 25 MG/5ML, 50 MG/10ML</i>	3	QL(5 ml per 30 days retail)
<i>midazolam hcl SOLN IJ 5 MG/ML, 10 MG/2ML</i>	3	QL(4 ml per 30 days retail)
ZOLPIDEM TARTRATE CAPS	CO	
Orexin Receptor Antagonists		
QUVIVIQ	CO	
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
HYDROCIL INSTANT POWD (<i>psyllium</i>)	3	
METAMUCIL 4 IN 1 FIBER POWD (<i>psyllium</i>)	3	
METAMUCIL FREE & NATURAL POWD (<i>psyllium</i>)	3	
METAMUCIL ORIGINAL TEXTURE POWD (<i>psyllium</i>)	3	
METAMUCIL POWD (<i>psyllium</i>)	3	
<i>psyllium POWD 25 %, 28.3 %, 43 %, 48.57 %, 51.7 %, 58.6 %, 95 %</i>	3	
Laxative Combinations		
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	3	
NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	3	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	3	
<i>sennosides-docusate sodium TABS</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
SENOKOT S TABS (<i>sennosides-docusate sodium</i>)	3	
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	3	
MIRALAX POWD (<i>polyethylene glycol 3350</i>)	3	
<i>polyethylene glycol 3350 POWD</i>	3	
Lubricant Laxatives		
FLEET OIL ENEM (<i>mineral oil</i>)	3	
<i>mineral oil ENEM</i>	3	
Saline Laxatives		
FLEET ENEMA ENEM (<i>sodium phosphates</i>)	3	
FLEET PEDIATRIC ENEM (<i>sodium phosphates</i>)	3	
<i>magnesium citrate</i>	3	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	3	
<i>magnesium oxide (laxative)</i>	3	MP
PHILLIPS (<i>magnesium oxide (laxative)</i>)	3	MP
<i>sodium phosphates ENEM</i>	3	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	3	
<i>bisacodyl TBEC</i>	3	
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	3	
DULCOLAX SUPP (<i>bisacodyl</i>)	3	
DULCOLAX TBEC (<i>bisacodyl</i>)	3	
<i>sennosides CAPS</i>	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sennosides LIQD</i>	3		ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	2	
<i>sennosides SYRP 8.8 MG/5ML</i>	3		ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	2	QL(3 ea per fill retail)
<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG</i>	3		Clarithromycin		
SENOKOT TABS (<i>sennosides</i>)	3		<i>clarithromycin SUSR</i>	1	
Surfactant Laxatives			<i>clarithromycin TABS</i>	1	QL(28 ea per fill retail)
<i>benzocaine-docusate sodium ENEM</i>	3		<i>clarithromycin TB24</i>	2	
COLACE CLEAR CAPS (<i>docusate sodium</i>)	3		Erythromycins		
COLACE CAPS 100 MG (<i>docusate sodium</i>)	3		E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	2	
<i>docusate calcium</i>	3		ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	2	
<i>docusate sodium CAPS</i>	3		ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	2	
<i>docusate sodium ENEM 283 MG/5ML</i>	3		<i>erythromycin base CPEP</i>	2	
<i>docusate sodium LIQD</i>	3		<i>erythromycin base TABS</i>	2	
<i>docusate sodium TABS</i>	3		<i>erythromycin base TBEC</i>	2	
MACROLIDES - Drugs to Treat Bacterial Infections			<i>erythromycin ethylsuccinate SUSR 400 MG/5ML</i>	2	
Azithromycin			<i>erythromycin ethylsuccinate SUSR 200 MG/5ML</i>	1	
<i>azithromycin PACK</i>	1	QL(2 ea per fill retail)	<i>erythromycin ethylsuccinate TABS</i>	2	
<i>azithromycin SUSR</i>	1		<i>erythromycin ethylsuccinate TABS</i>	1	
<i>azithromycin TABS 250 MG</i>	1		<i>erythromycin stearate TABS 250 MG</i>	1	
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea per fill retail)	Fidaxomicin		
<i>azithromycin TABS 600 MG</i>	1	QL(12 ea per fill retail)	DIFICID SUSR	1	
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	2	QL(3 ea per fill retail)	DIFICID TABS	1	
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	2		MEDICAL DEVICES AND SUPPLIES		
ZITHROMAX PACK (<i>azithromycin</i>)	2	QL(2 ea per fill retail)	Contraceptives		
ZITHROMAX SUSR (<i>azithromycin</i>)	2				

Drug Name	Drug Tier	Requirements/ Limits
AIMSCO LUBRICATED MISC	3	QL(36 ea per 30 days retail)
CAYA DPRH	3	
CONDOMS	3	QL(36 ea per 30 days retail)
DUREX EXTRA SENSITIVE THIN DEVI	3	QL(36 ea per 30 days retail)
DUREX REALFEEL NON-LATEX	3	QL(36 ea per 30 days retail)
FANTASY LUBRICATED/SPERMICIDE MISC	3	QL(36 ea per 30 days retail)
FANTASY LUBRICATED MISC	3	QL(36 ea per 30 days retail)
FC2 FEMALE CONDOM	3	QL(36 ea per 30 days retail)
FEMCAP DEVI	3	
KAMELEON LUBRICATED MISC	3	QL(36 ea per 30 days retail)
KIMONO COLORS DEVI	3	QL(36 ea per 30 days retail)
KIMONO LUBRICATED MISC	3	QL(36 ea per 30 days retail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 days retail)
KIMONO MICRO THIN MISC	3	QL(36 ea per 30 days retail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 days retail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	3	QL(36 ea per 30 days retail)
KIMONO PS LUBRICATED MISC	3	QL(36 ea per 30 days retail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	3	QL(36 ea per 30 days retail)
KIMONO SENSATION LUBRICATED MISC	3	QL(36 ea per 30 days retail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
KIMONO SPECIAL DEVI	3	QL(36 ea per 30 days retail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	3	QL(36 ea per 30 days retail)
K-Y ME & YOU INTENSE DEVI	3	QL(36 ea per 30 days retail)
MAXX LUBRICATED MISC	3	QL(36 ea per 30 days retail)
MAXX PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 days retail)
PREMIUM CONDOMS LUBRICATED MISC	3	QL(36 ea per 30 days retail)
REALITY LATEX CONDOMS/LUBRICATED MISC	3	QL(36 ea per 30 days retail)
REALITY LATEX/ULTRA TEXTURED DEVI	3	QL(36 ea per 30 days retail)
REALITY LATEX/ULTRA THIN DEVI	3	QL(36 ea per 30 days retail)
TRUSTEX COLOR CONDOMS + LUBE MISC	3	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED EXTRALARGE MISC	3	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	3	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	3	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	3	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	3	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	3	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED MISC	3	QL(36 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	3	QL(36 ea per 30 days retail)	ACCU-CHEK AVIVA SOLN	3	
TRUSTEX NON-LUBRICATED MISC	3	QL(36 ea per 30 days retail)	ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	4	
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	3	QL(36 ea per 30 days retail)	ACCU-CHEK FASTCLIX LANCETS	4	RX/OTC
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	3	QL(36 ea per 30 days retail)	ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 LIQD	3	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	3	QL(36 ea per 30 days retail)	ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	4	
TRUSTEX/RIA LUBRICATED MISC	3	QL(36 ea per 30 days retail)	ACCU-CHEK SAFE-T-PRO LANCETS	4	RX/OTC
TRUSTEX/RIA NON-LUBRICATED MISC	3	QL(36 ea per 30 days retail)	ACCU-CHEK SAFE-T-PRO PLUSLANCETS	4	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	3		ACCU-CHEK SMARTVIEW CONTROL LIQD	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	3		ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	4	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	3		ACCU-CHEK SOFTCLIX LANCETS	4	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	3		ACCUTREND GLUCOSE CONTROL SOLN	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	3		ACTI-LANCE LANCETS 28G	4	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	3		ACTI-LANCE LITE SAFETY LANCETS 28G	4	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	3		ACTI-LANCE SPECIAL SAFETY LANCETS 17G	4	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	3		ACTI-LANCE SPECIAL SAFETYLANCETS 17G	4	RX/OTC
Diabetic Supplies			ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	4	RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 28G	4	RX/OTC	ADJUSTABLE LANCING DEVICE MISC	4	
1ST TIER UNILET COMFORTOUCH LANCETS 30G	4	RX/OTC	ADVANCE MICRO-DRAW CONTROL LEVEL 1-2 LIQD	3	
			ADVANCE MICRO-DRAW NORMAL CONTROL LIQD	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVANCED MOBILE LANCET 30G	4	RX/OTC	ASSURE 4 CONTROL LEVEL 1/2 LIQD	3	
ADVOCATE CONTROL SOLUTIONHIGH LIQD	3		ASSURE COMFORT LANCETS ULTRA THIN 28G	4	RX/OTC
ADVOCATE LANCETS	4	RX/OTC	ASSURE DOSE NORMAL/HIGH CONTROL SOLN	3	
ADVOCATE LANCETS 30G	4	RX/OTC	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	4	RX/OTC
ADVOCATE LANCING DEVICE MISC	4		ASSURE HAEMOLANCE PLUS LOW FLOW 25G	4	RX/OTC
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	4		ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	4	RX/OTC
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN	3		ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	4	RX/OTC
ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW SOLN	4	QL(1 ea per 30 days retail)	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	4	RX/OTC
ADVOCATE SAFETY LANCETS	4	RX/OTC	ASSURE II CONTROL LEVEL 1/2 LIQD	3	
ADVOCATE SAFETY LANCETS 26G	4	RX/OTC	ASSURE II CONTROL LEVEL 1 LIQD	3	
AGAMATRIX CONTROL HIGH SOLN	3		ASSURE LANCE LANCETS	4	RX/OTC
AGAMATRIX CONTROL NORMAL& HIGH SOLN	3		ASSURE LANCE LANCETS 21G	4	RX/OTC
AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	3		ASSURE LANCE PLUS SAFETYLANCETS 25G	4	RX/OTC
AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	3		ASSURE LANCE PLUS SAFETYLANCETS 30G	4	RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	4	RX/OTC	ASSURE LANCE SAFETY LANCET 28G	4	RX/OTC
AIMSCO TWIST LANCETS 32G	4	RX/OTC	ASSURE PRISM CONTROL LEVEL 1/2 SOLN	3	
AIMSCO TWIST LANCETS 33G	4	RX/OTC	ASSURE PRO CONTROL LEVEL1/2 LIQD	3	
AMBI-TRAY MISC	4	RX/OTC	AURORA LANCET SUPER THIN30G	4	RX/OTC
AQUALANCE LANCETS ULTRA THIN 30G	4	RX/OTC	AURORA LANCET THIN 23G	4	RX/OTC
ASSURE 3 CONTROL LEVEL 1/2 LIQD	3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUTO-LANCET MINI MISC	4		BIGFOOT UNITY PEN CAP FOR NOVOLOG MISC	4	RX/OTC
AUTO-LANCET MISC	4		BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC	4	RX/OTC
AUTOLET II CLINISAFE KIT	4		BIGFOOT UNITY PEN CAP FOR TOUJEO MISC	4	RX/OTC
AUTOLET IMPRESSION LANCING DEVICE MISC	4		BIGFOOT UNITY PEN CAP FOR TRESIBA MISC	4	RX/OTC
AUTOLET LANCING DEVICE MISC	4		BLULINK CONTROL SOLUTION/HIGH & LOW LIQD	3	
AUTOLET LITE CLINISAFE KIT	4		CARDIOCOM LANCING DEVICE MISC	4	
AUTOLET LITE STARTER PACK KIT	4		CAREONE ADVANCED LANCINGDEVICE MISC	4	
AUTOLET MINI MISC	4		CAREONE LANCET SUPER THIN/30G	4	RX/OTC
AUTOLET PLATFORMS MISC	4		CAREONE LANCET THIN	4	RX/OTC
AUTOLET PLUS MISC	4		CARESENS CONTROL A SOLUTION SOLN	3	
BD MICROTAINER LANCETS	4	RX/OTC	CARESENS CONTROL SOLUTION A/B SOLN	3	
BIGFOOT UNITY PEN CAP FOR ADMELOG MISC	4	RX/OTC	CARESENS LANCETS	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR APIDRA MISC	4	RX/OTC	CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	3	
BIGFOOT UNITY PEN CAP FOR ASPART MISC	4	RX/OTC	CARETOUCH LANCING DEVICewith EJECTOR MISC	4	
BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC	4	RX/OTC	CARETOUCH SAFETY LANCETS/26G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR FIASP MISC	4	RX/OTC	CARETOUCH SAFETY LANCETS/28G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR HUMALOG MISC	4	RX/OTC	CARETOUCH SAFETY LANCETS/30G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR LANTUS MISC	4	RX/OTC	CARETOUCH TWIST LANCETS 28G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR LISPRO MISC	4	RX/OTC	CARETOUCH TWIST LANCETS 30G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC	4	RX/OTC	CARETOUCH TWIST LANCETS 33G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST LANCETS MULTI COLOR/30G	4	RX/OTC	COOL CONTROL SOLUTION B SOLN	3	
CLEANLET LANCETS 28G	4	RX/OTC	CVS LANCETS 21G	4	RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	4	RX/OTC	CVS LANCETS MICRO THIN 33G	4	RX/OTC
CLEVER CHEK LANCETS ULTRATHIN 30G	4	RX/OTC	CVS LANCETS MICRO-THIN 33G	4	RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 21G	4	RX/OTC	CVS LANCETS ORIGINAL	4	RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 23G	4	RX/OTC	CVS LANCETS THIN 26G	4	RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 28G	4	RX/OTC	CVS LANCETS ULTRA THIN 30G	4	RX/OTC
CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	3		CVS LANCETS ULTRA-THIN 30G	4	RX/OTC
COAGUCHEK LANCETS	4	RX/OTC	CVS LANCING DEVICE MISC	4	
COMFORT ASSURED LANCETS MICRO THIN 33G	4	RX/OTC	CVS ULTRA THIN LANCETS	4	RX/OTC
COMFORT ASSURED LANCETS SUPER THIN 28G	4	RX/OTC	DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD	3	
COMFORT LANCETS	4	RX/OTC	DIATHRIVE LANCETS	4	RX/OTC
COMFORT TOUCH LANCETS ULTRA THIN 31G	4	RX/OTC	DIATHRIVE LANCETS ULTRA THIN 30G	4	RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	4	RX/OTC	DIATHRIVE LANCING DEVICE MISC	4	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	4	RX/OTC	DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	3	
CONTOUR HIGH CONTROL LIQD	3		DROPLET GENTEEL LANCING DEVICE MISC	4	
COOL CONTROL SOLUTION A SOLN	3		DROPLET LANCETS ULTRA THIN 30G	4	RX/OTC
			DROPLET LANCING DEVICE MISC	4	
			DROPLET PERSONAL LANCETS30G	4	RX/OTC
			DRUG MART ADJUSTABLE LANCING DEVICE MISC	4	
			DRUG MART LANCETS THIN	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DRUG MART ON-THE-GO LANCETS GENTLE 30G	4	RX/OTC	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	4	RX/OTC
DRUG MART UNILET LANCETSSUPER THIN 30G	4	RX/OTC	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	4	RX/OTC
DRUG MART UNILET LANCETSULTRA THIN 28G	4	RX/OTC	EASY TOUCH LANCETS 26G/PULL-TOP	4	RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G	4	RX/OTC	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	4	RX/OTC
DUO-CARE CONTROL SOLUTION LIQD	3		EASY TOUCH LANCETS 28G/PULL-TOP	4	RX/OTC
EASY COMFORT LANCETS	4	RX/OTC	EASY TOUCH LANCETS 28G/TWIST	4	RX/OTC
EASY COMFORT LANCETS 30G/PULL TOP	4	RX/OTC	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	4	RX/OTC
EASY COMFORT LANCETS 30G/THIN TOP	4	RX/OTC	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	4	RX/OTC
EASY COMFORT LANCETS TWIST TOP	4	RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	4	RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	4		EASY TOUCH LANCETS 30G/TWIST	4	RX/OTC
EASY MINI LANCING DEVICE MISC	4		EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	4	RX/OTC
EASY PLUS II CONTROL SOLUTION HIGH SOLN	3		EASY TOUCH LANCETS 32G/PULL-TOP	4	RX/OTC
EASY STEP CONTROL SOLUTION HIGH SOLN	3		EASY TOUCH LANCETS 32G/TWIST	4	RX/OTC
EASY TALK CONTROL SOLUTION HIGH SOLN	3		EASY TOUCH LANCETS 33G/TWIST	4	RX/OTC
EASY TALK PLUS II CONTROLHIGH SOLN	3		EASY TOUCH LANCING DEVICE/EJECTOR MISC	4	
EASY TOUCH CONTROL SOLUTION/HIGH & LOW SOLN	3		EASY TOUCH SAFETY LANCETS21G/PRESSUR E ACTIVATED	4	RX/OTC
EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC	4	RX/OTC	EASY TOUCH SAFETY LANCETS23G/PRESSUR E ACTIVATED	4	RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	4	RX/OTC	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	4	RX/OTC
EASY TOUCH SAFETY LANCETS26G/PRESSUR E ACTIVATED	4	RX/OTC	EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD	3	
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	4	RX/OTC	EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	3	
EASY TOUCH SAFETY LANCETS28G/PRESSUR E ACTIVATED	4	RX/OTC	EQL COLOR LANCETS 21G	4	RX/OTC
EASY TRAK GLUCOSE CONTROL SOLUTION HIGH SOLN	3		EQL COLOR LANCETS MICRO THIN 33G	4	RX/OTC
EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD	3		EQL SUPER THIN LANCETS 30G	4	RX/OTC
EASYMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION SOLN	3		EQL THIN LANCETS 26G	4	RX/OTC
EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD	3		E-Z JECT LANCETS	4	RX/OTC
ELEMENT COMPACT CONTROL SOLUTION LEVEL 2 SOLN	3		E-Z JECT LANCETS 21G	4	RX/OTC
ELEMENT COMPACT CONTROL SOLUTION LEVEL 3 SOLN	3		E-Z JECT LANCETS COLOR	4	RX/OTC
ELEMENT HIGH CONTROL LIQD	3		E-Z JECT LANCETS SUPER THIN 30G	4	RX/OTC
EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	3		E-Z JECT LANCETS THIN 26G	4	RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	4	RX/OTC	E-ZJECT LANCETS MICRO-THIN 33G	4	RX/OTC
EMBRACE LANCING DEVICE WITH EJECTOR MISC	4		EZ-LETS LANCETS 21G	4	RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	4	RX/OTC	EZ-LETS LANCETS 26G SUPER-SOFT	4	RX/OTC
			EZ-LETS LANCETS 28G ULTRA-SOFT	4	RX/OTC
			EZ-LETS LANCETS 30G	4	RX/OTC
			FIFTY50 SAFETY SEAL LANCETS 30G	4	RX/OTC
			FIFTY50 SAFETY SEAL LANCETS 32G	4	RX/OTC
			FIFTY50 UNILET LANCETS 33G	4	RX/OTC
			FINE 30	4	RX/OTC
			FINGERSTIX LANCETS	4	RX/OTC
			FORA CONTROL SOLUTION HIGH SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORA LANCETS	4	RX/OTC	GENTEEL CONTACT TIPS/YELLOW MISC	4	
FORA LANCING DEVICE/CLEARCAP MISC	4		GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	4	
FORA LANCING DEVICE MISC	4		GENTEEL NOZZLES MISC	4	
FORACARE GDH CONTROL SOLUTION HIGH SOLN	3		GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	4	
FORTISCARE CONTROL SOLUTIONS HIGH SOLN	3		GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	4	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	4		GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	4	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	4	RX/OTC	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	4	
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	4	RX/OTC	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	4	
FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	3		GENTLE-LET GP LANCETS	4	RX/OTC
FREESTYLE CONTROL SOLUTION LIQD	3		GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	4	RX/OTC
FREESTYLE LANCETS	4	RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	4	RX/OTC
FREESTYLE UNISTICK II LANCETS	4	RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	4	RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	4	RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	4	RX/OTC
GENTEEL CONTACT TIPS/BLUE MISC	4		GENTLE-LET PLATFORMS 2.4MM MISC	4	
GENTEEL CONTACT TIPS/CLEAR MISC	4				
GENTEEL CONTACT TIPS/GREEN MISC	4				
GENTEEL CONTACT TIPS/ORANGE MISC	4				
GENTEEL CONTACT TIPS/RAINBOW MISC	4				
GENTEEL CONTACT TIPS/VIOLET MISC	4				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET PLATFORMS 3.0MM MISC	4		GNP STERILE LANCETS 33G	4	RX/OTC
GLOBAL INJECT EASE LANCETS 28G	4	RX/OTC	GOJJI LANCING DEVICE/CLEAR CAP MISC	4	
GLOBAL INJECT EASE LANCETS 30G	4	RX/OTC	GOJJI STERILE LANCETS 30G	4	RX/OTC
GLOBAL LANCING DEVICE MISC	4		GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	4	RX/OTC
GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD	3		GOODSENSE LANCETS MICRO-THIN 33G	4	RX/OTC
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN	3		GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	4	RX/OTC
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN	3		GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	4	RX/OTC
GLUCOCOM HIGH CONTROL LIQD	3		GOODSENSE LANCETS ULTRA-THIN 30G	4	RX/OTC
GLUCOCOM LANCETS 28G	4	RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	4	RX/OTC
GLUCOCOM LANCETS 30G	4	RX/OTC	GOODSENSE LANCING DEVICE MISC	4	
GLUCOCOM LANCETS 33G	4	RX/OTC	HAEMOLANCE	4	RX/OTC
GLUCOSE CONTROL SOLUTION SOLN	3		HAEMOLANCE LOW FLOW LANCETS	4	RX/OTC
GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD	3		HAEMOLANCE PLUS	4	RX/OTC
GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN	3		HAEMOLANCE PLUS HIGH FLOW	4	RX/OTC
GNP LANCETS 21G	4	RX/OTC	HAEMOLANCE PLUS LOW FLOW	4	RX/OTC
GNP LANCETS THIN 26G	4	RX/OTC	HAEMOLANCE PLUS MAX FLOW	4	RX/OTC
GNP LANCING SYSTEM DEVICE MISC	4		HAEMOLANCE PLUS PEDIATRIC FLOW	4	RX/OTC
GNP STERILE LANCETS 28G	4	RX/OTC	HEALTH CARE LANCING DEVICE MISC	4	
GNP STERILE LANCETS 30G	4	RX/OTC	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	4	RX/OTC	KROGER LANCETS SUPER THIN	4	RX/OTC
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	4		KROGER LANCETS THIN	4	RX/OTC
H-E-B INCONTROL LANCETS MICRO THIN 33G	4	RX/OTC	KROGER LANCETS THIN 26G	4	RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	4	RX/OTC	KROGER LANCETS ULTRATHIN 30G	4	RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	4	RX/OTC	KROGER LANCING DEVICE MISC	4	
HYPOLANCE AST LANCING KIT KIT	4		LANCET DEVICE ADJUSTABLE MISC	4	
HY-VEE LANCETS	4	RX/OTC	LANCET DEVICE WITH EJECTOR MISC	4	
HY-VEE THIN LANCETS	4	RX/OTC	LANCET TRANSPORTER CASE MISC	4	
IN TOUCH GLUCOSE CONTROL SOLUTION SOLN	3		LANCETS	4	RX/OTC
IN TOUCH LANCING DEVICE MISC	4		LANCETS 30G	4	RX/OTC
IN TOUCH STERILE LANCETS 30G	4	RX/OTC	LANCETS 30G TWIST TOP	4	RX/OTC
INSUL-CAP MISC	4	RX/OTC	LANCETS 30G/TWIST TOP	4	RX/OTC
INSUL-EZE MISC	4	RX/OTC	LANCETS 33G EXTRA FINE	4	RX/OTC
KINNEY LANCETS	4	RX/OTC	LANCETS 33G UNIVERSAL DESIGN	4	RX/OTC
KINNEY THIN LANCETS	4	RX/OTC	LANCETS MICRO THIN 33G	4	RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	4		LANCETS SUPER THIN 28G	4	RX/OTC
KROGER HEALTHPRO GLUCOSE CONTROL SOLUTION/HIGH/LOW LIQD	3		LANCETS THIN	4	RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	4	RX/OTC	LANCETS ULTRA THIN	4	RX/OTC
KROGER LANCETS	4	RX/OTC	LANCETS ULTRA THIN 30G	4	RX/OTC
KROGER LANCETS 21G	4	RX/OTC	LANCING DEVICE MISC	4	
KROGER LANCETS MICRO THIN 33G	4	RX/OTC	LANZO MISC	4	
			LEADER ADVANCED LANCING DEVICE MISC	4	
			LIBERTY CONTROL SOLUTION HIGH SOLN	3	
			LIBERTY GLUCOSE CONTROL MID SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIBERTY MEDICAL LANCETS 30G	4	RX/OTC	MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	3	
LIBERTY MINI LANCING DEVICE MISC	4		MEDLANCE PLUS EXTRA LANCETS 21G	4	RX/OTC
LITE TOUCH LANCETS	4	RX/OTC	MEDLANCE PLUS LANCETS	4	RX/OTC
LITE TOUCH LANCING PEN MISC	4		MEDLANCE PLUS LANCETS LITE 25G	4	RX/OTC
LITETOUCH LANCETS MICRO THIN 33G	4	RX/OTC	MEDLANCE PLUS LITE LANCETS 25G	4	RX/OTC
LIVE BETTER ADVANCED LANCING DEVICE MISC	4		MEDLANCE PLUS SPECIAL LANCETS 0.8MM	4	RX/OTC
LIVE BETTER LANCET SUPERTHIN 30G	4	RX/OTC	MEDLANCE PLUS SUPERLITE 30G	4	RX/OTC
LIVE BETTER LANCET ULTRATHIN 28G	4	RX/OTC	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	4	RX/OTC
LONGS LANCETS STANDARD	4	RX/OTC	MEDLANCE PLUS UNIVERSAL LANCETS 21G	4	RX/OTC
LONGS LANCETS THIN	4	RX/OTC	MEDLANCE PLUS/LITE 25G	4	RX/OTC
LONGS LANCETS ULTRA THIN	4	RX/OTC	MEDLANCE/EXTRA	4	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	4	RX/OTC	MEDLANCE/LITE	4	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	4	RX/OTC	MEDLANCE/UNIVERSAL	4	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	4	RX/OTC	MEIJER COLOR LANCETS UNIVERSAL 33G	4	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	4	RX/OTC	MEIJER LANCETS	4	RX/OTC
MEDICHOICE SAFETY LANCETEXTRA	4	RX/OTC	MEIJER LANCETS THIN	4	RX/OTC
MEDICHOICE SAFETY LANCETNORMAL	4	RX/OTC	MEIJER LANCETS UNIVERSAL21G	4	RX/OTC
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-NORMAL LIQD	3		MEIJER LANCETS UNIVERSAL30G	4	RX/OTC
			MEIJER LANCETS UNIVERSAL33G	4	RX/OTC
			MEIJER SUPER THIN LANCETS	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	3		NOVA SAFETY LANCETS 28G	4	RX/OTC
MICROLET LANCETS	4	RX/OTC	NOVA SUREFLEX LANCETS	4	RX/OTC
MICROLET NEXT MISC	4		NOVA SUREFLEX LANCING DEVICE MISC	4	
MINI LANCING DEVICE MISC	4		ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	4	RX/OTC
MM LANCING DEVICE MISC	4		ONETOUCH DELICA PLUS LANCETS FINE 30G	4	RX/OTC
MM TWIST LANCETS	4	RX/OTC	ONETOUCH DELICA PLUS LANCING DEVICE MISC	4	
MONOLET LANCETS	4	RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	4	
MONOLET OPD LANCETS	4	RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE MISC	4	
MONOLETTOR SAFETY LANCETS	4	RX/OTC	ONETOUCH SURESOFT LANCING DEVICE/18G MISC	4	
MPD SAFETY LANCET 21G/1.8MM	4	RX/OTC	ONETOUCH SURESOFT LANCING DEVICE/21G MISC	4	
MPD SAFETY LANCET 28G/1.8MM	4	RX/OTC	ONETOUCH SURESOFT LANCING DEVICE/28G MISC	4	
MPD SAFETY LANCET 30G/1.8MM	4	RX/OTC	ONETOUCH ULTRA CONTROL SOLUTION LIQD	3	
MPD SAFETY LANCETS 23G/1.8MM	4	RX/OTC	ONETOUCH ULTRA CONTROL LIQD	3	
MULTI-LANCET DEVICE 2 KIT	4		ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	4	RX/OTC
MULTI-LANCET DEVICE MISC	4		ONETOUCH ULTRASOFT LANCETS	4	RX/OTC
MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH SOLN	3		ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD	3	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	4	RX/OTC			
NEUTEK 2TEK CONTROL SOLUTIONS SOLN	3				
NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD	3				
NOVA SAFETY LANCETS 23G	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	3		PREFERRED PLUS LANCETS SUPER THIN 30G	4	RX/OTC
PC LANCETS SUPER THIN 30G	4	RX/OTC	PREFERRED PLUS LANCETS THIN 26G	4	RX/OTC
PERFECT LANCETS 30G	4	RX/OTC	PRO COMFORT LANCETS 30G	4	RX/OTC
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	4	RX/OTC	PRO COMFORT LANCETS 31G	4	RX/OTC
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	4	RX/OTC	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	4	RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS	4	RX/OTC	PRODIGY CONTROL SOLUTIONHIGH SOLN	3	
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	4	RX/OTC	PRODIGY CONTROL SOLUTIONLOW SOLN	4	QL(1 ea per 30 days retail)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	4	RX/OTC	PRODIGY COUNT-A-DOSE MISC	4	RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	4	RX/OTC	PRODIGY LANCING DEVICE MISC	4	
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	4	RX/OTC	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	4	RX/OTC
PHARMACY COUNTER LANCETS	4	RX/OTC	PRODIGY SAFETY LANCETS	4	RX/OTC
PIP GLUCOSE CONTROL SOLUTION LIQD	3		PRODIGY TWIST TOP LANCETS	4	RX/OTC
PIP LANCETS/28G	4	RX/OTC	PSS SELECT GP LANCETS	4	RX/OTC
PIP LANCETS/30G	4	RX/OTC	PSS SELECT PLATFORMS MISC	4	
POCKETCHEM EZ CONTROL LEVEL 1 SOLN	3		PSS SELECT SAFETY LANCETS	4	RX/OTC
PRECISION GLUCOSE KETONECONTROL SOLUTION 1-LOW, 1-HIGH LIQD	3		PURE COMFORT LANCETS 30G	4	RX/OTC
PRECISION THINS GP LANCET	4	RX/OTC	PX ADVANCED LANCING DEVICE MISC	4	
PREFERRED PLUS LANCETS COLORED 21G	4	RX/OTC	PX LANCET AUTO INJECTOR MISC	4	
			PX LANCETS MICROTHIN 33G	4	RX/OTC
			PX LANCETS ULTRA THIN	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PX LANCETS ULTRA THIN 28G	4	RX/OTC	RELION 2-IN-1 LANCING DEVICE 25G MISC	4	
QC ADVANCED LANCING DEVICE MISC	4		RELION 2-IN-1 LANCING DEVICE 30G MISC	4	
QC LANCETS SUPER THIN	4	RX/OTC	RELION LANCETS MICRO-THIN33G	4	RX/OTC
QC LANCETS ULTRA THIN	4	RX/OTC	RELION LANCETS THIN 26G	4	RX/OTC
QC UNILET LANCETS 28G/ULTRA THIN	4	RX/OTC	RELION LANCETS ULTRA-THIN30G	4	RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	4	RX/OTC	RELION LANCING DEVICE KIT	4	
QUICKTEK CONTROL SOLUTION LIQD	3		RELION LANCING DEVICE MISC	4	
QUINTET GLUCOSE CONTROL/HIGH/NORMAL SOLN	3		RELION ULTRA THIN LANCETS/30G	4	RX/OTC
RA E-ZJECT LANCETS 28G	4	RX/OTC	RELION ULTRA THIN LANCETS30G	4	RX/OTC
RA E-ZJECT LANCETS THIN 26G	4	RX/OTC	RELION ULTRA THIN PLUS LANCETS 32G	4	RX/OTC
RA E-ZJECT LANCETS THIN 28G	4	RX/OTC	RELION ULTRA THIN PLUS LANCETS 33G	4	RX/OTC
RA E-ZJECT LANCETS ULTRATHIN 30G	4	RX/OTC	REXALL LANCETS ULTRA THIN	4	RX/OTC
READYLANCE SAFETY LANCETS/21G/2.2MM	4	RX/OTC	RIGHTEST GC300 HIGH CONTROL LIQD	3	
READYLANCE SAFETY LANCETS/23G/1.8MM	4	RX/OTC	RIGHTEST GD500 LANCING DEVICE MISC	4	
READYLANCE SAFETY LANCETS/26G/1.8MM	4	RX/OTC	RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC	4	
READYLANCE SAFETY LANCETS/28G/1.8MM	4	RX/OTC	RIGHTEST GL300 LANCETS	4	RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	4	RX/OTC	SAFE-T-LANCE LOW FLOW 25G	4	RX/OTC
REALITY LANCETS	4	RX/OTC	SAFE-T-LANCE NORMAL FLOW21G	4	RX/OTC
REALITY TRIGGER LANCETS	4	RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	4	RX/OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION SOLN	3		SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	4	RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G MISC	4				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	4	RX/OTC	SM MICRO THIN LANCETS 33G	4	RX/OTC
SAFETY LANCET 30G/PRESSURE ACTIVATED	4	RX/OTC	SM TRUEDRAW LANCING DEVICE MISC	4	
SAFETY LANCETS	4	RX/OTC	SMART DIABETES VANTAGE LANCING DEVICE MISC	4	
SAFETY LANCETS 21G	4	RX/OTC	SMART SENSE COLOR LANCETS UNIVERSAL 33G	4	RX/OTC
SAFETY LANCETS 23G	4	RX/OTC	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	4	RX/OTC
SAFETY LANCETS 28G	4	RX/OTC	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	4	RX/OTC
SAFETY LANCETS/PRESSURE ACTIVATED/28G	4	RX/OTC	SMART SENSE THIN LANCETSUNIVERSAL 26G	4	RX/OTC
SAPS HEALTH CARE TWIST TOP LANCETS	4	RX/OTC	SMARTEST CONTROL SOLUTIONMEDIUM SOLN	3	
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	4	RX/OTC	SMARTEST LANCETS 28G	4	RX/OTC
SAPS HEALTH TWIST TOP LANCETS 30G	4	RX/OTC	SOLUS V2 CONTROL HIGH SOLN	3	
SAPSCARE TWIST TOP LANCETS 30G	4	RX/OTC	SOLUS V2 LANCING DEVICE MISC	4	
SB LANCETS THIN	4	RX/OTC	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	4	RX/OTC
SB LANCETS ULTRA THIN	4	RX/OTC	SOLUS V2 TWIST LANCETS 30G	4	RX/OTC
SELECT-LITE DEVICE/LANCETS KIT	4		STERILANCE PA MISC	4	
SELECT-LITE LANCING DEVICE MISC	4		STERILANCE TL	4	RX/OTC
SHOPKO AUTOLET LANCING DEVICE MISC	4		SUPER THIN LANCETS	4	RX/OTC
SHOPKO ON-THE-GO COMFORTLANCETS 30G	4	RX/OTC	SUPREME II HIGH/LOW CONTROL SOLUTION LIQD	3	
SHOPKO UNILET LANCETS SUPER THIN 30G	4	RX/OTC	SURE COMFORT LANCETS 18G	4	RX/OTC
SHOPKO UNILET LANCETS ULTRA THIN 28G	4	RX/OTC	SURE COMFORT LANCETS 21G	4	RX/OTC
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	4				
SINGLE-LET	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 23G	4	RX/OTC
SURE COMFORT LANCETS 28G	4	RX/OTC
SURE COMFORT LANCETS 30G	4	RX/OTC
SURE COMFORT LANCING PEN MISC	4	
SURE-LANCE FLAT LANCETS	4	RX/OTC
SURE-LANCE LANCETS 26G	4	RX/OTC
SURE-LANCE THIN LANCETS 28G	4	RX/OTC
SURE-LANCE ULTRA THIN LANCETS	4	RX/OTC
SURELITE LANCETS	4	RX/OTC
SURE-PEN MISC	4	
SURE-TOUCH LANCETS UNIVERSAL	4	RX/OTC
TECHLITE AST LANCETS	4	RX/OTC
TECHLITE LANCETS	4	RX/OTC
TECHLITE LANCETS 30G	4	RX/OTC
TGT LANCET MICRO THIN 33G	4	RX/OTC
TGT LANCET THIN 26G	4	RX/OTC
TGT LANCET ULTRA THIN 30G	4	RX/OTC
TGT LANCING DEVICE MISC	4	
THINLETS GP LANCETS	4	RX/OTC
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	4	
TODAYS HEALTH SUPER THINLANCETS 30G	4	RX/OTC
TODAYS HEALTH ULTRA THINLANCETS 28G	4	RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRAVEL LANCETS 30G	4	RX/OTC
TRAVEL LANCETS ADVANCED 28G	4	RX/OTC
TRUE COMFORT SAFETY LANCETS/30G	4	RX/OTC
TRUE COMFORT TWIST TOP LANCETS 30G	4	RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	3	
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	3	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	3	
TRUEDRAW LANCING DEVICE MISC	4	
TRUEPLUS LANCETS 26G	4	RX/OTC
TRUEPLUS LANCETS 28G	4	RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	4	RX/OTC
TRUEPLUS LANCETS 30G	4	RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	4	RX/OTC
TRUEPLUS LANCETS 33G	4	RX/OTC
TRUEPLUS LANCETS 33G MICRO THIN	4	RX/OTC
TRUEPLUS SAFETY LANCETS 28G	4	RX/OTC
TWIST TOP LANCETS 30G	4	RX/OTC
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	4	
ULTILET CLASSIC LANCETS	4	RX/OTC
ULTILET LANCETS	4	RX/OTC
ULTILET LANCETS 33G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTILET SAFETY LANCETS 21G X 2.2MM	4	RX/OTC	UNISTIK 2 MISC	4	
ULTILET SAFETY LANCETS 23G	4	RX/OTC	UNISTIK 3 COMFORT MISC	4	
ULTRA THIN LANCETS 31G	4	RX/OTC	UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC	4	
ULTRA-CARE LANCETS 30G	4	RX/OTC	UNISTIK 3 EXTRA MISC	4	
ULTRA-THIN II AUTO LANCET	4	RX/OTC	UNISTIK 3 GENTLE	4	RX/OTC
ULTRA-THIN II LANCETS 28G	4	RX/OTC	UNISTIK 3 NEONATAL MISC	4	
ULTRA-THIN II LANCETS 30G	4	RX/OTC	UNISTIK 3 NORMAL MISC	4	
UNILET COMFORTOUCH LANCET	4	RX/OTC	UNISTIK 3 MISC	4	
UNILET EXCELITE	4	RX/OTC	UNISTIK CZT COMFORT MISC	4	
UNILET EXCELITE II	4	RX/OTC	UNISTIK CZT NORMAL MISC	4	
UNILET G.P. LANCET	4	RX/OTC	UNISTIK NORMAL MISC	4	
UNILET G.P. SUPERLITE LANCET	4	RX/OTC	UNISTIK PRO SAFETY LANCET 21G	4	RX/OTC
UNILET GP 28 ULTRA THIN	4	RX/OTC	UNISTIK PRO SAFETY LANCET 25G	4	RX/OTC
UNILET LANCET	4	RX/OTC	UNISTIK PRO SAFETY LANCET 28G	4	RX/OTC
UNILET LANCETS MICRO-THIN33G	4	RX/OTC	UNISTIK SAFETY LANCETS 28G	4	RX/OTC
UNILET LANCETS SUPER-THIN30G	4	RX/OTC	UNISTIK SAFETY LANCETS 30G	4	RX/OTC
UNILET LANCETS ULTRA-THIN 28G	4	RX/OTC	UNISTIK TOUCH SAFETY LANCETS 21G	4	RX/OTC
UNILET SUPERLITE LANCET	4	RX/OTC	UNISTIK TOUCH SAFETY LANCETS 23G	4	RX/OTC
UNISTIK 1 MISC	4		UNISTIK TOUCH SAFETY LANCETS 28G	4	RX/OTC
UNISTIK 2 COMFORT MISC	4		UNISTIK TOUCH SAFETY LANCETS 30G	4	RX/OTC
UNISTIK 2 EXTRA MISC	4		UNISTRIK CONTROL SOLUTIONHIGH SOLN	3	
UNISTIK 2 NEONATAL MISC	4		UNIVERSAL 1 LANCETS THIN26G	4	RX/OTC
UNISTIK 2 NORMAL MISC	4		UNIVERSAL 1 LANCETS ULTRA THIN 30G	4	RX/OTC
UNISTIK 2 SUPER MISC	4				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	4	RX/OTC	VIVAGUARD INO CONTROL SOLUTION LIQD	3	
VALUE PLUS LANCETS STANDARD 21G	4	RX/OTC	VIVAGUARD LANCETS	4	RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	4	RX/OTC	VIVAGUARD LANCING DEVICE MISC	4	
VALUE PLUS LANCETS THIN 26G	4	RX/OTC	VIVAGUARD SAFETY LANCETS/28G	4	RX/OTC
VALUE PLUS LANCING DEVICE MISC	4		VIVI CAP1 MISC	4	RX/OTC
VALUMARK LANCET SUPER THIN 30G	4	RX/OTC	VIVI CAP MISC	4	RX/OTC
VALUMARK LANCET ULTRA THIN 28G	4	RX/OTC	WALGREENS ADVANCED TRAVEL LANCETS 28G	4	RX/OTC
VERASENS GLUCOSE CONTROL LEVEL 1 LIQD	3		WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	4	RX/OTC
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	4	RX/OTC	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	4	RX/OTC
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	4	RX/OTC	WALGREENS LANCETS	4	RX/OTC
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	4	RX/OTC	WALGREENS THIN LANCETS	4	RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	4	RX/OTC	WALGREENS ULTRA THIN LANCETS	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	4	RX/OTC	ZEVRX TWIST TOP LANCETS 30G	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	4	RX/OTC	Misc. Devices		
VERIFINE UNIVERSAL LANCETS 33G	4	RX/OTC	ADVOCATE ALCOHOL PREP PADS	4	RX/OTC
VIDA MIA AUTOLET LANCING DEVICE MISC	4		ALCOH-GLOVE CONTOURED WIPE	4	RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	4	RX/OTC	ALCOHOL PADS	4	RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	4	RX/OTC	ALCOHOL PREP PAD	4	RX/OTC
			ALCOHOL PREP PADS	4	RX/OTC
			ALCOHOL PREPS	4	RX/OTC
			ALCOHOL SWABS	4	RX/OTC
			ALCOHOL SWABSTICKS	4	RX/OTC
			BD SWABS SINGLE USE	4	RX/OTC
			BD SWABS SINGLE USE BUTTERFLY	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH ALCOHOL PREP PADS	4	RX/OTC	SAPS CARE ALCOHOL PREP PADS	4	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	4	RX/OTC	SAPS HEALTH ALCOHOL PREPPADS	4	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	4	RX/OTC	SAPS HEALTH CARE ALCOHOLPREP PADS	4	RX/OTC
CVS ALCOHOL PREP PADS	4	RX/OTC	SB ALCOHOL PREP PADS	4	RX/OTC
CVS PREP PADS	4	RX/OTC	SM ALCOHOL PREP PADS	4	RX/OTC
DROPSAFE ALCOHOL PREP PADS	4	RX/OTC	SURE COMFORT ALCOHOL PREP PADS	4	RX/OTC
EASY COMFORT ALCOHOL PADS	4	RX/OTC	SURE-PREP ALCOHOL PREP PADS	4	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	4	RX/OTC	TRUE COMFORT ALCOHOL PREP PADS	4	RX/OTC
EQL ALCOHOL SWABS	4	RX/OTC	TRUE COMFORT PRO ALCOHOLPREP PADS	4	RX/OTC
FIFTY50 ALCOHOL PREP PADS	4	RX/OTC	ULTICARE ALCOHOL SWABS	4	RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	4	RX/OTC	ULTILET ALCOHOL SWABS	4	RX/OTC
GNP ALCOHOL SWABS	4	RX/OTC	ULTRA-CARE ALCOHOL PREP PADS	4	RX/OTC
H-E-B INCONTROL ALCOHOL PADS	4	RX/OTC	WEBCOL ALCOHOL PREP LARGE 1 PLY	4	RX/OTC
HM STERILE ALCOHOL PREP PADS	4	RX/OTC	WEBCOL ALCOHOL PREP LARGE 2 PLY	4	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	4	RX/OTC	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	4	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	4	RX/OTC	ZEVRX STERILE ALCOHOL PREP PADS	4	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS	4	RX/OTC	Parenteral Therapy Supplies		
PRO COMFORT ALCOHOL PADS	4	RX/OTC	1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	4	RX/OTC
PURE COMFORT ALCOHOL PREPPADS	4	RX/OTC	1ST TIER UNIFINE PENTIPS29GX12MM	4	RX/OTC
QC ALCOHOL SWABS	4	RX/OTC	1ST TIER UNIFINE PENTIPS31GX6MM	4	RX/OTC
RA ALCOHOL SWABS	4	RX/OTC	1ST TIER UNIFINE PENTIPS31GX8MM	4	RX/OTC
REALITY SWABS	4	RX/OTC			
RELION ALCOHOL SWABS	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPS32GX4MM	4	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	4	RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	4		ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	4	RX/OTC
1ST TIER UNIFINE PENTIPS33GX4MM	4		ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	4	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	4	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	4	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	4	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	4	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	4		ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	4	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31G X5MM	4	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	4	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL /29GX12MM	4	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	4	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	4	RX/OTC	AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
ABOUTTIME PEN NEEDLE 32GX 5/32"	4	RX/OTC	AQ INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16"	4		AQ INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16"	4	RX/OTC	AQINJECT PEN NEEDLE/31G X 3/16"	4	RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16"	4	RX/OTC	AQINJECT PEN NEEDLE/32G X 5/32"	4	RX/OTC
ADVOCATE INSULIN PEN NEEDLES	4		ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	4	RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	4		ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	4	
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	4	RX/OTC	ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	4	RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM	4	RX/OTC			
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	4		BD INSULIN SYRINGE LUER-LOK/U-100/1ML	4	RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	4	RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	4	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM	4	RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	4	
AUM MINI INSULIN PEN NEEDLE/32GX5MM	4	RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	4	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	4		BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	4	
AUM MINI INSULIN PEN NEEDLE/32GX8MM	4		BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	4	RX/OTC
AUM MINI INSULIN PEN NEEDLE/33GX4MM	4		BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	4	RX/OTC
AUM PEN NEEDLE/32GX4MM	4	RX/OTC	BD INSULIN SYRINGE SLIP TIP/U-100/1ML	4	RX/OTC
AUM PEN NEEDLE/32GX5MM	4	RX/OTC	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	4	RX/OTC
AUM PEN NEEDLE/32GX6MM	4		B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	4	RX/OTC
AUM PEN NEEDLE/33GX4MM	4		B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	4	RX/OTC
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	4	RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	4	RX/OTC
AUM SAFETY PEN NEEDLE/31G X 4MM	4		BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	4	RX/OTC
AUM SAFETY PEN NEEDLE/31G X 5MM	4	RX/OTC	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	4	RX/OTC
AURORA PEN NEEDLES 29GX12MM	4	RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	4	RX/OTC
AURORA PEN NEEDLES 31G X6MM	4	RX/OTC			
AURORA PEN NEEDLES 31G X8MM	4	RX/OTC			
AURORA UNIFINE PENTIPS/32GX5/32"	4	RX/OTC			
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	4	RX/OTC			
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	4	RX/OTC	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	4	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	4	RX/OTC	BD INSULIN SYRINGE/1ML/27G X 12.7MM	4	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	4	RX/OTC	BD INSULIN SYRINGE/1ML/29G X 12.7MM	4	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	4	RX/OTC	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	4	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	4	RX/OTC	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	4	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	4	RX/OTC	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	4	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	4	RX/OTC	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	4	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	4	RX/OTC	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	4	
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	4	RX/OTC	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	4	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	4	RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	4	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	4	RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	4	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	4	RX/OTC	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	4	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	4	RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	4	
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	4	RX/OTC	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	4	RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	4	RX/OTC	BD SAFETYGLIDE 1ML 27GX5/8"	4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC	CAREFINE PEN NEEDLE 32GX4MM	4	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	4	RX/OTC	CAREFINE PEN NEEDLES 29GX1/2"	4	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC	CAREFINE PEN NEEDLES 30GX5/16"	4	
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC	CAREFINE PEN NEEDLES 31GX6MM	4	RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC	CAREFINE PEN NEEDLES 31GX8MM	4	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	4	RX/OTC	CAREFINE PEN NEEDLES 32GX5MM	4	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	CAREFINE PEN NEEDLES 32GX6MM	4	
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	4	RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	4	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	4	RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	4	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	4	RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	4	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	4	RX/OTC	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	4	RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	4	RX/OTC	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	4	RX/OTC
			CAREONE UNIFINE PENTIPS 29GX12MM	4	RX/OTC
			CAREONE UNIFINE PENTIPS 31GX5MM	4	RX/OTC
			CAREONE UNIFINE PENTIPS 31GX6MM	4	RX/OTC
			CAREONE UNIFINE PENTIPS 31GX8MM	4	RX/OTC
			CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	4	RX/OTC	CARETOUCH PEN NEEDLES 32GX 5MM	4	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	4	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	4	
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	4	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	4		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	4	RX/OTC
CARETOUCH PEN NEEDLE 29GX1/2"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	4	RX/OTC
CARETOUCH PEN NEEDLE 33GX5/32"	4		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM	4	RX/OTC			
CARETOUCH PEN NEEDLES 32GX 4MM	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	4	RX/OTC	CLICKFINE PEN NEEDLE 32GX5/32"	4	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	4	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	CLICKFINE PEN NEEDLES 31G X 1/4"	4	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	4	RX/OTC	CLICKFINE PEN NEEDLES 31G X 3/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	4	RX/OTC	CLICKFINE PEN NEEDLES 31G X 5/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	4	RX/OTC	CLICKFINE PEN NEEDLES 31G X 8MM	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	4	RX/OTC	CLICKFINE PEN NEEDLES 32G X 5/32"	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	4	RX/OTC	CLICKFINE PEN NEEDLES/31GX1/4"	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	4	RX/OTC	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	4	RX/OTC	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	4		COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	4		COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC
			COMFORT EZ MICRO/32G X 4MM	4	RX/OTC
			COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	4	
			COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	4	
			COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	4	RX/OTC
			COMFORT EZ SHORT/31G X 8MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMFORT EZ/31G X 5MM	4	RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	4	RX/OTC
COMFORT EZ/31G X 6MM	4	RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	4	RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 4MM	4		DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	4	RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 5MM	4	RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	4	RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 6 MM	4	RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	4	
COMFORT TOUCH PEN NEEDLES/31G X 8 MM	4	RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	4	RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 4MM	4	RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	4	RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 5MM	4	RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	4	RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 6MM	4		DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	4	RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 8MM	4		DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	4	RX/OTC
COMFORT TOUCH PEN NEEDLES/33G X 5/32"	4		DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
DIATHRIVE PEN NEEDLE/31 G X 6MM	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC
DIATHRIVE PEN NEEDLE/31 GX 8MM	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	4	RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	4	RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	4	RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	4	RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	4	RX/OTC
DROPLET PEN NEEDLES 29G X 1/2"	4	RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	4	RX/OTC
DROPLET PEN NEEDLES 29GX10MM	4		DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	4	RX/OTC
DROPLET PEN NEEDLES 29GX12MM	4	RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	4	RX/OTC
DROPLET PEN NEEDLES 30G X 5/16"	4		DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	4	RX/OTC
DROPLET PEN NEEDLES 31G X 3/16"	4	RX/OTC	DROPSAFE SAFETY PEN NEEDLE/31GX5MM	4	RX/OTC
DROPLET PEN NEEDLES 31G X 5/16"	4	RX/OTC	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	4	RX/OTC
DROPLET PEN NEEDLES 31GX5MM	4	RX/OTC	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	4	RX/OTC
DROPLET PEN NEEDLES 31GX6MM	4	RX/OTC	DRUG MART UNIFINE PENTIPS 31GX5MM	4	RX/OTC
DROPLET PEN NEEDLES 31GX8MM	4	RX/OTC	DRUG MART UNIFINE PENTIPS29G X 12MM	4	RX/OTC
DROPLET PEN NEEDLES 32G X 1/4"	4		DRUG MART UNIFINE PENTIPS31GX6MM	4	RX/OTC
DROPLET PEN NEEDLES 32G X 3/16"	4	RX/OTC	DRUG MART UNIFINE PENTIPS31GX8MM	4	RX/OTC
DROPLET PEN NEEDLES 32G X 5/16"	4		DRUG MART UNIFINE PENTIPS32GX4MM	4	RX/OTC
DROPLET PEN NEEDLES 32G X 5/32"	4	RX/OTC	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	4	RX/OTC
DROPLET PEN NEEDLES 32GX4MM	4	RX/OTC			
DROPLET PEN NEEDLES 32GX5MM	4	RX/OTC			
DROPLET PEN NEEDLES 32GX6MM	4				
DROPLET PEN NEEDLES 32GX8MM	4				

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC
EASY COMFORT PEN NEEDLES31GX1/4"	4	RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	4	RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	4	RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32"	4	RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM	4	
EASY GLIDE PEN NEEDLES 33G X 5/32"	4	
EASY TOUCH 32GX5MM	4	RX/OTC
EASY TOUCH 32GX6MM	4	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	4	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	4	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	4	
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	4	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	4		EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	4	RX/OTC	EMBRACE PEN NEEDLES/29G X 12MM	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC	EMBRACE PEN NEEDLES/30G X 8MM	4	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC	EMBRACE PEN NEEDLES/31G X 5MM	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	EMBRACE PEN NEEDLES/31G X 6MM	4	RX/OTC
EASY TOUCH PEN NEEDLE 30G X 5/16"	4		EMBRACE PEN NEEDLES/31G X 8MM	4	RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2"	4	RX/OTC	EMBRACE PEN NEEDLES/32G X 4MM	4	RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4"	4	RX/OTC	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16"	4	RX/OTC	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4"	4		EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
EASY TOUCH PEN NEEDLES 32GX3/16"	4	RX/OTC	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32"	4	RX/OTC			
EASY TOUCH PEN NEEDLES/31G X 3/16"	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC
EQL INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	4	RX/OTC
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	4		FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	4	RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	4	RX/OTC	FIFTY50 PEN NEEDLES 31GX5MM	4	RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	4	RX/OTC	FIFTY50 PEN NEEDLES/31GX8MM	4	RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	4	RX/OTC	FIFTY50 PEN NEEDLES/32GX4MM	4	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC	FIFTY50 PEN NEEDLES/32GX6MM	4	
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC
			FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	4	RX/OTC
			FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	4	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	4	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	4	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	4	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	4	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	4	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	4	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	4	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	4	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	4	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	4	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	4	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	4	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	4	RX/OTC
GLOBAL EASY GLIDE INSULINSYRINGE/U- 100/0.3ML/31G X 5/16"	4	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	4	RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	4	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	4	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	4	RX/OTC	GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"	4	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"	4	RX/OTC	GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16"	4	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	4	RX/OTC	GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"	4	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	4	RX/OTC	GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	4	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	4	RX/OTC	GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	4	RX/OTC
			GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC	GNP INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC	GNP INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC	GNP INSULIN SYRINGES/0.3ML/30GX5/16"	4	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	4	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	GNP INSULIN SYRINGES/1ML/28GX1/2"	4	RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	4	RX/OTC	GNP INSULIN SYRINGES/1ML/29GX1/2"	4	RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	4	RX/OTC	GNP INSULIN SYRINGES/1ML/30GX5/16"	4	RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC	GNP INSULIN SYRINGES/3ML/31GX5/16"	4	RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC	GNP ULTICARE PEN NEEDLES/31GX5/16"	4	RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC	GNP ULTICARE PEN NEEDLES/32GX 5/32"	4	RX/OTC
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC	GNP ULTICARE PEN NEEDLES/32GX1/4"	4	
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC	GNP ULTICARE PEN NEEDLES31G X 5MM	4	RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	4	RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	4	RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	4	
			GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	4	RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	4	RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	4	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	4	RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	4	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	4	RX/OTC	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	4	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	4		HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	4	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	4	RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	4	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	4	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	4	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	4	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	4	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX5MM	4	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX6MM	4	RX/OTC
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	4	RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX8MM	4	RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM	4	RX/OTC	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM	4	RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM	4	RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	4	RX/OTC
			H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	4	RX/OTC	INSULIN SYRINGE/0.5ML/27G X 1/2"	4	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	4	RX/OTC	INSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	4	RX/OTC	INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	4	RX/OTC	INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	4		INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM	4	RX/OTC	INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	4	RX/OTC	INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	4	RX/OTC
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	4	RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	4	RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	4	RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	4	RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	4	RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	4	RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	4	RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	4	RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	4	RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	4	RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	4	RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC	INSUPEN SENSITIVE 32GX8MM	4	
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC	INSUPEN ULTRAFIN 30GX8MM	4	
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC	INSUPEN ULTRAFIN 31GX6MM	4	RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	INSUPEN ULTRAFIN 31GX8MM	4	RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	4	RX/OTC
INSULIN SYRINGES 0.3ML/31G X 1/4"	4	RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	4	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	4	RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	4	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	4	RX/OTC	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	4	RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	4	
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	4	RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	4	
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	4	RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	4	RX/OTC
INSULIN SYRINGES/U-100/1ML/27GX1/2"	4	RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	4	RX/OTC
INSULIN SYRINGES/U-100/1ML/28GX1/2"	4	RX/OTC	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC
INSULIN SYRINGES/U-100/1ML/29GX1/2"	4	RX/OTC	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	4	RX/OTC	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
INSULIN SYRINGES/U-100/1ML/31GX5/16"	4	RX/OTC	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
INSUPEN 29G X 12MM	4	RX/OTC			
INSUPEN 31G X 5MM	4	RX/OTC			
INSUPEN 31G X 8MM	4	RX/OTC			
INSUPEN 32G X 4MM	4	RX/OTC			
INSUPEN 33GX4MM	4				
INSUPEN PEN NEEDLES 32G X4MM	4	RX/OTC			
INSUPEN SENSITIVE 32GX6MM	4				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC
KROGER PEN NEEDLES 29G X12MM	4	RX/OTC	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC
KROGER PEN NEEDLES 31G X8MM	4	RX/OTC	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC
KROGER PEN NEEDLES 31GX1/4"	4	RX/OTC	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	4	RX/OTC
KROGER PEN NEEDLES/31G X1/4"	4	RX/OTC	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	4	RX/OTC
KROGER PEN NEEDLES/31G X3/16"	4	RX/OTC	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	4	RX/OTC
KROGER PEN NEEDLES/31G X5/16"	4	RX/OTC	LEADER UNIFINE PENTIPS/NANO/32GX5/3 2"	4	RX/OTC
KROGER PEN NEEDLES/32G X5/32"	4	RX/OTC	LEADER UNIFINE PENTIPS/PLUS/32GX5/32 "	4	RX/OTC
KROGER PEN NEEDLES/33G X5/32"	4		LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	4	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC			
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC	LITETOUCH PEN NEEDLES 31G X 6MM	4	RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	4	RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC	LITETOUCH PEN NEEDLES 31GX8MM SHORT	4	RX/OTC
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	LITETOUCH PEN NEEDLES/31G X 3/16"	4	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	4	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	4	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	4	RX/OTC	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	4	RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	MARATHON MEDICAL PENTIPS29GX12MM	4	RX/OTC
LITETOUCH PEN NEEDLES 29GX12.7MM	4		MARATHON MEDICAL PENTIPS31GX5MM	4	RX/OTC
			MARATHON MEDICAL PENTIPS31GX8MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MARATHON MEDICAL PENTIPS32GX4MM	4	RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	4	RX/OTC
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	4	RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	4	RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	4	RX/OTC	MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	4	RX/OTC	MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	4	RX/OTC	MM PEN NEEDLES 31G X 1/4"	4	RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC	MM PEN NEEDLES 31G X 3/16"	4	RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	MM PEN NEEDLES 31G X 5/16"	4	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	4	RX/OTC	MM PEN NEEDLES 32G X 5/32"	4	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	4	RX/OTC	MONOJECT INSULIN SYRINGE/1ML	4	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	4	RX/OTC	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC
MEIJER PEN NEEDLES 29G X12MM	4	RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	4	
MEIJER PEN NEEDLES 31G X6MM	4	RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	4	RX/OTC
MEIJER PEN NEEDLES 31G X8MM	4	RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	4	RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM	4	RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	4	RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	4	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	4	RX/OTC
MICRODOT PEN NEEDLE/33G X 4 MM	4				
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC			
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	4	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	4	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	4	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	4	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	4	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	4	RX/OTC	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	MS INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	4	RX/OTC	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	4	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC	NOVOFINE PEN NEEDLE 32G X 6MM	4	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC	NOVOFINE PLUS PEN NEEDLE 32G X 4MM	4	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC	NOVOTWIST PEN NEEDLE 32GX 5MM	4	RX/OTC
			PC UNIFINE PENTIPS 29G X1/2"	4	RX/OTC
			PC UNIFINE PENTIPS 31G X5MM MINI	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	4	RX/OTC	PEN NEEDLES/31G X 3/16"	4	RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT	4	RX/OTC	PEN NEEDLES/31G X 5/16"	4	RX/OTC
PEN NEEDLES	4		PEN NEEDLES/31G X 6MM	4	RX/OTC
PEN NEEDLES 29GX12MM	4	RX/OTC	PEN NEEDLES/32G X 5/32"	4	RX/OTC
PEN NEEDLES 30GX8MM	4		PENTIPS 29G X 12MM	4	RX/OTC
PEN NEEDLES 31G X 3/16"	4	RX/OTC	PENTIPS 29GX12MM	4	RX/OTC
PEN NEEDLES 31G X 5MM	4	RX/OTC	PENTIPS 31G X 5MM	4	RX/OTC
PEN NEEDLES 31G X 6MM	4	RX/OTC	PENTIPS 31G X 8MM	4	RX/OTC
PEN NEEDLES 31G X 8MM	4	RX/OTC	PENTIPS 31GX5MM	4	RX/OTC
PEN NEEDLES 31GX5/16"	4	RX/OTC	PENTIPS 31GX6MM	4	RX/OTC
PEN NEEDLES 31GX5MM	4	RX/OTC	PENTIPS 31GX8MM	4	RX/OTC
PEN NEEDLES 31GX6MM (1/4")	4	RX/OTC	PENTIPS 32G X 4MM	4	RX/OTC
PEN NEEDLES 31GX8MM	4	RX/OTC	PENTIPS 32GX4MM	4	RX/OTC
PEN NEEDLES 31GX8MM (5/16")	4	RX/OTC	PENTIPS 32GX6MM	4	
PEN NEEDLES 32G X 4MM	4	RX/OTC	PIP PEN NEEDLES 31G X 5MM	4	RX/OTC
PEN NEEDLES 32G X 5MM	4	RX/OTC	PIP PEN NEEDLES 32G X 4MM	4	RX/OTC
PEN NEEDLES 32G X 6MM	4		PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC
PEN NEEDLES 32GX4MM	4	RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC
PEN NEEDLES 33G X 5/32"	4		PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC
PEN NEEDLES/29G X 1/2"	4	RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	4	RX/OTC
PEN NEEDLES/31G X 1/4"	4	RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	4	RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	4	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	4	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	4	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	4	RX/OTC	PRO COMFORT PEN NEEDLES/31G X 8MM	4	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	4	RX/OTC	PRO COMFORT PEN NEEDLES/32G X 4MM	4	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	4	RX/OTC	PRO COMFORT PEN NEEDLES/32G X 5MM	4	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	4	RX/OTC	PRO COMFORT PEN NEEDLES/32G X 6MM	4	
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	4	RX/OTC	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	4	RX/OTC	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	4	RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	4	RX/OTC	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4"	4	RX/OTC	PURE COMFORT PEN NEEDLE 32G X6MM	4	
PREVENT SAFETY PEN NEEDLES 31GX5/16"	4	RX/OTC	PURE COMFORT PEN NEEDLE 32G X8MM	4	
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	4	RX/OTC	PURE COMFORT PEN NEEDLE/32G X 5MM	4	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	4	RX/OTC	PURE COMFORT PEN NEEDLE/32G X4MM	4	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	4	RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	4	RX/OTC
			PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	4	RX/OTC
			PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	4	RX/OTC
			PX EXTRA SHORT PEN NEEDLES 31GX6MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC
PX MINI PEN NEEDLES 31GX5MM	4	RX/OTC
PX PEN NEEDLE 29GX12MM	4	RX/OTC
PX PEN NEEDLE 31GX8MM	4	RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM	4	RX/OTC
QC PEN NEEDLES 29G X 12MM	4	RX/OTC
QC PEN NEEDLES 31G X 6MM	4	RX/OTC
QC PEN NEEDLES 31G X 8MM	4	RX/OTC
QC UNIFINE PENTIPS 32GX4MM	4	RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	4	RX/OTC
RA PEN NEEDLES 31G X 5MM3/16"	4	RX/OTC
RA PEN NEEDLES 31G X 8MM5/16"	4	RX/OTC
RAYA SURE PEN NEEDLE 29GX 12MM	4	RX/OTC
RAYA SURE PEN NEEDLE 31GX 4MM	4	
RAYA SURE PEN NEEDLE 31GX 5MM	4	RX/OTC
RAYA SURE PEN NEEDLE 31GX 6MM	4	RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	4	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	4	RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	4	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	4	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC
RELION MINI PEN NEEDLES 31GX6MM	4	RX/OTC
RELION PEN NEEDLES 29GX12MM	4	RX/OTC
RELION PEN NEEDLES 31G X6MM	4	RX/OTC
RELION PEN NEEDLES 31G X8MM	4	RX/OTC
RELION PEN NEEDLES 31GX5/16"	4	RX/OTC
RELION PEN NEEDLES 31GX6MM	4	RX/OTC
RELION PEN NEEDLES 31GX8MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION PEN NEEDLES 32G X4MM	4	RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM	4	RX/OTC
RELION PEN NEEDLES 32G X5/32"	4	RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5M M	4	RX/OTC
RELION PEN NEEDLES 32GX4MM	4	RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM	4	RX/OTC
RELION PEN NEEDLES/31G X1/4"	4	RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM	4	RX/OTC
RELION SHORT PEN NEEDLES31GX8MM	4	RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMO VR/32GX4MM	4	RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	4	RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	4	RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	4	RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29 GX12MM	4	RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	4	RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM	4	RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	4	RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	4	RX/OTC
SAFETY PEN NEEDLES/30G X5/16"	4		SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	4	RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	4	RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC			
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC			
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC			
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	4	RX/OTC			
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	4	RX/OTC			
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	4				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC	SURE COMFORT PEN NEEDLES30GX5/16" SHORT	4	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	4	RX/OTC	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	4	RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32"	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	4	RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC	SURE COMFORT PEN NEEDLES32GX6MM	4	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC	SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	4	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC	SURE-FINE PEN NEEDLES 31GX3/16" 5MM	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	4	RX/OTC	SURE-FINE PEN NEEDLES 31GX5/16" 8MM	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	4	RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	4	RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	4				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	4	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	4	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	4	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC	TECHLITE PEN NEEDLES 29GX 10MM	4	
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	TECHLITE PEN NEEDLES 29GX 12 MM	4	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	TECHLITE PEN NEEDLES 31GX 5MM	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	4	RX/OTC	TECHLITE PEN NEEDLES/31GX 5MM	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	4	RX/OTC	TECHLITE PEN NEEDLES/31GX 6 MM	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	4	RX/OTC	TECHLITE PEN NEEDLES/31GX 8MM	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	4	RX/OTC	TECHLITE PEN NEEDLES/32GX 4MM	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	4	RX/OTC	TECHLITE PEN NEEDLES/32GX 6MM	4	
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	4	RX/OTC	TECHLITE PEN NEEDLES/32GX 8MM	4	
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	4	RX/OTC	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	4	RX/OTC	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	4	RX/OTC	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	4	RX/OTC	TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	4	RX/OTC
			TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	4	RX/OTC
			TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	4	RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	4	RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	4	RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM	4	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	4	RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM	4	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	4	
TRUE COMFORT PEN NEEDLES32G X 4MM	4	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	4	
			TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	4	RX/OTC
			TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	4	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	4		TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	4	RX/OTC	TRUEPLUS PEN NEEDLES 29GX12MM	4	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	4	RX/OTC	TRUEPLUS PEN NEEDLES 31GX5MM	4	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	4	RX/OTC	TRUEPLUS PEN NEEDLES 31GX6MM	4	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	4	RX/OTC	TRUEPLUS PEN NEEDLES 31GX8MM	4	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC	TRUEPLUS PEN NEEDLES 32GX4MM	4	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	4	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	4	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	4	RX/OTC
			ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	4	RX/OTC	ULTICARE MICRO PEN NEEDLES 31G X 8MM	4	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	4	RX/OTC	ULTICARE MICRO PEN NEEDLES 32G X 4MM	4	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	4	RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 1/4"	4	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	4	RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	4	RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 4MM	4	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	4	RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 5/32"	4	RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	4	RX/OTC	ULTICARE MINI PEN NEEDLES 31GX6MM	4	RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC	ULTICARE MINI PEN NEEDLES ULTI-FINE IV	4	RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC	ULTICARE MINI PEN NEEDLES/31G X 6MM	4	RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC	ULTICARE MINI PEN NEEDLES/32G X 1/4"	4	
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC	ULTICARE MINI PEN NEEDLES31GX6MM	4	RX/OTC
			ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	4	
			ULTICARE PEN NEEDLES 31GX 5MM/MINI	4	RX/OTC
			ULTICARE PEN NEEDLES/29GX 12.7MM	4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTICARE SHORT PEN NEEDLES 31GX8MM	4	RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	4	RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	4	RX/OTC	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	4	RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM	4	RX/OTC	ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	4	
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	4		ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	4	RX/OTC
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 5/8"	4		ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	4	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	4	RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	4	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	4	RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	4	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	4	RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	4	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	4	RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	4	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	4	RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	4	
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	4	RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	4	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	4	RX/OTC	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	4	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	4	RX/OTC			
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	4	RX/OTC			
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	4	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	4	RX/OTC
ULTIGUARD SAFEPAK/SYRINGE/NE EDLE/31G X 5/16"/SHARPS CONTAIN	4	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	4	RX/OTC
ULTILET PEN NEEDLE 29GX12.7MM	4		ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	4	RX/OTC
ULTILET PEN NEEDLE 31GX5MM	4	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	4	RX/OTC
ULTILET PEN NEEDLE 31GX8MM	4	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	4	RX/OTC
ULTILET PEN NEEDLE 32GX4MM	4	RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	4	RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT	4	RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	4	RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16"	4	RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	4	RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16"	4	RX/OTC	ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	4	RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	4	RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	4	RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	4	RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	4	RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	4	RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	4	RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	4		ULTRA THIN PEN NEEDLES 32G X 4MM	4	RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	4	RX/OTC	ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	4	RX/OTC
ULTRA FLO INSULIN PEN NEELE 31GX8MM	4	RX/OTC	ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	4	RX/OTC	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	4	RX/OTC			
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	4	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	4	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	4	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	4	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	ULTRA-THIN II PEN NEEDLES 29GX1/2"	4	
ULTRACARE PEN NEEDLES/31G X 1/4"	4	RX/OTC	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	4	RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16"	4	RX/OTC	UNIFINE PEN NEEDLE/32G X4MM	4	RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16"	4	RX/OTC	UNIFINE PENTIPS 29GX12MM	4	RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14"	4		UNIFINE PENTIPS 31G X 3/16"	4	RX/OTC
ULTRACARE PEN NEEDLES/32G X 3/16"	4	RX/OTC	UNIFINE PENTIPS 31GX5MM	4	RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32"	4	RX/OTC	UNIFINE PENTIPS 31GX6MM	4	RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32"	4		UNIFINE PENTIPS 31GX8MM	4	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	4	RX/OTC	UNIFINE PENTIPS 32GX4MM	4	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	4	RX/OTC	UNIFINE PENTIPS 32GX6MM	4	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	4	RX/OTC	UNIFINE PENTIPS 33GX4MM	4	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	4	RX/OTC	UNIFINE PENTIPS PLUS 29GX12MM	4	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	4	RX/OTC	UNIFINE PENTIPS PLUS 31GX5MM	4	RX/OTC
			UNIFINE PENTIPS PLUS 31GX6MM	4	RX/OTC
			UNIFINE PENTIPS PLUS 31GX8MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS PLUS 32GX4MM	4	RX/OTC	VERIFINE INSULIN PEN NEEDLE 29G X 12MM	4	RX/OTC
UNIFINE PENTIPS PLUS 33GX 5/32"	4		VERIFINE INSULIN PEN NEEDLE 31G X 5MM	4	RX/OTC
UNIFINE PENTIPS PLUS 33GX4MM	4		VERIFINE INSULIN PEN NEEDLE 31G X 8MM	4	RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	4	RX/OTC	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	4	RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	4		VERIFINE INSULIN PEN NEEDLE 32G X 6MM	4	
UNIFINE ULTRA PEN NEEDLE/31GX5MM	4	RX/OTC	VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	4	RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX6MM	4	RX/OTC	VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	4	RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX8MM	4	RX/OTC	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	4	RX/OTC
UNIFINE ULTRA PEN NEEDLE/32GX4MM	4	RX/OTC	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	4	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	4	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	4	RX/OTC
VALUMARK PEN NEEDLES 29GX12MM	4	RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	4	RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM	4	RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	4	RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM	4	RX/OTC	VERIFINE INSULIN SYRINGE1ML/29G X 12MM	4	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	4	RX/OTC	VERIFINE INSULIN SYRINGE1ML/31G X 8MM	4	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	4	RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	4	RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	4	RX/OTC	ZEV RX PEN NEEDLES 32G X 4MM	4	RX/OTC
VIDA MIA UNIFINE PENTIPS 32GX4MM	4	RX/OTC	Respiratory Aids		
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	4	RX/OTC	ACTEEV PROTECT FACE MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	4	RX/OTC	BREATHE COMFORT PROTECTIVE SHIELD	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
VIDA MIA UNIFINE PENTIPSSHORT 31GX8MM	4	RX/OTC	CLEVER CHOICE DISPOSABLEFACE MASK/MEDICAL GRADE	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC	CLEVER CHOICE DISPOSABLEMASK/NON-MEDICAL	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	4	RX/OTC	CLEVER CHOICE FACE MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	4	RX/OTC	CVS MEDICAL FACE MASKS/EAR LOOP	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	4	RX/OTC	CVS PROCEDURAL MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	4	RX/OTC	DISPOSABLE FACE MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	4	RX/OTC	DISPOSABLE FACE MASK 3-PLY	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	EAR-LOOP MASK SMALL	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	4	RX/OTC	EASY FLOW KN 95 MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC			
ZEV RX PEN NEEDLES 31G X 5MM	4	RX/OTC			
ZEV RX PEN NEEDLES 31G X 6MM	4	RX/OTC			
ZEV RX PEN NEEDLES 31G X 8MM	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
FACE MASK EARLOOP-STYLE	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
FACE MASK RESPIRATOR N-100 PARTICULATE W/EXHALATION VALVE	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
FACE MASK RESPIRATOR R-95 PARTICULATE	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
FACE MASK SURGICAL/DISPOSABLE	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
FACE MASK/3 PLY/EAR LOOP	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
FACE MASKS 3 LAYER NON-MEDICAL	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
J & J GERM FILTER MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
KN95 DISPOSABLE MASK FOR CIVIL USE	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
KN95 MEDICAL PROTECTIVE FACE MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
MASK PEDIATRIC SIZE 1"	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
N95 FACE MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
N95 PARTICULATE RESPIRATOR FACE MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEXCARE ALL PURPOSE MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
NEXCARE EARLOOP MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PEDIATRIC MEDIUM MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PEDIATRIC SMALL MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
SAFE-SENSE EARLOOP FACE MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
SHIELD-SECURE FULL FACE SHIELD	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
SURGICAL DISPOSABLE FACEMASK 3-PLY	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
SURGICAL FACE MASK/NIOSHN95	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
ACTIVITY POUCH MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
ADULT AEROSOL MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADULT DISPOSABLE MOUTHPIECE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
ADULT MASK LARGE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
ADULT MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROBIKA DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER MV MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW-VU MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	AIRZONE PEAK FLOW METER	3	QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROTRACH PLUS MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALL FLOW 6000 PFT FILTER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	BREATHE EASE/MEDIUM MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	BREATHE EASE/SMALL MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
ASSESS PEAK FLOW METER FULL RANGE	3	QL(4 ea per 365 days retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
ASSESS PEAK FLOW METER LOW RANGE	3	QL(4 ea per 365 days retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	CARETOUCH 2 CPAP HOSE HANGER MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	CARETOUCH CPAP & BIPAP HOSE/6FT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	CARETOUCH CPAP MASK WIPES MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
BREATHE EASE PEAK FLOW METER	3	QL(4 ea per 365 days retail); RX/OTC	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
BREATHE EASE/LARGE MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	CARETOUCH CPAP TUBE CLEANING BRUSH MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH UNIVERSAL CPAPFILTERS MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	3	QL(4 ea per 365 days retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
CO MONITOR DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMPACT SPACE CHAMBER/ANTI- STATIC/LARGE MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI- STATIC/MEDIUM MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI- STATIC/SMALL MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERS AL RANGE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
DISPOSABLE PAPER MOUTHPIECE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
EASIVENT/MASK-LARGE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASIVENT/MASK-MEDIUM MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	EASY FLOW BLACK/WHITE DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	EASY FLOW BLACK/YELLOW DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EASIVENT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	EASY FLOW HEPA FILTER MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
EASY FLOW 300 MM HOSE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	EASY FLOW WHITE/BLUE DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	EASY FLOW WHITE/GREEN DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	EASY FLOW WHITE/PINK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	EASY FLOW WHITE/WHITE DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	EASY FLOW WHITE/YELLOW DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EASY FLOW BLACK/RED DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	EASE CONTROLLER KIT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	FULL KIT NEBULIZER SET MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EXPIRATORY MOUTHPIECE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
FILTER AIR PP MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	LITETOUCH MASK LARGE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
FLEXICHAMBER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH MASK SMALL MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
LUNG PERFORMANCE PEAK FLOW METER	3	QL(4 ea per 365 days retail); RX/OTC	NEBULIZER CUP/TUBING DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
MASK VORTEX/CHILD/FROG	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	NEBULIZER MASK ADULT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
MASK VORTEX/TODDLER/LAD YBUG	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	NEBULIZER MASK CHILD MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
MICROCHAMBER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	NOSE CLIP MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
MICROCHAMBER MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	OMBRA COMPRESSOR AIR FILTERS MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER	3	QL(4 ea per 365 days retail); RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
MICROSPACER MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	3	QL(4 ea per 365 days retail); RX/OTC	ONE FLOW TESTER TUBE MOUTHPIECE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
MINI WRIGHT PEAK FLOW METER	3	QL(4 ea per 365 days retail); RX/OTC	ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DISPOSABLE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	3	QL(4 ea per 365 days retail); RX/OTC	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	PARI BABY CONVERSION KITSIZE 2 MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	PARI BABY CONVERSION KITSIZE 3 MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
OPTICHAMBER DIAMOND DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
OPTICHAMBER DIAMOND MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	PARI MANUAL INTERRUPTER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
PANDA MASK LARGE	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	PARI MASK SET MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PANDA MASK MEDIUM	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PANDA MASK SMALL	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	PARI TREK S COMBO PACK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
			PARI VORTEX ADULT MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEAK A-I-R FLOW METER	3	QL(4 ea per 365 days retail); RX/OTC
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	3	QL(4 ea per 365 days retail); RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PEDIATRIC PANDA MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PERSONAL BEST FULL RANGE	3	QL(4 ea per 365 days retail); RX/OTC
PFLEX MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PIKO 1 ELECTRONIC	3	QL(4 ea per 365 days retail); RX/OTC
PILLOW MASK/ADULT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PILLOW MASK/CHILD MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PILLOW MASK/PEDIATRIC MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
POCKET CHAMBER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
POCKET PEAK FLOW METER	3	QL(4 ea per 365 days retail); RX/OTC
POCKET SPACER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE	3	QL(4 ea per 365 days retail); RX/OTC
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	3	QL(4 ea per 365 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	RITEFLO DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PRONEB ULTRA FILTER SET MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	SIDESTREAM ADULT FACE MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PURE COMFORT PEAK FLOW METER ADULT	3	QL(4 ea per 365 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
PURE COMFORT PEAK FLOW METER CHILD	3	QL(4 ea per 365 days retail); RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
QUAKE DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
REPLACEMENT AIR FILTER MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
REPLACEMENT FILTERS MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
			SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SOOTHENE NBL 100 CHILD MASK MISC	3	4 rti MAX fill; 365 rti day(s) supply; RX/OTC
SOOTHENE NBL 100 MEDICATION CUP MISC	3	4 rti MAX fill; 365 rti day(s) supply; RX/OTC
SOOTHENE NBL 100 MESH CAP MISC	3	4 rti MAX fill; 365 rti day(s) supply; RX/OTC
SOOTHENE NBL100 ADULT MASK MISC	3	4 rti MAX fill; 365 rti day(s) supply; RX/OTC
SPIRO PD DEVI	3	4 rti MAX fill; 365 rti day(s) supply; QL(4 ea per 365 days retail); RX/OTC
STRIVE DUAL ZONE PEAK FLOW METER	3	QL(4 ea per 365 days retail); RX/OTC
THRESHOLD IMT MISC	3	4 rti MAX fill; 365 rti day(s) supply; RX/OTC
THRESHOLD PEP DEVI	3	4 rti MAX fill; 365 rti day(s) supply; QL(4 ea per 365 days retail); RX/OTC
TRUZONE PEAK FLOW METER	3	QL(4 ea per 365 days retail); RX/OTC
TUBING/WING TIP MISC	3	4 rti MAX fill; 365 rti day(s) supply; RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	3	4 rti MAX fill; 365 rti day(s) supply; QL(4 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	3	4 rti MAX fill; 365 rti day(s) supply; QL(4 ea per 365 days retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	3	4 rti MAX fill; 365 rti day(s) supply; QL(4 ea per 365 days retail); RX/OTC
WINDMILL TRAINER MISC	3	4 rti MAX fill; 365 rti day(s) supply; RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG 140 MG/ML	1	QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA
AIMOVIG 70 MG/ML	1	QL(0.067 ml daily); AL(At least 18 yrs old); MP; PA
AJOVY SOAJ	2	QL(0.05 ml daily); AL(At least 18 yrs old); MP
AJOVY SOSY	2	QL(0.05 ml daily); AL(At least 18 yrs old); MP
EMGALITY SOAJ	1	QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA
EMGALITY SOSY 120 MG/ML	1	QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA
EMGALITY SOSY 100 MG/ML	1	QL(0.1 ml daily); AL(At least 18 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NURTEC	1	QL(0.6 ea daily); AL(At least 18 yrs old); MP; PA	<i>naratriptan hcl</i>	2	QL(9 ea per fill retail)
QULIPTA	2	QL(1 ea daily); AL(At least 18 yrs old); MP	RELPAK (<i>eletriptan hydrobromide</i>)	2	QL(12 ea per fill retail)
UBRELVY	2	QL(16 ea per 30 days retail); AL(At least 18 yrs old)	REYVOW	2	QL(8 ea per 30 days retail); AL(At least 18 yrs old)
Migraine Products - NSAIDs			<i>rizatriptan benzoate TABS</i>	1	QL(18 ea per fill retail)
ELYXYB	2	QL(0.47 ml daily); AL(At least 18 yrs old)	<i>rizatriptan benzoate TBDP</i>	1	QL(18 ea per fill retail)
Serotonin Agonists			<i>sumatriptan</i>	2	QL(6 ea per fill retail)
<i>almotriptan malate</i>	2	QL(9 ea per fill retail)	<i>sumatriptan succinate SOAJ</i>	1	QL(4 ml per fill retail)
AMERGE (<i>naratriptan hcl</i>)	2	QL(9 ea per fill retail)	<i>sumatriptan succinate SOCT</i>	1	QL(4 ml per fill retail)
<i>eletriptan hydrobromide</i>	2	QL(12 ea per fill retail)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2 ml per fill retail)
FROVA (<i>frovatriptan succinate</i>)	2	QL(18 ea per fill retail)	<i>sumatriptan succinate TABS</i>	1	QL(18 ea per fill retail)
<i>frovatriptan succinate</i>	2	QL(18 ea per fill retail)	TOSYMRA	2	QL(6 ea per fill retail)
IMITREX 5 MG/ACT, 20 MG/ACT (<i>sumatriptan</i>)	1	QL(6 ea per fill retail)	ZEMBRACE SYMTOUCH SOAJ	2	
IMITREX STATDOSE REFILL SOCT (<i>sumatriptan succinate</i>)	2	QL(4 ml per fill retail)	<i>zolmitriptan SOLN</i>	2	
IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>)	2	QL(4 ml per fill retail)	<i>zolmitriptan TABS</i>	2	QL(12 ea per fill retail)
IMITREX SOLN 6 MG/0.5ML (<i>sumatriptan succinate</i>)	2	QL(2 ml per fill retail)	ZOMIG SOLN (<i>zolmitriptan</i>)	2	
IMITREX TABS (<i>sumatriptan succinate</i>)	2	QL(18 ea per fill retail)	ZOMIG SOLN	2	
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	2	QL(18 ea per fill retail)	ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	2	QL(12 ea per fill retail)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	2	QL(18 ea per fill retail)	MINERALS & ELECTROLYTES		
			Calcium		
			CALCIUM 600+D HIGH POTENCY TABS	3	MP
			CALCIUM CARBONATE EXTRA LIGHT POWD XX	4	RX/OTC
			CALCIUM CARBONATE HEAVY POWD XX	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CARBONATE LIGHT POWD XX	4	RX/OTC
<i>calcium carbonate-cholecalciferol TABS</i>	3	
CALCIUM CARBONATE POWD XX	4	RX/OTC
<i>calcium carbonate TABS 500 MG, 600 MG, 1250 MG, 1500 MG</i>	3	
<i>calcium carbonate-vitamin d w/ minerals TABS</i>	4	MP
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT</i>	3	MP
<i>calcium citrate TABS 200 MG</i>	3	MP
<i>calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG</i>	3	MP
<i>calcium gluconate SOLN</i>	3	
CALCIUM GLUCONATE SOLN (<i>calcium gluconate</i>)	3	
CALCIUM PHOSPHATE DIBASIC	4	
CALCIUM PHOSPHATE DIBASICDIHYDRATE	4	
<i>calcium TABS</i>	3	
CALTRATE 600+D3 TABS (<i>calcium carbonate-cholecalciferol</i>)	3	MP
CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	3	MP
CITRACAL + D3 MAXIMUM TABS (<i>calcium citrate-vitamin d</i>)	3	MP
<i>oyster shell</i>	3	MP
OYSTER SHELL CALCIUM/D TABS	3	MP
Electrolyte Mixtures		

Drug Name	Drug Tier	Requirements/ Limits
BIOLYTE SOLN	3	MP
CERALYTE 70 SOLN	3	MP
CERASPORT EX1 SOLN	3	MP
CERASPORT SOLN	3	MP
ENFAMIL ENFALYTE SOLN	3	MP
EQUALYTE SOLN (<i>oral electrolytes</i>)	3	MP
HYDRALYTE FREEZER POPS SOLN	3	MP
HYDRALYTE SOLN	3	MP
KINDERLYTE PREMAX SOLN	3	MP
KINDERLYTE SOLN	3	MP
<i>oral electrolytes SOLN</i>	3	MP
PEDIALYTE ADVANCED CARE SOLN (<i>oral electrolytes</i>)	3	MP
PEDIALYTE FREEZER POPS SOLN (<i>oral electrolytes</i>)	3	MP
PEDIALYTE SINGLES SOLN (<i>oral electrolytes</i>)	3	MP
PEDIALYTE SOLN (<i>oral electrolytes</i>)	3	MP
TRUELYTE SOLN	3	MP
Fluoride		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	3	AL(Up to 16 yrs old)
<i>sodium fluoride SOLN 0.5 MG/ML</i>	3	AL(Up to 16 yrs old); RX/OTC
Magnesium		
BEELITH	3	MP
<i>magnesium chloride SOLN</i>	3	MP
<i>magnesium oxide (mg supplement) TABS 400 MG, 500 MG</i>	3	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM OXIDE TABS	3		CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS	4	MP
<i>magnesium sulfate IV</i>	3	MP	CVS CALCIUM CITRATE+D3 TABS	4	MP
MAGNESIUM SULFATE IJ 50 %	3	MP	FEM-CAL CITRATE TABS	4	MP
MAGNESIUM SULFATE IV (<i>magnesium sulfate</i>)	3	MP	MULTI MEGA MINERALS TABS	4	MP
MAGNESIUM SULFATE IN D5W (<i>magnesium sulfate in dextrose</i>)	3	MP	<i>multiple minerals w/ vitamins TABS</i>	4	MP
<i>magnesium sulfate in dextrose</i>	3	MP	MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS	4	MP
MAGOX 400 TABS (<i>magnesium oxide (mg supplement)</i>)	NF		PROSTEON TABS	4	MP
NU-MAG	3	MP	THERACAL D2000 TABS	4	MP
SLOW-MAG	3	MP	THERACAL D4000 TABS	4	MP
SLOWMAG MG MUSCLE/HEART	3	MP	THERACAL RAPID REPLETION TABS	4	MP
Mineral Combinations			Phosphate		
ADVANCED CALCIUM/VITAMIND/MAGNESIUM TABS	4	MP	GLYCOPHOS	3	MP
BONE DENSITY BUILDER TABS	4	MP	K-PHOS TABS (<i>potassium phosphate monobasic</i>)	3	
CAL MAG ZINC +D3 TABS	4	MP	PHOS-NAK POWDER CONCENTRATE PACK (<i>potassium & sodium phosphates</i>)	NF	
CALCIUM 600+D3 PLUS MINERALS TABS	4	MP	PHOS-NAK POWDER CONCENTRATE PACK (<i>potassium & sodium phosphates</i>)	1	
CALCIUM/MAGNESIUM/ZINC/D3 TABS	4	MP	<i>potassium & sodium phosphates PACK</i>	1	
CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS	4	MP	<i>potassium phosphate monobasic TABS</i>	3	
CALCIUM/MAGNESIUM/ZINC TABS 200 UNIT-333 MG-133 MG-5 MG	4	MP	<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	3	MP
CAL-MAG-ZINC-D3 TABS	4	MP	POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML (<i>potassium phosphates</i>)	3	MP
CAL-MAG-ZINC-D TABS	4	MP			
CITRACAL MAXIMUM PLUS TABS	4	MP			
CITRACAL PLUS TABS	4	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium phosphates (sodium phosphate dibasic & monobasic) 142 MG/ML-276 MG/ML, 710 MG/5ML-1380 MG/5ML</i>	3	MP	CELLCEPT TABS (<i>mycophenolate mofetil</i>)	3	SP
Potassium			<i>cyclosporine modified (for microemulsion) CAPS</i>	3	SP
K-TAB TBCR (<i>potassium chloride</i>)	3		<i>cyclosporine modified (for microemulsion) SOLN</i>	3	SP
<i>potassium bicarbonate TBEF</i>	3	MP	<i>cyclosporine CAPS</i>	3	SP
<i>potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ</i>	3	MP	<i>cyclosporine SOLN IV 50 MG/ML</i>	3	SP
<i>potassium chloride CPCR</i>	3	MP	ENSPRYNG	3	AL (At least 18 yrs old); SP; PA
<i>potassium chloride TBCR</i>	3		ENVARUS XR TB24	3	SP
Sodium			<i>everolimus (immunosuppressant)</i>	3	SP
<i>sodium chloride SOLN IV 0.9 %</i>	4	MP	IMURAN TABS (<i>azathioprine</i>)	3	SP
Zinc			<i>mycophenolate mofetil hcl</i>	3	SP
<i>zinc sulfate CAPS</i>	4		<i>mycophenolate mofetil CAPS</i>	3	SP
MISCELLANEOUS THERAPEUTIC CLASSES			<i>mycophenolate mofetil SUSR</i>	3	SP
Immunomodulators			<i>mycophenolate mofetil TABS</i>	3	SP
<i>lenalidomide</i>	3	SP	<i>mycophenolate sodium</i>	3	SP
REVLIMID	3	SP	MYFORTIC (<i>mycophenolate sodium</i>)	3	SP
REZUROCK	3	SP	NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	3	SP
THALOMID	3	PA	NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	3	SP
Immunosuppressive Agents			NULOJIX	3	SP
ASTAGRAF XL CP24	3	SP	PROGRAF CAPS (<i>tacrolimus</i>)	3	SP
<i>azathioprine TABS</i>	3	SP	PROGRAF PACK	3	SP
CELLCEPT INTRAVENOUS (<i>mycophenolate mofetil hcl</i>)	3	SP	PROGRAF SOLN	3	SP
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	3	SP	RAPAMUNE SOLN (<i>sirolimus</i>)	3	SP
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	3	SP	RAPAMUNE TABS (<i>sirolimus</i>)	3	SP

Drug Name	Drug Tier	Requirements/ Limits
SANDIMMUNE CAPS (cyclosporine)	3	SP
SANDIMMUNE SOLN IV 50 MG/ML (cyclosporine)	3	SP
SANDIMMUNE SOLN OR	3	SP
sirolimus SOLN	3	SP
sirolimus TABS	3	SP
tacrolimus CAPS	3	SP
ZORTRESS (everolimus (immunosuppressant))	3	SP
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE	CO	SP
Potassium Removing Agents		
sodium polystyrene sulfonate POWD	3	MP
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	3	MP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth- throat) 2 %	3	
Anti-infectives - Throat		
clotrimazole	1	
nystatin (mouth-throat)	1	
ORAVIG	2	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	3	
PERIDEX (chlorhexidine gluconate (mouth-throat))	3	
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL (sodium fluoride (dental))	3	

Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT 5000 PLUS CREA (sodium fluoride (dental))	3	
PREVIDENT FLUORIDE GEL (sodium fluoride (dental))	3	
sodium fluoride (dental) CREA	3	
sodium fluoride (dental) GEL	3	
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	3	QL(5 gm per 30 days retail)
Throat Products - Misc.		
pilocarpine hcl (oral)	3	
SALAGEN (pilocarpine hcl (oral))	3	
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins INJ	3	MP
b-complex vitamins TABS	3	MP
B-COMPLEX INJ	3	MP
VITAMIN B COMPLEX/HYDROXOCO BALAMIN INJ	3	MP
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	3	MP; RX/OTC
b-complex w/ c & folic acid TABS	3	MP; RX/OTC
b-complex w/ folic acid TABS	3	MP
b-complex w/biotin & folic acid TABS	3	MP
DIALYVITE 3000	3	MP
DIALYVITE 5000	3	MP
DIALYVITE 800 PLUS D WAFR	3	MP
DIALYVITE 800/ZINC	3	MP

Drug Name	Drug Tier	Requirements/ Limits
DIALYVITE 800/ZINC 15	3	MP
DIALYVITE/ZINC	3	MP
NEPHPLEX RX	3	MP
SM B-COMPLEX/VITAMIN C TABS	3	MP; RX/OTC
VITAL-D RX	3	MP
Multiple Vitamins w/ Calcium		
<i>multiple vitamins w/ calcium TABS</i>	3	
ONE-A-DAY WOMENS FORMULA TABS (<i>multiple vitamins w/ calcium</i>)	3	
SM ONE DAILY ESSENTIAL TABS	3	
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron TABS</i>	3	MP
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	3	MP
Multiple Vitamins w/ Minerals		
ABC COMPLETE SENIOR 50+ TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR MEN'S 50+ TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	3	MP; RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	3	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	3	RX/OTC
ACTIVNUTRIENTS CAPS	3	RX/OTC
ADEK GUMMIES PLUS ZN CHEW	3	MP
ADULT ONE DAILY GUMMIES CHEW	3	MP

Drug Name	Drug Tier	Requirements/ Limits
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	3	MP; RX/OTC
AIRBORNE KIDS CHEW	3	MP
AIRBORNE+GOOD REST CHEW	3	MP
AIRBORNE+PROBIOTIC CHEW	3	MP
AIRBORNE CHEW	3	MP
ALGAE BASED CALCIUM TABS	3	MP; RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	3	MP; RX/OTC
ALIVE ENERGY 50+ TABS	3	MP; RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	3	RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW	3	MP
ALIVE MENS 50+ TABS	3	MP; RX/OTC
ALIVE MENS ENERGY TABS	3	MP; RX/OTC
ALIVE MULTI-VITAMIN CHEW	3	MP
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	3	MP; RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	3	MP; RX/OTC
ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	3	MP
ALIVE WOMENS 50+ CHEW	3	MP
ALIVE WOMENS 50+ TABS	3	MP; RX/OTC
ALIVE WOMENS ENERGY TABS	3	MP; RX/OTC
ALIVE WOMENS GUMMY MULTIVITAMIN CHEW	3	MP
ANTIOXIDANT FORMULA TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
APETIBEX CAPS	3	RX/OTC
APPE-CURB CAPS	3	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	3	MP; RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS	3	MP; RX/OTC
BACMIN TABS	3	MP; RX/OTC
BARIATRIC FUSION CHEW	3	MP
BARIATRIC MULTIVITAMINS/IRON CAPS	3	RX/OTC
BASIC AM TABS	3	MP; RX/OTC
BASIC PM TABS	3	MP; RX/OTC
BIO-35 GLUTEN-FREE CAPS	3	RX/OTC
BIO-35 IRON FREE CAPS	3	RX/OTC
BIOCAL CAPS	3	RX/OTC
BONEUP 3 PER DAY CAPS	3	RX/OTC
BONEUP VEGETARIAN TABS	3	MP; RX/OTC
BONEUP CAPS	3	RX/OTC
CAL-DAY 1000 TABS	3	MP; RX/OTC
CELEBRATE MULTI- COMPLETE18 CAPS	3	RX/OTC
CELEBRATE MULTI- COMPLETE18 CHEW	3	MP
CELEBRATE MULTI- COMPLETE36 CAPS	3	RX/OTC
CELEBRATE MULTI- COMPLETE36 CHEW	3	MP
CELEBRATE MULTI- COMPLETE45 CAPS	3	RX/OTC
CELEBRATE MULTI- COMPLETE45 CHEW	3	MP
CELEBRATE MULTI- COMPLETE60 CAPS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CELEBRATE MULTI- COMPLETE60 CHEW	3	MP
CENTRAVITES 50 PLUS TABS	3	MP; RX/OTC
CENTRAVITES ADULTS TABS	3	MP; RX/OTC
CENTRUM ADULT MULTIGUMMIES CHEW	3	MP
CENTRUM ADULTS TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
CENTRUM CARDIO TABS	3	MP; RX/OTC
CENTRUM FLAVOR BURST ADULT CHEW	3	MP
CENTRUM FLAVOR BURST CHEW	3	MP
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	3	MP
CENTRUM FRESH/FRUITY ADULTS CHEW	3	MP
CENTRUM MEN TABS	3	MP; RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	3	MP; RX/OTC
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	3	MP
CENTRUM SILVER 50+MEN TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
CENTRUM SILVER 50+WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
CENTRUM SILVER ADULT 50+ TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
CENTRUM SILVER ADULTS 50+ TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM SILVER ULTRA WOMENS TABS	3	MP; RX/OTC
CENTRUM SILVER CHEW	3	MP
CENTRUM SILVER TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC
CENTRUM SPECIALIST HEART TABS	3	MP; RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	3	MP; RX/OTC
CENTRUM SPECIALIST VISION TABS	3	MP; RX/OTC
CENTRUM ULTRA WOMENS TABS	3	MP; RX/OTC
CENTRUM VITAMINTS CHEW	3	MP
CENTRUM WOMEN TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	3	MP; RX/OTC
CERTAVITE SENIOR TABS	3	MP; RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	3	MP; RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	3	RX/OTC
CHOICEFUL MULTIVITAMIN CHEW	3	MP
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	3	MP
CVS ADULT 50+ EYE HEALTH CAPS	3	RX/OTC
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	3	MP
CVS EYE HEALTH ADULT 50+ CAPS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS ONE DAILY MENS 50+ ADVANCED TABS	3	MP; RX/OTC
CVS ONE DAILY WOMENS 50+ADVANCED TABS	3	MP; RX/OTC
CVS SPECTRAVITE ADULT 50+ CHEW	3	MP
CVS SPECTRAVITE ADULT 50+ TABS	3	MP; RX/OTC
CVS SPECTRAVITE ADULTS TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	3	MP; RX/OTC
CVS SPECTRAVITE WOMEN CHEW	3	MP
CVS VISION HEALTH CAPS	3	RX/OTC
DAYAVITE TABS	3	MP; RX/OTC
DECUBI-VITE CAPS	3	RX/OTC
DEKAS BARIATRIC CHEW	3	MP
DEKAS PLUS OCEAN CAPS	3	RX/OTC
DEKAS PLUS CAPS	3	RX/OTC
DEKAS PLUS CHEW	3	MP
DERMACINRX MULTITAM TABS	3	MP; RX/OTC
DERMACINRX RIBOTIN-E TABS	3	MP; RX/OTC
DERMACINRX ZINTREXYL-C TABS	3	MP; RX/OTC
DERMAVITE TABS	3	MP; RX/OTC
DEXATRAN CAPS	3	RX/OTC
DIALYVITE SUPREME D TABS	3	MP; RX/OTC
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	3	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMERGEN-C VITAMIN C CHEW	3	MP	FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	3	MP; RX/OTC
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	3	MP; RX/OTC	FOLAGENT DHA CAPS	3	RX/OTC
EQ MULTIVITAMINS ADULT GUMMY CHEW	3	MP	FOLAMAX TABS	3	MP; RX/OTC
EQ ONE DAILY MENS 50+ TABS	3	MP; RX/OTC	FOLAMED DHA CAPS	3	RX/OTC
EQ ONE DAILY MENS HEALTH TABS	3	MP; RX/OTC	FOLIFLEX TABS	3	MP; RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	3	MP; RX/OTC	FOLIKA-MG TABS	3	MP; RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	3	MP; RX/OTC	FOLITIN-Z TABS	3	MP; RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	3	MP; RX/OTC	FOSFREE TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
EQL CENTURY MENS TABS	3	MP; RX/OTC	FREEDAVITE TABS	3	MP; RX/OTC
EQL CENTURY WOMENS TABS	3	MP; RX/OTC	GENADEK STEP 1 CAPS	3	RX/OTC
EQL ONE DAILY ADULT GUMMIES CHEW	3	MP	GENADEK STEP 2 CAPS	3	RX/OTC
EQL ONE DAILY MENS TABS	3	MP; RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	3	MP; RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	MP; RX/OTC	HAIR SKIN & NAILS ADVANCED FORMULA TABS	3	MP; RX/OTC
EYE HEALTH/LUTEIN TABS	3	MP; RX/OTC	HAIR/SKIN/NAILS CAPS	3	RX/OTC
EYE HEALTH CAPS	3	RX/OTC	HEAD CARE PROACTIVE HEALTH TABS	3	MP; RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS	3	RX/OTC	HEALTHY EYES SUPERVISION2 CAPS	3	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	3	MP; RX/OTC	HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	3	MP; RX/OTC
EYE MULTIVITAMIN CAPS	3	RX/OTC	HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	3	MP; RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	3	MP; RX/OTC	HM COMPLETE MEN TABS	3	MP; RX/OTC
			HM HAIR/SKIN/NAILS TABS	3	MP; RX/OTC
			HYLAZINC TABS	3	MP; RX/OTC
			ICAPS AREDS FORMULA TABS	3	MP; RX/OTC
			IMMUNE ESSENTIALS DAILY CAPS	3	RX/OTC
			IMMUNE SUPPORT CHEW	3	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KEYFOLIC TABS	3	MP; RX/OTC	<i>multiple vitamins w/ minerals TABS</i>	3	MP; RX/OTC
KEYLOSA TABS	3	MP; RX/OTC	MULTIVITAMIN ADULTS TABS	3	MP; RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	3	MP; RX/OTC	MULTIVITAMIN MEN TABS	3	MP; RX/OTC
LIVER DETOX TABS	3	MP; RX/OTC	MULTI-VITAMIN MONOCAPS TABS	3	MP; RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	3	MP; RX/OTC	MULTIVITAMIN WOMEN TABS	3	MP; RX/OTC
MEGA MULTI FOR MEN TABS	3	MP; RX/OTC	MULTIVITAMIN/ZINC STRESSFORMULA TABS	3	MP; RX/OTC
MEGA MULTI FOR WOMEN TABS	3	MP; RX/OTC	MULTIVITAMIN TABS	3	MP; RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	3	MP; RX/OTC	MVW COMPLETE FORMULATION CAPS	3	RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	3	MP; RX/OTC	MVW COMPLETE FORMULATIOND3000 CAPS	3	RX/OTC
MENS 50+ ADVANCED CAPS	3	RX/OTC	MVW COMPLETE FORMULATIOND500 CAPS	3	RX/OTC
MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	3	MP; RX/OTC	MVW COMPLETE FORMULATIONMINIS CAPS	3	RX/OTC
MENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC	MVW HI-D ADEK GUMMIES CHEW	3	MP
MENS MULTI VITAMIN & MINERAL FORMULA TABS	3	MP; RX/OTC	MVW MODULATOR FORMULATION MINIS CAPS	3	RX/OTC
MENS MULTIVITAMIN CHEW	3	MP	MVW MODULATOR FORMULATION CAPS	3	RX/OTC
MENS MULTIVITAMIN TABS	3	MP; RX/OTC	NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	3	MP; RX/OTC
MOOD FOOD ES CAPS	3	RX/OTC	NATRUL-VITES TABS	3	MP; RX/OTC
MOOD FOOD CAPS	3	RX/OTC	NEOVITE TABS	3	MP; RX/OTC
MULTI-BETIC DIABETES SUPPORT TABS	3	MP; RX/OTC	NICADAN ZX TABS	3	MP; RX/OTC
MULTI-BETIC DIABETES TABS	3	MP; RX/OTC	NICADAN TABS	3	MP; RX/OTC
<i>multiple vitamins w/ minerals CAPS</i>	3	RX/OTC	NICAZEL FORTE TABS	3	MP; RX/OTC
<i>multiple vitamins w/ minerals CHEW</i>	3	MP	NICAZEL TABS	3	MP; RX/OTC
			NO IRON MULTIPLE VITAMIN/MINERALS TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NUTRICAP TABS	3	MP; RX/OTC
OCULAR VITAMINS TABS	3	MP; RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	3	RX/OTC
OCUVITE ADULT 50+ CAPS	3	RX/OTC
OCUVITE ADULT FORMULA CAPS	3	RX/OTC
OCUVITE LUTEIN CAPS	3	RX/OTC
ONCOVITE TABS	3	MP; RX/OTC
ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	3	MP
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	3	MP
ONE A DAY MENS VITACRAVES CHEW	3	MP
ONE A DAY WOMENS 50+ ADVANCED CHEW	3	MP
ONE DAILY MENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS	3	MP; RX/OTC
ONE DAILY WOMENS TABS	3	MP; RX/OTC
ONE DIALY MULTIVITAMIN WOMENS TABS	3	MP; RX/OTC
ONE-A-DAY ENERGY TABS	3	MP; RX/OTC
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	3	MP
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW	3	MP
ONE-A-DAY MENOPAUSE FORMULA TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY MENS 50+ ADVANTAGE TABS	3	MP; RX/OTC
ONE-A-DAY MENS 50+ TABS	3	MP; RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	3	MP; RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	3	MP; RX/OTC
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	3	MP
ONE-A-DAY MENS TABS	3	MP; RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	3	MP; RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	3	MP; RX/OTC
ONE-A-DAY VITACRAVES ADULT CHEW	3	MP
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	3	MP
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	3	MP
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	3	MP
ONE-A-DAY VITACRAVES CHEW	3	MP
ONE-A-DAY WEIGHT SMART ADVANCED TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
ONE-A-DAY WOMENS 50+ TABS	3	MP; RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
ONE-A-DAY WOMENS PETITES TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	3	MP
ONE-A-DAY WOMENS TABS	3	MP; RX/OTC
ONE-DAILY MULTI CAPS CAPS	3	RX/OTC
ONEVITE TABS	3	MP; RX/OTC
OPTIFAST POST BARIATRIC CHEW	3	MP
OPTIMUM AIRVITES CHEW	3	MP
OPTISOURCE POST BARIATRIC SURGERY CHEW	3	MP
OPTIVITE P.M.T. TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
OPURITY/BYPASS OPTIMIZED CHEW	3	MP
OPURITY TABS	3	MP; RX/OTC
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	3	MP; RX/OTC
PARVLEX TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PHYTOMULTI TABS	3	MP; RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	3	RX/OTC
PRESERVISION AREDS 2 CAPS	3	RX/OTC
PRESERVISION AREDS 2 CHEW	3	MP
PRESERVISION AREDS CAPS	3	RX/OTC
PRESERVISION AREDS TABS	3	MP; RX/OTC
PRESERVISION/LUTEIN CAPS	3	RX/OTC
PRO-CAL TABS	3	MP; RX/OTC
PROCERV HP TABS	3	MP; RX/OTC
PROFOLA TABS	3	MP; RX/OTC
PRORENAL+D/OMEGA-3 CAPS	3	RX/OTC
PRORENAL+D TABS	3	MP; RX/OTC
PROTECT CARDIO AF CAPS	3	RX/OTC
PROTECT PLUS SO CAPS	3	RX/OTC
PROTEGRA CAPS	3	RX/OTC
PROVIT TABS	3	MP; RX/OTC
QC MULTI-VITE TABS	3	MP; RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	3	RX/OTC
QUIN B STRONG TABS	3	MP; RX/OTC
QUINTABS-M TABS	3	MP; RX/OTC
RA CENTRAL-VITE TABS	3	MP; RX/OTC
RAYAVIT TABS	3	MP; RX/OTC
REMEDIENT CAPS	3	RX/OTC
RENAPLEX-D TABS	3	MP; RX/OTC
SENTRY SENIOR/LUTEIN TABS	3	MP; RX/OTC
SENTRY TABS	3	MP; RX/OTC
SIDEROL TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SM ONE DAILY MENS TABS	3	MP; RX/OTC
SM ONE DAILY WOMENS TABS	3	MP; RX/OTC
SOLO TABS	3	MP; RX/OTC
SPECTRAVITE TABS	3	MP; RX/OTC
STROVITE FORTE TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC
STROVITE ONE TABS	3	MP; RX/OTC
SUPER ANTIOXIDANT CAPS	3	RX/OTC
SUPPORT-500 CAPS	3	RX/OTC
SYSTANE ICAPS AREDS2 CHEW	3	MP
SYSTANE ICAPS AREDS2 TABS	3	MP; RX/OTC
THERA M PLUS TABS	3	MP; RX/OTC
THERABETIC MULTI-VITAMIN TABS	3	MP; RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	3	MP; RX/OTC
THERAGRAN-M ADVANCED TABS	3	MP; RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	3	MP; RX/OTC
THERAGRAN-M PREMIER TABS	3	MP; RX/OTC
THERAGRAN-M TABS	3	MP; RX/OTC
THERAMILL FORTE CAPS	3	RX/OTC
THERA-M TABS	3	MP; RX/OTC
THERANATAL LACTATION ONE CAPS	3	RX/OTC
THERA-TABS M TABS	3	MP; RX/OTC
THEREMS-M TABS	3	MP; RX/OTC
THRIVITE 19 TABS	3	MP; RX/OTC
T-VITES TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	3	MP; RX/OTC
ULTRA BONEUP TABS	3	MP; RX/OTC
VENEXA FE TABS	3	MP; RX/OTC
VENEXA TABS	3	MP; RX/OTC
VENTRIXYL FE TABS	3	MP; RX/OTC
VENTRIXYL TABS	3	MP; RX/OTC
VISION HEALTH CAPS	3	RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	3	RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	3	RX/OTC
VITABEX PLUS CAPS	3	RX/OTC
VITABEX CAPS	3	RX/OTC
VITACHEW ADULT MULTI VITAMIN CHEW	3	MP
VITAMIN D3 COMPLETE TABS	3	MP; RX/OTC
VITAROCA PLUS TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC
VITASANA TABS	3	MP; RX/OTC
VITATRUM TABS	3	MP; RX/OTC
VITEYES CLASSIC ADVANCED CAPS	3	RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS	3	RX/OTC
VITEYES CLASSIC MULTIIVITAMIN TABS	3	MP; RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	3	MP; RX/OTC
VITEYES CLASSIC/OMEGA-3 CAPS	3	RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VITEYES CLASSIC CAPS	3	RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	3	MP; RX/OTC
VITRAMYN TABS	3	MP; RX/OTC
VITRANOL FE TABS	3	MP; RX/OTC
VITRANOL TABS	3	MP; RX/OTC
VITREXATE FE TABS	3	MP; RX/OTC
VITREXATE TABS	3	MP; RX/OTC
VITREXYL/IRON TABS	3	MP; RX/OTC
VITREXYL TABS	3	MP; RX/OTC
VITRUM 50+ ADULT-MULTI IRON FREE TABS	3	MP; RX/OTC
VITRUM 50+ SENIOR MULTI TABS	3	MP; RX/OTC
WAL-BORN VITAMIN C CHEW	3	MP
WELFOLA TABS	3	MP; RX/OTC
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	3	MP; RX/OTC
WOMENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC
WOMENS MULTI GUMMIES CHEW	3	MP
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	3	MP; RX/OTC
WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW	3	MP
YELETS TEENAGE FORMULA TABS	3	MP; RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	3	MP
YUMVS MULTI ZERO CHEW	3	MP
YUMVS ZERO DIABETIC MULTIVITAMIN CHEW	3	MP
ZYVANA CAPS	3	RX/OTC
Multivitamins		
AMLADEX TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DAILY MULTIPLE VITAMINS TABS	3	MP; RX/OTC
DEKAS ESSENTIAL CAPS	3	RX/OTC
DEKAS ESSENTIAL LIQD	3	
ESTROFACTORS TABS	3	MP; RX/OTC
FOLCYTEINE TABS	3	MP; RX/OTC
GENICIN VITA-Q TABS	3	MP; RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	3	MP; RX/OTC
MULTI VITAMIN/D-3 TABS	3	MP; RX/OTC
MULTI VITAMIN TABS	3	MP; RX/OTC
<i>multiple vitamin TABS</i>	3	MP; RX/OTC
MULTIVITAMIN ADULT TABS	3	MP; RX/OTC
NEOMULTIVITE TABS	3	MP; RX/OTC
OMNICAP TABS	3	MP; RX/OTC
ONE DAILY ESSENTIAL TABS	3	MP; RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	3	MP; RX/OTC
ONE-A-DAY ESSENTIAL TABS (<i>multiple vitamin</i>)	3	MP; RX/OTC
ONE-A-DAY MENS TABS (<i>multiple vitamin</i>)	3	MP; RX/OTC
QUINTABS TABS	3	MP; RX/OTC
THERA TABS	3	MP; RX/OTC
THEREMS MULTIVITAMIN TABS	3	MP; RX/OTC
TM-DAILY VITE TABS	3	MP; RX/OTC
VITAZYME TABS	3	MP; RX/OTC
ZE-PLUS CAPS (<i>multiple vitamin</i>)	NF	RX/OTC
Ped Multi Vitamins w/FI & FE		
<i>ped multivitamins w/fl & iron SOLN</i>	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC
Ped Multiple Vitamins w/ Minerals		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTIVNUTRIENTS CHEWABLE CHEW	3		MVW COMPLETE FORMULATION CHEW	3	
ACTIVNUTRIENTS CHEW	3		MVW COMPLETE FORMULATIONPEDIATRIC SOLN	3	MP
CENTRUM FLAVOR BURST KIDS CHEW	3		NANOVM 1-3 YEARS POWD	3	
CENTRUM KIDS CHEW	3		NANOVM 4-8 YEARS POWD	3	
DEKAS PLUS LIQD	3		NANOVM 9-18 YEARS POWD	3	
FLINTSTONES COMPLETE CHEW 90 MG-30 MCG-240 MCG-0.97 MG-12 MG-1.7 MG-5 MG-1.3 MG-20 MCG-7.5 MG-10 MG-15 MG-0.44 MG-5 MG-140 MG-150 MCG-400 MCG-2.4 MCG	3		NANOVM T/F POWD	3	
FLINTSTONES GUMMIES COMPLETE CHEW (pediatric multiple vitamin w/ minerals)	3		ONE-A-DAY SCOOPY-DOO GUMMIES CHEW (pediatric multiple vitamin w/ minerals)	3	
FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW (pediatric multiple vitamin w/ minerals)	3		ONE-A-DAY/JOLLY RANCHER CHEW (pediatric multiple vitamin w/ minerals)	3	
FLINTSTONES GUMMIES CHEW (pediatric multiple vitamin w/ minerals)	3		pediatric multiple vitamin w/ minerals CHEW	3	
FLINTSTONES SOUR GUMMIES CHEW (pediatric multiple vitamin w/ minerals)	3		VITALET'S CHILDRENS CHEW	3	
FLINTSTONES TODDLER/TASTISMOOTH CHEW	3		YUMVSKIDS MULTI ZERO CHEW	3	
GNP MULTI CHILDRENS CHEW	3		Ped MV w/ Fluoride		
HEALTHY KIDS GUMMIES CHEW	3		FLORIVA PLUS SOLN	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW	3		MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1 MG-15 UNIT	3	AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN GUMMIES CHILDRENS CHEW	3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC	<i>pediatric multivitamins w/fl SOLN</i>	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-1 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT-400 UNIT-15 UNIT-1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC	<i>pediatric vitamins acd w/ fluoride SOLN</i>	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC	POLY-VI-FLOR CHEW	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG-600 MCG-4.5 MCG-230 MCG	3	AL(Up to 12 yrs old); MP; RX/OTC	POLY-VI-FLOR CHEW 400 UNIT-15 UNIT-1 MG-200 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-600 MCG-4.5 MCG-1 MG-200 MCG	3	AL(Up to 12 yrs old); MP; RX/OTC
MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.25 MG-600 MCG-4.5 MCG-230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG-600 MCG-4.5 MCG-230 MCG	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC	QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-1 MG-15 UNIT-1 MG-108 MCG	3	AL(Up to 12 yrs old); MP; RX/OTC
<i>pediatric multivitamins w/fl CHEW</i>	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC	QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.25 MG-15 UNIT-1 MG-108 MCG, 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.5 MG-15 UNIT-1 MG-108 MCG	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC
<i>pediatric multivitamins w/fl CHEW</i>	3	AL(Up to 12 yrs old); MP; RX/OTC	QUFLORA PEDIATRIC SOLN	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC
			Pediatric Vitamins		
			TRI-VI-SOL A/C/D	3	MP
			VITAMIN A/C/D INFANT	3	MP
			VITAMIN A/C/D INFANT/TODDLER	3	MP
			Prenatal Vitamins		

Drug Name	Drug Tier	Requirements/ Limits
CLASSIC PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
COMPLETENATE CHEW	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
CO-NATAL FA TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
EQL PRENATAL FORMULA TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
GNP PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
KP PRENATAL MULTIVITAMINS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
MASONATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
M-NATAL PLUS TABS	3	RX/OTC
NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25 MCG-8 MCG-3 MG-20 MG-7 MG-29 MG-200 MG-3 MG-100 MG-15 MG-3 MG-1200 MCG-150 MCG-18.4 MG	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	3	RX/OTC
NEONATAL PLUS TABS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NESTABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
NIVA-PLUS TABS	3	RX/OTC
ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS	3	RX/OTC
PNV TABS 29-1 TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
PRENATABS FA TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
PRENATAL 19 CHEW	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATAL 19 TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
PRENATAL AND IRON TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL FORTE TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL MULTIVITAMIN TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATAL PLUS IRON TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
PRENATAL PLUS VITAMIN AND MINERAL TABS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATAL PLUS TABS	3	RX/OTC	PRENATAL TABS 100 MG-2.6 MG-0.8 MG-400 UNIT-4 MCG-1.7 MG-18 MG-1.84 MG-25 MG-27 MG-11 UNIT-200 MG-4000 UNIT, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT-4000 UNIT	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
<i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i>	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP			
<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i>	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC			
PRENATAL VITAMIN & MINERAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP			
PRENATAL VITAMIN/IRON TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP			
PRENATAL VITAMINS PLUS LOW IRON TABS	3	RX/OTC			
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	3	RX/OTC
			PRENATVITE RX TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
			PREPLUS TABS	3	RX/OTC
			PRETAB TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
			PX PRENATAL MULTIVITAMINS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
			QC PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
RA PRENATAL FORMULA/FOLICACID TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
RA PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
SE-NATAL 19 CHEW	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
SE-NATAL 19 TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
SM PRENATAL VITAMINS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
THERANATAL CORE NUTRITION TABS	3	RX/OTC
THRIVITE RX TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
TRICARE TABS	3	RX/OTC
TRINATAL RX 1 TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
VINATE ONE TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
VITATHELY/GINGER TABS	3	RX/OTC
WESTAB PLUS TABS	3	RX/OTC
Vitamins w/ Lipotropics		
ACTIFLOVIT EAR HEALTH TABS	3	MP
LIPOTRIAD TABS (vitamins w/ lipotropics)	3	MP
vitamins w/ lipotropics TABS	3	MP

Drug Name	Drug Tier	Requirements/ Limits
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (cyclobenzaprine hcl)	2	
baclofen SOLN OR 5 MG/5ML	1	PA
baclofen SUSP	2	
baclofen TABS	1	
chlorzoxazone TABS	2	
cyclobenzaprine hcl CP24	2	
cyclobenzaprine hcl TABS	1	
cyclobenzaprine hcl TABS 7.5 MG	2	
FLEQSUVY SUSP (baclofen)	2	
LYVISPAH PACK	2	
metaxalone	2	
methocarbamol TABS	1	
orphenadrine citrate TB12	1	
OZOBAX SOLN OR (baclofen)	NF	PA
SKELAXIN (metaxalone)	2	
tizanidine hcl CAPS	2	
tizanidine hcl TABS	1	
ZANAFLEX CAPS (tizanidine hcl)	2	
ZANAFLEX TABS 4 MG (tizanidine hcl)	2	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG, 50 MG (dantrolene sodium)	2	
dantrolene sodium CAPS	2	
Muscle Relaxant Combinations		
NORGESIC FORTE (orphenadrine w/ aspirin & caff)	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>orphenadrine w/ aspirin & caff</i>	2	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	2	
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	2	
RYALTRIS	2	
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	3	
OCEAN NASAL SPRAY SOLN (<i>saline</i>)	3	
<i>saline</i> SOLN	3	
Nasal Antiallergy		
<i>azelastine hcl</i>	1	RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	3	
NASALCROM (<i>cromolyn sodium (nasal)</i>)	3	
<i>olopatadine hcl (nasal)</i>	2	
PATANASE (<i>olopatadine hcl (nasal)</i>)	2	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	
Nasal Steroids		
BECONASE AQ	2	
<i>budesonide (nasal)</i>	2	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	2	RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	NF	RX/OTC
<i>flunisolide (nasal) 0.025 %</i>	2	
<i>fluticasone propionate (nasal) SUSP</i>	2	RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	1	RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	2	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	2	QL(16.9 ml per 30 days retail)
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	2	QL(16.9 ml per 30 days retail)
NASONEX 24HR SUSP	2	RX/OTC
OMNARIS SUSP	2	
QNASL	2	
QNASL CHILDRENS	2	
<i>triamcinolone acetonide (nasal) AERO</i>	2	QL(16.9 ml per 30 days retail)
XHANCE EXHU	2	
ZETONNA AERS	2	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	3	AL(At least 18 yrs old); PA
RELYVRIO	3	QL(60 ea per 30 days retail); AL(At least 18 yrs old); SP; PA
RILUTEK TABS (<i>riluzole</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>riluzole TABS</i>	3	
TIGLUTIK SUSP	3	AL(At least 18 yrs old); PA
Friedrich's Ataxia Agents		
SKYCLARYS	CO	SP
Rett Syndrome Agents		
DAYBUE	CO	SP
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	CO	SP; MP
SPINRAZA	CO	SP; MP
NUTRIENTS		
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS</i>	3	
<i>omega-3 fatty acids CPDR</i>	3	
Proteins		
L-ORNITHINE POWD	4	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear solution</i>	3	
BION TEARS	3	
<i>carboxymethylcellulose sodium (ophth) GEL</i>	3	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	3	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	3	
GENTEAL TEARS MODERATE PF (<i>dextran 70-hypromellose</i>)	3	
GENTEAL TEARS MODERATEPF (<i>dextran 70-hypromellose</i>)	3	
GENTEAL TEARS SEVERE DAY/NIGHT GEL (<i>polyethylene glycol-propylene glycol (ophth)</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>polyethylene glycol-propylene glycol (ophth) GEL</i>	3	
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	3	
<i>polyvinyl alcohol 1.4 %</i>	3	
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML</i>	3	
REFRESH LIQUIGEL GEL (<i>carboxymethylcellulose sodium (ophth)</i>)	3	
REFRESH PLUS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF	
REFRESH PLUS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	3	
REFRESH TEARS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	3	
SYSTANE GEL GEL (<i>polyethylene glycol-propylene glycol (ophth)</i>)	3	
SYSTANE ULTRA SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	3	
SYSTANE ULTRA SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	NF	
SYSTANE SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	3	
THERATEARS GEL (<i>carboxymethylcellulose sodium (ophth)</i>)	3	
<i>white petrolatum-mineral oil</i>	3	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	2	
BETIMOL	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BETOPTIC-S SUSP	1		ATROPINE SULFATE SOLN 1 %	3	
<i>brimonidine tartrate-timolol maleate</i>	2		CYCLOGYL	3	
<i>carteolol hcl (ophth)</i>	1		CYCLOGYL (<i>cyclopentolate hcl</i>)	3	
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	1		<i>cyclopentolate hcl 1 %, 2 %</i>	3	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	2		ISOPTO ATROPINE SOLN	3	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	2		MYDRIACYL SOLN (<i>tropicamide</i>)	3	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2		<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	1		<i>tropicamide SOLN</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	2		Miotics		
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	2		ISOPTO CARPINE SOLN 1 %, 2 % (<i>pilocarpine hcl</i>)	3	
<i>levobunolol hcl 0.5 %</i>	2		PHOSPHOLINE IODIDE	3	
<i>timolol maleate (ophth) SOLG</i>	1		<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	3	
<i>timolol maleate (ophth) SOLN</i>	1		Ophthalmic Adrenergic Agents		
<i>timolol maleate (ophth) SOLN</i>	2		ALPHAGAN P (<i>brimonidine tartrate</i>)	2	
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	2		<i>apraclonidine hcl</i>	1	
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	2		<i>brimonidine tartrate 0.1 %, 0.15 %</i>	2	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2		<i>brimonidine tartrate 0.2 %</i>	1	
Cholinergic Agonists			IOPIDINE	2	
TYRVAYA	2	QL(8.4 ml per 30 days retail)	SIMBRINZA	1	
Cycloplegic Mydriatics			Ophthalmic Anti-infectives		
<i>atropine sulfate (ophthalmic) OINT</i>	3		AZASITE	2	
<i>atropine sulfate (ophthalmic) SOLN</i>	3		BACIGUENT	3	
			<i>bacitracin (ophthalmic)</i>	3	
			<i>bacitracin-polymyxin b (ophth)</i>	3	
			BESIVANCE	2	
			BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
CILOXAN OINT	2	
CILOXAN SOLN (ciprofloxacin hcl (ophth))	2	
ciprofloxacin hcl (ophth) SOLN	1	
ERYTHROMYCIN	1	
erythromycin (ophth)	1	
gatifloxacin (ophth)	2	
gentamicin sulfate (ophth) OINT	3	
gentamicin sulfate (ophth) SOLN	3	
KLARITY-A	2	
levofloxacin (ophth) 0.5 %	2	
MOXEZA SOLN OP (moxifloxacin hcl (ophth))	2	
moxifloxacin hcl (ophth) SOLN OP	2	
neomycin-bacitracin zn- polymyxin	3	
neomycin-polymyxin- gramicidin	3	
OCUFLOX (ofloxacin (ophth))	2	
ofloxacin (ophth)	1	
polymyxin b-trimethoprim	3	
POLYTRIM (polymyxin b- trimethoprim)	3	
sulfacetamide sodium (ophth) OINT	3	
sulfacetamide sodium (ophth) SOLN	3	
tobramycin (ophth) SOLN	3	
TOBREX SOLN (tobramycin (ophth))	3	
trifluridine	4	
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	1	
ZYMAXID (gatifloxacin (ophth))	2	
Ophthalmic Decongestants		

Drug Name	Drug Tier	Requirements/ Limits
naphazoline w/ pheniramine 0.3 %-0.025 %	3	
NAPHCONE-A (naphazoline w/ pheniramine)	3	
Ophthalmic Immunomodulators		
CEQUA SOLN	2	QL(60 ea per 30 days retail)
cyclosporine (ophth) EMUL	2	QL(60 ea per 30 days retail)
CYCLOSPORINE IN KLARITY EMUL	2	QL(4 ml daily); AL(At least 4 yrs old)
RESTASIS MULTIDOSE EMUL	1	QL(5.5 ml per 30 days retail)
RESTASIS EMUL (cyclosporine (ophth))	1	QL(60 ea per 30 days retail)
VERKAZIA EMUL	2	QL(4 ea daily); AL(At least 4 yrs old)
Ophthalmic Integrin Antagonists		
XIIDRA	1	QL(60 ea per 30 days retail)
Ophthalmic Kinase Inhibitors		
RHOPRESSA	1	
ROCKLATAN	1	
Ophthalmic Local Anesthetics		
ALCAINE (proparacaine hcl)	3	
proparacaine hcl	3	
Ophthalmic Nerve Growth Factors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OXERVATE	3	4 rtl MAX fill; 365 rtl day(s) supply; 56 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(28 ml per 28 days retail); AL(At least 2 yrs old); SP; PA	TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	3	
			<i>tobramycin-dexamethasone SUSP</i>	3	
Ophthalmic Steroids			Ophthalmics - Misc.		
ALREX SUSP	2		ACULAR (<i>ketorolac tromethamine (ophth)</i>)	2	
<i>bacitracin-poly-neomycin-hc</i>	3		ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	2	
<i>dexamethasone sodium phosphate (ophth)</i>	3		ACUVAIL	2	
EYSUVIS SUSP	2	QL(8.3 ml per 14 days retail)	ALOCRI	2	
<i>fluorometholone (ophth) SUSP</i>	3	QL(15 ml per 30 days retail)	ALOMIDE	2	
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	3	QL(15 ml per 30 days retail)	<i>azelastine hcl (ophth)</i>	1	
MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	3		AZOPT (<i>brinzolamide</i>)	1	
MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	3		<i>bepotastine besilate</i>	2	
<i>neomycin-polymy-dexameth OINT</i>	3		BEPREVE (<i>bepotastine besilate</i>)	2	
<i>neomycin-polymy-dexameth SUSP</i>	3		<i>brinzolamide</i>	2	
PRED FORTE (<i>prednisolone acetate (ophth)</i>)	3		<i>bromfenac sodium (ophth)</i>	2	
<i>prednisolone acetate (ophth)</i>	3		BROMSITE	2	
PREDNISOLONE ACETATE P-F	3		<i>cromolyn sodium (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	3		<i>diclofenac sodium (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone SOLN</i>	3		<i>dorzolamide hcl</i>	1	
			DORZOLAMIDE HCL	2	
			<i>epinastine hcl (ophth)</i>	2	
			<i>flurbiprofen sodium</i>	1	
			ILEVRO	2	
			<i>ketorolac tromethamine (ophth) 0.4 %</i>	2	
			<i>ketorolac tromethamine (ophth) 0.5 %</i>	1	
			<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(10 ml per 30 days retail)
			LASTACFT	2	RX/OTC
			MURO 128 OINT (<i>sodium chloride hypertonic</i>)	3	
			MURO 128 OINT (<i>sodium chloride hypertonic</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
MURO 128 SOLN (sodium chloride hypertonic)	3	
MURO 128 SOLN (sodium chloride hypertonic)	NF	
NEVANAC	2	
olopatadine hcl	1	RX/OTC
PATADAY (olopatadine hcl)	2	RX/OTC
PATADAY EXTRA STRENGTH	2	
PROLENSA	2	
sodium chloride hypertonic OINT	3	
sodium chloride hypertonic SOLN	3	
TRUSOPT (dorzolamide hcl)	2	
ZADITOR 0.035 % (ketotifen fumarate (ophth))	NF	QL(10 ml per 30 days retail)
ZERVIAE	2	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	2	
latanoprost SOLN	1	
LATANOPROST SOLN	2	
LUMIGAN SOLN 0.01 %	2	
tafluprost	2	
TRAVATAN Z (travoprost)	2	
travoprost	2	
VYZULTA	2	
XALATAN SOLN (latanoprost)	2	
XELPROS EMUL	2	
ZIOPTAN (tafluprost)	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		

Drug Name	Drug Tier	Requirements/ Limits
acetic acid (otic)	3	
Otic Anti-infectives		
CETRAXAL (ciprofloxacin hcl (otic))	2	
ciprofloxacin hcl (otic)	2	
ofloxacin (otic)	1	
Otic Combinations		
CIPRO HC	2	
CIPRODEX (ciprofloxacin-dexamethasone)	NF	
ciprofloxacin-dexamethasone	1	
ciprofloxacin-fluocinolone acetonide	2	
neomycin-polymyxin-hc (otic) SOLN	3	
neomycin-polymyxin-hc (otic) SUSP	3	
OTOVEL	2	
Otic Steroids		
hydrocortisone w/acetic acid	3	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	3	QL(28 ea per 180 days retail); AL(At least 12 yrs old)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
BEYFORTUS	3	SP; MP; PA
SYNAGIS SOLN	3	SP; MP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Aminopenicillins			MX-SOL BLEND SF SUSP	4	RX/OTC
<i>amoxicillin CAPS</i>	3	MP	MX-SOL BLEND SUSP	4	RX/OTC
<i>amoxicillin CHEW 125 MG, 250 MG</i>	3	MP	MX-SOL SF SYRP	4	RX/OTC
<i>amoxicillin SUSR</i>	3	MP	MX-SOL SUSPEND SUSP	4	RX/OTC
<i>amoxicillin TABS</i>	3	MP	MX-SOL SYRP	4	RX/OTC
<i>ampicillin CAPS 500 MG</i>	3		ORA-BLEND SF SUSP	4	RX/OTC
Natural Penicillins			ORA-BLEND SUSP	4	RX/OTC
<i>penicillin v potassium SOLR</i>	3	MP	ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	4	RX/OTC
<i>penicillin v potassium TABS</i>	3	MP	ORAL MIX SF SUSP	4	RX/OTC
Penicillin Combinations			ORAL SUSPEND LIQD	4	RX/OTC
<i>amoxicillin & pot clavulanate CHEW</i>	3		ORAL SYRUP FLAVORED VEHICLE SYRP	4	RX/OTC
<i>amoxicillin & pot clavulanate SUSR</i>	3		ORAL SYRUP SF SYRP	4	RX/OTC
<i>amoxicillin & pot clavulanate TABS</i>	3		ORAPENN SD ANHYDROUS SWEETENED LIQD	4	RX/OTC
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	3		ORAPENN SD ANHYDROUS UNSWEETENED LIQD	4	RX/OTC
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	3		ORA-PLUS LIQD	4	RX/OTC
Penicillinase-Resistant Penicillins			ORA-SWEET SF SYRP 10 %-9 %	4	RX/OTC
<i>dicloxacillin sodium</i>	3		ORA-SWEET SYRP 4 %-5 %-54 %	4	RX/OTC
PHARMACEUTICAL ADJUVANTS			PCCA CUSTOM TROCHE BASE POWD	4	RX/OTC
Liquid Vehicles			PCCA POLYGLYCOL TROCHE POWD	4	RX/OTC
FLAVOR BLEND SUSP	4	RX/OTC	PCCA SWEET-SF SYRP	4	RX/OTC
FLAVOR PLUS LIQD	4	RX/OTC	PCCA SYRUP VEHICLE SYRP	4	RX/OTC
FLAVOR SWEET-SF SYRP	4	RX/OTC	PCCA-PLUS SUSP	4	RX/OTC
FLAVOR SWEET SYRP	4	RX/OTC	SOSWEET SYRP	4	RX/OTC
FREEDOM PEG TROCHE BASE POWD	4	RX/OTC	SUSPENDIT ANHYDROUS SUSP	4	RX/OTC
GRAPE SYRUP SYRP	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	4	RX/OTC	AUXIPRO VANISHING CREAM	4	RX/OTC
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	4	RX/OTC	AZ CREAM	4	RX/OTC
SUSPENSION VEHICLE SUSP	4	RX/OTC	BABY SKIN PROTECTANT	3	RX/OTC
SYRPALTA SYRP 83 %	4	RX/OTC	BASE PCCA CLARIFYING	4	RX/OTC
SYRSPEND SF LIQD	4	RX/OTC	BASE W301	4	RX/OTC
SYRUP VEHICLE SF SYRP	4	RX/OTC	CHRYSADERM DAY	4	RX/OTC
SYRUP VEHICLE SYRP	4	RX/OTC	CHRYSADERM NIGHT	4	RX/OTC
TECHNA 10 SF TROCHE BASE POWD	4	RX/OTC	CLEODERM	4	RX/OTC
TECHNA 20 TROCHE BASE POWD	4	RX/OTC	CREAM BASE	4	RX/OTC
TROCHE BASE NS POWD	4	RX/OTC	CREAM CONCENTRATE	4	RX/OTC
TROCHE BASE POWD	4	RX/OTC	CUTIS PLUS	4	RX/OTC
UNISPEND ANHYDROUS SWEETENED SUSP	4	RX/OTC	DAILY MOISTURIZER	3	RX/OTC
UNISPEND ANHYDROUS UNSWEETENED SUSP	4	RX/OTC	DURABASE	4	RX/OTC
VERSAFREE SYRP	4	RX/OTC	DURABASE ADVANCED	4	RX/OTC
VERSAPLUS SYRP	4	RX/OTC	EMOLIVAN	4	RX/OTC
Pharmaceutical Excipients			EMOLLIANT CREAM	4	RX/OTC
SODIUM BENZOATE	4	RX/OTC	EMOLLIANT CREAM BASE	4	RX/OTC
Semi Solid Vehicles			FAGRON LS PLUS	4	RX/OTC
1ST BASE	4	RX/OTC	FAGRON NATURAL CREAM	4	RX/OTC
ALPAWASH	4	RX/OTC	FAGRON SUPREME CREAM	4	RX/OTC
ALTADERM CREAM BASE	4	RX/OTC	FATTIBASE	4	RX/OTC
ANHYDROUS BASE OINT	4		FITALITE	4	RX/OTC
ARBEM H-COSMETIC	4	RX/OTC	FREEDOM ADAPTADERM	4	RX/OTC
ARBEM LIPOPEN	4	RX/OTC	FREEDOM DERMA SERUM	4	RX/OTC
ATREVIS HYDROGEL	4	RX/OTC	FREEDOM DERMA-D	4	RX/OTC
			FREEDOM DERMA-N	4	RX/OTC
			HYDROUS EMULSIFIED BASE	4	RX/OTC
			LIP BALM BASE	4	RX/OTC
			LIPO CREAM BASE	4	RX/OTC
			LIPOCREAM BASE	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIOPEN ABSORPTION ENHANCING BASE	4	RX/OTC	PCCA PRACASIL TM-PLUS BASE	4	RX/OTC
LIOPEN ULTRA BASE	4	RX/OTC	PCCA VANISHING CREAM LIGHT	4	RX/OTC
LIPOSOMAL HEAVY	4	RX/OTC	PCCA VANISHING CREAM/LOTION BASE	4	RX/OTC
LIPOSOMAL REGULAR	4	RX/OTC	PCCA VANPEN BASE	4	RX/OTC
MEDIDERM	4	RX/OTC	PCCA WAV CUSTOM BASE	4	RX/OTC
MICRODERM BASE	4	RX/OTC	PEG	4	RX/OTC
MICROSOME BASE	4	RX/OTC	PEG OINTMENT BASE	4	RX/OTC
MULTIBASE	4	RX/OTC	PENCREAM	4	RX/OTC
MULTI-PHASIC PENETRATING COMPOUND BASE	4	RX/OTC	PENDERM	4	RX/OTC
NOURILITE	4	RX/OTC	PENSOMAL CREAM	4	RX/OTC
NOURIVAN ANTIOX CREAM BASE	4	RX/OTC	PETROLATUM	3	RX/OTC
OMNIBASE	4	RX/OTC	PETROLEUM JELLY	3	RX/OTC
PCCA ALADERM BASE	4	RX/OTC	PETROLEUM JELLYBABY	3	RX/OTC
PCCA ANHYDROUS BASE OINT	4		PFCB	4	RX/OTC
PCCA ANHYDROUS LIPODERM BASE	4	RX/OTC	PHARMABASE ANTIOXIDANT	4	RX/OTC
PCCA BASE 7542	4	RX/OTC	PHARMABASE COSMETIC	4	RX/OTC
PCCA BIOPEPTIDE BASE	4	RX/OTC	PHARMABASE COSMETIC NATURAL	4	RX/OTC
PCCA CANNIDEX 2.0 CUSTOMBASE	4	RX/OTC	PHARMABASE HEAVY	4	RX/OTC
PCCA CANNIDEX CUSTOM BASE	4	RX/OTC	PHARMABASE LIGHT	4	RX/OTC
PCCA COSMETIC HRT BASE	4	RX/OTC	PHARMABASE VAGINAL MOISTURIZING	4	RX/OTC
PCCA EMOLLIENT CREAM BASE	4	RX/OTC	PHYTOBASE	4	RX/OTC
PCCA HYDRABASE SB CUSTOMBASE	4	RX/OTC	POLYETHYLENE GLYCOL BLEND	4	RX/OTC
PCCA LIPODERM BASE	4	RX/OTC	P-SILOXAN DS	4	RX/OTC
PCCA LIPODERM CUSTOM BASE	4	RX/OTC	RA PETROLEUM JELLY	3	RX/OTC
PCCA MVC BASE	4	RX/OTC	SA3 DERM	4	RX/OTC
PCCA NATACREAM	4	RX/OTC	SALT DURABLE CREAM	4	RX/OTC
PCCA POLYPEG BASE	4	RX/OTC	SALT STABLE LS ADVANCED	4	RX/OTC
			SALTSTABLE LO	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SANARE ADVANCED SCAR THERAPY	4	RX/OTC	<i>megestrol acetate (appetite)</i>	2	
SANARE SCAR THERAPY	4	RX/OTC	<i>norethindrone acetate TABS</i>	1	MP
SCAR CARE CREAM	4	RX/OTC	<i>progesterone CAPS</i>	1	MP
SILPROTEX PLUS	4	RX/OTC	<i>progesterone OIL</i>	2	MP
SKIN PROTECTANT PETROLATUM	3	RX/OTC	PROMETRIUM CAPS (<i>progesterone</i>)	2	MP
SKYY DERM	4	RX/OTC	PROVERA (<i>medroxyprogesterone acetate</i>)	2	MP
TERODERM	4	RX/OTC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
TERODERM-PLUS	4	RX/OTC	Agents for Chemical Dependency		
U-BASE	4	RX/OTC	LUCEMYRA	1	
VANIBASE	4	RX/OTC	Anti-Cataplectic Agents		
VANISHING CREAM	4	RX/OTC	SODIUM OXYBATE SOLN	3	QL(18 ml daily); AL(At least 7 yrs old); SP
VANISHING CREAM BOTANICALBASE	4	RX/OTC	XYWAV	3	QL(18 ml daily); AL(At least 7 yrs old); SP; PA
VANISH-PEN	4	RX/OTC	Antidementia Agents		
VERSAPRO	4	RX/OTC	ADLARITY PTWK	3	PA
VERSATILE CREAM BASE	4	RX/OTC	ARICEPT TABS (<i>donepezil hydrochloride</i>)	2	
VERSATILE RICH CREAM BASE	4	RX/OTC	<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	
VERSIGEL	4	RX/OTC	<i>donepezil hydrochloride TABS 23 MG</i>	2	
VP DERMABASE	4	RX/OTC	<i>donepezil hydrochloride TBDP</i>	1	
WOUND CARE CREAM	4	RX/OTC	EXELON (<i>rivastigmine</i>)	1	
XCEL 100	4	RX/OTC	<i>galantamine hydrobromide CP24</i>	2	
XEMATOP BASE	4	RX/OTC	<i>galantamine hydrobromide SOLN</i>	2	
YELLOW PETROLATUM	3	RX/OTC			
ZOE SCRIPTS IDEALBASE	4	RX/OTC			
PROGESTINS - Hormone Replacement/Modifying Drugs					
Progestins					
AYGESTIN TABS (<i>norethindrone acetate</i>)	2	MP			
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP			

Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24</i>	2	
<i>memantine hcl SOLN</i>	1	
<i>memantine hcl TABS</i>	1	
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	2	
NAMENDA XR CP24 (<i>memantine hcl</i>)	2	
NAMENDA TABS (<i>memantine hcl</i>)	2	
NAMZARIC C4PK	2	
NAMZARIC CP24	2	
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	2	
<i>rivastigmine</i>	2	
<i>rivastigmine tartrate CAPS</i>	1	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	1	QL(2 ea daily)
SAVELLA TABS	1	QL(2 ea daily)
Movement Disorder Drug Therapy		
AUSTEDO XR TB24	3	AL(At least 18 yrs old); SP; PA
AUSTEDO TABS	3	AL(At least 18 yrs old); SP; PA
INGREZZA CAPS	3	AL(At least 18 yrs old); SP; PA
INGREZZA CPPK	3	AL(At least 18 yrs old); SP; PA
Multiple Sclerosis Agents		

Drug Name	Drug Tier	Requirements/ Limits
AMPYRA (<i>dalfampridine</i>)	3	QL(2 ea daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA
AUBAGIO (<i>teriflunomide</i>)	2	SP
AVONEX PEN AJKT	1	SP
AVONEX PSKT	1	QL(4 ml per fill retail); SP
BAFIERTAM	2	QL(4 ea daily); SP
BETASERON KIT	1	SP
COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	1	SP
COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	2	SP
<i>dalfampridine</i>	3	QL(2 ea daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA
<i>dimethyl fumarate CDPK</i>	1	SP
<i>dimethyl fumarate CPDR</i>	1	SP
EXTAVIA KIT	2	SP
<i> fingolimod hcl</i>	2	SP; MP
GILENYA	1	SP; MP
<i>glatiramer acetate SOSY</i>	2	SP
KESIMPTA	2	SP
MAVENCLAD	2	
MAYZENT STARTER PACK TBPK	2	MP
MAYZENT TABS	2	MP
PLEGRIDY STARTER PACK SOPN	2	SP
PLEGRIDY STARTER PACK SOSY SC	2	SP
PLEGRIDY SOPN	2	SP
PLEGRIDY SOSY IM	2	SP
PONVORY 14-DAY STARTER PACK TBPK	2	AL(At least 18 yrs old - Up to 55 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PONVORY TABS	2	AL(At least 18 yrs old - Up to 55 yrs old)
REBIF REBIDOSE TITRATIONPACK SOAJ	2	SP
REBIF REBIDOSE SOAJ	2	SP
REBIF TITRATION PACK SOSY	2	SP
REBIF SOSY 22 MCG/0.5ML	2	SP
REBIF SOSY 44 MCG/0.5ML	2	QL(7.5 ml per 30 days retail); SP
TASCENSO ODT 0.5 MG	2	AL(At least 10 yrs old - Up to 18 yrs old); SP
TASCENSO ODT 0.25 MG	2	AL(At least 10 yrs old - Up to 17 yrs old); SP
TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	2	SP
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	2	SP
<i>teriflunomide</i>	2	SP
VUMERITY	2	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	2	SP
ZEPOSIA STARTER KIT CPPK	2	SP
ZEPOSIA CAPS	2	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
GRALISE TABS 450 MG, 750 MG, 900 MG	2	
GRALISE TABS 300 MG, 600 MG	2	QL(3 ea daily)
Restless Leg Syndrome (RLS) Agents		
HORIZANT	2	QL(2 ea daily)
Smoking Deterrents		

Drug Name	Drug Tier	Requirements/ Limits
APO-VARENICLINE TABS	3	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily; 60 ea per fill retail)
<i>bupropion hcl (smoking deterrent)</i>	3	QL(2 ea daily)
NICODERM CQ PT24 TD (<i>nicotine</i>)	3	QL(1 ea daily)
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	3	QL(20 ea daily)
NICORETTE STARTER KIT GUM 4 MG (<i>nicotine polacrilex</i>)	3	QL(24 ea daily)
NICORETTE STARTER KIT GUM 2 MG (<i>nicotine polacrilex</i>)	3	QL(30 ea daily)
NICORETTE GUM 2 MG (<i>nicotine polacrilex</i>)	3	QL(30 ea daily)
NICORETTE GUM 4 MG (<i>nicotine polacrilex</i>)	3	QL(24 ea daily)
NICORETTE LOZG (<i>nicotine polacrilex</i>)	3	QL(20 ea daily)
<i>nicotine polacrilex GUM 2 MG</i>	3	QL(30 ea daily)
<i>nicotine polacrilex GUM 4 MG</i>	3	QL(24 ea daily)
<i>nicotine polacrilex LOZG</i>	3	QL(20 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	3	QL(1 ea daily)
<i>nicotine MISC XX</i>	3	QL(1 ea daily)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	3	QL(1 ea daily)
NICOTROL INHALER INHA	3	QL(168 ea per 30 days retail)
NICOTROL NS SOLN	3	QL(40 ml per 30 days retail)
<i>varenicline tartrate TABS</i>	3	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily; 60 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>varenicline tartrate TBPK</i>	3	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	CO	SP
GLASSIA SOLN	CO	SP
PROLASTIN-C SOLR	CO	SP
ZEMAIRA SOLR	CO	SP
Cystic Fibrosis Agents		
BRONCHITOL	3	QL(20 ea daily); AL(At least 18 yrs old); PA
BRONCHITOL TOLERANCE TEST	3	QL(20 ea daily); AL(At least 18 yrs old); PA
KALYDECO PACK	CO	SP
ORKAMBI PACK	CO	SP
PULMOZYME	3	SP; PA
TRIKAFTA THPK	CO	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	3	
<i>doxycycline (monohydrate) SUSR</i>	3	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	3	
<i>doxycycline hyclate CAPS</i>	3	
<i>doxycycline hyclate TABS 100 MG</i>	3	
<i>minocycline hcl CAPS</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	3	
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	3	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	3	MP
<i>propylthiouracil</i>	3	MP
Thyroid Hormones		
ADTHYZA TABS	3	
ARMOUR THYROID TABS	3	MP
CYTOMEL TABS (<i>liothyronine sodium</i>)	3	MP
ERMEZA SOLN OR <i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	3	
<i>levothyroxine sodium SOLR IV</i>	3	
LEVOTHYROXINE SODIUM SOLR IV (<i>levothyroxine sodium</i>)	3	
<i>levothyroxine sodium TABS</i>	3	MP
<i>liothyronine sodium SOLN</i>	3	
<i>liothyronine sodium TABS</i>	3	MP
NIVA THYROID TABS	3	MP
NP THYROID 120 TABS	3	MP
NP THYROID 15 TABS	3	MP
NP THYROID 30 TABS	3	MP
NP THYROID 60 TABS	3	MP
NP THYROID 90 TABS	3	MP
SYNTHROID TABS (<i>levothyroxine sodium</i>)	3	MP

Drug Name	Drug Tier	Requirements/ Limits
THYQUIDITY SOLN OR	3	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	3	MP
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	3	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (<i>levothyroxine sodium</i>)	3	
TIROSINT-SOL SOLN OR 13 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML	3	
TRIOSTAT SOLN (<i>liothyronine sodium</i>)	3	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	4	AL(At least 10 yrs old - Up to 64 yrs old)
BOOSTRIX SUSP	4	AL(At least 10 yrs old)
BOOSTRIX SUSY	4	
DAPTACEL	4	AL(Up to 6 yrs old)
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	4	AL(Up to 6 yrs old)
INFANRIX	4	AL(Up to 7 yrs old)
KINRIX SUSY	4	
PEDIARIX SUSY	4	

Drug Name	Drug Tier	Requirements/ Limits
PENTACEL	4	4 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 4 yrs old)
QUADRACEL SUSP	4	AL(At least 4 yrs old - Up to 6 yrs old)
QUADRACEL SUSY	4	
TDVAX SUSP	4	AL(At least 7 yrs old)
TENIVAC INJ	4	AL(At least 7 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	4	AL(At least 7 yrs old)
VAXELIS SUSP	4	
VAXELIS SUSY	4	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBP (<i>hyoscyamine sulfate</i>)	3	AL(Up to 64 yrs old)
CUVPOSA SOLN OR (<i>glycopyrrolate</i>)	3	AL(Up to 12 yrs old)
<i>dicyclomine hcl CAPS</i>	3	AL(Up to 64 yrs old)
<i>dicyclomine hcl SOLN OR</i>	3	AL(Up to 64 yrs old)
<i>dicyclomine hcl TABS</i>	3	AL(Up to 64 yrs old)
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	3	AL(Up to 12 yrs old)
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	3	
<i>hyoscyamine sulfate ELIX</i>	3	AL(Up to 64 yrs old)
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	3	AL(Up to 64 yrs old)
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	3	AL(Up to 64 yrs old)
<i>hyoscyamine sulfate TABS 0.125 MG</i>	3	AL(Up to 64 yrs old)
<i>hyoscyamine sulfate TB12 0.375 MG</i>	3	AL(Up to 64 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	3	AL(Up to 64 yrs old)	DEXILANT (<i>dexlansoprazole</i>)	2	
LEVBID TB12 (<i>hyoscyamine sulfate</i>)	3	AL(Up to 64 yrs old)	<i>dexlansoprazole</i>	2	
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	3	AL(Up to 64 yrs old)	<i>esomeprazole magnesium CPDR 20 MG</i>	2	QL(2 ea daily); RX/OTC
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	3	AL(Up to 64 yrs old)	<i>esomeprazole magnesium CPDR 40 MG</i>	2	
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	3		<i>esomeprazole magnesium PACK</i>	2	QL(2 ea daily)
ROBINUL TABS (<i>glycopyrrolate</i>)	3		<i>esomeprazole magnesium TBEC</i>	2	
H-2 Antagonists			<i>lansoprazole CPDR 15 MG</i>	2	QL(1 ea daily); RX/OTC
<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	3		<i>lansoprazole CPDR 30 MG</i>	2	
<i>cimetidine TABS</i>	3	RX/OTC	<i>lansoprazole TBDD</i>	2	RX/OTC
<i>famotidine SUSR</i>	3	AL(Up to 6 yrs old)	NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	2	QL(2 ea daily); RX/OTC
<i>famotidine TABS</i>	3		NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	2	QL(2 ea daily); RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	3	RX/OTC	NEXIUM 24HR TBEC (<i>esomeprazole magnesium</i>)	2	
PEPCID AC TABS (<i>famotidine</i>)	3		NEXIUM CPDR 20 MG (<i>esomeprazole magnesium</i>)	2	QL(2 ea daily); RX/OTC
PEPCID TABS (<i>famotidine</i>)	3	RX/OTC	NEXIUM CPDR 40 MG (<i>esomeprazole magnesium</i>)	2	
TAGAMET HB 200 TABS (<i>cimetidine</i>)	3	RX/OTC	NEXIUM PACK	1	QL(2 ea daily)
TAGAMET HB TABS (<i>cimetidine</i>)	3	RX/OTC	NEXIUM PACK (<i>esomeprazole magnesium</i>)	1	QL(2 ea daily)
Misc. Anti-Ulcer			<i>omeprazole magnesium CPDR</i>	2	QL(2 ea daily)
CARAFATE TABS (<i>sucralfate</i>)	3	QL(4 ea daily)	<i>omeprazole magnesium TBEC</i>	2	
<i>sucralfate TABS</i>	3	QL(4 ea daily)	<i>omeprazole CPDR 10 MG, 40 MG</i>	1	QL(2 ea daily)
Proton Pump Inhibitors			<i>omeprazole CPDR 20 MG</i>	1	
ACIPHEX SPRINKLE CPSP	2				
ACIPHEX SPRINKLE CPSP	2				
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	2				

Drug Name	Drug Tier	Requirements/ Limits
<i>omeprazole TBDD</i>	2	
<i>omeprazole TBEC</i>	2	QL(2 ea daily)
<i>pantoprazole sodium PACK</i>	2	QL(2 ea daily)
<i>pantoprazole sodium TBEC</i>	1	QL(2 ea daily)
PREVACID 24HR CPDR (<i>lansoprazole</i>)	2	QL(1 ea daily); RX/OTC
PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	2	RX/OTC
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	2	
PRILOSEC OTC TBEC (<i>omeprazole magnesium</i>)	2	
PRILOSEC PACK	2	
PROTONIX PACK (<i>pantoprazole sodium</i>)	1	QL(2 ea daily)
PROTONIX TBEC (<i>pantoprazole sodium</i>)	NF	QL(2 ea daily)
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	2	
<i>rabeprazole sodium TBEC</i>	2	
Ulcer Drugs - Prostaglandins		
CYTOTEC (<i>misoprostol</i>)	3	QL(4 ea daily)
<i>misoprostol</i>	3	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	2	QL(224 ea per fill retail)
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	2	
KONVOMEK SUSR	2	
OMECLAMOX-PAK	2	
<i>omeprazole-sodium bicarbonate CAPS</i>	2	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	1	
TALICIA	2	
ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	2	RX/OTC
ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	2	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	2	
DETROL LA CP24 (<i>tolterodine tartrate</i>)	2	
DETROL TABS (<i>tolterodine tartrate</i>)	2	
DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	2	
<i>fesoterodine fumarate</i>	2	MP
GELNIQUE GEL 10 %	2	
<i>oxybutynin chloride SOLN</i>	1	
<i>oxybutynin chloride TABS</i>	1	
<i>oxybutynin chloride TB24</i>	1	
OXYTROL FOR WOMEN PTTW	3	RX/OTC
OXYTROL PTTW	2	RX/OTC
<i>solifenacin succinate TABS</i>	1	
<i>tolterodine tartrate CP24</i>	2	
<i>tolterodine tartrate TABS</i>	2	
TOVIAZ (<i>fesoterodine fumarate</i>)	1	MP
<i>trospium chloride CP24</i>	2	
<i>trospium chloride TABS</i>	2	
VESICARE LS SUSP	2	

Drug Name	Drug Tier	Requirements/ Limits
VESICARE TABS (solifenacin succinate)	2	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	2	
MYRBETRIQ SRER	2	
MYRBETRIQ TB24	2	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	3	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	2	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	4	4 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 5 yrs old)
BEXSERO	4	AL(At least 10 yrs old - Up to 25 yrs old)
BIOTHRAX	4	
HIBERIX SOLR IJ	4	4 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 4 yrs old)
MENACTRA	4	
MENQUADFI	4	
MENVEO SOLN	4	
MENVEO SOLR	4	2 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 55 yrs old)
PEDVAX HIB SUSP	4	3 rtl MAX fill; 999 rtl day(s) supply
PNEUMOVAX 23	4	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23/1 DOSE	4	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)
PREVNAR 13	4	1 rtl MAX fill; 999 rtl day(s) supply
PREVNAR 20	4	
TRUMENBA	4	AL(At least 10 yrs old - Up to 25 yrs old)
TYPHIM VI SOLN	4	
TYPHIM VI SOSY	4	
VAXCHORA	4	
VAXNEUVANCE	4	
VIVOTIF	4	
Viral Vaccines		
ABRYSVO	4	
ACAM2000	4	
AFLURIA QUADRIVALENT 2021-2022 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2021-2022 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.25 ml per fill retail)
AFLURIA QUADRIVALENT 2021-2022 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)
AFLURIA QUADRIVALENT 2022-2023 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2022-2023 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)
AFLURIA QUADRIVALENT 2023-2024 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)	FLUBLOK QUADRIVALENT 2022-2023	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AREXVY	4		FLUBLOK QUADRIVALENT 2023-2024	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
COMIRNATY 2023-24 SUSP	4	AL(At least 12 yrs old)	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
COMIRNATY 2023-24 SUSY	4		FLUCELVAX QUADRIVALENT 2021-2022 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
COMIRNATY SUSP	4	AL(At least 12 yrs old)	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
DENGVAIXA	4		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
ENGERIX-B SUSP 20 MCG/ML	4	3 rtl MAX fill; 999 rtl day(s) supply	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
ENGERIX-B SUSY	4	3 rtl MAX fill; 999 rtl day(s) supply	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUAD QUADRIVALENT 2021-2022	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLULAVAL QUADRIVALENT 2021-2022 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)
FLUAD QUADRIVALENT 2022-2023	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLULAVAL QUADRIVALENT 2022-2023 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)
FLUAD QUADRIVALENT 2023-2024	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLULAVAL QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)
FLUARIX QUADRIVALENT 2021-2022 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)	FLUMIST QUADRIVALENT	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea per fill retail)
FLUARIX QUADRIVALENT 2022-2023 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)			
FLUARIX QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)			
FLUBLOK QUADRIVALENT 2021-2022	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE PF 2021-2022	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	HAVRIX	3	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 1 yrs old)
FLUZONE HIGH-DOSE PF 2022-2023	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	HEPLISAV-B SOSY	4	AL(At least 18 yrs old)
FLUZONE HIGH-DOSE PF 2023-2024	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	IMOVAX RABIES (H.D.C.V.) SUSR	4	
FLUZONE QUADRIVALENT 2021-2022 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	IPOL INACTIVATED IPV	4	3 rtl MAX fill; 999 rtl day(s) supply
FLUZONE QUADRIVALENT 2021-2022 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)	IXIARO	4	
FLUZONE QUADRIVALENT 2022-2023 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	JANSSEN COVID-19 VACCINE	4	AL(At least 18 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)	JYNNEOS	4	
FLUZONE QUADRIVALENT 2023-2024 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	M-M-R II SOLR	4	
FLUZONE QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)	MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	4	
GARDASIL 9 SUSP	4	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 9 yrs old - Up to 26 yrs old)	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	4	
GARDASIL 9 SUSY	4	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 9 yrs old - Up to 26 yrs old)	MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	4	
			MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	4	
			MODERNA COVID-19 VACCINE6-11Y SUSP	4	
			MODERNA COVID-19 VACCINE6MO-5Y SUSP	4	
			MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML	4	
			MODERNA COVID-19 VACCINE SUSP 100 MCG/0.5ML	4	AL(At least 18 yrs old)
			NOVAVAX COVID-19 VACCINE	4	
			NOVAVAX COVID-19 VACCINE/2023-24	4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	4		ROTATEQ SOLN	4	3 rtl MAX fill; 999 rtl day(s) supply
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	4	AL(At least 5 yrs old)	SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	4	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	4		SHINGRIX	4	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	4		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	4	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	4	AL(At least 12 yrs old)	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	4	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	4		SPIKEVAX COVID-19 VACCINE SUSP	4	AL(At least 18 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	4		STAMARIL SUSR	4	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	4		TWINRIX SUSY	4	AL(At least 18 yrs old)
PFIZER-BIONTECH COVID-19VACCINE SUSP	4	AL(At least 12 yrs old)	VAQTA	3	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 1 yrs old)
PREHEVBRIO	4		VARIVAX INJ	4	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 1 yrs old)
PRIORIX SUSR	4		YF-VAX INJ	4	
PROQUAD SUSR	4		VAGINAL AND RELATED PRODUCTS		
RABAVERT	4		Vaginal Anti-infectives		
RECOMBIVAX HB SUSP	4	3 rtl MAX fill; 999 rtl day(s) supply	CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	2	
RECOMBIVAX HB SUSY	4	3 rtl MAX fill; 999 rtl day(s) supply	CLEOCIN SUPP	1	
ROTARIX SUSP	4		<i>clindamycin phosphate vaginal CREA</i>	1	
ROTARIX SUSR	4	2 rtl MAX fill; 999 rtl day(s) supply	CLINDESSE	1	
			<i>clotrimazole vaginal CREA</i>	3	
			<i>metronidazole vaginal</i>	1	
			<i>miconazole nitrate vaginal CREA 2 %</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole nitrate vaginal KIT</i>	3	
<i>miconazole nitrate vaginal SUPP 100 MG</i>	3	
MONISTAT 3 COMBINATION PACK KIT (<i>miconazole nitrate vaginal</i>)	3	
MONISTAT 7 COMBINATION PACK KIT	3	
MONISTAT 7 SIMPLY CURE CREA (<i>miconazole nitrate vaginal</i>)	3	
NUVESSA	1	
<i>terconazole vaginal CREA</i>	3	
VANDAZOLE	2	
XACIATO GEL	2	AL(At least 12 yrs old)
Vaginal Contraceptive - pH Modulators		
PHEXXI	3	QL(180 gm per 30 days retail)
Vaginal Estrogens		
ESTRACE CREA (<i>estradiol vaginal</i>)	3	QL(1.42 gm daily); MP
<i>estradiol vaginal CREA</i>	3	QL(1.42 gm daily); MP
<i>estradiol vaginal TABS</i>	3	MP
VAGIFEM TABS (<i>estradiol vaginal</i>)	3	MP
Vaginal Progestins		
CRINONE GEL	2	MP
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	2	QL(4 ea per fill retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(4 ea per fill retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(4 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	1	QL(4 ea per fill retail)
EPIPEN-JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	1	QL(4 ea per fill retail)
SYMJEPI SOSY	2	
Vasopressors		
<i>midodrine hcl</i>	3	QL(3 ea daily)
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 25 MCG, 50 MCG, 125 MCG, 1000 UNIT, 2000 UNIT, 5000 UNIT, 50000 UNIT</i>	3	MP
<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	3	MP
<i>cholecalciferol TABS</i>	3	
DRISDOL CAPS (<i>ergocalciferol</i>)	3	MP
D-VI-SOL LIQD OR (<i>cholecalciferol</i>)	3	MP
<i>ergocalciferol CAPS</i>	3	MP
<i>ergocalciferol SOLN OR</i>	3	
MEPHYTON TABS (<i>phytonadione</i>)	3	3 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(3 ea per 30 days retail)
<i>phytonadione TABS 5 MG</i>	3	3 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(3 ea per 30 days retail)
<i>vitamin a CAPS 3000 MCG, 10000 UNIT</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>vitamin e CAPS 180 MG, 200 UNIT, 268 MG, 400 UNIT, 450 MG, 1000 UNIT</i>	3	
VITAMIN E CAPS 200 UNIT	3	
<i>vitamin e SOLN</i>	3	MP
Water Soluble Vitamins		
<i>biotin TABS 5 MG, 5000 MCG</i>	3	MP
NIACIN TR TBCR	1	
<i>niacinamide TABS 500 MG</i>	3	MP
<i>niacinamide TABS 100 MG</i>	1	
<i>niacinamide TBCR</i>	1	
<i>niacin CPCR 250 MG, 500 MG</i>	1	
<i>niacin TABS</i>	1	
<i>niacin TBCR</i>	1	
<i>pyridoxine hcl TABS 25 MG</i>	4	QL(2 ea daily); MP
<i>pyridoxine hcl TABS 100 MG</i>	4	MP
<i>pyridoxine hcl TABS 50 MG</i>	4	QL(4 ea daily); MP
SLO-NIACIN TBCR (<i>niacin</i>)	NF	
<i>thiamine mononitrate TABS</i>	4	QL(1 ea daily); MP

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1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	78	ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	60	acetaminophen TBDP 160 MG	5
1ST TIER UNILET COMFORTOUCH LANCETS 28G	60	ACCU-CHEK FASTCLIX LANCETS 60		acetaminophen w/ codeine SOLN ..	7
1ST TIER UNILET COMFORTOUCH LANCETS 30G	60	ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 LIQD	60	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	7
ABC COMPLETE SENIOR 50+ TABS	129	ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	60	acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	7
ABC COMPLETE SENIOR MEN'S50+ TABS	129	ACCU-CHEK SAFE-T-PRO LANCETS	60	acetaminophen-caff-dihydrocod TABS 30 MG-325 MG-16 MG	7
		ACCU-CHEK SAFE-T-PRO PLUSLANCETS	60	acetazolamide CP12	48
		ACCU-CHEK SMARTVIEW CONTROL LIQD	60	acetazolamide TABS	48

acetic acid (otic)	148	acyclovir TABS OR	32	CONTROL LEVEL 1-2 LIQD	60
acetylcysteine SOLN	39	acyclovir topical CREA	42	ADVANCE MICRO-DRAW NORMAL	
ACIPHEX SPRINKLE CPSP	157	acyclovir topical OINT	42	CONTROL LIQD	60
acitretin 10 MG, 25 MG	42	ADACEL SUSP	156	ADVANCED	
acitretin 17.5 MG	42	adapalene GEL 0.1 %	39	CALCIUM/VITAMIND/MAGNESIUM	
ACTEEV PROTECT FACE MASK		adapalene GEL 0.3 %	39	TABS	126
111		adapalene-benzoyl peroxide GEL 2.5		ADVANCED DIABETIC	
ACTEMRA ACTPEN SOAJ	2	%-0.1 %	39	MULTIVITAMIN FORMULA TABS	
ACTEMRA SOSY	2	ADAPTER PED DISPOSABLE		129	
ACTHIB SOLR IM	159	ADAPTER PED DISPOSABLE		ADVANCED MOBILE LANCET 30G	
ACTIFLOVIT EAR HEALTH TABS		112		61	
142		ADBRY	45	ADVOCATE ALCOHOL PREP PADS	
ACTI-LANCE LANCETS 28G	60	adefovir dipivoxil	32		76
ACTI-LANCE LITE SAFETY		ADEK GUMMIES PLUS ZN CHEW		ADVOCATE CONTROL	
LANCETS 28G	60	129		SOLUTIONHIGH LIQD	61
ACTI-LANCE SPECIAL SAFETY		ADEMPAS	35	ADVOCATE INSULIN PEN	
LANCETS 17G	60	ADJUSTABLE LANCING DEVICE		NEEDLES	78
ACTI-LANCE SPECIAL		MISC	60	ADVOCATE INSULIN PEN	
SAFETYLANCETS 17G	60	ADLARITY PTWK	152	NEEDLES 29GX12.7MM	78
ACTI-LANCE UNIVERSAL SAFETY		ADLYXIN SOPN	16	ADVOCATE INSULIN PEN	
LANCETS 23G	60	ADLYXIN STARTER PACK PNKT	16	NEEDLES 31GX5MM	78
ACTIVITY POUCH MISC	112	ADMELOG SOLN IJ	16	ADVOCATE INSULIN PEN	
ACTIVNUTRIENTS CAPS	129	ADMELOG SOLOSTAR SOPN	16	NEEDLES 31GX8MM	78
ACTIVNUTRIENTS CHEW	138	ADTHYZA TABS	155	ADVOCATE INSULIN SYRINGE/U-	
ACTIVNUTRIENTS CHEWABLE		ADULT AEROSOL MASK MISC .	112	100/0.3ML/29GX1/2"	78
CHEW	138	ADULT DISPOSABLE		ADVOCATE INSULIN SYRINGE/U-	
ACTIVNUTRIENTS		MOUTHPIECE MISC	113	100/0.3ML/31GX5/16"	78
PERFORMANCE CAPS	129	ADULT MASK DEVI	113	ADVOCATE INSULIN SYRINGE/U-	
ACTIVNUTRIENTS W/O IRON		ADULT MASK LARGE MISC	113	100/0.5ML/29GX1/2"	78
CAPS	129	ADULT ONE DAILY GUMMIES		ADVOCATE INSULIN SYRINGE/U-	
ACUVAIL	147	CHEW	129	100/0.5ML/30GX5/16"	78
acyclovir CAPS	32	ADVAIR HFA AERO	12	ADVOCATE INSULIN SYRINGE/U-	
acyclovir SUSP	32	ADVANCE MICRO-DRAW		100/0.5ML/31GX5/16"	78
				ADVOCATE INSULIN SYRINGE/U-	
				100/1ML/29GX1/2"	78

ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	78	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	113	AFLURIA QUADRIVALENT 2022-2023 SUSP	159
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	78	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	113	AFLURIA QUADRIVALENT 2022-2023 SUSY	159
ADVOCATE LANCETS	61	AEROCHAMBER PLUS FLOW-VU/MASK MISC	113	AFLURIA QUADRIVALENT 2023-2024 SUSP	159
ADVOCATE LANCETS 30G	61	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	113	AFLURIA QUADRIVALENT 2023-2024 SUSY	160
ADVOCATE LANCING DEVICE MISC	61	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	113	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	16
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	61	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	113	AGAMATRIX CONTROL HIGH SOLN	61
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN . 61		AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	113	AGAMATRIX CONTROL NORMAL& HIGH SOLN	61
ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW SOLN 61		AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	114	AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	61
ADVOCATE SAFETY LANCETS . 61		AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	114	AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	61
ADVOCATE SAFETY LANCETS 26G	61	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	114	AGAMATRIX ULTRA-THIN LANCETS 33G	61
AEMCOLO	26	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	114	AIMOVIG 140 MG/ML	123
AEROBIKA DEVI	113	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	114	AIMOVIG 70 MG/ML	123
AEROCHAMBER HOLDING CHAMBER DEVI	113	AEROCHAMBER/FLOWSIGNAL MISC	114	AIMSCO LUBRICATED MISC	59
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	113	AEROECLIPSE EZ TWIST TUBING MISC	114	AIMSCO TWIST LANCETS 32G . 61	
AEROCHAMBER MV MISC	113	AEROTRACH PLUS MISC	114	AIMSCO TWIST LANCETS 33G . 61	
AEROCHAMBER PLUS FLOW VU MISC	113	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI 114		AIRBORNE CHEW	129
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	113	AFLURIA QUADRIVALENT 2021-2022 SUSP	159	AIRBORNE KIDS CHEW	129
AEROCHAMBER PLUS FLOW-VU MISC	114	AFLURIA QUADRIVALENT 2021-2022 SUSY	159	AIRBORNE+GOOD REST CHEW 129	
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI 113				AIRBORNE+PROBIOTIC CHEW 129	
				AIRDUO DIGIHALER 113/14	12
				AIRDUO DIGIHALER 232/14	12
				AIRDUO DIGIHALER 55/14	12
				AIRDUO RESPICLICK 55/14 AEPB	

12	ALIVE DIABETIC MULTIVITAMIN TABS129	ALL FLOW 6000 PFT FILTER DEVI . 115
AIRS PEDIATRIC AEROSOL MASK MISC114	ALIVE ENERGY 50+ TABS 129	ALL FLOW 7000 PFT FILTER DEVI . 115
AIRZONE PEAK FLOW METER 114	ALIVE EVERYDAY IMMUNE HEALTH CAPS 129	allopurinol 54
AJOVY SOAJ123	ALIVE HAIR, SKIN & NAILS CHEW 129	ALLOPURINOL 54
AJOVY SOSY123	ALIVE MENS 50+ TABS129	almotriptan malate 124
AKEEGA29	ALIVE MENS ENERGY TABS ... 129	ALOCRIIL147
AKYNZEO19	ALIVE MULTI-VITAMIN CHEW .. 129	alogliptin benzoate 16
albendazole10	ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS 129	alogliptin-metformin hcl14
albuterol sulfate AERS12	ALIVE ULTRA POTENCY WOMENS 50+ TABS129	alogliptin-pioglitazone 14
albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML12	ALIVE WOMENS 50+ CHEW 129	ALOMIDE 147
ALBUTEROL SULFATE NEBU12	ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW129	ALORA PTTW 51
alclometasone dipropionate CREA 43	ALIVE WOMENS 50+ TABS 129	alosetron hcl53
alclometasone dipropionate OINT .43	ALIVE WOMENS ENERGY TABS 129	ALPAWASH150
ALCOH-GLOVE CONTOURED WIPE 76	ALIVE WOMENS GUMMY MULTIVITAMIN CHEW129	ALREX SUSP147
ALCOHOL PADS76	ALKINDI SPRINKLE CPSP37	ALTADERM CREAM BASE 150
ALCOHOL PREP PAD76	ALL FLOW 1000 PFT FILTER DEVI . 114	ALTOPREV TB24 20 MG, 40 MG, 60 MG 23
ALCOHOL PREP PADS 76	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC114	ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT 54
ALCOHOL PREPS76	ALL FLOW 2000 PFT FILTER DEVI . 114	alum & mag hydrox-simethicone LIQD9
ALCOHOL SWABS76	ALL FLOW 3000 PFT FILTER DEVI . 114	alum & mag hydrox-simethicone SUSP9
ALCOHOL SWABSTICKS 76	ALL FLOW 4000 PFT FILTER DEVI . 114	ALUMINUM HYDROXIDE SUSP 320 MG/5ML 9
alendronate sodium SOLN49	ALL FLOW 5000 PFT FILTER DEVI . 114	aluminum hydroxide-mag carb SUSP 358 MG/15ML-95 MG/15ML 9
alendronate sodium TABS 35 MG, 70 MG 49		ALUNBRIG TABS30
alendronate sodium TABS 5 MG, 10 MG 49		ALUNBRIG TBPK30
alfuzosin hcl 53		ALVESCO 11
ALGAE BASED CALCIUM TABS 129		
aliskiren fumarate 26		

amantadine hcl CAPS	30	amoxicillin SUSR	149	AQINJECT PEN NEEDLE/31G X 3/16"	78
amantadine hcl SOLN	30	amoxicillin TABS	149	AQINJECT PEN NEEDLE/32G X 5/32"	78
amantadine hcl TABS	30	amoxicillin-clarithromycin w/ lansoprazole THPK	158	AQUALANCE LANCETS ULTRA THIN 30G	61
AMBI-TRAY MISC	61	ampicillin CAPS 500 MG	149	ARALAST NP SOLR 500 MG, 1000 MG	155
ambrisentan	34	anagrelide hcl	54	ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	55
amcinonide LOTN	43	anastrozole	29	ARANESP ALBUMIN FREE SOSY 55	
amiloride & hydrochlorothiazide ..	48	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	8	ARBEM H-COSMETIC	150
amiloride hcl TABS	48	ANHYDROUS BASE OINT	150	ARBEM LIOPEN	150
amiodarone hcl TABS 100 MG	11	ANORO ELLIPTA	12	AREXVY	160
amiodarone hcl TABS 200 MG, 400 MG	10	ANTARA 30 MG, 90 MG	22	arformoterol tartrate	12
AMJEVITA SOAJ 40 MG/0.8ML	2	ANTIOXIDANT FORMULA TABS 129		ARMONAIR DIGIHALER	11
AMJEVITA SOSY	2	APADAZ	7	ARMOUR THYROID TABS	155
AMLADDEX TABS	137	APETIBEX CAPS	130	ARNUITY ELLIPTA	11
amlodipine besylate TABS	33	APEXICON E CREA	43	artificial tear solution	144
amlodipine besylate-atorvastatin calcium	34	APIDRA SOLN	16	ARZERRA	28
amlodipine besylate-benazepril hcl 24		APIDRA SOLOSTAR SOPN	16	ASMANEX HFA AERO	11
amlodipine besylate-olmesartan medoxomil	24	APO-VARENICLINE TABS	154	ASMANEX TWISTHALER 120 METERED DOSES AEPB	11
amlodipine besylate-valsartan	24	APPE-CURB CAPS	130	ASMANEX TWISTHALER 14 METERED DOSES AEPB	12
amlodipine-valsartan- hydrochlorothiazide	24	apraclonidine hcl	145	ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	12
amoxicillin & pot clavulanate CHEW . 149		aprepitant CAPS 40 MG, 125 MG .	19	ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	12
amoxicillin & pot clavulanate SUSR 149		aprepitant CAPS 80 MG	19	ASMANEX TWISTHALER 60	
amoxicillin & pot clavulanate TABS 149		aprepitant CAPS	20		
amoxicillin CAPS	149	aprepitant MISC	20		
amoxicillin CHEW 125 MG, 250 MG . 149		AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	78		
		AQ INSULIN SYRINGE/1ML/29G X 1/2"	78		
		AQ INSULIN SYRINGE/1ML/31G X 5/16"	78		

METERED DOSES AEPB	12	ASSURE ID INSULIN SAFETY	ATROPINE SULFATE SOLN 1 %
ASMANEX TWISTHALER 7		SYRINGE U-100/0.5ML/31G	145
METERED DOSES AEPB	12	X 15/64"	78
aspirin buffered (cal carb-mag carb-		ASSURE ID SAFETY PEN	ATROVENT HFA
mag oxide)	5	NEEDLES 30G X 5/16"	78
aspirin CHEW	5	ASSURE ID SAFETY PEN	AUM INSULIN SAFETY PEN
ASPIRIN SUPP 300 MG	5	NEEDLES 31G X 3/16"	78
aspirin TABS 325 MG	5	ASSURE II CONTROL LEVEL 1	NEEDLE/31GX4MM
aspirin TBEC 325 MG	5	LIQD	61
aspirin TBEC 81 MG	5	ASSURE II CONTROL LEVEL 1/2	AUM INSULIN SAFETY PEN
aspirin-dipyridamole	54	LIQD	61
ASPRUZYO SPRINKLE PACK	10	ASSURE LANCE LANCETS	61
ASSESS PEAK FLOW METER FULL		ASSURE LANCE LANCETS 21G ..	61
RANGE	115	ASSURE LANCE PLUS	AUM MINI INSULIN PEN
ASSESS PEAK FLOW METER LOW		SAFETYLANCETS 25G	61
RANGE	115	ASSURE LANCE PLUS	NEEDLE/32GX4MM
ASSURE 3 CONTROL LEVEL 1/2		SAFETYLANCETS 30G	61
LIQD	61	ASSURE LANCE SAFETY LANCET	AUM MINI INSULIN PEN
ASSURE 4 CONTROL LEVEL 1/2		28G	61
LIQD	61	ASSURE PRISM CONTROL LEVEL	NEEDLE/33GX4MM
ASSURE COMFORT LANCETS		1/2 SOLN	61
ULTRA THIN 28G	61	ASSURE PRO CONTROL LEVEL 1/2	AUM PEN NEEDLE/32GX4MM ...
ASSURE DOSE NORMAL/HIGH		LIQD	61
CONTROL SOLN	61	ASTAGRAF XL CP24	127
ASSURE HAEMOLANCE PLUS		atenolol & chlorthalidone	25
HIGH FLOW 18G	61	atenolol TABS	33
ASSURE HAEMOLANCE PLUS		ATORVALIQ SUSP	23
LOW FLOW 25G	61	atorvastatin calcium TABS	23
ASSURE HAEMOLANCE PLUS		atovaquone	26
MICRO FLOW 28G	61	ATREVIS HYDROGEL	150
ASSURE HAEMOLANCE PLUS		atropine sulfate (ophthalmic) OINT	
NORMAL FLOW 21G	61	145	AURORA LANCET SUPER
ASSURE HAEMOLANCE PLUS		atropine sulfate (ophthalmic) SOLN	
PEDIATRIC BLADE	61	145	THIN30G
			61
			AURORA LANCET THIN 23G
			61
			AURORA PEN NEEDLES
			29GX12MM
			79
			AURORA PEN NEEDLES 31G

X6MM	79	azelastine hcl (ophth)	147	BASAGLAR KWIKPEN SOPN	16
AURORA PEN NEEDLES 31G		azelastine hcl	143	BASAGLAR TEMPO PEN SOPN ..	16
X8MM	79	azelastine hcl-fluticasone propionate		BASE PCCA CLARIFYING	150
AURORA UNIFINE		SUSP	143	BASE W301	150
PENTIPS/32GX5/32"	79	azithromycin PACK	58	BASIC AM TABS	130
AURORA UNIFINE		azithromycin SUSR	58	BASIC PM TABS	130
PENTIPS/MINI/31GX3/16"	79	azithromycin TABS 250 MG	58	BASIS FACIAL MOISTURIZER	
AURYXIA	53	azithromycin TABS 500 MG	58	CREA	46
AUSTEDO TABS	153	azithromycin TABS 600 MG	58	BASIS OVERNIGHT CREA	46
AUSTEDO XR TB24	153	AZO HORMONAL HEALTH CYCLE		BAXDELA TABS	51
AUTO-LANCET MINI MISC	62	CARE & COMFORT TABS	130	B-COMPLEX INJ	128
AUTO-LANCET MISC	62	AZO HORMONAL HEALTH HAPPY		b-complex vitamins INJ	128
AUTOLET II CLINISAFE KIT	62	CYCLE TABS	130	b-complex vitamins TABS	128
AUTOLET IMPRESSION LANCING		BABY SKIN PROTECTANT	150	b-complex w/ c & folic acid CAPS	
DEVICE MISC	62	BACIGUENT	145	128	
AUTOLET LANCING DEVICE MISC .	62	bacitracin (ophthalmic)	145	b-complex w/ c & folic acid TABS	128
62		bacitracin (topical) OINT	40	b-complex w/ folic acid TABS	128
AUTOLET LITE CLINISAFE KIT ...	62	bacitracin zinc OINT	40	b-complex w/biotin & folic acid TABS	
AUTOLET LITE STARTER PACK		bacitracin-polymyxin b (ophth) ...	145	128	
KIT	62	bacitracin-poly-neomycin-hc	147	BD LO-DOSE INSULIN SYRINGE	
AUTOLET MINI MISC	62	baclofen SOLN OR 5 MG/5ML ...	142	MICROFINE IV/0.5ML/28G X 1/2" ..	79
AUTOLET PLATFORMS MISC ...	62	baclofen SUSP	142	BD INSULIN SYRINGE LUER-	
AUTOLET PLUS MISC	62	baclofen TABS	142	LOK/U-100/1ML	79
AUVELITY	14	BACMIN TABS	130	BD INSULIN SYRINGE MICROFINE	
AUVI-Q SOAJ	163	BAFIERTAM	153	IV/U-100/0.5ML/28G X 1/2"	79
AUXIPRO VANISHING CREAM ..	150	balsalazide disodium CAPS	52	BD INSULIN SYRINGE MICROFINE	
AVONEX PEN AJKT	153	BAQSIMI ONE PACK POWD	15	IV/U-100/1ML/27G X 5/8"	79
AVONEX PSKT	153	BAQSIMI TWO PACK POWD	15	BD INSULIN SYRINGE MICROFINE	
AZ CREAM	150	BARIATRIC FUSION CHEW	130	IV/U-100/1ML/28G X 1/2"	79
azacitidine SUSR	28	BARIATRIC MULTIVITAMINS/IRON		BD INSULIN SYRINGE	
AZASITE	145	CAPS	130	MICROFINE/U-100/1ML/27G X 5/8"	79
azathioprine TABS	127			BD INSULIN SYRINGE	
				MICROFINE/U-100/1ML/28G X 1/2"	

79	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"80	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM 80
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" ..79	BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM80	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM80
BD INSULIN SYRINGE SLIP TIP/U- 100/1ML79	BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM80	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" 80
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" ...79	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"80	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM 80
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"79	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"80	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM80
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"79	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"80	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM 80
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ...79	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM80	BD SAFETYGLIDE 1ML 27GX5/8" 80
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ...79	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM80	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"81
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM79	BD INSULIN SYRINGE/1ML/27G X 12.7MM80	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...81
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" ..80	BD INSULIN SYRINGE/1ML/29G X 12.7MM80	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"81
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM80	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" ...80	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"81
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ...80	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" ..80	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...81
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ...80	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" ..80	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" ..81
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM80	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2"80	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"81
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" ..80	BD MICROTAI NER LANCETS ...62	BD SWABS SINGLE USE 76
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM80	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM80	BD SWABS SINGLE USE BUTTERFLY 76
BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM 80		BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 6MM81
		BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM81

BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM 81	betamethasone dipropionate (topical) OINT 43	BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC 62
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64" .81	betamethasone dipropionate augmented CREA 43	BIGFOOT UNITY PEN CAP FOR FIASP MISC 62
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.5ML/31G X 15/64" .81	betamethasone dipropionate augmented GEL 0.05 % 43	BIGFOOT UNITY PEN CAP FOR HUMALOG MISC 62
BECONASE AQ 143	betamethasone dipropionate augmented LOTN 43	BIGFOOT UNITY PEN CAP FOR LANTUS MISC 62
BEELITH 125	betamethasone dipropionate augmented OINT 43	BIGFOOT UNITY PEN CAP FOR LISPRO MISC 62
BELBUCA FILM 8	betamethasone valerate CREA ... 43	BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC 62
benazepril & hydrochlorothiazide . 25	betamethasone valerate FOAM ... 43	BIGFOOT UNITY PEN CAP FOR NOVOLOG MISC 62
benazepril hcl 23	betamethasone valerate LOTN ... 43	BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC 62
BENZHYDROCODONE/ACETAMINOPHEN 7	betamethasone valerate OINT 43	BIGFOOT UNITY PEN CAP FOR TOUJEO MISC 62
BENZNIDAZOLE 10	BETASERON KIT 153	BIGFOOT UNITY PEN CAP FOR TRESIBA MISC 62
benzocaine-docusate sodium ENEM . 58	betaxolol hcl (ophth) SOLN 144	bimatoprost SOLN 148
benzoyl peroxide CREA 10 % 39	betaxolol hcl 33	BINAXNOW COVID-19 AG CARD HOME TEST KIT 47
benzoyl peroxide FOAM 10 % 39	bethanechol chloride 159	BINOSTO TBEF 49
benzoyl peroxide GEL 10 % 39	BETIMOL 144	BIO-35 GLUTEN-FREE CAPS ... 130
benzoyl peroxide GEL 5 % 39	BETOPTIC-S SUSP 145	BIO-35 IRON FREE CAPS 130
benzoyl peroxide LIQD 5 %, 10 % .39	BEVESPI AEROSPHERE 12	BIOCAL CAPS 130
benzoyl peroxide-erythromycin GEL . 39	bexarotene (topical) 42	BIOLYTE SOLN 125
benzphetamine hcl 50 MG 1	bexarotene 30	BION TEARS 144
bepotastine besilate 147	BEXSERO 159	BIOTHRAX 159
BESER 43	BEYFORTUS 148	biotin TABS 5 MG, 5000 MCG ... 164
BESIVANCE 145	bicalutamide 29	bisacodyl SUPP 57
BESREMI 30	BIFERA 56	bisacodyl TBEC 57
betamethasone dipropionate (topical) CREA 43	BIGFOOT UNITY PEN CAP FOR ADMELOG MISC 62	bismuth subcitrate potassium-
betamethasone dipropionate (topical) LOTN 43	BIGFOOT UNITY PEN CAP FOR APIDRA MISC 62	
	BIGFOOT UNITY PEN CAP FOR ASPART MISC 62	

metronidazole-tetracycline	158	BREATHE EASE NEBULIZER MASK/INFANT MISC	115	BRONCHITOL	155
bismuth subsalicylate CHEW 262 MG	18	BREATHE EASE PEAK FLOW METER	115	BRONCHITOL TOLERANCE TEST .	155
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	18	BREATHE EASE/LARGE MASK DEVI	115	BRYHALI LOTN	43
bismuth subsalicylate TABS	18	BREATHE EASE/MEDIUM MASK DEVI	115	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	115
bisoprolol & hydrochlorothiazide ..	25	BREATHE EASE/SMALL MASK DEVI	115	budesonide (inhalation) SUSP	12
bisoprolol fumarate	33	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	115	budesonide (nasal)	143
BLINCYTO	28	BREATHERRITE VALVED MDI CHAMBER/RIGID DEVI	115	budesonide CPEP	37
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD ...	62	BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH	12	budesonide TB24	37
BONE DENSITY BUILDER TABS 126		BREO ELLIPTA 50 MCG/INH-25 MCG/INH	12	budesonide-formoterol fumarate dihydrate	13
BONEUP 3 PER DAY CAPS	130	BREXAFEMME	20	buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	8
BONEUP CAPS	130	BREZTRI AEROSPHERE	12	buprenorphine hcl-naloxone hcl dihydrate SUBL	8
BONEUP VEGETARIAN TABS ..	130	BRILINTA	54	buprenorphine PTWK	8
BOOSTRIX SUSP	156	brimonidine tartrate 0.1 %, 0.15 % 145		bupropion hcl (smoking deterrent) 154	
BOOSTRIX SUSY	156	brimonidine tartrate 0.2 %	145	butalbital-acetaminophen TABS 50 MG-325 MG	4
BORTEZOMIB SOLN	30	brimonidine tartrate-timolol maleate . 145		butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG	4
BORTEZOMIB SOLR IV 3.5 MG ..	30	brinzolamide	147	butalbital-acetaminophen-caffeine w/ codeine	7
bosentan TABS	34	BRIXADI SOSY	8	butalbital-aspirin-caffeine CAPS	4
BRAFTOVI 75 MG	30	bromfenac sodium (ophth)	147	butalbital-aspirin-caffeine w/cod	7
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	115	bromocriptine mesylate CAPS	30	butenafine hcl	40
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	115	bromocriptine mesylate TABS 2.5 MG	30	butorphanol tartrate NA 10 MG/ML .	8
BREATHE COMFORT PROTECTIVE SHIELD	111	BROMSITE	147	BYDUREON BCISE AUIJ	16
BREATHE EASE NEBULIZER MASK/CHILD MISC	115			BYETTA SOPN 10 MCG/0.04ML ..	16
				BYETTA SOPN 5 MCG/0.02ML ...	16

cabergoline	50	125 UNIT-250 MG, 250 MG-125	captopril & hydrochlorothiazide ...	25
caffeine citrate SOLN OR	1	UNIT, 600 MG-200 UNIT	captopril	23
CAL MAG ZINC +D3 TABS	126	calcium carbonate-vitamin d w/ minerals TABS	carbido	30
calcipotriene CREA	42	calcium citrate TABS 200 MG	carbido	31
calcipotriene OINT	42	calcium citrate-vitamin d TABS 200	carbido	31
calcipotriene SOLN	42	UNIT-315 MG, 250 UNIT-315 MG, 5	carbido	31
calcitonin (salmon) NA	49	MCG-315 MG, 6.25 MCG-315 MG	carbido	31
calcitriol (topical)	42	125	carbido	31
calcitriol CAPS	50	calcium gluconate SOLN	carbinoxamine maleate SOLN	21
calcitriol SOLN OR	50	125	carbinoxamine maleate TABS 4 MG .	21
CALCIUM 600+D HIGH POTENCY		CALCIUM PHOSPHATE DIBASIC	carboxymethylcellulose sodium	
TABS	124	125	(ophth) GEL	144
CALCIUM 600+D3 PLUS MINERALS		CALCIUM PHOSPHATE	carboxymethylcellulose sodium	
TABS	126	DIBASICDIHYDRATE	(ophth) SOLN 0.5 %	144
calcium acetate (phosphate binder)		calcium TABS	CARDIOCOM LANCING DEVICE	
CAPS	53	125	MISC	62
calcium acetate (phosphate binder)		CALCIUM/MAGNESIUM/ZINC TABS	CARDURA XL	53
TABS	53	200 UNIT-333 MG-133 MG-5 MG	CAREFINE PEN NEEDLE	
calcium carbonate (antacid) CHEW		126	32GX4MM	81
500 MG, 750 MG, 1000 MG	9	CALCIUM/MAGNESIUM/ZINC/D3	CAREFINE PEN NEEDLES	
calcium carbonate (antacid) SUSP .	9	TABS	29GX1/2"	81
CALCIUM CARBONATE EXTRA		126	CAREFINE PEN NEEDLES	
LIGHT POWD XX	124	CALCIUM/MAGNESIUM/ZINC/VITA	30GX5/16"	81
CALCIUM CARBONATE HEAVY		MIN D3 TABS	CAREFINE PEN NEEDLES	
POWD XX	124	126	31GX6MM	81
CALCIUM CARBONATE LIGHT		CAL-DAY 1000 TABS	CAREFINE PEN NEEDLES	
POWD XX	125	130	31GX8MM	81
CALCIUM CARBONATE POWD XX .		CAL-MAG-ZINC-D TABS	CAREFINE PEN NEEDLES	
125		126	32GX5MM	81
calcium carbonate TABS 500 MG,		CAL-MAG-ZINC-D3 TABS	CAREFINE PEN NEEDLES	
600 MG, 1250 MG, 1500 MG	125	126	32GX6MM	81
calcium carbonate-cholecalciferol		CALQUENCE	CAREONE ADVANCED	
TABS	125	30	LANCINGDEVICE MISC	62
calcium carbonate-vitamin d TABS		CAMCEVI	CAREONE INSULIN	
		29		
		CAMZYOS		
		34		
		candesartan cilexetil		
		24		
		candesartan cilexetil-		
		hydrochlorothiazide		
		25		
		capecitabine		
		28		
		CAPLYTA		
		31		
		CAPRELSA		
		30		

SYRINGES/0.3ML/30G X 1/2"81	CARESENS CONTROL A SOLUTION SOLN62	CARETOUCH PEN NEEDLES 31G X 6 MM82
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" ...81	CARESENS CONTROL SOLUTION A/B SOLN62	CARETOUCH PEN NEEDLES 31GX 5MM82
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"81	CARESENS LANCETS62	CARETOUCH PEN NEEDLES 31GX 8MM82
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" ...81	CARETOUCH 2 CPAP HOSE HANGER MISC115	CARETOUCH PEN NEEDLES 32GX 4MM82
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"81	CARETOUCH ALCOHOL PREP PADS77	CARETOUCH PEN NEEDLES 32GX 5MM82
CAREONE INSULIN SYRINGES/1ML/31GX5/16"81	CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD62	CARETOUCH SAFETY LANCETS/26G62
CAREONE LANCET SUPER THIN/30G62	CARETOUCH CPAP & BIPAP HOSE/6FT MISC115	CARETOUCH SAFETY LANCETS/28G62
CAREONE LANCET THIN62	CARETOUCH CPAP MASK WIPES MISC115	CARETOUCH SAFETY LANCETS/30G62
CAREONE UNIFINE PENTIPS 29GX12MM81	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 115	CARETOUCH TWIST LANCETS 28G62
CAREONE UNIFINE PENTIPS 31GX5MM81	CARETOUCH CPAP TUBE CLEANING BRUSH MISC115	CARETOUCH TWIST LANCETS 30G62
CAREONE UNIFINE PENTIPS 31GX6MM81	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"82	CARETOUCH TWIST LANCETS 33G62
CAREONE UNIFINE PENTIPS 31GX8MM81	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"82	CARETOUCH TWIST LANCETS MULTI COLOR/30G63
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM81	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"82	CARETOUCH UNIVERSAL CPAPFILTERS MISC116
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM82	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"82	carteolol hcl (ophth)145
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM82	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"82	carvedilol32
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM82	CARETOUCH LANCING DEVICewith EJECTOR MISC ...62	carvedilol phosphate32
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM82	CARETOUCH PEN NEEDLE 29GX1/2"82	CAYA DPRH59
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM82	CARETOUCH PEN NEEDLE 33GX5/32"82	CAYSTON26
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"82		cefaclor CAPS35
		CEFACLOR ER TB1235
		cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML35

cefadroxil CAPS	35	CENTANY OINT	40	cephalexin CAPS	35
cefadroxil SUSR	35	CENTRAVITES 50 PLUS TABS ..	130	cephalexin SUSR	35
cefadroxil TABS	35	CENTRAVITES ADULTS TABS ..	130	cephalexin TABS	35
cefdinir CAPS	35	CENTRUM ADULT MULTIGUMMIES		CEQUA SOLN	146
cefdinir SUSR	35	CHEW	130	CERALYTE 70 SOLN	125
cefixime CAPS	35	CENTRUM CARDIO TABS	130	CERASPORT EX1 SOLN	125
cefixime SUSR	35	CENTRUM FLAVOR BURST ADULT		CERASPORT SOLN	125
cefpodoxime proxetil SUSR	35	CHEW	130	CERTAVITE SENIOR TABS	131
cefpodoxime proxetil TABS	35	CENTRUM FLAVOR BURST CHEW	130	CERTAVITE	
cefprozil SUSR	35	CENTRUM FLAVOR BURST KIDS		SENIOR/ANTIOXIDANT	
cefprozil TABS	35	CHEW	138	NUTRIENTS TABS	131
cefuroxime axetil TABS	35	CENTRUM FRESH/FRUITY		CERTAVITE/ANTIOXIDANTS TABS ..	131
CELEBRATE MULTI-COMPLETE18		ADULTS 50+ CHEW	130	cetirizine hcl CAPS	21
CAPS	130	CENTRUM FRESH/FRUITY		cetirizine hcl CHEW	21
CELEBRATE MULTI-COMPLETE18		ADULTS CHEW	130	cetirizine hcl SOLN OR	21
CHEW	130	CENTRUM KIDS CHEW	138	cetirizine hcl SYRP OR	21
CELEBRATE MULTI-COMPLETE36		CENTRUM MEN TABS	130	cetirizine hcl TABS 10 MG	21
CAPS	130	CENTRUM MINIS WOMEN 50+		cetirizine hcl TABS 5 MG	21
CELEBRATE MULTI-COMPLETE36		TABS	130	CHEMET	19
CHEW	130	CENTRUM MULTIGUMMIES MULTI		chlorhexidine gluconate (mouth-	
CELEBRATE MULTI-COMPLETE45		+OMEGA 3 CHEW	130	throat)	128
CAPS	130	CENTRUM SILVER CHEW	131	chloroquine phosphate TABS	27
CELEBRATE MULTI-COMPLETE45		CENTRUM SILVER ULTRA		chlorpheniramine maleate TABS ..	20
CHEW	130	WOMENS TABS	131	chlorthalidone 25 MG, 50 MG	49
CELEBRATE MULTI-COMPLETE60		CENTRUM SPECIALIST HEART		chlorzoxazone TABS	142
CAPS	130	TABS	131	CHOICEFUL MULTIVITAMIN CAPS ..	131
CELEBRATE MULTI-COMPLETE60		CENTRUM SPECIALIST IMMUNE		CHOICEFUL MULTIVITAMIN CHEW	
CHEW	130	SUPPORT TABS	131		131
celecoxib 400 MG	3	CENTRUM SPECIALIST VISION		cholecalciferol CAPS 1.25 MG, 1.25	
celecoxib 50 MG, 100 MG, 200 MG	3	TABS	131	MG, 25 MCG, 50 MCG, 125 MCG,	
CELLTRION DIATRUST COVID-19		CENTRUM ULTRA WOMENS TABS		1000 UNIT, 2000 UNIT, 5000 UNIT,	
AG HOME TEST KIT	47	131			
CENTANY AT KIT	40	CENTRUM VITAMINTS CHEW ..	131		

50000 UNIT	163	ciprofloxacin hcl (otic)	148	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	116
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	163	ciprofloxacin hcl TABS	51		
cholecalciferol TABS	163	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	51	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI	116
cholestyramine light PACK	22	ciprofloxacin-dexamethasone	148		
cholestyramine light POWD	22	ciprofloxacin-fluocinolone acetoneide .	148	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	116
cholestyramine PACK	22	CITALOPRAM HYDROBROMIDE CAPS	14		
cholestyramine POWD	22	CITRACAL MAXIMUM PLUS TABS	126	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	82
choline fenofibrate	22	CITRACAL PLUS TABS	126		
CHRYSADERM DAY	150	CITRULLINE(L)	35	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	82
CHRYSADERM NIGHT	150	cladribine 10 MG/10ML	28		
CIBINQO	46	clarithromycin SUSR	58	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	82
ciclopirox GEL	40	clarithromycin TABS	58		
ciclopirox KIT	40	clarithromycin TB24	58	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	82
ciclopirox olamine CREA	40	CLASSIC PRENATAL TABS	140		
ciclopirox olamine SUSP	40	CLEANLET LANCETS 28G	63	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	82
ciclopirox SHAM	40	clemastine fumarate TABS 1.34 MG .	21		
ciclopirox SOLN	40	CLEOCIN SUPP	162	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	82
cilostazol	54	CLEODERM	150		
CILOXAN OINT	146	CLEVER CHEK LANCETS ULTRATHIN	63	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	82
cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	157	CLEVER CHEK LANCETS ULTRATHIN 30G	63		
cimetidine TABS	157	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	116	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	82
CIMZIA KIT	52				
CIMZIA PSKT	52				
CIMZIA STARTER KIT PSKT	52				
cinacalcet hcl 30 MG, 60 MG	50				
cinacalcet hcl 90 MG	50				
CIPRO HC	148				
CIPRO SUSR	51				
ciprofloxacin hcl (ophth) SOLN ...	146				

EZINSULIN SYRINGE/0.5ML/30G X 5/16"	82	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	83	clindamycin hcl	26
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	82	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	83	clindamycin palmitate hydrochloride .	26
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	83	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	83	clindamycin phosphate (topical) SOLN	39
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	83	CLEVER CHOICE DISPOSABLEFACE MASK/MEDICAL GRADE	111	clindamycin phosphate (topical) SWAB	39
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	83	CLEVER CHOICE DISPOSABLEMASK/NON-MEDICAL	111	clindamycin phosphate vaginal CREA	162
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	83	CLEVER CHOICE FACE MASK .	111	clindamycin phosphate-benzoyl peroxide (refrigerate)	39
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	83	CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	63	clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 % .	39
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	83	CLEVER CHOICE PEAK FLOW METER	116	clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %	39
CLEVER CHOICE COMFORT EZLANCETS 21G	63	CLICKFINE PEN NEEDLE 32GX5/32"	83	CLINDESSE	162
CLEVER CHOICE COMFORT EZLANCETS 23G	63	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	83	CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	47
CLEVER CHOICE COMFORT EZLANCETS 28G	63	CLICKFINE PEN NEEDLES 31G X 1/4"	83	clobetasol propionate CREA 0.05 % .	43
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	83	CLICKFINE PEN NEEDLES 31G X 3/16"	83	clobetasol propionate emollient base 0.05 %	43
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	83	CLICKFINE PEN NEEDLES 31G X 5/16"	83	clobetasol propionate emulsion ...	43
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	83	CLICKFINE PEN NEEDLES 31G X 8MM	83	clobetasol propionate FOAM	43
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	83	CLICKFINE PEN NEEDLES 32G X 5/32"	83	clobetasol propionate GEL 0.05 %	43
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	83	CLICKFINE PEN NEEDLES/31GX1/4"	83	clobetasol propionate LIQD	43
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	83	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	83	clobetasol propionate LOTN	43
				clobetasol propionate OINT 0.05 %	43
				clobetasol propionate SHAM	43
				clobetasol propionate SOLN 0.05 % .	43
				clocortolone pivalate	43

CLODAN KIT	43	colestipol hcl GRAN	22	COMFORT TOUCH PEN NEEDLES/31G X 5MM	84
clofarabine	28	colestipol hcl PACK	22	COMFORT TOUCH PEN NEEDLES/31G X 6 MM	84
clonidine	24	colestipol hcl TABS	22	COMFORT TOUCH PEN NEEDLES/31G X 8 MM	84
clonidine hcl (adhd) TB12	1	COMBIVENT RESPIMAT AERS ..	13	COMFORT TOUCH PEN NEEDLES/32G X 4MM	84
clonidine hcl TABS	24	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	83	COMFORT TOUCH PEN NEEDLES/32G X 5MM	84
clonidine hcl TB24	24	COMFORT ASSURED LANCETS MICRO THIN 33G	63	COMFORT TOUCH PEN NEEDLES/32G X 6MM	84
clopidogrel bisulfate 300 MG	54	COMFORT ASSURED LANCETS SUPER THIN 28G	63	COMFORT TOUCH PEN NEEDLES/32G X 8MM	84
clopidogrel bisulfate 75 MG	55	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	83	COMFORT TOUCH PEN NEEDLES/33G X 5/32"	84
clotrimazole (topical) CREA	40	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	83	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	63
clotrimazole (topical) SOLN	40	COMFORT EZ MICRO/32G X 4MM ..	83	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	63
clotrimazole	128	COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	83	COMIRNATY 2023-24 SUSP	160
clotrimazole vaginal CREA	162	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	83	COMIRNATY 2023-24 SUSY	160
clotrimazole w/ betamethasone CREA	40	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	83	COMIRNATY SUSP	160
clotrimazole w/ betamethasone LOTN	40	COMFORT EZ SHORT/31G X 8MM ..	83	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ..	116
CO MONITOR DEVI	116	COMFORT EZ/31G X 5MM	84	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	116
CO MONITOR REPLACEMENT TPIECES MISC	116	COMFORT EZ/31G X 6MM	84	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	116
COAGADEX	54	COMFORT LANCETS	63	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	116
COAGUCHEK LANCETS	63	COMFORT TOUCH ALCOHOL PREP PADS	77	COMPLETENATE CHEW	140
coal tar extract SHAM 0.5 %	47	COMFORT TOUCH LANCETS ULTRA THIN 31G	63		
codeine sulfate TABS 30 MG	5	COMFORT TOUCH PEN NEEDLES/31G X 4MM	84		
CODEINE SULFATE TABS	5				
CO-ENZYME Q 10	36				
COENZYME Q10	36				
colchicine CAPS	54				
colchicine TABS	54				
colchicine w/ probenecid	54				
colesevelam hcl PACK	22				
colesevelam hcl TABS	22				

CO-NATAL FA TABS	140	CVS AIRSHIELD IMMUNITY SUPPORT CHEW	131	CVS SPECTRAVITE ULTRA MEN50+ TABS	131
CONDOMS	59	CVS ALCOHOL PREP PADS	77	CVS SPECTRAVITE ULTRA MENS HEALTH TABS	131
CONTOUR HIGH CONTROL LIQD 63		CVS CALCIUM CITRATE+D3 TABS . 126		CVS SPECTRAVITE ULTRA WOMEN TABS	131
COOL CONTROL SOLUTION A SOLN	63	CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS	126	CVS SPECTRAVITE WOMEN CHEW	131
COOL CONTROL SOLUTION B SOLN	63	CVS EYE HEALTH ADULT 50+ CAPS	131	CVS ULTRA THIN LANCETS	63
CORDRAN OINT	43	CVS LANCETS 21G	63	CVS VISION HEALTH CAPS	131
COSELA	30	CVS LANCETS MICRO THIN 33G 63		cyanocobalamin SOLN IJ	55
COSENTYX SENSOREADY PEN SOAJ	42	CVS LANCETS MICRO-THIN 33G 63		cyclobenzaprine hcl CP24	142
COSENTYX SOSY	42	CVS LANCETS ORIGINAL	63	cyclobenzaprine hcl TABS 7.5 MG 142	
COSENTYX UNOREADY SOAJ ..	42	CVS LANCETS THIN 26G	63	cyclobenzaprine hcl TABS	142
CREAM BASE	150	CVS LANCETS ULTRA THIN 30G 63		CYCLOGYL	145
CREAM CONCENTRATE	150	CVS LANCETS ULTRA-THIN 30G 63		cyclopentolate hcl 1 %, 2 %	145
CREATINE MONOHYDRATE	35	CVS LANCETS ULTRA-THIN 30G 63		cyclophosphamide CAPS	27
CREON CPEP	48	CVS LANCING DEVICE MISC	63	CYCLOPHOSPHAMIDE TABS	27
CRESEMBA CAPS 186 MG	20	CVS MEDICAL FACE MASKS/EAR LOOP	111	cycloserine	27
CRINONE GEL	163	CVS ONE DAILY MENS 50+ ADVANCED TABS	131	cyclosporine (ophth) EMUL	146
cromolyn sodium (mastocytosis) ..	52	CVS ONE DAILY WOMENS 50+ADVANCED TABS	131	cyclosporine CAPS	127
cromolyn sodium (nasal) 5.2 MG/ACT	143	CVS PREP PADS	77	CYCLOSPORINE IN KLARITY EMUL	146
cromolyn sodium (ophth)	147	CVS PROCEDURAL MASK	111	cyclosporine modified (for microemulsion) CAPS	127
CUE COVID-19 TEST CARTRIDGE CART	47	CVS SPECTRAVITE ADULT 50+ CHEW	131	cyclosporine modified (for microemulsion) SOLN	127
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	131	CVS SPECTRAVITE ADULT 50+ TABS	131	cyclosporine SOLN IV 50 MG/ML	127
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	77	CVS SPECTRAVITE ADULTS TABS 131		cyproheptadine hcl SYRP	22
CUTIS PLUS	150			cyproheptadine hcl TABS	22
CVS ADULT 50+ EYE HEALTH CAPS	131			CYRAMZA	28
				CYSTAGON CAPS	53

cytarabine SOLN	28	DERMAVITE TABS	131	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	37
dabigatran etexilate mesylate CAPS . 14		DESCOVY	32	dexamethasone SOLN	37
DAILY MOISTURIZER	150	desloratadine TABS	21	dexamethasone TABS	37
DAILY MULTIPLE VITAMINS TABS . 137		desloratadine TBDP 2.5 MG	21	dexamethasone TBPk	37
dalfampridine	153	desloratadine TBDP 5 MG	21	DEXATLAN CAPS	131
danazol CAPS	8	DESMOPRESSIN ACETATE SOLN NA	50	dexlansoprazole	157
dantrolene sodium CAPS	142	desmopressin acetate spray	50	dextran 70-hypromellose 0.3 %-0.1 %	144
dapsone	26	desmopressin acetate spray refrigerated	50	dextromethorphan-doxylamine- acetaminophen LIQD	38
DAPTACEL	156	desmopressin acetate TABS	50	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	38
darifenacin hydrobromide	158	desogestrel & ethinyl estradiol	36	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML- 10 MG/5ML	38
DAURISMO	29	desogestrel-ethinyl estradiol (biphasic)	36	dextromethorphan-phenylephrine- acetaminophen LIQD	38
DAYAVITE TABS	131	desogestrel-ethinyl estradiol (triphasic)	36	DHIVY TABS	31
DAYBUE	144	desonide CREA	44	DIALYVITE 3000	128
decitabine	28	desonide GEL	44	DIALYVITE 5000	128
DECUBI-VITE CAPS	131	desonide LOTN	44	DIALYVITE 800 PLUS D WAFR .	128
DEKAS BARIATRIC CHEW	131	desonide OINT	44	DIALYVITE 800/ZINC	128
DEKAS ESSENTIAL CAPS	137	desoximetasone CREA	44	DIALYVITE 800/ZINC 15	129
DEKAS ESSENTIAL LIQD	137	desoximetasone GEL	44	DIALYVITE SUPREME D TABS .	131
DEKAS PLUS CAPS	131	desoximetasone LIQD	44	DIALYVITE/ZINC	129
DEKAS PLUS CHEW	131	desoximetasone OINT	44	DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD	63
DEKAS PLUS LIQD	138	dexamethasone ELIX	37	DIATHRIVE LANCETS	63
DEKAS PLUS OCEAN CAPS	131	DEXAMETHASONE INTENSOL CONC	37	DIATHRIVE LANCETS ULTRA THIN 30G	63
DENG VAXIA	160	dexamethasone sodium phosphate (ophth)	147		
DEPO-MEDROL SUSP	37	dexamethasone sodium phosphate SOLN IJ	37		
DERMACINRX MULTITAM TABS 131		DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	37		
DERMACINRX RIBOTIN-E TABS 131					
DERMACINRX ZINTREXYL-C TABS	131				

DIATHRIVE LANCING DEVICE	diethylpropion hcl TABS1	DIPHThERIA/TETANUS TOXOIDS
MISC63	diethylpropion hcl TB24 1	ADSORBED PEDIATRIC SUSP . 156
DIATHRIVE PEN NEEDLE/31 G X	DIFICID SUSR58	dipyridamole55
6MM84	DIFICID TABS 58	disopyramide phosphate CAPS ... 10
DIATHRIVE PEN NEEDLE/31 GX	diflorasone diacetate CREA 44	DISPOSABLE FACE MASK111
8MM84	diflorasone diacetate OINT 44	DISPOSABLE FACE MASK 3-PLY
DIATHRIVE PEN NEEDLE/31GX	diflunisal TABS5	111
5MM84	digoxin TABS 0.125 MG, 0.25 MG,	DISPOSABLE MOUTHPIECE FULL
DIATHRIVE PEN NEEDLE/32GX	125 MCG, 250 MCG34	RANGE MISC116
4MM84	diltiazem hcl coated beads CP24 ..33	DISPOSABLE MOUTHPIECE
DIATRUE GLUCOSE CONTROL	diltiazem hcl CP1233	LOWRANGE/PEDIATRIC MISC . 116
SOLUTION LEVEL 3 SOLN63	diltiazem hcl CP2433	DISPOSABLE MOUTHPIECE/LOW
diazoxide 15	diltiazem hcl extended release beads	RANGE MISC116
DICLOFENAC CAPS3	33	DISPOSABLE
diclofenac epolamine PTCH EX ...41	diltiazem hcl TABS33	MOUTHPIECE/UNIVERSAL RANGE
diclofenac potassium CAPS 3	diltiazem hcl TB24 33	MISC116
diclofenac potassium TABS3	dimenhydrinate TABS19	DISPOSABLE PAPER
diclofenac sodium (actinic keratoses)	dimethyl fumarate CDPK 153	MOUTHPIECE MISC116
EX42	dimethyl fumarate CPDR153	DIURIL SUSP49
diclofenac sodium (ophth) 147	DIPENTUM52	docosanol 42
diclofenac sodium (topical) GEL EX	diphenhydramine hcl CAPS 21	docusate calcium58
41	diphenhydramine hcl ELIX 12.5	docusate sodium CAPS58
diclofenac sodium (topical) SOLN EX	MG/5ML21	docusate sodium ENEM 283
1.5 %41	diphenhydramine hcl LIQD 12.5	MG/5ML58
diclofenac sodium (topical) SOLN EX	MG/5ML, 25 MG/10ML, 50 MG/20ML	docusate sodium LIQD 58
2 %41	21	docusate sodium TABS58
diclofenac sodium TB243	diphenhydramine hcl SOLN 50	donepezil hydrochloride TABS 23
diclofenac sodium TBEC3	MG/ML 21	MG152
diclofenac w/ misoprostol TBEC3	diphenhydramine hcl TABS 25 MG	donepezil hydrochloride TABS 5 MG,
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dicyclomine hcl TABS 156		DORZOLAMIDE HCL147
		DORZOLAMIDE HCL/TIMOLOL

MALEATE145	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"84	DROPLET PEN NEEDLES 31G X3/16"85
dorzolamide hcl-timolol maleate .145		
doxazosin mesylate24	DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"84	DROPLET PEN NEEDLES 31G X5/16"85
doxercalciferol CAPS50	DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"84	DROPLET PEN NEEDLES 31GX5MM85
doxercalciferol SOLN50		
doxycycline (monohydrate) CAPS 50 MG, 100 MG155	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"84	DROPLET PEN NEEDLES 31GX6MM85
doxycycline (monohydrate) SUSR 155	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"84	DROPLET PEN NEEDLES 31GX8MM85
doxycycline (monohydrate) TABS 50 MG, 100 MG155	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"84	DROPLET PEN NEEDLES 32G X 1/4"85
doxycycline hyclate CAPS155	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"84	DROPLET PEN NEEDLES 32G X 3/16"85
doxycycline hyclate TABS 100 MG 155	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"84	DROPLET PEN NEEDLES 32G X 5/16"85
dronabinol CAPS19	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"84	DROPLET PEN NEEDLES 32G X 5/32"85
DROPLET GENTEEL LANCING DEVICE MISC63	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"84	DROPLET PEN NEEDLES 32GX4MM85
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"84	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"85	DROPLET PEN NEEDLES 32GX5MM85
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"84	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"85	DROPLET PEN NEEDLES 32GX6MM85
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"84	DROPLET LANCETS ULTRA THIN 30G63	DROPLET PEN NEEDLES 32GX8MM85
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"84	DROPLET LANCING DEVICE MISC .63	DROPLET PERSONAL LANCETS30G63
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DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"84	DROPLET PEN NEEDLES 29GX12MM85	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML85
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"84	DROPLET PEN NEEDLES 30G X 5/16"85	DROPSAFE INSULIN SAFETY
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"84		

SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML85	DRUG MART UNILET LANCETSSUPER THIN 30G64	SYRINGE/0.5ML/30G X 5/16"86
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML85	DRUG MART UNILET LANCETSULTRA THIN 28G64	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"86
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML85	DRUG MART UNILET MICRO THIN LANCETS 33G64	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"86
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML85	DRYSOL SOLN46	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"86
DROPSAFE SAFETY PEN NEEDLE/31GX5MM85	DUAKLIR PRESSAIR13	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 86
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"85	DULERA13	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" 86
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drospirenone-ethinyl estradiol36	DUOPA SUSP31	EASY COMFORT LANCETS 30G/PULL TOP64
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DRUG MART ADJUSTABLE LANCING DEVICE MISC63	DUPIXENT SOSY46	EASY COMFORT LANCETS TWIST TOP64
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DRUG MART UNIFINE PENTIPS32GX4MM85	EAR-LOOP MASK SMALL111	EASY FLOW 400 MM HOSE MISC 117
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	EASY COMFORT INSULIN	

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EASY FLOW BLACK/ORANGE DEVI117	EASY TOUCH ALCOHOL PREP PADS/MEDIUM	77	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	86
EASY FLOW BLACK/RED DEVI .117	EASY TOUCH CONTROL SOLUTION/HIGH & LOW SOLN	64	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	86
EASY FLOW BLACK/WHITE DEVI 117	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	86	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	86
EASY FLOW BLACK/YELLOW DEVI117	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	86	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	86
EASY FLOW HEPA FILTER MISC 117	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	86	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	87
EASY FLOW KN 95 MASK	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	111	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	87
EASY FLOW WHITE/BLUE DEVI 117	EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC	64	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	87
EASY FLOW WHITE/GREEN DEVI 117	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	86	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	87
EASY FLOW WHITE/PINK DEVI .117	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	86	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	87
EASY FLOW WHITE/WHITE DEVI 117	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	86	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	87
EASY FLOW WHITE/YELLOW DEVI 117	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	86	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	87
EASY GLIDE PEN NEEDLES 33G X 5/32"	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2"	86	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	87
EASY MINI EJECT LANCING DEVICE MISC	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16"	64	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	64
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EASY STEP CONTROL SOLUTION HIGH SOLN		64		
EASY TALK CONTROL SOLUTION HIGH SOLN		64		
EASY TALK PLUS II CONTROLHIGH SOLN		64		
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EMBRACE PEN NEEDLES/31G X 5MM87	EMOLLIENT CREAM BASE150	MULTIVITAMINADULTS UNDER 50 TABS132
EMBRACE PEN NEEDLES/31G X 6MM87	EMPAVELI54	EQ MULTIVITAMINS ADULT GUMMY CHEW132
EMBRACE PEN NEEDLES/31G X 8MM87	enalapril maleate & hydrochlorothiazide25	EQ ONE DAILY MENS 50+ TABS 132
EMBRACE PEN NEEDLES/32G X 4MM87	enalapril maleate SOLN24	EQ ONE DAILY MENS HEALTH TABS132
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G65	enalapril maleate TABS24	EQ ONE DAILY WOMENS 50+ TABS132
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	ENJAYMO54	EQL COLOR LANCETS 21G65
	enoxaparin sodium SOLN IJ 300 MG/3ML14	EQL COLOR LANCETS MICRO
	enoxaparin sodium SOSY14	
	ENSPRYNG127	
	entacapone30	
	ENTADFI54	
	entecavir TABS32	
	ENTRESTO34	
	ENTYVIO SOLR52	
	ENTYVIO SOPN52	

THIN 33G	65	erythromycin (ophth)	146	ethynodiol diacet & eth estrad	36
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	87	ERYTHROMYCIN	146	etodolac CAPS	3
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	87	erythromycin base CPEP	58	etodolac TABS	3
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	87	erythromycin base TABS	58	etodolac TB24	3
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	87	erythromycin base TBEC	58	etonogestrel-ethinyl estradiol	36
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	88	erythromycin ethylsuccinate SUSR 200 MG/5ML	58	etoposide CAPS	30
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	88	erythromycin ethylsuccinate SUSR 400 MG/5ML	58	EUCRISA	47
EQL INSULIN SYRINGE/1ML/29G X 1/2"	88	erythromycin ethylsuccinate TABS	58	EULEXIN	29
EQL INSULIN SYRINGE/1ML/30G X 5/16"	88	erythromycin stearate TABS 250 MG 58		everolimus (immunosuppressant) 127	
EQL INSULIN SYRINGE/1ML/31G X 5/16"	88	esomeprazole magnesium CPDR 20 MG	157	everolimus TABS	30
EQL ONE DAILY ADULT GUMMIES CHEW	132	esomeprazole magnesium CPDR 40 MG	157	everolimus TBSO	30
EQL ONE DAILY MENS TABS ...	132	esomeprazole magnesium PACK	157	EVRYSDI	144
EQL PRENATAL FORMULA TABS 140		esomeprazole magnesium TBEC	157	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	88
EQL SUPER THIN LANCETS 30G 65		esterified estrogens & methyltestosterone 1.25 MG-0.625 MG	51	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	88
EQL THIN LANCETS 26G	65	estradiol & norethindrone acetate TABS	51	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	88
ergocalciferol CAPS	163	estradiol PTTW	51	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	88
ergocalciferol SOLN OR	163	estradiol PTWK	51	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	88
ERIVEDGE	29	estradiol TABS	51	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	88
ERLEADA 60 MG	29	estradiol vaginal CREA	163	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	88
ERMEZA SOLN OR	155	estradiol vaginal TABS	163	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	88
ERTACZO	40	estradiol valerate	51	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	88
erythromycin (acne aid) SOLN	40	ESTROFACTORS TABS	137	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	88
		ESTROVEN MENOPAUSE SUPPLEMENT TABS	132	EXEL COMFORT POINT INSULIN	
		ethambutol hcl TABS	27		

SYRINGE/1ML/29G X 1/2"	88	FACE MASK EARLOOP-STYLE	112	fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG	23
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	88	FACE MASK RESPIRATOR N-100 PARTICULATE W/EXHALATION VALVE	112	fenofibrate micronized 67 MG, 134 MG, 200 MG	22
exemestane	29	FACE MASK RESPIRATOR R-95 PARTICULATE	112	fenofibrate TABS 40 MG, 120 MG	23
EXPIRATORY MOUTHPIECE MISC . 118		FACE MASK SURGICAL/DISPOSABLE	112	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	23
EXSERVAN FILM	143	FACE MASK/3 PLY/EAR LOOP	112	FENOFIBRATE TABS	23
EXTAVIA KIT	153	FACE MASKS 3 LAYER NON-MEDICAL	112	fenofibric acid	23
EYE HEALTH CAPS	132	FAGRON LS PLUS	150	fenoprofen calcium CAPS 400 MG .	3
EYE HEALTH/LUTEIN TABS	132	FAGRON NATURAL CREAM ...	150	fenoprofen calcium TABS	3
EYE MULTIVITAMIN CAPS	132	FAGRON SUPREME CREAM ...	150	fentanyl citrate LPOP	6
EYE MULTIVITAMIN/LUTEIN CAPS . 132		famciclovir	32	fentanyl citrate TABS	6
EYE MULTIVITAMIN/SODIUM TABS	132	famotidine SUSR	157	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6
EYSUVIS SUSP	147	famotidine TABS	157	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6
E-Z JECT LANCETS	65	FANTASY LUBRICATED MISC ...	59	FEOSOL BIFERA	56
E-Z JECT LANCETS 21G	65	FANTASY LUBRICATED/SPERMICIDE MISC 59		FERREX 150 FORTE PLUS	56
E-Z JECT LANCETS COLOR	65	FARXIGA	18	FERREX 150 PLUS 50 MG-50 MG-50 MG-50 MG-150 MG-150 MG ...	56
E-Z JECT LANCETS SUPER THIN 30G	65	FARYDAK	30	FERREX 28 MISC	56
E-Z JECT LANCETS THIN 26G ..	65	FASENRA PEN SOAJ	11	ferrous gluconate TABS 27 MG, 240 MG, 324 MG	56
EZALLOR SPRINKLE CPSP	23	FASENRA SOSY	11	FERROUS GLUCONATE TABS 324 MG	56
ezetimibe	23	FATTIBASE	150	ferrous sulfate dried TABS 200 MG 56	
ezetimibe-simvastatin	22	FC2 FEMALE CONDOM	59	ferrous sulfate dried TBCR 45 MG	56
E-ZJECT LANCETS MICRO-THIN 33G	65	febuxostat	54	ferrous sulfate SOLN	56
EZ-LETS LANCETS 21G	65	felodipine	33	ferrous sulfate TABS 65 MG, 325 MG	56
EZ-LETS LANCETS 26G SUPER-SOFT	65	FEM-CAL CITRATE TABS	126	ferrous sulfate TABS 65 MG, 325 MG	
EZ-LETS LANCETS 28G ULTRA-SOFT	65	FEMCAP DEVI	59	ferrous sulfate TBCR 45 MG, 142	
EZ-LETS LANCETS 30G	65	fenofibrate CAPS	23		

MG56	COMFORTINSULIN	MCG-2.4 MCG138
ferrous sulfate TBEC56	SYRINGE/0.5ML/31G X 5/16"88	FLINTSTONES
FERROUS SULFATE TBEC56	FIFTY50 SUPERIOR	TODDLER/TASTISMOOTH CHEW
fesoterodine fumarate158	COMFORTINSULIN	138
FEVERALL JUNIOR STRENGTH	SYRINGE/1ML/31G X 5/16"88	FLORIVA PLUS SOLN138
SUPP5	FIFTY50 UNILET LANCETS 33G .65	FLOVENT DISKUS AEPB12
fexofenadine hcl SUSP21	FILTER AIR PP MISC118	FLOVENT HFA 110 MCG/ACT12
fexofenadine hcl TABS 60 MG, 180	finasteride54	FLOVENT HFA 220 MCG/ACT12
MG21	FINE 3065	FLOVENT HFA 44 MCG/ACT12
FIASP FLEXTOUCH SOPN16	FINGERSTIX LANCETS65	FLOWFLEX COVID-19 ANTIGEN
FIASP PENFILL SOCT16	fingolimod hcl153	HOME TEST KIT47
FIASP PUMPCART SOCT16	FITALITE150	floxuridine28
FIASP SOLN16	FITNESS TABS FOR MEN	FLUAD QUADRIVALENT 2021-2022
FIFTY50 ALCOHOL PREP PADS 77	AM/PM/LYCOPENE TABS132	160
FIFTY50 PEN NEEDLES 31G X3/16"	FITNESS TABS FOR WOMEN	FLUAD QUADRIVALENT 2022-2023
(5MM)88	AM/PM/LYCOPENE TABS132	160
FIFTY50 PEN NEEDLES 31G X5/16"	FLAVOR BLEND SUSP149	FLUAD QUADRIVALENT 2023-2024
(8MM)88	FLAVOR PLUS LIQD149	160
FIFTY50 PEN NEEDLES 31GX5MM	FLAVOR SWEET SYRP149	FLUARIX QUADRIVALENT 2021-
.....88	FLAVOR SWEET-SF SYRP149	2022 SUSY160
FIFTY50 PEN NEEDLES/31GX8MM	flavoxate hcl159	FLUARIX QUADRIVALENT 2022-
.....88	flecainide acetate10	2023 SUSY160
FIFTY50 PEN NEEDLES/32GX4MM	FLEXICHAMBER ADULT	FLUARIX QUADRIVALENT 2023-
.....88	MASK/SMALL118	2024 SUSY160
FIFTY50 PEN NEEDLES/32GX6MM	FLEXICHAMBER CHILD	FLUBLOK QUADRIVALENT 2021-
.....88	MASK/LARGE118	2022160
FIFTY50 SAFETY SEAL LANCETS	FLEXICHAMBER CHILD	FLUBLOK QUADRIVALENT 2022-
30G65	MASK/SMALL118	2023160
FIFTY50 SAFETY SEAL LANCETS	FLEXICHAMBER DEVI118	FLUBLOK QUADRIVALENT 2023-
32G65	FLINTSTONES COMPLETE CHEW	2024160
FIFTY50 SUPERIOR	90 MG-30 MCG-240 MCG-0.97 MG-	FLUCELVAX QUADRIVALENT
COMFORTINSULIN	12 MG-1.7 MG-5 MG-1.3 MG-20	2021-2022 SUSP160
SYRINGE/0.3ML/31G X 5/16"88	MCG-7.5 MG-10 MG-15 MG-0.44	FLUCELVAX QUADRIVALENT
FIFTY50 SUPERIOR	MG-5 MG-140 MG-150 MCG-400	2021-2022 SUSY160
		FLUCELVAX QUADRIVALENT

2022-2023 SUSP160	fluocinonide SOLN44	fluticasone-salmeterol AERO13
FLUCELVAX QUADRIVALENT 2022-2023 SUSY160	fluorometholone (ophth) SUSP ...147	fluvastatin sodium CAPS 23
FLUCELVAX QUADRIVALENT 2023-2024 SUSP160	fluorouracil (topical) CREA 42	fluvastatin sodium TB24 23
FLUCELVAX QUADRIVALENT 2023-2024 SUSY160	fluorouracil (topical) SOLN42	FLUZONE HIGH-DOSE PF 2021- 2022161
fluconazole SUSR 20	fluorouracil28	FLUZONE HIGH-DOSE PF 2022- 2023161
fluconazole TABS 150 MG20	flurandrenolide CREA44	FLUZONE HIGH-DOSE PF 2023- 2024161
fluconazole TABS 50 MG, 100 MG, 200 MG20	flurandrenolide LOTN44	FLUZONE QUADRIVALENT 2021- 2022 SUSP 161
flucytosine20	flurbiprofen sodium147	FLUZONE QUADRIVALENT 2021- 2022 SUSY 161
fludarabine phosphate SOLN28	flurbiprofen TABS 100 MG3	FLUZONE QUADRIVALENT 2022- 2023 SUSP 161
FLUDARABINE PHOSPHATE SOLN28	flutamide29	FLUZONE QUADRIVALENT 2022- 2023 SUSY 161
fludarabine phosphate SOLR28	fluticasone furoate-vilanterol13	FLUZONE QUADRIVALENT 2023- 2024 SUSP 161
fludrocortisone acetate TABS38	fluticasone propionate (inhalation) AEPB12	FLUZONE QUADRIVALENT 2023- 2024 SUSY 161
FLULAVAL QUADRIVALENT 2021- 2022 SUSY 160	fluticasone propionate (nasal) SUSP . 143	FLUZONE QUADRIVALENT 2023- 2024 SUSP 161
FLULAVAL QUADRIVALENT 2022- 2023 SUSY 160	fluticasone propionate CREA 0.05 % 44	FLUZONE QUADRIVALENT 2023- 2024 SUSY 161
FLULAVAL QUADRIVALENT 2023- 2024 SUSY 160	fluticasone propionate hfa 110 MCG/ACT12	FLYP HYPERSONIQ CARTRIDGE MISC118
FLUMIST QUADRIVALENT 160	fluticasone propionate hfa 220 MCG/ACT12	FOLAGENT DHA CAPS132
flunisolide (nasal) 0.025 % 143	fluticasone propionate hfa 44 MCG/ACT12	FOLAMAX TABS 132
fluocinolone acetonide CREA44	fluticasone propionate LOTN 44	FOLAMED DHA CAPS132
fluocinolone acetonide OIL 44	fluticasone propionate OINT44	FOLBIC48
fluocinolone acetonide OINT44	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT13	FOLCYTEINE TABS137
fluocinolone acetonide SOLN44	fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT13	folic acid TABS 1 MG, 800 MCG .. 55
fluocinonide CREA44		folic acid TABS 400 MCG55
fluocinonide emulsified base44		folic acid-pyridoxine-cyanocobalamin48
fluocinonide GEL44		folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG,
fluocinonide OINT44		

25 MG-2.5 MG-1 MG	56	PENTIPS PEN NEEDLES 32GX4MM	88	FYLNETRA	55
folic acid-vitamin b6-vitamin b12 TABS 25 MG-2.2 MG-1 MG	56	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	88	galantamine hydrobromide CP24	152
FOLIFLEX TABS	132	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	89	galantamine hydrobromide SOLN 152	
FOLIKA-MG TABS	132	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	66	galantamine hydrobromide TABS	153
FOLITAB 500	56	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	66	GARDASIL 9 SUSP	161
FOLITIN-Z TABS	132	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	66	GARDASIL 9 SUSY	161
FOLOTYN	28	FREDAVITE TABS	132	gatifloxacin (ophth)	146
FOLTABS 800 TABS	56	FREEDOM ADAPTADERM	150	GAZYVA	28
FOLTANX TABS	48	FREEDOM DERMA SERUM	150	GELNIQUE GEL 10 %	158
fondaparinux sodium	14	FREEDOM DERMA-D	150	gemcitabine hcl SOLN	28
FORA CONTROL SOLUTION HIGH SOLN	65	FREEDOM DERMA-N	150	gemcitabine hcl SOLR	28
FORA LANCETS	66	FREEDOM PEG TROCHE BASE POWD	149	gemfibrozil TABS	23
FORA LANCING DEVICE MISC	66	FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	66	GEMTESA	159
FORA LANCING DEVICE/CLEARCAP MISC	66	FREESTYLE CONTROL SOLUTION LIQD	66	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	47
FORACARE GDH CONTROL SOLUTION HIGH SOLN	66	FREESTYLE LANCETS	66	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	47
formoterol fumarate NEBU	13	FREESTYLE UNISTICK II LANCETS	66	GENADEK STEP 1 CAPS	132
FORTISCARE CONTROL SOLUTIONS HIGH SOLN	66	frovatriptan succinate	124	GENADEK STEP 2 CAPS	132
FOSAMAX PLUS D	49	FULL KIT NEBULIZER SET MISC 118		GENICIN VITA-Q TABS	137
fosinopril sodium & hydrochlorothiazide	25	FULPHILA	55	GENOTROPIN CART SC	49
fosinopril sodium	24	FUROSCIX CTKT	48	GENOTROPIN MINIQUICK PRSY	49
FOSRENOL PACK	53	furosemide SOLN OR 10 MG/ML, 40 MG/5ML	48	gentamicin sulfate (ophth) OINT	146
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	14	furosemide TABS 20 MG	48	gentamicin sulfate (ophth) SOLN	146
FRAGMIN SOSY	14	furosemide TABS 40 MG	48	gentamicin sulfate (topical) CREA	40
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	66	furosemide TABS 80 MG	48	gentamicin sulfate (topical) OINT	40
FREDS PHARMACY UNIFINE				GENTEEL BUTTERFLY TOUCH LANCETS	66
				GENTEEL CONTACT TIPS/BLEU MISC	66
				GENTEEL CONTACT TIPS/CLEAR	

MISC66	GENTLE-LET PLATFORMS 2.4MM MISC66	89
GENTEEL CONTACT TIPS/GREEN MISC66	GENTLE-LET PLATFORMS 3.0MM MISC67	89
GENTEEL CONTACT TIPS/ORANGE MISC66	GERI-FREEDA SENIOR FORMULA TABS132	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .89
GENTEEL CONTACT TIPS/RAINBOW MISC66	GERI-TUSSIN SYRP38	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"89
GENTEEL CONTACT TIPS/VIOLET MISC66	GILENYA153	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"89
GENTEEL CONTACT TIPS/YELLOW MISC66	GLASSIA SOLN155	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .89
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT66	glatiramer acetate SOSY153	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .89
GENTEEL NOZZLES MISC66	glimepiride18	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .89
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC66	glipizide TABS 5 MG, 10 MG18	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .89
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC 66	glipizide TB2418	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"89
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC 66	glipizide-metformin hcl14	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" 89
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC ..66	GLOBAL ALCOHOL PREP EASEPADS77	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" 89
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC .66	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM89	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 89
GENTLE-LET GP LANCETS66	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM89	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"89
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..66	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM89	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"89
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 66	GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM89	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 89
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT66	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...89	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 89
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT66	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"89	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 89
	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM89	GLOBAL INJECT EASE LANCETS

28G67	100/0.5ML/30G X 5/16"90	X 5/16"90
GLOBAL INJECT EASE LANCETS 30G67	GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"90	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"90
GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"89	GLUCOPRO INSULIN SYRINGE/U- 100/1ML/30G X 1/2"90	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"90
GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16"89	GLUCOPRO INSULIN SYRINGE/U- 100/1ML/30G X 5/16"90	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"90
GLOBAL LANCING DEVICE MISC 67	GLUCOPRO INSULIN SYRINGE/U- 100/1ML/31G X 5/16"90	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"90
GLOPERBA SOLN OR54	GLUCOSE CONTROL SOLUTION SOLN67	GNP INSULIN SYRINGE/1ML/29G X 1/2"90
GLUCAGEN HYPOKIT15	glyburide micronized 1.5 MG, 3 MG, 6 MG18	GNP INSULIN SYRINGE/1ML/30G X 5/16"90
glucagon (rdna)15	glyburide TABS18	GNP INSULIN SYRINGE/1ML/31G X 5/16"90
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR15	glyburide-metformin14	
GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD .67	GLYCOPHOS126	GNP INSULIN SYRINGES/0.3ML/30GX5/16"90
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN67	glycopyrrolate SOLN OR 1 MG/5ML . 156	GNP INSULIN SYRINGES/1/2ML/29GX1/2"90
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN67	glycopyrrolate TABS 1 MG, 2 MG 156	GNP INSULIN SYRINGES/1ML/28GX1/2"90
GLUCOCOM HIGH CONTROL LIQD67	GLYXAMBI15	GNP INSULIN SYRINGES/1ML/29GX1/2"90
GLUCOCOM LANCETS 28G67	GNP ALCOHOL SWABS77	
GLUCOCOM LANCETS 30G67	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"90	GNP INSULIN SYRINGES/1ML/30GX5/16"90
GLUCOCOM LANCETS 33G67	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"90	GNP INSULIN SYRINGES/3ML/31GX5/16"90
GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"89	GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD ...67	GNP LANCETS 21G67
GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"89	GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN67	GNP LANCETS THIN 26G67
GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"89	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"90	GNP LANCING SYSTEM DEVICE MISC67
GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"89	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"90	GNP MULTI CHILDRENS CHEW 138
GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"89	GNP INSULIN SYRINGE/0.3ML/31G	GNP PRENATAL TABS140
		GNP STERILE LANCETS 28G ...67

GNP STERILE LANCETS 30G ... 67	GOODSENSE LANCETS ULTRA-THIN 30G67	MG/5ML-100 MG/5ML38
GNP STERILE LANCETS 33G ... 67		guaifenesin-codeine SYRP 38
GNP ULTICARE PEN NEEDLES/31GX5/16"90	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL 67	guanfacine hcl24
GNP ULTICARE PEN NEEDLES/32GX 5/32"90	GOODSENSE LANCING DEVICE MISC 67	GVOKE HYPOPEN 1-PACK SOAJ 0.5 MG/0.1ML15
GNP ULTICARE PEN NEEDLES/32GX1/4"90	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"91	GVOKE HYPOPEN 1-PACK SOAJ 1 MG/0.2ML15
GNP ULTICARE PEN NEEDLES31G X 5MM90	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"91	GVOKE HYPOPEN 2-PACK SOAJ 0.5 MG/0.1ML15
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM90	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" 91	GVOKE HYPOPEN 2-PACK SOAJ 1 MG/0.2ML15
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM90	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"91	GVOKE KIT SOLN15
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM90		GVOKE PFS SOSY 0.5 MG/0.1ML 15
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM90	GRALISE TABS 300 MG, 600 MG 154	GVOKE PFS SOSY 1 MG/0.2ML ..15
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"91	GRALISE TABS 450 MG, 750 MG, 900 MG 154	HAEMOLANCE67
GOCOVRI CP2431	granisetron hcl TABS 19	HAEMOLANCE LOW FLOW LANCETS 67
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GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..67	griseofulvin microsize SUSP20	HAEMOLANCE PLUS MAX FLOW 67
GOODSENSE LANCETS MICRO-THIN 33G67	griseofulvin microsize TABS20	HAEMOLANCE PLUS PEDIATRIC FLOW67
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL 67	griseofulvin ultramicrosize20	HAIR SKIN & NAILS ADVANCED FORMULA TABS132
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL67	guaifenesin LIQD 38	HAIR/SKIN/NAILS CAPS132
	guaifenesin SYRP39	halcinonide CREA 44
	guaifenesin TABS 200 MG 39	halobetasol propionate CREA44
	guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML38	HALOBETASOL PROPIONATE FOAM 44
	guaifenesin-codeine SOLN 10	

halobetasol propionate OINT44	NEEDLES/31G X 5/16"91	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" . 91
HALOG OINT44	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM91	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"91
HALOG SOLN44	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC67	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"92
HAVRIX161	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM91	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM92
HEAD CARE PROACTIVE HEALTH TABS132	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM91	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM92
HEALTH CARE LANCING DEVICE MISC67	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM91	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"92
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"91	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM91	H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC68
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"91	HEALTHY EYES SUPERVISION2 CAPS132	H-E-B INCONTROL ALCOHOL PADS77
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"91	HEALTHY KIDS GUMMIES CHEW 138	H-E-B INCONTROL LANCETS MICRO THIN 30G68
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"91	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"91	H-E-B INCONTROL LANCETS SUPER THIN 30G68
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 91	H-E-B IN CONTROL PEN NEEDLES 31GX5MM91	H-E-B INCONTROL LANCETS ULTRA THIN 28G68
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 91	H-E-B IN CONTROL PEN NEEDLES 31GX6MM91	H-E-B INCONTROL PEN NEEDLES 29GX12MM92
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"91	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM91	HEMADY TABS37
HEALTHWISE MINI PEN NEEDLES 31GX6MM91		HEMANGEOL SOLN OR33
HEALTHWISE PEN NEEDLES 29GX12MM91		HEMATRON-AF56
HEALTHWISE SHORT PEN NEEDLES 31GX8MM91		
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"91		
HEALTHWISE SHORT PEN		

HEMAX	56	HUMALOG MIX 50/50 KWIKPEN SUPN	16	hydralazine hcl TABS 10 MG, 25 MG, 50 MG	26
heparin sodium (porcine) lock flush 10 UNIT/ML	14	HUMALOG MIX 50/50 SUSP	16	hydralazine hcl TABS 100 MG	26
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML ...	14	HUMALOG MIX 75/25 KWIKPEN SUPN	16	HYDRALYTE FREEZER POPS SOLN	125
HEPLISAV-B SOSY	161	HUMALOG MIX 75/25 SUSP	16	HYDRALYTE SOLN	125
HIBERIX SOLR IJ	159	HUMALOG SOCT	16	HYDROCERIN CREA	46
HIGH POTENCY MULTIVITAMIN TABS	137	HUMALOG SOLN IJ	16	hydrochlorothiazide CAPS	49
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	132	HUMALOG TEMPO PEN SOPN ..	16	hydrochlorothiazide TABS	49
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS 132		HUMATIN	2	hydrocodone bitartrate CP12	6
HM COMPLETE MEN TABS	132	HUMATROPE CART IJ	49	hydrocodone bitartrate T24A	6
HM HAIR/SKIN/NAILS TABS	132	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	8
HM STERILE ALCOHOL PREP PADS	77	HUMIRA PEN PNKT	2	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	8
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	92	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	8
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	92	HUMIRA PEN-PS/UV STARTER PNKT	2	HYDROCORT LOTION COMPLETEKIT	44
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	92	HUMIRA PSKT	2	hydrocortisone (rectal) EX 1 %	9
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	92	HUMULIN 70/30 KWIKPEN SUPN	16	hydrocortisone (rectal) EX 2.5 % ...	9
HORIZANT	154	HUMULIN 70/30 SUSP	16	hydrocortisone (topical) CREA 1 %	44
HUMALOG JUNIOR KWIKPEN SOPN	16	HUMULIN N KWIKPEN SUPN	16	hydrocortisone (topical) CREA	44
HUMALOG KWIKPEN SOPN 100 UNIT/ML	16	HUMULIN N SUSP	16	hydrocortisone (topical) LOTN 2.5 % .	44
HUMALOG KWIKPEN SOPN 200 UNIT/ML	16	HUMULIN R SOLN IJ	17	hydrocortisone (topical) OINT 1 %, 2.5 %	44
		HUMULIN R U-500 (CONCENTRATED) SOLN SC	16	hydrocortisone (topical) SOLN 1 %	44
		HUMULIN R U-500 KWIKPEN SOPN SC	17		
		HYCANTIN CAPS	30		
		hydralazine hcl SOLN	26		

hydrocortisone acetate (topical) CREA 1 %44	hyoscyamine sulfate SOLN OR 0.125 MG/ML156	ILUMYA42
hydrocortisone acetate (topical) OINT44	hyoscyamine sulfate SUBL 0.125 MG156	IMBRUVICA SUSP30
hydrocortisone butyrate CREA44	hyoscyamine sulfate TABS 0.125 MG156	IMCIVREE1
hydrocortisone butyrate hydrophilic lipo base44	hyoscyamine sulfate TB12 0.375 MG 156	imiquimod 5 %46
hydrocortisone butyrate LOTN44	hyoscyamine sulfate TBP 0.125 MG157	IMMUNE ESSENTIALS DAILY CAPS132
hydrocortisone butyrate OINT44	HYPERSONAL NEBU39	IMMUNE SUPPORT CHEW132
hydrocortisone butyrate SOLN45	HYPOLANCE AST LANCING KIT KIT68	IMOVAX RABIES (H.D.C.V.) SUSR 161
hydrocortisone TABS37	HYSINGLA ER T24A6	IMPEKLO LOTN45
hydrocortisone valerate CREA45	HY-VEE LANCETS68	IN TOUCH GLUCOSE CONTROLSOLUTION SOLN68
hydrocortisone valerate OINT45	HY-VEE THIN LANCETS68	IN TOUCH LANCING DEVICE MISC 68
hydrocortisone w/acetic acid148	ibandronate sodium SOLN49	IN TOUCH STERILE LANCETS30G 68
hydromorphone hcl LIQD6	ibandronate sodium TABS49	INBRIJA CAPS31
HYDROMORPHONE HCL SUPP ...6	IBSRELA53	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI118
hydromorphone hcl TABS 2 MG6	ibuprofen CAPS3	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI118
hydromorphone hcl TABS 4 MG6	ibuprofen CHEW3	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI118
hydromorphone hcl TABS 8 MG6	ibuprofen SUSP3	INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM92
hydromorphone hcl TB246	ibuprofen TABS3	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM92
HYDROUS EMULSIFIED BASE .150	ibuprofen-acetaminophen TABS3	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM92
hydroxychloroquine sulfate27	ibuprofen-famotidine3	INCRUSE ELLIPTA11
hydroxyprogesterone caproate (antineoplastic)29	ICAPS AREDS FORMULA TABS 132	indapamide TABS 1.25 MG, 2.5 MG . 49
hydroxyurea30	icosapent ethyl22	INDERAL XL33
hydroxyzine hcl SYRP10	IDHIFA30	
hydroxyzine hcl TABS10	IGALMI FILM57	
hydroxyzine pamoate CAPS10	IHEALTH COVID-19 ANTIGENRAPID TEST KIT47	
HYFTOR46	ILEVRO147	
HYLAZINC TABS132		
hyoscyamine sulfate ELIX156		

INDOCIN SUSP	3	17	0.5ML/31G X 5/16"	92	
indomethacin CAPS 25 MG, 50 MG	3	INSULIN LISPRO JUNIOR	INSULIN SYRINGE/NEEDLE		
indomethacin CPCR	3	KWIKPEN SOPN	17	1ML/29G X 1/2"	92
INFANRIX	156	INSULIN LISPRO KWIKPEN SOPN .	17	INSULIN SYRINGE/NEEDLE	
INGREZZA CAPS	153			1ML/30G X 5/16"	92
INGREZZA CPPK	153	INSULIN LISPRO	INSULIN SYRINGE/NEEDLE		
INNOPRAN XL	33	PROTAMINE/INSULIN LISPRO	1ML/31G X 5/16"	92	
INNOSPIRE REPLACEMENT		KWIKPEN SUPN	17	INSULIN SYRINGE/U-	
FILTER MISC	118	INSULIN LISPRO SOLN IJ	17	100/0.3ML/29G X 1/2"	93
INQOVI	29	INSULIN SYRINGE/0.3ML/30G X	INSULIN SYRINGE/U-		
INSPIREASE DRUG		5/16"	92	100/0.5ML/29G X 1/2"	93
DELIVERYSYSTEM MISC	118	INSULIN SYRINGE/0.3ML/31G X	INSULIN SYRINGE/U-100/1ML/29G	X 1/2"	93
INSUL-CAP MISC	68	5/16"	92	INSULIN SYRINGE/U-100/1ML/30G	
INSUL-EZE MISC	68	1/2"	92	X 5/16"	93
INSULIN ASPART FLEXPEN SOPN .		INSULIN SYRINGE/0.5ML/28G X	INSULIN SYRINGE/U-100/1ML/31G		
17		1/2"	92	X 5/16"	93
INSULIN ASPART PENFILL SOCT		INSULIN SYRINGE/0.5ML/30G X	INSULIN SYRINGES 0.3ML/31G X		
17		5/16"	92	1/4"	93
INSULIN ASPART		INSULIN SYRINGE/0.5ML/31G X	INSULIN SYRINGES/U-		
PROTAMINE/INSULIN ASPART		5/16"	92	100/0.5ML/27GX1/2"	93
FLEXPEN SUPN	17	INSULIN SYRINGE/1ML/28G X 1/2"	INSULIN SYRINGES/U-		
INSULIN ASPART		92	100/0.5ML/28GX1/2"	93	
PROTAMINE/INSULIN ASPART		INSULIN SYRINGE/1ML/29G X 1/2"	INSULIN SYRINGES/U-		
SUSP	17	92	100/0.5ML/29GX1/2"	93	
INSULIN ASPART SOLN IJ	17	INSULIN SYRINGE/1ML/30G X 5/16"	INSULIN SYRINGES/U-		
INSULIN DEGLUDEC FLEXTOUCH			92	100/0.5ML/30GX5/16"	93
SOPN	17	INSULIN SYRINGE/NEEDLE	INSULIN SYRINGES/U-		
INSULIN DEGLUDEC SOLN	17	0.3ML/30G X 5/16"	92	100/0.5ML/31GX5/16"	93
INSULIN GLARGINE SOLN	17	INSULIN SYRINGE/NEEDLE	INSULIN SYRINGES/U-		
INSULIN GLARGINE SOLOSTAR		0.3ML/31G X 5/16"	92	100/1ML/27GX1/2"	93
SOPN	17	INSULIN SYRINGE/NEEDLE	INSULIN SYRINGES/U-		
INSULIN GLARGINE-YFGN SOLN		0.5ML/29G X 1/2"	92	100/1ML/28GX1/2"	93
17		INSULIN SYRINGE/NEEDLE	INSULIN SYRINGES/U-		
INSULIN GLARGINE-YFGN SOPN		0.5ML/30G X 5/16"	92	100/1ML/29GX1/2"	93
		INSULIN SYRINGE/NEEDLE	INSULIN SYRINGES/U-		

100/1ML/30GX1/2"	93	iron-docusate-b12-folic acid-vit c-vit e-copper-biotin	56	138	
INSULIN SYRINGES/U- 100/1ML/31GX5/16"	93	iron-vitamin c	56	JYNNEOS	161
INSUPEN 29G X 12MM	93	iron-vitamin c-vitamin b12-folic acid TABS	56	KALYDECO PACK	155
INSUPEN 31G X 5MM	93	isoniazid SYRP	27	KAMELEON LUBRICATED MISC	59
INSUPEN 31G X 8MM	93	isoniazid TABS	27	KAPSPARGO SPRINKLE CS24	33
INSUPEN 32G X 4MM	93	ISOPTO ATROPINE SOLN	145	KATERZIA	33
INSUPEN 33GX4MM	93	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	10	KENALOG-10 SUSP	37
INSUPEN PEN NEEDLES 32G X4MM	93	isosorbide mononitrate TABS	10	KERENDIA	50
INSUPEN SENSITIVE 32GX6MM	93	isosorbide mononitrate TB24	10	KESIMPTA	153
INSUPEN SENSITIVE 32GX8MM	93	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	40	ketoconazole (topical) CREA	40
INSUPEN ULTRAFIN 30GX8MM	93	isradipine CAPS	33	ketoconazole (topical) FOAM	40
INSUPEN ULTRAFIN 31GX6MM	93	itraconazole CAPS	20	ketoconazole (topical) SHAM 2 %	40
INSUPEN ULTRAFIN 31GX8MM	93	itraconazole SOLN	20	ketoconazole	20
INTELISWAB COVID-19 RAPID TEST KIT	47	ivermectin	10	KETODAN KIT	41
INTRON A SOLN 6000000 UNIT/ML 30		IXIARO	161	ketoprofen CAPS 50 MG, 75 MG	3
INTRON A SOLR	30	J & J GERM FILTER MASK	112	ketoprofen CP24	3
INVOKAMET TABS	15	JAKAFI	30	ketorolac tromethamine (ophth) 0.4 %	147
INVOKAMET XR TB24	15	JANSSEN COVID-19 VACCINE	161	ketorolac tromethamine (ophth) 0.5 %	147
INVOKANA	18	JANUMET TABS	15	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	3
IOPIDINE	145	JANUMET XR TB24	15	ketorolac tromethamine TABS	3
IPOL INACTIVATED IPV	161	JANUVIA	16	ketotifen fumarate (ophth) 0.035 % 147	
ipratropium bromide (nasal)	143	JARDIANCE	18	KEVZARA SOAJ	2
ipratropium bromide SOLN 0.02 %	11	JAYPIRCA	30	KEVZARA SOSY	2
ipratropium-albuterol SOLN	13	JENTADUETO TABS	15	KEYFOLIC TABS	133
irbesartan	24	JENTADUETO XR TB24	15	KEYLOSA TABS	133
irbesartan-hydrochlorothiazide	25	JUBLIA	40	KEYTRUDA	28
iron polysaccharide complex-vit b12- folic acid CAPS	56	JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW		KIMONO COLORS DEVI	59

KIMONO LUBRICATED MISC59	KISQALI FEMARA 200 DOSE29	LANCETS/26G68
KIMONO MICRO THIN MISC59	KISQALI FEMARA 400 DOSE29	KROGER INSULIN
KIMONO MICRO THIN PLUS	KISQALI FEMARA 600 DOSE29	SYRINGE/0.3ML/29G X 1/2"93
SPERMICIDE LUBRICATED MISC	KLARITY-A146	KROGER INSULIN
59	KLOXXADO LIQD19	SYRINGE/0.3ML/30G X 5/16"93
KIMONO PLUS SPERMICIDE	KMART VALU PLUS INSULIN	KROGER INSULIN
LUBRICATED MISC59	SYRINGE/0.5ML/29G93	SYRINGE/0.3ML/31G X 5/16"93
KIMONO PLUS	KMART VALU PLUS INSULIN	KROGER INSULIN
SPERMICIDE/LUBRICATED MISC	SYRINGE/0.5ML/30G93	SYRINGE/0.5ML/29G X 1/2"93
59	KMART VALU PLUS INSULIN	KROGER INSULIN
KIMONO PS LUBRICATED MISC .59	SYRINGE/1ML/29G93	SYRINGE/0.5ML/30G X 5/16"94
KIMONO PS PLUS	KMART VALU PLUS INSULIN	KROGER INSULIN
SPERMICIDE/LUBRICATED MISC	SYRINGE/1ML/30G93	SYRINGE/0.5ML/31G X 5/16"94
59	KN95 DISPOSABLE MASK	KROGER INSULIN
KIMONO SENSATION	FORCIVIL USE112	SYRINGE/1ML/29G X 1/2"94
LUBRICATED MISC59	KN95 MEDICAL PROTECTIVE	KROGER INSULIN
KIMONO SENSATION PLUS	FACE MASK112	SYRINGE/1ML/30G X 5/16"94
SPERMICIDE LUBRICATED MISC	KOKO PEAK PRO	KROGER INSULIN
59	REPLACEMENTPLASTIC	SYRINGE/1ML/31G X 5/16"94
KIMONO SPECIAL DEVI59	MOUTHPIECE MISC118	KROGER LANCETS68
KINDERLYTE PREMAX SOLN ..125	KONVOMEPE SUSR158	KROGER LANCETS 21G68
KINDERLYTE SOLN125	KP PRENATAL MULTIVITAMINS	KROGER LANCETS MICRO
KINNEY LANCETS68	TABS140	THIN33G68
KINNEY THIN LANCETS68	K-PAX IMMUNE SUPPORT	KROGER LANCETS SUPER THIN
KINRAY INSULIN SYRINGE	FORMULA PROFESSIONAL	68
PREFERRED PLUS/0.3ML/31G X	STRENGTH TABS133	KROGER LANCETS THIN68
5/16"93	K-PHOS NO 253	KROGER LANCETS THIN 26G ..68
KINRAY INSULIN SYRINGE	KRAZATI30	KROGER LANCETS
PREFERRED PLUS/0.5ML/31G X	KRINTAFEL27	ULTRATHIN30G68
5/16"93	KROGER AUTOLET LANCING	KROGER LANCING DEVICE MISC
KINRAY INSULIN SYRINGE	DEVICE MISC68	68
PREFERRED PLUS/1ML/31G X	KROGER HEALTHPRO	KROGER PEN NEEDLES 29G
5/16"93	GLUCOSECONTROL	X12MM94
KINRAY INSULIN	SOLUTION/HIGH/LOW LIQD68	KROGER PEN NEEDLES 31G
SYRINGE/0.5ML/29G X 1/2"93	KROGER HEALTHPRO TWIST	X8MM94
KINRIX SUSY156		

KROGER PEN NEEDLES 31GX1/4"	LANCETS 30G TWIST TOP 68	LEADER INSULIN
..... 94	LANCETS 30G/TWIST TOP 68	SYRINGE/0.5ML/29G X 1/2" 94
KROGER PEN NEEDLES/31G X1/4"	LANCETS 33G EXTRA FINE 68	LEADER INSULIN
..... 94	LANCETS 33G UNIVERSAL	SYRINGE/0.5ML/30G X 5/16" 94
KROGER PEN NEEDLES/31G	DESIGN 68	LEADER INSULIN
X3/16" 94	LANCETS MICRO THIN 33G 68	SYRINGE/0.5ML/31G X 5/16" 94
KROGER PEN NEEDLES/31G	LANCETS SUPER THIN 28G 68	LEADER INSULIN
X5/16" 94	LANCETS THIN 68	SYRINGE/1ML/28G X 1/2" 94
KROGER PEN NEEDLES/32G	LANCETS ULTRA THIN 68	LEADER INSULIN
X5/32" 94	LANCETS ULTRA THIN 30G 68	SYRINGE/1ML/29G X 1/2" 94
KROGER PEN NEEDLES/33G	LANCING DEVICE MISC 68	LEADER INSULIN
X5/32" 94	lansoprazole CPDR 15 MG 157	SYRINGE/1ML/30G X 5/16" 94
K-Y ME & YOU EXTRA	lansoprazole CPDR 30 MG 157	LEADER INSULIN
LUBRICATED DEVI 59	lansoprazole TBDD 157	SYRINGE/1ML/31G X 5/16" 94
K-Y ME & YOU INTENSE DEVI ... 59	lanthanum carbonate CHEW 53	LEADER UNIFINE PENTIPS
KYNMOBI FILM 31	LANTUS SOLN 17	PLUS/MINI/31GX3/16" 94
KYNMOBI TITRATION KIT KIT ... 31	LANTUS SOLOSTAR SOPN 17	LEADER UNIFINE PENTIPS
labetalol hcl TABS 33	LANZO MISC 68	PLUS/SHORT/31GX5/16" 94
lactic acid (ammonium lactate) CREA	LASTACFT 147	LEADER UNIFINE
..... 46	latanoprost SOLN 148	PENTIPS/MINI/31GX3/16" 94
lactic acid (ammonium lactate) LOTN	LATANOPROST SOLN 148	LEADER UNIFINE
12 % 46	L-CITRULLINE 35	PENTIPS/NANO/32GX5/32" 94
lactulose (encephalopathy) 53	LEADER ADVANCED LANCING	LEADER UNIFINE
lactulose SOLN 57	DEVICE MISC 68	PENTIPS/PLUS/32GX5/32" 94
LAGEVRIO 32	LEADER INSULIN	leflunomide 4
lamivudine (hbv) TABS 32	SYRINGE/0.3ML/29G X 1/2" 94	lenalidomide 127
LANCET DEVICE ADJUSTABLE	LEADER INSULIN	letrozole 29
MISC 68	SYRINGE/0.3ML/30G X 5/16" 94	leucovorin calcium TABS 30
LANCET DEVICE WITH EJECTOR	LEADER INSULIN	LEUKERAN 28
MISC 68	SYRINGE/0.3ML/31G X 5/16" 94	LEUKINE SOLR IJ 55
LANCET TRANSPORTER CASE	LEADER INSULIN	LEUPROLIDE ACETATE INJ 29
MISC 68	SYRINGE/0.3ML/31G X 5/16" 94	leuprolide acetate KIT IJ 1 MG/0.2ML
LANCETS 68	LEADER INSULIN	 29
LANCETS 30G 68	SYRINGE/0.5ML/28G X 1/2" 94	levalbuterol tartrate 13

levamlodipine maleate	33	LIBERTY CONTROL SOLUTION HIGH SOLN	68	lisinopril & hydrochlorothiazide	25
LEVEMIR FLEXPEN SOPN	17	LIBERTY GLUCOSE CONTROL MID SOLN	68	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	24
LEVEMIR FLEXTOUCH SOPN	17	LIBERTY MEDICAL LANCETS 30G .	69	LITE TOUCH LANCETS	69
LEVEMIR SOLN	17	LIBERTY MINI LANCING DEVICE MISC	69	LITE TOUCH LANCING PEN MISC	69
LEVETIRACETAM/SODIUM CHLORIDE	14	LICART PT24	41	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	94
levobunolol hcl 0.5 %	145	lidocaine hcl (mouth-throat) 2 % ..	128	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	94
levocetirizine dihydrochloride SOLN 21		lidocaine hcl CREA 3 %	46	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	94
levocetirizine dihydrochloride TABS 21		lidocaine hcl GEL 2 %	46	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	95
levofloxacin (ophth) 0.5 %	146	lidocaine hcl PRSY	46	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	95
levofloxacin SOLN OR	51	lidocaine OINT	46	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	95
levofloxacin TABS 250 MG, 500 MG .	51	lidocaine PTCH 4 %	46	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	95
levofloxacin TABS 750 MG	51	lidocaine PTCH 5 %	46	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	95
levonorgestrel & eth estradiol TABS 36		lidocaine-prilocaine CREA	46	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	95
levonorgestrel (emergency oc) 1.5 MG	37	LIDOREAL-30	46	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	95
levonorgestrel-eth estradiol (triphasic)	36	LIDOZO	46	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	95
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	36	linezolid SUSR	26	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	95
levonorgestrel-ethinyl estradiol (continuous)	36	linezolid TABS	26		
levorphanol tartrate TABS	6	LINZESS	53		
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	155	liothyronine sodium SOLN	155		
levothyroxine sodium SOLR IV ...	155	liothyronine sodium TABS	155		
levothyroxine sodium TABS	155	LIP BALM BASE	150		
LEXETTE FOAM	45	LIPO CREAM BASE	150		
		LIPOCREAM BASE	150		
		LIOPEN ABSORPTION ENHANCING BASE	151		
		LIOPEN ULTRA BASE	151		
		LIPOSOMAL HEAVY	151		
		LIPOSOMAL REGULAR	151		

LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	95	LIVTENCITY	32	lubiprostone	52
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	95	L-METHYL-B6-B12 TABS	48	LUCEMYRA	152
LITETOUCH LANCETS MICRO THIN 33G	69	LOMAIRA TABS	1	luliconazole	41
LITETOUCH MASK LARGE MISC 118		LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	95	LUMAKRAS 120 MG	30
LITETOUCH MASK MEDIUM MISC 118		LONGS LANCETS STANDARD	69	LUMIGAN SOLN 0.01 %	148
LITETOUCH MASK SMALL MISC 119		LONGS LANCETS THIN	69	LUNG PERFORMANCE PEAK FLOW METER	119
LITETOUCH PEN NEEDLES 29GX12.7MM	95	LONGS LANCETS ULTRA THIN	69	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	29
LITETOUCH PEN NEEDLES 31G X 6MM	95	LONHALA MAGNAIR REFILL KIT SOLN	11	LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG	29
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	95	LONHALA MAGNAIR STARTER KIT SOLN	11	LUPRON DEPOT (4-MONTH) IM	29
LITETOUCH PEN NEEDLES 31GX8MM SHORT	95	LONSURF	29	LUPRON DEPOT (6-MONTH) IM	29
LITETOUCH PEN NEEDLES/31G X 3/16"	95	loperamide hcl CAPS	19	LUTEIN PLUS/ZEAXANTHIN TABS . 133	
LITETOUCH PEN NEEDLES/31G X 5MM/MINI	95	loperamide hcl SOLN 1 MG/7.5ML	19	LYSODREN	29
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	95	loperamide hcl SUSP	19	LYTGOBI	30
LITHIUM	31	loperamide hcl TABS	19	LYUMJEV KWIKPEN SOPN	17
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	143	LOPERAMIDE HYDROCHLORIDE SUSP	19	LYUMJEV SOLN	17
LIVE BETTER ADVANCED LANCING DEVICE MISC	69	LOPROX	41	LYUMJEV TEMPO PEN SOPN ...	17
LIVE BETTER LANCET SUPERTHIN 30G	69	LOPROX KIT	41	LYVISPAH PACK	142
LIVE BETTER LANCET ULTRATHIN 28G	69	loratadine CHEW	21	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" . 95	
LIVER DETOX TABS	133	loratadine SOLN	21	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	95
		loratadine TABS	21	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" . 95	
		LOREEV XR CS24	10	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	95
		L-ORNITHINE HYDROCHLORIDE 35			
		L-ORNITHINE POWD	144		
		losartan potassium & hydrochlorothiazide	25		
		losartan potassium	24		
		lovastatin TABS	23		

SYRINGE/U-100/1ML/29G X 1/2" 95	MAVENCLAD153	LANCETNORMAL69
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 95	MAXICOMFORT II PEN NEEDLES/31G X 1/4"96	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM96
magnesium chloride SOLN125	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" 96	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM96
magnesium citrate57	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" ..96	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM96
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML57	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"96	MEDIDERM151
magnesium oxide (laxative)57	MAXX LUBRICATED MISC59	MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1- NORMAL LIQD69
magnesium oxide (mg supplement) TABS 400 MG, 500 MG125	MAXX PLUS SPERMICIDE LUBRICATED MISC59	MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD69
magnesium oxide TABS 400 MG ..10	MAYZENT STARTER PACK TBPK 153	MEDLANCE PLUS EXTRA LANCETS 21G69
magnesium oxide TABS 420 MG ..10	MAYZENT TABS153	MEDLANCE PLUS LANCETS69
MAGNESIUM OXIDE TABS126	meclizine hcl CHEW19	MEDLANCE PLUS LANCETS LITE 25G69
MAGNESIUM SULFATE IJ 50 % .126	meclizine hcl TABS 12.5 MG, 25 MG 19	MEDLANCE PLUS LITE LANCETS 25G69
magnesium sulfate in dextrose ..126	meclofenamate sodium CAPS3	MEDLANCE PLUS SPECIAL LANCETS 0.8MM69
magnesium sulfate IV126	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"96	MEDLANCE PLUS SUPERLITE 30G69
malathion47	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"96	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX69
MARATHON MEDICAL PENTIPS29GX12MM95	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE69	MEDLANCE PLUS UNIVERSAL LANCETS 21G69
MARATHON MEDICAL PENTIPS31GX5MM95	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW69	MEDLANCE PLUS/LITE 25G69
MARATHON MEDICAL PENTIPS31GX8MM95	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW69	MEDLANCE/EXTRA69
MARATHON MEDICAL PENTIPS32GX4MM96	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW69	MEDLANCE/LITE69
MASK PEDIATRIC SIZE 1"112	MEDICHOICE SAFETY LANCETEXTRA69	MEDLANCE/UNIVERSAL69
MASK VORTEX/CHILD/FROG ..119	MEDICHOICE SAFETY	MEDROL TABS37
MASK VORTEX/TODDLER/LADYBUG .119		medroxyprogesterone acetate (contraceptive) SUSP IM37
MASONATAL TABS140		
MATULANE30		

medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	152	melatonin LIQD 1 MG/ML	2	MESNEX TABS	30
mefenamic acid CAPS	3	meloxicam CAPS	3	metaxalone	142
mefloquine hcl	27	meloxicam TABS	3	metformin hcl SOLN	15
MEGA MULTI FOR MEN TABS ..	133	melphalan	28	metformin hcl TABS	15
MEGA MULTI FOR WOMEN TABS 133		memantine hcl CP24	153	metformin hcl TB24 500 MG, 1000 MG	15
MEGAVITE FRUITS & VEGGIES TABS	133	memantine hcl SOLN	153	metformin hcl TB24 500 MG, 750 MG	15
MEGAVITE GOLDEN YEARS 55+ TABS	133	memantine hcl TABS	153	METFORMIN HYDROCHLORIDE TABS	15
megestrol acetate (appetite)	152	MENACTRA	159	methadone hcl CONC	6
megestrol acetate SUSP	29	MENEST	51	methadone hcl SOLN OR	6
megestrol acetate TABS	29	MENQUADFI	159	methadone hcl TABS	6
MEIJER ALCOHOL SWABS EXTRA- THICK	77	MENS 50+ ADVANCED CAPS ...	133	methadone hcl TBSO	6
MEIJER COLOR LANCETS UNIVERSAL 33G	69	MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	133	methenamine hippurate	27
MEIJER LANCETS	69	MENS 50+ MULTIVITAMIN TABS 133		methenamine mandelate	27
MEIJER LANCETS THIN	69	MENS MULTI VITAMIN & MINERAL FORMULA TABS	133	methimazole TABS	155
MEIJER LANCETS UNIVERSAL21G	69	MENS MULTIVITAMIN CHEW ...	133	methocarbamol TABS	142
MEIJER LANCETS UNIVERSAL30G	69	MENS MULTIVITAMIN TABS	133	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	28
MEIJER LANCETS UNIVERSAL33G	69	MENTAX	41	methotrexate sodium SOLR	28
MEIJER LANCETS UNIVERSAL33G	69	MENVEO SOLN	159	methotrexate sodium TABS 2.5 MG 28	
MEIJER PEN NEEDLES 29G X12MM	96	MENVEO SOLR	159	methyldopa TABS	24
MEIJER PEN NEEDLES 31G X6MM	96	meperidine hcl SOLN OR 50 MG/5ML	6	methylergonovine maleate TABS	148
MEIJER PEN NEEDLES 31G X8MM	96	meperidine hcl TABS 50 MG	6	METHYLPHENIDATE HYDROCHLORIDE ER TBCR	1
MEIJER SUPER THIN LANCETS	69	mercaptopurine TABS	28	METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	37
MEKINIST SOLR	30	mesalamine CP24	52	methylprednisolone acetate SUSP	37
		mesalamine CPCR	52	methylprednisolone sod succ 40 MG,	
		mesalamine CPDR	52		
		mesalamine ENEM	52		
		mesalamine TBEC	52		

125 MG, 500 MG, 1000 MG 37	MICRODOT PEN NEEDLE/31G X 6	MM INSULIN SYRINGE/U-
methylprednisolone TABS 37	MM 96	100/0.3ML/31G X 5/16" 96
methylprednisolone TBPB 37	MICRODOT PEN NEEDLE/32G X 4	MM INSULIN SYRINGE/U-
metoclopramide hcl SOLN OR 5	MM 96	100/1/2ML/30G X 5/16" 96
MG/5ML, 10 MG/10ML 52	MICRODOT PEN NEEDLE/33G X 4	MM INSULIN SYRINGE/U-
metoclopramide hcl TABS 52	MM 96	100/1/2ML/31G X 5/16" 96
metolazone 49	MICROLET LANCETS 70	MM INSULIN SYRINGE/U-
metoprolol & hydrochlorothiazide	MICROLET NEXT MISC 70	100/1ML/30G X 5/16" 96
TABS 25	MICROLIFE DIGITAL PEAK FLOW	MM INSULIN SYRINGE/U-
metoprolol succinate TB24 33	METER 119	100/1ML/31G X 5/16" 96
metoprolol tartrate TABS 33	MICROSOME BASE 151	MM LANCING DEVICE MISC 70
metronidazole (topical) CREA 47	MICROSPACER MISC 119	MM PEN NEEDLES 31G X 1/4" .. 96
metronidazole (topical) GEL 0.75 %	midazolam hcl SOLN IJ 25 MG/5ML,	MM PEN NEEDLES 31G X 3/16" .96
47	50 MG/10ML 57	MM PEN NEEDLES 31G X 5/16" .96
metronidazole CAPS 26	midazolam hcl SOLN IJ 5 MG/ML, 10	MM PEN NEEDLES 32G X 5/32" .96
metronidazole TABS 26	MG/2ML 57	MM TWIST LANCETS 70
metronidazole vaginal 162	midodrine hcl 163	M-M-R II SOLR 161
mexiletine hcl 10	miglitol 14	M-NATAL PLUS TABS 140
miconazole nitrate (topical) CREA .41	MILLIPRED TABS 37	MODERNA COVID-19 VACCINE
miconazole nitrate (topical) OINT .41	mineral oil ENEM 57	SUSP 100 MCG/0.5ML 161
miconazole nitrate vaginal CREA 2 %	MINI LANCING DEVICE MISC 70	MODERNA COVID-19 VACCINE
..... 162	MINI WRIGHT AFS PEAK	SUSP 50 MCG/0.5ML 161
miconazole nitrate vaginal KIT ... 163	FLOWMETER LOW RANGE 119	MODERNA COVID-19
miconazole nitrate vaginal SUPP 100	MINI WRIGHT PEAK FLOW METER	VACCINE,BIVALENT ORIGINAL
MG 163	 119	AND OMICRON 161
miconazole-zinc oxide-white	MINI WRIGHT PEAK FLOW METER	MODERNA COVID-19
petrolatum 41	STANDARD RANGE 119	VACCINE/6MO-11Y/2023-24 SUSP .
MICROCHAMBER DEVI 119	MINIELITE FILTER	161
MICROCHAMBER MISC 119	REPLACEMENTS MISC 119	MODERNA COVID-19
MICRODERM BASE 151	minocycline hcl CAPS 155	VACCINE/BIVALENT/6MO-5Y .. 161
MICRODOT CONTROL	minoxidil 2.5 MG, 10 MG 26	MODERNA COVID-19
SOLUTIONHIGH/LOW SOLN 70	misoprostol 158	VACCINE/BIVALENT/BA.4/BA.5 161
	MM INSULIN SYRINGE/U-	MODERNA COVID-19 VACCINE6-
	100/0.3ML/30G X 5/16" 96	11Y SUSP 161
		MODERNA COVID-19

VACCINE6MO-5Y SUSP	161	MONOJECT INSULIN	MONOJECT ULTRA COMFORT
moexipril hcl	24	SYRINGE/SOFTPACK/1ML/27G X	INSULIN SYRINGE/1ML/28G X 1/2"
		1/2"	97
mometasone furoate (nasal) SUSP		MONOJECT INSULIN	MONOJECT ULTRA COMFORT
143		SYRINGE/SOFTPACK/U-	INSULIN SYRINGE/1ML/29G X 1/2"
mometasone furoate CREA	45	100/0.5ML/28G X 1/2"	97
mometasone furoate OINT	45	MONOJECT INSULIN SYRINGE/U-	MONOLET LANCETS
mometasone furoate SOLN	45	100/0.3ML/30G X 5/16"	70
MONISTAT 7 COMBINATION PACK		MONOJECT INSULIN SYRINGE/U-	MONOLET OPD LANCETS
KIT	163	100/0.5ML/30G X 5/16"	70
MONOJECT INSULIN		MONOJECT INSULIN SYRINGE/U-	montelukast sodium CHEW 4 MG .11
SYRINGE/1ML	96	100/1ML/28G X 1/2"	montelukast sodium CHEW 5 MG .11
MONOJECT INSULIN		MONOJECT INSULIN SYRINGE/U-	montelukast sodium PACK
SYRINGE/1ML/31G X 5/16"	96	100/1ML/30G X 5/16"	11
MONOJECT INSULIN		MONOJECT INSULIN	montelukast sodium TABS
SYRINGE/DETACH		SYRINGE/REGULAR LUER	11
NEEDLE/1ML/25G X 5/8"	96	TIP/SOFTPACK/1ML	MOOD FOOD CAPS
			133
MONOJECT INSULIN		MONOJECT ULTRA COMFORT	MOOD FOOD ES CAPS
SYRINGE/DETACH		INSULIN SYRINGE/0.3ML/29G X	133
NEEDLE/1ML/27G X 1/2"	96	1/2"	morphine sulfate beads
			6
MONOJECT INSULIN		MONOJECT ULTRA COMFORT	morphine sulfate CP24 10 MG, 20
SYRINGE/PERM NEEDLE/1ML/28G		INSULIN SYRINGE/0.3ML/30G X	MG, 30 MG, 50 MG, 60 MG, 80 MG,
X 1/2"	96	5/16"	100 MG
			6
MONOJECT INSULIN		MONOJECT ULTRA COMFORT	morphine sulfate SOLN OR 10
SYRINGE/PERM NEEDLE/U-		INSULIN SYRINGE/0.3ML/31G X	MG/0.5ML, 20 MG/ML, 100 MG/5ML
100/0.5ML/28G X 1/2"	96	5/16"	6
			morphine sulfate SOLN OR 10
MONOJECT INSULIN		MONOJECT ULTRA COMFORT	MG/5ML, 20 MG/5ML
SYRINGE/SAFETY/PERM		INSULIN SYRINGE/0.5ML/28G X	6
NEEDLE/0.3ML/29G X 1/2"	96	1/2"	morphine sulfate SUPP
			6
MONOJECT INSULIN		MONOJECT ULTRA COMFORT	morphine sulfate TABS 15 MG
SYRINGE/SAFETY/PERM		INSULIN SYRINGE/0.5ML/29G X	6
NEEDLE/0.3ML/29GX1/2"	97	1/2"	morphine sulfate TABS 30 MG
			6
MONOJECT INSULIN		MONOJECT ULTRA COMFORT	morphine sulfate TBCR
SYRINGE/SAFETY/PERM		INSULIN SYRINGE/0.5ML/30G X	6
NEEDLE/0.5ML/29G X 1/2"	97	5/16"	MOTTEGRITY
			51
MONOJECT INSULIN		MONOJECT ULTRA COMFORT	MOTPOLY XR CP24
SYRINGE/SAFETY/PERM		INSULIN SYRINGE/0.5ML/31G X	14
NEEDLE/1ML/29G X 1/2"	97	5/16"	MOUNJARO
			16
			MOVANTIK
			53

moxifloxacin hcl (ophth) SOLN OP 146	129	CHEW139
moxifloxacin hcl TABS51	multiple vitamins w/ iron TABS ...129	MULTIVITAMIN WOMEN TABS . 133
MPD SAFETY LANCET 21G/1.8MM 70	multiple vitamins w/ minerals CAPS 133	MULTIVITAMIN/ZINC STRESSFORMULA TABS 133
MPD SAFETY LANCET 28G/1.8MM 70	multiple vitamins w/ minerals CHEW . 133	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG- 10 MG-0.25 MG-600 MCG-4.5 MCG- 230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG- 600 MCG-4.5 MCG-230 MCG139
MPD SAFETY LANCET 30G/1.8MM 70	multiple vitamins w/ minerals TABS 133	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG- 10 MG-1 MG-600 MCG-4.5 MCG- 230 MCG139
MPD SAFETY LANCETS 23G/1.8MM70	MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS . 126	mupirocin calcium (topical)40 mupirocin OINT 40
MS INSULIN SYRINGE/0.3ML/31G X 5/16"97	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG- 400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG- 2500 UNIT-0.5 MG-15 UNIT139	MVW COMPLETE FORMULATION CAPS 133
MS INSULIN SYRINGE/0.5ML/31G X 5/16"97	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG- 400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1 MG-15 UNIT ...138	MVW COMPLETE FORMULATION CHEW138
MS INSULIN SYRINGE/1ML/31G X 5/16"97	MULTIVITAMIN ADULT TABS ...137	MVW COMPLETE FORMULATIOND3000 CAPS133
MULTI MEGA MINERALS TABS .126	MULTIVITAMIN ADULTS TABS . 133	MVW COMPLETE FORMULATIOND500 CAPS 133
MULTI VITAMIN TABS 137	MULTIVITAMIN GUMMIES CHILDRENS CHEW138	MVW COMPLETE FORMULATIONMINIS CAPS 133
MULTI VITAMIN/D-3 TABS 137	MULTIVITAMIN MEN TABS133	MVW COMPLETE FORMULATIONPEDIATRIC SOLN 138
MULTIBASE 151	MULTI-VITAMIN MONOCAPS TABS 133	MVW HI-D ADEK GUMMIES CHEW . 133
MULTI-BETIC DIABETES SUPPORT TABS133	MULTIVITAMIN TABS133	MVW MODULATOR FORMULATION CAPS 133
MULTI-BETIC DIABETES TABS .133	MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-1 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT- 400 UNIT-15 UNIT-1 MG139	MVW MODULATOR FORMULATION MINIS CAPS133
MULTIGEN56	MULTIVITAMIN WITH FLUORIDE	MX-SOL BLEND SF SUSP149
MULTI-LANCET DEVICE 2 KIT ... 70		MX-SOL BLEND SUSP149
MULTI-LANCET DEVICE MISC ...70		
MULTI-PHASIC PENETRATINGCOMPOUND BASE 151		
multiple minerals w/ vitamins TABS 126		
multiple vitamin TABS 137		
multiple vitamins w/ calcium TABS		

MX-SOL SF SYRP	149	NAMZARIC CP24	153	NEBUSAL NEBU	39
MX-SOL SUSPEND SUSP	149	NANOVM 1-3 YEARS POWD	138	nelarabine	28
MX-SOL SYRP	149	NANOVM 4-8 YEARS POWD	138	NEOMULTIVITE TABS	137
mycophenolate mofetil CAPS	127	NANOVM 9-18 YEARS POWD ...	138	neomycin sulfate TABS	2
mycophenolate mofetil hcl	127	NANOVM T/F POWD	138	neomycin-bacitracin zn-polymyxin	146
mycophenolate mofetil SUSR	127	naphazoline w/ pheniramine 0.3 %-		neomycin-bacitracin-polymyxin OINT	40
mycophenolate mofetil TABS	127	0.025 %	146	neomycin-polymy-dexameth OINT	147
mycophenolate sodium	127	naproxen sodium CAPS	4	neomycin-polymy-dexameth SUSP	147
MYFEMBREE	51	naproxen sodium TABS 220 MG ...	4	neomycin-polymyxin-gramicidin .	146
MYGLUCOHEALTH CONTROL		naproxen sodium TABS 275 MG, 550	4	neomycin-polymyxin-hc (otic) SOLN .	148
LOW/NORMAL/HIGH SOLN	70	MG	4	neomycin-polymyxin-hc (otic) SUSP .	148
MYGLUCOHEALTH MGH		naproxen sodium TB24	4	NEONATAL COMPLETE TABS 120	
SOFTLANCE LANCETS 30G	70	naproxen SUSP	4	MG-10 MG-9.2 MG-1000 MCG-10	
MYLERAN TABS	28	naproxen TABS	4	MCG-12 MCG-3 MG-5 MG-20 MG-	
MYRBETRIQ SRER	159	naproxen TBEC	4	27 MG-200 MG-1.84 MG-25 MG-2	
MYRBETRIQ TB24	159	naproxen-esomeprazole magnesium	4	MG-1200 MCG-2 MG-0.2 MG	140
N95 FACE MASK	112		4	NEONATAL COMPLETE TABS 120	
N95 PARTICULATE RESPIRATOR		naratriptan hcl	124	MG-3 MG-30 MCG-1000 MCG-25	
FACE MASK	112	NASONEX 24HR SUSP	143	MCG-8 MCG-3 MG-20 MG-7 MG-29	
nabumetone	4	nateglinide	18	MG-200 MG-3 MG-100 MG-15 MG-3	
nadolol TABS 20 MG, 40 MG, 80 MG		NATESTO GEL NA	8	MG-1200 MCG-150 MCG-18.4 MG	140
.....	33	NAT-RUL THERAVITE-		NEONATAL PLUS TABS	140
naftifine hcl CREA	41	M/HIGHPOTENCY TABS	133	NEOVITE TABS	133
naftifine hcl GEL	41	NATRUL-VITES TABS	133	NEPHPLEX RX	129
NAFTIN GEL	41	nebivolol hcl	33	NEPHRON FA	56
NALOCET TABS	8	NEBULIZER AIR TUBE/PLUGS		NESTABS	140
naloxone hcl LIQD	19	MISC	119	NEUAC KIT	40
naloxone hcl SOCT	19	NEBULIZER CUP/TUBING DEVI	119	NEULASTA ONPRO KIT PSKT ...	55
naloxone hcl SOLN 0.4 MG/ML, 4		NEBULIZER MASK ADULT MISC	119		
MG/10ML	19	119			
naloxone hcl SOSY	19	NEBULIZER MASK CHILD MISC	119		
NAMZARIC C4PK	153	119			

NEULASTA SOSY	55	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	154	MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	36
NEUPOGEN SOLN	55	NICOTINE TRANSDERMAL SYSTEM KIT	154	norethindrone & eth estradiol	36
NEUPOGEN SOSY	55	NICOTROL INHALER INHA	154	norethindrone & ethinyl estradiol-fe	36
NEUPRO	31	NICOTROL NS SOLN	154	norethindrone (contraceptive)	37
NEUTEK 2TEK CONTROL SOLUTIONS SOLN	70	nifedipine CAPS	33	norethindrone acet & eth estra	36
NEVANAC	148	nifedipine TB24	33	norethindrone acetate TABS	152
NEXCARE ALL PURPOSE MASK 112		nilutamide	29	norethindrone acetate-ethinyl estradiol 0.5 MG-2.5 MCG	51
NEXCARE EARLOOP MASK ...	112	nimodipine CAPS	33	norethindrone acetate-ethinyl estradiol 1 MG-5 MCG	51
NEXIUM PACK	157	NIPENT	30	norethindrone acetate-ethinyl estradiol-fe	36
NEXLETOL	22	nisoldipine	34	norethindrone-eth estradiol (triphasic)	36
NEXLIZET	22	nitazoxanide TABS	26	norgestimate-ethinyl estradiol (triphasic)	36
niacin (antihyperlipidemic) TBCR ..	23	NITRO-BID OINT	10	norgestimate-ethinyl estradiol	36
niacin CPCR 250 MG, 500 MG ...	164	nitrofurantoin macrocrystal 50 MG, 100 MG	27	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	36
niacin TABS	164	nitrofurantoin monohyd macro	27	NORLIQVA SOLN	34
niacin TBCR	164	nitroglycerin PT24	10	NOSE CLIP MISC	119
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MG/20ML28	EN SOLN8	PALFORZIA LEVEL 3 CSPK1
oxaliplatin SOLR28	oxycodone w/ acetaminophen TABS	PALFORZIA LEVEL 4 CSPK1
oxaprozin4	325 MG-10 MG, 325 MG-2.5 MG,	PALFORZIA LEVEL 5 CSPK2
OXAYDO TABS6	325 MG-5 MG, 325 MG-7.5 MG8	PALFORZIA LEVEL 6 CSPK2
OXBRYTA TABS 300 MG55	OXYCODONE/ACETAMINOPHEN	PALFORZIA LEVEL 7 CSPK2
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oxycodone hcl CONC 100 MG/5ML 6	OXYTROL FOR WOMEN PTTW .158	1 MISC120
oxycodone hcl SOLN6	OXYTROL PTTW158	PARI BABY CONVERSION KITSIZE
oxycodone hcl T12A 10 MG7	oyster shell125	2 MISC120
oxycodone hcl T12A 15 MG6	OYSTER SHELL CALCIUM/D TABS .	PARI BABY CONVERSION KITSIZE
oxycodone hcl T12A 20 MG7	125	3 MISC120
oxycodone hcl T12A 30 MG6	OZEMPIC SOPN 2 MG/1.5ML16	PARI ERAPID NEBULIZER
oxycodone hcl T12A 40 MG7	OZEMPIC SOPN16	HANDSET MISC120
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oxycodone hcl TABS 30 MG7	PALFORZIA LEVEL 10 CSPK1	DEVI120
oxycodone hcl TABS 5 MG, 10 MG,	PALFORZIA LEVEL 11	PARI MASK SET MISC120
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OXYCODONE	PALFORZIA LEVEL 11 (TITRATION)	MISC120
HYDROCHLORIDE/ACETAMINOPH	PACK1	PARI SOFT PLASTIC ADULT MASK
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151		151	PEN NEEDLES 31G X 3/16"	98
PCCA ANHYDROUS LIPODERM		PCCA VANPEN BASE	PEN NEEDLES 31G X 5MM	98
BASE	151	151	PEN NEEDLES 31G X 6MM	98
PCCA BASE 7542	151	PCCA WAV CUSTOM BASE	PEN NEEDLES 31G X 8MM	98
PCCA BIOPEPTIDE BASE	151	151	PEN NEEDLES 31GX5/16"	98
PCCA CANNIDEX 2.0		PCCA-PLUS SUSP	PEN NEEDLES 31GX5MM	98
CUSTOMBASE	151	149	PEN NEEDLES 31GX6MM (1/4") .	98
PCCA CANNIDEX CUSTOM BASE .		PEAK A-I-R FLOW METER	PEN NEEDLES 31GX8MM (5/16")	
151		121	98	
PCCA COSMETIC HRT BASE ..	151	PEAK AIR PEAK FLOW	PEN NEEDLES 31GX8MM	98
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PENTIPS 31GX8MM98		
PENTIPS 32G X 4MM98		
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phentermine hcl CAPS	1	PLEGRIDY SOSY IM	153	polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML	144
phentermine hcl TABS	1	PLEGRIDY STARTER PACK SOPN . 153		POMALYST	29
phenylephrine hcl (mydriatic) SOLN 2.5 %	145	PLEGRIDY STARTER PACK SOSY SC	153	PONVORY 14-DAY STARTER PACK TBPK	153
PHEXXI	163	PNEUMOVAX 23	159	PONVORY TABS	154
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pimecrolimus	46	POLYETHYLENE GLYCOL BLEND . 151		potassium phosphates 236 MG/ML- 224 MG/ML	126
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pioglitazone hcl	18	polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	144	PRADAXA CAPS 75 MG, 150 MG	14
pioglitazone hcl-glimepiride	15	polymyxin b-trimethoprim	146	PRADAXA PACK	14
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PIP LANCETS/30G	71			pramipexole dihydrochloride TB24	31
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PIP PEN NEEDLES 32G X 4MM .	98				
piroxicam CAPS	4				
pitavastatin calcium	23				

pravastatin sodium	23	98	PRENATAL 19 CHEW	140
prazosin hcl CAPS	24	PREFERRED PLUS INSULIN	PRENATAL 19 TABS	140
PRECISION GLUCOSE		SYRINGE/U-100/0.5ML/30G X 5/16"	PRENATAL AND IRON TABS ...	140
KETONECONTROL SOLUTION 1-			98	
LOW, 1-HIGH LIQD	71	PREFERRED PLUS INSULIN	PRENATAL FORTE TABS	140
PRECISION SURE-DOSE INSULIN		SYRINGE/U-100/1ML/28G X 1/2"	99	PRENATAL MULTIVITAMIN TABS
SYRINGE/0.3ML/30G X 5/16"	98	PREFERRED PLUS INSULIN	140	
PRECISION THINS GP LANCET .	71	SYRINGE/U-100/1ML/29G X 1/2"	99	PRENATAL PLUS IRON TABS ..
prednicarbate OINT	45	PREFERRED PLUS INSULIN		140
prednisolone acetate (ophth)	147	SYRINGE/U-100/1ML/30G X 5/16"		99
		99	PRENATAL PLUS TABS	141
PREDNISOLONE ACETATE P-F		PREFERRED PLUS LANCETS	PRENATAL PLUS VITAMIN	
147		COLORED 21G	ANDMINERAL TABS	140
		71		
PREDNISOLONE SODIUM		PREFERRED PLUS LANCETS	PRENATAL TABS 100 MG-2.6 MG-	
PHOSPHATE	147	SUPER THIN 30G	0.8 MG-400 UNIT-4 MCG-1.7 MG-18	
		71	MG-1.84 MG-25 MG-27 MG-11	
prednisolone sodium phosphate		PREFERRED PLUS LANCETS THIN	UNIT-200 MG-4000 UNIT, 120 MG-	
SOLN	37	26G	2.6 MG-0.8 MG-400 UNIT-8 MCG-	
		71	1.7 MG-20 MG-28 MG-200 MG-1.8	
prednisolone sodium phosphate		PREFERRED PLUS UNIFINE	MG-25 MG-4000 UNIT-30 UNIT, 120	
TBDP	37	PENTIPS 29G X 12MM	MG-2.6 MG-800 MCG-400 UNIT-8	
		99	MCG-1.7 MG-20 MG-28 MG-1.8 MG-	
prednisolone SOLN	37	PREFERRED PLUS UNIFINE	25 MG-200 MG-30 UNIT-4000 UNIT,	
		PENTIPS 31G X 6MM ULTRA	120 MG-2.6 MG-800 MCG-400	
prednisolone TABS	38	SHORT	UNIT-8 MCG-1.7 MG-20 MG-28 MG-	
		99	200 MG-1.8 MG-25 MG-30 UNIT-	
PREDNISON INTENSOL CONC	38	PREFERRED PLUS UNIFINE	4000 UNIT, 120 MG-2.6 MG-800	
		PENTIPS 31G X 8MM SHORT ...	MCG-400 UNIT-8 MCG-1.7 MG-20	
prednisone SOLN	38	99	MG-28 MG-200 MG-1.8 MG-25 MG-	
		PREFERRED PLUS UNIFINE	4000 UNIT-30 UNIT	141
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		99	PRENATAL TABS 120 MG-10 MG-1	
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98				TABS 120 MG-3 MG-30 MCG-1 MG-
		PREMPHASE	51	400 UNIT-8 MCG-3 MG-20 MG-7
		PREMPRO	51	MG-3 MG-100 MG-15 MG-3 MG-
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12MM	100	59		100/0.5ML/29G X 1/2"	100
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100/1ML/29G X 1/2"	100				

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74	100/0.5ML/31G X 5/16"	103	SYMPROIC	53
SURE COMFORT LANCING PEN	SURE-JECT INSULIN SYRINGE/U-		SYNAGIS SOLN	148
MISC	100/1ML/28G X 1/2"	103	SYNALAR CREAM KIT	45
SURE COMFORT PEN	SURE-JECT INSULIN SYRINGE/U-		SYNALAR OINTMENT KIT	45
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SURE COMFORT PEN	SURE-JECT INSULIN SYRINGE/U-		SYNJARDY TABS	15
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NEEDLES31GX3/16" (5MM)	100/1ML/31G X 5/16"	103	SYRSPEND SF LIQD	150
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100/0.3ML/29G X 1/2"		112	TABS	35
SURE-JECT INSULIN SYRINGE/U-	SUSPENDIT ANHYDROUS SUSP		TADLIQ SUSP	35
100/0.3ML/30G X 5/16"	149		TAFINLAR TBSO	30
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TALTZ SOSY	42	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16"	103	terbinafine hcl (topical) CREA	41
TALZENNA	30	TECHLITE LANCETS	74	terbinafine hcl TABS	20
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TECHLITE AST LANCETS	74	TECHNA 10 SF TROCHE BASE POWD	150	testosterone GEL TD 1.62 %	9
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		THRIVITE RX TABS	142	NEEDLES 31G X 1/4"	103
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THERA TABS	137	THYROID TABS 15 MG, 30 MG, 60		NEEDLES 29G X 1/2"	103
THERABETIC MULTI-VITAMIN		MG, 90 MG, 120 MG	156	TODAYS HEALTH SHORT PEN	
TABS	136	TIBSOVO	30	NEEDLES 31G X 5/16"	103
THERACAL D2000 TABS	126	TIGLUTIK SUSP	144	TODAYS HEALTH SUPER	
THERACAL D4000 TABS	126	timolol maleate (ophth) SOLG	145	THINLANCETS 30G	74
THERACAL RAPID REPLETION		timolol maleate (ophth) SOLN	145	TODAYS HEALTH ULTRA	
TABS	126	timolol maleate TABS	33	THINLANCETS 28G	74
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PLUS TABS	136	tiotropium bromide monohydrate		tolmetin sodium CAPS	4
THERAGRAN-M ADVANCED TABS .	136	CAPS	11	tolmetin sodium TABS 600 MG	4
THERAGRAN-M PREMIER 50 PLUS		TIROSINT CAPS 13 MCG, 25 MCG,		tolnaftate CREA	41
TABS	136	50 MCG, 75 MCG, 88 MCG, 100		tolnaftate POWD EX	41
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136		MCG, 150 MCG	156	tolterodine tartrate CP24	158
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THERA-M TABS	136	MCG/ML, 25 MCG/ML, 50 MCG/ML,		TOPCARE CLICKFINE UNIVERSAL	
THERAMILL FORTE CAPS	136	75 MCG/ML, 88 MCG/ML, 100		PEN EEDLES 31GX1/4"	103
THERANATAL CORE NUTRITION		MCG/ML, 112 MCG/ML, 125		TOPCARE CLICKFINE UNIVERSAL	
TABS	142	MCG/ML, 137 MCG/ML, 150		PEN EEDLES 31GX5/16"	103
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THEREMS MULTIVITAMIN TABS		tizanidine hcl TABS	142	INSULIN SYRINGE/0.3ML/30G X	
137		TM-DAILY VITE TABS	137	5/16"	103
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thiamine mononitrate TABS	164	tobramycin (ophth) SOLN	146	INSULIN SYRINGE/0.3ML/31G X	
THINLETS GP LANCETS	74	tobramycin NEBU	2	5/16"	104
THRESHOLD IMT MISC	123	tobramycin-dexamethasone SUSP		TOPCARE ULTRA COMFORT	
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TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	104	TRAVEL LANCETS ADVANCED 28G	74	triamterene & hydrochlorothiazide TABS	48
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	104	travoprost	148	TRICARE TABS	142
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	104	TRECATOR	27	trifluridine	146
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	104	TRELEGY ELLIPTA	13	TRIJARDY XR	15
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TOVET KIT	45	tretinoin CREA 0.025 %, 0.05 % ..	40	TROCHE BASE POWD	150
TRACLEER TBSO	34	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	28	tropicamide SOLN	145
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tramadol hcl SOLN	7	triamcinolone acetonide (topical) AERS	45	TRUE COMFORT ALCOHOL PREP PADS	77
tramadol hcl TABS	7	triamcinolone acetonide (topical) CREA	45	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	104
tramadol hcl TB24	7	triamcinolone acetonide (topical) LOTN	45	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	104
tramadol-acetaminophen	8	triamcinolone acetonide (topical) OINT 0.05 %	45	TRUE COMFORT INSULIN PEN NEEDLES31G X 5MM	104
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