



2024 Michigan
Medicaid Formulary

Introduction

Meridian is pleased to provide an updated 2024 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 Express Scripts to manage each member's pharmacy benefit. Express Scripts 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 TBCR OR 5 MG, 10 MG, 15 MG, 20 MG	CO	
XELSTRYM	CO	
Analeptics		
caffeine citrate SOLN OR	3	AL(Up to 1 yrs old); MP
Anorexiant Non-Amphetamine		
ADIPEX-P CAPS (phentermine hcl)	1	AL(At least 17 yrs old); PA
ADIPEX-P TABS (phentermine hcl)	1	AL(At least 17 yrs old); PA
benzphetamine hcl 50 MG	1	AL(At least 18 yrs old); PA
diethylpropion hcl TABS	1	AL(At least 18 yrs old); PA
diethylpropion hcl TB24	1	AL(At least 18 yrs old); PA
LOMAIRA TABS	1	AL(At least 17 yrs old); PA
PHENDIMETRAZINE TARTRATEER CP24	1	AL(At least 18 yrs old); PA
phendimetrazine tartrate TABS	1	AL(At least 18 yrs old); PA
phentermine hcl CAPS	1	AL(At least 17 yrs old); PA
phentermine hcl TABS	1	AL(At least 17 yrs old); PA
Anti-Obesity Agents		
IMCIVREE	CO	SP
orlistat	1	AL(At least 12 yrs old); PA
SAXENDA	1	AL(At least 12 yrs old); PA
WEGOBY	1	AL(At least 12 yrs old); PA
XENICAL (orlistat)	1	AL(At least 12 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
ZEPBOUND SOAJ	1	AL(At least 18 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
clonidine hcl (adhd) TB12	CO	
KAPVAY TB12 (clonidine hcl (adhd))	CO	
ONYDA XR SUER	CO	
Stimulants - Misc.		
methylphenidate hcl TBCR	CO	
RELEXXII TBCR (methylphenidate hcl)	CO	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
PALFORZIA INITIAL DOSE ESCALATION CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 10 CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 11 (MAINTENANCE) PACK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 11 (TITRATION) PACK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 1 CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 2 CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA LEVEL 3 CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PALFORZIA LEVEL 4 CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	RINVOQ TB24	2	SP
PALFORZIA LEVEL 5 CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	XELJANZ XR TB24	2	SP
PALFORZIA LEVEL 6 CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	XELJANZ SOLN	2	SP
PALFORZIA LEVEL 7 CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	XELJANZ TABS	2	SP
PALFORZIA LEVEL 8 CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	Anti-TNF-alpha - Monoclonal Antibodies		
PALFORZIA LEVEL 9 CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	ABRILADA 1-PEN KIT AJKT	2	SP
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			ABRILADA 2-PEN KIT AJKT	2	SP
Aminoglycosides			ABRILADA PSKT	2	SP
BETHKIS NEBU (<i>tobramycin</i>)	1	SP	ADALIMUMAB-AACF (2 PEN) AJKT	2	SP
HUMATIN	3		ADALIMUMAB-AACF (2 SYRINGE) PSKT	2	SP
KITABIS PAK NEBU (<i>tobramycin</i>)	NF	SP	ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN) AJKT	2	SP
<i>neomycin sulfate</i> TABS	1		ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UEVITIS (4 PEN) AJKT	2	SP
TOBI PODHALER CAPS	1	SP	ADALIMUMAB-AATY 1-PEN KIT AJKT	2	SP
TOBI NEBU (<i>tobramycin</i>)	NF	SP	ADALIMUMAB-AATY 2-PEN KIT AJKT	2	SP
<i>tobramycin</i> NEBU	1	SP	ADALIMUMAB-AATY 2-SYRINGE KIT PSKT	2	SP
<i>tobramycin</i> NEBU	2	SP	ADALIMUMAB-ADAZ SOAJ	2	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-ADAZ SOSY	2	SP
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	2	SP
OLUMIANT	2	SP	ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER AJKT	2	SP
RINVOQ LQ SOLN	2	SP	ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	2	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	2	SP	HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC 80 MG/0.8ML	1	SP
ADALIMUMAB-ADBM AJKT	2	SP	HUMIRA PEN-PS/UV STARTER AJKT SC 40 MG/0.8ML	1	SP
ADALIMUMAB-ADBM PSKT	2	SP	HUMIRA PSKT	1	SP
ADALIMUMAB-FKJP AJKT	2	SP	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	2	SP
ADALIMUMAB-FKJP PSKT	2	SP	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	2	SP
AMJEVITA SOAJ 40 MG/0.8ML	2	AL(At least 2 yrs old); SP	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	2	SP
AMJEVITA SOSY	2	AL(At least 2 yrs old); SP	HYRIMOZ PLAQUE PSORIASIS/UVEITIS STARTER PACK SOAJ	2	SP
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	2	SP	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	2	SP
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	2	SP	HYRIMOZ SENSOREADY PENS SOAJ	2	SP
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	2	SP	HYRIMOZ SOAJ	2	SP
CYLTEZO AJKT	2	SP	HYRIMOZ SOSY	2	SP
CYLTEZO PSKT	2	SP	IDACIO (2 PEN) AJKT	2	SP
HADLIMA PUSHTOUCH SOAJ	2	SP	IDACIO (2 SYRINGE) PSKT	2	SP
HADLIMA SOSY	2	SP	IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	2	SP
HULIO AJKT	2	SP	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	2	SP
HULIO PSKT	2	SP	SIMPONI ARIA SOLN	2	SP
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	1	SP	SIMPONI SOAJ	2	SP
HUMIRA PEN AJKT SC 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	SP	SIMPONI SOSY	2	SP
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML, 80 MG/0.8ML	1	SP	YUFLYMA 1-PEN KIT AJKT	2	SP
			YUFLYMA 2-PEN KIT AJKT	2	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
YUFLYMA 2-SYRINGE KIT PSKT	2	SP	<i>celecoxib 400 MG</i>	1	QL(1 ea daily)
YUFLYMA CD/UC/HS STARTER AJKT	2	SP	CHILDRENS ADVIL SUSP 100 MG/5ML (<i>ibuprofen</i>)	1	RX/OTC
YUSIMRY SC 40 MG/0.8ML	2	SP	CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>ibuprofen</i>)	1	RX/OTC
Interleukin-6 Receptor Inhibitors			DAYPRO TABS (<i>oxaprozin</i>)	2	
ACTEMRA ACTPEN SOAJ	2	SP	<i>diclofenac potassium CAPS</i>	2	
ACTEMRA SOSY	2	SP	<i>diclofenac potassium TABS</i>	2	
KEVZARA SOAJ	2	SP	<i>diclofenac sodium TB24</i>	2	
KEVZARA SOSY	2	SP	<i>diclofenac sodium TBEC</i>	1	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>diclofenac w/ misoprostol TBEC</i>	2	
ADVIL DUAL ACTION/ACETAMINOPHEN TABS (<i>ibuprofen-acetaminophen</i>)	2		DUEXIS (<i>ibuprofen-famotidine</i>)	2	
ADVIL MIGRAINE CAPS (<i>ibuprofen</i>)	1		EC-NAPROSYN TBEC (<i>naproxen</i>)	2	
ADVIL CAPS (<i>ibuprofen</i>)	1		<i>etodolac CAPS</i>	2	
ADVIL TABS (<i>ibuprofen</i>)	1		<i>etodolac TABS</i>	2	
ALEVE ARTHRITIS TABS (<i>naproxen sodium</i>)	1		<i>etodolac TB24</i>	2	
ALEVE CAPS (<i>naproxen sodium</i>)	1		FELDENE CAPS (<i>piroxicam</i>)	2	
ALEVE TABS (<i>naproxen sodium</i>)	1		<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 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	2	QL(2 ea daily)	<i>ibuprofen CAPS</i>	1	
CELEBREX 400 MG (<i>celecoxib</i>)	2	QL(1 ea daily)	<i>ibuprofen CHEW</i>	1	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)	<i>ibuprofen-famotidine</i>	2	
			<i>ibuprofen SUSP</i>	1	
			<i>ibuprofen TABS</i>	1	
			INDOCIN SUSP (<i>indomethacin</i>)	2	
			<i>indomethacin CAPS 25 MG, 50 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin CPCR</i>	2		<i>naproxen TABS</i>	1	
<i>indomethacin SUSP</i>	2		<i>naproxen TBEC</i>	2	
INFANTS ADVIL SUSP (<i>ibuprofen</i>)	1		<i>oxaprozin TABS</i>	2	
<i>ketoprofen CAPS 50 MG</i>	2		<i>piroxicam CAPS</i>	2	
<i>ketoprofen CP24</i>	2		RELAFEN DS	2	
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	2	QL(5 ea per fill retail)	SPRIX SOLN NA	2	QL(5 ea per fill retail)
<i>ketorolac tromethamine TABS</i>	1	QL(21 ea per fill retail)	<i>sulindac TABS</i>	1	
LODINE TABS (<i>etodolac</i>)	2		TOLECTIN 600 TABS	2	
<i>meclofenamate sodium CAPS</i>	2		<i>tolmetin sodium CAPS</i>	2	
<i>mefenamic acid CAPS</i>	2		<i>tolmetin sodium TABS 600 MG</i>	2	
<i>meloxicam CAPS</i>	2		VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	2	
<i>meloxicam TABS</i>	1		ZIPSOR CAPS (<i>diclofenac potassium</i>)	2	
MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>)	1		ZORVOLEX CAPS 18 MG	2	
MOTRIN INFANTS DROPS SUSP (<i>ibuprofen</i>)	1		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>nabumetone</i>	1		OTEZLA TABS 30 MG	2	SP
NALFON CAPS (<i>fenoprofen calcium</i>)	2		OTEZLA TBPk	2	SP
NALFON TABS (<i>fenoprofen calcium</i>)	2		Pyrimidine Synthesis Inhibitors		
NAPRELAN TB24 (<i>naproxen sodium</i>)	2		ARAVA (<i>leflunomide</i>)	3	QL(1 ea daily)
NAPROSYN SUSP (<i>naproxen</i>)	2		<i>leflunomide</i>	3	QL(1 ea daily)
NAPROSYN TABS 500 MG (<i>naproxen</i>)	1		Selective Costimulation Modulators		
<i>naproxen sodium CAPS</i>	1		ORENCIA CLICKJECT SOAJ	2	SP
<i>naproxen sodium TABS 220 MG</i>	1		ORENCIA SOSY	2	SP
<i>naproxen sodium TABS 275 MG, 550 MG</i>	2		Soluble Tumor Necrosis Factor Receptor Agents		
<i>naproxen sodium TB24</i>	2		ENBREL MINI SOCT	1	SP
<i>naproxen-esomeprazole magnesium</i>	2		ENBREL SURECLICK SOAJ	1	SP
<i>naproxen SUSP</i>	2		ENBREL SOLN	1	SP
			ENBREL SOSY	1	SP
			ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
			Analgesic Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	3	QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old)	TYLENOL 8 HOUR ARTHRITISPAIN TBCR (<i>acetaminophen</i>)	3	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	3	QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old)	TYLENOL 8 HOUR TBCR (<i>acetaminophen</i>)	3	
<i>butalbital-aspirin-caffeine CAPS</i>	3	QL(4 ea daily); AL(Up to 64 yrs old)	TYLENOL CHILDRENS PAIN +FEVER SUSP (<i>acetaminophen</i>)	3	
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	3	QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old)	TYLENOL CHILDRENS SUSP (<i>acetaminophen</i>)	3	
Analgesics Other			TYLENOL EXTRA STRENGTH TABS (<i>acetaminophen</i>)	3	
<i>acetaminophen CAPS 500 MG</i>	3		TYLENOL FOR CHILDREN/ADULTS SUSP (<i>acetaminophen</i>)	3	
<i>acetaminophen CHEW 80 MG</i>	3		TYLENOL INFANTS PAIN+FEVER SUSP (<i>acetaminophen</i>)	3	
<i>acetaminophen LIQD 160 MG/5ML</i>	3		TYLENOL TABS (<i>acetaminophen</i>)	3	
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	3		Salicylates		
<i>acetaminophen SUPP 120 MG, 650 MG</i>	3		<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	3	AL(At least 40 yrs old - Up to 79 yrs old)
ACETAMINOPHEN SUPP 650 MG	3		<i>aspirin CHEW</i>	3	QL(1 ea daily); MP
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	3		ASPIRIN SUPP 300 MG	3	
<i>acetaminophen TABS 325 MG, 500 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 TBCR</i>	3		<i>aspirin TBEC 81 MG</i>	3	QL(1 ea daily); MP
<i>acetaminophen TBDP 160 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)
FEVERALL JUNIOR STRENGTH SUPP	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>diflunisal TABS</i>	2	
			DOLOBID TABS 250 MG	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ECOTRIN ARTHRITIS PAIN TBEC (<i>aspirin</i>)	3	QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old)	<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	QL(10 ea per fill retail)
ECOTRIN REGULAR STRENGTH TBEC (<i>aspirin</i>)	3	QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old)	<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	2	QL(10 ea per fill retail)
ECOTRIN TBEC (<i>aspirin</i>)	3	QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old)	FENTORA TABS (<i>fentanyl citrate</i>)	2	QL(4 ea daily); AL(At least 18 yrs old)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>hydrocodone bitartrate CP12</i>	2	
			<i>hydrocodone bitartrate T24A</i>	2	
Opioid Agonists			<i>hydromorphone hcl LIQD</i>	1	QL(4 ml daily)
ACTIQ LPOP (<i>fentanyl citrate</i>)	2	QL(4 ea daily); AL(At least 18 yrs old)	HYDROMORPHONE HCL SUPP	2	
<i>codeine sulfate TABS 30 MG</i>	1	QL(6 ea daily); AL(At least 12 yrs old)	<i>hydromorphone hcl TABS 4 MG</i>	1	QL(135 ea per 30 day(s) retail; 135 ea per 30 days mail)
CODEINE SULFATE TABS	1	QL(6 ea daily); AL(At least 12 yrs old)	<i>hydromorphone hcl TABS 2 MG</i>	1	QL(6 ea daily)
CONZIP CP24 (<i>tramadol hcl</i>)	2	AL(At least 12 yrs old)	<i>hydromorphone hcl TABS 8 MG</i>	1	QL(67 ea per 30 day(s) retail; 67 ea per 30 days mail)
DILAUDID LIQD (<i>hydromorphone hcl</i>)	2	QL(4 ml daily)	<i>hydromorphone hcl TB24</i>	2	
DILAUDID TABS 8 MG (<i>hydromorphone hcl</i>)	2	QL(67 ea per 30 day(s) retail; 67 ea per 30 days mail)	HYSINGLA ER T24A	2	
DILAUDID TABS 2 MG (<i>hydromorphone hcl</i>)	2	QL(6 ea daily)	<i>levorphanol tartrate TABS</i>	2	
DILAUDID TABS 4 MG (<i>hydromorphone hcl</i>)	2	QL(135 ea per 30 day(s) retail; 135 ea per 30 days mail)	<i>meperidine hcl SOLN OR 50 MG/5ML</i>	2	QL(8 ml daily)
<i>fentanyl citrate LPOP</i>	2	QL(4 ea daily); AL(At least 18 yrs old)	<i>meperidine hcl TABS 50 MG</i>	2	QL(4 ea daily)
<i>fentanyl citrate TABS</i>	2	QL(4 ea daily); AL(At least 18 yrs old)	<i>methadone hcl CONC</i>	2	
			<i>methadone hcl SOLN OR</i>	2	
			<i>methadone hcl TABS</i>	2	
			<i>methadone hcl TBSO</i>	2	
			METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	2	
			METHADOSE CONC (<i>methadone hcl</i>)	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate beads</i>	2		<i>oxycodone hcl TABS 30 MG</i>	2	QL(2 ea daily)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	2		<i>oxycodone hcl TABS 20 MG</i>	2	QL(3 ea daily)
<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	1	QL(8 ml daily)	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG</i>	1	QL(3 ea daily)
<i>morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML</i>	1	QL(4 ml daily)	OXYCONTIN T12A 80 MG	2	Limit: 22 tablets per 30 days; QL(0.74 ea daily)
<i>morphine sulfate SUPP</i>	1		OXYCONTIN T12A 40 MG	2	Limit: 45 tablets per 30 days; QL(1.5 ea daily)
<i>morphine sulfate TABS 15 MG</i>	1	QL(6 ea daily)	OXYCONTIN T12A 20 MG	2	QL(3 ea daily)
<i>morphine sulfate TABS 30 MG</i>	1	QL(3 ea daily)	OXYCONTIN T12A 15 MG	2	QL(4 ea daily)
<i>morphine sulfate TBCR</i>	1		OXYCONTIN T12A 10 MG	2	QL(6 ea daily)
MS CONTIN TBCR (<i>morphine sulfate</i>)	2		OXYCONTIN T12A 60 MG	2	QL(1 ea daily)
NUCYNTA ER TB12	2		OXYCONTIN T12A 30 MG	2	QL(2 ea daily)
NUCYNTA TABS	2		<i>oxymorphone hcl TABS 5 MG</i>	2	QL(4 ea daily)
OXAYDO TABS	2	QL(3 ea daily)	<i>oxymorphone hcl TABS 10 MG</i>	2	QL(3 ea daily)
<i>oxycodone hcl CAPS</i>	2	QL(3 ea daily)	<i>oxymorphone hcl TB12</i>	2	
<i>oxycodone hcl CONC 100 MG/5ML</i>	2	QL(3 ml daily)	QDOLO SOLN (<i>tramadol hcl</i>)	2	QL(80 ml daily); AL(At least 12 yrs old)
<i>oxycodone hcl SOLN</i>	1	QL(8 ml daily)	ROXICODONE TABS 15 MG (<i>oxycodone hcl</i>)	2	QL(3 ea daily)
<i>oxycodone hcl T12A 40 MG</i>	2	Limit: 45 tablets per 30 days; QL(1.5 ea daily)	ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	2	QL(2 ea daily)
<i>oxycodone hcl T12A 10 MG</i>	2	QL(6 ea daily)	ROXYBOND TABA 30 MG	2	QL(60 ea per 30 day(s) retail)
<i>oxycodone hcl T12A 20 MG</i>	2	QL(3 ea daily)	ROXYBOND TABA 15 MG	2	QL(90 ea per 30 day(s) retail)
<i>oxycodone hcl T12A 80 MG</i>	2	Limit: 22 tablets per 30 days; QL(0.74 ea daily)	ROXYBOND TABA 5 MG	2	QL(3 ea daily)
<i>oxycodone hcl TABA</i>	2	QL(90 ea per 30 day(s) retail)	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	AL(At least 12 yrs old)
<i>oxycodone hcl TABA</i>	2	QL(3 ea daily)	<i>tramadol hcl SOLN</i>	2	QL(80 ml daily); AL(At least 12 yrs old)
<i>oxycodone hcl TABA</i>	2	QL(60 ea per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 50 MG, 100 MG</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)
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)
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)
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	

Drug Name	Drug Tier	Requirements/Limits
<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)
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)

Drug Name	Drug Tier	Requirements/Limits
<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 day(s) 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 25 MG/2.5GM (<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	
<i>testosterone cypionate SOLN IM</i>	3	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	3	
<i>testosterone GEL TD 1.62 %</i>	1	PA
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	RX/OTC
<i>hydrocortisone (rectal) EX 1 %</i>	1	RX/OTC
<i>hydrocortisone (rectal) EX 2.5 %</i>	3	
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	
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		

Drug Name	Drug Tier	Requirements/Limits
<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
CALCIUM CARBONATE SUSP	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	
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		

Drug Name	Drug Tier	Requirements/Limits
Anthelmintics		
<i>albendazole</i>	4	
BENZNIDAZOLE	3	PA
<i>ivermectin</i>	3	QL(10 ea per 30 day(s) retail)
STROMEKTOL (<i>ivermectin</i>)	3	QL(10 ea per 30 day(s) 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
<i>nitroglycerin PT24</i>	3	QL(1 ea daily); MP
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	3	
<i>nitroglycerin SUBL</i>	3	MP
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	3	
NITROSTAT SUBL (<i>nitroglycerin</i>)	3	MP
ANTIANSIETY AGENTS - Drugs to Treat Anxiety		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antianxiety Agents - Misc.			NUCALA SOSY 40 MG/0.4ML	2	SP; MP
<i>hydroxyzine hcl SYRP</i>	1		NUCALA SOSY 100 MG/ML	2	AL(At least 6 yrs old); SP; MP
<i>hydroxyzine hcl TABS</i>	1		TEZSPIRE SOAJ	2	AL(At least 12 yrs old); SP
<i>hydroxyzine pamoate CAPS</i>	1		TEZSPIRE SOSY	2	AL(At least 12 yrs old); SP
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	2		XOLAIR SOAJ	1	AL(At least 6 yrs old); SP; PA
Benzodiazepines			XOLAIR SOSY	1	AL(At least 6 yrs old); SP; PA
LOREEV XR CS24	CO		Bronchodilators - Anticholinergics		
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			ATROVENT HFA	1	QL(0.9 gm daily); MP
Antiarrhythmics Type I-A			INCRUSE ELLIPTA	1	QL(21 ea per 90 day(s) retail); MP
<i>disopyramide phosphate CAPS</i>	3	AL(Up to 64 yrs old); MP	INCRUSE ELLIPTA	1	QL(90 ea per 90 day(s) retail); MP
NORPACE CAPS (<i>disopyramide phosphate</i>)	3	AL(Up to 64 yrs old); MP	<i>ipratropium bromide SOLN 0.02 %</i>	1	MP
<i>quinidine sulfate TABS</i>	3	MP	LONHALA MAGNAIR REFILL KIT SOLN	2	MP
Antiarrhythmics Type I-B			LONHALA MAGNAIR STARTER KIT SOLN	2	MP
<i>mexiletine hcl</i>	3	MP	SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	1	QL(1 ea daily); MP
Antiarrhythmics Type I-C			SPIRIVA RESPIMAT AERS	1	QL(0.16 gm daily); MP
<i>flecainide acetate</i>	3	MP	<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 ea daily); MP
<i>propafenone hcl TABS</i>	3	MP	TUDORZA PRESSAIR	2	MP
Antiarrhythmics Type III			YUPELRI	2	MP
<i>amiodarone hcl TABS 100 MG</i>	3	QL(1 ea daily); MP	Leukotriene Modulators		
<i>amiodarone hcl TABS 200 MG, 400 MG</i>	3	MP	ACCOLATE (<i>zafirlukast</i>)	2	MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			<i>montelukast sodium CHEW 4 MG</i>	1	AL(Up to 5 yrs old); MP
Antiasthmatic - Monoclonal Antibodies					
FASENRA PEN SOAJ	1	AL(At least 6 yrs old); SP; PA			
NUCALA SOAJ	2	AL(At least 6 yrs old); SP; MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium CHEW 5 MG</i>	1	AL(Up to 14 yrs old); MP	ASMANEX TWISTHALER 60 METERED DOSES AEPB	1	QL(1 ea per 30 day(s) retail)
<i>montelukast sodium PACK</i>	2	AL(Up to 5 yrs old); MP	<i>budesonide (inhalation) SUSP</i>	1	QL(4 ml daily)
<i>montelukast sodium TABS</i>	1	MP	FLOVENT DISKUS AEPB (<i>fluticasone propionate (inhalation)</i>)	2	
SINGULAIR CHEW 4 MG (<i>montelukast sodium</i>)	2	AL(Up to 5 yrs old); MP	FLOVENT HFA 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	1	QL(0.45 gm daily); MP
SINGULAIR CHEW 5 MG (<i>montelukast sodium</i>)	2	AL(Up to 14 yrs old); MP	FLOVENT HFA 110 MCG/ACT (<i>fluticasone propionate hfa</i>)	1	QL(0.5 gm daily); MP
SINGULAIR PACK (<i>montelukast sodium</i>)	2	AL(Up to 5 yrs old); MP	FLOVENT HFA 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	1	QL(0.9 gm daily); MP
SINGULAIR TABS (<i>montelukast sodium</i>)	2	MP	<i>fluticasone propionate (inhalation) AEPB</i>	2	
<i>zafirlukast</i>	2	MP	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(0.45 gm daily); MP
<i>zileuton TB12</i>	2	MP	<i>fluticasone propionate hfa 220 MCG/ACT</i>	1	QL(0.9 gm daily); MP
ZYFLO TABS	2	MP	<i>fluticasone propionate hfa 110 MCG/ACT</i>	1	QL(0.5 gm daily); MP
Selective Phosphodiesterase 4 (PDE4) Inhibitors			PULMICORT FLEXHALER AEPB 90 MCG/ACT	1	QL(0.04 ea daily); MP
DALIRESP (<i>roflumilast</i>)	NF	MP; PA	PULMICORT FLEXHALER AEPB 180 MCG/ACT	1	QL(0.07 ea daily); MP
<i>roflumilast</i>	1	MP; PA	PULMICORT SUSP (<i>budesonide (inhalation)</i>)	2	QL(4 ml daily)
Steroid Inhalants			QVAR REDHALER	1	
ALVESCO	1		Sympathomimetics		
ARMONAIR DIGIHALER	2		ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	1	QL(2.5 ea daily); MP
ARNUITY ELLIPTA	1		ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	1	QL(0.5 gm daily); MP
ASMANEX HFA AERO	2	QL(0.55 gm daily); MP	AIRDUO DIGIHALER 113/14	2	QL(0.04 ea daily); MP
ASMANEX TWISTHALER 120 METERED DOSES AEPB	1	QL(1 ea per 30 day(s) retail)	AIRDUO DIGIHALER 232/14	2	QL(0.04 ea daily); MP
ASMANEX TWISTHALER 14 METERED DOSES AEPB	1	QL(1 ea per 30 day(s) retail)			
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	1	QL(1 ea per 30 day(s) retail); AL(Up to 11 yrs old)			
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	1	QL(1 ea per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AIRDUO DIGIHALER 55/14	2	QL(0.04 ea daily); MP	BREZTRI AEROSPHERE	2	QL(17.7 gm per 90 day(s) retail); MP
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	2	QL(0.04 ea daily); MP	BROVANA (<i>arformoterol tartrate</i>)	2	MP
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	2	QL(0.04 ea daily); MP	<i>budesonide-formoterol fumarate dihydrate</i>	2	QL(0.7 gm daily); MP
AIRDUO RESPICLICK 55/14 AEPB	2	QL(0.04 ea daily); MP	COMBIVENT RESPIMAT AERS	1	QL(20 gm per 90 day(s) retail); MP
AIRSUPRA	2	QL(0.4 gm daily); MP	DUAKLIR PRESSAIR	2	MP
AIRSUPRA	2	QL(0.72 gm daily); MP	DULERA	1	QL(0.9 gm daily); MP
<i>albuterol sulfate</i> AERS	2	QL(0.5 gm daily); MP	<i>fluticasone furoate-vilanterol</i>	2	QL(2.5 ea daily); MP
<i>albuterol sulfate</i> AERS	2	QL(0.6 gm daily); MP	<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	2	QL(2.5 ea daily); MP
<i>albuterol sulfate</i> AERS	2	QL(1.3 gm 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>albuterol sulfate</i> NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	1	MP	<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2.5 ea daily); MP
ALBUTEROL SULFATE NEBU	1	MP	<i>fluticasone-salmeterol</i> AERO	2	QL(0.5 gm daily); MP
ANORO ELLIPTA	1	QL(42 ea per 90 day(s) retail)	<i>formoterol fumarate</i> NEBU	2	MP
ANORO ELLIPTA	1	QL(180 ea per 90 day(s) retail)	<i>ipratropium-albuterol</i> SOLN	1	MP
<i>arformoterol tartrate</i>	2	MP	<i>levalbuterol hcl</i>	2	MP
BEVESPI AEROSPHERE	1	QL(32.1 gm per 90 day(s) retail); MP	<i>levalbuterol tartrate</i>	2	QL(1 gm daily); MP
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	QL(180 ea per 90 day(s) retail); MP	PERFOROMIST NEBU (<i>formoterol fumarate</i>)	2	MP
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	QL(2.5 ea daily); MP	PROAIR DIGIHALER	2	QL(0.04 ea daily); MP
BREO ELLIPTA	2	QL(2.5 ea daily); MP			
BREZTRI AEROSPHERE	2	QL(32.1 gm per 90 day(s) retail); MP			

Drug Name	Drug Tier	Requirements/Limits
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 day(s) retail); MP
STRIVERDI RESPIMAT	2	MP
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	1	QL(0.45 gm daily); MP
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	1	QL(0.5 gm daily); MP
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 day(s) retail); MP
TRELEGY ELLIPTA	1	QL(84 ea per 90 day(s) retail); MP
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	1	QL(1.3 gm daily); MP
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	1	QL(0.55 gm daily); MP
XOPENEX (<i>levalbuterol hcl</i>)	2	MP
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	2	MP
XOPENEX HFA (<i>levalbuterol tartrate</i>)	1	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

Drug Name	Drug Tier	Requirements/Limits
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 day(s) retail)
ELIQUIS TABS 2.5 MG	1	QL(2 ea daily); MP
ELIQUIS TABS 5 MG	1	QL(218 ea per 102 day(s) retail); MP
SAVAYSA	2	MP
XARELTO STARTER PACK TBPK	1	QL(51 ea per 30 day(s) retail)
XARELTO SUSR	1	QL(20 ml daily); MP
XARELTO TABS 10 MG	1	QL(1 ea daily); MP
XARELTO TABS 2.5 MG	1	QL(2 ea daily); MP
XARELTO TABS 20 MG	1	QL(42 ea per 34 day(s) retail); MP
XARELTO TABS 15 MG	1	QL(102 ea per 102 day(s) retail); MP
Heparins And Heparinoid-Like Agents		
ARIXTRA (<i>fondaparinux sodium</i>)	2	SP; MP
<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	1	SP; MP
<i>enoxaparin sodium</i> SOSY	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)</i> lock flush 10 UNIT/ML	4	MP
<i>heparin sodium (porcine)</i> SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML	3	MP

Drug Name	Drug Tier	Requirements/Limits
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</i> CAPS 75 MG, 150 MG	2	QL(2 ea daily); MP
<i>dabigatran etexilate mesylate</i> CAPS 110 MG	2	QL(4 ea daily); MP
PRADAXA CAPS 75 MG, 150 MG (<i>dabigatran etexilate mesylate</i>)	1	QL(2 ea daily); MP
PRADAXA CAPS 110 MG (<i>dabigatran etexilate mesylate</i>)	1	QL(4 ea daily); MP
PRADAXA PACK	2	AL(Up to 11 yrs old); MP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
LIBERVANT FILM	CO	
Anticonvulsants - Misc.		
LEVETIRACETAM/SODIUM CHLORIDE	CO	
MOTPOLY XR CP24	CO	
<i>primidone</i>	CO	
ZONISADE SUSP	CO	
ZTALMY	CO	SP
Carbamates		
XCOPRI TABS	CO	SP
GABA Modulators		
VIGAFYDE SOLN	CO	SP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Antidepressant Combinations		
AUVELITY	CO	
GABA Receptor Modulator - Neuroactive Steroid		

Drug Name	Drug Tier	Requirements/Limits
ZULRESSO	CO	
ZURZUVAE	CO	SP
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
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	1	MP
SYMLINPEN 60 SOPN	1	MP
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	2	MP
<i>alogliptin-metformin hcl</i>	2	MP
<i>alogliptin-pioglitazone</i> 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	2	MP
<i>dapagliflozin propanediol-metformin hcl</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
JENTADUETO XR TB24	2	MP
JENTADUETO TABS	1	MP
KAZANO (<i>alogliptin-metformin hcl</i>)	2	MP
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	2	MP
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	2	MP
<i>pioglitazone hcl-glimepiride</i>	2	MP
<i>pioglitazone hcl-metformin hcl</i> TABS	2	MP
QTERN	2	MP
<i>saxagliptin-metformin hcl</i>	2	MP
SEGLUROMET	2	MP
SOLQUA 100/33	2	QL(0.6 ml daily); MP
STEGLUJAN	2	MP
SYNJARDY XR TB24	2	MP
SYNJARDY TABS	1	MP
TRIJARDY XR	2	MP
XIGDUO XR	1	MP
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	1	MP
XULTOPHY 100/3.6	2	QL(0.5 ml daily); MP
Biguanides		
GLUMETZA TB24 (<i>metformin hcl</i>)	2	MP
<i>metformin hcl</i> SOLN	2	MP
<i>metformin hcl</i> TABS	1	MP
<i>metformin hcl</i> TB24 500 MG, 1000 MG	2	MP
<i>metformin hcl</i> TB24 500 MG, 750 MG	1	MP
RIOMET SOLN (<i>metformin hcl</i>)	2	MP
Diabetic Other		

Drug Name	Drug Tier	Requirements/Limits
BAQSIMI ONE PACK POWD	1	QL(0.067 ea daily); MP
BAQSIMI TWO PACK POWD	1	QL(0.067 ea daily); MP
<i>diazoxide</i>	2	MP
GLUCAGEN HYPOKIT	1	MP
<i>glucagon (rdna)</i>	1	MP
GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	1	MP
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	MP
GVOKE HYPOPEN 1-PACK SOAJ 1 MG/0.2ML	1	QL(0.4 ml per 30 day(s) retail; 1 ml per 90 days mail)
GVOKE HYPOPEN 1-PACK SOAJ 0.5 MG/0.1ML	1	QL(0.2 ml per 30 day(s) retail; 1 ml per 90 days mail)
GVOKE HYPOPEN 2-PACK SOAJ 0.5 MG/0.1ML	1	QL(0.2 ml per 30 day(s) retail; 1 ml per 90 days mail)
GVOKE HYPOPEN 2-PACK SOAJ 1 MG/0.2ML	1	QL(0.4 ml per 30 day(s) retail; 1 ml per 90 days mail)
GVOKE KIT SOLN	2	QL(0.4 ml per 30 day(s) retail)
GVOKE PFS SOSY 1 MG/0.2ML	2	QL(0.4 ml per 30 day(s) retail; 1 ml per 90 days mail)
GVOKE PFS SOSY 0.5 MG/0.1ML	2	QL(0.2 ml per 30 day(s) retail; 1 ml per 90 days mail)
PROGLYCEM (<i>diazoxide</i>)	1	MP
ZEGALOGUE SOAJ	1	
ZEGALOGUE SOSY	1	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	2	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JANUVIA	1	QL(2 ea daily); MP	APIDRA SOLOSTAR SOPN	1	QL(3 ml daily); MP
NESINA (<i>alogliptin benzoate</i>)	2	MP	APIDRA SOLN	1	QL(3 ml daily); MP
ONGLYZA (<i>saxagliptin hcl</i>)	2	MP	BASAGLAR KWIKPEN SOPN	2	QL(3 ml daily); MP
<i>saxagliptin hcl</i>	2	MP	BASAGLAR TEMPO PEN SOPN	2	QL(3 ml daily); MP
SITAGLIPTIN	2	MP	FIASP FLEXTOUCH SOPN	2	QL(3 ml daily); MP
TRADJENTA	1	MP	FIASP PENFILL SOCT	2	QL(3 ml daily); MP
ZITUVIO	2	MP	FIASP PUMPCART SOCT	2	QL(3 ml daily); MP
Incretin Mimetic Agents			FIASP SOLN	2	QL(3 ml daily); MP
BYDUREON BCISE AUJ	2	QL(0.122 ml daily); MP	HUMALOG JUNIOR KWIKPEN SOPN	1	QL(3 ml daily); MP
BYETTA SOPN 5 MCG/0.02ML	1	QL(0.04 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 KWIKPEN SOPN 200 UNIT/ML	2	QL(3 ml daily); MP
<i>liraglutide</i>	2	QL(0.2 ml daily); MP	HUMALOG MIX 50/50 KWIKPEN SUPN	1	QL(3 ml daily); MP
MOUNJARO SC 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML	2	QL(0.072 ml daily); MP	HUMALOG MIX 50/50 SUSP	1	QL(3 ml daily); MP
OZEMPIC SOPN	2	QL(0.11 ml daily); MP	HUMALOG MIX 75/25 KWIKPEN SUPN	1	QL(3 ml daily); MP
RYBELSUS TABS	2	QL(1 ea daily); MP	HUMALOG MIX 75/25 SUSP	1	QL(3 ml daily); MP
TRULICITY SC 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	QL(0.072 ml daily); MP	HUMALOG TEMPO PEN SOPN	1	QL(3 ml daily); MP
VICTOZA (<i>liraglutide</i>)	1	QL(0.2 ml daily); MP	HUMALOG SOCT	1	QL(3 ml daily); MP
VICTOZA (<i>liraglutide</i>)	1	QL(0.3 ml daily); MP	HUMALOG SOLN IJ	1	QL(3 ml daily); MP
Insulin			HUMULIN 70/30 KWIKPEN SUPN	1	QL(3 ml daily); MP
ADMELOG SOLOSTAR SOPN	2	QL(3 ml daily); MP	HUMULIN 70/30 SUSP	1	QL(3 ml daily); MP
ADMELOG SOLN IJ	2	QL(3 ml daily); MP	HUMULIN N KWIKPEN SUPN	2	QL(3 ml daily); MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	2	QL(6 ea daily); MP	HUMULIN N SUSP	1	QL(3 ml daily); MP

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 (CONCENTRATED) SOLN SC	1	QL(3 ml daily); MP
HUMULIN R U-500 KWIKPEN SOPN SC	1	QL(3 ml daily); MP
HUMULIN R SOLN IJ	1	QL(3 ml daily); MP
INSULIN ASPART FLEXPEN SOPN	1	QL(90 ml per fill retail); MP
INSULIN ASPART PENFILL SOCT	2	QL(3 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1	QL(90 ml per fill retail); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1	QL(3 ml daily); MP
INSULIN ASPART SOLN IJ	1	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 MAX SOLOSTAR SOPN	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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	2	QL(90 ml per fill retail); MP	FARXIGA	1	MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	QL(90 ml per fill retail); MP	INVOKANA	1	MP
NOVOLOG MIX 70/30 RELION SUSP	2	QL(3 ml daily); MP	JARDIANCE	1	MP
NOVOLOG MIX 70/30 SUSP	2	QL(3 ml daily); MP	STEGLATRO	2	MP
NOVOLOG PENFILL SOCT	1	QL(3 ml daily); MP	Sulfonylureas		
NOVOLOG RELION SOLN IJ	2	QL(90 ml per fill retail); MP	AMARYL (<i>glimepiride</i>)	2	MP
NOVOLOG SOLN IJ	2	QL(90 ml per fill retail); MP	<i>glimepiride</i> 1 MG, 2 MG, 4 MG	1	MP
REZVOGLAR KWIKPEN	2	QL(90 ml per fill retail); MP	<i>glipizide</i> TABS 5 MG, 10 MG	1	MP
SEMGLEE SOLN	2	QL(3 ml daily); MP	<i>glipizide</i> TB24	1	MP
SEMGLEE SOPN	2	QL(3 ml daily); MP	GLUCOTROL XL TB24 (<i>glipizide</i>)	2	MP
TOUJEO MAX SOLOSTAR SOPN	2	QL(3 ml daily); MP	<i>glyburide</i> micronized 1.5 MG, 3 MG, 6 MG	1	MP
TOUJEO SOLOSTAR SOPN	2	QL(3 ml daily); MP	<i>glyburide</i> TABS	1	MP
TRESIBA FLEXTOUCH SOPN	2	QL(3 ml daily); MP	GLYNASE (<i>glyburide</i> micronized)	2	MP
TRESIBA SOLN	2	QL(3 ml daily); MP	ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Insulin Sensitizing Agents			Antidiarrheal/Probiotic Agents - Misc.		
ACTOS (<i>pioglitazone hcl</i>)	2	MP	<i>bismuth subsalicylate</i> CHEW 262 MG	3	
<i>pioglitazone hcl</i>	1	MP	<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 1050 MG/30ML	3	
Meglitinide Analogues			<i>bismuth subsalicylate</i> TABS	3	
<i>nateglinide</i>	1	MP	PEPTO BISMOL TABS (<i>bismuth subsalicylate</i>)	3	
<i>repaglinide</i>	1	MP	PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>)	3	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>)	3	
<i>dapagliflozin propanediol</i>	2	MP	PEPTO-BISMOL CHEW (<i>bismuth subsalicylate</i>)	3	
FARXIGA (<i>dapagliflozin propanediol</i>)	1	MP			

Drug Name	Drug Tier	Requirements/ Limits
PEPTO-BISMOL SUSP (<i>bismuth subsalicylate</i>)	3	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine</i> LIQD	1	
<i>diphenoxylate w/ atropine</i> TABS	1	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	1	RX/OTC
IMODIUM A-D SOLN (<i>loperamide hcl</i>)	3	
IMODIUM A-D TABS (<i>loperamide hcl</i>)	NF	
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	NF	
<i>loperamide hcl</i> CAPS	1	RX/OTC
<i>loperamide hcl</i> SOLN 1 MG/7.5ML	3	
<i>loperamide hcl</i> SUSP	3	
<i>loperamide hcl</i> 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 day(s) retail)
<i>naloxone hcl</i> LIQD	3	QL(6 ea per 90 day(s) retail); RX/OTC
<i>naloxone hcl</i> SOCT	3	QL(6 ml per 90 day(s) retail)
<i>naloxone hcl</i> SOLN 0.4 MG/ML, 4 MG/10ML	3	QL(6 ml per 90 day(s) retail)
<i>naloxone hcl</i> SOSY 2 MG/2ML	3	QL(6 ml per 90 day(s) retail)
NARCAN LIQD (<i>naloxone</i> <i>hcl</i>)	3	QL(6 ea per 90 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OPVEE NA	3	QL(6 ea per 90 day(s) retail)
REXTOVY LIQD	3	QL(6 ea per 90 day(s) retail; 6 ea per 90 days mail)
ZIMHI SOSY	3	QL(3 ml per 90 day(s) retail)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	2	QL(10 ea per fill retail)
<i>granisetron hcl</i> TABS	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail)
<i>ondansetron hcl</i> SOLN OR 4 MG/5ML	1	QL(75 ml per fill retail)
<i>ondansetron hcl</i> TABS 4 MG, 8 MG	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail)
<i>ondansetron</i> TBDP 4 MG, 8 MG	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail)
<i>ondansetron</i> TBDP 16 MG	2	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)
SANCUSO PTCH	2	Limit: 6 patches per 30 days; QL(0.2 ea daily); SP
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>meclizine hcl</i>)	3	RX/OTC
<i>dimenhydrinate</i> TABS	3	
DRAMAMINE TABS (<i>dimenhydrinate</i>)	3	
<i>meclizine hcl</i> CHEW	3	RX/OTC
<i>meclizine hcl</i> TABS 12.5 MG, 25 MG	3	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>trimethobenzamide hcl CAPS</i>	4	
Antiemetics - Miscellaneous		
AKYNZEO	2	QL(1 ea per fill retail); SP
<i>dronabinol CAPS</i>	3	PA
MARINOL CAPS (<i>dronabinol</i>)	3	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 40 MG, 125 MG</i>	1	QL(1 ea per fill retail); AL(At least 12 yrs old)
<i>aprepitant CAPS</i>	2	QL(3 ea per fill retail); AL(At least 12 yrs old)
<i>aprepitant CAPS 80 MG</i>	1	QL(2 ea per fill retail); AL(At least 12 yrs old)
<i>aprepitant MISC</i>	2	QL(3 ea per fill retail); AL(At least 12 yrs old)
EMEND TRIPACK CAPS (<i>aprepitant</i>)	2	QL(3 ea per fill retail); AL(At least 12 yrs old)
EMEND CAPS 80 MG (<i>aprepitant</i>)	2	QL(2 ea per fill retail); AL(At least 12 yrs old)
EMEND SUSR	2	AL(At least 12 yrs old)
VARUBI TBPk	2	QL(2 ea per 7 day(s) retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	2	QL(4 ea per fill retail)
Antifungals		
ANCOBON (<i>flucytosine</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>flucytosine</i>	2	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(84 ea per fill retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	2	
DIFLUCAN SUSR (<i>fluconazole</i>)	2	
DIFLUCAN TABS 150 MG (<i>fluconazole</i>)	2	QL(2 ea per fill retail)
DIFLUCAN TABS 100 MG, 200 MG (<i>fluconazole</i>)	2	
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS 150 MG</i>	1	QL(2 ea per fill retail)
<i>fluconazole TABS 50 MG, 100 MG, 200 MG</i>	1	
<i>itraconazole CAPS</i>	2	QL(84 ea per fill retail)
<i>itraconazole SOLN</i>	2	QL(840 ml per fill retail)
<i>ketoconazole</i>	1	
NOXAFIL PACK	2	
NOXAFIL SUSP (<i>posaconazole</i>)	2	
NOXAFIL TBEC (<i>posaconazole</i>)	2	
<i>posaconazole SUSP</i>	2	
<i>posaconazole TBEC</i>	2	
SPORANOX CAPS (<i>itraconazole</i>)	2	QL(84 ea per fill retail)
SPORANOX SOLN (<i>itraconazole</i>)	2	QL(840 ml per fill retail)
TOLSURA CAPS	2	

Drug Name	Drug Tier	Requirements/Limits
VFEND SUSR (voriconazole)	2	
VFEND TABS (voriconazole)	2	
VIVJOA	2	QL(18 ea per fill retail)
voriconazole SUSR	2	
voriconazole TABS	2	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate TABS	3	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD (diphenhydramine hcl)	3	
BENADRYL ALLERGY ULTRATABS TABS (diphenhydramine hcl)	3	AL(Up to 64 yrs old)
BENADRYL ALLERGY CAPS (diphenhydramine hcl)	3	AL(Up to 64 yrs old)
BENADRYL ALLERGY TABS (diphenhydramine hcl)	3	AL(Up to 64 yrs old)
carbinoxamine maleate SOLN	3	
carbinoxamine maleate TABS 4 MG	3	
clemastine fumarate TABS 1.34 MG	3	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	3	
diphenhydramine hcl CAPS	3	AL(Up to 64 yrs old)
diphenhydramine hcl ELIX 12.5 MG/5ML	3	
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	3	
diphenhydramine hcl SOLN 50 MG/ML	3	AL(Up to 64 yrs old)

Drug Name	Drug Tier	Requirements/Limits
diphenhydramine hcl TABS 25 MG	3	AL(Up to 64 yrs old)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP (fexofenadine hcl)	1	
ALLEGRA ALLERGY TABS (fexofenadine hcl)	1	
cetirizine hcl CAPS	2	
cetirizine hcl CHEW	2	
cetirizine hcl SOLN OR	1	QL(10 ml daily); RX/OTC
cetirizine hcl SYRP OR	1	QL(10 ml daily); RX/OTC
cetirizine hcl TABS 5 MG	1	
cetirizine hcl TABS 10 MG	1	QL(1 ea daily)
CLARINEX TABS (desloratadine)	2	
CLARITIN ALLERGY CHILDRENS SOLN (loratadine)	1	QL(10 ml daily)
CLARITIN CHILDRENS CHEW (loratadine)	1	
CLARITIN CHEW (loratadine)	1	
CLARITIN SOLN (loratadine)	1	QL(10 ml daily)
CLARITIN TABS (loratadine)	1	QL(1 ea daily)
desloratadine TABS	2	
desloratadine TBDP 2.5 MG	2	AL(Up to 11 yrs old)
desloratadine TBDP 5 MG	2	
fexofenadine hcl SUSP	1	
fexofenadine hcl TABS 60 MG, 180 MG	1	
levocetirizine dihydrochloride SOLN	2	RX/OTC
levocetirizine dihydrochloride TABS	1	RX/OTC
loratadine CHEW	1	

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine SOLN</i>	1	QL(10 ml daily)
<i>loratadine TABS</i>	1	QL(1 ea daily)
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>levocetirizine dihydrochloride</i>)	2	RX/OTC
XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	1	RX/OTC
ZYRTEC ALLERGY CAPS (<i>cetirizine hcl</i>)	2	
ZYRTEC ALLERGY TABS (<i>cetirizine hcl</i>)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (<i>cetirizine hcl</i>)	2	
ZYRTEC CHILDRENS ALLERGY SOLN OR (<i>cetirizine hcl</i>)	2	QL(10 ml daily); RX/OTC
ZYRTEC CHEW 10 MG (<i>cetirizine hcl</i>)	2	
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	3	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 SUPP 50 MG</i>	3	QL(2 ea daily); 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)
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		

Drug Name	Drug Tier	Requirements/Limits
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		
<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

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>choline fenofibrate</i>	2	
<i>fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG</i>	2	
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1	
<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); MP

Drug Name	Drug Tier	Requirements/ Limits
ATORVALIQ SUSP	2	QL(20 ml daily); MP
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily); MP
CRESTOR TABS (<i>rosuvastatin calcium</i>)	2	QL(1 ea daily); MP
EZALLOR SPRINKLE CPSP	2	QL(1 ea daily); MP
<i>fluvastatin sodium CAPS</i>	2	QL(1 ea daily); MP
<i>fluvastatin sodium TB24</i>	2	QL(1 ea daily); MP
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	2	QL(1 ea daily); MP
LIPITOR TABS (<i>atorvastatin calcium</i>)	2	QL(1 ea daily); MP
LIVALO (<i>pitavastatin calcium</i>)	2	QL(1 ea daily); MP
<i>lovastatin TABS</i>	1	QL(1 ea daily); MP
<i>pitavastatin calcium</i>	2	QL(1 ea daily); MP
<i>pravastatin sodium</i>	1	QL(1 ea daily); MP
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily); MP
<i>simvastatin TABS</i>	1	QL(1 ea daily); MP
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	2	QL(1 ea daily); MP
ZYPITAMAG 2 MG, 4 MG	2	QL(1 ea daily); MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
ZETIA (<i>ezetimibe</i>)	2	
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	2	
NIASPAN TBCR 1000 MG (<i>niacin (antihyperlipidemic)</i>)	2	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
PRALUENT SOAJ	1	QL(2 ml per 28 day(s) retail); SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	1	QL(7 ml per 28 day(s) retail); SP; PA
REPATHA SURECLICK SOAJ	1	QL(2 ml per 28 day(s) retail); SP; PA
REPATHA SOSY	1	QL(2 ml per 28 day(s) 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
<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

Drug Name	Drug Tier	Requirements/Limits
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
<i>valsartan SOLN</i>	2	MP
<i>valsartan TABS</i>	1	MP
Antiadrenergic Antihypertensives		
CARDURA (<i>doxazosin mesylate</i>)	2	MP
CATAPRES-TTS-1 (<i>clonidine</i>)	1	QL(0.143 ea daily); MP
CATAPRES-TTS-2 (<i>clonidine</i>)	1	QL(0.143 ea daily); MP
CATAPRES-TTS-3 (<i>clonidine</i>)	1	QL(0.143 ea daily); MP
<i>clonidine</i>	1	QL(0.143 ea daily); MP
<i>clonidine OR 0.17 MG</i>	1	MP
<i>clonidine hcl TABS</i>	1	MP
<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 OR (<i>clonidine</i>)	1	MP
<i>prazosin hcl CAPS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl</i>	1	MP	<i>fosinopril sodium & hydrochlorothiazide</i>	2	MP
Antihypertensive Combinations			<i>HYZAAR (losartan potassium & hydrochlorothiazide)</i>	2	MP
<i>ACCURETIC (quinapril-hydrochlorothiazide)</i>	2	MP	<i>irbesartan-hydrochlorothiazide</i>	2	MP
<i>amlodipine besylate-benazepril hcl</i>	1	MP	<i>lisinopril & hydrochlorothiazide</i>	1	MP
<i>amlodipine besylate-olmesartan medoxomil</i>	1	MP	<i>losartan potassium & hydrochlorothiazide</i>	1	MP
<i>amlodipine besylate-valsartan</i>	1	MP	<i>LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)</i>	2	MP
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	MP	<i>LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)</i>	2	MP
<i>ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)</i>	2	MP	<i>metoprolol & hydrochlorothiazide TABS</i>	2	MP
<i>atenolol & chlorthalidone</i>	1	MP	<i>MICARDIS HCT (telmisartan-hydrochlorothiazide)</i>	2	MP
<i>AVALIDE (irbesartan-hydrochlorothiazide)</i>	2	MP	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	2	MP
<i>AZOR (amlodipine besylate-olmesartan medoxomil)</i>	2	MP	<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	MP
<i>benazepril & hydrochlorothiazide</i>	1	MP	<i>quinapril-hydrochlorothiazide</i>	2	MP
<i>BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide)</i>	2	MP	<i>TEKTURNA HCT 12.5 MG-150 MG, 12.5 MG-300 MG, 25 MG-300 MG</i>	2	MP
<i>bisoprolol & hydrochlorothiazide</i>	1	MP	<i>telmisartan-amlodipine</i>	2	MP
<i>candesartan cilexetil-hydrochlorothiazide</i>	2	MP	<i>telmisartan-hydrochlorothiazide</i>	2	MP
<i>captopril & hydrochlorothiazide</i>	2	MP	<i>TENORETIC 100 (atenolol & chlorthalidone)</i>	2	MP
<i>DIOVAN HCT (valsartan-hydrochlorothiazide)</i>	2	MP	<i>TENORETIC 50 (atenolol & chlorthalidone)</i>	2	MP
<i>EDARBYCLOR</i>	2	MP	<i>trandolapril-verapamil hcl</i>	2	MP
<i>enalapril maleate & hydrochlorothiazide</i>	1	MP			
<i>EXFORGE (amlodipine besylate-valsartan)</i>	2	MP			
<i>EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)</i>	2	MP			

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	2	MP
<i>valsartan-hydrochlorothiazide</i>	1	MP
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	2	MP
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	2	MP
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	2	MP
Direct Renin Inhibitors		
<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 10 MG, 25 MG, 50 MG</i>	3	QL(4 ea daily); MP
<i>hydralazine hcl TABS 100 MG</i>	3	QL(3 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	
LIKMEZ SUSP	2	QL(400 ml per 10 day(s) retail; 400 ml per 10 days mail)
<i>metronidazole CAPS</i>	2	
<i>metronidazole TABS</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim TABS</i>	3	

Drug Name	Drug Tier	Requirements/Limits
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	
Antiprotozoal Agents		
ALINIA TABS (<i>nitazoxanide</i>)	2	QL(6 ea per 30 day(s) retail)
<i>atovaquone</i>	3	
MEPRON (<i>atovaquone</i>)	3	
<i>nitazoxanide TABS</i>	2	QL(6 ea per 30 day(s) retail)
Glycopeptides		
FIRVANQ SOLR OR (<i>vancomycin hcl</i>)	2	
VANCOCIN CAPS (<i>vancomycin hcl</i>)	2	
<i>vancomycin hcl CAPS</i>	1	
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1	
<i>vancomycin hcl SOLR IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG, 1000 MG</i>	3	
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG	3	
Leprostatics		
<i>dapsone</i>	3	

Drug Name	Drug Tier	Requirements/Limits
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 SUSR</i>	2	
<i>linezolid TABS</i>	1	QL(28 ea per fill retail)
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 monohyd macro</i>)	3	QL(20 ea per 10 day(s) 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 0.5 GM, 1 GM</i>	3	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	3	QL(2 ea daily); AL(Up to 64 yrs old)
<i>nitrofurantoin monohyd macro</i>	3	QL(20 ea per 10 day(s) retail); AL(Up to 64 yrs old)
ANTIMALARIALS - Drugs to Treat Malaria		

Drug Name	Drug Tier	Requirements/Limits
(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 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; AL(At least 16 yrs old); MP; PA
<i>mefloquine hcl</i>	3	MP; PA
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	3	MP
<i>primaquine phosphate TABS</i>	3	MP
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	3	MP
<i>pyrimethamine</i>	3	MP; PA
SOVUNA	3	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/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

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid</i> TABS	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</i> CAPS	3	MP
SIRTURO	3	PA
TRECTOR	3	MP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melphalan</i>)	3	
<i>cyclophosphamide</i> CAPS	3	
CYCLOPHOSPHAMIDE TABS	3	
LEUKERAN	3	
<i>melphalan</i>	3	
MYLERAN TABS	3	SP
TEMODAR CAPS 250 MG (<i>temozolomide</i>)	3	SP
<i>temozolomide</i> CAPS	3	SP
Antimetabolites		
<i>capecitabine</i>	3	SP
JYLAMVO SOLN	3	
<i>mercaptopurine</i> TABS	3	SP
<i>methotrexate sodium</i> SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	3	SP
<i>methotrexate sodium</i> TABS 2.5 MG	3	
ONUREG TABS	3	SP
TABLOID	3	

Drug Name	Drug Tier	Requirements/Limits
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	
FRUZAQLA	CO	SP
Antineoplastic - Antibodies		
BLINCYTO	3	SP
LOQTORZI	3	SP
TECENTRIQ	1	SP
YERVOY	3	
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPB	3	SP
VENCLEXTA TABS	3	SP
Antineoplastic - EGFR Inhibitors		
LAZCLUZE	CO	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
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	3	SP
EULEXIN	3	

Drug Name	Drug Tier	Requirements/Limits
<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
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		

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	3	SP
AFINITOR TABS (<i>everolimus</i>)	3	SP
ALUNBRIG TABS	CO	SP
ALUNBRIG TBPB	CO	SP
AUGTYRO	CO	SP
BORTEZOMIB SOLN	CO	SP
BORTEZOMIB SOLR IV 3.5 MG	CO	SP
BOSULIF CAPS	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
IDHIFA	3	SP
IMBRUVICA SUSP	CO	SP
JAKAFI	3	SP
JAYPIRCA	CO	SP
KRAZATI	3	SP
LUMAKRAS	3	SP
LYTGOBI	CO	SP
MEKINIST SOLR	CO	SP
OGSIVEO	CO	SP
OJJAARA	CO	SP
RETEVMO TABS	CO	SP
REZLIDHIA	3	SP
ROZLYTREK PACK	CO	SP
RUBRACA	CO	SP
RYTELO	CO	SP
SCEMBLIX	CO	SP
TAFINLAR TBSO	CO	SP
TALZENNA	CO	SP
TAZVERIK	3	SP
TIBSOVO	3	SP
TRUQAP OR 160 MG, 200 MG	CO	

Drug Name	Drug Tier	Requirements/Limits
TRUQAP	CO	SP
TURALIO	CO	SP
VANFLYTA	CO	SP
VORANIGO	3	SP
XALKORI CPSP	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 SOLR 10000000 UNIT	3	
MATULANE	3	SP
TARGRETIN (<i>bexarotene</i>)	3	SP
<i>tretinoin (chemotherapy)</i>	3	SP
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN	CO	SP
<i>leucovorin calcium TABS</i>	3	
MESNEX TABS	3	SP
Mitotic Inhibitors		
<i>etoposide CAPS</i>	3	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	3	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	MP
LODOSYN (<i>carbidopa</i>)	2	MP
NOURIANZ	2	MP
Antiparkinson COMT Inhibitors		
COMTAN (<i>entacapone</i>)	2	MP

Drug Name	Drug Tier	Requirements/Limits
<i>entacapone</i>	1	MP
ONGENTYS	2	MP
TASMAR (<i>tolcapone</i>)	2	MP
<i>tolcapone</i>	2	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	MP
<i>amantadine hcl SOLN</i>	1	MP
<i>amantadine hcl TABS</i>	2	MP
<i>bromocriptine mesylate CAPS</i>	2	MP
<i>bromocriptine mesylate TABS 2.5 MG</i>	2	MP
<i>carbidopa-levodopa-entacapone</i>	2	MP
<i>carbidopa-levodopa TABS</i>	1	MP
<i>carbidopa-levodopa TBCR</i>	1	MP
<i>carbidopa-levodopa TBDP</i>	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 (<i>pramipexole dihydrochloride</i>)	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 (<i>bromocriptine mesylate</i>)	2	MP
PARLODEL TABS (<i>bromocriptine mesylate</i>)	2	MP
<i>pramipexole dihydrochloride TABS</i>	1	MP

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

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics - Misc.		
CAPLYTA	CO	
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	MP
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 TBPB	CO	SP
Antiviral Combinations		
PAXLOVID 100 MG-150 MG	3	
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

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE TABS (<i>entecavir</i>)	3	QL(1 ea daily); SP; MP
<i>entecavir</i> TABS	3	QL(1 ea daily); SP; MP
EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	3	QL(1 ea daily); SP; MP
<i>lamivudine (hbv)</i> TABS	3	QL(1 ea daily); SP; MP
VEMLIDY	3	QL(1 ea daily); AL(At least 6 yrs old); SP; MP; PA
Herpes Agents		
<i>acyclovir</i> CAPS	1	MP
<i>acyclovir</i> SUSP	1	MP
<i>acyclovir</i> TABS OR	1	MP
<i>famciclovir</i>	1	MP
SITAVIG TABS BU	2	MP
<i>valacyclovir hcl</i>	1	MP
VALTREX (<i>valacyclovir hcl</i>)	2	MP
ZOVIRAX SUSP (<i>acyclovir</i>)	2	MP
Influenza Agents		
<i>oseltamivir phosphate</i> CAPS	1	QL(14 ea per fill retail)
<i>oseltamivir phosphate</i> SUSR	1	QL(120 ml per fill retail)
RELENZA DISKHALER	1	
<i>rimantadine hydrochloride</i> TABS	1	
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	2	QL(14 ea per fill retail)
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	2	QL(120 ml per fill retail)
XOFLUZA 40 MG, 80 MG	1	MP
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1	MP

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl CP24</i>	1	MP
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>propranolol hcl TABS</i>	1	MP
<i>sotalol hcl (afib/af)</i>	1	MP
<i>sotalol hcl TABS</i>	1	MP
SOTYLIZE SOLN OR	2	MP
<i>timolol maleate TABS</i>	2	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1	MP
CALAN SR TBCR 120 MG, 180 MG (<i>verapamil hcl</i>)	2	MP
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	2	MP
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	2	MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	2	MP
CONJUPRI (<i>levamlodipine maleate</i>)	2	MP
<i>diltiazem hcl coated beads CP24</i>	1	MP
<i>diltiazem hcl extended release beads</i>	1	MP
<i>diltiazem hcl extended release beads</i>	2	MP
<i>diltiazem hcl CP12</i>	1	MP
<i>diltiazem hcl CP24</i>	1	MP
<i>diltiazem hcl TABS</i>	1	MP
<i>diltiazem hcl TB24</i>	2	MP
<i>felodipine</i>	2	MP
<i>isradipine CAPS</i>	2	MP
KATERZIA	2	AL(At least 6 yrs old); MP
<i>levamlodipine maleate</i>	2	MP

Drug Name	Drug Tier	Requirements/Limits
<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 day(s) 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 TABS	1	QL(2 ea daily); MP
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	2	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 INSTITUTIONALKIT POWD	2	SP; MP
TYVASO DPI MAINTENANCE KIT POWD	2	SP; MP
TYVASO DPI TITRATION KIT POWD	2	SP; MP
TYVASO REFILL KIT SOLN IN	1	SP; MP; PA
TYVASO STARTER KIT SOLN IN	1	SP; MP; PA
TYVASO SOLN IN	1	SP; MP; PA
VENTAVIS	1	SP; MP; PA

Drug Name	Drug Tier	Requirements/Limits
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
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
LIQREV SUSP	2	SP
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 TBPB	1	SP; MP; PA
UPTRAVI TABS	1	SP; MP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	2	SP; MP

Drug Name	Drug Tier	Requirements/Limits
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	3	AL(At least 18 yrs old); MP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	QL(28 ea per fill retail)
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	2	QL(28 ea per fill retail)
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
<i>cephalexin TABS</i>	1	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	2	QL(42 ea per fill retail)
<i>cefactor CAPS</i>	2	QL(42 ea per fill retail)
<i>cefactor 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)
CHEMICALS		

Drug Name	Drug Tier	Requirements/Limits
Bulk Chemicals - C's		
CITRULLINE(L)	4	RX/OTC
CREATINE MONOHYDRATE	4	RX/OTC
L-CITRULLINE	4	RX/OTC
Bulk Chemicals - O's		
L-ORNITHINE HYDROCHLORIDE	4	RX/OTC
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 0.03 MG-3 MG</i>	3	
<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	1	
<i>ethynodiol diacet & eth estrad</i>	3	
GENERESS FE (norethindrone & ethinyl estradiol-fe)	3	
<i>levonorgestrel & eth estradiol TABS</i>	3	
<i>levonorgestrel-eth estradiol (triphasic)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	3	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	3	
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	3	
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 TABS</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>)	2	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	3	
Combination Contraceptives - Vaginal		

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol</i>	3	QL(0.036 ea daily)
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	3	QL(0.036 ea daily)
Emergency Contraceptives		
ELLA	3	
<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	
OPILL	3	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	3	SP
ALKINDI SPRINKLE CPSP	3	
<i>budesonide CPEP</i>	3	PA
<i>budesonide TB24</i>	2	
CORTEF TABS (<i>hydrocortisone</i>)	3	
<i>deflazacort SUSP</i>	3	
<i>deflazacort TABS</i>	3	
DEPO-MEDROL SUSP (<i>methylprednisolone acetate</i>)	3	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPO-MEDROL SUSP	3		<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	3	
DEXAMETHASONE INTENSOL CONC	3		<i>methylprednisolone TABS</i>	3	
<i>dexamethasone sodium phosphate SOLN IJ</i>	3		<i>methylprednisolone TBPK</i>	3	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	3		ORAPRED ODT TBDP (<i>prednisolone sodium phosphate</i>)	3	
<i>dexamethasone sodium phosphate SOSY IJ</i>	3		PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	3	
<i>dexamethasone ELIX</i>	3		<i>prednisolone sodium phosphate SOLN</i>	3	
<i>dexamethasone SOLN</i>	3		<i>prednisolone sodium phosphate TBDP</i>	3	
<i>dexamethasone TABS</i>	3		<i>prednisolone SOLN</i>	3	
<i>dexamethasone TBPK</i>	3		<i>prednisolone TABS</i>	3	
EMFLAZA SUSP (<i>deflazacort</i>)	3		PREDNISONE INTENSOL CONC	3	
EMFLAZA TABS (<i>deflazacort</i>)	3		<i>prednisone SOLN</i>	3	
EOHILIA SUSP	3	QL(20 ml daily); AL(At least 11 yrs old); PA	<i>prednisone TABS</i>	3	
HEMADY TABS	3		<i>prednisone TBPK</i>	3	
<i>hydrocortisone sod succinate 100 MG</i>	3		RAYOS TBEC	3	
<i>hydrocortisone TABS</i>	3		SOLU-CORTEF	3	
KENALOG-10 SUSP	3		SOLU-MEDROL	3	
KENALOG-40 SUSP (<i>triamcinolone acetonide</i>)	3		SOLU-MEDROL (<i>methylprednisolone sod succ</i>)	3	
MEDROL DOSEPAK TBPK (<i>methylprednisolone</i>)	3		<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	3	
MEDROL TABS (<i>methylprednisolone</i>)	3		TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML	3	
MEDROL TABS	3		UCERIS TB24 (<i>budesonide</i>)	2	
<i>methylprednisolone acetate SUSP</i>	3		Mineralocorticoids		
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	3		<i>fludrocortisone acetate TABS</i>	3	MP

COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Cough/Cold/Allergy Combinations			VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF LIQD (<i>dextromethorphan-doxylamine-acetaminophen</i>)	NF	QL(184.6 ml daily)
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	4	QL(184.6 ml daily)	VICKS NYQUIL COLD & FLU LIQD (<i>dextromethorphan-doxylamine-acetaminophen</i>)	NF	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		VICKS NYQUIL HBP COLD & FLU LIQD (<i>dextromethorphan-doxylamine-acetaminophen</i>)	NF	QL(184.6 ml daily)
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	4		Expectorants		
<i>dextromethorphan-phenylephrine-acetaminophen LIQD</i>	3		GERI-TUSSIN SYRP	4	
<i>guaifenesin-codeine SOLN</i>	4		<i>guaifenesin LIQD</i>	4	
<i>guaifenesin-codeine SYRP</i>	4		<i>guaifenesin SYRP</i>	4	
MUCINEX D TB12 (<i>pseudoephedrine-guaifenesin</i>)	NF		<i>guaifenesin TABS 200 MG</i>	4	
<i>promethazine & phenylephrine SYRP</i>	4		Misc. Respiratory Inhalants		
PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE SYRP (<i>promethazine-dm</i>)	NF		<i>sodium chloride (inhalant) NEBU 0.9 %</i>	3	
<i>promethazine w/codeine SOLN</i>	4		Mucolytics		
<i>promethazine w/codeine SYRP</i>	4		<i>acetylcysteine SOLN</i>	3	
<i>promethazine-dm SYRP</i>	4		DERMATOLOGICALS - Drugs to Treat Skin Conditions		
<i>promethazine-phenylephrine-codeine</i>	4		Acne Products		
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	4		ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	NF	
			ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	3	QL(2 ea daily); PA
			ACANYA GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	3	QL(45 gm per 30 day(s) retail); AL(Up to 30 yrs old)	DIFFERIN DAILY DEEP CLEANSER LIQD (<i>benzoyl peroxide</i>)	3	RX/OTC
<i>adapalene GEL 0.3 %</i>	3	QL(45 gm per 30 day(s) retail); AL(Up to 30 yrs old)	DIFFERIN GEL 0.1 % (<i>adapalene</i>)	3	QL(45 gm per 30 day(s) retail); RX/OTC
<i>adapalene GEL 0.1 %</i>	3	QL(45 gm per 30 day(s) retail); RX/OTC	DIFFERIN GEL 0.3 % (<i>adapalene</i>)	3	QL(45 gm per 30 day(s) retail); AL(Up to 30 yrs old)
BENZAC AC WASH LIQD 5 % (<i>benzoyl peroxide</i>)	3	RX/OTC	EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	3	QL(45 gm per 30 day(s) retail); AL(Up to 30 yrs old)
BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	3		<i>erythromycin (acne aid) SOLN</i>	3	
<i>benzoyl peroxide CREA 10 %</i>	3		<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	QL(2 ea daily); PA
<i>benzoyl peroxide-erythromycin GEL</i>	3		NEUAC KIT	2	
<i>benzoyl peroxide FOAM 10 %</i>	3		ONEXTON GEL	2	
<i>benzoyl peroxide GEL 10 %</i>	3	QL(114 gm per 30 day(s) retail)	RETIN-A CREA 0.025 %, 0.05 % (<i>tretinoin</i>)	3	QL(20 gm per 30 day(s) retail); AL(Up to 30 yrs old)
<i>benzoyl peroxide GEL 5 %</i>	3		<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	3	
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	3		<i>tretinoin CREA 0.025 %, 0.05 %</i>	3	QL(20 gm per 30 day(s) retail); AL(Up to 30 yrs old)
CABTREO	2		Antibiotics - Topical		
<i>clindamycin phosphate (topical) SOLN</i>	3		<i>bacitracin (topical) OINT</i>	3	
<i>clindamycin phosphate (topical) SWAB</i>	3		<i>bacitracin zinc OINT</i>	3	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2		CENTANY AT KIT	2	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		CENTANY OINT	2	
<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1		<i>gentamicin sulfate (topical) CREA</i>	3	
<i>clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %</i>	2		<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	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEOSPORIN ORIGINAL OINT (<i>neomycin-bacitracin-polymyxin</i>)	3		<i>ketoconazole (topical) SHAM 2 %</i>	1	
XEPI	2	QL(60 gm per 30 day(s) retail)	KETODAN KIT	2	
Antifungals - Topical			LAMISIL AT JOCK ITCH CREA (<i>terbinafine hcl (topical)</i>)	3	
ALOE VESTA ANTIFUNGAL OINT (<i>miconazole nitrate (topical)</i>)	2		LAMISIL AT CREA (<i>terbinafine hcl (topical)</i>)	3	
<i>butenafine hcl</i>	2	RX/OTC	LOPROX	2	
<i>ciclopirox olamine CREA</i>	1		LOPROX KIT	2	
<i>ciclopirox olamine SUSP</i>	2		LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	2	
<i>ciclopirox GEL</i>	2		LOPROX CREA (<i>ciclopirox olamine</i>)	2	
<i>ciclopirox KIT</i>	2		LOPROX SUSP (<i>ciclopirox olamine</i>)	2	
<i>ciclopirox SHAM</i>	2		LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	NF	RX/OTC
<i>ciclopirox SOLN</i>	1		LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	2	RX/OTC
<i>ciclopirox SOLN</i>	2		LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	2	RX/OTC
<i>clotrimazole (topical) CREA</i>	2	RX/OTC	LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	NF	RX/OTC
<i>clotrimazole (topical) CREA</i>	1	RX/OTC	LOTRIMIN ULTRA (<i>butenafine hcl</i>)	2	RX/OTC
<i>clotrimazole (topical) SOLN</i>	1	RX/OTC	<i>luliconazole</i>	2	
<i>clotrimazole w/ betamethasone CREA</i>	1		LUZU (<i>luliconazole</i>)	2	
<i>clotrimazole w/ betamethasone LOTN</i>	2		MENTAX	2	RX/OTC
<i>econazole nitrate CREA</i>	2		MICATIN CREA (<i>miconazole nitrate (topical)</i>)	1	
ERTACZO	2		<i>miconazole nitrate (topical) CREA</i>	1	
EXELDERM CREA (<i>sulconazole nitrate</i>)	2		<i>miconazole nitrate (topical) OINT</i>	2	
EXTINA FOAM (<i>ketoconazole (topical)</i>)	2		<i>miconazole-zinc oxide-white petrolatum</i>	2	
JUBLIA	2	AL(At least 6 yrs old)	<i>naftifine hcl CREA</i>	2	
KERYDIN (<i>tavaborole</i>)	2	AL(At least 6 yrs old)	<i>naftifine hcl GEL 2 %</i>	2	
<i>ketoconazole (topical) CREA</i>	1				
<i>ketoconazole (topical) FOAM</i>	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NAFTIN GEL	2		PENNSAID SOLN EX	2	
NAFTIN GEL (<i>naftifine hcl</i>)	2		VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	2	RX/OTC
<i>nystatin (topical) CREA</i>	1		Antineoplastic or Premalignant Lesion Agents - Topical		
<i>nystatin (topical) OINT</i>	1		CARAC CREA	3	SP
<i>nystatin (topical) POWD EX</i>	1		<i>diclofenac sodium (actinic keratoses) EX</i>	3	
<i>nystatin-triamcinolone CREA</i>	1		EFUDEX CREA (<i>fluorouracil (topical)</i>)	3	SP
<i>nystatin-triamcinolone OINT</i>	1		<i>fluorouracil (topical) CREA</i>	3	SP
<i>oxiconazole nitrate CREA</i>	2		Antipsoriatics		
OXISTAT CREA (<i>oxiconazole nitrate</i>)	2		<i>acitretin 10 MG, 25 MG</i>	3	QL(2 ea daily); PA
OXISTAT LOTN	2		<i>acitretin 17.5 MG</i>	3	PA
<i>sulconazole nitrate CREA</i>	2		BIMZELX SOAJ	2	AL(At least 18 yrs old); SP
<i>tavaborole</i>	2	AL(At least 6 yrs old)	BIMZELX SOSY	2	AL(At least 18 yrs old); SP
<i>terbinafine hcl (topical) CREA</i>	3		<i>calcipotriene CREA</i>	3	QL(4 gm daily; 20 gm per 30 day(s) retail); AL(At least 2 yrs old); PA
TINACTIN CREA (<i>tolnaftate</i>)	2		<i>calcipotriene OINT</i>	3	QL(4 gm daily); AL(At least 2 yrs old); PA
<i>tolnaftate CREA</i>	1		<i>calcipotriene SOLN</i>	3	QL(2 ml daily); AL(At least 2 yrs old); PA
<i>tolnaftate POWD EX</i>	1		<i>calcitriol (topical)</i>	3	QL(4 gm daily; 20 gm per 30 day(s) retail); AL(At least 2 yrs old); PA
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	2		COSENTYX SENSOREADY PEN SOAJ	1	SP
Anti-inflammatory Agents - Topical			COSENTYX UNOREADY SOAJ	1	SP
<i>diclofenac epolamine PTCH EX</i>	2	QL(2 ea daily)	COSENTYX SOSY	1	SP
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	ILUMYA	2	SP
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1				
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	2				
FLECTOR PTCH EX (<i>diclofenac epolamine</i>)	2	QL(2 ea daily)			
LICART PT24	2	Limit: 15 patches per 30 days; QL(0.5 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
SILIQ	2	SP
SKYRIZI PEN SOAJ	2	SP
SKYRIZI PSKT	2	SP
SKYRIZI SOSY	2	SP
SOTYKTU	2	QL(1 ea daily); AL(At least 18 yrs old); SP
STELARA SOSY	2	SP
TALTZ SOAJ	2	SP
TALTZ SOSY 80 MG/ML	2	SP
<i>tazarotene CREA 0.1 %</i>	3	AL(Up to 20 yrs old); PA
<i>tazarotene GEL</i>	3	AL(Up to 20 yrs old); PA
TAZORAC CREA 0.1 % (<i>tazarotene</i>)	3	AL(Up to 20 yrs old); PA
TAZORAC GEL (<i>tazarotene</i>)	3	AL(Up to 20 yrs old); PA
TREMFYA SOAJ	2	SP
TREMFYA SOSY 100 MG/ML	2	SP
VECTICAL (<i>calcitriol (topical)</i>)	3	QL(4 gm daily; 20 gm per 30 day(s) retail); AL(At least 2 yrs old); PA
VTAMA	2	AL(At least 18 yrs old)
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	3	
ZORYVE	3	AL(At least 9 yrs old); PA
Antivirals - Topical		
ABREVA (<i>docosanol</i>)	3	MP
<i>acyclovir topical CREA</i>	1	MP
<i>acyclovir topical OINT</i>	1	MP
DENAVIR (<i>penciclovir</i>)	1	MP
<i>docosanol</i>	3	MP
<i>penciclovir</i>	2	MP
XERESE	2	MP

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX CREA (<i>acyclovir topical</i>)	2	MP
ZOVIRAX OINT (<i>acyclovir topical</i>)	2	MP
Burn Products		
SILVADENE (<i>silver sulfadiazine</i>)	3	
<i>silver sulfadiazine</i>	3	
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	2	
<i>alclometasone dipropionate OINT</i>	2	
<i>amcinonide LOTN</i>	2	
APEXICON E CREA	2	
<i>betamethasone dipropionate (topical) CREA</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	2	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	2	
<i>betamethasone dipropionate augmented LOTN</i>	2	
<i>betamethasone dipropionate augmented OINT</i>	2	
<i>betamethasone valerate CREA</i>	1	
<i>betamethasone valerate FOAM</i>	2	
<i>betamethasone valerate LOTN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate OINT</i>	1		<i>desonide LOTN</i>	2	
BRYHALI LOTN	2		<i>desonide OINT</i>	2	
<i>clobetasol propionate emollient base 0.05 %</i>	2		DESOWEN CREA (<i>desonide</i>)	2	
<i>clobetasol propionate emulsion</i>	2		<i>desoximetasone CREA</i>	2	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>desoximetasone GEL</i>	2	
<i>clobetasol propionate FOAM</i>	2		<i>desoximetasone LIQD</i>	2	
<i>clobetasol propionate GEL 0.05 %</i>	2		<i>desoximetasone OINT</i>	2	
<i>clobetasol propionate LIQD</i>	2		<i>diflorasone diacetate CREA</i>	2	
<i>clobetasol propionate LOTN</i>	2		<i>diflorasone diacetate OINT</i>	2	
<i>clobetasol propionate OINT 0.05 %</i>	1		DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	2	
<i>clobetasol propionate SHAM</i>	2		<i>fluocinolone acetonide CREA</i>	2	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluocinolone acetonide OIL</i>	2	
CLOBEX LIQD (<i>clobetasol propionate</i>)	2		<i>fluocinolone acetonide OINT</i>	2	
CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	2		<i>fluocinolone acetonide SOLN</i>	2	
CLOBEX SHAM (<i>clobetasol propionate</i>)	2		<i>fluocinonide emulsified base</i>	2	
<i>clocortolone pivalate</i>	2		<i>fluocinonide CREA</i>	2	
CLODAN KIT	2		<i>fluocinonide GEL</i>	2	
CLODERM (<i>clocortolone pivalate</i>)	2		<i>fluocinonide OINT</i>	2	
CORDRAN OINT	2		<i>fluocinonide SOLN</i>	2	
DERMA-SMOOTHIE/FS BODY OIL (<i>fluocinolone acetonide</i>)	2		<i>flurandrenolide CREA</i>	2	
DERMA-SMOOTHIE/FS SCALP OIL (<i>fluocinolone acetonide</i>)	2		<i>flurandrenolide LOTN</i>	2	
<i>desonide CREA</i>	2		<i>fluticasone propionate CREA 0.05 %</i>	1	
<i>desonide GEL</i>	2		<i>fluticasone propionate LOTN</i>	2	
			<i>fluticasone propionate OINT</i>	1	
			<i>halcinonide CREA</i>	2	
			<i>halobetasol propionate CREA</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate</i> FOAM	2		LEXETTE FOAM (<i>halobetasol propionate</i>)	2	
<i>halobetasol propionate</i> OINT	1		LOCOID LIPOCREAM	2	
HALOG CREA (<i>halcinonide</i>)	2		LOCOID LOTN (<i>hydrocortisone butyrate</i>)	2	
HALOG OINT	2		LUXIQ FOAM (<i>betamethasone valerate</i>)	2	
HALOG SOLN	2		<i>mometasone furoate</i> CREA	3	
HYDROCORT LOTION COMPLETEKIT THPK	2		<i>mometasone furoate</i> OINT	1	
<i>hydrocortisone (topical)</i> CREA	1	RX/OTC	<i>mometasone furoate</i> SOLN	1	
<i>hydrocortisone (topical)</i> LOTN 2.5 %	1		OLUX-E (<i>clobetasol propionate emulsion</i>)	2	
<i>hydrocortisone (topical)</i> OINT 1 %, 2.5 %	1	RX/OTC	OLUX FOAM (<i>clobetasol propionate</i>)	2	
<i>hydrocortisone (topical)</i> SOLN 1 %	2		PANDEL	2	
<i>hydrocortisone acetate (topical)</i> CREA 1 %	1		<i>prednicarbate</i> OINT	2	
<i>hydrocortisone acetate (topical)</i> OINT	1		SERNIVO EMUL	2	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	2		SYNALAR CREAM KIT	2	
<i>hydrocortisone butyrate</i> CREA	2		SYNALAR OINTMENT KIT	2	
<i>hydrocortisone butyrate</i> LOTN	2		SYNALAR TS	2	
<i>hydrocortisone butyrate</i> OINT	2		SYNALAR CREA (<i>fluocinolone acetonide</i>)	2	
<i>hydrocortisone butyrate</i> SOLN	2		SYNALAR OINT (<i>fluocinolone acetonide</i>)	2	
<i>hydrocortisone valerate</i> CREA	2		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	2	
<i>hydrocortisone valerate</i> OINT	2		TEXACORT SOLN 2.5 %	2	
HYDROCORTISONE CREA	1		TOPICORT CREA (<i>desoximetasone</i>)	2	
IMPEKLO LOTN	2		TOPICORT GEL (<i>desoximetasone</i>)	2	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	2		TOPICORT LIQD (<i>desoximetasone</i>)	2	
			TOPICORT OINT (<i>desoximetasone</i>)	2	
			TOVET KIT	2	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) AERS</i>	2	
<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	2	
<i>triamcinolone acetonide (topical) OINT</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone</i>	2	
TRIDESILON CREA 0.05 % (<i>desonide</i>)	2	
ULTRAVATE LOTN	2	
VANICREAM HC MAXIMUM STRENGTH CREA	2	
VANOS CREA (<i>fluocinonide</i>)	2	
Eczema Agents		
ADBRY SOAJ	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); SP; PA
ADBRY SOSY	1	QL(4 ml per 28 day(s) retail); SP; PA
CIBINQO	2	AL(At least 12 yrs old); SP
DUPIXENT SOAJ SC 200 MG/1.14ML, 300 MG/2ML	1	AL(At least 2 yrs old); SP; PA
DUPIXENT SOSY	1	SP; PA
OPZELURA	2	QL(240 gm per 30 day(s) retail); AL(At least 12 yrs old); SP
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	3	RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	3	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Hair Growth Agents		
LITFULO	3	QL(1 ea daily); AL(At least 12 yrs old); SP; PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	3	
Immunosuppressive Agents - Topical		
ELIDEL (<i>pimecrolimus</i>)	1	QL(30 gm per 30 day(s) retail); AL(At least 2 yrs old); PA
HYFTOR	3	AL(At least 6 yrs old); PA
<i>pimecrolimus</i>	1	QL(30 gm per 30 day(s) retail); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	2	QL(30 gm per 30 day(s) retail); AL(At least 16 yrs old)
<i>tacrolimus (topical) OINT 0.03 %</i>	2	QL(30 gm per 30 day(s) retail); AL(At least 2 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	3	
Local Anesthetics - Topical		
<i>lidocaine hcl CREA 3 %</i>	3	QL(85 gm per 30 day(s) retail)
<i>lidocaine hcl GEL 2 %</i>	3	
<i>lidocaine hcl PRSY</i>	3	
<i>lidocaine OINT</i>	3	QL(100 gm per 30 day(s) retail)
<i>lidocaine-prilocaine CREA</i>	3	QL(1 gm daily)
<i>lidocaine PTCH 4 %</i>	3	QL(30 ea per 30 day(s) retail)
<i>lidocaine PTCH 5 %</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIDOCARE ARM/NECK/LEG PTCH (<i>lidocaine</i>)	3	QL(30 ea per 30 day(s) retail)	<i>malathion</i>	3	QL(1.97 ml daily); AL(At least 2 yrs old)
LIDOCARE BACK/SHOULDER PTCH (<i>lidocaine</i>)	3	QL(30 ea per 30 day(s) retail)	NATROBA (<i>spinosad</i>)	3	QL(240 ml per 180 day(s) retail; 240 ml per 180 days mail)
LIDODERM PTCH (<i>lidocaine</i>)	3	PA	NIX CREME RINSE LIQD EX (<i>permethrin</i>)	3	QL(59 ml per 30 day(s) retail)
LIDOZO	3	QL(1 ea daily)	OVIDE (<i>malathion</i>)	3	QL(1.97 ml daily); AL(At least 2 yrs old)
Misc. Topical			<i>permethrin CREA</i>	3	QL(2 gm daily)
BASIS FACIAL MOISTURIZER CREA	4		<i>permethrin LIQD EX</i>	3	QL(59 ml per 30 day(s) retail)
BASIS OVERNIGHT CREA	4		<i>pyrethrins-piperonyl butoxide LIQD 4 %-0.33 %</i>	3	QL(236 ml per 30 day(s) retail)
DRYSOL SOLN	4		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %-0.33 %, 4 %-0.33 %</i>	3	QL(236 ml per 30 day(s) retail)
EUCERIN ORIGINAL HEALING CREA (<i>skin protectants, misc.</i>)	NF		RID ESSENTIAL LICE ELIMINATION KIT KIT EX	3	QL(236 ea per 30 day(s) retail)
HYDROCERIN CREA	4		SKLICE (<i>ivermectin (pediculicide)</i>)	2	
SENSI-CARE MOISTURIZING CREA	4		<i>spinosad</i>	3	QL(240 ml per 180 day(s) retail; 240 ml per 180 days mail)
<i>skin protectants, misc. CREA</i>	4		Tar Products		
SORBIDON HYDRATE CREA	4		<i>coal tar extract SHAM 0.5 %</i>	4	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			DHS TAR GEL SHAM (<i>coal tar extract</i>)	NF	
EUCRISA	1	QL(100 gm per 30 day(s) retail); PA	DHS TAR SHAM (<i>coal tar extract</i>)	NF	
ZORYVE	3	AL(At least 6 yrs old); PA	NEUTROGENA T/GEL SHAM 0.5 % (<i>coal tar extract</i>)	NF	
Rosacea Agents			DIAGNOSTIC PRODUCTS		
METROCREAM CREA (<i>metronidazole (topical)</i>)	3		Diagnostic Tests		
<i>metronidazole (topical) CREA</i>	3				
<i>metronidazole (topical) GEL 0.75 %</i>	3				
Scabicides & Pediculicides					
<i>ivermectin (pediculicide)</i>	1				

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH VERIO TEST STRIPS STRP	4	QL(250 ea per 30 day(s) retail); RX/OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
FOLBIC	3	MP
NIVA-FOL	3	MP
WESTAB MAX	3	MP
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, 252600 UNIT-189600 UNIT-60000 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

Drug Name	Drug Tier	Requirements/Limits
<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
<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 day(s) 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 40 MG</i>	3	QL(8 ea daily); MP
<i>furosemide TABS 80 MG, 80 MG</i>	3	QL(4 ea daily); MP
LASIX TABS 20 MG (<i>furosemide</i>)	3	QL(16 ea daily); MP
LASIX TABS 40 MG (<i>furosemide</i>)	3	QL(8 ea daily); MP
LASIX TABS 80 MG (<i>furosemide</i>)	3	QL(4 ea daily); MP
SOANZ TABS 20 MG	3	QL(4 ea daily); MP
<i>torseamide TABS 5 MG, 100 MG</i>	3	QL(2 ea daily); MP
<i>torseamide TABS 10 MG, 20 MG</i>	3	QL(4 ea daily); MP
Potassium Sparing Diuretics		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALDACTONE TABS 25 MG, 100 MG (<i>spironolactone</i>)	3	QL(4 ea daily); MP	BINOSTO TBEF	2	
ALDACTONE TABS 50 MG (<i>spironolactone</i>)	2	QL(4 ea daily); MP	<i>calcitonin (salmon) NA</i>	1	SP
<i>amiloride hcl</i> TABS	3	QL(1 ea daily); MP	FORTEO SOPN (<i>teriparatide</i>)	2	SP
<i>spironolactone</i> TABS 50 MG	1	QL(4 ea daily); MP	FOSAMAX PLUS D	2	4 tablets per 28 days; QL(0.15 ea daily)
<i>spironolactone</i> TABS 25 MG, 100 MG	3	QL(4 ea daily); MP	FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	2	4 tablets per 28 days; QL(0.15 ea daily)
Thiazides and Thiazide-Like Diuretics			<i>ibandronate sodium</i> SOLN	2	SP
<i>chlorthalidone</i> 25 MG, 50 MG	3	QL(4 ea daily); MP	<i>ibandronate sodium</i> TABS	2	Limit: 1 tablet per 28 days; QL(0.04 ea daily); SP
DIURIL SUSP	3	AL(Up to 12 yrs old); MP	<i>risedronate sodium</i> TABS 5 MG, 30 MG, 150 MG	2	
<i>hydrochlorothiazide</i> CAPS	3	MP	<i>risedronate sodium</i> TABS 35 MG	2	Limit: 4 tablets per 28 days; QL(0.143 ea daily)
<i>hydrochlorothiazide</i> TABS	3	MP	<i>risedronate sodium</i> TBEC	2	Limit: 4 tablets per 28 days; QL(0.134 ea daily)
<i>indapamide</i> TABS 1.25 MG, 2.5 MG	3	QL(1 ea daily); MP	<i>teriparatide</i> SOPN	2	SP
<i>metolazone</i>	3	QL(2 ea daily); MP	TYMLOS	2	SP
ENDOCRINE AND METABOLIC AGENTS - MISC.			Corticotropin		
- Drugs to Treat Bone Disease and Regulate Hormones			ACTHAR GEL AUIJ	CO	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 day(s) 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 day(s) retail); AL(At least 18 yrs old); PA
<i>alendronate sodium</i> SOLN	2		Growth Hormones		
<i>alendronate sodium</i> TABS 35 MG, 70 MG	1	4 tablets per 28 days; QL(0.15 ea daily)	GENOTROPIN MINIQUICK PRSY	1	SP; PA
<i>alendronate sodium</i> TABS 5 MG, 10 MG	1				
ATELVIA TBEC (<i>risedronate sodium</i>)	2	Limit: 4 tablets per 28 days; QL(0.134 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN CART SC	1	SP; PA	LAMZEDE	CO	SP
HUMATROPE CART IJ	2	SP	OLPRUVA THPK	CO	SP
NGENLA	2	SP	OPFOLDA	CO	SP
NORDITROPIN FLEXPRO SOPN	1	SP; PA	<i>paricalcitol CAPS</i>	4	SP
NUTROPIN AQ NUSPIN 10 SOPN	2	SP	<i>paricalcitol SOLN</i>	4	
NUTROPIN AQ NUSPIN 20 SOPN	2	SP	PHEBURANE PLLT	CO	SP
NUTROPIN AQ NUSPIN 5 SOPN	2	SP	ROCALTROL CAPS (<i>calcitriol</i>)	3	QL(4 ea daily); MP
OMNITROPE SOCT	2	SP	ROCALTROL SOLN OR (<i>calcitriol</i>)	3	AL(Up to 12 yrs old); MP
OMNITROPE SOLR SC	2	SP	SENSIPAR 30 MG, 60 MG (<i>cinacalcet hcl</i>)	3	QL(2 ea daily); SP; PA
SAIZEN IJ	2	SP	SENSIPAR 90 MG (<i>cinacalcet hcl</i>)	3	QL(4 ea daily); SP; PA
SAIZENPREP RECONSTITUTIONKIT IJ	2	SP	XPHOZAH	2	MP
SEROSTIM SC 4 MG, 5 MG, 6 MG	2	SP	ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NF	SP
SKYTROFA	2	SP	ZEMPLAR SOLN (<i>paricalcitol</i>)	NF	
SOGROYA	2	QL(2 ml per 28 day(s) retail); SP	Mineralocorticoid Receptor Antagonists		
ZOMACTON SOLR SC	2	SP	KERENDIA	3	QL(1 ea daily); AL(At least 18 yrs old); PA
Hormone Receptor Modulators			Natriuretic Peptides		
EVISTA (<i>raloxifene hcl</i>)	2		VOXZOGO	CO	SP
<i>raloxifene hcl</i>	1		Posterior Pituitary Hormones		
Metabolic Modifiers			DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	3	QL(6 ea daily)
<i>calcitriol CAPS</i>	3	QL(4 ea daily); MP	DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	2	QL(6 ea daily)
<i>calcitriol SOLN OR</i>	3	AL(Up to 12 yrs old); MP	<i>desmopressin acetate spray</i>	3	PA
<i>cinacalcet hcl 30 MG, 60 MG</i>	3	QL(2 ea daily); SP; PA	<i>desmopressin acetate spray refrigerated</i>	3	PA
<i>cinacalcet hcl 90 MG</i>	3	QL(4 ea daily); SP; PA	DESMOPRESSIN ACETATE SOLN NA	3	
<i>doxercalciferol CAPS</i>	4	SP	<i>desmopressin acetate TABS 0.1 MG</i>	3	QL(6 ea daily)
<i>doxercalciferol SOLN</i>	4		<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
ELFABRIO	CO	SP			
HECTOROL SOLN (<i>doxercalciferol</i>)	NF				

Drug Name	Drug Tier	Requirements/Limits
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
MYFEMBREE	1	QL(28 ea per 28 day(s) retail); AL(At least 18 yrs old); PA
<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 day(s) 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		

Drug Name	Drug Tier	Requirements/Limits
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	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 0.5 MG, 2 MG (<i>estradiol</i>)	3	AL(Up to 64 yrs old); MP
ESTRACE TABS 1 MG (<i>estradiol</i>)	2	AL(Up to 64 yrs old)
<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 1 MG</i>	1	AL(Up to 64 yrs old)
<i>estradiol TABS 0.5 MG, 2 MG</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
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	

Drug Name	Drug Tier	Requirements/Limits
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 750 MG</i>	1	QL(28 ea per fill retail)
<i>levofloxacin TABS 250 MG, 500 MG</i>	1	QL(14 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	
MYLICON INFANTS GAS RELIEF SUSP (<i>simethicone</i>)	3	
<i>simethicone CHEW</i>	3	
<i>simethicone LIQD OR 20 MG/0.3ML</i>	3	
<i>simethicone SUSP</i>	3	
Gallstone Solubilizing Agents		
RELTONE CAPS	2	MP
URSO 250 TABS (<i>ursodiol</i>)	2	MP
URSO FORTE TABS (<i>ursodiol</i>)	2	MP
<i>ursodiol CAPS</i>	1	MP
URSODIOL CAPS	2	MP

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol TABS</i>	1	MP
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis)</i>	3	
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>)	3	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	2	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	3	
<i>metoclopramide hcl TABS 10 MG</i>	1	
<i>metoclopramide hcl TABS 5 MG</i>	3	
REGLAN TABS 10 MG (<i>metoclopramide hcl</i>)	2	
REGLAN TABS 5 MG (<i>metoclopramide hcl</i>)	3	
Ileal Bile Acid Transporter (IBAT) Inhibitors		
LIVMARLI	CO	SP
Inflammatory Bowel Agents		
APRISO CP24 (<i>mesalamine</i>)	1	
ASACOL HD TBEC (<i>mesalamine</i>)	2	
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	2	
AZULFIDINE TABS (<i>sulfasalazine</i>)	2	
<i>balsalazide disodium CAPS</i>	2	
CIMZIA STARTER KIT PSKT	2	SP
CIMZIA KIT	2	SP
CIMZIA PSKT	2	SP

Drug Name	Drug Tier	Requirements/Limits
COLAZAL CAPS (balsalazide disodium)	2	
DELZICOL CPDR (mesalamine)	2	
DIPENTUM	2	
ENTYVIO PEN SOAJ SC 108 MG/0.68ML	2	SP
ENTYVIO SOLR	2	SP
LIALDA TBEC (mesalamine)	2	
mesalamine CP24	2	
mesalamine CPCR	2	
mesalamine CPDR	2	
mesalamine ENEM	3	
mesalamine TBEC 1.2 GM	1	
mesalamine TBEC 800 MG	2	
OMVOH SOAJ	2	AL(At least 18 yrs old); SP
PENTASA CPCR (mesalamine)	2	
PENTASA CPCR	2	
SFROWASA ENEM	3	
SKYRIZI SOCT 180 MG/1.2ML	2	SP
SKYRIZI SOCT 360 MG/2.4ML	2	SP; PA
STELARA 130 MG/26ML	2	SP
sulfasalazine TABS	1	
sulfasalazine TBEC	1	
VELSIPITY	2	AL(At least 18 yrs old); SP
Intestinal Acidifiers		
lactulose (encephalopathy)	CO	
lactulose (encephalopathy)	3	
Irritable Bowel Syndrome (IBS) Agents		
alosecron hcl	2	

Drug Name	Drug Tier	Requirements/Limits
IBSRELA	2	QL(2 ea daily); AL(At least 18 yrs old)
LINZESS	1	
LOTRONEX (alosecron hcl)	2	
VIBERZI	2	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	
RELISTOR SOLN	2	
RELISTOR TABS	2	
SYMPROIC	2	
Phosphate Binder Agents		
AURYXIA	2	MP
calcium acetate (phosphate binder) CAPS	1	MP; PA
calcium acetate (phosphate binder) TABS	1	MP; PA; RX/OTC
FOSRENOL CHEW (lanthanum carbonate)	2	MP
FOSRENOL PACK	2	MP
lanthanum carbonate CHEW	2	MP
RENAGEL (sevelamer hcl)	2	MP
RENVELA PACK (sevelamer carbonate)	2	MP
RENVELA TABS (sevelamer carbonate)	2	MP; PA
sevelamer carbonate PACK	2	MP
sevelamer carbonate TABS	1	MP; PA
sevelamer hcl	2	MP
VELPHORO	2	MP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		

Drug Name	Drug Tier	Requirements/Limits
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	
Hyperoxaluria Agents		
RIVFLOZA SOLN	CO	SP
RIVFLOZA SOSY	CO	SP
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>)	1	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 200 MG</i>	1	
<i>phenazopyridine hcl TABS 100 MG, 100 MG</i>	3	
PYRIDIUM TABS 200 MG (<i>phenazopyridine hcl</i>)	2	
PYRIDIUM TABS 100 MG (<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	
<i>colchicine CAPS</i>	2	
<i>colchicine TABS</i>	1	
COLCRYS TABS (<i>colchicine</i>)	2	
<i>febuxostat</i>	2	
GLOPERBA SOLN OR	2	
MITIGARE CAPS (<i>colchicine</i>)	2	
ULORIC (<i>febuxostat</i>)	2	
ZYLOPRIM 100 MG (<i>allopurinol</i>)	2	
ZYLOPRIM 300 MG (<i>allopurinol</i>)	1	
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to		

Drug Name	Drug Tier	Requirements/Limits
Treat Blood Disorders		
Antihemophilic Products		
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	CO	SP
HEMLIBRA	CO	SP
NUWIQ KIT	CO	SP
NUWIQ SOLR	CO	SP
REBINYN	CO	SP
Complement Inhibitors		
EMPAVELI	CO	SP
ENJAYMO	CO	SP
FABHALTA	CO	SP
SOLIRIS	CO	SP
TAVNEOS	CO	SP
ULTOMIRIS	CO	SP
VEOPOZ	CO	SP
ZILBRYSQ	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

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate 300 MG</i>	1	QL(2 ea per 30 day(s) 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
<i>prasugrel hcl</i>	1	AL(Up to 75 yrs old); MP
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPB	CO	SP
PYRUKYND TABS	CO	SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
DROXIA CAPS	3	MP
ENDARI (<i>glutamine sickle cell</i>)	2	QL(180 ea per 30 day(s) retail; 180 ea per 30 days mail); AL(At least 5 yrs old); PA
<i>glutamine (sickle cell)</i>	1	QL(180 ea per 30 day(s) retail; 180 ea per 30 days mail); AL(At least 5 yrs old); PA
LYFGENIA	CO	SP
OXBRYTA TABS 300 MG	3	QL(3 ea daily); AL(At least 4 yrs old); SP; PA
OXBRYTA TABS 500 MG	3	QL(3 ea daily); AL(At least 12 yrs old); SP; PA
OXBRYTA TBSO	3	QL(3 ea daily); AL(At least 4 yrs old); SP; PA
SIKLOS TABS	3	AL(At least 2 yrs old - Up to 14 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	3	MP
Folic Acid/Folates		
<i>folic acid TABS 1 MG, 800 MCG</i>	3	MP
<i>folic acid TABS 400 MCG</i>	3	QL(1 ea daily); MP
Hematopoietic Gene Therapy		
ZYNTEGLO	CO	SP
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
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 day(s) retail); SP
FYLNETRA	2	QL(0.6 ml per 14 day(s) retail); SP
GRANIX SOLN	2	SP
GRANIX SOSY	2	SP
JESDUVROQ	2	AL(At least 18 yrs old); SP
LEUKINE SOLR IJ	2	SP
NEULASTA ONPRO KIT PSKT	2	QL(0.6 ml per 14 day(s) retail); SP
NEULASTA SOSY	2	QL(0.6 ml per 14 day(s) retail); SP
NEUPOGEN SOLN	1	SP
NEUPOGEN SOSY	1	SP
NIVESTYM SOLN	2	SP

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM SOSY	2	SP
NYVEPRIA	1	QL(0.6 ml per 14 day(s) retail); SP
PROCRIT	2	SP
PROCRIT	2	SP
RELEUKO SOLN	2	SP
RELEUKO SOSY	2	SP
RETACRIT	1	SP; PA
STIMUFEND	2	QL(0.6 ml per 14 day(s) retail); SP
UDENYCA ONBODY SOSY	2	QL(0.6 ml per 14 day(s) retail; 1 ml per 14 days mail); SP
UDENYCA SOAJ	2	QL(0.6 ml per 14 day(s) retail); SP
UDENYCA SOSY	2	QL(0.6 ml per 14 day(s) retail); SP
ZARXIO	2	QL(45 ml per 30 day(s) retail); SP
ZIEXTENZO	2	QL(0.6 ml per 14 day(s) 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	3	MP
<i>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</i>	3	MP
FOLITAB 500	4	MP

Drug Name	Drug Tier	Requirements/Limits
FOLTABS 800 TABS	3	MP
HEMATRON-AF	4	MP
HEMATRON-AF (<i>iron-docusate-b12-folic acid-vit c-vit e-copper-biotin</i>)	NF	MP; RX/OTC
HEMAX	4	MP
ICAR-C (<i>iron-vitamin c</i>)	NF	MP
ICAR-C PLUS TABS (<i>iron-vitamin c-vitamin b12-folic acid</i>)	3	AL(Up to 12 yrs old); MP; RX/OTC
<i>iron polysaccharide complex-vit b12-folic acid CAPS</i>	4	MP; RX/OTC
<i>iron-docusate-b12-folic acid-vit c-vit e-copper-biotin</i>	4	MP; RX/OTC
<i>iron-vitamin c</i>	4	MP
<i>iron-vitamin c-vitamin b12-folic acid TABS</i>	3	AL(Up to 12 yrs old); MP; RX/OTC
MULTIGEN	4	MP
Iron		
FEOSOL TABS (<i>ferrous sulfate dried</i>)	3	MP
FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	3	AL(Up to 12 yrs old); MP
<i>ferrous gluconate TABS 27 MG, 240 MG, 324 MG</i>	3	MP
FERROUS GLUCONATE TABS 324 MG	3	MP
<i>ferrous sulfate dried TABS 200 MG</i>	3	MP
<i>ferrous sulfate dried TBCR 45 MG</i>	3	MP
<i>ferrous sulfate SOLN</i>	3	AL(Up to 12 yrs old); MP
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	3	MP
<i>ferrous sulfate TBEC</i>	3	MP
FERROUS SULFATE TBEC (<i>ferrous sulfate</i>)	3	MP

HYPNOTICS/SEDATIVES/SLEEP DISORDER

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

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	3	
<i>sennosides-docusate sodium TABS</i>	3	
SENOKOT S TABS (<i>sennosides-docusate sodium</i>)	3	
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1	1 package(s) per 30 day(s) retail
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	2	1 package(s) per 30 day(s) retail
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	3	
MIRALAX POWD (<i>polyethylene glycol 3350</i>)	3	
<i>polyethylene glycol 3350 POWD</i>	3	
Lubricant Laxatives		
FLEET OIL ENEM (<i>mineral oil</i>)	3	
<i>mineral oil ENEM</i>	3	
Saline Laxatives		
FLEET ENEMA ENEM (<i>sodium phosphates</i>)	3	
FLEET PEDIATRIC ENEM (<i>sodium phosphates</i>)	3	
FLEET SALINE ENEMA EXTRAVOLUME ENEM (<i>sodium phosphates</i>)	3	
<i>magnesium citrate</i>	3	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	3	
<i>magnesium oxide (laxative)</i>	3	MP
PHILLIPS (<i>magnesium oxide (laxative)</i>)	3	MP

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phosphates ENEM</i>	3	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	3	
<i>bisacodyl TBEC</i>	3	
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	3	
DULCOLAX SUPP (<i>bisacodyl</i>)	3	
DULCOLAX TBEC (<i>bisacodyl</i>)	3	
<i>sennosides CAPS</i>	3	
<i>sennosides LIQD</i>	3	
<i>sennosides SYRP 8.8 MG/5ML</i>	3	
<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG</i>	3	
SENOKOT TABS (<i>sennosides</i>)	3	
Surfactant Laxatives		
<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 50 MG/5ML, 100 MG/10ML</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	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea per fill retail)
<i>azithromycin TABS 250 MG</i>	1	
<i>azithromycin TABS 600 MG</i>	1	QL(12 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 250 MG (<i>azithromycin</i>)	2	
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	2	QL(3 ea per fill retail)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	
<i>clarithromycin TABS</i>	1	QL(28 ea per fill retail)
<i>clarithromycin TB24</i>	2	
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 400 MG/5ML</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate SUSR 200 MG/5ML</i>	1	
<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 day(s) retail)
CAYA DPRH	3	
CONDOMS	3	QL(36 ea per 30 day(s) retail)
DUREX EXTRA SENSITIVE THIN DEVI	3	QL(36 ea per 30 day(s) retail)
DUREX EXTRA SENSITIVE THIN MISC	3	QL(36 ea per 30 day(s) retail)
DUREX REALFEEL NON-LATEX	3	QL(36 ea per 30 day(s) retail)
DUREX TROPICAL MISC	3	QL(36 ea per 30 day(s) retail)
FANTASY LUBRICATED/SPERMICI DE MISC	3	QL(36 ea per 30 day(s) retail)
FANTASY LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)
FC2 FEMALE CONDOM	3	QL(36 ea per 30 day(s) retail)
FEMCAP DEVI	3	
KAMELEON LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)
KIMONO COLORS DEVI	3	QL(36 ea per 30 day(s) retail)
KIMONO LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KIMONO MAXX/LARGE FLARE MISC	3	QL(36 ea per 30 day(s) retail)	TROJAN ULTRA THIN LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)	TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	3	QL(36 ea per 30 day(s) retail)
KIMONO MICRO THIN MISC	3	QL(36 ea per 30 day(s) retail)	TROJAN-ENZ LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)	TROJAN-ENZ W/SPERMICIDAL MISC	3	QL(36 ea per 30 day(s) retail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)	TRUE COVER DEVI	3	QL(36 ea per 30 day(s) retail)
KIMONO PS LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)	TRUSTEX COLOR CONDOMS + LUBE MISC	3	QL(36 ea per 30 day(s) retail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)	TRUSTEX LUBRICATED EXTRALARGE MISC	3	QL(36 ea per 30 day(s) retail)
KIMONO SENSATION LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	3	QL(36 ea per 30 day(s) retail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)	TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	3	QL(36 ea per 30 day(s) retail)
KIMONO SPECIAL DEVI	3	QL(36 ea per 30 day(s) retail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	3	QL(36 ea per 30 day(s) retail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	3	QL(36 ea per 30 day(s) retail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	3	QL(36 ea per 30 day(s) retail)
K-Y ME & YOU INTENSE DEVI	3	QL(36 ea per 30 day(s) retail)	TRUSTEX LUBRICATED/SPERMICIDE MISC	3	QL(36 ea per 30 day(s) retail)
MAXX LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)	TRUSTEX LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)
MAXX PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)
REALITY LATEX CONDOMS/LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)	TRUSTEX NON-LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)
REALITY LATEX/ULTRA TEXTURED DEVI	3	QL(36 ea per 30 day(s) retail)	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	3	QL(36 ea per 30 day(s) retail)
REALITY LATEX/ULTRA THIN DEVI	3	QL(36 ea per 30 day(s) retail)			
TROJAN MAGNUM MISC	3	QL(36 ea per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	3	QL(36 ea per 30 day(s) retail)	ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	4	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	3	QL(36 ea per 30 day(s) retail)	ACCU-CHEK SAFE-T-PRO LANCETS	4	RX/OTC
TRUSTEX/RIA LUBRICATED MISC	3	QL(36 ea per 30 day(s) retail)	ACCU-CHEK SAFE-T-PRO PLUSLANCETS	4	RX/OTC
TRUSTEX/RIA NON-LUBRICATED MISC	3	QL(36 ea per 30 day(s) 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 II CONTROL LEVEL 1 LIQD	3	
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN	3		ASSURE LANCE LANCETS	4	RX/OTC
ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW SOLN	4	QL(1 ea per 30 day(s) retail)	ASSURE LANCE LANCETS 21G	4	RX/OTC
ADVOCATE SAFETY LANCETS	4	RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 25G	4	RX/OTC
ADVOCATE SAFETY LANCETS 26G	4	RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 30G	4	RX/OTC
AGAMATRIX CONTROL HIGH SOLN	3		ASSURE LANCE SAFETY LANCET 28G	4	RX/OTC
AGAMATRIX CONTROL NORMAL& HIGH SOLN	3		ASSURE PRISM CONTROL LEVEL 1/2 SOLN	3	
AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	3		ASSURE PRO CONTROL LEVEL1/2 LIQD	3	
AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	3		AURORA LANCET SUPER THIN30G	4	RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	4	RX/OTC	AURORA LANCET THIN 23G	4	RX/OTC
AIMSCO TWIST LANCETS 32G	4	RX/OTC	AUTO-LANCET MINI MISC	4	
AIMSCO TWIST LANCETS 33G	4	RX/OTC	AUTO-LANCET MISC	4	
AMBI-TRAY MISC	4	RX/OTC	AUTOLET II CLINISAFE KIT	4	
AQUALANCE LANCETS ULTRA THIN 30G	4	RX/OTC	AUTOLET IMPRESSION LANCING DEVICE MISC	4	
ASSURE 3 CONTROL LEVEL 1/2 LIQD	3		AUTOLET LANCING DEVICE MISC	4	
ASSURE 4 CONTROL LEVEL 1/2 LIQD	3		AUTOLET LITE CLINISAFE KIT	4	
ASSURE COMFORT LANCETS ULTRA THIN 28G	4	RX/OTC	AUTOLET LITE STARTER PACK KIT	4	
ASSURE DOSE NORMAL/HIGH CONTROL SOLN	3		AUTOLET MINI MISC	4	
ASSURE II CONTROL LEVEL 1/2 LIQD	3		AUTOLET PLATFORMS MISC	4	
			AUTOLET PLUS MISC	4	
			BD MICROTAINER LANCETS	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BIGFOOT UNITY PEN CAP FOR ADMELOG MISC	4	RX/OTC	CARESENS CONTROL A SOLUTION SOLN	3	
BIGFOOT UNITY PEN CAP FOR APIDRA MISC	4	RX/OTC	CARESENS CONTROL SOLUTION A/B SOLN	3	
BIGFOOT UNITY PEN CAP FOR ASPART MISC	4	RX/OTC	CARESENS LANCETS	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC	4	RX/OTC	CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	3	
BIGFOOT UNITY PEN CAP FOR FIASP MISC	4	RX/OTC	CARETOUCH LANCING DEVICEWITH EJECTOR MISC	4	
BIGFOOT UNITY PEN CAP FOR HUMALOG MISC	4	RX/OTC	CARETOUCH SAFETY LANCETS/26G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR LANTUS MISC	4	RX/OTC	CARETOUCH SAFETY LANCETS/28G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR LISPRO MISC	4	RX/OTC	CARETOUCH SAFETY LANCETS/30G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC	4	RX/OTC	CARETOUCH TWIST LANCETS 28G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR NOVLOG MISC	4	RX/OTC	CARETOUCH TWIST LANCETS 30G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC	4	RX/OTC	CARETOUCH TWIST LANCETS 33G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR TOUJEO MISC	4	RX/OTC	CARETOUCH TWIST LANCETS MULTI COLOR/30G	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR TRESIBA MISC	4	RX/OTC	CHOSEN LANCETS 30G	4	RX/OTC
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD	3		CHOSEN LANCING DEVICE MISC	4	
CARDIOCOM LANCING DEVICE MISC	4		CHOSEN SAFETY LANCETS 28G	4	RX/OTC
CAREONE ADVANCED LANCINGDEVICE MISC	4		CLEANLET LANCETS 28G	4	RX/OTC
CAREONE LANCET SUPER THIN/30G	4	RX/OTC	CLEVER CHEK LANCETS ULTRATHIN	4	RX/OTC
CAREONE LANCET THIN	4	RX/OTC	CLEVER CHEK LANCETS ULTRATHIN 30G	4	RX/OTC
			CLEVER CHOICE COMFORT EZLANCETS 21G	4	RX/OTC
			CLEVER CHOICE COMFORT EZLANCETS 23G	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	DEXCOM G6 RECEIVER	4	PA
COMFORT ASSURED LANCETS SUPER THIN 28G	4	RX/OTC	DEXCOM G6 SENSOR	4	PA
COMFORT LANCETS	4	RX/OTC	DEXCOM G6 TRANSMITTER	4	PA
COMFORT TOUCH LANCETS ULTRA THIN 31G	4	RX/OTC	DEXCOM G7 RECEIVER	4	PA
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	4	RX/OTC	DEXCOM G7 SENSOR	4	PA
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	4	RX/OTC	DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD	3	
COMFORT TOUCH TWIST LANCETS 30G	4	RX/OTC	DIATHRIVE LANCETS	4	RX/OTC
CONTOUR HIGH CONTROL LIQD	3		DIATHRIVE LANCETS ULTRA THIN 30G	4	RX/OTC
COOL CONTROL SOLUTION A SOLN	3		DIATHRIVE LANCING DEVICE MISC	4	
COOL CONTROL SOLUTION B SOLN	3		DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	3	
CVS LANCETS 21G	4	RX/OTC	DROPLET GENTEEL LANCING DEVICE MISC	4	
CVS LANCETS MICRO THIN 33G	4	RX/OTC	DROPLET LANCETS ULTRA THIN 30G	4	RX/OTC
CVS LANCETS MICRO-THIN 33G	4	RX/OTC	DROPLET LANCING DEVICE MISC	4	
CVS LANCETS ORIGINAL	4	RX/OTC	DROPLET PERSONAL LANCETS 30G	4	RX/OTC
CVS LANCETS THIN 26G	4	RX/OTC	DRUG MART ADJUSTABLE LANCING DEVICE MISC	4	
CVS LANCETS ULTRA THIN 30G	4	RX/OTC	DRUG MART LANCETS THIN	4	RX/OTC
			DRUG MART ON-THE-GO LANCETS GENTLE 30G	4	RX/OTC
			DRUG MART UNILET LANCETSSUPER THIN 30G	4	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	4	RX/OTC	EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	3	
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	4	RX/OTC	ENLITE GLUCOSE SENSOR	4	PA
EASY TRAK GLUCOSE CONTROL SOLUTION HIGH SOLN	3		EQL COLOR LANCETS 21G	4	RX/OTC
EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD	3		EQL COLOR LANCETS MICRO THIN 33G	4	RX/OTC
EASYMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION SOLN	3		EQL SUPER THIN LANCETS 30G	4	RX/OTC
EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD	3		EQL THIN LANCETS 26G	4	RX/OTC
ELEMENT COMPACT CONTROL SOLUTION LEVEL 2 SOLN	3		EVERSENSE 365 SENSOR/HOLDER	4	PA
ELEMENT COMPACT CONTROL SOLUTION LEVEL 3 SOLN	3		EVERSENSE 365 SMART TRANSMITTER	4	PA
ELEMENT HIGH CONTROL LIQD	3		EVERSENSE E3 SENSOR/HOLDER	4	PA
EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	3		EVERSENSE E3 SMART TRANSMITTER	4	PA
EMBRACE LANCETS ULTRA THIN 30G	4	RX/OTC	EVERSENSE SENSOR/HOLDER	4	PA
EMBRACE LANCING DEVICE WITH EJECTOR MISC	4		EVERSENSE SMART TRANSMITTER	4	PA
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	4	RX/OTC	E-Z JECT LANCETS	4	RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	4	RX/OTC	E-Z JECT LANCETS 21G	4	RX/OTC
EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD	3		E-Z JECT LANCETS COLOR	4	RX/OTC
			E-Z JECT LANCETS SUPER THIN 30G	4	RX/OTC
			E-Z JECT LANCETS THIN 26G	4	RX/OTC
			E-ZJECT LANCETS MICRO-THIN 33G	4	RX/OTC
			EZ-LETS LANCETS 21G	4	RX/OTC
			EZ-LETS LANCETS 26G SUPER-SOFT	4	RX/OTC
			EZ-LETS LANCETS 28G ULTRA-SOFT	4	RX/OTC
			EZ-LETS LANCETS 30G	4	RX/OTC
			FIFTY50 SAFETY SEAL LANCETS 30G	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FIFTY50 SAFETY SEAL LANCETS 32G	4	RX/OTC	FREESTYLE LIBRE 2 PLUS/SENOSR/FLASH GLUCOSE MONITOR SYSTEM	4	PA
FIFTY50 UNILET LANCETS 33G	4	RX/OTC	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	4	PA
FINE 30	4	RX/OTC	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	4	PA
FINGERSTIX LANCETS	4	RX/OTC	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	4	PA
FORA CONTROL SOLUTION HIGH SOLN	3		FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	4	PA
FORA LANCETS	4	RX/OTC	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	4	PA
FORA LANCING DEVICE/CLEARCAP MISC	4		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	4	PA
FORA LANCING DEVICE MISC	4		FREESTYLE UNISTICK II LANCETS	4	RX/OTC
FORACARE GDH CONTROL SOLUTION HIGH SOLN	3		GENTEEL BUTTERFLY TOUCH LANCETS	4	RX/OTC
FORTISCARE CONTROL SOLUTIONS HIGH SOLN	3		GENTEEL CONTACT TIPS/BLUE MISC	4	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	4		GENTEEL CONTACT TIPS/CLEAR MISC	4	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	4	RX/OTC	GENTEEL CONTACT TIPS/GREEN MISC	4	
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	4	RX/OTC	GENTEEL CONTACT TIPS/ORANGE MISC	4	
FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	3		GENTEEL CONTACT TIPS/RAINBOW MISC	4	
FREESTYLE CONTROL SOLUTION LIQD	3		GENTEEL CONTACT TIPS/VIOLET MISC	4	
FREESTYLE LANCETS	4	RX/OTC	GENTEEL CONTACT TIPS/YELLOW MISC	4	
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	4	PA			
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	4	PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	4		GLOBAL INJECT EASE LANCETS 28G	4	RX/OTC
GENTEEL NOZZLES MISC	4		GLOBAL INJECT EASE LANCETS 30G	4	RX/OTC
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	4		GLOBAL LANCING DEVICE MISC	4	
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	4		GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD	3	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	4		GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN	3	
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	4		GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN	3	
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	4		GLUCOCARD HIGH CONTROL LIQD	3	
GENTLE-LET GP LANCETS	4	RX/OTC	GLUCOCARD LANCETS 28G	4	RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	4	RX/OTC	GLUCOCARD LANCETS 30G	4	RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	4	RX/OTC	GLUCOCARD LANCETS 33G	4	RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	4	RX/OTC	GLUCOSE CONTROL SOLUTION SOLN	3	
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	4	RX/OTC	GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD	3	
GENTLE-LET PLATFORMS 2.4MM MISC	4		GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN	3	
GENTLE-LET PLATFORMS 3.0MM MISC	4		GNP LANCETS 21G	4	RX/OTC
			GNP LANCETS THIN 26G	4	RX/OTC
			GNP LANCING SYSTEM DEVICE MISC	4	
			GNP STERILE LANCETS 28G	4	RX/OTC
			GNP STERILE LANCETS 30G	4	RX/OTC
			GNP STERILE LANCETS 33G	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GOJJI LANCING DEVICE/CLEAR CAP MISC	4		GUARDIAN SENSOR 3	4	PA
GOJJI STERILE LANCETS 30G	4	RX/OTC	HAEMOLANCE	4	RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	4	RX/OTC	HAEMOLANCE LOW FLOW LANCETS	4	RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G	4	RX/OTC	HAEMOLANCE PLUS	4	RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	4	RX/OTC	HAEMOLANCE PLUS HIGH FLOW	4	RX/OTC
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	4	RX/OTC	HAEMOLANCE PLUS LOW FLOW	4	RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G	4	RX/OTC	HAEMOLANCE PLUS MAX FLOW	4	RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	4	RX/OTC	HAEMOLANCE PLUS PEDIATRIC FLOW	4	RX/OTC
GOODSENSE LANCING DEVICE MISC	4		HEALTH CARE LANCING DEVICE MISC	4	
GUARDIAN 4 GLUCOSE SENSOR	4	PA	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	4	
GUARDIAN 4 TRANSMITTER KIT	4	PA	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	4	RX/OTC
GUARDIAN CONNECT TRANSMITTER	4	PA	H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	4	
GUARDIAN CONNECT TRANSMITTER KIT	4	PA	H-E-B INCONTROL LANCETS MICRO THIN 33G	4	RX/OTC
GUARDIAN LINK 3 TRANSMITTER KIT	4	PA	H-E-B INCONTROL LANCETS SUPER THIN 30G	4	RX/OTC
GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	4	PA; RX/OTC	H-E-B INCONTROL LANCETS ULTRA THIN 28G	4	RX/OTC
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	4	PA	HYPOLANCE AST LANCING KIT KIT	4	
GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	4	PA; RX/OTC	HY-VEE LANCETS	4	RX/OTC
GUARDIAN SENSOR (3)	4	PA	HY-VEE THIN LANCETS	4	RX/OTC
			IHEALTH CONTROL SOLUTION LIQD	3	
			IHEALTH LANCING DEVICE MISC	4	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IN TOUCH GLUCOSE CONTROL SOLUTION SOLN	3		LANCETS 30G	4	RX/OTC
IN TOUCH LANCING DEVICE MISC	4		LANCETS 30G TWIST TOP	4	RX/OTC
IN TOUCH STERILE LANCETS 30G	4	RX/OTC	LANCETS 30G/TWIST TOP	4	RX/OTC
INFINITY CONTROL SOLUTION HIGH SOLN	3		LANCETS 33G EXTRA FINE	4	RX/OTC
INSUL-CAP MISC	4	RX/OTC	LANCETS 33G UNIVERSAL DESIGN	4	RX/OTC
INSUL-EZE MISC	4	RX/OTC	LANCETS MICRO THIN 33G	4	RX/OTC
KINNEY LANCETS	4	RX/OTC	LANCETS SUPER THIN 28G	4	RX/OTC
KINNEY THIN LANCETS	4	RX/OTC	LANCETS THIN	4	RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	4		LANCETS ULTRA THIN	4	RX/OTC
KROGER HEALTHPRO GLUCOSE CONTROL SOLUTION/HIGH/LOW LIQD	3		LANCETS ULTRA THIN 30G	4	RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	4	RX/OTC	LANCING DEVICE MISC	4	
KROGER LANCETS	4	RX/OTC	LANZO MISC	4	
KROGER LANCETS 21G	4	RX/OTC	LEADER ADVANCED LANCING DEVICE MISC	4	
KROGER LANCETS MICRO THIN 33G	4	RX/OTC	LIBERTY CONTROL SOLUTION HIGH SOLN	3	
KROGER LANCETS SUPER THIN	4	RX/OTC	LIBERTY GLUCOSE CONTROL MID SOLN	3	
KROGER LANCETS THIN	4	RX/OTC	LIBERTY MEDICAL LANCETS 30G	4	RX/OTC
KROGER LANCETS THIN 26G	4	RX/OTC	LIBERTY MINI LANCING DEVICE MISC	4	
KROGER LANCETS ULTRATHIN 30G	4	RX/OTC	LITE TOUCH LANCETS	4	RX/OTC
KROGER LANCING DEVICE MISC	4		LITE TOUCH LANCING PEN MISC	4	
LANCET DEVICE ADJUSTABLE MISC	4		LITETOUCH LANCETS MICRO THIN 33G	4	RX/OTC
LANCET DEVICE WITH EJECTOR MISC	4		LIVE BETTER ADVANCED LANCING DEVICE MISC	4	
LANCET TRANSPORTER CASE MISC	4		LIVE BETTER LANCET SUPER THIN 30G	4	RX/OTC
LANCETS	4	RX/OTC	LIVE BETTER LANCET ULTRATHIN 28G	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LONGS LANCETS STANDARD	4	RX/OTC	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	4	RX/OTC
LONGS LANCETS THIN	4	RX/OTC	MEDLANCE PLUS UNIVERSAL LANCETS 21G	4	RX/OTC
LONGS LANCETS ULTRA THIN	4	RX/OTC	MEDLANCE PLUS/LITE 25G	4	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	4	RX/OTC	MEDLANCE/EXTRA	4	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	4	RX/OTC	MEDLANCE/LITE	4	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	4	RX/OTC	MEDLANCE/UNIVERSAL	4	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	4	RX/OTC	MEIJER COLOR LANCETS UNIVERSAL 33G	4	RX/OTC
MEDICHOICE SAFETY LANCETEXTRA	4	RX/OTC	MEIJER LANCETS	4	RX/OTC
MEDICHOICE SAFETY LANCETNORMAL	4	RX/OTC	MEIJER LANCETS THIN	4	RX/OTC
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-NORMAL LIQD	3		MEIJER LANCETS UNIVERSAL21G	4	RX/OTC
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	3		MEIJER LANCETS UNIVERSAL30G	4	RX/OTC
MEDLANCE PLUS EXTRA LANCETS 21G	4	RX/OTC	MEIJER LANCETS UNIVERSAL33G	4	RX/OTC
MEDLANCE PLUS LANCETS	4	RX/OTC	MEIJER SUPER THIN LANCETS	4	RX/OTC
MEDLANCE PLUS LANCETS LITE 25G	4	RX/OTC	MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	3	
MEDLANCE PLUS LITE LANCETS 25G	4	RX/OTC	MICROLET LANCETS	4	RX/OTC
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	4	RX/OTC	MICROLET NEXT MISC	4	
MEDLANCE PLUS SUPERLITE 30G	4	RX/OTC	MINI LANCING DEVICE MISC	4	
			MINILINK REAL-TIME TRANSMITTER	4	PA
			MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	4	PA
			MM LANCING DEVICE MISC	4	
			MM TWIST LANCETS	4	RX/OTC
			MONOLET LANCETS	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOLET OPD LANCETS	4	RX/OTC	OMNIPOD 5 LIBRE2 PLUS G6 KIT	4	PA
MONOLETTOR SAFETY LANCETS	4	RX/OTC	OMNIPOD 5 LIBRE2 PLUS G6PODS MISC	4	PA
MPD SAFETY LANCET 21G/1.8MM	4	RX/OTC	OMNIPOD DASH PODS (GEN 4) MISC	4	PA
MPD SAFETY LANCET 28G/1.8MM	4	RX/OTC	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	4	RX/OTC
MPD SAFETY LANCET 30G/1.8MM	4	RX/OTC	ONETOUCH DELICA PLUS LANCETS FINE 30G	4	RX/OTC
MPD SAFETY LANCETS 23G/1.8MM	4	RX/OTC	ONETOUCH DELICA PLUS LANCING DEVICE MISC	4	
MULTI-LANCET DEVICE 2 KIT	4		ONETOUCH DELICA SAFETY LANCING DEVICE	4	RX/OTC
MULTI-LANCET DEVICE MISC	4		ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	4	
MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH SOLN	3		ONETOUCH ULTRA CONTROL SOLUTION LIQD	3	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	4	RX/OTC	ONETOUCH ULTRA CONTROL LIQD	3	
NEUTEK 2TEK CONTROL SOLUTIONS SOLN	3		ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	4	RX/OTC
NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD	3		ONETOUCH ULTRASOFT LANCETS	4	RX/OTC
NOVA SAFETY LANCETS 23G	4	RX/OTC	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD	3	
NOVA SAFETY LANCETS 28G	4	RX/OTC	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	3	
NOVA SUREFLEX LANCETS	4	RX/OTC	OVAL TAPE MISC	4	PA; RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	4		PARADIGM REAL-TIME TRANSMITTER	4	PA
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	4	PA	PC LANCETS SUPER THIN 30G	4	RX/OTC
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	4	PA	PERFECT LANCETS 30G	4	RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT LANCETS 23G	4	RX/OTC	TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	3	
SURE COMFORT LANCETS 28G	4	RX/OTC	TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	3	
SURE COMFORT LANCETS 30G	4	RX/OTC	TRUEDRAW LANCING DEVICE MISC	4	
SURE COMFORT LANCING PEN MISC	4		TRUEPLUS LANCETS 26G	4	RX/OTC
SURELITE LANCETS	4	RX/OTC	TRUEPLUS LANCETS 28G	4	RX/OTC
TECHLITE AST LANCETS	4	RX/OTC	TRUEPLUS LANCETS 28G SUPER THIN	4	RX/OTC
TECHLITE LANCETS	4	RX/OTC	TRUEPLUS LANCETS 30G	4	RX/OTC
TECHLITE LANCETS 26G	4	RX/OTC	TRUEPLUS LANCETS 30G ULTRA THIN	4	RX/OTC
TGT LANCET MICRO THIN 33G	4	RX/OTC	TRUEPLUS LANCETS 33G	4	RX/OTC
TGT LANCET THIN 26G	4	RX/OTC	TRUEPLUS LANCETS 33G MICRO THIN	4	RX/OTC
TGT LANCET ULTRA THIN 30G	4	RX/OTC	TRUEPLUS SAFETY LANCETS 28G	4	RX/OTC
TGT LANCING DEVICE MISC	4		TWIST TOP LANCETS 30G	4	RX/OTC
THINLETS GP LANCETS	4	RX/OTC	ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	4	
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	4		ULTILET CLASSIC LANCETS	4	RX/OTC
TODAYS HEALTH SUPER THINLANCETS 30G	4	RX/OTC	ULTILET LANCETS	4	RX/OTC
TODAYS HEALTH ULTRA THINLANCETS 28G	4	RX/OTC	ULTILET LANCETS 33G	4	RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	4	RX/OTC	ULTILET SAFETY LANCETS 21G X 2.2MM	4	RX/OTC
TRAVEL LANCETS 30G	4	RX/OTC	ULTILET SAFETY LANCETS 23G	4	RX/OTC
TRAVEL LANCETS ADVANCED 28G	4	RX/OTC	ULTRA THIN LANCETS 31G	4	RX/OTC
TRUE COMFORT SAFETY LANCETS/30G	4	RX/OTC	ULTRA-CARE LANCETS 30G	4	RX/OTC
TRUE COMFORT TWIST TOP LANCETS 30G	4	RX/OTC	ULTRA-THIN II AUTO LANCET	4	RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	3				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II LANCETS 28G	4	RX/OTC	UNISTIK NORMAL	4	RX/OTC
ULTRA-THIN II LANCETS 30G	4	RX/OTC	UNISTIK PRO SAFETY LANCET 21G	4	RX/OTC
UNILET COMFORTOUCH LANCET	4	RX/OTC	UNISTIK PRO SAFETY LANCET 25G	4	RX/OTC
UNILET EXCELITE	4	RX/OTC	UNISTIK PRO SAFETY LANCET 28G	4	RX/OTC
UNILET EXCELITE II	4	RX/OTC	UNISTIK SAFETY LANCETS 28G	4	RX/OTC
UNILET G.P. LANCET	4	RX/OTC	UNISTIK SAFETY LANCETS 30G	4	RX/OTC
UNILET G.P. SUPERLITE LANCET	4	RX/OTC	UNISTIK TOUCH SAFETY LANCETS 21G	4	RX/OTC
UNILET GP 28 ULTRA THIN	4	RX/OTC	UNISTIK TOUCH SAFETY LANCETS 23G	4	RX/OTC
UNILET LANCET	4	RX/OTC	UNISTIK TOUCH SAFETY LANCETS 28G	4	RX/OTC
UNILET LANCETS MICRO-THIN33G	4	RX/OTC	UNISTIK TOUCH SAFETY LANCETS 30G	4	RX/OTC
UNILET LANCETS SUPER-THIN30G	4	RX/OTC	UNISTRIP CONTROL SOLUTIONHIGH SOLN	3	
UNILET LANCETS ULTRA-THIN 28G	4	RX/OTC	UNIVERSAL 1 LANCETS THIN26G	4	RX/OTC
UNILET SUPERLITE LANCET	4	RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN 30G	4	RX/OTC
UNISTIK 1	4	RX/OTC	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	4	RX/OTC
UNISTIK 2	4	RX/OTC	VALUE PLUS LANCETS STANDARD 21G	4	RX/OTC
UNISTIK 2 COMFORT	4	RX/OTC	VALUE PLUS LANCETS SUPERTHIN 30G	4	RX/OTC
UNISTIK 2 EXTRA	4	RX/OTC	VALUE PLUS LANCETS THIN 26G	4	RX/OTC
UNISTIK 2 NEONATAL	4	RX/OTC	VALUE PLUS LANCING DEVICE MISC	4	
UNISTIK 2 NORMAL	4	RX/OTC	VALUMARK LANCET SUPER THIN 30G	4	RX/OTC
UNISTIK 2 SUPER	4	RX/OTC	VALUMARK LANCET ULTRA THIN 28G	4	RX/OTC
UNISTIK 3	4	RX/OTC	VERASENS GLUCOSE CONTROLLEVEL 1 LIQD	3	
UNISTIK 3 COMFORT	4	RX/OTC			
UNISTIK 3 EXTRA	4	RX/OTC			
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G	4	RX/OTC			
UNISTIK 3 GENTLE	4	RX/OTC			
UNISTIK 3 NEONATAL	4	RX/OTC			
UNISTIK 3 NORMAL	4	RX/OTC			
UNISTIK CZT COMFORT	4	RX/OTC			
UNISTIK CZT NORMAL	4	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	4	RX/OTC	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	4	RX/OTC
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	4	RX/OTC	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	4	RX/OTC
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	4	RX/OTC	WALGREENS LANCETS	4	RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	4	RX/OTC	WALGREENS THIN LANCETS	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	4	RX/OTC	WALGREENS ULTRA THIN LANCETS	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	4	RX/OTC	ZEV RX TWIST TOP LANCETS 30G	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	4	RX/OTC	Misc. Devices		
VIDA MIA AUTOLET LANCING DEVICE MISC	4		ADVOCATE ALCOHOL PREP PADS	4	RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	4	RX/OTC	ALCOH-GLOVE CONTOURED WIPE	4	RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	4	RX/OTC	ALCOHOL PADS	4	RX/OTC
VIVAGUARD INO CONTROL SOLUTION LIQD	3		ALCOHOL PREP PAD	4	RX/OTC
VIVAGUARD LANCETS	4	RX/OTC	ALCOHOL PREP PADS	4	RX/OTC
VIVAGUARD LANCETS 30G	4	RX/OTC	ALCOHOL PREPS	4	RX/OTC
VIVAGUARD LANCING DEVICE MISC	4		ALCOHOL SWABS	4	RX/OTC
VIVAGUARD SAFETY LANCETS/28G	4	RX/OTC	ALCOHOL SWABSTICKS	4	RX/OTC
VIVAGUARD SAFETY LANCETS 28G	4	RX/OTC	AUM ALCOHOL PREP PADS	4	RX/OTC
VIVI CAP1 MISC	4	RX/OTC	BD SWABS SINGLE USE	4	RX/OTC
VIVI CAP MISC	4	RX/OTC	CARE TOUCH ALCOHOL PREP PADS	4	RX/OTC
WALGREENS ADVANCED TRAVEL LANCETS 28G	4	RX/OTC	COMFORT TOUCH ALCOHOL PREP PADS	4	RX/OTC
			CURITY ALCOHOL PREPS/MEDIUM 2 PLY	4	RX/OTC
			CVS ALCOHOL PREP PADS	4	RX/OTC
			CVS PREP PADS	4	RX/OTC
			DROPSAFE ALCOHOL PREP PADS	4	RX/OTC
			EASY COMFORT ALCOHOL PADS	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	4	RX/OTC	TRUE COMFORT PRO ALCOHOLPREP PADS	4	RX/OTC
EQL ALCOHOL SWABS	4	RX/OTC	ULTICARE ALCOHOL SWABS	4	RX/OTC
FIFTY50 ALCOHOL PREP PADS	4	RX/OTC	ULTILET ALCOHOL SWABS	4	RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	4	RX/OTC	ULTRA-CARE ALCOHOL PREP PADS	4	RX/OTC
GNP ALCOHOL SWABS	4	RX/OTC	WEBCOL ALCOHOL PREP LARGE 1 PLY	4	RX/OTC
H-E-B INCONTROL ALCOHOL PADS	4	RX/OTC	WEBCOL ALCOHOL PREP LARGE 2 PLY	4	RX/OTC
HM STERILE ALCOHOL PREP PADS	4	RX/OTC	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	4	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	4	RX/OTC	ZEV RX STERILE ALCOHOL PREP PADS	4	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	4	RX/OTC	Parenteral Therapy Supplies		
PHARMACIST CHOICE ALCOHOLPREP PADS	4	RX/OTC	1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	4	RX/OTC
PRO COMFORT ALCOHOL PADS	4	RX/OTC	1ST TIER UNIFINE PENTIPS29GX12MM	4	RX/OTC
PURE COMFORT ALCOHOL PREPPADS	4	RX/OTC	1ST TIER UNIFINE PENTIPS31GX6MM	4	RX/OTC
QC ALCOHOL SWABS	4	RX/OTC	1ST TIER UNIFINE PENTIPS31GX8MM	4	RX/OTC
RA ALCOHOL SWABS	4	RX/OTC	1ST TIER UNIFINE PENTIPS32GX4MM	4	RX/OTC
REALITY SWABS	4	RX/OTC	1ST TIER UNIFINE PENTIPS32GX6MM	4	
RELION ALCOHOL SWABS	4	RX/OTC	1ST TIER UNIFINE PENTIPS33GX4MM	4	
SAPS CARE ALCOHOL PREP PADS	4	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	4	RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	4	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	4	RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS	4	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	4	
SB ALCOHOL PREP PADS	4	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	4	RX/OTC
SM ALCOHOL PREP PADS	4	RX/OTC			
SURE COMFORT ALCOHOL PREP PADS	4	RX/OTC			
TRUE COMFORT ALCOHOL PREP PADS	4	RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUM PEN NEEDLE/32GX4MM	4	RX/OTC	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	4	RX/OTC
AUM PEN NEEDLE/32GX5MM	4	RX/OTC	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	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	
AURORA PEN NEEDLES 29GX12MM	4	RX/OTC	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	4	
AURORA PEN NEEDLES 31G X6MM	4	RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	4	
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	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	4	RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	4	RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	4	
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	4	RX/OTC	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	4	
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	4	RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	4	
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	4	RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	4	RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	4				
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	4	RX/OTC			
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	4				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	4	RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	4	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	4	RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	4	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	4	RX/OTC	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	4	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	4	RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	4	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	4	RX/OTC	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	4	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	4	RX/OTC	BD SAFETYGLIDE 1ML 27GX5/8"	4	
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	4	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	4	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	4	RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	4	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	4	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	4	RX/OTC	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	4	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	4	RX/OTC
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	4	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	4				
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	4	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	4	RX/OTC	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	4	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	4	RX/OTC	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	4	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	4	RX/OTC	CAREONE UNIFINE PENTIPS 29GX12MM	4	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	4	RX/OTC	CAREONE UNIFINE PENTIPS 31GX5MM	4	RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	4	RX/OTC	CAREONE UNIFINE PENTIPS 31GX6MM	4	RX/OTC
CAREFINE PEN NEEDLE 32GX4MM	4	RX/OTC	CAREONE UNIFINE PENTIPS 31GX8MM	4	RX/OTC
CAREFINE PEN NEEDLES 29GX1/2"	4	RX/OTC	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	4	RX/OTC
CAREFINE PEN NEEDLES 30GX5/16"	4		CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	4	RX/OTC
CAREFINE PEN NEEDLES 31GX6MM	4	RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	4	RX/OTC
CAREFINE PEN NEEDLES 31GX8MM	4	RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	4	RX/OTC
CAREFINE PEN NEEDLES 32GX5MM	4	RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	4	RX/OTC
CAREFINE PEN NEEDLES 32GX6MM	4		CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	4	RX/OTC
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	4		CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	4	
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	4	RX/OTC	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	4	RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	4		CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	4	RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	4	RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
CARETOUCH PEN NEEDLE 29GX1/2"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC
CARETOUCH PEN NEEDLE 33GX5/32"	4		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	4	RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	4	RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	4	RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	4		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.3ML/31G X 15/64"	4	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.5ML/31G X 15/64"	4	RX/OTC			
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC			
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	4				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	4	RX/OTC	CLICKFINE PEN NEEDLES/31GX1/4"	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	4	RX/OTC	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	4	RX/OTC	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	4	RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	4	RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	4	RX/OTC	COMFORT EZ MICRO/32G X 4MM	4	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	4		COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	4	
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	4		COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	4	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	4		COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	4	RX/OTC
CLICKFINE PEN NEEDLE 32GX5/32"	4	RX/OTC	COMFORT EZ SHORT/31G X 8MM	4	RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	4	RX/OTC	COMFORT EZ/31G X 5MM	4	RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	4	RX/OTC	COMFORT EZ/31G X 6MM	4	RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4"	4	RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 4MM	4	
CLICKFINE PEN NEEDLES 31G X 3/16"	4	RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 5MM	4	RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16"	4	RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 6 MM	4	RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM	4	RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 8 MM	4	RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32"	4	RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 4MM	4	RX/OTC
			COMFORT TOUCH PEN NEEDLES/32G X 5MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NEEDLES/32G X 6MM	4		DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	4	RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 8MM	4		DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	4	RX/OTC
COMFORT TOUCH PEN NEEDLES/33G X 5/32"	4		DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	4	RX/OTC
DIATHRIVE PEN NEEDLE/31 G X 6MM	4	RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	4	RX/OTC
DIATHRIVE PEN NEEDLE/31 GX 8MM	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	4	RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	4	RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	4		DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	4	RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	4	RX/OTC	DROPLET PEN NEEDLES 29G X1/2"	4	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	4		DROPLET PEN NEEDLES 29GX10MM	4	
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	4		DROPLET PEN NEEDLES 29GX12MM	4	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	4	RX/OTC	DROPLET PEN NEEDLES 30G X 5/16"	4	
			DROPLET PEN NEEDLES 31G X3/16"	4	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4		EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
EASY COMFORT PEN NEEDLES31GX1/4"	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	4	RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32"	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	4	RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM	4		EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	4	RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	4	RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 31GX6MM	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	4	
EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	4	RX/OTC
EASY GLIDE PEN NEEDLES 33G X 5/32"	4		EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	4	RX/OTC
EASY TOUCH 32GX5MM	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	4	RX/OTC
EASY TOUCH 32GX6MM	4		EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	4	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	4	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	4	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	4	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	4	RX/OTC
			GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	4	RX/OTC
			GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	4		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	
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
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4		GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC
			GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	RX/OTC
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	RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	4	RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC
GNP INSULIN SYRINGES/0.3ML/30GX5/16"	4	RX/OTC	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	4	RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	4	RX/OTC	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	4	RX/OTC
			GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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/32GX4MM	4	RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM	4	RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	4	RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	4	RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	4	RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	4	RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	4	RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	4	RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	4	RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	4	RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	4	RX/OTC
			H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	4	RX/OTC

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC
KROGER PEN NEEDLES 29G X12MM	4	RX/OTC	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC
KROGER PEN NEEDLES 31G X8MM	4	RX/OTC	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	4	RX/OTC
KROGER PEN NEEDLES 31GX1/4"	4	RX/OTC	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	4	RX/OTC
KROGER PEN NEEDLES/31G X1/4"	4	RX/OTC	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	4	RX/OTC
KROGER PEN NEEDLES/31G X3/16"	4	RX/OTC	LEADER UNIFINE PENTIPS/NANO/32GX5/3 2"	4	RX/OTC
KROGER PEN NEEDLES/31G X5/16"	4	RX/OTC	LEADER UNIFINE PENTIPS/PLUS/32GX5/32 "	4	RX/OTC
KROGER PEN NEEDLES/32G X5/32"	4	RX/OTC	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	4	RX/OTC
KROGER PEN NEEDLES/33G X5/32"	4		LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC			
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC			
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITETOUGH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC	LITETOUGH PEN NEEDLES/31G X 8MM/SHORT	4	RX/OTC
LITETOUGH 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
LITETOUGH 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
LITETOUGH 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
LITETOUGH 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
LITETOUGH 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
LITETOUGH 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
LITETOUGH 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
LITETOUGH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	MARATHON MEDICAL PENTIPS29GX12MM	4	RX/OTC
LITETOUGH PEN NEEDLES 29GX12.7MM	4		MARATHON MEDICAL PENTIPS31GX5MM	4	RX/OTC
LITETOUGH PEN NEEDLES 31G X 6MM	4	RX/OTC	MARATHON MEDICAL PENTIPS31GX8MM	4	RX/OTC
LITETOUGH PEN NEEDLES 31G X 6MM/ULTRA SHORT	4	RX/OTC	MARATHON MEDICAL PENTIPS32GX4MM	4	RX/OTC
LITETOUGH PEN NEEDLES 31GX8MM SHORT	4	RX/OTC	MAXICOMFORT II PEN NEEDLES/31G X 1/4"	4	RX/OTC
LITETOUGH PEN NEEDLES/31G X 3/16"	4	RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	4	RX/OTC
LITETOUGH PEN NEEDLES/31G X 5MM/MINI	4	RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	4	RX/OTC
			MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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		MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	4	RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	4	RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	4	RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	4	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	4	RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	4	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	4	RX/OTC
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	4	RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	4	RX/OTC
MM PEN NEEDLES 31G X 1/4"	4	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	4	RX/OTC	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
MONOJECT INSULIN SYRINGE REGULAR LUER TIP/SOFTPACK/1ML	4	RX/OTC	MS INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	4	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC	NOVOFINE PEN NEEDLE 32G X 6MM	4	
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC	NOVOFINE PLUS PEN NEEDLE 32G X 4MM	4	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC	PC UNIFINE PENTIPS 29G X 1/2"	4	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC	PC UNIFINE PENTIPS 31G X 5MM MINI	4	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	PC UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	4	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC	PC UNIFINE PENTIPS 31G X 8MM SHORT	4	RX/OTC
			PEN NEEDLES	4	
			PEN NEEDLES 29GX12MM	4	RX/OTC
			PEN NEEDLES 30GX8MM	4	
			PEN NEEDLES 31G X 3/16"	4	RX/OTC
			PEN NEEDLES 31G X 5MM	4	RX/OTC
			PEN NEEDLES 31G X 6MM	4	RX/OTC
			PEN NEEDLES 31G X 8MM	4	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	4	RX/OTC	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	4	RX/OTC	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	4	RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	4	RX/OTC	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	4	RX/OTC	PURE COMFORT PEN NEEDLE 32G X6MM	4	
PREVENT SAFETY PEN NEEDLES 31GX1/4"	4	RX/OTC	PURE COMFORT PEN NEEDLE 32G X8MM	4	
PREVENT SAFETY PEN NEEDLES 31GX5/16"	4	RX/OTC	PURE COMFORT PEN NEEDLE/32G X 5MM	4	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	4		PURE COMFORT PEN NEEDLE/32G X4MM	4	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	4	RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	4	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	4	RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	4	RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	4	RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	4	RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	4	RX/OTC	PX EXTRA SHORT PEN NEEDLES 31GX6MM	4	RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	4	RX/OTC	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	
PRO COMFORT PEN NEEDLES/31G X 8MM	4	RX/OTC	PX MINI PEN NEEDLES 31GX5MM	4	RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM	4	RX/OTC	PX PEN NEEDLE 29GX12MM	4	RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM	4	RX/OTC	PX PEN NEEDLE 31GX8MM	4	RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM	4		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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QC UNIFINE PENTIPS 32GX4MM	4	RX/OTC	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	4	RX/OTC	RELION MINI PEN NEEDLES 31GX6MM	4	RX/OTC
RA PEN NEEDLES 31G X 5MM3/16"	4	RX/OTC	RELION PEN NEEDLES 29GX12MM	4	RX/OTC
RA PEN NEEDLES 31G X 8MM5/16"	4	RX/OTC	RELION PEN NEEDLES 31G X6MM	4	RX/OTC
RAYA SURE PEN NEEDLE 29GX 12MM	4	RX/OTC	RELION PEN NEEDLES 31G X8MM	4	RX/OTC
RAYA SURE PEN NEEDLE 31GX 4MM	4		RELION PEN NEEDLES 31GX5/16"	4	RX/OTC
RAYA SURE PEN NEEDLE 31GX 5MM	4	RX/OTC	RELION PEN NEEDLES 31GX6MM	4	RX/OTC
RAYA SURE PEN NEEDLE 31GX 6MM	4	RX/OTC	RELION PEN NEEDLES 31GX8MM	4	RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	4	RX/OTC	RELION PEN NEEDLES 32G X4MM	4	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	4	RX/OTC	RELION PEN NEEDLES 32G X5/32"	4	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC	RELION PEN NEEDLES 32GX4MM	4	RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	4	RX/OTC	RELION PEN NEEDLES/31G X1/4"	4	RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC	RELION SHORT PEN NEEDLES31GX8MM	4	RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	4	RX/OTC	SAFETY PEN NEEDLES/30G X5/16"	4	
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	4	RX/OTC	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC
			SB 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
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOV R/31GX8MM	4	RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	4	RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	4	RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	4	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	4	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	4	RX/OTC
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	4		SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM	4	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5M M	4	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM	4	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	4	
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM	4	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	4	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM	4	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	4	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29 GX12MM	4	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC
			SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	4	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	4	
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	4	RX/OTC
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	4		TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	4	RX/OTC
SURE COMFORT PEN NEEDLES30GX5/16" SHORT	4		TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	4	RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	4	RX/OTC	TECHLITE PEN NEEDLES 29GX 12 MM	4	RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	4	RX/OTC	TECHLITE PEN NEEDLES 31GX 5MM	4	RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32"	4	RX/OTC	TECHLITE PEN NEEDLES/31GX 8MM	4	RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	4	RX/OTC	TECHLITE PEN NEEDLES/32GX 6MM	4	
SURE COMFORT PEN NEEDLES32GX6MM	4		TECHLITE PLUS PEN NEEDLES32G X 4MM	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	4	RX/OTC	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	4	RX/OTC	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	4	RX/OTC	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	4	RX/OTC
			TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	4	RX/OTC	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC	TRUE COMFORT PEN NEEDLES31G X 5MM	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC	TRUE COMFORT PEN NEEDLES31G X 6MM	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	TRUE COMFORT PEN NEEDLES32G X 4MM	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/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/31G X 5/16"	4	RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	4	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	4	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/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-100/1ML/29G X 1/2"	4	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	4	RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	4	RX/OTC
			TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	4	RX/OTC
			TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	4	RX/OTC
			TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	4		TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	4	RX/OTC
TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	4		TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	4	RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	4	RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4		TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	4	RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	4	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	4	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	4	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	4	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	4		TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	4	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC
			TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC
			TRUEPLUS PEN NEEDLES 29GX12MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS PEN NEEDLES 31GX5MM	4	RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM	4	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	4	RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM	4	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	4	RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM	4	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	4	RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	4	RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	4	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	4	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/1ML/31G X 5/16"	4	RX/OTC	ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 5/8"	4	
ULTICARE MICRO PEN NEEDLES 31G X 8MM	4	RX/OTC	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	4	
ULTICARE MICRO PEN NEEDLES 32G X 4MM	4	RX/OTC	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	4	
ULTICARE MICRO PEN NEEDLES/31G X 1/4"	4	RX/OTC	ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X 1/4"	4	
ULTICARE MICRO PEN NEEDLES/31G X 5/16"	4	RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	4	
ULTICARE MICRO PEN NEEDLES/32G X 4MM	4	RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	4	
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	4	RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	4	RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM	4	RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	4	RX/OTC
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	4	RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	4	
ULTICARE MINI PEN NEEDLES/31G X 6MM	4	RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	4	RX/OTC
ULTICARE MINI PEN NEEDLES/32G X 1/4"	4		ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	4	
ULTICARE MINI PEN NEEDLES/31GX6MM	4	RX/OTC	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	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				
ULTICARE SHORT PEN NEEDLES 31GX8MM	4	RX/OTC			
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	4	RX/OTC			
ULTICARE SHORT PEN NEEDLES/31G X 8MM	4	RX/OTC			
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	4				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	4		ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 4MM/SHARPS CONTAINER	4	RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	4	RX/OTC	ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 6MM/SHARPS CONTAINER	4	
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	4	RX/OTC	ULTILET PEN NEEDLE 29GX12.7MM	4	
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	4	RX/OTC	ULTILET PEN NEEDLE 31GX5MM	4	RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	4	RX/OTC	ULTILET PEN NEEDLE 31GX8MM	4	RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	4	RX/OTC	ULTILET PEN NEEDLE 32GX4MM	4	RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	4	RX/OTC	ULTILET PEN NEEDLE 32GX4MM/SHORT	4	RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	4	RX/OTC	ULTILET SHORT PEN NEEDLES 31GX5/16"	4	RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	4		ULTILET SHORT PEN NEEDLES31GX3/16"	4	RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	4	RX/OTC	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	4	RX/OTC	ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	4	RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	4	RX/OTC	ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	4	RX/OTC
			ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	4	
			ULTRA FLO INSULIN PEN NEEDLES	4	RX/OTC
			ULTRA FLO INSULIN PEN NEELE 31GX8MM	4	RX/OTC
			ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	4	RX/OTC
			ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	4	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	4	RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	4	RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	4	RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	4		ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	4	RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	4	RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	4		ULTRACARE PEN NEEDLES/31G X 1/4"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	4	RX/OTC	ULTRACARE PEN NEEDLES/31G X 3/16"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	4	RX/OTC	ULTRACARE PEN NEEDLES/31G X 5/16"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	4	RX/OTC	ULTRACARE PEN NEEDLES/32G X 1/14"	4	
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	4	RX/OTC	ULTRACARE PEN NEEDLES/32G X 3/16"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	4	RX/OTC	ULTRACARE PEN NEEDLES/32G X 5/32"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	4	RX/OTC	ULTRACARE PEN NEEDLES/33G X 5/32"	4	
ULTRA THIN PEN NEEDLES 32G X 4MM	4	RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	4	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	4	RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	4	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	4	RX/OTC
			ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	4	RX/OTC	UNIFINE PENTIPS PLUS 31GX8MM	4	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	4	RX/OTC	UNIFINE PENTIPS PLUS 32GX4MM	4	RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	4	RX/OTC	UNIFINE PENTIPS PLUS 33GX 5/32"	4	
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	4	RX/OTC	UNIFINE PENTIPS PLUS 33GX4MM	4	
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	4	RX/OTC	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 8MM	4	
ULTRA-THIN II PEN NEEDLES 29GX1/2"	4		UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	4	RX/OTC
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	4	RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 31GX5MM	4	RX/OTC
UNIFINE PEN NEEDLE/32G X4MM	4	RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 31GX6MM	4	RX/OTC
UNIFINE PENTIPS 29GX12MM	4	RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 31GX8MM	4	RX/OTC
UNIFINE PENTIPS 31G X 3/16"	4	RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	4	RX/OTC
UNIFINE PENTIPS 31GX5MM	4	RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	4	
UNIFINE PENTIPS 31GX6MM	4	RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX5MM	4	RX/OTC
UNIFINE PENTIPS 31GX8MM	4	RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX6MM	4	RX/OTC
UNIFINE PENTIPS 32GX4MM	4	RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX8MM	4	RX/OTC
UNIFINE PENTIPS 32GX6MM	4		UNIFINE ULTRA PEN NEEDLE/32GX4MM	4	RX/OTC
UNIFINE PENTIPS 33GX4MM	4		VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	4	RX/OTC
UNIFINE PENTIPS PLUS 29GX12MM	4	RX/OTC	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	4	RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM	4	RX/OTC	VALUMARK PEN NEEDLES 29GX12MM	4	RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM	4	RX/OTC	VALUMARK PEN NEEDLES 31GX 6MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALUMARK PEN NEEDLES 31GX 8MM	4	RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	4	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	4		VERIFINE INSULIN SYRINGE1ML/29G X 12MM	4	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	VERIFINE INSULIN SYRINGE1ML/31G X 8MM	4	RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	4	RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	4	RX/OTC
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	4	RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	4	RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	4	RX/OTC	VERIFINE PLUS PEN NEEDLE/32G X 4MM	4	RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	4	RX/OTC	VIDA MIA UNIFINE PENTIPS32GX4MM	4	RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	4	RX/OTC	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	4	RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	4		VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	4	RX/OTC
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	4	RX/OTC	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	4	RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	4	RX/OTC	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	4	RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	4	RX/OTC	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	4	RX/OTC
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	4	RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	4	RX/OTC
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	4	RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	4	RX/OTC
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	4	RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	4	RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	4	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	4		DISPOSABLE FACE MASK 3-PLY	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC	EAR-LOOP MASK SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	4	RX/OTC	EASY FLOW KN 95 MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC	FACE MASK EARLOOP-STYLE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ZEV RX PEN NEEDLES 31G X 5MM	4	RX/OTC	FACE MASK RESPIRATOR N-100 PARTICULATE W/EXHALATION VALVE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ZEV RX PEN NEEDLES 31G X 6MM	4	RX/OTC	FACE MASK RESPIRATOR R-95 PARTICULATE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ZEV RX PEN NEEDLES 31G X 8MM	4	RX/OTC	FACE MASK SURGICAL/DISPOSABLE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ZEV RX PEN NEEDLES 32G X 4MM	4	RX/OTC	FACE MASK/3 PLY/EAR LOOP	3	4 max fill(s) per 365 day(s) retail; RX/OTC
Respiratory Aids			FACE MASKS 3 LAYER NON-MEDICAL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ACTEEV PROTECT FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	J & J GERM FILTER MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE COMFORT PROTECTIVE SHIELD	3	4 max fill(s) per 365 day(s) retail; RX/OTC	KN95 DISPOSABLE MASK FOR CIVIL USE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE DISPOSABLE FACE MASK/MEDICAL GRADE	3	4 max fill(s) per 365 day(s) retail; RX/OTC	KN95 MEDICAL PROTECTIVE FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE DISPOSABLE MASK/NON-MEDICAL	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MASK PEDIATRIC SIZE 1"	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	N95 FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CVS MEDICAL FACE MASKS/EAR LOOP	3	4 max fill(s) per 365 day(s) retail; RX/OTC	N95 PARTICULATE RESPIRATOR FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CVS PROCEDURAL MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
DISPOSABLE FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEXCARE ALL PURPOSE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	AEROBIKA DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
NEXCARE EARLOOP MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC MEDIUM MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC SMALL MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER MV MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SAFE-SENSE EARLOOP FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SHIELD-SECURE FULL FACE SHIELD	3	4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SURGICAL DISPOSABLE FACEMASK 3-PLY	3	4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SURGICAL FACE MASK/NIOSHN95	3	4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
Respiratory Therapy Supplies					
ACE AEROSOL CLOUD ENHANCER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
ACTIVITY POUCH MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
ADULT AEROSOL MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
ADULT DISPOSABLE MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
ADULT MASK LARGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
ADULT MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER Z-STAT PLUS/FLWSIGNAL MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER/FLWSIGNAL MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROECLIPSE EZ TWIST TUBING MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			AEROECLIPSE MASK LARGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROECLIPSE MASK MEDIUM MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			AEROECLIPSE MASK SMALL MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROTRACH PLUS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AIRZONE PEAK FLOW METER	3	QL(4 ea per 365 day(s) retail); RX/OTC	ASSESS PEAK FLOW METER FULL RANGE	3	QL(4 ea per 365 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	ASSESS PEAK FLOW METER LOW RANGE	3	QL(4 ea per 365 day(s) retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	BREATHE EASE NEBULIZER MASK/CHILD MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	BREATHE EASE NEBULIZER MASK/INFANT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	BREATHE EASE PEAK FLOW METER	3	QL(4 ea per 365 day(s) retail); RX/OTC
			BREATHE EASE/LARGE MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BREATHE EASE/MEDIUM MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE/SMALL MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	CLEVER CHOICE PEAK FLOW METER	3	QL(4 ea per 365 day(s) retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	CO MONITOR REPLACEMENT TPIECES MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH CPAP MASK WIPES MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	CO MONITOR DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
CARETOUCH UNIVERSAL CPAPFILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASIVENT/MASK-SMALL MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASIVENT MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW 300 MM HOSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			EASY FLOW 400 MM HOSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW AIR NOZZLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW BLACK/BLUE DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW BLACK/ORANGE DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE PAPER MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW BLACK/RED DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT/MASK-LARGE MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC			
EASIVENT/MASK-MEDIUM MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW BLACK/WHITE DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY FLOW BLACK/YELLOW DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW HEPA FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/BLUE DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/GREEN DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EXPIRATORY MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/PINK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	FILTER AIR PP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/WHITE DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/YELLOW DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/YELLOW DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/YELLOW DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	FLEXICHAMBER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EBASE CONTROLLER KIT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	FULL KIT NEBULIZER SET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IN-CHECK DIAL INSPIRATORY FLOW TRAINER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	MICROCHAMBER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	MICROCHAMBER MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	MICROLIFE DIGITAL PEAK FLOW METER	3	QL(4 ea per 365 day(s) retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MICROSPACER MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
INSPIREASE DRUG DELIVERY SYSTEM MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	3	QL(4 ea per 365 day(s) retail); RX/OTC
KOKO PEAK PRO REPLACEMENT PLASTIC MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MINI WRIGHT PEAK FLOW METER	3	QL(4 ea per 365 day(s) retail); RX/OTC
LITETOUCH MASK LARGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MINI WRIGHT PEAK FLOW METER STANDARD RANGE	3	QL(4 ea per 365 day(s) retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
LITETOUCH MASK SMALL MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
LUNG PERFORMANCE PEAK FLOW METER	3	QL(4 ea per 365 day(s) retail); RX/OTC	NEBULIZER CUP/TUBING DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
MASK VORTEX/CHILD/FROG	3	4 max fill(s) per 365 day(s) retail; RX/OTC	NEBULIZER MASK ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
MASK VORTEX/TODDLER/LAD YBUG	3	4 max fill(s) per 365 day(s) retail; RX/OTC	NEBULIZER MASK CHILD MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

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NOSE CLIP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	OPTICHAMBER DIAMOND DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	OPTICHAMBER DIAMOND MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PANDA MASK LARGE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PANDA MASK MEDIUM	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ONE FLOW TESTER TUBE MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PANDA MASK SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DISPOSABLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PARI BABY CONVERSION KIT SIZE 1 MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND/LARGE FACE MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PARI BABY CONVERSION KIT SIZE 2 MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PARI BABY CONVERSION KIT SIZE 3 MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND/SMALL FACE MASK MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PARI BUBBLES PEDIATRIC AEROSOL MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			PARI ERAPID NEBULIZER HANDSET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			PARI EXPIRATORY FILTER VALVE SET DEVI	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			PARI MANUAL INTERRUPTER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

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PARI MASK SET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PILLOW MASK/ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PILLOW MASK/CHILD MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PILLOW MASK/PEDIATRIC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	POCKET CHAMBER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PARI TREK S COMBO PACK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	POCKET PEAK FLOW METER	3	QL(4 ea per 365 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	POCKET SPACER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PEAK A-I-R FLOW METER	3	QL(4 ea per 365 day(s) retail); RX/OTC	POCKETPEAK PEAK FLOW METER LOW RANGE	3	QL(4 ea per 365 day(s) retail); RX/OTC
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	3	QL(4 ea per 365 day(s) retail); RX/OTC	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	3	QL(4 ea per 365 day(s) retail); RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC PANDA MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PERSONAL BEST FULL RANGE	3	QL(4 ea per 365 day(s) retail); RX/OTC			
PFLEX MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
PIKO 1 ELECTRONIC	3	QL(4 ea per 365 day(s) retail); RX/OTC			

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PROCARE SPACER CHAMBER W/ADULT MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	REPLACEMENT FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PRONEB ULTRA FILTER SET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	RITFLO DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT PEAK FLOW METER ADULT	3	QL(4 ea per 365 day(s) retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT PEAK FLOW METER CHILD	3	QL(4 ea per 365 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
QUAKE DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
REPLACEMENT AIR FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			SIDESTREAM PLUS ADULT FACE MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VERSAPAP/UNIVERSAL TUBING DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VERSAPAP DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	WINDMILL TRAINER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SPIRO PD DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
STRIVE DUAL ZONE PEAK FLOW METER	3	QL(4 ea per 365 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP)		
THRESHOLD IMT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	Receptor Antag		
THRESHOLD PEP DEVI	3	QL(4 ea per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AIMOVIG 140 MG/ML	1	QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA
TRUZONE PEAK FLOW METER	3	QL(4 ea per 365 day(s) retail); RX/OTC	AIMOVIG 70 MG/ML	1	QL(0.067 ml daily); AL(At least 18 yrs old); MP; PA
TUBING/WING TIP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AJOVY SOAJ	1	QL(0.05 ml daily); AL(At least 18 yrs old); MP; PA	<i>eletriptan hydrobromide</i>	2	QL(12 ea per fill retail)
AJOVY SOSY	1	QL(0.05 ml daily); AL(At least 18 yrs old); MP; PA	FROVA (<i>frovatriptan succinate</i>)	2	QL(18 ea per fill retail)
EMGALITY SOAJ	1	QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA	<i>frovatriptan succinate</i>	2	QL(18 ea per fill retail)
EMGALITY SOSY 100 MG/ML	1	QL(0.1 ml daily); AL(At least 18 yrs old); MP; PA	IMITREX 5 MG/ACT, 20 MG/ACT (<i>sumatriptan</i>)	1	QL(6 ea per fill retail)
EMGALITY SOSY 120 MG/ML	1	QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA	IMITREX STATDOSE REFILL SOCT (<i>sumatriptan succinate</i>)	2	QL(4 ml per fill retail)
NURTEC	1	QL(0.6 ea daily); AL(At least 18 yrs old); MP; PA	IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>)	2	QL(4 ml per fill retail)
UBRELVY	2	QL(16 ea per 30 day(s) retail); AL(At least 18 yrs old)	IMITREX TABS (<i>sumatriptan succinate</i>)	2	QL(18 ea per fill retail)
ZAVZPRET	2	QL(0.27 ea daily); AL(At least 18 yrs old)	MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	2	QL(18 ea per fill retail)
Migraine Combinations			MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	2	QL(18 ea per fill retail)
<i>sumatriptan-naproxen sodium</i>	2		<i>naratriptan hcl</i>	2	QL(9 ea per fill retail)
TREXIMET (<i>sumatriptan-naproxen sodium</i>)	2		RELPAX (<i>eletriptan hydrobromide</i>)	2	QL(12 ea per fill retail)
Migraine Products - NSAIDs			REYVOW	2	QL(8 ea per 30 day(s) retail); AL(At least 18 yrs old)
ELYXYB	2	QL(0.47 ml daily); AL(At least 18 yrs old)	<i>rizatriptan benzoate TABS</i>	1	QL(18 ea per fill retail)
Serotonin Agonists			<i>rizatriptan benzoate TBDP</i>	1	QL(18 ea per fill retail)
<i>almotriptan malate</i>	2	QL(9 ea per fill retail)	<i>sumatriptan</i>	1	QL(6 ea per fill retail)
			<i>sumatriptan succinate SOAJ</i>	1	QL(4 ml per fill retail)
			<i>sumatriptan succinate SOCT</i>	1	QL(4 ml per fill retail)
			<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2 ml per fill retail)
			<i>sumatriptan succinate TABS</i>	1	QL(18 ea per fill retail)
			TOSYMRA	2	QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZEMBRACE SYMTOUCH SOAJ	2		CALCIUM PHOSPHATE DIBASIC	4	
<i>zolmitriptan SOLN</i>	2		CALCIUM PHOSPHATE DIBASICDIHYDRATE	4	
<i>zolmitriptan TABS</i>	2	QL(12 ea per fill retail)	<i>calcium TABS</i>	3	
<i>zolmitriptan TBDP 2.5 MG</i>	2	QL(12 ea per fill retail)	CALTRATE 600+D3 TABS (<i>calcium carbonate-cholecalciferol</i>)	3	MP
ZOMIG SOLN (<i>zolmitriptan</i>)	2		CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	3	MP
ZOMIG SOLN	2		CITRACAL + D3 MAXIMUM TABS (<i>calcium citrate-vitamin d</i>)	3	MP
ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	2	QL(12 ea per fill retail)	<i>oyster shell</i>	3	MP
MINERALS & ELECTROLYTES			OYSTER SHELL CALCIUM/D TABS	3	MP
Calcium			Electrolyte Mixtures		
CALCIUM 600+D HIGH POTENCY TABS	3	MP	BIOLYTE SOLN	3	MP
CALCIUM CARBONATE EXTRA LIGHT POWD XX	4	RX/OTC	CERALYTE 70 SOLN	3	MP
CALCIUM CARBONATE HEAVY POWD XX	4	RX/OTC	CERASPORT EX1 SOLN	3	MP
CALCIUM CARBONATE LIGHT POWD XX	4	RX/OTC	CERASPORT SOLN	3	MP
<i>calcium carbonate-cholecalciferol TABS</i>	3		ENFAMIL ENFALYTE SOLN	3	MP
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		FT ELECTROLYTE SOLUTION SOLN	3	MP
<i>calcium carbonate-vitamin d w/ minerals TABS</i>	4	MP	GOODSENSE ELECTROLYTE ADVANTAGE CARE SOLN	3	MP
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT</i>	3	MP	HYDRALYTE FREEZER POPS SOLN	3	MP
<i>calcium citrate TABS 200 MG</i>	3	MP	HYDRALYTE 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	KINDERLYTE PREMAX SOLN	3	MP
			KINDERLYTE SOLN	3	MP
			<i>oral electrolytes SOLN</i>	3	MP
			ORALYTE SOLN	3	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEDIALYTE ADVANCED CARE SOLN (<i>oral electrolytes</i>)	3	MP	MAGOX 400 TABS (<i>magnesium oxide (mg supplement)</i>)	3	MP
PEDIALYTE FREEZER POPS SOLN (<i>oral electrolytes</i>)	3	MP	NU-MAG	3	MP
PEDIALYTE IMMUNE SUPPORT SOLN	3	MP	SLOW-MAG	3	MP
PEDIALYTE SINGLES SOLN (<i>oral electrolytes</i>)	3	MP	SLOWMAG MG MUSCLE/HEART	3	MP
PEDIALYTE SOLN (<i>oral electrolytes</i>)	3	MP	Mineral Combinations		
TRUELYTE SOLN	3	MP	ADVANCED CALCIUM/VITAMIND/MAGNESIUM TABS	4	MP
Fluoride			BONE DENSITY BUILDER TABS	4	MP
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	3	AL(Up to 16 yrs old)	CALCIUM 600+D3 PLUS MINERALS TABS	4	MP
<i>sodium fluoride SOLN 0.5 MG/ML</i>	3	AL(Up to 16 yrs old); RX/OTC	CALCIUM/MAGNESIUM/ZINC/D3 TABS	4	MP
SOLUVITA SOLN	3	AL(Up to 16 yrs old); RX/OTC	CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS	4	MP
Magnesium			CALCIUM/MAGNESIUM/ZINC TABS 200 UNIT-333 MG-133 MG-5 MG	4	MP
BEELITH	3	MP	CAL-MAG-ZINC-D3 TABS	4	MP
<i>magnesium chloride SOLN</i>	3	MP	CAL-MAG-ZINC-D TABS	4	MP
<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 500 MG</i>	3	MP	CITRACAL MAXIMUM PLUS TABS	4	MP
MAGNESIUM OXIDE TABS	3		CITRACAL PLUS TABS	4	MP
<i>magnesium sulfate IV</i>	3	MP	CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS	4	MP
MAGNESIUM SULFATE IV (<i>magnesium sulfate</i>)	3	MP	CVS CALCIUM CITRATE+D3 TABS	4	MP
MAGNESIUM SULFATE IJ 50 %	3	MP	FEM-CAL CITRATE TABS	4	MP
MAGNESIUM SULFATE IN D5W (<i>magnesium sulfate in dextrose</i>)	3	MP	MULTI MEGA MINERALS TABS	4	MP
<i>magnesium sulfate in dextrose</i>	3	MP	<i>multiple minerals w/ vitamins TABS</i>	4	MP
			MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS	4	MP
			PROSTEON TABS	4	MP

Drug Name	Drug Tier	Requirements/Limits
THERACAL D2000 TABS	4	MP
THERACAL D4000 TABS	4	MP
THERACAL RAPID REPLETION TABS	4	MP
Phosphate		
GLYCOPHOS	3	MP
K-PHOS TABS (potassium phosphate monobasic)	3	
potassium phosphate monobasic TABS	3	
potassium phosphates 236 MG/ML-224 MG/ML	3	MP
POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML (potassium phosphates)	3	MP
sodium phosphates (sodium phosphate dibasic & monobasic) 142 MG/ML-276 MG/ML, 710 MG/5ML-1380 MG/5ML	3	
Potassium		
K-TAB TBCR 10 MEQ, 20 MEQ (potassium chloride)	3	
potassium bicarbonate TBEF	3	MP
potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ	3	MP
potassium chloride CPCR	3	MP
potassium chloride TBCR	3	
Sodium		
sodium chloride SOLN IV 0.9 %	4	MP
SODIUM CHLORIDE SOLN IV 0.9 %	4	MP
Zinc		
zinc sulfate CAPS	4	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
Immunomodulators		
lenalidomide	3	SP
REVLIMID	3	SP
THALOMID	3	
Immunosuppressive Agents		
azathioprine TABS	3	SP
CELLCEPT CAPS (mycophenolate mofetil)	3	SP
CELLCEPT SUSR (mycophenolate mofetil)	3	SP
CELLCEPT TABS (mycophenolate mofetil)	3	SP
cyclosporine modified (for microemulsion) CAPS	3	SP
cyclosporine modified (for microemulsion) SOLN	3	SP
cyclosporine CAPS	3	SP
ENSPRYNG	3	AL(At least 18 yrs old); SP; PA
IMURAN TABS (azathioprine)	3	SP
mycophenolate mofetil CAPS	3	SP
mycophenolate mofetil SUSR	3	SP
mycophenolate mofetil TABS	3	SP
mycophenolate sodium	3	SP
MYFORTIC (mycophenolate sodium)	3	SP
NEORAL CAPS (cyclosporine modified (for microemulsion))	3	SP
NEORAL SOLN (cyclosporine modified (for microemulsion))	3	SP
PROGRAF CAPS (tacrolimus)	3	SP

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE TABS (<i>sirolimus</i>)	3	SP
SANDIMMUNE CAPS (<i>cyclosporine</i>)	3	SP
<i>sirolimus</i> TABS	3	SP
<i>tacrolimus</i> CAPS	3	SP
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE PACK	CO	SP
VIJOICE TBPk	CO	SP
Potassium Removing Agents		
<i>sodium polystyrene sulfonate</i> POWD	3	MP
<i>sodium polystyrene sulfonate</i> SUSP CO 15 GM/60ML	3	MP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl</i> (mouth-throat) 2 %	3	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
NYSTATIN (<i>nystatin</i> (mouth-throat))	1	
<i>nystatin</i> (mouth-throat)	1	
ORAVIG	2	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate</i> (mouth-throat)	3	
PERIDEX (<i>chlorhexidine gluconate</i> (mouth-throat))	3	
Dental Products		
DENTA 5000 PLUS SENSITIVE GEL 1.1 %-5 %	3	

Drug Name	Drug Tier	Requirements/Limits
FLUORIDEX SENSITIVITY RELIEF/SLS FREE GEL 1.1 %-5 %	3	
FLUORIDEX SENSITIVITY RELIEF GEL 1.1 %-5 %	3	
FLUORIMAX 5000 SENSITIVE GEL 1.1 %-5 %	3	
PREVIDENT 5000 DRY MOUTH GEL (<i>sodium fluoride</i> (dental))	3	
PREVIDENT 5000 ENAMEL PROTECT GEL 1.1 %-5 %	3	
PREVIDENT 5000 PLUS CREA (<i>sodium fluoride</i> (dental))	3	
PREVIDENT 5000 SENSITIVE GEL 1.1 %-5 %	3	
PREVIDENT FLUORIDE GEL (<i>sodium fluoride</i> (dental))	3	
<i>sodium fluoride</i> (dental) CREA	3	
<i>sodium fluoride</i> (dental) GEL	3	
<i>sodium fluoride-potassium nitrate</i> GEL	3	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide</i> (mouth)	3	QL(5 gm per 30 day(s) retail)
Throat Products - Misc.		
<i>pilocarpine hcl</i> (oral)	3	
SALAGEN (<i>pilocarpine hcl</i> (oral))	3	
MULTIVITAMINS		
B-Complex Vitamins		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>b-complex vitamins SOLN 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-2 MG/ML</i>	3	MP	ONE-A-DAY WOMENS FORMULA TABS <i>(multiple vitamins w/ calcium)</i>	3	
<i>b-complex vitamins TABS</i>	3	MP	SM ONE DAILY ESSENTIAL TABS	3	
B-COMPLEX SOLN 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-2 MG/ML	3	MP	Multiple Vitamins w/ Iron		
VITAMIN B COMPLEX/HYDROXOCO BALAMIN SOLN 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-1 MG/ML-2 MG/ML	3	MP	<i>multiple vitamins w/ iron TABS</i>	3	MP
B-Complex w/ Folic Acid			TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	3	MP
<i>b-complex w/ c & folic acid CAPS</i>	3	MP; RX/OTC	Multiple Vitamins w/ Minerals		
<i>b-complex w/ c & folic acid TABS</i>	3	MP	ABC COMPLETE ADULT TABS	3	MP; RX/OTC
<i>b-complex w/ folic acid TABS</i>	3	MP	ABC COMPLETE MENS TABS	3	MP; RX/OTC
<i>b-complex w/biotin & folic acid TABS</i>	3	MP	ABC COMPLETE SENIOR 50+ TABS	3	MP; RX/OTC
DIALYVITE 3000	3	MP	ABC COMPLETE SENIOR MEN'S50+ TABS	3	MP; RX/OTC
DIALYVITE 5000	3	MP	ABC COMPLETE SENIOR WOMENS 50+ TABS	3	MP; RX/OTC
DIALYVITE 800 PLUS D WAFR	3	MP	ABC COMPLETE WOMENS TABS	3	MP; RX/OTC
DIALYVITE 800/ZINC	3	MP	ACTIVNUTRIENTS PERFORMANCE CAPS	3	MP; RX/OTC
DIALYVITE 800/ZINC 15	3	MP	ACTIVNUTRIENTS W/O IRON CAPS	3	MP; RX/OTC
DIALYVITE/ZINC	3	MP	ACTIVNUTRIENTS CAPS	3	MP; RX/OTC
NEPHPLEX RX	3	MP	ADEK GUMMIES PLUS ZN CHEW	3	MP
SM B-COMPLEX/VITAMIN C TABS	3	MP; RX/OTC	ADULT ONE DAILY GUMMIES CHEW	3	MP
VITAL-D RX	3	MP	ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	3	MP; RX/OTC
Multiple Vitamins w/ Calcium			AIRBORNE ELDERBERRY CHEW	3	MP
<i>multiple vitamins w/ calcium TABS</i>	3		AIRBORNE KIDS CHEW	3	MP

Drug Name	Drug Tier	Requirements/Limits
AIRBORNE+GOOD REST CHEW	3	MP
AIRBORNE+PROBIOTIC CHEW	3	MP
AIRBORNE CHEW	3	MP
ALGAE BASED CALCIUM TABS	3	MP; RX/OTC
ALIVE ADULT PREMIUM GUMMY CHEW	3	MP
ALIVE CALCIUM BONE SUPPORT MAX ABSORPTION TABS	3	MP; RX/OTC
ALIVE DAILY ENERGY 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 GARDEN GOODNES MENS TABS	3	MP; RX/OTC
ALIVE GARDEN GOODNES WOMENS TABS	3	MP; RX/OTC
ALIVE HAIR, SKIN & NAILS CAPS	3	MP; RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW	3	MP
ALIVE MENS 50+ MULTIVITAMIN GUMMY CHEW	3	MP
ALIVE MENS 50+ ULTRA TABS	3	MP; RX/OTC
ALIVE MENS 50+ TABS	3	MP; RX/OTC
ALIVE MENS COMPLETE MAX POTENCY TABS	3	MP; RX/OTC
ALIVE MENS COMPLETE MULTIVITAMIN TABS	3	MP; RX/OTC
ALIVE MENS GUMMY MULTIVITAMIN CHEW	3	MP
ALIVE MENS ULTRA TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALIVE MULTI-VITAMIN CHEW	3	MP
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	3	MP; RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	3	MP; RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	3	MP; RX/OTC
ALIVE WOMENS 50+ COMPLETE MULTIVITAMIN TABS	3	MP; RX/OTC
ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	3	MP
ALIVE WOMENS 50+ CHEW	3	MP
ALIVE WOMENS ENERGY TABS	3	MP; RX/OTC
ALIVE WOMENS GUMMY MULTIVITAMIN CHEW	3	MP
ALPHA BETIC TABS	3	MP; RX/OTC
ANTIOXIDANT FORMULA TABS	3	MP; RX/OTC
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 FREE CAPS	3	MP; RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BARIATRIC MULTIVITAMINS/IRON CHEW	3	MP	CENTRUM ADULTS TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
BASIC AM TABS	3	MP; RX/OTC	CENTRUM CARDIO TABS	3	MP; RX/OTC
BASIC PM TABS	3	MP; RX/OTC	CENTRUM FLAVOR BURST ADULT CHEW	3	MP
BIO-35 GLUTEN-FREE CAPS	3	MP; RX/OTC	CENTRUM FLAVOR BURST CHEW	3	MP
BIO-35 IRON FREE CAPS	3	MP; RX/OTC	CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	3	MP
BIOCAL CAPS	3	MP; RX/OTC	CENTRUM FRESH/FRUITY ADULTS CHEW	3	MP
BONEUP 3 PER DAY CAPS	3	MP; RX/OTC	CENTRUM MEN TABS	3	MP; RX/OTC
BONEUP VEGETARIAN TABS	3	MP; RX/OTC	CENTRUM MINIS ADULTS 50+ TABS	3	MP; RX/OTC
BONEUP CAPS	3	MP; RX/OTC	CENTRUM MINIS MEN 50+ TABS	3	MP; RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	3	MP; RX/OTC	CENTRUM MINIS WOMEN 50+ TABS	3	MP; RX/OTC
CAL-DAY 1000 TABS	3	MP; RX/OTC	CENTRUM MINIS WOMEN IMMUNE SUPPORT TABS	3	MP; RX/OTC
CELEBRATE MULTI-COMplete18 CAPS	3	MP; RX/OTC	CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	3	MP
CELEBRATE MULTI-COMplete18 CHEW	3	MP	CENTRUM SILVER 50+MEN TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
CELEBRATE MULTI-COMplete36 CAPS	3	MP; RX/OTC	CENTRUM SILVER 50+WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
CELEBRATE MULTI-COMplete36 CHEW	3	MP	CENTRUM SILVER ADULT 50+ TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
CELEBRATE MULTI-COMplete45 CAPS	3	MP; RX/OTC	CENTRUM SILVER ADULTS 50+ TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
CELEBRATE MULTI-COMplete45 CHEW	3	MP			
CELEBRATE MULTI-COMplete60 CAPS	3	MP; RX/OTC			
CELEBRATE MULTI-COMplete60 CHEW	3	MP			
CENTRAVITES 50 PLUS TABS	3	MP; RX/OTC			
CENTRAVITES ADULTS TABS	3	MP; RX/OTC			
CENTRUM ADULT MULTIGUMMIES CHEW	3	MP			
CENTRUM ADULTS 50+ MULTIGUMMIES CHEW	3	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CENTRUM SILVER ULTRA WOMENS TABS	3	MP; RX/OTC	CVS AIRSHIELD IMMUNITY SUPPORT CHEW	3	MP
CENTRUM SILVER WOMEN 50+ TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC	CVS DAILY MULTIVITAMIN/MINERAL MENS TABS	3	MP; RX/OTC
CENTRUM SILVER CHEW	3	MP	CVS EYE HEALTH ADULT 50+ CAPS	3	MP; RX/OTC
CENTRUM SILVER TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC	CVS IMMUNE SUPPORT CAPS	3	MP; RX/OTC
CENTRUM SPECIALIST HEART TABS	3	MP; RX/OTC	CVS ONE DAILY MENS 50+ ADVANCED TABS	3	MP; RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	3	MP; RX/OTC	CVS ONE DAILY WOMENS 50+ADVANCED TABS	3	MP; RX/OTC
CENTRUM SPECIALIST VISION TABS	3	MP; RX/OTC	CVS SPECTRAVITE ADULT 50+ CHEW	3	MP
CENTRUM ULTRA WOMENS TABS	3	MP; RX/OTC	CVS SPECTRAVITE ADULT 50+ TABS	3	MP; RX/OTC
CENTRUM VITAMINTS CHEW	3	MP	CVS SPECTRAVITE ADULTS TABS	3	MP; RX/OTC
CENTRUM WOMEN TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC	CVS SPECTRAVITE ULTRA MEN50+ TABS	3	MP; RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	3	MP; RX/OTC	CVS SPECTRAVITE ULTRA MENS HEALTH TABS	3	MP; RX/OTC
CERTAVITE SENIOR TABS	3	MP; RX/OTC	CVS SPECTRAVITE ULTRA WOMEN TABS	3	MP; RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	3	MP; RX/OTC	CVS SPECTRAVITE WOMEN CHEW	3	MP
CHOICEFUL MULTIVITAMIN CAPS	3	MP; RX/OTC	CVS VISION HEALTH CAPS	3	MP; RX/OTC
CHOICEFUL MULTIVITAMIN CHEW	3	MP	DAYAVITE TABS	3	MP; RX/OTC
CITRACAL +D3 MAXIMUM PLUS TABS	3	MP; RX/OTC	DECUBI-VITE CAPS	3	MP; RX/OTC
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	3	MP	DEKAS BARIATRIC CHEW	3	MP
CVS ADULT 50+ EYE HEALTH CAPS	3	MP; RX/OTC	DEKAS PLUS OCEAN CAPS	3	MP; RX/OTC
			DEKAS PLUS CAPS	3	MP; RX/OTC
			DEKAS PLUS CHEW	3	MP
			DERMACINRX MULTITAM TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMACINRX RIBOTIN-E TABS	3	MP; RX/OTC	EQL CENTURY MENS TABS	3	MP; RX/OTC
DERMACINRX ZINTREXYL-C TABS	3	MP; RX/OTC	EQL CENTURY WOMENS TABS	3	MP; RX/OTC
DERMAVITE TABS	3	MP; RX/OTC	EQL ONE DAILY ADULT GUMMIES CHEW	3	MP
DEXATRAN CAPS	3	MP; RX/OTC	EQL ONE DAILY MENS TABS	3	MP; RX/OTC
DIALYVITE SUPREME D TABS	3	MP; RX/OTC	ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	MP; RX/OTC
DIATROL TABS	3	MP; RX/OTC	EYE HEALTH/LUTEIN TABS	3	MP; RX/OTC
EMERGEN-C APPLE CIDER VINEGAR GUMMIES CHEW	3	MP	EYE HEALTH CAPS	3	MP; RX/OTC
EMERGEN-C ASHWAGANDHA GUMMIES CHEW	3	MP	EYE MULTIVITAMIN/LUTEIN CAPS	3	MP; RX/OTC
EMERGEN-C ELDERBERRY GUMMIES CHEW	3	MP	EYE MULTIVITAMIN/SODIUM TABS	3	MP; RX/OTC
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	3	MP	EYE MULTIVITAMIN CAPS	3	MP; RX/OTC
EMERGEN-C IMMUNE+ GUMMIES CHEW	3	MP	FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	3	MP; RX/OTC
EMERGEN-C TURMERIC & GINGER GUMMIES CHEW	3	MP	FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	3	MP; RX/OTC
EMERGEN-C VITAMIN C CHEW	3	MP	FLORRAVITE TABS	3	MP; RX/OTC
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	3	MP; RX/OTC	FOLAGENT DHA CAPS	3	MP; RX/OTC
EQ MULTIVITAMINS ADULT GUMMY CHEW	3	MP	FOLAMAX TABS	3	MP; RX/OTC
EQ ONE DAILY MENS 50+ TABS	3	MP; RX/OTC	FOLAMED DHA CAPS	3	MP; RX/OTC
EQ ONE DAILY MENS HEALTH TABS	3	MP; RX/OTC	FOLAPRIME TABS	3	MP; RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	3	MP; RX/OTC	FOLIFLEX TABS	3	MP; RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	3	MP; RX/OTC	FOLITIN-Z TABS	3	MP; RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	3	MP; RX/OTC	FREEDAVITE TABS	3	MP; RX/OTC
			FT CENTURY ADULTS TABS	3	MP; RX/OTC
			FT HAIR SKIN & NAILS EXTRA STRENGTH TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FT IMMUNE SUPPORT CHEW	3	MP
GENADEK STEP 1 CAPS	3	MP; RX/OTC
GENADEK STEP 2 CAPS	3	MP; RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	3	MP; RX/OTC
GNP CENTURY ADULT TABS	3	MP; RX/OTC
GNP THERAPEUTIC-M TABS	3	MP; RX/OTC
HAIR SKIN & NAILS ADVANCED FORMULA TABS	3	MP; RX/OTC
HAIR SKIN & NAILS TABS	3	MP; RX/OTC
HAIR/SKIN/NAI LS CAPS	3	MP; RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	3	MP; RX/OTC
HEALTHY EYES SUPERVISION2 CAPS	3	MP; RX/OTC
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	3	MP; RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	3	MP; RX/OTC
HM COMPLETE MEN TABS	3	MP; RX/OTC
HM HAIR/SKIN/NAI LS TABS	3	MP; RX/OTC
HYLAZINC TABS	3	MP; RX/OTC
ICAPS AREDS FORMULA TABS	3	MP; RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	3	MP; RX/OTC
IMMUNE SUPPORT CHEW	3	MP
KEYFOLIC TABS	3	MP; RX/OTC
KEYLOSA TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	3	MP; RX/OTC
LIVER DETOX TABS	3	MP; RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	3	MP; RX/OTC
MEDI TAB TABS	3	MP; RX/OTC
MEGA MULTI FOR MEN TABS	3	MP; RX/OTC
MEGA MULTI FOR WOMEN TABS	3	MP; RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	3	MP; RX/OTC
MENATROL CAPS	3	MP; RX/OTC
MENS 50+ ADVANCED CAPS	3	MP; RX/OTC
MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	3	MP; RX/OTC
MENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC
MENS MULTI VITAMIN & MINERAL FORMULA TABS	3	MP; RX/OTC
MENS MULTIVITAMIN CHEW	3	MP
MENS MULTIVITAMIN TABS	3	MP; RX/OTC
MOOD FOOD ES CAPS	3	MP; RX/OTC
MOOD FOOD CAPS	3	MP; RX/OTC
MULTIA CAPS	3	MP; RX/OTC
MULTI-BETIC DIABETES TABS	3	MP; RX/OTC
<i>multiple vitamins w/ minerals CAPS</i>	3	MP; RX/OTC
<i>multiple vitamins w/ minerals CHEW</i>	3	MP
<i>multiple vitamins w/ minerals TABS</i>	3	MP; RX/OTC
MULTITOL-M TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN ADULTS TABS	3	MP; RX/OTC	NUTRICAP TABS	3	MP; RX/OTC
MULTIVITAMIN MEN TABS	3	MP; RX/OTC	OCULAR VITAMINS TABS	3	MP; RX/OTC
MULTI-VITAMIN MONOCAPS 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
MULTIVITAMIN WOMEN TABS	3	MP; RX/OTC	OCUVITE ADULT 50+ CAPS	3	MP; RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS	3	MP; RX/OTC	OCUVITE ADULT FORMULA CAPS	3	MP; RX/OTC
MULTIVITAMIN TABS	3	MP; RX/OTC	OCUVITE LUTEIN CAPS	3	MP; RX/OTC
MVW COMPLETE FORMULATION CAPS	3	MP; RX/OTC	ONCOVITE TABS	3	MP; RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS	3	MP; RX/OTC	ONE A DAY ENERGY TABS	3	MP; RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS	3	MP; RX/OTC	ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	3	MP
MVW COMPLETE FORMULATIONMINIS CAPS	3	MP; RX/OTC	ONE A DAY MENS 50+ TABS	3	MP; RX/OTC
MVW HI-D ADEK GUMMIES CHEW	3	MP	ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	3	MP
MVW MODULATOR FORMULATION MINIS CAPS	3	MP; RX/OTC	ONE A DAY MENS VITACRAVES CHEW	3	MP
MVW MODULATOR FORMULATION CAPS	3	MP; RX/OTC	ONE A DAY TRIPLE IMMUNE SUPPORT ADULT TABS	3	MP; RX/OTC
MVW ORANGE CHEWABLES CHEW	3	MP	ONE A DAY WOMENS 50+ ADVANCED CHEW	3	MP
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	3	MP; RX/OTC	ONE A DAY WOMENS 50+ TABS	3	MP; RX/OTC
NATRUL-VITES TABS	3	MP; RX/OTC	ONE DAILY MENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC
NEOVITE TABS	3	MP; RX/OTC	ONE DAILY MENS FORMULA W/O IRON TABS	3	MP; RX/OTC
NICADAN ZX TABS	3	MP; RX/OTC	ONE DAILY WOMENS TABS	3	MP; RX/OTC
NICADAN TABS	3	MP; RX/OTC	ONE DIALY MULTIVITAMIN WOMENS TABS	3	MP; RX/OTC
NICAZEL FORTE TABS	3	MP; RX/OTC	ONE-A-DAY ENERGY 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	Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	3	MP	ONE-A-DAY VITACRAVES CHEW	3	MP
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW	3	MP	ONE-A-DAY WEIGHT SMART ADVANCED TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	3	MP; RX/OTC	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	3	MP; RX/OTC	ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
ONE-A-DAY MENS 50+ TABS	3	MP; RX/OTC	ONE-A-DAY WOMENS 50+ TABS	3	MP; RX/OTC
ONE-A-DAY MENS HEALTH FORMULA 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 MENS PRO EDGE TABS	3	MP; RX/OTC	ONE-A-DAY WOMENS PETITES TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	3	MP	ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
ONE-A-DAY MENS TABS	3	MP; RX/OTC	ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	3	MP
ONE-A-DAY PROACTIVE 65+ TABS	3	MP; RX/OTC	ONE-A-DAY WOMENS VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	3	MP; RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	3	MP; RX/OTC	ONE-A-DAY WOMENS VITACRAVES SOURGUMMIES CHEW	3	MP
ONE-A-DAY VITACRAVES ADULT CHEW	3	MP	ONE-A-DAY VITACRAVES WOMENS GUMMIES CHEW	3	MP
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	3	MP	ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	3	MP
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	3	MP	ONE-DAILY MULTI CAPS CAPS	3	MP; RX/OTC
ONE-A-DAY VITACRAVES WOMENS GUMMIES CHEW	3	MP	ONEVITE TABS	3	MP; RX/OTC
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	3	MP	OPTIFAST POST BARIATRIC CHEW	3	MP
			OPTIMUM AIRVITES CHEW	3	MP
			OPTISOURCE POST BARIATRIC SURGERY CHEW	3	MP

Drug Name	Drug Tier	Requirements/Limits
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
PHYTOMULTI TABS	3	MP; RX/OTC
PRESCRIPTION SUPPORT MULTIVITAMIN CAPS 100 MG-400 MCG-2.5 MG-5 MG-4.25 MG-5 MG-25 MG-75 MG-250 UNIT-15 UNIT-50 MG-100 MCG-7.5 MG-50 MG-5000 UNIT-500 MCG	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
PROBIOTICS + BARIATRIC MULTIVITAMIN 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

Drug Name	Drug Tier	Requirements/Limits
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 MENS 50+ 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
SKIN HAIR & NAILS ADVANCED BEAUTY CAPS	3	MP; RX/OTC
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 <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
STROVITE ONE TABS	3	MP; RX/OTC
SUPER ANTIOXIDANT CAPS	3	MP; RX/OTC
SUPER D/ZINC/SELENIUM/COPPER TABS	3	MP; RX/OTC
SUPERIOR MENS MULTI TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUPERIOR WOMENS MULTI TABS	3	MP; RX/OTC	VISION OPTIMIZER CAPS	3	MP; RX/OTC
SUPPORT-500 CAPS	3	MP; RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	3	MP; RX/OTC
SYSTANE ICAPS AREDS2 CHEW	3	MP	VISTA ADVANCED DRY EYE FORMULA CAPS	3	MP; RX/OTC
SYSTANE ICAPS AREDS2 TABS	3	MP; RX/OTC	VITABEX PLUS CAPS	3	MP; RX/OTC
THERA M PLUS TABS	3	MP; RX/OTC	VITABEX CAPS	3	MP; RX/OTC
THERABETIC MULTI-VITAMIN TABS	3	MP; RX/OTC	VITACHEW ADULT MULTI VITAMIN CHEW	3	MP
THERAGRAN-M ADVANCED 50 PLUS TABS	3	MP; RX/OTC	VITAJoy MULTI GUMMIES ADULT CHEW	3	MP
THERAGRAN-M ADVANCED TABS	3	MP; RX/OTC	VITAROCA PLUS TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	3	MP; RX/OTC	VITASANA TABS	3	MP; RX/OTC
THERAGRAN-M PREMIER TABS	3	MP; RX/OTC	VITEYES CLASSIC ADVANCED CAPS	3	MP; RX/OTC
THERAGRAN-M TABS	3	MP; RX/OTC	VITEYES CLASSIC MACULAR SUPPORT CAPS	3	MP; RX/OTC
THERAMILL FORTE CAPS	3	MP; RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	3	MP; RX/OTC
THERA-M TABS	3	MP; RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	3	MP; RX/OTC
THERANATAL LACTATION ONE CAPS	3	MP; RX/OTC	VITEYES CLASSIC/OMEGA-3 CAPS	3	MP; RX/OTC
THERA-TABS M TABS	3	MP; RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	3	MP; RX/OTC
THERA-VITE MAX-M TABS	3	MP; RX/OTC	VITEYES CLASSIC CAPS	3	MP; RX/OTC
THEREMS-M TABS	3	MP; RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	3	MP; RX/OTC
T-VITES TABS	3	MP; RX/OTC	VITRAMYN TABS	3	MP; RX/OTC
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	VITRANOL FE TABS	3	MP; RX/OTC
ULTRA BONEUP TABS	3	MP; RX/OTC	VITRANOL TABS	3	MP; RX/OTC
VENEXA FE TABS	3	MP; RX/OTC	VITREXATE FE TABS	3	MP; RX/OTC
VENEXA TABS	3	MP; RX/OTC	VITREXATE TABS	3	MP; RX/OTC
VENTRIXYL FE TABS	3	MP; RX/OTC	VITREXYL/IRON TABS	3	MP; RX/OTC
VENTRIXYL TABS	3	MP; RX/OTC			
VISION HEALTH CAPS	3	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
VITREXYL 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
Multivitamins		
ALTRIXA TABS	3	MP; RX/OTC
AMLADEX TABS	3	MP; RX/OTC
ESTROFACTORS TABS	3	MP; RX/OTC
FOLCYTEINE TABS	3	MP; RX/OTC
GENICIN VITA-Q TABS	3	MP; RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	3	MP; RX/OTC
MULTI VITAMIN/D-3 TABS	3	MP; RX/OTC
MULTI VITAMIN TABS	3	MP; RX/OTC
<i>multiple vitamin TABS</i>	3	MP; RX/OTC
MULTIVITAMIN ADULT TABS	3	MP; RX/OTC
NEOMULTIVITE TABS	3	MP; RX/OTC
OMNICAP TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE DAILY ESSENTIALS 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
STRESS FORMULA W/ZINC FOREENERGY 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
TRUE MULTIVITAMIN TABS	3	MP; RX/OTC
VITAZYME TABS	3	MP; RX/OTC
Ped Multi Vitamins w/FI & FE		
<i>ped multivitamins w/fi & iron SOLN</i>	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC
Ped Multiple Vitamins w/ Minerals		
DEKAS PLUS LIQD	4	RX/OTC
MVW COMPLETE FORMULATIONPEDIATRIC SOLN	3	MP
Ped MV w/ Fluoride		
FLORAFOL PEDIATRIC CHEW 70 MG-1 MG-12 MG-1.15 MG-1 MG-12 MCG-11.5 MG-700 MCG-3.5 MCG-0.5 MG-250 MCG	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLORAFOL PEDIATRIC CHEW 70 MG-1 MG-12 MG-1.15 MG-1 MG-12 MCG-11.5 MG-700 MCG-3.5 MCG-1 MG-250 MCG	3	AL(Up to 12 yrs old); MP; RX/OTC	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.25 MG-600 MCG-4.5 MCG-230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG-600 MCG-4.5 MCG-230 MCG	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC
FLORIVA PLUS SOLN	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG-600 MCG-4.5 MCG-230 MCG	3	AL(Up to 12 yrs old); MP; RX/OTC
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	<i>pediatric multivitamins w/fl CHEW</i>	3	AL(Up to 12 yrs old); 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	<i>pediatric multivitamins w/fl CHEW</i>	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-1 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT-400 UNIT-15 UNIT-1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC	<i>pediatric multivitamins w/fl SOLN</i>	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC	<i>pediatric vitamins acid w/ fluoride SOLN</i>	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN WITH FLUORIDE SOLN	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC	POLY-VI-FLOR CHEW 400 UNIT-15 UNIT-1 MG-200 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-600 MCG-4.5 MCG-1 MG-200 MCG	3	AL(Up to 12 yrs old); MP; RX/OTC
			POLY-VI-FLOR CHEW	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
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	EQL PRENATAL FORMULA TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
QUFLORA PEDIATRIC SOLN	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC	GNP PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
SOLUVITA SOLN	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC	KP PRENATAL MULTIVITAMINS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
VITAMINS A/C/D/FLUORIDE SOLN	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC	MASONATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
Pediatric Vitamins			M-NATAL PLUS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
TRI-VI-SOL A/C/D	3	MP	NEONATAL COMPLETE TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
VITAMIN A/C/D INFANT	3	MP	NEONATAL PLUS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
VITAMIN A/C/D INFANT/TODDLER	3	MP	NESTABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
Prenatal Vitamins			NIVA-PLUS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
CLASSIC PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
COMPLETENATE CHEW	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
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	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); 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
PRENATAL FORTE TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL MULTIVITAMIN TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	PRENATVITE RX TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL PLUS VITAMIN AND MINERAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	PX PRENATAL MULTIVITAMINS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATAL PLUS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	QC PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
<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	RA PRENATAL FORMULA/FOLICACID TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i>	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC	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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
SE-NATAL 19 TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC	Central Muscle Relaxants			
SM PRENATAL VITAMINS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	AMRIX CP24 (cyclobenzaprine hcl)	2		
THERANATAL CORE NUTRITION TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	baclofen SOLN OR 5 MG/5ML	1	PA	
THRIVITE RX TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC	baclofen SUSP	2		
TRICARE TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	baclofen TABS	1		
TRINATAL RX 1 TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	chlorzoxazone TABS	2		
VITATHELY/GINGER TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	cyclobenzaprine hcl CP24	2		
WESTAB PLUS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	cyclobenzaprine hcl TABS	1		
Vitamins w/ Lipotropics			cyclobenzaprine hcl TABS 7.5 MG	2		
ACTIFLOVIT EAR HEALTH TABS	3	MP	FLEQSUVY SUSP (baclofen)	2		
LIPOTRIAD TABS (vitamins w/ lipotropics)	3	MP	LYVISPAH PACK	2		
<i>vitamins w/ lipotropics TABS</i>	3	MP	metaxalone	2		
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			methocarbamol TABS 500 MG, 750 MG	1		
			DANTRIUM CAPS 25 MG (dantrolene sodium)	2		
			METHOCARBAMOL TABS 1000 MG	2		
			METHOCARBAMOL TABS	2		
			Direct Muscle Relaxants			
			orphenadrine citrate TB12	1		
			OZOBAX SOLN OR (baclofen)	1	PA	
			tizanidine hcl CAPS	2		
			tizanidine hcl TABS	1		
			ZANAFLEX CAPS (tizanidine hcl)	2		
ZANAFLEX TABS 4 MG (tizanidine hcl)	2					
			Fibrodysplasia Ossificans Progressiva (FOP) Agents			
			SOHONOS	CO	SP	

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (nasal)</i>	2	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	2	RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	NF	RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	2	RX/OTC
<i>flunisolide (nasal) 0.025 %</i>	2	
<i>fluticasone propionate (nasal) SUSP</i>	2	RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	1	RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	2	RX/OTC
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	2	QL(16.9 ml per 30 day(s) retail)
NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	2	RX/OTC
OMNARIS SUSP	2	
QNASL	2	
QNASL CHILDRENS	2	
<i>triamcinolone acetonide (nasal) AERO</i>	2	QL(16.9 ml per 30 day(s) 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELYVRIO	3	QL(60 ea per 30 day(s) retail); AL(At least 18 yrs old); SP; PA	GENTEAL TEARS SEVERE DAY/NIGHT GEL	3	
RILUTEK TABS (<i>riluzole</i>)	3		<i>polyethylene glycol-propylene glycol (ophth) GEL</i>	3	
<i>riluzole</i> TABS	3		<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	3	
TEGLUTIK SUSP	3	AL(At least 18 yrs old); PA	<i>polyvinyl alcohol 1.4 %</i>	3	
TIGLUTIK SUSP	3	AL(At least 18 yrs old); PA	<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML</i>	3	
Friedrich's Ataxia Agents			REFRESH LIQUIGEL GEL (<i>carboxymethylcellulose sodium (ophth)</i>)	3	
SKYCLARYS	CO	SP	REFRESH PLUS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	3	
Rett Syndrome Agents			REFRESH PLUS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF	
DAYBUE	CO	SP	REFRESH TEARS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	3	
NUTRIENTS			SYSTANE GEL GEL	3	
Misc. Nutritional Substances			SYSTANE ULTRA SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	NF	
<i>omega-3 fatty acids</i> CAPS	3		SYSTANE ULTRA SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	3	
<i>omega-3 fatty acids</i> CPDR	3		SYSTANE SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	3	
Proteins			THERATEARS GEL (<i>carboxymethylcellulose sodium (ophth)</i>)	3	
L-ORNITHINE POWD	4		<i>white petrolatum-mineral oil</i>	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			Beta-blockers - Ophthalmic		
Artificial Tears and Lubricants			<i>betaxolol hcl (ophth) SOLN</i>	2	
<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				

Drug Name	Drug Tier	Requirements/Limits
BETIMOL	2	
BETOPTIC-S SUSP	1	
<i>brimonidine tartrate-timolol maleate</i>	2	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	1	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	2	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	2	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	2	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	2	
<i>levobunolol hcl 0.5 %</i>	2	
<i>timolol maleate (ophth) SOLG</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1	
<i>timolol maleate (ophth) SOLN</i>	2	
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	2	
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	2	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
Cholinergic Agonists		
TYRVAYA	2	QL(8.4 ml per 30 day(s) retail)
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate (ophthalmic) SOLN</i>	3	
ATROPINE SULFATE SOLN 1 %	3	
CYCLOGYL (<i>cyclopentolate hcl</i>)	3	
CYCLOGYL	3	
<i>cyclopentolate hcl 1 %, 2 %</i>	3	
ISOPTO ATROPINE SOLN	3	
MYDRIACYL SOLN (<i>tropicamide</i>)	3	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	3	
<i>tropicamide SOLN</i>	3	
Miotics		
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	3	
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<i>brimonidine tartrate</i>)	2	
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate 0.2 %</i>	1	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	2	
IOPIDINE	2	
SIMBRINZA	1	
Ophthalmic Anti-infectives		
AZASITE	2	
BACIGUENT	3	
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	3	
BESIVANCE	2	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCIN	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	2	
<i>gentamicin sulfate (ophth) OINT</i>	3	
<i>gentamicin sulfate (ophth) SOLN</i>	3	
KLARITY-A	2	
<i>levofloxacin (ophth) 0.5 %</i>	2	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	2	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
OCUFLOX (<i>ofloxacin (ophth)</i>)	2	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	3	
<i>sulfacetamide sodium (ophth) OINT</i>	3	
<i>sulfacetamide sodium (ophth) SOLN</i>	3	
<i>tobramycin (ophth) SOLN</i>	3	
<i>trifluridine</i>	4	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	2	
ZYMAXID (<i>gatifloxacin (ophth)</i>)	2	
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	3	
NAPHCON-A (<i>naphazoline w/ pheniramine</i>)	3	
Ophthalmic Immunomodulators		

Drug Name	Drug Tier	Requirements/Limits
CEQUA SOLN	2	QL(60 ea per 30 day(s) retail)
<i>cyclosporine (ophth) EMUL</i>	2	QL(60 ea per 30 day(s) retail)
KLARITY-C DROPS EMUL	2	QL(4 ml daily); AL(At least 4 yrs old)
RESTASIS MULTIDOSE EMUL	1	QL(5.5 ml per 30 day(s) retail)
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	1	QL(60 ea per 30 day(s) retail)
VERKAZIA EMUL	2	QL(4 ea daily); AL(At least 4 yrs old)
VEVYE SOLN	2	QL(2 ml per 30 day(s) retail; 2 ml per 30 days mail); AL(At least 18 yrs old)
Ophthalmic Integrin Antagonists		
XIIDRA	1	QL(60 ea per 30 day(s) retail)
Ophthalmic Kinase Inhibitors		
RHOPRESSA	1	
ROCKLATAN	1	
Ophthalmic Local Anesthetics		
ALCAINE (<i>proparacaine hcl</i>)	3	
<i>proparacaine hcl</i>	3	
Ophthalmic Nerve Growth Factors		
OXERVATE	3	QL(28 ml per 28 day(s) retail); 4 max fill(s) per 365 day(s) retail; 56 day(s) max supply per 365 day(s) retail; AL(At least 2 yrs old); SP; PA
Ophthalmic Steroids		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALREX SUSP (loteprednol etabonate)	2		ACULAR LS (ketorolac tromethamine (ophth))	2	
bacitracin-poly-neomycin-hc	3		ACUVAIL	2	
dexamethasone sodium phosphate (ophth)	3		ALOCRIAL	2	
EYSUVIS SUSP	2	QL(8.3 ml per 14 day(s) retail)	ALOMIDE	2	
fluorometholone (ophth) SUSP	3	QL(15 ml per 30 day(s) retail)	azelastine hcl (ophth)	1	
FML LIQUIFILM SUSP (fluorometholone (ophth))	3	QL(15 ml per 30 day(s) retail)	AZOPT (brinzolamide)	1	
loteprednol etabonate SUSP 0.2 %	2		bepotastine besilate	2	
MAXITROL OINT (neomycin-polymyx-dexameth)	3		BEPREVE (bepotastine besilate)	2	
MAXITROL SUSP (neomycin-polymyx-dexameth)	3		brinzolamide	2	
neomycin-polymyx-dexameth OINT	3		bromfenac sodium (ophth)	2	
neomycin-polymyx-dexameth SUSP	3		BROMSITE (bromfenac sodium (ophth))	2	
PRED FORTE (prednisolone acetate (ophth))	3		cromolyn sodium (ophth)	1	
prednisolone acetate (ophth)	3		diclofenac sodium (ophth)	1	
PREDNISOLONE ACETATE P-F	3		dorzolamide hcl	1	
PREDNISOLONE SODIUM PHOSPHATE	3		DORZOLAMIDE HCL	2	
sulfacetamide sod-prednisolone SOLN	3		epinastine hcl (ophth)	2	
TOBRADEX SUSP (tobramycin-dexamethasone)	3		flurbiprofen sodium	1	
tobramycin-dexamethasone SUSP	3		ILEVRO	2	
Ophthalmics - Misc.			ketorolac tromethamine (ophth) 0.4 %	2	
ACULAR (ketorolac tromethamine (ophth))	2		ketorolac tromethamine (ophth) 0.5 %	1	
			ketotifen fumarate (ophth) 0.035 %	1	
			LASTACAFT	2	
			MIEBO	2	QL(0.1 ml daily); AL(At least 18 yrs old)
			MURO 128 OINT (sodium chloride hypertonic)	NF	
			MURO 128 OINT (sodium chloride hypertonic)	3	
			MURO 128 SOLN (sodium chloride hypertonic)	NF	
			NEVANAC	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl</i>	1	RX/OTC	<i>ciprofloxacin hcl (otic)</i>	2	
PATADAY (<i>olopatadine hcl</i>)	2	RX/OTC	<i>ofloxacin (otic)</i>	1	
PATADAY EXTRA STRENGTH	2		Otic Combinations		
PROLENSA (<i>bromfenac sodium (ophth)</i>)	2		CIPRO HC	2	
<i>sodium chloride hypertonic OINT</i>	3		CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	1	
<i>sodium chloride hypertonic SOLN</i>	3		<i>ciprofloxacin-dexamethasone</i>	1	
TRUSOPT (<i>dorzolamide hcl</i>)	2		<i>ciprofloxacin-fluocinolone acetamide</i>	2	
ZADITOR 0.035 % (<i>ketotifen fumarate (ophth)</i>)	1		<i>neomycin-polymyxin-hc (otic) SOLN</i>	3	
ZERVIATE	2		<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
Prostaglandins - Ophthalmic			OTOVEL (<i>ciprofloxacin-fluocinolone acetamide</i>)	2	
<i>bimatoprost SOLN</i>	2		Otic Steroids		
IYUZEH SOLN	2		<i>hydrocortisone w/acetic acid</i>	3	
<i>latanoprost SOLN</i>	1		OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
LATANOPROST SOLN	2		Oxytocics		
LUMIGAN SOLN 0.01 %	2		<i>methylergonovine maleate TABS</i>	3	QL(28 ea per 180 day(s) retail); AL(At least 12 yrs old)
<i>tafluprost</i>	2		PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
TRAVATAN Z SOLN (<i>travoprost</i>)	2		Monoclonal Antibodies		
<i>travoprost SOLN</i>	2		BEYFORTUS	3	SP; MP; PA
VYZULTA	2		SYNAGIS SOLN	3	SP; MP; PA
XALATAN SOLN (<i>latanoprost</i>)	2		PENICILLINS - Drugs to Treat Bacterial Infections		
XELPROS EMUL	2		Aminopenicillins		
ZIOPTAN (<i>tafluprost</i>)	2		<i>amoxicillin CAPS</i>	3	MP
OTIC AGENTS - Drugs to Treat the Ear					
Otic Agents - Miscellaneous					
<i>acetic acid (otic)</i>	3				
Otic Anti-infectives					
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2				

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

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

Drug Name	Drug Tier	Requirements/ Limits
MEDIDERM	4	RX/OTC
MICRODERM BASE	4	RX/OTC
MICROSOME BASE	4	RX/OTC
MULTIBASE	4	RX/OTC
MULTI-PHASIC PENETRATINGCOMPOU ND BASE	4	RX/OTC
NOURILITE	4	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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
PENSOMAL CREAM	4	RX/OTC
PETROLATUM	3	RX/OTC
PETROLEUM JELLY	3	RX/OTC
PETROLEUM JELLYBABY	3	RX/OTC
PFCB	4	RX/OTC
PHARMABASE ANTIOXIDANT	4	RX/OTC
PHARMABASE COSMETIC	4	RX/OTC
PHARMABASE COSMETIC NATURAL	4	RX/OTC
PHARMABASE HEAVY	4	RX/OTC
PHARMABASE LIGHT	4	RX/OTC
PHARMABASE VAGINAL MOISTURIZING	4	RX/OTC
PHYTOBASE	4	RX/OTC
POLYETHYLENE GLYCOL BLEND	4	RX/OTC
P-SILOXAN DS	4	RX/OTC
RA PETROLEUM JELLY	3	RX/OTC
SA3 DERM	4	RX/OTC
SALT DURABLE CREAM	4	RX/OTC
SALT STABLE LS ADVANCED	4	RX/OTC
SALTSTABLE LO	4	RX/OTC
SANARE ADVANCED SCAR THERAPY	4	RX/OTC
SANARE SCAR THERAPY	4	RX/OTC
SCAR CARE CREAM	4	RX/OTC
SILPROTEX PLUS	4	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SKIN PROTECTANT PETROLATUM	3	RX/OTC
SKYY DERM	4	RX/OTC
TERODERM	4	RX/OTC
TERODERM-PLUS	4	RX/OTC
U-BASE	4	RX/OTC
VANIBASE	4	RX/OTC
VANISHING CREAM	4	RX/OTC
VANISHING CREAM BOTANICALBASE	4	RX/OTC
VANISH-PEN	4	RX/OTC
VERSAPRO	4	RX/OTC
VERSATILE CREAM BASE	4	RX/OTC
VERSATILE RICH CREAM BASE	4	RX/OTC
VERSIGEL	4	RX/OTC
VP DERMABASE	4	RX/OTC
WOUND CARE CREAM	4	RX/OTC
XCEL 100	4	RX/OTC
XEMATOP BASE	4	RX/OTC
YELLOW PETROLATUM	3	RX/OTC
ZOE SCRIPTS IDEALBASE	4	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>norethindrone acetate</i>)	2	MP
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>megestrol acetate (appetite)</i>	2	
<i>norethindrone acetate TABS</i>	1	MP
<i>progesterone CAPS</i>	1	MP
<i>progesterone OIL</i>	2	MP

Drug Name	Drug Tier	Requirements/Limits
PROMETRIUM CAPS (<i>progesterone</i>)	2	MP
PROVERA (<i>medroxyprogesterone acetate</i>)	2	MP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>lofexidine hcl</i>	1	
LUCEMYRA (<i>lofexidine hcl</i>)	1	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	3	QL(18 ml daily); AL(At least 7 yrs old); SP; PA
XYWAV	3	QL(18 ml daily); AL(At least 7 yrs old); SP; PA
Antidementia Agents		
ADLARITY PTWK	3	PA
ARICEPT TABS (<i>donepezil hydrochloride</i>)	2	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	
<i>donepezil hydrochloride TABS 23 MG</i>	2	
<i>donepezil hydrochloride TBDP</i>	1	
EXELON (<i>rivastigmine</i>)	1	
<i>galantamine hydrobromide CP24</i>	2	
<i>galantamine hydrobromide SOLN</i>	2	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24</i>	2	
<i>memantine hcl SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl</i> TABS	1		AVONEX PEN AJKT	1	SP
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	2		AVONEX PSKT	1	QL(4 ml per fill retail); SP
NAMENDA XR CP24 (<i>memantine hcl</i>)	2		BAFIERTAM	2	QL(4 ea daily); SP
NAMENDA TABS (<i>memantine hcl</i>)	2		BETASERON KIT	1	SP
NAMZARIC C4PK	2		COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	1	SP
NAMZARIC CP24	2		COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	2	SP
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	2		<i>dalfampridine</i>	3	QL(2 ea daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA
<i>rivastigmine</i>	2		<i>dimethyl fumarate</i> CDPK	1	SP
<i>rivastigmine tartrate</i> CAPS	1		<i>dimethyl fumarate</i> CPDR	1	SP
Fibromyalgia Agents			EXTAVIA KIT	2	SP
SAVELLA TITRATION PACK MISC	1		<i>ingolimod hcl</i>	1	SP
SAVELLA TABS	1		GILENYA	2	SP
Movement Disorder Drug Therapy			<i>glatiramer acetate</i> SOSY	2	SP
AUSTEDO XR PATIENT TITRATION KIT TEPK	3	AL(At least 18 yrs old); SP; PA	KESIMPTA	2	SP
AUSTEDO XR TB24	3	AL(At least 18 yrs old); SP; PA	MAVENCLAD	2	SP
AUSTEDO TABS	3	AL(At least 18 yrs old); SP; PA	MAYZENT STARTER PACK TBPK	2	SP
INGREZZA CAPS	3	AL(At least 18 yrs old); SP; PA	MAYZENT TABS	2	SP
INGREZZA CPPK	3	AL(At least 18 yrs old); SP; PA	PLEGRIDY STARTER PACK SOAJ SC	2	SP
Multiple Sclerosis Agents			PLEGRIDY STARTER PACK SOSY SC	2	SP
AMPYRA (<i>dalfampridine</i>)	3	QL(2 ea daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA	PLEGRIDY SOAJ SC 125 MCG/0.5ML	2	SP
AUBAGIO (<i>teriflunomide</i>)	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); SP
			PONVORY TABS	2	AL(At least 18 yrs old - Up to 55 yrs old); SP
			REBIF REBIDOSE TITRATIONPACK SOAJ	2	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SOAJ	2	SP	<i>bupropion hcl (smoking deterrent)</i>	3	QL(2 ea daily)
REBIF TITRATION PACK SOSY	2	SP	NICODERM CQ PT24 TD (<i>nicotine</i>)	3	QL(1 ea daily)
REBIF SOSY 44 MCG/0.5ML	2	QL(7.5 ml per 30 day(s) retail); SP	NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	3	QL(20 ea daily)
REBIF SOSY 22 MCG/0.5ML	2	SP	NICORETTE STARTER KIT GUM 2 MG (<i>nicotine polacrilex</i>)	3	QL(30 ea daily)
TASCENSO ODT 0.25 MG	2	AL(At least 10 yrs old - Up to 17 yrs old); SP	NICORETTE STARTER KIT GUM 4 MG (<i>nicotine polacrilex</i>)	3	QL(24 ea daily)
TASCENSO ODT 0.5 MG	2	AL(At least 10 yrs old - Up to 18 yrs old); SP	NICORETTE GUM 2 MG (<i>nicotine polacrilex</i>)	3	QL(30 ea daily)
TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	2	SP	NICORETTE GUM 4 MG (<i>nicotine polacrilex</i>)	3	QL(24 ea daily)
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	2	SP	NICORETTE LOZG (<i>nicotine polacrilex</i>)	3	QL(20 ea daily)
<i>teriflunomide</i>	1	SP	<i>nicotine polacrilex GUM 2 MG</i>	3	QL(30 ea daily)
VUMERITY	2	SP	<i>nicotine polacrilex GUM 4 MG</i>	3	QL(24 ea daily)
ZEPOSIA 7-DAY STARTER PACK CPPK	2	SP	<i>nicotine polacrilex LOZG</i>	3	QL(20 ea daily)
ZEPOSIA STARTER KIT CPPK	2	SP	NICOTINE TRANSDERMAL SYSTEM KIT	3	QL(1 ea daily)
ZEPOSIA CAPS	2	SP	<i>nicotine MISC XX</i>	3	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	3	QL(1 ea daily)
<i>gabapentin (once-daily) TABS</i>	1		NICOTROL INHALER INHA	3	QL(168 ea per 30 day(s) retail)
GRALISE TABS	1		NICOTROL NS SOLN	3	QL(40 ml per 30 day(s) retail)
GRALISE TABS (<i>gabapentin (once-daily)</i>)	1		<i>varenicline tartrate TABS</i>	3	QL(2 ea daily; 60 ea per fill retail); 6 max fill(s) per 365 day(s) retail
Restless Leg Syndrome (RLS) Agents			<i>varenicline tartrate TBPK</i>	1	QL(2 ea daily); 6 max fill(s) per 365 day(s) retail
HORIZANT	1		RESPIRATORY AGENTS - MISC. - Drugs to Treat		
Smoking Deterrents					
APO-VARENICLINE TABS	3	QL(2 ea daily; 60 ea per fill retail); 6 max fill(s) per 365 day(s) retail			

Drug Name	Drug Tier	Requirements/Limits
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
PULMOZYME	3	SP; PA
TRIKAFTA THPK	CO	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	3	
<i>doxycycline (monohydrate) SUSR</i>	3	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	3	
<i>doxycycline hyclate CAPS</i>	3	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	3	
<i>minocycline hcl CAPS</i>	3	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	3	
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	3	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	3	MP
<i>propylthiouracil</i>	3	MP

Drug Name	Drug Tier	Requirements/Limits
Thyroid Hormones		
ADTHYZA TABS	3	MP
ARMOUR THYROID TABS	3	MP
CYTOMEL TABS (<i>liothyronine sodium</i>)	3	MP
ERMEZA SOLN OR	3	
<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>	2	
<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	3	

Drug Name	Drug Tier	Requirements/ Limits
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (<i>levothyroxine sodium</i>)	3	
TIROSINT-SOL SOLN OR 13 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML	3	
TRIOSTAT SOLN (<i>liothyronine sodium</i>)	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	4	
BOOSTRIX SUSP	4	
BOOSTRIX SUSY	4	
DAPTACEL	4	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	4	
INFANRIX	4	
KINRIX SUSY	4	
PEDIARIX SUSY	4	
PENTACEL	4	
QUADRACEL SUSP	4	
QUADRACEL SUSY	4	
TDVAX SUSP	4	
TENIVAC INJ	4	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	4	
VAXELIS SUSP	4	
VAXELIS SUSY	4	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		

Drug Name	Drug Tier	Requirements/ Limits
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</i> CAPS	3	AL(Up to 64 yrs old)
<i>dicyclomine hcl</i> SOLN OR	3	AL(Up to 64 yrs old)
<i>dicyclomine hcl</i> TABS	3	AL(Up to 64 yrs old)
<i>glycopyrrolate</i> SOLN OR 1 MG/5ML	3	AL(Up to 12 yrs old)
<i>glycopyrrolate</i> TABS 1 MG, 2 MG	3	
<i>hyoscyamine sulfate</i> ELIX	3	AL(Up to 64 yrs old)
<i>hyoscyamine sulfate</i> SOLN OR 0.125 MG/ML	3	AL(Up to 64 yrs old)
<i>hyoscyamine sulfate</i> SUBL 0.125 MG	3	AL(Up to 64 yrs old)
<i>hyoscyamine sulfate</i> TABS 0.125 MG	3	AL(Up to 64 yrs old)
<i>hyoscyamine sulfate</i> TB12 0.375 MG	3	AL(Up to 64 yrs old)
<i>hyoscyamine sulfate</i> TBDP 0.125 MG	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</i> OR 300 MG/5ML	3	
<i>cimetidine</i> TABS	3	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>famotidine SUSR</i>	3	AL(Up to 6 yrs old)	NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	2	QL(2 ea daily); RX/OTC
<i>famotidine TABS</i>	3		NEXIUM 24HR TBEC (<i>esomeprazole magnesium</i>)	2	
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	3	RX/OTC	NEXIUM CPDR 40 MG (<i>esomeprazole magnesium</i>)	2	
PEPCID AC TABS (<i>famotidine</i>)	3		NEXIUM CPDR 20 MG (<i>esomeprazole magnesium</i>)	2	QL(2 ea daily); RX/OTC
PEPCID TABS (<i>famotidine</i>)	3	RX/OTC	NEXIUM PACK (<i>esomeprazole magnesium</i>)	1	QL(2 ea daily)
TAGAMET HB 200 TABS (<i>cimetidine</i>)	3	RX/OTC	NEXIUM PACK (<i>esomeprazole magnesium</i>)	1	QL(2 ea daily)
TAGAMET HB TABS (<i>cimetidine</i>)	3	RX/OTC	Misc. Anti-Ulcer		
Misc. Anti-Ulcer			CARAFATE TABS (<i>sucralfate</i>)	3	QL(4 ea daily)
CARAFATE TABS (<i>sucralfate</i>)	3	QL(4 ea daily)	<i>sucralfate TABS</i>	3	QL(4 ea daily)
<i>sucralfate TABS</i>	3	QL(4 ea daily)	Proton Pump Inhibitors		
Proton Pump Inhibitors			<i>omeprazole magnesium CPDR</i>	2	QL(2 ea daily)
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	2		<i>omeprazole magnesium TBEC</i>	2	
DEXILANT (<i>dexlansoprazole</i>)	2		<i>omeprazole CPDR 20 MG</i>	1	
<i>dexlansoprazole</i>	2		<i>omeprazole CPDR 10 MG, 40 MG</i>	1	QL(2 ea daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	2	QL(2 ea daily); RX/OTC	<i>omeprazole TBDD</i>	2	
<i>esomeprazole magnesium CPDR 40 MG</i>	2		<i>omeprazole TBEC</i>	2	QL(2 ea daily)
<i>esomeprazole magnesium PACK</i>	2	QL(2 ea daily)	<i>pantoprazole sodium PACK</i>	2	QL(2 ea daily)
<i>esomeprazole magnesium TBEC</i>	2		<i>pantoprazole sodium TBEC</i>	1	QL(2 ea daily)
<i>lansoprazole CPDR 30 MG</i>	2		PREVACID 24HR CPDR (<i>lansoprazole</i>)	2	QL(1 ea daily); RX/OTC
<i>lansoprazole CPDR 15 MG</i>	2	QL(1 ea daily); RX/OTC	PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	2	RX/OTC
<i>lansoprazole TBDD</i>	2	RX/OTC	PREVACID CPDR 30 MG (<i>lansoprazole</i>)	2	
NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	2	QL(2 ea daily); RX/OTC	PRILOSEC OTC TBEC (<i>omeprazole magnesium</i>)	2	
			PRILOSEC PACK	2	
			PROTONIX PACK (<i>pantoprazole sodium</i>)	1	QL(2 ea daily)
			PROTONIX TBEC (<i>pantoprazole sodium</i>)	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	2	
<i>rabeprazole sodium TBEC</i>	2	
VOQUEZNA	3	QL(1 ea daily); AL(At least 18 yrs old); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC (<i>misoprostol</i>)	3	QL(4 ea daily)
<i>misoprostol</i>	3	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	2	QL(224 ea per fill retail)
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	2	
KONVOMEK SUSR	2	
OMECLAMOX-PAK	2	
<i>omeprazole-sodium bicarbonate CAPS</i>	2	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	2	
PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	1	
TALICIA	2	
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	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 (<i>tolterodine tartrate</i>)	2	
DETROL TABS (<i>tolterodine tartrate</i>)	2	
DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	2	
<i>fesoterodine fumarate</i>	1	MP
GELNIQUE GEL 10 %	2	
<i>oxybutynin chloride SOLN</i>	1	
<i>oxybutynin chloride TABS</i>	1	
<i>oxybutynin chloride TB24</i>	1	
OXYTROL FOR WOMEN PTTW	3	RX/OTC
OXYTROL PTTW	2	RX/OTC
<i>solifenacin succinate TABS</i>	1	
<i>tolterodine tartrate CP24</i>	2	
<i>tolterodine tartrate TABS</i>	2	
TOVIAZ (<i>fesoterodine fumarate</i>)	2	MP
<i>trospium chloride CP24</i>	2	
<i>trospium chloride TABS</i>	2	
VESICARE LS SUSP	2	
VESICARE TABS (<i>solifenacin succinate</i>)	2	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	2	
<i>mirabegron TB24</i>	2	
MYRBETRIQ SRER	2	
MYRBETRIQ TB24 (<i>mirabegron</i>)	2	
MYRBETRIQ TB24	2	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	3	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VACCINES					
Bacterial Vaccines					
ACTHIB SOLR IM	4		AFLURIA QUADRIVALENT 2022-2023 SUSY	4	
BCG VACCINE	4		AFLURIA QUADRIVALENT 2023-2024 SUSP	4	
BEXSERO	4		AFLURIA QUADRIVALENT 2023-2024 SUSY	4	
BIOTHRAX	4		AREXVY	4	AL (At least 60 yrs old)
CAPVAXIVE	4		AUDENZ EMUL IM	4	
HIBERIX SOLR IJ	4		AUDENZ PRSY IM	4	
MENACTRA	4		COMIRNATY 2023-24 SUSP	4	
MENQUADFI	4		COMIRNATY 2023-24 SUSY	4	
MENVEO SOLN	4		COMIRNATY 2024-25 SUSY	4	
MENVEO SOLR	4		COMIRNATY SUSP	4	
PEDVAX HIB SUSP	4		DENGVAIXIA	4	
PENBRAYA	4		ENGERIX-B SUSP 20 MCG/ML	4	3 max fill(s) per 999 day(s) retail
PNEUMOVAX 23 IJ 25 MCG/0.5ML	4		ENGERIX-B SUSY	4	3 max fill(s) per 999 day(s) retail
PNEUMOVAX 23/1 DOSE IJ 25 MCG/0.5ML	4		ERVEBO	4	
PREVNAR 13	4		FLUAD 2024-2025	4	QL (1 ml per fill retail); 1 max fill(s) per 180 day(s) retail
PREVNAR 20	4		FLUAD QUADRIVALENT 2022-2023	4	
TRUMENBA	4		FLUAD QUADRIVALENT 2023-2024	4	
TYPHIM VI SOLN	4		FLUARIX 2024-2025 SUSY	4	
TYPHIM VI SOSY	4		FLUARIX QUADRIVALENT 2022-2023 SUSY	4	
VAXCHORA	4		FLUARIX QUADRIVALENT 2023-2024 SUSY	4	
VAXNEUVANCE	4				
VIVOTIF	4				
Viral Vaccines					
ABRYSVO	4				
ACAM2000	4				
AFLURIA 2024-2025 SUSP	4				
AFLURIA 2024-2025 SUSY	4				
AFLURIA QUADRIVALENT 2022-2023 SUSP	4				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUBLOK 2024-2025 SOSY	4		FLUZONE HIGH-DOSE PF 2023-2024	4	
FLUBLOK QUADRIVALENT 2022-2023	4		FLUZONE QUADRIVALENT 2022-2023 SUSP	4	
FLUBLOK QUADRIVALENT 2023-2024	4		FLUZONE QUADRIVALENT 2022-2023 SUSY	4	
FLUCELVAX 2024-2025 SUSP	4		FLUZONE QUADRIVALENT 2023-2024 SUSP	4	
FLUCELVAX 2024-2025 SUSY	4		FLUZONE QUADRIVALENT 2023-2024 SUSY	4	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	4		GARDASIL 9 SUSP	4	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	4		GARDASIL 9 SUSY	4	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	4		HAVRIX	4	
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	4		HEPLISAV-B SOSY	4	3 max fill(s) per 999 day(s) retail
FLULAVAL 2024-2025 SUSY	4		IMOVAX RABIES (H.D.C.V.) SUSR	4	
FLULAVAL QUADRIVALENT 2022-2023 SUSY	4		IPOL INACTIVATED IPV	4	
FLULAVAL QUADRIVALENT 2023-2024 SUSY	4		IXCHIQ	4	
FLUMIST QUADRIVALENT	4		IXIARO	4	
FLUZONE 2024-2025 SUSP	4		JANSSEN COVID-19 VACCINE	4	
FLUZONE 2024-2025 SUSY	4		JYNNEOS	4	
FLUZONE HIGH-DOSE 2024-2025 SUSY	4	QL(0.5 ml per fill retail); 1 max fill(s) per 180 day(s) retail	M-M-R II SOLR	4	
FLUZONE HIGH-DOSE PF 2022-2023	4		MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	4	
			MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	4	
			MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	4	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	4		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	4	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	4		PFIZER-BIONTECH COVID-19VACCINE SUSP	4	
MODERNA COVID-19 VACCINE SUSP	4		PREHEVBRIO	4	3 max fill(s) per 999 day(s) retail
MRESVIA	4		PRIORIX SUSR	4	
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	4		PROQUAD SUSR	4	
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	4		RABAVERT	4	
NOVAVAX COVID-19 VACCINE SUSP	4		RECOMBIVAX HB SUSP	4	3 max fill(s) per 999 day(s) retail
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	4		RECOMBIVAX HB SUSY	4	3 max fill(s) per 999 day(s) retail
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	4		ROTARIX SUSP	4	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	4		ROTARIX SUSR	4	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	4		ROTATEQ SOLN	4	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	4		SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	4	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	4		SHINGRIX	4	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	4		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	4	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	4		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	4	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	4		SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	4	
			SPIKEVAX COVID-19 VACCINE SUSP	4	
			STAMARIL SUSR	4	
			TICOVAC	4	
			TWINRIX SUSY	4	
			VAQTA	4	

Drug Name	Drug Tier	Requirements/Limits
VARIVAX SUSR IJ 1350 PFU/0.5ML	4	2 max fill(s) per 999 day(s) retail
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	
VANDAZOLE	2	
XACIATO GEL	2	AL(At least 12 yrs old)
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone acetate vaginal</i>	1	
<i>hydrocortisone vaginal</i>	2	
<i>hydrocortisone vaginal</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH (<i>hydrocortisone vaginal</i>)	1	
Vaginal Contraceptive - pH Modulators		
PHEXXI	3	QL(180 gm per 30 day(s) 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 0.3 MG/0.3ML</i>	2	QL(4 ea per fill retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	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 1.25 MG, 10 MCG, 25 MCG, 50 MCG, 125 MCG, 400 UNIT, 1000 UNIT, 1250 MCG, 2000 UNIT, 5000 UNIT, 50000 UNIT</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	QL(3 ea per 30 day(s) retail); 3 day(s) max supply per 30 day(s) retail
<i>phytonadione TABS 5 MG</i>	3	QL(3 ea per 30 day(s) retail); 3 day(s) max supply per 30 day(s) retail
<i>vitamin a CAPS 3 MG, 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
ENDUR-AMIDE TBCR	1	
NIACIN TR CPCR	1	
NIACIN TR TBCR	1	

Drug Name	Drug Tier	Requirements/Limits
<i>niacinamide TABS 100 MG</i>	1	
<i>niacinamide TABS 500 MG</i>	3	MP
<i>niacinamide TBCR</i>	1	
<i>niacin CPCR 500 MG</i>	1	
<i>niacin TABS</i>	1	
<i>niacin TBCR 500 MG, 750 MG</i>	1	
<i>pyridoxine hcl TABS 100 MG</i>	4	MP
<i>pyridoxine hcl TABS 50 MG</i>	4	QL(4 ea daily); MP
<i>pyridoxine hcl TABS 25 MG</i>	4	QL(2 ea daily); MP
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ALOMIDE	amantadine hcl TABS	32	amoxicillin SUSR	152
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	AMARYL (glimepiride)	20	amoxicillin TABS	152
alosetron hcl	AMBI-TRAY MISC	63	amoxicillin-clarithromycin w/ lansoprazole THPK	161
ALPAWASH	ambrisentan	36	ampicillin CAPS 500 MG	152
ALPHA BETIC TABS	amcinonide LOTN	44	AMPYRA (dalfampridine)	156
ALPHAGAN P (brimonidine tartrate) 148	amiloride & hydrochlorothiazide	49	AMRIX CP24 (cyclobenzaprine hcl)	145
ALREX SUSP (loteprednol etabonate)	amiloride hcl TABS	50	anagrelide hcl	56
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	amiodarone hcl TABS 100 MG	12	ANAPROX DS TABS (naproxen sodium)	4
ALTADERM CREAM BASE	amiodarone hcl TABS 200 MG, 400 MG	12	ANASPAZ TBDP (hyoscyamine sulfate)	159
ALTOPREV TB24 20 MG, 40 MG, 60 MG	AMITIZA (lubiprostone)	53	anastrozole	30
ALTRIXA TABS	AMJEVITA SOAJ 40 MG/0.8ML	3	ANCOBON (flucytosine)	22
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	AMJEVITA SOSY	3	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	10
alum & mag hydrox-simethicone LIQD	AMLADDEX TABS	141	ANDROGEL GEL TD 25 MG/2.5GM (testosterone)	10
alum & mag hydrox-simethicone SUSP	amlodipine besylate TABS	35	ANDROGEL PUMP GEL TD 1.62 % (testosterone)	10
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	amlodipine besylate-atorvastatin calcium	36	ANHYDROUS BASE OINT	153
aluminum hydroxide-mag carb SUSP 358 MG/15ML-95 MG/15ML	amlodipine besylate-benazepril hcl	27	ANORO ELLIPTA	14
ALUNBRIG TABS	amlodipine besylate-olmesartan medoxomil	27	ANTIOXIDANT FORMULA TABS	132
	amlodipine besylate-valsartan	27	ANTIVERT CHEW (meclizine hcl)	21
	amlodipine-valsartan- hydrochlorothiazide	27	ANUSOL-HC EX (hydrocortisone	
	amoxicillin & pot clavulanate CHEW	152		
	amoxicillin & pot clavulanate SUSR	152		

(rectal))	10	ARAVA (leflunomide)	5	aspirin CHEW	6
ANZEMET TABS 50 MG	21	ARBEM H-COSMETIC	153	ASPIRIN SUPP 300 MG	6
APADAZ	9	ARBEM LIPOPEN	153	aspirin TABS 325 MG	6
APETIBEX CAPS	132	AREXVY	162	aspirin TBEC 325 MG	6
APEXICON E CREA	44	arformoterol tartrate	14	aspirin TBEC 81 MG	6
APIDRA SOLN	18	ARICEPT TABS (donepezil hydrochloride)	155	aspirin-dipyridamole	56
APIDRA SOLOSTAR SOPN	18	ARIMIDEX (anastrozole)	30	ASPRUZYO SPRINKLE PACK	11
APO-VARENICLINE TABS	157	ARIXTRA (fondaparinux sodium) .	15	ASSESS PEAK FLOW METER FULL RANGE	117
APPE-CURB CAPS	132	ARMONAIR DIGIHALER	13	ASSESS PEAK FLOW METER LOW RANGE	117
apraclonidine hcl	148	ARMOUR THYROID TABS	158	ASSURE 3 CONTROL LEVEL 1/2 LIQD	63
aprepitant CAPS 40 MG, 125 MG .	22	ARNUIITY ELLIPTA	13	ASSURE 4 CONTROL LEVEL 1/2 LIQD	63
aprepitant CAPS 80 MG	22	AROMASIN (exemestane)	30	ASSURE COMFORT LANCETS ULTRA THIN 28G	63
aprepitant CAPS	22	ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	4	ASSURE DOSE NORMAL/HIGH CONTROL SOLN	63
aprepitant MISC	22	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	4	ASSURE ID DUO PRO SAFETY PEN NEEDLES 31G X 5MM	81
APRISO CP24 (mesalamine)	53	artificial tear solution	147	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	81
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	81	ASACOL HD TBEC (mesalamine) .	53	ASSURE II CONTROL LEVEL 1 LIQD	63
AQ INSULIN SYRINGE/1ML/29G X 1/2"	81	ASMANEX HFA AERO	13	ASSURE II CONTROL LEVEL 1/2 LIQD	63
AQ INSULIN SYRINGE/1ML/31G X 5/16"	81	ASMANEX TWISTHALER 120 METERED DOSES AEPB	13	ASSURE LANCE LANCETS	63
AQINJECT PEN NEEDLE/31G X 3/16"	81	ASMANEX TWISTHALER 14 METERED DOSES AEPB	13	ASSURE LANCE LANCETS 21G .	63
AQINJECT PEN NEEDLE/32G X 5/32"	81	ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	13	ASSURE LANCE PLUS SAFETYLANCETS 25G	63
AQUALANCE LANCETS ULTRA THIN 30G	63	ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	13	ASSURE LANCE PLUS SAFETYLANCETS 30G	63
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	57	ASMANEX TWISTHALER 60 METERED DOSES AEPB	13	ASSURE LANCE SAFETY LANCET	
ARANESP ALBUMIN FREE SOSY 57		aspirin buffered (cal carb-mag carb- mag oxide)	6		

28G	63	NEEDLE/31GX4MM	81	PENTIPS/32GX5/32"	82
ASSURE PRISM CONTROL LEVEL 1/2 SOLN	63	AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	81	AURORA UNIFINE PENTIPS/MINI/31GX3/16"	82
ASSURE PRO CONTROL LEVEL1/2 LIQD	63	AUM MINI INSULIN PEN NEEDLE/32GX4MM	81	AURYXIA	54
ATACAND (candesartan cilexetil) .	26	AUM MINI INSULIN PEN NEEDLE/32GX5MM	81	AUSTEDO TABS	156
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	27	AUM MINI INSULIN PEN NEEDLE/32GX6MM	81	AUSTEDO XR PATIENT TITRATION KIT TEPK	156
ATELVIA TBEC (risedronate sodium)	50	AUM MINI INSULIN PEN NEEDLE/32GX8MM	81	AUSTEDO XR TB24	156
atenolol & chlorthalidone	27	AUM MINI INSULIN PEN NEEDLE/33GX4MM	81	AUTO-LANCET MINI MISC	63
atenolol TABS	34	AUM PEN NEEDLE/32GX4MM ..	82	AUTO-LANCET MISC	63
ATORVALIQ SUSP	25	AUM PEN NEEDLE/32GX5MM ..	82	AUTOLET II CLINISAFE KIT	63
atorvastatin calcium TABS	25	AUM PEN NEEDLE/32GX6MM ..	82	AUTOLET IMPRESSION LANCING DEVICE MISC	63
atovaquone	28	AUM PEN NEEDLE/33GX4MM ..	82	AUTOLET LANCING DEVICE MISC .	63
ATREVIS HYDROGEL	153	AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	82	AUTOLET LITE CLINISAFE KIT ..	63
atropine sulfate (ophthalmic) OINT 148		AUM SAFETY PEN NEEDLE/31G X 4MM	82	AUTOLET LITE STARTER PACK KIT	63
atropine sulfate (ophthalmic) SOLN 148		AUM SAFETY PEN NEEDLE/31G X 5MM	82	AUTOLET MINI MISC	63
ATROPINE SULFATE SOLN 1 % 148		AURORA LANCET SUPER THIN30G	63	AUTOLET PLATFORMS MISC	63
ATROVENT HFA	12	AURORA LANCET THIN 23G	63	AUTOLET PLUS MISC	63
AUBAGIO (teriflunomide)	156	AURORA PEN NEEDLES 29GX12MM	82	AUVELITY	16
AUDENZ EMUL IM	162	AURORA PEN NEEDLES 31G X6MM	82	AUVI-Q SOAJ	165
AUDENZ PRSY IM	162	AURORA PEN NEEDLES 31G X8MM	82	AUXIPRO VANISHING CREAM .	153
AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	152	AURORA UNIFINE		AVALIDE (irbesartan- hydrochlorothiazide)	27
AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	152			AVAPRO (irbesartan)	26
AUGTYRO	31			AVODART (dutasteride)	55
AUM ALCOHOL PREP PADS	79			AVONEX PEN AJKT	156
AUM INSULIN SAFETY PEN				AVONEX PSKT	156
				AYGESTIN TABS (norethindrone acetate)	155

AZ CREAM	153	baclofen SUSP	145	b-complex vitamins SOLN 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-2 MG/ML	131
AZASITE	148	baclofen TABS	145	b-complex vitamins TABS	131
azathioprine TABS	129	BACMIN TABS	132	b-complex w/ c & folic acid CAPS	131
azelastine hcl (ophth)	150	BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	28	b-complex w/ c & folic acid TABS	131
azelastine hcl	146	BACTRIM TABS (sulfamethoxazole-trimethoprim)	28	b-complex w/ folic acid TABS	131
azelastine hcl-fluticasone propionate SUSP	146	BAFIERTAM	156	b-complex w/biotin & folic acid TABS	131
AZILECT (rasagiline mesylate) ...	33	balsalazide disodium CAPS	53	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	82
azithromycin PACK	59	BAQSIMI ONE PACK POWD	17	BD INSULIN SYRINGE LUER-LOK/U-100/1ML	82
azithromycin SUSR	59	BAQSIMI TWO PACK POWD	17	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	82
azithromycin TABS 250 MG	60	BARACLUDE TABS (entecavir) ...	34	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	82
azithromycin TABS 500 MG	60	BARIATRIC FUSION CHEW	132	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	82
azithromycin TABS 600 MG	60	BARIATRIC MULTIVITAMINS IRON FREE CAPS	132	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	82
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	132	BARIATRIC MULTIVITAMINS/IRON CAPS	132	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	82
AZO HORMONAL HEALTH HAPPY CYCLE TABS	132	BARIATRIC MULTIVITAMINS/IRON CHEW	133	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	82
AZOPT (brinzolamide)	150	BASAGLAR KWIKPEN SOPN	18	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	82
AZOR (amlodipine besylate-olmesartan medoxomil)	27	BASAGLAR TEMPO PEN SOPN ..	18	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" ..	82
AZULFIDINE EN-TABS TBEC (sulfasalazine)	53	BASE PCCA CLARIFYING	153	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" ..	82
AZULFIDINE TABS (sulfasalazine) 53		BASE W301	153	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	82
BABY SKIN PROTECTANT	153	BASIC AM TABS	133	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	82
BACIGUENT	148	BASIC PM TABS	133	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	82
bacitracin (ophthalmic)	148	BASIS FACIAL MOISTURIZER CREA	48		
bacitracin (topical) OINT	41	BASIS OVERNIGHT CREA	48		
bacitracin zinc OINT	41	BAXDELA TABS	52		
bacitracin-polymyxin b (ophth) ...	148	BCG VACCINE	162		
bacitracin-poly-neomycin-hc	150	B-COMPLEX SOLN 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-2 MG/ML	131		
baclofen SOLN OR 5 MG/5ML ...	145				

BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ...	82	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	83	SYRINGE/0.5ML/29G X 1/2"	83
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ...	82	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	83	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	83
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM	82	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	83	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...	83
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" ..	82	BD INSULIN SYRINGE/1ML/27G X 12.7MM	83	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" ..	83
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM	82	BD INSULIN SYRINGE/1ML/29G X 12.7MM	83	BD SWABS SINGLE USE	79
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ...	82	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2"	83	BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 6MM	84
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ...	82	BD MICROTAINER LANCETS ...	63	BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM	84
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM	82	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM	83	BD VEO INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 6MM	84
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" ..	82	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM	83	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64" ..	84
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM	83	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	83	BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64" ..	84
BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM	83	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	83	BECONASE AQ	146
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	83	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM	83	BEELITH	128
BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM	83	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	83	BELBUCA FILM	9
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM	83	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM	83	BENADRYL ALLERGY CAPS (diphenhydramine hcl)	23
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	83	BD SAFETYGLIDE 1ML 27GX5/8" 83		BENADRYL ALLERGY CHILDRENS LIQD (diphenhydramine hcl)	23
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	83	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	83	BENADRYL ALLERGY TABS (diphenhydramine hcl)	23
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	83	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...	83	BENADRYL ALLERGY ULTRATABS TABS (diphenhydramine hcl)	23
		BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	83	benazepril & hydrochlorothiazide ..	27
		BD SAFETYGLIDE INSULIN		benazepril hcl	26
		BD SAFETYGLIDE INSULIN		BENICAR (olmesartan medoxomil)	26
				BENICAR HCT (olmesartan	

medoxomil-hydrochlorothiazide) ...27	augmented LOTN .....44	BIGFOOT UNITY PEN CAP FOR FIASP MISC 64
BENZAC AC WASH LIQD 5 % (benzoyl peroxide) .....41	betamethasone dipropionate augmented OINT .....44	BIGFOOT UNITY PEN CAP FOR HUMALOG MISC 64
BENZAMYCIN GEL (benzoyl peroxide-erythromycin) .....41	betamethasone valerate CREA ...44	BIGFOOT UNITY PEN CAP FOR LANTUS MISC .....64
BENZHYDROCODONE/ACETAMIN OPHEN .....9	betamethasone valerate FOAM ...44	BIGFOOT UNITY PEN CAP FOR LISPRO MISC 64
BENZNIDAZOLE .....11	betamethasone valerate LOTN ...44	BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC 64
benzocaine-docusate sodium ENEM . 59	betamethasone valerate OINT ....45	BETAPACE AF (sotalol hcl (afib/af)) .....34
benzoyl peroxide CREA 10 %41	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) .....34	BIGFOOT UNITY PEN CAP FOR NOVOLOG MISC 64
benzoyl peroxide FOAM 10 %41	BETASERON KIT 156	BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC .....64
benzoyl peroxide GEL 10 %41	betaxolol hcl (ophth) SOLN .....147	BIGFOOT UNITY PEN CAP FOR TOUJEO MISC 64
benzoyl peroxide GEL 5 %41	betaxolol hcl .....34	BIGFOOT UNITY PEN CAP FOR TRESIBA MISC .....64
benzoyl peroxide LIQD 5 %, 10 % .41	bethanechol chloride .....161	bimatoprost SOLN .....151
benzoyl peroxide-erythromycin GEL . 41	BETHKIS NEBU (tobramycin) 2	BIMZELX SOAJ .....43
benzphetamine hcl 50 MG 1	BETIMOL .....148	BIMZELX SOSY 43
bepotastine besilate .....150	BETOPTIC-S SUSP .....148	BINOSTO TBEF 50
BEPREVE (bepotastine besilate) 150	BEVESPI AEROSPHERE .....14	BIO-35 GLUTEN-FREE CAPS ...133
BESIVANCE 148	bexarotene 32	BIO-35 IRON FREE CAPS .....133
BESREMI .....32	BEXSERO .....162	BIOCAL CAPS .....133
betamethasone dipropionate (topical) CREA .....44	BEYFORTUS 151	BIOLYTE SOLN 127
betamethasone dipropionate (topical) LOTN .....44	bicalutamide .....30	BION TEARS .....147
betamethasone dipropionate (topical) OINT .....44	BIFERA .....57	BIOTHRAX .....162
betamethasone dipropionate augmented CREA .....44	BIGFOOT UNITY PEN CAP FOR ADMELOG MISC 64	biotin TABS 5 MG, 5000 MCG ... 166
betamethasone dipropionate augmented GEL 0.05 %44	BIGFOOT UNITY PEN CAP FOR APIDRA MISC 64	bisacodyl SUPP .....59
betamethasone dipropionate	BIGFOOT UNITY PEN CAP FOR ASPART MISC .....64	bisacodyl TBEC .....59
augmented LOTN .....44	BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC 64	bismuth subcitrate potassium- metronidazole-tetracycline .....161

bismuth subsalicylate CHEW 262 MG.....20	BREATHE EASE NEBULIZER MASK/CHILD MISC 117	MG 32
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML .....20	BREATHE EASE NEBULIZER MASK/INFANT MISC .....117	BROMSITE (bromfenac sodium (ophth)) 150
bismuth subsalicylate TABS .....20	BREATHE EASE PEAK FLOW METER .....117	BRONCHITOL 158
bisoprolol & hydrochlorothiazide ..27	BREATHE EASE/LARGE MASK DEVI 117	BRONCHITOL TOLERANCE TEST . 158
bisoprolol fumarate .....34	BREATHE EASE/MEDIUM MASK DEVI 118	BROVANA (arformoterol tartrate) .14
BLINCYTO 30	BREATHE EASE/SMALL MASK DEVI 118	BRYHALI LOTN 45
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD ... 64	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI 118	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC .....118
BONE DENSITY BUILDER TABS 128	BREATHINGITE VALVED MDI CHAMBER/RIGID DEVI .....118	budesonide (inhalation) SUSP .....13
BONEUP 3 PER DAY CAPS .....133	BREATHINGITE VALVED MDI CHAMBER/RIGID DEVI .....118	budesonide (nasal) .....146
BONEUP CAPS 133	BREO ELLIPTA (fluticasone furoate- vilanterol) .....14	budesonide CPEP 38
BONEUP VEGETARIAN TABS .. 133	BREO ELLIPTA 14	budesonide TB24 38
BOOSTNOW IMMUNE SUPPORT CAPS 133	BREO ELLIPTA 50 MCG/INH-25 MCG/INH .....14	budesonide-formoterol fumarate dihydrate .....14
BOOSTRIX SUSP 159	BREXAFEMME .....22	BUFFERIN (aspirin buffered (cal carb-mag carb-mag oxide)) 6
BOOSTRIX SUSY 159	BREZTRI AEROSPHERE .....14	buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG 9
BORTEZOMIB SOLN .....31	BRILINTA .....56	buprenorphine hcl-naloxone hcl dihydrate SUBL 10
BORTEZOMIB SOLR IV 3.5 MG .. 31	brimonidine tartrate 0.1 %, 0.15 % 148	buprenorphine PTWK .....10
bosentan TABS 36	brimonidine tartrate 0.2 % 148	bupropion hcl (smoking deterrent) 157
BOSULIF CAPS .....31	brimonidine tartrate-timolol maleate . 148	butalbital-acetaminophen TABS 50 MG-325 MG 6
BRAFTOVI 75 MG .....31	brinzolamide 150	butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG 6
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI .....117	BRIXADI SOSY 9	butalbital-acetaminophen-caffeine w/ codeine 9
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI 117	bromfenac sodium (ophth) .....150	butalbital-aspirin-caffeine CAPS 6
BREATHE COMFORT PROTECTIVE SHIELD 114	bromocriptine mesylate CAPS .....32	butalbital-aspirin-caffeine w/cod ....9
	bromocriptine mesylate TABS 2.5	

butenafine hcl	42	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	11	CALCIUM/MAGNESIUM/ZINC/VITA MIN D3 TABS	128
butorphanol tartrate NA 10 MG/ML 10		calcium carbonate (antacid) SUSP	11	CAL-DAY 1000 TABS	133
BUTRANS PTWK (buprenorphine) 10		CALCIUM CARBONATE EXTRA LIGHT POWD XX	127	CAL-MAG-ZINC-D TABS	128
BYDUREON BCISE AUJ	18	CALCIUM CARBONATE HEAVY POWD XX	127	CAL-MAG-ZINC-D3 TABS	128
BYETTA SOPN 10 MCG/0.04ML ..	18	CALCIUM CARBONATE LIGHT POWD XX	127	CALQUENCE	31
BYETTA SOPN 5 MCG/0.02ML ...	18	CALCIUM CARBONATE POWD XX . 127		CALTRATE 600+D3 TABS (calcium carbonate-cholecalciferol)	127
BYSTOLIC (nebivolol hcl)	34	CALCIUM CARBONATE SUSP ...	11	CALTRATE BONE HEALTH TABS (calcium carbonate-cholecalciferol) 127	
cabergoline	52	calcium carbonate TABS 500 MG, 600 MG, 1250 MG, 1500 MG	127	CAMCEVI	30
CABTREO	41	calcium carbonate-cholecalciferol TABs	127	CAMZYOS	36
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 (amlodipine besylate-atorvastatin calcium)	36	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT	127	candesartan cilexetil	26
caffeine citrate SOLN OR	1	calcium carbonate-vitamin d w/ minerals TABS	127	candesartan cilexetil- hydrochlorothiazide	27
CALAN SR TBCR 120 MG, 180 MG (verapamil hcl)	35	calcium citrate TABS 200 MG	127	capecitabine	30
calcipotriene CREA	43	calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG 127		CAPLYTA	33
calcipotriene OINT	43	CALCIUM PHOSPHATE DIBASIC 127		CAPRELSA	31
calcipotriene SOLN	43	CALCIUM PHOSPHATE DIBASICDIHYDRATE	127	captopril & hydrochlorothiazide ...	27
calcitonin (salmon) NA	50	calcium TABS	127	captopril	26
calcitriol (topical)	43	CALCIUM/MAGNESIUM/ZINC TABS 200 UNIT-333 MG-133 MG-5 MG 128		CAPVAXIVE	162
calcitriol CAPS	51	CALCIUM/MAGNESIUM/ZINC/D3 TABs	128	CARAC CREA	43
calcitriol SOLN OR	51			CARAFATE TABS (sucralfate) ...	160
CALCIUM 600+D HIGH POTENCY TABs	127			carbidopa	32
CALCIUM 600+D3 PLUS MINERALS TABs	128			carbidopa-levodopa TABs	32
calcium acetate (phosphate binder) CAPS	54			carbidopa-levodopa TBCR	32
calcium acetate (phosphate binder) TABs	54			carbidopa-levodopa TBDP	32
				carbidopa-levodopa-entacapone .	32
				carbinoxamine maleate SOLN	23
				carbinoxamine maleate TABs 4 MG .	23

carboxymethylcellulose sodium (ophth) GEL .....147	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" ...84	CARETOUCH 2 CPAP HOSE HANGER MISC .....118
carboxymethylcellulose sodium (ophth) SOLN 0.5 %147	CAREONE INSULIN SYRINGES/1ML/30G X 1/2" .....84	CARETOUCH ALCOHOL PREP PADS .....79
CARDIOCOM LANCING DEVICE MISC .....64	CAREONE INSULIN SYRINGES/1ML/31GX5/16" .....84	CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD .....64
CARDIZEM CD CP24 (diltiazem hcl coated beads) .....35	CAREONE LANCET SUPER THIN/30G .....64	CARETOUCH CPAP & BIPAP HOSE/6FT MISC .....118
CARDIZEM LA TB24 (diltiazem hcl) 35	CAREONE LANCET THIN .....64	CARETOUCH CPAP MASK WIPES MISC .....118
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) .....35	CAREONE UNIFINE PENTIPS 29GX12MM .....84	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 118
CARDURA (doxazosin mesylate) .26	CAREONE UNIFINE PENTIPS 31GX5MM .....84	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....118
CARDURA XL .....55	CAREONE UNIFINE PENTIPS 31GX6MM .....84	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" .....84
CAREFINE PEN NEEDLE 32GX4MM .....84	CAREONE UNIFINE PENTIPS 31GX8MM .....84	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" .....84
CAREFINE PEN NEEDLES 29GX1/2" .....84	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM .....84	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" .....84
CAREFINE PEN NEEDLES 30GX5/16" .....84	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM .....84	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" .....85
CAREFINE PEN NEEDLES 31GX6MM .....84	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM .....84	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" .....85
CAREFINE PEN NEEDLES 31GX8MM .....84	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM .....84	CARETOUCH LANCING DEVICewith EJECTOR MISC ...64
CAREFINE PEN NEEDLES 32GX5MM .....84	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM .....84	CARETOUCH PEN NEEDLE 29GX1/2" .....85
CAREFINE PEN NEEDLES 32GX6MM .....84	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM .....84	CARETOUCH PEN NEEDLE 33GX5/32" .....85
CAREONE ADVANCED LANCINGDEVICE MISC .....64	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" .....84	CARETOUCH PEN NEEDLES 31G X 6 MM .....85
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ....84	CARESENS CONTROL A SOLUTION SOLN .....64	CARETOUCH PEN NEEDLES 31GX 5MM .....85
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" ..84	CARESENS CONTROL SOLUTION A/B SOLN .....64	CARETOUCH PEN NEEDLES 31GX 8MM .....85
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" ....84	CARESENS LANCETS .....64	

CARETOUCH PEN NEEDLES 32GX 4MM	85	cefadroxil SUSR	37	mofetil)	129
CARETOUCH PEN NEEDLES 32GX 5MM	85	cefadroxil TABS	37	CELLCEPT SUSR (mycophenolate mofetil)	129
CARETOUCH SAFETY LANCETS/26G	64	cefdinir CAPS	37	CELLCEPT TABS (mycophenolate mofetil)	129
CARETOUCH SAFETY LANCETS/28G	64	cefdinir SUSR	37	CENTANY AT KIT	41
CARETOUCH SAFETY LANCETS/30G	64	cefixime CAPS	37	CENTANY OINT	41
CARETOUCH TWIST LANCETS 28G	64	cefixime SUSR	37	CENTRAVITES 50 PLUS TABS ..	133
CARETOUCH TWIST LANCETS 30G	64	cefpodoxime proxetil SUSR	37	CENTRAVITES ADULTS TABS ..	133
CARETOUCH TWIST LANCETS 33G	64	cefpodoxime proxetil TABS	37	CENTRUM ADULT MULTIGUMMIES CHEW	133
CARETOUCH TWIST LANCETS MULTI COLOR/30G	64	cefprozil SUSR	37	CENTRUM ADULTS 50+ MULTIGUMMIES CHEW	133
CARETOUCH UNIVERSAL CPAPFILTERS MISC	118	cefprozil TABS	37	CENTRUM ADULTS TABS (multiple vitamins w/ minerals)	133
carteolol hcl (ophth)	148	cefuroxime axetil TABS	37	CENTRUM CARDIO TABS	133
carvedilol	34	CELEBRATE MULTI-COMPLETE18 CAPS	133	CENTRUM FLAVOR BURST ADULT CHEW	133
carvedilol phosphate	34	CELEBRATE MULTI-COMPLETE18 CHEW	133	CENTRUM FLAVOR BURST CHEW 133	133
CASODEX (bicalutamide)	30	CELEBRATE MULTI-COMPLETE36 CAPS	133	CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	133
CATAPRES-TTS-1 (clonidine)	26	CELEBRATE MULTI-COMPLETE36 CHEW	133	CENTRUM FRESH/FRUITY ADULTS CHEW	133
CATAPRES-TTS-2 (clonidine)	26	CELEBRATE MULTI-COMPLETE45 CAPS	133	CENTRUM MEN TABS	133
CATAPRES-TTS-3 (clonidine)	26	CELEBRATE MULTI-COMPLETE45 CHEW	133	CENTRUM MINIS ADULTS 50+ TABS	133
CAYA DPRH	60	CELEBRATE MULTI-COMPLETE60 CAPS	133	CENTRUM MINIS MEN 50+ TABS 133	133
CAYSTON	29	CELEBRATE MULTI-COMPLETE60 CHEW	133	CENTRUM MINIS WOMEN 50+ TABS	133
cefaclor CAPS	37	CELEBREX 400 MG (celecoxib) ...	4	CENTRUM MINIS WOMEN IMMUNE SUPPORT TABS	133
CEFACTOR ER TB12	37	CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	4	CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	133
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	37	celecoxib 400 MG	4		
cefadroxil CAPS	37	celecoxib 50 MG, 100 MG, 200 MG	4		
		CELLCEPT CAPS (mycophenolate			

CENTRUM SILVER 50+MEN TABS (multiple vitamins w/ minerals) ...	133	CERASPORT EX1 SOLN	127	50000 UNIT	166
CENTRUM SILVER 50+WOMEN TABS (multiple vitamins w/ minerals)	133	CERASPORT SOLN	127	cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	166
CENTRUM SILVER ADULT 50+ TABS (multiple vitamins w/ minerals)	133	CERTAVITE SENIOR TABS	134	cholecalciferol TABS 1.25 MG, 10 MCG, 25 MCG, 50 MCG, 125 MCG, 400 UNIT, 1000 UNIT, 1250 MCG, 2000 UNIT, 5000 UNIT, 50000 UNIT .	166
CENTRUM SILVER ADULTS 50+ TABS (multiple vitamins w/ minerals)	133	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	134	CERTAVITE/ANTIOXIDANTS TABS .	166
CENTRUM SILVER CHEW	134	CERTAVITE/ANTIOXIDANTS TABS .	134	cholestyramine light PACK	24
CENTRUM SILVER TABS (multiple vitamins w/ minerals)	134	cetirizine hcl CAPS	23	cholestyramine light POWD	24
CENTRUM SILVER ULTRA WOMENS TABS	134	cetirizine hcl CHEW	23	cholestyramine PACK	24
CENTRUM SILVER WOMEN 50+ TABS (multiple vitamins w/ minerals)	134	cetirizine hcl SOLN OR	23	cholestyramine POWD	24
CENTRUM SPECIALIST HEART TABS	134	cetirizine hcl SYRP OR	23	choline fenofibrate	25
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	134	cetirizine hcl TABS 10 MG	23	CHOSEN LANCETS 30G	64
CENTRUM SPECIALIST VISION TABS	134	cetirizine hcl TABS 5 MG	23	CHOSEN LANCING DEVICE MISC	64
CENTRUM ULTRA WOMENS TABS	134	CETRAXAL (ciprofloxacin hcl (otic)) .	151	CHOSEN SAFETY LANCETS 28G	64
CENTRUM VITAMINTS CHEW ..	134	CHEMET	21	CHRYSADERM DAY	153
CENTRUM WOMEN TABS (multiple vitamins w/ minerals)	134	CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen)	4	CHRYSADERM NIGHT	153
cephalexin CAPS	37	CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen)	4	CIBINQO	47
cephalexin SUSR	37	chlorhexidine gluconate (mouth- throat)	130	ciclopirox GEL	42
cephalexin TABS	37	chloroquine phosphate TABS	29	ciclopirox KIT	42
CEQUA SOLN	149	chlorpheniramine maleate TABS ..	23	ciclopirox olamine CREA	42
CERALYTE 70 SOLN	127	chlorthalidone 25 MG, 50 MG	50	ciclopirox olamine SUSP	42
		chlorzoxazone TABS	145	ciclopirox SHAM	42
		CHOICEFUL MULTIVITAMIN CAPS .	134	ciclopirox SOLN	42
		CHOICEFUL MULTIVITAMIN CHEW	134	cilostazol	56
		cholecalciferol CAPS 1.25 MG, 1.25 MG, 25 MCG, 50 MCG, 125 MCG, 1000 UNIT, 2000 UNIT, 5000 UNIT,		CILOXAN OINT	148
				cimetidine hcl OR 300 MG/5ML ..	159
				cimetidine TABS	159
				CIMZIA KIT	53

CIMZIA PSKT	53	SOLN (loratadine)	23	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	118
CIMZIA STARTER KIT PSKT	53	CLARITIN CHEW (loratadine)	23	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	85
cinacalcet hcl 30 MG, 60 MG	51	CLARITIN CHILDRENS CHEW (loratadine)	23	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	85
cinacalcet hcl 90 MG	51	CLARITIN SOLN (loratadine)	23	CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.3ML/31G X 15/64"	85
CIPRO HC	151	CLARITIN TABS (loratadine)	23	CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.5ML/31G X 15/64"	85
CIPRO SUSR	52	CLASSIC PRENATAL TABS	143	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	85
CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	53	CLEANLET LANCETS 28G	64	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	85
CIPRODEX (ciprofloxacin- dexamethasone)	151	clemastine fumarate TABS 1.34 MG . 23		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	85
ciprofloxacin hcl (ophth) SOLN ...	148	CLEOCIN (clindamycin hcl)	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	85
ciprofloxacin hcl (otic)	151	CLEOCIN CREA (clindamycin phosphate vaginal)	165	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	85
ciprofloxacin hcl TABS	52	CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	85
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	52	CLEOCIN SUPP	165	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	85
ciprofloxacin-dexamethasone	151	CLEODERM	153	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	85
ciprofloxacin-fluocinolone acetonide . 151		CLEVER CHEK LANCETS ULTRATHIN	64	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	85
CITALOPRAM HYDROBROMIDE CAPS	16	CLEVER CHEK LANCETS ULTRATHIN 30G	64	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	85
CITRACAL + D3 MAXIMUM TABS (calcium citrate-vitamin d)	127	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	118	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	85
CITRACAL +D3 MAXIMUM PLUS TABs	134	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	118	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	85
CITRACAL MAXIMUM PLUS TABS 128		CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	118	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	85
CITRACAL PLUS TABS	128	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI	118		
CITRULLINE(L)	37				
CLARINEX TABS (desloratadine) .	23				
clarithromycin SUSR	60				
clarithromycin TABS	60				
clarithromycin TB24	60				
CLARITIN ALLERGY CHILDRENS					

5/16"	85	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	86	CLIMARA PTWK (estradiol)	52
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	85	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	86	clindamycin hcl	29
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	85	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	86	clindamycin palmitate hydrochloride .	29
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	85	CLEVER CHOICE DISPOSABLEFACE MASK/MEDICAL GRADE	114	clindamycin phosphate (topical) SOLN	41
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	85	CLEVER CHOICE DISPOSABLEMASK/NON-MEDICAL	114	clindamycin phosphate (topical) SWAB	41
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	85	CLEVER CHOICE FACE MASK .	114	clindamycin phosphate vaginal CREA	165
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	85	CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	65	clindamycin phosphate-benzoyl peroxide (refrigerate)	41
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16"	85	CLEVER CHOICE PEAK FLOW METER	118	clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 % .	41
CLEVER CHOICE COMFORT EZLANCETS 21G	64	CLICKFINE PEN NEEDLE 32GX5/32"	86	clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %	41
CLEVER CHOICE COMFORT EZLANCETS 23G	64	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	86	CLINDESSE	165
CLEVER CHOICE COMFORT EZLANCETS 28G	65	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	86	clobetasol propionate CREA 0.05 % .	45
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM ..	86	CLICKFINE PEN NEEDLES 31G X 1/4"	86	clobetasol propionate emollient base 0.05 %	45
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	86	CLICKFINE PEN NEEDLES 31G X 3/16"	86	clobetasol propionate emulsion ...	45
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	86	CLICKFINE PEN NEEDLES 31G X 5/16"	86	clobetasol propionate FOAM	45
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	86	CLICKFINE PEN NEEDLES 31G X 8MM	86	clobetasol propionate GEL 0.05 %	45
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	86	CLICKFINE PEN NEEDLES 32G X 5/32"	86	clobetasol propionate LIQD	45
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	86	CLICKFINE PEN NEEDLES/31GX1/4"	86	clobetasol propionate LOTN	45
		CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	86	clobetasol propionate OINT 0.05 %	45
				clobetasol propionate SHAM	45
				clobetasol propionate SOLN 0.05 % .	45
				CLOBEX LIQD (clobetasol propionate)	45

CLOBEX LOTN 0.05 % (clobetasol propionate)	45	sodium)	59	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	86
CLOBEX SHAM (clobetasol propionate)	45	COLACE CLEAR CAPS (docusate sodium)	59	COMFORT EZ MICRO/32G X 4MM	86
clocortolone pivalate	45	COLAZAL CAPS (balsalazide disodium)	54	COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	86
CLODAN KIT	45	colchicine CAPS	55	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	86
CLODERM (clocortolone pivalate)	45	colchicine TABS	55	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	86
clonidine	26	colchicine w/ probenecid	55	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 8MM	86
clonidine hcl (adhd) TB12	1	COLCRYS TABS (colchicine)	55	COMFORT EZ SHORT/31G X 8MM	86
clonidine hcl TABS	26	colesevelam hcl PACK	24	COMFORT EZ/31G X 5MM	86
clonidine OR 0.17 MG	26	colesevelam hcl TABS	24	COMFORT EZ/31G X 6MM	86
clopidogrel bisulfate 300 MG	56	COLESTID FLAVORED GRAN (colestipol hcl)	24	COMFORT LANCETS	65
clopidogrel bisulfate 75 MG	56	COLESTID FLAVORED PACK (colestipol hcl)	24	COMFORT TOUCH ALCOHOL PREP PADS	79
clotrimazole (topical) CREA	42	COLESTID GRAN (colestipol hcl)	24	COMFORT TOUCH LANCETS ULTRA THIN 31G	65
clotrimazole (topical) SOLN	42	COLESTID PACK (colestipol hcl)	24	COMFORT TOUCH PEN NEEDLES/31G X 4MM	86
clotrimazole	130	COLESTID TABS (colestipol hcl)	24	COMFORT TOUCH PEN NEEDLES/31G X 5MM	86
clotrimazole vaginal CREA	165	colestipol hcl GRAN	24	COMFORT TOUCH PEN NEEDLES/31G X 6 MM	86
clotrimazole w/ betamethasone CREA	42	colestipol hcl PACK	24	COMFORT TOUCH PEN NEEDLES/31G X 8 MM	86
clotrimazole w/ betamethasone LOTN	42	colestipol hcl TABS	24	COMFORT TOUCH PEN NEEDLES/32G X 4MM	86
CO MONITOR DEVI	118	COMBIGAN (brimonidine tartrate-timolol maleate)	148	COMFORT TOUCH PEN NEEDLES/32G X 5MM	86
CO MONITOR REPLACEMENT TPIECES MISC	118	COMBIVENT RESPIMAT AERS	14	COMFORT TOUCH PEN NEEDLES/32G X 6MM	86
COAGUCHEK LANCETS	65	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	86	COMFORT TOUCH PEN NEEDLES/32G X 8MM	86
coal tar extract SHAM 0.5 %	48	COMFORT ASSURED LANCETS MICRO THIN 33G	65	COMFORT TOUCH PEN NEEDLES/32G X 5MM	86
codeine sulfate TABS 30 MG	7	COMFORT ASSURED LANCETS SUPER THIN 28G	65	COMFORT TOUCH PEN NEEDLES/32G X 6MM	87
CODEINE SULFATE TABS	7	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	86	COMFORT TOUCH PEN NEEDLES/32G X 8MM	87
CO-ENZYME Q 10	37				
COENZYME Q10	37				
COLACE CAPS 100 MG (docusate sodium)	59				

COMFORT TOUCH PEN NEEDLES/33G X 5/32"	87	SOLN	65	MG/ACT	146
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	65	COOL CONTROL SOLUTION B SOLN	65	cromolyn sodium (ophth)	150
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	65	COPAXONE SOSY 20 MG/ML (glatiramer acetate)	156	CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	134
COMFORT TOUCH TWIST LANCETS 30G	65	COPAXONE SOSY 40 MG/ML (glatiramer acetate)	156	CURITY ALCOHOL PREPS/MEDIUM 2 PLY	79
COMIRNATY 2023-24 SUSP	162	CORDRAN OINT	45	CUTIS PLUS	153
COMIRNATY 2023-24 SUSY	162	COREG (carvedilol)	34	CUVPOSA SOLN OR (glycopyrrolate)	159
COMIRNATY 2024-25 SUSY	162	COREG CR (carvedilol phosphate) 34	34	CVS ADULT 50+ EYE HEALTH CAPS	134
COMIRNATY SUSP	162	CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol)	34	CVS AIRSHIELD IMMUNITY SUPPORT CHEW	134
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	119	CORTEF TABS (hydrocortisone)	38	CVS ALCOHOL PREP PADS	79
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	118	COSENTYX SENSOREADY PEN SOAJ	43	CVS CALCIUM CITRATE+D3 TABS . 128	128
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	119	COSENTYX SOSY	43	CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS	128
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	119	COSENTYX UNOREADY SOAJ	43	CVS DAILY MULTIVITAMIN/MINERAL MENS TABS	134
COMPLETENATE CHEW	143	COSOPT (dorzolamide hcl-timolol maleate)	148	CVS EYE HEALTH ADULT 50+ CAPS	134
COMTAN (entacapone)	32	COSOPT PF (dorzolamide hcl- timolol maleate)	148	CVS IMMUNE SUPPORT CAPS	134
CO-NATAL FA TABS	143	COZAAR (losartan potassium)	26	CVS LANCETS 21G	65
CONDOMS	60	CREAM BASE	153	CVS LANCETS MICRO THIN 33G 65	65
CONJUPRI (levamlodipine maleate) 35	35	CREAM CONCENTRATE	153	CVS LANCETS MICRO-THIN 33G 65	65
CONTOUR HIGH CONTROL LIQD 65	65	CREATINE MONOHYDRATE	37	CVS LANCETS ORIGINAL	65
CONZIP CP24 (tramadol hcl)	7	CREON CPEP	49	CVS LANCETS THIN 26G	65
COOL CONTROL SOLUTION A cromolyn sodium (nasal) 5.2		CRESEMBA CAPS OR 186 MG	22	CVS LANCETS ULTRA THIN 30G 65	65
		CRESTOR TABS (rosuvastatin calcium)	25	CVS LANCETS ULTRA-THIN 30G 65	65
		CRINONE GEL	165		

CVS LANCING DEVICE MISC 65	cyclophosphamide CAPS 30	DANTRIUM CAPS 25 MG (dantrolene sodium) 145
CVS MEDICAL FACE MASKS/EAR LOOP 114	CYCLOPHOSPHAMIDE TABS 30	dantrolene sodium CAPS 145
CVS ONE DAILY MENS 50+ ADVANCED TABS 134	cycloserine 29	dapagliflozin propanediol 20
CVS ONE DAILY WOMENS 50+ADVANCED TABS 134	cyclosporine (ophth) EMUL 149	dapagliflozin propanediol-metformin hcl 16
CVS PREP PADS 79	cyclosporine CAPS 129	dapsone 28
CVS PROCEDURAL MASK 114	cyclosporine modified (for microemulsion) CAPS 129	DAPTACEL 159
CVS SPECTRAVITE ADULT 50+ CHEW 134	cyclosporine modified (for microemulsion) SOLN 129	DARAPRIM (pyrimethamine) 29
CVS SPECTRAVITE ADULT 50+ TABS 134	CYLTEZO AJKT 3	darifenacin hydrobromide 161
CVS SPECTRAVITE ADULTS TABS 134	CYLTEZO PSKT 3	DAURISMO 30
CVS SPECTRAVITE ULTRA MEN50+ TABS 134	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT 3	DAYAVITE TABS 134
CVS SPECTRAVITE ULTRA MENS HEALTH TABS 134	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT 3	DAYBUE 147
CVS SPECTRAVITE ULTRA WOMEN TABS 134	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEVITIS AJKT ... 3	DAYHIST ALLERGY 12 HOUR RELIEF TABS 23
CVS SPECTRAVITE WOMEN CHEW 134	cyproheptadine hcl SYRP 24	DAYPRO TABS (oxaprozin) 4
CVS ULTRA THIN LANCETS 65	cyproheptadine hcl TABS 24	DDAVP TABS 0.1 MG (desmopressin acetate) 51
CVS VISION HEALTH CAPS 134	CYRAMZA 30	DDAVP TABS 0.2 MG (desmopressin acetate) 51
cyanocobalamin SOLN IJ 1000 MCG/ML 57	CYSTAGON CAPS 55	DECUBI-VITE CAPS 134
cyclobenzaprine hcl CP24 145	CYTOMEL TABS (liothyronine sodium) 158	deflazacort SUSP 38
cyclobenzaprine hcl TABS 7.5 MG 145	CYTOTEC (misoprostol) 161	deflazacort TABS 38
cyclobenzaprine hcl TABS 145	dabigatran etexilate mesylate CAPS 110 MG 16	DEKAS BARIATRIC CHEW 134
CYCLOGYL (cyclopentolate hcl) 148	dabigatran etexilate mesylate CAPS 75 MG, 150 MG 16	DEKAS PLUS CAPS 134
CYCLOGYL 148	DAILY MOISTURIZER 153	DEKAS PLUS CHEW 134
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	DALIRESP (roflumilast) 13	DEKAS PLUS OCEAN CAPS 134
	danazol CAPS 10	DELESTROGEN (estradiol valerate) 52
		DELZICOL CPDR (mesalamine) .. 54
		DENAVIR (penciclovir) 44

DENGVAXIA	162	desogestrel-ethinyl estradiol (biphasic)	37	DEXCOM G6 SENSOR	65
DENTA 5000 PLUS SENSITIVE GEL 1.1 %-5 %	130	desogestrel-ethinyl estradiol (triphasic)	37	DEXCOM G6 TRANSMITTER	65
DEPO-MEDROL SUSP (methylprednisolone acetate)	38	desonide CREA	45	DEXCOM G7 RECEIVER	65
DEPO-MEDROL SUSP	39	desonide GEL	45	DEXCOM G7 SENSOR	65
DEPO-PROVERA CONTRACEPTIVE SUSP IM (medroxyprogesterone acetate (contraceptive))	38	desonide LOTN	45	DEXILANT (dexlansoprazole) ...	160
DERMACINRX MULTITAM TABS 134		desonide OINT	45	dexlansoprazole	160
DERMACINRX RIBOTIN-E TABS 135		DESOWEN CREA (desonide)	45	dextran 70-hypromellose 0.3 %-0.1 %	147
DERMACINRX ZINTREXYL-C TABS	135	desoximetasone CREA	45	dextromethorphan-doxylamine- acetaminophen LIQD	40
DERMA-SMOOTHIE/FS BODY OIL (fluocinolone acetonide)	45	desoximetasone GEL	45	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	40
DERMA-SMOOTHIE/FS SCALP OIL (fluocinolone acetonide)	45	desoximetasone LIQD	45	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML- 10 MG/5ML, 200 MG/10ML-20 MG/10ML	40
DERMAVITE TABS	135	desoximetasone OINT	45	dextromethorphan-phenylephrine- acetaminophen LIQD	40
DESCOVY	33	DETROL LA CP24 (tolterodine tartrate)	161	DHIVY TABS	32
desloratadine TABS	23	DETROL TABS (tolterodine tartrate) . 161		DHS TAR GEL SHAM (coal tar extract)	48
desloratadine TBDP 2.5 MG	23	dexamethasone ELIX	39	DHS TAR SHAM (coal tar extract) .	48
desloratadine TBDP 5 MG	23	DEXAMETHASONE INTENSOL CONC	39	DIALYVITE 3000	131
DESMOPRESSIN ACETATE SOLN NA	51	dexamethasone sodium phosphate (ophth)	150	DIALYVITE 5000	131
desmopressin acetate spray	51	dexamethasone sodium phosphate SOLN IJ	39	DIALYVITE 800 PLUS D WAFR .	131
desmopressin acetate spray refrigerated	51	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	39	DIALYVITE 800/ZINC	131
desmopressin acetate TABS 0.1 MG 51		dexamethasone sodium phosphate SOSY IJ	39	DIALYVITE 800/ZINC 15	131
desmopressin acetate TABS 0.2 MG 51		dexamethasone SOLN	39	DIALYVITE SUPREME D TABS .	135
desogestrel & ethinyl estradiol	37	dexamethasone TABS	39	DIALYVITE/ZINC	131
		dexamethasone TBPK	39	DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD	65
		DEXATLAN CAPS	135		
		DEXCOM G6 RECEIVER	65		

DIATHRIVE LANCETS	65	dicyclomine hcl SOLN OR	159	diltiazem hcl extended release beads	35
DIATHRIVE LANCETS ULTRA THIN 30G	65	dicyclomine hcl TABS	159	diltiazem hcl TABS	35
DIATHRIVE LANCING DEVICE MISC	65	diethylpropion hcl TABS	1	diltiazem hcl TB24	35
DIATHRIVE PEN NEEDLE/31 G X 6MM	87	diethylpropion hcl TB24	1	dimenhydrinate TABS	21
DIATHRIVE PEN NEEDLE/31 GX 8MM	87	DIFFERIN DAILY DEEP CLEANSER LIQD (benzoyl peroxide)	41	dimethyl fumarate CDPK	156
DIATHRIVE PEN NEEDLE/31GX 5MM	87	DIFFERIN GEL 0.1 % (adapalene) 41		dimethyl fumarate CPDR	156
DIATHRIVE PEN NEEDLE/32GX 4MM	87	DIFFERIN GEL 0.3 % (adapalene) 41		DIOVAN HCT (valsartan-hydrochlorothiazide)	27
DIATROL TABS	135	DIFICID SUSR	60	DIOVAN TABS (valsartan)	26
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	65	DIFICID TABS	60	DIPENTUM	54
diazoxide	17	diflorasone diacetate CREA	45	diphenhydramine hcl CAPS	23
diclofenac epolamine PTCH EX ...	43	diflorasone diacetate OINT	45	diphenhydramine hcl ELIX 12.5 MG/5ML	23
diclofenac potassium CAPS	4	DIFLUCAN SUSR (fluconazole) ...	22	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	23
diclofenac potassium TABS	4	DIFLUCAN TABS 100 MG, 200 MG (fluconazole)	22	diphenhydramine hcl SOLN 50 MG/ML	23
diclofenac sodium (actinic keratoses) EX	43	DIFLUCAN TABS 150 MG (fluconazole)	22	diphenhydramine hcl TABS 25 MG 23	
diclofenac sodium (ophth)	150	diflunisal TABS	6	diphenoxylate w/ atropine LIQD ...	21
diclofenac sodium (topical) GEL EX 43		digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	35	diphenoxylate w/ atropine TABS ..	21
diclofenac sodium (topical) SOLN EX 1.5 %	43	DILAUDID LIQD (hydromorphone hcl)	7	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP .	159
diclofenac sodium (topical) SOLN EX 2 %	43	DILAUDID TABS 2 MG (hydromorphone hcl)	7	DIPROLENE OINT (betamethasone dipropionate augmented)	45
diclofenac sodium TB24	4	DILAUDID TABS 4 MG (hydromorphone hcl)	7	dipyridamole	56
diclofenac sodium TBEC	4	DILAUDID TABS 8 MG (hydromorphone hcl)	7	disopyramide phosphate CAPS ...	12
diclofenac w/ misoprostol TBEC	4	diltiazem hcl coated beads CP24 ..	35	DISPOSABLE FACE MASK	114
dicloxacillin sodium	152	diltiazem hcl CP12	35	DISPOSABLE FACE MASK 3-PLY 114	
dicyclomine hcl CAPS	159	diltiazem hcl CP24	35	DISPOSABLE MOUTHPIECE FULL RANGE MISC	119

DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC . 119	doxycycline (monohydrate) CAPS 50 MG, 100 MG 158	DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 5/16" 87
DISPOSABLE MOUTHPIECE/LOW RANGE MISC 119	doxycycline (monohydrate) SUSR 158	DROPLET INSULIN SYRINGE U- 100/1ML/30G X 1/2" 87
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC 119	doxycycline (monohydrate) TABS 50 MG, 100 MG 158	DROPLET INSULIN SYRINGE U- 100/1ML/30G X 5/16" 87
DISPOSABLE PAPER MOUTHPIECE MISC 119	doxycycline hyclate CAPS 158	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 5/16" 87
DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride) 161	doxycycline hyclate TABS 20 MG, 100 MG 158	DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64" 87
DIURIL SUSP 50	DRAMAMINE TABS (dimenhydrinate) 21	DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" 87
docosanol 44	DRISDOL CAPS (ergocalciferol) . 166	DROPLET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" 87
docusate calcium 59	dronabinol CAPS 22	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64" 87
docusate sodium CAPS 59	DROPLET GENTEEL LANCING DEVICE MISC 65	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" 87
docusate sodium ENEM 283 MG/5ML 59	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" 87	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" 87
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML 59	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" 87	DROPLET INSULIN SYRINGE/U- 100/1ML/30G X 1/2" 87
docusate sodium TABS 59	DROPLET INSULIN SYRINGE 1ML/29G X 1/2" 87	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 5/16" 87
DOLOBID TABS 250 MG 6	DROPLET INSULIN SYRINGE U- 100/0.3/31G X 5/16" 87	DROPLET LANCETS ULTRA THIN 30G 65
donepezil hydrochloride TABS 23 MG 155	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 1/2" 87	DROPLET LANCING DEVICE MISC . 65
donepezil hydrochloride TABS 5 MG, 10 MG 155	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 5/16" 87	DROPLET PEN NEEDLES 29G X1/2" 87
donepezil hydrochloride TBDP ... 155	DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64" 87	DROPLET PEN NEEDLES 29GX10MM 87
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DORZOLAMIDE HCL 150	DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 15/64" 87	DROPLET PEN NEEDLES 30G X 5/16" 87
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doxercalciferol CAPS 51		
doxercalciferol SOLN 51		

DROPLET PEN NEEDLES 31G X5/16"	88	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	88	DRUG MART UNILET LANCETSSUPER THIN 30G	65
DROPLET PEN NEEDLES 31GX5MM	88	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	88	DRUG MART UNILET LANCETSULTRA THIN 28G	66
DROPLET PEN NEEDLES 31GX6MM	88	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	88	DRUG MART UNILET MICRO THIN LANCETS 33G	66
DROPLET PEN NEEDLES 31GX8MM	88	DROPSAFE SAFETY PEN NEEDLE/31GX5MM	88	DRYSOL SOLN	48
DROPLET PEN NEEDLES 32G X 1/4"	88	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	88	DUAKLIR PRESSAIR	14
DROPLET PEN NEEDLES 32G X 3/16"	88	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	88	DUETACT (pioglitazone hcl- glimepiride)	16
DROPLET PEN NEEDLES 32G X 5/16"	88	drospirenone-ethinyl estradiol 0.02 MG-3 MG	37	DUEXIS (ibuprofen-famotidine)	4
DROPLET PEN NEEDLES 32G X 5/32"	88	drospirenone-ethinyl estradiol 0.03 MG-3 MG	37	DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	59
DROPLET PEN NEEDLES 32GX4MM	88	DROXIA CAPS	56	DULCOLAX SUPP (bisacodyl)	59
DROPLET PEN NEEDLES 32GX5MM	88	DRUG MART ADJUSTABLE LANCING DEVICE MISC	65	DULCOLAX TBEC (bisacodyl)	59
DROPLET PEN NEEDLES 32GX6MM	88	DRUG MART LANCETS THIN ...	65	DULERA	14
DROPLET PEN NEEDLES 32GX8MM	88	DRUG MART ON-THE-GO LANCETS GENTLE 30G	65	DUO-CARE CONTROL SOLUTION LIQD	66
DROPLET PERSONAL LANCETS30G	65	DRUG MART UNIFINE PENTIPS 31GX5MM	88	DUOPA SUSP	32
DROPSAFE ALCOHOL PREP PADS	79	DRUG MART UNIFINE PENTIPS29G X 12MM	88	DUPIXENT SOAJ SC 200 MG/1.14ML, 300 MG/2ML	47
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	88	DRUG MART UNIFINE PENTIPS31GX6MM	88	DUPIXENT SOSY	47
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	88	DRUG MART UNIFINE PENTIPS32GX4MM	88	DURABASE	153
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	88	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	88	DURABASE ADVANCED	153
				DUREX EXTRA SENSITIVE THIN DEVI	60
				DUREX EXTRA SENSITIVE THIN MISC	60
				DUREX REALFEEL NON-LATEX	60
				DUREX TROPICAL MISC	60
				dutasteride	55
				dutasteride-tamsulosin hcl	55
				D-VI-SOL LIQD OR (cholecalciferol) .	

166	EASY COMFORT LANCETS TWIST TOP .....	.66	EASY FLOW WHITE/BLUE DEVI 120
DYANAVEL XR TBCR OR 5 MG, 10 MG, 15 MG, 20 MG	1	EASY COMFORT PEN NEEDLES31GX1/4"	89 120
DYMISTA SUSP (azelastine hcl-fluticasone propionate)	146	EASY COMFORT PEN NEEDLES31GX3/16"	89 120
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	60	EASY COMFORT PEN NEEDLES31GX5/16"	89 120
EAR-LOOP MASK SMALL	114	EASY COMFORT PEN NEEDLES32GX5/32"	89 120
EASIVENT MISC	119	EASY COMFORT PEN NEEDLES33G X 4MM	89 120
EASIVENT/MASK-LARGE MISC	.119	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	89 66
EASIVENT/MASK-MEDIUM MISC 119		EASY COMFORT SAFETY PEN NEEDLES 31GX6MM	89 66
EASIVENT/MASK-SMALL MISC .119		EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	89 66
EASY COMFORT ALCOHOL PADS 79		EASY FLOW 300 MM HOSE MISC 119	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	88	EASY FLOW 400 MM HOSE MISC 119	
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	88	EASY FLOW AIR NOZZLE MISC 119	
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	88	EASY FLOW BLACK/BLUE DEVI 119	
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	88	EASY FLOW BLACK/ORANGE DEVI	119
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	88	EASY FLOW BLACK/RED DEVI .119	
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	89	EASY FLOW BLACK/WHITE DEVI 119	
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" 89		EASY FLOW BLACK/YELLOW DEVI	120
EASY COMFORT LANCETS	66	EASY FLOW HEPA FILTER MISC 120	
EASY COMFORT LANCETS 30G/PULL TOP	66	EASY FLOW KN 95 MASK	114
EASY COMFORT LANCETS 30G/THIN TOP	66		
			EASY TOUCH ALCOHOL PREP PADS/MEDIUM
			80
			EASY TOUCH CONTROL SOLUTION/HIGH & LOW SOLN ..
			66
			EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"
			89
			EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"
			89
			EASY TOUCH FLIPLOCK SAFETY

INSULIN SYRINGE 1ML/30GX5/16" 89	89	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED .....66
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" 89	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 89	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED ... .66
EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC 66	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 89	EASY TOUCH LANCETS 30G/PULL- TOP .....66
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" 89	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....89	EASY TOUCH LANCETS 30G/TWIST .....66
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" 89	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" 89	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED ... .66
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" 89	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8" 90	EASY TOUCH LANCETS 32G/PULL- TOP .....66
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" 89	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" 90	EASY TOUCH LANCETS 32G/TWIST .....66
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" 89	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" 90	EASY TOUCH LANCETS 33G/TWIST .....66
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2" .....89	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" 90	EASY TOUCH LANCING DEVICE/EJECTOR MISC 66
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16" 89	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" 90	EASY TOUCH PEN NEEDLE 30G X 5/16" .....90
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" .....89	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED ... .66	EASY TOUCH PEN NEEDLES 29GX1/2" .....90
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" .....89	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED ... .66	EASY TOUCH PEN NEEDLES 31GX1/4" .....90
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" .....89	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED ... .66	EASY TOUCH PEN NEEDLES 31GX5/16" .....90
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" . 89	EASY TOUCH LANCETS 26G/PULL- TOP66	EASY TOUCH PEN NEEDLES 32GX1/4"90
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EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 89	EASY TOUCH LANCETS 28G/TWIST66	EASY TOUCH PEN NEEDLES/31G X 3/16"90
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EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	66	econazole nitrate CREA	EMBRACE PEN NEEDLES/30G X 8MM	90
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	67	ECOTRIN ARTHRITIS PAIN TBEC (aspirin)	EMBRACE PEN NEEDLES/31G X 5MM	90
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	67	ECOTRIN REGULAR STRENGTH TBEC (aspirin)	EMBRACE PEN NEEDLES/31G X 6MM	90
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	67	ECOTRIN TBEC (aspirin)	EMBRACE PEN NEEDLES/31G X 8MM	90
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	90	EDARBI	EMBRACE PEN NEEDLES/32G X 4MM	90
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	90	EDARBYCLOR	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	67
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	90	EFFIENT (prasugrel hcl)	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	67
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	90	EFUDEX CREA (fluorouracil (topical))	EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD	67
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" 90	90	ELEMENT COMPACT CONTROL SOLUTION LEVEL 2 SOLN	EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN . 67	67
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EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD .67	67	ELIDEL (pimecrolimus)	EMEND TRIPACK CAPS (aprepitant)	22
		ELIQUIS STARTER PACK TBPK .15	EMERGEN-C APPLE CIDER VINEGAR GUMMIES CHEW	135
		ELIQUIS TABS 2.5 MG	EMERGEN-C ASHWAGANDHA GUMMIES CHEW	135
		ELIQUIS TABS 5 MG	EMERGEN-C ELDERBERRY GUMMIES CHEW	135
		ELLA	EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	135
		ELMIRON CAPS		
		ELYXYB		
		EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD		
		EMBRACE LANCETS ULTRA THIN 30G		
		EMBRACE LANCING DEVICE WITH		

EMERGEN-C IMMUNE+ GUMMIES CHEW	135	enoxaparin sodium SOSY	15	EQ ONE DAILY MENS HEALTH TABS	135
EMERGEN-C TURMERIC & GINGER GUMMIES CHEW	135	ENSPRYNG	129	EQ ONE DAILY WOMENS 50+ TABS	135
EMERGEN-C VITAMIN C CHEW 135		entacapone	32	EQ ONE DAILY WOMENS HEALTH TABS	135
EMFLAZA SUSP (deflazacort)	39	ENTADFI	55	EQ SPACE CHAMBER ANTI-STATIC DEVI	120
EMFLAZA TABS (deflazacort)	39	entecavir TABS	34	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	120
EMGALITY SOAJ	126	ENTRESTO TABS	36	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	120
EMGALITY SOSY 100 MG/ML	126	ENTYVIO PEN SOAJ SC 108 MG/0.68ML	54	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	120
EMGALITY SOSY 120 MG/ML	126	ENTYVIO SOLR	54	EQL ALCOHOL SWABS	80
EMOLIVAN	153	EOHILIA SUSP	39	EQL CENTURY MATURE ADULTS50+ TABS	135
EMOLLIENT CREAM	153	EPANED SOLN (enalapril maleate) 26		EQL CENTURY MENS TABS	135
EMOLLIENT CREAM BASE	153	EPIDUO GEL (adapalene-benzoyl peroxide)	41	EQL CENTURY WOMENS TABS 135	
EMPAVELI	56	epinastine hcl (ophth)	150	EQL COLOR LANCETS 21G	67
enalapril maleate & hydrochlorothiazide	27	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	165	EQL COLOR LANCETS MICRO THIN 33G	67
enalapril maleate SOLN	26	epinephrine (anaphylaxis) SOAJ	165	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	90
enalapril maleate TABS	26	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	165	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	90
ENBREL MINI SOCT	5	EPIPEN-JR 2-PAK SOAJ (epinephrine (anaphylaxis))	165	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	90
ENBREL SOLN	5	EPIVIR HBV TABS (lamivudine (hbv))	34	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	90
ENBREL SOSY	5	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	57	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	90
ENBREL SURECLICK SOAJ	5	EQ COMPLETE		EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	90
ENDARI (glutamine (sickle cell))	56	MULTIVITAMINADULTS UNDER 50 TABS	135		
ENDUR-AMIDE TBCR	166	EQ MULTIVITAMINS ADULT GUMMY CHEW	135		
ENFAMIL ENFALYTE SOLN	127	EQ ONE DAILY MENS 50+ TABS 135			
ENGERIX-B SUSP 20 MCG/ML	162				
ENGERIX-B SUSY	162				
ENJAYMO	56				
ENLITE GLUCOSE SENSOR	67				
enoxaparin sodium SOLN IJ 300 MG/3ML	15				

EQL INSULIN SYRINGE/1ML/29G X 1/2"	90	200 MG/5ML	60	ethambutol hcl TABS	29
EQL INSULIN SYRINGE/1ML/30G X 5/16"	90	erythromycin ethylsuccinate SUSR 400 MG/5ML	60	ethynodiol diacet & eth estrad	37
EQL INSULIN SYRINGE/1ML/31G X 5/16"	91	erythromycin ethylsuccinate TABS	60	etodolac CAPS	4
EQL ONE DAILY ADULT GUMMIES CHEW	135	erythromycin stearate TABS 250 MG 60	60	etodolac TABS	4
EQL ONE DAILY MENS TABS	135	ESGIC TABS (butalbital-acetaminophen-caffeine)	6	etodolac TB24	4
EQL PRENATAL FORMULA TABS 143	143	esomeprazole magnesium CPDR 20 MG	160	etonogestrel-ethinyl estradiol	38
EQL SUPER THIN LANCETS 30G 67	67	esomeprazole magnesium CPDR 40 MG	160	etoposide CAPS	32
EQL THIN LANCETS 26G	67	esomeprazole magnesium PACK	160	EUCERIN ORIGINAL HEALING CREA (skin protectants, misc.)	48
EQUALYTE SOLN (oral electrolytes) 127	127	esomeprazole magnesium TBEC	160	EUCRISA	48
ergocalciferol CAPS	166	esterified estrogens & methyltestosterone 1.25 MG-0.625 MG	52	EULEXIN	30
ERIVEDGE	30	ESTRACE CREA (estradiol vaginal) . 165	165	everolimus TABS	31
ERLEADA	30	ESTRACE TABS 0.5 MG, 2 MG (estradiol)	52	everolimus TBSO	31
ERMEZA SOLN OR	158	ESTRACE TABS 1 MG (estradiol)	52	EVERSENSE 365 SENSOR/HOLDER	67
ERTACZO	42	estradiol & norethindrone acetate TABS	52	EVERSENSE 365 SMART TRANSMITTER	67
ERVEBO	162	estradiol PTTW	52	EVERSENSE E3 SENSOR/HOLDER	67
ERYPED 200 SUSR (erythromycin ethylsuccinate)	60	estradiol PTWK	52	EVERSENSE E3 SMART TRANSMITTER	67
ERYPED 400 SUSR (erythromycin ethylsuccinate)	60	estradiol TABS 0.5 MG, 2 MG	52	EVERSENSE SENSOR/HOLDER 67	67
erythromycin (acne aid) SOLN	41	estradiol TABS 1 MG	52	EVERSENSE SMART TRANSMITTER	67
erythromycin (ophth)	149	estradiol vaginal CREA	165	EVISTA (raloxifene hcl)	51
ERYTHROMYCIN	149	estradiol vaginal TABS	165	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	91
erythromycin base CPEP	60	estradiol valerate	52	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	91
erythromycin base TABS	60	ESTROFACTORS TABS	141	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	91
erythromycin base TBEC	60	ESTROVEN MENOPAUSE SUPPLEMENT TABS	135	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	91
erythromycin ethylsuccinate SUSR	60				

EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"91	EYE MULTIVITAMIN/SODIUM TABS135	FAGRON NATURAL CREAM . . . 153
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"91	EYSUVIS SUSP150	FAGRON SUPREME CREAM . . .153
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"91	E-Z JECT LANCETS67	famciclovir34
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"91	E-Z JECT LANCETS 21G67	famotidine SUSR160
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"91	E-Z JECT LANCETS COLOR67	famotidine TABS160
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"91	E-Z JECT LANCETS SUPER THIN 30G67	FANTASY LUBRICATED MISC . . .60
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"91	E-Z JECT LANCETS THIN 26G . .67	FANTASY LUBRICATED/SPERMICIDE MISC 60
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"91	EZALLOR SPRINKLE CPSP25	FARESTON (toremifene citrate) . .31
EXELDERM CREA (sulconazole nitrate)42	ezetimibe25	FARXIGA (dapagliflozin propanediol)20
EXELON (rivastigmine)155	ezetimibe-simvastatin24	FARXIGA20
exemestane31	E-ZJECT LANCETS MICRO-THIN 33G67	FASENRA PEN SOAJ12
EXFORGE (amlodipine besylate-valsartan)27	EZ-LETS LANCETS 21G67	FATTIBASE153
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)27	EZ-LETS LANCETS 26G SUPER-SOFT67	FC2 FEMALE CONDOM60
EXPIRATORY MOUTHPIECE MISC . 120	EZ-LETS LANCETS 28G ULTRA-SOFT67	febuxostat55
EXSERVAN FILM146	EZ-LETS LANCETS 30G67	FELDENE CAPS (piroxicam)4
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EYE MULTIVITAMIN CAPS135	FACE MASK SURGICAL/DISPOSABLE114	fenofibrate CAPS25
EYE MULTIVITAMIN/LUTEIN CAPS . 135	FACE MASK/3 PLY/EAR LOOP .114	fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG25
	FACE MASKS 3 LAYER NON-MEDICAL114	fenofibrate micronized 67 MG, 134 MG, 200 MG25
	FAGRON LS PLUS153	fenofibrate TABS 40 MG, 120 MG .25
		fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG25
		FENOFIBRATE TABS25
		fenofibric acid25

FENOGLIDE TABS (fenofibrate) .. 25	FEVERALL JUNIOR STRENGTH SUPP .....6	SYRINGE/1ML/31G X 5/16" 91
fenoprofen calcium CAPS 400 MG . 4	fexofenadine hcl SUSP 23	FIFTY50 UNILET LANCETS 33G .68
fenoprofen calcium TABS 4	fexofenadine hcl TABS 60 MG, 180 MG 23	FILTER AIR PP MISC 120
fentanyl citrate LPOP .....7	FIASP FLEXTOUCH SOPN 18	finasteride 55
fentanyl citrate TABS .....7	FIASP PENFILL SOCT 18	FINE 30 ..... .68
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....7	FIASP PUMPCART SOCT 18	FINGERSTIX LANCETS 68
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....7	FIASP SOLN .....18	fingolimod hcl 156
FENTORA TABS (fentanyl citrate) ..7	FIBRICOR (fenofibric acid) .....25	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) . 9
FEOSOL BIFERA 57	FIFTY50 ALCOHOL PREP PADS 80	FIRVANQ SOLR OR (vancomycin hcl) 28
FEOSOL TABS (ferrous sulfate dried) .....58	FIFTY50 PEN NEEDLES 31G X3/16" (5MM) .....91	FITALITE .....153
FER-IN-SOL SOLN (ferrous sulfate) . 58	FIFTY50 PEN NEEDLES 31G X5/16" (8MM) .....91	FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS .....135
FERREX 150 FORTE PLUS .....57	FIFTY50 PEN NEEDLES 31GX5MM .....91	FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS .....135
FERREX 150 PLUS 50 MG-50 MG-50 MG-50 MG-150 MG-150 MG ...57	FIFTY50 PEN NEEDLES/31GX8MM91	FLAGYL CAPS (metronidazole) ...28
FERREX 28 MISC 57	FIFTY50 PEN NEEDLES/32GX4MM91	FLAVOR BLEND SUSP 152
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FERROUS GLUCONATE TABS 324 MG 58	FIFTY50 SAFETY SEAL LANCETS 30G67	FLAVOR SWEET SYRP152
ferrous sulfate dried TABS 200 MG 58	FIFTY50 SAFETY SEAL LANCETS 32G .....68	FLAVOR SWEET-SF SYRP .....152
ferrous sulfate dried TBCR 45 MG 58	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" 91	flavoxate hcl .....161
ferrous sulfate SOLN .....58	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" 91	flecainide acetate .....12
ferrous sulfate TABS 65 MG, 325 MG58	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" 91	FLECTOR PTCH EX (diclofenac epolamine) 43
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ferrous sulfate TBEC58	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" 91	FLEET OIL ENEM (mineral oil)59
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		FLEET SALINE ENEMA

EXTRAVOLUME ENEM (sodium phosphates)	59	FLUAD 2024-2025	162	FLULAVAL QUADRIVALENT 2023-2024 SUSY	163
FLEQSUVY SUSP (baclofen)	145	FLUAD QUADRIVALENT 2022-2023	162	FLUMIST QUADRIVALENT	163
FLEX BASE	153	FLUAD QUADRIVALENT 2023-2024	162	flunisolide (nasal) 0.025 %	146
FLEXICHAMBER ADULT MASK/SMALL	120	FLUARIX 2024-2025 SUSY	162	fluocinolone acetonide CREA	45
FLEXICHAMBER CHILD MASK/LARGE	120	FLUARIX QUADRIVALENT 2022-2023 SUSY	162	fluocinolone acetonide OIL	45
FLEXICHAMBER CHILD MASK/SMALL	120	FLUARIX QUADRIVALENT 2023-2024 SUSY	162	fluocinolone acetonide OINT	45
FLEXICHAMBER DEVI	120	FLUBLOK 2024-2025 SOSY	163	fluocinolone acetonide SOLN	45
FLOMAX (tamsulosin hcl)	55	FLUBLOK QUADRIVALENT 2022-2023	163	fluocinonide CREA	45
FLOMASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal))	146	FLUBLOK QUADRIVALENT 2023-2024	163	fluocinonide emulsified base	45
FLOMASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ..	146	FLUCELVAX 2024-2025 SUSP ..	163	fluocinonide GEL	45
FLORAFOL PEDIATRIC CHEW 70 MG-1 MG-12 MG-1.15 MG-1 MG-12 MCG-11.5 MG-700 MCG-3.5 MCG-0.5 MG-250 MCG	141	FLUCELVAX 2024-2025 SUSY ..	163	fluocinonide OINT	45
FLORAFOL PEDIATRIC CHEW 70 MG-1 MG-12 MG-1.15 MG-1 MG-12 MCG-11.5 MG-700 MCG-3.5 MCG-1 MG-250 MCG	142	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	163	fluocinonide SOLN	45
FLORIVA PLUS SOLN	142	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	163	FLUORIDEX SENSITIVITY RELIEF GEL 1.1 %-5 %	130
FLOTTAVITE TABS	135	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	163	FLUORIDEX SENSITIVITY RELIEF/SLS FREE GEL 1.1 %-5 %	130
FLOVENT DISKUS AEPB (fluticasone propionate (inhalation))	13	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	163	FLUORIMAX 5000 SENSITIVE GEL 1.1 %-5 %	130
FLOVENT HFA 110 MCG/ACT (fluticasone propionate hfa)	13	fluconazole SUSR	22	fluorometholone (ophth) SUSP ...	150
FLOVENT HFA 220 MCG/ACT (fluticasone propionate hfa)	13	fluconazole TABS 150 MG	22	fluorouracil (topical) CREA	43
FLOVENT HFA 44 MCG/ACT (fluticasone propionate hfa)	13	fluconazole TABS 50 MG, 100 MG, 200 MG	22	flurandrenolide CREA	45
		flucytosine	22	flurandrenolide LOTN	45
		fludrocortisone acetate TABS	39	flurbiprofen sodium	150
		FLULAVAL 2024-2025 SUSY	163	flurbiprofen TABS 100 MG	4
		FLULAVAL QUADRIVALENT 2022-2023 SUSY	163	flutamide	31
				fluticasone furoate-vilanterol	14
				fluticasone propionate (inhalation) AEPB	13
				fluticasone propionate (nasal) SUSP .	146

fluticasone propionate CREA 0.05 % 45	FLUZONE QUADRIVALENT 2023- 2024 SUSY 163	FORTEO SOPN (teriparatide) 50
fluticasone propionate hfa 110 MCG/ACT 13	FLYP HYPERSONIQ CARTRIDGE MISC 120	FORTESTA GEL TD (testosterone) 10
fluticasone propionate hfa 220 MCG/ACT 13	FML LIQUIFILM SUSP (fluorometholone (ophth)) 150	FORTISCARE CONTROL SOLUTIONS HIGH SOLN 68
fluticasone propionate hfa 44 MCG/ACT 13	FOLAGENT DHA CAPS 135	FOSAMAX PLUS D 50
fluticasone propionate LOTN 45	FOLAMAX TABS 135	FOSAMAX TABS 70 MG (alendronate sodium) 50
fluticasone propionate OINT 45	FOLAMED DHA CAPS 135	fosinopril sodium & hydrochlorothiazide 27
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 14	FOLAPRIME TABS 135	fosinopril sodium 26
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT 14	FOLBIC 49	FOSRENOL CHEW (lanthanum carbonate) 54
fluticasone-salmeterol AERO 14	FOLCYTEINE TABS 141	FOSRENOL PACK 54
fluvastatin sodium CAPS 25	FOLGARD RX TABS 57	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML 15
fluvastatin sodium TB24 25	folic acid TABS 1 MG, 800 MCG .. 57	FRAGMIN SOSY 15
FLUZONE 2024-2025 SUSP 163	folic acid TABS 400 MCG 57	FREDS PHARMACY AUTOLET LANCING DEVICE MISC 68
FLUZONE 2024-2025 SUSY 163	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 57	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM 91
FLUZONE HIGH-DOSE 2024-2025 SUSY 163	FOLIFLEX TABS 135	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM 91
FLUZONE HIGH-DOSE PF 2022- 2023 163	FOLITAB 500 57	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM 91
FLUZONE HIGH-DOSE PF 2023- 2024 163	FOLITIN-Z TABS 135	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G 68
FLUZONE QUADRIVALENT 2022- 2023 SUSP 163	FOLTABS 800 TABS 58	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G 68
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FREEDOM PEG TROCHE BASE POWD	152	FRUZAQLA	30	GELNIQUE GEL 10 %	161
FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	68	FT CENTURY ADULTS TABS ...	135	gemfibrozil TABS	25
FREESTYLE CONTROL SOLUTION LIQD	68	FT ELECTROLYTE SOLUTION SOLN	127	GEMTESA	161
FREESTYLE LANCETS	68	FT HAIR SKIN & NAILS EXTRA STRENGTH TABS	135	GENADEK STEP 1 CAPS	136
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FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	68	FT SALINE NASAL SPRAY SOLN 146		GENERESS FE (norethindrone & ethinyl estradiol-fe)	37
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	68	FULL KIT NEBULIZER SET MISC 120		GENICIN VITA-Q TABS	141
FREESTYLE LIBRE 2 PLUS/SENOSR/FLASH GLUCOSE MONITOR SYSTEM	68	FULPHILA	57	GENOTROPIN CART SC	51
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	68	FUROSCIX CTKT	49	GENOTROPIN MINIQUICK PRSY 50	
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	68	furosemide SOLN OR 10 MG/ML, 40 MG/5ML	49	gentamicin sulfate (ophth) OINT .	149
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	68	furosemide TABS 20 MG	49	gentamicin sulfate (ophth) SOLN .	149
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	68	furosemide TABS 40 MG	49	gentamicin sulfate (topical) CREA .	41
FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	68	furosemide TABS 80 MG, 80 MG .	49	gentamicin sulfate (topical) OINT .	41
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	68	FYLNETRA	57	GENTEAL TEARS MODERATE PF (dextran 70-hypromellose)	147
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FREESTYLE UNISTICK II LANCETS	68	galantamine hydrobromide SOLN 155		GENTEEL BUTTERFLY TOUCH LANCETS	68
FROVA (frovatriptan succinate) .	126	galantamine hydrobromide TABS	155	GENTEEL CONTACT TIPS/BLUE MISC	68
		GARDASIL 9 SUSP	163	GENTEEL CONTACT TIPS/CLEAR MISC	68
		GARDASIL 9 SUSY	163	GENTEEL CONTACT TIPS/GREEN MISC	68
		GASTROCROM (cromolyn sodium (mastocytosis))	53	GENTEEL CONTACT TIPS/ORANGE MISC	68
		GAS-X EXTRA STRENGTH CHEW (simethicone)	53	GENTEEL CONTACT TIPS/RAINBOW MISC	68
		gatifloxacin (ophth)	149		
		GAVISCON SUSP (aluminum			

GENTEEL CONTACT TIPS/VIOLET MISC	68	GILENYA	156	92
GENTEEL CONTACT TIPS/YELLOW MISC	68	glatiramer acetate SOSY	156	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 92
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	69	glimepiride 1 MG, 2 MG, 4 MG	20	92
GENTEEL NOZZLES MISC	69	glipizide TABS 5 MG, 10 MG	20	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 92
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	69	glipizide TB24	20	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . 92
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC 69		glipizide-metformin hcl	16	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC 69		GLOBAL ALCOHOL PREP EASEPADS	80	92
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC ..	69	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	91	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC .	69	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	91	92
GENTLE-LET GP LANCETS	69	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	91	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	69	GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM	92	92
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 69		GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...	92	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" 92
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	69	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...	92	92
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	69	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	92	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 92
GENTLE-LET PLATFORMS 2.4MM MISC	69	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	92	92
GENTLE-LET PLATFORMS 3.0MM MISC	69	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	92	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 92
GERI-FREEDA SENIOR FORMULA TABS	136	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	92	GLOBAL INJECT EASE LANCETS 28G
GERI-TUSSIN SYRP	40	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	92	69
		GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	92	GLOBAL INJECT EASE LANCETS 30G
		GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	92	69
		GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" ..	92	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"
				92
				GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"
				92
				GLOBAL LANCING DEVICE MISC 69

GLOPERBA SOLN OR	55	GLUCOPRO INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	93	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	93
GLUCAGEN HYPOKIT	17	GLUCOSE CONTROL SOLUTION SOLN	69	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	93
glucagon (rdna)	17	GLUCOTROL XL TB24 (glipizide) .20		GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	93
GLUCAGON EMERGENCY KIT (glucagon (rdna))	17	GLUMETZA TB24 (metformin hcl) .17		GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	93
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	17	glutamine (sickle cell)	56	GNP INSULIN SYRINGE/1ML/29G X 1/2"	93
GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD .69		glyburide micronized 1.5 MG, 3 MG, 6 MG	20	GNP INSULIN SYRINGE/1ML/30G X 5/16"	93
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN	69	glyburide TABS	20	GNP INSULIN SYRINGE/1ML/30G X 5/16"	93
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN	69	glyburide-metformin	16	GLYCOPHOS	129
GLUCOCOM HIGH CONTROL LIQD	69	glycopyrrolate SOLN OR 1 MG/5ML . 159		glycopyrrolate SOLN OR 1 MG/5ML . 159	
GLUCOCOM LANCETS 28G	69	glycopyrrolate TABS 1 MG, 2 MG 159		GLYNASE (glyburide micronized) 20	
GLUCOCOM LANCETS 30G	69	GLYXAMBI	16	GNP ALCOHOL SWABS	80
GLUCOCOM LANCETS 33G	69	GNP CENTURY ADULT TABS ...	136	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	93
GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"	92	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	93	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	93
GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	92	GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD ...	69	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	93
GLUCOPRO INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	92	GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN	69	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	93
GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	92	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	93	GNP LANCETS 21G	69
GLUCOPRO INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	92	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	93	GNP LANCETS THIN 26G	69
GLUCOPRO INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	92	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	93	GNP LANCING SYSTEM DEVICE MISC	69
GLUCOPRO INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	92			GNP PRENATAL TABS	143
				GNP STERILE LANCETS 28G ...	69
				GNP STERILE LANCETS 30G ...	69
				GNP STERILE LANCETS 33G ...	69
				GNP THERAPEUTIC-M TABS ...	136

GNP ULTICARE PEN NEEDLES/31GX5/16"	93	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL	70	guaifenesin-codeine SYRP	40
GNP ULTICARE PEN NEEDLES/32GX 5/32"	93	GOODSENSE LANCETS ULTRA- THIN 30G	70	guanfacine hcl	26
GNP ULTICARE PEN NEEDLES/32GX1/4"	93	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL	70	GUARDIAN 4 GLUCOSE SENSOR . 70	
GNP ULTICARE PEN NEEDLES31G X 5MM	93	GOODSENSE LANCING DEVICE MISC	70	GUARDIAN 4 TRANSMITTER KIT 70	
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	93	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	93	GUARDIAN CONNECT TRANSMITTER	70
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	93	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	93	GUARDIAN CONNECT TRANSMITTER KIT	70
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	93	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	94	GUARDIAN LINK 3 TRANSMITTER KIT	70
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	93	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	94	GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	70
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	93	GRALISE TABS (gabapentin (once- daily))	157	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	70
GOCOVRI CP24	32	GRALISE TABS	157	GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	70
GOJJI LANCING DEVICE/CLEAR CAP MISC	70	granisetron hcl TABS	21	GUARDIAN SENSOR (3)	70
GOJJI STERILE LANCETS 30G ..	70	GRANIX SOLN	57	GUARDIAN SENSOR 3	70
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfata) ...	58	GRANIX SOSY	57	GVOKE HYOPEN 1-PACK SOAJ 0.5 MG/0.1ML	17
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	93	GRAPE SYRUP SYRP	152	GVOKE HYOPEN 1-PACK SOAJ 1 MG/0.2ML	17
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..	70	griseofulvin microsize SUSP	22	GVOKE HYOPEN 2-PACK SOAJ 0.5 MG/0.1ML	17
GOODSENSE ELECTROLYTE ADVANTAGE CARE SOLN	127	griseofulvin microsize TABS	22	GVOKE HYOPEN 2-PACK SOAJ 1 MG/0.2ML	17
GOODSENSE LANCETS MICRO- THIN 33G	70	griseofulvin ultramicrosize	22	GVOKE KIT SOLN	17
GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL	70	guaifenesin LIQD	40	GVOKE PFS SOSY 0.5 MG/0.1ML 17	
		guaifenesin SYRP	40	GVOKE PFS SOSY 1 MG/0.2ML ..	17
		guaifenesin TABS 200 MG	40	HADLIMA PUSHTOUCH SOAJ	3
		guaifenesin-codeine SOLN	40	HADLIMA SOSY	3

HAEMOLANCE	70	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	94	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	94
HAEMOLANCE LOW FLOW LANCETS	70	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	94	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	94
HAEMOLANCE PLUS	70	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 94		HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	70
HAEMOLANCE PLUS HIGH FLOW 70		HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 94		HEALTHY EYES SUPERVISION2 CAPS	136
HAEMOLANCE PLUS LOW FLOW 70		HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	94	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	94
HAEMOLANCE PLUS MAX FLOW 70		HEALTHWISE MINI PEN NEEDLES 31GX6MM	94	H-E-B IN CONTROL PEN NEEDLES 31GX5MM	94
HAEMOLANCE PLUS PEDIATRIC FLOW	70	HEALTHWISE PEN NEEDLES 29GX12MM	94	H-E-B IN CONTROL PEN NEEDLES 31GX6MM	94
HAIR SKIN & NAILS ADVANCED FORMULA TABS	136	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	94	H-E-B IN CONTROL PEN NEEDLES 31GX8MM	94
HAIR SKIN & NAILS TABS	136	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	94	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	94
HAIR/SKIN/NAILS CAPS	136	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	94	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" .	94
halcinonide CREA	45	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	94	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	94
halobetasol propionate CREA	45	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	70	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	94
halobetasol propionate FOAM	46	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	94	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	94
halobetasol propionate OINT	46	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	94	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	94
HALOG CREA (halcinonide)	46	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	94	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	94
HALOG OINT	46				
HALOG SOLN	46				
HAVRIX	163				
HEAD CARE PROACTIVE HEALTH TABs	136				
HEALTH CARE LANCING DEVICE MISC	70				
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	94				
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	94				

H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	95	TABS	136	HUMALOG SOLN IJ	18
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	70	HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS 136		HUMALOG TEMPO PEN SOPN ..	18
H-E-B INCONTROL ALCOHOL PADS	80	HIPREX (methenamine hippurate) 29		HUMATIN	2
H-E-B INCONTROL LANCETS MICRO THIN 33G	70	HM COMPLETE MEN TABS	136	HUMATROPE CART IJ	51
H-E-B INCONTROL LANCETS SUPER THIN 30G	70	HM HAIR/SKIN/NAILS TABS	136	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3
H-E-B INCONTROL LANCETS ULTRA THIN 28G	70	HM STERILE ALCOHOL PREP PADS	80	HUMIRA PEN AJKT SC 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	3
H-E-B INCONTROL PEN NEEDLES 29GX12MM	95	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	95	HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML, 80 MG/0.8ML	3
HECTOROL SOLN (doxercalciferol) . 51		HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	95	HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC 80 MG/0.8ML	3
HEMADY TABS	39	HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	95	HUMIRA PEN-PS/UV STARTER AJKT SC 40 MG/0.8ML	3
HEMANGEOL SOLN OR	34	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	95	HUMIRA PSKT	3
HEMATRON-AF (iron-docusate-b12-folic acid-vit c-vit e-copper-biotin) ..	58	HORIZANT	157	HUMULIN 70/30 KWIKPEN SUPN	18
HEMATRON-AF	58	HULIO AJKT	3	HUMULIN 70/30 SUSP	18
HEMAX	58	HULIO PSKT	3	HUMULIN N KWIKPEN SUPN	18
HEMLIBRA	56	HUMALOG JUNIOR KWIKPEN SOPN	18	HUMULIN N SUSP	18
heparin sodium (porcine) lock flush 10 UNIT/ML	15	HUMALOG KWIKPEN SOPN 100 UNIT/ML	18	HUMULIN R SOLN IJ	19
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML ...	15	HUMALOG KWIKPEN SOPN 200 UNIT/ML	18	HUMULIN R U-500 (CONCENTRATED) SOLN SC	19
HEPLISAV-B SOSY	163	HUMALOG MIX 50/50 KWIKPEN SUPN	18	HUMULIN R U-500 KWIKPEN SOPN SC	19
HIBERIX SOLR IJ	162	HUMALOG MIX 50/50 SUSP	18	HYCAMTIN CAPS	32
HIGH POTENCY MULTIVITAMIN TABS	141	HUMALOG MIX 75/25 KWIKPEN SUPN	18	hydralazine hcl SOLN	28
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE		HUMALOG MIX 75/25 SUSP	18	hydralazine hcl TABS 10 MG, 25 MG, 50 MG	28
		HUMALOG SOCT	18	hydralazine hcl TABS 100 MG	28
				HYDRALYTE FREEZER POPS	

SOLN	127	46	HYLAZINC TABS	136		
HYDRALYTE SOLN	127	hydrocortisone acetate vaginal ..	165	hyoscyamine sulfate ELIX	159	
HYDREA (hydroxyurea)	32	hydrocortisone butyrate CREA	46	hyoscyamine sulfate SOLN OR 0.125	MG/ML	159
HYDROCERIN CREA	48	hydrocortisone butyrate hydrophilic		hyoscyamine sulfate SUBL 0.125 MG		159
hydrochlorothiazide CAPS	50	lipo base	46	hyoscyamine sulfate TABS 0.125 MG		159
hydrochlorothiazide TABS	50	hydrocortisone butyrate LOTN	46	hyoscyamine sulfate TB12 0.375 MG		159
HYDROCIL INSTANT POWD		hydrocortisone butyrate OINT	46	hyoscyamine sulfate TBDP 0.125 MG		159
(psyllium)	58	hydrocortisone butyrate SOLN	46	HYPOLANCE AST LANCING KIT		70
hydrocodone bitartrate CP12	7	HYDROCORTISONE CREA	46	HYRIMOZ CROHN'S DISEASE AND		3
hydrocodone bitartrate T24A	7	hydrocortisone sod succinate 100		ULCERATIVE COLITIS STARTER		3
hydrocodone-acetaminophen SOLN		MG	39	PACK SOAJ		3
108 MG/5ML-2.5 MG/5ML, 217		hydrocortisone TABS	39	HYRIMOZ PEDIATRIC		3
MG/10ML-5 MG/10ML, 325		hydrocortisone vaginal	165	CROHN'S DISEASE STARTER PACK		3
MG/15ML-7.5 MG/15ML	9	hydrocortisone valerate CREA	46	SOSY		3
hydrocodone-acetaminophen TABS		hydrocortisone valerate OINT	46	HYRIMOZ PEDIATRIC		3
300 MG-10 MG, 300 MG-5 MG, 300		hydrocortisone w/acetic acid	151	CROHN'S DISEASE STARTER		3
MG-7.5 MG, 325 MG-10 MG, 325		hydromorphone hcl LIQD	7	PACK SOSY		3
MG-5 MG, 325 MG-7.5 MG	9	HYDROMORPHONE HCL SUPP ...	7	HYRIMOZ PEDIATRIC		3
hydrocodone-ibuprofen 10 MG-200		hydromorphone hcl TABS 2 MG	7	CROHN'S DISEASE STARTER		3
MG, 5 MG-200 MG, 7.5 MG-200 MG .		hydromorphone hcl TABS 4 MG	7	PACK SOSY		3
9		hydromorphone hcl TABS 8 MG	7	HYRIMOZ PLAQUE		3
HYDROCORT LOTION		hydromorphone hcl TB24	7	PSORIASIS/UVEITIS STARTER		3
COMPLETEKIT THPK	46	HYDROUS EMULSIFIED BASE .	153	PACK SOAJ		3
hydrocortisone (rectal) EX 1 %	10	hydroxychloroquine sulfate	29	HYRIMOZ PLAQUE		3
hydrocortisone (rectal) EX 2.5 % ..	10	hydroxyprogesterone caproate		PSORIASISSTARTER PACK SOAJ .		3
hydrocortisone (topical) CREA	46	(antineoplastic)	31	HYRIMOZ SENSOREADY PENS		3
hydrocortisone (topical) LOTN 2.5 % .		hydroxyurea	32	SOAJ		3
46		hydroxyzine hcl SYRP	12	HYRIMOZ SOAJ		3
hydrocortisone (topical) OINT 1 %,		hydroxyzine hcl TABS	12	HYRIMOZ SOSY		3
2.5 %	46	hydroxyzine hcl TABS	12	HYSINGLA ER T24A		7
hydrocortisone (topical) SOLN 1 %		hydroxyzine pamoate CAPS	12	HYVEE ADVANCED ANTACID		10
46		HYFTOR	47	MAXIMUM STRENGTH SUSP (alum		10
hydrocortisone acetate (topical)				& mag hydrox-simethicone)		10
CREA 1 %	46					
hydrocortisone acetate (topical) OINT						

HY-VEE LANCETS	70	ILUMYA	43	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	121
HY-VEE THIN LANCETS	70	IMBRUVICA SUSP	31	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	121
HYZAAR (losartan potassium & hydrochlorothiazide)	27	IMCIVREE	1	INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	95
ibandronate sodium SOLN	50	imiquimod 5 %	47	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	95
ibandronate sodium TABS	50	IMITREX 5 MG/ACT, 20 MG/ACT (sumatriptan)	126	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	95
IBSRELA	54	IMITREX STATDOSE REFILL SOCT (sumatriptan succinate)	126	INCRUSE ELLIPTA	12
ibuprofen CAPS	4	IMITREX STATDOSE SYSTEM SOAJ (sumatriptan succinate) ...	126	indapamide TABS 1.25 MG, 2.5 MG .	50
ibuprofen CHEW	4	IMITREX TABS (sumatriptan succinate)	126	INDERAL LA CP24 (propranolol hcl) .	34
ibuprofen SUSP	4	IMMUNE ESSENTIALS DAILY CAPS	136	INDERAL XL	34
ibuprofen TABS	4	IMMUNE SUPPORT CHEW	136	INDOCIN SUSP (indomethacin)	4
ibuprofen-acetaminophen TABS	4	IMODIUM A-D CAPS (loperamide hcl)	21	indomethacin CAPS 25 MG, 50 MG 4	
ibuprofen-famotidine	4	IMODIUM A-D SOLN (loperamide hcl)	21	indomethacin CPCR	5
ICAPS AREDS FORMULA TABS 136		IMODIUM A-D TABS (loperamide hcl)	21	indomethacin SUSP	5
ICAR-C (iron-vitamin c)	58	IMOVAX RABIES (H.D.C.V.) SUSR 163		INFANRIX	159
ICAR-C PLUS TABS (iron-vitamin c- vitamin b12-folic acid)	58	IMPEKLO LOTN	46	INFANTS ADVIL SUSP (ibuprofen) .5	
icosapent ethyl	24	IMURAN TABS (azathioprine)	129	INFINITY CONTROL SOLUTION HIGH SOLN	71
IDACIO (2 PEN) AJKT	3	IN TOUCH GLUCOSE CONTROLSOLUTION SOLN	71	INGREZZA CAPS	156
IDACIO (2 SYRINGE) PSKT	3	IN TOUCH LANCING DEVICE MISC 71		INGREZZA CPPK	156
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	3	IN TOUCH STERILE LANCETS30G 71		INNOPRAN XL	34
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	3	INBRIJA CAPS	32	INNOSPIRE REPLACEMENT FILTER MISC	121
IDHIFA	31	IN-CHECK DIAL		INPEFA	36
IGALMI FILM	58	INSPIRATORYFLOW TRAINER DEVI	121	INQOVI	31
IHEALTH CONTROL SOLUTION LIQD	70			INSPIREASE DRUG DELIVERYSYSTEM MISC	121
IHEALTH LANCING DEVICE MISC 70					
ILEVRO	150				

INSUL-CAP MISC	71	INSULIN SYRINGE/0.3ML/31G X 5/16"	95	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	95
INSUL-EZE MISC	71	INSULIN SYRINGE/0.5ML/27G X 1/2"	95	INSULIN SYRINGE/U-100/1ML/30G X 5/16"	95
INSULIN ASPART FLEXPEN SOPN . 19		INSULIN SYRINGE/0.5ML/28G X 1/2"	95	INSULIN SYRINGE/U-100/1ML/31G X 5/16"	95
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	19	INSULIN SYRINGE/0.5ML/30G X 5/16"	95	INSULIN SYRINGES 0.3ML/31G X 1/4"	95
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	19	INSULIN SYRINGE/0.5ML/31G X 5/16"	95	INSULIN SYRINGES/U- 100/0.5ML/27GX1/2"	96
INSULIN ASPART SOLN IJ	19	INSULIN SYRINGE/1ML/28G X 1/2" 95		INSULIN SYRINGES/U- 100/0.5ML/28GX1/2"	96
INSULIN DEGLUDEC FLEXTOUCH SOPN	19	INSULIN SYRINGE/1ML/29G X 1/2" 95		INSULIN SYRINGES/U- 100/0.5ML/29GX1/2"	96
INSULIN DEGLUDEC SOLN	19	INSULIN SYRINGE/1ML/30G X 5/16"	95	INSULIN SYRINGES/U- 100/0.5ML/30GX5/16"	96
INSULIN GLARGINE MAX SOLOSTAR SOPN	19	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	95	INSULIN SYRINGES/U- 100/0.5ML/31GX5/16"	96
INSULIN GLARGINE SOLN	19	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	95	INSULIN SYRINGES/U- 100/1ML/27GX1/2"	96
INSULIN GLARGINE SOLOSTAR SOPN	19	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	95	INSULIN SYRINGES/U- 100/1ML/28GX1/2"	96
INSULIN GLARGINE-YFGN SOLN 19		INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	95	INSULIN SYRINGES/U- 100/1ML/29GX1/2"	96
INSULIN GLARGINE-YFGN SOPN 19		INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	95	INSULIN SYRINGES/U- 100/1ML/30GX1/2"	96
INSULIN LISPRO JUNIOR KWIKPEN SOPN	19	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	95	INSULIN SYRINGES/U- 100/1ML/31GX5/16"	96
INSULIN LISPRO KWIKPEN SOPN . 19		INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	95	INSUPEN 29G X 12MM	96
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	19	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	95	INSUPEN 31G X 5MM	96
INSULIN LISPRO SOLN IJ	19	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	95	INSUPEN 31G X 8MM	96
INSULIN SYRINGE/0.3ML/30G X 5/16"	95	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	95	INSUPEN 32G X 4MM	96
				INSUPEN 33GX4MM	96
				INSUPEN PEN NEEDLES 32G X4MM	96

INSUPEN SENSITIVE 32GX6MM	96	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	41	KAPSPARGO SPRINKLE CS24	34
INSUPEN SENSITIVE 32GX8MM	96	isradipine CAPS	35	KAPVAY TB12 (clonidine hcl (adhd))	1
INSUPEN ULTRAFIN 30GX8MM	.96	ISTALOL SOLN (timolol maleate (ophth))	148	KATERZIA	35
INSUPEN ULTRAFIN 31GX6MM	.96	itraconazole CAPS	22	KAZANO (alogliptin-metformin hcl)	17
INSUPEN ULTRAFIN 31GX8MM	.96	itraconazole SOLN	22	KENALOG AERS (triamcinolone acetonide (topical))	46
INTRON A SOLR 10000000 UNIT	32	ivermectin (pediculicide)	48	KENALOG-10 SUSP	39
INVOKAMET TABS	16	ivermectin	11	KENALOG-40 SUSP (triamcinolone acetonide)	39
INVOKAMET XR TB24	16	IWILFIN	32	KERENDIA	51
INVOKANA	20	IXCHIQ	163	KERYDIN (tavaborole)	42
IOPIDINE	148	IXIARO	163	KESIMPTA	156
IPOL INACTIVATED IPV	163	IYUZEH SOLN	151	ketoconazole (topical) CREA	42
ipratropium bromide (nasal)	146	J & J GERM FILTER MASK	114	ketoconazole (topical) FOAM	42
ipratropium bromide SOLN 0.02 %	12	JAKAFI	31	ketoconazole (topical) SHAM 2 %	42
ipratropium-albuterol SOLN	14	JALYN (dutasteride-tamsulosin hcl)	55	ketoconazole	22
irbesartan	26	JANSSEN COVID-19 VACCINE	163	KETODAN KIT	42
irbesartan-hydrochlorothiazide	27	JANUMET TABS	16	ketoprofen CAPS 50 MG	5
iron polysaccharide complex-vit b12- folic acid CAPS	58	JANUMET XR TB24	16	ketoprofen CP24	5
iron-docusate-b12-folic acid-vit c-vit e-copper-biotin	58	JANUVIA	18	ketorolac tromethamine (ophth) 0.4 %	150
iron-vitamin c	58	JARDIANCE	20	ketorolac tromethamine (ophth) 0.5 %	150
iron-vitamin c-vitamin b12-folic acid TABS	58	JAYPIRCA	31	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	5
isoniazid SYRP	29	JENTADUETO TABS	17	ketorolac tromethamine TABS	5
isoniazid TABS	30	JENTADUETO XR TB24	17	ketotifen fumarate (ophth) 0.035 % 150	
ISOPTO ATROPINE SOLN	148	JESDUVROQ	57	KEVZARA SOAJ	4
ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate)	11	JUBLIA	42	KEVZARA SOSY	4
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	11	JYLAMVO SOLN	30	KEYFOLIC TABS	136
isosorbide mononitrate TABS	11	JYNNEOS	163		
isosorbide mononitrate TB24	11	KALYDECO PACK	158		
		KAMELEON LUBRICATED MISC	60		

KEYLOSA TABS	136	PREFERRED PLUS/1ML/31G X 5/16"	96	KRAZATI	31
KIMONO COLORS DEVI	60	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	96	KRINTAFEL	29
KIMONO LUBRICATED MISC	60	KINRIX SUSY	159	KROGER AUTOLET LANCING DEVICE MISC	71
KIMONO MAXX/LARGE FLARE MISC	61	KITABIS PAK NEBU (tobramycin) ..	2	KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD	71
KIMONO MICRO THIN MISC	61	KLARITY-A	149	KROGER HEALTHPRO TWIST LANCETS/26G	71
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 61		KLARITY-C DROPS EMUL	149	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	96
KIMONO PLUS SPERMICIDE LUBRICATED MISC	61	KLOXXADO LIQD	21	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	96
KIMONO PLUS SPERMICIDE/LUBRICATED MISC 61		KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	96	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	96
KIMONO PS LUBRICATED MISC .61		KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	96	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	96
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 61		KMART VALU PLUS INSULIN SYRINGE/1ML/29G	96	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	96
KIMONO SENSATION LUBRICATED MISC	61	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	96	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	96
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 61		KN95 DISPOSABLE MASK FORCIVIL USE	114	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	96
KIMONO SPECIAL DEVI	61	KN95 MEDICAL PROTECTIVE FACE MASK	114	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	96
KINDERLYTE PREMAX SOLN ..	127	KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	121	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	97
KINDERLYTE SOLN	127	KOMBIGLYZE XR (saxagliptin- metformin hcl)	17	KROGER LANCETS	71
KINNEY LANCETS	71	KONVOMEPEP SUSR	161	KROGER LANCETS 21G	71
KINNEY THIN LANCETS	71	KP PRENATAL MULTIVITAMINS TABS	143	KROGER LANCETS MICRO THIN33G	71
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	96	K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	136	KROGER LANCETS SUPER THIN 71	
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	96	K-PHOS NO 2	55	KROGER LANCETS THIN	71
KINRAY INSULIN SYRINGE		K-PHOS TABS (potassium phosphate monobasic)	129	KROGER LANCETS THIN 26G ..	71

KROGER LANCETS ULTRATHIN30G	(topical)) .....42	LANZO MISC	71
KROGER LANCING DEVICE MISC 71	LAMISIL AT JOCK ITCH CREA (terbinafine hcl (topical))	LASIX TABS 20 MG (furosemide) .49	
KROGER PEN NEEDLES 29G X12MM	42	LASIX TABS 40 MG (furosemide) .49	
KROGER PEN NEEDLES 31G X8MM	lamivudine (hbv) TABS	LASIX TABS 80 MG (furosemide) .49	
KROGER PEN NEEDLES 31GX1/4"	34	LASTACAFT	150
KROGER PEN NEEDLES/31G X1/4"	LAMZEDE	latanoprost SOLN	151
KROGER PEN NEEDLES/31G X3/16"	51	LATANOPROST SOLN	151
KROGER PEN NEEDLES/31G X5/16"	LANCET DEVICE ADJUSTABLE MISC	LAZCLUZE	30
KROGER PEN NEEDLES/32G X5/32"	71	L-CITRULLINE	37
KROGER PEN NEEDLES/33G X5/32"	LANCET DEVICE WITH EJECTOR MISC	LEADER ADVANCED LANCING DEVICE MISC	71
K-TAB TBCR 10 MEQ, 20 MEQ (potassium chloride)	71	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	97
K-Y ME & YOU EXTRA LUBRICATED DEVI	LANCET TRANSPORTER CASE MISC	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	97
K-Y ME & YOU INTENSE DEVI ...	71	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	97
KYNMOBI FILM	LANCETS	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	97
KYNMOBI TITRATION KIT KIT ...	71	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	97
labetalol hcl TABS	LANCETS 30G	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	97
lactic acid (ammonium lactate) CREA	71	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	97
lactic acid (ammonium lactate) LOTN 12 %	LANCETS 30G TWIST TOP	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	97
lactulose (encephalopathy)	71	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	97
lactulose SOLN	LANCETS 30G/TWIST TOP	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	97
LAMISIL AT CREA (terbinafine hcl	71	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	97
	LANCETS 33G EXTRA FINE	LEADER UNIFINE PENTIPS	
	71		
	LANCETS 33G UNIVERSAL DESIGN		
	71		
	LANCETS MICRO THIN 33G		
	71		
	LANCETS SUPER THIN 28G		
	71		
	LANCETS THIN		
	71		
	LANCETS ULTRA THIN		
	71		
	LANCETS ULTRA THIN 30G		
	71		
	LANCING DEVICE MISC		
	71		
	LANOXIN TABS 125 MCG, 250 MCG (digoxin)		
	35		
	lansoprazole CPDR 15 MG		
	160		
	lansoprazole CPDR 30 MG		
	160		
	lansoprazole TBDD		
	160		
	lanthanum carbonate CHEW		
	54		
	LANTUS SOLN		
	19		
	LANTUS SOLOSTAR SOPN		
	19		

PLUS/MINI/31GX3/16"	97	23	HIGH SOLN	71
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	97	23	LIBERTY GLUCOSE CONTROL MID SOLN	71
LEADER UNIFINE PENTIPS/MINI/31GX3/16"	97	levofloxacin (ophth) 0.5 % 149 levofloxacin SOLN OR 53	LIBERTY MEDICAL LANCETS 30G . 71	
LEADER UNIFINE PENTIPS/NANO/32GX5/32"	97	levofloxacin TABS 250 MG, 500 MG . 53	LIBERTY MINI LANCING DEVICE MISC	71
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	97	levofloxacin TABS 750 MG 53	LIBERVANT FILM	16
leflunomide	5	levonorgestrel & eth estradiol TABS 37	LICART PT24	43
lenalidomide	129	levonorgestrel (emergency oc) 1.5 MG 38	lidocaine hcl (mouth-throat) 2 % ..	130
LESCOL XL TB24 (fluvastatin sodium)	25	levonorgestrel-eth estradiol (triphasic)	lidocaine hcl CREA 3 % 47 lidocaine hcl GEL 2 % 47 lidocaine hcl PRSY 47 lidocaine OINT 47 lidocaine PTCH 4 % 47 lidocaine PTCH 5 % 47 lidocaine-prilocaine CREA 47	47 47 47 47 47 47 47
LETAIRIS (ambrisentan)	36	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG 38	LIDOCARE ARM/NECK/LEG PTCH (lidocaine)	48
letrozole	31	levonorgestrel-ethinyl estradiol (continuous)	LIDOCARE BACK/SHOULDER PTCH (lidocaine)	48
leucovorin calcium TABS	32	levorphanol tartrate TABS	LIDODERM PTCH (lidocaine)	48
LEUKERAN	30	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG 158	LIDOZO	48
LEUKINE SOLR IJ	57	LEVOTHYROXINE SODIUM SOLR IV (levothyroxine sodium)	LIKMEZ SUSP	28
LEUPROLIDE ACETATE INJ	31	levothyroxine sodium SOLR IV ...	linezolid SUSR	29
leuprolide acetate KIT IJ 1 MG/0.2ML	31	levothyroxine sodium TABS	linezolid TABS	29
levabuterol hcl	14	LEVSIN TABS (hyoscyamine sulfate)	LINZESS	54
levabuterol tartrate	14	LEVSIN/SL SUBL (hyoscyamine sulfate)	liothyronine sodium SOLN	158
levamlodipine maleate	35	LEXETTE FOAM (halobetasol propionate)	liothyronine sodium TABS	158
LEVBID TB12 (hyoscyamine sulfate) 159		LIALDA TBEC (mesalamine)	LIP BALM BASE	153
LEVEMIR FLEXPEN SOPN	19	LIBERTY CONTROL SOLUTION	LIPITOR TABS (atorvastatin calcium)	25
LEVEMIR FLEXTOUCH SOPN	19			
LEVEMIR SOLN	19			
LEVETIRACETAM/SODIUM CHLORIDE	16			
levobunolol hcl 0.5 %	148			
levocetirizine dihydrochloride SOLN				

LIPO CREAM BASE	153	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	98	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	98
LIPOCREAM BASE	153	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	98	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	98
LIPOFEN CAPS (fenofibrate)	25	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	98	LITFULO	47
LIOPEN ABSORPTION ENHANCING BASE	153	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	98	lithium	33
LIOPEN ULTRA BASE	153	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	98	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	146
LIPOSOMAL HEAVY	153	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	98	LIVALO (pitavastatin calcium)	25
LIPOSOMAL REGULAR	153	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	98	LIVE BETTER ADVANCED LANCING DEVICE MISC	71
LIPOTRIAD TABS (vitamins w/ lipotropics)	145	LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	98	LIVE BETTER LANCET SUPERTHIN 30G	71
LIQREV SUSP	36	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	98	LIVE BETTER LANCET ULTRATHIN 28G	71
liraglutide	18	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	98	LIVER DETOX TABS	136
lisinopril & hydrochlorothiazide	27	LITETOUCH LANCETS MICRO THIN 33G	71	LIVMARLI	53
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	26	LITETOUCH MASK LARGE MISC 121		LIVTENCITY	33
LITE TOUCH LANCETS	71	LITETOUCH MASK MEDIUM MISC . 121		LOCOID LIPOCREAM	46
LITE TOUCH LANCING PEN MISC 71		LITETOUCH MASK SMALL MISC 121		LOCOID LOTN (hydrocortisone butyrate)	46
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	97	LITETOUCH PEN NEEDLES 29GX12.7MM	98	LODINE TABS (etodolac)	5
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	97	LITETOUCH PEN NEEDLES 31G X 6MM	98	LODOSYN (carbidopa)	32
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	97	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	98	lofexidine hcl	155
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	97	LITETOUCH PEN NEEDLES 31GX8MM SHORT	98	LOMAIRA TABS	1
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	97	LITETOUCH PEN NEEDLES 31G X 6MM	98	LOMOTIL TABS (diphenoxylate w/ atropine)	21
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	97	LITETOUCH PEN NEEDLES 31GX8MM SHORT	98	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	98
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	97	LITETOUCH PEN NEEDLES 31GX8MM SHORT	98	LONGS LANCETS STANDARD ..	72
LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	97	LITETOUCH PEN NEEDLES/31G X 3/16"	98	LONGS LANCETS THIN	72
				LONGS LANCETS ULTRA THIN .	72
				LONHALA MAGNAIR REFILL KIT	

SOLN	12	(benazepril hcl)	26	LUZU (luliconazole)	42
LONHALA MAGNAIR STARTER KIT SOLN	12	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 27		LYFGENIA	56
LONSURF	31	loteprednol etabonate SUSP 0.2 % 150		LYSODREN	31
loperamide hcl CAPS	21	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 27		LYTGOBI	31
loperamide hcl SOLN 1 MG/7.5ML 21				LYUMJEV KWIKPEN SOPN	19
loperamide hcl SUSP	21			LYUMJEV SOLN	19
loperamide hcl TABS	21	LOTRIMIN AF CREA (clotrimazole (topical))	42	LYUMJEV TEMPO PEN SOPN ...	19
LOPERAMIDE HYDROCHLORIDE SUSP	21	LOTRIMIN AF JOCK ITCH CREA (clotrimazole (topical))	42	LYVISPAH PACK	145
LOPID TABS (gemfibrozil)	25	LOTRIMIN ULTRA (butenafine hcl) 42		MACROBID (nitrofurantoin monohyd macro)	29
LOPRESSOR TABS (metoprolol tartrate)	34	LOTRONEX (alosetron hcl)	54	MACRODANTIN 50 MG, 100 MG (nitrofurantoin macrocrystal)	29
LOPROX	42	lovastatin TABS	25	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" . 98	
LOPROX CREA (ciclopirox olamine) . 42		LOVAZA (omega-3-acid ethyl esters)	24	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	98
LOPROX KIT	42	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	16	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" . 98	
LOPROX SHAMPOO SHAM (ciclopirox)	42	LOVENOX SOSY (enoxaparin sodium)	16	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	98
LOPROX SUSP (ciclopirox olamine) . 42		lubiprostone	53	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" 98	
LOQTORZI	30	LUCEMYRA (lofexidine hcl)	155	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 98	
loratadine CHEW	23	luliconazole	42		
loratadine SOLN	24	LUMAKRAS	31		
loratadine TABS	24	LUMIGAN SOLN 0.01 %	151		
LOREEV XR CS24	12	LUNG PERFORMANCE PEAK FLOW METER	121		
L-ORNITHINE HYDROCHLORIDE 37		LUTEIN PLUS/ZEAXANTHIN TABS . 136			
L-ORNITHINE POWD	147	LUXIQ FOAM (betamethasone valerate)	46	magnesium chloride SOLN	128
losartan potassium & hydrochlorothiazide	27			magnesium citrate	59
losartan potassium	26			magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	59
LOTENSIN 10 MG, 20 MG, 40 MG				magnesium oxide (laxative)	59

magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 500 MG 128	MAXALT-MLT TBDP 10 MG (rizatriptan benzoate) .....126	LANCET DUAL USE .....72
magnesium oxide TABS 400 MG ..11	MAXICOMFORT II PEN NEEDLES/31G X 1/4" .....98	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW .....72
magnesium oxide TABS 420 MG ..11	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" 98	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW .....72
MAGNESIUM OXIDE TABS .....128	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" ..98	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW .....72
MAGNESIUM SULFATE IJ 50 % .128	MAXICOMFORT INSULIN SYRINGES 27G X 1/2" .....98	MEDICHOICE SAFETY LANCETEXTRA .....72
MAGNESIUM SULFATE IN D5W (magnesium sulfate in dextrose) . 128	MAXITROL OINT (neomycin-polymy- dexameth) 150	MEDICHOICE SAFETY LANCETNORMAL .....72
magnesium sulfate in dextrose .. 128	MAXITROL SUSP (neomycin- polymy-dexameth) .....150	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM 99
MAGNESIUM SULFATE IV (magnesium sulfate) .....128	MAXX LUBRICATED MISC .....61	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM 99
magnesium sulfate IV .....128	MAXX PLUS SPERMICIDE LUBRICATED MISC .....61	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM 99
MAGOX 400 TABS (magnesium oxide (mg supplement)) 128	MAXZIDE TABS (triamterene & hydrochlorothiazide) 49	MEDIDERM .....154
malathion .....48	MAXZIDE-25 TABS (triamterene & hydrochlorothiazide) 49	MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1- NORMAL LIQD .....72
MARATHON MEDICAL PENTIPS29GX12MM 98	MAYZENT STARTER PACK TBPK 156	MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD .....72
MARATHON MEDICAL PENTIPS31GX5MM 98	MAYZENT TABS 156	MEDLANCE PLUS EXTRA LANCETS 21G .....72
MARATHON MEDICAL PENTIPS31GX8MM 98	meclizine hcl CHEW 21	MEDLANCE PLUS LANCETS .....72
MARATHON MEDICAL PENTIPS32GX4MM 98	meclizine hcl TABS 12.5 MG, 25 MG 21	MEDLANCE PLUS LANCETS LITE 25G .....72
MARINOL CAPS (dronabinol) 22	meclofenamate sodium CAPS 5	MEDLANCE PLUS LITE LANCETS 25G .....72
MASK PEDIATRIC SIZE 1" .....114	MEDI TAB TABS 136	MEDLANCE PLUS SPECIAL LANCETS 0.8MM 72
MASK VORTEX/CHILD/FROG ..121	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" 99	MEDLANCE PLUS SUPERLITE 30G.....72
MASK VORTEX/TODDLER/LADYBUG .121	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" 99	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX .....72
MASONATAL TABS .....143	MEDICHOICE PRE-SET SAFETY	
MATULANE 32		
MAVENCLAD 156		
MAXALT TABS 10 MG (rizatriptan benzoate) 126		

MEDLANCE PLUS UNIVERSAL LANCETS 21G	72	MEIJER LANCETS UNIVERSAL30G	72	MENVEO SOLR	162
MEDLANCE PLUS/LITE 25G	72	MEIJER LANCETS UNIVERSAL33G	72	meperidine hcl SOLN OR 50 MG/5ML	7
MEDLANCE/EXTRA	72	MEIJER PEN NEEDLES 29G X12MM	99	meperidine hcl TABS 50 MG	7
MEDLANCE/LITE	72	MEIJER PEN NEEDLES 31G X6MM	99	MEPHYTON TABS (phytonadione) 166	
MEDLANCE/UNIVERSAL	72	MEIJER PEN NEEDLES 31G X8MM	99	MEPRON (atovaquone)	28
MEDROL DOSEPAK TBPK (methylprednisolone)	39	MEIJER SUPER THIN LANCETS	72	mercaptapurine TABS	30
MEDROL TABS (methylprednisolone)	39	MEKINIST SOLR	31	mesalamine CP24	54
MEDROL TABS	39	meloxicam CAPS	5	mesalamine CPR	54
medroxyprogesterone acetate (contraceptive) SUSP IM	38	meloxicam TABS	5	mesalamine CPDR	54
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	155	melphalan	30	mesalamine ENEM	54
mefenamic acid CAPS	5	memantine hcl CP24	155	mesalamine TBEC 1.2 GM	54
mefloquine hcl	29	memantine hcl SOLN	155	mesalamine TBEC 800 MG	54
MEGA MULTI FOR MEN TABS	136	memantine hcl TABS	156	MESNEX TABS	32
MEGA MULTI FOR WOMEN TABS 136		MENACTRA	162	MESTINON TABS (pyridostigmine bromide)	29
MEGAVITE FRUITS & VEGGIES TABS	136	MENATROL CAPS	136	METAMUCIL 4 IN 1 FIBER POWD (psyllium)	58
megestrol acetate (appetite)	155	MENEST	52	METAMUCIL FREE & NATURAL POWD (psyllium)	58
megestrol acetate SUSP	31	MENQUADFI	162	METAMUCIL ORIGINAL TEXTURE POWD (psyllium)	58
megestrol acetate TABS	31	MENS 50+ ADVANCED CAPS	136	METAMUCIL POWD (psyllium)	58
MEIJER ALCOHOL SWABS EXTRA-THICK	80	MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	136	metaxalone	145
MEIJER COLOR LANCETS UNIVERSAL 33G	72	MENS 50+ MULTIVITAMIN TABS 136		metformin hcl SOLN	17
MEIJER LANCETS	72	MENS MULTI VITAMIN & MINERAL FORMULA TABS	136	metformin hcl TABS	17
MEIJER LANCETS THIN	72	MENS MULTIVITAMIN CHEW	136	metformin hcl TB24 500 MG, 1000 MG	17
MEIJER LANCETS UNIVERSAL21G	72	MENS MULTIVITAMIN TABS	136	metformin hcl TB24 500 MG, 750 MG	17
		MENTAX	42	methadone hcl CONC	7
		MENVEO SOLN	162	methadone hcl SOLN OR	7

methadone hcl TABS	7	metolazone	50	MICRODOT PEN NEEDLE/31G X 6 MM	99
methadone hcl TBSO	7	metoprolol & hydrochlorothiazide TABS	27	MICRODOT PEN NEEDLE/32G X 4 MM	99
METHADOSE CONC (methadone hcl)	7	metoprolol succinate TB24	34	MICRODOT PEN NEEDLE/33G X 4 MM	99
METHADOSE SUGAR-FREE CONC (methadone hcl)	7	metoprolol tartrate TABS	34	MICROLET LANCETS	72
methenamine hippurate	29	METROCREAM CREA (metronidazole (topical))	48	MICROLET NEXT MISC	72
methenamine mandelate 0.5 GM, 1 GM	29	metronidazole (topical) CREA	48	MICROLIFE DIGITAL PEAK FLOW METER	121
methimazole TABS	158	metronidazole (topical) GEL 0.75 % 48	48	MICROSOME BASE	154
methocarbamol TABS 1000 MG .	145	metronidazole CAPS	28	MICROSPACER MISC	121
methocarbamol TABS 500 MG, 750 MG	145	metronidazole TABS	28	midazolam hcl SOLN IJ 25 MG/5ML, 50 MG/10ML	58
METHOCARBAMOL TABS	145	metronidazole vaginal	165	midazolam hcl SOLN IJ 5 MG/ML, 10 MG/2ML	58
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	30	mexiletine hcl	12	midodrine hcl	165
methotrexate sodium TABS 2.5 MG 30	30	MICARDIS (telmisartan)	26	MIEBO	150
methyldopa TABS	26	MICARDIS HCT (telmisartan- hydrochlorothiazide)	27	miglitol	16
methylergonovine maleate TABS	151	MICATIN CREA (miconazole nitrate (topical))	42	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	38
methylphenidate hcl TBCR	1	miconazole nitrate (topical) CREA	42	mineral oil ENEM	59
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	39	miconazole nitrate (topical) OINT	42	MINI LANCING DEVICE MISC	72
methylprednisolone acetate SUSP	39	miconazole nitrate vaginal CREA 2 %	165	MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	121
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	39	miconazole nitrate vaginal KIT ...	165	MINI WRIGHT PEAK FLOW METER	121
methylprednisolone TABS	39	miconazole nitrate vaginal SUPP 100 MG	165	MINI WRIGHT PEAK FLOW METER STANDARD RANGE	121
methylprednisolone TBPK	39	miconazole-zinc oxide-white petrolatum	42	MINIELITE FILTER REPLACEMENTS MISC	121
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	53	MICROCHAMBER DEVI	121	MINILINK REAL-TIME TRANSMITTER	72
metoclopramide hcl TABS 10 MG .	53	MICROCHAMBER MISC	121	MINIMED 630G GUARDIAN PRESS	
metoclopramide hcl TABS 5 MG ..	53	MICRODERM BASE	154		
		MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	72		

STARTER TRANSMITTER KIT ...72	M-NATAL PLUS TABS 143	NEEDLE/1ML/25G X 5/8" .....99
MINIPRESS CAPS (prazosin hcl) . 26	MODERNA COVID-19 VACCINE SUSP 164	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" .....99
MINIVELLE PTTW (estradiol) .....52	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 163	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" .....99
minocycline hcl CAPS .....158	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY . 163	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2" .....99
minoxidil 2.5 MG, 10 MG 28	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y .. 163	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" .....99
mirabegron TB24 161	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 164	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" .....99
MIRALAX POWD (polyethylene glycol 3350) .....59	MODERNA COVID-19 VACCINE6MO-5Y SUSP .....164	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" .....99
MIRAPEX ER TB24 (pramipexole dihydrochloride) .....32	moexipril hcl .....26	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" .....99
MIRCETTE (desogestrel-ethinyl estradiol (biphasic)) .....38	mometasone furoate (nasal) SUSP 146	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" .....99
misoprostol .....161	mometasone furoate CREA .....46	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" .....99
MITIGARE CAPS (colchicine) .....55	mometasone furoate OINT .....46	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" .....99
MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" .....99	mometasone furoate SOLN .....46	MONOJECT INSULIN SYRINGE/SOFTPACK/U- 100/0.5ML/28G X 1/2" .....99
MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....99	MONISTAT 3 COMBINATION PACK KIT (miconazole nitrate vaginal) ..165	MONOJECT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" .....100
MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16" .....99	MONISTAT 7 COMBINATION PACK KIT 165	MONOJECT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" .....100
MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16" .....99	MONISTAT 7 SIMPLY CURE CREA (miconazole nitrate vaginal) 165	MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2" .....100
MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....99	MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH (hydrocortisone vaginal) .....165	MONOJECT INSULIN SYRINGE/U- 100/1ML/30G X 5/16" .....100
MM LANCING DEVICE MISC 72	MONOJECT INSULIN SYRINGE/1ML .....99	MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2" .....100
MM PEN NEEDLES 31G X 1/4" ..99	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" .....99	MONOJECT INSULIN SYRINGE/U- 100/1ML/30G X 5/16" .....100
MM PEN NEEDLES 31G X 3/16" .99	MONOJECT INSULIN SYRINGE/DETACH	MONOJECT INSULIN SYRINGE/REGULAR LUER
MM PEN NEEDLES 31G X 5/16" .99		
MM PEN NEEDLES 32G X 5/32" .99		
MM TWIST LANCETS 72		
M-M-R II SOLR .....163		

TIP/SOFTPACK/1ML	100	MOOD FOOD ES CAPS	136	MRESVIA	164
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	100	morphine sulfate beads	8	MS CONTIN TBCR (morphine sulfate)	8
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	100	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	100
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	100	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	8	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	100
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	100	morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML	8	MS INSULIN SYRINGE/1ML/31G X 5/16"	100
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	100	morphine sulfate SUPP	8	MUCINEX D TB12 (pseudoephedrine-guaifenesin) ...	40
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	100	morphine sulfate TABS 15 MG	8	MULTI MEGA MINERALS TABS .	128
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	100	morphine sulfate TABS 30 MG	8	MULTI VITAMIN TABS	141
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" 100		morphine sulfate TBCR	8	MULTI VITAMIN/D-3 TABS	141
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 100		MOTTEGRITY	53	MULTIA CAPS	136
MONOLET LANCETS	72	MOTPOLY XR CP24	16	MULTIBASE	154
MONOLET OPD LANCETS	73	MOTRIN CHILDRENS CHEW (ibuprofen)	5	MULTI-BETIC DIABETES TABS .	136
MONOLETTOR SAFETY LANCETS 73		MOTRIN INFANTS DROPS SUSP (ibuprofen)	5	MULTIGEN	58
montelukast sodium CHEW 4 MG .	12	MOUNJARO SC 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML	18	MULTI-LANCET DEVICE 2 KIT ...	73
montelukast sodium CHEW 5 MG .	13	MOVANTIK	54	MULTI-LANCET DEVICE MISC ...	73
montelukast sodium PACK	13	moxifloxacin hcl (ophth) SOLN OP 149		MULTI-PHASIC PENETRATINGCOMPOUND BASE 154	
montelukast sodium TABS	13	moxifloxacin hcl TABS	53	multiple minerals w/ vitamins TABS 128	
MOOD FOOD CAPS	136	MPD SAFETY LANCET 21G/1.8MM 73		multiple vitamin TABS	141
		MPD SAFETY LANCET 28G/1.8MM 73		multiple vitamins w/ calcium TABS 131	
		MPD SAFETY LANCET 30G/1.8MM 73		multiple vitamins w/ iron TABS ...	131
		MPD SAFETY LANCETS 23G/1.8MM	73	multiple vitamins w/ minerals CAPS 136	
				multiple vitamins w/ minerals CHEW . 136	
				multiple vitamins w/ minerals TABS	

136	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 ...	142	MX-SOL SUSPEND SUSP	152	
MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS .			MX-SOL SYRP	152	
128			MYAMBUTOL TABS 400 MG (ethambutol hcl)	30	
MULTITOL-M TABS	136	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	142	MYCOBUTIN (rifabutin)	30
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	142	mupirocin calcium (topical)	41	mycophenolate mofetil CAPS	129
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 ...	142	mupirocin OINT	41	mycophenolate mofetil SUSR	129
MULTIVITAMIN ADULT TABS ...	141	MURO 128 OINT (sodium chloride hypertonic)	150	mycophenolate mofetil TABS	129
MULTIVITAMIN ADULTS TABS .	137	MURO 128 SOLN (sodium chloride hypertonic)	150	MYDRIACYL SOLN (tropicamide) 148	
MULTIVITAMIN MEN TABS	137	MVW COMPLETE FORMULATION CAPS	137	MYFEMBREE	52
MULTI-VITAMIN MONOCAPS TABS 137		MVW COMPLETE FORMULATIOND3000 CAPS	137	MYFORTIC (mycophenolate sodium)	129
MULTIVITAMIN TABS	137	MVW COMPLETE FORMULATIOND500 CAPS	137	MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH SOLN	73
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	142	MVW COMPLETE FORMULATIONMINIS CAPS	137	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	73
MULTIVITAMIN WITH FLUORIDE CHEW	142	MVW COMPLETE FORMULATIONPEDIATRIC SOLN 141		MYLERAN TABS	30
MULTIVITAMIN WITH FLUORIDE SOLN	142	MVW HI-D ADEK GUMMIES CHEW .	137	MYLICON INFANTS GAS RELIEF DYE FREE SUSP (simethicone) ..	53
MULTIVITAMIN WOMEN TABS .	137	MVW MODULATOR FORMULATION CAPS	137	MYLICON INFANTS GAS RELIEF SUSP (simethicone)	53
MULTIVITAMIN/ZINC STRESSFORMULA TABS	137	MVW MODULATOR FORMULATION MINIS CAPS	137	MYRBETRIQ SRER	161
MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-		MVW ORANGE CHEWABLES CHEW	137	MYRBETRIQ TB24 (mirabegron) 161	
		MX-SOL BLEND SF SUSP	152	MYRBETRIQ TB24	161
		MX-SOL BLEND SUSP	152	N95 FACE MASK	114
		MX-SOL SF SYRP	152	N95 PARTICULATE RESPIRATOR FACE MASK	114
				nabumetone	5
				nadolol TABS 20 MG, 40 MG, 80 MG	34
				naftifine hcl CREA	42

naftifine hcl GEL 2 %	42	naproxen sodium TB24	5 41	neomycin-polymy-dexameth OINT	150		
NAFTIN GEL (naftifine hcl)	43	naproxen SUSP	5	neomycin-polymy-dexameth SUSP	150		
NAFTIN GEL	43	naproxen TABS	5	neomycin-polymyxin-gramicidin .	149		
NALFON CAPS (fenoprofen calcium)	5	naproxen TBEC	5	neomycin-polymyxin-hc (otic) SOLN .	151		
.....	5	naproxen-esomeprazole magnesium	5	neomycin-polymyxin-hc (otic) SUSP .	151		
NALFON TABS (fenoprofen calcium)	5	.....	5	NEONATAL COMPLETE TABS ..	143	
NALOCET TABS	9	naratriptan hcl	126	NEONATAL PLUS TABS	143		
naloxone hcl LIQD	21	NARCAN LIQD (naloxone hcl)	21	NEORAL CAPS (cyclosporine	modified (for microemulsion))	129	
naloxone hcl SOCT	21	NASACORT ALLERGY 24HR AERO	(triamcinolone acetonide (nasal))	146	NEORAL SOLN (cyclosporine	modified (for microemulsion))	129
naloxone hcl SOLN 0.4 MG/ML, 4	MG/10ML	NASALCROM (cromolyn sodium	(nasal))	146	NEOSPORIN ORIGINAL OINT	(neomycin-bacitracin-polymyxin) ..	42
naloxone hcl SOSY 2 MG/2ML	21	NASONEX 24HR SUSP	(mometasone furoate (nasal))	146	NEOVITE TABS	137	
NAMENDA TABS (memantine hcl)	156	nateglinide	20	NEPHPLEX RX	131		
NAMENDA TITRATION PAK TABS	(memantine hcl)	NATESTO GEL NA	10	NESINA (alogliptin benzoate)	18		
.....	156	NATROBA (spinosad)	48	NESTABS	143		
NAMENDA XR CP24 (memantine	hcl)	NAT-RUL THERAVITE-	M/HIGHPOTENCY TABS	137	NEUAC KIT	41	
NAMZARIC C4PK	156	NATRUL-VITES TABS	137	NEULASTA ONPRO KIT PSKT ...	57		
NAMZARIC CP24	156	nebivolol hcl	34	NEULASTA SOSY	57		
naphazoline w/ pheniramine 0.3 %-	0.025 %	NEBULIZER AIR TUBE/PLUGS	MISC	121	NEUPOGEN SOLN	57	
NAPHCON-A (naphazoline w/	pheniramine)	NEBULIZER CUP/TUBING DEVI	121	NEUPOGEN SOSY	57		
NAPRELAN TB24 (naproxen sodium)	.....	NEBULIZER MASK ADULT MISC	121	NEUPRO	32	
.....	5	NEBULIZER MASK CHILD MISC	121	NEUTEK 2TEK CONTROL	SOLUTIONS SOLN	73	
NAPROSYN SUSP (naproxen)	5	NEOMULTIVITE TABS	141	NEUTROGENA T/GEL SHAM 0.5 %	(coal tar extract)	48	
NAPROSYN TABS 500 MG	(naproxen)	neomycin sulfate TABS	2	NEVANAC	150		
naproxen sodium CAPS	5	neomycin-bacitracin zn-polymyxin	149				
naproxen sodium TABS 220 MG ...	5	neomycin-bacitracin-polymyxin OINT					
naproxen sodium TABS 275 MG, 550	MG						

NEXCARE ALL PURPOSE MASK 115	nicardipine hcl CAPS 35	nisoldipine 35
NEXCARE EARLOOP MASK ... 115	NICAZEL FORTE TABS .....137	nitazoxanide TABS 28
NEXICLON XR OR (clonidine) 26	NICAZEL TABS .....137	NITRO-BID OINT 11
NEXIUM 24HR CLEAR MINIS CPDR (esomeprazole magnesium) .....160	NICE PURE BAKING SODA .....37	NITRO-DUR PT24 (nitroglycerin) .11
NEXIUM 24HR CPDR (esomeprazole magnesium) .....160	NICODERM CQ PT24 TD (nicotine) . 157	nitrofurantoin macrocrystal 50 MG, 100 MG 29
NEXIUM 24HR TBEC (esomeprazole magnesium) .....160	NICORETTE GUM 2 MG (nicotine polacrilex) .....157	nitrofurantoin monohyd macro 29
NEXIUM CPDR 20 MG (esomeprazole magnesium) .....160	NICORETTE GUM 4 MG (nicotine polacrilex) .....157	nitroglycerin PT24 .....11
NEXIUM CPDR 40 MG (esomeprazole magnesium) .....160	NICORETTE LOZG (nicotine polacrilex) .....157	nitroglycerin SOLN TL 0.4 MG/SPRAY 11
NEXIUM PACK (esomeprazole magnesium) .....160	NICORETTE MINI LOZG (nicotine polacrilex) .....157	nitroglycerin SUBL 11
NEXIUM PACK 160	NICORETTE STARTER KIT GUM 2 MG (nicotine polacrilex) 157	NITROLINGUAL SOLN TL (nitroglycerin)11
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niacin (antihyperlipidemic) TBCR ..25	nicotine polacrilex GUM 4 MG157	NIVA-PLUS TABS 143
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niacin TABS166	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR157	NIVESTYM SOSY 57
niacin TBCR 500 MG, 750 MG ...166	NICOTINE TRANSDERMAL SYSTEM KIT 157	NIX CREME RINSE LIQD EX (permethrin)48
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NIACIN TR TBCR 166	NICOTROL NS SOLN157	NORDITROPIN FLEXPPO SOPN .51
niacinamide TABS 100 MG166	nifedipine CAPS 35	norelgestromin-ethinyl estradiol ...38
niacinamide TABS 500 MG .....166	nifedipine TB24 35	norethin acet & estrad-fe CHEW .. 38
niacinamide TBCR .....166	NILANDRON (nilutamide) .....31	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG 38
NIASPAN TBCR 1000 MG (niacin (antihyperlipidemic)) 25	nilutamide .....31	norethindrone & eth estradiol 38
NICADAN TABS .....137	nimodipine CAPS 35	norethindrone & ethinyl estradiol-fe 38
NICADAN ZX TABS 137		norethindrone (contraceptive) .....38

norethindrone acet & eth estra TABS 38	DEVICE MISC 73	FLEXPEN SUPN20
norethindrone acetate TABS 155	NOVAVAX COVID-19 VACCINE SUSP 164	NOVOLOG MIX 70/30 RELION SUSP20
norethindrone acetate-ethinyl estradiol 0.5 MG-2.5 MCG52	NOVAVAX COVID-19 VACCINE/2023-24 SUSP 164	NOVOLOG MIX 70/30 SUSP20
norethindrone acetate-ethinyl estradiol 1 MG-5 MCG52	NOVAVAX COVID-19 VACCINE/2024-25 SUSY 164	NOVOLOG PENFILL SOCT20
norethindrone acetate-ethinyl estradiol-fe38	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM100	NOVOLOG RELION SOLN IJ 20
norethindrone-eth estradiol (triphasic)38	NOVOFINE PLUS PEN NEEDLE 32G X 6MM100	NOVOLOG SOLN IJ20
NORGESIC FORTE (orphenadrine w/ aspirin & caff) 146	NOVOFINE PLUS PEN NEEDLE32G X 4MM100	NOXAFIL PACK 22
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norgestrel & ethinyl estradiol 30 MCG-0.3 MG38	NOVOLIN 70/30 RELION SUSP ...19	NP THYROID 120 TABS 158
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NORVASC TABS (amlodipine besylate) 35	NOVOLIN N FLEXPEN SUPN19	NP THYROID 60 TABS158
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NOURIVAN ANTIOX CREAM BASE 154	NOVOLIN R FLEXPEN SOPN IJ ..19	NUCALA SOSY 100 MG/ML12
NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD .73	NOVOLIN R RELION SOLN IJ 19	NUCALA SOSY 40 MG/0.4ML12
NOVA SAFETY LANCETS 23G .. 73	NOVOLIN R SOLN IJ19	NUCYNTA ER TB12 8
NOVA SAFETY LANCETS 28G .. 73	NOVOLOG FLEXPEN RELION SOPN 19	NUCYNTA TABS8
NOVA SUREFLEX LANCETS 73	NOVOLOG FLEXPEN SOPN19	NU-MAG 128
NOVA SUREFLEX LANCING	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN20	NURTEC 126
	NOVOLOG MIX 70/30 PREFILLED	NUTRICAP TABS 137
		NUTROPIN AQ NUSPIN 10 SOPN 51
		NUTROPIN AQ NUSPIN 20 SOPN 51
		NUTROPIN AQ NUSPIN 5 SOPN .51
		NUVARING (etonogestrel-ethinyl estradiol) 38

NUVESSA	165	olmesartan medoxomil-amlodipine- hydrochlorothiazide	27	OMNICAP TABS	141
NUWIQ KIT	56	olmesartan medoxomil- hydrochlorothiazide	27	OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	73
NUWIQ SOLR	56	olopatadine hcl (nasal)	146	OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	73
NYSTATIN (nystatin (mouth-throat)) . 130		olopatadine hcl	151	OMNIPOD 5 LIBRE2 PLUS G6 KIT 73	
nystatin (mouth-throat)	130	OLPRUVA THPK	51	OMNIPOD 5 LIBRE2 PLUS G6PODS MISC	73
nystatin (topical) CREA	43	OLUMIANT	2	OMNIPOD DASH PODS (GEN 4) MISC	73
nystatin (topical) OINT	43	OLUX FOAM (clobetasol propionate) 46		OMNITROPE SOCT	51
nystatin (topical) POWD EX	43	OLUX-E (clobetasol propionate emulsion)	46	OMNITROPE SOLR SC	51
nystatin TABS	22	OMBRA COMPRESSOR AIR FILTERS MISC	122	OMVOH SOAJ	54
nystatin-triamcinolone CREA	43	OMBRA TABLE TOP COMPRESSOR DEVI	122	ONCOVITE TABS	137
nystatin-triamcinolone OINT	43	OMECLAMOX-PAK	161	ondansetron hcl SOLN OR 4 MG/5ML	21
NYVEPRIA	57	omega-3 fatty acids CAPS	147	ondansetron hcl TABS 4 MG, 8 MG 21	
OCEAN NASAL SPRAY SOLN (saline)	146	omega-3 fatty acids CPDR	147	ondansetron TBDP 16 MG	21
octreotide acetate SOLN	52	omega-3-acid ethyl esters	24	ondansetron TBDP 4 MG, 8 MG ..	21
OCUFLOX (ofloxacin (ophth)) ...	149	omeprazole CPDR 10 MG, 40 MG 160		ONE A DAY ENERGY TABS	137
OCULAR VITAMINS TABS	137	omeprazole CPDR 20 MG	160	ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	137
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT 137		omeprazole magnesium CPDR ..	160	ONE A DAY MENS 50+ TABS ...	137
OCUVITE ADULT 50+ CAPS	137	omeprazole magnesium TBEC ...	160	ONE A DAY MENS VITACRAVES CHEW	137
OCUVITE ADULT FORMULA CAPS .	137	omeprazole TBDD	160	ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	137
OCUVITE LUTEIN CAPS	137	omeprazole TBEC	160	ONE A DAY TRIPLE IMMUNE SUPPORT ADULT TABS	137
ODOMZO	30	omeprazole-sodium bicarbonate CAPS	161	ONE A DAY WOMENS 50+ ADVANCED CHEW	137
ofloxacin (ophth)	149	OMNARIS SUSP	146	ONE A DAY WOMENS 50+ TABS	
ofloxacin (otic)	151	OMNIBASE	154		
ofloxacin 300 MG, 400 MG	53				
OGSIVEO	31				
OJJAARA	31				
olmesartan medoxomil	26				

137	TABS	138	ONE-A-DAY WOMENS FORMULA TABS (multiple vitamins w/ calcium) .	131
ONE DAILY ESSENTIAL TABS ..	141	ONE-A-DAY MENS TABS (multiple vitamin)	141	
ONE DAILY ESSENTIALS TABS	141	ONE-A-DAY MENS TABS	138	ONE-A-DAY WOMENS PETITES TABS (multiple vitamins w/ minerals)
ONE DAILY MENS 50+ MULTIVITAMIN TABS	137	ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	138	138
ONE DAILY MENS FORMULA W/O IRON TABS	137	ONE-A-DAY PROACTIVE 65+ TABS	138	ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (multiple vitamins w/ minerals) ...
ONE DAILY WOMENS TABS	137	ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	138	138
ONE DIALY MULTIVITAMIN WOMENS TABS	137	ONE-A-DAY VITACRAVES ADULT CHEW	138	ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW
ONE FLOW FVC MONITORING SPIROMETER DEVI	122	ONE-A-DAY VITACRAVES CHEW 138		138
ONE FLOW TESTER TUBE MOUTHPIECE MISC	122	ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	138	ONE-DAILY MULTI CAPS CAPS
ONE VITE DAILY MULTIVITAMIN TABS	141	ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	138	138
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	143	ONE-A-DAY VITACRAVES WOMENS GUMMIES CHEW	138	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G
ONE-A-DAY ENERGY TABS	137	ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	138	73
ONE-A-DAY ESSENTIAL TABS (multiple vitamin)	141	ONE-A-DAY WEIGHT SMART ADVANCED TABS (multiple vitamins w/ minerals)	138	ONETOUCH DELICA PLUS LANCETS FINE 30G
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	138	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (multiple vitamins w/ minerals)	138	73
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW .	138	ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (multiple vitamins w/ minerals) ...	138	ONETOUCH DELICA PLUS LANCING DEVICE MISC
ONE-A-DAY MENOPAUSE FORMULA TABS	138	ONE-A-DAY WOMENS 50+ TABS	138	73
ONE-A-DAY MENS 50+ ADVANTAGE TABS	138	ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (multiple vitamins w/ minerals)	138	ONETOUCH DELICA SAFETY LANCING DEVICE
ONE-A-DAY MENS 50+ TABS ...	138			73
ONE-A-DAY MENS HEALTH FORMULA TABS	138			ONETOUCH ULTRA CONTROL LIQD
ONE-A-DAY MENS PRO EDGE				73
				ONETOUCH ULTRA CONTROL SOLUTION LIQD
				73
				ONETOUCH ULTRASOFT 2 LANCETS FINE 30G
				73
				ONETOUCH ULTRASOFT LANCETS
				73
				ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD
				73
				ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD
				73
				ONETOUCH VERIO TEST STRIPS STRP
				49

ONEVITE TABS	138	OPURITY/BYPASS OPTIMIZED CHEW	139	MONTH 2 TEPK	36
ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DISPOSABLE MISC	122	OPVEE NA	21	ORENITRAM TITRATION KIT MONTH 3 TEPK	36
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC . 122		OPZELURA	47	ORGOVYX	31
ONEXTON GEL	41	ORA-BLEND SF SUSP	152	ORIAHNN	52
ONGENTYS	32	ORA-BLEND SUSP	152	ORILISSA 150 MG	50
ONGLYZA (saxagliptin hcl)	18	oral electrolytes SOLN	127	ORILISSA 200 MG	50
ONUREG TABS	30	ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP .	152	ORKAMBI PACK	158
ONYDA XR SUER	1	ORAL MIX SF SUSP	152	orlistat	1
OPFOLDA	51	ORAL SUSPEND LIQD	152	ORNITHINE HYDROCHLORIDE .	37
OPILL	38	ORAL SYRUP FLAVORED VEHICLE SYRP	152	orphenadrine citrate TB12	145
OPSUMIT	36	ORAL SYRUP SF SYRP	152	orphenadrine w/ aspirin & caff ...	146
OPTICHAMBER DIAMOND DEVI 122		ORALYTE SOLN	127	ORSERDU	31
OPTICHAMBER DIAMOND MISC 122		ORAPENN SD ANHYDROUS SWEETENED LIQD	152	oseltamivir phosphate CAPS	34
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	122	ORAPENN SD ANHYDROUS UNSWEETENED LIQD	152	oseltamivir phosphate SUSR	34
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	122	ORA-PLUS LIQD	152	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (alogliptin-pioglitazone)	17
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	122	ORAPRED ODT TBDP (prednisolone sodium phosphate)	39	OSMOLEX ER T4PK	32
OPTIFAST POST BARIATRIC CHEW	138	ORA-SWEET SF SYRP 10 %-9 % 152		OSMOLEX ER TB24 129 MG, 193 MG	32
OPTIMUM AIRVITES CHEW	138	ORA-SWEET SYRP 4 %-5 %-54 % 152		OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	139
OPTISOURCE POST BARIATRIC SURGERY CHEW	138	ORAVIG	130	OTEZLA TABS 30 MG	5
OPTIVITE P.M.T. TABS (multiple vitamins w/ minerals)	139	ORENCIA CLICKJECT SOAJ	5	OTEZLA TBPK	5
OPURITY TABS	139	ORENCIA SOSY	5	OTOVEL (ciprofloxacin-fluocinolone acetonide)	151
		ORENITRAM TBCR	36	OVAL TAPE MISC	73
		ORENITRAM TITRATION KIT MONTH 1 TEPK	36	OVIDE (malathion)	48
		ORENITRAM TITRATION KIT		oxaprozin TABS	5
				OXAYDO TABS	8
				OXBRYTA TABS 300 MG	56

OXBRYTA TABS 500 MG	56	OXYCONTIN T12A 15 MG	8	PALFORZIA LEVEL 9 CSPK	2
OXBRYTA TBSO	56	OXYCONTIN T12A 20 MG	8	PANDA MASK LARGE	122
OXERVATE	149	OXYCONTIN T12A 30 MG	8	PANDA MASK MEDIUM	122
oxiconazole nitrate CREA	43	OXYCONTIN T12A 40 MG	8	PANDA MASK SMALL	122
OXISTAT CREA (oxiconazole nitrate)	43	OXYCONTIN T12A 60 MG	8	PANDEL	46
OXISTAT LOTN	43	OXYCONTIN T12A 80 MG	8	pantoprazole sodium PACK	160
oxybutynin chloride SOLN	161	oxymorphone hcl TABS 10 MG	8	pantoprazole sodium TBEC	160
oxybutynin chloride TABS	161	oxymorphone hcl TABS 5 MG	8	PARADIGM REAL-TIME TRANSMITTER	73
oxybutynin chloride TB24	161	oxymorphone hcl TB12	8	PARI ALTERA NEBULIZER HANDSET MISC	122
OXYCODONE AND ACETAMINOPHEN TABS	9	OXYTROL FOR WOMEN PTTW .	161	PARI BABY CONVERSION KITSIZE 1 MISC	122
oxycodone hcl CAPS	8	OXYTROL PTTW	161	PARI BABY CONVERSION KITSIZE 2 MISC	122
oxycodone hcl CONC 100 MG/5ML	8	oyster shell	127	PARI BABY CONVERSION KITSIZE 3 MISC	122
oxycodone hcl SOLN	8	OYSTER SHELL CALCIUM/D TABS .	127	PARI BUBBLES PEDIATRIC AEROSOL MASK MISC	122
oxycodone hcl T12A 10 MG	8	OZEMPIC SOPN	18	PARI ERAPID NEBULIZER HANDSET MISC	122
oxycodone hcl T12A 20 MG	8	OZOBAX SOLN OR (baclofen) ...	145	PARI EXPIRATORY FILTER VALVE SET DEVI	122
oxycodone hcl T12A 40 MG	8	PALFORZIA INITIAL DOSE ESCALATION CSPK	1	PARI MANUAL INTERRUPTER DEVI	122
oxycodone hcl T12A 80 MG	8	PALFORZIA LEVEL 1 CSPK	1	PARI MASK SET MISC	123
oxycodone hcl TABA	8	PALFORZIA LEVEL 10 CSPK	1	PARI SMARTMASK BABY/ELBOW MISC	123
oxycodone hcl TABS 20 MG	8	PALFORZIA LEVEL 11 (MAINTENANCE) PACK	1	PARI SOFT PLASTIC ADULT MASK MISC	123
oxycodone hcl TABS 30 MG	8	PALFORZIA LEVEL 11 (TITRATION) PACK	1	PARI SOFT PLASTIC PEDIATRIC MASK MISC	123
oxycodone hcl TABS 5 MG, 10 MG, 15 MG	8	PALFORZIA LEVEL 2 CSPK	1	PARI TREK S COMBO PACK DEVI .	123
OXYCODONE HYDROCHLORIDE/ACETAMINOPH EN SOLN	9	PALFORZIA LEVEL 3 CSPK	1		
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	9	PALFORZIA LEVEL 4 CSPK	2		
OXYCODONE/ACETAMINOPHEN TABS	9	PALFORZIA LEVEL 5 CSPK	2		
OXYCONTIN T12A 10 MG	8	PALFORZIA LEVEL 6 CSPK	2		
		PALFORZIA LEVEL 7 CSPK	2		
		PALFORZIA LEVEL 8 CSPK	2		

PARI VORTEX ADULT MASK ...	123	PCCA CUSTOM TROCHE BASE POWD	152	PEDIALYTE IMMUNE SUPPORT SOLN	128
paricalcitol CAPS	51	PCCA EMOLLIENT CREAM BASE 154		PEDIALYTE SINGLES SOLN (oral electrolytes)	128
paricalcitol SOLN	51	PCCA HYDRABASE SB CUSTOMBASE	154	PEDIALYTE SOLN (oral electrolytes)	128
PARLODEL CAPS (bromocriptine mesylate)	32	PCCA LIPODERM BASE	154	PEDIAPRED SOLN (prednisolone sodium phosphate)	39
PARLODEL TABS (bromocriptine mesylate)	32	PCCA LIPODERM CUSTOM BASE . 154		PEDIARIX SUSY	159
PARVLEX TABS	139	PCCA MVC BASE	154	PEDIATRIC DISPOSABLE MOUTPIECE MISC	123
PATADAY (olopatadine hcl)	151	PCCA NATACREAM	154	PEDIATRIC MEDIUM MASK	115
PATADAY EXTRA STRENGTH .	151	PCCA POLYGLYCOL TROCHE POWD	152	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC .	123
PATANASE (olopatadine hcl (nasal))	146	PCCA POLYPEG BASE	154	pediatric multivitamins w/fl CHEW 142	
PAXLOVID 100 MG-150 MG	33	PCCA PRACASIL TM-PLUS BASE . 154		pediatric multivitamins w/fl SOLN	142
PC LANCETS SUPER THIN 30G .	73	PCCA SWEET-SF SYRP	152	PEDIATRIC PANDA MASK	123
PC UNIFINE PENTIPS 29G X1/2" 100		PCCA SYRUP VEHICLE SYRP ..	152	PEDIATRIC SMALL MASK	115
PC UNIFINE PENTIPS 31G X5MM MINI	100	PCCA VANISHING CREAM LIGHT . 154		pediatric vitamins acid w/ fluoride SOLN	142
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	100	PCCA VANISHING CREAM/LOTION BASE	154	PEDVAX HIB SUSP	162
PC UNIFINE PENTIPS 31G X8MM SHORT	100	PCCA VANPEN BASE	154	PEG	154
PCCA ALADERM BASE	154	PCCA WAV CUSTOM BASE	154	peg 3350-kcl-sod bicarb-sod chloride-sod sulfat SOLR	58
PCCA ANHYDROUS BASE OINT 154		PCCA-PLUS SUSP	152	peg 3350-potassium chloride-sod bicarbonate-sod chloride	59
PCCA ANHYDROUS LIPODERM BASE	154	PEAK A-I-R FLOW METER	123	PEG OINTMENT BASE	154
PCCA BASE 7542	154	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	123	PEN NEEDLES	100
PCCA BIOPEPTIDE BASE	154	ped multivitamins w/fl & iron SOLN 141		PEN NEEDLES 29GX12MM	100
PCCA CANNIDEX 2.0 CUSTOMBASE	154	PEDIALYTE ADVANCED CARE SOLN (oral electrolytes)	128	PEN NEEDLES 30GX8MM	100
PCCA CANNIDEX CUSTOM BASE . 154		PEDIALYTE FREEZER POPS SOLN (oral electrolytes)	128	PEN NEEDLES 31G X 3/16"	100
PCCA COSMETIC HRT BASE ..	154			PEN NEEDLES 31G X 5MM	100

PEN NEEDLES 31G X 6MM	.....100	pentazocine w/ naloxone hcl	..... 10	PERFECT POINT SAFETY LANCETS/30G	.....74
PEN NEEDLES 31G X 8MM	.....100	PENTIPS 29G X 12MM	.....101	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	.....74
PEN NEEDLES 31GX5/16"	.....101	PENTIPS 29GX12MM	.....101	PERFOROMIST NEBU (formoterol fumarate)	.....14
PEN NEEDLES 31GX5MM	.....101	PENTIPS 31G X 5MM	.....101	PERIDEX (chlorhexidine gluconate (mouth-throat))	.....130
PEN NEEDLES 31GX6MM (1/4") 101		PENTIPS 31G X 8MM	.....101	perindopril erbumine	..... 26
PEN NEEDLES 31GX8MM (5/16") 101		PENTIPS 31GX5MM	.....101	permethrin CREA	..... 48
PEN NEEDLES 31GX8MM	.....101	PENTIPS 31GX6MM	.....101	permethrin LIQD EX	..... 48
PEN NEEDLES 32G X 4MM	.....101	PENTIPS 31GX8MM	.....101	PERSONAL BEST FULL RANGE 123	
PEN NEEDLES 32G X 5MM	.....101	PENTIPS 32G X 4MM	.....101	PERTZYE CPEP	.....49
PEN NEEDLES 32G X 6MM	.....101	PENTIPS 32GX4MM	.....101	PETROLATUM	.....154
PEN NEEDLES 32GX4MM101	PENTIPS 32GX6MM101	PETROLEUM JELLY 154
PEN NEEDLES 33G X 5/32" 101	pentoxifylline56	PETROLEUM JELLYBABY154
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PEN NEEDLES/31G X 1/4"101	PEPCID AC TABS (famotidine)	.. 160	PFIZER-BIONTECH COVID- 19VACCINE SUSP 164
PEN NEEDLES/31G X 3/16"	..... 101	PEPCID TABS (famotidine)	..... 160	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP	.....164
PEN NEEDLES/31G X 5/16"	..... 101	PEPTO BISMOL TABS (bismuth subsalicylate)	..... 20	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP	164
PEN NEEDLES/31G X 6MM	.....101	PEPTO-BISMOL CHEW (bismuth subsalicylate)	..... 20	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2024-25 SUSP	164
PEN NEEDLES/32G X 5/32"	..... 101	PEPTO-BISMOL MAX STRENGTH SUSP (bismuth subsalicylate)	..... 20	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP	..... 164
PENBRAYA	.....162	PEPTO-BISMOL SUSP (bismuth subsalicylate)	..... 21	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP	.....164
penciclovir	.....44	PEPTO-BISMOL TO-GO CHEW (bismuth subsalicylate)	..... 20	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2024-25 SUSP	.....164
PENCREAM	..... 154	PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	.....9	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2024-25 SUSP	.....164
PENDERM 154	PERFECT LANCETS 30G73	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2024-25 SUSP164
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PENNSAID SOLN EX 43				
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PENTACEL 159				
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PENTASA CPCR 54				

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PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP .164	PHARMACIST CHOICE ULTRA THIN LANCETS 33G74	pioglitazone hcl20
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ..164	PHARMACY COUNTER LANCETS .74	pioglitazone hcl-glimepiride 17
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y .164	PHEBURANE PLLT51	pioglitazone hcl-metformin hcl TABS .17
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 164	phenazopyridine hcl TABS 100 MG, 100 MG55	PIP GLUCOSE CONTROL SOLUTION LIQD74
PFLEX MISC 123	phenazopyridine hcl TABS 200 MG 55	PIP LANCETS/28G74
PHARMABASE ANTIOXIDANT .154	phendimetrazine tartrate TABS 1	PIP LANCETS/30G74
PHARMABASE COSMETIC154	PHENDIMETRAZINE TARTRATEER CP241	PIP PEN NEEDLES 31G X 5MM 101
PHARMABASE COSMETIC NATURAL154	phentermine hcl CAPS1	PIP PEN NEEDLES 32G X 4MM 101
PHARMABASE HEAVY 154	phentermine hcl TABS 1	piroxicam CAPS5
PHARMABASE LIGHT154	phenylephrine hcl (mydriatic) SOLN 2.5 %148	pitavastatin calcium 25
PHARMABASE VAGINAL MOISTURIZING154	PHEXXI 165	PLAN B ONE-STEP (levonorgestrel (emergency oc)) 38
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PHARMACIST CHOICE ALCOHOLPREP PADS80	PHOSPHOLINE IODIDE148	PLAVIX 75 MG (clopidogrel bisulfate)56
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC .123	PHYTOBASE 154	PLEGRIDY SOAJ SC 125 MCG/0.5ML156
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PHARMACIST CHOICE ULTRA THIN LANCETS 30G74	pilocarpine hcl (oral) 130	POCKET PEAK FLOW METER .123
PHARMACIST CHOICE ULTRA THIN LANCETS 30G74	pilocarpine hcl SOLN 1 %, 2 %, 4 % .148	
PHARMACIST CHOICE ULTRA THIN LANCETS 30G74	pimecrolimus 47	

POCKET SPACER DEVI	123	potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ	129	prednisolone acetate (ophth)	150
POCKETCHEM EZ CONTROL LEVEL 1 SOLN	74	potassium chloride TBCR	129	PREDNISOLONE ACETATE P-F 150	
POCKETPEAK PEAK FLOW METER LOW RANGE	123	potassium citrate (alkalinizer) TBCR . 55		PREDNISOLONE SODIUM PHOSPHATE	150
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	123	potassium citrate-citric acid SOLN .	55	prednisolone sodium phosphate SOLN	39
podofilox SOLN	47	potassium phosphate monobasic TABS	129	prednisolone sodium phosphate TBDP	39
polyethylene glycol 3350 POWD ..	59	POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML (potassium phosphates)	129	prednisolone SOLN	39
POLYETHYLENE GLYCOL BLEND . 154		potassium phosphates 236 MG/ML- 224 MG/ML	129	prednisolone TABS	39
polyethylene glycol-propylene glycol (ophth) GEL	147	PRADAXA CAPS 110 MG (dabigatran etexilate mesylate)	16	PREDNISONE INTENSOL CONC .	39
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	147	PRADAXA CAPS 75 MG, 150 MG (dabigatran etexilate mesylate)	16	prednisone SOLN	39
polymyxin b-trimethoprim	149	PRADAXA PACK	16	prednisone TABS	39
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	142	PRALUENT SOAJ	26	prednisone TBPK	39
POLY-VI-FLOR CHEW	142	pramipexole dihydrochloride TABS 32		PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	101
polyvinyl alcohol 1.4 %	147	pramipexole dihydrochloride TB24	33	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	101
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML	147	prasugrel hcl	56	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	101
POMALYST	31	pravastatin sodium	25	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	101
PONVORY 14-DAY STARTER PACK TBPK	156	prazosin hcl CAPS	26	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	101
PONVORY TABS	156	PRECISION GLUCOSE KETONECONTROL SOLUTION 1- LOW, 1-HIGH LIQD	74	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	101
posaconazole SUSP	22	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	101	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	101
posaconazole TBEC	22	PRECISION THINS GP LANCET .	74	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	101
potassium bicarbonate TBEF	129	PRED FORTE (prednisolone acetate (ophth))	150	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	101
potassium chloride CPCR	129	prednicarbate OINT	46		

PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" 101	PRENATAL TABS 144	PREVACID 24HR CPDR (lansoprazole)160
PREFERRED PLUS LANCETS COLORED 21G 74	prenatal vit w/ ferrous fumarate-folic acid CHEW 144	PREVACID CPDR 30 MG (lansoprazole)160
PREFERRED PLUS LANCETS SUPER THIN 30G74	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 144	PREVACID SOLUTAB TBDD (lansoprazole)160
PREFERRED PLUS LANCETS THIN 26G 74	PRENATAL VITAMIN & MINERAL TABS144	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4" 102
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PROTONIX TBEC (pantoprazole sodium)	160	PURE COMFORT PEN NEEDLE/32G X 5MM	102	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ...	48
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PROVERA (medroxyprogesterone acetate)	155	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	102	PYRIDIDIUM TABS 200 MG (phenazopyridine hcl)	55
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QC LANCETS SUPER THIN	75	UNIT-4 MCG-1.3 MG-5 MG-1200	RA INSULIN SYRINGE/1ML/29G X
QC LANCETS ULTRA THIN	75	UNIT-15 MG-0.25 MG-15 UNIT-1	1/2"103
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103	REVELA TABS (sevelamer carbonate)	54	REZLIDHIA	31
RELION PEN NEEDLES 31GX6MM	repaglinide	20	REZVOGLAR KWIKPEN	20
103	REPATHA PUSHTRONEX SYSTEM SOCT	26	RHOPRESSA	149
RELION PEN NEEDLES 31GX8MM	REPATHA SOSY	26	RID ESSENTIAL LICE ELIMINATION KIT KIT EX	48
103	REPATHA SURECLICK SOAJ	26	rifabutin	30
RELION PEN NEEDLES 32G X4MM	REPLACEMENT AIR FILTER MISC .	124	rifampin CAPS	30
.....103	REPLACEMENT FILTERS MISC	124	RIGHTEST GC300 HIGH CONTROL LIQD	75
RELION PEN NEEDLES 32G X5/32"	RESTASIS EMUL (cyclosporine (ophth))	149	RIGHTEST GD500 LANCING DEVICE MISC	75
.....103	RESTASIS MULTIDOSE EMUL .	149	RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC	75
RELION PEN NEEDLES 32GX4MM	RETACRIT	57	RIGHTEST GL300 LANCETS	75
103	RETEVMO TABS	31	RILUTEK TABS (riluzole)	147
RELION PEN NEEDLES/31G X1/4"	RETIN-A CREA 0.025 %, 0.05 % (tretinoin)	41	riluzole TABS	147
103	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	124	rimantadine hydrochloride TABS ..	34
RELION SHORT PEN NEEDLES31GX8MM	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	124	RINVOQ LQ SOLN	2
103	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	124	RINVOQ TB24	2
RELION ULTRA THIN LANCETS/30G	REVATIO SUSR (sildenafil citrate (pulmonary hypertension))	36	RIOMET SOLN (metformin hcl)	17
75	REVATIO TABS (sildenafil citrate (pulmonary hypertension))	36	risedronate sodium TABS 35 MG .	50
RELION ULTRA THIN LANCETS30G	REVLIMID	129	risedronate sodium TABS 5 MG, 30 MG, 150 MG	50
75	REXALL LANCETS ULTRA THIN	75	risedronate sodium TBEC	50
RELION ULTRA THIN PLUS LANCETS 32G	REXTOVY LIQD	21	RITEFLO DEVI	124
75	REYVOW	126	rivastigmine	156
RELISTOR SOLN			rivastigmine tartrate CAPS	156
54			RIVFLOZA SOLN	55
RELISTOR TABS			RIVFLOZA SOSY	55
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54				

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ROCALTROL CAPS (calcitriol)	51	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ...	SANDIMMUNE CAPS (cyclosporine) 130	
ROCALTROL SOLN OR (calcitriol) 51		SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ...	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (octreotide acetate) .	52
ROCKLATAN	149	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT .	
roflumilast	13	SAFE-T-LANCE PLUS SAFETYLANCETS	164	
ropinirole hydrochloride TABS	33	SAFE-T-LANCE PLUS SAFETY LANCET 30G/PRESSURE ACTIVATED	SAPS CARE ALCOHOL PREP PADS	80
ropinirole hydrochloride TB24	33	SAFETY LANCETS	SAPS HEALTH ALCOHOL PREPPADS	80
rosuvastatin calcium TABS	25	SAFETY LANCETS 21G	SAPS HEALTH CARE ALCOHOLPREP PADS	80
ROTARIX SUSP	164	SAFETY LANCETS 23G	SAPS HEALTH CARE TWIST TOP LANCETS	76
ROTARIX SUSR	164	SAFETY LANCETS 28G	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	76
ROTATEQ SOLN	164	SAFETY LANCETS/PRESSURE ACTIVATED/28G	SAPS HEALTH TWIST TOP LANCETS 30G	76
ROXICODONE TABS 15 MG (oxycodone hcl)	8	SAFETY PEN NEEDLES/30G X5/16"	SAPSCARE TWIST TOP LANCETS 30G	76
ROXICODONE TABS 30 MG (oxycodone hcl)	8	SAIZEN IJ	SAVAYSA	15
ROXYBOND TABA 15 MG	8	SAIZENPREP RECONSTITUTIONKIT IJ	SAVELLA TABS	156
ROXYBOND TABA 30 MG	8	SALAGEN (pilocarpine hcl (oral)) 130	SAVELLA TITRATION PACK MISC 156	
ROXYBOND TABA 5 MG	8	saline SOLN	saxagliptin hcl	18
ROZLYTREK PACK	31	SALT DURABLE CREAM	saxagliptin-metformin hcl	17
RUBRACA	31	SALT STABLE LS ADVANCED .	SAXENDA	1
RYALTRIS	146	SALTSTABLE LO	SB ALCOHOL PREP PADS	80
RYBELSUS TABS	18	SAMI THE SEAL	SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	103
RYKINDO SRER	33	REPLACEMENTFILTERS MISC .	SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	103
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RYTARY CPR	33			
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SB INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	104	sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG	59	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	104
SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	104	sennosides-docusate sodium TABS 59		SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM 104	
SB LANCETS THIN	76	SENOKOT S TABS (sennosides- docusate sodium)	59	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM ..	104
SB LANCETS ULTRA THIN	76	SENOKOT TABS (sennosides) ...	59	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4 MM	104
SCAR CARE CREAM	154	SENSI-CARE MOISTURIZING CREA	48	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/31GX5M M	104
SCSEMBLIX	31	SENSIPAR 30 MG, 60 MG (cinacalcet hcl)	51	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5M M	104
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" . 104		SENSIPAR 90 MG (cinacalcet hcl)	51	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM . 104	
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" 104		SENTRY SENIOR MENS 50+ TABS . 139		SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8 MM	104
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	104	SENTRY SENIOR/LUTEIN TABS 139		SHOPKO UNILET LANCETS SUPER THIN 30G	76
SEGLENTIS	9	SENTRY TABS	139	SHOPKO UNILET LANCETS ULTRA THIN 28G	76
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SELECT-LITE LANCING DEVICE MISC	76	SEROSTIM SC 4 MG, 5 MG, 6 MG 51		SIDESTREAM PEDIATRIC FACEMASK MISC	124
selegiline hcl CAPS	33	sevelamer carbonate PACK	54	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC . 124	
selegiline hcl TABS	33	sevelamer carbonate TABS	54	SIDESTREAM PEDIATRIC FACEMASK MISC	124
selenium sulfide LOTN 2.5 %	44	sevelamer hcl	54	SIDESTREAM PEDIATRIC FACEMASK MISC	124
SEMGLEE SOLN	20	SEZABY SOLR	58	SIDESTREAM PEDIATRIC FACEMASK MISC	124
SEMGLEE SOPN	20	SFROWASA ENEM	54	SIDESTREAM PEDIATRIC FACEMASK MISC	124
SE-NATAL 19 CHEW	144	SHIELD-SECURE FULL FACE SHIELD	115	SIDESTREAM PEDIATRIC FACEMASK MISC	124
SE-NATAL 19 TABS	145	SHINGRIX	164	SIDESTREAM PEDIATRIC FACEMASK MISC	124
sennosides CAPS	59	SHOPKO AUTOLET LANCING DEVICE MISC	76	SIDESTREAM PEDIATRIC FACEMASK MISC	124
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SIDESTREAM PLUS ADULT FACE MASK MISC	124	simvastatin TABS	25	SLO-NIACIN TBCR 500 MG (niacin) .	166
SIKLOS TABS	56	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	33	SLOW-MAG	128
sildenafil citrate (pulmonary hypertension) SUSR	36	SINGLE-LET	76	SLOWMAG MG MUSCLE/HEART	128
sildenafil citrate (pulmonary hypertension) TABS	36	SINGULAIR CHEW 4 MG (montelukast sodium)	13	SM ALCOHOL PREP PADS	80
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	124	SINGULAIR CHEW 5 MG (montelukast sodium)	13	SM B-COMPLEX/VITAMIN C TABS .	131
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	124	SINGULAIR PACK (montelukast sodium)	13	SM FOAMING ANTACID	10
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC ...	125	SINGULAIR TABS (montelukast sodium)	13	SM MICRO THIN LANCETS 33G .	76
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	125	sirolimus TABS	130	SM ONE DAILY ESSENTIAL TABS	131
SILIQ	44	SIRTURO	30	SM ONE DAILY MENS TABS	139
silodosin	55	SITAGLIPTIN	18	SM ONE DAILY WOMENS TABS	139
SILPROTEX PLUS	154	SITAVIG TABS BU	34	SM PRENATAL VITAMINS TABS	145
SILVADENE (silver sulfadiazine) .	44	SIVEXTRO TABS	29	SM TRUEDRAW LANCING DEVICE MISC	76
silver sulfadiazine	44	SKIN HAIR & NAILS ADVANCED BEAUTY CAPS	139	SMART DIABETES VANTAGE LANCING DEVICE MISC	76
SIMBRINZA	148	SKIN PROTECTANT PETROLATUM	155	SMART SENSE COLOR LANCETS UNIVERSAL 33G	76
simethicone CHEW	53	skin protectants, misc. CREA	48	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	76
simethicone LIQD OR 20 MG/0.3ML .	53	SKLICE (ivermectin (pediculicide))	48	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	76
simethicone SUSP	53	SKYCLARYS	147	SMART SENSE THIN LANCETSUNIVERSAL 26G	76
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	76	SKYRIZI PEN SOAJ	44	SMARTEST CONTROL SOLUTIONMEDIUM SOLN	76
SIMPONI ARIA SOLN	3	SKYRIZI PSKT	44	SMARTEST LANCETS 28G	76
SIMPONI SOAJ	3	SKYRIZI SOCT 180 MG/1.2ML ...	54	SOAANZ TABS 20 MG	49
		SKYRIZI SOCT 360 MG/2.4ML ...	54		
		SKYRIZI SOSY	44		
		SKYTROFA	51		

SODIUM BENZOATE	153	SOF-SENSOR	76	sotalol hcl TABS	35
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	11	SOGROYA	51	SOTYKTU	44
SODIUM BICARBONATE POWD .	11	SOHONOS	145	SOTYLIZE SOLN OR	35
sodium chloride (gu irrigant) 0.9 %	55	solifenacin succinate TABS	161	SOVUNA	29
sodium chloride (inhalant) NEBU 0.9 %	40	SOLQUA 100/33	17	SPECTRAVITE TABS	139
sodium chloride hypertonic OINT	151	SOLIRIS	56	SPIKEVAX COVID-19 VACCINE SUSP	164
sodium chloride hypertonic SOLN 151		SOLO TABS	139	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	164
sodium chloride SOLN IV 0.9 % ..	129	SOLTAMOX SOLN	31	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	164
SODIUM CHLORIDE SOLN IV 0.9 %	129	SOLU-CORTEF	39	SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	164
sodium citrate & citric acid	55	SOLU-MEDROL (methylprednisolone sod succ)	39	spinosad	48
sodium fluoride (dental) CREA ...	130	SOLU-MEDROL	39	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .	12
sodium fluoride (dental) GEL	130	SOLUS V2 CONTROL HIGH SOLN 76		SPIRIVA RESPIMAT AERS	12
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	128	SOLUS V2 LANCING DEVICE MISC 76		SPIRO PD DEVI	125
sodium fluoride SOLN 0.5 MG/ML 128		SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	76	spironolactone & hydrochlorothiazide	49
sodium fluoride-potassium nitrate GEL	130	SOLUS V2 TWIST LANCETS 30G 76		spironolactone TABS 25 MG, 100 MG	50
SODIUM OXYBATE SOLN	155	SOLUVITA SOLN	128	spironolactone TABS 50 MG	50
sodium phosphates (sodium phosphate dibasic & monobasic) 142 MG/ML-276 MG/ML, 710 MG/5ML- 1380 MG/5ML	129	SOLUVITA SOLN	143	SPORANOX CAPS (itraconazole) .	22
sodium phosphates ENEM	59	SOOTHENEB NBL 100 CHILD MASK MISC	125	SPORANOX SOLN (itraconazole) .	22
sodium polystyrene sulfonate POWD 130		SOOTHENEB NBL 100 MEDICATION CUP MISC	125	SPRIX SOLN NA	5
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	130	SOOTHENEB NBL 100 MESH CAP MISC	125	STALEVO 100 (carbidopa-levodopa- entacapone)	33
sodium sulfate-potassium sulfate- magnesium sulfate	59	SOOTHENEB NBL100 ADULT MASK MISC	125	STALEVO 125 (carbidopa-levodopa- entacapone)	33
		SORBIDON HYDRATE CREA	48	STALEVO 150 (carbidopa-levodopa- entacapone)	33
		SOSWEET SYRP	152	STALEVO 200 (carbidopa-levodopa- entacapone)	33
		sotalol hcl (afib/afi)	35		

STALEVO 50 (carbidopa-levodopa-entacapone)	33	sulfamethoxazole-trimethoprim SUSP	28	104
STALEVO 75 (carbidopa-levodopa-entacapone)	33	sulfamethoxazole-trimethoprim TABS	28	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"
STAMARIL SUSR	164	sulfasalazine TABS	54	104
STEGLATRO	20	sulfasalazine TBEC	54	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .
STEGLUJAN	17	sulindac TABS	5	104
STELARA 130 MG/26ML	54	sumatriptan	126	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .
STELARA SOSY	44	sumatriptan succinate SOAJ	126	104
STERILANCE TL	76	sumatriptan succinate SOCT	126	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"
STIMUFEND	57	sumatriptan succinate SOLN 6 MG/0.5ML	126	104
STIOLTO RESPIMAT	15	sumatriptan succinate TABS	126	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 .
STRESS FORMULA W/ZINC FORENERGY TABS	141	sumatriptan-naproxen sodium ...	126	104
STRIVE DUAL ZONE PEAK FLOW METER	125	SUNLENCA SOLN	33	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"
STRIVERDI RESPIMAT	15	SUNLENCA TBPK	33	104
STROMECTOL (ivermectin)	11	SUPER ANTIOXIDANT CAPS ...	139	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4" 104
STROVITE FORTE TABS (multiple vitamins w/ minerals)	139	SUPER D/ZINC/SELENIUM/COPPER TABS .	139	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .
STROVITE ONE TABS	139	SUPER THIN LANCETS	76	104
sucralfate TABS	160	SUPERIOR MENS MULTI TABS .	139	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .
SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	35	SUPERIOR WOMENS MULTI TABS	140	104
sulconazole nitrate CREA	43	SUPPORT-500 CAPS	140	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .
sulfacetamide sodium (ophth) OINT 149		SUPREME II HIGH/LOW CONTROL SOLUTION LIQD	76	104
sulfacetamide sodium (ophth) SOLN . 149		SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	59	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"
sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	41	SURE COMFORT ALCOHOL PREP PADS	80	104
sulfacetamide sod-prednisolone SOLN	150	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4" .		SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" .

105	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" 105	SURE COMFORT PEN NEEDLES32GX6MM 105	SYNALAR TS 46
105	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" 105	SURELITE LANCETS .....77	SYNJARDY TABS 17
105	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" 105	SURGICAL DISPOSABLE FACEMASK 3-PLY 115	SYNJARDY XR TB24 .....17
105	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" 105	SURGICAL FACE MASK/NIOSH95.....115	SYNTHROID TABS (levothyroxine sodium) 158
76	SURE COMFORT LANCETS 18G 76	SUSPENDIT ANHYDROUS SUSP 152	SYRSPEND SF LIQD 153
76	SURE COMFORT LANCETS 21G 76	SUSPENDRX WITH BITTER- BLOC/SWEETENED SUSP .....152	SYRUP VEHICLE SF SYRP 153
77	SURE COMFORT LANCETS 23G 77	SUSPENDRX WITH BITTER- BLOC/UNSWEETENED SUSP .. 153	SYRUP VEHICLE SYRP 153
77	SURE COMFORT LANCETS 28G 77	SUSPENSION VEHICLE SUSP ..153	SYSTANE GEL GEL .....147
77	SURE COMFORT LANCETS 30G 77	SYMBICORT (budesonide- formoterol fumarate dihydrate) .....15	SYSTANE ICAPS AREDS2 CHEW 140
77	SURE COMFORT LANCING PEN MISC .....77	SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate) 15	SYSTANE ICAPS AREDS2 TABS 140
105	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM ....105	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate) 15	SYSTANE SOLN (polyethylene glycol-propylene glycol (ophth)) .. 147
105	SURE COMFORT PEN NEEDLES30GX5/16" SHORT ...105	SYMJEPI SOSY .....165	SYSTANE ULTRA SOLN (polyethylene glycol-propylene glycol (ophth)) 147
105	SURE COMFORT PEN NEEDLES31GX3/16" (5MM) 105	SYMLINPEN 120 SOPN .....16	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS .. 131
105	SURE COMFORT PEN NEEDLES31GX5/16" (8MM) 105	SYMLINPEN 60 SOPN 16	TABLOID .....30
105	SURE COMFORT PEN NEEDLES32GX5/32" (4MM) 105	SYMPROIC .....54	tacrolimus (topical) OINT 0.03 % ..47
105	SURE COMFORT PEN NEEDLES32GX5/32" 105	SYNAGIS SOLN .....151	tacrolimus (topical) OINT 0.1 % ... 47
		SYNALAR CREA (fluocinolone acetoneide) .....46	tacrolimus CAPS .....130
		SYNALAR CREAM KIT 46	tadalafil (pulmonary hypertension) TABS .....36
		SYNALAR OINT (fluocinolone acetoneide) .....46	TADLIQ SUSP 36
		SYNALAR OINTMENT KIT 46	TAFINLAR TBSO 31
		SYNALAR SOLN (fluocinolone acetoneide) .....46	tafluprost 151
			TAGAMET HB 200 TABS (cimetidine) 160
			TAGAMET HB TABS (cimetidine)

160	100/0.3ML/30G X 5/16"	105	telmisartan	26	
TAKHZYRO SOSY	56	TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 15/64"	105	telmisartan-amlodipine	27
TALICIA	161	TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16"	105	telmisartan-hydrochlorothiazide	27
TALTZ SOAJ	44	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2"	105	TEMODAR CAPS 250 MG (temozolomide)	30
TALTZ SOSY 80 MG/ML	44	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 15/64"	105	temozolomide CAPS	30
TALZENNA	31	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16"	105	TENIVAC INJ	159
TAMIFLU CAPS (oseltamivir phosphate)	34	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 15/64"	105	TENORETIC 100 (atenolol & chlorthalidone)	27
TAMIFLU SUSR (oseltamivir phosphate)	34	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16"	105	TENORETIC 50 (atenolol & chlorthalidone)	27
tamoxifen citrate TABS	31	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16"	105	TENORMIN TABS (atenolol)	34
tamsulosin hcl	55	TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2"	105	terazosin hcl	27
TARGRETIN (bexarotene)	32	TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2"	105	terbinafine hcl (topical) CREA	43
TASCENSO ODT 0.25 MG	157	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16"	105	terbinafine hcl TABS	22
TASCENSO ODT 0.5 MG	157	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16"	105	terbutaline sulfate TABS	15
TASMAR (tolcapone)	32	TECHLITE LANCETS	77	terconazole vaginal CREA	165
tavaborole	43	TECHLITE LANCETS 26G	77	teriflunomide	157
TAVNEOS	56	TECHLITE PEN NEEDLES 29GX 12 MM	105	teriparatide SOPN	50
tazarotene CREA 0.1 %	44	TECHLITE PEN NEEDLES 31GX 5MM	105	TERODERM	155
tazarotene GEL	44	TECHLITE PEN NEEDLES 31GX 8MM	105	TERODERM-PLUS	155
TAZORAC CREA 0.1 % (tazarotene) 44		TECHLITE PEN NEEDLES/31GX 6MM	105	TESTIM GEL TD (testosterone) ...	10
TAZORAC GEL (tazarotene)	44	TECHLITE PLUS PEN NEEDLES32G X 4MM	105	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	10
TAZVERIK	31	TEGLUTIK SUSP	147	testosterone cypionate SOLN IM ..	10
TDVAX SUSP	159	TEKTURNA (aliskiren fumarate) ..	28	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	10
TECENTRIQ	30	TEKTURNA HCT 12.5 MG-150 MG, 12.5 MG-300 MG, 25 MG-300 MG	27	testosterone GEL TD 1.62 %	10
TECFIDERA CPDR (dimethyl fumarate)	157			testosterone SOLN	10
TECFIDERA STARTER PACK CDPK (dimethyl fumarate)	157			TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP	159

TEXACORT SOLN 2.5 %	46	THERANATAL LACTATION ONE CAPS	140	TINACTIN CREA (tolnaftate)	43
TEZSPIRE SOAJ	12	THERA-TABS M TABS	140	tinidazole	28
TEZSPIRE SOSY	12	THERATEARS GEL (carboxymethylcellulose sodium (ophth))	147	tiotropium bromide monohydrate CAPS	12
TGT LANCET MICRO THIN 33G	77	THERA-VITE MAX-M TABS	140	TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (levothyroxine sodium)	159
TGT LANCET THIN 26G	77	THEREMS MULTIVITAMIN TABS 141		TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	158
TGT LANCET ULTRA THIN 30G	77	THEREMS-M TABS	140	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	159
TGT LANCING DEVICE MISC	77	thiamine mononitrate TABS 100 MG . 166		tizanidine hcl CAPS	145
THALOMID	129	THINLETS GP LANCETS	77	tizanidine hcl TABS	145
theophylline ELIX	15	THRESHOLD IMT MISC	125	TM-DAILY VITE TABS	141
theophylline SOLN	15	THRESHOLD PEP DEVI	125	TOBI NEBU (tobramycin)	2
theophylline TB12 300 MG, 450 MG . 15		THRIVITE RX TABS	145	TOBI PODHALER CAPS	2
THERA M PLUS TABS	140	THYQUIDITY SOLN OR	158	TOBRADEX SUSP (tobramycin-dexamethasone)	150
THERA TABS	141	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	158	tobramycin (ophth) SOLN	149
THERABETIC MULTI-VITAMIN TABS	140	TIAZAC (diltiazem hcl extended release beads)	35	tobramycin NEBU	2
THERACAL D2000 TABS	129	TIBSOVO	31	tobramycin-dexamethasone SUSP 150	
THERACAL D4000 TABS	129	TICOVAC	164	TODAYS HEALTH ADVANCED LANCING DEVICE MISC	77
THERACAL RAPID REPLETION TABS	129	TIGLUTIK SUSP	147	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	105
THERAGRAN-M ADVANCED 50 PLUS TABS	140	timolol maleate (ophth) SOLG	148	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	105
THERAGRAN-M ADVANCED TABS . 140		timolol maleate (ophth) SOLN	148		
THERAGRAN-M PREMIER 50 PLUS TABS	140	timolol maleate TABS	35		
THERAGRAN-M PREMIER TABS 140		TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	148		
THERAGRAN-M TABS	140	TIMOPTIC SOLN (timolol maleate (ophth))	148		
THERA-M TABS	140	TIMOPTIC-XE SOLG (timolol maleate (ophth))	148		
THERAMILL FORTE CAPS	140				
THERANATAL CORE NUTRITION TABS	145				

TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	105	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	106	tramadol hcl CP24 100 MG, 200 MG, 300 MG	8
TODAYS HEALTH SUPER THINLANCETS 30G	77	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	106	tramadol hcl SOLN	8
TODAYS HEALTH ULTRA THINLANCETS 28G	77	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	106	tramadol hcl TABS 50 MG, 100 MG	9
tolcapone	32	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	106	tramadol hcl TB24	9
TOLECTIN 600 TABS	5	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	106	TRAMADOL HYDROCHLORIDE SOLN (tramadol hcl)	9
tolmetin sodium CAPS	5	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	106	tramadol-acetaminophen	9
tolmetin sodium TABS 600 MG	5	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	106	trandolapril	26
tolnaftate CREA	43	TOPICORT CREA (desoximetasone)	46	trandolapril-verapamil hcl	27
tolnaftate POWD EX	43	TOPICORT GEL (desoximetasone)	46	TRAVATAN Z SOLN (travoprost)	151
TOLSURA CAPS	22	TOPICORT LIQD (desoximetasone)	46	TRAVEL LANCETS 30G	77
tolterodine tartrate CP24	161	TOPICORT OINT (desoximetasone)	46	TRAVEL LANCETS ADVANCED 28G	77
tolterodine tartrate TABS	161	TOPROL XL TB24 (metoprolol succinate)	34	travoprost SOLN	151
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	105	toremifene citrate	31	TRECATOR	30
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	106	torsemide TABS 10 MG, 20 MG ...	49	TRELEGY ELLIPTA	15
TOPCARE LANCETS MICRO-THIN 33G	77	torsemide TABS 5 MG, 100 MG ...	49	TREMFYA SOAJ	44
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	106	TOSYMRA	126	TREMFYA SOSY 100 MG/ML	44
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	106	TOUJEO MAX SOLOSTAR SOPN 20		TRESIBA FLEXTOUCH SOPN ...	20
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	106	TOUJEO SOLOSTAR SOPN	20	TRESIBA SOLN	20
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	106	TOVET KIT	46	tretinoin (chemotherapy)	32
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"		TOVIAZ (fesoterodine fumarate)	161	tretinoin CREA 0.025 %, 0.05 % ...	41
		TRACLEER TABS (bosentan)	36	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	30
		TRACLEER TBSO	36	TREXIMET (sumatriptan-naproxen sodium)	126
		TRADJENTA	18	triamcinolone acetonide (mouth)	130

triamcinolone acetonide (topical) CREA .....47	TRI-VI-SOL A/C/D 143	5/16" .....106
triamcinolone acetonide (topical) LOTN .....47	TROCHE BASE NS POWD 153	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" .....106
triamcinolone acetonide (topical) OINT 0.05 %47	TROCHE BASE POWD 153	
triamcinolone acetonide (topical) OINT .....47	TROJAN MAGNUM MISC .....61	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" .....106
triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML.....39	TROJAN ULTRA THIN LUBRICATED MISC 61	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" .....106
TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML .....39	TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC 61	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" .....106
triamcinolone acetonide-dimethicone- silicone .....47	TROJAN-ENZ LUBRICATED MISC 61	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" .....106
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....49	TROJAN-ENZ W/SPERMICIDAL MISC 61	TRUE COMFORT PRO PEN NEEDLES 31G X 5MM 106
triamterene & hydrochlorothiazide TABS .....49	tropicamide SOLN .....148	TRUE COMFORT PRO PEN NEEDLES 31G X 6MM 106
TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide) .....28	trospium chloride CP24 .....161	TRUE COMFORT PRO PEN NEEDLES 31G X 8MM 106
TRICARE TABS .....145	trospium chloride TABS 161	TRUE COMFORT PRO PEN NEEDLES 31G X 8MM 106
TRICOR TABS (fenofibrate) .....25	TRUE COMFORT ALCOHOL PREP PADS .....80	TRUE COMFORT PRO PEN NEEDLES 32G X 4MM 106
TRIDESILON CREA 0.05 % (desonide) .....47	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...106	TRUE COMFORT PRO PEN NEEDLES 32G X 5MM 106
trifluridine .....149	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" .....106	TRUE COMFORT PRO PEN NEEDLES 32G X 6MM 107
TRIJARDY XR .....17	TRUE COMFORT PEN NEEDLES31G X 5MM .....106	TRUE COMFORT PRO PEN NEEDLES 33G X 4MM 107
TRIKAFTA THPK .....158	TRUE COMFORT PEN NEEDLES31G X 6MM .....106	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16" ...107
TRILIPIX (choline fenofibrate) ....25	TRUE COMFORT PRO ALCOHOLPREP PADS .....80	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16" ...107
trimethobenzamide hcl CAPS .....22	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" .....106	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16" 107
trimethoprim TABS28	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"106	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16" 107
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		VERIFINE INSULIN PEN NEEDLE 31G X 8MM 113
		VERIFINE INSULIN PEN NEEDLE

32G X 4MM	113	28G X 1.8MM	79	(dextromethorphan-doxylamine- acetaminophen)	40
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	113	VERIFINE SAFETY LANCET MINI 30G X 1.8MM	79	VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF LIQD (dextromethorphan-doxylamine- acetaminophen)	40
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM ...	113	VERIFINE UNIVERSAL LANCETS 28G	79	VICKS NYQUIL HBP COLD & FLU LIQD (dextromethorphan- doxylamine-acetaminophen)	40
VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM ...	113	VERIFINE UNIVERSAL LANCETS 30G	79	VICTOZA (liraglutide)	18
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM ...	113	VERIFINE UNIVERSAL LANCETS 33G	79	VIDA MIA AUTOLET LANCINGDEVICE MISC	79
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	113	VERKAZIA EMUL	149	VIDA MIA UNIFINE PENTIPS32GX4MM	113
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	113	VERQUVO	37	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	113
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	113	VERSAFREE SYRP	153	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM 113	
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM ...	113	VERSAPAP DEVI	125	VIDA MIA UNILET LANCETS SUPER THIN 30G	79
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	113	VERSAPAP/UNIVERSAL TUBING DEVI	125	VIDA MIA UNILET LANCETS ULTRA THIN 28G	79
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM ...	113	VERSAPAP/UNIVERSAL TUBING DEVI	125	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	113
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	113	VERSAPRO	155	VIGAFYDE SOLN	16
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	113	VERSAPRO	155	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	149
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	113	VERSATILE CREAM BASE	155	VIJOICE PACK	130
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	113	VERSATILE RICH CREAM BASE 155		VIJOICE TBPK	130
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	113	VERSIGEL	155	VIMOVO (naproxen-esomeprazole magnesium)	5
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	113	VESICARE LS SUSP	161	VIOKACE TABS	49
VERIFINE PLUS PEN NEEDLE/32G X 4MM	113	VESICARE TABS (solifenacin succinate)	161	VISION HEALTH CAPS	140
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	79	VEVYE SOLN	149	VISION OPTIMIZER CAPS	140
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	79	VFEND SUSR (voriconazole)	23		
VERIFINE SAFETY LANCET MINI		VFEND TABS (voriconazole)	23		
		VIBERZI	54		
		VIBRAMYCIN CAPS (doxycycline hyclate)	158		
		VIBRAMYCIN SUSR (doxycycline (monohydrate))	158		
		VICKS NYQUIL COLD & FLU LIQD			

VISTA ADVANCED AREDS2 FORMULA CAPS	140	VITEYES CLASSIC ADVANCED CAPS	140	VIVI CAP1 MISC	79
VISTA ADVANCED DRY EYE FORMULA CAPS	140	VITEYES CLASSIC CAPS	140	VIVJOA	23
VISTARIL CAPS (hydroxyzine pamoate)	12	VITEYES CLASSIC MACULAR SUPPORT CAPS	140	VIVOTIF	162
VITABEX CAPS	140	VITEYES CLASSIC MULTIIVITAMIN TABS	140	VOGELXO GEL TD (testosterone) 10	
VITABEX PLUS CAPS	140	VITEYES CLASSIC MULTIVITAMIN TABS	140	VOGELXO PUMP GEL TD (testosterone)	10
VITACHEW ADULT MULTI VITAMIN CHEW	140	VITEYES CLASSIC/OMEGA-3 CAPS	140	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...	43
VITAJoy MULTI GUMMIIES ADULT CHEW	140	VITEYES CLASSIC+OMEGA-3 CAPS	140	VOQUEZNA	161
VITAL-D RX	131	VITEYES OPTIC NERVE SUPPORT TABS	140	VOQUEZNA DUAL PAK	161
vitamin a CAPS 3 MG, 3000 MCG, 10000 UNIT	166	VITRAMYN TABS	140	VOQUEZNA TRIPLE PAK	161
VITAMIN A/C/D INFANT	143	VITRANOL FE TABS	140	VORANIGO	32
VITAMIN A/C/D INFANT/TODDLER . 143		VITRANOL TABS	140	voriconazole SUSR	23
VITAMIN B COMPLEX/HYDROXOCOBALAMIN SOLN 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-1 MG/ML-2 MG/ML	131	VITREXATE FE TABS	140	voriconazole TABS	23
vitamin e CAPS 200 UNIT, 268 MG, 400 UNIT, 450 MG, 1000 UNIT ..	166	VITREXATE TABS	140	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	125
VITAMIN E CAPS 200 UNIT	166	VITREXYL TABS	141	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	125
vitamin e SOLN	166	VITREXYL/IRON TABS	140	VORTEX VALVED HOLDING CHAMBER DEVI	125
VITAMINS A/C/D/FLUORIDE SOLN . 143		VIVAGUARD INO CONTROL SOLUTION LIQD	79	VOXZOGO	51
vitamins w/ lipotropics TABS	145	VIVAGUARD LANCETS	79	VP DERMABASE	155
VITAROCA PLUS TABS (multiple vitamins w/ minerals)	140	VIVAGUARD LANCETS 30G	79	VP INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	113
VITASANA TABS	140	VIVAGUARD LANCING DEVICE MISC	79	VTAMA	44
VITATHELY/GINGER TABS	145	VIVAGUARD SAFETY LANCETS/28G	79	VUMERITY	157
VITAZYME TABS	141	VIVAGUARD SAFETY LANCETS28G	79	VUSION (miconazole-zinc oxide- white petrolatum)	43
		VIVELLE-DOT PTTW (estradiol) ..	52	VYTORIN (ezetimibe-simvastatin) 24	
		VIVI CAP MISC	79	VYZULTA	151
				WAL-BORN VITAMIN C CHEW ..	141

WALGREENS ADVANCED TRAVELLANCETS 28G	79	WESTAB PLUS TABS	145	XARELTO STARTER PACK TBPK	15
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	79	white petrolatum-mineral oil	147	XARELTO SUSR	15
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	79	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	62	XARELTO TABS 10 MG	15
WALGREENS LANCETS	79	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	62	XARELTO TABS 15 MG	15
WALGREENS THIN LANCETS	79	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	62	XARELTO TABS 2.5 MG	15
WALGREENS ULTRA THIN LANCETS	79	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	62	XARELTO TABS 20 MG	15
warfarin sodium TABS	15	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	62	XATMEP SOLN	30
WEBCOL ALCOHOL PREP LARGE 1 PLY	80	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	62	XCEL 100	155
WEBCOL ALCOHOL PREP LARGE 2 PLY	80	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	62	XCOPRI TABS	16
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	80	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	62	XELJANZ SOLN	2
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	113	WINDMILL TRAINER MISC	125	XELJANZ TABS	2
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	113	WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	141	XELJANZ XR TB24	2
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	113	WOMENS 50+ MULTIVITAMIN TABS	141	XELODA (capecitabine)	30
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	113	WOMENS MULTI GUMMIES CHEW 141		XELPROS EMUL	151
WEGOVI	1	WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	141	XELSTRYM	1
WELCHOL PACK (colesevelam hcl) .	25	WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW ..	141	XEMATOP BASE	155
WELCHOL TABS (colesevelam hcl) .	25	WOUND CARE CREAM	155	XENICAL (orlistat)	1
WELLFOLA TABS	141	XACIATO GEL	165	XEPI	42
WESTAB MAX	49	XADAGO	33	XERESE	44
		XALATAN SOLN (latanoprost) ...	151	XHANCE EXHU	146
		XALKORI CPSP	32	XIFAXAN 200 MG	28
				XIFAXAN 550 MG	28
				XIGDUO XR (dapagliflozin propanediol-metformin hcl)	17
				XIGDUO XR	17
				XIIDRA	149
				XOFLUZA 40 MG, 80 MG	34
				XOLAIR SOAJ	12
				XOLAIR SOSY	12
				XOPENEX (levalbuterol hcl)	15

XOPENEX CONCENTRATE (levalbuterol hcl)	15	AJKT	4	UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT	49
XOPENEX HFA (levalbuterol tartrate)	15	YUMVS MULTI ZERO CHEW	141		
XPHOZAH	51	YUMVS ZERO DIABETIC MULTIVITAMIN CHEW	141	ZEPBOUND SOAJ	1
XPOVIO 80 MG TWICE WEEKLY 31		YUPELRI	12	ZEPOSIA 7-DAY STARTER PACK CPPK	157
XTAMPZA ER 36 MG	9	YUSIMRY SC 40 MG/0.8ML	4	ZEPOSIA CAPS	157
XTAMPZA ER 9 MG, 13.5 MG, 18 MG, 27 MG	9	ZADITOR 0.035 % (ketotifen fumarate (ophth))	151	ZEPOSIA STARTER KIT CPPK ..	157
XTANDI CAPS	31	zafirlukast	13	ZERVIAE	151
XTANDI TABS	31	ZANAFLEX CAPS (tizanidine hcl) 145		ZESTORETIC (lisinopril & hydrochlorothiazide)	28
XULTOPHY 100/3.6	17	ZANAFLEX TABS 4 MG (tizanidine hcl)	145	ZESTRIL TABS (lisinopril)	26
XYWAV	155	ZARXIO	57	ZETIA (ezetimibe)	25
XYZAL ALLERGY 24HR CHILDRENS SOLN (levocetirizine dihydrochloride)	24	ZAVZPRET	126	ZETONNA AERS	146
XYZAL ALLERGY 24HR TABS (levocetirizine dihydrochloride)	24	ZEGALOGUE SOAJ	17	ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	114
YASMIN 28 (drospirenone-ethinyl estradiol)	38	ZEGALOGUE SOSY	17	ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16" ..	114
YAZ (drospirenone-ethinyl estradiol) 38		ZEGERID CAPS (omeprazole- sodium bicarbonate)	161	ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	114
YELETS TEENAGE FORMULA TABS	141	ZEGERID PACK (omeprazole- sodium bicarbonate)	161	ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	114
YELLOW PETROLATUM	155	ZEJULA CAPS	32	ZEV RX PEN NEEDLES 31G X 5MM	114
YERVOY	30	ZEJULA TABS	32	ZEV RX PEN NEEDLES 31G X 6MM	114
YF-VAX INJ	165	ZELAPAR TBDP	33	ZEV RX PEN NEEDLES 31G X 8MM	114
YOUR LIFE MULTI ADULT GUMMIES CHEW	141	ZEMBRACE SYMTOUCH SOAJ ..	127	ZEV RX PEN NEEDLES 31G X 8MM	114
YUFLYMA 1-PEN KIT AJKT	3	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	51	ZEV RX PEN NEEDLES 32G X 4MM	114
YUFLYMA 2-PEN KIT AJKT	3	ZEMPLAR SOLN (paricalcitol)	51	ZEV RX STERILE ALCOHOL PREP PADS	80
YUFLYMA 2-SYRINGE KIT PSKT ..	4	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, 252600 UNIT-189600 UNIT-60000		ZEV RX TWIST TOP LANCETS 30G 79	
YUFLYMA CD/UC/HS STARTER					

ZIAC (bisoprolol & hydrochlorothiazide)	28	ZOMIG SOLN	127	ZYVOX SUSR (linezolid)	29
ZIEXTENZO	57	ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan)	127	ZYVOX TABS (linezolid)	29
ZILBRYSQ	56	ZONISADE SUSP	16		
zileuton TB12	13	ZORVOLEX CAPS 18 MG	5		
ZIMHI SOSY	21	ZORYVE	44		
zinc sulfate CAPS	129	ZORYVE	48		
ZIOPTAN (tafluprost)	151	ZOVIRAX CREA (acyclovir topical) 44			
ZIPSOR CAPS (diclofenac potassium)	5	ZOVIRAX OINT (acyclovir topical) 44			
ZITHROMAX PACK (azithromycin) 60		ZOVIRAX SUSP (acyclovir)	34		
ZITHROMAX SUSR (azithromycin) 60		ZTALMY	16		
ZITHROMAX TABS 250 MG (azithromycin)	60	ZUBSOLV SUBL	10		
ZITHROMAX TABS 500 MG (azithromycin)	60	ZULRESSO	16		
ZITHROMAX TRI-PAK TABS (azithromycin)	60	ZURZUVAE	16		
ZITHROMAX Z-PAK TABS (azithromycin)	60	ZYFLO TABS	13		
ZITUVIO	18	ZYLOPRIM 100 MG (allopurinol) ..	55		
ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	25	ZYLOPRIM 300 MG (allopurinol) ..	55		
ZOE SCRIPTS IDEALBASE	155	ZYMAXID (gatifloxacin (ophth)) ..	149		
ZOLINZA	32	ZYNTEGLO	57		
zolmitriptan SOLN	127	ZYPITAMAG 2 MG, 4 MG	25		
zolmitriptan TABS	127	ZYRTEC ALLERGY CAPS (cetirizine hcl)	24		
zolmitriptan TBDP 2.5 MG	127	ZYRTEC ALLERGY TABS (cetirizine hcl)	24		
ZOLPIDEM TARTRATE CAPS	58	ZYRTEC CHEW 10 MG (cetirizine hcl)	24		
ZOMACTON SOLR SC	51	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (cetirizine hcl)	24		
ZOMIG SOLN (zolmitriptan)	127	ZYRTEC CHILDRENS ALLERGY SOLN OR (cetirizine hcl)	24		
		ZYTIGA (abiraterone acetate)	31		