



2023 Michigan Medicaid Formulary

Version 274

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 facts 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. 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. Please have a provider go to covermymeds.com or call the Help Desk at **866-984-6462**. All prior authorizations will be reviewed within 24 hours.

Step Therapy (ST)

Drugs with an "ST" need step therapy for coverage. In some cases, you may need to try a certain drug first before Meridian covers another drug for your medical condition. This is called step therapy.

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.

Non-Formulary (NF)

These drugs require prior authorization to be covered by Meridian.

Maintenance Products (MP)

These are drugs that are used to treat long term conditions and may be filled for up to a 102 day supply.

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

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
XELJANZ XR TB24	2	SP
XELJANZ SOLN	2	SP
XELJANZ TABS	2	SP

Drug Name	Drug Tier	Requirements/ Limits
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	
ALEVE ARTHRITIS TABS (<i>naproxen sodium</i>)	NF	
ALEVE CAPS (<i>naproxen sodium</i>)	NF	

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

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

Drug Name	Drug Tier	Requirements/ Limits
ARAVA (leflunomide)	3	QL(1 ea daily)
leflunomide	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		
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	3	QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old)
butalbital-acetaminophen TABS 50 MG-325 MG	3	QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old)
butalbital-aspirin-caffeine CAPS	3	QL(4 ea daily); AL(Up to 64 yrs old)
ESGIC TABS (butalbital-acetaminophen-caffeine)	3	QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old)
Analgesics Other		
acetaminophen CAPS 500 MG	3	
acetaminophen CHEW 80 MG	3	
acetaminophen LIQD 160 MG/5ML	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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			DILAUDID LIQD (<i>hydromorphone hcl</i>)	2	QL(4 ml daily)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	3	AL(At least 40 yrs old - Up to 79 yrs old)	DILAUDID TABS 8 MG (<i>hydromorphone hcl</i>)	2	QL(67 ea per 30 days retail)
<i>aspirin CHEW</i>	3	QL(1 ea daily); MP			

Drug Name	Drug Tier	Requirements/ Limits
DILAUDID TABS 4 MG (hydromorphone hcl)	2	QL(135 ea per 30 days retail)
DILAUDID TABS 2 MG (hydromorphone hcl)	2	QL(6 ea daily)
fentanyl citrate LPOP	2	QL(4 ea daily); AL(At least 18 yrs old)
fentanyl citrate TABS	2	QL(4 ea daily); AL(At least 18 yrs old)
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	2	QL(10 ea per fill retail)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	QL(10 ea per fill retail)
FENTORA TABS (fentanyl citrate)	2	QL(4 ea daily); AL(At least 18 yrs old)
hydrocodone bitartrate CP12	2	
hydrocodone bitartrate T24A	2	
hydromorphone hcl LIQD	1	QL(4 ml daily)
HYDROMORPHONE HCL SUPP	2	
hydromorphone hcl TABS 8 MG	1	QL(67 ea per 30 days retail)
hydromorphone hcl TABS 2 MG	1	QL(6 ea daily)
hydromorphone hcl TABS 4 MG	1	QL(135 ea per 30 days retail)
hydromorphone hcl TB24	2	
HYSINGLA ER T24A	2	
levorphanol tartrate TABS	2	
meperidine hcl SOLN OR 50 MG/5ML	2	QL(8 ml daily)
meperidine hcl TABS 50 MG	2	QL(4 ea daily)
methadone hcl CONC	2	
methadone hcl SOLN OR	2	
methadone hcl TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
methadone hcl TBSO	2	
METHADOSE SUGAR-FREE CONC (methadone hcl)	2	
METHADOSE CONC (methadone hcl)	2	
morphine sulfate beads	2	
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	2	
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	1	QL(8 ml daily)
morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML	1	QL(4 ml daily)
morphine sulfate SUPP	1	
morphine sulfate TABS 30 MG	1	QL(3 ea daily)
morphine sulfate TABS 15 MG	1	QL(6 ea daily)
morphine sulfate TBCR	1	
MS CONTIN TBCR (morphine sulfate)	2	
NUCYNTA ER TB12	2	
NUCYNTA TABS	2	
OXAYDO TABS	2	QL(3 ea daily)
oxycodone hcl CAPS	2	QL(3 ea daily)
oxycodone hcl CONC 100 MG/5ML	2	QL(3 ml daily)
oxycodone hcl SOLN	1	QL(8 ml daily)
oxycodone hcl T12A 80 MG	2	Limit: 22 tablets per 30 days; QL(0.74 ea daily)
oxycodone hcl T12A 40 MG	2	Limit: 45 tablets per 30 days; QL(1.5 ea daily)
oxycodone hcl T12A 30 MG	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl T12A 15 MG</i>	2	QL(4 ea daily)
<i>oxycodone hcl T12A 20 MG</i>	2	QL(3 ea daily)
<i>oxycodone hcl T12A 10 MG</i>	2	QL(6 ea daily)
<i>oxycodone hcl T12A 60 MG</i>	2	QL(1 ea daily)
<i>oxycodone hcl TABS 30 MG</i>	2	QL(2 ea daily)
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG</i>	1	QL(3 ea daily)
<i>oxycodone hcl TABS 20 MG</i>	2	QL(3 ea daily)
OXYCONTIN T12A 40 MG	2	Limit: 45 tablets per 30 days; QL(1.5 ea daily)
OXYCONTIN T12A 80 MG	2	Limit: 22 tablets per 30 days; QL(0.74 ea daily)
OXYCONTIN T12A 10 MG	2	QL(6 ea daily)
OXYCONTIN T12A 15 MG	2	QL(4 ea daily)
OXYCONTIN T12A 60 MG	2	QL(1 ea daily)
OXYCONTIN T12A 20 MG	2	QL(3 ea daily)
OXYCONTIN T12A 30 MG	2	QL(2 ea daily)
<i>oxymorphone hcl TABS 10 MG</i>	2	QL(3 ea daily)
<i>oxymorphone hcl TABS 5 MG</i>	2	QL(4 ea daily)
<i>oxymorphone hcl TB12</i>	2	
QDOLO SOLN (<i>tramadol hcl</i>)	2	QL(80 ml daily); AL(At least 12 yrs old)
ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	2	QL(2 ea daily)
ROXICODONE TABS 5 MG, 15 MG (<i>oxycodone hcl</i>)	2	QL(3 ea daily)
ROXYBOND TABA 30 MG	2	QL(60 ea per 30 days retail)
ROXYBOND TABA 5 MG	2	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ROXYBOND TABA 15 MG	2	QL(90 ea per 30 days retail)
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	AL(At least 12 yrs old)
<i>tramadol hcl SOLN</i>	2	QL(80 ml daily); AL(At least 12 yrs old)
<i>tramadol hcl TABS</i>	1	AL(At least 12 yrs old)
<i>tramadol hcl TB24</i>	1	AL(At least 12 yrs old)
TRAMADOL HYDROCHLORIDE SOLN (<i>tramadol hcl</i>)	2	QL(80 ml daily); AL(At least 12 yrs old)
ULTRAM TABS (<i>tramadol hcl</i>)	2	AL(At least 12 yrs old)
XTAMPZA ER 9 MG, 13.5 MG, 18 MG, 27 MG	2	QL(2 ea daily)
XTAMPZA ER 36 MG	2	QL(1.5 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	1	AL(At least 12 yrs old)
<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>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	2	AL(At least 12 yrs old)
<i>acetaminophen-caff-dihydrocod TABS 30 MG-325 MG-16 MG</i>	2	AL(At least 12 yrs old)
APADAZ	2	
BENZHYDROCODONE/A CETAMINOPHEN	2	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	2	AL(At least 12 yrs old)
<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 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	2	
<i>testosterone GEL TD 1.62 %</i>	1	PA
<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 1 %</i>	2	
<i>hydrocortisone (rectal) EX 2.5 %</i>	3	
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
ANTIANXIETY 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 SOSY 100 MG/ML	2	AL(At least 6 yrs old); SP; MP
NUCALA SOSY 40 MG/0.4ML	2	SP; MP
TEZSPIRE SOAJ	2	AL(At least 12 yrs old); SP
TEZSPIRE SOSY	2	AL(At least 12 yrs old); SP
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
<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 ea daily); MP
TUDORZA PRESSAIR	2	MP
YUPELRI	2	MP
Leukotriene Modulators		

Drug Name	Drug Tier	Requirements/ Limits
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)
ASMANEX TWISTHALER 14 METERED DOSES AEPB	1	QL(1 ea per 30 days retail)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	1	QL(1 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	1	QL(1 ea per 30 days retail); AL(Up to 11 yrs old)	AIRDUO DIGIHALER 113/14	2	QL(0.04 ea daily); MP
ASMANEX TWISTHALER 60 METERED DOSES AEPB	1	QL(1 ea per 30 days retail)	AIRDUO DIGIHALER 232/14	2	QL(0.04 ea daily); MP
ASMANEX TWISTHALER 7 METERED DOSES AEPB	1	QL(1 ea per 30 days retail); AL(Up to 11 yrs old)	AIRDUO DIGIHALER 55/14	2	QL(0.04 ea daily); MP
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ml daily)	AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	2	QL(0.04 ea daily); MP
FLOVENT DISKUS AEPB	2		AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	2	QL(0.04 ea daily); MP
FLOVENT HFA 110 MCG/ACT	1	QL(0.5 gm daily); MP	AIRDUO RESPICLICK 55/14 AEPB	2	QL(0.04 ea daily); MP
FLOVENT HFA 44 MCG/ACT	1	QL(0.45 gm daily); MP	<i>albuterol sulfate AERS</i>	2	QL(0.5 gm daily); MP
FLOVENT HFA 220 MCG/ACT	1	QL(0.9 gm daily); MP	<i>albuterol sulfate AERS</i>	2	QL(0.6 gm daily); MP
<i>fluticasone propionate (inhalation) AEPB</i>	2		<i>albuterol sulfate AERS</i>	2	QL(1.3 gm daily); MP
<i>fluticasone propionate hfa 220 MCG/ACT</i>	2	QL(0.9 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
<i>fluticasone propionate hfa 44 MCG/ACT</i>	2	QL(0.45 gm daily); MP	ALBUTEROL SULFATE NEBU	1	MP
<i>fluticasone propionate hfa 110 MCG/ACT</i>	2	QL(0.5 gm daily)	ANORO ELLIPTA	1	QL(42 ea per 90 days retail)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	QL(0.07 ea daily); MP	<i>arformoterol tartrate</i>	2	MP
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	QL(0.04 ea daily); MP	BEVESPI AEROSPHERE	1	QL(32.1 gm per 90 days retail); MP
PULMICORT SUSP (<i>budesonide (inhalation)</i>)	2	QL(4 ml daily)	BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	QL(180 ea per 90 days retail); MP
QVAR REDHALER	2		BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH	2	QL(2.5 ea daily); MP
Sympathomimetics			BREZTRI AEROSPHERE	2	QL(17.7 gm per 90 days retail); MP
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	1	QL(2.5 ea daily); MP	BROVANA (<i>arformoterol tartrate</i>)	2	MP
ADVAIR HFA AERO	1	QL(0.5 gm daily); MP	<i>budesonide-formoterol fumarate dihydrate</i>	2	QL(0.7 gm daily); MP

Drug Name	Drug Tier	Requirements/ Limits
COMBIVENT RESPIMAT AERS	1	QL(20 gm per 90 days retail); MP
DUAKLIR PRESSAIR	2	MP
DULERA	1	QL(0.9 gm daily); MP
<i>fluticasone furoate-vilanterol</i>	2	QL(2.5 ea 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
<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
<i>fluticasone-salmeterol</i> AERO	2	QL(0.5 gm daily); MP
<i>formoterol fumarate</i> NEBU	2	MP
<i>ipratropium-albuterol</i> SOLN	1	MP
<i>levalbuterol tartrate</i>	1	QL(1 gm daily); MP
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	2	MP
PROAIR DIGIHALER	2	QL(0.04 ea daily); MP
PROAIR HFA AERS (<i>albuterol sulfate</i>)	1	QL(0.6 gm daily); MP
PROAIR RESPICLICK AEPB	2	QL(0.04 ea daily); MP
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	1	QL(0.5 gm daily); MP
SEREVENT DISKUS	1	QL(2.5 ea daily); MP
STIOLTO RESPIMAT	1	QL(12 gm per 90 days retail); MP
STRIVERDI RESPIMAT	2	MP

Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	1	QL(0.7 gm daily); MP
<i>terbutaline sulfate</i> TABS	3	MP
TRELEGY ELLIPTA	1	QL(180 ea per 90 days retail); MP
TRELEGY ELLIPTA	1	QL(84 ea per 90 days retail); MP
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	1	QL(0.55 gm daily); MP
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NF	QL(1 gm daily); MP
Xanthines		
<i>theophylline</i> ELIX	3	
<i>theophylline</i> SOLN	3	MP
<i>theophylline</i> TB12 300 MG, 450 MG	3	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium</i> TABS	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	1	QL(74 ea per 30 days retail)
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 20 MG	1	QL(42 ea per 34 days retail); MP
XARELTO TABS 10 MG	1	QL(1 ea daily); MP
XARELTO TABS 15 MG	1	QL(102 ea per 102 days retail); MP

Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 2.5 MG	1	QL(2 ea daily); 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 (<i>dabigatran etexilate mesylate</i>)	1	QL(2 ea daily); MP
PRADAXA CAPS 75 MG, 150 MG	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		
Anticonvulsants - Misc.		
LEVETIRACETAM/SODIUM CHLORIDE	CO	
MOTPOLY XR CP24	CO	
<i>primidone</i>	CO	

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO XR TB24	2	MP	BAQSIMI ONE PACK POWD	1	QL(0.067 ea daily); MP
JENTADUETO TABS	1	MP	BAQSIMI TWO PACK POWD	1	QL(0.067 ea daily); MP
KAZANO (<i>alogliptin-metformin hcl</i>)	2	MP	<i>diazoxide</i>	2	MP
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	2	MP	GLUCAGEN HYPOKIT	1	MP
OSENI	2	MP	<i>glucagon (rdna)</i>	1	MP
OSENI (<i>alogliptin-pioglitazone</i>)	2	MP	GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	NF	MP
<i>pioglitazone hcl-glimepiride</i>	2	MP	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	MP
<i>pioglitazone hcl-metformin hcl TABS</i>	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)
QTERN	2	MP	GVOKE HYPOPEN 1-PACK SOAJ 0.5 MG/0.1ML	1	QL(0.2 ml per 30 days retail)
<i>saxagliptin-metformin hcl</i>	2	MP	GVOKE HYPOPEN 2-PACK SOAJ 1 MG/0.2ML	1	QL(0.4 ml per 30 days retail; 1 ml per 90 days mail)
SEGLUROMET	2	MP	GVOKE HYPOPEN 2-PACK SOAJ 0.5 MG/0.1ML	1	QL(0.2 ml per 30 days retail)
SOLIQUA 100/33	2	QL(0.6 ml daily); MP	GVOKE KIT SOLN	2	QL(0.4 ml per 30 days retail)
STEGLUJAN	2	MP	GVOKE PFS SOSY 1 MG/0.2ML	2	QL(0.4 ml per 30 days retail; 1 ml per 90 days mail)
SYNJARDY XR TB24	2	MP	GVOKE PFS SOSY 0.5 MG/0.1ML	2	QL(0.2 ml per 30 days retail)
SYNJARDY TABS	1	MP	PROGLYCEM (<i>diazoxide</i>)	1	MP
TRIJARDY XR	2	MP	ZEGALOGUE SOAJ	1	
XIGDUO XR	1	MP	ZEGALOGUE SOSY	1	
XULTOPHY 100/3.6	2	QL(0.5 ml daily); MP	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
Biguanides			<i>alogliptin benzoate</i>	2	MP
GLUMETZA TB24 (<i>metformin hcl</i>)	2	MP	JANUVIA	1	QL(2 ea daily); MP
<i>metformin hcl SOLN</i>	2	MP			
<i>metformin hcl TABS</i>	1	MP			
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP			
<i>metformin hcl TB24 500 MG, 1000 MG</i>	2	MP			
METFORMIN HYDROCHLORIDE TABS	1	MP			
RIOMET SOLN (<i>metformin hcl</i>)	2	MP			
Diabetic Other					

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

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART FLEXPEN SOPN	2	QL(90 ml per fill retail); MP
INSULIN ASPART PENFILL SOCT	2	QL(3 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	2	QL(90 ml per fill retail); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1	QL(3 ml daily); MP
INSULIN ASPART SOLN IJ	2	QL(90 ml per fill retail); MP
INSULIN DEGLUDEC FLEXTouch SOPN	2	QL(3 ml daily); MP
INSULIN DEGLUDEC SOLN	2	QL(3 ml daily); MP
INSULIN GLARGINE SOLOSTAR SOPN	2	QL(3 ml daily); MP
INSULIN GLARGINE SOLN	2	QL(3 ml daily); MP
INSULIN GLARGINE-YFGN SOLN	2	QL(3 ml daily); MP
INSULIN GLARGINE-YFGN SOPN	2	QL(3 ml daily); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1	QL(3 ml daily); MP
INSULIN LISPRO KWIKPEN SOPN	1	QL(3 ml daily); MP
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	QL(3 ml daily); MP
INSULIN LISPRO SOLN IJ	1	QL(3 ml daily); MP
LANTUS SOLOSTAR SOPN	1	QL(3 ml daily); MP
LANTUS SOLN	1	QL(3 ml daily); MP
LEVEMIR FLEXPEN SOPN	1	QL(3 ml daily); MP
LEVEMIR FLEXTouch SOPN	1	QL(3 ml daily); MP
LEVEMIR SOLN	1	QL(3 ml daily); MP

Drug Name	Drug Tier	Requirements/ Limits
LYUMJEV KWIKPEN SOPN	2	QL(3 ml daily); MP
LYUMJEV TEMPO PEN SOPN	2	QL(3 ml daily); MP
LYUMJEV SOLN	2	QL(3 ml daily); MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	QL(3 ml daily); MP
NOVOLIN 70/30 FLEXPEN SUPN	2	QL(3 ml daily); MP
NOVOLIN 70/30 RELION SUSP	2	QL(3 ml daily); MP
NOVOLIN 70/30 SUSP	2	QL(3 ml daily); MP
NOVOLIN N FLEXPEN RELION SUPN	1	QL(3 ml daily); MP
NOVOLIN N FLEXPEN SUPN	1	QL(3 ml daily); MP
NOVOLIN N RELION SUSP	1	QL(3 ml daily); MP
NOVOLIN N SUSP	1	QL(3 ml daily); MP
NOVOLIN R FLEXPEN RELION SOPN IJ	1	QL(3 ml daily); MP
NOVOLIN R FLEXPEN SOPN IJ	1	QL(3 ml daily); MP
NOVOLIN R RELION SOLN IJ	1	QL(3 ml daily); MP
NOVOLIN R SOLN IJ	1	QL(3 ml daily); MP
NOVOLOG FLEXPEN RELION SOPN	2	QL(90 ml per fill retail); MP
NOVOLOG FLEXPEN SOPN	2	QL(90 ml per fill retail); 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
NOVOLOG MIX 70/30 RELION SUSP	2	QL(3 ml daily); MP
NOVOLOG MIX 70/30 SUSP	2	QL(3 ml daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG PENFILL SOCT	1	QL(3 ml daily); MP	GLUCOTROL XL TB24 (<i>glipizide</i>)	2	MP
NOVOLOG RELION SOLN IJ	2	QL(90 ml per fill retail); MP	<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
NOVOLOG SOLN IJ	2	QL(90 ml per fill retail); MP	<i>glyburide TABS</i>	1	MP
REZVOGLAR KWIKPEN	2	QL(90 ml per fill retail); MP	GLYNASE (<i>glyburide micronized</i>)	2	MP
SEMGLEE SOLN	2	QL(3 ml daily); MP	ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
SEMGLEE SOPN	2	QL(3 ml daily); MP	Antidiarrheal/Probiotic Agents - Misc.		
TOUJEO MAX SOLOSTAR SOPN	2	QL(3 ml daily); MP	<i>bismuth subsalicylate CHEW 262 MG</i>	3	
TOUJEO SOLOSTAR SOPN	2	QL(3 ml daily); MP	<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i>	3	
TRESIBA FLEXTOUCH SOPN	2	QL(3 ml daily); MP	<i>bismuth subsalicylate TABS</i>	3	
TRESIBA SOLN	2	QL(3 ml daily); MP	PEPTO BISMOL TABS (<i>bismuth subsalicylate</i>)	3	
Insulin Sensitizing Agents			PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>)	3	
ACTOS (<i>pioglitazone hcl</i>)	2	MP	PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>)	3	
<i>pioglitazone hcl</i>	1	MP	PEPTO-BISMOL CHEW (<i>bismuth subsalicylate</i>)	3	
Meglitinide Analogues			PEPTO-BISMOL SUSP (<i>bismuth subsalicylate</i>)	3	
<i>nateglinide</i>	1	MP	Antiperistaltic Agents		
<i>repaglinide</i>	1	MP	<i>diphenoxylate w/ atropine LIQD</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			<i>diphenoxylate w/ atropine TABS</i>	1	
FARXIGA	1	MP	IMODIUM A-D CAPS (<i>loperamide hcl</i>)	NF	RX/OTC
INVOKANA	1	MP	IMODIUM A-D SOLN (<i>loperamide hcl</i>)	3	
JARDIANCE	1	MP			
STEGLATRO	2	MP			
Sulfonylureas					
AMARYL (<i>glimepiride</i>)	2	MP			
<i>glimepiride</i>	1	MP			
<i>glipizide TABS 5 MG, 10 MG</i>	1	MP			
<i>glipizide TB24</i>	1	MP			

Drug Name	Drug Tier	Requirements/ Limits
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)
ondansetron hcl SOLN OR 4 MG/5ML	1	QL(75 ml per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 2.5 MG	2	AL(Up to 11 yrs old)
<i>diphenhydramine hcl</i> ELIX 12.5 MG/5ML	3		<i>desloratadine</i> TBDP 5 MG	2	
<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
CLARINEX TABS (<i>desloratadine</i>)	2		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	2	MP
ACCURETIC (<i>quinapril-hydrochlorothiazide</i>)	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 200 MG	2	QL(9 ea per fill retail); AL(At least 12 yrs old)
XIFAXAN 550 MG	2	AL(At least 18 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 IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG, 1000 MG</i>	3	
<i>vancomycin hcl SOLR OR 25 MG/ML, 250 MG/5ML</i>	2	
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
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	3	SP
<i>temozolomide CAPS</i>	3	SP
Antimetabolites		
<i>capecitabine</i>	3	SP
<i>mercaptopurine TABS</i>	3	SP
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	3	SP
<i>methotrexate sodium TABS 2.5 MG</i>	3	
ONUREG TABS	3	SP
TABLOID	3	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	
XATMEP SOLN	3	
XELODA (<i>capecitabine</i>)	3	SP
Antineoplastic - Angiogenesis Inhibitors		
CYRAMZA	3	
Antineoplastic - Antibodies		
BLINCYTO	3	SP
YERVOY	3	
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	3	SP
VENCLEXTA TABS	3	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	3	SP
ERIVEDGE	3	SP
ODOMZO	3	SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	3	SP

Drug Name	Drug Tier	Requirements/ Limits
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	
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
LYSODREN	3	SP
<i>megestrol acetate SUSP</i>	1	
<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
XTANDI CAPS	3	SP
XTANDI TABS	3	SP
ZYTIGA (<i>abiraterone acetate</i>)	3	SP

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Immunomodulators		
POMALYST	3	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO 80 MG TWICE WEEKLY	3	SP
Antineoplastic Combinations		
INQOVI	3	SP
LONSURF	3	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	3	SP
AFINITOR TABS (<i>everolimus</i>)	3	SP
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

Drug Name	Drug Tier	Requirements/ Limits
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	
INTRON A SOLR	3	
MATULANE	3	SP
TARGRETIN (<i>bexarotene</i>)	3	SP
<i>tretinoin (chemotherapy)</i>	3	SP
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	3	
MESNEX TABS	3	SP
Mitotic Inhibitors		
<i>etoposide CAPS</i>	3	SP
Topoisomerase I Inhibitors		
HYCANTIN 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

Drug Name	Drug Tier	Requirements/ Limits
ONGENTYS	2	MP
TASMAR (tolcapone)	2	MP
tolcapone	2	MP
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1	MP
amantadine hcl SOLN	1	MP
amantadine hcl TABS	2	MP
bromocriptine mesylate CAPS	2	MP
bromocriptine mesylate TABS 2.5 MG	2	MP
carbidopa-levodopa-entacapone	2	MP
carbidopa-levodopa TABS	1	MP
carbidopa-levodopa TBCR	1	MP
carbidopa-levodopa TBDP	2	MP
DHIVY TABS	2	MP
DUOPA SUSP	2	MP
GOCOVRI CP24	2	SP; MP
INBRIJA CAPS	2	MP
KYNMOBI TITRATION KIT KIT	2	MP
KYNMOBI FILM	2	SP; MP
MIRAPEX ER TB24 (pramipexole dihydrochloride)	2	MP
NEUPRO	2	QL(1 ea daily); MP
OSMOLEX ER T4PK	2	MP
OSMOLEX ER TB24 129 MG, 193 MG	2	MP
PARLODEL CAPS (bromocriptine mesylate)	2	MP
PARLODEL TABS (bromocriptine mesylate)	2	MP
pramipexole dihydrochloride TABS	1	MP
pramipexole dihydrochloride TB24	2	MP

Drug Name	Drug Tier	Requirements/ Limits
ropinirole hydrochloride TABS	1	MP
ropinirole hydrochloride TB24	2	MP
RYTARY CPCR	2	MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	2	MP
STALEVO 100 (carbidopa-levodopa-entacapone)	2	MP
STALEVO 125 (carbidopa-levodopa-entacapone)	2	MP
STALEVO 150 (carbidopa-levodopa-entacapone)	2	MP
STALEVO 200 (carbidopa-levodopa-entacapone)	2	MP
STALEVO 50 (carbidopa-levodopa-entacapone)	2	MP
STALEVO 75 (carbidopa-levodopa-entacapone)	2	MP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (rasagiline mesylate)	2	AL(At least 18 yrs old); MP; PA
rasagiline mesylate	1	AL(At least 18 yrs old); MP; PA
selegiline hcl CAPS	2	MP
selegiline hcl TABS	2	MP
XADAGO	2	MP
ZELAPAR TBDP	2	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
LITHIUM	CO	
Antipsychotics - Misc.		
CAPLYTA	CO	

Drug Name	Drug Tier	Requirements/ Limits
Benzisoxazoles		
RYKINDO SRER	CO	
UZEDY SUSY	CO	
Dibenzapines		
<i>quetiapine fumarate TABS</i>	CO	
Phenothiazines		
<i>prochlorperazine</i>	3	QL(2 ea daily)
<i>prochlorperazine maleate TABS</i>	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 TABS</i>	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

Drug Name	Drug Tier	Requirements/ Limits
<i>entecavir TABS</i>	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) TABS</i>	3	QL(1 ea daily); SP; MP
VEMLIDY	3	QL(1 ea daily); AL(At least 12 yrs old); SP; MP; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	MP
<i>acyclovir SUSP</i>	1	MP
<i>acyclovir TABS OR 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 CAPS</i>	1	QL(14 ea per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(120 ml per fill retail)
RELENZA DISKHALER	1	
<i>rimantadine hydrochloride TABS</i>	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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Alpha-Beta Blockers			<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	2	MP
<i>carvedilol</i>	1	MP	<i>pindolol TABS</i>	2	MP
<i>carvedilol phosphate</i>	2	MP	<i>propranolol hcl CP24</i>	1	MP
COREG (<i>carvedilol</i>)	2	MP	<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	MP
COREG CR (<i>carvedilol phosphate</i>)	1	MP	<i>propranolol hcl TABS</i>	1	MP
<i>labetalol hcl TABS</i>	1	MP	<i>sotalol hcl (afib/af)</i>	1	MP
Beta Blockers Cardio-Selective			<i>sotalol hcl TABS</i>	1	MP
<i>acebutolol hcl CAPS</i>	2	MP	SOTYLIZE SOLN OR	2	MP
<i>atenolol TABS</i>	1	MP	<i>timolol maleate TABS</i>	2	MP
<i>betaxolol hcl</i>	2	MP	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
<i>bisoprolol fumarate</i>	2	MP	Calcium Channel Blockers		
BYSTOLIC (<i>nebivolol hcl</i>)	1	MP	<i>amlodipine besylate TABS</i>	1	MP
KAPSPARGO SPRINKLE CS24	2	MP	CALAN SR TBCR (<i>verapamil hcl</i>)	2	MP
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	2	MP	CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	2	MP
<i>metoprolol succinate TB24</i>	1	MP	CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	2	MP
<i>metoprolol tartrate TABS</i>	1	MP	CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	2	MP
<i>nebivolol hcl</i>	2	MP	CONJUPRI (<i>levamlodipine maleate</i>)	2	MP
TENORMIN TABS (<i>atenolol</i>)	2	MP	<i>diltiazem hcl coated beads CP24</i>	1	MP
TOPROL XL TB24 (<i>metoprolol succinate</i>)	2	MP	<i>diltiazem hcl extended release beads</i>	2	MP
Beta Blockers Non-Selective			<i>diltiazem hcl extended release beads</i>	1	MP
BETAPACE AF (<i>sotalol hcl (afib/af)</i>)	2	MP	<i>diltiazem hcl CP12</i>	1	MP
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	2	MP	<i>diltiazem hcl CP24</i>	1	MP
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	2	MP	<i>diltiazem hcl TABS</i>	1	MP
HEMANGEOL SOLN OR	2	SP; MP	<i>diltiazem hcl TB24</i>	2	MP
INDERAL LA CP24 (<i>propranolol hcl</i>)	2	MP	<i>felodipine</i>	2	MP
INDERAL XL	2	MP	<i>isradipine CAPS</i>	2	MP
INNOPRAN XL	2	MP			

Drug Name	Drug Tier	Requirements/Limits
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)
<i>nisoldipine</i>	2	MP
NORLIQVA SOLN	2	AL(At least 6 yrs old)
NORVASC TABS (<i>amlodipine besylate</i>)	2	MP
PROCARDIA XL TB24 (<i>nifedipine</i>)	2	MP
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	2	MP
TIAZAC (<i>diltiazem hcl extended release beads</i>)	2	MP
<i>verapamil hcl CP24</i>	2	MP
<i>verapamil hcl TABS</i>	1	MP
<i>verapamil hcl TBCR</i>	1	MP
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>verapamil hcl</i>)	2	MP
VERELAN PM CP24 (<i>verapamil hcl</i>)	2	MP
VERELAN CP24 (<i>verapamil hcl</i>)	2	MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	3	MP
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
CAMZYOS	3	QL(1 ea daily); AL(At least 18 yrs old); SP; PA
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	2	QL(1 ea daily); 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
ENTRESTO	1	QL(2 ea daily); MP
Prostaglandin Vasodilators		
ORENITRAM TITRATION KIT MONTH 1 TEPK	2	SP
ORENITRAM TITRATION KIT MONTH 2 TEPK	2	SP
ORENITRAM TITRATION KIT MONTH 3 TEPK	2	SP
ORENITRAM TBCR	2	SP; MP
TYVASO DPI MAINTENANCE KIT POWD	2	SP; MP
TYVASO DPI TITRATION KIT POWD	2	SP; MP
TYVASO REFILL SOLN IN	1	SP; MP; PA
TYVASO STARTER SOLN IN	1	SP; MP; PA
TYVASO SOLN IN	1	SP; MP; PA
VENTAVIS	1	SP; MP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP; MP; PA
<i>bosentan TABS</i>	2	SP; MP; PA
LETAIRIS (<i>ambrisentan</i>)	2	SP; MP; PA
OPSUMIT	1	SP; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
TRACLEER TABS (<i>bosentan</i>)	1	SP; MP; PA
TRACLEER TBSO	2	SP; MP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
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		

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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

Drug Name	Drug Tier	Requirements/ Limits
L-CITRULLINE	4	RX/OTC
Bulk Chemicals - O's		
L-ORNITHINE HYDROCHLORIDE	4	RX/OTC
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	

Drug Name	Drug Tier	Requirements/ Limits
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	3	
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		

Drug Name	Drug Tier	Requirements/ Limits
ELLA	3	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone ELIX</i>	3	
<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 PA
ENTOCORT EC CPEP <i>(budesonide)</i>	3	
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	3	
MEDROL TABS <i>(methylprednisolone)</i>	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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone SOLN</i>	3		<i>dextromethorphan-phenylephrine-acetaminophen LIQD</i>	3	
<i>prednisolone TABS</i>	3		<i>guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML</i>	4	
PREDNISONONE INTENSOL CONC	3		<i>guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML</i>	4	
<i>prednisone SOLN</i>	3		<i>guaifenesin-codeine SYRP</i>	4	
<i>prednisone TABS</i>	3		MUCINEX D TB12 (pseudoephedrine-guaifenesin)	NF	
<i>prednisone TBPk</i>	3		<i>promethazine & phenylephrine SYRP</i>	4	
RAYOS TBEC	3		<i>promethazine w/codeine SOLN</i>	4	
SOLU-CORTEF	3		<i>promethazine w/codeine SYRP</i>	4	
SOLU-MEDROL (methylprednisolone sod succ)	3		<i>promethazine-dm SYRP</i>	4	
SOLU-MEDROL	3		<i>promethazine-phenylephrine-codeine</i>	4	
<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	3		<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	4	
TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML	3		VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF LIQD (dextromethorphan-doxylamine-acetaminophen)	NF	QL(184.6 ml daily)
UCERIS TB24 (budesonide)	2		VICKS NYQUIL COLD & FLU LIQD (dextromethorphan-doxylamine-acetaminophen)	NF	QL(184.6 ml daily)
Mineralocorticoids			VICKS NYQUIL HBP COLD & FLU LIQD (dextromethorphan-doxylamine-acetaminophen)	NF	QL(184.6 ml daily)
<i>fludrocortisone acetate TABS</i>	3	MP	Expectorants		
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			GERI-TUSSIN SYRP	4	
Cough/Cold/Allergy Combinations			<i>guaifenesin LIQD</i>	4	
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	4	QL(184.6 ml daily)			
<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		BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	3	
<i>guaifenesin TABS 200 MG</i>	4		<i>benzoyl peroxide CREA 10 %</i>	3	
Misc. Respiratory Inhalants			<i>benzoyl peroxide-erythromycin GEL</i>	3	
<i>sodium chloride (inhalant) NEBU 0.9 %</i>	3		<i>benzoyl peroxide FOAM 10 %</i>	3	
Mucolytics			<i>benzoyl peroxide GEL 5 %</i>	3	
<i>acetylcysteine SOLN</i>	3		<i>benzoyl peroxide GEL 10 %</i>	3	QL(114 gm per 30 days retail)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>benzoyl peroxide LIQD 5 %, 10 %</i>	3	
Acne Products			<i>clindamycin phosphate (topical) SOLN</i>	3	
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	NF		<i>clindamycin phosphate (topical) SWAB</i>	3	
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>	2	
ACANYA GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	2		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	3	QL(45 gm per 30 days retail); AL(Up to 30 yrs old)	<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1	
<i>adapalene GEL 0.1 %</i>	3	QL(45 gm per 30 days retail); RX/OTC	<i>clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %</i>	2	
<i>adapalene GEL 0.3 %</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
BENZAC AC WASH LIQD 5 % (<i>benzoyl peroxide</i>)	3	RX/OTC	DIFFERIN GEL 0.1 % (<i>adapalene</i>)	3	QL(45 gm per 30 days retail); RX/OTC
BENZACLIN WITH PUMP GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	2		DIFFERIN GEL 0.3 % (<i>adapalene</i>)	3	QL(45 gm per 30 days retail); AL(Up to 30 yrs old)
BENZACLIN GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	2		EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	3	QL(45 gm per 30 days retail); AL(Up to 30 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid) SOLN</i>	3	
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	QL(2 ea daily); PA
NEUAC KIT	2	
ONEXTON GEL	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>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	3	
<i>tretinoin CREA 0.025 %, 0.05 %</i>	3	QL(20 gm per 30 days retail); AL(Up to 30 yrs old)
Antibiotics - Topical		
<i>bacitracin (topical) OINT</i>	3	
<i>bacitracin zinc OINT</i>	3	
CENTANY AT KIT	2	
CENTANY OINT	2	
<i>gentamicin sulfate (topical) CREA</i>	3	
<i>gentamicin sulfate (topical) OINT</i>	3	
<i>mupirocin calcium (topical)</i>	2	
<i>mupirocin OINT</i>	1	
<i>neomycin-bacitracin-polymyxin OINT</i>	3	
NEOSPORIN ORIGINAL OINT (<i>neomycin-bacitracin-polymyxin</i>)	3	
XEPI	2	QL(60 gm per 30 days retail)
Antifungals - Topical		
ALOE VESTA ANTIFUNGAL OINT (<i>miconazole nitrate (topical)</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
ALOE VESTA CLEAR ANTIFUNGAL OINT (<i>miconazole nitrate (topical)</i>)	2	
<i>butenafine hcl</i>	2	RX/OTC
<i>ciclopirox olamine CREA</i>	1	
<i>ciclopirox olamine SUSP</i>	2	
<i>ciclopirox GEL</i>	2	
<i>ciclopirox KIT</i>	2	
<i>ciclopirox SHAM</i>	2	
<i>ciclopirox SOLN</i>	1	
<i>ciclopirox SOLN</i>	2	
<i>clotrimazole (topical) CREA</i>	2	RX/OTC
<i>clotrimazole (topical) CREA</i>	1	RX/OTC
<i>clotrimazole (topical) SOLN</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1	
<i>clotrimazole w/ betamethasone LOTN</i>	2	
<i>econazole nitrate CREA</i>	2	
ERTACZO	2	
EXELDERM CREA (<i>sulconazole nitrate</i>)	2	
EXTINA FOAM (<i>ketoconazole (topical)</i>)	2	
JUBLIA	2	AL(At least 6 yrs old)
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	
KETODAN KIT	2	
LAMISIL AT JOCK ITCH CREA (<i>terbinafine hcl (topical)</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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>)	2	RX/OTC	<i>terbinafine hcl (topical) CREA</i>	3	
LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	NF	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 2 %</i>	2	
<i>miconazole-zinc oxide-white petrolatum</i>	2		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	
<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 (<i>naftifine hcl</i>)	2		PENNSAID SOLN EX	2	
NAFTIN GEL	2		VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	2	RX/OTC
<i>nystatin (topical) CREA</i>	1		Antineoplastic or Premalignant Lesion Agents - Topical		
<i>nystatin (topical) OINT</i>	1				
<i>nystatin (topical) POWD EX</i>	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARAC CREA (fluorouracil (topical))	3	SP	SOTYKTU	2	QL(1 ea daily); AL(At least 18 yrs old); SP
diclofenac sodium (actinic keratoses) EX	3		STELARA SOSY	2	SP
EFUDEX CREA (fluorouracil (topical))	3	SP	TALTZ SOAJ	2	SP
fluorouracil (topical) CREA	3	SP	TALTZ SOSY	2	SP
Antipsoriatics			tazarotene CREA	3	AL(Up to 20 yrs old); PA
acitretin 10 MG, 25 MG	3	QL(2 ea daily); PA	tazarotene GEL	3	AL(Up to 20 yrs old); PA
acitretin 17.5 MG	3	PA	TAZORAC CREA (tazarotene)	3	AL(Up to 20 yrs old); PA
calcipotriene CREA	3	QL(4 gm daily; 20 gm per 30 days retail); AL(At least 2 yrs old); PA	TAZORAC GEL (tazarotene)	3	AL(Up to 20 yrs old); PA
calcipotriene OINT	3	QL(4 gm daily); AL(At least 2 yrs old); PA	TREMFYA SOPN	2	SP
calcipotriene SOLN	3	QL(2 ml daily); AL(At least 2 yrs old); PA	TREMFYA SOSY	2	SP
calcitriol (topical)	3	QL(4 gm daily; 20 gm per 30 days retail); AL(At least 2 yrs old); PA	VECTICAL (calcitriol (topical))	3	QL(4 gm daily; 20 gm per 30 days retail); AL(At least 2 yrs old); PA
COSENTYX SENSOREADY PEN SOAJ	1	SP	VTAMA	2	AL(At least 18 yrs old)
COSENTYX UNOREADY SOAJ	1	SP	ZORYVE	3	AL(At least 12 yrs old); PA
COSENTYX SOSY	1	SP	Antiseborrheic Products		
DOVONEX CREA (calcipotriene)	3	QL(4 gm daily; 20 gm per 30 days retail); AL(At least 2 yrs old); PA	selenium sulfide LOTN 2.5 %	3	
ILUMYA	2	SP	Antivirals - Topical		
SILIQ	2	SP	ABREVA (docosanol)	3	MP
SKYRIZI PEN SOAJ	2	SP	acyclovir topical CREA	2	MP
SKYRIZI PSKT	2	SP	acyclovir topical OINT	1	MP
SKYRIZI SOSY	2	SP	DENAVIR (penciclovir)	1	MP
			docosanol	3	MP
			penciclovir	2	MP
			XERESE	2	MP
			ZOVIRAX CREA (acyclovir topical)	1	MP
			ZOVIRAX OINT (acyclovir topical)	2	MP
			Burn Products		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SILVADENE (<i>silver sulfadiazine</i>)	3		<i>clobetasol propionate emollient base 0.05 %</i>	2	
<i>silver sulfadiazine</i>	3		<i>clobetasol propionate emulsion</i>	2	
Corticosteroids - Topical			<i>clobetasol propionate CREA 0.05 %</i>	1	
<i>alclometasone dipropionate CREA</i>	2		<i>clobetasol propionate FOAM</i>	2	
<i>alclometasone dipropionate OINT</i>	2		<i>clobetasol propionate GEL 0.05 %</i>	2	
<i>amcinonide LOTN</i>	2		<i>clobetasol propionate LIQD</i>	2	
APEXICON E CREA	2		<i>clobetasol propionate LOTN</i>	2	
BESER	2		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate SHAM</i>	2	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		CLOBEX LIQD (<i>clobetasol propionate</i>)	2	
<i>betamethasone dipropionate augmented CREA</i>	2		CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	2	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	2		CLOBEX SHAM (<i>clobetasol propionate</i>)	2	
<i>betamethasone dipropionate augmented LOTN</i>	2		<i>clocortolone pivalate</i>	2	
<i>betamethasone dipropionate augmented OINT</i>	2		CLODAN KIT	2	
<i>betamethasone valerate CREA</i>	1		CLODERM (<i>clocortolone pivalate</i>)	2	
<i>betamethasone valerate FOAM</i>	2		CORDRAN CREA (<i>flurandrenolide</i>)	2	
<i>betamethasone valerate LOTN</i>	1		CORDRAN LOTN (<i>flurandrenolide</i>)	2	
<i>betamethasone valerate OINT</i>	1		CORDRAN OINT	2	
BRYHALI LOTN	2		CUTIVATE LOTN (<i>fluticasone propionate</i>)	2	
			DERMA-SMOOTHIE/FS BODY OIL (<i>fluocinolone acetonide</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	RX/OTC
DIPROLENE AF CREA (<i>betamethasone dipropionate augmented</i>)	2		<i>hydrocortisone (topical)</i> CREA 1 %	2	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 4 %</i>	3	QL(30 ea per 30 days retail)
<i>imiquimod 5 %</i>	3		<i>lidocaine PTCH 5 %</i>	3	PA
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 0.1 % (<i>tacrolimus (topical)</i>)	2	QL(30 gm per 30 days retail); AL(At least 16 yrs old)	LIDOZO	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)	Misc. Topical		
<i>tacrolimus (topical) OINT 0.1 %</i>	2	QL(30 gm per 30 days retail); AL(At least 16 yrs old)	BASIS FACIAL MOISTURIZER CREA	4	
<i>tacrolimus (topical) OINT 0.03 %</i>	2	QL(30 gm per 30 days retail); AL(At least 2 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)
QUICKVUE AT-HOME COVID-19 TEST KIT	4	QL(1 ea daily)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		

Drug Name	Drug Tier	Requirements/Limits
FOLBIC	3	MP; RX/OTC
<i>folic acid-pyridoxine-cyanocobalamin</i>	3	MP; RX/OTC
NIVA-FOL	3	MP; RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	1	MP; PA
PERTZYE CPEP	2	MP
VIOKACE TABS	2	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
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	3	QL(2 ea daily); MP
<i>acetazolamide TABS</i>	3	QL(4 ea daily); MP
Diuretic Combinations		
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	3	QL(3 ea daily); MP
<i>amiloride & hydrochlorothiazide</i>	3	QL(2 ea daily); MP
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	3	MP
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	3	MP

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide</i>	3	QL(3 ea daily); MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	3	MP
<i>triamterene & hydrochlorothiazide TABS</i>	3	MP
Loop Diuretics		
FUROSCIX CTKT	3	QL(8 ea per 30 days retail); AL(At least 18 yrs old); PA
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	3	AL(Up to 12 yrs old); MP
<i>furosemide TABS 20 MG</i>	3	QL(16 ea daily); MP
<i>furosemide TABS 80 MG</i>	3	QL(4 ea daily); MP
<i>furosemide TABS 40 MG</i>	3	QL(8 ea daily); MP
LASIX TABS 40 MG (<i>furosemide</i>)	3	QL(8 ea daily); MP
LASIX TABS 20 MG (<i>furosemide</i>)	3	QL(16 ea daily); MP
LASIX TABS 80 MG (<i>furosemide</i>)	3	QL(4 ea daily); MP
SOAANZ TABS 20 MG	3	QL(4 ea daily); MP
<i>torsemide TABS 10 MG, 20 MG</i>	3	QL(4 ea daily); MP
<i>torsemide TABS 5 MG, 100 MG</i>	3	QL(2 ea daily); MP
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	3	QL(4 ea daily); MP
<i>amiloride hcl TABS</i>	3	QL(1 ea daily); MP
<i>spironolactone TABS</i>	3	QL(4 ea daily); MP
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	3	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIURIL SUSP	3	AL(Up to 12 yrs old); MP	<i>ibandronate sodium SOLN</i>	2	SP
<i>hydrochlorothiazide CAPS</i>	3	MP	<i>ibandronate sodium TABS</i>	2	Limit: 1 tablet per 28 days; QL(0.04 ea daily); SP
<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 TABS 35 MG</i>	2	Limit: 4 tablets per 28 days; QL(0.143 ea daily)
<i>metolazone</i>	3	QL(2 ea daily); MP	<i>risedronate sodium TBEC</i>	2	Limit: 4 tablets per 28 days; QL(0.134 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC.			<i>teriparatide (recombinant) SOPN</i>	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 MINIQUECK 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 TBEC	2		NORDITROPIN FLEXPROM 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	NUTROPIN AQ NUSPIN 20 SOPN	2	SP
FORTEO SOPN (<i>teriparatide (recombinant)</i>)	2	SP	NUTROPIN AQ NUSPIN 5 SOPN	2	SP
FOSAMAX PLUS D	2	4 tablets per 28 days; QL(0.15 ea daily)	OMNITROPE SOCT	2	SP
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	2	4 tablets per 28 days; QL(0.15 ea daily)	OMNITROPE SOLR SC	2	SP

Drug Name	Drug Tier	Requirements/Limits
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
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NF	SP
ZEMPLAR SOLN (<i>paricalcitol</i>)	NF	
Mineralocorticoid Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
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
<i>esterified estrogens & methyltestosterone 1.25 MG-0.625 MG</i>	4	MP
<i>estradiol & norethindrone acetate TABS</i>	3	AL(Up to 64 yrs old); MP
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	3	QL(1 ea daily); AL(Up to 64 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
MYFEMBREE	1	QL(28 ea per 28 days retail); AL(At least 18 yrs old)
<i>norethindrone acetate-ethinyl estradiol 0.5 MG-2.5 MCG</i>	3	QL(1 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
ORIAHNN	1	QL(56 ea per 28 days retail); AL(At least 18 yrs old); PA
PREMPHASE	3	QL(1 ea daily); AL(Up to 64 yrs old); MP
PREMPRO	3	QL(1 ea daily); AL(Up to 64 yrs old); MP
Estrogens		
ALORA PTTW	3	QL(0.29 ea daily); AL(Up to 64 yrs old); MP
CLIMARA PTWK (<i>estradiol</i>)	3	QL(0.143 ea daily); AL(Up to 64 yrs old); MP
DELESTROGEN (<i>estradiol valerate</i>)	3	MP
ESTRACE TABS (<i>estradiol</i>)	3	AL(Up to 64 yrs old); MP
<i>estradiol valerate</i>	3	MP
<i>estradiol PTTW</i>	3	QL(0.29 ea daily); AL(Up to 64 yrs old); MP
<i>estradiol PTWK</i>	3	QL(0.143 ea daily); AL(Up to 64 yrs old); MP
<i>estradiol TABS</i>	3	AL(Up to 64 yrs old); MP
MENEST	3	AL(Up to 64 yrs old)
MINIVELLE PTTW (<i>estradiol</i>)	3	QL(0.29 ea daily); AL(Up to 64 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
PREMARIN TABS	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
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	2	
<i>ciprofloxacin hcl TABS</i>	1	QL(42 ea per fill retail)
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	1	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	2	QL(42 ea per fill retail)
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS 250 MG, 500 MG</i>	1	QL(14 ea per fill retail)
<i>levofloxacin TABS 750 MG</i>	1	QL(28 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	2	QL(14 ea per fill retail)
<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		
GAS-X EXTRA STRENGTH CHEW (<i>simethicone</i>)	3	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>simethicone</i>)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
<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
<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		

Drug Name	Drug Tier	Requirements/ Limits
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
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	2	
ENTADFI	2	
<i>finasteride</i>	1	
FLOMAX (<i>tamsulosin hcl</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
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 300 MG (<i>allopurinol</i>)	NF	
ZYLOPRIM 100 MG (<i>allopurinol</i>)	2	
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/ Limits
Antihemophilic Products		
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	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 75 MG</i>	1	QL(1 ea daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	QL(2 ea per 30 days retail)
<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

Drug Name	Drug Tier	Requirements/ Limits
<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 500 MG	3	QL(3 ea daily); AL(At least 12 yrs old); SP; PA
OXBRYTA TABS 300 MG	3	QL(3 ea daily); AL(At least 4 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 1 MG, 800 MCG</i>	3	MP; RX/OTC
<i>folic acid TABS 400 MCG</i>	3	QL(1 ea daily); MP
Hematopoietic Growth Factors		
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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	MP
folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG, 25 MG-2.2 MG-1 MG, 25 MG-2.5 MG-1 MG	3	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
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

Drug Name	Drug Tier	Requirements/Limits
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		
IGALMI FILM	CO	SP
midazolam hcl SOLN IJ 25 MG/5ML, 50 MG/10ML	3	QL(5 ml per 30 days retail)
midazolam hcl SOLN IJ 5 MG/ML, 10 MG/2ML	3	QL(4 ml per 30 days retail)
ZOLPIDEM TARTRATE CAPS	CO	
Orexin Receptor Antagonists		
QUVIVIQ	CO	
LAXATIVES - Bowel Treatment Drugs		

Drug Name	Drug Tier	Requirements/ Limits
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</i> POWD 25 %, 28.3 %, 43 %, 48.57 %, 51.7 %, 58.6 %, 95 %	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</i> SOLR	3	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	3	
<i>sennosides-docusate sodium</i> TABS	3	
SENOKOT S TABS (<i>sennosides-docusate sodium</i>)	3	
Laxatives - Miscellaneous		
<i>lactulose</i> SOLN	3	
MIRALAX POWD (<i>polyethylene glycol 3350</i>)	3	
<i>polyethylene glycol 3350</i> POWD	3	
Lubricant Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
FLEET OIL ENEM (<i>mineral oil</i>)	3	
<i>mineral oil</i> ENEM	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</i> SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	3	
<i>magnesium oxide</i> (laxative)	3	MP
PHILLIPS (<i>magnesium oxide</i> (laxative))	3	MP
<i>sodium phosphates</i> ENEM	3	
Stimulant Laxatives		
<i>bisacodyl</i> SUPP	3	
<i>bisacodyl</i> TBEC	3	
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	3	
DULCOLAX SUPP (<i>bisacodyl</i>)	3	
DULCOLAX TBEC (<i>bisacodyl</i>)	3	
<i>sennosides</i> CAPS	3	
<i>sennosides</i> LIQD	3	
<i>sennosides</i> SYRP 8.8 MG/5ML	3	
<i>sennosides</i> TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG	3	
SENOKOT TABS (<i>sennosides</i>)	3	
Surfactant Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
<i>benzocaine-docusate sodium ENEM</i>	3	
COLACE CLEAR CAPS (<i>docusate sodium</i>)	3	
COLACE CAPS 100 MG (<i>docusate sodium</i>)	3	
<i>docusate calcium</i>	3	
<i>docusate sodium CAPS</i>	3	
<i>docusate sodium ENEM 283 MG/5ML</i>	3	
<i>docusate sodium LIQD</i>	3	
<i>docusate sodium TABS</i>	3	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1	QL(2 ea per fill retail)
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 250 MG</i>	1	
<i>azithromycin TABS 600 MG</i>	1	QL(12 ea per fill retail)
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea per fill retail)
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	2	QL(3 ea per fill retail)
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	2	
ZITHROMAX PACK (<i>azithromycin</i>)	2	QL(2 ea per fill retail)
ZITHROMAX SUSR (<i>azithromycin</i>)	2	
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	2	QL(3 ea per fill retail)
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	2	
Clarithromycin		
<i>clarithromycin SUSR</i>	1	
<i>clarithromycin TABS</i>	1	QL(28 ea per fill retail)
<i>clarithromycin TB24</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
Erythromycins		
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	2	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	2	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	2	
<i>erythromycin base CPEP</i>	2	
<i>erythromycin base TABS</i>	2	
<i>erythromycin base TBEC</i>	2	
<i>erythromycin ethylsuccinate SUSR 200 MG/5ML</i>	1	
<i>erythromycin ethylsuccinate SUSR 400 MG/5ML</i>	2	
<i>erythromycin ethylsuccinate TABS</i>	2	
<i>erythromycin ethylsuccinate TABS</i>	1	
<i>erythromycin stearate TABS 250 MG</i>	1	
Fidaxomicin		
DIFICID SUSR	1	
DIFICID TABS	1	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FANTASY LUBRICATED/SPERMICIDE MISC	3	QL(36 ea per 30 days retail)	MAXX PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 days retail)
FANTASY LUBRICATED MISC	3	QL(36 ea per 30 days retail)	PREMIUM CONDOMS LUBRICATED MISC	3	QL(36 ea per 30 days retail)
FC2 FEMALE CONDOM	3	QL(36 ea per 30 days retail)	REALITY LATEX CONDOMS/LUBRICATED MISC	3	QL(36 ea per 30 days retail)
FEMCAP DEVI	3		REALITY LATEX/ULTRA TEXTURED DEVI	3	QL(36 ea per 30 days retail)
KAMELEON LUBRICATED MISC	3	QL(36 ea per 30 days retail)	REALITY LATEX/ULTRA THIN DEVI	3	QL(36 ea per 30 days retail)
KIMONO COLORS DEVI	3	QL(36 ea per 30 days retail)	TRUSTEX COLOR CONDOMS + LUBE MISC	3	QL(36 ea per 30 days retail)
KIMONO LUBRICATED MISC	3	QL(36 ea per 30 days retail)	TRUSTEX LUBRICATED EXTRALARGE MISC	3	QL(36 ea per 30 days retail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 days retail)	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	3	QL(36 ea per 30 days retail)
KIMONO MICRO THIN MISC	3	QL(36 ea per 30 days retail)	TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	3	QL(36 ea per 30 days retail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 days retail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	3	QL(36 ea per 30 days retail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	3	QL(36 ea per 30 days retail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	3	QL(36 ea per 30 days retail)
KIMONO PS LUBRICATED MISC	3	QL(36 ea per 30 days retail)	TRUSTEX LUBRICATED/SPERMICIDE MISC	3	QL(36 ea per 30 days retail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	3	QL(36 ea per 30 days retail)	TRUSTEX LUBRICATED MISC	3	QL(36 ea per 30 days retail)
KIMONO SENSATION LUBRICATED MISC	3	QL(36 ea per 30 days retail)	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	3	QL(36 ea per 30 days retail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 days retail)	TRUSTEX NON-LUBRICATED MISC	3	QL(36 ea per 30 days retail)
KIMONO SPECIAL DEVI	3	QL(36 ea per 30 days retail)	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	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)			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUTOLET LITE STARTER PACK KIT	4		CARDIOCOM LANCING DEVICE MISC	4	
AUTOLET MINI MISC	4		CAREONE ADVANCED LANCINGDEVICE MISC	4	
AUTOLET PLATFORMS MISC	4		CAREONE LANCET SUPER THIN/30G	4	RX/OTC
AUTOLET PLUS MISC	4		CAREONE LANCET THIN	4	RX/OTC
BD MICROTAINER LANCETS	4	RX/OTC	CARESENS CONTROL A SOLUTION SOLN	3	
BIGFOOT UNITY PEN CAP FOR ADMELOG MISC	4	RX/OTC	CARESENS CONTROL SOLUTION A/B SOLN	3	
BIGFOOT UNITY PEN CAP FOR APIDRA MISC	4	RX/OTC	CARESENS LANCETS	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR ASPART MISC	4	RX/OTC	CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	3	
BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC	4	RX/OTC	CARETOUCH LANCING DEVICEWITH EJECTOR MISC	4	
BIGFOOT UNITY PEN CAP FOR FIASP MISC	4	RX/OTC	CARETOUCH SAFETY LANCETS/26G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR HUMALOG MISC	4	RX/OTC	CARETOUCH SAFETY LANCETS/28G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR LANTUS MISC	4	RX/OTC	CARETOUCH SAFETY LANCETS/30G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR LISPRO MISC	4	RX/OTC	CARETOUCH TWIST LANCETS 28G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC	4	RX/OTC	CARETOUCH TWIST LANCETS 30G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR NOVLOG MISC	4	RX/OTC	CARETOUCH TWIST LANCETS 33G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR NOVOLOG MISC	4	RX/OTC	CARETOUCH TWIST LANCETS MULTI COLOR/30G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC	4	RX/OTC	CLEANLET LANCETS 28G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR TOUJEO MISC	4	RX/OTC	CLEVER CHEK LANCETS ULTRATHIN	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR TRESIBA MISC	4	RX/OTC	CLEVER CHEK LANCETS ULTRATHIN 30G	4	RX/OTC
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD	3		CLEVER CHOICE COMFORT EZLANCETS 21G	4	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	4	RX/OTC
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	4	RX/OTC	EASY TOUCH SAFETY LANCETS26G/PRESSUR E ACTIVATED	4	RX/OTC
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	4	RX/OTC	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	4	RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS 28G/PRESSURE 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
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	4	RX/OTC	EZ-LETS LANCETS 28G ULTRA-SOFT	4	RX/OTC
EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD	3		EZ-LETS LANCETS 30G	4	RX/OTC
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	3		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	
			FORA LANCETS	4	RX/OTC
			FORA LANCING DEVICE/CLEARCAP MISC	4	
			FORA LANCING DEVICE MISC	4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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		GENTLE-LET PLATFORMS 3.0MM MISC	4	
GENTEEL CONTACT TIPS/GREEN MISC	4		GLOBAL INJECT EASE LANCETS 28G	4	RX/OTC
GENTEEL CONTACT TIPS/ORANGE MISC	4		GLOBAL INJECT EASE LANCETS 30G	4	RX/OTC
GENTEEL CONTACT TIPS/RAINBOW MISC	4		GLOBAL LANCING DEVICE MISC	4	
GENTEEL CONTACT TIPS/VIOLET MISC	4				
GENTEEL CONTACT TIPS/YELLOW MISC	4				
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	4				
GENTEEL NOZZLES MISC	4				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS MICRO THIN 33G	4	RX/OTC	KROGER LANCETS ULTRATHIN30G	4	RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	4	RX/OTC	KROGER LANCING DEVICE MISC	4	
H-E-B INCONTROL LANCETS ULTRA THIN 28G	4	RX/OTC	LANCET DEVICE ADJUSTABLE MISC	4	
HYPOLANCE AST LANCING KIT KIT	4		LANCET DEVICE WITH EJECTOR MISC	4	
HY-VEE LANCETS	4	RX/OTC	LANCET TRANSPORTER CASE MISC	4	
HY-VEE THIN LANCETS	4	RX/OTC	LANCETS	4	RX/OTC
IN TOUCH GLUCOSE CONTROLSOLUTION SOLN	3		LANCETS 30G	4	RX/OTC
IN TOUCH LANCING DEVICE MISC	4		LANCETS 30G TWIST TOP	4	RX/OTC
IN TOUCH STERILE LANCETS30G	4	RX/OTC	LANCETS 30G/TWIST TOP	4	RX/OTC
INSUL-CAP MISC	4	RX/OTC	LANCETS 33G EXTRA FINE	4	RX/OTC
INSUL-EZE MISC	4	RX/OTC	LANCETS 33G UNIVERSAL DESIGN	4	RX/OTC
KINNEY LANCETS	4	RX/OTC	LANCETS MICRO THIN 33G	4	RX/OTC
KINNEY THIN LANCETS	4	RX/OTC	LANCETS SUPER THIN 28G	4	RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	4		LANCETS THIN	4	RX/OTC
KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD	3		LANCETS ULTRA THIN	4	RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	4	RX/OTC	LANCETS ULTRA THIN 30G	4	RX/OTC
KROGER LANCETS	4	RX/OTC	LANCING DEVICE MISC	4	
KROGER LANCETS 21G	4	RX/OTC	LANZO MISC	4	
KROGER LANCETS MICRO THIN33G	4	RX/OTC	LEADER ADVANCED LANCING DEVICE MISC	4	
KROGER LANCETS SUPER THIN	4	RX/OTC	LIBERTY CONTROL SOLUTION HIGH SOLN	3	
KROGER LANCETS THIN	4	RX/OTC	LIBERTY GLUCOSE CONTROL MID SOLN	3	
KROGER LANCETS THIN 26G	4	RX/OTC	LIBERTY MEDICAL LANCETS 30G	4	RX/OTC
			LIBERTY MINI LANCING DEVICE MISC	4	
			LITE TOUCH LANCETS	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	3		MEIJER LANCETS UNIVERSAL33G	4	RX/OTC
MEDLANCE PLUS EXTRA LANCETS 21G	4	RX/OTC	MEIJER SUPER THIN LANCETS	4	RX/OTC
MEDLANCE PLUS LANCETS	4	RX/OTC	MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	3	
			MICROLET LANCETS	4	RX/OTC
			MICROLET NEXT MISC	4	
			MINI LANCING DEVICE MISC	4	
			MM LANCING DEVICE MISC	4	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	
PREFERRED PLUS LANCETS SUPER THIN 30G	4	RX/OTC	PX LANCETS MICROTHIN 33G	4	RX/OTC
PREFERRED PLUS LANCETS THIN 26G	4	RX/OTC	PX LANCETS ULTRA THIN	4	RX/OTC
PRO COMFORT LANCETS 30G	4	RX/OTC	PX LANCETS ULTRA THIN 28G	4	RX/OTC
PRO COMFORT LANCETS 31G	4	RX/OTC	QC ADVANCED LANCING DEVICE MISC	4	
			QC LANCETS SUPER THIN	4	RX/OTC
			QC LANCETS ULTRA THIN	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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		SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	4	RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G MISC	4		SAFETY LANCET 30G/PRESSURE ACTIVATED	4	RX/OTC
RELION 2-IN-1 LANCING DEVICE 30G MISC	4		SAFETY LANCETS	4	RX/OTC
RELION LANCETS MICRO-THIN33G	4	RX/OTC	SAFETY LANCETS 21G	4	RX/OTC
RELION LANCETS THIN 26G	4	RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCING PEN MISC	4		TRUE COMFORT TWIST TOP LANCETS 30G	4	RX/OTC
SURE-LANCE FLAT LANCETS	4	RX/OTC	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	3	
SURE-LANCE LANCETS 26G	4	RX/OTC	TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	3	
SURE-LANCE THIN LANCETS 28G	4	RX/OTC	TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	3	
SURE-LANCE ULTRA THIN LANCETS	4	RX/OTC	TRUEDRAW LANCING DEVICE MISC	4	
SURELITE LANCETS	4	RX/OTC	TRUEPLUS LANCETS 26G	4	RX/OTC
SURE-PEN MISC	4		TRUEPLUS LANCETS 28G	4	RX/OTC
SURE-TOUCH LANCETS UNIVERSAL	4	RX/OTC	TRUEPLUS LANCETS 28G SUPER THIN	4	RX/OTC
TECHLITE AST LANCETS	4	RX/OTC	TRUEPLUS LANCETS 30G	4	RX/OTC
TECHLITE LANCETS	4	RX/OTC	TRUEPLUS LANCETS 30G ULTRA THIN	4	RX/OTC
TECHLITE LANCETS 30G	4	RX/OTC	TRUEPLUS LANCETS 33G	4	RX/OTC
TGT LANCET MICRO THIN 33G	4	RX/OTC	TRUEPLUS LANCETS 33G MICRO THIN	4	RX/OTC
TGT LANCET THIN 26G	4	RX/OTC	TRUEPLUS SAFETY LANCETS 28G	4	RX/OTC
TGT LANCET ULTRA THIN 30G	4	RX/OTC	TWIST TOP LANCETS 30G	4	RX/OTC
TGT LANCING DEVICE MISC	4		ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	4	
THINLETS GP LANCETS	4	RX/OTC	ULTILET CLASSIC LANCETS	4	RX/OTC
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	4		ULTILET LANCETS	4	RX/OTC
TODAYS HEALTH SUPER THINLANCETS 30G	4	RX/OTC	ULTILET LANCETS 33G	4	RX/OTC
TODAYS HEALTH ULTRA THINLANCETS 28G	4	RX/OTC	ULTILET SAFETY LANCETS 21G X 2.2MM	4	RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	4	RX/OTC	ULTILET SAFETY LANCETS 23G	4	RX/OTC
TRAVEL LANCETS 30G	4	RX/OTC			
TRAVEL LANCETS ADVANCED 28G	4	RX/OTC			
TRUE COMFORT SAFETY LANCETS/30G	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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		UNISTRIIP 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		UNIVERSAL 1 LANCETS/33G/MICRO-THIN	4	RX/OTC
UNISTIK 2 MISC	4				
UNISTIK 3 COMFORT MISC	4				

Drug Name	Drug Tier	Requirements/ Limits
VALUE PLUS LANCETS STANDARD 21G	4	RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	4	RX/OTC
VALUE PLUS LANCETS THIN 26G	4	RX/OTC
VALUE PLUS LANCING DEVICE MISC	4	
VALUMARK LANCET SUPER THIN 30G	4	RX/OTC
VALUMARK LANCET ULTRA THIN 28G	4	RX/OTC
VERASENS GLUCOSE CONTROLLEVEL 1 LIQD	3	
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	4	RX/OTC
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	4	RX/OTC
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	4	RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	4	RX/OTC
VIDA MIA AUTOLET LANCINGDEVICE MISC	4	
VIDA MIA UNILET LANCETS SUPER THIN 30G	4	RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	4	RX/OTC
VIVAGUARD INO CONTROL SOLUTION LIQD	3	

Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD LANCETS	4	RX/OTC
VIVAGUARD LANCING DEVICE MISC	4	
VIVAGUARD SAFETY LANCETS/28G	4	RX/OTC
VIVI CAP1 MISC	4	RX/OTC
VIVI CAP MISC	4	RX/OTC
WALGREENS ADVANCED TRAVELLANCETS 28G	4	RX/OTC
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	4	RX/OTC
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	4	RX/OTC
WALGREENS LANCETS	4	RX/OTC
WALGREENS THIN LANCETS	4	RX/OTC
WALGREENS ULTRA THIN LANCETS	4	RX/OTC
ZEVRX TWIST TOP LANCETS 30G	4	RX/OTC
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	4	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	4	RX/OTC
ALCOHOL PADS	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
CARETOUCH ALCOHOL PREP PADS	4	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	1ST TIER UNIFINE PENTIPS32GX4MM	4	RX/OTC
RELION ALCOHOL SWABS	4	RX/OTC	1ST TIER UNIFINE PENTIPS32GX6MM	4	
SAPS CARE ALCOHOL PREP PADS	4	RX/OTC			
SAPS HEALTH ALCOHOL PREPPADS	4	RX/OTC			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	4	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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/0.5ML/28G X 1/2"	4	RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	4	RX/OTC
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
CARETOUCH PEN NEEDLE 29GX1/2"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	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			
CARETOUCH PEN NEEDLES 31GX 5MM	4	RX/OTC			
CARETOUCH PEN NEEDLES 31GX 8MM	4	RX/OTC			
CARETOUCH PEN NEEDLES 32GX 4MM	4	RX/OTC			
CARETOUCH PEN NEEDLES 32GX 5MM	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/29G X 1/2"	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 SYRINGEULTRA FINE U-100/0.3ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGEULTRA FINE U-100/0.5ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	ULTICARE INSULIN SYRINGEULTRA FINE 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 SAFEPAK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	4	RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	4	RX/OTC	ULTIGUARD SAFEPAK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	4	RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM	4	RX/OTC	ULTIGUARD SAFEPAK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	4	
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	4		ULTIGUARD SAFEPAK/MICROPEN NEEDLE/32G X 4 MM	4	RX/OTC
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 5/8"	4		ULTIGUARD SAFEPAK/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 SAFEPAK/MICROPEN NEEDLE/32G X 5/32"	4	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	4	RX/OTC	ULTIGUARD SAFEPAK/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 SAFEPAK/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 SAFEPAK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	4	RX/OTC
ULTIGUARD SAFEPAK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	4	RX/OTC	ULTIGUARD SAFEPAK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	4	
ULTIGUARD SAFEPAK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	4	RX/OTC	ULTIGUARD SAFEPAK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	4	RX/OTC
ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	4	RX/OTC	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	4	RX/OTC
ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	4	RX/OTC			
ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	4	RX/OTC			
ULTIGUARD SAFEPAK 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
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	4	RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM	4	RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	4	RX/OTC
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	4	RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	4	RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	4	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	4	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	4	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	4	RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	4	RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	4	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
ZEV RX PEN NEEDLES 32G X 4MM	4	RX/OTC
Respiratory Aids		
ACTEEV PROTECT FACE MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
BREATHE COMFORT PROTECTIVE SHIELD	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
CLEVER CHOICE DISPOSABLEFACE MASK/MEDICAL GRADE	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
CLEVER CHOICE DISPOSABLEMASK/NON-MEDICAL	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
CLEVER CHOICE FACE MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
CVS MEDICAL FACE MASKS/EAR LOOP	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
CVS PROCEDURAL MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
DISPOSABLE FACE MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
DISPOSABLE FACE MASK 3-PLY	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
EAR-LOOP MASK SMALL	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
EASY FLOW KN 95 MASK	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FACE MASK EARLOOP-STYLE	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	NEXCARE ALL PURPOSE MASK	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	NEXCARE EARLOOP MASK	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	PEDIATRIC MEDIUM MASK	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	PEDIATRIC SMALL MASK	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	SAFE-SENSE EARLOOP FACE MASK	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	SHIELD-SECURE FULL FACE SHIELD	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	SURGICAL DISPOSABLE FACEMASK 3-PLY	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
KN95 DISPOSABLE MASK FORCIVIL USE	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	SURGICAL FACE MASK/NIOSH N95	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	Respiratory Therapy Supplies		
MASK PEDIATRIC SIZE 1"	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	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	ACTIVITY POUCH MISC	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	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
ADULT DISPOSABLE MOUTHPIECE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
ADULT MASK LARGE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
ADULT MASK DEVI	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 HOLDING CHAMBER 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 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 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
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
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
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
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 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 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 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/SMALL MASK 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
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
EASIVENT/MASK-MEDIUM MISC	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
EASIVENT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
EASY FLOW 400 MM HOSE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
EASY FLOW AIR NOZZLE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; 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 BLACK/ORANGE 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

Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW BLACK/WHITE DEVI	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
EASY FLOW HEPA FILTER 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 WHITE/GREEN DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); 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 WHITE/WHITE 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
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	Drug Name	Drug Tier	Requirements/Limits
SOOTHENEB NBL 100 CHILD MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	WINDMILL TRAINER MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
SPIRO PD DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
STRIVE DUAL ZONE PEAK FLOW METER	3	QL(4 ea per 365 days retail); RX/OTC	AIMOVIG 140 MG/ML	1	QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA
THRESHOLD IMT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	AIMOVIG 70 MG/ML	1	QL(0.067 ml daily); AL(At least 18 yrs old); MP; PA
THRESHOLD PEP DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	AJOVY SOAJ	2	QL(0.05 ml daily); AL(At least 18 yrs old); MP
TRUZONE PEAK FLOW METER	3	QL(4 ea per 365 days retail); RX/OTC	AJOVY SOSY	2	QL(0.05 ml daily); AL(At least 18 yrs old); MP
TUBING/WING TIP MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	EMGALITY SOAJ	1	QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC	EMGALITY SOSY 100 MG/ML	1	QL(0.1 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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CARBONATE POWD XX	4	RX/OTC	EQUALYTE SOLN (<i>oral electrolytes</i>)	3	MP
<i>calcium carbonate TABS 500 MG, 600 MG, 1250 MG, 1500 MG</i>	3		HYDRALYTE FREEZER POPS SOLN	3	MP
<i>calcium carbonate-vitamin d w/ minerals TABS</i>	4	MP	HYDRALYTE SOLN	3	MP
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT</i>	3	MP	KINDERLYTE PREMAX SOLN	3	MP
<i>calcium citrate TABS 200 MG</i>	3	MP	KINDERLYTE SOLN	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>oral electrolytes SOLN</i>	3	MP
CALCIUM PHOSPHATE DIBASIC	4		PEDIALYTE ADVANCED CARE SOLN (<i>oral electrolytes</i>)	3	MP
CALCIUM PHOSPHATE DIBASICDIHYDRATE	4		PEDIALYTE FREEZER POPS SOLN (<i>oral electrolytes</i>)	3	MP
<i>calcium TABS</i>	3		PEDIALYTE SINGLES SOLN (<i>oral electrolytes</i>)	3	MP
CALTRATE 600+D3 TABS (<i>calcium carbonate-cholecalciferol</i>)	3	MP	PEDIALYTE SOLN (<i>oral electrolytes</i>)	3	MP
CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	3	MP	TRUELYTE SOLN	3	MP
CITRACAL + D3 MAXIMUM TABS (<i>calcium citrate-vitamin d</i>)	3	MP	Fluoride		
<i>oyster shell</i>	3	MP	<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	3	AL(Up to 16 yrs old)
OYSTER SHELL CALCIUM/D TABS	3	MP	<i>sodium fluoride SOLN 0.5 MG/ML</i>	3	AL(Up to 16 yrs old); RX/OTC
Electrolyte Mixtures			Magnesium		
BIOLYTE SOLN	3	MP	BEELITH	3	MP
CERALYTE 70 SOLN	3	MP	<i>magnesium chloride SOLN</i>	3	MP
CERASPORT EX1 SOLN	3	MP	<i>magnesium oxide (mg supplement) TABS 400 MG, 500 MG</i>	3	MP
CERASPORT SOLN	3	MP	MAGNESIUM OXIDE TABS	3	
ENFAMIL ENFALYTE SOLN	3	MP	<i>magnesium sulfate IV</i>	3	MP
			MAGNESIUM SULFATE IJ 50 %	3	MP
			MAGNESIUM SULFATE IV (<i>magnesium sulfate</i>)	3	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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>)	3	MP	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	<i>potassium phosphate monobasic TABS</i>	3	
CALCIUM 600+D3 PLUS MINERALS TABS	4	MP	<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	3	MP
CALCIUM/MAGNESIUM/ZINC/D3 TABS	4	MP	POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML (<i>potassium phosphates</i>)	3	MP
CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS	4	MP	<i>sodium phosphates (sodium phosphate dibasic & monobasic) 142 MG/ML-276 MG/ML, 710 MG/5ML-1380 MG/5ML</i>	3	
CALCIUM/MAGNESIUM/ZINC TABS 200 UNIT-333 MG-133 MG-5 MG	4	MP	Potassium		
CAL-MAG-ZINC-D3 TABS	4	MP	K-TAB TBCR (<i>potassium chloride</i>)	3	
CAL-MAG-ZINC-D TABS	4	MP	<i>potassium bicarbonate TBEF</i>	3	MP
CITRACAL MAXIMUM PLUS TABS	4	MP	<i>potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ</i>	3	MP
CITRACAL PLUS TABS	4	MP	<i>potassium chloride CPCR</i>	3	MP
CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS	4	MP	<i>potassium chloride TBCR</i>	3	
CVS CALCIUM CITRATE+D3 TABS	4	MP	Sodium		
FEM-CAL CITRATE TABS	4	MP			
MULTI MEGA MINERALS TABS	4	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
sodium chloride SOLN IV 0.9 %	4	MP	NEORAL SOLN (cyclosporine modified (for microemulsion))	3	SP
Zinc			PROGRAF CAPS (tacrolimus)	3	SP
zinc sulfate CAPS	4		RAPAMUNE TABS (sirolimus)	3	SP
MISCELLANEOUS THERAPEUTIC CLASSES			SANDIMMUNE CAPS (cyclosporine)	3	SP
Immunomodulators			sirolimus TABS	3	SP
lenalidomide	3	SP	tacrolimus CAPS	3	SP
REVLIMID	3	SP	PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
THALOMID	3	PA	VIJOICE	CO	SP
Immunosuppressive Agents			Potassium Removing Agents		
azathioprine TABS	3	SP	sodium polystyrene sulfonate POWD	3	MP
CELLCEPT CAPS (mycophenolate mofetil)	3	SP	sodium polystyrene sulfonate SUSP OR 15 GM/60ML	3	MP
CELLCEPT SUSR (mycophenolate mofetil)	3	SP	MOUTH/THROAT/DENTAL AGENTS		
CELLCEPT TABS (mycophenolate mofetil)	3	SP	Anesthetics Topical Oral		
cyclosporine modified (for microemulsion) CAPS	3	SP	lidocaine hcl (mouth-throat) 2 %	3	
cyclosporine modified (for microemulsion) SOLN	3	SP	Anti-infectives - Throat		
cyclosporine CAPS	3	SP	clotrimazole	1	
ENSPRYNG	3	AL(At least 18 yrs old); SP; PA	nystatin (mouth-throat)	1	
IMURAN TABS (azathioprine)	3	SP	ORAVIG	2	
mycophenolate mofetil CAPS	3	SP	Antiseptics - Mouth/Throat		
mycophenolate mofetil SUSR	3	SP	chlorhexidine gluconate (mouth-throat)	3	
mycophenolate mofetil TABS	3	SP	PERIDEX (chlorhexidine gluconate (mouth-throat))	3	
mycophenolate sodium	3	SP	Dental Products		
MYFORTIC (mycophenolate sodium)	3	SP	PREVIDENT 5000 DRY MOUTH GEL (sodium fluoride (dental))	3	
NEORAL CAPS (cyclosporine modified (for microemulsion))	3	SP			

Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT 5000 PLUS CREA (<i>sodium fluoride (dental)</i>)	3	
PREVIDENT FLUORIDE GEL (<i>sodium fluoride (dental)</i>)	3	
<i>sodium fluoride (dental)</i> CREA	3	
<i>sodium fluoride (dental)</i> GEL	3	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	3	QL(5 gm per 30 days retail)
Throat Products - Misc.		
<i>pilocarpine hcl (oral)</i>	3	
SALAGEN (<i>pilocarpine hcl (oral)</i>)	3	
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins INJ</i>	3	MP
<i>b-complex vitamins TABS</i>	3	MP
B-COMPLEX INJ	3	MP
VITAMIN B COMPLEX/HYDROXOCO BALAMIN INJ	3	MP
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	3	MP; RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	3	MP; RX/OTC
<i>b-complex w/ folic acid TABS</i>	3	MP
<i>b-complex w/biotin & folic acid TABS</i>	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'S50+ TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	3	MP; RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	3	MP; RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	3	MP; RX/OTC
ACTIVNUTRIENTS CAPS	3	MP; 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	MP; 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	MP; RX/OTC
APPE-CURB CAPS	3	MP; 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	MP; RX/OTC
BASIC AM TABS	3	MP; RX/OTC
BASIC PM TABS	3	MP; RX/OTC
BIO-35 GLUTEN-FREE CAPS	3	MP; RX/OTC
BIO-35 IRON FREE CAPS	3	MP; RX/OTC
BIOCAL CAPS	3	MP; RX/OTC
BONEUP 3 PER DAY CAPS	3	MP; RX/OTC
BONEUP VEGETARIAN TABS	3	MP; RX/OTC
BONEUP CAPS	3	MP; RX/OTC
CAL-DAY 1000 TABS	3	MP; RX/OTC
CELEBRATE MULTI-COMPLETE18 CAPS	3	MP; RX/OTC
CELEBRATE MULTI-COMPLETE18 CHEW	3	MP
CELEBRATE MULTI-COMPLETE36 CAPS	3	MP; RX/OTC
CELEBRATE MULTI-COMPLETE36 CHEW	3	MP
CELEBRATE MULTI-COMPLETE45 CAPS	3	MP; RX/OTC
CELEBRATE MULTI-COMPLETE45 CHEW	3	MP
CELEBRATE MULTI-COMPLETE60 CAPS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELEBRATE MULTI-COMplete60 CHEW	3	MP	CENTRUM SILVER ULTRA WOMENS TABS	3	MP; RX/OTC
CENTRAVITES 50 PLUS TABS	3	MP; RX/OTC	CENTRUM SILVER CHEW	3	MP
CENTRAVITES ADULTS TABS	3	MP; RX/OTC	CENTRUM SILVER TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
CENTRUM ADULT MULTIGUMMIES CHEW	3	MP	CENTRUM SPECIALIST HEART TABS	3	MP; RX/OTC
CENTRUM ADULTS TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC	CENTRUM SPECIALIST IMMUNE SUPPORT TABS	3	MP; RX/OTC
CENTRUM CARDIO TABS	3	MP; RX/OTC	CENTRUM SPECIALIST VISION TABS	3	MP; RX/OTC
CENTRUM FLAVOR BURST ADULT CHEW	3	MP	CENTRUM ULTRA WOMENS TABS	3	MP; RX/OTC
CENTRUM FLAVOR BURST CHEW	3	MP	CENTRUM VITAMINTS CHEW	3	MP
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	3	MP	CENTRUM WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
CENTRUM FRESH/FRUITY ADULTS CHEW	3	MP	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	3	MP; RX/OTC
CENTRUM MEN TABS	3	MP; RX/OTC	CERTAVITE SENIOR TABS	3	MP; RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	3	MP; RX/OTC	CERTAVITE/ANTIOXIDANTS TABS	3	MP; RX/OTC
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	3	MP	CHOICEFUL MULTIVITAMIN CAPS	3	MP; RX/OTC
CENTRUM SILVER 50+MEN TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC	CHOICEFUL MULTIVITAMIN CHEW	3	MP
CENTRUM SILVER 50+WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC	CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	3	MP
CENTRUM SILVER ADULT 50+ TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC	CVS ADULT 50+ EYE HEALTH CAPS	3	MP; RX/OTC
CENTRUM SILVER ADULTS 50+ TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC	CVS AIRSHIELD IMMUNITY SUPPORT CHEW	3	MP
			CVS EYE HEALTH ADULT 50+ CAPS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS ONE DAILY MENS 50+ ADVANCED TABS	3	MP; RX/OTC	EMERGEN-C VITAMIN C CHEW	3	MP
CVS ONE DAILY WOMENS 50+ADVANCED TABS	3	MP; RX/OTC	EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	3	MP; RX/OTC
CVS SPECTRAVITE ADULT 50+ CHEW	3	MP	EQ MULTIVITAMINS ADULT GUMMY CHEW	3	MP
CVS SPECTRAVITE ADULT 50+ TABS	3	MP; RX/OTC	EQ ONE DAILY MENS 50+ TABS	3	MP; RX/OTC
CVS SPECTRAVITE ADULTS TABS	3	MP; RX/OTC	EQ ONE DAILY MENS HEALTH TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS	3	MP; RX/OTC	EQ ONE DAILY WOMENS 50+ TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	3	MP; RX/OTC	EQ ONE DAILY WOMENS HEALTH TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	3	MP; RX/OTC	EQL CENTURY MATURE ADULTS50+ TABS	3	MP; RX/OTC
CVS SPECTRAVITE WOMEN CHEW	3	MP	EQL CENTURY MENS TABS	3	MP; RX/OTC
CVS VISION HEALTH CAPS	3	MP; RX/OTC	EQL CENTURY WOMENS TABS	3	MP; RX/OTC
DAYAVITE TABS	3	MP; RX/OTC	EQL ONE DAILY ADULT GUMMIES CHEW	3	MP
DECUBI-VITE CAPS	3	MP; RX/OTC	EQL ONE DAILY MENS TABS	3	MP; RX/OTC
DEKAS BARIATRIC CHEW	3	MP	ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	MP; RX/OTC
DEKAS PLUS OCEAN CAPS	3	MP; RX/OTC	EYE HEALTH/LUTEIN TABS	3	MP; RX/OTC
DEKAS PLUS CAPS	3	MP; RX/OTC	EYE HEALTH CAPS	3	MP; RX/OTC
DEKAS PLUS CHEW	3	MP	EYE MULTIVITAMIN/LUTEIN CAPS	3	MP; RX/OTC
DERMACINRX MULTITAM TABS	3	MP; RX/OTC	EYE MULTIVITAMIN/SODIUM TABS	3	MP; RX/OTC
DERMACINRX RIBOTIN-E TABS	3	MP; RX/OTC	EYE MULTIVITAMIN CAPS	3	MP; RX/OTC
DERMACINRX ZINTREXYL-C TABS	3	MP; RX/OTC	FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	3	MP; RX/OTC
DERMAVITE TABS	3	MP; RX/OTC			
DEXATRAN CAPS	3	MP; 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
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	3	MP; RX/OTC	KEYFOLIC TABS	3	MP; RX/OTC
FOLAGENT DHA CAPS	3	MP; RX/OTC	KEYLOSA TABS	3	MP; RX/OTC
FOLAMAX TABS	3	MP; RX/OTC	K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	3	MP; RX/OTC
FOLAMED DHA CAPS	3	MP; RX/OTC	LIVER DETOX TABS	3	MP; RX/OTC
FOLIFLEX TABS	3	MP; RX/OTC	LUTEIN PLUS/ZEAXANTHIN TABS	3	MP; RX/OTC
FOLIKA-MG TABS	3	MP; RX/OTC	MEGA MULTI FOR MEN TABS	3	MP; RX/OTC
FOLITIN-Z TABS	3	MP; RX/OTC	MEGA MULTI FOR WOMEN TABS	3	MP; RX/OTC
FOSFREE TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC	MEGAVITE FRUITS & VEGGIES TABS	3	MP; RX/OTC
FREEDAVITE TABS	3	MP; RX/OTC	MEGAVITE GOLDEN YEARS 55+ TABS	3	MP; RX/OTC
GENADEK STEP 1 CAPS	3	MP; RX/OTC	MENS 50+ ADVANCED CAPS	3	MP; RX/OTC
GENADEK STEP 2 CAPS	3	MP; RX/OTC	MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	3	MP; RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	3	MP; RX/OTC	MENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC
HAIR SKIN & NAILS ADVANCED FORMULA TABS	3	MP; RX/OTC	MENS MULTI VITAMIN & MINERAL FORMULA TABS	3	MP; RX/OTC
HAIR/SKIN/NAILS CAPS	3	MP; RX/OTC	MENS MULTIVITAMIN CHEW	3	MP
HEAD CARE PROACTIVE HEALTH TABS	3	MP; RX/OTC	MENS MULTIVITAMIN TABS	3	MP; RX/OTC
HEALTHY EYES SUPERVISION2 CAPS	3	MP; RX/OTC	MOOD FOOD ES CAPS	3	MP; RX/OTC
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	3	MP; RX/OTC	MOOD FOOD CAPS	3	MP; RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	3	MP; RX/OTC	MULTI-BETIC DIABETES SUPPORT TABS	3	MP; RX/OTC
HM COMPLETE MEN TABS	3	MP; RX/OTC	MULTI-BETIC DIABETES TABS	3	MP; RX/OTC
HM HAIR/SKIN/NAILS TABS	3	MP; RX/OTC	<i>multiple vitamins w/ minerals CAPS</i>	3	MP; RX/OTC
HYLAZINC TABS	3	MP; RX/OTC	<i>multiple vitamins w/ minerals CHEW</i>	3	MP
ICAPS AREDS FORMULA TABS	3	MP; RX/OTC			
IMMUNE ESSENTIALS DAILY CAPS	3	MP; RX/OTC			
IMMUNE SUPPORT CHEW	3	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>multiple vitamins w/ minerals TABS</i>	3	MP; RX/OTC	NUTRICAP TABS	3	MP; RX/OTC
MULTIVITAMIN ADULTS TABS	3	MP; RX/OTC	OCULAR VITAMINS TABS	3	MP; RX/OTC
MULTIVITAMIN MEN TABS	3	MP; RX/OTC	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	3	MP; RX/OTC
MULTI-VITAMIN MONOCAPS TABS	3	MP; RX/OTC	OCUVITE ADULT 50+ CAPS	3	MP; RX/OTC
MULTIVITAMIN WOMEN TABS	3	MP; RX/OTC	OCUVITE ADULT FORMULA CAPS	3	MP; RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS	3	MP; RX/OTC	OCUVITE LUTEIN CAPS	3	MP; RX/OTC
MULTIVITAMIN TABS	3	MP; RX/OTC	ONCOVITE TABS	3	MP; RX/OTC
MVW COMPLETE FORMULATION CAPS	3	MP; RX/OTC	ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	3	MP
MVW COMPLETE FORMULATIOND3000 CAPS	3	MP; RX/OTC	ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	3	MP
MVW COMPLETE FORMULATIOND500 CAPS	3	MP; RX/OTC	ONE A DAY MENS VITACRAVES CHEW	3	MP
MVW COMPLETE FORMULATIONMINIS CAPS	3	MP; RX/OTC	ONE A DAY WOMENS 50+ ADVANCED CHEW	3	MP
MVW HI-D ADEK GUMMIES CHEW	3	MP	ONE DAILY MENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC
MVW MODULATOR FORMULATION MINIS CAPS	3	MP; RX/OTC	ONE DAILY MENS FORMULA W/O IRON TABS	3	MP; RX/OTC
MVW MODULATOR FORMULATION CAPS	3	MP; RX/OTC	ONE DAILY WOMENS TABS	3	MP; RX/OTC
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	3	MP; RX/OTC	ONE DIALY MULTIVITAMIN WOMENS TABS	3	MP; RX/OTC
NATRUL-VITES TABS	3	MP; RX/OTC	ONE-A-DAY ENERGY TABS	3	MP; RX/OTC
NEOVITE TABS	3	MP; RX/OTC	ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	3	MP
NICADAN ZX TABS	3	MP; RX/OTC	ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW	3	MP
NICADAN TABS	3	MP; RX/OTC	ONE-A-DAY MENOPAUSE FORMULA TABS	3	MP; RX/OTC
NICAZEL FORTE TABS	3	MP; RX/OTC			
NICAZEL TABS	3	MP; RX/OTC			
NO IRON MULTIPLE VITAMIN/MINERALS 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	MP; 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	MP; RX/OTC
PRESERVISION AREDS 2 CAPS	3	MP; RX/OTC
PRESERVISION AREDS 2 CHEW	3	MP
PRESERVISION AREDS CAPS	3	MP; RX/OTC
PRESERVISION AREDS TABS	3	MP; RX/OTC
PRESERVISION/LUTEIN CAPS	3	MP; 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	MP; RX/OTC
PRORENAL+D TABS	3	MP; RX/OTC
PROTECT CARDIO AF CAPS	3	MP; RX/OTC
PROTECT PLUS SO CAPS	3	MP; RX/OTC
PROTEGRA CAPS	3	MP; RX/OTC
PROVIT TABS	3	MP; RX/OTC
QC MULTI-VITE TABS	3	MP; RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	3	MP; 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	MP; 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	MP; RX/OTC
SUPPORT-500 CAPS	3	MP; 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	MP; RX/OTC
THERA-M TABS	3	MP; RX/OTC
THERANATAL LACTATION ONE CAPS	3	MP; 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	MP; RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	3	MP; RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	3	MP; RX/OTC
VITABEX PLUS CAPS	3	MP; RX/OTC
VITABEX CAPS	3	MP; 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	MP; RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS	3	MP; RX/OTC
VITEYES CLASSIC MULTIIVITAMIN TABS	3	MP; RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	3	MP; RX/OTC
VITEYES CLASSIC/OMEGA-3 CAPS	3	MP; RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITEYES CLASSIC CAPS	3	MP; 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
WELLFOLA 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	MP; RX/OTC
Multivitamins		
AMLADEX TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAILY MULTIPLE VITAMINS TABS	3	MP; RX/OTC	FLORIVA PLUS SOLN	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC
ESTROFACTORS TABS	3	MP; RX/OTC	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
FOLCYTEINE TABS	3	MP; RX/OTC	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
GENICIN VITA-Q TABS	3	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
HIGH POTENCY MULTIVITAMIN TABS	3	MP; RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTI VITAMIN/D-3 TABS	3	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
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			
Ped Multi Vitamins w/Fl & 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					
MVW COMPLETE FORMULATIONPEDIATRIC SOLN	3	MP			
Ped MV w/ Fluoride					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	QUFLORA PEDIATRIC SOLN	3	QL(2 ml 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	Pediatric Vitamins		
<i>pediatric multivitamins w/fl CHEW</i>	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC	TRI-VI-SOL A/C/D	3	MP
<i>pediatric multivitamins w/fl SOLN</i>	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC	VITAMIN A/C/D INFANT	3	MP
<i>pediatric vitamins acd w/ fluoride SOLN</i>	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC	VITAMIN A/C/D INFANT/TODDLER	3	MP
POLY-VI-FLOR CHEW	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC	Prenatal Vitamins		
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	CLASSIC PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
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	COMPLETENATE CHEW	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
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	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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	3		<i>carteolol hcl (ophth)</i>	1	
<i>polyvinyl alcohol 1.4 %</i>	3		COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	1	
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML</i>	3		COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	2	
REFRESH LIQUIGEL GEL (<i>carboxymethylcellulose sodium (ophth)</i>)	3		COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	2	
REFRESH PLUS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF		DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
REFRESH PLUS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	3		<i>dorzolamide hcl-timolol maleate</i>	1	
REFRESH TEARS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	3		<i>dorzolamide hcl-timolol maleate</i>	2	
SYSTANE GEL GEL (<i>polyethylene glycol-propylene glycol (ophth)</i>)	3		ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	2	
SYSTANE ULTRA SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	3		<i>levobunolol hcl 0.5 %</i>	2	
SYSTANE ULTRA SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	NF		<i>timolol maleate (ophth) SOLG</i>	1	
SYSTANE SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	3		<i>timolol maleate (ophth) SOLN</i>	1	
THERATEARS GEL (<i>carboxymethylcellulose sodium (ophth)</i>)	3		<i>timolol maleate (ophth) SOLN</i>	2	
<i>white petrolatum-mineral oil</i>	3		TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	2	
Beta-blockers - Ophthalmic			TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	2	
<i>betaxolol hcl (ophth) SOLN</i>	2		TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
BETIMOL	2		Cholinergic Agonists		
BETOPTIC-S SUSP	1		TYRVAYA	2	QL(8.4 ml per 30 days retail)
<i>brimonidine tartrate-timolol maleate</i>	2		Cycloplegic Mydriatics		
			<i>atropine sulfate (ophthalmic) OINT</i>	3	
			<i>atropine sulfate (ophthalmic) SOLN</i>	3	
			ATROPINE SULFATE SOLN 1 %	3	
			CYCLOGYL	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL (cyclopentolate hcl)	3		ciprofloxacin hcl (ophth) SOLN	1	
cyclopentolate hcl 1 %, 2 %	3		ERYTHROMYCIN	1	
ISOPTO ATROPINE SOLN	3		erythromycin (ophth)	1	
MYDRIACYL SOLN (tropicamide)	3		gatifloxacin (ophth)	2	
phenylephrine hcl (mydriatic) SOLN 2.5 %	3		gentamicin sulfate (ophth) OINT	3	
tropicamide SOLN	3		gentamicin sulfate (ophth) SOLN	3	
Miotics			KLARITY-A	2	
ISOPTO CARPINE SOLN 1 %, 2 % (pilocarpine hcl)	3		levofloxacin (ophth) 0.5 %	2	
PHOSPHOLINE IODIDE	3		MOXEZA SOLN OP (moxifloxacin hcl (ophth))	2	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	3		moxifloxacin hcl (ophth) SOLN OP	2	
Ophthalmic Adrenergic Agents			neomycin-bacitracin zn- polymyxin	3	
ALPHAGAN P (brimonidine tartrate)	2		neomycin-polymyxin- gramicidin	3	
apraclonidine hcl	1		OCUFLOX (ofloxacin (ophth))	2	
brimonidine tartrate 0.1 %, 0.15 %	2		ofloxacin (ophth)	1	
brimonidine tartrate 0.2 %	1		polymyxin b-trimethoprim	3	
IOPIDINE	2		POLYTRIM (polymyxin b- trimethoprim)	3	
SIMBRINZA	1		sulfacetamide sodium (ophth) OINT	3	
Ophthalmic Anti-infectives			sulfacetamide sodium (ophth) SOLN	3	
AZASITE	2		tobramycin (ophth) SOLN	3	
BACIGUENT	3		TOBREX SOLN (tobramycin (ophth))	3	
bacitracin (ophthalmic)	3		trifluridine	4	
bacitracin-polymyxin b (ophth)	3		VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	1	
BESIVANCE	2		ZYMAXID (gatifloxacin (ophth))	2	
BLEPH-10 SOLN (sulfacetamide sodium (ophth))	3		Ophthalmic Decongestants		
CILOXAN OINT	2		naphazoline w/ pheniramine 0.3 %-0.025 %	3	
CILOXAN SOLN (ciprofloxacin hcl (ophth))	2				

Drug Name	Drug Tier	Requirements/ Limits
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		
OXERVATE	3	4 rti MAX fill; 365 rti day(s) supply; 56 rti MAX day(s) supply; 365 rti lmt day(s); QL(28 ml per 28 days retail); AL(At least 2 yrs old); SP; PA
Ophthalmic Steroids		
ALREX SUSP	2	

Drug Name	Drug Tier	Requirements/ Limits
bacitracin-poly-neomycin- hc	3	
dexamethasone sodium phosphate (ophth)	3	
EYSUVIS SUSP	2	QL(8.3 ml per 14 days retail)
fluorometholone (ophth) SUSP	3	QL(15 ml per 30 days retail)
FML LIQUIFILM SUSP (fluorometholone (ophth))	3	QL(15 ml per 30 days retail)
MAXITROL OINT (neomycin-polymy- dexameth)	3	
MAXITROL SUSP (neomycin-polymy- dexameth)	3	
neomycin-polymy- dexameth OINT	3	
neomycin-polymy- dexameth SUSP	3	
PRED FORTE (prednisolone acetate (ophth))	3	
prednisolone acetate (ophth)	3	
PREDNISOLONE ACETATE P-F	3	
PREDNISOLONE SODIUM PHOSPHATE	3	
sulfacetamide sod- prednisolone SOLN	3	
TOBRADEX SUSP (tobramycin- dexamethasone)	3	
tobramycin- dexamethasone SUSP	3	
Ophthalmics - Misc.		
ACULAR (ketorolac tromethamine (ophth))	2	
ACULAR LS (ketorolac tromethamine (ophth))	2	
ACUVAIL	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALOCRIL	2		PROLENSA	2	
ALOMIDE	2		<i>sodium chloride hypertonic OINT</i>	3	
<i>azelastine hcl (ophth)</i>	1		<i>sodium chloride hypertonic SOLN</i>	3	
AZOPT (<i>brinzolamide</i>)	1		TRUSOPT (<i>dorzolamide hcl</i>)	2	
<i>bepotastine besilate</i>	2		ZADITOR 0.035 % (<i>ketotifen fumarate (ophth)</i>)	NF	QL(10 ml per 30 days retail)
BEPREVE (<i>bepotastine besilate</i>)	2		ZERVIAE	2	
<i>brinzolamide</i>	2		Prostaglandins - Ophthalmic		
<i>bromfenac sodium (ophth)</i>	2		<i>bimatoprost SOLN</i>	2	
BROMSITE	2		<i>latanoprost SOLN</i>	1	
<i>cromolyn sodium (ophth)</i>	1		LATANOPROST SOLN	2	
<i>diclofenac sodium (ophth)</i>	1		LUMIGAN SOLN 0.01 %	2	
DORZOLAMIDE HCL	2		<i>tafluprost</i>	2	
<i>epinastine hcl (ophth)</i>	2		TRAVATAN Z (<i>travoprost</i>)	2	
<i>flurbiprofen sodium</i>	1		<i>travoprost</i>	2	
ILEVRO	2		VYZULTA	2	
<i>ketorolac tromethamine (ophth) 0.5 %</i>	1		XALATAN SOLN (<i>latanoprost</i>)	2	
<i>ketorolac tromethamine (ophth) 0.4 %</i>	2		XELPROS EMUL	2	
<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(10 ml per 30 days retail)	ZIOPTAN (<i>tafluprost</i>)	2	
LASTACAFT	2	RX/OTC	OTIC AGENTS - Drugs to Treat the Ear		
MURO 128 OINT (<i>sodium chloride hypertonic</i>)	NF		Otic Agents - Miscellaneous		
MURO 128 OINT (<i>sodium chloride hypertonic</i>)	3		<i>acetic acid (otic)</i>	3	
MURO 128 SOLN (<i>sodium chloride hypertonic</i>)	NF		Otic Anti-infectives		
MURO 128 SOLN (<i>sodium chloride hypertonic</i>)	3		CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2	
NEVANAC	2		<i>ciprofloxacin hcl (otic)</i>	2	
<i>olopatadine hcl</i>	1	RX/OTC	<i>ofloxacin (otic)</i>	1	
PATADAY (<i>olopatadine hcl</i>)	2	RX/OTC	Otic Combinations		
PATADAY EXTRA STRENGTH	2		CIPRO HC	2	
			CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone acetonide</i>	2	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	3	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	3	
OTOVEL	2	
Otic Steroids		
<i>hydrocortisone w/acetic acid</i>	3	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	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		
Aminopenicillins		
<i>amoxicillin CAPS</i>	3	MP
<i>amoxicillin CHEW 125 MG, 250 MG</i>	3	MP
<i>amoxicillin SUSR</i>	3	MP
<i>amoxicillin TABS</i>	3	MP
<i>ampicillin CAPS 500 MG</i>	3	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	3	MP

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium TABS</i>	3	MP
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	3	
<i>amoxicillin & pot clavulanate SUSR</i>	3	
<i>amoxicillin & pot clavulanate TABS</i>	3	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	3	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	3	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	3	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
FLAVOR BLEND SUSP	4	RX/OTC
FLAVOR PLUS LIQD	4	RX/OTC
FLAVOR SWEET-SF SYRP	4	RX/OTC
FLAVOR SWEET SYRP	4	RX/OTC
FREEDOM PEG TROCHE BASE POWD	4	RX/OTC
GRAPE SYRUP SYRP	4	RX/OTC
MX-SOL BLEND SF SUSP	4	RX/OTC
MX-SOL BLEND SUSP	4	RX/OTC
MX-SOL SF SYRP	4	RX/OTC
MX-SOL SUSPEND SUSP	4	RX/OTC
MX-SOL SYRP	4	RX/OTC
ORA-BLEND SF SUSP	4	RX/OTC
ORA-BLEND SUSP	4	RX/OTC
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	4	RX/OTC
ORAL MIX SF SUSP	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ORAL SUSPEND LIQD	4	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	4	RX/OTC
ORAL SYRUP SF SYRP	4	RX/OTC
ORAPENN SD ANHYDROUS SWEETENED LIQD	4	RX/OTC
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	4	RX/OTC
ORA-PLUS LIQD	4	RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	4	RX/OTC
ORA-SWEET SYRP 4 %-5 %-54 %	4	RX/OTC
PCCA CUSTOM TROCHE BASE POWD	4	RX/OTC
PCCA POLYGLYCOL TROCHE POWD	4	RX/OTC
PCCA SWEET-SF SYRP	4	RX/OTC
PCCA SYRUP VEHICLE SYRP	4	RX/OTC
PCCA-PLUS SUSP	4	RX/OTC
SOSWEET SYRP	4	RX/OTC
SUSPENDIT ANHYDROUS SUSP	4	RX/OTC
SUSPENDRX WITH BITTER- BLOC/SWEETENED SUSP	4	RX/OTC
SUSPENDRX WITH BITTER- BLOC/UNSWEETENED SUSP	4	RX/OTC
SUSPENSION VEHICLE SUSP	4	RX/OTC
SYRPALTA SYRP 83 %	4	RX/OTC
SYRSPEND SF LIQD	4	RX/OTC
SYRUP VEHICLE SF SYRP	4	RX/OTC
SYRUP VEHICLE SYRP	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TECHNA 10 SF TROCHE BASE POWD	4	RX/OTC
TECHNA 20 TROCHE BASE POWD	4	RX/OTC
TROCHE BASE NS POWD	4	RX/OTC
TROCHE BASE POWD	4	RX/OTC
UNISPEND ANHYDROUS SWEETENED SUSP	4	RX/OTC
UNISPEND ANHYDROUS UNSWEETENED SUSP	4	RX/OTC
VERSAFREE SYRP	4	RX/OTC
VERSAPLUS SYRP	4	RX/OTC
Pharmaceutical Excipients		
SODIUM BENZOATE	4	RX/OTC
Semi Solid Vehicles		
1ST BASE	4	RX/OTC
ALPAWASH	4	RX/OTC
ALTADERM CREAM BASE	4	RX/OTC
ANHYDROUS BASE OINT	4	
ARBEM H-COSMETIC	4	RX/OTC
ARBEM LIOPEN	4	RX/OTC
ATREVIS HYDROGEL	4	RX/OTC
AUXIPRO VANISHING CREAM	4	RX/OTC
AZ CREAM	4	RX/OTC
BABY SKIN PROTECTANT	3	RX/OTC
BASE PCCA CLARIFYING	4	RX/OTC
BASE W301	4	RX/OTC
CHRYSADERM DAY	4	RX/OTC
CHRYSADERM NIGHT	4	RX/OTC
CLEODERM	4	RX/OTC
CREAM BASE	4	RX/OTC
CREAM CONCENTRATE	4	RX/OTC
CUTIS PLUS	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DAILY MOISTURIZER	3	RX/OTC
DURABASE	4	RX/OTC
DURABASE ADVANCED	4	RX/OTC
EMOLIVAN	4	RX/OTC
EMOLLIENT CREAM	4	RX/OTC
EMOLLIENT CREAM BASE	4	RX/OTC
FAGRON LS PLUS	4	RX/OTC
FAGRON NATURAL CREAM	4	RX/OTC
FAGRON SUPREME CREAM	4	RX/OTC
FATTIBASE	4	RX/OTC
FITALITE	4	RX/OTC
FREEDOM ADAPTADERM	4	RX/OTC
FREEDOM DERMA SERUM	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
LIOPEN ABSORPTION ENHANCING BASE	4	RX/OTC
LIOPEN ULTRA BASE	4	RX/OTC
LIPOSOMAL HEAVY	4	RX/OTC
LIPOSOMAL REGULAR	4	RX/OTC
MEDIDERM	4	RX/OTC
MICRODERM BASE	4	RX/OTC
MICROSOME BASE	4	RX/OTC
MULTIBASE	4	RX/OTC
MULTI-PHASIC PENETRATING COMPOUND BASE	4	RX/OTC
NOURILITE	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NOURIVAN ANTIOX CREAM BASE	4	RX/OTC
OMNIBASE	4	RX/OTC
PCCA ALADERM BASE	4	RX/OTC
PCCA ANHYDROUS BASE OINT	4	
PCCA ANHYDROUS LIPODERM BASE	4	RX/OTC
PCCA BASE 7542	4	RX/OTC
PCCA BIOPEPTIDE BASE	4	RX/OTC
PCCA CANNIDEX 2.0 CUSTOMBASE	4	RX/OTC
PCCA CANNIDEX CUSTOM BASE	4	RX/OTC
PCCA COSMETIC HRT BASE	4	RX/OTC
PCCA EMOLLIENT CREAM BASE	4	RX/OTC
PCCA HYDRABASE SB CUSTOMBASE	4	RX/OTC
PCCA LIPODERM BASE	4	RX/OTC
PCCA LIPODERM CUSTOM BASE	4	RX/OTC
PCCA MVC BASE	4	RX/OTC
PCCA NATACREAM	4	RX/OTC
PCCA POLYPEG BASE	4	RX/OTC
PCCA PRACASIL TM-PLUS BASE	4	RX/OTC
PCCA VANISHING CREAM LIGHT	4	RX/OTC
PCCA VANISHING CREAM/LOTION BASE	4	RX/OTC
PCCA VANPEN BASE	4	RX/OTC
PCCA WAV CUSTOM BASE	4	RX/OTC
PEG	4	RX/OTC
PEG OINTMENT BASE	4	RX/OTC
PENCREAM	4	RX/OTC
PENDERM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PENSOMAL CREAM	4	RX/OTC	VANISHING CREAM	4	RX/OTC
PETROLATUM	3	RX/OTC	VANISHING CREAM BOTANICALBASE	4	RX/OTC
PETROLEUM JELLY	3	RX/OTC	VANISH-PEN	4	RX/OTC
PETROLEUM JELLYBABY	3	RX/OTC	VERSAPRO	4	RX/OTC
PFCB	4	RX/OTC	VERSATILE CREAM BASE	4	RX/OTC
PHARMABASE ANTIOXIDANT	4	RX/OTC	VERSATILE RICH CREAM BASE	4	RX/OTC
PHARMABASE COSMETIC	4	RX/OTC	VERSIGEL	4	RX/OTC
PHARMABASE COSMETIC NATURAL	4	RX/OTC	VP DERMABASE	4	RX/OTC
PHARMABASE HEAVY	4	RX/OTC	WOUND CARE CREAM	4	RX/OTC
PHARMABASE LIGHT	4	RX/OTC	XCEL 100	4	RX/OTC
PHARMABASE VAGINAL MOISTURIZING	4	RX/OTC	XEMATOP BASE	4	RX/OTC
PHYTOBASE	4	RX/OTC	YELLOW PETROLATUM	3	RX/OTC
POLYETHYLENE GLYCOL BLEND	4	RX/OTC	ZOE SCRIPTS IDEALBASE	4	RX/OTC
P-SILOXAN DS	4	RX/OTC	PROGESTINS - Hormone Replacement/Modifying Drugs		
RA PETROLEUM JELLY	3	RX/OTC	Progestins		
SA3 DERM	4	RX/OTC	AYGESTIN TABS (<i>norethindrone acetate</i>)	2	MP
SALT DURABLE CREAM	4	RX/OTC	<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
SALT STABLE LS ADVANCED	4	RX/OTC	<i>megestrol acetate (appetite)</i>	2	
SALTSTABLE LO	4	RX/OTC	<i>norethindrone acetate TABS</i>	1	MP
SANARE ADVANCED SCAR THERAPY	4	RX/OTC	<i>progesterone CAPS</i>	1	MP
SANARE SCAR THERAPY	4	RX/OTC	<i>progesterone OIL</i>	2	MP
SCAR CARE CREAM	4	RX/OTC	PROMETRIUM CAPS (<i>progesterone</i>)	2	MP
SILPROTEX PLUS	4	RX/OTC	PROVERA (<i>medroxyprogesterone acetate</i>)	2	MP
SKIN PROTECTANT PETROLATUM	3	RX/OTC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
SKYY DERM	4	RX/OTC			
TERODERM	4	RX/OTC			
TERODERM-PLUS	4	RX/OTC			
U-BASE	4	RX/OTC			
VANIBASE	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
Agents for Chemical Dependency		
LUCEMYRA	1	
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	3	QL(18 ml daily); AL(At least 7 yrs old); SP
XYWAV	3	QL(18 ml daily); AL(At least 7 yrs old); SP; PA
Antidementia Agents		
ADLARITY PTWK	3	PA
ARICEPT TABS (donepezil hydrochloride)	2	
donepezil hydrochloride TABS 5 MG, 10 MG	1	
donepezil hydrochloride TABS 23 MG	2	
donepezil hydrochloride TBDP	1	
EXELON (rivastigmine)	1	
galantamine hydrobromide CP24	2	
galantamine hydrobromide SOLN	2	
galantamine hydrobromide TABS	1	
memantine hcl CP24	2	
memantine hcl SOLN	1	
memantine hcl TABS	1	
NAMENDA TITRATION PAK TABS (memantine hcl)	2	
NAMENDA XR CP24 (memantine hcl)	2	
NAMENDA TABS (memantine hcl)	2	
NAMZARIC C4PK	2	
NAMZARIC CP24	2	

Drug Name	Drug Tier	Requirements/ Limits
RAZADYNE ER CP24 (galantamine hydrobromide)	2	
rivastigmine	2	
rivastigmine tartrate CAPS	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		
AMPYRA (dalfampridine)	3	QL(2 ea daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA
AUBAGIO (teriflunomide)	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 40 MG/ML (glatiramer acetate)	2	SP
COPAXONE SOSY 20 MG/ML (glatiramer acetate)	1	SP

Drug Name	Drug Tier	Requirements/Limits
<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	
MAYZENT TABS	2	
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)
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

Drug Name	Drug Tier	Requirements/Limits
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		
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 2 MG (<i>nicotine polacrilex</i>)	3	QL(30 ea daily)
NICORETTE STARTER KIT GUM 4 MG (<i>nicotine polacrilex</i>)	3	QL(24 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NICORETTE GUM 4 MG (<i>nicotine polacrilex</i>)	3	QL(24 ea daily)
NICORETTE GUM 2 MG (<i>nicotine polacrilex</i>)	3	QL(30 ea daily)
NICORETTE LOZG (<i>nicotine polacrilex</i>)	3	QL(20 ea daily)
<i>nicotine polacrilex</i> GUM 4 MG	3	QL(24 ea daily)
<i>nicotine polacrilex</i> GUM 2 MG	3	QL(30 ea daily)
<i>nicotine polacrilex</i> LOZG	3	QL(20 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	3	QL(1 ea daily)
<i>nicotine</i> MISC XX	3	QL(1 ea daily)
<i>nicotine</i> PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	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</i> TABS	3	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily; 60 ea per fill retail)
<i>varenicline tartrate</i> TBPk	3	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
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

Drug Name	Drug Tier	Requirements/ Limits
PULMOZYME	3	SP; PA
TRIKAFTA THPK	CO	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline</i> (<i>monohydrate</i>) CAPS 50 MG, 100 MG	3	
<i>doxycycline</i> (<i>monohydrate</i>) SUSR	3	
<i>doxycycline</i> (<i>monohydrate</i>) TABS 50 MG, 100 MG	3	
<i>doxycycline hyclate</i> CAPS	3	
<i>doxycycline hyclate</i> TABS 100 MG	3	
<i>minocycline hcl</i> CAPS	3	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	3	
VIBRAMYCIN SUSR (<i>doxycycline</i> (<i>monohydrate</i>))	3	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole</i> TABS	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	3	

Drug Name	Drug Tier	Requirements/ Limits
<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
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 (<i>levothyroxine sodium</i>)	3	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	3	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (<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)
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	3	AL(Up to 64 yrs old)
LEVBIID TB12 (<i>hyoscyamine sulfate</i>)	3	AL(Up to 64 yrs old)
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	3	AL(Up to 64 yrs old)
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	3	AL(Up to 64 yrs old)
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	3	
ROBINUL TABS (<i>glycopyrrolate</i>)	3	
H-2 Antagonists		
<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>cimetidine TABS</i>	3	RX/OTC
<i>famotidine SUSR</i>	3	AL(Up to 6 yrs old)
<i>famotidine TABS</i>	3	
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	3	RX/OTC
PEPCID AC TABS (<i>famotidine</i>)	3	
PEPCID TABS (<i>famotidine</i>)	3	RX/OTC
TAGAMET HB 200 TABS (<i>cimetidine</i>)	3	RX/OTC
TAGAMET HB TABS (<i>cimetidine</i>)	3	RX/OTC
Misc. Anti-Ulcer		
CARAFATE TABS (<i>sucralfate</i>)	3	QL(4 ea daily)
<i>sucralfate TABS</i>	3	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX SPRINKLE CPSP	2	
ACIPHEX SPRINKLE CPSP	2	
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	2	
DEXILANT (<i>dexlansoprazole</i>)	2	
<i>dexlansoprazole</i>	2	
<i>esomeprazole magnesium CPDR 40 MG</i>	2	
<i>esomeprazole magnesium CPDR 20 MG</i>	2	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium PACK</i>	2	QL(2 ea daily)
<i>esomeprazole magnesium TBEC</i>	2	
<i>lansoprazole CPDR 30 MG</i>	2	
<i>lansoprazole CPDR 15 MG</i>	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>lansoprazole TBDD</i>	2	RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	2	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	2	QL(2 ea daily); RX/OTC
NEXIUM 24HR TBEC (<i>esomeprazole magnesium</i>)	2	
NEXIUM CPDR 20 MG (<i>esomeprazole magnesium</i>)	2	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (<i>esomeprazole magnesium</i>)	2	
NEXIUM PACK	1	QL(2 ea daily)
NEXIUM PACK (<i>esomeprazole magnesium</i>)	1	QL(2 ea daily)
<i>omeprazole magnesium CPDR</i>	2	QL(2 ea daily)
<i>omeprazole magnesium TBEC</i>	2	
<i>omeprazole CPDR 20 MG</i>	1	
<i>omeprazole CPDR 10 MG, 40 MG</i>	1	QL(2 ea daily)
<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	

Drug Name	Drug Tier	Requirements/ Limits
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	
KONVOMEPE SUSR	2	
OMECLAMOXP-PAK	2	
<i>omeprazole-sodium bicarbonate CAPS</i>	2	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	2	
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	

Drug Name	Drug Tier	Requirements/ Limits
DETROL LA CP24 (tolterodine tartrate)	2	
DETROL TABS (tolterodine tartrate)	2	
DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride)	2	
fesoterodine fumarate 8 MG	2	MP; PA
fesoterodine fumarate 4 MG	2	MP
GELNIQUE GEL 10 %	2	
oxybutynin chloride SOLN	1	
oxybutynin chloride TABS	1	
oxybutynin chloride TB24	1	
OXYTROL FOR WOMEN PTTW	3	RX/OTC
OXYTROL PTTW	2	RX/OTC
solifenacin succinate TABS	1	
tolterodine tartrate CP24	2	
tolterodine tartrate TABS	2	
TOVIAZ 8 MG (fesoterodine fumarate)	1	MP; PA
TOVIAZ 4 MG (fesoterodine fumarate)	1	MP
trospium chloride CP24	2	
trospium chloride TABS	2	
VESICARE LS SUSP	2	
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		

Drug Name	Drug Tier	Requirements/ Limits
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)
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
AFLURIA QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)
AREXVY	4	
COMIRNATY 2023-24 SUSP	4	AL(At least 12 yrs old)
COMIRNATY 2023-24 SUSY	4	
COMIRNATY SUSP	4	AL(At least 12 yrs old)
DENG VAXIA	4	
ENGRIX-B SUSP 20 MCG/ML	4	3 rtl MAX fill; 999 rtl day(s) supply

Drug Name	Drug Tier	Requirements/ Limits
ENGRIX-B SUSY	4	3 rtl MAX fill; 999 rtl day(s) supply
FLUAD QUADRIVALENT 2021-2022	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUAD QUADRIVALENT 2022-2023	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUAD QUADRIVALENT 2023-2024	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 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)
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)
FLUBLOK QUADRIVALENT 2022-2023	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUBLOK QUADRIVALENT 2023-2024	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	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
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2021-2022 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2022-2023 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2022-2023 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2023-2024 SUSP	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)	FLUZONE QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 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)	GARDASIL 9 SUSP	4	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 9 yrs old - Up to 26 yrs old)
FLULAVAL QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)	GARDASIL 9 SUSY	4	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 9 yrs old - Up to 26 yrs old)
FLUMIST QUADRIVALENT	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea per fill retail)	HAVRIX	3	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 1 yrs old)
FLUZONE HIGH-DOSE PF 2021-2022	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 2022-2023	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 HIGH-DOSE PF 2023-2024	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 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	IXIARO	4	
			JANSSEN COVID-19 VACCINE	4	AL(At least 18 yrs old)
			JYNNEOS	4	
			M-M-R II SOLR	4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	4		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	4	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	4		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	4	
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	4		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	4	
MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	4		PFIZER-BIONTECH COVID-19VACCINE SUSP	4	AL(At least 12 yrs old)
MODERNA COVID-19 VACCINE6-11Y SUSP	4		PREHEVBRIO	4	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	4		PRIORIX SUSR	4	
MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML	4		PROQUAD SUSR	4	
MODERNA COVID-19 VACCINE SUSP 100 MCG/0.5ML	4	AL(At least 18 yrs old)	RABAVERT	4	
NOVAVAX COVID-19 VACCINE	4		RECOMBIVAX HB SUSP	4	3 rtl MAX fill; 999 rtl day(s) supply
NOVAVAX COVID-19 VACCINE/2023-24	4		RECOMBIVAX HB SUSY	4	3 rtl MAX fill; 999 rtl day(s) supply
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	4		ROTARIX SUSP	4	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	4	AL(At least 5 yrs old)	ROTARIX SUSR	4	2 rtl MAX fill; 999 rtl day(s) supply
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	4		ROTATEQ SOLN	4	3 rtl MAX fill; 999 rtl day(s) supply
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	4		SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	4	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	4	AL(At least 12 yrs old)	SHINGRIX	4	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)
			SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	4	
			SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	4	

Drug Name	Drug Tier	Requirements/ Limits
SPIKEVAX COVID-19 VACCINE SUSP	4	AL(At least 18 yrs old)
STAMARIL SUSR	4	
TWINRIX SUSY	4	AL(At least 18 yrs old)
VAQTA	3	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 1 yrs old)
VARIVAX INJ	4	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 1 yrs old)
YF-VAX INJ	4	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	2	
CLEOCIN SUPP	1	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	1	
<i>clotrimazole vaginal CREA</i>	3	
<i>metronidazole vaginal</i>	1	
<i>miconazole nitrate vaginal CREA 2 %</i>	3	
<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	

Drug Name	Drug Tier	Requirements/ Limits
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>	1	QL(4 ea per fill retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(4 ea per fill retail)
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		

Drug Name	Drug Tier	Requirements/ Limits
<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
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	
<i>vitamin e CAPS 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	

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin CPCR 250 MG, 500 MG</i>	1	
<i>niacin TABS</i>	1	
<i>niacin TBCR</i>	1	
<i>pyridoxine hcl TABS 100 MG</i>	4	MP
<i>pyridoxine hcl TABS 25 MG</i>	4	QL(2 ea daily); 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

INDEX

1ST BASE	147	ABC COMPLETE SENIOR WOMENS 50+ TABS	127	ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	59
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	76	ABILIFY ASIMTUFII PRSY	31	ACCU-CHEK SOFTCLIX LANCETS	59
1ST TIER UNIFINE PENTIPS29GX12MM	76	ABILIFY MYCITE	31	ACCURETIC	24
1ST TIER UNIFINE PENTIPS31GX6MM	76	ABILIFY MYCITE MAINTENANCE KIT	31	ACCUTREND GLUCOSE CONTROL SOLN	59
1ST TIER UNIFINE PENTIPS31GX8MM	76	ABILIFY MYCITE STARTER KIT ..	31	ACE AEROSOL CLOUD ENHANCER MISC	111
1ST TIER UNIFINE PENTIPS32GX4MM	76	abiraterone acetate	28	acebutolol hcl CAPS	32
1ST TIER UNIFINE PENTIPS32GX6MM	76	ABOUTTIME PEN NEEDLE 32GX 5/32"	77	acetaminophen CAPS 500 MG	4
1ST TIER UNIFINE PENTIPS33GX4MM	77	ABOUTTIME PEN NEEDLES 30GX 5/16"	77	acetaminophen CHEW 80 MG	4
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	77	ABOUTTIME PEN NEEDLES 31G X 3/16"	77	acetaminophen LIQD 160 MG/5ML ..	4
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	77	ABOUTTIME PEN NEEDLES 31G X 5/16"	77	acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	5
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	77	ABRYSVO	157	acetaminophen SUPP 120 MG, 650 MG	5
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	77	ACAM2000	157	acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	5
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM ..	77	acarbose	14	acetaminophen TABS 325 MG, 500 MG	5
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12 MM	77	ACCU-CHEK AVIVA SOLN	59	acetaminophen TBCR	5
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	77	ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	59	acetaminophen TBCR	5
1ST TIER UNILET COMFORTOUCH LANCETS 28G	59	ACCU-CHEK FASTCLIX LANCETS ..	59	acetaminophen TBCR	5
1ST TIER UNILET COMFORTOUCH LANCETS 30G	59	ACCU-CHEK FASTCLIX LANCETS ..	59	acetaminophen TBCR	5
ABC COMPLETE SENIOR 50+ TABS	127	ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 LIQD	59	acetaminophen TBCR	5
ABC COMPLETE SENIOR MEN'S50+ TABS	127	ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	59	acetaminophen TBCR	5
Index 1		ACCU-CHEK SAFE-T-PRO LANCETS	59	acetaminophen TBCR	5
		ACCU-CHEK SAFE-T-PRO PLUSLANCETS	59	acetaminophen TBCR	5
		ACCU-CHEK SMARTVIEW CONTROL LIQD	59	acetaminophen TBCR	5
				acetaminophen w/ codeine SOLN ..	7
				acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	7
				acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	7
				acetaminophen-caff-dihydrocod TABS 30 MG-325 MG-16 MG	7
				acetazolamide CP12	47
				acetazolamide TABS	47

acetic acid (otic)	145	ADACEL SUSP	153	CALCIUM/VITAMIND/MAGNESIUM TABS	125
acetylcysteine SOLN	38	adapalene GEL 0.1 %	38	ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	128
ACIPHEX SPRINKLE CPSP	154	adapalene GEL 0.3 %	38	ADVANCED MOBILE LANCET 30G	59
acitretin 10 MG, 25 MG	41	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	38	ADVOCATE ALCOHOL PREP PADS	75
acitretin 17.5 MG	41	ADAPTER PED DISPOSABLE MOUTHPIECE MISC	111	ADVOCATE CONTROL SOLUTIONHIGH LIQD	59
ACTEEV PROTECT FACE MASK 110		ADBRY	44	ADVOCATE INSULIN PEN NEEDLES	77
ACTEMRA ACTPEN SOAJ	2	adefovir dipivoxil	31	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	77
ACTEMRA SOSY	2	ADEK GUMMIES PLUS ZN CHEW 127		ADVOCATE INSULIN PEN NEEDLES 31GX5MM	77
ACTHIB SOLR IM	156	ADEMPAS	34	ADVOCATE INSULIN PEN NEEDLES 31GX8MM	77
ACTIFLOVIT EAR HEALTH TABS 139		ADJUSTABLE LANCING DEVICE MISC	59	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2"	77
ACTI-LANCE LANCETS 28G	59	ADLARITY PTWK	150	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16"	77
ACTI-LANCE LITE SAFETY LANCETS 28G	59	ADLYXIN SOPN	16	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2"	77
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	59	ADLYXIN STARTER PACK PNKT	16	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16"	77
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	59	ADMELOG SOLN IJ	16	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16"	77
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	59	ADMELOG SOLOSTAR SOPN	16	ADVOCATE INSULIN SYRINGE/U- 100/1ML/29GX1/2"	77
ACTIVITY POUCH MISC	111	ADTHYZA TABS	152	ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16"	77
ACTIVNUTRIENTS CAPS	127	ADULT AEROSOL MASK MISC .	111	ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	77
ACTIVNUTRIENTS PERFORMANCE CAPS	127	ADULT DISPOSABLE MOUTHPIECE MISC	112	ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16"	77
ACTIVNUTRIENTS W/O IRON CAPS	127	ADULT MASK DEVI	112	ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	77
ACUVAIL	144	ADULT MASK LARGE MISC	112	ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16"	77
acyclovir CAPS	31	ADULT ONE DAILY GUMMIES CHEW	127	ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	77
acyclovir SUSP	31	ADVAIR HFA AERO	12	ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16"	77
acyclovir TABS OR	31	ADVANCE MICRO-DRAW CONTROL LEVEL 1-2 LIQD	59	ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	77
acyclovir topical CREA	41	ADVANCE MICRO-DRAW NORMAL CONTROL LIQD	59		
acyclovir topical OINT	41	ADVANCED			

ADVOCATE LANCETS 59	AEROCHAMBER PLUS FLOW-VU/MASK MISC 112	AFLURIA QUADRIVALENT 2023-2024 SUSP 157
ADVOCATE LANCETS 30G 59		
ADVOCATE LANCING DEVICE MISC 59	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI 112	AFLURIA QUADRIVALENT 2023-2024 SUSY 157
ADVOCATE RAPID-SAFE LANCING DEVICE MISC 60	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC 112	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT 16
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN . 60	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI 112	AGAMATRIX CONTROL HIGH SOLN 60
ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW SOLN 60	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC 112	AGAMATRIX CONTROL NORMAL& HIGH SOLN 60
ADVOCATE SAFETY LANCETS . 60	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC 113	AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN 60
ADVOCATE SAFETY LANCETS 26G 60	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC 113	AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN 60
AEMCOLO 26	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC 113	AGAMATRIX ULTRA-THIN LANCETS 33G 60
AEROBIKA DEVI 112	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC 113	AIMOVIG 140 MG/ML 122
AEROCHAMBER HOLDING CHAMBER DEVI 112	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC 113	AIMOVIG 70 MG/ML 122
AEROCHAMBER MINI AEROSOLCHAMBER DEVI 112	AEROCHAMBER/FLOWSIGNAL MISC 113	AIMSCO LUBRICATED MISC 57
AEROCHAMBER MV MISC 112	AEROECLIPSE EZ TWIST TUBING MISC 113	AIMSCO TWIST LANCETS 32G . 60
AEROCHAMBER PLUS FLOW VU MISC 112	AEROTRACH PLUS MISC 113	AIMSCO TWIST LANCETS 33G . 60
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI 112	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI 113	AIRBORNE CHEW 128
AEROCHAMBER PLUS FLOW-VU MISC 113		AIRBORNE KIDS CHEW 128
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI 112	AFLURIA QUADRIVALENT 2021-2022 SUSP 157	AIRBORNE+GOOD REST CHEW 128
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI 112	AFLURIA QUADRIVALENT 2021-2022 SUSY 157	AIRBORNE+PROBIOTIC CHEW 128
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC 112	AFLURIA QUADRIVALENT 2022-2023 SUSP 157	AIRDUO DIGIHALER 113/14 12
	AFLURIA QUADRIVALENT 2022-2023 SUSY 157	AIRDUO DIGIHALER 232/14 12
		AIRDUO DIGIHALER 55/14 12
		AIRDUO RESPICLICK 55/14 AEPB 12
		AIRS PEDIATRIC AEROSOL MASK MISC 113
		AIRZONE PEAK FLOW METER 113

AJOVY SOAJ	122	HEALTH CAPS	128	allopurinol	53
AJOVY SOSY	122	ALIVE HAIR, SKIN & NAILS CHEW 128		ALLOPURINOL	53
AKEEGA	28	ALIVE MENS 50+ TABS	128	almotriptan malate	123
AKYNZEO	19	ALIVE MENS ENERGY TABS ...	128	ALOCRIAL	145
albendazole	10	ALIVE MULTI-VITAMIN CHEW ..	128	alogliptin benzoate	15
albuterol sulfate AERS	12	ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	128	alogliptin-metformin hcl	14
albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	12	ALIVE ULTRA POTENCY WOMENS 50+ TABS	128	alogliptin-pioglitazone	14
ALBUTEROL SULFATE NEBU	12	ALIVE WOMENS 50+ CHEW	128	ALOMIDE	145
alclometasone dipropionate CREA	42	ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	128	ALORA PTTW	50
alclometasone dipropionate OINT .	42	ALIVE WOMENS 50+ TABS	128	alosetron hcl	52
ALCOH-GLOVE CONTOURED WIPE	75	ALIVE WOMENS ENERGY TABS 128		ALPAWASH	147
ALCOHOL PADS	75	ALIVE WOMENS GUMMY MULTIVITAMIN CHEW	128	ALREX SUSP	144
ALCOHOL PREP PAD	75	ALKINDI SPRINKLE CPSP	36	ALTADERM CREAM BASE	147
ALCOHOL PREP PADS	75	ALL FLOW 1000 PFT FILTER DEVI . 113		ALTOPREV TB24 20 MG, 40 MG, 60 MG	23
ALCOHOL PREPS	75	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	113	ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	53
ALCOHOL SWABS	75	ALL FLOW 2000 PFT FILTER DEVI . 113		alum & mag hydrox-simethicone LIQD	9
ALCOHOL SWABSTICKS	75	ALL FLOW 3000 PFT FILTER DEVI . 113		alum & mag hydrox-simethicone SUSP	9
alendronate sodium SOLN	48	ALL FLOW 4000 PFT FILTER DEVI . 113		ALUMINUM HYDROXIDE SUSP 320 MG/5ML	9
alendronate sodium TABS 35 MG, 70 MG	48	ALL FLOW 5000 PFT FILTER DEVI . 113		aluminum hydroxide-mag carb SUSP 358 MG/15ML-95 MG/15ML	9
alendronate sodium TABS 5 MG, 10 MG	48	ALL FLOW 6000 PFT FILTER DEVI . 114		ALUNBRIG TABS	29
alfuzosin hcl	52	ALL FLOW 7000 PFT FILTER DEVI . 114		ALUNBRIG TBPK	29
ALGAE BASED CALCIUM TABS	128			ALVESCO	11
aliskiren fumarate	26			amantadine hcl CAPS	30
ALIVE DIABETIC MULTIVITAMIN TABS	128			amantadine hcl SOLN	30
ALIVE ENERGY 50+ TABS	128			amantadine hcl TABS	30
ALIVE EVERYDAY IMMUNE					

AMBI-TRAY MISC	60	lansoprazole THPK	155	5/32"	77
ambrisentan	33	ampicillin CAPS 500 MG	146	AQUALANCE LANCETS ULTRA THIN 30G	60
amcinonide LOTN	42	anagrelide hcl	53	ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	54
amiloride & hydrochlorothiazide ..	47	anastrozole	28	ARANESP ALBUMIN FREE SOSY 54	
amiloride hcl TABS	47	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	8	ARBEM H-COSMETIC	147
amiodarone hcl TABS 100 MG	11	ANHYDROUS BASE OINT	147	ARBEM LIOPEN	147
amiodarone hcl TABS 200 MG, 400 MG	10	ANORO ELLIPTA	12	AREXVY	157
AMJEVITA SOAJ 40 MG/0.8ML	2	ANTARA 30 MG, 90 MG	22	arformoterol tartrate	12
AMJEVITA SOSY	2	ANTIOXIDANT FORMULA TABS 128		ARMONAIR DIGIHALER	11
AMLADEX TABS	135	APADAZ	7	ARMOUR THYROID TABS	152
amlodipine besylate TABS	32	APETIBEX CAPS	128	ARNUITY ELLIPTA	11
amlodipine besylate-atorvastatin calcium	33	APEXICON E CREA	42	artificial tear solution	141
amlodipine besylate-benazepril hcl 24		APIDRA SOLN	16	ASMANEX HFA AERO	11
amlodipine besylate-olmesartan medoxomil	24	APIDRA SOLOSTAR SOPN	16	ASMANEX TWISTHALER 120 METERED DOSES AEPB	11
amlodipine besylate-valsartan	24	APO-VARENICLINE TABS	151	ASMANEX TWISTHALER 14 METERED DOSES AEPB	11
amlodipine-valsartan- hydrochlorothiazide	24	APPE-CURB CAPS	128	ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	12
amoxicillin & pot clavulanate CHEW . 146		apraclonidine hcl	143	ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	11
amoxicillin & pot clavulanate SUSR 146		aprepitant CAPS 40 MG, 125 MG .	19	ASMANEX TWISTHALER 60 METERED DOSES AEPB	12
amoxicillin & pot clavulanate TABS 146		aprepitant CAPS 80 MG	19	ASMANEX TWISTHALER 7 METERED DOSES AEPB	12
amoxicillin CAPS	146	aprepitant CAPS	19	aspirin buffered (cal carb-mag carb- mag oxide)	5
amoxicillin CHEW 125 MG, 250 MG . 146		aprepitant MISC	20	aspirin CHEW	5
amoxicillin SUSR	146	AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	77		
amoxicillin TABS	146	AQ INSULIN SYRINGE/1ML/29G X 1/2"	77		
amoxicillin-clarithromycin w/		AQ INSULIN SYRINGE/1ML/31G X 5/16"	77		
		AQINJECT PEN NEEDLE/31G X 3/16"	77		
		AQINJECT PEN NEEDLE/32G X			

ASPIRIN SUPP 300 MG	5	ASSURE II CONTROL LEVEL 1 LIQD	60	NEEDLE/32GX4MM	78
aspirin TABS 325 MG	5			AUM MINI INSULIN PEN NEEDLE/32GX5MM	78
aspirin TBEC 325 MG	5	ASSURE II CONTROL LEVEL 1/2 LIQD	60	AUM MINI INSULIN PEN NEEDLE/32GX6MM	78
aspirin TBEC 81 MG	5	ASSURE LANCE LANCETS	60	AUM MINI INSULIN PEN NEEDLE/32GX8MM	78
aspirin-dipyridamole	53	ASSURE LANCE LANCETS 21G	60	AUM MINI INSULIN PEN NEEDLE/33GX4MM	78
ASPRUZYO SPRINKLE PACK	10	ASSURE LANCE PLUS SAFETYLANCETS 25G	60	AUM PEN NEEDLE/32GX4MM ...	78
ASSESS PEAK FLOW METER FULL RANGE	114	ASSURE LANCE PLUS SAFETYLANCETS 30G	60	AUM PEN NEEDLE/32GX5MM ...	78
ASSESS PEAK FLOW METER LOW RANGE	114	ASSURE LANCE SAFETY LANCET 28G	60	AUM PEN NEEDLE/32GX6MM ...	78
ASSURE 3 CONTROL LEVEL 1/2 LIQD	60	ASSURE PRISM CONTROL LEVEL 1/2 SOLN	60	AUM PEN NEEDLE/33GX4MM ...	78
ASSURE 4 CONTROL LEVEL 1/2 LIQD	60	ASSURE PRO CONTROL LEVEL 1/2 LIQD	60	AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	78
ASSURE COMFORT LANCETS ULTRA THIN 28G	60	atenolol & chlorthalidone	25	AUM SAFETY PEN NEEDLE/31G X 4MM	78
ASSURE DOSE NORMAL/HIGH CONTROL SOLN	60	atenolol TABS	32	AUM SAFETY PEN NEEDLE/31G X 5MM	78
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	60	ATORVALIQ SUSP	23	AURORA LANCET SUPER THIN30G	60
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	60	atorvastatin calcium TABS	23	AURORA LANCET THIN 23G	60
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	60	atovaquone	26	AURORA PEN NEEDLES 29GX12MM	78
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	60	ATREVIS HYDROGEL	147	AURORA PEN NEEDLES 31G X6MM	78
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	60	atropine sulfate (ophthalmic) OINT 142		AURORA PEN NEEDLES 31G X8MM	78
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	77	atropine sulfate (ophthalmic) SOLN 142		AURORA UNIFINE PENTIPS/32GX5/32"	78
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	77	ATROPINE SULFATE SOLN 1 % 142		AURORA UNIFINE PENTIPS/MINI/31GX3/16"	78
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	77	ATROVENT HFA	11	AURYXIA	52

AUSTEDO TABS	150	azithromycin TABS 600 MG	57	BASIS OVERNIGHT CREA	45
AUSTEDO XR TB24	150	AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	128	BAXDELA TABS	50
AUTO-LANCET MINI MISC	60	AZO HORMONAL HEALTH HAPPY CYCLE TABS	128	B-COMPLEX INJ	127
AUTO-LANCET MISC	60	BABY SKIN PROTECTANT	147	b-complex vitamins INJ	127
AUTOLET II CLINISAFE KIT	60	BACIGUENT	143	b-complex vitamins TABS	127
AUTOLET IMPRESSION LANCING DEVICE MISC	60	bacitracin (ophthalmic)	143	b-complex w/ c & folic acid CAPS 127	
AUTOLET LANCING DEVICE MISC . 60		bacitracin (topical) OINT	39	b-complex w/ c & folic acid TABS 127	
AUTOLET LITE CLINISAFE KIT ..	60	bacitracin zinc OINT	39	b-complex w/ folic acid TABS	127
AUTOLET LITE STARTER PACK KIT	61	bacitracin-polymyxin b (ophth) ...	143	b-complex w/biotin & folic acid TABS 127	
AUTOLET MINI MISC	61	bacitracin-poly-neomycin-hc	144	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" 78	
AUTOLET PLATFORMS MISC	61	baclofen SOLN OR 5 MG/5ML ...	140	BD INSULIN SYRINGE LUER- LOK/U-100/1ML	78
AUTOLET PLUS MISC	61	baclofen SUSP	140	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	78
AUVELITY	14	baclofen TABS	140	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	78
AUVI-Q SOAJ	160	BACMIN TABS	128	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" 78	
AUXIPRO VANISHING CREAM .	147	BAFIERTAM	150	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 78	
AVONEX PEN AJKT	150	balsalazide disodium CAPS	51	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 78	
AVONEX PSKT	150	BAQSIMI ONE PACK POWD	15	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 78	
AZ CREAM	147	BAQSIMI TWO PACK POWD	15	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" 78	
AZASITE	143	BARIATRIC FUSION CHEW	128	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 78	
azathioprine TABS	126	BARIATRIC MULTIVITAMINS/IRON CAPS	128	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" ..	78
azelastine hcl (ophth)	145	BASAGLAR KWIKPEN SOPN	16	BD INSULIN SYRINGE SLIP TIP/U- 100/1ML	78
azelastine hcl	140	BASAGLAR TEMPO PEN SOPN ..	16	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" ...	78
azelastine hcl-fluticasone propionate SUSP	140	BASE PCCA CLARIFYING	147	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	78
azithromycin PACK	57	BASE W301	147		
azithromycin SUSR	57	BASIC AM TABS	128		
azithromycin TABS 250 MG	57	BASIC PM TABS	128		
azithromycin TABS 500 MG	57	BASIS FACIAL MOISTURIZER CREA	45		

B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" .....78	ULTRAFINE/U-100/0.5ML/29G X 1/2" .....79	FINE/29G X 12.7MM .....79
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" .....78	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" .....79	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM .....79
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ...78	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM .....79	BD SAFETYGLIDE 1ML 27GX5/8" 79
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ...78	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM .....79	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" .....79
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM .....78	BD INSULIN SYRINGE/1ML/27G X 12.7MM .....79	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...80
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" ..78	BD INSULIN SYRINGE/1ML/29G X 12.7MM .....79	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" ....80
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM .....79	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" ....79	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" .....80
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ...79	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" ..79	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...80
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ...79	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" ..79	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" .80
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM .....79	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2" .....79	BD SWABS SINGLE USE .....75
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" ..79	BD MICROTAINER LANCETS ...61	BD SWABS SINGLE USE BUTTERFLY .....75
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM .....79	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM .....79	BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 6MM .....80
BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM 79	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM .....79	BD VEO INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 6MM 80
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" .....79	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM .....79	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64" .80
BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM .....79	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" .....79	BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64" .80
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM .....79	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM .....79	BECONASE AQ .....140
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" .....79	BD PEN NEEDLE/ORIGINAL/ULTRA-	BEELITH .....124
BD INSULIN SYRINGE		

BELBUCA FILM	8	augmented OINT	42	BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC	61
benazepril & hydrochlorothiazide ..	25	betamethasone valerate CREA ...	42	BIGFOOT UNITY PEN CAP FOR NOVOLOG MISC	61
benazepril hcl	23	betamethasone valerate FOAM ...	42	BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC	61
BENZHYDROCODONE/ACETAMIN OPHEN	7	betamethasone valerate LOTN ...	42	BIGFOOT UNITY PEN CAP FOR TOUJEO MISC	61
BENZNIDAZOLE	10	betamethasone valerate OINT	42	BIGFOOT UNITY PEN CAP FOR TRESIBA MISC	61
benzocaine-docusate sodium ENEM . 57		BETASERON KIT	150	bimatoprost SOLN	145
benzoyl peroxide CREA 10 %	38	betaxolol hcl (ophth) SOLN	142	BINAXNOW COVID-19 AG CARD HOME TEST KIT	46
benzoyl peroxide FOAM 10 %	38	betaxolol hcl	32	BINOSTO TBEF	48
benzoyl peroxide GEL 10 %	38	bethanechol chloride	156	BIO-35 GLUTEN-FREE CAPS ...	128
benzoyl peroxide GEL 5 %	38	BETIMOL	142	BIO-35 IRON FREE CAPS	128
benzoyl peroxide LIQD 5 %, 10 % .	38	BETOPTIC-S SUSP	142	BIOCAL CAPS	128
benzoyl peroxide-erythromycin GEL . 38		BEVESPI AEROSPHERE	12	BIOLYTE SOLN	124
benzphetamine hcl 50 MG	1	bexarotene	29	BION TEARS	141
bepotastine besilate	145	BEXSERO	156	BIOTHRAX	156
BESER	42	BEYFORTUS	146	biotin TABS 5 MG, 5000 MCG ...	161
BESIVANCE	143	bicalutamide	28	bisacodyl SUPP	56
BESREMI	29	BIFERA	55	bisacodyl TBEC	56
betamethasone dipropionate (topical) CREA	42	BIGFOOT UNITY PEN CAP FOR ADMELOG MISC	61	bismuth subcitrate potassium- metronidazole-tetracycline	155
betamethasone dipropionate (topical) LOTN	42	BIGFOOT UNITY PEN CAP FOR APIDRA MISC	61	bismuth subsalicylate CHEW 262 MG	18
betamethasone dipropionate (topical) OINT	42	BIGFOOT UNITY PEN CAP FOR ASPART MISC	61	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	18
betamethasone dipropionate augmented CREA	42	BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC	61	bismuth subsalicylate TABS	18
betamethasone dipropionate augmented GEL 0.05 %	42	BIGFOOT UNITY PEN CAP FOR FIASP MISC	61	bisoprolol & hydrochlorothiazide ..	25
betamethasone dipropionate augmented LOTN	42	BIGFOOT UNITY PEN CAP FOR HUMALOG MISC	61	bisoprolol fumarate	32
betamethasone dipropionate		BIGFOOT UNITY PEN CAP FOR LANTUS MISC	61		
		BIGFOOT UNITY PEN CAP FOR LISPRO MISC	61		

BLINCYTO	28	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	114	budesonide TB24	36
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD ...	61	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	114	budesonide-formoterol fumarate dihydrate	12
BONE DENSITY BUILDER TABS 125		BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH	12	buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	8
BONEUP 3 PER DAY CAPS	128	BREO ELLIPTA 50 MCG/INH-25 MCG/INH	12	buprenorphine hcl-naloxone hcl dihydrate SUBL	8
BONEUP CAPS	128	BREXAFEMME	20	buprenorphine PTWK	8
BONEUP VEGETARIAN TABS ..	128	BREZTRI AEROSPHERE	12	bupropion hcl (smoking deterrent) 151	
BOOSTRIX SUSP	153	BRILINTA	53	butalbital-acetaminophen TABS 50 MG-325 MG	4
BOOSTRIX SUSY	153	brimonidine tartrate 0.1 %, 0.15 % 143		butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG	4
BORTEZOMIB SOLN	29	brimonidine tartrate 0.2 %	143	butalbital-acetaminophen-caffeine w/ codeine	7
BORTEZOMIB SOLR IV 3.5 MG ..	29	brimonidine tartrate-timolol maleate . 142		butalbital-aspirin-caffeine CAPS	4
bosentan TABS	33	brinzolamide	145	butalbital-aspirin-caffeine w/cod	7
BRAFTOVI 75 MG	29	BRIXADI SOSY	8	butenafine hcl	39
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	114	bromfenac sodium (ophth)	145	butorphanol tartrate NA 10 MG/ML .	8
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	114	bromocriptine mesylate CAPS	30	BYDUREON BCISE AUIJ	16
BREATHE COMFORT PROTECTIVE SHIELD	110	bromocriptine mesylate TABS 2.5 MG	30	BYETTA SOPN 10 MCG/0.04ML ..	16
BREATHE EASE NEBULIZER MASK/CHILD MISC	114	BROMSITE	145	BYETTA SOPN 5 MCG/0.02ML ...	16
BREATHE EASE NEBULIZER MASK/INFANT MISC	114	BRONCHITOL	152	cabergoline	49
BREATHE EASE PEAK FLOW METER	114	BRONCHITOL TOLERANCE TEST . 152		caffeine citrate SOLN OR	1
BREATHE EASE/LARGE MASK DEVI	114	BRYHALI LOTN	42	CAL MAG ZINC +D3 TABS	125
BREATHE EASE/MEDIUM MASK DEVI	114	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	114	calcipotriene CREA	41
BREATHE EASE/SMALL MASK DEVI	114	budesonide (inhalation) SUSP	12	calcipotriene OINT	41
		budesonide (nasal)	140	calcipotriene SOLN	41
		budesonide CPEP	36	calcitonin (salmon) NA	48
				calcitriol (topical)	41
				calcitriol CAPS	49

calcitriol SOLN OR .....49	CALCIUM PHOSPHATE DIBASICDIHYDRATE 124	carboxymethylcellulose sodium (ophth) GEL .....141
CALCIUM 600+D HIGH POTENCY TABS .....123	calcium TABS .....124	carboxymethylcellulose sodium (ophth) SOLN 0.5 %141
CALCIUM 600+D3 PLUS MINERALS TABS .....125	CALCIUM/MAGNESIUM/ZINC TABS 200 UNIT-333 MG-133 MG-5 MG 125	CARDIOCOM LANCING DEVICE MISC 61
calcium acetate (phosphate binder) CAPS .....52	CALCIUM/MAGNESIUM/ZINC/D3 TABS .....125	CARDURA XL .....52
calcium acetate (phosphate binder) TABS .....52	CALCIUM/MAGNESIUM/ZINC/VITA MIN D3 TABS .....125	CAREFINE PEN NEEDLE 32GX4MM .....80
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG .....9	CAL-DAY 1000 TABS 128	CAREFINE PEN NEEDLES 29GX1/2" 80
calcium carbonate (antacid) SUSP . 9	CAL-MAG-ZINC-D TABS .....125	CAREFINE PEN NEEDLES 30GX5/16" .....80
CALCIUM CARBONATE EXTRA LIGHT POWD XX .....123	CAL-MAG-ZINC-D3 TABS 125	CAREFINE PEN NEEDLES 31GX6MM .....80
CALCIUM CARBONATE HEAVY POWD XX 123	CALQUENCE 29	CAREFINE PEN NEEDLES 31GX8MM .....80
CALCIUM CARBONATE LIGHT POWD XX 123	CAMCEVI .....28	CAREFINE PEN NEEDLES 32GX5MM .....80
CALCIUM CARBONATE POWD XX . 124	CAMZYOS .....33	CAREFINE PEN NEEDLES 32GX6MM .....80
calcium carbonate TABS 500 MG, 600 MG, 1250 MG, 1500 MG ....124	candesartan cilexetil .....24	CAREONE ADVANCED LANCINGDEVICE MISC .....61
calcium carbonate-cholecalciferol TABS .....123	candesartan cilexetil- hydrochlorothiazide 25	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ....80
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT 124	capecitabine .....28	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" ...80
calcium carbonate-vitamin d w/ minerals TABS .....124	CAPLYTA .....30	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" ....80
calcium citrate TABS 200 MG ....124	CAPRELSA .....29	CAREONE INSULIN SYRINGES/1ML/30G X 1/2" .....80
calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG 124	captopril & hydrochlorothiazide ... 25	CAREONE INSULIN SYRINGES/1ML/31GX5/16" .....80
CALCIUM PHOSPHATE DIBASIC 124	captopril 23	CAREONE LANCET SUPER
	carbidopa .....29	
	carbidopa-levodopa TABS .....30	
	carbidopa-levodopa TBCR .....30	
	carbidopa-levodopa TBDP .....30	
	carbidopa-levodopa-entacapone ..30	
	carbinoxamine maleate SOLN ....21	
	carbinoxamine maleate TABS 4 MG . 21	

THIN/30G .....61	CARETOUCH CPAP & BIPAP HOSE/6FT MISC 114	CARETOUCH SAFETY LANCETS/28G .....61
CAREONE LANCET THIN .....61	CARETOUCH CPAP MASK WIPES MISC .....114	CARETOUCH SAFETY LANCETS/30G .....61
CAREONE UNIFINE PENTIPS 29GX12MM .....80	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 114	CARETOUCH TWIST LANCETS 28G .....61
CAREONE UNIFINE PENTIPS 31GX5MM .....80	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....114	CARETOUCH TWIST LANCETS 30G .....61
CAREONE UNIFINE PENTIPS 31GX6MM .....80	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" .....81	CARETOUCH TWIST LANCETS 33G .....61
CAREONE UNIFINE PENTIPS 31GX8MM .....80	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" .....81	CARETOUCH TWIST LANCETS MULTI COLOR/30G .....61
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM .....80	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" .....81	CARETOUCH UNIVERSAL CPAPFILTERS MISC .....115
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM .....80	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" .....81	carteolol hcl (ophth) .....142
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM .....81	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" .....81	carvedilol .....32
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM .....81	CARETOUCH LANCING DEVICewith EJECTOR MISC ...61	carvedilol phosphate .....32
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM .....81	CARETOUCH PEN NEEDLE 29GX1/2" .....81	CAYA DPRH .....57
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM .....81	CARETOUCH PEN NEEDLE 33GX5/32" .....81	CAYSTON .....26
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" .....81	CARETOUCH PEN NEEDLES 31G X 6 MM .....81	cefaclor CAPS .....34
CARESENS CONTROL A SOLUTION SOLN .....61	CARETOUCH PEN NEEDLES 31GX 5MM .....81	CEFACLOR ER TB12 .....34
CARESENS CONTROL SOLUTION A/B SOLN .....61	CARETOUCH PEN NEEDLES 31GX 8MM .....81	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....34
CARESENS LANCETS .....61	CARETOUCH PEN NEEDLES 32GX 4MM .....81	cefadroxil CAPS .....34
CARETOUCH 2 CPAP HOSE HANGER MISC .....114	CARETOUCH PEN NEEDLES 32GX 5MM .....81	cefadroxil SUSR .....34
CARETOUCH ALCOHOL PREP PADS .....75	CARETOUCH SAFETY LANCETS/26G .....61	cefadroxil TABS .....34
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD .....61		cefdinir CAPS .....34
		cefdinir SUSR .....34
		cefixime CAPS .....34
		cefixime SUSR .....34
		cefpodoxime proxetil SUSR .....34
		cefpodoxime proxetil TABS .....34
		cefprozil SUSR .....34

cefprozil TABS	34	ADULTS 50+ CHEW	129	cetirizine hcl CHEW	21
cefuroxime axetil TABS	34	CENTRUM FRESH/FRUITY ADULTS CHEW	129	cetirizine hcl SOLN OR	21
CELEBRATE MULTI-COMPLETE CAPS	18 128	CENTRUM MEN TABS	129	cetirizine hcl SYRP OR	21
CELEBRATE MULTI-COMPLETE CHEW	18 128	CENTRUM MINIS WOMEN 50+ TABS	129	cetirizine hcl TABS 10 MG	21
CELEBRATE MULTI-COMPLETE CAPS	36 128	CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	129	cetirizine hcl TABS 5 MG	21
CELEBRATE MULTI-COMPLETE CHEW	36 128	CENTRUM SILVER CHEW	129	CHEMET	19
CELEBRATE MULTI-COMPLETE CAPS	45 128	CENTRUM SILVER ULTRA WOMENS TABS	129	chlorhexidine gluconate (mouth- throat)	126
CELEBRATE MULTI-COMPLETE CHEW	45 128	CENTRUM SPECIALIST HEART TABS	129	chloroquine phosphate TABS	27
CELEBRATE MULTI-COMPLETE CAPS	60 128	CENTRUM SPECIALIST IMMUNE SUPPORT TABS	129	chlorpheniramine maleate TABS ..	20
CELEBRATE MULTI-COMPLETE CHEW	60 129	CENTRUM SPECIALIST VISION TABS	129	chlorthalidone 25 MG, 50 MG	47
celecoxib 400 MG	3	CENTRUM ULTRA WOMENS TABS 129		chlorzoxazone TABS	140
celecoxib 50 MG, 100 MG, 200 MG	3	CENTRUM VITAMINTS CHEW ..	129	CHOICEFUL MULTIVITAMIN CAPS .	129
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	46	cephalexin CAPS	34	CHOICEFUL MULTIVITAMIN CHEW	129
CENTANY AT KIT	39	cephalexin SUSR	34	cholecalciferol CAPS 1.25 MG, 1.25 MG, 25 MCG, 50 MCG, 125 MCG, 1000 UNIT, 2000 UNIT, 5000 UNIT, 50000 UNIT	161
CENTANY OINT	39	cephalexin TABS	34	cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	161
CENTRAVITES 50 PLUS TABS .	129	CEQUA SOLN	144	cholecalciferol TABS	161
CENTRAVITES ADULTS TABS ..	129	CERALYTE 70 SOLN	124	cholestyramine light PACK	22
CENTRUM ADULT MULTIGUMMIES CHEW	129	CERASPORT EX1 SOLN	124	cholestyramine light POWD	22
CENTRUM CARDIO TABS	129	CERASPORT SOLN	124	cholestyramine PACK	22
CENTRUM FLAVOR BURST ADULT CHEW	129	CERTAVITE SENIOR TABS	129	cholestyramine POWD	22
CENTRUM FLAVOR BURST CHEW	129	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	129	choline fenofibrate	22
CENTRUM FRESH/FRUITY		CERTAVITE/ANTIOXIDANTS TABS .	129	CHRYSADERM DAY	147
		cetirizine hcl CAPS	21	CHRYSADERM NIGHT	147

ciclopirox KIT	39	clarithromycin TABS	57	EZINSULIN SYRINGE/0.3ML/29G X 1/2"	81
ciclopirox olamine CREA	39	clarithromycin TB24	57	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	81
ciclopirox olamine SUSP	39	CLASSIC PRENATAL TABS	137	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	81
ciclopirox SHAM	39	CLEANLET LANCETS 28G	61	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	81
ciclopirox SOLN	39	clemastine fumarate TABS 1.34 MG . 21		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	81
cilostazol	53	CLEOCIN SUPP	160	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	81
CILOXAN OINT	143	CLEODERM	147	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	81
cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	154	CLEVER CHEK LANCETS ULTRATHIN	61	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	81
cimetidine TABS	154	CLEVER CHEK LANCETS ULTRATHIN 30G	61	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	81
CIMZIA KIT	51	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI 115		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	82
CIMZIA PSKT	51	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	115	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	82
CIMZIA STARTER KIT PSKT	51	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI 115		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	82
cinacalcet hcl 30 MG, 60 MG	49	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI	115	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	82
cinacalcet hcl 90 MG	49	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI 115		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	82
CIPRO HC	145	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	81	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	82
CIPRO SUSR	50	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	81	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	82
ciprofloxacin hcl (ophth) SOLN ...	143	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	81
ciprofloxacin hcl (otic)	145			CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	81
ciprofloxacin hcl TABS	50			CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	81
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	50			CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	81
ciprofloxacin-dexamethasone	146			CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	81
ciprofloxacin-fluocinolone acetonide . 146				CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	81
CITALOPRAM HYDROBROMIDE CAPS	14			CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	81
CITRACAL MAXIMUM PLUS TABS 125				CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	81
CITRACAL PLUS TABS	125			CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	81
CITRULLINE(L)	34			CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	81
clarithromycin SUSR	57			CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	81

EZINSULIN SYRINGE/U- 100/1ML/31GX5/16" .....82	CLICKFINE PEN NEEDLE 32GX5/32" .....82	CLINDESSE 160
CLEVER CHOICE COMFORT EZLANCETS 21G .....61	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" .....82	CLINITEST RAPID COVID- 19ANTIGEN SELF-TEST KIT 46
CLEVER CHOICE COMFORT EZLANCETS 23G .....62	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" 82	clobetasol propionate CREA 0.05 % . 42
CLEVER CHOICE COMFORT EZLANCETS 28G .....62	CLICKFINE PEN NEEDLES 31G X 1/4" 82	clobetasol propionate emollient base 0.05 % 42
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM ...82	CLICKFINE PEN NEEDLES 31G X 3/16" .....82	clobetasol propionate emulsion ...42
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM ....82	CLICKFINE PEN NEEDLES 31G X 5/16" .....82	clobetasol propionate FOAM 42
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM ....82	CLICKFINE PEN NEEDLES 31G X 8MM 82	clobetasol propionate GEL 0.05 % 42
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM ....82	CLICKFINE PEN NEEDLES 32G X 5/32" .....82	clobetasol propionate LIQD .....42
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM ....82	CLICKFINE PEN NEEDLES/31GX1/4" .....82	clobetasol propionate LOTN .....42
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM ....82	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" .....82	clobetasol propionate OINT 0.05 % 42
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM ....82	clindamycin hcl .....26	clobetasol propionate SHAM 42
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM ....82	clindamycin palmitate hydrochloride . 26	clobetasol propionate SOLN 0.05 % . 42
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM ....82	clindamycin phosphate (topical) SOLN .....38	clocortolone pivalate 42
CLEVER CHOICE DISPOSABLEFACE MASK/MEDICAL GRADE .....110	clindamycin phosphate (topical) SWAB .....38	CLODAN KIT .....42
CLEVER CHOICE DISPOSABLEMASK/NON-MEDICAL.....110	clindamycin phosphate vaginal CREA.....160	clonidine .....24
CLEVER CHOICE FACE MASK .110	clindamycin phosphate-benzoyl peroxide (refrigerate) .....38	clonidine hcl (adhd) TB12 .....1
CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD .....62	clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 % . 38	clonidine hcl TABS .....24
CLEVER CHOICE PEAK FLOW METER .....115	clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %38	clonidine hcl TB24 24
Index 15		clopidogrel bisulfate 300 MG 53
		clopidogrel bisulfate 75 MG .....53
		clotrimazole (topical) CREA 39
		clotrimazole (topical) SOLN .....39
		clotrimazole 126
		clotrimazole vaginal CREA 160
		clotrimazole w/ betamethasone CREA 39
		clotrimazole w/ betamethasone

LOTN	39	COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	82	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	62
CO MONITOR DEVI	115	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	82	COMIRNATY 2023-24 SUSP	157
CO MONITOR REPLACEMENT TPIECES MISC	115	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	82	COMIRNATY 2023-24 SUSY	157
COAGUCHEK LANCETS	62	COMFORT EZ SHORT/31G X 8MM 82		COMIRNATY SUSP	157
coal tar extract SHAM 0.5 %	46	COMFORT EZ/31G X 5MM	83	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ..	115
codeine sulfate TABS 30 MG	5	COMFORT EZ/31G X 6MM	83	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	115
CODEINE SULFATE TABS	5	COMFORT LANCETS	62	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	115
CO-ENZYME Q 10	35	COMFORT TOUCH ALCOHOL PREP PADS	75	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	115
COENZYME Q10	35	COMFORT TOUCH LANCETS ULTRA THIN 31G	62	COMPLETE NATE CHEW	137
colchicine CAPS	53	COMFORT TOUCH PEN NEEDLES/31G X 4MM	83	CO-NATAL FA TABS	137
colchicine TABS	53	COMFORT TOUCH PEN NEEDLES/31G X 5MM	83	CONDOMS	57
colchicine w/ probenecid	53	COMFORT TOUCH PEN NEEDLES/31G X 6 MM	83	CONTOUR HIGH CONTROL LIQD 62	
colesevelam hcl PACK	22	COMFORT TOUCH PEN NEEDLES/31G X 8 MM	83	COOL CONTROL SOLUTION A SOLN	62
colesevelam hcl TABS	22	COMFORT TOUCH PEN NEEDLES/32G X 4MM	83	COOL CONTROL SOLUTION B SOLN	62
colestipol hcl GRAN	22	COMFORT TOUCH PEN NEEDLES/32G X 5MM	83	CORDRAN OINT	42
colestipol hcl PACK	22	COMFORT TOUCH PEN NEEDLES/32G X 6MM	83	COSENTYX SENSOREADY PEN SOAJ	41
colestipol hcl TABS	22	COMFORT TOUCH PEN NEEDLES/32G X 8MM	83	COSENTYX SOSY	41
COMBIVENT RESPIMAT AERS ..	13	COMFORT TOUCH PEN NEEDLES/33G X 5/32"	83	COSENTYX UNOREADY SOAJ ..	41
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	82	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	62	CREAM BASE	147
COMFORT ASSURED LANCETS MICRO THIN 33G	62			CREAM CONCENTRATE	147
COMFORT ASSURED LANCETS SUPER THIN 28G	62			CREATINE MONOHYDRATE	34
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	82				
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	82				
COMFORT EZ MICRO/32G X 4MM ..	82				

CREON CPEP .....47	CVS LANCETS ULTRA-THIN 30G 62	cyclophosphamide CAPS .....27
CRESEMBA CAPS 186 MG .....20	CVS LANCING DEVICE MISC ....62	CYCLOPHOSPHAMIDE TABS ....27
CRINONE GEL .....160	CVS MEDICAL FACE MASKS/EAR LOOP .....110	cycloserine .....27
cromolyn sodium (mastocytosis) ..51	CVS ONE DAILY MENS 50+ ADVANCED TABS .....130	cyclosporine (ophth) EMUL .....144
cromolyn sodium (nasal) 5.2 MG/ACT .....140	CVS ONE DAILY WOMENS 50+ADVANCED TABS .....130	cyclosporine CAPS .....126
cromolyn sodium (ophth) .....145	CVS PREP PADS .....76	CYCLOSPORINE IN KLARITY EMUL .....144
CUE COVID-19 TEST CARTRIDGE CART .....46	CVS PROCEDURAL MASK .....110	cyclosporine modified (for microemulsion) CAPS .....126
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW .....129	CVS SPECTRAVITE ADULT 50+ CHEW .....130	cyclosporine modified (for microemulsion) SOLN .....126
CURITY ALCOHOL PREPS/MEDIUM 2 PLY .....76	CVS SPECTRAVITE ADULT 50+ TABS .....130	cyproheptadine hcl SYRP .....22
CUTIS PLUS .....147	CVS SPECTRAVITE ADULTS TABS 130	cyproheptadine hcl TABS .....22
CVS ADULT 50+ EYE HEALTH CAPS .....129	CVS SPECTRAVITE ULTRA MEN50+ TABS .....130	CYRAMZA .....28
CVS AIRSHIELD IMMUNITY SUPPORT CHEW .....129	CVS SPECTRAVITE ULTRA MENS HEALTH TABS .....130	CYSTAGON CAPS .....52
CVS ALCOHOL PREP PADS ....76	CVS SPECTRAVITE ULTRA WOMEN TABS .....130	dabigatran etexilate mesylate CAPS . 14
CVS CALCIUM CITRATE+D3 TABS . 125	CVS SPECTRAVITE WOMEN CHEW .....130	DAILY MOISTURIZER .....148
CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS .....125	CVS ULTRA THIN LANCETS ....62	DAILY MULTIPLE VITAMINS TABS . 136
CVS EYE HEALTH ADULT 50+ CAPS .....129	CVS VISION HEALTH CAPS ....130	dalfampridine .....151
CVS LANCETS 21G .....62	cyanocobalamin SOLN IJ .....54	danazol CAPS .....8
CVS LANCETS MICRO THIN 33G 62	cyclobenzaprine hcl CP24 .....140	dantrolene sodium CAPS .....140
CVS LANCETS MICRO-THIN 33G 62	cyclobenzaprine hcl TABS 7.5 MG 140	dapsone .....26
CVS LANCETS ORIGINAL .....62	cyclobenzaprine hcl TABS .....140	DAPTACEL .....153
CVS LANCETS THIN 26G .....62	CYCLOGYL .....142	darifenacin hydrobromide .....155
CVS LANCETS ULTRA THIN 30G 62	cyclopentolate hcl 1 %, 2 %143	DAURISMO .....28
		DAYAVITE TABS .....130
		DAYBUE .....141
		DECUBI-VITE CAPS .....130
		DEKAS BARIATRIC CHEW .....130
		DEKAS PLUS CAPS .....130

DEKAS PLUS CHEW .....130	desoximetasone LIQD 43	DIALYVITE 800 PLUS D WAFR . 127
DEKAS PLUS OCEAN CAPS ....130	desoximetasone OINT 43	DIALYVITE 800/ZINC .....127
DENGVAXIA 157	dexamethasone ELIX .....36	DIALYVITE 800/ZINC 15 127
DEPO-MEDROL SUSP .....36	DEXAMETHASONE INTENSOL CONC 36	DIALYVITE SUPREME D TABS . 130
DERMACINRX MULTITAM TABS 130	dexamethasone sodium phosphate (ophth) .....144	DIALYVITE/ZINC 127
DERMACINRX RIBOTIN-E TABS 130	dexamethasone sodium phosphate SOLN IJ .....36	DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD 62
DERMACINRX ZINTREXYL-C TABS.....130	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 36	DIATHRIVE LANCETS .....62
DERMAVITE TABS .....130	DEXAMETHASONE SODIUM PHOSPHATE SOSY IJ 10 MG/ML 36	DIATHRIVE LANCETS ULTRA THIN 30G .....62
DESCOVY .....31	dexamethasone SOLN .....36	DIATHRIVE LANCING DEVICE MISC 62
desloratadine TABS .....21	dexamethasone TABS .....36	DIATHRIVE PEN NEEDLE/31 G X 6MM .....83
desloratadine TBDP 2.5 MG .....21	dexamethasone TBPk .....36	DIATHRIVE PEN NEEDLE/31 GX 8MM .....83
desloratadine TBDP 5 MG .....21	DEXATLAN CAPS 130	DIATHRIVE PEN NEEDLE/31GX 5MM .....83
DESMOPRESSIN ACETATE SOLN NA .....49	dexlansoprazole .....154	DIATHRIVE PEN NEEDLE/32GX 4MM .....83
desmopressin acetate spray .....49	dextran 70-hypromellose 0.3 %-0.1 %141	DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN 62
desmopressin acetate spray refrigerated .....49	dextromethorphan-doxylamine- acetaminophen LIQD 37	diazoxide 15
desmopressin acetate TABS 49	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML .....37	DICLOFENAC CAPS .....3
desogestrel & ethinyl estradiol ....35	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML- 10 MG/5ML .....37	diclofenac epolamine PTCH EX ...40
desogestrel-ethinyl estradiol (biphasic) .....35	dextromethorphan-phenylephrine- acetaminophen LIQD 37	diclofenac potassium CAPS .....3
desogestrel-ethinyl estradiol (triphasic) .....35	DHIVY TABS .....30	diclofenac potassium TABS .....3
desonide CREA .....43	DIALYVITE 3000 .....127	diclofenac sodium (actinic keratoses) EX .....41
desonide GEL .....43	DIALYVITE 5000 .....127	diclofenac sodium (ophth) 145
desonide LOTN .....43		diclofenac sodium (topical) GEL EX 40
desonide OINT .....43		diclofenac sodium (topical) SOLN EX 1.5 %40
desoximetasone CREA .....43		
desoximetasone GEL .....43		

diclofenac sodium (topical) SOLN EX 2 %	40	diclofenac sodium TB24	3	diclofenac sodium TBEC	3	diclofenac w/ misoprostol TBEC	3	dicloxacillin sodium	146	dicyclomine hcl CAPS	154	dicyclomine hcl SOLN OR	154	dicyclomine hcl TABS	154	diethylpropion hcl TABS	1	diethylpropion hcl TB24	1	DIFICID SUSR	57	DIFICID TABS	57	diflorasone diacetate CREA	43	diflorasone diacetate OINT	43	diflunisal TABS	5	digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	33	diltiazem hcl coated beads CP24	32	diltiazem hcl CP12	32	diltiazem hcl CP24	32	diltiazem hcl extended release beads	32	diltiazem hcl TABS	32	diltiazem hcl TB24	32	dimenhydrinate TABS	19	dimethyl fumarate CDPK	151	dimethyl fumarate CPDR	151	DIPENTUM	51	diphenhydramine hcl CAPS	21	diphenhydramine hcl ELIX 12.5		MG/5ML	21	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	21	diphenhydramine hcl SOLN 50 MG/ML	21	diphenhydramine hcl TABS 25 MG 21		diphenoxylate w/ atropine LIQD ...	18	diphenoxylate w/ atropine TABS ...	18	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP .	153	dipyridamole	53	disopyramide phosphate CAPS ...	10	DISPOSABLE FACE MASK	110	DISPOSABLE FACE MASK 3-PLY 110		DISPOSABLE MOUTHPIECE FULL RANGE MISC	115	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC .	115	DISPOSABLE MOUTHPIECE/LOW RANGE MISC	115	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	115	DISPOSABLE PAPER MOUTHPIECE MISC	115	DIURIL SUSP	48	docosanol	41	docusate calcium	57	docusate sodium CAPS	57	docusate sodium ENEM 283 MG/5ML	57	docusate sodium LIQD	57	docusate sodium TABS	57	donepezil hydrochloride TABS 23 MG	150	donepezil hydrochloride TABS 5 MG, 10 MG	150	donepezil hydrochloride TBDP ...	150	dorzolamide hcl	145	DORZOLAMIDE HCL	145	DORZOLAMIDE HCL/TIMOLOL MALEATE	142	dorzolamide hcl-timolol maleate .	142	doxazosin mesylate	24	doxercalciferol CAPS	49	doxercalciferol SOLN	49	doxycycline (monohydrate) CAPS 50 MG, 100 MG	152	doxycycline (monohydrate) SUSR 152		doxycycline (monohydrate) TABS 50 MG, 100 MG	152	doxycycline hyclate CAPS	152	doxycycline hyclate TABS 100 MG 152		dronabinol CAPS	19	DROPLET GENTEEL LANCING DEVICE MISC	62	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	83	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	83	DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	83	DROPLET INSULIN SYRINGE U-	
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100/0.3/31G X 5/16"83	30G62	32GX8MM84
DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 1/2"83	DROPLET LANCING DEVICE MISC . 62	DROPLET PERSONAL LANCETS30G62
DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 5/16" .....83	DROPLET PEN NEEDLES 29G X1/2" .....84	DROPSAFE ALCOHOL PREP PADS.....76
DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64" .....83	DROPLET PEN NEEDLES 29GX10MM .....84	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML .....84
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2" .....83	DROPLET PEN NEEDLES 29GX12MM .....84	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML .....84
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 15/64" .....83	DROPLET PEN NEEDLES 30G X 5/16" .....84	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML .....84
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 5/16" .....83	DROPLET PEN NEEDLES 31G X3/16" .....84	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML .....84
DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 5/16" .....83	DROPLET PEN NEEDLES 31G X5/16" .....84	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML .....84
DROPLET INSULIN SYRINGE U- 100/1ML/30G X 1/2" .....83	DROPLET PEN NEEDLES 31GX5MM .....84	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML .....84
DROPLET INSULIN SYRINGE U- 100/1ML/30G X 5/16" .....83	DROPLET PEN NEEDLES 31GX6MM .....84	DROPSAFE SAFETY PEN NEEDLE/31GX5MM .....84
DROPLET INSULIN SYRINGE U- 100/1ML/31G X 5/16" .....83	DROPLET PEN NEEDLES 31GX8MM .....84	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" .....84
DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64" .....83	DROPLET PEN NEEDLES 32G X 1/4" .....84	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" .....84
DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....83	DROPLET PEN NEEDLES 32G X 3/16" .....84	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" .....84
DROPLET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" .....83	DROPLET PEN NEEDLES 32G X 5/16" .....84	drospirenone-ethinyl estradiol ....35
DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64" .....83	DROPLET PEN NEEDLES 32G X 5/32" .....84	DROXIA CAPS .....54
DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....83	DROPLET PEN NEEDLES 32GX4MM .....84	DRUG MART ADJUSTABLE LANCING DEVICE MISC .....62
DROPLET INSULIN SYRINGE/U- 100/1ML/30G X 1/2" .....84	DROPLET PEN NEEDLES 32GX5MM .....84	DRUG MART LANCETS THIN ...62
DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....84	DROPLET PEN NEEDLES 32GX6MM .....84	DRUG MART ON-THE-GO LANCETS GENTLE 30G .....62
DROPLET LANCETS ULTRA THIN	DROPLET PEN NEEDLES	DRUG MART UNIFINE PENTIPS

31GX5MM .....84	EAR-LOOP MASK SMALL 110	NEEDLES31GX5/16" 85
DRUG MART UNIFINE PENTIPS29G X 12MM .....84	EASIVENT MISC 116 EASIVENT/MASK-LARGE MISC .115	EASY COMFORT PEN NEEDLES32GX5/32" 85
DRUG MART UNIFINE PENTIPS31GX6MM .....84	EASIVENT/MASK-MEDIUM MISC 116	EASY COMFORT PEN NEEDLES33G X 4MM 85
DRUG MART UNIFINE PENTIPS31GX8MM .....84	EASIVENT/MASK-SMALL MISC .116	EASY FLOW 300 MM HOSE MISC 116
DRUG MART UNIFINE PENTIPS32GX4MM .....84	EASY COMFORT ALCOHOL PADS 76	EASY FLOW 400 MM HOSE MISC 116
DRUG MART UNIFINE PENTIPSPPLUS 32GX4MM .....84	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" 85	EASY FLOW AIR NOZZLE MISC 116
DRUG MART UNILET LANCETSSUPER THIN 30G 62	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" 85	EASY FLOW BLACK/BLUE DEVI 116
DRUG MART UNILET LANCETSULTRA THIN 28G .....62	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" 85	EASY FLOW BLACK/ORANGE DEVI.....116
DRUG MART UNILET MICRO THIN LANCETS 33G .....63	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" 85	EASY FLOW BLACK/RED DEVI .116
DRYSOL SOLN .....45	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" 85	EASY FLOW BLACK/WHITE DEVI 116
DUAKLIR PRESSAIR .....13	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 85	EASY FLOW BLACK/YELLOW DEVI.....116
DULERA .....13	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" 85	EASY FLOW HEPA FILTER MISC 116
DUO-CARE CONTROL SOLUTION LIQD .....63	EASY COMFORT LANCETS .....63	EASY FLOW KN 95 MASK .....110
DUOPA SUSP .....30	EASY COMFORT LANCETS 30G/PULL TOP .....63	EASY FLOW WHITE/BLUE DEVI 116
DUPIXENT SOPN .....45	EASY COMFORT LANCETS 30G/THIN TOP .....63	EASY FLOW WHITE/GREEN DEVI 116
DUPIXENT SOSY .....45	EASY COMFORT LANCETS TWIST TOP .....63	EASY FLOW WHITE/PINK DEVI .116
DURABASE .....148	EASY COMFORT PEN NEEDLES31GX1/4" .....85	EASY FLOW WHITE/WHITE DEVI 116
DURABASE ADVANCED .....148	EASY COMFORT PEN NEEDLES31GX3/16" 85	EASY FLOW WHITE/YELLOW DEVI 116
DUREX EXTRA SENSITIVE THIN DEVI .....57	EASY COMFORT PEN NEEDLES31GX3/16" 85	EASY GLIDE PEN NEEDLES 33G X 5/32" .....85
DUREX REALFEEL NON-LATEX 57 dutasteride .....52	EASY COMFORT PEN	EASY MINI EJECT LANCING
dutasteride-tamsulosin hcl 52		
DYANAVEL XR CHER .....1		

DEVICE MISC .....63	SYRINGE/0.5ML/29G X 1/2" .....85	SYRINGE/U-100/1ML/27G X 5/8" 86
EASY MINI LANCING DEVICE MISC .....63	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" ....85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" 86
EASY PLUS II CONTROL SOLUTION HIGH SOLN .....63	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" .....85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" 86
EASY STEP CONTROL SOLUTION HIGH SOLN .....63	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2" .....85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" 86
EASY TALK CONTROL SOLUTION HIGH SOLN .....63	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16" .....85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" 86
EASY TALK PLUS II CONTROLHIGH SOLN .....63	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" .....85	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED ....63
EASY TOUCH 32GX5MM .....85		EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED ....63
EASY TOUCH 32GX6MM .....85		EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED ....63
EASY TOUCH ALCOHOL PREP PADS/MEDIUM .....76	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" .....85	EASY TOUCH LANCETS 26G/PULL- TOP .....63
EASY TOUCH CONTROL SOLUTION/HIGH & LOW SOLN ..63	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" . 85	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED ....63
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" 85	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" . 85	EASY TOUCH LANCETS 28G/PULL- TOP .....63
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" 85	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 85	EASY TOUCH LANCETS 28G/TWIST .....63
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" 85	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 86	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED .....63
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" 85	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 86	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED ....63
EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC 63	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....86	EASY TOUCH LANCETS 30G/PULL- TOP .....63
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" ....85		EASY TOUCH LANCETS 30G/TWIST .....63
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" ....85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" 86	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED ....63
EASY TOUCH INSULIN	EASY TOUCH INSULIN	EASY TOUCH LANCETS 32G/PULL- TOP .....63

EASY TOUCH LANCETS 32G/TWIST .....63	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....64	eletriptan hydrobromide .....123
EASY TOUCH LANCETS 33G/TWIST .....63	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" 86	ELIQUIS STARTER PACK TBPK . 13
EASY TOUCH LANCING DEVICE/EJECTOR MISC 63	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" .....86	ELIQUIS TABS 2.5 MG .....13
EASY TOUCH PEN NEEDLE 30G X 5/16" .....86	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" 86	ELIQUIS TABS 5 MG .....13
EASY TOUCH PEN NEEDLES 29GX1/2" .....86	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" 86	ELLA .....36
EASY TOUCH PEN NEEDLES 31GX1/4" .....86	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" 86	ELLUME COVID-19 HOME TEST KIT 46
EASY TOUCH PEN NEEDLES 31GX5/16" .....86	EASY TRAK GLUCOSE CONTROLSOLUTION HIGH SOLN 64	ELMIRON CAPS .....52
EASY TOUCH PEN NEEDLES 32GX1/4" .....86	EASMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD . 64	ELYXYB .....123
EASY TOUCH PEN NEEDLES 32GX3/16" .....86	EASMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION SOLN .....64	EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD .....64
EASY TOUCH PEN NEEDLES 32GX5/32" .....86	EASMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD 64	EMBRACE LANCETS ULTRA THIN 30G .....64
EASY TOUCH PEN NEEDLES/31G X 3/16" .....86	EBASE CONTROLLER KIT MISC 116	EMBRACE LANCING DEVICE WITH EJECTOR MISC .....64
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED .....63	econazole nitrate CREA 39	EMBRACE PEN NEEDLES/29G X 12MM .....86
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED .....63	EDARBI .....24	EMBRACE PEN NEEDLES/30G X 8MM .....86
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED .....63	EDARBYCLOR .....25	EMBRACE PEN NEEDLES/31G X 5MM .....86
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....63	ELEMENT COMPACT CONTROL SOLUTION LEVEL 2 SOLN 64	EMBRACE PEN NEEDLES/31G X 6MM .....86
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED .....63	ELEMENT COMPACT CONTROL SOLUTION LEVEL 3 SOLN 64	EMBRACE PEN NEEDLES/31G X 8MM .....86
	ELEMENT HIGH CONTROL LIQD 64	EMBRACE PEN NEEDLES/32G X 4MM .....86
		EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G .....64
		EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G .....64
		EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD .....64
		EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN .

64	MG/3ML	14	STATIC/SMALL MASK DEVI	117	
EMCYT	28	enoxaparin sodium SOSY	14	EQL ALCOHOL SWABS	76
EMEND SUSR	20	ENSPRYNG	126	EQL CENTURY MATURE ADULTS50+ TABS	130
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	130	entacapone	29	EQL CENTURY MENS TABS	130
EMERGEN-C VITAMIN C CHEW 130		ENTADFI	52	EQL CENTURY WOMENS TABS 130	
EMFLAZA SUSP	36	entecavir TABS	31	EQL COLOR LANCETS 21G	64
EMFLAZA TABS	36	ENTRESTO	33	EQL COLOR LANCETS MICRO THIN 33G	64
EMGALITY SOAJ	122	ENTYVIO SOLR	51	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	86
EMGALITY SOSY 100 MG/ML	122	ENTYVIO SOPN	51	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	86
EMGALITY SOSY 120 MG/ML	122	epinastine hcl (ophth)	145	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	86
EMOLIVAN	148	epinephrine (anaphylaxis) SOAJ	160	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	86
EMOLLIENT CREAM	148	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	54	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	87
EMOLLIENT CREAM BASE	148	EQ COMPLETE		EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	87
EMPAVELI	53	MULTIVITAMINADULTS UNDER 50 TABS	130	EQL INSULIN SYRINGE/1ML/29G X 1/2"	87
enalapril maleate & hydrochlorothiazide	25	EQ MULTIVITAMINS ADULT GUMMY CHEW	130	EQL INSULIN SYRINGE/1ML/30G X 5/16"	87
enalapril maleate SOLN	24	EQ ONE DAILY MENS 50+ TABS 130		EQL INSULIN SYRINGE/1ML/31G X 5/16"	87
enalapril maleate TABS	24	EQ ONE DAILY MENS HEALTH TABS	130	EQL INSULIN SYRINGE/1ML/30G X 5/16"	87
ENBREL MINI SOCT	4	EQ ONE DAILY WOMENS 50+ TABS	130	EQL INSULIN SYRINGE/1ML/31G X 5/16"	87
ENBREL SOLN	4	EQ ONE DAILY WOMENS HEALTH TABS	130	EQL ONE DAILY ADULT GUMMIES CHEW	130
ENBREL SOLR	4	EQ SPACE CHAMBER ANTI-STATIC DEVI	117	EQL ONE DAILY MENS TABS	130
ENBREL SOSY	4	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	117	EQL PRENATAL FORMULA TABS 137	
ENBREL SURECLICK SOAJ	4	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	117	EQL SUPER THIN LANCETS 30G	64
ENDARI	54	EQ SPACE CHAMBER ANTI-			
ENFAMIL ENFALYTE SOLN	124				
ENERGIX-B SUSP 20 MCG/ML	157				
ENERGIX-B SUSY	157				
ENJAYMO	53				
enoxaparin sodium SOLN IJ 300					

EQL THIN LANCETS 26G	64	estradiol vaginal CREA	160	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	87
ergocalciferol CAPS	161	estradiol vaginal TABS	160	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	87
ERIVEDGE	28	estradiol valerate	50	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	87
ERLEADA 60 MG	28	ESTROFACTORS TABS	136	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	87
ERMEZA SOLN OR	152	ESTROVEN MENOPAUSE SUPPLEMENT TABS	130	exemestane	28
ERTACZO	39	ethambutol hcl TABS	27	EXPIRATORY MOUTHPIECE MISC . 117	
erythromycin (acne aid) SOLN	39	ethynodiol diacet & eth estrad	35	EXSERVAN FILM	141
erythromycin (ophth)	143	etodolac CAPS	3	EXTAVIA KIT	151
ERYTHROMYCIN	143	etodolac TABS	3	EYE HEALTH CAPS	130
erythromycin base CPEP	57	etodolac TB24	3	EYE HEALTH/LUTEIN TABS	130
erythromycin base TABS	57	etonogestrel-ethinyl estradiol	35	EYE MULTIVITAMIN CAPS	130
erythromycin base TBEC	57	etoposide CAPS	29	EYE MULTIVITAMIN/LUTEIN CAPS . 130	
erythromycin ethylsuccinate SUSR 200 MG/5ML	57	EUCRISA	46	EYE MULTIVITAMIN/SODIUM TABS	130
erythromycin ethylsuccinate SUSR 400 MG/5ML	57	EULEXIN	28	EYSUVIS SUSP	144
erythromycin ethylsuccinate TABS	57	everolimus TABS	29	E-Z JECT LANCETS	64
erythromycin stearate TABS 250 MG 57		everolimus TBSO	29	E-Z JECT LANCETS 21G	64
esomeprazole magnesium CPDR 20 MG	154	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	87	E-Z JECT LANCETS COLOR	64
esomeprazole magnesium CPDR 40 MG	154	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	87	E-Z JECT LANCETS SUPER THIN 30G	64
esomeprazole magnesium PACK	154	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	87	E-Z JECT LANCETS THIN 26G ..	64
esomeprazole magnesium TBEC	154	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	87	EZALLOR SPRINKLE CPSP	23
esterified estrogens & methyltestosterone 1.25 MG-0.625 MG	49	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	87	ezetimibe	23
estradiol & norethindrone acetate TABs	49	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	87	ezetimibe-simvastatin	22
estradiol PTTW	50	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	87	E-ZJECT LANCETS MICRO-THIN 33G	64
estradiol PTWK	50	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	87	EZ-LETS LANCETS 21G	64
estradiol TABS	50				

EZ-LETS LANCETS 26G SUPER-SOFT	64	felodipine	32	ferrous sulfate dried TBCR 45 MG	55
EZ-LETS LANCETS 28G ULTRA-SOFT	64	FEM-CAL CITRATE TABS	125	ferrous sulfate SOLN	55
EZ-LETS LANCETS 30G	64	FEMCAP DEVI	58	ferrous sulfate TABS 65 MG, 325 MG	55
FACE MASK EARLOOP-STYLE	111	fenofibrate CAPS	23	ferrous sulfate TBCR 45 MG, 142 MG	55
FACE MASK RESPIRATOR N-100 PARTICULATE W/EXHALATION VALVE	111	fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG	23	ferrous sulfate TBEC	55
FACE MASK RESPIRATOR R-95 PARTICULATE	111	fenofibrate micronized 67 MG, 134 MG, 200 MG	22	FERROUS SULFATE TBEC	55
FACE MASK SURGICAL/DISPOSABLE	111	fenofibrate TABS 40 MG, 120 MG	23	fesoterodine fumarate 4 MG	156
FACE MASK/3 PLY/EAR LOOP	111	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	23	fesoterodine fumarate 8 MG	156
FACE MASKS 3 LAYER NON-MEDICAL	111	FENOFIBRATE TABS	23	FEVERALL JUNIOR STRENGTH SUPP	5
FAGRON LS PLUS	148	fenofibric acid	23	fexofenadine hcl SUSP	21
FAGRON NATURAL CREAM	148	fenoprofen calcium CAPS 400 MG	3	fexofenadine hcl TABS 60 MG, 180 MG	21
FAGRON SUPREME CREAM	148	fenoprofen calcium TABS	3	FIASP FLEXTOUCH SOPN	16
famciclovir	31	fentanyl citrate LPOP	6	FIASP PENFILL SOCT	16
famotidine SUSR	154	fentanyl citrate TABS	6	FIASP PUMPCART SOCT	16
famotidine TABS	154	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6	FIASP SOLN	16
FANTASY LUBRICATED MISC	58	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6	FIFTY50 ALCOHOL PREP PADS	76
FANTASY LUBRICATED/SPERMICIDE MISC	58	FEOSOL BIFERA	55	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	87
FARXIGA	18	FERREX 150 FORTE PLUS	55	FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	87
FARYDAK	29	FERREX 150 PLUS 50 MG-50 MG-50 MG-50 MG-150 MG-150 MG	55	FIFTY50 PEN NEEDLES 31GX5MM	87
FASENRA PEN SOAJ	11	FERREX 28 MISC	55	FIFTY50 PEN NEEDLES/31GX8MM	87
FASENRA SOSY	11	ferrous gluconate TABS 27 MG, 240 MG, 324 MG	55	FIFTY50 PEN NEEDLES/32GX4MM	87
FATTIBASE	148	FERROUS GLUCONATE TABS 324 MG	55	FIFTY50 PEN NEEDLES/32GX6MM	87
FC2 FEMALE CONDOM	58	ferrous sulfate dried TABS 200 MG	55	FIFTY50 SAFETY SEAL LANCETS 30G	64
febuxostat	53				

FIFTY50 SAFETY SEAL LANCETS 32G	64	FLEXICHAMBER DEVI	117	2023-2024 SUSP	158
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	87	FLORIVA PLUS SOLN	136	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	158
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	87	FLOVENT DISKUS AEPB	12	fluconazole SUSR	20
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	87	FLOVENT HFA 110 MCG/ACT	12	fluconazole TABS 150 MG	20
FIFTY50 UNILET LANCETS 33G	64	FLOVENT HFA 220 MCG/ACT	12	fluconazole TABS 50 MG, 100 MG, 200 MG	20
FILTER AIR PP MISC	117	FLOVENT HFA 44 MCG/ACT	12	flucytosine	20
finasteride	52	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	46	fludrocortisone acetate TABS	37
FINE 30	64	FLUAD QUADRIVALENT 2021-2022	157	FLULAVAL QUADRIVALENT 2021-2022 SUSY	158
FINGERSTIX LANCETS	64	FLUAD QUADRIVALENT 2022-2023	157	FLULAVAL QUADRIVALENT 2022-2023 SUSY	158
fingolimod hcl	151	FLUAD QUADRIVALENT 2023-2024	157	FLULAVAL QUADRIVALENT 2023-2024 SUSY	158
FITALITE	148	FLUARIX QUADRIVALENT 2021-2022 SUSY	157	FLUMIST QUADRIVALENT	158
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	130	FLUARIX QUADRIVALENT 2022-2023 SUSY	157	flunisolide (nasal) 0.025 %	141
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	131	FLUARIX QUADRIVALENT 2023-2024 SUSY	157	fluocinolone acetonide CREA	43
FLAVOR BLEND SUSP	146	FLUBLOK QUADRIVALENT 2021-2022	157	fluocinolone acetonide OIL	43
FLAVOR PLUS LIQD	146	FLUBLOK QUADRIVALENT 2022-2023	157	fluocinolone acetonide OINT	43
FLAVOR SWEET SYRP	146	FLUBLOK QUADRIVALENT 2023-2024	157	fluocinolone acetonide SOLN	43
FLAVOR SWEET-SF SYRP	146	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	157	fluocinonide CREA	43
flavoxate hcl	156	FLUCELVAX QUADRIVALENT 2021-2022 SUSY	157	fluocinonide emulsified base	43
flecainide acetate	10	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	158	fluocinonide GEL	43
FLEXICHAMBER ADULT MASK/SMALL	117	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	158	fluocinonide OINT	43
FLEXICHAMBER CHILD MASK/LARGE	117	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	158	fluocinonide SOLN	43
FLEXICHAMBER CHILD MASK/SMALL	117	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	158	fluorometholone (ophth) SUSP ...	144
		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	158	fluorouracil (topical) CREA	41
		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	158	flurandrenolide CREA	43
		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	158	flurandrenolide LOTN	43
		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	158	flurandrenolide OINT	43
		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	158	flurbiprofen sodium	145

flurbiprofen TABS 100 MG	3	2022 SUSP	158	FORA LANCETS	64
flutamide	28	FLUZONE QUADRIVALENT 2021-2022 SUSY	158	FORA LANCING DEVICE MISC ..	64
fluticasone furoate-vilanterol	13	FLUZONE QUADRIVALENT 2022-2023 SUSP	158	FORA LANCING DEVICE/CLEARCAP MISC	64
fluticasone propionate (inhalation) AEPB	12	FLUZONE QUADRIVALENT 2022-2023 SUSY	158	FORACARE GDH CONTROL SOLUTION HIGH SOLN	65
fluticasone propionate (nasal) SUSP . 141		FLUZONE QUADRIVALENT 2023-2024 SUSP	158	formoterol fumarate NEBU	13
fluticasone propionate CREA 0.05 % 43		FLUZONE QUADRIVALENT 2023-2024 SUSY	158	FORTISCARE CONTROL SOLUTIONS HIGH SOLN	65
fluticasone propionate hfa 110 MCG/ACT	12	FLY P HYPERSONIQ CARTRIDGE MISC	117	FOSAMAX PLUS D	48
fluticasone propionate hfa 220 MCG/ACT	12	FOLAGENT DHA CAPS	131	fosinopril sodium & hydrochlorothiazide	25
fluticasone propionate hfa 44 MCG/ACT	12	FOLAMAX TABS	131	fosinopril sodium	24
fluticasone propionate LOTN	43	FOLAMED DHA CAPS	131	FOSRENOL PACK	52
fluticasone propionate OINT	43	FOLBIC	47	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	14
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	13	FOLCYTEINE TABS	136	FRAGMIN SOSY	14
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	13	folic acid TABS 1 MG, 800 MCG ..	54	FREDS PHARMACY AUTOLET LANCING DEVICE MISC	65
fluticasone-salmeterol AERO	13	folic acid TABS 400 MCG	54	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	87
fluvastatin sodium CAPS	23	folic acid-pyridoxine-cyanocobalamin	47	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	87
fluvastatin sodium TB24	23	folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG, 25 MG-2.2 MG-1 MG, 25 MG-2.5 MG-1 MG	55	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	88
FLUZONE HIGH-DOSE PF 2021-2022	158	FOLIFLEX TABS	131	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	65
FLUZONE HIGH-DOSE PF 2022-2023	158	FOLIKA-MG TABS	131	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	65
FLUZONE HIGH-DOSE PF 2023-2024	158	FOLITAB 500	55	FREEDAVITE TABS	131
FLUZONE QUADRIVALENT 2021-2022 SUSP	158	FOLITIN-Z TABS	131	FREEDOM ADAPTADERM	148
		FOLTABS 800 TABS	55	FREEDOM DERMA SERUM	148
		fondaparinux sodium	14	FREEDOM DERMA-D	148
		FORA CONTROL SOLUTION HIGH SOLN	64		

FREEDOM DERMA-N	148	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	65 46	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC 65	
FREEDOM PEG TROCHE BASE POWD	146	GENADEK STEP 1 CAPS	131	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC ..	65
FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	65	GENADEK STEP 2 CAPS	131	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	.65
FREESTYLE CONTROL SOLUTION LIQD	65	GENICIN VITA-Q TABS	136	GENTEEL PLUS LANCING DEVICE/LET GP LANCETS	65
FREESTYLE LANCETS	65	GENOTROPIN CART SC	48	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	65
FREESTYLE UNISTICK II LANCETS	65	GENOTROPIN MINIQUICK PRSY	48	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
frovatriptan succinate	123	gentamicin sulfate (ophth) OINT	. 143	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
FULL KIT NEBULIZER SET MISC 117		gentamicin sulfate (ophth) SOLN	.143	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
FULPHILA	54	gentamicin sulfate (topical) CREA	.39	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
FUROSCIX CTKT	47	gentamicin sulfate (topical) OINT	.39	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	47	GENTEEL BUTTERFLY TOUCH LANCETS	65	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
furosemide TABS 20 MG	47	GENTEEL CONTACT TIPS/BLUE MISC	65	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
furosemide TABS 40 MG	47	GENTEEL CONTACT TIPS/CLEAR MISC	65	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
furosemide TABS 80 MG	47	GENTEEL CONTACT TIPS/GREEN MISC	65	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
FYLNETRA	54	GENTEEL CONTACT TIPS/ORANGE MISC	65	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
galantamine hydrobromide CP24	150	GENTEEL CONTACT TIPS/RAINBOW MISC	65	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
galantamine hydrobromide SOLN 150		GENTEEL CONTACT TIPS/VIOLET MISC	65	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
galantamine hydrobromide TABS	150	GENTEEL CONTACT TIPS/YELLOW MISC	65	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
GARDASIL 9 SUSP	158	GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	65	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
GARDASIL 9 SUSY	158	GENTEEL NOZZLES MISC	65	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
gatifloxacin (ophth)	143	GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	65	GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
GELNIQUE GEL 10 %	156	GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC		GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
gemfibrozil TABS	23			GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
GEMTESA	156			GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	46			GENTEEL PLUS LANCING DEVICE/LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	65

GLOBAL EASE INJECT PEN NEEDLES 31GX8MM .....88	88	GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN .....66
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM .....88	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....88	GLUCOCOM HIGH CONTROL LIQD.....66
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM .....88	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" 88	GLUCOCOM LANCETS 28G .....66
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...88	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" 88	GLUCOCOM LANCETS 30G .....66
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...88	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 88	GLUCOCOM LANCETS 33G .....66
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" .....88	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 88	GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2" .....88
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM .....88	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 88	GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" .....88
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" . 88	GLOBAL INJECT EASE LANCETS 28G .....65	GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" .....88
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" . 88	GLOBAL INJECT EASE LANCETS 30G .....65	GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....89
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....88	GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2" .....88	GLUCOPRO INSULIN SYRINGE/U- 100/1ML/30G X 1/2" .....89
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....88	GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16" .....88	GLUCOPRO INSULIN SYRINGE/U- 100/1ML/30G X 5/16" .....89
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....88	GLOBAL LANCING DEVICE MISC 65	GLUCOPRO INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....89
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 88	GLOPERBA SOLN OR .....53	GLUCOSE CONTROL SOLUTION SOLN .....66
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 88	GLUCAGEN HYPOKIT .....15	glyburide micronized 1.5 MG, 3 MG, 6 MG .....18
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 88	glucagon (rdna) .....15	glyburide TABS .....18
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 88	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR .....15	glyburide-metformin .....14
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" ..	GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD .66	GLYCOPHOS .....125
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" ..	GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN .....66	glycopyrrolate SOLN OR 1 MG/5ML . 154
		glycopyrrolate TABS 1 MG, 2 MG

154	GNP INSULIN	SYRINGE/1ML/28G X 1/2" .....90
GLYXAMBI 14	SYRINGES/1ML/28GX1/2" 89	GOCOVRI CP24 .....30
GNP ALCOHOL SWABS .....76	GNP INSULIN	GOJJI LANCING DEVICE/CLEAR
GNP CLICKFINE UNIVERSAL PEN	SYRINGES/1ML/29GX1/2" 89	CAP MISC .....66
NEEDLES 31GX1/4" .....89	GNP INSULIN	GOJJI STERILE LANCETS 30G ..66
GNP CLICKFINE UNIVERSAL PEN	SYRINGES/1ML/30GX5/16" .....89	GOODSENSE CLICKFINE SAFETY
NEEDLES 31GX5/16" .....89	GNP INSULIN	PEN NEEDLE/31G X 3/16" 90
GNP EASY TOUCH CONTROL	SYRINGES/3ML/31GX5/16" .....89	GOODSENSE COLOR LANCETS
SOLUTION HIGH & LOW LIQD ...66	GNP LANCETS 21G .....66	MICRO-THIN 33G UNIVERSAL ..66
GNP EASY TOUCH CONTROL	GNP LANCETS THIN 26G .....66	GOODSENSE LANCETS MICRO-
SOLUTION HIGH/LOW SOLN ....66	GNP LANCING SYSTEM DEVICE	THIN 33G .....66
GNP INSULIN SYRINGE/0.3ML/29G	MISC .....66	GOODSENSE LANCETS MICRO-
X 1/2" .....89	GNP PRENATAL TABS .....137	THIN 33G UNIVERSAL .....66
GNP INSULIN SYRINGE/0.3ML/30G	GNP STERILE LANCETS 28G ...66	GOODSENSE LANCETS ULTRA-
X 5/16" .....89	GNP STERILE LANCETS 30G ...66	THIN 26G UNIVERSAL .....66
GNP INSULIN SYRINGE/0.3ML/31G	GNP STERILE LANCETS 33G ...66	GOODSENSE LANCETS ULTRA-
X 5/16" .....89	GNP ULTICARE PEN	THIN 30G .....66
GNP INSULIN SYRINGE/0.5ML/28G	NEEDLES/31GX5/16" .....89	GOODSENSE LANCETS ULTRA-
X 1/2" .....89	GNP ULTICARE PEN	THIN 30G UNIVERSAL .....66
GNP INSULIN SYRINGE/0.5ML/29G	NEEDLES/32GX 5/32" .....89	GOODSENSE LANCING DEVICE
X 1/2" .....89	GNP ULTICARE PEN	MISC .....66
GNP INSULIN SYRINGE/0.5ML/30G	NEEDLES/32GX1/4" .....89	GOODSENSE PEN
X 5/16" .....89	GNP ULTICARE PEN NEEDLES31G	NEEDLE/PENFINE CLASSIC/31G X
GNP INSULIN SYRINGE/0.5ML/31G	X 5MM .....89	3/16" .....90
X 5/16" .....89	GNP ULTIGUARD	GOODSENSE PEN
GNP INSULIN SYRINGE/1ML/29G X	SAFEPACK/MICRO PEN	NEEDLE/PENFINE CLASSIC/31G X
1/2" .....89	NEEDLE/32GX4MM .....89	5/16" .....90
GNP INSULIN SYRINGE/1ML/30G X	GNP ULTIGUARD SAFEPACK/MINI	GOODSENSE PEN
5/16" .....89	PEN NEEDLE/31GX5MM .....89	NEEDLE/PENFINE CLASSIC/32G X
GNP INSULIN SYRINGE/1ML/31G X	GNP ULTIGUARD SAFEPACK/MINI	1/4" 90
5/16" .....89	PEN NEEDLE/32GX6MM .....89	GOODSENSE PEN
GNP INSULIN	GNP ULTIGUARD	NEEDLE/PENFINE CLASSIC/32G X
SYRINGES/0.3ML/30GX5/16" ....89	SAFEPACK/SHORT PEN	5/32" .....90
GNP INSULIN	NEEDLE/31GX8MM .....89	GRALISE TABS 300 MG, 600 MG
SYRINGES/1/2ML/29GX1/2" 89	GNP ULTRA COMFORT INSULIN	151
		GRALISE TABS 450 MG, 750 MG,
		900 MG 151

granisetron hcl TABS	19	66	SYRINGE/U-100/1ML/30G X 5/16"	90
GRANIX SOLN	54	HAEMOLANCE PLUS LOW FLOW ..		
GRANIX SOSY	54	66	HEALTHWISE INSULIN	
GRAPE SYRUP SYRP	146	HAEMOLANCE PLUS MAX FLOW	SYRINGE/U-100/1ML/31G X 5/16"	90
		66		
griseofulvin microsize SUSP	20	HAEMOLANCE PLUS PEDIATRIC	HEALTHWISE MICRON PEN	
griseofulvin microsize TABS	20	FLOW	NEEDLES/32G X 5/32"	90
		66		
griseofulvin ultramicrosize	20	HAIR SKIN & NAILS ADVANCED	HEALTHWISE MINI PEN NEEDLES	
guaifenesin LIQD	37	FORMULA TABS	31GX6MM	90
		131		
guaifenesin SYRP	38	HAIR/SKIN/NAILS CAPS	HEALTHWISE PEN NEEDLES	
		131	29GX12MM	90
guaifenesin TABS 200 MG	38	halcinonide CREA	HEALTHWISE SHORT PEN	
		43	NEEDLES 31GX8MM	90
guaifenesin-codeine LIQD 10		halobetasol propionate CREA		
MG/5ML-100 MG/5ML	37	43	HEALTHWISE SHORT PEN	
		HALOBETASOL PROPIONATE	NEEDLES/31G X 3/16"	90
guaifenesin-codeine SOLN 10		FOAM		
MG/5ML-100 MG/5ML	37	43	HEALTHWISE SHORT PEN	
		halobetasol propionate OINT	NEEDLES/31G X 5/16"	90
guaifenesin-codeine SYRP	37	43		
		HALOG OINT	HEALTHWISE UNIFINE PENTIPS	
guanfacine hcl	24	43	PEN NEEDLES 32GX4MM	90
		HALOG SOLN		
GVOKE HYOPEN 1-PACK SOAJ		HAVRIX	HEALTHY ACCENTS AUTOLET	
0.5 MG/0.1ML	15	158	IMPRESSION LANCING DEVICE	
		HEAD CARE PROACTIVE HEALTH	MISC	66
GVOKE HYOPEN 1-PACK SOAJ 1		TABS		
MG/0.2ML	15	131	HEALTHY ACCENTS UNIFINE	
		HEALTH CARE LANCING DEVICE	PENTIPS PEN NEEDLES	
GVOKE HYOPEN 2-PACK SOAJ		MISC	29GX12MM	90
0.5 MG/0.1ML	15	66		
		HEALTHWISE INSULIN	HEALTHY ACCENTS UNIFINE	
GVOKE HYOPEN 2-PACK SOAJ 1		SYRINGE/U-100/0.3ML/30G X 5/16"	PENTIPS PEN NEEDLES 31GX5MM	
MG/0.2ML	15	.....	.....	90
		90		
GVOKE KIT SOLN	15	HEALTHWISE INSULIN	HEALTHY ACCENTS UNIFINE	
		SYRINGE/U-100/0.3ML/31G X 5/16"	PENTIPS PEN NEEDLES 31GX6MM	
GVOKE PFS SOSY 0.5 MG/0.1ML		.....	.....	90
15		90		
		HEALTHWISE INSULIN	HEALTHY ACCENTS UNIFINE	
GVOKE PFS SOSY 1 MG/0.2ML ..	15	SYRINGE/U-100/0.5ML/30G X 5/16"	PENTIPS PEN NEEDLES 31GX8MM	
		.....	.....	90
HAEMOLANCE	66	.....		
		90		
HAEMOLANCE LOW FLOW		HEALTHWISE INSULIN	HEALTHY ACCENTS UNIFINE	
LANCETS	66	SYRINGE/U-100/0.5ML/31G X 5/16"	PENTIPS PEN NEEDLES 32GX4MM	
		.....	.....	90
HAEMOLANCE PLUS	66	.....		
		90		
HAEMOLANCE PLUS HIGH FLOW ..		HEALTHWISE INSULIN	HEALTHY ACCENTS UNILET	

LANCETS SUPER THIN 30G .....66	PADS .....76	91
HEALTHY EYES SUPERVISION2 CAPS 131	H-E-B INCONTROL LANCETS MICRO THIN 33G .....67	HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16") ....91
H-E-B IN CONTROL PEN NEEDLE 31GX3/16" .....90	H-E-B INCONTROL LANCETS SUPER THIN 30G .....67	HM ULTICARE SHORT PEN NEEDLES 31GX8MM .....91
H-E-B IN CONTROL PEN NEEDLES 31GX5MM .....90	H-E-B INCONTROL LANCETS ULTRA THIN 28G .....67	HORIZANT .....151
H-E-B IN CONTROL PEN NEEDLES 31GX6MM .....90	H-E-B INCONTROL PEN NEEDLES 29GX12MM .....91	HUMALOG JUNIOR KWIKPEN SOPN 16
H-E-B IN CONTROL PEN NEEDLES 31GX8MM .....90	HEMADY TABS .....36	HUMALOG KWIKPEN SOPN 100 UNIT/ML .....16
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM .....90	HEMANGEOL SOLN OR .....32	HUMALOG KWIKPEN SOPN 200 UNIT/ML .....16
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" . 90	HEMATRON-AF .....55	HUMALOG MIX 50/50 KWIKPEN SUPN .....16
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16" .....90	HEMAX .....55	HUMALOG MIX 50/50 SUSP .....16
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16" .....91	heparin sodium (porcine) lock flush 10 UNIT/ML 14	HUMALOG MIX 75/25 KWIKPEN SUPN .....16
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16" .....91	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML ...14	HUMALOG MIX 75/25 SUSP .....16
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....91	HEPLISAV-B SOSY .....158	HUMALOG SOCT .....16
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32" .....91	HIBERIX SOLR IJ .....156	HUMALOG SOLN IJ .....16
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32" .....91	HIGH POTENCY MULTIVITAMIN TABS .....136	HUMALOG TEMPO PEN SOPN .. 16
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC .....66	HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS .....131	HUMATIN .....2
H-E-B INCONTROL ALCOHOL	HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS 131	HUMATROPE CART IJ .....48
Index 33	HM COMPLETE MEN TABS .....131	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML 2
	HM HAIR/SKIN/NAILS TABS .....131	HUMIRA PEN PNKT .....2
	HM STERILE ALCOHOL PREP PADS .....76	HUMIRA PEN-CD/UC/HS STARTER PNKT .....2
	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" .....91	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....2
	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....91	HUMIRA PEN-PS/UV STARTER PNKT .....2
		HUMIRA PSKT .....2

HUMULIN 70/30 KWIKPEN SUPN	16	COMPLETEKIT	43	HYDROUS EMULSIFIED BASE	148
HUMULIN 70/30 SUSP	16	hydrocortisone (rectal) EX 1 %	9	hydroxychloroquine sulfate	27
HUMULIN N KWIKPEN SUPN	16	hydrocortisone (rectal) EX 2.5 %	9	hydroxyprogesterone caproate (antineoplastic)	28
HUMULIN N SUSP	16	hydrocortisone (topical) CREA 1 %	43	hydroxyurea	29
HUMULIN R SOLN IJ	16	hydrocortisone (topical) CREA	43	hydroxyzine hcl SYRP	10
HUMULIN R U-500 (CONCENTRATED) SOLN SC	16	hydrocortisone (topical) LOTN 2.5 %	43	hydroxyzine hcl TABS	10
HUMULIN R U-500 KWIKPEN SOPN SC	16	hydrocortisone (topical) OINT 1 %, 2.5 %	43	hydroxyzine pamoate CAPS	10
HYCAMTIN CAPS	29	hydrocortisone (topical) SOLN 1 %	43	HYFTOR	45
hydralazine hcl SOLN	26	hydrocortisone acetate (topical) CREA 1 %	43	HYLAZINC TABS	131
hydralazine hcl TABS 10 MG, 25 MG, 50 MG	26	hydrocortisone acetate (topical) OINT	43	hyoscyamine sulfate ELIX	154
hydralazine hcl TABS 100 MG	26	hydrocortisone butyrate CREA	43	hyoscyamine sulfate SOLN OR 0.125 MG/ML	154
HYDRALYTE FREEZER POPS SOLN	124	hydrocortisone butyrate hydrophilic lipo base	43	hyoscyamine sulfate SUBL 0.125 MG	154
HYDRALYTE SOLN	124	hydrocortisone butyrate LOTN	43	hyoscyamine sulfate TABS 0.125 MG	154
HYDROCERIN CREA	45	hydrocortisone butyrate OINT	43	hyoscyamine sulfate TB12 0.375 MG	154
hydrochlorothiazide CAPS	48	hydrocortisone butyrate SOLN	44	hyoscyamine sulfate TBDP 0.125 MG	154
hydrochlorothiazide TABS	48	hydrocortisone TABS	36	HYPOLANCE AST LANCING KIT KIT	67
hydrocodone bitartrate CP12	6	hydrocortisone valerate CREA	44	HYSINGLA ER T24A	6
hydrocodone bitartrate T24A	6	hydrocortisone valerate OINT	44	HY-VEE LANCETS	67
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	8	hydrocortisone w/acetic acid	146	HY-VEE THIN LANCETS	67
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	hydromorphone hcl LIQD	6	ibandronate sodium SOLN	48
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	8	HYDROMORPHONE HCL SUPP	6	ibandronate sodium TABS	48
HYDROCORT LOTION		hydromorphone hcl TABS 2 MG	6	IBSRELA	52
		hydromorphone hcl TABS 4 MG	6	ibuprofen CAPS	3
		hydromorphone hcl TABS 8 MG	6	ibuprofen CHEW	3
		hydromorphone hcl TB24	6	ibuprofen SUSP	3

ibuprofen TABS	3	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	117	PROTAMINE/INSULIN ASPART SUSP	17
ibuprofen-acetaminophen TABS	3	INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	91	INSULIN ASPART SOLN IJ	17
ibuprofen-famotidine	3	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	91	INSULIN DEGLUDEC FLEXTOUCH SOPN	17
ICAPS AREDS FORMULA TABS 131		INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	91	INSULIN DEGLUDEC SOLN	17
icosapent ethyl	22	INCRUSE ELLIPTA	11	INSULIN GLARGINE SOLN	17
IDHIFA	29	indapamide TABS 1.25 MG, 2.5 MG . 48		INSULIN GLARGINE SOLOSTAR SOPN	17
IGALMI FILM	55	INDERAL XL	32	INSULIN GLARGINE-YFGN SOLN 17	
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	46	INDOCIN SUSP	3	INSULIN GLARGINE-YFGN SOPN 17	
ILEVRO	145	indomethacin CAPS 25 MG, 50 MG 3		INSULIN LISPRO JUNIOR KWIKPEN SOPN	17
ILUMYA	41	indomethacin CPCR	3	INSULIN LISPRO KWIKPEN SOPN . 17	
IMBRUVICA SUSP	29	INFANRIX	153	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	17
IMCIVREE	1	INGREZZA CAPS	150	INSULIN LISPRO SOLN IJ	17
imiquimod 5 %	45	INGREZZA CPPK	150	INSULIN SYRINGE/0.3ML/30G X 5/16"	91
IMMUNE ESSENTIALS DAILY CAPS	131	INNOPRAN XL	32	INSULIN SYRINGE/0.3ML/31G X 5/16"	91
IMMUNE SUPPORT CHEW	131	INNOSPIRE REPLACEMENT FILTER MISC	117	INSULIN SYRINGE/0.5ML/27G X 1/2"	91
IMOVAX RABIES (H.D.C.V.) SUSR 158		INQOVI	29	INSULIN SYRINGE/0.5ML/28G X 1/2"	91
IMPEKLO LOTN	44	INSPIREASE DRUG DELIVERYSYSTEM MISC	117	INSULIN SYRINGE/0.5ML/30G X 5/16"	91
IN TOUCH GLUCOSE CONTROLSOLUTION SOLN	67	INSUL-CAP MISC	67	INSULIN SYRINGE/0.5ML/31G X 5/16"	91
IN TOUCH LANCING DEVICE MISC 67		INSUL-EZE MISC	67	INSULIN SYRINGE/1ML/28G X 1/2" 91	
IN TOUCH STERILE LANCETS30G 67		INSULIN ASPART FLEXPEN SOPN . 17			
INBRIJA CAPS	30	INSULIN ASPART PENFILL SOCT 17			
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	117	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	17		
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	117	INSULIN ASPART			

INSULIN SYRINGE/1ML/29G X 1/2" 91	INSULIN SYRINGES/U- 100/0.5ML/29GX1/2" .....92	INVOKAMET XR TB24 14
INSULIN SYRINGE/1ML/30G X 5/16" .....91	INSULIN SYRINGES/U- 100/0.5ML/30GX5/16" .....92	INVOKANA .....18
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" .....91	INSULIN SYRINGES/U- 100/0.5ML/31GX5/16" .....92	IOPIDINE .....143
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" .....91	INSULIN SYRINGES/U- 100/1ML/27GX1/2" .....92	IPOL INACTIVATED IPV 158
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" .....91	INSULIN SYRINGES/U- 100/1ML/28GX1/2" .....92	ipratropium bromide (nasal) 140
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" .....91	INSULIN SYRINGES/U- 100/1ML/29GX1/2" .....92	ipratropium bromide SOLN 0.02 % 11
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" .....91	INSULIN SYRINGES/U- 100/1ML/30GX1/2" .....92	ipratropium-albuterol SOLN .....13
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" .....91	INSUPEN 29G X 12MM .....92	irbesartan .....24
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" .....91	INSUPEN 31G X 5MM .....92	irbesartan-hydrochlorothiazide ....25
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" .....91	INSUPEN 31G X 8MM .....92	iron polysaccharide complex-vit b12- folic acid CAPS 55
INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" .....92	INSUPEN 32G X 4MM .....92	iron-docusate-b12-folic acid-vit c-vit e-copper-biotin 55
INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" .....92	INSUPEN 33GX4MM .....92	iron-vitamin c .....55
INSULIN SYRINGE/U-100/1ML/29G X 1/2" .....92	INSUPEN PEN NEEDLES 32G X4MM .....92	iron-vitamin c-vitamin b12-folic acid TABS .....55
INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....92	INSUPEN SENSITIVE 32GX6MM 92	isoniazid SYRP 27
INSULIN SYRINGE/U-100/1ML/31G X 5/16" .....92	INSUPEN SENSITIVE 32GX8MM 92	isoniazid TABS .....27
INSULIN SYRINGES 0.3ML/31G X 1/4" .....92	INSUPEN ULTRAFIN 30GX8MM .92	ISOPTO ATROPINE SOLN 143
INSULIN SYRINGES/U- 100/0.5ML/27GX1/2" .....92	INSUPEN ULTRAFIN 31GX6MM .92	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....10
INSULIN SYRINGES/U- 100/0.5ML/28GX1/2" .....92	INSUPEN ULTRAFIN 31GX8MM .92	isosorbide mononitrate TABS .....10
	INTELISWAB COVID-19 RAPID TEST KIT .....46	isosorbide mononitrate TB24 10
	INTRON A SOLN 6000000 UNIT/ML 29	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG .....39
	INTRON A SOLR 29	isradipine CAPS 32
	INVOKAMET TABS .....14	itraconazole CAPS .....20
		itraconazole SOLN .....20
		ivermectin .....10
		IXIARO .....158
		J & J GERM FILTER MASK 111
		JAKAFI 29

JANSSEN COVID-19 VACCINE .158	ketotifen fumarate (ophth) 0.035 % 145	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" .....92
JANUMET TABS .....14	KEVZARA SOAJ .....2	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" .....92
JANUMET XR TB24 .....14	KEVZARA SOSY .....2	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" .....92
JANUVIA .....15	KEYFOLIC TABS .....131	KINRIX SUSY .....153
JARDIANCE .....18	KEYLOSA TABS .....131	KLARITY-A .....143
JAYPIRCA .....29	KIMONO COLORS DEVI .....58	KLOXXADO LIQD .....19
JENTADUETO TABS .....15	KIMONO LUBRICATED MISC ....58	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G .....92
JENTADUETO XR TB24 .....15	KIMONO MICRO THIN MISC ....58	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G .....92
JUBLIA .....39	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 58	KMART VALU PLUS INSULIN SYRINGE/1ML/29G .....92
JYNNEOS .....158	KIMONO PLUS SPERMICIDE LUBRICATED MISC .....58	KMART VALU PLUS INSULIN SYRINGE/1ML/30G .....92
KALYDECO PACK .....152	KIMONO PLUS SPERMICIDE/LUBRICATED MISC 58	KN95 DISPOSABLE MASK FORCIVIL USE .....111
KAMELEON LUBRICATED MISC .58	KIMONO PS LUBRICATED MISC .58	KN95 MEDICAL PROTECTIVE FACE MASK .....111
KAPSPARGO SPRINKLE CS24 ..32	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 58	KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC .....117
KATERZIA .....33	KIMONO SENSATION LUBRICATED MISC .....58	KONVOMEPE SUSR .....155
KENALOG-10 SUSP .....36	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 58	KP PRENATAL MULTIVITAMINS TABS .....137
KERENDIA .....49	KIMONO SPECIAL DEVI .....58	K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS .....131
KESIMPTA .....151	KINDERLYTE PREMAX SOLN ..124	K-PHOS NO 2 .....52
ketoconazole (topical) CREA .....39	KINDERLYTE SOLN .....124	KRAZATI .....29
ketoconazole (topical) FOAM .....39	KINNEY LANCETS .....67	KRINTAFEL .....27
ketoconazole (topical) SHAM 2 % .39	KINNEY THIN LANCETS .....67	
ketoconazole .....20	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" .....92	
KETODAN KIT .....39		
ketoprofen CAPS 50 MG, 75 MG ...3		
ketoprofen CP24 .....3		
ketorolac tromethamine (ophth) 0.4 %145		
ketorolac tromethamine (ophth) 0.5 %145		
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY .....3		
ketorolac tromethamine TABS .....3		

KROGER AUTOLET LANCING DEVICE MISC 67	KROGER LANCING DEVICE MISC 67	LANCET DEVICE WITH EJECTOR MISC 67
KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD 67	KROGER PEN NEEDLES 29G X12MM 93	LANCET TRANSPORTER CASE MISC 67
KROGER HEALTHPRO TWIST LANCETS/26G 67	KROGER PEN NEEDLES 31G X8MM 93	LANCETS 67
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" 92	KROGER PEN NEEDLES 31GX1/4" 93	LANCETS 30G 67
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" 92	KROGER PEN NEEDLES/31G X1/4" 93	LANCETS 30G TWIST TOP 67
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" 92	KROGER PEN NEEDLES/31G X3/16" 93	LANCETS 30G/TWIST TOP 67
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" 92	KROGER PEN NEEDLES/31G X5/16" 93	LANCETS 33G EXTRA FINE 67
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" 93	KROGER PEN NEEDLES/32G X5/32" 93	LANCETS 33G UNIVERSAL DESIGN 67
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" 93	KROGER PEN NEEDLES/33G X5/32" 93	LANCETS MICRO THIN 33G 67
KROGER INSULIN SYRINGE/1ML/29G X 1/2" 93	K-Y ME & YOU EXTRA LUBRICATED DEVI 58	LANCETS SUPER THIN 28G 67
KROGER INSULIN SYRINGE/1ML/30G X 5/16" 93	K-Y ME & YOU INTENSE DEVI ... 58	LANCETS THIN 67
KROGER INSULIN SYRINGE/1ML/31G X 5/16" 93	KYNMOBI FILM 30	LANCETS ULTRA THIN 67
KROGER LANCETS 67	KYNMOBI TITRATION KIT KIT ... 30	LANCETS ULTRA THIN 30G 67
KROGER LANCETS 21G 67	labetalol hcl TABS 32	LANCING DEVICE MISC 67
KROGER LANCETS MICRO THIN33G 67	lactic acid (ammonium lactate) CREA 45	lansoprazole CPDR 15 MG 154
KROGER LANCETS SUPER THIN 67	lactic acid (ammonium lactate) LOTN 12 % 45	lansoprazole CPDR 30 MG 154
KROGER LANCETS THIN 67	lactulose (encephalopathy) 51	lansoprazole TBDD 155
KROGER LANCETS THIN 26G .. 67	lactulose SOLN 56	lanthanum carbonate CHEW 52
KROGER LANCETS ULTRATHIN30G 67	LAGEVRIO 31	LANTUS SOLN 17
	lamivudine (hbv) TABS 31	LANTUS SOLOSTAR SOPN 17
	LANCET DEVICE ADJUSTABLE MISC 67	LANZO MISC 67
		LASTACFT 145
		latanoprost SOLN 145
		LATANOPROST SOLN 145
		L-CITRULLINE 35
		LEADER ADVANCED LANCING DEVICE MISC 67
		LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" 93

LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" .....93	LEUKINE SOLR IJ .....54	MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG .....153
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" .....93	LEUPROLIDE ACETATE INJ .....28	levothyroxine sodium SOLR IV ...153
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" .....93	leuprolide acetate KIT IJ 1 MG/0.2ML.....28	levothyroxine sodium TABS .....153
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" .....93	levabuterol tartrate .....13	LEXETTE FOAM .....44
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" .....93	levamlodipine maleate .....33	LIBERTY CONTROL SOLUTION HIGH SOLN .....67
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" .....93	LEVEMIR FLEXPEN SOPN .....17	LIBERTY GLUCOSE CONTROL MID SOLN .....67
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" .....93	LEVEMIR FLEXTOUCH SOPN ....17	LIBERTY MEDICAL LANCETS 30G . 67
LEADER INSULIN SYRINGE/1ML/28G X 1/2" .....93	LEVEMIR SOLN .....17	LIBERTY MINI LANCING DEVICE MISC .....67
LEADER INSULIN SYRINGE/1ML/29G X 1/2" .....93	LEVETIRACETAM/SODIUM CHLORIDE .....14	LICART PT24 .....40
LEADER INSULIN SYRINGE/1ML/30G X 5/16" .....93	levobunolol hcl 0.5 %142	lidocaine hcl (mouth-throat) 2 % ..126
LEADER INSULIN SYRINGE/1ML/31G X 5/16" .....93	levocetirizine dihydrochloride SOLN 21	lidocaine hcl CREA 3 %45
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" .....93	levocetirizine dihydrochloride TABS 21	lidocaine hcl GEL 2 %45
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" .....93	levofloxacin (ophth) 0.5 %143	lidocaine hcl PRSY .....45
LEADER UNIFINE PENTIPS/MINI/31GX3/16" .....93	levofloxacin SOLN OR .....50	lidocaine OINT .....45
LEADER UNIFINE PENTIPS/NANO/32GX5/32" .....93	levofloxacin TABS 250 MG, 500 MG . 50	lidocaine PTCH 4 %45
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" .....93	levofloxacin TABS 750 MG .....50	lidocaine PTCH 5 %45
leflunomide .....4	levonorgestrel & eth estradiol TABS 35	lidocaine-prilocaine CREA .....45
lenalidomide .....126	levonorgestrel (emergency oc) 1.5 MG .....36	LIDOREAL-30 .....45
letrozole .....28	levonorgestrel-eth estradiol (triphasic) .....35	LIDOZO .....45
leucovorin calcium TABS .....29	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG .....35	linezolid SUSR .....26
LEUKERAN .....28	levonorgestrel-ethinyl estradiol (continuous) .....35	linezolid TABS .....26
	levorphanol tartrate TABS .....6	LINZESS .....52
	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88	liothyronine sodium SOLN .....153
		liothyronine sodium TABS .....153
		LIP BALM BASE .....148
		LIPO CREAM BASE .....148
		LIPOCREAM BASE .....148

LIOPEN ABSORPTION ENHANCING BASE	148	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	94	LANCING DEVICE MISC	68
LIOPEN ULTRA BASE	148	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	94	LIVE BETTER LANCET SUPERTHIN 30G	68
LIPOSOMAL HEAVY	148	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	94	LIVE BETTER LANCET ULTRATHIN 28G	68
LIPOSOMAL REGULAR	148	LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	94	LIVER DETOX TABS	131
lisinopril & hydrochlorothiazide	25	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	94	LIVTENCITY	31
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	24	LITETOUCH LANCETS MICRO THIN 33G	68	LOMAIRA TABS	1
LITE TOUCH LANCETS	67	LITETOUCH MASK LARGE MISC 117		LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	94
LITE TOUCH LANCING PEN MISC 68		LITETOUCH MASK MEDIUM MISC . 117		LONGS LANCETS STANDARD ..	68
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	93	LITETOUCH MASK SMALL MISC 118		LONGS LANCETS THIN	68
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	93	LITETOUCH PEN NEEDLES 29GX12.7MM	94	LONGS LANCETS ULTRA THIN .	68
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	93	LITETOUCH PEN NEEDLES 31G X 6MM	94	LONHALA MAGNAIR REFILL KIT SOLN	11
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	94	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	94	LONHALA MAGNAIR STARTER KIT SOLN	11
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	94	LITETOUCH PEN NEEDLES 31GX8MM SHORT	94	LONSURF	29
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	94	LITETOUCH PEN NEEDLES/31G X 3/16"	94	loperamide hcl CAPS	19
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	94	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	94	loperamide hcl SOLN 1 MG/7.5ML	19
LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	94	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	94	loperamide hcl SUSP	19
LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	94	LITHIUM	30	loperamide hcl TABS	19
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	94	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	140	LOPERAMIDE HYDROCHLORIDE SUSP	19
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	94	LIVE BETTER ADVANCED		LOPROX	40
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	94			LOPROX KIT	40
				loratadine CHEW	21
				loratadine SOLN	21
				loratadine TABS	21
				LOREEV XR CS24	10
				L-ORNITHINE HYDROCHLORIDE 35	

L-ORNITHINE POWD	141	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 94	MAXICOMFORT II PEN NEEDLES/31G X 1/4"	95	
losartan potassium & hydrochlorothiazide	25	magnesium chloride SOLN	124	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" 95	
losartan potassium	24	magnesium citrate	56	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" ..	95
lovastatin TABS	23	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	56	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	95
lubiprostone	51	magnesium oxide (laxative)	56	MAXX LUBRICATED MISC	58
LUCEMYRA	150	magnesium oxide (mg supplement) TABS 400 MG, 500 MG	124	MAXX PLUS SPERMICIDE LUBRICATED MISC	58
luliconazole	40	magnesium oxide TABS 400 MG ..	10	MAYZENT STARTER PACK TBPK 151	
LUMAKRAS 120 MG	29	magnesium oxide TABS 420 MG ..	10	MAYZENT TABS	151
LUMIGAN SOLN 0.01 %	145	MAGNESIUM OXIDE TABS	124	meclizine hcl CHEW	19
LUNG PERFORMANCE PEAK FLOW METER	118	MAGNESIUM SULFATE IJ 50 % ..	124	meclizine hcl TABS 12.5 MG, 25 MG 19	
LUTEIN PLUS/ZEAXANTHIN TABS . 131		magnesium sulfate in dextrose ..	125	meclofenamate sodium CAPS	3
LYSODREN	28	magnesium sulfate IV	124	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	95
LYTGOBI	29	malathion	46	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	95
LYUMJEV KWIKPEN SOPN	17	MARATHON MEDICAL PENTIPS29GX12MM	94	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	68
LYUMJEV SOLN	17	MARATHON MEDICAL PENTIPS31GX5MM	94	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	68
LYUMJEV TEMPO PEN SOPN ...	17	MARATHON MEDICAL PENTIPS31GX8MM	94	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	68
LYVISPAH PACK	140	MARATHON MEDICAL PENTIPS32GX4MM	95	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	68
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" . 94		MASK PEDIATRIC SIZE 1"	111	MEDICHOICE SAFETY LANCETEXTRA	68
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	94	MASK VORTEX/CHILD/FROG ..	118	MEDICHOICE SAFETY LANCETNORMAL	68
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" . 94		MASK VORTEX/TODDLER/LADYBUG ..	118		
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	94	MASONATAL TABS	137		
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" 94		MATULANE	29		
		MAVENCLAD	151		

MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	95	MG, 5 MG, 10 MG	149	meloxicam TABS	3
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	95	mefenamic acid CAPS	3	melphalan	28
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	95	mefloquine hcl	27	memantine hcl CP24	150
MEDIDERM	148	MEGA MULTI FOR MEN TABS ..	131	memantine hcl SOLN	150
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1- NORMAL LIQD	68	MEGA MULTI FOR WOMEN TABS 131		memantine hcl TABS	150
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	68	MEGAVITE FRUITS & VEGGIES TABS	131	MENACTRA	156
MEDLANCE PLUS EXTRA LANCETS 21G	68	MEGAVITE GOLDEN YEARS 55+ TABS	131	MENEST	50
MEDLANCE PLUS LANCETS	68	megestrol acetate (appetite)	149	MENQUADFI	156
MEDLANCE PLUS LANCETS LITE 25G	68	megestrol acetate SUSP	28	MENS 50+ ADVANCED CAPS ...	131
MEDLANCE PLUS LANCETS LITE 25G	68	megestrol acetate TABS	28	MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	131
MEDLANCE PLUS LITE LANCETS 25G	68	MEIJER ALCOHOL SWABS EXTRA- THICK	76	MENS 50+ MULTIVITAMIN TABS 131	
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	68	MEIJER COLOR LANCETS UNIVERSAL 33G	68	MENS MULTI VITAMIN & MINERAL FORMULA TABS	131
MEDLANCE PLUS SUPERLITE 30G	68	MEIJER LANCETS	68	MENS MULTIVITAMIN CHEW ...	131
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	68	MEIJER LANCETS THIN	68	MENS MULTIVITAMIN TABS	131
MEDLANCE PLUS UNIVERSAL LANCETS 21G	68	MEIJER LANCETS UNIVERSAL21G	68	MENTAX	40
MEDLANCE PLUS/LITE 25G	68	MEIJER LANCETS UNIVERSAL30G	68	MENVEO SOLN	156
MEDLANCE/EXTRA	68	MEIJER LANCETS UNIVERSAL33G	68	MENVEO SOLR	156
MEDLANCE/LITE	68	MEIJER LANCETS UNIVERSAL30G	68	meperidine hcl SOLN OR 50 MG/5ML	6
MEDLANCE/UNIVERSAL	68	MEIJER LANCETS UNIVERSAL33G	68	meperidine hcl TABS 50 MG	6
MEDROL TABS	36	MEIJER PEN NEEDLES 29G X12MM	95	mercaptopurine TABS	28
medroxyprogesterone acetate (contraceptive) SUSP IM	36	MEIJER PEN NEEDLES 31G X6MM	95	mesalamine CP24	51
medroxyprogesterone acetate 2.5		MEIJER PEN NEEDLES 31G X8MM	95	mesalamine CPR	51
		MEIJER SUPER THIN LANCETS	68	mesalamine CPDR	51
		MEKINIST SOLR	29	mesalamine ENEM	51
		meloxicam CAPS	3	mesalamine TBEC	51
				MESNEX TABS	29
				metaxalone	140

metformin hcl SOLN	15	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	51	MICRODOT PEN NEEDLE/33G X 4 MM	95
metformin hcl TABS	15	metoclopramide hcl TABS	51	MICROLET LANCETS	68
metformin hcl TB24 500 MG, 1000 MG	15	metolazone	48	MICROLET NEXT MISC	68
metformin hcl TB24 500 MG, 750 MG	15	metoprolol & hydrochlorothiazide TABS	25	MICROLIFE DIGITAL PEAK FLOW METER	118
METFORMIN HYDROCHLORIDE TABS	15	metoprolol succinate TB24	32	MICROSOME BASE	148
methadone hcl CONC	6	metoprolol tartrate TABS	32	MICROSPACER MISC	118
methadone hcl SOLN OR	6	metronidazole (topical) CREA	46	midazolam hcl SOLN IJ 25 MG/5ML, 50 MG/10ML	55
methadone hcl TABS	6	metronidazole (topical) GEL 0.75 % 46		midazolam hcl SOLN IJ 5 MG/ML, 10 MG/2ML	55
methadone hcl TBSO	6	metronidazole CAPS	26	midodrine hcl	160
methenamine hippurate	27	metronidazole TABS	26	miglitol	14
methenamine mandelate	27	metronidazole vaginal	160	MILLIPRED TABS	36
methimazole TABS	152	mexiletine hcl	10	mineral oil ENEM	56
methocarbamol TABS	140	miconazole nitrate (topical) CREA .40		MINI LANCING DEVICE MISC	68
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	28	miconazole nitrate (topical) OINT .40		MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	118
methotrexate sodium TABS 2.5 MG 28		miconazole nitrate vaginal CREA 2 %	160	MINI WRIGHT PEAK FLOW METER	118
methyldopa TABS	24	miconazole nitrate vaginal KIT ...	160	MINI WRIGHT PEAK FLOW METER STANDARD RANGE	118
methylergonovine maleate TABS	146	miconazole nitrate vaginal SUPP 100 MG	160	MINIELITE FILTER REPLACEMENTS MISC	118
METHYLPHENIDATE HYDROCHLORIDE ER TBCR	1	miconazole-zinc oxide-white petrolatum	40	minocycline hcl CAPS	152
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	36	MICROCHAMBER DEVI	118	minoxidil 2.5 MG, 10 MG	26
methyprednisolone acetate SUSP	36	MICROCHAMBER MISC	118	misoprostol	155
methyprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	36	MICRODERM BASE	148	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	95
methyprednisolone TABS	36	MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	68	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	95
methyprednisolone TBPk	36	MICRODOT PEN NEEDLE/31G X 6 MM	95	MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16"	95

MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16"	95	mometasone furoate CREA	44	100/0.5ML/28G X 1/2"	96
MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	95	mometasone furoate OINT	44	MONOJECT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	96
MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	95	mometasone furoate SOLN	44	MONOJECT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	96
MM LANCING DEVICE MISC	68	MONISTAT 7 COMBINATION PACK KIT	160	MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	96
MM PEN NEEDLES 31G X 1/4" ..	95	MONOJECT INSULIN SYRINGE/1ML	95	MONOJECT INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	96
MM PEN NEEDLES 31G X 3/16" ..	95	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	95	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	95
MM PEN NEEDLES 31G X 5/16" ..	95	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	96
MM PEN NEEDLES 32G X 5/32" ..	95	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	96
MM TWIST LANCETS	69	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	96
M-M-R II SOLR	158	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	96
M-NATAL PLUS TABS	137	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2"	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	96
MODERNA COVID-19 VACCINE SUSP 100 MCG/0.5ML	159	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	96
MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML	159	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	96	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	96
MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	159	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	96	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	96
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	159	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	96	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	96
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ..	159				
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	159				
MODERNA COVID-19 VACCINE6- 11Y SUSP	159				
MODERNA COVID-19 VACCINE6MO-5Y SUSP	159				
moexipril hcl	24				
mometasone furoate (nasal) SUSP 141					

96	MPD SAFETY LANCET 28G/1.8MM	131
MONOLET LANCETS .....69	69	multiple vitamins w/ minerals TABS
MONOLET OPD LANCETS .....69	MPD SAFETY LANCET 30G/1.8MM	132
MONOLETTOR SAFETY LANCETS	69	MULTISOURCE CALCIUM
69	MPD SAFETY LANCETS	MAGNESIUM & D FORMULA TABS .
montelukast sodium CHEW 4 MG .11	23G/1.8MM .....69	125
montelukast sodium CHEW 5 MG .11	MS INSULIN SYRINGE/0.3ML/31G X	MULTIVITAMIN + FLUORIDE CHEW
montelukast sodium PACK 11	5/16" .....96	60 MG-1.05 MG-0.3 MG-1.05 MG-
montelukast sodium TABS .....11	MS INSULIN SYRINGE/0.5ML/31G X	400 UNIT-4.5 MCG-1.2 MG-13.5
MOOD FOOD CAPS 131	5/16" .....96	MG-2500 UNIT-0.25 MG-15 UNIT, 60
MOOD FOOD ES CAPS 131	MS INSULIN SYRINGE/1ML/31G X	MG-1.05 MG-0.3 MG-1.05 MG-400
morphine sulfate beads .....6	5/16" .....96	UNIT-4.5 MCG-1.2 MG-13.5 MG-
morphine sulfate CP24 10 MG, 20	MULTI MEGA MINERALS TABS .125	2500 UNIT-0.5 MG-15 UNIT .....136
MG, 30 MG, 50 MG, 60 MG, 80 MG,	MULTI VITAMIN TABS .....136	MULTIVITAMIN + FLUORIDE CHEW
100 MG .....6	MULTI VITAMIN/D-3 TABS 136	60 MG-1.05 MG-0.3 MG-1.05 MG-
morphine sulfate SOLN OR 10	MULTIBASE 148	400 UNIT-4.5 MCG-1.2 MG-13.5
MG/0.5ML, 20 MG/ML, 100 MG/5ML	MULTI-BETIC DIABETES SUPPORT	MG-2500 UNIT-1 MG-15 UNIT ...136
6	TABS .....131	MULTIVITAMIN ADULT TABS ...136
morphine sulfate SOLN OR 10	MULTI-BETIC DIABETES TABS .131	MULTIVITAMIN ADULTS TABS . 132
MG/5ML, 20 MG/5ML .....6	MULTIGEN .....55	MULTIVITAMIN MEN TABS .....132
morphine sulfate SUPP .....6	MULTI-LANCET DEVICE 2 KIT ...69	MULTI-VITAMIN MONOCAPS TABS
morphine sulfate TABS 15 MG .....6	MULTI-LANCET DEVICE MISC ...69	132
morphine sulfate TABS 30 MG .....6	MULTI-PHASIC	MULTIVITAMIN TABS .....132
morphine sulfate TBCR .....6	PENETRATINGCOMPOUND BASE	MULTIVITAMIN WITH FLUORIDE
MOTTEGRITY .....50	148	CHEW 60 MG-0.3 MG-1.05 MG-13.5
MOTPOLY XR CP24 .....14	multiple minerals w/ vitamins TABS	MG-1.05 MG-1.2 MG-10 MCG-6.75
MOUNJARO .....16	125	MG-750 MCG-4.5 MCG-1 MG, 60
MOVANTIK .....52	multiple vitamin TABS .....136	MG-0.3 MG-1.05 MG-13.5 MG-1.05
moxifloxacin hcl (ophth) SOLN OP	multiple vitamins w/ calcium TABS	MG-4.5 MCG-1.2 MG-2500 UNIT-
143	127	400 UNIT-15 UNIT-1 MG .....136
moxifloxacin hcl TABS .....50	multiple vitamins w/ iron TABS ...127	MULTIVITAMIN WITH FLUORIDE
MPD SAFETY LANCET 21G/1.8MM	multiple vitamins w/ minerals CAPS	CHEW .....136
69	131	MULTIVITAMIN WOMEN TABS . 132
	multiple vitamins w/ minerals CHEW .	MULTIVITAMIN/ZINC
		STRESSFORMULA TABS 132
		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 ....136	MYFEMBREE 50	naproxen SUSP 4
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 .....137	MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH SOLN 69	naproxen TABS 4
mupirocin calcium (topical) 39	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G 69	naproxen TBEC 4
mupirocin OINT 39	MYLERAN TABS 28	naproxen-esomeprazole magnesium 4
MVW COMPLETE FORMULATION CAPS 132	MYRBETRIQ SRER 156	naratriptan hcl 123
MVW COMPLETE FORMULATIOND3000 CAPS ....132	MYRBETRIQ TB24 156	NASONEX 24HR SUSP 141
MVW COMPLETE FORMULATIOND500 CAPS 132	N95 FACE MASK 111	nateglinide 18
MVW COMPLETE FORMULATIONMINIS CAPS 132	N95 PARTICULATE RESPIRATOR FACE MASK 111	NATESTO GEL NA 8
MVW COMPLETE FORMULATIONPEDIATRIC SOLN 136	nabumetone 3	NAT-RUL THERAVITE- M/HIGHPOTENCY TABS 132
MVW HI-D ADEK GUMMIES CHEW . 132	nadolol TABS 20 MG, 40 MG, 80 MG 32	NATRUL-VITES TABS 132
MVW MODULATOR FORMULATION CAPS 132	naftifine hcl CREA 40	nebivolol hcl 32
MVW MODULATOR FORMULATION MINIS CAPS 132	naftifine hcl GEL 40	NEBULIZER AIR TUBE/PLUGS MISC 118
MX-SOL BLEND SF SUSP 146	NAFTIN GEL 40	NEBULIZER CUP/TUBING DEVI 118
MX-SOL BLEND SUSP 146	NALOCET TABS 8	NEBULIZER MASK ADULT MISC 118
MX-SOL SF SYRP 146	naloxone hcl LIQD 19	NEBULIZER MASK CHILD MISC 118
MX-SOL SUSPEND SUSP 146	naloxone hcl SOCT 19	NEOMULTIVITE TABS 136
MX-SOL SYRP 146	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML 19	neomycin sulfate TABS 2
mycophenolate mofetil CAPS 126	naloxone hcl SOSY 19	neomycin-bacitracin zn-polymyxin 143
mycophenolate mofetil SUSR 126	NAMZARIC C4PK 150	neomycin-bacitracin-polymyxin OINT 39
mycophenolate mofetil TABS 126	NAMZARIC CP24 150	neomycin-polymy-dexameth OINT 144
mycophenolate sodium 126	naphazoline w/ pheniramine 0.3 %- 0.025 % 143	neomycin-polymy-dexameth SUSP 144
	naproxen sodium CAPS 4	neomycin-polymyxin-gramicidin . 143
	naproxen sodium TABS 220 MG ... 4	neomycin-polymyxin-hc (otic) SOLN . 146
	naproxen sodium TABS 275 MG, 550 MG 4	
	naproxen sodium TB24 4	

neomycin-polymyxin-hc (otic) SUSP . 146	niacin TABS .....161	nitrofurantoin monohyd macro .....27
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 ....138	niacin TBCR 161	nitroglycerin PT24 .....10
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 138	NIACIN TR TBCR 161	nitroglycerin SOLN TL 0.4 MG/SPRAY 10
NEONATAL PLUS TABS .....138	niacinamide TABS 100 MG .....161	nitroglycerin SUBL 10
NEOVITE TABS 132	niacinamide TABS 500 MG .....161	NIVA THYROID TABS .....153
NEPHPLEX RX 127	niacinamide TBCR .....161	NIVA-FOL 47
NESTABS .....138	NICADAN TABS .....132	NIVA-PLUS TABS .....138
NEUAC KIT .....39	NICADAN ZX TABS .....132	NIVESTYM SOLN 54
NEULASTA ONPRO KIT PSKT ... 54	nicardipine hcl CAPS 33	NIVESTYM SOSY 54
NEULASTA SOSY .....54	NICAZEL FORTE TABS .....132	NO IRON MULTIPLE VITAMIN/MINERALS TABS .....132
NEUPOGEN SOLN .....54	NICAZEL TABS .....132	NORDITROPIN FLEXPPO SOPN .48
NEUPOGEN SOSY .....54	NICE PURE BAKING SODA .....35	norelgestromin-ethinyl estradiol ...35
NEUPRO .....30	nicotine MISC XX .....152	norethin acet & estrad-fe CHEW .. 35
NEUTEK 2TEK CONTROL SOLUTIONS SOLN .....69	nicotine polacrilex GUM 2 MG ....152	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG 35
NEVANAC .....145	nicotine polacrilex GUM 4 MG ....152	norethindrone & eth estradiol 35
NEXCARE ALL PURPOSE MASK 111	nicotine polacrilex LOZG 152	norethindrone & ethinyl estradiol-fe 35
NEXCARE EARLOOP MASK ... 111	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....152	norethindrone (contraceptive) .....36
NEXIUM PACK 155	NICOTINE TRANSDERMAL SYSTEM KIT 152	norethindrone acet & eth estra ....35
NEXLETOL .....22	NICOTROL INHALER INHA .....152	norethindrone acetate TABS 149
NEXLIZET .....22	NICOTROL NS SOLN .....152	norethindrone acetate-ethinyl estradiol 0.5 MG-2.5 MCG .....50
niacin (antihyperlipidemic) TBCR ..23	nifedipine CAPS .....33	norethindrone acetate-ethinyl estradiol 1 MG-5 MCG .....50
niacin CPCR 250 MG, 500 MG ...161	nifedipine TB24 33	norethindrone acetate-ethinyl estradiol-fe 35
	nilutamide .....28	norethindrone-eth estradiol (triphasic) .....35
	nimodipine CAPS .....33	norgestimate-ethinyl estradiol
	nisoldipine .....33	
	nitazoxanide TABS .....26	
	NITRO-BID OINT 10	
	nitrofurantoin macrocrystal 50 MG, 100 MG .....27	

(triphasic)	35	NOVOLIN N FLEXPEN SUPN	17	NUCALA SOSY 40 MG/0.4ML	11
norgestimate-ethinyl estradiol	35	NOVOLIN N RELION SUSP	17	NUCYNTA ER TB12	6
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	35	NOVOLIN N SUSP	17	NUCYNTA TABS	6
NORLIQVA SOLN	33	NOVOLIN R FLEXPEN RELION SOPN IJ	17	NU-MAG	125
NOSE CLIP MISC	118	NOVOLIN R FLEXPEN SOPN IJ ..	17	NURTEC	123
NOURIANZ	29	NOVOLIN R RELION SOLN IJ	17	NUTRICAP TABS	132
NOURILITE	148	NOVOLIN R SOLN IJ	17	NUTROPIN AQ NUSPIN 10 SOPN 48	
NOURIVAN ANTIOX CREAM BASE 148		NOVOLOG FLEXPEN RELION SOPN	17	NUTROPIN AQ NUSPIN 20 SOPN 48	
NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD .69		NOVOLOG FLEXPEN SOPN	17	NUTROPIN AQ NUSPIN 5 SOPN .48	
NOVA SAFETY LANCETS 23G ..	69	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	17	NUVESSA	160
NOVA SAFETY LANCETS 28G ..	69	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	17	NUWIQ KIT	53
NOVA SUREFLEX LANCETS	69	NOVOLOG MIX 70/30 RELION SUSP	17	NUWIQ SOLR	53
NOVA SUREFLEX LANCING DEVICE MISC	69	NOVOLOG MIX 70/30 SUSP	17	nystatin (mouth-throat)	126
NOVAVAX COVID-19 VACCINE	159	NOVOLOG PENFILL SOCT	18	nystatin (topical) CREA	40
NOVAVAX COVID-19 VACCINE/2023-24	159	NOVOLOG RELION SOLN IJ	18	nystatin (topical) OINT	40
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	96	NOVOLOG SOLN IJ	18	nystatin (topical) POWD EX	40
NOVOFINE PEN NEEDLE 32G X 6MM	96	NOVOTWIST PEN NEEDLE 32GX 5MM	96	nystatin TABS	20
NOVOFINE PLUS PEN NEEDLE32G X 4MM	96	NOXAFIL PACK	20	nystatin-triamcinolone CREA	40
NOVOLIN 70/30 FLEXPEN RELION SUPN	17	NP THYROID 120 TABS	153	nystatin-triamcinolone OINT	40
NOVOLIN 70/30 FLEXPEN SUPN	17	NP THYROID 15 TABS	153	NYVEPRIA	54
NOVOLIN 70/30 RELION SUSP ..	17	NP THYROID 30 TABS	153	octreotide acetate SOLN	49
NOVOLIN 70/30 SUSP	17	NP THYROID 60 TABS	153	OCULAR VITAMINS TABS	132
NOVOLIN N FLEXPEN RELION SUPN	17	NP THYROID 90 TABS	153	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT 132	
		NUBEQA	28	OCUVITE ADULT 50+ CAPS	132
		NUCALA SOAJ	11	OCUVITE ADULT FORMULA CAPS .	132
		NUCALA SOSY 100 MG/ML	11	OCUVITE LUTEIN CAPS	132
				ODOMZO	28

ofloxacin (ophth)	143	OMNICAP TABS	136	ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	132
ofloxacin (otic)	145	OMNITROPE SOCT	48		
ofloxacin 300 MG, 400 MG	50	OMNITROPE SOLR SC	48	ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW ..	132
olmesartan medoxomil	24	ONCOVITE TABS	132	ONE-A-DAY MENOPAUSE FORMULA TABS	132
olmesartan medoxomil-amlodipine- hydrochlorothiazide	25	ondansetron hcl SOLN OR 4 MG/5ML	19	ONE-A-DAY MENS 50+ ADVANTAGE TABS	133
olmesartan medoxomil- hydrochlorothiazide	25	ondansetron hcl TABS 4 MG, 8 MG 19		ONE-A-DAY MENS 50+ TABS ...	133
olopatadine hcl (nasal)	140	ondansetron TBDP	19	ONE-A-DAY MENS HEALTH FORMULA TABS	133
olopatadine hcl	145	ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	132	ONE-A-DAY MENS PRO EDGE TABS	133
OLUMIANT	2	ONE A DAY MENS VITACRAVES CHEW	132	ONE-A-DAY MENS TABS	133
OMBRA COMPRESSOR AIR FILTERS MISC	118	ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	132	ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	133
OMBRA TABLE TOP COMPRESSOR DEVI	118	ONE A DAY WOMENS 50+ ADVANCED CHEW	132	ONE-A-DAY PROACTIVE 65+ TABS	133
OMECLAMOX-PAK	155	ONE DAILY ESSENTIAL TABS ..	136	ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS ...	133
omega-3 fatty acids CAPS	141	ONE DAILY MENS 50+ MULTIVITAMIN TABS	132	ONE-A-DAY VITACRAVES ADULT CHEW	133
omega-3 fatty acids CPDR	141	ONE DAILY MENS FORMULA W/O IRON TABS	132	ONE-A-DAY VITACRAVES CHEW 133	
omega-3-acid ethyl esters	22	ONE DAILY WOMENS TABS ...	132	ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	133
omeprazole CPDR 10 MG, 40 MG 155		ONE DIALY MULTIVITAMIN WOMENS TABS	132	ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	133
omeprazole CPDR 20 MG	155	ONE FLOW FVC MONITORING SPIROMETER DEVI	118	ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	133
omeprazole magnesium CPDR ..	155	ONE FLOW TESTER TUBE MOUTHPIECE MISC	118	ONE-A-DAY WOMENS 50+ TABS 133	
omeprazole magnesium TBEC ...	155	ONE VITE DAILY MULTIVITAMIN TABS	136	ONE-A-DAY WOMENS TABS ...	133
omeprazole TBDD	155	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS 138		ONE-A-DAY WOMENS	
omeprazole TBEC	155	ONE-A-DAY ENERGY TABS	132		
omeprazole-sodium bicarbonate CAPS	155				
omeprazole-sodium bicarbonate PACK	155				
OMNARIS SUSP	141				
OMNIBASE	148				

VITACRAVES GUMMIES CHEW 133	118	ORAL SYRUP FLAVORED VEHICLE SYRP	147
ONE-DAILY MULTI CAPS CAPS 133	ONEXTON GEL .....39	ORAL SYRUP SF SYRP	147
ONETOUCH DELICA PLUS	ONGENTYS .....30	ORAPENN SD ANHYDROUS SWEETENED LIQD	147
LANCETS EXTRA FINE 33G .....69	ONUREG TABS .....28	ORAPENN SD ANHYDROUS UNSWEETENED LIQD	147
ONETOUCH DELICA PLUS	OPSUMIT .....33	ORA-PLUS LIQD	147
LANCETS FINE 30G .....69	OPTICHAMBER DIAMOND DEVI 119	ORA-SWEET SF SYRP 10 %-9 %	147
ONETOUCH DELICA PLUS LANCING DEVICE MISC .....69	OPTICHAMBER DIAMOND MISC 119	ORA-SWEET SYRP 4 %-5 %-54 %	147
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC .....69	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI .....119	ORAVIG	126
ONETOUCH DELICA SAFETY LANCING DEVICE MISC .....69	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC .....119	ORENCIA CLICKJECT SOAJ .....4	
ONETOUCH SURESOFT LANCING DEVICE/18G MISC .....69	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC .....119	ORENCIA SOSY	4
ONETOUCH SURESOFT LANCING DEVICE/21G MISC .....69	OPTIFAST POST BARIATRIC CHEW .....133	ORENITRAM TBCR	33
ONETOUCH SURESOFT LANCING DEVICE/28G MISC .....69	OPTIMUM AIRVITES CHEW .....133	ORENITRAM TITRATION KIT MONTH 1 TEPK	33
ONETOUCH ULTRA CONTROL LIQD .....69	OPTISOURCE POST BARIATRIC SURGERY CHEW .....133	ORENITRAM TITRATION KIT MONTH 2 TEPK	33
ONETOUCH ULTRA CONTROL SOLUTION LIQD .....69	OPURITY TABS .....133	ORENITRAM TITRATION KIT MONTH 3 TEPK	33
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G .....69	OPURITY/BYPASS OPTIMIZED CHEW .....133	ORGOVYX	28
ONETOUCH ULTRASOFT LANCETS .....69	OPVEE NA .....19	ORIAHNN	50
ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD .....69	OPZELURA .....45	ORILISSA 150 MG	48
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD .....69	ORA-BLEND SF SUSP .....146	ORILISSA 200 MG	48
ONEVITE TABS .....133	ORA-BLEND SUSP .....146	ORKAMBI PACK	152
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC .....118	oral electrolytes SOLN .....124	orlistat	1
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC .	ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP .	ORNITHINE HYDROCHLORIDE .	35
	ORAL MIX SF SUSP .....146	orphenadrine citrate TB12	140
	ORAL SUSPEND LIQD .....147	orphenadrine w/ aspirin & caff ...	140
		ORSERDU	28
		oseltamivir phosphate CAPS	31

oseltamivir phosphate SUSR	31	oxycodone hcl T12A 60 MG	7	PALFORZIA LEVEL 1 CSPK	1
OSENI	15	oxycodone hcl T12A 80 MG	6	PALFORZIA LEVEL 10 CSPK	1
OSMOLEX ER T4PK	30	oxycodone hcl TABS 20 MG	7	PALFORZIA LEVEL 11	
OSMOLEX ER TB24 129 MG, 193		oxycodone hcl TABS 30 MG	7	(MAINTENANCE) PACK	1
MG	30	oxycodone hcl TABS 5 MG, 10 MG,		PALFORZIA LEVEL 11 (TITRATION)	
OSTEOPRIME PLUS/CALCIUM &		15 MG	7	PACK	1
MAGNESIUM TABS	133	OXYCODONE		PALFORZIA LEVEL 2 CSPK	1
OTEZLA TABS	4	HYDROCHLORIDE/ACETAMINOPH		PALFORZIA LEVEL 3 CSPK	1
OTEZLA TBPk	4	EN SOLN	8	PALFORZIA LEVEL 4 CSPK	1
OTOVEL	146	oxycodone w/ acetaminophen TABS		PALFORZIA LEVEL 5 CSPK	2
oxaprozin	4	325 MG-10 MG, 325 MG-2.5 MG,		PALFORZIA LEVEL 6 CSPK	2
		325 MG-5 MG, 325 MG-7.5 MG	8	PALFORZIA LEVEL 7 CSPK	2
OXAYDO TABS	6	OXYCODONE/ACETAMINOPHEN		PALFORZIA LEVEL 8 CSPK	2
OXBRYTA TABS 300 MG	54	TABS	8	PALFORZIA LEVEL 9 CSPK	2
OXBRYTA TABS 500 MG	54	OXYCONTIN T12A 10 MG	7	PANDA MASK LARGE	119
OXBRYTA TBSO	54	OXYCONTIN T12A 15 MG	7	PANDA MASK MEDIUM	119
OXERVATE	144	OXYCONTIN T12A 20 MG	7	PANDA MASK SMALL	119
oxiconazole nitrate CREA	40	OXYCONTIN T12A 30 MG	7	PANDEL	44
OXISTAT LOTN	40	OXYCONTIN T12A 40 MG	7	pantoprazole sodium PACK	155
oxybutynin chloride SOLN	156	OXYCONTIN T12A 60 MG	7	pantoprazole sodium TBEC	155
oxybutynin chloride TABS	156	OXYCONTIN T12A 80 MG	7	PARI ALTERA NEBULIZER	
oxybutynin chloride TB24	156	oxymorphone hcl TABS 10 MG	7	HANDSET MISC	119
OXYCODONE AND		oxymorphone hcl TABS 5 MG	7	PARI BABY CONVERSION KITSIZE	
ACETAMINOPHEN TABS	8	oxymorphone hcl TB12	7	1 MISC	119
oxycodone hcl CAPS	6	OXYTROL FOR WOMEN PTTW	156	PARI BABY CONVERSION KITSIZE	
oxycodone hcl CONC 100 MG/5ML	6	OXYTROL PTTW	156	2 MISC	119
oxycodone hcl SOLN	6	oyster shell	124	PARI BABY CONVERSION KITSIZE	
oxycodone hcl T12A 10 MG	7	OYSTER SHELL CALCIUM/D TABS .		3 MISC	119
oxycodone hcl T12A 15 MG	7	124		PARI ERAPID NEBULIZER	
oxycodone hcl T12A 20 MG	7	OZEMPIC SOPN 2 MG/1.5ML	16	HANDSET MISC	119
oxycodone hcl T12A 30 MG	6	OZEMPIC SOPN	16	PARI EXPIRATORY FILTER VALVE	
oxycodone hcl T12A 40 MG	6	PALFORZIA INITIAL DOSE		SET DEVI	119
		ESCALATION CSPK	1	PARI MANUAL INTERRUPTER	

DEVI	119	PCCA CANNIDEX CUSTOM BASE .	PEDIATRIC DISPOSABLE		
PARI MASK SET MISC	119	148	MOUTPIECE MISC	120	
PARI SMARTMASK BABY/ELBOW		PCCA COSMETIC HRT BASE ..	PEDIATRIC MEDIUM MASK	111	
MISC	119	PCCA CUSTOM TROCHE BASE	PEDIATRIC		
PARI SOFT PLASTIC ADULT MASK		POWD	147	MOUTHPIECE/DISPOSABLE MISC .	120
MISC	119	PCCA EMOLLIENT CREAM BASE	148	pediatric multivitamins w/fl CHEW	137
PARI SOFT PLASTIC PEDIATRIC		PCCA HYDRABASE SB			
MASK MISC	119	CUSTOMBASE	148	pediatric multivitamins w/fl SOLN	137
PARI TREK S COMBO PACK DEVI .	119	PCCA LIPODERM BASE	148	PEDIATRIC PANDA MASK	120
PARI VORTEX ADULT MASK ...	119	PCCA LIPODERM CUSTOM BASE .	148	PEDIATRIC SMALL MASK	111
paricalcitol CAPS	49			pediatric vitamins acd w/ fluoride	
paricalcitol SOLN	49	PCCA MVC BASE	148	SOLN	137
PARVLEX TABS	133	PCCA NATACREAM	148	PEDVAX HIB SUSP	156
PATADAY EXTRA STRENGTH .	145	PCCA POLYGLYCOL TROCHE		PEG	148
PAXLOVID 100 MG-150 MG	31	POWD	147	peg 3350-kcl-sod bicarb-sod	
PC LANCETS SUPER THIN 30G .	69	PCCA POLYPEG BASE	148	chloride-sod sulfate SOLR	56
PC UNIFINE PENTIPS 29G X1/2"	96	PCCA PRACASIL TM-PLUS BASE .	148	peg 3350-potassium chloride-sod	
				bicarbonate-sod chloride	56
PC UNIFINE PENTIPS 31G X5MM		PCCA SWEET-SF SYRP	147	PEG OINTMENT BASE	148
MINI	96	PCCA SYRUP VEHICLE SYRP ..	147	PEN NEEDLES	97
PC UNIFINE PENTIPS 31G X6MM		PCCA VANISHING CREAM LIGHT .	148	PEN NEEDLES 29GX12MM	97
ULTRA SHORT	97			PEN NEEDLES 30GX8MM	97
PC UNIFINE PENTIPS 31G X8MM		PCCA VANISHING CREAM/LOTION		PEN NEEDLES 31G X 3/16"	97
SHORT	97	BASE	148	PEN NEEDLES 31G X 5MM	97
PCCA ALADERM BASE	148	PCCA VANPEN BASE	148	PEN NEEDLES 31G X 6MM	97
PCCA ANHYDROUS BASE OINT		PCCA WAV CUSTOM BASE	148	PEN NEEDLES 31G X 8MM	97
148		PCCA-PLUS SUSP	147	PEN NEEDLES 31GX5/16"	97
PCCA ANHYDROUS LIPODERM		PEAK A-I-R FLOW METER	120	PEN NEEDLES 31GX5MM	97
BASE	148	PEAK AIR PEAK FLOW		PEN NEEDLES 31GX6MM (1/4") .	97
PCCA BASE 7542	148	METERADULT/PEDIATRIC	120	PEN NEEDLES 31GX8MM (5/16")	97
PCCA BIOPEPTIDE BASE	148	ped multivitamins w/fl & iron SOLN	136	97	
PCCA CANNIDEX 2.0		PEDIARIX SUSY	153	PEN NEEDLES 31GX8MM	97
CUSTOMBASE	148				

PEN NEEDLES 32G X 4MM .....97	PENTIPS 32GX6MM .....97	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 159
PEN NEEDLES 32G X 5MM .....97	pentoxifylline .....53	PFLEX MISC 120
PEN NEEDLES 32G X 6MM .....97	PERFECT LANCETS 30G .....69	PHARMABASE ANTIOXIDANT . 149
PEN NEEDLES 32GX4MM .....97	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G .....69	PHARMABASE COSMETIC .....149
PEN NEEDLES 33G X 5/32" .....97	perindopril erbumine 24	PHARMABASE COSMETIC NATURAL .....149
PEN NEEDLES/29G X 1/2" .....97	permethrin CREA 46	PHARMABASE HEAVY 149
PEN NEEDLES/31G X 1/4" .....97	permethrin LIQD EX 46	PHARMABASE LIGHT .....149
PEN NEEDLES/31G X 3/16" .....97	permethrin LOTN 46	PHARMABASE VAGINAL MOISTURIZING .....149
PEN NEEDLES/31G X 5/16" .....97	PERSONAL BEST FULL RANGE 120	PHARMACIST CHOICE ALCOHOL PRED PADS .....76
PEN NEEDLES/31G X 6MM .....97	PERTZYE CPEP .....47	PHARMACIST CHOICE ALCOHOLPREP PADS .....76
PEN NEEDLES/32G X 5/32" .....97	PETROLATUM .....149	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC .120
penciclovir .....41	PETROLEUM JELLY 149	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN .70
PENCREAM 148	PETROLEUM JELLYBABY .....149	PHARMACIST CHOICE ULTRA THIN LANCETS .....70
PENDERM .....148	PFCB .....149	PHARMACIST CHOICE ULTRA THIN LANCETS 28G .....70
penicillin v potassium SOLR .....146	PFIZER-BIONTECH COVID-19VACCINE SUSP 159	PHARMACIST CHOICE ULTRA THIN LANCETS 30G .....70
penicillin v potassium TABS .....146	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP .....159	PHARMACIST CHOICE ULTRA THIN LANCETS 31G .....70
PENNSAID SOLN EX 40	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP 159	PHARMACIST CHOICE ULTRA THIN LANCETS 33G .....70
PENSOMAL CREAM 149	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP 159	PHARMACY COUNTER LANCETS . 70
PENTACEL 153	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....159	PHEBURANE PLLT 49
PENTASA CPCR 51	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP .159	phenazopyridine hcl TABS 100 MG,
pentazocine w/ naloxone hcl 8	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ..159	
PENTIPS 29G X 12MM .....97	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y . 159	
PENTIPS 29GX12MM .....97		
PENTIPS 31G X 5MM .....97		
PENTIPS 31G X 8MM .....97		
PENTIPS 31GX5MM .....97		
PENTIPS 31GX6MM .....97		
PENTIPS 31GX8MM .....97		
PENTIPS 32G X 4MM .....97		
PENTIPS 32GX4MM .....97		

100 MG, 200 MG .....53	PIP PEN NEEDLES 32G X 4MM .97	MG-600 MCG-4.5 MCG-1 MG-200 MCG 137
phendimetrazine tartrate TABS 1	piroxicam CAPS .....4	POLY-VI-FLOR CHEW .....137
PHENDIMETRAZINE TARTRATEER CP24 .....1	pitavastatin calcium 23	polyvinyl alcohol 1.4 % 142
phentermine hcl CAPS .....1	PLEGRIDY SOPN .....151	polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML 142
phentermine hcl TABS 1	PLEGRIDY SOSY IM .....151	POMALYST 29
phenylephrine hcl (mydriatic) SOLN 2.5 %143	PLEGRIDY STARTER PACK SOPN . 151	PONVORY 14-DAY STARTER PACK TBPK 151
PHEXXI 160	PLEGRIDY STARTER PACK SOSY SC .....151	PONVORY TABS .....151
PHOSPHOLINE IODIDE .....143	PNEUMOVAX 23 156	posaconazole SUSP .....20
PHYTOBASE 149	PNEUMOVAX 23/1 DOSE .....156	posaconazole TBEC .....20
PHYTOMULTI TABS 134	PNV TABS 29-1 TABS 138	potassium bicarbonate TBEF .....125
phytonadione TABS 5 MG .....161	POCKET CHAMBER DEVI .....120	potassium chloride CPCR 125
PIKO 1 ELECTRONIC 120	POCKET PEAK FLOW METER .120	potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ 125
PILLOW MASK/ADULT MISC ....120	POCKET SPACER DEVI .....120	potassium chloride TBCR 125
PILLOW MASK/CHILD MISC 120	POCKETCHEM EZ CONTROL LEVEL 1 SOLN 70	potassium citrate (alkalinizer) TBCR . 52
PILLOW MASK/PEDIATRIC MISC 120	POCKETPEAK PEAK FLOW METER LOW RANGE 120	potassium citrate-citric acid SOLN .52
pilocarpine hcl (oral) 127	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM 120	potassium phosphate monobasic TABS .....125
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 143	podofilox SOLN 45	potassium phosphates 236 MG/ML-224 MG/ML 125
pimecrolimus .....45	polyethylene glycol 3350 POWD .. 56	PRADAXA CAPS 110 MG .....14
pindolol TABS .....32	POLYETHYLENE GLYCOL BLEND . 149	PRADAXA CAPS 75 MG, 150 MG 14
pioglitazone hcl .....18	polyethylene glycol-propylene glycol (ophth) GEL .....141	PRADAXA PACK 14
pioglitazone hcl-glimepiride 15	polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %142	PRALUENT SOAJ 23
pioglitazone hcl-metformin hcl TABS . 15	polymyxin b-trimethoprim .....143	pramipexole dihydrochloride TABS 30
PIP GLUCOSE CONTROL SOLUTION LIQD .....70	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	pramipexole dihydrochloride TB24 30
PIP LANCETS/28G .....70		prasugrel hcl .....54
PIP LANCETS/30G .....70		
PIP PEN NEEDLES 31G X 5MM .97		

pravastatin sodium	23	97	PRENATAL 19 CHEW	138
prazosin hcl CAPS	24	PREFERRED PLUS INSULIN	PRENATAL 19 TABS	138
PRECISION GLUCOSE		SYRINGE/U-100/0.5ML/30G X 5/16"	PRENATAL AND IRON TABS ...	138
KETONECONTROL SOLUTION 1-		.....	97	
LOW, 1-HIGH LIQD	70	PREFERRED PLUS INSULIN	PRENATAL FORTE TABS	138
PRECISION SURE-DOSE INSULIN		SYRINGE/U-100/1ML/28G X 1/2"	98	
SYRINGE/0.3ML/30G X 5/16"	97	PREFERRED PLUS INSULIN	PRENATAL MULTIVITAMIN TABS	138
PRECISION THINS GP LANCET .	70	SYRINGE/U-100/1ML/29G X 1/2"	98	
prednicarbate OINT	44	PREFERRED PLUS INSULIN	PRENATAL PLUS IRON TABS ..	138
prednisolone acetate (ophth)	144	SYRINGE/U-100/1ML/30G X 5/16"		
		98	PRENATAL PLUS TABS	138
PREDNISOLONE ACETATE P-F		PREFERRED PLUS LANCETS	PRENATAL PLUS VITAMIN	
144		COLORED 21G	ANDMINERAL TABS	138
		70		
PREDNISOLONE SODIUM		PREFERRED PLUS LANCETS	PRENATAL TABS 100 MG-2.6 MG-	
PHOSPHATE	144	SUPER THIN 30G	0.8 MG-400 UNIT-4 MCG-1.7 MG-18	
		70	MG-1.84 MG-25 MG-27 MG-11	
prednisolone sodium phosphate		PREFERRED PLUS LANCETS THIN	UNIT-200 MG-4000 UNIT, 120 MG-	
SOLN	36	26G	2.6 MG-0.8 MG-400 UNIT-8 MCG-	
		70	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	36	PENTIPS 29G X 12MM	MG-2.6 MG-800 MCG-400 UNIT-8	
		98	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	37	SHORT	UNIT-8 MCG-1.7 MG-20 MG-28 MG-	
		98	200 MG-1.8 MG-25 MG-30 UNIT-	
PREDNISON INTENSOL CONC .	37	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	37	98	MG-28 MG-200 MG-1.8 MG-25 MG-	
		PREFERRED PLUS UNIFINE	4000 UNIT-30 UNIT	139
prednisone TABS	37	PENTIPS 32GX4MM		
		98	PRENATAL TABS 120 MG-10 MG-1	
prednisone TBPk	37	PREFERRED PLUS UNIFINE	MG-10 MCG-12 MCG-3 MG-20 MG-	
		PENTIPS/MINI/31GX5MM	1200 MCG-27 MG-200 MG-1.84 MG-	
PREFERRED PLUS INSULIN			25 MG-2 MG-10 MG	139
SYRINGE/U-100/0.3ML/29G X 1/2" .		PREHEVBRIO		
97		159		
PREFERRED PLUS INSULIN		PREMARIN TABS	50	prenatal vit w/ ferrous fumarate-folic
SYRINGE/U-100/0.3ML/30G X 5/16"				acid CHEW
.....		97		138
PREFERRED PLUS INSULIN		PREMIUM CONDOMS		
SYRINGE/U-100/0.5ML/28G X 1/2" .		LUBRICATED MISC	58	prenatal vit w/ iron carbonyl-folic acid
97				TABS 120 MG-3 MG-30 MCG-1 MG-
		PREMPHASE	50	400 UNIT-8 MCG-3 MG-20 MG-7
		PREMPRO	50	MG-3 MG-100 MG-15 MG-3 MG-
PREFERRED PLUS INSULIN		PRENATABS FA TABS	138	4000 UNIT-200 MG-150 MCG-30
SYRINGE/U-100/0.5ML/29G X 1/2" .				UNIT-29 MG
				138

PRENATAL VITAMIN & MINERAL TABS .....138	PRIFTIN .....27	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED ....70
PRENATAL VITAMIN/IRON TABS 138	PRILOSEC PACK .....155	PROAIR DIGIHALER .....13
PRENATAL VITAMINS PLUS LOW IRON TABS .....138	primaquine phosphate TABS .....27	PROAIR RESPICLICK AEPB .....13
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 .....138	primidone .....14	probenecid .....53
PRENATVITE RX TABS .....139	PRIORIX SUSR .....159	PRO-CAL TABS .....134
PREPLUS TABS .....139	PRO COMFORT ALCOHOL PADS 76	PROCARE SPACER CHAMBER W/ADULT MASK DEVI .....120
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS .....134	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC .....120	PROCARE SPACER CHAMBER W/CHILD MASK DEVI .....121
PRESERVISION AREDS 2 CAPS 134	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC .....120	PROCERV HP TABS .....134
PRESERVISION AREDS 2 CHEW 134	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI .....120	PROCHAMBER VALVED HOLDINGCHAMBER DEVI .....121
PRESERVISION AREDS CAPS .134	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" ....98	prochlorperazine .....31
PRESERVISION AREDS TABS .134	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" ....98	prochlorperazine maleate TABS ...31
PRESERVISION/LUTEIN CAPS .134	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" ....98	PROCRIT .....54
PRETAB TABS .....139	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" .....98	PROCYSBI CPDR .....52
PRETOMANID .....27	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" ....98	PROCYSBI PACK .....52
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4" .....98	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ....98	PRODIGY CONTROL SOLUTIONHIGH SOLN .....70
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16" .....98	PRO COMFORT LANCETS 30G .70	PRODIGY CONTROL SOLUTIONLOW SOLN .....70
PREVENT SAFETY PEN NEEDLES 31GX1/4" .....98	PRO COMFORT LANCETS 31G .70	PRODIGY COUNT-A-DOSE MISC 70
PREVENT SAFETY PEN NEEDLES 31GX5/16" .....98	PRO COMFORT PEN NEEDLES/31G X 8MM .....98	PRODIGY INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....98
PREVNAR 13 .....156	PRO COMFORT PEN NEEDLES/32G X 4MM .....98	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" ....98
PREVNAR 20 .....156	PRO COMFORT PEN NEEDLES/32G X 5MM .....98	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" .....98
PREZISTA SUSP .....31	PRO COMFORT PEN NEEDLES/32G X 6MM .....98	PRODIGY LANCING DEVICE MISC . 70
		PRODIGY PRESSURE ACTIVATED SAFETY LANCETS .....70

PRODIGY SAFETY LANCETS ... 70	PROQUAD SUSR 159	PURE COMFORT PEAK FLOW METER CHILD 121
PRODIGY TWIST TOP LANCETS 70	PRORENAL+D TABS 134	PURE COMFORT PEN NEEDLE 32G X6MM 98
PROFOLA TABS 134	PRORENAL+D/OMEGA-3 CAPS 134	PURE COMFORT PEN NEEDLE 32G X8MM 98
progesterone CAPS 149	PROSTEON TABS 125	PURE COMFORT PEN NEEDLE/32G X 5MM 98
progesterone OIL 149	PROTECT CARDIO AF CAPS ... 134	PURE COMFORT PEN NEEDLE/32G X4MM 98
PROLATE SOLN 8	PROTECT PLUS SO CAPS 134	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM 98
PROLATE TABS 8	PROTEGRA CAPS 134	PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM 98
PROLENSA 145	PROVIT TABS 134	PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM 98
promethazine & phenylephrine SYRP 37	pseudoephedrine-guaifenesin TB12 600 MG-60 MG 37	PX ADVANCED LANCING DEVICE MISC 70
promethazine hcl SOLN 6.25 MG/5ML 22	P-SILOXAN DS 149	PX EXTRA SHORT PEN NEEDLES 31GX6MM 98
promethazine hcl SUPP 12.5 MG, 25 MG 22	PSS SELECT GP LANCETS 70	PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" 99
promethazine hcl SUPP 50 MG ... 22	PSS SELECT PLATFORMS MISC 70	PX LANCET AUTO INJECTOR MISC 70
promethazine hcl SYRP 22	PSS SELECT SAFETY LANCETS 70	PX LANCETS MICROTHIN 33G .. 70
promethazine hcl TABS 22	psyllium POWD 25 %, 28.3 %, 43 %, 48.57 %, 51.7 %, 58.6 %, 95 % ... 56	PX LANCETS ULTRA THIN 70
promethazine w/codeine SOLN ... 37	PULMICORT FLEXHALER AEPB 180 MCG/ACT 12	PX LANCETS ULTRA THIN 28G . 70
promethazine w/codeine SYRP ... 37	PULMICORT FLEXHALER AEPB 90 MCG/ACT 12	PX MINI PEN NEEDLES 31GX5MM 99
promethazine-dm SYRP 37	PULMOZYME 152	PX PEN NEEDLE 29GX12MM ... 99
promethazine-phenylephrine-codeine 37	PURE COMFORT 3-BALL BREATH EXERCISER DEVI 121	PX PEN NEEDLE 31GX8MM 99
PRONEB ULTRA FILTER SET MISC 121	PURE COMFORT ALCOHOL PREPPADS 76	PX PRENATAL MULTIVITAMINS TABS 139
propafenone hcl TABS 10	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 121	PX SHORTLENGTH PEN NEEDLES/31GX8MM 99
proparacaine hcl 144	PURE COMFORT LANCETS 30G 70	
propranolol hcl CP24 32	PURE COMFORT PEAK FLOW METER ADULT 121	
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML 32		
propranolol hcl TABS 32		
propylthiouracil 152		

pyrazinamide	27	QNASL CHILDRENS	141	RA CENTRAL-VITE TABS	134
pyrethrins-piperonyl butoxide LIQD 4 %-0.33 %	46	QTERN	15	RA E-ZJECT LANCETS 28G	71
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	46	QUADRACEL SUSP	153	RA E-ZJECT LANCETS THIN 26G 71	
pyridostigmine bromide TABS 60 MG	27	QUADRACEL SUSY	153	RA E-ZJECT LANCETS THIN 28G 71	
pyridoxine hcl TABS 100 MG	161	QUAKE DEVI	121	RA E-ZJECT LANCETS ULTRATHIN 30G	71
pyridoxine hcl TABS 25 MG	161	quetiapine fumarate TABS	31	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	99
pyridoxine hcl TABS 50 MG	161	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	137	RA INSULIN SYRINGE/1ML/29G X 1/2"	99
pyrimethamine	27	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	137	RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	99
PYRUKYND TABS	54	QUFLORA PEDIATRIC SOLN ...	137	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	99
PYRUKYND TAPER PACK TBPk .54		QUICKTEK CONTROL SOLUTION LIQD	71	RA PEN NEEDLES 31G X 5MM3/16"	99
QBRELIS SOLN	24	QUICKVUE AT-HOME COVID-19 TEST KIT	46	RA PEN NEEDLES 31G X 8MM5/16"	99
QC ADVANCED LANCING DEVICE MISC	70	QUIN B STRONG TABS	134	RA PETROLEUM JELLY	149
QC ALCOHOL SWABS	76	quinapril hcl	24	RA PRENATAL FORMULA/FOLICACID TABS ...	139
QC LANCETS SUPER THIN	70	quinapril-hydrochlorothiazide	25	RA PRENATAL TABS	139
QC LANCETS ULTRA THIN	70	quinidine sulfate TABS	10	RABAVERT	159
QC MULTI-VITE TABS	134	QUINTABS TABS	136	RABEPRAZOLE SODIUM DR SPRINKLE CPSP	155
QC OCUHEALTH VISION SUPPORT 2 CAPS	134	QUINTABS-M TABS	134	rabeprazole sodium TBEC	155
QC PEN NEEDLES 29G X 12MM	99	QUINTET GLUCOSE CONTROL/HIGH/NORMAL SOLN	71	raloxifene hcl	49
QC PEN NEEDLES 31G X 6MM	99	QUVIVIQ	55	ramipril CAPS	24
QC PEN NEEDLES 31G X 8MM	99	QVAR REDIHALER	12	ranolazine TB12	10
QC PRENATAL TABS	139	RA ALCOHOL SWABS	76	rasagiline mesylate	30
QC UNIFINE PENTIPS 32GX4MM 99				RAYA SURE PEN NEEDLE 29GX 12MM	99
QC UNILET LANCETS 28G/ULTRA THIN	71				
QC UNILET LANCETS 33G/MICRO THIN	71				
QNASL	141				

RAYA SURE PEN NEEDLE 31GX 4MM .....99	REALITY SWABS .....76	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....99
RAYA SURE PEN NEEDLE 31GX 5MM .....99	REALITY TRIGGER LANCETS ...71	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....99
RAYA SURE PEN NEEDLE 31GX 6MM .....99	REBIF REBIDOSE SOAJ .....151	RELION LANCETS MICRO- THIN33G .....71
RAYA SURE PEN NEEDLE 31GX 8MM .....99	REBIF REBIDOSE TITRATIONPACK SOAJ .....151	RELION LANCETS THIN 26G ....71
RAYAVIT TABS .....134	REBIF SOSY 22 MCG/0.5ML ....151	RELION LANCETS ULTRA- THIN30G .....71
RAYOS TBEC .....37	REBIF SOSY 44 MCG/0.5ML ....151	RELION LANCING DEVICE KIT ...71
READYLANCE SAFETY LANCETS/21G/2.2MM .....71	REBIF TITRATION PACK SOSY .151	RELION LANCING DEVICE MISC 71
READYLANCE SAFETY LANCETS/23G/1.8MM .....71	REBINYN .....53	RELION MINI PEN NEEDLES 31GX6MM .....99
READYLANCE SAFETY LANCETS/26G/1.8MM .....71	RECOMBIVAX HB SUSP .....159	RELION PEN NEEDLES 29GX12MM.....99
READYLANCE SAFETY LANCETS/28G/1.8MM .....71	RECOMBIVAX HB SUSY .....159	RELION PEN NEEDLES 31G X6MM.....99
READYLANCE SAFETY LANCETS/30G/1.6MM .....71	REFUAH PLUS GLUCOSE CONTROL SOLUTION SOLN ....71	RELION PEN NEEDLES 31G X8MM.....99
REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" .....99	RELAFEN DS .....4	RELION PEN NEEDLES 31GX5/16" 99
REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" .....99	RELENZA DISKHALER .....31	RELION PEN NEEDLES 31GX6MM 99
REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2" .....99	RELEUKO SOLN .....54	RELION PEN NEEDLES 31GX8MM 99
REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2" .....99	RELEUKO SOSY .....54	RELION PEN NEEDLES 32G X4MM.....100
REALITY LANCETS .....71	RELEXXII TBCR .....1	RELION PEN NEEDLES 32G X5/32" .....100
REALITY LATEX CONDOMS/LUBRICATED MISC ..58	RELION 2-IN-1 LANCET DEVICES 30G MISC .....71	RELION PEN NEEDLES 32GX4MM 100
REALITY LATEX/ULTRA TEXTURED DEVI .....58	RELION 2-IN-1 LANCING DEVICE 25G MISC .....71	RELION PEN NEEDLES/31G X1/4" . 100
REALITY LATEX/ULTRA THIN DEVI 58	RELION 2-IN-1 LANCING DEVICE 30G MISC .....71	RELION SHORT PEN NEEDLES31GX8MM .....100
	RELION ALCOHOL SWABS .....76	
	RELION INSULIN SYRINGE 0.5ML/31G X 15/64" .....99	
	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64" .....99	
	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....99	
	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" .....99	

RELION ULTRA THIN LANCETS/30G	71	rifabutin	27	ROXYBOND TABA 5 MG	7
RELION ULTRA THIN LANCETS30G	71	rifampin CAPS	27	RUBRACA	29
RELION ULTRA THIN PLUS LANCETS 32G	71	RIGHTEST GC300 HIGH CONTROL LIQD	71	RYALTRIS	140
RELION ULTRA THIN PLUS LANCETS 33G	71	RIGHTEST GD500 LANCING DEVICE MISC	71	RYBELSUS TABS	16
RELISTOR SOLN	52	RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC	71	RYKINDO SRER	31
RELISTOR TABS	52	RIGHTEST GL300 LANCETS	71	RYPLAZIM	53
RELTONE CAPS	51	riluzole TABS	141	RYTARY CPCR	30
RELYVRIO	141	rimantadine hydrochloride TABS ..	31	SA3 DERM	149
REMEDIENT CAPS	134	RINVOQ	2	SAFE-SENSE EARLOOP FACE MASK	111
RENAPLEX-D TABS	134	risedronate sodium TABS 35 MG .	48	SAFE-T-LANCE LOW FLOW 25G 71	
repaglinide	18	risedronate sodium TABS 5 MG, 30 MG, 150 MG	48	SAFE-T-LANCE NORMAL FLOW21G	71
REPATHA PUSHTRONEX SYSTEM SOCT	23	risedronate sodium TBEC	48	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ...	71
REPATHA SOSY	23	RITEFLO DEVI	121	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ...	71
REPATHA SURECLICK SOAJ	23	rivastigmine	150	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 71	
REPLACEMENT AIR FILTER MISC . 121		rivastigmine tartrate CAPS	150	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	100
REPLACEMENT FILTERS MISC 121		rizatRIPTAN benzoate TABS	123	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	100
RESTASIS MULTIDOSE EMUL ..	144	rizatRIPTAN benzoate TBDP	123	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	100
RETACRIT	54	ROCKLATAN	144	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	100
REVLIMID	126	roflumilast	11	SAFETY LANCET 30G/PRESSURE ACTIVATED	71
REXALL LANCETS ULTRA THIN 71		ropinirole hydrochloride TABS	30	SAFETY LANCETS	71
REYVOW	123	ropinirole hydrochloride TB24	30	SAFETY LANCETS 21G	71
REZLIDHIA	29	rosuvastatin calcium TABS	23	SAFETY LANCETS 23G	72
REZVOGLAR KWIKPEN	18	ROTARIX SUSP	159		
RHOPRESSA	144	ROTARIX SUSR	159		
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	46	ROTATEQ SOLN	159		
		ROXYBOND TABA 15 MG	7		
		ROXYBOND TABA 30 MG	7		

SAFETY LANCETS 28G .....72	SAVAYSA 13	MISC .....72
SAFETY LANCETS/PRESSURE ACTIVATED/28G .....72	SAVELLA TABS 150	selegiline hcl CAPS .....30
SAFETY PEN NEEDLES/30G X5/16" .....100	SAVELLA TITRATION PACK MISC 150	selegiline hcl TABS 30
SAIZEN IJ .....49	saxagliptin hcl 16	selenium sulfide LOTN 2.5 %41
SAIZENPREP RECONSTITUTIONKIT IJ .....49	saxagliptin-metformin hcl .....15	SEMGLEE SOLN 18
saline SOLN 140	SAXENDA 1	SEMGLEE SOPN .....18
SALT DURABLE CREAM .....149	SB ALCOHOL PREP PADS 76	SE-NATAL 19 CHEW .....139
SALT STABLE LS ADVANCED . 149	SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 100	SE-NATAL 19 TABS .....139
SALTSTABLE LO .....149	SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" .....100	sennosides CAPS .....56
SAMI THE SEAL REPLACEMENTFILTERS MISC .121	SB INSULIN SYRINGE/U- 100/1ML/29G X 1/2" 100	sennosides LIQD .....56
SANARE ADVANCED SCAR THERAPY .....149	SB INSULIN SYRINGE/U- 100/1ML/30G X 5/16" .....100	sennosides SYRP 8.8 MG/5ML ...56
SANARE SCAR THERAPY .....149	SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....100	sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG .....56
SANCUSO PTCH .....19	SB LANCETS THIN .....72	sennosides-docusate sodium TABS 56
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT . 159	SB LANCETS ULTRA THIN 72	SENSI-CARE MOISTURIZING CREA .....45
SAPS CARE ALCOHOL PREP PADS .....76	SCAR CARE CREAM .....149	SENTRY SENIOR/LUTEIN TABS 134
SAPS HEALTH ALCOHOL PREPPADS .....76	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" . 100	SENTRY TABS .....134
SAPS HEALTH CARE ALCOHOLPREP PADS .....76	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" 100	SEREVENT DISKUS .....13
SAPS HEALTH CARE TWIST TOP LANCETS .....72	SECURESAFE SAFETY PEN NEEDLES/30G X 5/16" .....100	SERNIVO EMUL .....44
SAPS HEALTH PLUS TWIST TOP LANCETS 30G .....72	SEGLENTIS 8	SEROSTIM SC 4 MG, 5 MG, 6 MG 49
SAPS HEALTH TWIST TOP LANCETS 30G .....72	SEGLUROMET .....15	sevelamer carbonate PACK .....52
SAPSCARE TWIST TOP LANCETS 30G .....72	SELECT-LITE DEVICE/LANCETS KIT .....72	sevelamer carbonate TABS .....52
	SELECT-LITE LANCING DEVICE	sevelamer hcl .....52
		SEZABY SOLR .....55
		SFROWASA ENEM .....51
		SHIELD-SECURE FULL FACE SHIELD .....111
		SHINGRIX .....159

SHOPKO AUTOLET LANCING DEVICE MISC 72	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC . 121	SIMPONI ARIA SOLN 2
SHOPKO ON-THE-GO COMFORTLANCETS 30G 72	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC 121	SIMPONI SOAJ 2
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM ... 100	SIDESTREAM PLUS ADULT FACE MASK MISC 121	SIMPONI SOSY 2
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM 100	SIKLOS TABS 54	simvastatin TABS 23
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM 100	sildenafil citrate (pulmonary hypertension) SUSR 34	SINGLE-LET 72
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM .. 100	sildenafil citrate (pulmonary hypertension) TABS 34	sirolimus TABS 126
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4 MM 100	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC 121	SIRTURO 27
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5M M 100	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC 121	SITAVIG TABS BU 31
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM . 100	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC 121	SIVEXTRO TABS 27
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8 MM 100	SILIQ 41	SKIN PROTECTANT PETROLATUM 149
SHOPKO UNILET LANCETS SUPER THIN 30G 72	silodosin 53	skin protectants, misc. CREA 45
SHOPKO UNILET LANCETS ULTRA THIN 28G 72	SILPROTEX PLUS 149	SKYCLARYS 141
SIDEROL TABS 134	silver sulfadiazine 42	SKYRIZI PEN SOAJ 41
SIDESTREAM ADULT FACE MASK MISC 121	SIMBRINZA 143	SKYRIZI PSKT 41
SIDESTREAM PEDIATRIC FACEMASK MISC 121	simethicone CHEW 51	SKYRIZI SOCT 180 MG/1.2ML ... 51
	simethicone LIQD OR 20 MG/0.3ML . 51	SKYRIZI SOCT 360 MG/2.4ML ... 51
	simethicone SUSP 51	SKYRIZI SOSY 41
	SIMPLE DIAGNOSTICS LANCING DEVICE MISC 72	SKYTROFA 49
		SKYY DERM 149
		SLOW-MAG 125
		SLOWMAG MG MUSCLE/HEART 125
		SM ALCOHOL PREP PADS 76
		SM B-COMPLEX/VITAMIN C TABS . 127
		SM FOAMING ANTACID 9
		SM MICRO THIN LANCETS 33G . 72
		SM ONE DAILY ESSENTIAL TABS 127
		SM ONE DAILY MENS TABS 134

SM ONE DAILY WOMENS TABS 134	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG 124	SOOTHENEB NBL100 ADULT MASK MISC 122
SM PRENATAL VITAMINS TABS 139	sodium fluoride SOLN 0.5 MG/ML 124	SORBIDON HYDRATE CREA 45
SM TRUEDRAW LANCING DEVICE MISC 72	SODIUM OXYBATE SOLN 150	SOSWEET SYRP 147
SMART DIABETES VANTAGE LANCING DEVICE MISC 72	sodium phosphates (sodium phosphate dibasic & monobasic) 142 MG/ML-276 MG/ML, 710 MG/5ML- 1380 MG/5ML 125	sotalol hcl (afib/afl) 32
SMART SENSE COLOR LANCETS UNIVERSAL 33G 72	sodium phosphates ENEM 56	sotalol hcl TABS 32
SMART SENSE STANDARD LANCETS UNIVERSAL 21G 72	sodium polystyrene sulfonate POWD 126	SOTYKTU 41
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G 72	sodium polystyrene sulfonate SUSP OR 15 GM/60ML 126	SOTYLIZE SOLN OR 32
SMART SENSE THIN LANCETSUNIVERSAL 26G 72	solifenacin succinate TABS 156	SPECTRAVITE TABS 134
SMARTEST CONTROL SOLUTIONMEDIUM SOLN 72	SOLQUA 100/33 15	SPIKEVAX COVID-19 VACCINE SUSP 160
SMARTEST LANCETS 28G 72	SOLIRIS 53	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP 159
SOAAZ TABS 20 MG 47	SOLO TABS 134	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY 159
SODIUM BENZOATE 147	SOLTAMOX SOLN 28	spinosad 46
sodium bicarbonate (antacid) TABS 325 MG, 650 MG 9	SOLU-CORTEF 37	SPIRIVA RESPIMAT AERS 11
SODIUM BICARBONATE POWD .. 9	SOLU-MEDROL 37	SPIRO PD DEVI 122
sodium chloride (gu irrigant) 0.9 % 52	SOLUS V2 CONTROL HIGH SOLN 72	spironolactone & hydrochlorothiazide 47
sodium chloride (inhalant) NEBU 0.9 % 38	SOLUS V2 LANCING DEVICE MISC 72	spironolactone TABS 47
sodium chloride hypertonic OINT 145	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G 72	SPRIX SOLN NA 4
sodium chloride hypertonic SOLN 145	SOLUS V2 TWIST LANCETS 30G 72	STAMARIL SUSR 160
sodium chloride SOLN IV 0.9 % ..126	SOOTHENEB NBL 100 CHILD MASK MISC 122	STEGLATRO 18
sodium citrate & citric acid 52	SOOTHENEB NBL 100 MEDICATION CUP MISC 122	STEGLUJAN 15
sodium fluoride (dental) CREA ... 127	SOOTHENEB NBL 100 MESH CAP MISC 122	STELARA 130 MG/26ML 51
sodium fluoride (dental) GEL 127		STELARA SOSY 41
		STERILANCE PA MISC 72
		STERILANCE TL 72
		STIMATE SOLN NA 49
		STIMUFEND 54
		STIOLTO RESPIMAT 13

STRIVE DUAL ZONE PEAK FLOW METER	122	SOLUTION LIQD	72	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	101
STRIVERDI RESPIMAT	13	SURE COMFORT ALCOHOL PREP PADS	76	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	101
STROVITE ONE TABS	134	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	100	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	101
sucralfate TABS	154	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	100	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	101
sulconazole nitrate CREA	40	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	100	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	101
sulfacetamide sodium (ophth) OINT 143		SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	100	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	101
sulfacetamide sodium (ophth) SOLN 143		SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	101	SURE COMFORT LANCETS 18G	72
sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	39	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	101	SURE COMFORT LANCETS 21G	72
sulfacetamide sod-prednisolone SOLN	144	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	101	SURE COMFORT LANCETS 23G	72
sulfamethoxazole-trimethoprim SUSP	26	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	101	SURE COMFORT LANCETS 28G	72
sulfamethoxazole-trimethoprim TABS	26	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31GX1/4"	101	SURE COMFORT LANCETS 30G	72
sulfasalazine TABS	51	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	101	SURE COMFORT LANCING PEN MISC	73
sulfasalazine TBEC	51	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	101	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	101
sulindac TABS	4	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	101	SURE COMFORT PEN NEEDLES30GX5/16" SHORT	101
sumatriptan	123	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	101	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	101
sumatriptan succinate SOAJ	123	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	101	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	101
sumatriptan succinate SOCT	123				
sumatriptan succinate SOLN 6 MG/0.5ML	123				
sumatriptan succinate TABS	123				
SUNLENCA SOLN	31				
SUNLENCA TBPK	31				
SUPER ANTIOXIDANT CAPS ...	134				
SUPER THIN LANCETS	72				
SUPPORT-500 CAPS	134				
SUPREME II HIGH/LOW CONTROL					

SURE COMFORT PEN NEEDLES32GX5/32" (4MM) 101	SURE-LANCE THIN LANCETS 28G 73	SYRUP VEHICLE SF SYRP 147
SURE COMFORT PEN NEEDLES32GX5/32" 101	SURE-LANCE ULTRA THIN LANCETS 73	SYRUP VEHICLE SYRP 147
SURE COMFORT PEN NEEDLES32GX6MM 101	SURELITE LANCETS 73	SYSTANE ICAPS AREDS2 CHEW 134
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM 101	SURE-PEN MISC 73	SYSTANE ICAPS AREDS2 TABS 134
SURE-FINE PEN NEEDLES 31GX3/16" 5MM 101	SURE-PREP ALCOHOL PREP PADS 76	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS .. 127
SURE-FINE PEN NEEDLES 31GX5/16" 8MM 101	SURE-TOUCH LANCETS UNIVERSAL 73	TABLOID 28
SURE-JECT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" 101	SURGICAL DISPOSABLE FACEMASK 3-PLY 111	tacrolimus (topical) OINT 0.03 % .. 45
SURE-JECT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" 101	SURGICAL FACE MASK/NIOSH N95 111	tacrolimus (topical) OINT 0.1 % ... 45
SURE-JECT INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" 101	SUSPENDIT ANHYDROUS SUSP 147	tacrolimus CAPS 126
SURE-JECT INSULIN SYRINGE/U- 100/0.3ML/28G X 1/2" 101	SUSPENDRX WITH BITTER- BLOC/SWEETENED SUSP 147	tadalafil (pulmonary hypertension) TABS 34
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 101	SUSPENDRX WITH BITTER- BLOC/UNSWEETENED SUSP .. 147	TADLIQ SUSP 34
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" 101	SUSPENSION VEHICLE SUSP .. 147	TAFINLAR TBSO 29
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" 102	SYMJEPI SOSY 160	tafluprost 145
SURE-JECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2" 102	SYMLINPEN 120 SOPN 14	TAKHZYRO SOSY 53
SURE-JECT INSULIN SYRINGE/U- 100/1ML/29G X 1/2" 102	SYMLINPEN 60 SOPN 14	TALICIA 155
SURE-JECT INSULIN SYRINGE/U- 100/1ML/30G X 5/16" 102	SYMPROIC 52	TALTZ SOAJ 41
SURE-JECT INSULIN SYRINGE/U- 100/1ML/31G X 5/16" 102	SYNAGIS SOLN 146	TALTZ SOSY 41
SURE-LANCE FLAT LANCETS .. 73	SYNALAR CREAM KIT 44	TALZENNA 29
SURE-LANCE LANCETS 26G 73	SYNALAR OINTMENT KIT 44	tamoxifen citrate TABS 28
	SYNALAR TS 44	tamsulosin hcl 53
	SYNJARDY TABS 15	TASCENSO ODT 0.25 MG 151
	SYNJARDY XR TB24 15	TASCENSO ODT 0.5 MG 151
	SYRPAITA SYRP 83 % 147	tavaborole 40
	SYRSPEND SF LIQD 147	TAVNEOS 53
		tazarotene CREA 41
		tazarotene GEL 41
		TAZVERIK 29

TDVAX SUSP	153	5MM	102	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	9
TECHLITE AST LANCETS	73	TECHLITE PEN NEEDLES/31GX 6 MM	102	testosterone GEL TD 1.62 %	9
TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2"	102	TECHLITE PEN NEEDLES/31GX 8MM	102	testosterone SOLN	9
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16"	102	TECHLITE PEN NEEDLES/32GX 4MM	102	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP	153
TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 15/64"	102	TECHLITE PEN NEEDLES/32GX 6MM	102	TEXACORT SOLN 2.5 %	44
TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16"	102	TECHLITE PEN NEEDLES/32GX 8MM	102	TEZSPIRE SOAJ	11
TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2"	102	TECHNA 10 SF TROCHE BASE POWD	147	TEZSPIRE SOSY	11
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2"	102	TECHNA 20 TROCHE BASE POWD 147		TGT LANCET MICRO THIN 33G ..	73
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16"	102	TEKTURN HCT	25	TGT LANCET THIN 26G	73
TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 15/64"	102	telmisartan	24	TGT LANCET ULTRA THIN 30G ..	73
TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16"	102	telmisartan-amlodipine	25	TGT LANCING DEVICE MISC	73
TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2"	102	telmisartan-hydrochlorothiazide ..	25	THALOMID	126
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2"	102	temozolomide CAPS	28	theophylline ELIX	13
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16"	102	TENIVAC INJ	153	theophylline SOLN	13
TECHLITE LANCETS	73	terazosin hcl	24	theophylline TB12 300 MG, 450 MG .	13
TECHLITE LANCETS 30G	73	terbinafine hcl (topical) CREA	40	THERA M PLUS TABS	134
TECHLITE PEN NEEDLES 29GX 10MM	102	terbinafine hcl TABS	20	THERA TABS	136
TECHLITE PEN NEEDLES 29GX 12 MM	102	terbutaline sulfate TABS	13	THERABETIC MULTI-VITAMIN TABS	134
TECHLITE PEN NEEDLES 31GX 5MM	102	terconazole vaginal CREA	160	THERACAL D2000 TABS	125
TECHLITE PEN NEEDLES/31GX		teriflunomide	151	THERACAL D4000 TABS	125
		teriparatide (recombinant) SOPN ..	48	THERACAL RAPID REPLETION TABS	125
		TERODERM	149	THERAGRAN-M ADVANCED 50 PLUS TABS	134
		TERODERM-PLUS	149	THERAGRAN-M ADVANCED TABS .	134
		TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	9	THERAGRAN-M PREMIER 50 PLUS	
		testosterone cypionate SOLN IM ...	9		

TABS	134	50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	153	TOLSURA CAPS	20
THERAGRAN-M PREMIER TABS 134				tolterodine tartrate CP24	156
THERAGRAN-M TABS	134	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	153	tolterodine tartrate TABS	156
THERA-M TABS	134			TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	102
THERAMILL FORTE CAPS	134			TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	102
THERANATAL CORE NUTRITION TABS	139	tizanidine hcl CAPS	140	TOPCARE LANCETS MICRO-THIN 33G	73
THERANATAL LACTATION ONE CAPS	134	tizanidine hcl TABS	140	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	102
THERA-TABS M TABS	134	TM-DAILY VITE TABS	136	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	103
THEREMS MULTIVITAMIN TABS 136		TOBI PODHALER CAPS	2	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	103
THEREMS-M TABS	134	tobramycin (ophth) SOLN	143	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	103
thiamine mononitrate TABS	161	tobramycin NEBU	2	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	103
THINLETS GP LANCETS	73	tobramycin-dexamethasone SUSP 144		TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	103
THRESHOLD IMT MISC	122	TODAYS HEALTH ADVANCED LANCING DEVICE MISC	73	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	103
THRESHOLD PEP DEVI	122	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	102	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	103
THRIVITE 19 TABS	134	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	102	TOREMIFENE CITRATE	28
THRIVITE RX TABS	139	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	102		
THYQUIDITY SOLN OR	153	TODAYS HEALTH SUPER THINLANCETS 30G	73		
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	153	TODAYS HEALTH ULTRA THINLANCETS 28G	73		
TIBSOVO	29	tolcapone	30		
TIGLUTIK SUSP	141	tolmetin sodium CAPS	4		
timolol maleate (ophth) SOLG	142	tolmetin sodium TABS 600 MG	4		
timolol maleate (ophth) SOLN	142	tolnaftate CREA	40		
timolol maleate TABS	32	tolnaftate POWD EX	40		
tinidazole	26				
tiotropium bromide monohydrate CAPS	11				
TIROSINT CAPS 13 MCG, 25 MCG,					

torsemide TABS 10 MG, 20 MG ...47	triamcinolone acetonide (mouth) 127	tropicamide SOLN .....143
torsemide TABS 5 MG, 100 MG ...47	triamcinolone acetonide (nasal) AERO .....141	trospium chloride CP24 .....156
TOSYMRA .....123	triamcinolone acetonide (topical) AERS .....44	trospium chloride TABS .....156
TOUJEO MAX SOLOSTAR SOPN 18	triamcinolone acetonide (topical) CREA .....44	TRUE COMFORT ALCOHOL PREP PADS .....76
TOUJEO SOLOSTAR SOPN .....18	triamcinolone acetonide (topical) LOTN .....44	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...103
TOVET KIT .....44	triamcinolone acetonide (topical) OINT 0.05 %44	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" .....103
TRACLEER TBSO .....34	triamcinolone acetonide (topical) OINT .....44	TRUE COMFORT PEN NEEDLES31G X 5MM .....103
TRADJENTA .....16	triamcinolone acetonide (topical) OINT .....44	TRUE COMFORT PEN NEEDLES31G X 6MM .....103
tramadol hcl CP24 100 MG, 200 MG, 300 MG .....7	triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML.....37	TRUE COMFORT PEN NEEDLES32G X 4MM .....103
tramadol hcl SOLN .....7	TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML .....37	TRUE COMFORT PRO ALCOHOLPREP PADS .....76
tramadol hcl TABS .....7	triamcinolone acetonide-dimethicone- silicone .....44	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" .....103
tramadol hcl TB24 .....7	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....47	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" .....103
tramadol-acetaminophen .....8	triamterene & hydrochlorothiazide TABS .....47	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" .....103
trandolapril .....24	TRICARE TABS .....139	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" .....103
trandolapril-verapamil hcl .....25	trifluridine .....143	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" .....103
TRAVEL LANCETS 30G .....73	TRIJARDY XR .....15	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" .....103
TRAVEL LANCETS ADVANCED 28G .....73	TRIKAFTA THPK .....152	TRUE COMFORT PRO PEN NEEDLES 31G X 5MM .....103
travoprost .....145	trimethobenzamide hcl CAPS .....19	
TRECATOR .....27	trimethoprim TABS .....26	
TRELEGY ELLIPTA .....13	TRINATAL RX 1 TABS .....139	
TREMFYA SOPN .....41	TRI-VI-SOL A/C/D .....137	
TREMFYA SOSY .....41	TROCHE BASE NS POWD .....147	
TRESIBA FLEXTOUCH SOPN .....18	TROCHE BASE POWD .....147	
TRESIBA SOLN .....18		
tretinoin (chemotherapy) .....29		
tretinoin CREA 0.025 %, 0.05 % ...39		
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....28		

TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	103	NEEDLES 31GX6MM	104	TRUEPLUS LANCETS 33G MICRO THIN	73
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	103	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	104	TRUEPLUS PEN NEEDLES 29GX12MM	104
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	103	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	104	TRUEPLUS PEN NEEDLES 31GX5MM	104
TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	103	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	104	TRUEPLUS PEN NEEDLES 31GX6MM	104
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	103	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	104	TRUEPLUS PEN NEEDLES 31GX8MM	104
TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	103	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	104	TRUEPLUS PEN NEEDLES 32GX4MM	104
TRUE COMFORT SAFETY LANCETS/30G	73	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	104	TRUEPLUS SAFETY LANCETS 28G	73
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	103	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	104	TRULANCE	50
TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	103	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	104	TRULICITY	16
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	104	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	104	TRUMENBA	156
TRUE COMFORT TWIST TOP LANCETS 30G	73	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	104	TRUSTEX COLOR CONDOMS + LUBE MISC	58
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	73	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	104	TRUSTEX LUBRICATED EXTRALARGE MISC	58
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	73	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	104	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	58
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	73	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	104	TRUSTEX LUBRICATED MISC ...	58
TRUEDRAW LANCING DEVICE MISC	73	TRUEPLUS LANCETS 26G	73	TRUSTEX LUBRICATED/RIBBED/STUDED MISC	58
TRUELYTE SOLN	124	TRUEPLUS LANCETS 28G	73	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	58
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	104	TRUEPLUS LANCETS 28G SUPER THIN	73	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	58
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	104	TRUEPLUS LANCETS 30G	73	TRUSTEX LUBRICATED/SPERMICIDE MISC	58
TRUEPLUS 5-BEVEL PEN		TRUEPLUS LANCETS 30G ULTRA THIN	73		
		TRUEPLUS LANCETS 33G	73		

TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC .....58	U-BASE 149	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" .....105
TRUSTEX NON-LUBRICATED MISC.....58	UBIDECARENONE 35	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" .....105
TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC .....58	UBRELVY .....123	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" .....105
TRUSTEX/RIA LUBRICATED MISC . 59	UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG . 135	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" .....105
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC 59	UDENYCA SOAJ 54	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" .....105
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 59	UDENYCA SOSY .....54	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" .....105
TRUSTEX/RIA NON-LUBRICATED MISC .....59	ULTICARE ALCOHOL SWABS ...76	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" .....105
TRUZONE PEAK FLOW METER 122	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" 104	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" .....105
TUBING/WING TIP MISC 122	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" 104	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" .....105
TUDORZA PRESSAIR .....11	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" 104	ULTICARE INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2" 105
TURALIO .....29	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" ...104	ULTICARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....105
T-VITES TABS .....134	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" 104	ULTICARE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" 105
TWINRIX SUSY 160	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" 104	ULTICARE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....105
TWIST TOP LANCETS 30G 73	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" 104	ULTICARE INSULIN SYRINGE/U- 100/1ML/30G X 1/2" 105
TYMLOS .....48	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" ...104	ULTICARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....105
TYPHIM VI SOLN 156	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" 105	ULTICARE INSULIN SYRINGE U- 100/0.3ML/31G X 5/16" .....105
TYPHIM VI SOSY 156	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" 105	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.5ML/31G X 5/16" .....105
TYRVAYA .....142	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" 105	ULTICARE INSULIN SYRINGEULTRAFINE U-
TYVASO DPI MAINTENANCE KIT POWD .....33	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" .....105	
TYVASO DPI TITRATION KIT POWD .....33		
TYVASO REFILL SOLN IN .....33		
TYVASO SOLN IN .....33		
TYVASO STARTER SOLN IN .....33		

100/1ML/31G X 5/16"	105	NEEDLES 30G X 5/16"	106	ULTIGUARD SAFEPAK/MICROPEN NEEDLE/32G X 4 MM	106
ULTICARE MICRO PEN NEEDLES 31G X 8MM	105	ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 5/8" ..	106	ULTIGUARD SAFEPAK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	106
ULTICARE MICRO PEN NEEDLES 32G X 4MM	105	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4" ...	106	ULTIGUARD SAFEPAK/MICROPEN NEEDLE/32G X 5/32"	106
ULTICARE MICRO PEN NEEDLES/31G X 1/4"	105	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4" ...	106	ULTIGUARD SAFEPAK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	106
ULTICARE MICRO PEN NEEDLES/31G X 5/16"	105	ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X 1/4"	106	ULTIGUARD SAFEPAK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTAIN	106
ULTICARE MICRO PEN NEEDLES/32G X 4MM	105	ULTIGUARD SAFEPAK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	106	ULTIGUARD SAFEPAK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	106
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	105	ULTIGUARD SAFEPAK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	106	ULTIGUARD SAFEPAK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAIN	106
ULTICARE MINI PEN NEEDLES 31GX6MM	105	ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	106	ULTIGUARD SAFEPAK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	106
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	105	ULTIGUARD SAFEPAK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	106	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	106
ULTICARE MINI PEN NEEDLES/31G X 6MM	105	ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	106	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	107
ULTICARE MINI PEN NEEDLES/32G X 1/4"	105	ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	106	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTAIN	107
ULTICARE MINI PEN NEEDLES 31GX6MM	105	ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/31G X 1/2"/SHARPS C	106	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTAIN	107
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	105	ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/31G X 1/2"/SHARPS C	106	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTAIN	107
ULTICARE PEN NEEDLES 31GX 5MM/MINI	105	ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/31G X 1/2"/SHARPS C	106	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTAIN	107
ULTICARE PEN NEEDLES/29GX 12.7MM	105	ULTIGUARD SAFEPAK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	106	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTAIN	107
ULTICARE SHORT PEN NEEDLES 31GX8MM	106	ULTIGUARD SAFEPAK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAIN	106	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTAIN	107
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	106	ULTIGUARD SAFEPAK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	106	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTAIN	107
ULTICARE SHORT PEN NEEDLES/31G X 8MM	106			ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	73
ULTICARE SHORT SAFETY PEN					

ULTILET ALCOHOL SWABS	76	ULTRA FLO INSULIN PEN NEELE 31GX8MM	107	PADS	76
ULTILET CLASSIC LANCETS	73	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	107	ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	107
ULTILET LANCETS	73	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	107	ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	107
ULTILET LANCETS 33G	73	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	107	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	107
ULTILET PEN NEEDLE 29GX12.7MM	107	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	107	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	108
ULTILET PEN NEEDLE 31GX5MM . 107		ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	107	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	108
ULTILET PEN NEEDLE 31GX8MM . 107		ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	107	ULTRACARE INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	108
ULTILET PEN NEEDLE 32GX4MM . 107		ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	107	ULTRACARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	108
ULTILET PEN NEEDLE 32GX4MM/SHORT	107	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	107	ULTRA-CARE LANCETS 30G	74
ULTILET SAFETY LANCETS 21G X 2.2MM	73	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	107	ULTRACARE PEN NEEDLES/31G X 1/4"	108
ULTILET SAFETY LANCETS 23G 73		ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	107	ULTRACARE PEN NEEDLES/31G X 3/16"	108
ULTILET SHORT PEN NEEDLES 31GX5/16"	107	ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	107	ULTRACARE PEN NEEDLES/31G X 5/16"	108
ULTILET SHORT PEN NEEDLES31GX3/16"	107	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	107	ULTRACARE PEN NEEDLES/32G X 1/14"	108
ULTOMIRIS	53	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	107	ULTRACARE PEN NEEDLES/32G X 3/16"	108
ULTRA BONEUP TABS	135	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	107	ULTRACARE PEN NEEDLES/32G X 5/32"	108
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	107	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	107	ULTRACARE PEN NEEDLES/33G X 5/32"	108
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	107	ULTRA THIN LANCETS 31G	74	ULTRA-THIN II AUTO LANCET ..	74
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	107	ULTRA THIN PEN NEEDLES 32G X 4MM	107	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	108
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	107	ULTRA-CARE ALCOHOL PREP			
ULTRA FLO INSULIN PEN NEEDLES	107				

ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" 108	UNIFINE PENTIPS 32GX6MM ..108	UNILET GP 28 ULTRA THIN 74
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" 108	UNIFINE PENTIPS 33GX4MM ..108	UNILET LANCET .....74
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" 108	UNIFINE PENTIPS PLUS 29GX12MM .....108	UNILET LANCETS MICRO-THIN33G.....74
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" 108	UNIFINE PENTIPS PLUS 31GX5MM.....108	UNILET LANCETS SUPER- THIN30G 74
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" ..108	UNIFINE PENTIPS PLUS 31GX6MM.....108	UNILET LANCETS ULTRA-THIN 28G .....74
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" ..108	UNIFINE PENTIPS PLUS 31GX8MM.....108	UNILET SUPERLITE LANCET ... 74
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" 108	UNIFINE PENTIPS PLUS 32GX4MM.....109	UNISPEND ANHYDROUS SWEETENED SUSP 147
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" 108	UNIFINE PENTIPS PLUS 33GX 5/32" .....109	UNISPEND ANHYDROUS UNSWEETENED SUSP .....147
ULTRA-THIN II LANCETS 28G ...74	UNIFINE PENTIPS PLUS 33GX4MM.....109	UNISTIK 1 MISC .....74
ULTRA-THIN II LANCETS 30G ...74	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM .....109	UNISTIK 2 COMFORT MISC .....74
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" .....108	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" .....109	UNISTIK 2 EXTRA MISC .....74
ULTRA-THIN II PEN NEEDLES 29GX1/2" .....108	UNIFINE ULTRA PEN NEEDLE/31GX5MM .....109	UNISTIK 2 MISC .....74
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" ..108	UNIFINE ULTRA PEN NEEDLE/31GX6MM .....109	UNISTIK 2 NEONATAL MISC .....74
ULTRAVATE LOTN .....44	UNIFINE ULTRA PEN NEEDLE/31GX8MM .....109	UNISTIK 2 NORMAL MISC .....74
UNIFINE PEN NEEDLE/32G X4MM . 108	UNIFINE ULTRA PEN NEEDLE/32GX4MM .....109	UNISTIK 2 SUPER MISC .....74
UNIFINE PENTIPS 29GX12MM .108	UNILET COMFORTOUCH LANCET 74	UNISTIK 3 COMFORT MISC .....74
UNIFINE PENTIPS 31G X 3/16" .108	UNILET EXCELITE .....74	UNISTIK 3 EXTRA MISC .....74
UNIFINE PENTIPS 31GX5MM ..108	UNILET EXCELITE II .....74	UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC ....74
UNIFINE PENTIPS 31GX6MM ..108	UNILET G.P. LANCET .....74	UNISTIK 3 GENTLE .....74
UNIFINE PENTIPS 31GX8MM ..108	UNILET G.P. SUPERLITE LANCET . 74	UNISTIK 3 MISC .....74
UNIFINE PENTIPS 32GX4MM ..108		UNISTIK 3 NEONATAL MISC .....74
		UNISTIK 3 NORMAL MISC .....74
		UNISTIK CZT COMFORT MISC ...74
		UNISTIK CZT NORMAL MISC 74
		UNISTIK NORMAL MISC .....74
		UNISTIK PRO SAFETY LANCET

21G	74	VALSARTAN SOLN	24	VANIBASE	149
UNISTIK PRO SAFETY LANCET		valsartan TABS	24	VANICREAM HC MAXIMUM	
25G	74	valsartan-hydrochlorothiazide	25	STRENGTH CREA	44
UNISTIK PRO SAFETY LANCET		VALUE HEALTH INSULIN		VANISHING CREAM	149
28G	74	SYRINGE/U-100/0.5ML/29G X 1/2" .		VANISHING CREAM	
UNISTIK SAFETY LANCETS 28G		109		BOTANICALBASE	149
74		VALUE HEALTH INSULIN		VANISH-PEN	149
UNISTIK SAFETY LANCETS 30G		SYRINGE/U-100/1ML/29G X 1/2"		VANISHPOINT INSULIN	
74		109		SYRINGE/0.5ML/30G X 1/2"	109
UNISTIK TOUCH SAFETY		VALUE PLUS LANCETS		VANISHPOINT INSULIN	
LANCETS 21G	74	STANDARD 21G	75	SYRINGE/0.5ML/30G X 5/16" ...	109
UNISTIK TOUCH SAFETY		VALUE PLUS LANCETS		VANISHPOINT INSULIN	
LANCETS 23G	74	SUPERTHIN 30G	75	SYRINGE/1ML/29G X 1/2"	109
UNISTIK TOUCH SAFETY		VALUE PLUS LANCETS THIN 26G .		VANISHPOINT INSULIN	
LANCETS 28G	74	75		SYRINGE/1ML/30G X 5/16"	109
UNISTIK TOUCH SAFETY		VALUE PLUS LANCING DEVICE		VAQTA	160
LANCETS 30G	74	MISC	75	varenicline tartrate TABS	152
UNISTRIP CONTROL		VALUMARK LANCET SUPER THIN		varenicline tartrate TBPK	152
SOLUTIONHIGH SOLN	74	30G	75	VARIVAX INJ	160
UNIVERSAL 1 LANCETS THIN26G .		VALUMARK LANCET ULTRA THIN		VARUBI TBPK	20
74		28G	75	VAXCHORA	156
UNIVERSAL 1 LANCETS ULTRA		VALUMARK PEN NEEDLES		VAXELIS SUSP	153
THIN 30G	74	29GX12MM	109	VAXELIS SUSY	153
UNIVERSAL 1		VALUMARK PEN NEEDLES 31GX		VAXNEUVANCE	157
LANCETS/33G/MICRO-THIN	74	6MM	109	VELPHORO	52
UPTRAVI TABS	34	VALUMARK PEN NEEDLES 31GX		VEMLIDY	31
UPTRAVI TITRATION PACK TBPK		8MM	109	VENCLEXTA STARTING PACK	
34		vancomycin hcl CAPS	26	TBPK	28
ursodiol CAPS	51	vancomycin hcl SOLR IV 1 GM, 5		VENCLEXTA TABS	28
URSODIOL CAPS	51	GM, 10 GM, 500 MG, 750 MG, 1000		VENEXA FE TABS	135
ursodiol TABS	51	MG	26	VENEXA TABS	135
UZEDY SUSY	31	vancomycin hcl SOLR OR 25		VENLAFAXINE BESYLATE ER ...	14
valacyclovir hcl	31	MG/ML, 250 MG/5ML	26		
valganciclovir hcl TABS	31	VANDAZOLE	160		
		VANFLYTA	29		

VENTAVIS	33	SYRINGE1ML/29G X 12MM	109	VICTOZA	16
VENTRIXYL FE TABS	135	VERIFINE INSULIN		VIDA MIA AUTOLET	
VENTRIXYL TABS	135	SYRINGE1ML/31G X 8MM	109	LANCINGDEVICE MISC	75
verapamil hcl CP24	33	VERIFINE PLUS INSULIN PEN		VIDA MIA UNIFINE	
verapamil hcl TABS	33	NEEDLE 31G X 5MM	109	PENTIPS32GX4MM	110
verapamil hcl TBCR	33	VERIFINE PLUS INSULIN PEN		VIDA MIA UNIFINE PENTIPSMINI	
		NEEDLE 31G X 8MM	109	31GX6MM	110
VERASENS GLUCOSE		VERIFINE PLUS INSULIN PEN		VIDA MIA UNIFINE	
CONTROLLEVEL 1 LIQD	75	NEEDLES 32G X 4MM	110	PENTIPSORIGINAL 29GX12MM	
VERIFINE INSULIN PEN NEEDLE		VERIFINE SAFETY LANCET MINI		110	
29G X 12MM	109	21G X 2.4MM	75	VIDA MIA UNILET LANCETS	
VERIFINE INSULIN PEN NEEDLE		VERIFINE SAFETY LANCET MINI		SUPER THIN 30G	75
31G X 5MM	109	23G X 1.8MM	75	VIDA MIA UNILET LANCETS ULTRA	
VERIFINE INSULIN PEN NEEDLE		VERIFINE SAFETY LANCET MINI		THIN 28G	75
31G X 8MM	109	28G X 1.8MM	75	VIDA MIA UNIPFINE	
VERIFINE INSULIN PEN NEEDLE		VERIFINE SAFETY LANCET MINI		PENTIPSSHORT 31GX8MM	110
32G X 4MM	109	30G X 1.8MM	75	VIJOICE	126
VERIFINE INSULIN PEN NEEDLE		VERIFINE UNIVERSAL LANCETS		VINATE ONE TABS	139
32G X 6MM	109	28G	75	VIOKACE TABS	47
VERIFINE INSULIN		VERIFINE UNIVERSAL LANCETS		VISION HEALTH CAPS	135
SYRINGE/0.3ML/31G X 8MM ...	109	30G	75	VISTA ADVANCED AREDS2	
VERIFINE INSULIN		VERIFINE UNIVERSAL LANCETS		FORMULA CAPS	135
SYRINGE/0.5ML/29G X 12MM ..	109	33G	75	VISTA ADVANCED DRY EYE	
VERIFINE INSULIN		VERKAZIA EMUL	144	FORMULA CAPS	135
SYRINGE/0.5ML/31G X 8MM ...	109	VERQUVO	34	VITABEX CAPS	135
VERIFINE INSULIN		VERSAFREE SYRP	147	VITABEX PLUS CAPS	135
SYRINGE/1ML/29G X 12MM	109	VERSAPLUS SYRP	147	VITACHEW ADULT MULTI VITAMIN	
VERIFINE INSULIN		VERSAPRO	149	CHEW	135
SYRINGE/1ML/31G X 8MM	109	VERSATILE CREAM BASE	149	VITAL-D RX	127
VERIFINE INSULIN		VERSATILE RICH CREAM BASE		vitamin a CAPS 3000 MCG, 10000	
SYRINGE0.3ML/31G X 8MM	109	149		UNIT	161
VERIFINE INSULIN		VERSIGEL	149	VITAMIN A/C/D INFANT	137
SYRINGE0.5ML/29G X 12MM ...	109	VESICARE LS SUSP	156	VITAMIN A/C/D INFANT/TODDLER .	
VERIFINE INSULIN		VIBERZI	52	137	
SYRINGE0.5ML/31G X 8MM	109				
VERIFINE INSULIN					

VITAMIN B COMPLEX/HYDROXOCOBALAMIN INJ	127	VITREXYL TABS	135	WAL-BORN VITAMIN C CHEW ..	135
VITAMIN D3 COMPLETE TABS ..	135	VITREXYL/IRON TABS	135	WALGREENS ADVANCED TRAVELLANCETS 28G	75
vitamin e CAPS 200 UNIT, 268 MG, 400 UNIT, 450 MG, 1000 UNIT ..	161	VITRUM 50+ ADULT-MULTI IRON FREE TABS	135	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	75
VITAMIN E CAPS 200 UNIT	161	VITRUM 50+ SENIOR MULTI TABS ..	135	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	75
vitamin e SOLN	161	VIVAGUARD INO CONTROL SOLUTION LIQD	75	WALGREENS LANCETS	75
vitamins w/ lipotropics TABS	139	VIVAGUARD LANCETS	75	WALGREENS THIN LANCETS ...	75
VITASANA TABS	135	VIVAGUARD LANCING DEVICE MISC	75	WALGREENS ULTRA THIN LANCETS	75
VITATHELY/GINGER TABS	139	VIVAGUARD SAFETY LANCETS/28G	75	warfarin sodium TABS	13
VITATRUM TABS	135	VIVI CAP MISC	75	WEBCOL ALCOHOL PREP LARGE 1 PLY	76
VITAZYME TABS	136	VIVI CAP1 MISC	75	WEBCOL ALCOHOL PREP LARGE 2 PLY	76
VITEYES CLASSIC ADVANCED CAPS	135	VIVJOA	20	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	76
VITEYES CLASSIC CAPS	135	VIVOTIF	157	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	110
VITEYES CLASSIC MACULAR SUPPORT CAPS	135	voriconazole SUSR	20	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	110
VITEYES CLASSIC MULTIIVITAMIN TABS	135	voriconazole TABS	20	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	110
VITEYES CLASSIC MULTIVITAMIN TABS	135	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	122	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM 110	
VITEYES CLASSIC/OMEGA-3 CAPS	135	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	122	WEGOVY	1
VITEYES CLASSIC+OMEGA-3 CAPS	135	VORTEX VALVED HOLDING CHAMBER DEVI	122	WELLFOLA TABS	135
VITEYES OPTIC NERVE SUPPORT TABS	135	VOXZOGO	49	WESTAB PLUS TABS	139
VITRAMYN TABS	135	VP DERMABASE	149	white petrolatum-mineral oil	142
VITRANOL FE TABS	135	VP INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	110	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	59
VITRANOL TABS	135	VTAMA	41		
VITREXATE FE TABS	135	VUMERITY	151		
VITREXATE TABS	135	VYZULTA	145		

WIDE-SEAL SILICONE DIAPHRAGM KIT 65	59	XARELTO TABS 20 MG	13	YOUR LIFE MULTI ADULT GUMMIES CHEW	135
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	59	XATMEP SOLN	28	YUMVS MULTI ZERO CHEW	135
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	59	XCEL 100	149	YUMVS ZERO DIABETIC MULTIVITAMIN CHEW	135
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	59	XELJANZ SOLN	2	YUPELRI	11
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	59	XELJANZ TABS	2	zafirlukast	11
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	59	XELJANZ XR TB24	2	ZARXIO	54
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	59	XELPROS EMUL	145	ZEGALOGUE SOAJ	15
WINDMILL TRAINER MISC	122	XELSTRYM	1	ZEGALOGUE SOSY	15
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	135	XEMATOP BASE	149	ZEJULA CAPS	29
WOMENS 50+ MULTIVITAMIN TABS	135	XEPI	39	ZEJULA TABS	29
WOMENS MULTI GUMMIES CHEW 135		XERESE	41	ZELAPAR TBDP	30
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	135	XHANCE EXHU	141	ZELNORM 6 MG	52
WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW ..	135	XIFAXAN 200 MG	26	ZEMBRACE SYMTOUCH SOAJ .	123
WOUND CARE CREAM	149	XIFAXAN 550 MG	26	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	47
XACIATO GEL	160	XIGDUO XR	15	ZEPOSIA 7-DAY STARTER PACK CPPK	151
XADAGO	30	XIIDRA	144	ZEPOSIA CAPS	151
XARELTO STARTER PACK TBPk 13		XOFLUZA	31	ZEPOSIA STARTER KIT CPPK ..	151
XARELTO SUSR	13	XPOVIO 80 MG TWICE WEEKLY 29		ZERViate	145
XARELTO TABS 10 MG	13	XTAMPZA ER 36 MG	7	ZETONNA AERS	141
XARELTO TABS 15 MG	13	XTAMPZA ER 9 MG, 13.5 MG, 18 MG, 27 MG	7	ZEVrx INSULIN SYRINGE/0.5ML/30G X 1/2"	110
XARELTO TABS 2.5 MG	14	XTANDI CAPS	28	ZEVrx INSULIN SYRINGE/0.5ML/30G X 5/16" ...	110
		XTANDI TABS	28		
		XULTOPHY 100/3.6	15		
		XYWAV	150		
		YELETS TEENAGE FORMULA TABS	135		
		YELLOW PETROLATUM	149		
		YERVOY	28		
		YF-VAX INJ	160		

ZEVRX INSULIN SYRINGE/1ML/30G X 1/2"	110	ZYFLO TABS	11
ZEVRX INSULIN SYRINGE/1ML/30G X 5/16"	110	ZYPITAMAG 2 MG, 4 MG	23
ZEVRX PEN NEEDLES 31G X 5MM	110	ZYVANA CAPS	135
ZEVRX PEN NEEDLES 31G X 6MM	110		
ZEVRX PEN NEEDLES 31G X 8MM	110		
ZEVRX PEN NEEDLES 32G X 4MM	110		
ZEVRX STERILE ALCOHOL PREP PADS	76		
ZEVRX TWIST TOP LANCETS 30G 75			
ZIEXTENZO	55		
zileuton TB12	11		
ZIMHI SOSY	19		
zinc sulfate CAPS	126		
ZOE SCRIPTS IDEALBASE	149		
ZOLINZA	29		
zolmitriptan SOLN	123		
zolmitriptan TABS	123		
ZOLPIDEM TARTRATE CAPS	55		
ZOMACTON SOLR SC	49		
ZOMIG SOLN	123		
ZONISADE SUSP	14		
ZORVOLEX CAPS	4		
ZORYVE	41		
ZTALMY	14		
ZUBSOLV SUBL	8		
ZUPLENZ FILM 4 MG	19		