

# New Jersey Medicaid Comprehensive Preferred Drug List - 2024

(List of Covered Drugs)

## Lista integral de medicamentos preferidos de New Jersey Medicaid para 2024

(Lista de medicamentos cubiertos)

### Fidelis Care-New Jersey

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

**Providers:** Please visit our website at:

<https://www.fideliscarenj.com/providers/medicaid/pharmacy.html> to view updates to the preferred drug list.

**Members:** Please visit our website at:

<https://www.fideliscarenj.com/members/medicaid/nj-familycare/pharmacy-services.html> to view updates to the preferred drug list.

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**Lea:** Este documento contiene información sobre los medicamentos que cubrimos con este plan.

**Proveedores:** Visiten nuestro sitio web

<https://www.fideliscarenj.com/providers/medicaid/pharmacy.html> para ver las actualizaciones de la lista de medicamentos preferidos.

**Miembros:** Visiten nuestro sitio web

<https://www.fideliscarenj.com/members/medicaid/nj-familycare/pharmacy-services.html> para ver las actualizaciones de la lista de medicamentos preferidos.

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADDERALL TABS 5 MG-5 MG-5 MG (Use amphetamine-dextroamphetamine)	NF	QL(3 ea daily)
ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG (Use amphetamine-dextroamphetamine)	NF	
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	P	QL(2 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG	P	
amphetamine-dextroamphetamine TABS 5 MG-5 MG-5 MG-5 MG	P	QL(3 ea daily)
amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG	P	QL(2 ea daily)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NF	QL(1 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
dextroamphetamine sulfate CP24	P	QL(1 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	
<b>Anti-Obesity Agents</b>		
orlistat	P	PA
XENICAL (Use orlistat)	NF	PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
atomoxetine hcl 18 MG	P	QL(2 ea daily)
atomoxetine hcl 25 MG	P	QL(3 ea daily)
atomoxetine hcl 10 MG, 40 MG, 60 MG, 80 MG, 100 MG	P	QL(1 ea daily)
guanfacine hcl (adhd)	P	
INTUNIV (Use guanfacine hcl (adhd))	NF	

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Drug Name	Drug Tier	Requirements/Limits
STRATTERA 18 MG ( <i>Use atomoxetine hcl</i> )	NF	QL(2 ea daily)
STRATTERA 10 MG, 40 MG, 60 MG, 80 MG, 100 MG ( <i>Use atomoxetine hcl</i> )	NF	QL(1 ea daily)
STRATTERA 25 MG ( <i>Use atomoxetine hcl</i> )	NF	QL(3 ea daily)
<b>Stimulants - Misc.</b>		
CONCERTA TBCR 18 MG, 27 MG, 36 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
CONCERTA TBCR 54 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
<i>dexmethylphenidate hcl</i> CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	P	QL(1 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
<i>dexmethylphenidate hcl</i> TABS	P	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 40 MG ( <i>Use dexmethylphenidate hcl</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
FOCALIN TABS ( <i>Use dexmethylphenidate hcl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl</i> CHEW	P	AL(At least 6 yrs old)
<i>methylphenidate hcl</i> TABS 20 MG	P	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl</i> TABS 5 MG, 10 MG	P	AL(At least 6 yrs old)
<i>methylphenidate hcl</i> TB24 18 MG, 27 MG, 36 MG	P	QL(2 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
<i>methylphenidate hcl</i> TB24 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TBCR 18 MG, 27 MG, 36 MG	P	QL(2 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
<i>methylphenidate hcl</i> TBCR 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
<i>methylphenidate hcl</i> TBCR 10 MG, 20 MG	P	QL(3 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
RELEXXII TBCR 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 36 MG	P	QL(2 ea daily); AL(At least 6 yrs old - Up to 20 yrs old)
RITALIN TABS 5 MG, 10 MG ( <i>Use methylphenidate hcl</i> )	NF	AL(At least 6 yrs old)
RITALIN TABS 20 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(3 ea daily); AL(At least 6 yrs old)
<b>ALTERNATIVE MEDICINES</b>		
Alternative Medicine - M's		
<i>melatonin</i> TABS 5 MG	P	
MELATONIN TABS 12 MG	P	
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
BETHKIS NEBU ( <i>Use tobramycin</i> )	NF	PA
<i>tobramycin</i> NEBU	P	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Antirheumatic - Enzyme Inhibitors		
XELJANZ XR TB24	P	QL(1 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ TABS	P	QL(2 ea daily); PA	ALEVE ARTHRITIS TABS (Use naproxen sodium)	P	
Anti-TNF-alpha - Monoclonal Antibodies			ALEVE TABS (Use naproxen sodium)	P	
ADALIMUMAB-ADAZ SOAJ	P	PA	CELEBREX 200 MG, 400 MG (Use celecoxib)	NF	QL(1 ea daily)
ADALIMUMAB-ADAZ SOSY	P	PA	CELEBREX 50 MG, 100 MG (Use celecoxib)	NF	QL(2 ea daily)
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	P	PA	celecoxib 50 MG, 100 MG	P	QL(2 ea daily)
ADALIMUMAB-ADBM PSORIASIS/UEITIS STARTER AJKT	P	PA	celecoxib 200 MG, 400 MG	P	QL(1 ea daily)
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	P	PA	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	P	RX/OTC
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEITIS AJKT	P	PA	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	P	RX/OTC
ADALIMUMAB-ADBM AJKT	P	PA	DAYPRO TABS (Use oxaprozin)	NF	
ADALIMUMAB-ADBM PSKT	P	PA	diclofenac potassium TABS 50 MG	P	
ADALIMUMAB-FKJP AJKT	P	PA	diclofenac sodium TB24	P	
ADALIMUMAB-FKJP PSKT	P	PA	diclofenac sodium TBEC	P	
HADLIMA PUSHTOUCH SOAJ	P	PA	EC-NAPROSYN TBEC (Use naproxen)	NF	
HADLIMA SOSY	P	PA	etodolac CAPS	P	
YUSIMRY	P	PA	etodolac TABS	P	
Interleukin-6 Receptor Inhibitors			FELDENE CAPS (Use piroxicam)	NF	
ACTEMRA ACTPEN SOAJ	P	PA	flurbiprofen TABS	P	
ACTEMRA SOLN	P	PA	ibuprofen SUSP	P	RX/OTC
ACTEMRA SOSY	P	PA	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			indomethacin CAPS 25 MG, 50 MG	P	
ADVIL TABS (Use ibuprofen)	P		INFANTS ADVIL SUSP (Use ibuprofen)	P	
			ketoprofen CAPS 50 MG	P	
			ketorolac tromethamine TABS	P	QL(20 ea per 25 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LODINE TABS ( <i>Use etodolac</i> )	NF		<b>Analgesics Other</b>		
<i>meloxicam</i> TABS	P		<i>acetaminophen</i> LIQD 160 MG/5ML	P	
MOTRIN INFANTS DROPS SUSP ( <i>Use ibuprofen</i> )	P		<i>acetaminophen</i> SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	
<i>nabumetone</i>	P		<i>acetaminophen</i> SUPP 650 MG	P	
NAPROSYN TABS 500 MG ( <i>Use naproxen</i> )	NF		<i>acetaminophen</i> SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	P	
<i>naproxen sodium</i> TABS 220 MG	P		<i>acetaminophen</i> TABS 325 MG	P	QL(9 ea daily)
<i>naproxen</i> TABS	P		<i>acetaminophen</i> TABS 500 MG	P	QL(6 ea daily)
<i>naproxen</i> TBEC	P		INFANTS SILAPAP SOLN OR	P	
<i>oxaprozin</i> TABS	P		TYLENOL CHILDRENS PAIN +FEVER SUSP ( <i>Use acetaminophen</i> )	P	
<i>piroxicam</i> CAPS	P		TYLENOL CHILDRENS SUSP ( <i>Use acetaminophen</i> )	P	
<i>sulindac</i> TABS	P		TYLENOL EXTRA STRENGTH TABS ( <i>Use acetaminophen</i> )	P	QL(6 ea daily)
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>			TYLENOL FOR CHILDREN/ADULTS SUSP ( <i>Use acetaminophen</i> )	P	
OTEZLA TABS	P	PA	TYLENOL INFANTS PAIN+FEVER SUSP ( <i>Use acetaminophen</i> )	P	
OTEZLA TBPB	P	PA	TYLENOL TABS ( <i>Use acetaminophen</i> )	P	QL(9 ea daily)
<b>Pyrimidine Synthesis Inhibitors</b>			<b>Salicylates</b>		
ARAVA ( <i>Use leflunomide</i> )	NF		<i>aspirin</i> CHEW	P	
<i>leflunomide</i>	P		<i>aspirin</i> TABS 325 MG	P	
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>			<i>aspirin</i> TBEC 81 MG, 325 MG	P	
<b>Analgesic Combinations</b>			<i>diflunisal</i> TABS	P	
<i>butalbital-acetaminophen-caffeine</i> CAPS 40 MG-50 MG-325 MG	P	QL(6 ea daily)			
<i>butalbital-acetaminophen-caffeine</i> TABS 40 MG-50 MG-325 MG	P	QL(6 ea daily)			
<i>butalbital-acetaminophen</i> TABS 50 MG-325 MG	P	QL(6 ea daily)			
<i>butalbital-aspirin-caffeine</i> CAPS	P				
ESGIC TABS ( <i>Use butalbital-acetaminophen-caffeine</i> )	NF	QL(6 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	P		<i>morphine sulfate TBCR</i>	P	
ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	P		MS CONTIN TBCR (Use <i>morphine sulfate</i> )	NF	
ECOTRIN TBEC (Use aspirin)	P		OXAYDO TABS 5 MG	P	
<i>salsalate</i>	P		<i>oxycodone hcl CAPS</i>	P	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>			<i>oxycodone hcl SOLN</i>	P	
<b>Opioid Agonists</b>			<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	P	AL(At least 11 yrs old)
<i>codeine sulfate TABS 30 MG</i>	P		<i>oxycodone hcl TABS</i>	P	
CODEINE SULFATE TABS	P		OXYCONTIN T12A	P	AL(At least 11 yrs old)
DILAUDID LIQD (Use <i>hydromorphone hcl</i> )	NF		ROXICODONE TABS (Use <i>oxycodone hcl</i> )	NF	
DILAUDID TABS (Use <i>hydromorphone hcl</i> )	NF		<i>tramadol hcl TABS 50 MG, 100 MG</i>	P	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i>	P		ULTRAM TABS (Use <i>tramadol hcl</i> )	NF	
<i>hydromorphone hcl LIQD</i>	P		<b>Opioid Combinations</b>		
HYDROMORPHONE HCL SUPP	P		<i>acetaminophen w/ codeine SOLN</i>	P	
<i>hydromorphone hcl TABS</i>	P		<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	
<i>methadone hcl SOLN OR</i>	P		<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	
<i>methadone hcl TABS</i>	P		<i>butalbital-aspirin-caffeine w/cod</i>	P	
<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	P		<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>	P	
MORPHINE SULFATE SOLN IV 1 MG/ML, 4 MG/ML, 8 MG/ML, 50 MG/ML	P		<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	
<i>morphine sulfate SUPP</i>	P		<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	P	
<i>morphine sulfate TABS</i>	P				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P		SUBOXONE FILM SL 2 MG-8 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	QL(4 ea daily)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG ( <i>Use oxycodone w/ acetaminophen</i> )	NF		SUBOXONE FILM SL 1 MG-4 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	QL(8 ea daily)
<b>Opioid Partial Agonists</b>			SUBOXONE FILM SL 3 MG-12 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	QL(2.67 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	P	QL(8 ea daily)	<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	P	QL(4 ea daily)	<b>Anabolic Steroids</b>		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	P	QL(2.67 ea daily)	<i>oxandrolone 2.5 MG</i>	P	PA
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	P	QL(16 ea daily)	<i>oxandrolone 10 MG</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	P	QL(16 ea daily); AL(At least 16 yrs old)	<b>Androgens</b>		
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	P	QL(4 ea daily); AL(At least 16 yrs old)	ANDROGEL GEL TD 50 MG/5GM ( <i>Use testosterone</i> )	NF	PA
<i>buprenorphine hcl SUBL 2 MG</i>	P	QL(16 ea daily); AL(At least 16 yrs old)	<i>danazol CAPS</i>	P	
<i>buprenorphine hcl SUBL 8 MG</i>	P	QL(4 ea daily); AL(At least 16 yrs old)	METHITEST TABS	P	
<i>butorphanol tartrate NA 10 MG/ML</i>	P		TESTIM GEL TD ( <i>Use testosterone</i> )	NF	PA
<i>pentazocine w/ naloxone hcl</i>	P		<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(0.143 ml daily)
SUBLOCADE SOSY	P		<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.29 ml daily)
SUBOXONE FILM SL 0.5 MG-2 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	QL(16 ea daily)	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	P	
			<i>testosterone enanthate SOLN IM</i>	P	QL(0.143 ml daily)
			<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	P	PA
			VOGELXO PUMP GEL TD ( <i>Use testosterone</i> )	NF	PA
			VOGELXO GEL TD ( <i>Use testosterone</i> )	NF	PA
			<b>ANORECTAL AND RELATED PRODUCTS -</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Rectal Drugs to Treat Pain, Swelling and Itching</b>		
Intrarectal Steroids		
CORTENEMA (Use hydrocortisone (intrarectal))	NF	
hydrocortisone (intrarectal)	P	
Rectal Steroids		
ANUSOL-HC EX (Use hydrocortisone (rectal))	NF	
hydrocortisone (rectal) EX 2.5 %	P	
hydrocortisone (rectal) EX 1 %	P	QL(6 gm daily); RX/OTC
<b>ANTACIDS</b>		
Antacid Combinations		
alum & mag hydrox-simethicone LIQD	P	
alum & mag hydrox-simethicone SUSP	P	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use alum & mag hydrox-simethicone)	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	P	
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 750 MG	P	
calcium carbonate (antacid) SUSP	P	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CARBONATE TABS 648 MG	P	
TUMS CHEWY BITES CHEW (Use calcium carbonate (antacid))	P	
TUMS E-X 750 CHEW (Use calcium carbonate (antacid))	P	
TUMS EXTRA STRENGTH 750 CHEW (Use calcium carbonate (antacid))	P	
TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid))	P	
TUMS SMOOTHIES CHEW (Use calcium carbonate (antacid))	P	
TUMS CHEW (Use calcium carbonate (antacid))	P	
Antacids - Magnesium Salts		
magnesium oxide TABS	P	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
Anthelmintics		
BILTRICIDE (Use praziquantel)	NF	
ivermectin	P	QL(6 ea per 76 day(s) retail); PA
praziquantel	P	
pyrantel pamoate SUSP 144 MG/ML	P	
STROMEKTOL (Use ivermectin)	NF	QL(6 ea per 76 day(s) retail); PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
Nitrates		

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Drug Name	Drug Tier	Requirements/Limits
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	NF	
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	P	
isosorbide mononitrate TABS	P	
isosorbide mononitrate TB24	P	
NITRO-BID OINT	P	
NITRO-DUR PT24 (Use nitroglycerin)	NF	
nitroglycerin PT24	P	
nitroglycerin SUBL	P	
NITROSTAT SUBL (Use nitroglycerin)	NF	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
buspirone hcl	P	
hydroxyzine hcl SYRP	P	QL(15 ml daily)
hydroxyzine hcl TABS	P	
hydroxyzine pamoate CAPS	P	
VISTARIL CAPS (Use hydroxyzine pamoate)	NF	
Benzodiazepines		
alprazolam TABS	P	
ATIVAN SOLN (Use lorazepam)	NF	
ATIVAN TABS (Use lorazepam)	NF	
chlordiazepoxide hcl CAPS	P	
clorazepate dipotassium TABS	P	AL(At least 9 yrs old)
diazepam SOLN OR 5 MG/5ML	P	QL(40 ml daily)
diazepam TABS	P	
lorazepam SOLN	P	

Drug Name	Drug Tier	Requirements/Limits
lorazepam TABS	P	
oxazepam CAPS	P	
TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium)	NF	AL(At least 9 yrs old)
VALIUM TABS (Use diazepam)	NF	
XANAX TABS (Use alprazolam)	NF	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	P	
NORPACE CAPS (Use disopyramide phosphate)	NF	
quinidine sulfate TABS	P	
Antiarrhythmics Type I-B		
lidocaine hcl (cardiac) SOSY 100 MG/5ML	P	
LIDOCAINE HCL SOLN	P	
LIDOCAINE HYDROCHLORIDE SOSY 100 MG/5ML	P	
mexiletine hcl	P	
Antiarrhythmics Type I-C		
flecainide acetate	P	
propafenone hcl TABS	P	
Antiarrhythmics Type III		
amiodarone hcl TABS 200 MG, 400 MG	P	
<b>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	P	PA
XOLAIR SOAJ	P	PA
XOLAIR SOLR	P	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOSY	P	PA	<i>budesonide (inhalation) SUSP</i>	P	QL(4 ml daily); AL(Up to 8 yrs old)
Anti-Inflammatory Agents			FLOVENT DISKUS AEPB (Use <i>fluticasone propionate (inhalation)</i> )	NF	
<i>cromolyn sodium NEBU</i>	P		<i>fluticasone propionate (inhalation) AEPB</i>	P	
Bronchodilators - Anticholinergics			<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(10.6 gm per 31 day(s) retail); AL(Up to 12 yrs old)
ATROVENT HFA	P	QL(25.8 gm per 26 day(s) retail)	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(0.4 gm daily); AL(Up to 12 yrs old)
INCRUSE ELLIPTA	P	QL(30 ea per 25 day(s) retail)	PULMICORT SUSP (Use <i>budesonide (inhalation)</i> )	NF	QL(4 ml daily); AL(Up to 8 yrs old)
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(17.5 ml daily)	QVAR REDHALER	P	QL(10.6 gm per 31 day(s) retail)
SPIRIVA HANDIHALER CAPS (Use <i>tiotropium bromide monohydrate</i> )	NF		Sympathomimetics		
<i>tiotropium bromide monohydrate CAPS</i>	P		ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i> )	NF	QL(60 ea per 25 day(s) retail)
Leukotriene Modulators			AIRDUO RESPICLICK 113/14 AEPB (Use <i>fluticasone-salmeterol</i> )	NF	QL(1 ea per 31 day(s) retail); AL(At least 12 yrs old)
ACCOLATE (Use <i>zafirlukast</i> )	NF		AIRDUO RESPICLICK 232/14 AEPB (Use <i>fluticasone-salmeterol</i> )	NF	QL(1 ea per 31 day(s) retail); AL(At least 12 yrs old)
<i>montelukast sodium CHEW</i>	P		AIRDUO RESPICLICK 55/14 AEPB (Use <i>fluticasone-salmeterol</i> )	NF	QL(1 ea per 31 day(s) retail); AL(At least 12 yrs old)
<i>montelukast sodium PACK</i>	P	PA	AIRDUO RESPICLICK 55/14 AEPB	P	QL(1 ea per 31 day(s) retail); AL(At least 12 yrs old)
<i>montelukast sodium TABS</i>	P		<i>albuterol sulfate AERS</i>	P	QL(36 gm per 26 day(s) retail)
SINGULAIR CHEW (Use <i>montelukast sodium</i> )	NF		<i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>	P	QL(60 ea per 25 day(s) retail)
SINGULAIR PACK (Use <i>montelukast sodium</i> )	NF	PA	<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(720 ml per 26 day(s) retail)
SINGULAIR TABS (Use <i>montelukast sodium</i> )	NF		Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>zafirlukast</i>	P		DALIRESP (Use <i>roflumilast</i> )	NF	QL(1 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors			<i>roflumilast</i>	P	QL(1 ea daily)
DALIRESP (Use <i>roflumilast</i> )	NF	QL(1 ea daily)	Steroid Inhalants		
<i>roflumilast</i>	P	QL(1 ea daily)	ARNUITY ELLIPTA	P	QL(30 ea per 25 day(s) retail)
Steroid Inhalants			ASMANEX HFA AERO	P	QL(0.44 gm daily)
ARNUITY ELLIPTA	P	QL(30 ea per 25 day(s) retail)			
ASMANEX HFA AERO	P	QL(0.44 gm daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(300 ml per 26 day(s) retail)	XOPENEX HFA ( <i>Use levalbuterol tartrate</i> )	NF	QL(30 gm per 26 day(s) retail)
ALBUTEROL SULFATE NEBU	P	QL(60 ml per 25 day(s) retail)	Xanthines		
<i>albuterol sulfate SYRP</i>	P	QL(80 ml daily)	<i>aminophylline SOLN</i>	P	
<i>albuterol sulfate TABS</i>	P		<i>theophylline ELIX</i>	P	
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(10.2 gm per 25 day(s) retail); AL(Up to 12 yrs old)	<i>theophylline SOLN</i>	P	
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 20 day(s) retail)	<i>theophylline TB12 300 MG, 450 MG</i>	P	
<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	P	QL(1 ea per 31 day(s) retail); AL(At least 12 yrs old)	<i>theophylline TB24</i>	P	
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	P	QL(60 ea per 25 day(s) retail)	<b>ANTICOAGULANTS - Blood Thinners</b>		
<i>ipratropium-albuterol SOLN</i>	P	QL(720 ml per 26 day(s) retail)	Coumarin Anticoagulants		
<i>levalbuterol tartrate</i>	P	QL(30 gm per 26 day(s) retail)	<i>warfarin sodium TABS</i>	P	
PROAIR HFA AERS ( <i>Use albuterol sulfate</i> )	NF	QL(36 gm per 26 day(s) retail)	Direct Factor Xa Inhibitors		
PROVENTIL HFA AERS ( <i>Use albuterol sulfate</i> )	NF	QL(36 gm per 26 day(s) retail)	ELIQUIS STARTER PACK TBPK	P	QL(74 ea per 25 day(s) retail)
STIOLTO RESPIMAT	P	QL(4 gm per 31 day(s) retail)	ELIQUIS TABS	P	QL(2 ea daily)
STRIVERDI RESPIMAT	P	QL(4 gm per 31 day(s) retail)	Heparins And Heparinoid-Like Agents		
SYMBICORT ( <i>Use budesonide-formoterol fumarate dihydrate</i> )	NF	QL(10.2 gm per 25 day(s) retail); AL(Up to 12 yrs old)	ARIXTRA 10 MG/0.8ML ( <i>Use fondaparinux sodium</i> )	NF	QL(11.2 ml per 31 day(s) retail)
<i>terbutaline sulfate SOLN</i>	P		ARIXTRA 7.5 MG/0.6ML ( <i>Use fondaparinux sodium</i> )	NF	QL(18.6 ml per 26 day(s) retail)
<i>terbutaline sulfate TABS</i>	P		ARIXTRA 2.5 MG/0.5ML ( <i>Use fondaparinux sodium</i> )	NF	QL(16 ml per 31 day(s) retail)
VENTOLIN HFA AERS ( <i>Use albuterol sulfate</i> )	NF	QL(36 gm per 26 day(s) retail)	ARIXTRA 5 MG/0.4ML ( <i>Use fondaparinux sodium</i> )	NF	QL(5.6 ml per 31 day(s) retail)
			<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	QL(3 ml daily)
			<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(0.6 ml daily)
			<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(0.3 ml daily)
			<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(12.4 ml per 31 day(s) retail)
			<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(31 ml per 31 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(24.8 ml per 31 day(s) retail)	DIASTAT ACUDIAL GEL (Use <i>diazepam (anticonvulsant)</i> )	NF	QL(0.1 ea daily)
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	P	QL(18.6 ml per 26 day(s) retail)	DIASTAT PEDIATRIC GEL (Use <i>diazepam (anticonvulsant)</i> )	NF	QL(0.1 ea daily)
<i>fondaparinux sodium 10 MG/0.8ML</i>	P	QL(11.2 ml per 31 day(s) retail)	<i>diazepam (anticonvulsant) GEL</i>	P	QL(0.1 ea daily)
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	P	QL(16 ml per 31 day(s) retail)	KLONOPIN TABS (Use <i>clonazepam</i> )	NF	
<i>fondaparinux sodium 5 MG/0.4ML</i>	P	QL(5.6 ml per 31 day(s) retail)	Anticonvulsants - Misc.		
<i>heparin sodium (porcine) lock flush 100 UNIT/ML</i>	P		<i>carbamazepine CHEW</i>	P	QL(10 ea daily)
LOVENOX SOLN IJ 300 MG/3ML (Use <i>enoxaparin sodium</i> )	NF	QL(3 ml daily)	<i>carbamazepine SUSP</i>	P	QL(80 ml daily)
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use <i>enoxaparin sodium</i> )	NF	QL(31 ml per 31 day(s) retail)	<i>carbamazepine TABS</i>	P	QL(8 ea daily)
LOVENOX SOSY 60 MG/0.6ML (Use <i>enoxaparin sodium</i> )	NF	QL(0.6 ml daily)	<i>gabapentin CAPS 300 MG</i>	P	QL(12 ea daily)
LOVENOX SOSY 40 MG/0.4ML (Use <i>enoxaparin sodium</i> )	NF	QL(12.4 ml per 31 day(s) retail)	<i>gabapentin CAPS 400 MG</i>	P	QL(9 ea daily)
LOVENOX SOSY 30 MG/0.3ML (Use <i>enoxaparin sodium</i> )	NF	QL(0.3 ml daily)	<i>gabapentin CAPS 100 MG</i>	P	QL(10 ea daily)
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use <i>enoxaparin sodium</i> )	NF	QL(24.8 ml per 31 day(s) retail)	<i>gabapentin SOLN</i>	P	QL(72 ml daily)
Thrombin Inhibitors			<i>gabapentin TABS 600 MG</i>	P	QL(6 ea daily)
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	P		<i>gabapentin TABS 800 MG</i>	P	QL(4 ea daily)
PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i> )	NF		KEPPRA SOLN OR 100 MG/ML (Use <i>levetiracetam</i> )	NF	
ANTICONVULSANTS - Drugs to Treat Seizures			KEPPRA TABS (Use <i>levetiracetam</i> )	NF	
Anticonvulsants - Benzodiazepines			LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use <i>lamotrigine</i> )	NF	QL(10 ea daily)
<i>clonazepam TABS</i>	P		LAMICTAL TABS 100 MG, 150 MG, 200 MG (Use <i>lamotrigine</i> )	NF	
			LAMICTAL TABS 25 MG (Use <i>lamotrigine</i> )	NF	QL(10 ea daily)
			<i>lamotrigine CHEW</i>	P	QL(10 ea daily)
			<i>lamotrigine TABS 100 MG, 150 MG, 200 MG</i>	P	
			<i>lamotrigine TABS 25 MG</i>	P	QL(10 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	P		TRILEPTAL TABS ( <i>Use oxcarbazepine</i> )	NF	
<i>levetiracetam TABS</i>	P		ZONEGRAN CAPS 100 MG ( <i>Use zonisamide</i> )	NF	QL(6 ea daily)
MYSOLINE 50 MG ( <i>Use primidone</i> )	NF	QL(10 ea daily)	ZONEGRAN CAPS 25 MG ( <i>Use zonisamide</i> )	NF	QL(10 ea daily)
MYSOLINE 250 MG ( <i>Use primidone</i> )	NF	QL(8 ea daily)	<i>zonisamide CAPS 100 MG</i>	P	QL(6 ea daily)
NEURONTIN CAPS 400 MG ( <i>Use gabapentin</i> )	NF	QL(9 ea daily)	<i>zonisamide CAPS 50 MG</i>	P	QL(12 ea daily)
NEURONTIN CAPS 300 MG ( <i>Use gabapentin</i> )	NF	QL(12 ea daily)	<i>zonisamide CAPS 25 MG</i>	P	QL(10 ea daily)
NEURONTIN CAPS 100 MG ( <i>Use gabapentin</i> )	NF	QL(10 ea daily)	GABA Modulators		
NEURONTIN SOLN ( <i>Use gabapentin</i> )	NF	QL(72 ml daily)	GABITRIL ( <i>Use tiagabine hcl</i> )	NF	
NEURONTIN TABS 600 MG ( <i>Use gabapentin</i> )	NF	QL(6 ea daily)	<i>tiagabine hcl</i>	P	
NEURONTIN TABS 800 MG ( <i>Use gabapentin</i> )	NF	QL(4 ea daily)	Hydantoins		
<i>oxcarbazepine SUSP</i>	P		CEREBYX 100 MG PE/2ML ( <i>Use fosphenytoin sodium</i> )	NF	
<i>oxcarbazepine TABS</i>	P		DILANTIN ( <i>Use phenytoin sodium extended</i> )	NF	
<i>primidone 250 MG</i>	P	QL(8 ea daily)	DILANTIN 30 MG	P	QL(10 ea daily)
<i>primidone 50 MG</i>	P	QL(10 ea daily)	DILANTIN INFATABS CHEW ( <i>Use phenytoin</i> )	NF	QL(12 ea daily)
TEGRETOL SUSP ( <i>Use carbamazepine</i> )	NF	QL(80 ml daily)	DILANTIN-125 SUSP ( <i>Use phenytoin</i> )	NF	QL(30 ml daily)
TEGRETOL TABS ( <i>Use carbamazepine</i> )	NF	QL(8 ea daily)	<i>fosphenytoin sodium 100 MG PE/2ML</i>	P	
TOPAMAX SPRINKLE CPSP ( <i>Use topiramate</i> )	NF	QL(10 ea daily)	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P	
TOPAMAX TABS 25 MG, 50 MG, 100 MG ( <i>Use topiramate</i> )	NF	QL(10 ea daily)	<i>phenytoin sodium SOLN</i>	P	
TOPAMAX TABS 200 MG ( <i>Use topiramate</i> )	NF	QL(8 ea daily)	<i>phenytoin CHEW</i>	P	QL(12 ea daily)
<i>topiramate CPSP</i>	P	QL(10 ea daily)	<i>phenytoin SUSP</i>	P	QL(30 ml daily)
<i>topiramate TABS 200 MG</i>	P	QL(8 ea daily)	Succinimides		
<i>topiramate TABS 25 MG, 50 MG, 100 MG</i>	P	QL(10 ea daily)	<i>ethosuximide CAPS</i>	P	AL(At least 3 yrs old)
TRILEPTAL SUSP ( <i>Use oxcarbazepine</i> )	NF		<i>ethosuximide SOLN</i>	P	QL(30 ml daily); AL(At least 3 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
ZARONTIN CAPS ( <i>Use ethosuximide</i> )	NF	AL(At least 3 yrs old)
ZARONTIN SOLN ( <i>Use ethosuximide</i> )	NF	QL(30 ml daily); AL(At least 3 yrs old)
<b>Valproic Acid</b>		
DEPAKOTE ER TB24 250 MG ( <i>Use divalproex sodium</i> )	NF	QL(10 ea daily)
DEPAKOTE ER TB24 500 MG ( <i>Use divalproex sodium</i> )	NF	QL(9 ea daily)
DEPAKOTE SPRINKLES CSDR ( <i>Use divalproex sodium</i> )	NF	QL(10 ea daily)
DEPAKOTE TBEC 125 MG, 250 MG ( <i>Use divalproex sodium</i> )	NF	QL(10 ea daily)
DEPAKOTE TBEC 500 MG ( <i>Use divalproex sodium</i> )	NF	QL(9 ea daily)
<i>divalproex sodium CSDR</i>	P	QL(10 ea daily)
<i>divalproex sodium TB24 250 MG</i>	P	QL(10 ea daily)
<i>divalproex sodium TB24 500 MG</i>	P	QL(9 ea daily)
<i>divalproex sodium TBEC 500 MG</i>	P	QL(9 ea daily)
<i>divalproex sodium TBEC 125 MG, 250 MG</i>	P	QL(10 ea daily)
<i>valproate sodium SOLN OR 250 MG/5ML</i>	P	QL(90 ml daily)
<i>valproic acid CAPS</i>	P	QL(10 ea daily)
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine TABS</i>	P	
<i>mirtazapine TBDP</i>	P	
REMERON SOLTAB TBDP ( <i>Use mirtazapine</i> )	P	
REMERON TABS 15 MG, 30 MG ( <i>Use mirtazapine</i> )	P	

Drug Name	Drug Tier	Requirements/Limits
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl TABS</i>	P	
<i>bupropion hcl TB12</i>	P	
<i>bupropion hcl TB24 150 MG, 300 MG</i>	P	
WELLBUTRIN SR TB12 ( <i>Use bupropion hcl</i> )	P	
WELLBUTRIN XL TB24 ( <i>Use bupropion hcl</i> )	P	
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
NARDIL ( <i>Use phenelzine sulfate</i> )	P	
PARNATE ( <i>Use tranylcypromine sulfate</i> )	P	
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	P	
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS ( <i>Use citalopram hydrobromide</i> )	P	
<i>citalopram hydrobromide TABS</i>	P	
<i>escitalopram oxalate TABS</i>	P	
<i>fluoxetine hcl CAPS</i>	P	
<i>fluoxetine hcl SOLN</i>	P	
<i>fluoxetine hcl TABS 10 MG, 20 MG</i>	P	
<i>fluvoxamine maleate TABS</i>	P	
LEXAPRO TABS ( <i>Use escitalopram oxalate</i> )	P	
<i>paroxetine hcl TABS</i>	P	
PAXIL TABS ( <i>Use paroxetine hcl</i> )	P	
PROZAC CAPS ( <i>Use fluoxetine hcl</i> )	P	
<i>sertraline hcl CONC</i>	P	
<i>sertraline hcl TABS</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
ZOLOFT CONC (Use sertraline hcl)	P	
ZOLOFT TABS (Use sertraline hcl)	P	
Serotonin Modulators		
nefazodone hcl	P	
trazodone hcl TABS 50 MG, 100 MG, 150 MG	P	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP 20 MG, 60 MG (Use duloxetine hcl)	P	QL(2 ea daily)
CYMBALTA CPEP 30 MG (Use duloxetine hcl)	P	QL(1 ea daily)
duloxetine hcl CPEP 20 MG, 60 MG	P	QL(2 ea daily)
duloxetine hcl CPEP 30 MG, 40 MG	P	QL(1 ea daily)
EFFEXOR XR CP24 (Use venlafaxine hcl)	P	
venlafaxine hcl CP24	P	
venlafaxine hcl TABS	P	
Tricyclic Agents		
amitriptyline hcl TABS	P	
amoxapine	P	
ANAFRANIL (Use clomipramine hcl)	P	
clomipramine hcl	P	
desipramine hcl TABS	P	
doxepin hcl CAPS	P	
doxepin hcl CONC	P	
imipramine hcl TABS	P	
NORPRAMIN TABS 10 MG, 25 MG (Use desipramine hcl)	P	
nortriptyline hcl CAPS	P	
nortriptyline hcl SOLN	P	QL(75 ml daily)

Drug Name	Drug Tier	Requirements/Limits
PAMELOR CAPS (Use nortriptyline hcl)	P	
protriptyline hcl	P	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
Alpha-Glucosidase Inhibitors		
acarbose	P	
PRECOSE (Use acarbose)	NF	
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	NF	ST
alogliptin-metformin hcl	P	
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	P	QL(1 ea daily)
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	P	QL(2 ea daily)
glipizide-metformin hcl	P	
glyburide-metformin	P	
JANUMET XR TB24 1000 MG-100 MG	P	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	P	QL(2 ea daily); ST
JANUMET TABS	P	QL(2 ea daily); ST
KAZANO (Use alogliptin-metformin hcl)	NF	
KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	NF	QL(1 ea daily)
pioglitazone hcl-metformin hcl TABS	P	ST
saxagliptin-metformin hcl	P	QL(1 ea daily)
SOLQUA 100/33	P	QL(0.6 ml daily); PA
Biguanides		
metformin hcl SOLN	P	QL(25.5 ml daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	P		BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 day(s) retail); PA
<i>metformin hcl TB24 500 MG, 750 MG</i>	P		BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 31 day(s) retail); PA
RIOMET SOLN ( <i>Use metformin hcl</i> )	NF	QL(25.5 ml daily)	BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 31 day(s) retail); PA
Diabetic Other			TRULICITY	P	QL(2 ml per 28 day(s) retail); PA
CVS GLUCOSE CHEW	P		VICTOZA	P	QL(0.3 ml daily); PA
CVS SOFT GLUCOSE CHEW	P		Insulin		
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P		HUMALOG SOCT	P	QL(60 ml per 31 day(s) retail)
<i>glucagon (rdna)</i>	P	QL(2 ea per 31 day(s) retail)	HUMULIN 70/30 KWIKPEN SUPN	P	QL(2 ml daily)
GLUCAGON EMERGENCY KIT ( <i>Use glucagon (rdna)</i> )	NF	QL(2 ea per 31 day(s) retail)	HUMULIN 70/30 SUSP	P	QL(2 ml daily)
GLUCO TO GO CHEW	P		HUMULIN N KWIKPEN SUPN	P	QL(2 ml daily)
GLUCOSE CHEW	P		HUMULIN N SUSP	P	QL(2 ml daily)
GNP GLUCOSE CHEW	P		HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	QL(2 ml daily)
GNP QUICK DISSOLVE GLUCOSE CHEW	P		HUMULIN R U-500 KWIKPEN SOPN SC	P	QL(2 ml daily)
LEADER QUICK DISSOLVE GLUCOSE CHEW	P		HUMULIN R SOLN IJ	P	QL(2 ml daily)
SM GLUCOSE CHEW	P		INSULIN ASPART FLEXPEN SOPN	P	QL(60 ml per 31 day(s) retail)
TRUEPLUS GLUCOSE ON THE GO CHEW	P		INSULIN ASPART PENFILL SOCT	P	QL(60 ml per 31 day(s) retail)
TRUEPLUS GLUCOSE CHEW	P		INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(2 ml daily)
WALGREENS GLUCOSE CHEW	P		INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(2 ml daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			INSULIN ASPART SOLN IJ	P	QL(60 ml per 31 day(s) retail)
<i>alogliptin benzoate</i>	P		INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	P	QL(0.9 ml daily)
NESINA ( <i>Use alogliptin benzoate</i> )	NF				
ONGLYZA ( <i>Use saxagliptin hcl</i> )	NF	QL(1 ea daily)			
<i>saxagliptin hcl</i>	P	QL(1 ea daily)			
Incretin Mimetic Agents					

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Drug Name	Drug Tier	Requirements/Limits
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	P	QL(1.5 ml daily)
INSULIN DEGLUDEC SOLN	P	QL(1.5 ml daily)
INSULIN GLARGINE-YFGN SOLN	P	QL(2 ml daily)
INSULIN GLARGINE-YFGN SOPN	P	QL(2 ml daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(2 ml daily)
INSULIN LISPRO KWIKPEN SOPN	P	QL(2 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(2 ml daily)
INSULIN LISPRO SOLN IJ	P	QL(2 ml daily)
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	QL(2 ml daily)
NOVOLIN 70/30 FLEXPEN SUPN	P	QL(2 ml daily)
NOVOLIN 70/30 RELION SUSP	P	QL(2 ml daily)
NOVOLIN 70/30 SUSP	P	QL(2 ml daily)
NOVOLIN N FLEXPEN RELION SUPN	P	QL(2 ml daily)
NOVOLIN N FLEXPEN SUPN	P	QL(2 ml daily)
NOVOLIN N RELION SUSP	P	QL(2 ml daily)
NOVOLIN N SUSP	P	QL(2 ml daily)
NOVOLIN R RELION SOLN IJ	P	QL(2 ml daily)
NOVOLIN R SOLN IJ	P	QL(2 ml daily)
Insulin Sensitizing Agents		
ACTOS (Use pioglitazone hcl)	NF	ST
pioglitazone hcl	P	ST
Meglitinide Analogues		
nateglinide	P	

Drug Name	Drug Tier	Requirements/Limits
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	P	QL(1 ea daily)
Sulfonylureas		
AMARYL (Use glimepiride)	NF	
glimepiride	P	
glipizide TABS 5 MG, 10 MG	P	
glipizide TB24	P	
GLUCOTROL XL TB24 (Use glipizide)	NF	
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	
glyburide TABS	P	
GLYNASE (Use glyburide micronized)	NF	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
Antidiarrheal/Probiotic Agents - Misc.		
BIO-KULT INFANTIS PACK	P	RX/OTC
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/30ML, 527 MG/30ML	P	
CULTURELLE ABDOMINAL SUPPORT & COMFORT PACK	P	RX/OTC
CULTURELLE BABY DIGESTIVECALM+COMFORT LIQD	P	
CULTURELLE BABY HEALTHY DEVELOPMENT PACK	P	RX/OTC
CULTURELLE BABY IMMUNE+DIGESTIVE SUPPORT LIQD	P	
CULTURELLE BABY STRONG BEGINNING LIQD	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CULTURELLE KIDS GROW THRIVE PACK	P	RX/OTC	VSL#3 JUNIOR PACK	P	RX/OTC
DIFF-STAT PACK	P	RX/OTC	VSL#3 PACK	P	RX/OTC
FLORASTOR BABY PACK	P		Antidiarrheal/Probiotic Combinations		
FLORASTOR KIDS PACK	P		CULTURELLE ADULT ULTIMATEBALANCE CAPS	P	
FLORATUMMYS KIDS PACK	P	RX/OTC	CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH CAPS	P	
LACTINEX PACK ( <i>Use lactobacillus</i> )	P		CULTURELLE DIGESTIVE DAILY PROBIOTIC CAPS	P	
<i>lactobacillus</i> PACK	P		CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS	P	
OMNI-BIOTIC AB 10 PACK	P	RX/OTC	CULTURELLE DIGESTIVE HEALTH CAPS	P	
OMNI-BIOTIC BALANCE PACK	P	RX/OTC	CULTURELLE HEALTH & WELLNESS CAPS	P	
OMNI-BIOTIC HETOX PACK	P	RX/OTC	CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS	P	
OMNI-BIOTIC PANDA PACK	P	RX/OTC	<i>lactobacillus acidophilus-pectin</i> CAPS	P	
OMNI-BIOTIC STRESS RELEASE PACK	P	RX/OTC	PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS	P	
PEPTO-BISMOL SUSP ( <i>Use bismuth subsalicylate</i> )	P		Antiperistaltic Agents		
PRO NUTRIENTS PROBIOTIC PACK	P	RX/OTC	<i>diphenoxylate w/ atropine</i> LIQD	P	
PROBIOMAX 350 DF PACK	P	RX/OTC	<i>diphenoxylate w/ atropine</i> TABS	P	
PROBIOMAX PLUS DF PACK	P	RX/OTC	IMODIUM A-D CAPS ( <i>Use loperamide hcl</i> )	P	RX/OTC
PROBIOTIC + COLOSTRUM PACK	P	RX/OTC	IMODIUM A-D TABS ( <i>Use loperamide hcl</i> )	P	
RE:IIMMUNE PACK	P	RX/OTC	LOMOTIL TABS ( <i>Use diphenoxylate w/ atropine</i> )	NF	
RESTORE PACK	P	RX/OTC	<i>loperamide hcl</i> CAPS	P	RX/OTC
SIMILAC PROBIOTIC TRI-BLEND PACK	P	RX/OTC	<i>loperamide hcl</i> TABS	P	
TRUBIOTICS BABY LIQD	P				
VISBIOME PROBIOTIC HIGH POTENCY PACK	P	RX/OTC			
VISBIOME PACK	P	RX/OTC			
VSL#3 DS PACK	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
<i>deferasirox PACK</i>	P	PA
<i>deferasirox TABS</i>	P	PA
JADENU SPRINKLE PACK (Use <i>deferasirox</i> )	NF	PA
JADENU TABS (Use <i>deferasirox</i> )	NF	PA
Antidotes and Specific Antagonists		
<i>deferoxamine mesylate</i>	P	
DESFERAL 500 MG (Use <i>deferoxamine mesylate</i> )	NF	
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	P	RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	
<i>naloxone hcl SOSY</i>	P	
<i>naltrexone hcl</i>	P	
NARCAN LIQD (Use <i>naloxone hcl</i> )	NF	RX/OTC
VIVITROL	P	QL(1 ea per 23 day(s) retail); AL(At least 18 yrs old)
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	P	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	
<i>ondansetron TBDP</i>	P	
Antiemetics - Anticholinergic		
ANTIVERT CHEW (Use <i>meclizine hcl</i> )	P	RX/OTC
<i>meclizine hcl CHEW</i>	P	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
Antifungals		
<i>griseofulvin microsize SUSP</i>	P	QL(15 ml daily)
<i>griseofulvin microsize TABS</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin TABS</i>	P	
<i>terbinafine hcl TABS</i>	P	
Imidazole-Related Antifungals		
DIFLUCAN SUSR (Use <i>fluconazole</i> )	NF	
DIFLUCAN TABS (Use <i>fluconazole</i> )	NF	
<i>fluconazole SUSR</i>	P	
<i>fluconazole TABS</i>	P	
<i>ketoconazole</i>	P	
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate TABS</i>	P	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD (Use <i>diphenhydramine hcl</i> )	P	
BENADRYL ALLERGY EXTRA STRENGTH TABS	P	
BENADRYL ALLERGY ULTRATABS TABS (Use <i>diphenhydramine hcl</i> )	P	
BENADRYL ALLERGY CAPS (Use <i>diphenhydramine hcl</i> )	P	
BENADRYL ALLERGY TABS (Use <i>diphenhydramine hcl</i> )	P	
<i>diphenhydramine hcl CAPS</i>	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P		<i>loratadine SOLN</i>	P	QL(10 ml daily)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P		<i>loratadine TABS</i>	P	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	P		<i>loratadine TBDP 10 MG</i>	P	
<i>diphenhydramine hcl TABS 25 MG</i>	P		XYZAL ALLERGY 24HR CHILDRENS SOLN (Use <i>levocetirizine dihydrochloride</i> )	NF	RX/OTC
<b>Antihistamines - Non-Sedating</b>			XYZAL ALLERGY 24HR TABS (Use <i>levocetirizine dihydrochloride</i> )	NF	RX/OTC
ALLEGRA ALLERGY CHILDRENS SUSP (Use <i>fexofenadine hcl</i> )	P		ZYRTEC ALLERGY TABS (Use <i>cetirizine hcl</i> )	P	
ALLEGRA ALLERGY TABS (Use <i>fexofenadine hcl</i> )	P		ZYRTEC CHILDRENS ALLERGY SOLN OR (Use <i>cetirizine hcl</i> )	P	QL(10 ml daily); PA; RX/OTC
<i>cetirizine hcl SOLN OR</i>	P	QL(10 ml daily); PA; RX/OTC	<b>Antihistamines - Phenothiazines</b>		
<i>cetirizine hcl SYRP OR</i>	P	QL(10 ml daily); PA; RX/OTC	<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	P	
<i>cetirizine hcl TABS</i>	P		<i>promethazine hcl SUPP 25 MG</i>	P	
CLARITIN ALLERGY CHILDRENS SOLN (Use <i>loratadine</i> )	P	QL(10 ml daily)	<i>promethazine hcl TABS</i>	P	
CLARITIN REDITABS JUNIORS TBDP (Use <i>loratadine</i> )	P		<b>Antihistamines - Piperidines</b>		
CLARITIN REDITABS TBDP 10 MG (Use <i>loratadine</i> )	P		<i>cyproheptadine hcl SYRP</i>	P	QL(10 ml daily)
CLARITIN SOLN (Use <i>loratadine</i> )	P	QL(10 ml daily)	<i>cyproheptadine hcl TABS</i>	P	
CLARITIN TABS (Use <i>loratadine</i> )	P		<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<i>fexofenadine hcl SUSP</i>	P		<b>Antihyperlipidemics - Misc.</b>		
<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	P		LOVAZA (Use <i>omega-3-acid ethyl esters</i> )	NF	
<i>levocetirizine dihydrochloride SOLN</i>	P	RX/OTC	<i>omega-3-acid ethyl esters</i>	P	
<i>levocetirizine dihydrochloride TABS</i>	P	RX/OTC	<b>Bile Acid Sequestrants</b>		
			<i>cholestyramine light PACK</i>	P	
			<i>cholestyramine light POWD</i>	P	
			<i>cholestyramine PACK</i>	P	
			<i>cholestyramine POWD</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
QUESTRAN LIGHT POWD (Use cholestyramine light)	NF	
QUESTRAN PACK (Use cholestyramine)	NF	
QUESTRAN POWD (Use cholestyramine)	NF	
Fibric Acid Derivatives		
<i>choline fenofibrate 135 MG</i>	P	
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	P	
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	P	
FENOFIBRATE TABS	P	
<i>gemfibrozil TABS</i>	P	
LOPID TABS (Use <i>gemfibrozil</i> )	NF	
TRICOR TABS (Use <i>fenofibrate</i> )	NF	
TRILIPIX 135 MG (Use <i>choline fenofibrate</i> )	NF	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	P	
CRESTOR TABS (Use <i>rosuvastatin calcium</i> )	NF	
<i>fluvastatin sodium TB24</i>	P	
LESCOL XL TB24 (Use <i>fluvastatin sodium</i> )	NF	
LIPITOR TABS (Use <i>atorvastatin calcium</i> )	NF	
<i>lovastatin TABS</i>	P	
<i>pravastatin sodium</i>	P	
<i>rosuvastatin calcium TABS</i>	P	
<i>simvastatin TABS</i>	P	
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use <i>simvastatin</i> )	NF	
Intestinal Cholesterol Absorption Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe</i>	P	
ZETIA (Use <i>ezetimibe</i> )	NF	
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TABS</i>	P	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (Use <i>quinapril hcl</i> )	NF	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use <i>ramipril</i> )	NF	
<i>benazepril hcl</i>	P	
<i>captopril</i>	P	
<i>enalapril maleate TABS</i>	P	
<i>fosinopril sodium</i>	P	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	
LOTENSIN 10 MG, 20 MG, 40 MG (Use <i>benazepril hcl</i> )	NF	
<i>quinapril hcl</i>	P	
<i>ramipril CAPS</i>	P	
VASOTEC TABS (Use <i>enalapril maleate</i> )	NF	
ZESTRIL TABS (Use <i>lisinopril</i> )	NF	
Angiotensin II Receptor Antagonists		
AVAPRO (Use <i>irbesartan</i> )	NF	
BENICAR (Use <i>olmesartan medoxomil</i> )	NF	
COZAAR (Use <i>losartan potassium</i> )	NF	
DIOVAN TABS (Use <i>valsartan</i> )	NF	
<i>irbesartan</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i>	P	
<i>olmesartan medoxomil</i>	P	
<i>valsartan TABS</i>	P	
<b>Antiadrenergic Antihypertensives</b>		
CARDURA (Use <i>doxazosin mesylate</i> )	NF	
<i>clonidine hcl TABS</i>	P	
<i>doxazosin mesylate</i>	P	
<i>guanfacine hcl</i>	P	
<i>methyldopa TABS</i>	P	
MINIPRESS CAPS (Use <i>prazosin hcl</i> )	NF	
<i>prazosin hcl CAPS</i>	P	
<i>terazosin hcl</i>	P	
<b>Antihypertensive Combinations</b>		
<i>amlodipine besylate-benazepril hcl</i>	P	
<i>amlodipine besylate-valsartan</i>	P	
<i>atenolol &amp; chlorthalidone</i>	P	
<i>benazepril &amp; hydrochlorothiazide</i>	P	
<i>bisoprolol &amp; hydrochlorothiazide</i>	P	
<i>captopril &amp; hydrochlorothiazide</i>	P	
DIOVAN HCT (Use <i>valsartan-hydrochlorothiazide</i> )	NF	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	P	
EXFORGE (Use <i>amlodipine besylate-valsartan</i> )	NF	
HYZAAR (Use <i>losartan potassium &amp; hydrochlorothiazide</i> )	NF	
<i>lisinopril &amp; hydrochlorothiazide</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium &amp; hydrochlorothiazide</i>	P	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use <i>benazepril &amp; hydrochlorothiazide</i> )	NF	
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use <i>amlodipine besylate-benazepril hcl</i> )	NF	
TENORETIC 100 (Use <i>atenolol &amp; chlorthalidone</i> )	NF	
TENORETIC 50 (Use <i>atenolol &amp; chlorthalidone</i> )	NF	
<i>valsartan-hydrochlorothiazide</i>	P	
VASERETIC 25 MG-10 MG (Use <i>enalapril maleate &amp; hydrochlorothiazide</i> )	NF	
ZESTORETIC (Use <i>lisinopril &amp; hydrochlorothiazide</i> )	NF	
ZIAC (Use <i>bisoprolol &amp; hydrochlorothiazide</i> )	NF	
<b>Vasodilators</b>		
<i>hydralazine hcl SOLN</i>	P	
<i>hydralazine hcl TABS</i>	P	
<i>minoxidil 2.5 MG, 10 MG</i>	P	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
<i>metronidazole TABS</i>	P	
<i>tinidazole</i>	P	
<i>trimethoprim TABS</i>	P	
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM DS TABS (Use <i>sulfamethoxazole-trimethoprim</i> )	NF	

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Drug Name	Drug Tier	Requirements/Limits
BACTRIM TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	NF	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	QL(40 ml daily)
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
<b>Antiprotozoal Agents</b>		
<i>atovaquone</i>	P	
MEPRON ( <i>Use atovaquone</i> )	NF	
<b>Glycopeptides</b>		
VANCOCIN CAPS ( <i>Use vancomycin hcl</i> )	NF	PA
<i>vancomycin hcl CAPS</i>	P	PA
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 100 GM, 500 MG, 750 MG, 1000 MG</i>	P	
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM, 10 GM, 500 MG, 750 MG	P	
<b>Leprostatics</b>		
<i>dapsone</i>	P	
<b>Lincosamides</b>		
CLEOCIN ( <i>Use clindamycin hcl</i> )	NF	
CLEOCIN PEDIATRIC GRANULES ( <i>Use clindamycin palmitate hydrochloride</i> )	NF	QL(80 ml daily)
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML	P	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 900 MG/6ML ( <i>Use clindamycin phosphate</i> )	NF	
<i>clindamycin hcl</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hydrochloride</i>	P	QL(80 ml daily)
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	P	
<b>Oxazolidinones</b>		
<i>linezolid TABS</i>	P	PA
ZYVOX TABS ( <i>Use linezolid</i> )	NF	PA
<b>Urinary Anti-infectives</b>		
MACROBID ( <i>Use nitrofurantoin monohyd macro</i> )	NF	
MACRODANTIN 25 MG ( <i>Use nitrofurantoin macrocrystal</i> )	NF	AL(Up to 8 yrs old)
MACRODANTIN 50 MG, 100 MG ( <i>Use nitrofurantoin macrocrystal</i> )	NF	
<i>nitrofurantoin macrocrystal 25 MG</i>	P	AL(Up to 8 yrs old)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	P	
<i>nitrofurantoin monohyd macro</i>	P	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl</i>	P	
MALARONE ( <i>Use atovaquone-proguanil hcl</i> )	NF	
<b>Antimalarials</b>		
<i>chloroquine phosphate TABS</i>	P	
DARAPRIM ( <i>Use pyrimethamine</i> )	NF	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate 200 MG</i>	P	
<i>mefloquine hcl</i>	P	
PLAQUENIL ( <i>Use hydroxychloroquine sulfate</i> )	NF	
<i>primaquine phosphate TABS</i>	P	
PRIMAQUINE PHOSPHATE TABS ( <i>Use primaquine phosphate</i> )	NF	
<i>pyrimethamine</i>	P	PA
SOVUNA 200 MG	P	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
Antimyasthenic/Cholinergic Agents		
MESTINON TIMESPAN TBCR ( <i>Use pyridostigmine bromide</i> )	NF	
MESTINON SOLN OR ( <i>Use pyridostigmine bromide</i> )	NF	
MESTINON TABS ( <i>Use pyridostigmine bromide</i> )	NF	
<i>pyridostigmine bromide SOLN OR</i>	P	
<i>pyridostigmine bromide TABS</i>	P	
<i>pyridostigmine bromide TBCR</i>	P	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	P	
<i>isoniazid SOLN</i>	P	
<i>isoniazid TABS</i>	P	
MYAMBUTOL TABS 400 MG ( <i>Use ethambutol hcl</i> )	NF	
MYCOBUTIN ( <i>Use rifabutin</i> )	NF	
<i>pyrazinamide</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i>	P	
<i>rifampin CAPS</i>	P	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
Alkylating Agents		
ALKERAN ( <i>Use melphalan</i> )	NF	
<i>cyclophosphamide CAPS</i>	P	PA
GLEOSTINE 10 MG, 40 MG, 100 MG	P	PA
LEUKERAN	P	PA
<i>melphalan</i>	P	
MYLERAN TABS	P	
TEMODAR CAPS 250 MG ( <i>Use temozolomide</i> )	NF	PA
<i>temozolomide CAPS</i>	P	PA
Antimetabolites		
<i>capecitabine</i>	P	PA
<i>mercaptopurine TABS</i>	P	
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
<i>methotrexate sodium SOLR</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	P	
TABLOID	P	PA
XELODA ( <i>Use capecitabine</i> )	NF	PA
Antineoplastic - Angiogenesis Inhibitors		
MVASI	P	PA
ZIRABEV	P	PA
Antineoplastic - Antibodies		
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	P	PA
RUXIENCE	P	PA
TRUXIMA	P	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>Antineoplastic - Anti-HER2 Agents</b>		
KANJINTI	P	PA
OGIVRI	P	PA
TRAZIMERA 420 MG	P	PA
<b>Antineoplastic - EGFR Inhibitors</b>		
<i>erlotinib hcl</i>	P	PA
GILOTRIF	P	QL(1 ea daily); PA
TARCEVA ( <i>Use erlotinib hcl</i> )	NF	PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
ERIVEDGE	P	PA
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate</i>	P	PA
<i>anastrozole</i>	P	
ARIMIDEX ( <i>Use anastrozole</i> )	NF	
AROMASIN ( <i>Use exemestane</i> )	NF	QL(1 ea daily); PA
<i>bicalutamide</i>	P	
CASODEX ( <i>Use bicalutamide</i> )	NF	
EULEXIN	P	
<i>exemestane</i>	P	QL(1 ea daily); PA
FEMARA ( <i>Use letrozole</i> )	NF	
<i>flutamide</i>	P	
<i>letrozole</i>	P	
<i>megestrol acetate SUSP</i>	P	QL(20 ml daily)
<i>megestrol acetate TABS</i>	P	
<i>tamoxifen citrate TABS</i>	P	
TRELSTAR MIXJECT 3.75 MG, 22.5 MG	P	PA
TRELSTAR MIXJECT 11.25 MG	P	PA
ZYTIGA ( <i>Use abiraterone acetate</i> )	NF	PA
<b>Antineoplastic Enzyme Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
AFINITOR TABS ( <i>Use everolimus</i> )	NF	PA
BOSULIF TABS	P	PA
CAPRELSA	P	PA
<i>everolimus TABS</i>	P	PA
GLEEVEC ( <i>Use imatinib mesylate</i> )	NF	PA
ICLUSIG	P	QL(1 ea daily); PA
<i>imatinib mesylate</i>	P	PA
JAKAFI	P	QL(2 ea daily); PA
<i>lapatinib ditosylate</i>	P	PA
SPRYCEL	P	PA
STIVARGA	P	PA
<i>sunitinib malate</i>	P	PA
SUTENT ( <i>Use sunitinib malate</i> )	NF	PA
TASIGNA	P	PA
TYKERB ( <i>Use lapatinib ditosylate</i> )	NF	PA
XALKORI CAPS	P	PA
ZELBORAF	P	PA
ZOLINZA	P	PA
ZYKADIA TABS	P	QL(5 ea daily); PA
<b>Antineoplastic Enzymes</b>		
ONCASPAR	P	PA
<b>Antineoplastics Misc.</b>		
HYDREA ( <i>Use hydroxyurea</i> )	NF	
<i>hydroxyurea</i>	P	
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
<i>leucovorin calcium SOLN IJ 500 MG/50ML</i>	P	
<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	P	
<i>leucovorin calcium TABS</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
Mitotic Inhibitors		
<i>etoposide CAPS</i>	P	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	P	
<i>trihexyphenidyl hcl SOLN</i>	P	
<i>trihexyphenidyl hcl TABS</i>	P	
Antiparkinson COMT Inhibitors		
COMTAN ( <i>Use entacapone</i> )	NF	
<i>entacapone</i>	P	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	P	
<i>amantadine hcl SOLN</i>	P	
<i>amantadine hcl TABS</i>	P	
<i>bromocriptine mesylate CAPS</i>	P	
<i>bromocriptine mesylate TABS 2.5 MG</i>	P	
<i>carbidopa-levodopa TABS</i>	P	
<i>carbidopa-levodopa TBCR</i>	P	
DHIVY TABS	P	
PARLODEL CAPS ( <i>Use bromocriptine mesylate</i> )	NF	
PARLODEL TABS ( <i>Use bromocriptine mesylate</i> )	NF	
<i>pramipexole dihydrochloride TABS</i>	P	
<i>ropinirole hydrochloride TABS</i>	P	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG ( <i>Use carbidopa-levodopa</i> )	NF	
Antiparkinson Monoamine Oxidase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl CAPS</i>	P	
<i>selegiline hcl TABS</i>	P	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
Antimanic Agents		
<i>lithium carbonate CAPS</i>	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	P	
LITHOBID TBCR ( <i>Use lithium carbonate</i> )	P	
Antipsychotics - Misc.		
GEODON ( <i>Use ziprasidone hcl</i> )	P	QL(2 ea daily)
LATUDA ( <i>Use lurasidone hcl</i> )	NF	
<i>lurasidone hcl</i>	P	
<i>ziprasidone hcl</i>	P	QL(2 ea daily)
Benzisoxazoles		
INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ml per 28 day(s) retail); PA
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ml per 28 day(s) retail); PA
INVEGA SUSTENNA 156 MG/ML	P	QL(1 ml per 28 day(s) retail); PA
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(0.75 ml per 28 day(s) retail); PA
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(1.5 ml per 28 day(s) retail); PA
INVEGA TRINZA 410 MG/1.32ML	P	QL(1.315 ml per 71 day(s) retail); 1 max fill(s) per 91 day(s) retail; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA 819 MG/2.63ML	P	QL(2.625 ml per 71 day(s) retail); 1 max fill(s) per 91 day(s) retail; PA	<i>haloperidol lactate SOLN</i>	P	AL(At least 3 yrs old)
			<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	AL(At least 3 yrs old)
INVEGA TRINZA 546 MG/1.75ML	P	QL(1.75 ml per 71 day(s) retail); 1 max fill(s) per 91 day(s) retail; PA	<b>Dibenzapines</b>		
			<i>asenapine maleate</i>	P	AL(At least 10 yrs old); ST
			<i>clozapine TABS</i>	P	AL(At least 18 yrs old)
			<i>clozapine TBDP 12.5 MG</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
INVEGA TRINZA 273 MG/0.88ML	P	QL(0.875 ml per 71 day(s) retail); PA	CLOZARIL TABS (Use <i>clozapine</i> )	P	AL(At least 18 yrs old)
RISPERDAL CONSTA (Use <i>risperidone microspheres</i> )	P	QL(2 ea per 23 day(s) retail); PA	<i>loxapine succinate</i>	P	AL(At least 18 yrs old)
RISPERDAL SOLN (Use <i>risperidone</i> )	P	QL(16 ml daily); AL(At least 5 yrs old)	<i>olanzapine TABS</i>	P	QL(1 ea daily); AL(At least 13 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i> )	P	QL(2 ea daily); AL(At least 5 yrs old)	<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	P	AL(At least 10 yrs old)
<i>risperidone microspheres</i>	P	QL(2 ea per 23 day(s) retail); PA	SAPHRIS (Use <i>asenapine maleate</i> )	P	AL(At least 10 yrs old); ST
<i>risperidone SOLN</i>	P	QL(16 ml daily); AL(At least 5 yrs old)	SAPHRIS	P	AL(At least 10 yrs old); ST
<i>risperidone TABS</i>	P	QL(2 ea daily); AL(At least 5 yrs old)	SEROQUEL TABS (Use <i>quetiapine fumarate</i> )	P	AL(At least 10 yrs old)
<i>risperidone TBDP</i>	P	QL(2 ea daily); AL(At least 5 yrs old)	ZYPREXA TABS (Use <i>olanzapine</i> )	P	QL(1 ea daily); AL(At least 13 yrs old)
<b>Butyrophenones</b>			<b>Phenothiazines</b>		
HALDOL DECANOATE 100 (Use <i>haloperidol decanoate</i> )	P	AL(At least 18 yrs old)	<i>chlorpromazine hcl TABS 200 MG</i>	P	QL(2 ea daily)
HALDOL DECANOATE 50 (Use <i>haloperidol decanoate</i> )	P	AL(At least 18 yrs old)	<i>chlorpromazine hcl TABS 10 MG, 25 MG, 50 MG</i>	P	QL(4 ea daily)
<i>haloperidol decanoate</i>	P	AL(At least 18 yrs old)	<i>chlorpromazine hcl TABS 100 MG</i>	P	QL(3 ea daily)
<i>haloperidol lactate CONC</i>	P	AL(At least 3 yrs old)	<i>fluphenazine decanoate</i>	P	AL(At least 12 yrs old)
			<i>fluphenazine hcl CONC</i>	P	QL(8 ml daily); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl ELIX</i>	P	QL(80 ml daily); AL(At least 18 yrs old)
<i>fluphenazine hcl TABS</i>	P	AL(At least 18 yrs old)
<i>perphenazine TABS</i>	P	AL(At least 12 yrs old)
<i>prochlorperazine</i>	P	AL(At least 2 yrs old)
<i>prochlorperazine maleate TABS</i>	P	AL(At least 2 yrs old)
<i>thioridazine hcl</i>	P	AL(At least 2 yrs old)
<i>trifluoperazine hcl TABS</i>	P	AL(At least 6 yrs old)
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	P	QL(1 ea per 28 day(s) retail); PA
ABILIFY MAINTENA SRER	P	QL(1 ea per 28 day(s) retail); PA
ABILIFY TABS ( <i>Use aripiprazole</i> )	P	
<i>aripiprazole SOLN OR</i>	P	
<i>aripiprazole TABS</i>	P	
ARISTADA 662 MG/2.4ML	P	QL(2.4 ml per 23 day(s) retail); PA
ARISTADA 1064 MG/3.9ML	P	QL(3.9 ml per fill retail); 1 max fill(s) per 56 day(s) retail; PA
ARISTADA 882 MG/3.2ML	P	QL(3.2 ml per 28 day(s) retail); PA
ARISTADA 441 MG/1.6ML	P	QL(1.6 ml per 23 day(s) retail); PA
ARISTADA INITIO	P	QL(2.4 ml per 365 day(s) retail); PA
Thioxanthenes		
<i>thiothixene</i>	P	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	QL(16 ml daily)
H-CHLOR WOUND GEL	P	
HIBICLENS SOLN EX ( <i>Use chlorhexidine gluconate</i> )	P	QL(16 ml daily)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	P	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	P	
<i>abacavir sulfate TABS</i>	P	
APRETUDE	P	
APTIVUS CAPS	P	
<i>atazanavir sulfate CAPS</i>	P	QL(2 ea daily)
BIKTARVY 200 MG-50 MG-25 MG	P	QL(1 ea daily)
BIKTARVY 120 MG-30 MG-15 MG	P	
CABENUVA	P	
CIMDUO	P	QL(1 ea daily)
COMBIVIR ( <i>Use lamivudine-zidovudine</i> )	P	
COMPLERA	P	
<i>darunavir TABS</i>	P	
DELSTRIGO	P	
DESCOVY 120 MG-15 MG	P	
DESCOVY 200 MG-25 MG	P	QL(1 ea daily)
DOVATO	P	QL(1 ea daily)
EDURANT	P	QL(1 ea daily)
<i>efavirenz CAPS</i>	P	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)	<i>lamivudine-zidovudine</i>	P	
<i>efavirenz TABS</i>	P		LEXIVA SUSP	P	
<i>emtricitabine CAPS</i>	P	QL(1 ea daily)	LEXIVA TABS ( <i>Use fosamprenavir calcium</i> )	P	QL(4 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 133 MG-200 MG, 167 MG-250 MG, 200 MG-300 MG</i>	P	QL(1 ea daily)	<i>lopinavir-ritonavir SOLN</i>	P	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG</i>	P	QL(2 ea daily)	<i>lopinavir-ritonavir TABS</i>	P	
EMTRIVA CAPS ( <i>Use emtricitabine</i> )	P	QL(1 ea daily)	<i>maraviroc TABS</i>	P	
EMTRIVA SOLN	P	QL(24 ml daily)	<i>nevirapine SUSP</i>	P	
EPIVIR SOLN ( <i>Use lamivudine</i> )	P		<i>nevirapine TABS</i>	P	
EPIVIR TABS ( <i>Use lamivudine</i> )	P		<i>nevirapine TB24</i>	P	
EPZICOM ( <i>Use abacavir sulfate-lamivudine</i> )	P	QL(1 ea daily)	NORVIR PACK	P	
<i>etravirine</i>	P		NORVIR SOLN	P	
EVOTAZ	P		NORVIR TABS ( <i>Use ritonavir</i> )	P	
<i>fosamprenavir calcium TABS</i>	P	QL(4 ea daily)	ODEFSEY	P	QL(1 ea daily)
FUZEON SOLR	P		PIFELTRO	P	
GENVOYA	P	QL(1 ea daily)	PREZCOBIX	P	
INTELENCE	P		PREZISTA SUSP	P	
INTELENCE ( <i>Use etravirine</i> )	P		PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P	
ISENTRESS HD TABS	P		PREZISTA TABS ( <i>Use darunavir</i> )	P	
ISENTRESS CHEW	P		RETROVIR IV INFUSION SOLN	P	
ISENTRESS PACK	P		RETROVIR CAPS ( <i>Use zidovudine</i> )	P	
ISENTRESS TABS	P		RETROVIR SYRP ( <i>Use zidovudine</i> )	P	QL(60 ml daily)
JULUCA	P	QL(1 ea daily)	REYATAZ CAPS 200 MG, 300 MG ( <i>Use atazanavir sulfate</i> )	P	QL(2 ea daily)
KALETRA SOLN ( <i>Use lopinavir-ritonavir</i> )	P		REYATAZ PACK	P	
KALETRA TABS ( <i>Use lopinavir-ritonavir</i> )	P		<i>ritonavir TABS</i>	P	
<i>lamivudine SOLN</i>	P		RUKOBIA	P	
<i>lamivudine TABS</i>	P		SELZENTRY SOLN	P	
			SELZENTRY TABS	P	
			SELZENTRY TABS ( <i>Use maraviroc</i> )	P	
			<i>stavudine CAPS</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
STRIBILD	P	QL(1 ea daily)
SUSTIVA CAPS (Use efavirenz)	P	
SUSTIVA TABS (Use efavirenz)	P	
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	P	QL(1 ea daily)
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	P	QL(1 ea daily)
SYMTUZA	P	
tenofovir disoproxil fumarate TABS	P	
TIVICAY PD TBSO	P	
TIVICAY TABS	P	QL(2 ea daily)
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	QL(1 ea daily)
TRIZIVIR	P	QL(2 ea daily)
TROGARZO	P	
TRUVADA 133 MG-200 MG, 167 MG-250 MG, 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	P	QL(1 ea daily)
TRUVADA 100 MG-150 MG (Use emtricitabine-tenofovir disoproxil fumarate)	P	QL(2 ea daily)
TYBOST	P	QL(1 ea daily)
VIRACEPT TABS	P	QL(10 ea daily)
VIREAD POWD	P	
VIREAD TABS 150 MG	P	QL(1 ea daily)
VIREAD TABS (Use tenofovir disoproxil fumarate)	P	
VIREAD TABS 200 MG, 250 MG, 300 MG	P	
VOCABRIA	P	
ZIAGEN SOLN (Use abacavir sulfate)	P	

Drug Name	Drug Tier	Requirements/Limits
ZIAGEN TABS (Use abacavir sulfate)	P	
zidovudine CAPS	P	
zidovudine SYRP	P	QL(60 ml daily)
zidovudine TABS	P	
Antiviral Combinations		
PAXLOVID 100 MG-150 MG	P	QL(1 ea daily); AL(At least 12 yrs old)
PAXLOVID 100 MG-150 MG	P	QL(30 ea per 31 day(s) retail); AL(At least 12 yrs old)
Hepatitis Agents		
BARACLUDGE TABS (Use entecavir)	NF	PA
entecavir TABS	P	PA
PEGASYS SOLN	P	PA
PEGASYS SOSY	P	PA
ribavirin (hepatitis c) TABS 200 MG	P	
SOFOSBUVIR/VELPATA SVIR TABS	P	PA
Herpes Agents		
acyclovir CAPS	P	
acyclovir SUSP	P	QL(116 ml daily)
acyclovir TABS OR	P	
valacyclovir hcl	P	QL(2 ea daily)
VALTREX (Use valacyclovir hcl)	NF	QL(2 ea daily)
ZOVIRAX SUSP (Use acyclovir)	NF	QL(116 ml daily)
Influenza Agents		
oseltamivir phosphate CAPS 45 MG, 75 MG	P	QL(10 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate</i> CAPS 30 MG	P	QL(20 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate</i> SUSR	P	QL(120 ml per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
RELENZA DISKHALER	P	QL(40 ea per 365 day(s) retail); AL(At least 7 yrs old)
<i>rimantadine hydrochloride</i> TABS	P	
TAMIFLU CAPS 45 MG, 75 MG (Use <i>oseltamivir phosphate</i> )	NF	QL(10 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
TAMIFLU CAPS 30 MG (Use <i>oseltamivir phosphate</i> )	NF	QL(20 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
TAMIFLU SUSR (Use <i>oseltamivir phosphate</i> )	NF	QL(120 ml per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
Misc. Antivirals		
LAGEVRIO	P	QL(40 ea per 31 day(s) retail); AL(At least 18 yrs old)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
Alpha-Beta Blockers		
<i>carvedilol</i>	P	
<i>carvedilol phosphate</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
COREG (Use <i>carvedilol</i> )	NF	
COREG CR (Use <i>carvedilol phosphate</i> )	NF	QL(1 ea daily)
<i>labetalol hcl</i> SOLN	P	
<i>labetalol hcl</i> TABS	P	
LABETALOL HYDROCHLORIDE SOLN	P	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl</i> CAPS	P	
<i>atenolol</i> TABS	P	
<i>bisoprolol fumarate</i>	P	
LOPRESSOR TABS (Use <i>metoprolol tartrate</i> )	NF	
<i>metoprolol succinate</i> TB24	P	
<i>metoprolol tartrate</i> SOLN IV 5 MG/5ML	P	
<i>metoprolol tartrate</i> TABS	P	
TENORMIN TABS (Use <i>atenolol</i> )	NF	
TOPROL XL TB24 (Use <i>metoprolol succinate</i> )	NF	
Beta Blockers Non-Selective		
BETAPACE AF (Use <i>sotalol hcl (afib/afll)</i> )	NF	
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use <i>sotalol hcl</i> )	NF	
CORGARD TABS 20 MG, 40 MG, 80 MG (Use <i>nadolol</i> )	NF	
INDERAL LA CP24 (Use <i>propranolol hcl</i> )	NF	
<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	P	
<i>pindolol</i> TABS	P	
<i>propranolol hcl</i> CP24	P	
<i>propranolol hcl</i> SOLN OR 20 MG/5ML	P	QL(8 ml daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl SOLN IV 1 MG/ML</i>	P		TIAZAC (Use <i>diltiazem hcl extended release beads</i> )	NF	
<i>propranolol hcl TABS</i>	P		<i>verapamil hcl CP24</i>	P	
<i>sotalol hcl (afib/af)</i>	P		<i>verapamil hcl TABS</i>	P	
<i>sotalol hcl TABS</i>	P		<i>verapamil hcl TBCR</i>	P	
<i>timolol maleate TABS</i>	P		VERAPAMIL HYDROCHLORIDE ER CP24 (Use <i>verapamil hcl</i> )	NF	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>			VERELAN PM CP24 (Use <i>verapamil hcl</i> )	NF	
Calcium Channel Blockers			VERELAN CP24 (Use <i>verapamil hcl</i> )	NF	
<i>amlodipine besylate TABS</i>	P		<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
CALAN SR TBCR (Use <i>verapamil hcl</i> )	NF		Cardiac Glycosides		
CARDIZEM CD CP24 (Use <i>diltiazem hcl coated beads</i> )	NF		<i>digoxin SOLN IJ 0.25 MG/ML</i>	P	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use <i>diltiazem hcl</i> )	NF		<i>digoxin SOLN OR 0.05 MG/ML</i>	P	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use <i>diltiazem hcl</i> )	NF		<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	P	
<i>diltiazem hcl coated beads CP24</i>	P		LANOXIN SOLN IJ (Use <i>digoxin</i> )	P	
<i>diltiazem hcl extended release beads</i>	P		LANOXIN TABS 125 MCG, 250 MCG (Use <i>digoxin</i> )	P	
<i>diltiazem hcl CP12</i>	P		<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<i>diltiazem hcl CP24</i>	P		Peripheral Vasodilators		
<i>diltiazem hcl SOLN</i>	P		NO FLUSH NIACIN TABS 500 MG	P	
<i>diltiazem hcl TABS</i>	P		Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>diltiazem hcl TB24</i>	P		<i>ambrisentan</i>	P	QL(1 ea daily); AL(At least 18 yrs old); PA
<i>felodipine</i>	P	QL(1 ea daily)			
<i>nifedipine CAPS 10 MG</i>	P				
<i>nifedipine TB24</i>	P				
NORVASC TABS (Use <i>amlodipine besylate</i> )	NF				
PROCARDIA XL TB24 (Use <i>nifedipine</i> )	NF				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LETAIRIS (Use ambrisentan)	NF	QL(1 ea daily); AL(At least 18 yrs old); PA	cefdinir CAPS	P	
Pulmonary Hypertension - Phosphodiesterase Inhibitors			cefdinir SUSR	P	
ADCIRCA TABS (Use tadalafil (pulmonary hypertension))	NF	PA	cefixime CAPS	P	
REVATIO TABS (Use sildenafil citrate (pulmonary hypertension))	NF	QL(3 ea daily); PA	cefpodoxime proxetil SUSR	P	
sildenafil citrate (pulmonary hypertension) TABS	P	QL(3 ea daily); PA	cefpodoxime proxetil TABS	P	
tadalafil (pulmonary hypertension) TABS	P	PA	ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	P	
Sinus Node Inhibitors			<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
CORLANOR SOLN	P	PA	Combination Contraceptives - Oral		
CORLANOR TABS	P	PA	desogestrel & ethinyl estradiol	P	QL(1 ea daily)
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>			desogestrel-ethinyl estradiol (biphasic)	P	QL(1 ea daily)
Cephalosporins - 1st Generation			desogestrel-ethinyl estradiol (triphasic)	P	QL(1 ea daily)
cefadroxil CAPS	P		drospirenone-ethinyl estradiol	P	QL(1 ea daily)
cefadroxil SUSR	P		ethynodiol diacet & eth estrad 35 MCG-1 MG	P	QL(1 ea daily)
cefadroxil TABS	P		GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	NF	QL(1 ea daily)
cefazolin sodium SOLR IJ 1 GM, 10 GM	P		levonorgestrel & eth estradiol TABS	P	QL(1 ea daily)
cephalexin CAPS	P		levonorgestrel-eth estradiol (triphasic)	P	QL(1 ea daily)
cephalexin SUSR 250 MG/5ML	P	QL(10 ml daily)	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	P	QL(1 ea daily)
cephalexin SUSR 125 MG/5ML	P		levonorgestrel-ethinyl estradiol (continuous)	P	QL(1 ea daily)
Cephalosporins - 2nd Generation			MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	NF	QL(1 ea daily)
cefaclor CAPS	P		norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P	QL(1 ea daily)
cefprozil SUSR	P				
cefprozil TABS	P				
cefuroxime axetil TABS	P				
Cephalosporins - 3rd Generation					

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone &amp; eth estradiol</i>	P	QL(1 ea daily)
<i>norethindrone &amp; ethinyl estradiol-fe</i>	P	QL(1 ea daily)
<i>norethindrone acet &amp; eth estra</i>	P	QL(1 ea daily)
<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 ea daily)
<i>norgestimate-ethinyl estradiol</i>	P	QL(1 ea daily)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	QL(1 ea daily)
<i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(1 ea daily)
TYBLUME CHEW	P	QL(1 ea daily)
YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i> )	NF	QL(1 ea daily)
YAZ (Use <i>drospirenone-ethinyl estradiol</i> )	NF	QL(1 ea daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	P	
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 ea per 310 day(s) retail)
<i>etonogestrel-ethinyl estradiol</i>	P	QL(1 ea per 30 day(s) retail)
NUVARING (Use <i>etonogestrel-ethinyl estradiol</i> )	NF	QL(1 ea per 30 day(s) retail)
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	P	QL(1 ea per 999 day(s) retail)
Emergency Contraceptives		
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i> )	P	
Progestin Contraceptives - Implants		
NEXPLANON	P	QL(1 ea per 999 day(s) retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i> )	NF	QL(1 ml per fill retail); 1 max fill(s) per 91 day(s) retail
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i> )	NF	QL(1 ml per fill retail); 1 max fill(s) per 91 day(s) retail
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ml per fill retail); 1 max fill(s) per 91 day(s) retail
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ml per fill retail); 1 max fill(s) per 91 day(s) retail
Progestin Contraceptives - IUD		
LILETTA 20.1 MCG/DAY	P	QL(1 ea per 999 day(s) retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	P	QL(1 ea daily)
OPILL	P	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
Glucocorticosteroids		
CORTEF TABS (Use <i>hydrocortisone</i> )	NF	
DEPO-MEDROL SUSP (Use <i>methylprednisolone acetate</i> )	NF	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC	P		<i>prednisone TBPK</i>	P	
DEXAMETHASONE SODIUM PHOSPHATE +RFID SOSY IJ 4 MG/ML	P		SOLU-MEDROL 1000 MG (Use methylprednisolone sod succ)	NF	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 10 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P		SOLU-MEDROL 40 MG, 125 MG, 1000 MG	P	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	P		Mineralocorticoids		
<i>dexamethasone sodium phosphate SOSY IJ</i>	P		<i>fludrocortisone acetate TABS</i>	P	
<i>dexamethasone ELIX</i>	P		<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<i>dexamethasone SOLN</i>	P		Antitussives		
<i>dexamethasone TABS</i>	P		<i>benzonatate 100 MG, 200 MG</i>	P	
<i>hydrocortisone TABS</i>	P		DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex)	P	
MEDROL DOSEPAK TBPK (Use methylprednisolone)	NF		DELSYM SUER (Use dextromethorphan polistirex)	P	
MEDROL TABS 4 MG, 8 MG, 16 MG (Use methylprednisolone)	NF		<i>dextromethorphan polistirex LQCR</i>	P	
<i>methylprednisolone acetate SUSP</i>	P		<i>dextromethorphan polistirex SUER</i>	P	
METHYLPREDNISOLONE ACETATE SUSP	P		HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	NF	AL(At least 18 yrs old - Up to 20 yrs old)
<i>methylprednisolone sod succ 40 MG, 125 MG, 1000 MG</i>	P		HYCODAN TABS 1.5 MG-5 MG (Use hydrocodone bitartrate-homatropine methylbromide)	NF	AL(At least 18 yrs old - Up to 20 yrs old)
<i>methylprednisolone TABS</i>	P		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old - Up to 20 yrs old)
<i>methylprednisolone TBPK</i>	P		<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	P	AL(At least 18 yrs old - Up to 20 yrs old)
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NF		ROBITUSSIN CHILDRENS COUGH LONG-ACTING SYRP	P	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	P				
<i>prednisolone SOLN</i>	P				
<i>prednisone SOLN</i>	P				
<i>prednisone TABS</i>	P				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Cough/Cold/Allergy Combinations					
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use fexofenadine-pseudoephedrine)	P		dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	P	
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use fexofenadine-pseudoephedrine)	P		dextromethorphan-guaifenesin TABS	P	
BENADRYL ALLERGY PLUS CONGESTION CHILDRENS SOLN	P		diphenhydramine-phenylephrine LIQD 2.5 MG/5ML-6.25 MG/5ML	P	
brompheniramine & phenyleph ELIX	P		diphenhydramine-phenylephrine SOLN	P	
brompheniramine & pseudoeph ELIX	P		fexofenadine-pseudoephedrine TB12	P	
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	P		fexofenadine-pseudoephedrine TB24	P	
cetirizine-pseudoephedrine	P		guaifenesin-codeine SOLN	P	AL(At least 18 yrs old)
chlorpheniramine & pseudoeph TABS	P		guaifenesin-codeine SYRP	P	AL(At least 18 yrs old)
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	P		hydrocodone polistirex-chlorpheniramine polistirex SUER	P	AL(At least 18 yrs old - Up to 20 yrs old)
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	P		loratadine & pseudoephedrine TB12	P	
dextromethorphan-doxylamine-acetaminophen LIQD	P		loratadine & pseudoephedrine TB24	P	
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML	P		MAXIFED TR TABS	P	
			MUCINEX D TB12 (Use pseudoephedrine-guaifenesin)	P	
			phenylephrine w/ dm-gg LIQD 10 MG/10ML-200 MG/10ML-20 MG/10ML, 5 MG/5ML-100 MG/5ML-10 MG/5ML, 5 MG/5ML-5 MG/5ML-100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML	P	
			phenylephrine w/ dm-gg SYRP 5 MG/5ML-100 MG/5ML-10 MG/5ML	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-brompheniramine-dm LIQD 2.5 MG/5ML-2.5 MG/5ML-5 MG/5ML-5 MG/5ML-1 MG/5ML-1 MG/5ML, 2.5 MG/5ML-5 MG/5ML-1 MG/5ML, 5 MG/10ML-10 MG/10ML-2 MG/10ML</i>	P		VICKS NYQUIL COLD & FLU LIQD (Use <i>dextromethorphan-doxylamine-acetaminophen</i> )	P	
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P		VICKS NYQUIL HBP COLD & FLU LIQD (Use <i>dextromethorphan-doxylamine-acetaminophen</i> )	P	
<i>promethazine &amp; phenylephrine SYRP</i>	P		ZYRTEC-D ALLERGY/CONGESTION (Use <i>cetirizine-pseudoephedrine</i> )	P	
<i>promethazine-dm SYRP</i>	P		ZYRTEC-D ALLERGY/SINUS (Use <i>cetirizine-pseudoephedrine</i> )	P	
<i>promethazine-phenylephrine-codeine</i>	P	AL(At least 18 yrs old - Up to 20 yrs old)	Expectorants		
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P		GERI-TUSSIN SYRP	P	
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	P		<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML</i>	P	
ROBITUSSIN CHILDRENS COUGH/COLD LONG-ACTING LIQD	P		<i>guaifenesin SYRP</i>	P	
ROBITUSSIN NIGHTTIME COUGH LONG-ACTING DM CHILDRENS LIQD	P		<i>guaifenesin TABS</i>	P	
ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD LIQD (Use <i>phenylephrine w/ dm-gg</i> )	P		<i>guaifenesin TB12</i>	P	
<i>triprolidine &amp; pseudoephedrine TABS</i>	P		MUCINEX MAXIMUM STRENGTH TB12 (Use <i>guaifenesin</i> )	P	
VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF LIQD (Use <i>dextromethorphan-doxylamine-acetaminophen</i> )	P		MUCINEX TB12 (Use <i>guaifenesin</i> )	P	
			<i>potassium iodide (expectorant) SOLN</i>	P	
			SSKI SOLN (Use <i>potassium iodide (expectorant)</i> )	NF	
			Misc. Respiratory Inhalants		
			<i>sodium chloride (inhalant) AERS</i>	P	
			<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	P	
			Mucolytics		

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Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine SOLN</i>	P	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG ( <i>Use isotretinoin</i> )	NF	QL(2 ea daily); 150 day(s) max supply per 365 day(s) retail; AL(At least 12 yrs old - Up to 20 yrs old); ST
ACNE MEDICATION 10 LOTN	P	
ACNE MEDICATION 5 LOTN	P	
ATRALIN GEL ( <i>Use tretinoin</i> )	NF	QL(1.5 gm daily); AL(Up to 20 yrs old) RX/OTC
BENZAC AC WASH LIQD 5 % ( <i>Use benzoyl peroxide</i> )	P	
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	
<i>benzoyl peroxide LIQD 4 %, 5 %, 10 %</i>	P	
CLEOCIN-T LOTN ( <i>Use clindamycin phosphate (topical)</i> )	NF	QL(2 ml daily)
CLINDAGEL GEL ( <i>Use clindamycin phosphate (topical)</i> )	NF	QL(2.5 ml daily)
<i>clindamycin phosphate (topical) GEL</i>	P	QL(2.5 gm daily)
<i>clindamycin phosphate (topical) LOTN</i>	P	QL(2 ml daily)
<i>clindamycin phosphate (topical) SOLN</i>	P	QL(4 ml daily)
<i>clindamycin phosphate (topical) SWAB</i>	P	QL(2 ea daily)
DIFFERIN DAILY DEEP CLEANSER LIQD ( <i>Use benzoyl peroxide</i> )	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ERYGEL GEL ( <i>Use erythromycin (acne aid)</i> )	NF	QL(2 gm daily)
<i>erythromycin (acne aid) GEL</i>	P	QL(2 gm daily)
<i>erythromycin (acne aid) SOLN</i>	P	QL(2 ml daily)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 ea daily); 150 day(s) max supply per 365 day(s) retail; AL(At least 12 yrs old - Up to 20 yrs old); ST
KLARON ( <i>Use sulfacetamide sodium (acne)</i> )	NF	
RETIN-A CREA ( <i>Use tretinoin</i> )	NF	QL(1.5 gm daily); AL(Up to 20 yrs old)
RETIN-A GEL ( <i>Use tretinoin</i> )	NF	QL(1.5 gm daily); AL(Up to 20 yrs old)
<i>sulfacetamide sodium (acne)</i>	P	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(1.5 gm daily); AL(Up to 20 yrs old)
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	P	QL(1.5 gm daily); AL(Up to 20 yrs old)
<b>Antibiotics - Topical</b>		
<i>bacitracin (topical) OINT</i>	P	
<i>bacitracin zinc OINT</i>	P	
<i>bacitracin-polymyxin b OINT</i>	P	
CENTANY OINT	P	QL(22 gm per 25 day(s) retail)
<i>gentamicin sulfate (topical) CREA</i>	P	QL(1 gm daily)
<i>gentamicin sulfate (topical) OINT</i>	P	QL(1 gm daily)
<i>mupirocin OINT</i>	P	QL(22 gm per 25 day(s) retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)	P		LOTRIMIN AF CREA (Use clotrimazole (topical))	P	QL(1.5 gm daily); RX/OTC
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use bacitracin-polymyxin b)	P		MICATIN CREA (Use miconazole nitrate (topical))	P	
Antifungals - Topical			miconazole nitrate (topical) CREA	P	
ALOE VESTA ANTIFUNGAL OINT (Use miconazole nitrate (topical))	P		miconazole nitrate (topical) OINT	P	
ALOE VESTA CLEAR ANTIFUNGAL OINT (Use miconazole nitrate (topical))	P		nystatin (topical) CREA	P	QL(1 gm daily)
ciclopirox olamine CREA	P	QL(3 gm daily)	nystatin (topical) OINT	P	QL(2 gm daily)
ciclopirox olamine SUSP	P	QL(2 ml daily)	nystatin (topical) POWD EX	P	QL(2 gm daily)
ciclopirox SOLN	P	QL(6.6 ml per 25 day(s) retail)	terbinafine hcl (topical) CREA	P	QL(1 gm daily)
clotrimazole (topical) CREA	P	QL(1.5 gm daily); RX/OTC	Anti-inflammatory Agents - Topical		
clotrimazole (topical) SOLN	P	QL(1 ml daily); RX/OTC	diclofenac sodium (topical) GEL EX	P	QL(200 gm per 26 day(s) retail); RX/OTC
clotrimazole w/ betamethasone CREA	P	QL(1.5 gm daily)	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical))	NF	QL(200 gm per 26 day(s) retail); RX/OTC
ketoconazole (topical) CREA	P	QL(2 gm daily)	Antineoplastic or Premalignant Lesion Agents - Topical		
ketoconazole (topical) SHAM 2 %	P	QL(4 ml daily)	EFUDEX CREA (Use fluorouracil (topical))	NF	
LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))	P	QL(1 gm daily)	fluorouracil (topical) CREA 5 %	P	
LAMISIL AT CREA (Use terbinafine hcl (topical))	P	QL(1 gm daily)	fluorouracil (topical) SOLN	P	
LOPROX CREA (Use ciclopirox olamine)	NF	QL(3 gm daily)	Antipruritics - Topical		
LOPROX SUSP (Use ciclopirox olamine)	NF	QL(2 ml daily)	doxepin hcl (antipruritic)	P	QL(45 gm per 26 day(s) retail); ST
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	P	QL(1.5 gm daily); RX/OTC	PRUDOXIN (Use doxepin hcl (antipruritic))	NF	QL(45 gm per 26 day(s) retail); ST
			ZONALON (Use doxepin hcl (antipruritic))	NF	QL(45 gm per 26 day(s) retail); ST
			Antipsoriatics		

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene CREA</i>	P	QL(2 gm daily); ST
<i>calcipotriene FOAM</i>	P	QL(60 gm per 26 day(s) retail); ST
CALCIPOTRIENE FOAM	P	QL(60 gm per 26 day(s) retail); ST
<i>calcipotriene OINT</i>	P	QL(60 gm per 26 day(s) retail); ST
<i>calcipotriene SOLN</i>	P	QL(60 ml per 26 day(s) retail); ST
DOVONEX CREA ( <i>Use calcipotriene</i> )	NF	QL(2 gm daily); ST
SORILUX FOAM	P	QL(60 gm per 26 day(s) retail); ST
TALTZ SOAJ	P	PA
TALTZ SOSY	P	PA
<i>tazarotene CREA</i>	P	QL(1 gm daily); AL(Up to 20 yrs old)
<i>tazarotene GEL</i>	P	QL(1 gm daily); AL(Up to 20 yrs old)
TAZORAC CREA ( <i>Use tazarotene</i> )	NF	QL(1 gm daily); AL(Up to 20 yrs old)
TAZORAC CREA	P	QL(1 gm daily); AL(Up to 20 yrs old)
TAZORAC GEL ( <i>Use tazarotene</i> )	NF	QL(1 gm daily); AL(Up to 20 yrs old)
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	P	
Antivirals - Topical		
<i>acyclovir topical CREA</i>	P	QL(5 gm per 28 day(s) retail); ST
<i>acyclovir topical OINT</i>	P	QL(1 gm daily); ST

Drug Name	Drug Tier	Requirements/Limits
DENAVIR ( <i>Use penciclovir</i> )	NF	QL(5 gm per 28 day(s) retail); ST
<i>penciclovir</i>	P	QL(5 gm per 28 day(s) retail); ST
ZOVIRAX CREA ( <i>Use acyclovir topical</i> )	NF	QL(5 gm per 28 day(s) retail); ST
ZOVIRAX OINT ( <i>Use acyclovir topical</i> )	NF	QL(1 gm daily); ST
Burn Products		
SILVADENE ( <i>Use silver sulfadiazine</i> )	NF	QL(400 gm per 31 day(s) retail)
<i>silver sulfadiazine</i>	P	QL(400 gm per 31 day(s) retail)
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	P	QL(2 gm daily)
<i>alclometasone dipropionate OINT</i>	P	QL(2 gm daily)
<i>betamethasone dipropionate (topical) CREA</i>	P	QL(1.5 gm daily)
<i>betamethasone dipropionate (topical) LOTN</i>	P	QL(2 ml daily)
<i>betamethasone dipropionate (topical) OINT</i>	P	QL(1.5 gm daily)
<i>betamethasone dipropionate augmented CREA</i>	P	QL(50 gm per 25 day(s) retail)
<i>betamethasone valerate CREA</i>	P	QL(1.5 gm daily)
<i>betamethasone valerate LOTN</i>	P	QL(2 ml daily)
<i>betamethasone valerate OINT</i>	P	QL(1.5 gm daily)
<i>clobetasol propionate SOLN 0.05 %</i>	P	QL(50 ml per 25 day(s) retail)
DERMA-SMOOTH/FS BODY OIL ( <i>Use fluocinolone acetonide</i> )	NF	QL(118.3 ml per 25 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	NF	QL(118.3 ml per 25 day(s) retail)
desonide CREA	P	QL(2 gm daily)
desonide OINT	P	QL(2 gm daily)
DESOWEN CREA (Use desonide)	NF	QL(2 gm daily)
fluocinolone acetonide CREA	P	QL(2 gm daily)
fluocinolone acetonide OIL	P	QL(118.3 ml per 25 day(s) retail)
fluocinolone acetonide OINT	P	QL(2 gm daily)
fluocinolone acetonide SOLN	P	QL(2 ml daily)
fluocinonide emulsified base	P	QL(2 gm daily)
fluocinonide CREA 0.05 %	P	QL(2 gm daily)
fluocinonide GEL	P	QL(2 gm daily)
fluocinonide OINT	P	QL(2 gm daily)
fluocinonide SOLN	P	QL(2 ml daily)
fluticasone propionate CREA 0.05 %	P	QL(2 gm daily)
fluticasone propionate OINT	P	QL(2 gm daily)
halobetasol propionate CREA	P	QL(50 gm per 31 day(s) retail)
halobetasol propionate OINT	P	QL(50 gm per 31 day(s) retail)
hydrocortisone (topical) CREA	P	QL(6 gm daily); RX/OTC
hydrocortisone (topical) LOTN 1 %, 2.5 %	P	QL(118 gm per 25 day(s) retail)
hydrocortisone (topical) OINT 1 %, 2.5 %	P	QL(6 gm daily); RX/OTC
hydrocortisone valerate CREA	P	QL(2 gm daily)
hydrocortisone valerate OINT	P	QL(2 gm daily)

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate CREA	P	QL(1.5 gm daily)
mometasone furoate OINT	P	QL(1.5 gm daily)
mometasone furoate SOLN	P	QL(2 ml daily)
SYNALAR CREA (Use fluocinolone acetonide)	NF	QL(2 gm daily)
SYNALAR OINT (Use fluocinolone acetonide)	NF	QL(2 gm daily)
SYNALAR SOLN (Use fluocinolone acetonide)	NF	QL(2 ml daily)
triamcinolone acetonide (topical) CREA 0.025 %, 0.1 %	P	QL(454 gm per 25 day(s) retail)
triamcinolone acetonide (topical) CREA 0.5 %	P	QL(6 gm daily)
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	P	QL(454 gm per 25 day(s) retail)
triamcinolone acetonide (topical) OINT 0.5 %	P	QL(6 gm daily)
TRIDESILON CREA 0.05 % (Use desonide)	NF	QL(2 gm daily)
Emollient/Keratolytic Agents		
urea CREA 40 %	P	RX/OTC
Emollients		
lactic acid (ammonium lactate) CREA	P	QL(400 gm per 31 day(s) retail); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	P	QL(400 gm per 31 day(s) retail); RX/OTC
Immunomodulating Agents - Topical		
imiquimod 5 %	P	
Immunosuppressive Agents - Topical		
ELIDEL (Use pimecrolimus)	NF	QL(1 gm daily); AL(At least 2 yrs old); ST
pimecrolimus	P	QL(1 gm daily); AL(At least 2 yrs old); ST

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Keratolytic/Antimitotic/Vesicant Agents			CUTTER BACKWOODS DRY AERO	P	
CLEAR AWAY ONE STEP WARTREMOVER PADS (Use salicylic acid)	P		CUTTER BACKWOODS AERO	P	
COMPOUND W FAST ACTING GEL+CONSEAL GEL (Use salicylic acid)	P		CUTTER BACKWOODS LIQD	P	
COMPOUND W MAXIMUM STRENGTH GEL (Use salicylic acid)	P		CUTTER DRY AERO	P	
COMPOUND W LIQD (Use salicylic acid)	P		CUTTER SKINSATIONS AERO	P	
<i>podofilox SOLN</i>	P		CUTTER SKINSATIONS LIQD	P	
<i>salicylic acid GEL 17 %</i>	P		CUTTER SPORT AERO	P	
<i>salicylic acid LIQD 17 %</i>	P		CUTTER AERO	P	
<i>salicylic acid PADS 40 %</i>	P		CVS INSECT REPELLENT AERO	P	
Local Anesthetics - Topical			CVS TOTAL HOME INSECT REPELLENT AERO	P	
<i>capsaicin CREA 0.025 %</i>	P	QL(1 gm daily)	MAXI DEET LIQD	P	
<i>lidocaine hcl GEL 2 %</i>	P	RX/OTC	NATRAPEL 12-HOUR TICK & INSECT REPELLENT CONTINUOUS SPRAY AERO	P	
<i>lidocaine hcl PRSY</i>	P		NATRAPEL LIQD	P	
<i>lidocaine hcl SOLN</i>	P		OCUSOFT HYPOCHLOR SOLN	P	RX/OTC
<i>lidocaine-prilocaine CREA</i>	P	QL(1 gm daily)	OCUSOFT LID SCRUB FOAMING SOLN	P	
Misc. Topical			OCUSOFT LID SCRUB ORIGINAL FOAM	P	
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	P		OCUSOFT LID SCRUB ORIGINAL LIQD	P	
COLEMAN 100 MAX INSECT REPELLENT LIQD	P		OCUSOFT LID SCRUB PLUS PLATINUM FOAM	P	
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	P		OCUSOFT LID SCRUB PLUS FOAM	P	
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	P		OFF ACTIVE AERO	P	
CUTTER ALL FAMILY AERO	P		OFF DEEP WOODS DRY AERO	P	
CUTTER ALL FAMILY LIQD	P		OFF DEEP WOODS SPORTSMEN AERO	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OFF DEEP WOODS SPORTSMEN LIQD	P		ULTRATHON INSECT REPELLENT 8 AERO	P	
OFF DEEP WOODS AERO	P		VISTA MEIBO EYELID CLEANSING FOAM FOAM	P	
OFF DEEP WOODS LIQD	P		Rosacea Agents		
OFF FAMILYCARE CLEAN FEEL LIQD	P		METROCREAM CREA (Use metronidazole (topical))	NF	QL(1.5 gm daily)
OFF FAMILYCARE SMOOTH & DRY AERO	P		METROGEL GEL 1 % (Use metronidazole (topical))	NF	QL(2 gm daily)
OFF FAMILYCARE TROPICAL FRESH LIQD	P		<i>metronidazole (topical) CREA</i>	P	QL(1.5 gm daily)
OFF FAMILYCARE UNSCENTED LIQD	P		<i>metronidazole (topical) GEL 1 %</i>	P	QL(2 gm daily)
OFF SMOOTH & DRY AERO	P		<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(70 gm per 25 day(s) retail)
OUST DEMODEX CLEANSER EXTRA STRENGTH FOAM	P		Scabicides & Pediculicides		
RANGER READY REPELLENT LIQD	P		<i>malathion</i>	P	QL(118 ml per 31 day(s) retail); AL(At least 6 yrs old)
REPEL 100 LIQD	P		NATROBA (Use <i>spinosad</i> )	NF	ST
REPEL FAMILY DRY AERO	P		NIX CREME RINSE LIQD EX (Use <i>permethrin</i> )	P	QL(60 ml per 26 day(s) retail)
REPEL FAMILY AERO	P		OVIDE (Use <i>malathion</i> )	NF	QL(118 ml per 31 day(s) retail); AL(At least 6 yrs old)
REPEL HUNTERS FORMULA AERO	P		<i>permethrin CREA</i>	P	QL(60 gm per 26 day(s) retail)
REPEL SPORTSMEN DRY AERO	P		<i>permethrin LIQD EX</i>	P	QL(60 ml per 26 day(s) retail)
REPEL SPORTSMEN MAX AERO	P		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	P	
REPEL SPORTSMEN MAX LIQD	P		<i>spinosad</i>	P	ST
REPEL SPORTSMEN AERO	P		Wound Care Products		
REPEL TICK DEFENSE AERO	P		ABRAVO EMUL	P	
SAWYER INSECT REPELLENT AERO	P		ACESO AG PADS	P	RX/OTC
SAWYER PREMIUM INSECT REPELLENT LIQD	P				
STERILID FOAM	P				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTICOAT 7 2"X2" PADS	P		ALLEVYN AG GENTLE BORDER PADS	P	
ACTICOAT 7 4"X5" PADS	P	RX/OTC	ALLEVYN AG GENTLE PADS	P	
ACTICOAT 7 SHEE	P		ALLEVYN AG NON-ADHESIVE PADS	P	
ACTICOAT ANTIMICROBIAL DRESSING 2"X2" PADS	P		ALLEVYN AG SACRUM MISC	P	
ACTICOAT ANTIMICROBIAL DRESSING 4"X4" PADS	P	RX/OTC	ALLEVYN GENTLE BORDER HEEL PADS	P	RX/OTC
ACTICOAT FLEX 3 BARRIER DRESSING 4"X4" PADS	P	RX/OTC	ALLEVYN GENTLE BORDER LITE PADS	P	RX/OTC
ACTICOAT FLEX 3 SHEE	P		ALLEVYN GENTLE BORDER MULTISITE PADS	P	RX/OTC
ACTICOAT FLEX 7 SHEE	P		ALLEVYN GENTLE BORDER SACRUM PADS	P	RX/OTC
ACTICOAT SURGICAL PADS	P		ALLEVYN GENTLE BORDER PADS	P	RX/OTC
ACTICOAT SHEE	P		ALLEVYN GENTLE PADS	P	RX/OTC
ACTIMARIS WOUND GEL GEL	P	RX/OTC	ALLEVYN HEEL PADS	P	RX/OTC
ADAPTIC NON-ADHERING DRESSING 3" X 3" PADS	P	RX/OTC	ALLEVYN LIFE HEEL PADS	P	RX/OTC
ALGICELL AG MISC	P		ALLEVYN LIFE SACRUM PADS	P	RX/OTC
ALGICELL AG PADS	P	RX/OTC	ALLEVYN LIFE PADS	P	RX/OTC
ALGICELL CALCIUM DRESSING2"X2" MISC	P		ALLEVYN NON-ADHESIVE PADS	P	RX/OTC
ALGICELL CALCIUM DRESSING3/4"X12" MISC	P		ALLEVYN TRACHEOSTOMY 3-1/2"X3-1/2" PADS	P	RX/OTC
ALGICELL CALCIUM DRESSING4"X4" MISC	P		AMERIGEL HYDROGEL WOUND DRESSING GEL	P	RX/OTC
ALGICELL CALCIUM DRESSING4"X8" MISC	P		AMERIGEL WOUND DRESSING GEL	P	RX/OTC
ALGISITE M 2"X2" MISC	P		ANTIBACTERIAL AGINATE W/SILVER PADS	P	
ALGISITE M 3/4"X12" MISC	P		AQUACEL AG ADVANTAGE PADS	P	RX/OTC
ALGISITE M 4"X4" MISC	P		AQUACEL AG BURN PADS	P	RX/OTC
ALGISITE M 6"X8" MISC	P				
ALLEVYN ADHESIVE PADS	P	RX/OTC			
ALLEVYN AG ADHESIVE PADS	P				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AQUACEL AG EXTRA 6" X 6"/HYDROFIBER PADS	P		AQUACEL FOAM 8"X5.5" PADS	P	RX/OTC
AQUACEL AG EXTRA 8" X 12"/HYDROFIBER PADS	P		AQUACEL FOAM 8"X7" PADS	P	RX/OTC
AQUACEL AG FOAM/HEEL PADS	P		AQUACEL FOAM 9.4"X 8.4" PADS	P	RX/OTC
AQUACEL AG FOAM/SACRAL PADS	P		AQUACEL HYDROFIBER WOUND DRESSING/0.39 X18" MISC	P	RX/OTC
AQUACEL AG FOAM PADS 1.2 %	P		AQUASITE IMPREGNATED DRESSING 2"X2" PADS	P	RX/OTC
AQUACEL AG SURGICAL 3.5"X 12"/HYDROFIBER PADS	P		AQUASITE IMPREGNATED DRESSING 4"X4" PADS	P	RX/OTC
AQUACEL AG SURGICAL HYDROFIBER PADS	P		AQUASITE IMPREGNATED DRESSING 4"X8" PADS	P	RX/OTC
AQUACEL AG SURGICAL/HYDROFIBER PADS 1.2 %	P		AQUASITE IMPREGNATED GAUZE 2"X2" PADS	P	RX/OTC
AQUACEL AG/HYDROFIBER MISC 1.2 %	P		AQUASITE IMPREGNATED GAUZE 4"X4" PADS	P	RX/OTC
AQUACEL EXTRA/HYDROFIBER 2 X 2 PADS	P	RX/OTC	AQUASITE SHEET DRESSING 4"X4" PADS	P	RX/OTC
AQUACEL EXTRA/HYDROFIBER 6 X 6 PADS	P	RX/OTC	ARIDA GEL	P	RX/OTC
AQUACEL EXTRA/HYDROFIBER PADS	P	RX/OTC	ATOPAVO EMUL	P	
AQUACEL FOAM 3.2"X3.2" PADS	P	RX/OTC	ATRAPRO ANTIPRURITIC HYDROGEL GEL	P	RX/OTC
AQUACEL FOAM 4"X4" PADS	P	RX/OTC	ATRAPRO CP KIT	P	RX/OTC
AQUACEL FOAM 5"X5" PADS	P	RX/OTC	AVO CREAM EMUL	P	
AQUACEL FOAM 6"X6" PADS	P	RX/OTC	AVOGEL DRESSING/4" X 4" MISC	P	RX/OTC
AQUACEL FOAM 6"X8" PADS	P	RX/OTC	AVOGEL DRESSING/6" X 48" MISC	P	RX/OTC
AQUACEL FOAM 7"X7" PADS	P	RX/OTC	AVOGEL SHEET/8" X 8" MISC	P	RX/OTC
			AZADROX GEL	P	RX/OTC
			BASADROX GEL	P	RX/OTC
			BIAFINE EMUL	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BIONECT CREA	P		CURAFOAM FOAM DRESSING NON-BORDERED 2"X2" PADS	P	RX/OTC
BIONECT FOAM	P		CURAFOAM FOAM DRESSING NON-BORDERED 4"X4-1/4" PADS	P	RX/OTC
BIONECT GEL	P		CURAFOAM FOAM DRESSING NON-BORDERED 6"X6" PADS	P	RX/OTC
BIOSTEP AG	P		CURITY HEAVY DRAINAGE PACK PADS	P	RX/OTC
BIOSTEP SHEE	P		CURITY HYPERTONIC SODIUMCHLORIDE PACKING STRIP 1/2"X15' MISC	P	RX/OTC
CARBOFLEX ODOR CONTROL DRESSING PADS	P	RX/OTC	CURITY SALINE DRESSING 8"X4" PADS	P	RX/OTC
CARETOUCH 4"X4" MISC	P		CURITY SODIUM CHLORIDE DRESSING 6"X6-3/4" PADS	P	RX/OTC
CICA-CARE SHEE	P	RX/OTC	CURITY UNNA BOOT 3"X10YD MISC	P	RX/OTC
COLLANEX POWD	P	RX/OTC	CURITY UNNA BOOT 4"X10YD MISC	P	RX/OTC
COMFORT-AID 1.5"X2.5" PADS	P	RX/OTC	CUTICERIN 3"X16" MISC	P	RX/OTC
CONFORMANT 2 WOUND VEIL 12"X12" MISC	P	RX/OTC	CUTICERIN 3"X3" MISC	P	RX/OTC
CONFORMANT 2 WOUND VEIL 12"X24" MISC	P	RX/OTC	CUTICERIN 3"X8" MISC	P	RX/OTC
CONFORMANT 2 WOUND VEIL 24"X36" MISC	P	RX/OTC	CUTICERIN 4"X4" MISC	P	RX/OTC
CONFORMANT 2 WOUND VEIL 3"X5YD MISC	P	RX/OTC	CUTICERIN 8"X16" MISC	P	RX/OTC
CONFORMANT 2 WOUND VEIL 4"X12" MISC	P	RX/OTC	CVS ADVANCED HEALING HYDROCOLLOID ADHESIVE PADS PADS	P	RX/OTC
CONFORMANT 2 WOUND VEIL 4"X4" MISC	P	RX/OTC	CVS ANTI-MICROBIAL SILVER WOUND GEL GEL	P	RX/OTC
CONFORMANT 2 WOUND VEIL 6"X2YD MISC	P	RX/OTC	CVS FOAM ADHESIVE STERILE DRESSING PADS	P	RX/OTC
COOLMAGIC TUBE SITE DRESSING SHEE	P	RX/OTC	CVS MANUKA HONEY WOUND GEL GEL	P	RX/OTC
COOLMAGIC SHEE	P	RX/OTC			
CURAFIL GEL WOUND DRESSING GEL	P	RX/OTC			
CURAFOAM AG SILVER FOAM DRESSING/NON-BORDERED PADS	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS MEPILEX BORDER LITE ADHESIVE PADS	P	RX/OTC	DRAWTEX ADVANCED WOUND CARE 3"X39" MISC	P	RX/OTC
DERMA PAK-ITS IODOFORM PACKING STRIPS MISC	P	RX/OTC	DRAWTEX ADVANCED WOUND CARE 4"X39" MISC	P	RX/OTC
DERMAGRAN HYDROGEL WOUND DRESSING GEL	P	RX/OTC	DRAWTEX ADVANCED WOUND CARE 4"X4" PADS	P	RX/OTC
DERMAGRAN HYDROPHILIC WOUND DRESSING 2"X2" PADS	P	RX/OTC	DRAWTEX ADVANCED WOUND CARE 6"X8" PADS	P	RX/OTC
DERMAGRAN HYDROPHILIC WOUND DRESSING 4"X4" PADS	P	RX/OTC	DRAWTEX ADVANCED WOUND CARE 8"X39" MISC	P	RX/OTC
DERMAGRAN HYDROPHILIC WOUND DRESSING 8"X4" PADS	P	RX/OTC	DRAWTEX ADVANCED WOUND CARE 8"X8" PADS	P	RX/OTC
DERMAGRAN-B HYDROPHILIC WOUND DRESSING GEL	P	RX/OTC	DUDRESS ISLAND DRESSING 4"X4" PADS	P	RX/OTC
DERMAPLEX GEL	P		DUDRESS ISLAND DRESSING 6"X6" PADS	P	RX/OTC
DERPIXA GEL	P	RX/OTC	DUODERM CGF	P	
DOCTORS CHOICE BLISTER CARE PADS	P	RX/OTC	DUODERM CGF BORDER	P	
DOCTORS CHOICE BURNS/SCALDS/ABRASIONS PADS	P	RX/OTC	DUODERM CGF EXTRA THIN	P	
DOCTORS CHOICE DIABETIC SLOW HEALING BANDAGES KIT	P	RX/OTC	DUODERM CGF SPOTS EXTRA THIN/1-3/4"X1-1/2"	P	
DOCTORS CHOICE SKIN CLOSURE KIT	P	RX/OTC	DUODERM HYDROACTIVE GEL GEL	P	
DOCTORS CHOICE SLOW HEALING BANDAGES KIT	P	RX/OTC	DUODERM HYDROACTIVE MISC	P	RX/OTC
DOCTORS CHOICE ULTRA-FLEX MISC	P	RX/OTC	DUODERM SIGNAL	P	
DRAWTEX ADVANCED WOUND CARE 2"X2" PADS	P	RX/OTC	DUODERM SIGNAL DRESSING	P	
DRAWTEX ADVANCED WOUND CARE 3"X3" PADS	P	RX/OTC	DUODERM SIGNAL HEEL DRESSING	P	
			DUODERM SIGNAL SACRAL DRESSING	P	
			DURAFIBER 2"X2" MISC	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DURAFIBER 3/4"X18" MISC	P	RX/OTC	DYNAGINATE CALCIUM ALGINATE DRESSING 2"X2" MISC	P	
DURAFIBER 4"X4" MISC	P	RX/OTC	DYNAGINATE CALCIUM ALGINATE DRESSING 4"X8" MISC	P	
DURAFIBER 6"X6" MISC	P	RX/OTC	DYNAGINATE CALCIUM ALGINATE DRESSING 4-1/4"X4-1/4" MISC	P	
DURAFIBER AG PADS	P		DYNAGINATE CALCIUM ALGINATE ROPE DRESSING 2GMX30CM MISC	P	
DURAFIBER PADS	P		DYNAGUARD WATERPROOF DRESSING BORDERED 4"X4" PADS	P	RX/OTC
DYNADERM HYDROCOLLOID EXTRA THIN 4"X4" MISC	P	RX/OTC	DYNAGUARD WATERPROOF DRESSING BORDERED 6"X6" PADS	P	RX/OTC
DYNADERM HYDROCOLLOID EXTRA THIN 6"X6" MISC	P	RX/OTC	DYNALEVIN WATERPROOF ADHESIVE FOAM DRESSING/BORDERED/ 4"X4" PADS	P	RX/OTC
DYNADERM HYDROCOLLOID FOAM 4"X4" MISC	P	RX/OTC	DYNALEVIN WATERPROOF ADHESIVE FOAM DRESSING/BORDERED/ 6"X6" PADS	P	RX/OTC
DYNADERM HYDROCOLLOID SACRAL 6"X7" MISC	P	RX/OTC	DYNASORB SUPER ABSORBENTDRESSING/ NON-ADHERENT/4"X4" PADS	P	RX/OTC
DYNADERM HYDROCOLLOID THIN 2"X2" MISC	P	RX/OTC	DYNASORB SUPER ABSORBENTDRESSING/ NON-ADHERENT/6"X6" PADS	P	RX/OTC
DYNADERM HYDROCOLLOID THIN 4"X4" MISC	P	RX/OTC	DYNASORB SUPER ABSORBENTDRESSING/ SELF-ADHERENT/4"X4" PADS	P	RX/OTC
DYNADERM HYDROCOLLOID THIN 6"X6" MISC	P	RX/OTC			
DYNAFOAM AG FOAM DRESSING/BORDERED PADS	P	RX/OTC			
DYNAFOAM WATERPROOF DRESSING BORDERED 4"X4" PADS	P	RX/OTC			
DYNAFOAM WATERPROOF DRESSING BORDERED 6"X6" PADS	P	RX/OTC			
DYNAGEL GEL	P	RX/OTC			
DYNAGINATE AG SILVER CALCIUM ALGINATE DRESSINGS PADS	P				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DYNASORB SUPER ABSORBENT DRESSING/ SELF-ADHERENT/6"X6" PADS	P	RX/OTC	EXCEL-GEL GEL	P	RX/OTC
ELASTO-GEL 12"X12" PADS	P	RX/OTC	EXU-DRY 15"X18" PADS	P	RX/OTC
ELASTO-GEL 2"X3" PADS	P	RX/OTC	EXU-DRY 15"X24" PADS	P	RX/OTC
ELASTO-GEL 3" ROUND PADS	P	RX/OTC	EXU-DRY 20"X28" PADS	P	RX/OTC
ELASTO-GEL 4"X4" PADS	P	RX/OTC	EXU-DRY 3"X4" PADS	P	RX/OTC
ELASTO-GEL 5"X5" PADS	P	RX/OTC	EXU-DRY 4"X6" PADS	P	RX/OTC
ELASTO-GEL 6"X8" PADS	P	RX/OTC	EXU-DRY 6"X9" PADS	P	RX/OTC
ELASTO-GEL 8"X16" PADS	P	RX/OTC	EXU-DRY 9"X15" PADS	P	RX/OTC
ELASTO-GEL CAST/SPLINT 12"X12" PADS	P	RX/OTC	EXU-DRY ARM 27"X31" PADS	P	RX/OTC
ELASTO-GEL CAST/SPLINT 4"X4" PADS	P	RX/OTC	EXU-DRY BOOT/FOOT DRESSING/CHILD MISC	P	RX/OTC
ELASTO-GEL CAST/SPLINT 6"X8" PADS	P	RX/OTC	EXU-DRY BURN JACKET 31"X32" PADS	P	RX/OTC
ELASTO-GEL CAST/SPLINT 8"X16" PADS	P	RX/OTC	EXU-DRY BURN JACKET 36"X40" MISC	P	RX/OTC
ELASTO-GEL FACE MASK PADS	P	RX/OTC	EXU-DRY BURN JACKET CHILD 17"X20" PADS	P	RX/OTC
ELASTO-GEL PLUS 2"X3" PADS	P	RX/OTC	EXU-DRY BURN VEST 26"X38" MISC	P	RX/OTC
ELASTO-GEL PLUS 4"X4" PADS	P	RX/OTC	EXU-DRY BURN VEST CHILD 15"X20" MISC	P	RX/OTC
ELASTO-GEL PLUS 8"X8" PADS	P	RX/OTC	EXU-DRY BUTTOCKS 23"X53" PADS	P	RX/OTC
ENDOFORM DERMAL TEMPLATE	P		EXU-DRY DISC 3" MISC	P	RX/OTC
ENDOFORM DERMAL TEMPLATE/FENESTRATED	P		EXU-DRY FACE 9"X14" PADS	P	RX/OTC
			EXU-DRY INCISION 3"X9" PADS	P	RX/OTC
			EXU-DRY LEG 34"X37" MISC	P	RX/OTC
			EXU-DRY NON-PERMEABLE PAD 24"X36" PADS	P	RX/OTC
			EXU-DRY NON-PERMEABLE SHEET 36"X72" SHEE	P	RX/OTC
			EXU-DRY PADDED HAND 12"X13" PADS	P	RX/OTC
			EXU-DRY PADDED HAND CHILD 8"X8" PADS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EXU-DRY PADDED NECK 6"X25" PADS	P	RX/OTC	FOAMFLEX WATERPROOF NON-ADHESIVE FOAM DRESSING/NON-BORD/4"X4 PADS	P	RX/OTC
EXU-DRY PERMEABLE PAD 24"X36" PADS	P	RX/OTC	FOAMFLEX WATERPROOF NON-ADHESIVE FOAM DRESSING/NON-BORD/6"X6 PADS	P	RX/OTC
EXU-DRY PERMEABLE QUILTED 36"X72" SHEE	P	RX/OTC	GELOCAST UNNAS BOOT MISC	P	RX/OTC
EXU-DRY SLIT DISC 3" MISC	P	RX/OTC	GOLD DUST WOUND FILLER PACK	P	
EXU-DRY SLIT TUBE 2"X3" PADS	P	RX/OTC	HAPRODERM GEL	P	RX/OTC
EXU-DRY SLIT TUBE 3"X4" MISC	P	RX/OTC	HYDROCOL 6"X8" PADS	P	RX/OTC
EXU-DRY SLIT TUBE 4"X6" MISC	P	RX/OTC	HYDROCOL II SACRAL PADS	P	RX/OTC
FIBRACOL COLLAGEN-ALGINATE WOUND DRESSING 4" X 4 & 3/8" MISC	P	RX/OTC	HYDROCOL II THIN PADS	P	RX/OTC
FIBRACOL COLLAGEN-ALGINATE WOUND DRESSING/2" X 2" PADS	P	RX/OTC	HYDROCOL II PADS	P	RX/OTC
FIBRACOL COLLAGEN-ALGINATE WOUND DRESSING/4" X 8-3/4" PADS	P	RX/OTC	HYDROFERA BLUE FOAM DRESSING 2"X2" PADS	P	RX/OTC
FIBRACOL COLLAGEN-ALGINATE WOUND PACKING/3/8"X3/8"X15-3/4" MISC	P	RX/OTC	HYDROFERA BLUE FOAM DRESSING 4"X4" PADS	P	RX/OTC
FOAM DRESSING BORDERED PADS	P	RX/OTC	HYDROFERA BLUE FOAM DRESSING 6"X6" PADS	P	RX/OTC
FOAM DRESSING CIRCULAR BORDERED PADS	P	RX/OTC	HYDROFERA BLUE FOAM DRESSING/MOISTURE RETENTIVE FILM/2-1/4X8 PADS	P	RX/OTC
FOAM DRESSING NON-BORDERED PADS	P	RX/OTC	HYDROFERA BLUE FOAM DRESSING/MOISTURE RETENTIVE FILM/4"X4" PADS	P	RX/OTC
FOAMFLEX WATERPROOF NON-ADHESIVE FOAM DRESSING/NON-BORD/2"X2 PADS	P	RX/OTC	HYDROFERA BLUE FOAM DRESSING/MOISTURE RETENTIVE FILM/ISLAND PADS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYDROFERA BLUE FOAM DRESSING/MOISTURE RETENTIVE/OSTOMY/2.5" PADS	P	RX/OTC	KENDALL ALGINATE HYDROCOLLOID DRESSING 6"X6" PADS	P	RX/OTC
HYDROFERA BLUE FOAM DRESSING/TUNNELING/ 9MM PADS	P	RX/OTC	KENDALL ALGINATE HYDROCOLLOID DRESSING 6"X7" PADS	P	RX/OTC
HYDROFERA BLUE HEAVY DRAINAGE 4"X4" PADS	P	RX/OTC	KENDALL ALGINATE HYDROCOLLOID DRESSING 8"X8" PADS	P	RX/OTC
HYDROFERA BLUE HEAVY DRAINAGE 6"X6" PADS	P	RX/OTC	KENDALL AMORPHOUS HYDROGEL WOUND DRESSING GEL	P	RX/OTC
HYDROFERA BLUE READY FOAMDRESSING 2.5"X2.5" PADS	P	RX/OTC	KENDALL ANTIMICROBIAL BANDAGE 4-1/2"X4-1/8YD MISC	P	RX/OTC
HYDROFERA BLUE READY FOAMDRESSING 4"X5" PADS	P	RX/OTC	KENDALL CALCIUM ALGINATEDRESSING 12"X24" MISC	P	
HYDROFERA BLUE READY FOAMDRESSING 8"X8" PADS	P	RX/OTC	KENDALL CALCIUM ALGINATEDRESSING 2"X2" MISC	P	
HYGEL GEL	P	RX/OTC	KENDALL CALCIUM ALGINATEDRESSING 4"X4" MISC	P	
HYPAFIX/5 CM X 10M/2" X11 YDS PADS	P	RX/OTC	KENDALL CALCIUM ALGINATEDRESSING 4"X5-1/2" MISC	P	
INNOVAMATRIX AC 5CM X 5CM SHEE	P		KENDALL CALCIUM ALGINATEDRESSING 6"X10" MISC	P	
INTRASITE GEL APPLIPAK GEL	P	RX/OTC	KENDALL CALCIUM ALGINATEDRESSING 8"X4" MISC	P	
KALTOSTAT FORTEX PADS	P	RX/OTC	KENDALL CALCIUM ALGINATEDRESSING PLUS 4"X4" MISC	P	
KALTOSTAT ROPE MISC	P	RX/OTC	KENDALL CALCIUM ALGINATEDRESSING ROPE 12" MISC	P	
KALTOSTAT WOUND DRESSING PADS	P	RX/OTC	KENDALL CALCIUM ALGINATEDRESSING ROPE 24" MISC	P	
KALTOSTAT PADS	P	RX/OTC			
KENDALL ALGINATE HYDROCOLLOID DRESSING 4"X4" PADS	P	RX/OTC			
KENDALL ALGINATE HYDROCOLLOID DRESSING 4"X5" PADS	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	P		KERLIX SUPER SPONGE SALINE DRESSING PADS	P	RX/OTC
KENDALL HYDROGEL IMPREGNATED GAUZE 2"X2" PADS	P	RX/OTC	L-MESITRAN SOFT WOUND GEL GEL	P	RX/OTC
KENDALL HYDROGEL IMPREGNATED GAUZE 4"X4" PADS	P	RX/OTC	LUXAMEND CREA	P	
KENDALL HYDROGEL IMPREGNATED GAUZE 4"X8" PADS	P	RX/OTC	MEDIHONEY CALCIUM ALGINATE DRESSING 4"X5" PADS	P	RX/OTC
KENDALL HYDROGEL WOUND DRESSING 3" DISK MISC	P	RX/OTC	MEDIHONEY CALCIUM ALGINATE DRESSING/2"X2" PADS	P	RX/OTC
KENDALL HYDROGEL WOUND DRESSING 4-3/4" DISK MISC	P	RX/OTC	MEDIHONEY HCS WOUND & BURN DRESSING 4.5"X4.5" PADS	P	RX/OTC
KENDALL ZINC CALCIUM ALGINATE DRESSING 2"X2" PADS	P	RX/OTC	MEDIHONEY WOUND & BURN DRESSING 3/4"X12" PADS	P	RX/OTC
KENDALL ZINC CALCIUM ALGINATE DRESSING 4"X4" PADS	P	RX/OTC	MEDIHONEY WOUND & BURN DRESSING PSTE	P	RX/OTC
KENDALL ZINC CALCIUM ALGINATE DRESSING 4"X8" PADS	P	RX/OTC	MEDIHONEY WOUND/BURNDRESSIN G 4"X5" PADS	P	RX/OTC
KENDALL ZINC CALCIUM ALGINATE DRESSING ROPE 12" MISC	P	RX/OTC	MEDIHONEY WOUND/BURNDRESSIN G GEL	P	RX/OTC
KERAGEL GEL	P	RX/OTC	MEDIHONEY WOUND/BURNDRESSIN G PSTE	P	RX/OTC
KERAGELT GEL	P	RX/OTC	MEDI-PAK PERFORMANCE PLUSCOMBINE ABD PAD/8" X 7.5" PADS	P	RX/OTC
KERAMATRIX REPLICINE 10CMX10CM SHEE	P	RX/OTC	MEPILEX AG PADS	P	RX/OTC
KERAMATRIX REPLICINE 2CMX3CM SHEE	P	RX/OTC	MEPILEX BORDER FLEX LITE PADS	P	RX/OTC
KERAMATRIX REPLICINE 5CMX5CM SHEE	P	RX/OTC	MEPILEX BORDER FLEX PADS	P	RX/OTC
KERASTAT CREA	P		MEPILEX PADS	P	RX/OTC
KERASTAT GEL	P		MESALT MISC	P	RX/OTC
			MESALT PADS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MICROMATRIX FINE POWD	P	RX/OTC	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	P	
MICROMATRIX POWD	P	RX/OTC	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	P	
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	P		MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	P	
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	P		NORMLGEL AG GEL	P	RX/OTC
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	P		NU-GEL COLLAGEN WOUND DRESSING GEL	P	RX/OTC
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	P		NU-GEL WOUND DRESSING/3-3/4" X 3-3/4" PADS	P	RX/OTC
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	P		NU-GEL WOUND DRESSING/6"X 8" PADS	P	RX/OTC
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	P		OASIS ULTRA TRI-LAYER MATRIX	P	
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	P		OASIS ULTRA TRI-LAYER MATRIX FENESTRATED	P	
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	P		OASIS ULTRA TRI-LAYER MATRIX MESHED	P	
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	P		OASIS WOUND MATRIX	P	
			PETROLEUM GAUZE DRESSINGNON-WOVEN 3"X9" MISC	P	RX/OTC
			PRIMACOL BORDERED DRESSING 2"X2" PADS	P	RX/OTC
			PRIMACOL BORDERED DRESSING 4"X4" PADS	P	RX/OTC
			PRIMACOL BORDERED DRESSING 6"X6" PADS	P	RX/OTC
			PRIMACOL DRESSING 4"X4" PADS	P	RX/OTC
			PRIMACOL DRESSING 6"X6" PADS	P	RX/OTC
			PRIMACOL DRESSING 8"X8" PADS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRIMACOL SPECIALTY DRESSING PADS	P	RX/OTC	PURAPLY XT ANTIMICROBIAL/5CM X 5CM SHEE	P	
PRIMACOL THIN DRESSING 4"X4" MISC	P	RX/OTC	PURAPLY XT ANTIMICROBIAL/6CM X 9CM SHEE	P	
PRIMACOL THIN DRESSING 6"X6" MISC	P	RX/OTC	PURAPLY XT ANTIMICROBIALWOUND MATRIX FENESTRATED SHEE	P	
PRIMER MODIFIED UNNA BOOT/4"X10YD MISC	P	RX/OTC	RADIAPLEXRX GEL	P	RX/OTC
PURAPLY 2CM X 4CM	P		REGENECARE	P	
PURAPLY 5CM X 5 CM	P		REPLICARE 1-1/2"X2-1/2" PADS	P	RX/OTC
PURAPLY 6CM X 9CM	P		REPLICARE 4"X4" PADS	P	RX/OTC
PURAPLY ANTIMICROBIAL 2CM X 2CM SHEE	P		REPLICARE 6"X6" PADS	P	RX/OTC
PURAPLY ANTIMICROBIAL 2CM X 4CM SHEE	P		REPLICARE 8"X8" PADS	P	RX/OTC
PURAPLY ANTIMICROBIAL 3CM X 4CM SHEE	P		REPLICARE THIN 2"X2.75" PADS	P	RX/OTC
PURAPLY ANTIMICROBIAL 4CM X 4CM SHEE	P		REPLICARE THIN 3.5"X5.5" PADS	P	RX/OTC
PURAPLY ANTIMICROBIAL 5CM X 5CM SHEE	P		REPLICARE THIN 6"X8" PADS	P	RX/OTC
PURAPLY ANTIMICROBIAL 6CM X 9CM SHEE	P		REPLICARE ULTRA 4"X4" PADS	P	RX/OTC
PURAPLY ANTIMICROBIAL 8CM X 16CM SHEE	P		REPLICARE ULTRA 6"X6" PADS	P	RX/OTC
PURAPLY ANTIMICROBIAL WOUND MATRIX 1.6CM DISK	P		REPLICARE ULTRA SACRUM 7"X8" PADS	P	RX/OTC
PURAPLY ANTIMICROBIAL WOUND MATRIX 3.76 X 3.76CM SHEE	P		RESTA SILVER GEL GEL	P	RX/OTC
PURAPLY ANTIMICROBIAL WOUND MATRIX SHEE	P		RESTORE CALCICARE DRESSING 12" ROPE MISC	P	
			RESTORE CALCICARE DRESSING 2"X2" MISC	P	
			RESTORE CALCICARE DRESSING 4"X4" MISC	P	
			RESTORE CALCICARE DRESSING 4"X8" MISC	P	
			RESTORE CALCIUM ALGINATEDRESSING 4"X4" MISC	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RESTORE CX WOUND CARE DRESSING-STERILE PADS	P	RX/OTC	RESTORE SILVER DRESSING 2"X2" PADS	P	
RESTORE DRESSING FOR PSORIASIS-STERILE PADS	P	RX/OTC	RESTORE SILVER DRESSING 4"X4" NON-ADHESIVE PADS	P	RX/OTC
RESTORE EXTRA THIN DRESSING 4"X4" PADS	P	RX/OTC	RESTORE SILVER DRESSING 4"X4.75" PADS	P	
RESTORE EXTRA THIN DRESSING 6"X8" PADS	P	RX/OTC	RESTORE SILVER DRESSING 4"X5" CONTACT LAYER PADS	P	RX/OTC
RESTORE EXTRA THIN DRESSING 8"X8" PADS	P	RX/OTC	RESTORE SILVER DRESSING 6"X8" CONTACT LAYER PADS	P	RX/OTC
RESTORE HYDROGEL DRESSING GEL	P	RX/OTC	RESTORE SILVER DRESSING 6"X8" NON-ADHESIVE PADS	P	RX/OTC
RESTORE HYDROGEL GAUZE PAD 4"X4" PADS	P	RX/OTC	RESTORE SILVER DRESSING ROPE 12" MISC	P	
RESTORE HYDROGEL GAUZE STRIP 2"X3.5YD MISC	P	RX/OTC	RESTORE WOUND CARE DRESSING 4"X4" ADHESIVE PADS	P	RX/OTC
RESTORE PLUS WOUND CARE DRESSING 4"X4" TAPERED EDGE PADS	P	RX/OTC	RESTORE WOUND CARE DRESSING 4"X4" NON-ADHESIVE PADS	P	RX/OTC
RESTORE PLUS WOUND CARE DRESSING 4"X4" PADS	P	RX/OTC	RESTORE WOUND CARE DRESSING 4"X4" PADS	P	RX/OTC
RESTORE PLUS WOUND CARE DRESSING 6"X6" TAPERED EDGE PADS	P	RX/OTC	RESTORE WOUND CARE DRESSING 4"X5" CONTACT LAYER PADS	P	RX/OTC
RESTORE PLUS WOUND CARE DRESSING 6"X8" TAPERED EDGE PADS	P	RX/OTC	RESTORE WOUND CARE DRESSING 6"X6" ADHESIVE PADS	P	RX/OTC
RESTORE PLUS WOUND CARE DRESSING 6"X8" PADS	P	RX/OTC	RESTORE WOUND CARE DRESSING 6"X8" ADHESIVE PADS	P	RX/OTC
RESTORE PLUS WOUND CARE DRESSING 8"X8" TAPERED EDGE PADS	P	RX/OTC	RESTORE WOUND CARE DRESSING 6"X8" CONTACT LAYER PADS	P	RX/OTC
RESTORE PLUS WOUND CARE DRESSING 8"X8" PADS	P	RX/OTC	RESTORE WOUND CARE DRESSING 6"X8" NON-ADHESIVE PADS	P	RX/OTC
RESTORE PLUS WOUND CARE DRESSING TRIANGLE PADS	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RESTORE WOUND CARE DRESSING 6"X8" PADS	P	RX/OTC	SORBSAN TOPICAL WOUND DRESSING 3 X 3 PADS	P	RX/OTC
RESTORE WOUND CARE DRESSING 8"X8" PADS	P	RX/OTC	SORBSAN TOPICAL WOUND DRESSING 4 X 4 PADS	P	RX/OTC
REVITADERM WOUND CARE GEL	P	RX/OTC	SORBSAN TOPICAL WOUND DRESSING 4" X 8" PADS	P	RX/OTC
REVIVASIL KIT	P	RX/OTC	STIMULEN GEL	P	RX/OTC
SILIGENTLE AG SILVER SILICONE FOAM DRESSING/BORDERED PADS	P		STIMULEN LOTN	P	
SILIGENTLE AG SILVER SILICONE FOAM DRESSINGS/BORDERED PADS	P	RX/OTC	STIMULEN PACK	P	
SILIGENTLE AG SILVER SILICONE FOAM DRESSINGS/NON-BORDERED PADS	P	RX/OTC	STIMULEN POWD	P	RX/OTC
SILVERMED GEL	P	RX/OTC	STRATA GRT GEL	P	RX/OTC
SILVERSEAL HYDROGEL DRESSING 2"X3" PADS	P		TEGADERM AG MESH DRESSING WITH SILVER 2"X2" PADS	P	
SILVERSEAL HYDROGEL DRESSING 4"X5" PADS	P	RX/OTC	TEGADERM AG MESH DRESSING WITH SILVER 4"X5" PADS	P	RX/OTC
SILVRSTAT WOUND DRESSING GEL	P	RX/OTC	TEGADERM AG MESH DRESSING WITH SILVER 4"X8" PADS	P	RX/OTC
SOLOSITE GEL	P	RX/OTC	TEGADERM AG MESH DRESSING WITH SILVER 8"X8" PADS	P	RX/OTC
SOLOX GEL	P	RX/OTC	TEGADERM ALGINATE AG DRESSING PADS	P	
SONAFINE EMUL	P		TEGADERM ALGINATE AG ROPE MISC	P	
SORBACELL FOAM DRESSING 4"X4" PADS	P	RX/OTC	TEGADERM HIGH GELLING ALGINATE DRESSING 12" ROPE MISC	P	RX/OTC
SORBACELL FOAM DRESSINGSTRIP 1"X8" PADS	P	RX/OTC	TEGADERM HIGH GELLING ALGINATE DRESSING 4"X4" PADS	P	RX/OTC
SORBSAN TOPICAL WOUND DRESSING 12" PADS	P	RX/OTC	TEGADERM HIGH INTEGRITY ALGINATE DRESSING 12" ROPE MISC	P	RX/OTC
SORBSAN TOPICAL WOUND DRESSING 2" X 2" PADS	P	RX/OTC	TEGADERM HIGH INTEGRITY ALGINATE DRESSING 4"X4" PADS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TEGADERM HYDROCOLLOID THIN DRESSING 5-1/8"X6" MISC	P	RX/OTC	TRIPLE HELIX COLLAGEN 12"ROPE MISC	P	RX/OTC
TEGADERM HYDROCOLLOID DRESSING 4"X4" MISC	P	RX/OTC	TRIPLE HELIX COLLAGEN 2"X2" PADS	P	RX/OTC
TEGADERM HYDROCOLLOID DRESSING 4"X4-3/4" MISC	P	RX/OTC	TRIPLE HELIX COLLAGEN POWD	P	RX/OTC
TEGADERM HYDROCOLLOID DRESSING 5-1/8"X6" MISC	P	RX/OTC	UNNA-FLEX ELASTIC UNNA BOOT MISC	P	RX/OTC
TEGADERM HYDROCOLLOID DRESSING 6"X6" MISC	P	RX/OTC	UNNA-FLEX PLUS VENOUS ULCER KIT	P	RX/OTC
TEGADERM HYDROCOLLOID THIN DRESSING 4"X4" MISC	P	RX/OTC	VASELINE PETROLATUM GAUZE CISION DRESSING OVERWRAP PADS	P	RX/OTC
TEGADERM HYDROCOLLOID THIN DRESSING 6-3/4"X6-3/8" MISC	P	RX/OTC	VASELINE PETROLATUM GAUZE CISION DRESSING PADS	P	RX/OTC
TEGADERM HYDROCOLLOID THIN DRESSING 6-3/4"X8" MISC	P	RX/OTC	VASELINE PETROLATUM GAUZE STRIP OVERWRAP PADS	P	RX/OTC
TEGADERM HYDROCOLLOID THIN DRESSING 4"X4" MISC	P	RX/OTC	VASELINE PETROLATUM GAUZE STRIP PADS	P	RX/OTC
TEGADERM HYDROCOLLOID THIN DRESSING 4"X4-3/4" MISC	P	RX/OTC	VASELINE PETROLATUM GAUZE TUBE FOIL OVERWRAP PADS	P	RX/OTC
TEGADERM HYDROCOLLOID THIN DRESSING 6-3/4"X8" MISC	P	RX/OTC	VIGILON PRIMARY WOUND DRESSING/13" X 24" PADS	P	RX/OTC
TEGADERM HYDROGEL WOUND FILLER GEL	P	RX/OTC	VIGILON PRIMARY WOUND DRESSING/3" X 8" PADS	P	RX/OTC
TOE-AID PADS	P	RX/OTC	VIGILON PRIMARY WOUND DRESSING/4" X 4" PADS	P	RX/OTC
TRIAD HYDROPHILIC WOUND DRESSING PSTE	P	RX/OTC	VIGILON PRIMARY WOUND DRESSING/6" X 8" PADS	P	RX/OTC
TRIDERGEL GEL	P	RX/OTC	WOUND GEL SPRAY GEL	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WOUND GEL GEL	P	RX/OTC	ZENIFOAM AG 2"X2" PADS	P	
WOUNDGARD 2-1/2"X2-1/2" PADS	P	RX/OTC	ZENIFOAM AG 4"X5" PADS	P	RX/OTC
WOUNDGARD 4"X4-1/4" PADS	P	RX/OTC	ZENIFOAM AG 6"X6" PADS	P	RX/OTC
WOUNDGARD 4"X6" PADS	P	RX/OTC	ZENIFOAM AG 8"X8" PADS	P	RX/OTC
WOUNDGELHA MATRIX GEL	P	RX/OTC	ZENIFOAM AG GENTLE BORDER 4"X4" PADS	P	RX/OTC
WOUNDGELHA GEL	P	RX/OTC	ZENIFOAM AG GENTLE BORDER 6"X6" PADS	P	RX/OTC
WOUN'DRES GEL	P	RX/OTC	ZENIFOAM GENTLE 2"X2" PADS	P	RX/OTC
XCELLISTEM OUT PATIENT WOUND POWDER POWD	P	RX/OTC	ZENIFOAM GENTLE 4"X4" PADS	P	RX/OTC
ZANABIN ANTIPRURITIC HYDROGEL GEL	P	RX/OTC	ZENIFOAM GENTLE 6"X6" PADS	P	RX/OTC
ZENIABSORB 4"X5" PADS	P	RX/OTC	ZENIFOAM GENTLE AG 4"X4" PADS	P	RX/OTC
ZENIABSORB 6"X9" PADS	P	RX/OTC	ZENIFOAM GENTLE BORDER 2"X2" PADS	P	RX/OTC
ZENICONTACT 4'X7" PADS	P	RX/OTC	ZENIFOAM GENTLE BORDER 3"X3" PADS	P	RX/OTC
ZENIFIBER 2"X2" MISC	P		ZENIFOAM GENTLE BORDER 4"X4" PADS	P	RX/OTC
ZENIFIBER 4"X5" MISC	P		ZENIFOAM GENTLE BORDER 6"X6" PADS	P	RX/OTC
ZENIFIBER 6"X6" MISC	P		ZENIFOAM GENTLE BORDER 7"X7"/SACRAL PADS	P	RX/OTC
ZENIFIBER 8"X8" MISC	P		ZENIFOAM GENTLE BORDER 9"X9"/SACRAL PADS	P	RX/OTC
ZENIFIBER AG 12" ROPE MISC	P		ZENIFOAM GENTLE BORDER/HEEL PADS	P	RX/OTC
ZENIFIBER AG 2"X2" PADS	P		ZENPHOR WOUND GEL GEL	P	RX/OTC
ZENIFIBER AG 4"X5" PADS	P		ZENPHOR WOUND PAD PADS	P	RX/OTC
ZENIFIBER AG 6"X6" PADS	P		<b>DIAGNOSTIC PRODUCTS</b>		
ZENIFIBER AG 8"X8" PADS	P		Diagnostic Drugs		
ZENIFOAM 2"X2" PADS	P	RX/OTC			
ZENIFOAM 4"X5" PADS	P	RX/OTC			
ZENIFOAM 6"X6" PADS	P	RX/OTC			
ZENIFOAM 8"X8" PADS	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole (diagnostic)</i>	P	
<b>Diagnostic Tests</b>		
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	QL(4 ea per 25 day(s) retail); AL(At least 2 yrs old)
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	P	QL(4 ea per 25 day(s) retail); AL(At least 2 yrs old)
CHEMSTRIP UGK	P	
CHEMSTRIP-K STRP	P	QL(100 ea per 31 day(s) retail)
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	P	QL(4 ea per 25 day(s) retail); AL(At least 2 yrs old)
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	P	QL(8 ea per 25 day(s) retail); AL(At least 2 yrs old)
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	P	QL(4 ea per 25 day(s) retail); AL(At least 2 yrs old)
CVS KETONE CARE	P	
DIASTIX	P	QL(100 ea per 31 day(s) retail)
DIASTIX REAGENT STRIPS	P	QL(100 ea per 31 day(s) retail)
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	QL(4 ea per 25 day(s) retail); AL(At least 2 yrs old)
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	QL(8 ea per 25 day(s) retail); AL(At least 2 yrs old)
FORA GTEL BLOOD KETONE TEST STRIPS	P	
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	P	
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	P	QL(8 ea per 25 day(s) retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	P	QL(4 ea per 25 day(s) retail); AL(At least 2 yrs old)
GOJJI BLOOD KETONE TEST STRIPS	P	
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	QL(100 ea per 25 day(s) retail); AL(At least 2 yrs old)
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	P	QL(5 ea per 25 day(s) retail); AL(At least 2 yrs old)
INTELISWAB COVID-19 RAPID TEST KIT	P	QL(4 ea per 25 day(s) retail); AL(At least 2 yrs old)
KETO-DIASTIX	P	
KETONE TEST STRIPS STRP	P	QL(100 ea per 31 day(s) retail)
KETONE STRP	P	QL(100 ea per 31 day(s) retail)
KETOSTIX STRP	P	QL(100 ea per 31 day(s) retail)
NOVA MAX PLUS KETONE TESTSTRIPS	P	
ONETOUCH ULTRA STRP	P	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
PRECISION XTRA	P	
PTS PANELS KETONE TEST	P	
QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(4 ea per 25 day(s) retail); AL(At least 2 yrs old)
RELION KETONE TEST STRIPS STRP	P	QL(100 ea per 31 day(s) retail)
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	P	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	P	
<i>acetazolamide TABS</i>	P	
<i>methazolamide TABS</i>	P	
Diuretic Combinations		
<i>ALDACTAZIDE (Use spironolactone &amp; hydrochlorothiazide)</i>	NF	
<i>amiloride &amp; hydrochlorothiazide</i>	P	
<i>MAXZIDE-25 TABS (Use triamterene &amp; hydrochlorothiazide)</i>	NF	
<i>MAXZIDE TABS (Use triamterene &amp; hydrochlorothiazide)</i>	NF	
<i>spironolactone &amp; hydrochlorothiazide</i>	P	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	
<i>triamterene &amp; hydrochlorothiazide TABS</i>	P	
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	P	
<i>bumetanide TABS</i>	P	
<i>BUMEX TABS 0.5 MG (Use bumetanide)</i>	NF	
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	P	
<i>furosemide TABS</i>	P	
<i>LASIX TABS (Use furosemide)</i>	NF	
Potassium Sparing Diuretics		
<i>ALDACTONE TABS (Use spironolactone)</i>	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride hcl TABS</i>	P	
<i>spironolactone TABS</i>	P	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	P	
<i>DIURIL SUSP</i>	P	
<i>hydrochlorothiazide CAPS</i>	P	
<i>hydrochlorothiazide TABS</i>	P	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	
<i>metolazone</i>	P	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
Bone Density Regulators		
<i>alendronate sodium TABS 5 MG, 10 MG, 35 MG, 70 MG</i>	P	
<i>calcitonin (salmon) NA</i>	P	
<i>FOSAMAX TABS 70 MG (Use alendronate sodium)</i>	NF	
<i>ibandronate sodium TABS</i>	P	QL(1 ea per 23 day(s) retail)
<i>PROLIA SOSY</i>	P	QL(1 ml per 180 day(s) retail); 1 package(s) per 180 day(s) retail; PA
Growth Hormones		
<i>OMNITROPE SOLR SC</i>	P	PA
<i>ZOMACTON SOLR SC</i>	P	PA
Hormone Receptor Modulators		
<i>EVISTA (Use raloxifene hcl)</i>	NF	
<i>raloxifene hcl</i>	P	
Metabolic Modifiers		
<i>calcitriol CAPS</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol SOLN OR</i>	P	
CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))	NF	QL(30 ml daily)
CARNITOR SOLN IV 200 MG/ML (Use levocarnitine (metabolic modifiers))	NF	
CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	NF	QL(30 ml daily)
CARNITOR TABS (Use levocarnitine (metabolic modifiers))	NF	
<i>levocarnitine (metabolic modifiers) SOLN IV 200 MG/ML</i>	P	
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	P	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) TABS</i>	P	
LUMIZYME	P	PA
ROCALTROL CAPS (Use <i>calcitriol</i> )	NF	
ROCALTROL SOLN OR (Use <i>calcitriol</i> )	NF	
Posterior Pituitary Hormones		
DDAVP TABS (Use <i>desmopressin acetate</i> )	NF	
<i>desmopressin acetate spray</i>	P	
<i>desmopressin acetate spray refrigerated</i>	P	
<i>desmopressin acetate TABS</i>	P	
Prolactin Inhibitors		
<i>cabergoline</i>	P	
Somatostatic Agents		
SANDOSTATIN LAR DEPOT KIT	P	PA

Drug Name	Drug Tier	Requirements/Limits
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
Estrogen Combinations		
ACTIVELLA TABS 1 MG- 0.5 MG (Use <i>estradiol &amp; norethindrone acetate</i> )	NF	
<i>estradiol &amp; norethindrone acetate TABS</i>	P	
PREMPHASE	P	
PREMPRO	P	
Estrogens		
ALORA PTTW	P	
CLIMARA PTWK (Use <i>estradiol</i> )	NF	
ESTRACE TABS (Use <i>estradiol</i> )	NF	
<i>estradiol PTTW</i>	P	
<i>estradiol PTWK</i>	P	
<i>estradiol TABS</i>	P	
MINIVELLE PTTW (Use <i>estradiol</i> )	NF	
PREMARIN TABS	P	
VIVELLE-DOT PTTW (Use <i>estradiol</i> )	NF	
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i> )	NF	
<i>levofloxacin TABS</i>	P	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
Antiflatulents		

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Drug Name	Drug Tier	Requirements/Limits
<i>simethicone CHEW 80 MG</i>	P	
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	P	
Gastrointestinal Chloride Channel Activators		
AMITIZA (Use <i>lubiprostone</i> )	NF	PA
<i>lubiprostone</i>	P	PA
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	P	QL(60 ml daily)
<i>metoclopramide hcl TABS</i>	P	
REGLAN TABS (Use <i>metoclopramide hcl</i> )	NF	
Inflammatory Bowel Agents		
APRISO CP24 (Use <i>mesalamine</i> )	NF	
AVSOLA	P	PA
AZULFIDINE EN-TABS TBEC (Use <i>sulfasalazine</i> )	NF	
AZULFIDINE TABS (Use <i>sulfasalazine</i> )	NF	
<i>balsalazide disodium CAPS</i>	P	
COLAZAL CAPS (Use <i>balsalazide disodium</i> )	NF	
<i>mesalamine CP24</i>	P	
<i>mesalamine ENEM</i>	P	QL(60 ml daily)
<i>sulfasalazine TABS</i>	P	
<i>sulfasalazine TBEC</i>	P	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	QL(135 ml daily)
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	P	QL(12 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder) TABS</i>	P	QL(12 ea daily); RX/OTC
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Alkalinizers		
<i>sodium citrate &amp; citric acid</i>	P	QL(120 ml daily); RX/OTC
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	P	QL(1000 ml per 26 day(s) retail)
Interstitial Cystitis Agents		
ELMIRON CAPS	P	
PENTOSAN POLYSULFATE SODIUM DR CPDR	P	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	
AVODART (Use <i>dutasteride</i> )	NF	
<i>dutasteride</i>	P	
<i>finasteride</i>	P	
FLOMAX (Use <i>tamsulosin hcl</i> )	NF	
PROSCAR (Use <i>finasteride</i> )	NF	
<i>tamsulosin hcl</i>	P	
UROXATRAL (Use <i>alfuzosin hcl</i> )	NF	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 100 MG</i>	P	
<i>phenazopyridine hcl TABS 200 MG</i>	P	QL(12 ea per 26 day(s) retail)
PYRIDIDIUM TABS 100 MG (Use <i>phenazopyridine hcl</i> )	NF	
PYRIDIDIUM TABS 200 MG (Use <i>phenazopyridine hcl</i> )	NF	QL(12 ea per 26 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol</i>	P	
<i>colchicine TABS</i>	P	
COLCRYS TABS ( <i>Use colchicine</i> )	NF	
ZYLOPRIM ( <i>Use allopurinol</i> )	NF	
Uricosurics		
<i>probenecid</i>	P	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY ( <i>Use icatibant acetate</i> )	NF	PA
<i>icatibant acetate SOLN</i>	P	PA
<i>icatibant acetate SOSY</i>	P	PA
Complement Inhibitors		
HAEGARDA SOLR SC	P	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG ( <i>Use anagrelide hcl</i> )	NF	
<i>anagrelide hcl</i>	P	
<i>cilostazol</i>	P	
<i>clopidogrel bisulfate 75 MG</i>	P	
<i>dipyridamole</i>	P	
PLAVIX 75 MG ( <i>Use clopidogrel bisulfate</i> )	NF	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		

Drug Name	Drug Tier	Requirements/Limits
Agents for Gaucher Disease		
CERDELGA	P	PA
CEREZYME 400 UNIT	P	PA
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
SIKLOS TABS 100 MG	P	
Cobalamins		
B-12 METHYLCOBALAMIN TBDP	P	
B-12 TBDP	P	
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	
<i>cyanocobalamin SUBL 1000 MCG</i>	P	
<i>cyanocobalamin TABS 500 MCG, 250 MCG, 500 MCG, 1000 MCG</i>	P	
<i>cyanocobalamin TBCR 1000 MCG-120 MG, 1000 MCG</i>	P	
Folic Acid/Folates		
<i>folic acid TABS</i>	P	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	P	PA
ARANESP ALBUMIN FREE SOSY	P	PA
ZARXIO	P	PA
Hematopoietic Mixtures		
CENTRATEX CAPS	P	
<i>folic acid-vitamin b6-vitamin b12 TABS 25 MG-2.5 MG-1 MG</i>	P	
HEMOCYTE PLUS CAPS	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>iron polysaccharide complex-vit b12-folic acid CAPS</i>	P	RX/OTC	<i>phenobarbital TABS 15 MG</i>	P	QL(10 ea daily)
<b>Iron</b>			<i>phenobarbital TABS 30 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG, 100 MG</i>	P	
FE GLUCONATE TABS	P		<i>phenobarbital TABS 16.2 MG</i>	P	QL(13 ea daily)
FER-IN-SOL SOLN ( <i>Use ferrous sulfate</i> )	P		<b>Non-Barbiturate Hypnotics</b>		
FERRETTTS TABS	P		AMBIEN TABS ( <i>Use zolpidem tartrate</i> )	NF	QL(1 ea daily); AL(At least 18 yrs old)
<i>ferrous fumarate TABS 324 MG</i>	P		<i>estazolam</i>	P	
FERROUS GLUCONATE TABS 324 MG	P		HALCION 0.25 MG ( <i>Use triazolam</i> )	NF	AL(At least 18 yrs old)
<i>ferrous sulfate dried TBCR 160 MG</i>	P		RESTORIL 15 MG, 30 MG ( <i>Use temazepam</i> )	NF	
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P		<i>temazepam 15 MG, 30 MG</i>	P	
<i>ferrous sulfate SOLN 15 MG/ML</i>	P		<i>triazolam</i>	P	AL(At least 18 yrs old)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	P		<i>zolpidem tartrate TABS</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>ferrous sulfate TBEC</i>	P		<b>LAXATIVES - Bowel Treatment Drugs</b>		
FERROUS SULFATE TBEC ( <i>Use ferrous sulfate</i> )	P		<b>Bulk Laxatives</b>		
<i>polysaccharide iron complex CAPS 150 MG</i>	P		<i>calcium polycarbophil TABS</i>	P	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>			METAMUCIL FREE & NATURAL POWD ( <i>Use psyllium</i> )	P	
<b>Antihistamine Hypnotics</b>			METAMUCIL ORIGINAL TEXTURE POWD ( <i>Use psyllium</i> )	P	
<i>diphenhydramine hcl (sleep) TABS</i>	P		METAMUCIL CAPS	P	
<i>doxylamine succinate (sleep)</i>	P		METAMUCIL POWD ( <i>Use psyllium</i> )	P	
UNISOM SLEEPTABS ( <i>Use doxylamine succinate (sleep)</i> )	P		METAMUCIL WAFR	P	
<b>Barbiturate Hypnotics</b>			<i>psyllium CAPS 0.08 MG-5 MG-400 MG, 0.52 GM, 400 MG</i>	P	
<i>phenobarbital sodium SOLN</i>	P				
<i>phenobarbital ELIX</i>	P	QL(67 ml daily)			

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Drug Name	Drug Tier	Requirements/Limits
<i>psyllium POWD 28.3 %, 43 %, 51.7 %, 58.6 %</i>	P	
<b>Laxative Combinations</b>		
<i>GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</i>	NF	QL(133 ml daily)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(133 ml daily)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(133 ml daily)
<i>sennosides-docusate sodium TABS</i>	P	
<i>SENOKOT S TABS (Use sennosides-docusate sodium)</i>	P	
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P	
<i>SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)</i>	NF	
<b>Laxatives - Miscellaneous</b>		
<i>glycerin (laxative) SUPP 2 GM</i>	P	
<i>GLYCERIN ADULT SUPP (Use glycerin (laxative))</i>	P	
<i>lactulose SOLN</i>	P	QL(135 ml daily)
<i>MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350)</i>	P	
<i>MIRALAX PACK (Use polyethylene glycol 3350)</i>	P	
<i>MIRALAX POWD (Use polyethylene glycol 3350)</i>	P	QL(17 gm daily)
<i>polyethylene glycol 3350 PACK</i>	P	
<i>polyethylene glycol 3350 POWD</i>	P	QL(17 gm daily)
<i>SORBITOL OR 70 %</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<b>Saline Laxatives</b>		
<i>FLEET ENEMA ENEM (Use sodium phosphates)</i>	P	
<i>FLEET PEDIATRIC ENEM (Use sodium phosphates)</i>	P	
<i>FLEET SALINE ENEMA EXTRAVOLUME ENEM (Use sodium phosphates)</i>	P	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	
<i>sodium phosphates ENEM</i>	P	
<b>Stimulant Laxatives</b>		
<i>bisacodyl SUPP</i>	P	
<i>bisacodyl TBEC</i>	P	
<i>DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)</i>	P	
<i>DULCOLAX SUPP (Use bisacodyl)</i>	P	
<i>DULCOLAX TBEC (Use bisacodyl)</i>	P	
<i>sennosides LIQD</i>	P	
<i>sennosides SYRP 8.8 MG/5ML</i>	P	
<i>sennosides TABS 8.6 MG</i>	P	
<i>SENOKOT TABS (Use sennosides)</i>	P	
<b>Surfactant Laxatives</b>		
<i>COLACE CAPS 100 MG (Use docusate sodium)</i>	P	
<i>docusate calcium</i>	P	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	
<i>docusate sodium LIQD</i>	P	
<i>docusate sodium TABS</i>	P	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Local Anesthetics - Amides</b>			<b>ERYPED 200 SUSR (Use erythromycin ethylsuccinate)</b>		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 1.5 %, 2 %</i>	P		<b>ERYPED 400 SUSR (Use erythromycin ethylsuccinate)</b>	NF	
LIDOCAINE HYDROCHLORIDE SOLN 1 %	P		<i>erythromycin base CPEP</i>	P	
XYLOCAINE-MPF SOLN 1.5 %, 2 % (Use lidocaine hcl (local anesth.))	NF		<i>erythromycin base TBEC</i>	P	
XYLOCAINE SOLN 0.5 %, 1 % (Use lidocaine hcl (local anesth.))	NF		<i>erythromycin ethylsuccinate SUSR</i>	P	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>			<i>erythromycin ethylsuccinate TABS</i>	P	
<b>Azithromycin</b>			<i>erythromycin stearate TABS 250 MG</i>	P	
<i>azithromycin PACK</i>	P		<b>MEDICAL DEVICES AND SUPPLIES</b>		
<i>azithromycin SOLR</i>	P		<b>Bandages-Dressings-Tape</b>		
<i>azithromycin SUSR</i>	P		<b>BAND-AID GAUZE PADS SMALL2" X 2" PADS</b>	P	RX/OTC
<i>azithromycin TABS</i>	P		<b>BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS</b>	P	RX/OTC
ZITHROMAX TRI-PAK TABS (Use azithromycin)	NF		<b>CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS</b>	P	RX/OTC
ZITHROMAX Z-PAK TABS (Use azithromycin)	NF		<b>CURITY ALL PURPOSE SPONGES 2"X2" PADS</b>	P	RX/OTC
ZITHROMAX PACK (Use azithromycin)	NF		<b>CURITY ALL PURPOSE SPONGES 2"X2" 4 PLY PADS</b>	P	RX/OTC
ZITHROMAX SOLR (Use azithromycin)	NF		<b>CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS</b>	P	RX/OTC
ZITHROMAX SUSR (Use azithromycin)	NF		<b>CURITY GAUZE PADS 2"X2" 12 PLY PADS</b>	P	RX/OTC
ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)	NF		<b>CURITY GAUZE SPONGE 2"X2" 8 PLY PADS</b>	P	RX/OTC
<b>Clarithromycin</b>			<b>CURITY GAUZE SPONGE 2"X2"12 PLY PADS</b>	P	RX/OTC
<i>clarithromycin SUSR</i>	P		<b>CURITY SPONGES/CELLULOSEFILLED/2"X2" PADS</b>	P	RX/OTC
<i>clarithromycin TABS</i>	P				
<i>clarithromycin TB24</i>	P				
<b>Erythromycins</b>					
<b>E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)</b>	NF				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS GAUZE PADS 2"X2" 12-PLY PADS	P	RX/OTC	QC BORDER ISLAND GAUZE PAD 2"X2" PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS	P	RX/OTC	QC STERILE PADS PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC	RA STERILE PADS 2"X2" PADS	P	RX/OTC
DERMACEA I.V. DRAIN SPONGES 2"X2" PADS	P	RX/OTC	RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	P	RX/OTC
DERMACEA I.V. SPONGES 2"X2" PADS	P	RX/OTC	SILIGENTLE SILICONE FOAMDRESSING/BORDE RED PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS	P	RX/OTC	SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS	P	RX/OTC	SM GAUZE PADS 2"X2" PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS	P	RX/OTC	SM STERILE PADS 2"X2" PADS	P	RX/OTC
EQL GAUZE PADS 2"X2"/SMALL PADS	P	RX/OTC	STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	P	RX/OTC	STERILE PADS 2"X2" PADS	P	RX/OTC
GAUZE PADS 2"X2" PADS	P	RX/OTC	SURGICAL GAUZE SPONGE PADS	P	RX/OTC
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	P	RX/OTC	TEGADERM FOAM DRESSING 2"X2" PADS	P	RX/OTC
GNP STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC	THERAGAUZE PADS	P	RX/OTC
HM STERILE PADS 2"X2" PADS	P	RX/OTC	<b>Contraceptives</b>		
J & J GAUZE 2"X2" 8 PLY PADS	P	RX/OTC	AIMSCO LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS	P	RX/OTC	CAYA DPRH	P	QL(2 ea per 365 day(s) retail)
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS	P	RX/OTC	CONDOMS	P	QL(36 ea per 25 day(s) retail)
MIRASORB SPONGES 2" X 2" MISC	P	RX/OTC	DUREX EXTRA SENSITIVE THIN DEVI	P	QL(36 ea per 25 day(s) retail)
			DUREX EXTRA SENSITIVE THIN MISC	P	QL(36 ea per 25 day(s) retail)
			DUREX REALFEEL NON-LATEX	P	QL(36 ea per 25 day(s) retail)
			DUREX TROPICAL MISC	P	QL(36 ea per 25 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FANTASY LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per 25 day(s) retail)	MAXX LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)
FANTASY LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	MAXX PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)
FC2 FEMALE CONDOM	P	QL(36 ea per 25 day(s) retail)	OMNIFLEX DIAPHRAGM	P	QL(2 ea per 365 day(s) retail)
FEMCAP DEVI	P	QL(2 ea per 365 day(s) retail)	PREMIUM CONDOMS LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)
KAMELEON LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	REALITY LATEX CONDOMS/LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)
KIMONO COLORS DEVI	P	QL(36 ea per 25 day(s) retail)	REALITY LATEX/ULTRA TEXTURED DEVI	P	QL(36 ea per 25 day(s) retail)
KIMONO LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	REALITY LATEX/ULTRA THIN DEVI	P	QL(36 ea per 25 day(s) retail)
KIMONO MAXX/LARGE FLARE MISC	P	QL(36 ea per 25 day(s) retail)	TRUE COVER DEVI	P	QL(36 ea per 25 day(s) retail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	TRUSTEX COLOR CONDOMS + LUBE MISC	P	QL(36 ea per 25 day(s) retail)
KIMONO MICRO THIN MISC	P	QL(36 ea per 25 day(s) retail)	TRUSTEX LUBRICATED EXTRALARGE MISC	P	QL(36 ea per 25 day(s) retail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	QL(36 ea per 25 day(s) retail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	P	QL(36 ea per 25 day(s) retail)
KIMONO PS LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P	QL(36 ea per 25 day(s) retail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P	QL(36 ea per 25 day(s) retail)
KIMONO SENSATION LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	TRUSTEX LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per 25 day(s) retail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	TRUSTEX LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)
KIMONO SPECIAL DEVI	P	QL(36 ea per 25 day(s) retail)	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	P	QL(36 ea per 25 day(s) retail)			
K-Y ME & YOU INTENSE DEVI	P	QL(36 ea per 25 day(s) retail)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSTEX NON-LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	P	QL(36 ea per 25 day(s) retail)	ACCU-CHEK AVIVA SOLN	P	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P	QL(36 ea per 25 day(s) retail)	ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	P	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per 25 day(s) retail)	ACCU-CHEK FASTCLIX LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
TRUSTEX/RIA LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 LIQD	P	
TRUSTEX/RIA NON-LUBRICATED MISC	P	QL(36 ea per 25 day(s) retail)	ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	P	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	P	QL(2 ea per 365 day(s) retail)	ACCU-CHEK SAFE-T-PRO LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	P	QL(2 ea per 365 day(s) retail)	ACCU-CHEK SAFE-T-PRO PLUSLANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	P	QL(2 ea per 365 day(s) retail)	ACCU-CHEK SMARTVIEW CONTROL LIQD	P	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	P	QL(2 ea per 365 day(s) retail)	ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	P	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	P	QL(2 ea per 365 day(s) retail)	ACCU-CHEK SOFTCLIX LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	P	QL(2 ea per 365 day(s) retail)	ACCUTREND GLUCOSE CONTROL SOLN	P	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	P	QL(2 ea per 365 day(s) retail)	ACTI-LANCE LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	P	QL(2 ea per 365 day(s) retail)	ACTI-LANCE LITE SAFETY LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
Diabetic Supplies			ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P	QL(200 ea per 26 day(s) retail); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ACTI-LANCE SPECIAL SAFETYLANCETS 17G	P	QL(200 ea per 26 day(s) retail); RX/OTC
			ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	P	QL(200 ea per 26 day(s) retail); RX/OTC

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ADJUSTABLE LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	ASSURE 3 CONTROL LEVEL 1/2 LIQD	P	
ADVANCE MICRO-DRAW CONTROL LEVEL 1-2 LIQD	P		ASSURE 4 CONTROL LEVEL 1/2 LIQD	P	
ADVANCE MICRO-DRAW NORMAL CONTROL LIQD	P		ASSURE COMFORT LANCETS ULTRA THIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
ADVANCED MOBILE LANCET 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ASSURE DOSE NORMAL/HIGH CONTROL SOLN	P	
ADVOCATE LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	ASSURE II CONTROL LEVEL 1/2 LIQD	P	
ADVOCATE LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ASSURE II CONTROL LEVEL 1 LIQD	P	
ADVOCATE LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	ASSURE LANCE LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	ASSURE LANCE LANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC
ADVOCATE SAFETY LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 25G	P	QL(200 ea per 26 day(s) retail); RX/OTC
ADVOCATE SAFETY LANCETS 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
AGAMATRIX CONTROL NORMAL& HIGH SOLN	P		ASSURE LANCE SAFETY LANCET 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	P		ASSURE PRISM CONTROL LEVEL 1/2 SOLN	P	
AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	P		ASSURE PRO CONTROL LEVEL1/2 LIQD	P	
AGAMATRIX ULTRA-THIN LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	AURORA LANCET SUPER THIN30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
AIMSCO TWIST LANCETS 32G	P	QL(200 ea per 26 day(s) retail); RX/OTC	AURORA LANCET THIN 23G	P	QL(200 ea per 26 day(s) retail); RX/OTC
AIMSCO TWIST LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	AUTO-LANCET MINI MISC	P	QL(2 ea per 30 day(s) retail)
AQUALANCE LANCETS ULTRA THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	AUTO-LANCET MISC	P	QL(2 ea per 30 day(s) retail)
			AUTOLET II CLINISAFE KIT	P	

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AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	CARETOUCH SAFETY LANCETS/28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
AUTOLET LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	CARETOUCH SAFETY LANCETS/30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
AUTOLET LITE CLINISAFE KIT	P		CARETOUCH TWIST LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
AUTOLET LITE STARTER PACK KIT	P		CARETOUCH TWIST LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
AUTOLET MINI MISC	P	QL(2 ea per 30 day(s) retail)	CARETOUCH TWIST LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
AUTOLET PLATFORMS MISC	P		CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
AUTOLET PLUS MISC	P	QL(2 ea per 30 day(s) retail)	CHOSEN LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
BD MICROTAINER LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	CLEANLET LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD	P		CLEVER CHEK LANCETS ULTRATHIN	P	QL(200 ea per 26 day(s) retail); RX/OTC
CARDIOCOM LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	CLEVER CHEK LANCETS ULTRATHIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
CAREONE ADVANCED LANCINGDEVICE MISC	P	QL(2 ea per 30 day(s) retail)	CLEVER CHOICE COMFORT EZLANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC
CAREONE LANCET SUPER THIN/30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 23G	P	QL(200 ea per 26 day(s) retail); RX/OTC
CAREONE LANCET THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
CARESENS CONTROL A SOLUTION SOLN	P		COAGUCHEK LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
CARESENS CONTROL SOLUTION A/B SOLN	P		COMFORT ASSURED LANCETS MICRO THIN 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
CARESENS LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	COMFORT ASSURED LANCETS SUPER THIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	P				
CARETOUCH LANCING DEVICewith EJECTOR MISC	P	QL(2 ea per 30 day(s) retail)			
CARETOUCH SAFETY LANCETS/26G	P	QL(200 ea per 26 day(s) retail); RX/OTC			

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COMFORT LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	DIATHRIVE LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
COMFORT TOUCH LANCETS ULTRA THIN 31G	P	QL(200 ea per 26 day(s) retail); RX/OTC	DIATHRIVE LANCETS ULTRA THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	DIATHRIVE LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	DROPLET GENTEEL LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
COOL CONTROL SOLUTION A SOLN	P		DROPLET LANCETS ULTRA THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
COOL CONTROL SOLUTION B SOLN	P		DROPLET LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
CVS LANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC	DROPLET PERSONAL LANCETS30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
CVS LANCETS MICRO THIN 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
CVS LANCETS MICRO-THIN 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	DRUG MART LANCETS THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC
CVS LANCETS ORIGINAL	P	QL(200 ea per 26 day(s) retail); RX/OTC	DRUG MART ON-THE-GO LANCETS GENTLE 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
CVS LANCETS THIN 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC	DRUG MART UNILET LANCETSSUPER THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
CVS LANCETS ULTRA THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	DRUG MART UNILET LANCETSULTRA THIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
CVS LANCETS ULTRA-THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	DRUG MART UNILET MICRO THIN LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
CVS LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	DUO-CARE CONTROL SOLUTION LIQD	P	
CVS ULTRA THIN LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	EASY COMFORT LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD	P		EASY COMFORT LANCETS 30G/PULL TOP	P	QL(200 ea per 26 day(s) retail); RX/OTC
			EASY COMFORT LANCETS 30G/THIN TOP	P	QL(200 ea per 26 day(s) retail); RX/OTC

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EASY COMFORT LANCETS TWIST TOP	P	QL(200 ea per 26 day(s) retail); RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	P	QL(200 ea per 26 day(s) retail); RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	EASY TOUCH LANCETS 32G/TWIST	P	QL(200 ea per 26 day(s) retail); RX/OTC
EASY MINI LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	EASY TOUCH LANCETS 33G/TWIST	P	QL(200 ea per 26 day(s) retail); RX/OTC
EASY TOUCH CONTROL SOLUTION/HIGH & LOW SOLN	P		EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	QL(2 ea per 30 day(s) retail)
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC	EASY TOUCH SAFETY LANCETS21G/PRESSUR E ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC	EASY TOUCH SAFETY LANCETS23G/PRESSUR E ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	P	QL(200 ea per 26 day(s) retail); RX/OTC	EASY TOUCH SAFETY LANCETS26G/PRESSUR E ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC
EASY TOUCH LANCETS 28G/PULL-TOP	P	QL(200 ea per 26 day(s) retail); RX/OTC	EASY TOUCH SAFETY LANCETS28G/PRESSUR E ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	P	QL(200 ea per 26 day(s) retail); RX/OTC	EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD	P	
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC	EASYMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION SOLN	P	
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC	EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD	P	
EASY TOUCH LANCETS 30G/PULL-TOP	P	QL(200 ea per 26 day(s) retail); RX/OTC	ELEMENT COMPACT CONTROL SOLUTION LEVEL 2 SOLN	P	
EASY TOUCH LANCETS 30G/TWIST	P	QL(200 ea per 26 day(s) retail); RX/OTC	ELEMENT COMPACT CONTROL SOLUTION LEVEL 3 SOLN	P	
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC			

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EMBRACE LANCETS ULTRA THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	EZ-LETS LANCETS 26G SUPER-SOFT	P	QL(200 ea per 26 day(s) retail); RX/OTC
EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	QL(2 ea per 30 day(s) retail)	EZ-LETS LANCETS 28G ULTRA-SOFT	P	QL(200 ea per 26 day(s) retail); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	P	QL(200 ea per 26 day(s) retail); RX/OTC	EZ-LETS LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	FIFTY50 SAFETY SEAL LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD	P		FIFTY50 SAFETY SEAL LANCETS 32G	P	QL(200 ea per 26 day(s) retail); RX/OTC
EQL COLOR LANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC	FIFTY50 UNILET LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	FINE 30	P	QL(200 ea per 26 day(s) retail); RX/OTC
EQL SUPER THIN LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	FINGERSTIX LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
EQL THIN LANCETS 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC	FORA LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
E-Z JECT LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	FORA LANCING DEVICE/CLEARCAP MISC	P	QL(2 ea per 30 day(s) retail)
E-Z JECT LANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC	FORA LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
E-Z JECT LANCETS COLOR	P	QL(200 ea per 26 day(s) retail); RX/OTC	FREDS PHARMACY AUTOLET LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
E-Z JECT LANCETS SUPER THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
E-Z JECT LANCETS THIN 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
E-ZJECT LANCETS MICRO-THIN 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	P	
EZ-LETS LANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC	FREESTYLE CONTROL SOLUTION LIQD	P	

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FREESTYLE LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	P	
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA	GENTEEL NOZZLES MISC	P	
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 23 day(s) retail); PA	GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	P	QL(2 ea per 30 day(s) retail)
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA	GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	P	QL(2 ea per 30 day(s) retail)
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 23 day(s) retail); PA	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	P	QL(2 ea per 30 day(s) retail)
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 23 day(s) retail); PA	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	P	QL(2 ea per 30 day(s) retail)
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	P	QL(2 ea per 30 day(s) retail)
FREESTYLE UNISTICK II LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	GENTLE-LET GP LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P	QL(200 ea per 26 day(s) retail); RX/OTC
GENTEEL CONTACT TIPS/BLUE MISC	P		GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	P	QL(200 ea per 26 day(s) retail); RX/OTC
GENTEEL CONTACT TIPS/CLEAR MISC	P		GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	P	QL(200 ea per 26 day(s) retail); RX/OTC
GENTEEL CONTACT TIPS/GREEN MISC	P		GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	P	QL(200 ea per 26 day(s) retail); RX/OTC
GENTEEL CONTACT TIPS/ORANGE MISC	P		GENTLE-LET PLATFORMS 2.4MM MISC	P	
GENTEEL CONTACT TIPS/RAINBOW MISC	P		GENTLE-LET PLATFORMS 3.0MM MISC	P	
GENTEEL CONTACT TIPS/VIOLET MISC	P				
GENTEEL CONTACT TIPS/YELLOW MISC	P				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	GNP STERILE LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	GNP STERILE LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
GLOBAL LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(2 ea per 30 day(s) retail)
GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD	P		GOJJI STERILE LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN	P		GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(200 ea per 26 day(s) retail); RX/OTC
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN	P		GOODSENSE LANCETS MICRO-THIN 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
GLUCOCOM LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(200 ea per 26 day(s) retail); RX/OTC
GLUCOCOM LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P	QL(200 ea per 26 day(s) retail); RX/OTC
GLUCOCOM LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
GLUCOSE CONTROL SOLUTION SOLN	P		GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	QL(200 ea per 26 day(s) retail); RX/OTC
GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD	P		GOODSENSE LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN	P		HAEMOLANCE	P	QL(200 ea per 26 day(s) retail); RX/OTC
GNP LANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC	HAEMOLANCE LOW FLOW LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
GNP LANCETS THIN 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC	HAEMOLANCE PLUS	P	QL(200 ea per 26 day(s) retail); RX/OTC
GNP LANCING SYSTEM DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	HAEMOLANCE PLUS HIGH FLOW	P	QL(200 ea per 26 day(s) retail); RX/OTC
GNP STERILE LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	HAEMOLANCE PLUS LOW FLOW	P	QL(200 ea per 26 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE PLUS MAX FLOW	P	QL(200 ea per 26 day(s) retail); RX/OTC	KINNEY THIN LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	P	QL(200 ea per 26 day(s) retail); RX/OTC	KROGER AUTOLET LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
HEALTH CARE LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD	P	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	KROGER HEALTHPRO TWIST LANCETS/26G	P	QL(200 ea per 26 day(s) retail); RX/OTC
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	KROGER LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	KROGER LANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC
H-E-B INCONTROL LANCETS MICRO THIN 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	KROGER LANCETS MICRO THIN33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	KROGER LANCETS SUPER THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	KROGER LANCETS THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC
HYPOLANCE AST LANCING KIT KIT	P		KROGER LANCETS THIN 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC
HY-VEE LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	KROGER LANCETS ULTRATHIN30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
HY-VEE THIN LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	KROGER LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
IN TOUCH GLUCOSE CONTROLSOLUTION SOLN	P		LANCET DEVICE ADJUSTABLE MISC	P	QL(2 ea per 30 day(s) retail)
IN TOUCH LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	LANCET DEVICE WITH EJECTOR MISC	P	QL(2 ea per 30 day(s) retail)
IN TOUCH STERILE LANCETS30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	LANCET TRANSPORTER CASE MISC	P	
KINNEY LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
			LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LANCETS 30G TWIST TOP	P	QL(200 ea per 26 day(s) retail); RX/OTC	LIVE BETTER ADVANCED LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
LANCETS 30G/TWIST TOP	P	QL(200 ea per 26 day(s) retail); RX/OTC	LIVE BETTER LANCET SUPERTHIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
LANCETS 33G EXTRA FINE	P	QL(200 ea per 26 day(s) retail); RX/OTC	LIVE BETTER LANCET ULTRATHIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
LANCETS 33G UNIVERSAL DESIGN	P	QL(200 ea per 26 day(s) retail); RX/OTC	LONGS LANCETS STANDARD	P	QL(200 ea per 26 day(s) retail); RX/OTC
LANCETS MICRO THIN 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	LONGS LANCETS THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC
LANCETS SUPER THIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	LONGS LANCETS ULTRA THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC
LANCETS THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	P	QL(200 ea per 26 day(s) retail); RX/OTC
LANCETS ULTRA THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	P	QL(200 ea per 26 day(s) retail); RX/OTC
LANCETS ULTRA THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	P	QL(200 ea per 26 day(s) retail); RX/OTC
LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	P	QL(200 ea per 26 day(s) retail); RX/OTC
LANZO MISC	P	QL(2 ea per 30 day(s) retail)	MEDICHOICE SAFETY LANCETEXTRA	P	QL(200 ea per 26 day(s) retail); RX/OTC
LEADER ADVANCED LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	MEDICHOICE SAFETY LANCETNORMAL	P	QL(200 ea per 26 day(s) retail); RX/OTC
LIBERTY GLUCOSE CONTROL MID SOLN	P		MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-NORMAL LIQD	P	
LIBERTY MEDICAL LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	P	
LIBERTY MINI LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	MEDLANCE PLUS EXTRA LANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC
LITE TOUCH LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC			
LITE TOUCH LANCING PEN MISC	P	QL(2 ea per 30 day(s) retail)			
LITETOUCH LANCETS MICRO THIN 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC			

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MEDLANCE PLUS LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	MEIJER LANCETS UNIVERSAL33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
MEDLANCE PLUS LANCETS LITE 25G	P	QL(200 ea per 26 day(s) retail); RX/OTC	MEIJER SUPER THIN LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
MEDLANCE PLUS LITE LANCETS 25G	P	QL(200 ea per 26 day(s) retail); RX/OTC	MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	P	
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	P	QL(200 ea per 26 day(s) retail); RX/OTC	MICROLET LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	MICROLET NEXT MISC	P	QL(2 ea per 30 day(s) retail)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	P	QL(200 ea per 26 day(s) retail); RX/OTC	MINI LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
MEDLANCE PLUS UNIVERSAL LANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC	MM LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
MEDLANCE PLUS/LITE 25G	P	QL(200 ea per 26 day(s) retail); RX/OTC	MM TWIST LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
MEDLANCE/EXTRA	P	QL(200 ea per 26 day(s) retail); RX/OTC	MONOLET LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
MEDLANCE/LITE	P	QL(200 ea per 26 day(s) retail); RX/OTC	MONOLET OPD LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
MEDLANCE/UNIVERSAL	P	QL(200 ea per 26 day(s) retail); RX/OTC	MONOLETTOR SAFETY LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	MPD SAFETY LANCET 21G/1.8MM	P	QL(200 ea per 26 day(s) retail); RX/OTC
MEIJER LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	MPD SAFETY LANCET 28G/1.8MM	P	QL(200 ea per 26 day(s) retail); RX/OTC
MEIJER LANCETS THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC	MPD SAFETY LANCET 30G/1.8MM	P	QL(200 ea per 26 day(s) retail); RX/OTC
MEIJER LANCETS UNIVERSAL21G	P	QL(200 ea per 26 day(s) retail); RX/OTC	MPD SAFETY LANCETS 23G/1.8MM	P	QL(200 ea per 26 day(s) retail); RX/OTC
MEIJER LANCETS UNIVERSAL30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	MULTI-LANCET DEVICE 2 KIT	P	
			MULTI-LANCET DEVICE MISC	P	QL(2 ea per 30 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH SOLN	P		ONETOUCH SURESOFT LANCING DEVICE/21G MISC	P	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ONETOUCH SURESOFT LANCING DEVICE/28G MISC	P	
NEUTEK 2TEK CONTROL SOLUTIONS SOLN	P		ONETOUCH ULTRA 2 KIT	P	QL(1 ea per 365 day(s) retail); RX/OTC
NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD	P		ONETOUCH ULTRA CONTROL SOLUTION LIQD	P	
NOVA SAFETY LANCETS 23G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ONETOUCH ULTRA CONTROL LIQD	P	
NOVA SAFETY LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
NOVA SUREFLEX LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	ONETOUCH ULTRASOFT LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	QL(1 ea per 365 day(s) retail); RX/OTC
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD	P	
ONETOUCH DELICA PLUS LANCETS FINE 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ONETOUCH VERIO REFLECT KIT	P	QL(1 ea per 365 day(s) retail); RX/OTC
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	PC LANCETS SUPER THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE	P	QL(200 ea per 26 day(s) retail); RX/OTC	PERFECT LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	P	QL(2 ea per 30 day(s) retail)	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC
ONETOUCH SURESOFT LANCING DEVICE/18G MISC	P		PHARMACIST CHOICE ULTRA THIN LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	PRO COMFORT LANCETS 31G	P	QL(200 ea per 26 day(s) retail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	P	QL(200 ea per 26 day(s) retail); RX/OTC	PRODIGY LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
PHARMACY COUNTER LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	PRODIGY SAFETY LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
PIP GLUCOSE CONTROL SOLUTION LIQD	P		PRODIGY TWIST TOP LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
PIP LANCETS/28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	PSS SELECT GP LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
PIP LANCETS/30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	PSS SELECT PLATFORMS MISC	P	
POCKETCHEM EZ CONTROL LEVEL 1 SOLN	P		PSS SELECT SAFETY LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
PRECISION GLUCOSE KETONECONTROL SOLUTION 1-LOW, 1-HIGH LIQD	P		PURE COMFORT LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
PRECISION THINS GP LANCET	P	QL(200 ea per 26 day(s) retail); RX/OTC	PX ADVANCED LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
PREFERRED PLUS LANCETS COLORED 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC	PX LANCET AUTO INJECTOR MISC	P	QL(2 ea per 30 day(s) retail)
PREFERRED PLUS LANCETS SUPER THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	PX LANCETS MICROTHIN 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
PREFERRED PLUS LANCETS THIN 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC	PX LANCETS ULTRA THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC
PRO COMFORT LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	PX LANCETS ULTRA THIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
			QC ADVANCED LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
			QC LANCETS SUPER THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC

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QC LANCETS ULTRA THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC	REFUAH PLUS GLUCOSE CONTROL SOLUTION SOLN	P	
QC UNILET LANCETS 28G/ULTRA THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC	RELION 2-IN-1 LANCET DEVICES 30G	P	QL(2 ea per 30 day(s) retail); RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC	RELION 2-IN-1 LANCING DEVICE 25G	P	QL(200 ea per 26 day(s) retail); RX/OTC
QUICKTEK CONTROL SOLUTION LIQD	P		RELION 2-IN-1 LANCING DEVICE 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
QUINTET GLUCOSE CONTROL/HIGH/NORMAL SOLN	P		RELION LANCETS MICRO-THIN33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
RA E-ZJECT LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	RELION LANCETS THIN 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC
RA E-ZJECT LANCETS THIN 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC	RELION LANCETS ULTRA-THIN30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
RA E-ZJECT LANCETS THIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	RELION LANCING DEVICE KIT	P	
RA E-ZJECT LANCETS ULTRATHIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	RELION LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
READYLANCE SAFETY LANCETS/21G/2.2MM	P	QL(200 ea per 26 day(s) retail); RX/OTC	RELION ULTRA THIN LANCETS/30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
READYLANCE SAFETY LANCETS/23G/1.8MM	P	QL(200 ea per 26 day(s) retail); RX/OTC	RELION ULTRA THIN LANCETS30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
READYLANCE SAFETY LANCETS/26G/1.8MM	P	QL(200 ea per 26 day(s) retail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 32G	P	QL(200 ea per 26 day(s) retail); RX/OTC
READYLANCE SAFETY LANCETS/28G/1.8MM	P	QL(200 ea per 26 day(s) retail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	P	QL(200 ea per 26 day(s) retail); RX/OTC	REXALL LANCETS ULTRA THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC
REALITY LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	RIGHTEST GD500 LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
REALITY TRIGGER LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC	P	
			RIGHTEST GL300 LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC

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SAFE-T-LANCE LOW FLOW 25G	P	QL(200 ea per 26 day(s) retail); RX/OTC	SB LANCETS ULTRA THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC
SAFE-T-LANCE NORMAL FLOW21G	P	QL(200 ea per 26 day(s) retail); RX/OTC	SELECT-LITE DEVICE/LANCETS KIT	P	
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	P	QL(200 ea per 26 day(s) retail); RX/OTC	SELECT-LITE LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	P	QL(200 ea per 26 day(s) retail); RX/OTC	SHOPKO AUTOLET LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	P	QL(200 ea per 26 day(s) retail); RX/OTC	SHOPKO ON-THE-GO COMFORTLANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SAFETY LANCET 30G/PRESSURE ACTIVATED	P	QL(200 ea per 26 day(s) retail); RX/OTC	SHOPKO UNILET LANCETS SUPER THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SAFETY LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	SHOPKO UNILET LANCETS ULTRA THIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SAFETY LANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC	SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
SAFETY LANCETS 23G	P	QL(200 ea per 26 day(s) retail); RX/OTC	SINGLE-LET	P	QL(200 ea per 26 day(s) retail); RX/OTC
SAFETY LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	SM MICRO THIN LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SAFETY LANCETS/PRESSURE ACTIVATED/28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	SM TRUEDRAW LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
SAPS HEALTH CARE TWIST TOP LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	SMART DIABETES VANTAGE LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SAPS HEALTH TWIST TOP LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SAPSCARE TWIST TOP LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SB LANCETS THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC	SMART SENSE THIN LANCETSUNIVERSAL 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SMARTEST CONTROL SOLUTION MEDIUM SOLN	P		TECHLITE LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
SMARTEST LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	TECHLITE LANCETS 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SOLUS V2 LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	TGT LANCET MICRO THIN 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	TGT LANCET THIN 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SOLUS V2 TWIST LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	TGT LANCET ULTRA THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
STERILANCE TL	P	QL(200 ea per 26 day(s) retail); RX/OTC	TGT LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
SUPER THIN LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	THINLETS GP LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
SUPREME II HIGH/LOW CONTROL SOLUTION LIQD	P		TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
SURE COMFORT LANCETS 18G	P	QL(200 ea per 26 day(s) retail); RX/OTC	TODAYS HEALTH SUPER THIN LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SURE COMFORT LANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC	TODAYS HEALTH ULTRA THIN LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SURE COMFORT LANCETS 23G	P	QL(200 ea per 26 day(s) retail); RX/OTC	TOPCARE LANCETS MICRO-THIN 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SURE COMFORT LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	TRAVEL LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SURE COMFORT LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	TRAVEL LANCETS ADVANCED 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SURE COMFORT LANCING PEN MISC	P	QL(2 ea per 30 day(s) retail)	TRUE COMFORT SAFETY LANCETS/30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
SURELITE LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	TRUE COMFORT TWIST TOP LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
TECHLITE AST LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	P		ULTILET SAFETY LANCETS 23G	P	QL(200 ea per 26 day(s) retail); RX/OTC
TRUEDRAW LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	ULTRA THIN LANCETS 31G	P	QL(200 ea per 26 day(s) retail); RX/OTC
TRUEPLUS LANCETS 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ULTRA-CARE LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
TRUEPLUS LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ULTRA-THIN II AUTO LANCET	P	QL(200 ea per 26 day(s) retail); RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC	ULTRA-THIN II LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
TRUEPLUS LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ULTRA-THIN II LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC	UNILET COMFORTOUCH LANCET	P	QL(200 ea per 26 day(s) retail); RX/OTC
TRUEPLUS LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	UNILET EXCELITE	P	QL(200 ea per 26 day(s) retail); RX/OTC
TRUEPLUS LANCETS 33G MICRO THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC	UNILET EXCELITE II	P	QL(200 ea per 26 day(s) retail); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	UNILET G.P. LANCET	P	QL(200 ea per 26 day(s) retail); RX/OTC
TWIST TOP LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	UNILET G.P. SUPERLITE LANCET	P	QL(200 ea per 26 day(s) retail); RX/OTC
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	QL(2 ea per 30 day(s) retail)	UNILET GP 28 ULTRA THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC
ULTILET CLASSIC LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	UNILET LANCET	P	QL(200 ea per 26 day(s) retail); RX/OTC
ULTILET LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	UNILET LANCETS MICRO-THIN33G	P	QL(200 ea per 26 day(s) retail); RX/OTC
ULTILET LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	UNILET LANCETS SUPER-THIN30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
ULTILET SAFETY LANCETS 21G X 2.2MM	P	QL(200 ea per 26 day(s) retail); RX/OTC	UNILET LANCETS ULTRA-THIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNILET SUPERLITE LANCET	P	QL(200 ea per 26 day(s) retail); RX/OTC	UNISTIK SAFETY LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 1 MISC	P		UNISTIK TOUCH SAFETY LANCETS 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 2 COMFORT MISC	P		UNISTIK TOUCH SAFETY LANCETS 23G	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 2 EXTRA MISC	P		UNISTIK TOUCH SAFETY LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 2 NEONATAL MISC	P		UNISTIK TOUCH SAFETY LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 2 NORMAL MISC	P		UNIVERSAL 1 LANCETS THIN26G	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 2 SUPER MISC	P		UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 2 MISC	P		UNIVERSAL 1 LANCETS/33G/MICRO-THIN	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 3 COMFORT MISC	P		VALUE PLUS LANCETS STANDARD 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC	P		VALUE PLUS LANCETS SUPERTHIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 3 EXTRA MISC	P		VALUE PLUS LANCETS THIN 26G	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 3 GENTLE	P	QL(200 ea per 26 day(s) retail); RX/OTC	VALUE PLUS LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)
UNISTIK 3 NEONATAL MISC	P		VALUMARK LANCET SUPER THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 3 NORMAL MISC	P		VALUMARK LANCET ULTRA THIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK 3 MISC	P		VERASENS GLUCOSE CONTROLLEVEL 1 LIQD	P	
UNISTIK CZT COMFORT MISC	P		VERIFINE SAFETY LANCET MINI 21G X 2.4MM	P	QL(200 ea per 26 day(s) retail); RX/OTC
UNISTIK CZT NORMAL MISC	P				
UNISTIK NORMAL MISC	P				
UNISTIK PRO SAFETY LANCET 21G	P	QL(200 ea per 26 day(s) retail); RX/OTC			
UNISTIK PRO SAFETY LANCET 25G	P	QL(200 ea per 26 day(s) retail); RX/OTC			
UNISTIK PRO SAFETY LANCET 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC			
UNISTIK SAFETY LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	P	QL(200 ea per 26 day(s) retail); RX/OTC	WALGREENS LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	P	QL(200 ea per 26 day(s) retail); RX/OTC	WALGREENS THIN LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	P	QL(200 ea per 26 day(s) retail); RX/OTC	WALGREENS ULTRA THIN LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ZEV RX TWIST TOP LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	Misc. Devices		
VERIFINE UNIVERSAL LANCETS 33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ADVOCATE ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
VIDA MIA AUTOLET LANCINGDEVICE MISC	P	QL(2 ea per 30 day(s) retail)	ALCOH-GLOVE CONTOURED WIPE	P	QL(100 ea per 31 day(s) retail); RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ALCOHOL PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ALCOHOL PREP PAD	P	QL(100 ea per 31 day(s) retail); RX/OTC
VIVAGUARD INO CONTROL SOLUTION LIQD	P		ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
VIVAGUARD LANCETS	P	QL(200 ea per 26 day(s) retail); RX/OTC	ALCOHOL PREPS	P	QL(100 ea per 31 day(s) retail); RX/OTC
VIVAGUARD LANCING DEVICE MISC	P	QL(2 ea per 30 day(s) retail)	ALCOHOL SWABS	P	QL(100 ea per 31 day(s) retail); RX/OTC
VIVAGUARD SAFETY LANCETS/28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ALCOHOL SWABSTICKS	P	QL(100 ea per 31 day(s) retail); RX/OTC
WALGREENS ADVANCED TRAVELLANCETS 28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	ALCOH-WIPE 12" X 12"	P	
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	P	QL(200 ea per 26 day(s) retail); RX/OTC	AUM ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	P	QL(200 ea per 26 day(s) retail); RX/OTC	BD SWABS SINGLE USE	P	QL(100 ea per 31 day(s) retail); RX/OTC
			CARETOUCH ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC	PHARMACIST CHOICE ALCOHOLPREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	QL(100 ea per 31 day(s) retail); RX/OTC	PRO COMFORT ALCOHOL PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
CVS ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC	PURE COMFORT ALCOHOL PREPPADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
CVS PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC	QC ALCOHOL SWABS	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC	RA ALCOHOL SWABS	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY COMFORT ALCOHOL PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC	REALITY SWABS	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	QL(100 ea per 31 day(s) retail); RX/OTC	RELION ALCOHOL SWABS	P	QL(100 ea per 31 day(s) retail); RX/OTC
EQL ALCOHOL SWABS	P	QL(100 ea per 31 day(s) retail); RX/OTC	SAPS CARE ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED	P		SAPS HEALTH ALCOHOL PREPPADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
FIFTY50 ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC	SAPS HEALTH CARE ALCOHOLPREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	P	QL(100 ea per 31 day(s) retail); RX/OTC	SB ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
GNP ALCOHOL SWABS	P	QL(100 ea per 31 day(s) retail); RX/OTC	SM ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
H-E-B INCONTROL ALCOHOL PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC	SURE COMFORT ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
HM STERILE ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC	TRUE COMFORT ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	P	QL(100 ea per 31 day(s) retail); RX/OTC	TRUE COMFORT PRO ALCOHOLPREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTICARE ALCOHOL SWABS	P	QL(100 ea per 31 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTILET ALCOHOL SWABS	P	QL(100 ea per 31 day(s) retail); RX/OTC	AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC	AQ INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	P	QL(100 ea per 31 day(s) retail); RX/OTC	AQ INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	P	RX/OTC
ZEVX STERILE ALCOHOL PREP PADS	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE LUER-LOK/U-100/1ML	P	QL(100 ea per 31 day(s) retail); RX/OTC
Parenteral Therapy Supplies			BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	P	QL(100 ea per 31 day(s) retail)
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	P	RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	P	QL(100 ea per 31 day(s) retail)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	P	RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC			

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B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail)	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail)	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	P	QL(100 ea per 31 day(s) retail)	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE/1ML/27G X 12.7MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE/1ML/29G X 12.7MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	P	QL(100 ea per 31 day(s) retail)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM	P	QL(100 ea per 31 day(s) retail)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	P	
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	P	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	P	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	P	
			BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail)
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	P	QL(100 ea per 31 day(s) retail); RX/OTC	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	P	QL(100 ea per 31 day(s) retail); RX/OTC	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	P	QL(100 ea per 31 day(s) retail); RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	P	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	P	QL(100 ea per 31 day(s) retail); RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
			CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	P		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail)	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	P	
			DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	P		DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	P		DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	P	RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC			
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC			
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	P		EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	P		EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
			EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
			EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	P	QL(100 ea per 31 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EQL INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EQL INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EQL INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	P	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC			
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail)	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	RX/OTC	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	P	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
			GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
			GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC

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GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GNP INSULIN SYRINGES/1ML/28GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC	GNP INSULIN SYRINGES/1ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GNP INSULIN SYRINGES/1ML/30GX5/16"	P	RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	GNP INSULIN SYRINGES/3ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	RX/OTC
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
GNP INSULIN SYRINGES/0.3ML/30GX5/16"	P	RX/OTC	INSULIN SYRINGE 1ML/31G X1/4"	P	RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
INSULIN SYRINGE/0.5ML/27G X 1/2"	P	RX/OTC	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC
INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC	INSULIN SYRINGES 0.3ML/31G X 1/4"	P	RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	P	RX/OTC	INSULIN SYRINGES 0.5ML/31G X 1/4"	P	RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	P	RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	P	RX/OTC	INSULIN SYRINGES/U-100/1ML/27GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
			INSULIN SYRINGES/U-100/1ML/28GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
			INSULIN SYRINGES/U-100/1ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES/U-100/1ML/30GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
INSULIN SYRINGES/U-100/1ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	P		LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	P		LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	P		LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC	MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC

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MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	RX/OTC
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC	MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	P	QL(100 ea per 31 day(s) retail)	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
MS INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	P	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	RX/OTC	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	RA INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	P	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
			REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC

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REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	P	QL(100 ea per 31 day(s) retail); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	P	RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC
SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM	P	RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	P	RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	P	RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/32GX5/16"	P	
TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	P		TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/0.5ML/32G X 5/16"	P		TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	P	RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail)	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	P	RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	P	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail)
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
			ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	P	RX/OTC	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	P	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	P	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	P	QL(100 ea per 31 day(s) retail)
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	P	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	P	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X 1/4"	P	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	P	QL(100 ea per 31 day(s) retail)	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	P	QL(100 ea per 31 day(s) retail)	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	P	QL(100 ea per 31 day(s) retail)
			ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	P	RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	P	
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	P	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	P	RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	P	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	P	QL(100 ea per 31 day(s) retail); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	P	QL(100 ea per 31 day(s) retail); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Respiratory Therapy Supplies		
ADULT MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROBIKA DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC

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AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	ASSESS PEAK FLOW METER FULL RANGE	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	ASSESS PEAK FLOW METER LOW RANGE	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHE EASE PEAK FLOW METER	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHE EASE/LARGE MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHE EASE/MEDIUM MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
AIRZONE PEAK FLOW METER	P	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHE EASE/SMALL MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC			
ALL FLOW 5000 PFT FILTER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC			

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CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	EASIVENT/MASK-SMALL MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	EASIVENT MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/BLUE DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/ORANGE DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	QL(2 ea per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/RED DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
CO MONITOR DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/WHITE DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/YELLOW DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/BLUE DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/GREEN DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/PINK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
EASIVENT/MASK-LARGE MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/WHITE DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/YELLOW DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
			EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
			EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
			EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
			EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC

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FLEXICHAMBER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC
LUNG PERFORMANCE PEAK FLOW METER	P	QL(2 ea per 365 day(s) retail); RX/OTC	PARI MANUAL INTERRUPTER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
MICROCHAMBER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	PARI TREK S COMBO PACK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
MICROCHAMBER MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	PEAK A-I-R FLOW METER	P	QL(2 ea per 365 day(s) retail); RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER	P	QL(2 ea per 365 day(s) retail); RX/OTC	PEAK AIR PEAK FLOW METERADULT/PEDIATRI C	P	QL(2 ea per 365 day(s) retail); RX/OTC
MICROSPACER MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	PERSONAL BEST FULL RANGE	P	QL(2 ea per 365 day(s) retail); RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	QL(2 ea per 365 day(s) retail); RX/OTC	PIKO 1 ELECTRONIC	P	QL(2 ea per 365 day(s) retail); RX/OTC
MINI WRIGHT PEAK FLOW METER	P	QL(2 ea per 365 day(s) retail); RX/OTC	POCKET CHAMBER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	QL(2 ea per 365 day(s) retail); RX/OTC	POCKET PEAK FLOW METER	P	QL(2 ea per 365 day(s) retail); RX/OTC
NEBULIZER CUP/TUBING DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	POCKET SPACER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	POCKETPEAK PEAK FLOW METER LOW RANGE	P	QL(2 ea per 365 day(s) retail); RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC			

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POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	P	QL(2 ea per 365 day(s) retail); RX/OTC	THRESHOLD PEP DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	TRUZONE PEAK FLOW METER	P	QL(2 ea per 365 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	QL(2 ea per 365 day(s) retail); RX/OTC	VERSAPAP/UNIVERSAL TUBING DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	VERSAPAP DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	Serotonin Agonists		
PURE COMFORT PEAK FLOW METER ADULT	P	QL(2 ea per 365 day(s) retail); RX/OTC	AMERGE ( <i>Use naratriptan hcl</i> )	NF	QL(9 ea per 26 day(s) retail); ST
PURE COMFORT PEAK FLOW METER CHILD	P	QL(2 ea per 365 day(s) retail); RX/OTC	IMITREX 5 MG/ACT, 20 MG/ACT ( <i>Use sumatriptan</i> )	NF	QL(12 ea per 31 day(s) retail)
QUAKE DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	IMITREX TABS ( <i>Use sumatriptan succinate</i> )	NF	QL(9 ea per 26 day(s) retail)
RITEFLO DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	MAXALT-MLT TBDP 10 MG ( <i>Use rizatriptan benzoate</i> )	NF	
SPIRO PD DEVI	P	QL(2 ea per 365 day(s) retail); RX/OTC	MAXALT TABS 10 MG ( <i>Use rizatriptan benzoate</i> )	NF	
STRIVE DUAL ZONE PEAK FLOW METER	P	QL(2 ea per 365 day(s) retail); RX/OTC	<i>naratriptan hcl</i>	P	QL(9 ea per 26 day(s) retail); ST
			<i>rizatriptan benzoate TABS</i>	P	
			<i>rizatriptan benzoate TBDP</i>	P	
			<i>sumatriptan</i>	P	QL(12 ea per 31 day(s) retail)

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<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(4 ml per 31 day(s) retail)	EQUALYTE SOLN ( <i>Use oral electrolytes</i> )	P	QL(133 ml daily)
<i>sumatriptan succinate TABS</i>	P	QL(9 ea per 26 day(s) retail)	HYDRALYTE FREEZER POPS SOLN	P	QL(133 ml daily)
TOSYMRA	P	QL(12 ea per 26 day(s) retail)	HYDRALYTE SOLN	P	QL(133 ml daily)
<b>MINERALS &amp; ELECTROLYTES</b>			KINDERLYTE PREMAX SOLN	P	QL(133 ml daily)
<b>Calcium</b>			KINDERLYTE SOLN	P	QL(133 ml daily)
CALCIUM 600+D HIGH POTENCY TABS	P		<i>lactated ringer's oral electrolytes SOLN</i>	P	
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 400 UNIT-800 UNIT-600 MG-600 MG, 800 UNIT-600 MG</i>	P		PEDIALYTE ADVANCED CARE SOLN ( <i>Use oral electrolytes</i> )	P	QL(133 ml daily)
<i>calcium carbonate TABS 500 MG, 600 MG, 1250 MG</i>	P		PEDIALYTE FREEZER POPS SOLN ( <i>Use oral electrolytes</i> )	P	QL(133 ml daily)
CALCIUM CHEW 100 UNIT-500 MG	P		PEDIALYTE IMMUNE SUPPORT SOLN	P	QL(133 ml daily)
CALTRATE 600+D3 TABS ( <i>Use calcium carbonate-cholecalciferol</i> )	P		PEDIALYTE SINGLES SOLN ( <i>Use oral electrolytes</i> )	P	QL(133 ml daily)
CALTRATE BONE HEALTH TABS ( <i>Use calcium carbonate-cholecalciferol</i> )	P		PEDIALYTE SOLN ( <i>Use oral electrolytes</i> )	P	QL(133 ml daily)
CELEBRATE CALCIUM PLUS 500 CHEW	P		<i>potassium chloride in nacl 20 MEQ/L-0.9 %</i>	P	
<i>oyster shell</i>	P		POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.9 % ( <i>Use potassium chloride in nacl</i> )	NF	
<b>Electrolyte Mixtures</b>			TRUELYTE SOLN	P	QL(133 ml daily)
BIOLYTE SOLN	P	QL(133 ml daily)	<b>Fluoride</b>		
CERALYTE 70 SOLN	P	QL(133 ml daily)	<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	P	
CERASPORT EX1 SOLN	P	QL(133 ml daily)	<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	RX/OTC
CERASPORT SOLN	P	QL(133 ml daily)	<b>Magnesium</b>		
ENFAMIL ENFALYTE SOLN	P	QL(133 ml daily)			

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MAG64 TBEC (Use magnesium chloride)	P		sodium chloride SOLN IV 0.45 %, 0.9 %	P	
magnesium chloride TBEC	P		sodium chloride SOLN IJ 0.9 %	P	QL(10 ml daily)
magnesium lactate	P		sodium chloride TABS	P	
magnesium oxide (mg supplement) TABS 241.5 MG, 250 MG, 400 MG, 500 MG	P		<b>Zinc</b>		
MAGNESIUM OXIDE TABS	P		zinc sulfate CAPS	P	
MAGOX 400 TABS (Use magnesium oxide (mg supplement))	P		zinc sulfate TABS	P	
MAG-TAB SR (Use magnesium lactate)	P		<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Phosphate</b>			<b>Immunomodulators</b>		
PHOS-NAK POWDER CONCENTRATE PACK (Use potassium & sodium phosphates)	P		lenalidomide	P	PA
potassium & sodium phosphates PACK	P		REVLIMID	P	PA
<b>Potassium</b>			THALOMID	P	PA
K-TAB TBCR (Use potassium chloride)	NF		<b>Immunosuppressive Agents</b>		
potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ	P		azathioprine TABS 50 MG	P	
potassium chloride CPCR	P		CELLCEPT CAPS (Use mycophenolate mofetil)	NF	
potassium chloride SOLN OR 10 %, 20 %	P		CELLCEPT SUSR (Use mycophenolate mofetil)	NF	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML (Use potassium chloride)	NF		CELLCEPT TABS (Use mycophenolate mofetil)	NF	
potassium chloride TBCR	P		cyclosporine modified (for microemulsion) CAPS	P	
<b>Sodium</b>			cyclosporine modified (for microemulsion) SOLN	P	
sodium chloride flush	P		cyclosporine CAPS	P	
			ENSPRYNG	P	PA
			IMURAN TABS (Use azathioprine)	NF	
			mycophenolate mofetil CAPS	P	
			mycophenolate mofetil SUSR	P	
			mycophenolate mofetil TABS	P	
			NEORAL CAPS (Use cyclosporine modified (for microemulsion))	P	

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NEORAL SOLN ( <i>Use cyclosporine modified (for microemulsion)</i> )	P	
PROGRAF CAPS ( <i>Use tacrolimus</i> )	NF	
SANDIMMUNE CAPS ( <i>Use cyclosporine</i> )	P	
SANDIMMUNE SOLN OR <i>tacrolimus CAPS</i>	P	
Potassium Removing Agents		
<i>sodium polystyrene sulfonate POWD</i>	P	QL(454 gm per 31 day(s) retail)
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	P	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	
Anti-infectives - Throat		
<i>clotrimazole</i>	P	
NYSTATIN ( <i>Use nystatin (mouth-throat)</i> )	NF	QL(10 ml daily)
<i>nystatin (mouth-throat)</i>	P	QL(10 ml daily)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	QL(32 ml daily)
PERIDEX ( <i>Use chlorhexidine gluconate (mouth-throat)</i> )	NF	QL(32 ml daily)
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL ( <i>Use sodium fluoride (dental)</i> )	NF	
PREVIDENT 5000 PLUS CREA ( <i>Use sodium fluoride (dental)</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
PREVIDENT FLUORIDE GEL ( <i>Use sodium fluoride (dental)</i> )	NF	
<i>sodium fluoride (dental) CREA</i>	P	
<i>sodium fluoride (dental) GEL</i>	P	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	
Throat Products - Misc.		
<i>pilocarpine hcl (oral)</i>	P	
SALAGEN ( <i>Use pilocarpine hcl (oral)</i> )	NF	
<b>MULTIVITAMINS</b>		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	P	
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	P	
B-Complex w/ Folic Acid		
<i>b-complex w/ c &amp; folic acid CAPS</i>	P	RX/OTC
<i>b-complex w/ c &amp; folic acid TABS</i>	P	
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron TABS</i>	P	
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	
Multiple Vitamins w/ Minerals		
ABC COMPLETE ADULT TABS	P	RX/OTC
ABC COMPLETE MENS TABS	P	RX/OTC
ABC COMPLETE SENIOR 50+ TABS	P	RX/OTC

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ABC COMPLETE SENIOR MEN'S50+ TABS	P	RX/OTC	ALIVE MENS COMPLETE MULTIVITAMIN TABS	P	RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	RX/OTC	ALIVE MENS GUMMY MULTIVITAMIN CHEW	P	
ABC COMPLETE WOMENS TABS	P	RX/OTC	ALIVE MULTI-VITAMIN CHEW	P	
ACTIVNUTRIENTS PERFORMANCE CAPS	P	RX/OTC	ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	P	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	RX/OTC	ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	RX/OTC
ACTIVNUTRIENTS CAPS	P	RX/OTC	ALIVE WOMENS 50+ COMPLETEMULTIVITAMIN TABS	P	RX/OTC
ADEK GUMMIES PLUS ZN CHEW	P		ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	P	
ADULT ONE DAILY GUMMIES CHEW	P		ALIVE WOMENS 50+ CHEW	P	
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	P	RX/OTC	ALIVE WOMENS ENERGY TABS	P	RX/OTC
AIRBORNE ELDERBERRY CHEW	P		ALIVE WOMENS GUMMY MULTIVITAMIN CHEW	P	
AIRBORNE KIDS CHEW	P		ALPHA BETIC TABS	P	RX/OTC
AIRBORNE+GOOD REST CHEW	P		ANTIOXIDANT FORMULA TABS	P	RX/OTC
AIRBORNE+PROBIOTIC CHEW	P		APETIBEX CAPS	P	RX/OTC
AIRBORNE CHEW	P		APPE-CURB CAPS	P	RX/OTC
ALGAE BASED CALCIUM TABS	P	RX/OTC	AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	P	RX/OTC
ALIVE DAILY ENERGY TABS	P	RX/OTC	AZO HORMONAL HEALTH HAPPY CYCLE TABS	P	RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	P	RX/OTC	BACMIN TABS	P	RX/OTC
ALIVE ENERGY 50+ TABS	P	RX/OTC	BARIATRIC FUSION CHEW	P	
ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	RX/OTC	BARIATRIC MULTIVITAMINS/IRON CAPS	P	RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW	P		BASIC AM TABS	P	RX/OTC
ALIVE MENS 50+ MULTIVITAMIN GUMMY CHEW	P		BASIC PM TABS	P	RX/OTC
ALIVE MENS 50+ TABS	P	RX/OTC			

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM SPECIALIST HEART TABS	P	RX/OTC	CVS SPECTRAVITE ADULT 50+ CHEW	P	
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	P	RX/OTC	CVS SPECTRAVITE ADULT 50+ TABS	P	RX/OTC
CENTRUM SPECIALIST VISION TABS	P	RX/OTC	CVS SPECTRAVITE ADULTS TABS	P	RX/OTC
CENTRUM ULTRA WOMENS TABS	P	RX/OTC	CVS SPECTRAVITE ULTRA MEN50+ TABS	P	RX/OTC
CENTRUM VITAMINTS CHEW	P		CVS SPECTRAVITE ULTRA MENS HEALTH TABS	P	RX/OTC
CENTRUM WOMEN TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	CVS SPECTRAVITE ULTRA WOMEN TABS	P	RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	P	RX/OTC	CVS SPECTRAVITE WOMEN CHEW	P	
CERTAVITE SENIOR TABS	P	RX/OTC	CVS VISION HEALTH CAPS	P	RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	P	RX/OTC	DAYAVITE TABS	P	RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	P	RX/OTC	DECUBI-VITE CAPS	P	RX/OTC
CHOICEFUL MULTIVITAMIN CHEW	P		DEKAS BARIATRIC CHEW	P	
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	P		DEKAS PLUS OCEAN CAPS	P	RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	P	RX/OTC	DEKAS PLUS CAPS	P	RX/OTC
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	P		DEKAS PLUS CHEW	P	
CVS EYE HEALTH ADULT 50+ CAPS	P	RX/OTC	DERMACINRX MULTITAM TABS	P	RX/OTC
CVS IMMUNE SUPPORT CAPS	P	RX/OTC	DERMACINRX RIBOTIN-E TABS	P	RX/OTC
CVS ONE DAILY MENS 50+ ADVANCED TABS	P	RX/OTC	DERMACINRX ZINTREXYL-C TABS	P	RX/OTC
CVS ONE DAILY WOMENS 50+ADVANCED TABS	P	RX/OTC	DERMAVITE TABS	P	RX/OTC
			DEXATRAN CAPS	P	RX/OTC
			DIALYVITE SUPREME D TABS	P	RX/OTC
			DIATROL TABS	P	RX/OTC
			EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	P	
			EMERGEN-C VITAMIN C CHEW	P	

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMMUNE SUPPORT CHEW	P		<i>multiple vitamins w/ minerals TABS</i>	P	RX/OTC
KEYFOLIC TABS	P	RX/OTC	MULTITOL-M TABS	P	RX/OTC
KEYLOSA TABS	P	RX/OTC	MULTIVITAMIN ADULTS TABS	P	RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	P	RX/OTC	MULTIVITAMIN MEN TABS	P	RX/OTC
LIVER DETOX TABS	P	RX/OTC	MULTI-VITAMIN MONOCAPS TABS	P	RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	P	RX/OTC	MULTIVITAMIN WOMEN TABS	P	RX/OTC
MEGA MULTI FOR MEN TABS	P	RX/OTC	MULTIVITAMIN/ZINC STRESSFORMULA TABS	P	RX/OTC
MEGA MULTI FOR WOMEN TABS	P	RX/OTC	MULTIVITAMIN TABS	P	RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	P	RX/OTC	MVW COMPLETE FORMULATION CAPS	P	RX/OTC
MENATROL CAPS	P	RX/OTC	MVW COMPLETE FORMULATIOND3000 CAPS	P	RX/OTC
MENS 50+ ADVANCED CAPS	P	RX/OTC	MVW COMPLETE FORMULATIOND500 CAPS	P	RX/OTC
MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC	MVW COMPLETE FORMULATIONMINIS CAPS	P	RX/OTC
MENS 50+ MULTIVITAMIN TABS	P	RX/OTC	MVW HI-D ADEK GUMMIES CHEW	P	
MENS MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC	MVW MODULATOR FORMULATION MINIS CAPS	P	RX/OTC
MENS MULTIVITAMIN CHEW	P		MVW MODULATOR FORMULATION CAPS	P	RX/OTC
MENS MULTIVITAMIN TABS	P	RX/OTC	NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	P	RX/OTC
MOOD FOOD ES CAPS	P	RX/OTC	NATRUL-VITES TABS	P	RX/OTC
MOOD FOOD CAPS	P	RX/OTC	NEOVITE TABS	P	RX/OTC
MULTIA CAPS	P	RX/OTC	NICADAN ZX TABS	P	RX/OTC
MULTI-BETIC DIABETES TABS	P	RX/OTC	NICADAN TABS	P	RX/OTC
<i>multiple vitamins w/ minerals CAPS</i>	P	RX/OTC	NICAZEL FORTE TABS	P	RX/OTC
<i>multiple vitamins w/ minerals CHEW</i>	P		NICAZEL TABS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NO IRON MULTIPLE VITAMIN/MINERALS TABS	P	RX/OTC	ONE-A-DAY MENOPAUSE FORMULA TABS	P	RX/OTC
NUTRICAP TABS	P	RX/OTC	ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	RX/OTC
OCULAR VITAMINS TABS	P	RX/OTC	ONE-A-DAY MENS 50+ TABS	P	RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC	ONE-A-DAY MENS HEALTH FORMULA TABS	P	RX/OTC
OCUVITE ADULT 50+ CAPS	P	RX/OTC	ONE-A-DAY MENS PRO EDGE TABS	P	RX/OTC
OCUVITE ADULT FORMULA CAPS	P	RX/OTC	ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	P	
OCUVITE LUTEIN CAPS	P	RX/OTC	ONE-A-DAY MENS TABS	P	RX/OTC
ONCOVITE TABS	P	RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS	P	RX/OTC
ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	P		ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	P	RX/OTC
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	P		ONE-A-DAY VITACRAVES ADULT CHEW	P	
ONE A DAY MENS VITACRAVES CHEW	P		ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	P	
ONE A DAY WOMENS 50+ ADVANCED CHEW	P		ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	P	
ONE DAILY MENS 50+ MULTIVITAMIN TABS	P	RX/OTC	ONE-A-DAY VITACRAVES WOMENS GUMMIES CHEW	P	
ONE DAILY MENS FORMULA W/O IRON TABS	P	RX/OTC	ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	P	
ONE DAILY WOMENS TABS	P	RX/OTC	ONE-A-DAY VITACRAVES CHEW	P	
ONE DIALY MULTIVITAMIN WOMENS TABS	P	RX/OTC	ONE-A-DAY WEIGHT SMART ADVANCED TABS (Use multiple vitamins w/ minerals)	P	RX/OTC
ONE-A-DAY ENERGY TABS	P	RX/OTC			
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	P				
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW	P				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	OPURITY TABS	P	RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	P	RX/OTC
ONE-A-DAY WOMENS 50+ TABS	P	RX/OTC	PARVLEX TABS	P	RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	PHYTOMULTI TABS	P	RX/OTC
ONE-A-DAY WOMENS PETITES TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	PRESCRIPTION SUPPORT CAPS	P	RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	P	RX/OTC
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	P		PRESERVISION AREDS 2 CAPS	P	RX/OTC
ONE-A-DAY WOMENS TABS	P	RX/OTC	PRESERVISION AREDS 2 CHEW	P	
ONE-DAILY MULTI CAPS CAPS	P	RX/OTC	PRESERVISION AREDS CAPS	P	RX/OTC
ONEVITE TABS	P	RX/OTC	PRESERVISION AREDS TABS	P	RX/OTC
OPTIFAST POST BARIATRIC CHEW	P		PRESERVISION/LUTEIN CAPS	P	RX/OTC
OPTIMUM AIRVITES CHEW	P		PRO-CAL TABS	P	RX/OTC
OPTISOURCE POST BARIATRIC SURGERY CHEW	P		PROCERV HP TABS	P	RX/OTC
OPTIVITE P.M.T. TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	PROFOLA TABS	P	RX/OTC
OPURITY/BYPASS OPTIMIZED CHEW	P		PRORENAL+D/OMEGA-3 CAPS	P	RX/OTC
			PRORENAL+D TABS	P	RX/OTC
			PROTECT CARDIO AF CAPS	P	RX/OTC
			PROTECT PLUS SO CAPS	P	RX/OTC
			PROTEGRA CAPS	P	RX/OTC
			PROVIT TABS	P	RX/OTC
			QC MULTI-VITE TABS	P	RX/OTC
			QC OCUHEALTH VISION SUPPORT 2 CAPS	P	RX/OTC
			QUIN B STRONG TABS	P	RX/OTC
			QUINTABS-M TABS	P	RX/OTC
			RA CENTRAL-VITE TABS	P	RX/OTC
			RAYAVIT TABS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REMEDIENT CAPS	P	RX/OTC	THERAGRAN-M PREMIER TABS	P	RX/OTC
RENAPLEX-D TABS	P	RX/OTC	THERAGRAN-M TABS	P	RX/OTC
SENTRY SENIOR/LUTEIN TABS	P	RX/OTC	THERAMILL FORTE CAPS	P	RX/OTC
SENTRY TABS	P	RX/OTC	THERA-M TABS	P	RX/OTC
SIDEROL TABS	P	RX/OTC	THERANATAL LACTATION ONE CAPS	P	RX/OTC
SKIN HAIR & NAILS ADVANCED BEAUTY CAPS	P	RX/OTC	THERA-TABS M TABS	P	RX/OTC
SM ONE DAILY MENS TABS	P	RX/OTC	THERA-VITE MAX-M TABS	P	RX/OTC
SM ONE DAILY WOMENS TABS	P	RX/OTC	THEREMS-M TABS	P	RX/OTC
SOLO TABS	P	RX/OTC	THRIVITE 19 TABS	P	RX/OTC
SPECTRAVITE TABS	P	RX/OTC	T-VITES TABS	P	RX/OTC
STROVITE FORTE TABS <i>(Use multiple vitamins w/ minerals)</i>	P	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	P	RX/OTC
STROVITE ONE TABS	P	RX/OTC	ULTRA BONEUP TABS	P	RX/OTC
SUPER ANTIOXIDANT CAPS	P	RX/OTC	VENEXA FE TABS	P	RX/OTC
SUPERIOR MENS MULTI TABS	P	RX/OTC	VENEXA TABS	P	RX/OTC
SUPERIOR WOMENS MULTI TABS	P	RX/OTC	VENTRIXYL FE TABS	P	RX/OTC
SUPPORT-500 CAPS	P	RX/OTC	VENTRIXYL TABS	P	RX/OTC
SYSTANE ICAPS AREDS2 CHEW	P		VISION HEALTH CAPS	P	RX/OTC
SYSTANE ICAPS AREDS2 TABS	P	RX/OTC	VISION OPTIMIZER CAPS	P	RX/OTC
THERA M PLUS TABS	P	RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	P	RX/OTC
THERABETIC MULTI-VITAMIN TABS	P	RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	RX/OTC	VITABEX PLUS CAPS	P	RX/OTC
THERAGRAN-M ADVANCED TABS	P	RX/OTC	VITABEX CAPS	P	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	P	RX/OTC	VITACHEW ADULT MULTI VITAMIN CHEW	P	
			VITAJEY MULTI GUMMIES ADULT CHEW	P	
			VITAROCA PLUS TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VITASANA TABS	P	RX/OTC	WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW	P	
VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC	YELETS TEENAGE FORMULA TABS	P	RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS	P	RX/OTC	YOUR LIFE MULTI ADULT GUMMIES CHEW	P	
VITEYES CLASSIC MULTIIVITAMIN TABS	P	RX/OTC	YUMVS MULTI ZERO CHEW	P	
VITEYES CLASSIC MULTIVITAMIN TABS	P	RX/OTC	YUMVS ZERO DIABETIC MULTIVITAMIN CHEW	P	
VITEYES CLASSIC/OMEGA-3 CAPS	P	RX/OTC	<b>Multivitamins</b>		
VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC	ALTRIXA TABS	P	RX/OTC
VITEYES CLASSIC CAPS	P	RX/OTC	AMLADDEX TABS	P	RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	P	RX/OTC	DAILY MULTIPLE VITAMINS TABS	P	RX/OTC
VITRAMYN TABS	P	RX/OTC	ESTROFACTORS TABS	P	RX/OTC
VITRANOL FE TABS	P	RX/OTC	FOLCYTEINE TABS	P	RX/OTC
VITRANOL TABS	P	RX/OTC	GENICIN VITA-Q TABS	P	RX/OTC
VITREXATE FE TABS	P	RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	P	RX/OTC
VITREXATE TABS	P	RX/OTC	MULTI VITAMIN/D-3 TABS	P	RX/OTC
VITREXYL/IRON TABS	P	RX/OTC	MULTI VITAMIN TABS	P	RX/OTC
VITREXYL TABS	P	RX/OTC	<i>multiple vitamin TABS</i>	P	RX/OTC
VITRUM 50+ ADULT-MULTI IRON FREE TABS	P	RX/OTC	MULTIVITAMIN ADULT TABS	P	RX/OTC
WAL-BORN VITAMIN C CHEW	P		NEOMULTIVITE TABS	P	RX/OTC
WELLFOLA TABS	P	RX/OTC	OMNICAP TABS	P	RX/OTC
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	P	RX/OTC	ONE DAILY ESSENTIALS TABS	P	RX/OTC
WOMENS 50+ MULTIVITAMIN TABS	P	RX/OTC	ONE DAILY ESSENTIAL TABS	P	RX/OTC
WOMENS MULTI GUMMIES CHEW	P		ONE VITE DAILY MULTIVITAMIN TABS	P	RX/OTC
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC	ONE-A-DAY ESSENTIAL TABS ( <i>Use multiple vitamin</i> )	P	RX/OTC
			ONE-A-DAY MENS TABS ( <i>Use multiple vitamin</i> )	P	RX/OTC
			QUINTABS TABS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
THERA TABS	P	RX/OTC	ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (Use pediatric multiple vitamins)	P	
THEREMS MULTIVITAMIN TABS	P	RX/OTC	<i>pediatric multiple vitamins CHEW</i>	P	
TM-DAILY VITE TABS	P	RX/OTC	<b>Pediatric Vitamins</b>		
TRUE MULTIVITAMIN TABS	P	RX/OTC	BPROTECTED PEDIATRI-VITE	P	
VITAZYME TABS	P	RX/OTC	<i>pediatric vitamins adc 400 UNIT/ML-750 UNIT/ML-35 MG/ML</i>	P	
<b>Ped Multi Vitamins w/FI &amp; FE</b>			<b>Prenatal Vitamins</b>		
<i>ped multivitamins w/fl &amp; iron SOLN</i>	P	RX/OTC	ATABEX OB	P	
<b>Ped Multiple Vitamins w/ Minerals</b>			CLASSIC PRENATAL TABS	P	
MVW COMPLETE FORMULATIONPEDIATRIC SOLN	P		COMPLETENATE CHEW	P	
<b>Ped MV w/ Fluoride</b>			CO-NATAL FA TABS	P	RX/OTC
<i>pediatric multivitamins w/fl CHEW</i>	P	AL(Up to 17 yrs old); RX/OTC	CONCEPT DHA	P	
<i>pediatric multivitamins w/fl SOLN</i>	P	AL(Up to 17 yrs old); RX/OTC	CONCEPT OB	P	
<i>pediatric vitamins acd w/ fluoride SOLN</i>	P	RX/OTC	CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	P	
<b>Ped MV w/ Iron</b>			EQL PRENATAL FORMULA TABS	P	
BPROTECTED PEDIATRI-POLY-VITE/IRON SOLN	P		FOLIVANE-OB	P	
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P		GNP PRENATAL TABS	P	
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P		KP PRENATAL MULTIVITAMINS TABS	P	
POLY-VI-SOL/IRON SOLN	P		MASONATAL TABS	P	
POLY-VITA/IRON SOLN	P		M-NATAL PLUS TABS	P	RX/OTC
POLY-VITE/IRON SOLN	P		MULTI PRENATAL TABS	P	
<b>Pediatric Multiple Vitamins</b>			NEONATAL COMPLETE TABS	P	RX/OTC
			NEONATAL PLUS TABS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
THRIVITE RX TABS	P	RX/OTC
TRICARE TABS	P	RX/OTC
TRINATAL RX 1 TABS	P	
VINATE II	P	
VINATE ONE TABS	P	
VIRT-C DHA	P	
VITAFOL-OB TABS	P	
VITATHELY/GINGER TABS	P	RX/OTC
WESCAP-C DHA	P	
WESTAB PLUS TABS	P	RX/OTC
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
Central Muscle Relaxants		
<i>baclofen TABS 5 MG, 10 MG, 20 MG</i>	P	
<i>carisoprodol TABS 350 MG</i>	P	QL(4 ea daily)
<i>chlorzoxazone TABS 500 MG</i>	P	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
<i>orphenadrine citrate TB12</i>	P	
<i>SOMA TABS 350 MG (Use carisoprodol)</i>	NF	QL(4 ea daily)
<i>tizanidine hcl TABS</i>	P	
<i>ZANAFLEX TABS 4 MG (Use tizanidine hcl)</i>	NF	
Direct Muscle Relaxants		
<i>DANTRIUM CAPS 25 MG (Use dantrolene sodium)</i>	NF	
<i>dantrolene sodium CAPS</i>	P	
Viscosupplements		
<i>GENVISC 850 SOSY</i>	P	PA
<i>SUPARTZ FX SOSY</i>	P	PA
<i>TRIVISC SOSY</i>	P	PA

Drug Name	Drug Tier	Requirements/Limits
VISCO-3 SOSY	P	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Agents - Misc.		
NOZIN NASAL SANITIZER KIT	P	
NOZIN NASAL SANITIZER SWAB	P	
OCEAN NASAL SPRAY SOLN ( <i>Use saline</i> )	P	
<i>saline SOLN</i>	P	
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	
<i>NASALCROM (Use cromolyn sodium (nasal))</i>	P	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.06 %</i>	P	
<i>ipratropium bromide (nasal) 0.03 %</i>	P	
Nasal Steroids		
<i>FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))</i>	P	RX/OTC
<i>FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))</i>	P	RX/OTC
<i>flunisolide (nasal) 0.025 %</i>	P	
<i>fluticasone propionate (nasal) SUSP</i>	P	RX/OTC
Sympathomimetic Decongestants		
<i>phenylephrine hcl (oral) TABS</i>	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine hcl</i> TABS	P		<i>timolol maleate (ophth)</i> SOLG 0.5 %	P	
<i>pseudoephedrine hcl</i> TB12	P		<i>timolol maleate (ophth)</i> SOLN	P	
SUDAFED CHILDRENS LIQD	P		TIMOPTIC SOLN ( <i>Use timolol maleate (ophth)</i> )	NF	
SUDAFED CONGESTION TABS ( <i>Use pseudoephedrine hcl</i> )	P		TIMOPTIC-XE SOLG 0.5 % ( <i>Use timolol maleate (ophth)</i> )	NF	
SUDAFED PE SINUS CONGESTION TABS ( <i>Use phenylephrine hcl (oral)</i> )	P		TIMOPTIC-XE SOLG 0.25 % ( <i>Use timolol maleate (ophth)</i> )	NF	
SUDAFED SINUS CONGESTION TABS ( <i>Use pseudoephedrine hcl</i> )	P		<b>Cycloplegic Mydriatics</b>		
<b>NUTRIENTS</b>			<i>atropine sulfate (ophthalmic)</i> OINT	P	
Misc. Nutritional Substances			<i>atropine sulfate (ophthalmic)</i> SOLN	P	
<i>omega-3 fatty acids</i> CAPS	P		ATROPINE SULFATE SOLN 1 %	P	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>			ATROPINE SULFATE SOLN ( <i>Use atropine sulfate (ophthalmic)</i> )	NF	
Artificial Tears and Lubricants			ISOPTO ATROPINE SOLN	P	
<i>polyvinyl alcohol 1.4 %</i>	P	QL(0.5 ml daily)	<b>Miotics</b>		
<i>white petrolatum-mineral oil</i>	P		<i>pilocarpine hcl</i> SOLN 2 %	P	
Beta-blockers - Ophthalmic			<b>Ophthalmic Adrenergic Agents</b>		
<i>betaxolol hcl (ophth)</i> SOLN	P		<i>brimonidine tartrate 0.2 %</i>	P	
BETOPTIC-S SUSP	P		<b>Ophthalmic Anti-infectives</b>		
<i>carteolol hcl (ophth)</i>	P		BACIGUENT	P	
COSOPT ( <i>Use dorzolamide hcl-timolol maleate</i> )	NF		<i>bacitracin (ophthalmic)</i>	P	
DORZOLAMIDE HCL/TIMOLOL MALEATE	P		<i>bacitracin-polymyxin b (ophth)</i>	P	
<i>dorzolamide hcl-timolol maleate</i>	P		BLEPH-10 SOLN ( <i>Use sulfacetamide sodium (ophth)</i> )	NF	
<i>levobunolol hcl 0.5 %</i>	P		<i>ciprofloxacin hcl (ophth)</i> SOLN	P	QL(10 ml per 25 day(s) retail)
<i>timolol maleate (ophth)</i> SOLG 0.25 %	P		ERYTHROMYCIN	P	
			<i>erythromycin (ophth)</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate (ophth) OINT</i>	P		MAXITROL SUSP ( <i>Use neomycin-polymyxin-dexameth</i> )	NF	
<i>gentamicin sulfate (ophth) SOLN</i>	P		<i>neomycin-polymyxin-dexameth OINT</i>	P	
<i>neomycin-bacitracin zn-polymyxin</i>	P		<i>neomycin-polymyxin-dexameth SUSP</i>	P	
<i>neomycin-polymyxin-gramicidin</i>	P		<i>neomycin-polymyxin-hc (ophth)</i>	P	
OCUFLOX ( <i>Use ofloxacin (ophth)</i> )	NF	QL(10 ml per 25 day(s) retail)	PRED FORTE ( <i>Use prednisolone acetate (ophth)</i> )	NF	
<i>ofloxacin (ophth)</i>	P	QL(10 ml per 25 day(s) retail)	PRED-G SUSP	P	
<i>polymyxin b-trimethoprim</i>	P		<i>prednisolone acetate (ophth)</i>	P	
<i>sulfacetamide sodium (ophth) SOLN</i>	P		PREDNISOLONE ACETATE P-F	P	
<i>tobramycin (ophth) SOLN</i>	P		<i>sulfacetamide sod-prednisolone SOLN</i>	P	
<i>trifluridine</i>	P		TOBRADEX OINT	P	
Ophthalmic Steroids			TOBRADEX SUSP ( <i>Use tobramycin-dexamethasone</i> )	NF	QL(20 ml per 25 day(s) retail)
<i>dexamethasone sodium phosphate (ophth)</i>	P	QL(10 ml per 25 day(s) retail)	<i>tobramycin-dexamethasone SUSP</i>	P	QL(20 ml per 25 day(s) retail)
<i>fluorometholone (ophth) SUSP</i>	P		Ophthalmics - Misc.		
FML FORTE SUSP	P		ACULAR ( <i>Use ketorolac tromethamine (ophth)</i> )	NF	
FML LIQUIFILM SUSP ( <i>Use fluorometholone (ophth)</i> )	NF		AZOPT ( <i>Use brinzolamide</i> )	NF	
KLARITY-L EMUL	P	QL(10 ml per 25 day(s) retail)	<i>brinzolamide</i>	P	
LOTEMAX SM GEL	P		<i>cromolyn sodium (ophth)</i>	P	
LOTEMAX GEL ( <i>Use loteprednol etabonate</i> )	NF		<i>diclofenac sodium (ophth)</i>	P	
LOTEMAX SUSP ( <i>Use loteprednol etabonate</i> )	NF	QL(10 ml per 25 day(s) retail)	<i>dorzolamide hcl</i>	P	
<i>loteprednol etabonate GEL</i>	P		DORZOLAMIDE HCL	P	
<i>loteprednol etabonate SUSP 0.5 %</i>	P	QL(10 ml per 25 day(s) retail)	<i>flurbiprofen sodium</i>	P	
MAXIDEX SUSP OP	P		<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	
MAXITROL OINT ( <i>Use neomycin-polymyxin-dexameth</i> )	NF		<i>ketotifen fumarate (ophth) 0.035 %</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl 0.1 %</i>	P	QL(0.34 ml daily); RX/OTC
PATADAY 0.1 % ( <i>Use olopatadine hcl</i> )	NF	QL(0.34 ml daily); RX/OTC
TRUSOPT ( <i>Use dorzolamide hcl</i> )	NF	
ZADITOR 0.035 % ( <i>Use ketotifen fumarate (ophth)</i> )	P	
Prostaglandins - Ophthalmic		
<i>latanoprost SOLN</i>	P	QL(5 ml per 31 day(s) retail)
LATANOPROST SOLN	P	QL(5 ml per 31 day(s) retail)
XALATAN SOLN ( <i>Use latanoprost</i> )	NF	QL(5 ml per 31 day(s) retail)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	
<i>carbamide peroxide (otic) 6.5 %</i>	P	
DEBROX 6.5 % ( <i>Use carbamide peroxide (otic)</i> )	P	
Otic Anti-infectives		
<i>ofloxacin (otic)</i>	P	QL(10 ml per 25 day(s) retail)
Otic Combinations		
CIPRODEX ( <i>Use ciprofloxacin-dexamethasone</i> )	NF	AL(Up to 6 yrs old); ST
<i>ciprofloxacin-dexamethasone</i>	P	AL(Up to 6 yrs old); ST
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
Oxytocics		

Drug Name	Drug Tier	Requirements/Limits
<i>methylergonovine maleate SOLN</i>	P	
<i>methylergonovine maleate TABS</i>	P	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Monoclonal Antibodies		
SYNAGIS SOLN	P	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	QL(10 ml daily)
AMOXICILLIN SUSR ( <i>Use amoxicillin</i> )	NF	QL(10 ml daily)
<i>amoxicillin TABS</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
BICILLIN L-A SUSY	P	
<i>penicillin g potassium</i>	P	
PENICILLIN G PROCAINE	P	
<i>penicillin v potassium SOLR</i>	P	QL(10 ml daily)
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	P	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	P	QL(10 ml daily)
<i>amoxicillin &amp; pot clavulanate TABS</i>	P	
AUGMENTIN ES-600 SUSR ( <i>Use amoxicillin &amp; pot clavulanate</i> )	NF	QL(10 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	NF	
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	P	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
<i>oxacillin sodium IJ 1 GM, 2 GM</i>	P	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		
AYGESTIN TABS (Use norethindrone acetate)	NF	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>norethindrone acetate TABS</i>	P	
<i>progesterone CAPS</i>	P	
PROMETRIUM CAPS (Use progesterone)	NF	
PROVERA (Use medroxyprogesterone acetate)	NF	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	P	QL(6 ea daily)
<i>disulfiram</i>	P	
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	
EXELON (Use rivastigmine)	NF	
<i>memantine hcl SOLN</i>	P	
<i>memantine hcl TABS</i>	P	
NAMENDA TITRATION PAK TABS (Use memantine hcl)	NF	
NAMENDA TABS (Use memantine hcl)	NF	
<i>rivastigmine</i>	P	
<i>rivastigmine tartrate CAPS</i>	P	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	P	
<i>perphenazine-amitriptyline</i>	P	
Movement Disorder Drug Therapy		
<i>tetrabenazine</i>	P	PA
XENAZINE (Use tetrabenazine)	NF	PA
Multiple Sclerosis Agents		
AUBAGIO (Use teriflunomide)	NF	QL(1 ea daily)
AVONEX PEN AJKT	P	PA
AVONEX PSKT	P	PA
COPAXONE SOSY (Use glatiramer acetate)	NF	
<i>dimethyl fumarate CDPK</i>	P	
<i>dimethyl fumarate CPDR</i>	P	
EXTAVIA KIT	P	PA
<i>fingolimod hcl</i>	P	
GILENYA (Use fingolimod hcl)	NF	
<i>glatiramer acetate SOSY</i>	P	
REBIF REBIDOSE TITRATIONPACK SOAJ	P	PA
REBIF REBIDOSE SOAJ	P	PA

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Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK SOSY	P	PA
REBIF SOSY	P	PA
TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	NF	
TECFIDERA CPDR (Use dimethyl fumarate)	NF	
teriflunomide	P	QL(1 ea daily)
Psychotherapeutic and Neurological Agents - Misc.		
pimozide	P	AL(At least 12 yrs old)
Smoking Deterrents		
APO-VARENICLINE TABS	P	QL(2 ea daily)
bupropion hcl (smoking deterrent)	P	
NICODERM CQ PT24 TD (Use nicotine)	P	QL(70 ea per 365 day(s) retail)
NICORETTE MINI LOZG (Use nicotine polacrilex)	P	QL(20 ea daily)
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	P	QL(2016 ea per 365 day(s) retail)
NICORETTE GUM (Use nicotine polacrilex)	P	QL(2016 ea per 365 day(s) retail)
NICORETTE LOZG (Use nicotine polacrilex)	P	QL(20 ea daily)
nicotine polacrilex GUM	P	QL(2016 ea per 365 day(s) retail)
nicotine polacrilex LOZG	P	QL(20 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	QL(56 ea per 365 day(s) retail); 1 max fill(s) per 365 day(s) retail
nicotine MISC XX	P	QL(70 ea per 365 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	QL(70 ea per 365 day(s) retail)
NICOTROL INHALER INHA	P	QL(504 ea per 26 day(s) retail); AL(At least 18 yrs old)
NICOTROL NS SOLN	P	QL(5 ml daily); AL(At least 18 yrs old)
varenicline tartrate TABS	P	QL(2 ea daily)
varenicline tartrate TBPk	P	
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Cystic Fibrosis Agents		
KALYDECO PACK 25 MG, 50 MG, 75 MG	P	PA
KALYDECO TABS	P	PA
PULMOZYME	P	PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (Use pirfenidone)	NF	PA
ESBRIET TABS (Use pirfenidone)	NF	PA
pirfenidone CAPS	P	PA
pirfenidone TABS	P	PA
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Tetracyclines		
doxycycline (monohydrate) CAPS 50 MG, 100 MG	P	
doxycycline hyclate CAPS	P	
doxycycline hyclate TABS 20 MG, 100 MG	P	
minocycline hcl CAPS	P	
tetracycline hcl CAPS	P	
VIBRAMYCIN CAPS (Use doxycycline hyclate)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
Antithyroid Agents		
<i>methimazole TABS</i>	P	
<i>propylthiouracil</i>	P	QL(18 ea daily)
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
ARMOUR THYROID TABS	P	
CYTOMEL TABS ( <i>Use liothyronine sodium</i> )	P	
<i>levothyroxine sodium SOLR IV 500 MCG</i>	P	
LEVOTHYROXINE SODIUM SOLR IV 500 MCG ( <i>Use levothyroxine sodium</i> )	P	
<i>levothyroxine sodium TABS</i>	P	
<i>liothyronine sodium TABS</i>	P	
NIVA THYROID TABS	P	
NP THYROID 120 TABS	P	
NP THYROID 15 TABS	P	
NP THYROID 30 TABS	P	
NP THYROID 60 TABS	P	
NP THYROID 90 TABS	P	
SYNTHROID TABS ( <i>Use levothyroxine sodium</i> )	P	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
<b>TOXOIDS</b>		
Toxoid Combinations		
ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	

Drug Name	Drug Tier	Requirements/Limits
DAPTACEL	P	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	
QUADRACEL SUSY	P	
TDVAX SUSP	P	
TENIVAC INJ	P	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P	
VAXELIS SUSP	P	
VAXELIS SUSY	P	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
Antispasmodics		
ANASPAZ TBDP ( <i>Use hyoscyamine sulfate</i> )	NF	
<i>dicyclomine hcl CAPS</i>	P	
<i>dicyclomine hcl SOLN OR</i>	P	
<i>dicyclomine hcl TABS</i>	P	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	
<i>hyoscyamine sulfate ELIX</i>	P	
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	P	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	P	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEVBID TB12 (Use hyoscyamine sulfate)	NF		esomeprazole magnesium TBEC	P	
LEVSIN/SL SUBL (Use hyoscyamine sulfate)	NF		FIRST-LANSOPRAZOLE SUSP	P	ST
LEVSIN TABS (Use hyoscyamine sulfate)	NF		lansoprazole CPDR	P	RX/OTC
ROBINUL FORTE TABS (Use glycopyrrolate)	NF		NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)	P	RX/OTC
ROBINUL TABS (Use glycopyrrolate)	NF		NEXIUM 24HR CPDR (Use esomeprazole magnesium)	P	RX/OTC
<b>H-2 Antagonists</b>			NEXIUM 24HR TBEC (Use esomeprazole magnesium)	P	
cimetidine hcl OR 300 MG/5ML	P		NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	P	RX/OTC
cimetidine TABS	P	RX/OTC	omeprazole magnesium CPDR	P	
famotidine SUSR	P	QL(5 ml daily)	omeprazole magnesium TBEC	P	
famotidine TABS	P		omeprazole CPDR	P	
PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	P	RX/OTC	omeprazole TBEC	P	
PEPCID AC TABS (Use famotidine)	P		pantoprazole sodium TBEC	P	
PEPCID TABS 20 MG (Use famotidine)	P	RX/OTC	PREVACID 24HR CPDR (Use lansoprazole)	P	RX/OTC
PEPCID TABS 40 MG (Use famotidine)	NF		PREVACID CPDR 30 MG (Use lansoprazole)	NF	
TAGAMET HB 200 TABS (Use cimetidine)	P	RX/OTC	PRILOSEC OTC TBEC (Use omeprazole magnesium)	P	
TAGAMET HB TABS (Use cimetidine)	P	RX/OTC	PROTONIX TBEC (Use pantoprazole sodium)	NF	
<b>Misc. Anti-Ulcer</b>			<b>Ulcer Drugs - Prostaglandins</b>		
CARAFATE SUSP (Use sucralfate)	NF	QL(40 ml daily)	CYTOTEC (Use misoprostol)	NF	
CARAFATE TABS (Use sucralfate)	NF		misoprostol	P	
sucralfate SUSP	P	QL(40 ml daily)	<b>Ulcer Therapy Combinations</b>		
sucralfate TABS	P				
<b>Proton Pump Inhibitors</b>					
esomeprazole magnesium CPDR 20 MG	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	1 max fill(s) per 365 day(s) retail; 14 day(s) max supply per 365 day(s) retail
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	P	RX/OTC
ZEGERID CAPS 1100 MG-20 MG ( <i>Use omeprazole-sodium bicarbonate</i> )	P	RX/OTC
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DITROPAN XL TB24 5 MG, 10 MG ( <i>Use oxybutynin chloride</i> )	NF	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 5 MG</i>	P	
<i>oxybutynin chloride TB24</i>	P	
<i>tropium chloride TABS</i>	P	ST
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	P	
<b>VACCINES</b>		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BCG VACCINE	P	
BEXSERO	P	
BIOTHRAX	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA	P	
PNEUMOVAX 23	P	
PNEUMOVAX 23/1 DOSE	P	
PREVNAR 13	P	
PREVNAR 20	P	
TRUMENBA	P	
TYPHIM VI SOLN	P	
TYPHIM VI SOSY	P	
VAXCHORA	P	
VAXNEUVANCE	P	
VIVOTIF	P	
Viral Vaccines		
ABRYSVO	P	QL(1 ea per fill retail); AL(At least 60 yrs old)
ACAM2000	P	
AFLURIA QUADRIVALENT 2021-2022 SUSP	P	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2021-2022 SUSY	P	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSP	P	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSY	P	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSP	P	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSY	P	1 max fill(s) per 180 day(s) retail
AREXVY	P	QL(1 ea per fill retail); AL(At least 60 yrs old)
COMIRNATY 2023-24 SUSP	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMIRNATY 2023-24 SUSY	P		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	1 max fill(s) per 180 day(s) retail
COMIRNATY SUSP	P		FLUCELVAX QUADRIVALENT 2023-2024 SUSP	P	1 max fill(s) per 180 day(s) retail
DENGVAXIA	P		FLUCELVAX QUADRIVALENT 2023-2024 SUSY	P	1 max fill(s) per 180 day(s) retail
ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail	FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	1 max fill(s) per 180 day(s) retail
ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail	FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT 2021-2022	P	1 max fill(s) per 180 day(s) retail	FLULAVAL QUADRIVALENT 2023-2024 SUSY	P	1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT 2022-2023	P	1 max fill(s) per 180 day(s) retail	FLUMIST QUADRIVALENT	P	1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT 2023-2024	P	1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2021-2022	P	1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2021-2022 SUSY	P	1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2022-2023	P	1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2022-2023 SUSY	P	1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2023-2024	P	1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2023-2024 SUSY	P	1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2021-2022 SUSP	P	1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2021-2022	P	1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2021-2022 SUSY	P	1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2022-2023	P	1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2022-2023 SUSP	P	1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2023-2024	P	1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2022-2023 SUSY	P	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2023-2024 SUSP	P	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P	1 max fill(s) per 180 day(s) retail			
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P	1 max fill(s) per 180 day(s) retail			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2023-2024 SUSY	P	1 max fill(s) per 180 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	P	
GARDASIL 9 SUSP	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	P	
GARDASIL 9 SUSY	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	P	
HAVRIX	P		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	P	
HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	P	
IMOVAX RABIES (H.D.C.V.) SUSR	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	P	
IPOL INACTIVATED IPV	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	P	
IXIARO	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	P	
JANSSEN COVID-19 VACCINE	P		PFIZER-BIONTECH COVID-19VACCINE SUSP	P	
JYNNEOS	P		PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
M-M-R II SOLR	P		PRIORIX SUSR	P	
MODERNA COVID-19 VACCINE, BIVALENT ORIGINAL AND OMICRON	P		PROQUAD SUSR	P	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	P		RABAVERT	P	
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	P		RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	P		RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
MODERNA COVID-19 VACCINE/6MO-5Y SUSP	P		ROTARIX SUSP	P	
MODERNA COVID-19 VACCINE SUSP	P		ROTARIX SUSR	P	
NOVAVAX COVID-19 VACCINE	P				
NOVAVAX COVID-19 VACCINE/2023-24	P				

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Drug Name	Drug Tier	Requirements/Limits
ROTATEQ SOLN	P	
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	P	
SPIKEVAX COVID-19 VACCINE SUSP	P	
STAMARIL SUSR	P	
TICOVAC	P	
TWINRIX SUSY	P	
VAQTA	P	
VARIVAX INJ	P	2 max fill(s) per 999 day(s) retail
YF-VAX INJ	P	
<b>VAGINAL AND RELATED PRODUCTS</b>		
Miscellaneous Vaginal Products		
VCF VAGINAL ODOR ELIMINATING FILM FILM	P	QL(27 ea per 25 day(s) retail)
Spermicides		
TODAY SPONGE MISC	P	QL(24 ea per 25 day(s) retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	P	QL(27 ea per 25 day(s) retail)
Vaginal Anti-infectives		
CLEOCIN CREA (Use clindamycin phosphate vaginal)	NF	
clindamycin phosphate vaginal CREA	P	
clotrimazole vaginal CREA	P	
metronidazole vaginal	P	
miconazole nitrate vaginal CREA	P	

Drug Name	Drug Tier	Requirements/Limits
miconazole nitrate vaginal KIT	P	
miconazole nitrate vaginal SUPP	P	
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal)	P	
MONISTAT 3 CREA (Use miconazole nitrate vaginal)	P	
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	P	
terconazole vaginal CREA	P	
terconazole vaginal SUPP	P	
VANDAZOLE	P	
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	P	QL(6 gm daily)
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH (Use hydrocortisone vaginal)	P	QL(6 gm daily)
Vaginal Contraceptive - pH Modulators		
PHEXXI	P	QL(60 gm per 30 day(s) retail)
Vaginal Estrogens		
PREMARIN	P	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ	P	QL(6 ea per 180 day(s) retail)
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF	QL(6 ea per 180 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF	QL(6 ea per 180 day(s) retail)	<i>ascorbic acid CHEW 500 MG, 500 MG-7.5 MG, 250 MG, 500 MG</i>	P	
Vasopressors			<i>ascorbic acid TABS</i>	P	
<i>midodrine hcl</i>	P		B-6 TABS	P	
<b>VITAMINS</b>			<i>biotin CAPS 5 MG, 5000 MCG</i>	P	
Oil Soluble Vitamins			<i>calcium ascorbate TABS</i>	P	
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 25 MCG, 50 MCG, 125 MCG, 1000 UNIT, 2000 UNIT, 5000 UNIT, 50000 UNIT</i>	P		<i>niacin CPCR 500 MG</i>	P	
<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	P		<i>niacin TABS</i>	P	
<i>cholecalciferol TABS 10 MCG, 25 MCG, 50 MCG, 125 MCG, 400 UNIT, 1000 UNIT, 2000 UNIT, 5000 UNIT</i>	P		<i>niacin TBCR 250 MG, 500 MG</i>	P	
DRISDOL CAPS (Use <i>ergocalciferol</i> )	NF	QL(4 ea per 28 day(s) retail)	<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	P	
D-VI-SOL LIQD OR (Use <i>cholecalciferol</i> )	P		SLO-NIACIN TBCR 250 MG, 500 MG (Use <i>niacin</i> )	P	
<i>ergocalciferol CAPS</i>	P	QL(4 ea per 28 day(s) retail)	<i>thiamine hcl SOLN</i>	P	
K1-1000 CAPS	P		<i>thiamine hcl TABS</i>	P	
MAXIMUM D3 CAPS	P		<i>thiamine mononitrate TABS 100 MG</i>	P	
MEPHYTON TABS (Use <i>phytonadione</i> )	NF	QL(1 ea daily)	VITAMIN B-6 TR TBCR	P	
MOMMYS BLISS VITAMIN D ORGANIC LIQD OR	P				
<i>phytonadione TABS 5 MG</i>	P	QL(1 ea daily)			
<i>phytonadione TABS 100 MCG</i>	P				
<i>vitamin a CAPS 3 MG, 3000 MCG, 8000 UNIT, 10000 UNIT</i>	P				
<i>vitamin e CAPS 268 MG, 400 UNIT</i>	P				
Water Soluble Vitamins					

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ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate) .....	60	ADALIMUMAB-FKJP AJKT .....	3	ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS 116
ACTIVNUTRIENTS CAPS .....	116	ADALIMUMAB-FKJP PSKT .....	3	ADVANCED MOBILE LANCET 30G 69
ACTIVNUTRIENTS PERFORMANCE CAPS .....	116	ADAPTIC NON-ADHERING DRESSING 3" X 3" PADS .....	43	ADVIL TABS (Use ibuprofen) .....
ACTIVNUTRIENTS W/O IRON CAPS .....	116	ADCIRCA TABS (Use tadalafil (pulmonary hypertension)) .....	32	ADVOCATE ALCOHOL PREP PADS .....
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl) .....	14	ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG- 1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG (Use amphetamine- dextroamphetamine) .....	1	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2" .....
ACTOS (Use pioglitazone hcl) ....	16	ADDERALL TABS 5 MG-5 MG-5 MG-5 MG (Use amphetamine- dextroamphetamine) .....	1	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16" .....
ACULAR (Use ketorolac tromethamine (ophth)) .....	129	ADDERALL TABS 7.5 MG-7.5 MG- 7.5 MG-7.5 MG (Use amphetamine- dextroamphetamine) .....	1	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2" .....
acyclovir CAPS .....	29	ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .	1	ADVOCATE INSULIN SYRINGE/U- 100/1ML/29GX1/2" .....
acyclovir SUSP .....	29	ADEK GUMMIES PLUS ZN CHEW 116		ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16" .....
acyclovir TABS OR .....	29	ADJUSTABLE LANCING DEVICE MISC .....	69	ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16" .....
acyclovir topical CREA .....	39	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	133	ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16" .....
acyclovir topical OINT .....	39	ADULT MASK DEVI .....	108	ADVOCATE LANCETS .....
ADACEL SUSP .....	133	ADULT ONE DAILY GUMMIES CHEW .....	116	ADVOCATE LANCETS 30G .....
ADALIMUMAB-ADAZ SOAJ .....	3	ADVAIR DISKUS AEPB (Use fluticasone-salmeterol) .....	9	ADVOCATE LANCING DEVICE MISC .....
ADALIMUMAB-ADAZ SOSY .....	3	ADVANCE MICRO-DRAW CONTROL LEVEL 1-2 LIQD .....	69	ADVOCATE RAPID-SAFE LANCING DEVICE MISC .....
ADALIMUMAB-ADBM AJKT .....	3	ADVANCE MICRO-DRAW NORMAL CONTROL LIQD .....	69	ADVOCATE SAFETY LANCETS .
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT .	3			ADVOCATE SAFETY LANCETS 26G .....
ADALIMUMAB-ADBM PSKT .....	3			
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT .....	3			
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....	3			
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT .....	3			

AEROBIKA DEVI .....	108	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC .....	109	AIRBORNE CHEW .....	116
AEROCHAMBER HOLDING CHAMBER DEVI .....	108	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC .....	109	AIRBORNE ELDERBERRY CHEW	116
AEROCHAMBER MINI		AEROCHAMBER/FLOWSIGNAL MISC .....	109	AIRBORNE KIDS CHEW .....	116
AEROSOLCHAMBER DEVI .....	108	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	109	AIRBORNE+GOOD REST CHEW	116
AEROCHAMBER MV MISC .....	108	AFINITOR TABS (Use everolimus)	24	AIRBORNE+PROBIOTIC CHEW	116
AEROCHAMBER PLUS FLOW VU MISC .....	108	AFLURIA QUADRIVALENT 2021-2022 SUSP .....	135	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol) .....	9
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI .....	108	AFLURIA QUADRIVALENT 2021-2022 SUSY .....	135	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol) .....	9
AEROCHAMBER PLUS FLOW-VU MISC .....	109	AFLURIA QUADRIVALENT 2022-2023 SUSP .....	135	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol) .....	9
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	108	AFLURIA QUADRIVALENT 2022-2023 SUSP .....	135	AIRDUO RESPICLICK 55/14 AEPB	9
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI .....	108	AFLURIA QUADRIVALENT 2022-2023 SUSY .....	135	AIRZONE PEAK FLOW METER	109
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC .....	108	AFLURIA QUADRIVALENT 2023-2024 SUSP .....	135	albuterol sulfate AERS .....	9
AEROCHAMBER PLUS FLOW-VU/MASK MISC .....	108	AFLURIA QUADRIVALENT 2023-2024 SUSY .....	135	albuterol sulfate NEBU 0.083 %	9
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI .....	108	AGAMATRIX CONTROL NORMAL& HIGH SOLN .....	69	albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML .....	9
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC .....	108	AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN .....	69	albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML .....	10
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI .....	108	AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN .....	69	ALBUTEROL SULFATE NEBU	10
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC .....	109	AGAMATRIX ULTRA-THIN LANCETS 33G .....	69	albuterol sulfate SYRP .....	10
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC .....	109	AGRYLIN 0.5 MG (Use anagrelide hcl) .....	62	albuterol sulfate TABS .....	10
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC .....	109	AIMSCO LUBRICATED MISC	66	alclometasone dipropionate CREA	39
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC .....	109	AIMSCO TWIST LANCETS 32G	69	alclometasone dipropionate OINT	39
		AIMSCO TWIST LANCETS 33G	69	ALCOH-GLOVE CONTOURED WIPE .....	86
				ALCOHOL PADS .....	86
				ALCOHOL PREP PAD .....	86
				ALCOHOL PREP PADS .....	86
				ALCOHOL PREPS .....	86
				ALCOHOL SWABS .....	86

ALCOHOL SWABSTICKS .....	86	ALIVE HAIR, SKIN & NAILS CHEW 116	ALL FLOW 6000 PFT FILTER DEVI . 109
ALCOH-WIPE 12" X 12" .....	86	ALIVE MENS 50+ MULTIVITAMAMIN GUMMY CHEW . 116	ALL FLOW 7000 PFT FILTER DEVI . 109
ALDACTAZIDE (Use spironolactone & hydrochlorothiazide) .....	59	ALIVE MENS 50+ TABS .....	116
ALDACTONE TABS (Use spironolactone) .....	59	ALIVE MENS COMPLETE MULTIVITAMIN TABS .....	116
alendronate sodium TABS 5 MG, 10 MG, 35 MG, 70 MG .....	59	ALIVE MENS GUMMY MULTIVITAMIN CHEW .....	116
ALEVE ARTHRITIS TABS (Use naproxen sodium) .....	3	ALIVE MULTI-VITAMIN CHEW ..	116
ALEVE TABS (Use naproxen sodium) .....	3	ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS .....	116
alfuzosin hcl .....	61	ALIVE ULTRA POTENCY WOMENS 50+ TABS .....	116
ALGAE BASED CALCIUM TABS	116	ALIVE WOMENS 50+ CHEW ....	116
ALGICELL AG MISC .....	43	ALIVE WOMENS 50+ COMPLETEMULTIVITAMIN TABS 116	
ALGICELL AG PADS .....	43	ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW .....	116
ALGICELL CALCIUM DRESSING2"X2" MISC .....	43	ALIVE WOMENS ENERGY TABS 116	
ALGICELL CALCIUM DRESSING3/4"X12" MISC .....	43	ALIVE WOMENS GUMMY MULTIVITAMIN CHEW .....	116
ALGICELL CALCIUM DRESSING4"X4" MISC .....	43	ALKERAN (Use melphalan) .....	23
ALGICELL CALCIUM DRESSING4"X8" MISC .....	43	ALL FLOW 1000 PFT FILTER DEVI . 109	
ALGISITE M 2"X2" MISC .....	43	ALL FLOW 2000 PFT FILTER DEVI . 109	
ALGISITE M 3/4"X12" MISC .....	43	ALL FLOW 3000 PFT FILTER DEVI . 109	
ALGISITE M 4"X4" MISC .....	43	ALL FLOW 4000 PFT FILTER DEVI . 109	
ALGISITE M 6"X8" MISC .....	43	ALL FLOW 5000 PFT FILTER DEVI . 109	
ALIVE DAILY ENERGY TABS ...	116		
ALIVE DIABETIC MULTIVITAMIN TABS .....	116		
ALIVE ENERGY 50+ TABS .....	116		
ALIVE EVERYDAY IMMUNE HEALTH CAPS .....	116		
		ALLEGRA ALLERGY CHILDRENS SUSP (Use fexofenadine hcl) .....	19
		ALLEGRA ALLERGY TABS (Use fexofenadine hcl) .....	19
		ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use fexofenadine-pseudoephedrine) ...	35
		ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use fexofenadine-pseudoephedrine) ...	35
		ALLEVYN ADHESIVE PADS .....	43
		ALLEVYN AG ADHESIVE PADS ..	43
		ALLEVYN AG GENTLE BORDER PADS .....	43
		ALLEVYN AG GENTLE PADS ....	43
		ALLEVYN AG NON-ADHESIVE PADS .....	43
		ALLEVYN AG SACRUM MISC ....	43
		ALLEVYN GENTLE BORDER HEEL PADS .....	43
		ALLEVYN GENTLE BORDER LITE PADS .....	43
		ALLEVYN GENTLE BORDER MULTISITE PADS .....	43
		ALLEVYN GENTLE BORDER PADS 43	
		ALLEVYN GENTLE BORDER SACRUM PADS .....	43
		ALLEVYN GENTLE PADS .....	43
		ALLEVYN HEEL PADS .....	43
		ALLEVYN LIFE HEEL PADS .....	43



ALLEVYN LIFE PADS .....	43	AMERGE (Use naratriptan hcl) ..	112	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1
ALLEVYN LIFE SACRUM PADS ..	43	AMERIGEL HYDROGEL WOUND DRESSING GEL .....	43	amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG- 3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG .....	1
ALLEVYN NON-ADHESIVE PADS 43		AMERIGEL WOUND DRESSING GEL .....	43	amphetamine-dextroamphetamine TABS 5 MG-5 MG-5 MG-5 MG .....	1
ALLEVYN TRACHEOSTOMY 3- 1/2"X3-1/2" PADS .....	43	amiloride & hydrochlorothiazide ..	59	amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1
allopurinol .....	62	amiloride hcl TABS .....	59	ampicillin CAPS 500 MG .....	130
ALOE VESTA ANTIFUNGAL OINT (Use miconazole nitrate (topical)) ..	38	aminophylline SOLN .....	10	ANAFRANIL (Use clomipramine hcl) 14	
ALOE VESTA CLEAR ANTIFUNGAL OINT (Use miconazole nitrate (topical)) .....	38	amiodarone hcl TABS 200 MG, 400 MG .....	8	anagrelide hcl .....	62
alogliptin benzoate .....	15	AMITIZA (Use lubiprostone) .....	61	ANASPAZ TBDP (Use hyoscyamine sulfate) .....	133
alogliptin-metformin hcl .....	14	amitriptyline hcl TABS .....	14	anastrozole .....	24
ALORA PTTW .....	60	AMLADEX TABS .....	124	ANDROGEL GEL TD 50 MG/5GM (Use testosterone) .....	6
ALPHA BETIC TABS .....	116	amlodipine besylate TABS .....	31	ANNOVERA .....	33
alprazolam TABS .....	8	amlodipine besylate-benazepril hcl 21		ANTIBACTERIAL AGINATE W/SILVER PADS .....	43
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril) .....	20	amlodipine besylate-valsartan ....	21	ANTIOXIDANT FORMULA TABS 116	
ALTRIXA TABS .....	124	amoxapine .....	14	ANTIVERT CHEW (Use meclizine hcl) .....	18
alum & mag hydrox-simethicone LIQD .....	7	amoxicillin & pot clavulanate CHEW . 130		ANUSOL-HC EX (Use hydrocortisone (rectal)) .....	7
alum & mag hydrox-simethicone SUSP .....	7	amoxicillin & pot clavulanate SUSR 130		APETIBEX CAPS .....	116
ALUMINUM HYDROXIDE SUSP 320 MG/5ML .....	7	amoxicillin & pot clavulanate TABS 130			
amantadine hcl CAPS .....	25	amoxicillin CAPS .....	130		
amantadine hcl SOLN .....	25	amoxicillin CHEW 125 MG, 250 MG . 130			
amantadine hcl TABS .....	25	AMOXICILLIN SUSR (Use amoxicillin) .....	130		
AMARYL (Use glimepiride) .....	16	amoxicillin SUSR .....	130		
AMBIEN TABS (Use zolpidem tartrate) .....	63	amoxicillin TABS .....	130		
ambrisentan .....	31	amoxicillin-clarithromycin w/ lansoprazole THPK .....	135		

APO-VARENICLINE TABS .....	132	AQUACEL EXTRA/HYDROFIBER2 X 2 PADS .....	44	MCG/ML .....	62
APPE-CURB CAPS .....	116	AQUACEL EXTRA/HYDROFIBER6 X 6 PADS .....	44	ARANESP ALBUMIN FREE SOSY 62	
APRETUDE .....	27	AQUACEL FOAM 3.2"X3.2" PADS 44		ARAVA (Use leflunomide) .....	4
APRISO CP24 (Use mesalamine) .	61	AQUACEL FOAM 4"X4" PADS ...	44	AREXVY .....	135
APTIVUS CAPS .....	27	AQUACEL FOAM 5"X5" PADS ...	44	ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride) .....	131
AQ INSULIN SYRINGE/0.5ML/30G X 5/16" .....	88	AQUACEL FOAM 6"X6" PADS ...	44	ARIDA GEL .....	44
AQ INSULIN SYRINGE/1ML/29G X 1/2" .....	88	AQUACEL FOAM 6"X8" PADS ...	44	ARIMIDEX (Use anastrozole) .....	24
AQ INSULIN SYRINGE/1ML/31G X 5/16" .....	88	AQUACEL FOAM 7"X7" PADS ...	44	aripiprazole SOLN OR .....	27
AQUACEL AG ADVANTAGE PADS . 43		AQUACEL FOAM 8"X5.5" PADS ..	44	aripiprazole TABS .....	27
AQUACEL AG BURN PADS .....	43	AQUACEL FOAM 8"X7" PADS ...	44	ARISTADA 1064 MG/3.9ML .....	27
AQUACEL AG EXTRA 6" X 6"/HYDROFIBER PADS .....	44	AQUACEL FOAM 8"X7" PADS ...	44	ARISTADA 441 MG/1.6ML .....	27
AQUACEL AG EXTRA 8" X 12"/HYDROFIBER PADS .....	44	AQUACEL FOAM 9.4"X 8.4" PADS 44		ARISTADA 662 MG/2.4ML .....	27
AQUACEL AG FOAM PADS 1.2 % 44		AQUACEL HYDROFIBER WOUNDDRESSING/0.39X18" MISC 44		ARISTADA 882 MG/3.2ML .....	27
AQUACEL AG FOAM/HEEL PADS 44		AQUALANCE LANCETS ULTRA THIN 30G .....	69	ARISTADA INITIO .....	27
AQUACEL AG FOAM/SACRAL PADS .....	44	AQUASITE IMPREGNATED DRESSING 2"X2" PADS .....	44	ARIXTRA 10 MG/0.8ML (Use fondaparinux sodium) .....	10
AQUACEL AG SURGICAL 3.5"X 12"/HYDROFIBER PADS .....	44	AQUASITE IMPREGNATED DRESSING 4"X4" PADS .....	44	ARIXTRA 2.5 MG/0.5ML (Use fondaparinux sodium) .....	10
AQUACEL AG SURGICAL HYDROFIBER PADS .....	44	AQUASITE IMPREGNATED DRESSING 4"X8" PADS .....	44	ARIXTRA 5 MG/0.4ML (Use fondaparinux sodium) .....	10
AQUACEL AG SURGICAL/HYDROFIBER PADS 1.2 % .....	44	AQUASITE IMPREGNATED GAUZE 2"X2" PADS .....	44	ARIXTRA 7.5 MG/0.6ML (Use fondaparinux sodium) .....	10
AQUACEL AG/HYDROFIBER MISC 1.2 % .....	44	AQUASITE IMPREGNATED GAUZE 4"X4" PADS .....	44	ARMOUR THYROID TABS .....	133
AQUACEL EXTRA/HYDROFIBER PADS .....	44	AQUASITE SHEET DRESSING 4"X4" PADS .....	44	ARNUITY ELLIPTA .....	9
		ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200		AROMASIN (Use exemestane) ...	24
				ascorbic acid CHEW 500 MG, 500 MG-7.5 MG, 250 MG, 500 MG ...	139
				ascorbic acid TABS .....	139
				asenapine maleate .....	26
				ASMANEX HFA AERO .....	9

aspirin CHEW .....	4	atenolol TABS .....	30	AURORA LANCET THIN 23G .....	69
aspirin TABS 325 MG .....	4	ATIVAN SOLN (Use lorazepam) ...	8	AUTO-LANCET MINI MISC .....	69
aspirin TBEC 81 MG, 325 MG .....	4	ATIVAN TABS (Use lorazepam) ...	8	AUTO-LANCET MISC .....	69
ASSESS PEAK FLOW METER FULL RANGE .....	109	atomoxetine hcl 10 MG, 40 MG, 60 MG, 80 MG, 100 MG .....	1	AUTOLET II CLINISAFE KIT .....	69
ASSESS PEAK FLOW METER LOW RANGE .....	109	atomoxetine hcl 18 MG .....	1	AUTOLET IMPRESSION LANCING DEVICE MISC .....	70
ASSURE 3 CONTROL LEVEL 1/2 LIQD .....	69	atomoxetine hcl 25 MG .....	1	AUTOLET LANCING DEVICE MISC .	70
ASSURE 4 CONTROL LEVEL 1/2 LIQD .....	69	ATOPAVO EMUL .....	44	AUTOLET LITE CLINISAFE KIT ...	70
ASSURE COMFORT LANCETS ULTRA THIN 28G .....	69	atorvastatin calcium TABS .....	20	AUTOLET LITE STARTER PACK KIT .....	70
ASSURE DOSE NORMAL/HIGH CONTROL SOLN .....	69	atovaquone .....	22	AUTOLET MINI MISC .....	70
ASSURE II CONTROL LEVEL 1 LIQD .....	69	atovaquone-proguanil hcl .....	22	AUTOLET PLATFORMS MISC ....	70
ASSURE II CONTROL LEVEL 1/2 LIQD .....	69	ATRALIN GEL (Use tretinoin) .....	37	AUTOLET PLUS MISC .....	70
ASSURE LANCE LANCETS .....	69	ATRAPRO ANTIPRURITIC HYDROGEL GEL .....	44	AVAPRO (Use irbesartan) .....	20
ASSURE LANCE LANCETS 21G .	69	ATRAPRO CP KIT .....	44	AVO CREAM EMUL .....	44
ASSURE LANCE PLUS SAFETYLANCETS 25G .....	69	atropine sulfate (ophthalmic) OINT 128		AVODART (Use dutasteride) .....	61
ASSURE LANCE PLUS SAFETYLANCETS 30G .....	69	atropine sulfate (ophthalmic) SOLN 128		AVOGEL DRESSING/4" X 4" MISC	44
ASSURE LANCE SAFETY LANCET 28G .....	69	ATROPINE SULFATE SOLN (Use atropine sulfate (ophthalmic)) ....	128	AVOGEL DRESSING/6" X 48" MISC	44
ASSURE PRISM CONTROL LEVEL 1/2 SOLN .....	69	ATROPINE SULFATE SOLN 1 % 128		AVOGEL SHEET/8" X 8" MISC ...	44
ASSURE PRO CONTROL LEVEL1/2 LIQD .....	69	ATROVENT HFA .....	9	AVONEX PEN AJKT .....	131
ATABEX OB .....	125	AUBAGIO (Use teriflunomide) ...	131	AVONEX PSKT .....	131
atazanavir sulfate CAPS .....	27	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate) ....	130	AVSOLA .....	61
atenolol & chlorthalidone .....	21	AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	131	AYGESTIN TABS (Use norethindrone acetate) .....	131
		AUM ALCOHOL PREP PADS ....	86	AZADROX GEL .....	44
		AURORA LANCET SUPER THIN30G .....	69	azathioprine TABS 50 MG .....	114
				azelastine hcl 0.1 %, 137 MCG/SPRAY .....	127
				azithromycin PACK .....	65

azithromycin SOLR .....	65	29	II/0.3ML/31G X 5/16" .....	88	
azithromycin SUSR .....	65	BARIATRIC FUSION CHEW .....	116	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" .....	88
azithromycin TABS .....	65	BARIATRIC MULTIVITAMINS/IRON CAPS .....	116	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" .....	89
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS .....	116	BASADROX GEL .....	44	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ...	89
AZO HORMONAL HEALTH HAPPY CYCLE TABS .....	116	BASIC AM TABS .....	116	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ...	89
AZOPT (Use brinzolamide) .....	129	BASIC PM TABS .....	116	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 12.7MM .....	89
AZULFIDINE EN-TABS TBEC (Use sulfasalazine) .....	61	BCG VACCINE .....	135	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM .....	89
AZULFIDINE TABS (Use sulfasalazine) .....	61	b-complex vitamins CAPS .....	115	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" ..	89
b complex w/ c CAPS .....	115	b-complex w/ c & folic acid CAPS 115		BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" ..	89
B-12 METHYLCOBALAMIN TBDP	62	b-complex w/ c & folic acid TABS	115	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM .....	89
B-12 TBDP .....	62	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" ..	88	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ...	89
B-6 TABS .....	139	BD AUTOSHIELD DUO 30G X 5MM .....	88	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ...	89
BACIGUENT .....	128	BD INSULIN SYRINGE LUER- LOK/U-100/1ML .....	88	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM .....	89
bacitracin (ophthalmic) .....	128	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" .....	88	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" ..	89
bacitracin (topical) OINT .....	37	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" .....	88	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM .....	89
bacitracin zinc OINT .....	37	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" .....	88	BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM	89
bacitracin-polymyxin b (ophth) ...	128	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	88	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" .....	89
bacitracin-polymyxin b OINT .....	37	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	88	BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM .....	89
baclofen TABS 5 MG, 10 MG, 20 MG .....	127	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	88	BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM .....	89
BACMIN TABS .....	116	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" .....	89
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	21	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	88		
BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...	22	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	88		
balsalazide disodium CAPS .....	61	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" ..	88		
BAND-AID GAUZE PADS SMALL2" X 2" PADS .....	65	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" ..	88		
BARACLUDE TABS (Use entecavir) .		B-D INSULIN SYRINGE ULTRAFINE			

BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" .....	89	SYRINGE/0.3ML/31G X 15/64" ...	90	CONGESTION CHILDRENS SOLN 35
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" .....	89	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" ....	90	BENADRYL ALLERGY TABS (Use diphenhydramine hcl) .....
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM .....	89	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" .....	90	BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl) .
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM .....	89	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" .....	90	benazepril & hydrochlorothiazide .
BD INSULIN SYRINGE/1ML/27G X 12.7MM .....	89	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...	90	benazepril hcl .....
BD INSULIN SYRINGE/1ML/29G X 12.7MM .....	89	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" .....	90	BENICAR (Use olmesartan medoxomil) .....
BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2" .....	89	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" .	90	BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide) .....
BD INSULIN SYRINGE/U- 100/2ML/27.5G X 5/8" .....	89	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...	90	benzonatate 100 MG, 200 MG ....
BD INSULIN SYRINGE/U- 500/0.5ML/31G X 6MM .....	89	BD SWABS SINGLE USE .....	86	benzoyl peroxide GEL 2.5 %, 5 %, 10 % .....
BD MICROTAINER LANCETS ....	70	BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 6MM .....	90	benzoyl peroxide LIQD 4 %, 5 %, 10 % .....
BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM .....	89	BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM .....	90	benztropine mesylate TABS .....
BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM .....	89	BD VEO INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 6MM 90		betamethasone dipropionate (topical) CREA .....
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" .....	89	BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM .....	90	betamethasone dipropionate (topical) LOTN .....
BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM .....	89	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64" .	90	betamethasone dipropionate (topical) OINT .....
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM .....	89	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" ...	90	betamethasone dipropionate augmented CREA .....
BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM .....	89	BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64" .	90	betamethasone valerate CREA ...
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" .....	90	BENADRYL ALLERGY CAPS (Use diphenhydramine hcl) .....	18	betamethasone valerate LOTN ....
BD SAFETYGLIDE INSULIN		BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) ..	18	betamethasone valerate OINT ....
		BENADRYL ALLERGY EXTRA STRENGTH TABS .....	18	BETAPACE AF (Use sotalol hcl (afib/afll)) .....
		BENADRYL ALLERGY PLUS		BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl) .....
				betaxolol hcl (ophth) SOLN .....

bethanechol chloride .....	135	bisacodyl TBEC .....	64	DEVI .....	109
BETHKIS NEBU (Use tobramycin) .	2	bismuth subsalicylate SUSP 262		BREATHERITE VALVED MDI	
BETOPTIC-S SUSP .....	128	MG/15ML, 525 MG/30ML, 527		CHAMBER/COLLAPSIBLE DEVI	109
BEXSERO .....	135	MG/30ML .....	16	BREATHERITE VALVED MDI	
BIAFINE EMUL .....	44	bisoprolol & hydrochlorothiazide ..	21	CHAMBER/RIGID DEVI .....	109
bicalutamide .....	24	bisoprolol fumarate .....	30	brimonidine tartrate 0.2 % .....	128
BICILLIN C-R 300000 UNIT/2ML-		BLEPH-10 SOLN (Use sulfacetamide		brinzolamide .....	129
900000 UNIT/2ML, 300000 UNIT/ML-		sodium (ophth)) .....	128	bromocriptine mesylate CAPS .....	25
300000 UNIT/ML .....	131	BLULINK CONTROL		bromocriptine mesylate TABS 2.5	
BICILLIN L-A SUSY .....	130	SOLUTION/HIGH & LOW LIQD ...	70	MG .....	25
BIKTARVY 120 MG-30 MG-15 MG		BONEUP 3 PER DAY CAPS .....	117	brompheniramine & phenyleph ELIX .	
27		BONEUP CAPS .....	117	35	
BIKTARVY 200 MG-50 MG-25 MG		BONEUP VEGETARIAN TABS ..	117	brompheniramine & pseudoeph ELIX	
27		BOOSTNOW IMMUNE SUPPORT		35	
BILTRICIDE (Use praziquantel) ....	7	CAPS .....	117	brompheniramine & pseudoeph LIQD	
BINAXNOW COVID-19 AG CARD		BOOSTRIX SUSP .....	133	15 MG/5ML-1 MG/5ML .....	35
HOME TEST KIT .....	58	BOOSTRIX SUSY .....	133	budesonide (inhalation) SUSP .....	9
BIO-35 GLUTEN-FREE CAPS ...	117	BOSULIF TABS .....	24	budesonide-formoterol fumarate	
BIO-35 IRON FREE CAPS .....	117	BPROTECTED PEDIA POLY-		dihydrate .....	10
BIOCAL CAPS .....	117	VITE/IRON SOLN .....	125	bumetanide SOLN 0.25 MG/ML ...	59
BIOGUARD GAUZE SPONGE 2"X2"		BPROTECTED PEDIA TRI-VITE		bumetanide TABS .....	59
8 PLY PADS .....	65	125		BUMEX TABS 0.5 MG (Use	
BIO-KULT INFANTIS PACK .....	16	BREATHE COMFORT ANTI-STATIC		bumetanide) .....	59
BIOLYTE SOLN .....	113	VALVED HOLDING		buprenorphine hcl SUBL 2 MG .....	6
BIONECT CREA .....	45	CHAMBER/ADULT DEVI .....	109	buprenorphine hcl SUBL 8 MG .....	6
BIONECT FOAM .....	45	BREATHE COMFORT ANTI-STATIC		buprenorphine hcl-naloxone hcl	
BIONECT GEL .....	45	VALVED HOLDING		dihydrate FILM SL 0.5 MG-2 MG ...	6
BIOSTEP AG .....	45	CHAMBER/CHILD DEVI .....	109	buprenorphine hcl-naloxone hcl	
BIOSTEP SHEE .....	45	BREATHE EASE PEAK FLOW		dihydrate FILM SL 1 MG-4 MG .....	6
BIOTHRAX .....	135	METER .....	109	buprenorphine hcl-naloxone hcl	
biotin CAPS 5 MG, 5000 MCG ...	139	BREATHE EASE/LARGE MASK		dihydrate FILM SL 2 MG-8 MG .....	6
bisacodyl SUPP .....	64	DEVI .....	109	buprenorphine hcl-naloxone hcl	
		BREATHE EASE/MEDIUM MASK		dihydrate FILM SL 3 MG-12 MG ...	6
		DEVI .....	109	buprenorphine hcl-naloxone hcl	
		BREATHE EASE/SMALL MASK			

dihydrate SUBL 0.5 MG-2 MG .....6	calcipotriene SOLN ..... 39	capsaicin CREA 0.025 % .....41
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG .....6	calcitonin (salmon) NA .....59	captopril & hydrochlorothiazide ...21
bupropion hcl (smoking deterrent) 132	calcitriol CAPS .....59	captopril .....20
bupropion hcl TABS .....13	calcitriol SOLN OR .....60	CARAFATE SUSP (Use sucralfate) 134
bupropion hcl TB12 .....13	CALCIUM 600+D HIGH POTENCY TABS .....113	CARAFATE TABS (Use sucralfate) 134
bupropion hcl TB24 150 MG, 300 MG .....13	calcium acetate (phosphate binder) CAPS .....61	carbamazepine CHEW .....11
buspironone hcl .....8	calcium acetate (phosphate binder) TABS .....61	carbamazepine SUSP .....11
butalbital-acetaminophen TABS 50 MG-325 MG .....4	calcium ascorbate TABS .....139	carbamazepine TABS .....11
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG .....4	calcium carbonate (antacid) CHEW 500 MG, 750 MG .....7	carbamide peroxide (otic) 6.5 % ..130
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG .....4	calcium carbonate (antacid) SUSP .7	carbidopa-levodopa TABS .....25
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG .....5	calcium carbonate TABS 500 MG, 600 MG, 1250 MG .....113	carbidopa-levodopa TBCR .....25
butalbital-aspirin-caffeine CAPS ....4	CALCIUM CARBONATE TABS 648 MG .....7	CARBOFLEX ODOR CONTROL DRESSING PADS .....45
butalbital-aspirin-caffeine w/cod ....5	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG- 600 MG, 400 UNIT-600 MG, 400 UNIT-800 UNIT-600 MG-600 MG, 800 UNIT-600 MG .....113	CARDIOCOM LANCING DEVICE MISC .....70
butorphanol tartrate NA 10 MG/ML .6	CALCIUM CHEW 100 UNIT-500 MG 113	CARDIZEM CD CP24 (Use diltiazem hcl coated beads) .....31
BYDUREON BCISE AUIJ .....15	calcium polycarbophil TABS .....63	CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl) .....31
BYETTA SOPN 10 MCG/0.04ML ..15	CAL-DAY 1000 TABS .....117	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl) .....31
BYETTA SOPN 5 MCG/0.02ML ...15	CALTRATE 600+D3 TABS (Use calcium carbonate-cholecalciferol) 113	CARDURA (Use doxazosin mesylate) .....21
CABENUVA .....27	CALTRATE BONE HEALTH TABS (Use calcium carbonate- cholecalciferol) .....113	CAREONE ADVANCED LANCINGDEVICE MISC .....70
cabergoline .....60	capecitabine .....23	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ....90
CALAN SR TBCR (Use verapamil hcl) .....31	CAPRELSA .....24	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" ...90
calcipotriene CREA .....39		CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" ....90
calcipotriene FOAM .....39		
CALCIPOTRIENE FOAM .....39		
calcipotriene OINT .....39		

CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" ...90	CARETOUCH SAFETY LANCETS/26G .....70	cefazolin sodium SOLR IJ 1 GM, 10 GM ..... 32
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" .....90	CARETOUCH SAFETY LANCETS/28G .....70	cefdinir CAPS .....32
CAREONE INSULIN SYRINGES/1ML/31GX5/16" .....90	CARETOUCH SAFETY LANCETS/30G .....70	cefdinir SUSR .....32
CAREONE LANCET SUPER THIN/30G .....70	CARETOUCH TWIST LANCETS 28G .....70	cefixime CAPS .....32
CAREONE LANCET THIN .....70	CARETOUCH TWIST LANCETS 30G .....70	cefpodoxime proxetil SUSR ..... 32
CARESENS CONTROL A SOLUTION SOLN .....70	CARETOUCH TWIST LANCETS 33G .....70	cefpodoxime proxetil TABS .....32
CARESENS CONTROL SOLUTION A/B SOLN .....70	CARETOUCH TWIST LANCETS MULTI COLOR/30G .....70	cefprozil SUSR .....32
CARESENS LANCETS ..... 70	carisoprodol TABS 350 MG ..... 127	cefprozil TABS ..... 32
CARETOUCH 4"X4" MISC ..... 45	CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers)) 60	ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG ..... 32
CARETOUCH ALCOHOL PREP PADS .....86	CARNITOR SOLN IV 200 MG/ML (Use levocarnitine (metabolic modifiers)) .....60	cefuroxime axetil TABS .....32
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD .....70	CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers)) .....60	CELEBRATE CALCIUM PLUS 500 CHEW .....113
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" .....90	CARNITOR TABS (Use levocarnitine (metabolic modifiers)) .....60	CELEBRATE MULTI-COMPLETE18 CAPS ..... 117
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" .....90	carteolol hcl (ophth) .....128	CELEBRATE MULTI-COMPLETE18 CHEW .....117
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" .....90	carvedilol ..... 30	CELEBRATE MULTI-COMPLETE36 CAPS ..... 117
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" .....90	carvedilol phosphate ..... 30	CELEBRATE MULTI-COMPLETE36 CHEW .....117
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16" .....90	CASODEX (Use bicalutamide) ...24	CELEBRATE MULTI-COMPLETE45 CAPS ..... 117
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16" .....91	CAYA DPRH .....66	CELEBRATE MULTI-COMPLETE45 CHEW .....117
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" .....91	cefaclor CAPS ..... 32	CELEBRATE MULTI-COMPLETE60 CAPS ..... 117
CARETOUCH LANCING DEVICEWITH EJECTOR MISC ... 70	cefadroxil CAPS .....32	CELEBRATE MULTI-COMPLETE60 CHEW .....117
	cefadroxil SUSR ..... 32	CELEBREX 200 MG, 400 MG (Use celecoxib) .....3
	cefadroxil TABS .....32	CELEBREX 50 MG, 100 MG (Use celecoxib) .....3



celecoxib 200 MG, 400 MG .....	3	CENTRUM MINIS MEN 50+ TABS 117	cephalexin SUSR 250 MG/5ML ...	32
celecoxib 50 MG, 100 MG .....	3	CENTRUM MINIS WOMEN 50+ TABS .....	CERALYTE 70 SOLN .....	113
CELEXA TABS (Use citalopram hydrobromide) .....	13	CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW .....	CERASPORT EX1 SOLN .....	113
CELLCEPT CAPS (Use mycophenolate mofetil) .....	114	CENTRUM SILVER 50+MEN TABS (Use multiple vitamins w/ minerals) 117	CERASPORT SOLN .....	113
CELLCEPT SUSR (Use mycophenolate mofetil) .....	114	CENTRUM SILVER 50+WOMEN TABS (Use multiple vitamins w/ minerals) .....	CERDELGA .....	62
CELLCEPT TABS (Use mycophenolate mofetil) .....	114	CENTRUM SILVER ADULT 50+ TABS (Use multiple vitamins w/ minerals) .....	CEREBYX 100 MG PE/2ML (Use fosphenytoin sodium) .....	12
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT .....	58	CENTRUM SILVER ADULTS 50+ TABS (Use multiple vitamins w/ minerals) .....	CEREZYME 400 UNIT .....	62
CENTANY OINT .....	37	CENTRUM SILVER CHEW .....	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS .....	118
CENTRATEX CAPS .....	62	CENTRUM SILVER ULTRA WOMENS TABS .....	CERTAVITE/ANTIOXIDANTS TABS . 118	
CENTRAVITES 50 PLUS TABS .	117	CENTRUM SPECIALIST HEART TABS .....	cetirizine hcl SOLN OR .....	19
CENTRAVITES ADULTS TABS ..	117	CENTRUM SPECIALIST IMMUNE SUPPORT TABS .....	cetirizine hcl SYRP OR .....	19
CENTRUM ADULT MULTIGUMMIES CHEW .....	117	CENTRUM SPECIALIST VISION TABS .....	cetirizine hcl TABS .....	19
CENTRUM ADULTS 50+ MULTIGUMMIES CHEW .....	117	CENTRUM ULTRA WOMENS TABS 118	cetirizine-pseudoephedrine .....	35
CENTRUM ADULTS TABS (Use multiple vitamins w/ minerals) ....	117	CENTRUM VITAMINTS CHEW ..	CHEMSTRIP UGK .....	58
CENTRUM CARDIO TABS .....	117	CENTRUM WOMEN TABS (Use multiple vitamins w/ minerals) ....	CHEMSTRIP-K STRP .....	58
CENTRUM FLAVOR BURST ADULT CHEW .....	117	cephalexin CAPS .....	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) .....	3
CENTRUM FLAVOR BURST CHEW 117		cephalexin SUSR 125 MG/5ML ...	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen) .....	3
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW .....	117		chlordiazepoxide hcl CAPS .....	8
CENTRUM FRESH/FRUITY ADULTS CHEW .....	117		chlordiazepoxide-amitriptyline ...	131
CENTRUM MEN TABS .....	117		chlorhexidine gluconate (mouth- throat) .....	115
CENTRUM MINIS ADULTS 50+ TABS .....	117		chlorhexidine gluconate SOLN EX 4 % .....	27
			chloroquine phosphate TABS .....	22
			chlorpheniramine & pseudoeph TABS .....	35

chlorpheniramine maleate TABS .. 18	cimetidine hcl OR 300 MG/5ML .. 134	CLEOCIN CREA (Use clindamycin phosphate vaginal) ..... 138
chlorpromazine hcl TABS 10 MG, 25 MG, 50 MG .....26	cimetidine TABS .....134	CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride) .....22
chlorpromazine hcl TABS 100 MG 26	CINQAIR ..... 8	CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML .....22
chlorpromazine hcl TABS 200 MG 26	CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl) ..... 60	CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 900 MG/6ML (Use clindamycin phosphate) ..... 22
chlorthalidone 25 MG, 50 MG ..... 59	CIPRODEX (Use ciprofloxacin-dexamethasone) .....130	CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) .....37
chlorzoxazone TABS 500 MG ....127	ciprofloxacin hcl (ophth) SOLN ...128	CLEVER CHEK LANCETS ULTRATHIN .....70
CHOICEFUL MULTIVITAMIN CAPS . 118	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG ..... 60	CLEVER CHEK LANCETS ULTRATHIN 30G .....70
CHOICEFUL MULTIVITAMIN CHEW .....118	ciprofloxacin-dexamethasone ...130	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI 109
cholecalciferol CAPS 1.25 MG, 1.25 MG, 25 MCG, 50 MCG, 125 MCG, 1000 UNIT, 2000 UNIT, 5000 UNIT, 50000 UNIT .....139	citalopram hydrobromide TABS ... 13	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI .....110
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML ..... 139	clarithromycin SUSR .....65	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI 110
cholecalciferol TABS 10 MCG, 25 MCG, 50 MCG, 125 MCG, 400 UNIT, 1000 UNIT, 2000 UNIT, 5000 UNIT 139	clarithromycin TABS ..... 65	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI .....110
cholestyramine light PACK ..... 19	clarithromycin TB24 .....65	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI 110
cholestyramine light POWD .....19	CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine) .....19	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" ..... 91
cholestyramine PACK .....19	CLARITIN REDITABS JUNIORS TBDP (Use loratadine) .....19	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X
cholestyramine POWD .....19	CLARITIN REDITABS TBDP 10 MG (Use loratadine) .....19	
choline fenofibrate 135 MG .....20	CLARITIN SOLN (Use loratadine) .19	
CHOSEN LANCING DEVICE MISC 70	CLARITIN TABS (Use loratadine) .19	
CICA-CARE SHEE .....45	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine) ...35	
ciclopirox olamine CREA .....38	CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine) ...35	
ciclopirox olamine SUSP .....38	CLASSIC PRENATAL TABS .....125	
ciclopirox SOLN .....38	CLEANLET LANCETS 28G .....70	
cilostazol .....62	CLEAR AWAY ONE STEP WARTREMOVER PADS (Use salicylic acid) .....41	
CIMDUO .....27	CLEOCIN (Use clindamycin hcl) ..22	

1/2" .....	91	CLEVER CHOICE COMFORT EZLANCETS 23G .....	70	clotrimazole (topical) CREA .....	38
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" .....	91	CLEVER CHOICE COMFORT EZLANCETS 28G .....	70	clotrimazole (topical) SOLN .....	38
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" .....	91	CLEVER CHOICE PEAK FLOW METER .....	110	clotrimazole .....	115
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" .....	91	CLIMARA PTWK (Use estradiol) ..	60	clotrimazole vaginal CREA .....	138
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" .....	91	CLINDAGEL GEL (Use clindamycin phosphate (topical)) .....	37	clotrimazole w/ betamethasone CREA .....	38
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" .....	91	clindamycin hcl .....	22	clozapine TABS .....	26
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" .....	91	clindamycin palmitate hydrochloride . 22		clozapine TBDP 12.5 MG .....	26
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" .....	91	clindamycin phosphate (topical) GEL 37		CLOZARIL TABS (Use clozapine) .	26
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" .....	91	clindamycin phosphate (topical) LOTN .....	37	CO MONITOR DEVI .....	110
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" .....	91	clindamycin phosphate (topical) SOLN .....	37	COAGUCHEK LANCETS .....	70
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" .....	91	clindamycin phosphate (topical) SWAB .....	37	codeine sulfate TABS 30 MG .....	5
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" .....	91	clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML .....	22	CODEINE SULFATE TABS .....	5
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" .....	91	clindamycin phosphate vaginal CREA .....	138	COLACE CAPS 100 MG (Use docusate sodium) .....	64
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" .....	91	CLINITEST RAPID COVID- 19ANTIGEN SELF-TEST KIT .....	58	COLAZAL CAPS (Use balsalazide disodium) .....	61
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16" .....	91	clobetasol propionate SOLN 0.05 % . 39		colchicine TABS .....	62
CLEVER CHOICE COMFORT EZLANCETS 21G .....	70	clomipramine hcl .....	14	colchicine w/ probenecid .....	62
		clonazepam TABS .....	11	COLCRYST TABS (Use colchicine) .	62
		clonidine hcl TABS .....	21	COLEMAN 100 MAX INSECT REPELLENT LIQD .....	41
		clopidogrel bisulfate 75 MG .....	62	COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO .....	41
		clorazepate dipotassium TABS .....	8	COLEMAN INSECT REPELLENT/HIGH & DRY AERO .	41
				COLEMAN INSECT REPELLENT/SPORTSMEN AERO	41
				COLLANEX POWD .....	45
				COMBIVENT RESPIMAT AERS ..	10
				COMBIVIR (Use lamivudine-	

zidovudine) .....27	COMPACT SPACE	6"X2YD MISC .....45
COMFORT ASSIST INSULIN	CHAMBER/ANTI-STATIC/SMALL	COOL CONTROL SOLUTION A
SYRINGE/0.3ML/31G X 5/16" .... 91	MASK DEVI .....110	SOLN .....71
COMFORT ASSURED LANCETS	COMPLERA .....27	COOL CONTROL SOLUTION B
MICRO THIN 33G .....70	COMPLETENATE CHEW .....125	SOLN .....71
COMFORT ASSURED LANCETS	COMPOUND W FAST ACTING	COOLMAGIC SHEE .....45
SUPER THIN 28G .....70	GEL+CONSEAL GEL (Use salicylic	COOLMAGIC TUBE SITE
COMFORT EZ INSULIN	acid) .....41	DRESSING SHEE .....45
SYRINGE/U-100/0.5ML/31G X 5/16"	COMPOUND W LIQD (Use salicylic	COPAXONE SOSY (Use glatiramer
.....91	acid) .....41	acetate) .....131
COMFORT EZ INSULIN	COMPOUND W MAXIMUM	COREG (Use carvedilol) .....30
SYRINGE/U-100/1ML/31G X 5/16"	STRENGTH GEL (Use salicylic acid)	COREG CR (Use carvedilol
91	41	phosphate) .....30
COMFORT LANCETS .....71	COMTAN (Use entacapone) .....25	CORGARD TABS 20 MG, 40 MG, 80
COMFORT TOUCH ALCOHOL	CO-NATAL FA TABS .....125	MG (Use nadolol) .....30
PREP PADS .....87	CONCEPT DHA .....125	CORLANOR SOLN .....32
COMFORT TOUCH LANCETS	CONCEPT OB .....125	CORLANOR TABS .....32
ULTRA THIN 31G .....71	CONCERTA TBCR 18 MG, 27 MG,	CORTEF TABS (Use hydrocortisone)
COMFORT TOUCH PLUS SAFETY	36 MG (Use methylphenidate hcl) ..2	.....33
LANCETS PRESSURE ACTIVATED	CONCERTA TBCR 54 MG (Use	CORTENEMA (Use hydrocortisone
28G .....71	methylphenidate hcl) .....2	(intrarectal)) .....7
COMFORT TOUCH PLUS SAFETY	CONDOMS .....66	COSOPT (Use dorzolamide hcl-
LANCETS PRESSURE ACTIVATED	CONFORMANT 2 WOUND VEIL	timolol maleate) .....128
30G .....71	12"X12" MISC .....45	COVID-19 OTC ANTIGEN TESTKIT
COMFORT-AID 1.5"X2.5" PADS ..45	CONFORMANT 2 WOUND VEIL	1-PACK KIT .....58
COMIRNATY 2023-24 SUSP .... 135	12"X24" MISC .....45	COVID-19 OTC ANTIGEN TESTKIT
COMIRNATY 2023-24 SUSY .... 136	CONFORMANT 2 WOUND VEIL	2-PACK KIT .....58
COMIRNATY SUSP .....136	24"X36" MISC .....45	COZAAR (Use losartan potassium)
COMPACT SPACE	CONFORMANT 2 WOUND VEIL	20
CHAMBER/ANTI-STATIC DEVI ..110	3"X5YD MISC .....45	CREON CPEP .....58
COMPACT SPACE	CONFORMANT 2 WOUND VEIL	CRESTOR TABS (Use rosuvastatin
CHAMBER/ANTI-STATIC/LARGE	4"X12" MISC .....45	calcium) .....20
MASK DEVI .....110	CONFORMANT 2 WOUND VEIL	cromolyn sodium (nasal) 5.2
COMPACT SPACE	4"X4" MISC .....45	MG/ACT .....127
CHAMBER/ANTI-STATIC/MEDIUM	CONFORMANT 2 WOUND VEIL	cromolyn sodium (ophth) .....129
MASK DEVI .....110		

cromolyn sodium NEBU .....	9	CURAFOAM FOAM DRESSING NON-BORDERED 2"X2" PADS ...	45	MISC .....	45
CULTURELLE ABDOMINAL SUPPORT & COMFORT PACK ...	16	CURAFOAM FOAM DRESSING NON-BORDERED 4"X4-1/4" PADS	45	CURITY UNNA BOOT 4"X10YD MISC .....	45
CULTURELLE ADULT ULTIMATEBALANCE CAPS .....	17	CURAFOAM FOAM DRESSING NON-BORDERED 6"X6" PADS ...	45	CUTICERIN 3"X16" MISC .....	45
CULTURELLE BABY DIGESTIVECALM+COMFORT LIQD	16	CURITY ALCOHOL PREPS/MEDIUM 2 PLY .....	87	CUTICERIN 3"X3" MISC .....	45
CULTURELLE BABY HEALTHY DEVELOPMENT PACK .....	16	CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS .....	65	CUTICERIN 3"X8" MISC .....	45
CULTURELLE BABY IMMUNE+DIGESTIVE SUPPORT LIQD .....	16	CURITY ALL PURPOSE SPONGES 2"X2" PADS .....	65	CUTICERIN 4"X4" MISC .....	45
CULTURELLE BABY STRONG BEGINNING LIQD .....	16	CURITY ALL PURPOSE SPONGES 4 PLY PADS .....	65	CUTICERIN 8"X16" MISC .....	45
CULTURELLE DIGESTIVE DAILY PROBIOTIC CAPS .....	17	CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS .....	65	CUTTER AERO .....	41
CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH CAPS .....	17	CURITY GAUZE PADS 2"X2" 12 PLY PADS .....	65	CUTTER ALL FAMILY AERO .....	41
CULTURELLE DIGESTIVE HEALTH CAPS .....	17	CURITY GAUZE SPONGE 2"X2" 8 PLY PADS .....	65	CUTTER ALL FAMILY LIQD .....	41
CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS .....	17	CURITY GAUZE SPONGE 2"X2"12 PLY PADS .....	65	CUTTER BACKWOODS AERO ...	41
CULTURELLE HEALTH & WELLNESS CAPS .....	17	CURITY HEAVY DRAINAGE PACK PADS .....	45	CUTTER BACKWOODS DRY AERO .....	41
CULTURELLE KIDS GROW THRIVE PACK .....	17	CURITY HYPERTONIC SODIUMCHLORIDE PACKING STRIP 1/2"X15' MISC .....	45	CUTTER BACKWOODS LIQD ....	41
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW .....	118	CURITY SALINE DRESSING 8"X4" PADS .....	45	CUTTER DRY AERO .....	41
CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS ...	17	CURITY SODIUM CHLORIDE DRESSING 6"X6-3/4" PADS .....	45	CUTTER SKINSATIONS AERO ...	41
CURAFIL GEL WOUND DRESSING GEL .....	45	CURITY SPONGES/CELLULOSEFILLED/2"X 2" PADS .....	65	CUTTER SKINSATIONS LIQD ....	41
CURAFOAM AG SILVER FOAM DRESSING/NON-BORDERED PADS .....	45	CURITY UNNA BOOT 3"X10YD		CUTTER SPORT AERO .....	41
				CVS ADULT 50+ EYE HEALTH CAPS .....	118
				CVS ADVANCED HEALING HYDROCOLLOID ADHESIVE PADS PADS .....	45
				CVS AIRSHIELD IMMUNITY SUPPORT CHEW .....	118
				CVS ALCOHOL PREP PADS .....	87
				CVS ANTI-MICROBIAL SILVER WOUND GEL GEL .....	45
				CVS EYE HEALTH ADULT 50+ CAPS .....	118
				CVS FOAM ADHESIVE STERILE DRESSING PADS .....	45

CVS GAUZE PADS 2"X2" 12-PLY PADS .....	66	CVS SPECTRAVITE ADULT 50+ TABS .....	118	cyproheptadine hcl SYRP .....	19
CVS GLUCOSE CHEW .....	15	CVS SPECTRAVITE ADULTS TABS 118		cyproheptadine hcl TABS .....	19
CVS IMMUNE SUPPORT CAPS .....	118	CVS SPECTRAVITE ULTRA MEN50+ TABS .....	118	CYTOMEL TABS (Use liothyronine sodium) .....	133
CVS INSECT REPELLENT AERO .....	41	CVS SPECTRAVITE ULTRA MENS HEALTH TABS .....	118	CYTOTEC (Use misoprostol) .....	134
CVS KETONE CARE .....	58	CVS SPECTRAVITE ULTRA WOMEN TABS .....	118	dabigatran etexilate mesylate CAPS 75 MG, 150 MG .....	11
CVS LANCETS 21G .....	71	CVS SPECTRAVITE WOMEN CHEW .....	118	DAILY MULTIPLE VITAMINS TABS .	124
CVS LANCETS MICRO THIN 33G 71		CVS TOTAL HOME INSECT REPELLENT AERO .....	41	DALIRESP (Use roflumilast) .....	9
CVS LANCETS MICRO-THIN 33G 71		CVS ULTRA THIN LANCETS .....	71	danazol CAPS .....	6
CVS LANCETS ORIGINAL .....	71	CVS VISION HEALTH CAPS ....	118	DANTRIUM CAPS 25 MG (Use dantrolene sodium) .....	127
CVS LANCETS THIN 26G .....	71	cyanocobalamin SOLN IJ 1000 MCG/ML .....	62	dantrolene sodium CAPS .....	127
CVS LANCETS ULTRA THIN 30G 71		cyanocobalamin SUBL 1000 MCG	62	dapagliflozin propanediol .....	16
CVS LANCETS ULTRA-THIN 30G 71		cyanocobalamin TABS 500 MCG, 250 MCG, 500 MCG, 1000 MCG ..	62	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG .....	14
CVS LANCING DEVICE MISC ....	71	cyanocobalamin TBCR 1000 MCG-120 MG, 1000 MCG .....	62	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....	14
CVS MANUKA HONEY WOUND GEL GEL .....	45	cyclobenzaprine hcl TABS 5 MG, 10 MG .....	127	dapsone .....	22
CVS MEPILEX BORDER LITE ADHESIVE PADS .....	46	cyclophosphamide CAPS .....	23	DAPTACEL .....	133
CVS ONE DAILY MENS 50+ ADVANCED TABS .....	118	cyclosporine CAPS .....	114	DARAPRIM (Use pyrimethamine)	22
CVS ONE DAILY WOMENS 50+ADVANCED TABS .....	118	cyclosporine modified (for microemulsion) CAPS .....	114	darunavir TABS .....	27
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT .....	125	cyclosporine modified (for microemulsion) SOLN .....	114	DAYAVITE TABS .....	118
CVS PREP PADS .....	87	CYMBALTA CPEP 20 MG, 60 MG (Use duloxetine hcl) .....	14	DAYPRO TABS (Use oxaprozin) ...	3
CVS SOFT GLUCOSE CHEW ....	15	CYMBALTA CPEP 30 MG (Use duloxetine hcl) .....	14	DDAVP TABS (Use desmopressin acetate) .....	60
CVS SPECTRAVITE ADULT 50+ CHEW .....	118			DEBROX 6.5 % (Use carbamide peroxide (otic)) .....	130
				DECUBI-VITE CAPS .....	118
				deferasirox PACK .....	18
				deferasirox TABS .....	18
				deferoxamine mesylate .....	18

DEKAS BARIATRIC CHEW .....	118	DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS .....	66	DESCOVY 120 MG-15 MG .....	27
DEKAS PLUS CAPS .....	118	DERMACEA I.V. DRAIN SPONGES 2"X2" PADS .....	66	DESCOVY 200 MG-25 MG .....	27
DEKAS PLUS CHEW .....	118	DERMACEA I.V. SPONGES 2"X2" PADS .....	66	DESFERAL 500 MG (Use deferoxamine mesylate) .....	18
DEKAS PLUS OCEAN CAPS ....	118	DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS ...	66	desipramine hcl TABS .....	14
DELSTRIGO .....	27	DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS .....	66	desmopressin acetate spray .....	60
DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex) .....	34	DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS .....	66	desmopressin acetate spray refrigerated .....	60
DELSYM SUER (Use dextromethorphan polistirex) .....	34	DERMACINRX MULTITAM TABS 118		desmopressin acetate TABS .....	60
DENAVIR (Use penciclovir) .....	39	DERMACINRX RIBOTIN-E TABS 118		desogestrel & ethinyl estradiol ....	32
DENGVAXIA .....	136	DERMACINRX ZINTREXYL-C TABS .....	118	desogestrel-ethinyl estradiol (biphasic) .....	32
DEPAKOTE ER TB24 250 MG (Use divalproex sodium) .....	13	DERMAGRAN HYDROGEL WOUND DRESSING GEL .....	46	desogestrel-ethinyl estradiol (triphasic) .....	32
DEPAKOTE ER TB24 500 MG (Use divalproex sodium) .....	13	DERMAGRAN HYDROPHILIC WOUND DRESSING 2"X2" PADS	46	desonide CREA .....	40
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium) .....	13	DERMAGRAN HYDROPHILIC WOUND DRESSING 4"X4" PADS	46	desonide OINT .....	40
DEPAKOTE TBEC 125 MG, 250 MG (Use divalproex sodium) .....	13	DERMAGRAN HYDROPHILIC WOUND DRESSING 8"X4" PADS	46	DESOWEN CREA (Use desonide)	40
DEPAKOTE TBEC 500 MG (Use divalproex sodium) .....	13	DERMAPLEX GEL .....	46	DEX4 QUICK DISSOLVE GLUCOSE CHEW .....	15
DEPO-MEDROL SUSP (Use methylprednisolone acetate) .....	33	DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide) .....	39	dexamethasone ELIX .....	34
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive)) .....	33	DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide) .....	40	DEXAMETHASONE INTENSOL CONC .....	34
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive)) .....	33	DERMAVITE TABS .....	118	dexamethasone sodium phosphate (ophth) .....	129
DERMA PAK-ITS IODOFORM PACKING STRIPS MISC .....	46	DERPIXA GEL .....	46	DEXAMETHASONE SODIUM PHOSPHATE +RFID SOSY IJ 4 MG/ML .....	34
DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS .....	66			DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	34

dexamethasone SOLN .....	34	DIASTIX .....	58	digoxin SOLN OR 0.05 MG/ML .....	31
dexamethasone TABS .....	34	DIASTIX REAGENT STRIPS .....	58	digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG .....	31
DEXATRAN CAPS .....	118	DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD .....	71	DILANTIN (Use phenytoin sodium extended) .....	12
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate) ...	1	DIATHRIVE LANCETS .....	71	DILANTIN 30 MG .....	12
dexmethylphenidate hcl CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 40 MG .....	2	DIATHRIVE LANCETS ULTRA THIN 30G .....	71	DILANTIN INFATABS CHEW (Use phenytoin) .....	12
dexmethylphenidate hcl TABS .....	2	DIATHRIVE LANCING DEVICE MISC .....	71	DILANTIN-125 SUSP (Use phenytoin) .....	12
dextroamphetamine sulfate CP24 ...	1	DIATROL TABS .....	118	DILAUDID LIQD (Use hydromorphone hcl) .....	5
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	diazepam (anticonvulsant) GEL ...	11	DILAUDID TABS (Use hydromorphone hcl) .....	5
dextromethorphan polistirex LQCR 34		diazepam SOLN OR 5 MG/5ML ....	8	diltiazem hcl coated beads CP24 ..	31
dextromethorphan polistirex SUER 34		diazepam TABS .....	8	diltiazem hcl CP12 .....	31
dextromethorphan-doxyamine- acetaminophen LIQD .....	35	diclofenac potassium TABS 50 MG .	3	diltiazem hcl CP24 .....	31
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML- 15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML .....	35	diclofenac sodium (ophth) .....	129	diltiazem hcl extended release beads .....	31
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 .....	35	diclofenac sodium (topical) GEL EX 38		diltiazem hcl SOLN .....	31
dextromethorphan-guaifenesin TABS .....	35	diclofenac sodium TB24 .....	3	diltiazem hcl TABS .....	31
DHIVY TABS .....	25	diclofenac sodium TBEC .....	3	diltiazem hcl TB24 .....	31
DIALYVITE SUPREME D TABS .	118	dicloxacillin sodium .....	131	dimethyl fumarate CDPK .....	131
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant)) .....	11	dicyclomine hcl CAPS .....	133	dimethyl fumarate CPDR .....	131
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant)) .....	11	dicyclomine hcl SOLN OR .....	133	DIOVAN HCT (Use valsartan- hydrochlorothiazide) .....	21
		dicyclomine hcl TABS .....	133	DIOVAN TABS (Use valsartan) ...	20
		DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide) .....	37	diphenhydramine hcl (sleep) TABS 63	
		DIFF-STAT PACK .....	17	diphenhydramine hcl CAPS .....	18
		DIFLUCAN SUSR (Use fluconazole) .	18	diphenhydramine hcl ELIX 12.5 MG/5ML .....	19
		DIFLUCAN TABS (Use fluconazole) .	18	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	
		diflunisal TABS .....	4		
		digoxin SOLN IJ 0.25 MG/ML .....	31		



19	CLOSURE KIT .....	46	CARE 3"X3" PADS .....	46
diphenhydramine hcl SOLN 50 MG/ML .....	DOCTORS CHOICE SLOW HEALING BANDAGES KIT .....	46	DRAWTEX ADVANCED WOUND CARE 3"X39" MISC .....	46
diphenhydramine hcl TABS 25 MG 19	DOCTORS CHOICE ULTRA-FLEX MISC .....	46	DRAWTEX ADVANCED WOUND CARE 4"X39" MISC .....	46
diphenhydramine-phenylephrine LIQD 2.5 MG/5ML-6.25 MG/5ML ...	docusate calcium .....	64	DRAWTEX ADVANCED WOUND CARE 4"X4" PADS .....	46
diphenhydramine-phenylephrine SOLN .....	docusate sodium CAPS 100 MG, 250 MG .....	64	DRAWTEX ADVANCED WOUND CARE 6"X8" PADS .....	46
diphenoxylate w/ atropine LIQD ...	docusate sodium LIQD .....	64	DRAWTEX ADVANCED WOUND CARE 8"X39" MISC .....	46
diphenoxylate w/ atropine TABS ...	docusate sodium TABS .....	64	DRAWTEX ADVANCED WOUND CARE 8"X8" PADS .....	46
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP .	donepezil hydrochloride TABS 5 MG, 10 MG .....	131	DRISDOL CAPS (Use ergocalciferol) 139	
dipyridamole (diagnostic) .....	dorzolamide hcl .....	129	DROPLET GENTEEL LANCING DEVICE MISC .....	71
dipyridamole .....	DORZOLAMIDE HCL .....	129	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" .....	91
disopyramide phosphate CAPS ....	DORZOLAMIDE HCL/TIMOLOL MALEATE .....	128	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" .....	91
disulfiram .....	dorzolamide hcl-timolol maleate .	128	DROPLET INSULIN SYRINGE 1ML/29G X 1/2" .....	91
DITROPAN XL TB24 5 MG, 10 MG (Use oxybutynin chloride) .....	DOVATO .....	27	DROPLET INSULIN SYRINGE U- 100/0.3/31G X 5/16" .....	91
DIURIL SUSP .....	DOVONEX CREA (Use calcipotriene) .....	39	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 1/2" .....	91
divalproex sodium CSDR .....	doxazosin mesylate .....	21	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 15/64" .....	91
divalproex sodium TB24 250 MG ..	doxepin hcl (antipruritic) .....	38	DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2" .....	91
divalproex sodium TB24 500 MG ..	doxepin hcl CAPS .....	14	DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64" .....	91
divalproex sodium TBEC 125 MG, 250 MG .....	doxepin hcl CONC .....	14	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 5/16" .....	91
divalproex sodium TBEC 500 MG .	doxycycline (monohydrate) CAPS 50 MG, 100 MG .....	132	DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64" .....	91
DOCTORS CHOICE BLISTER CARE PADS .....	doxycycline hyclate CAPS .....	132	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 5/16" .....	91
DOCTORS CHOICE BURNS/SCALDS/ABRASIONS PADS .....	doxycycline hyclate TABS 20 MG, 100 MG .....	132	DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2" .....	92
DOCTORS CHOICE DIABETIC SLOW HEALING BANDAGES KIT 46	doxylamine succinate (sleep) .....	63	DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2" .....	92
DOCTORS CHOICE SKIN	DRAWTEX ADVANCED WOUND CARE 2"X2" PADS .....	46	DROPLET INSULIN SYRINGE U-	

100/0.5ML/30G X 15/64" .....	92	LANCETS30G .....	71	DUDRESS ISLAND DRESSING 4"X4" PADS .....	46
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 5/16" .....	92	DROPSAFE ALCOHOL PREP PADS .....	87	DUDRESS ISLAND DRESSING 6"X6" PADS .....	46
DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 5/16" .....	92	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML .....	92	DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl) .....	64
DROPLET INSULIN SYRINGE U- 100/1ML/30G X 1/2" .....	92	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML .....	92	DULCOLAX SUPP (Use bisacodyl) 64	
DROPLET INSULIN SYRINGE U- 100/1ML/30G X 15/64" .....	92	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML .....	92	DULCOLAX TBEC (Use bisacodyl) 64	
DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64" .....	92	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML .....	92	duloxetine hcl CPEP 20 MG, 60 MG . 14	
DROPLET INSULIN SYRINGE U- 100/1ML/31G X 5/16" .....	92	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML .....	92	duloxetine hcl CPEP 30 MG, 40 MG . 14	
DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64" .....	92	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML .....	92	DUO-CARE CONTROL SOLUTION LIQD .....	71
DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....	92	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML .....	92	DUODERM CGF .....	46
DROPLET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" .....	92	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML .....	92	DUODERM CGF BORDER .....	46
DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64" .....	92	drospirenone-ethinyl estradiol ....	32	DUODERM CGF EXTRA THIN ...	46
DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....	92	DROXIA CAPS .....	62	DUODERM CGF SPOTS EXTRA THIN/1-3/4"X1-1/2" .....	46
DROPLET INSULIN SYRINGE/U- 100/1ML/30G X 1/2" .....	92	DRUG MART ADJUSTABLE LANCING DEVICE MISC .....	71	DUODERM HYDROACTIVE GEL GEL .....	46
DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....	92	DRUG MART LANCETS THIN ...	71	DUODERM HYDROACTIVE MISC 46	
DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....	92	DRUG MART ON-THE-GO LANCETS GENTLE 30G .....	71	DUODERM SIGNAL .....	46
DROPLET LANCETS ULTRA THIN 30G .....	71	DRUG MART UNILET LANCETSSUPER THIN 30G .....	71	DUODERM SIGNAL DRESSING .	46
DROPLET LANCING DEVICE MISC . 71		DRUG MART UNILET LANCETSULTRA THIN 28G .....	71	DUODERM SIGNAL HEEL DRESSING .....	46
DROPLET PERSONAL		DRUG MART UNILET MICRO THIN LANCETS 33G .....	71	DUODERM SIGNAL SACRAL DRESSING .....	46
				DURAFIBER 2"X2" MISC .....	46
				DURAFIBER 3/4"X18" MISC .....	47
				DURAFIBER 4"X4" MISC .....	47

DURAFIBER 6"X6" MISC .....	47	DYNAGINATE AG SILVER	erythromycin ethylsuccinate) .....	65
DURAFIBER AG PADS .....	47	CALCIUM ALGINATE DRESSINGS	EASIVENT MISC .....	110
DURAFIBER PADS .....	47	PADS .....	47	
DUREX EXTRA SENSITIVE THIN		DYNAGINATE CALCIUM ALGINATE	EASIVENT/MASK-LARGE MISC	.110
DEVI .....	66	DRESSING 2"X2" MISC .....	47	
DUREX EXTRA SENSITIVE THIN		DYNAGINATE CALCIUM ALGINATE	EASIVENT/MASK-MEDIUM MISC	110
MISC .....	66	DRESSING 4"X8" MISC .....	47	
DUREX REALFEEL NON-LATEX	66	DYNAGINATE CALCIUM ALGINATE	EASIVENT/MASK-SMALL MISC	.110
DUREX TROPICAL MISC .....	66	DRESSING 4-1/4"X4-1/4" MISC ..	47	
dutasteride .....	61	DYNAGINATE CALCIUM ALGINATE	EASY COMFORT ALCOHOL PADS	87
D-VI-SOL LIQD OR (Use		ROPE DRESSING 2GMX30CM	EASY COMFORT INSULIN	
cholecalciferol) .....	139	MISC .....	47	SYRINGE/0.3ML/31G X 5/16" ....
DYNADERM HYDROCOLLOID		DYNAGUARD WATERPROOF	EASY COMFORT INSULIN	92
EXTRA THIN 4"X4" MISC .....	47	DRESSING BORDERED 4"X4"	SYRINGE/0.5ML/30G X 5/16" ....	92
DYNADERM HYDROCOLLOID		PADS .....	47	
EXTRA THIN 6"X6" MISC .....	47	DYNAGUARD WATERPROOF	EASY COMFORT INSULIN	93
DYNADERM HYDROCOLLOID		DRESSING BORDERED 6"X6"	SYRINGE/0.5ML/31G X 5/16" ....	93
EXTRA THIN 6"X6" MISC .....	47	PADS .....	47	
DYNADERM HYDROCOLLOID		DYNALEVIN WATERPROOF	EASY COMFORT INSULIN	
FOAM 4"X4" MISC .....	47	ADHESIVE FOAM	SYRINGE/1ML/30G X 5/16" .....	93
DYNADERM HYDROCOLLOID		DRESSING/BORDERED/4"X4"	EASY COMFORT INSULIN	
SACRAL 6"X7" MISC .....	47	PADS .....	47	SYRINGE/1ML/32GX5/16" .....
DYNADERM HYDROCOLLOID THIN		DYNALEVIN WATERPROOF	EASY COMFORT INSULIN	
2"X2" MISC .....	47	ADHESIVE FOAM	SYRINGE/U-100/0.5ML/30G X 1/2" .	93
DYNADERM HYDROCOLLOID THIN		DRESSING/BORDERED/6"X6"	PADS .....	47
4"X4" MISC .....	47	PADS .....	47	
DYNADERM HYDROCOLLOID THIN		DYNASORB SUPER	EASY COMFORT INSULIN	
6"X6" MISC .....	47	ABSORBENTDRESSING/NON-	SYRINGE/U-100/1ML/30G X 1/2" 93	
DYNAFOAM AG FOAM		ADHERENT/4"X4" PADS .....	47	
DRESSING/BORDERED PADS ...	47	DYNASORB SUPER	EASY COMFORT INSULIN	
DYNAFOAM WATERPROOF		ABSORBENTDRESSING/NON-	SYRINGES/0.5ML/32GX5/16" ....	93
DRESSING BORDERED 4"X4"		ADHERENT/6"X6" PADS .....	47	
PADS .....	47	PADS .....	47	
DYNAFOAM WATERPROOF		DYNASORB SUPER	EASY COMFORT LANCETS .....	71
DRESSING BORDERED 6"X6"		ABSORBENTDRESSING/SELF-	EASY COMFORT LANCETS	
PADS .....	47	ADHERENT/4"X4" PADS .....	30G/PULL TOP .....	71
DYNAFOAM WATERPROOF		PADS .....	47	
DRESSING BORDERED 6"X6"		DYNASORB SUPER	EASY COMFORT LANCETS	
PADS .....	47	ABSORBENTDRESSING/SELF-	30G/THIN TOP .....	71
DYNAGEL GEL .....	47	ADHERENT/4"X4" PADS .....	47	
		DYNASORB SUPER	EASY COMFORT LANCETS TWIST	
		ABSORBENTDRESSING/SELF-	TOP .....	72
		ADHERENT/6"X6" PADS .....	48	
		E.E.S. GRANULES SUSR (Use	EASY FLOW BLACK/BLUE DEVI	

110	EASY TOUCH INSULIN	SYRINGE/U-100/0.5ML/31G X 5/16"	93
EASY FLOW BLACK/ORANGE DEVI	SYRINGE/0.3ML/30G X 5/16"		93
.....110	EASY TOUCH INSULIN	EASY TOUCH INSULIN	
EASY FLOW BLACK/RED DEVI .110	SYRINGE/0.3ML/31G X 5/16"	SYRINGE/U-100/1ML/27G X 1/2"	93
EASY FLOW BLACK/WHITE DEVI	EASY TOUCH INSULIN	EASY TOUCH INSULIN	
110	SYRINGE/0.5ML/29G X 1/2"	SYRINGE/U-100/1ML/27G X 5/8"	93
EASY FLOW BLACK/YELLOW DEVI	EASY TOUCH INSULIN	EASY TOUCH INSULIN	
.....110	SYRINGE/0.5ML/30G X 5/16"	SYRINGE/U-100/1ML/28G X 1/2"	94
EASY FLOW WHITE/BLUE DEVI	EASY TOUCH INSULIN	EASY TOUCH INSULIN	
110	SYRINGE/1ML/30G X 5/16"	SYRINGE/U-100/1ML/29G X 1/2"	94
EASY FLOW WHITE/GREEN DEVI	EASY TOUCH INSULIN	EASY TOUCH INSULIN	
110	SYRINGE/SAFETY/U-	SYRINGE/U-100/1ML/30G X 1/2"	94
EASY FLOW WHITE/PINK DEVI .110	100/0.5ML/29G X 1/2"	EASY TOUCH INSULIN	
EASY FLOW WHITE/WHITE DEVI	EASY TOUCH INSULIN	SYRINGE/U-100/1ML/31G X 5/16"	94
110	SYRINGE/SAFETY/U-		
EASY FLOW WHITE/YELLOW DEVI	100/0.5ML/30G X 5/16"	EASY TOUCH LANCETS	
110	EASY TOUCH INSULIN	21G/PRESSURE ACTIVATED	72
EASY MINI EJECT LANCING	SYRINGE/SAFETY/U-100/1ML/29G	EASY TOUCH LANCETS	
DEVICE MISC	X 1/2"	23G/PRESSURE ACTIVATED	72
.....72	EASY TOUCH INSULIN	EASY TOUCH LANCETS	
EASY MINI LANCING DEVICE MISC	SYRINGE/SAFETY/U-100/1ML/30G	26G/PRESSURE ACTIVATED	72
.....72	X 1/2"	EASY TOUCH LANCETS 26G/PULL-	
EASY TOUCH ALCOHOL PREP	EASY TOUCH INSULIN	TOP	72
PADS/MEDIUM	SYRINGE/U-100/0.3ML/30G X 1/2"	EASY TOUCH LANCETS	
.....87	93	28G/PRESSURE ACTIVATED	72
EASY TOUCH CONTROL	EASY TOUCH INSULIN	EASY TOUCH LANCETS 28G/PULL-	
SOLUTION/HIGH & LOW SOLN ..72	SYRINGE/U-100/0.5ML/27G X 1/2"	TOP	72
EASY TOUCH FLIPLOCK SAFETY	93	EASY TOUCH LANCETS	
INSULIN SYRINGE 1ML/29GX1/2"	EASY TOUCH INSULIN	28G/TWIST	72
93	SYRINGE/U-100/0.5ML/28G X 1/2"	EASY TOUCH LANCETS	
EASY TOUCH FLIPLOCK SAFETY	93	30G/BUTTON-ACTIVATED	72
INSULIN SYRINGE 1ML/30GX1/2"	EASY TOUCH INSULIN	EASY TOUCH LANCETS	
93	SYRINGE/U-100/0.5ML/29G X 1/2"	30G/PRESSURE ACTIVATED	72
EASY TOUCH FLIPLOCK SAFETY	93	EASY TOUCH LANCETS 30G/PULL-	
INSULIN SYRINGE 1ML/30GX5/16"	EASY TOUCH INSULIN	TOP	72
93	SYRINGE/U-100/0.5ML/30G X 1/2"	EASY TOUCH LANCETS	
EASY TOUCH FLIPLOCK SAFETY	93	30G/TWIST	72
INSULIN SYRINGE 1ML/31GX5/16"	EASY TOUCH INSULIN		
93			

EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	72	SAFETY SYRINGE 1ML/30GX1/2" 94	ELASTO-GEL CAST/SPLINT 12"X12" PADS	48
EASY TOUCH LANCETS 32G/PULL- TOP	72	EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD	ELASTO-GEL CAST/SPLINT 4"X4" PADS	48
EASY TOUCH LANCETS 32G/TWIST	72	72 EASYMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION SOLN	ELASTO-GEL CAST/SPLINT 6"X8" PADS	48
EASY TOUCH LANCETS 33G/TWIST	72	72 EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD	ELASTO-GEL CAST/SPLINT 8"X16" PADS	48
EASY TOUCH LANCING DEVICE/EJECTOR MISC	72	EC-NAPROSYN TBEC (Use naproxen)	ELASTO-GEL FACE MASK PADS	48
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	72	ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	ELASTO-GEL PLUS 2"X3" PADS	48
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	72	ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	ELASTO-GEL PLUS 4"X4" PADS	48
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	72	ECOTRIN TBEC (Use aspirin)	ELASTO-GEL PLUS 8"X8" PADS	48
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	72	EDURANT	ELEMENT COMPACT CONTROL SOLUTION LEVEL 2 SOLN	72
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	72	efavirenz CAPS	ELEMENT COMPACT CONTROL SOLUTION LEVEL 3 SOLN	72
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	72	efavirenz TABS	ELIDEL (Use pimecrolimus)	40
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	94	efavirenz-emtricitabine-tenofovir disoproxil fumarate	ELIQUIS STARTER PACK TBPK	10
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	94	efavirenz-lamivudine-tenofovir disoproxil fumarate	ELIQUIS TABS	10
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	94	EFFEXOR XR CP24 (Use venlafaxine hcl)	ELMIRON CAPS	61
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	94	EFUDEX CREA (Use fluorouracil (topical))	EMBRACE LANCETS ULTRA THIN 30G	73
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	94	ELASTO-GEL 12"X12" PADS	EMBRACE LANCING DEVICE WITH EJECTOR MISC	73
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	94	ELASTO-GEL 2"X3" PADS	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	73
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	94	ELASTO-GEL 3" ROUND PADS	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	73
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	94	ELASTO-GEL 4"X4" PADS	EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD	73
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	94	ELASTO-GEL 5"X5" PADS	EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	118
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	94	ELASTO-GEL 6"X8" PADS	EMERGEN-C VITAMIN C CHEW	118
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	94	ELASTO-GEL 8"X16" PADS		

emtricitabine CAPS .....	28	epinephrine (anaphylaxis) SOAJ .	138	119	
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG .....	28	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....	138		EQL COLOR LANCETS 21G .....
emtricitabine-tenofovir disoproxil fumarate 133 MG-200 MG, 167 MG-250 MG, 200 MG-300 MG .....	28	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....	139		EQL COLOR LANCETS MICRO THIN 33G .....
EMTRIVA CAPS (Use emtricitabine) .	28	EPIVIR SOLN (Use lamivudine) ...	28		EQL GAUZE PADS 2"X2"/SMALL PADS .....
EMTRIVA SOLN .....	28	EPIVIR TABS (Use lamivudine) ...	28		EQL INSULIN SYRINGE/0.3ML/29G X 1/2" .....
enalapril maleate & hydrochlorothiazide .....	21	EPZICOM (Use abacavir sulfate-lamivudine) .....	28		EQL INSULIN SYRINGE/0.3ML/30G X 5/16" .....
enalapril maleate TABS .....	20	EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS .....	119		EQL INSULIN SYRINGE/0.3ML/31G X 5/16" .....
ENDOFORM DERMAL TEMPLATE .	48	EQ MULTIVITAMINS ADULT GUMMY CHEW .....	119		EQL INSULIN SYRINGE/0.5ML/29G X 1/2" .....
ENDOFORM DERMAL TEMPLATE/FENESTRATED .....	48	EQ ONE DAILY MENS 50+ TABS	119		EQL INSULIN SYRINGE/0.5ML/30G X 5/16" .....
ENFAMIL ENFALYTE SOLN .....	113	EQ ONE DAILY MENS HEALTH TABS .....	119		EQL INSULIN SYRINGE/0.5ML/31G X 5/16" .....
ENGERIX-B SUSP 20 MCG/ML .	136	EQ ONE DAILY WOMENS 50+ TABS .....	119		EQL INSULIN SYRINGE/1ML/29G X 1/2" .....
ENGERIX-B SUSY .....	136	EQ ONE DAILY WOMENS HEALTH TABS .....	119		EQL INSULIN SYRINGE/1ML/30G X 5/16" .....
enoxaparin sodium SOLN IJ 300 MG/3ML .....	10	EQ SPACE CHAMBER ANTI-STATIC DEVI .....	110		EQL INSULIN SYRINGE/1ML/31G X 5/16" .....
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....	10	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI ....	110		EQL ONE DAILY ADULT GUMMIES CHEW .....
enoxaparin sodium SOSY 30 MG/0.3ML .....	10	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ..	110		EQL ONE DAILY MENS TABS ...
enoxaparin sodium SOSY 40 MG/0.4ML .....	10	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI .....	110		EQL PRENATAL FORMULA TABS 125
enoxaparin sodium SOSY 60 MG/0.6ML .....	10	EQL ALCOHOL SWABS .....	87		EQL SUPER THIN LANCETS 30G 73
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....	11	EQL CENTURY MATURE ADULTS50+ TABS .....	119		EQL THIN LANCETS 26G .....
ENSPRYNG .....	114	EQL CENTURY MENS TABS ....	119		EQUALYTE SOLN (Use oral electrolytes) .....
entacapone .....	25	EQL CENTURY WOMENS TABS			ergocalciferol CAPS .....
entecavir TABS .....	29				

ERIVEDGE .....	24	estradiol & norethindrone acetate TABS .....	60	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" .....	94
erlotinib hcl .....	24	estradiol PTTW .....	60	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" .....	94
ERYGEL GEL (Use erythromycin (acne aid)) .....	37	estradiol PTWK .....	60	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" .....	94
ERYPED 200 SUSR (Use erythromycin ethylsuccinate) .....	65	estradiol TABS .....	60	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" .....	94
ERYPED 400 SUSR (Use erythromycin ethylsuccinate) .....	65	ESTROFACTORS TABS .....	124	EXELON (Use rivastigmine) .....	131
erythromycin (acne aid) GEL .....	37	ESTROVEN MENOPAUSE SUPPLEMENT TABS .....	119	exemestane .....	24
erythromycin (acne aid) SOLN .....	37	ethambutol hcl TABS .....	23	EXFORGE (Use amlodipine besylate-valsartan) .....	21
erythromycin (ophth) .....	128	ethosuximide CAPS .....	12	EXTAVIA KIT .....	131
ERYTHROMYCIN .....	128	ethosuximide SOLN .....	12	EXU-DRY 15"X18" PADS .....	48
erythromycin base CPEP .....	65	ethynodiol diacet & eth estrad 35 MCG-1 MG .....	32	EXU-DRY 15"X24" PADS .....	48
erythromycin base TBEC .....	65	etodolac CAPS .....	3	EXU-DRY 20"X28" PADS .....	48
erythromycin ethylsuccinate SUSR 65		etodolac TABS .....	3	EXU-DRY 3"X4" PADS .....	48
erythromycin ethylsuccinate TABS 65		etonogestrel-ethinyl estradiol .....	33	EXU-DRY 4"X6" PADS .....	48
erythromycin stearate TABS 250 MG 65		etoposide CAPS .....	25	EXU-DRY 6"X9" PADS .....	48
ESBRIET CAPS (Use pirfenidone) 132		etravirine .....	28	EXU-DRY 9"X15" PADS .....	48
ESBRIET TABS (Use pirfenidone) 132		EULEXIN .....	24	EXU-DRY ARM 27"X31" PADS ...	48
escitalopram oxalate TABS .....	13	everolimus TABS .....	24	EXU-DRY BOOT/FOOT DRESSING/CHILD MISC .....	48
ESGIC TABS (Use butalbital- acetaminophen-caffeine) .....	4	EVISTA (Use raloxifene hcl) .....	59	EXU-DRY BURN JACKET 31"X32" PADS .....	48
esomeprazole magnesium CPDR 20 MG .....	134	EVOTAZ .....	28	EXU-DRY BURN JACKET 36"X40" MISC .....	48
esomeprazole magnesium TBEC 134		EXCEL-GEL GEL .....	48	EXU-DRY BURN JACKET CHILD 17"X20" PADS .....	48
ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED .....	87	EXCILON I.V. SPONGES 2"X2" 6 PLY PADS .....	66	EXU-DRY BURN VEST 26"X38" MISC .....	48
estazolam .....	63	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" .....	94	EXU-DRY BURN VEST CHILD 15"X20" MISC .....	48
ESTRACE TABS (Use estradiol) ..	60	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" .....	94	EXU-DRY BUTTOCKS 23"X53"	
		EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" .....	94		
		EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" .....	94		

PADS .....	48	E-Z JECT LANCETS 21G .....	73	MCG/HR, 62.5 MCG/HR, 75	
EXU-DRY DISC 3" MISC .....	48	E-Z JECT LANCETS COLOR .....	73	MCG/HR, 87.5 MCG/HR, 100	
EXU-DRY FACE 9"X14" PADS ...	48	E-Z JECT LANCETS SUPER THIN		MCG/HR .....	5
EXU-DRY INCISION 3"X9" PADS .	48	30G .....	73	FER-IN-SOL SOLN (Use ferrous	
EXU-DRY LEG 34"X37" MISC ....	48	E-Z JECT LANCETS THIN 26G ..	73	sulfate) .....	63
EXU-DRY NON-PERMEABLE PAD		ezetimibe .....	20	FERRETT'S TABS .....	63
24"X36" PADS .....	48	E-ZJECT LANCETS MICRO-THIN		ferrous fumarate TABS 324 MG ...	63
EXU-DRY NON-PERMEABLE		33G .....	73	FERROUS GLUCONATE TABS 324	
SHEET 36"X72" SHEE .....	48	EZ-LETS LANCETS 21G .....	73	MG .....	63
EXU-DRY PADDED HAND 12"X13"		EZ-LETS LANCETS 26G SUPER-		ferrous sulfate dried TBCR 160 MG	
PADS .....	48	SOFT .....	73	63	
EXU-DRY PADDED HAND CHILD		EZ-LETS LANCETS 28G ULTRA-		ferrous sulfate SOLN 15 MG/ML ..	63
8"X8" PADS .....	48	SOFT .....	73	ferrous sulfate SOLN 220 MG/5ML,	
EXU-DRY PADDED NECK 6"X25"		EZ-LETS LANCETS 30G .....	73	300 MG/6.8ML .....	63
PADS .....	49	famotidine SUSR .....	134	ferrous sulfate TABS 65 MG, 325 MG	
EXU-DRY PERMEABLE PAD		famotidine TABS .....	134	.....	63
24"X36" PADS .....	49	FANTASY LUBRICATED MISC ...	67	FERROUS SULFATE TBEC (Use	
EXU-DRY PERMEABLE QUILTED		FANTASY		ferrous sulfate) .....	63
36"X72" SHEE .....	49	LUBRICATED/SPERMICIDE MISC		ferrous sulfate TBEC .....	63
EXU-DRY SLIT DISC 3" MISC ....	49	67		fexofenadine hcl SUSP .....	19
EXU-DRY SLIT TUBE 2"X3" PADS		FC2 FEMALE CONDOM .....	67	fexofenadine hcl TABS 60 MG, 180	
49		FE GLUCONATE TABS .....	63	MG .....	19
EXU-DRY SLIT TUBE 3"X4" MISC		FELDENE CAPS (Use piroxicam) ..	3	fexofenadine-pseudoephedrine TB12	
49		felodipine .....	31	.....	35
EXU-DRY SLIT TUBE 4"X6" MISC		FEMARA (Use letrozole) .....	24	fexofenadine-pseudoephedrine TB24	
49		FEMCAP DEVI .....	67	.....	35
EYE HEALTH CAPS .....	119	fenofibrate micronized 67 MG, 134		FIBRACOL COLLAGEN-ALGINATE	
EYE HEALTH/LUTEIN TABS ....	119	MG, 200 MG .....	20	WOUND DRESSING 4" X 4 & 3/8"	
EYE MULTIVITAMIN CAPS .....	119	fenofibrate TABS 48 MG, 54 MG, 145		MISC .....	49
EYE MULTIVITAMIN/LUTEIN CAPS .	119	MG, 160 MG .....	20	FIBRACOL COLLAGEN-ALGINATE	
EYE MULTIVITAMIN/SODIUM TABS		FENOFIBRATE TABS .....	20	WOUND DRESSING/2" X 2" PADS	
.....	119	fentanyl PT72 12 MCG/HR, 25		49	
E-Z JECT LANCETS .....	73	MCG/HR, 37.5 MCG/HR, 50		FIBRACOL COLLAGEN-ALGINATE	
				WOUND DRESSING/4" X 8-3/4"	
				PADS .....	49
				FIBRACOL COLLAGEN-ALGINATE	



WOUND PACKING/3/8"X3/8"X15-3/4" MISC .....	49	phosphates) .....	64	2021-2022 SUSP .....	136
FIFTY50 ALCOHOL PREP PADS	87	FLEXICHAMBER DEVI .....	111	FLUCELVAX QUADRIVALENT	
FIFTY50 SAFETY SEAL LANCETS		FLOMAX (Use tamsulosin hcl) ...	61	2021-2022 SUSY .....	136
30G .....	73	FLONASE ALLERGY RELIEF		FLUCELVAX QUADRIVALENT	
FIFTY50 SAFETY SEAL LANCETS		CHILDRENS SUSP (Use fluticasone		2022-2023 SUSP .....	136
32G .....	73	propionate (nasal)) .....	127	FLUCELVAX QUADRIVALENT	
FIFTY50 SUPERIOR		FLONASE ALLERGY RELIEF SUSP		2022-2023 SUSY .....	136
COMFORTINSULIN		(Use fluticasone propionate (nasal))		FLUCELVAX QUADRIVALENT	
SYRINGE/0.3ML/31G X 5/16" .....	94	127		2023-2024 SUSP .....	136
FIFTY50 SUPERIOR		FLORASTOR BABY PACK .....	17	FLUCELVAX QUADRIVALENT	
COMFORTINSULIN		FLORASTOR KIDS PACK .....	17	2023-2024 SUSY .....	136
SYRINGE/0.5ML/31G X 5/16" .....	95	FLORATUMMYS KIDS PACK .....	17	fluconazole SUSR .....	18
FIFTY50 SUPERIOR		FLOVENT DISKUS AEPB (Use		fluconazole TABS .....	18
COMFORTINSULIN		fluticasone propionate (inhalation)) .	9	fludrocortisone acetate TABS .....	34
SYRINGE/1ML/31G X 5/16" .....	95	FLOWFLEX COVID-19 ANTIGEN		FLULAVAL QUADRIVALENT 2021-	
FIFTY50 UNILET LANCETS 33G	.73	HOME TEST KIT .....	58	2022 SUSY .....	136
finasteride .....	61	FLUAD QUADRIVALENT 2021-2022		FLULAVAL QUADRIVALENT 2022-	
FINE 30 .....	73	.....	136	2023 SUSY .....	136
FINGERSTIX LANCETS .....	73	FLUAD QUADRIVALENT 2022-2023		FLULAVAL QUADRIVALENT 2023-	
fingolimod hcl .....	131	.....	136	2024 SUSY .....	136
FIRAZYR SOSY (Use icanitabant		FLUAD QUADRIVALENT 2023-2024		FLUMIST QUADRIVALENT .....	136
acetate) .....	62	.....	136	flunisolide (nasal) 0.025 % .....	127
FIRST-LANSOPRAZOLE SUSP .	134	FLUARIX QUADRIVALENT 2021-		fluocinolone acetonide CREA .....	40
FITNESS TABS FOR MEN		2022 SUSY .....	136	fluocinolone acetonide OIL .....	40
AM/PM/LYCOPENE TABS .....	119	FLUARIX QUADRIVALENT 2022-		fluocinolone acetonide OINT .....	40
FITNESS TABS FOR WOMEN		2023 SUSY .....	136	fluocinolone acetonide SOLN .....	40
AM/PM/LYCOPENE TABS .....	119	FLUARIX QUADRIVALENT 2023-		fluocinonide CREA 0.05 % .....	40
flecainide acetate .....	8	2024 SUSY .....	136	fluocinonide emulsified base .....	40
FLEET ENEMA ENEM (Use sodium		FLUBLOK QUADRIVALENT 2021-		fluocinonide GEL .....	40
phosphates) .....	64	2022 .....	136	fluocinonide OINT .....	40
FLEET PEDIATRIC ENEM (Use		FLUBLOK QUADRIVALENT 2022-		fluocinonide SOLN .....	40
sodium phosphates) .....	64	2023 .....	136	fluorometholone (ophth) SUSP ...	129
FLEET SALINE ENEMA		FLUBLOK QUADRIVALENT 2023-		fluorouracil (topical) CREA 5 % ...	38
EXTRAVOLUME ENEM (Use sodium		2024 .....	136		
		FLUCELVAX QUADRIVALENT			

fluorouracil (topical) SOLN .....	38	2022 .....	136	FOCALIN XR CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 40 MG (Use dexmethylphenidate hcl) .....	2
fluoxetine hcl CAPS .....	13	FLUZONE HIGH-DOSE PF 2022- 2023 .....	136	FOLAGENT DHA CAPS .....	119
fluoxetine hcl SOLN .....	13	FLUZONE HIGH-DOSE PF 2023- 2024 .....	136	FOLAMAX TABS .....	119
fluoxetine hcl TABS 10 MG, 20 MG 13		FLUZONE QUADRIVALENT 2021- 2022 SUSP .....	136	FOLAMED DHA CAPS .....	119
fluphenazine decanoate .....	26	FLUZONE QUADRIVALENT 2021- 2022 SUSY .....	136	FOLCYTEINE TABS .....	124
fluphenazine hcl CONC .....	26	FLUZONE QUADRIVALENT 2022- 2023 SUSP .....	136	folic acid TABS .....	62
fluphenazine hcl ELIX .....	27	FLUZONE QUADRIVALENT 2022- 2023 SUSY .....	136	folic acid-vitamin b6-vitamin b12 TABs 25 MG-2.5 MG-1 MG .....	62
fluphenazine hcl TABS .....	27	FLUZONE QUADRIVALENT 2022- 2023 SUSY .....	136	FOLIFLEX TABS .....	119
flurbiprofen sodium .....	129	FLUZONE QUADRIVALENT 2023- 2024 SUSP .....	136	FOLIKA-MG TABS .....	119
flurbiprofen TABS .....	3	FLUZONE QUADRIVALENT 2023- 2024 SUSY .....	137	FOLITIN-Z TABS .....	119
flutamide .....	24	FML FORTE SUSP .....	129	FOLIVANE-OB .....	125
fluticasone propionate (inhalation) AEPB .....	9	FML LIQUIFILM SUSP (Use fluorometholone (ophth)) .....	129	fondaparinux sodium 10 MG/0.8ML 11	
fluticasone propionate (nasal) SUSP . 127		FOAM DRESSING BORDERED PADS .....	49	fondaparinux sodium 2.5 MG/0.5ML . 11	
fluticasone propionate CREA 0.05 % 40		FOAM DRESSING CIRCULAR BORDERED PADS .....	49	fondaparinux sodium 5 MG/0.4ML .11	
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....	9	FOAM DRESSING NON- BORDERED PADS .....	49	fondaparinux sodium 7.5 MG/0.6ML . 11	
fluticasone propionate hfa 44 MCG/ACT .....	9	FOAMFLEX WATERPROOF NON- ADHESIVE FOAM DRESSING/NON- BORD/2"X2 PADS .....	49	FORA GTEL BLOOD KETONE TEST STRIPS .....	58
fluticasone propionate OINT .....	40	FOAMFLEX WATERPROOF NON- ADHESIVE FOAM DRESSING/NON- BORD/4"X4 PADS .....	49	FORA LANCETS .....	73
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	10	FOAMFLEX WATERPROOF NON- ADHESIVE FOAM DRESSING/NON- BORD/6"X6 PADS .....	49	FORA LANCING DEVICE MISC ..	73
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT .....	10	FOCALIN TABS (Use dexmethylphenidate hcl) .....	2	FORA LANCING DEVICE/CLEARCAP MISC .....	73
fluvastatin sodium TB24 .....	20			FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..	58
fluvoxamine maleate TABS .....	13			FOSAMAX TABS 70 MG (Use alendronate sodium) .....	59
FLUZONE HIGH-DOSE PF 2021-				fosamprenavir calcium TABS .....	28
				fosinopril sodium .....	20

fosphenytoin sodium 100 MG PE/2ML .....	12	FUZEON SOLR .....	28	GENTEEL CONTACT TIPS/CLEAR MISC .....	74
FREDS PHARMACY AUTOLET LANCING DEVICE MISC .....	73	gabapentin CAPS 100 MG .....	11	GENTEEL CONTACT TIPS/GREEN MISC .....	74
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G .....	73	gabapentin CAPS 300 MG .....	11	GENTEEL CONTACT TIPS/ORANGE MISC .....	74
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G .....	73	gabapentin CAPS 400 MG .....	11	GENTEEL CONTACT TIPS/RAINBOW MISC .....	74
FREEDAVITE TABS .....	119	gabapentin SOLN .....	11	GENTEEL CONTACT TIPS/VIOLET MISC .....	74
FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD .....	73	gabapentin TABS 600 MG .....	11	GENTEEL CONTACT TIPS/YELLOW MISC .....	74
FREESTYLE CONTROL SOLUTION LIQD .....	73	gabapentin TABS 800 MG .....	11	GENTEEL LANCING KIT/BUTTERFLY BLUE KIT .....	74
FREESTYLE LANCETS .....	74	GABITRIL (Use tiagabine hcl) .....	12	GENTEEL NOZZLES MISC .....	74
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....	74	GARDASIL 9 SUSP .....	137	GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC .....	74
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....	74	GARDASIL 9 SUSY .....	137	GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC 74	
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....	74	GAUZE PADS 2"X2" PADS .....	66	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC 74	
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....	74	GAUZE SPONGE TYPE VII MEDI- PAK 2"X2" 8PLY PADS .....	66	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC ..	74
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	74	GELOCAST UNNAS BOOT MISC	49	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC .	74
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	74	gemfibrozil TABS .....	20	GENTLE-LET GP LANCETS .....	74
FREESTYLE UNISTICK II LANCETS .....	74	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT .....	58	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	74
furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	59	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT .....	58	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 74	
furosemide TABS .....	59	GENADEK STEP 1 CAPS .....	119	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT .....	74
		GENADEK STEP 2 CAPS .....	119	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT .....	74
		GENERESS FE (Use norethindrone & ethinyl estradiol-fe) .....	32		
		GENICIN VITA-Q TABS .....	124		
		gentamicin sulfate (ophth) OINT .	129		
		gentamicin sulfate (ophth) SOLN .	129		
		gentamicin sulfate (topical) CREA .	37		
		gentamicin sulfate (topical) OINT .	37		
		GENTEEL BUTTERFLY TOUCH LANCETS .....	74		
		GENTEEL CONTACT TIPS/BLUE MISC .....	74		

GENTLE-LET PLATFORMS 2.4MM MISC .....	74	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	95	28G .....	75
GENTLE-LET PLATFORMS 3.0MM MISC .....	74	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....	95	GLOBAL INJECT EASE LANCETS 30G .....	75
GENVISC 850 SOSY .....	127	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....	95	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .....	95
GENVOYA .....	28	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....	95	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" .....	95
GEODON (Use ziprasidone hcl) ..	25	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	95	GLOBAL LANCING DEVICE MISC 75	
GERI-FREEDA SENIOR FORMULA TABS .....	119	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	95	glucagon (rdna) .....	15
GERI-TUSSIN SYRP .....	36	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	95	GLUCAGON EMERGENCY KIT (Use glucagon (rdna)) .....	15
GILENYA (Use fingolimod hcl) ...	131	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	95	GLUCO TO GO CHEW .....	15
GILOTRIF .....	24	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....	95	GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD .	75
glatiramer acetate SOSY .....	131	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....	95	GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN .....	75
GLEEVEC (Use imatinib mesylate) 24		GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....	95	GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN .....	75
GLEOSTINE 10 MG, 40 MG, 100 MG .....	23	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" 95		GLUCOCOM LANCETS 28G .....	75
glimepiride .....	16	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" 95		GLUCOCOM LANCETS 30G .....	75
glipizide TABS 5 MG, 10 MG .....	16	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 95		GLUCOCOM LANCETS 33G .....	75
glipizide TB24 .....	16	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 95		GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .....	95
glipizide-metformin hcl .....	14	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 95		GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....	95
GLOBAL ALCOHOL PREP EASEPADS .....	87	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 95		GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....	95
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...	95	GLOBAL INJECT EASE LANCETS			
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...	95				
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" .....	95				
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" .....	95				
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .					

GLUCOPRO INSULIN SYRINGE/U- 100/1ML/30G X 1/2" .....96	GNP INSULIN SYRINGE/0.5ML/28G X 1/2" .....96	GNP STERILE LANCETS 28G ... 75
GLUCOPRO INSULIN SYRINGE/U- 100/1ML/30G X 5/16" .....96	GNP INSULIN SYRINGE/0.5ML/29G X 1/2" .....96	GNP STERILE LANCETS 30G ... 75
GLUCOPRO INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....96	GNP INSULIN SYRINGE/0.5ML/30G X 5/16" .....96	GNP STERILE LANCETS 33G ... 75
GLUCOSE CHEW ..... 15	GNP INSULIN SYRINGE/0.5ML/31G X 5/16" .....96	GNP THERAPEUTIC-M TABS ...119
GLUCOSE CONTROL SOLUTION SOLN .....75	GNP INSULIN SYRINGE/1ML/29G X 1/2" .....96	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" .....96
GLUCOTROL XL TB24 (Use glipizide) .....16	GNP INSULIN SYRINGE/1ML/30G X 5/16" .....96	GOJJI BLOOD KETONE TEST STRIPS .....58
glyburide micronized 1.5 MG, 3 MG, 6 MG ..... 16	GNP INSULIN SYRINGE/1ML/31G X 5/16" .....96	GOJJI LANCING DEVICE/CLEAR CAP MISC .....75
glyburide TABS ..... 16	GNP INSULIN SYRINGES/0.3ML/30GX5/16" ....96	GOJJI STERILE LANCETS 30G ..75
glyburide-metformin ..... 14	GNP INSULIN SYRINGES/1ML/29GX1/2" .....96	GOLD DUST WOUND FILLER PACK .....49
glycerin (laxative) SUPP 2 GM .... 64	GNP INSULIN SYRINGES/1ML/28GX1/2" .....96	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate) ..... 64
GLYCERIN ADULT SUPP (Use glycerin (laxative)) .....64	GNP INSULIN SYRINGES/1ML/29GX1/2" .....96	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL .. 75
glycopyrrolate TABS 1 MG, 2 MG 133	GNP INSULIN SYRINGES/1ML/28GX1/2" .....96	GOODSENSE LANCETS MICRO- THIN 33G .....75
GLYNASE (Use glyburide micronized) .....16	GNP INSULIN SYRINGES/1ML/29GX1/2" .....96	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL .....75
GNP ALCOHOL SWABS .....87	GNP INSULIN SYRINGES/1ML/30GX5/16" .....96	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL .....75
GNP CENTURY ADULT TABS ...119	GNP INSULIN SYRINGES/3ML/31GX5/16" .....96	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL .....75
GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD ... 75	GNP LANCETS 21G .....75	GOODSENSE LANCETS ULTRA- THIN 30G .....75
GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN .....75	GNP LANCETS THIN 26G .....75	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL .....75
GNP GLUCOSE CHEW ..... 15	GNP LANCING SYSTEM DEVICE MISC .....75	GOODSENSE LANCING DEVICE MISC .....75
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" .....96	GNP PRENATAL TABS .....125	griseofulvin microsize SUSP .....18
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" .....96	GNP QUICK DISSOLVE GLUCOSE CHEW .....15	griseofulvin microsize TABS .....18
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" .....96	GNP STERILE GAUZE PADS 2"X2" PADS .....66	griseofulvin ultramicrosize .....18
		guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML .....36

guaifenesin SYRP .....	36	halobetasol propionate OINT .....	40	HEALTHY EYES SUPERVISION2 CAPS .....	119
guaifenesin TABS .....	36	haloperidol decanoate .....	26	H-E-B INCONTROL ADVANCED LANCING DEVICE MISC .....	76
guaifenesin TB12 .....	36	haloperidol lactate CONC .....	26	H-E-B INCONTROL ALCOHOL PADS .....	87
guaifenesin-codeine SOLN .....	35	haloperidol lactate SOLN .....	26	H-E-B INCONTROL LANCETS MICRO THIN 33G .....	76
guaifenesin-codeine SYRP .....	35	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG .....	26	H-E-B INCONTROL LANCETS SUPER THIN 30G .....	76
guanfacine hcl (adhd) .....	1	HAPRODERM GEL .....	49	H-E-B INCONTROL LANCETS ULTRA THIN 28G .....	76
guanfacine hcl .....	21	HAVRIX .....	137	H-E-B INCONTROL LANCETS HEMOCYTE PLUS CAPS .....	62
HADLIMA PUSHTOUCH SOAJ .....	3	H-CHLOR WOUND GEL .....	27	heparin sodium (porcine) lock flush 100 UNIT/ML .....	11
HADLIMA SOSY .....	3	HEAD CARE PROACTIVE HEALTH TABs .....	119	HEPLISAV-B SOSY .....	137
HAEGARDA SOLR SC .....	62	HEALTH CARE LANCING DEVICE MISC .....	76	HIBERIX SOLR IJ .....	135
HAEMOLANCE .....	75	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....	96	HIBICLENS SOLN EX (Use chlorhexidine gluconate) .....	27
HAEMOLANCE LOW FLOW LANCETS .....	75	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....	96	HIGH POTENCY MULTIVITAMIN TABs .....	124
HAEMOLANCE PLUS .....	75	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .....	96	HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABs .....	119
HAEMOLANCE PLUS HIGH FLOW 75	75	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....	96	HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABs 119	119
HAEMOLANCE PLUS LOW FLOW 75	75	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 96	96	HM COMPLETE MEN TABs .....	119
HAEMOLANCE PLUS MAX FLOW 76	76	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 96	96	HM HAIR/SKIN/NAILS TABs .....	119
HAEMOLANCE PLUS PEDIATRIC FLOW .....	76	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC .....	76	HM STERILE ALCOHOL PREP PADs .....	87
HAIR SKIN & NAILS ADVANCED FORMULA TABs .....	119	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G .....	76	HM STERILE PADS 2"X2" PADS .....	66
HAIR SKIN & NAILS TABs .....	119			HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" .....	96
HAIR/SKIN/NAILS CAPs .....	119				
HALCION 0.25 MG (Use triazolam) 63	63				
HALDOL DECANOATE 100 (Use haloperidol decanoate) .....	26				
HALDOL DECANOATE 50 (Use haloperidol decanoate) .....	26				
halobetasol propionate CREA .....	40				

HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....	96	108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	5	DRESSING/MOISTURE RETENTIVE FILM/4"X4" PADS .....	49
HUMALOG SOCT .....	15	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	5	HYDROFERA BLUE FOAM DRESSING/MOISTURE RETENTIVE FILM/ISLAND PADS .....	49
HUMULIN 70/30 KWIKPEN SUPN .....	15	hydrocodone-ibuprofen 7.5 MG-200 MG .....	5	HYDROFERA BLUE FOAM DRESSING/MOISTURE RETENTIVE/OSTOMY/2.5" PADS .....	50
HUMULIN 70/30 SUSP .....	15	HYDROCOL 6"X8" PADS .....	49	HYDROFERA BLUE FOAM DRESSING/TUNNELING/9MM PADS .....	50
HUMULIN N KWIKPEN SUPN .....	15	HYDROCOL II PADS .....	49	HYDROFERA BLUE HEAVY DRAINAGE 4"X4" PADS .....	50
HUMULIN N SUSP .....	15	HYDROCOL II SACRAL PADS .....	49	HYDROFERA BLUE HEAVY DRAINAGE 6"X6" PADS .....	50
HUMULIN R SOLN IJ .....	15	HYDROCOL II THIN PADS .....	49	HYDROFERA BLUE READY FOAMDRESSING 2.5"X2.5" PADS .....	50
HUMULIN R U-500 (CONCENTRATED) SOLN SC .....	15	hydrocortisone (intrarectal) .....	7	HYDROFERA BLUE READY FOAMDRESSING 4"X5" PADS .....	50
HUMULIN R U-500 KWIKPEN SOPN SC .....	15	hydrocortisone (rectal) EX 1 % .....	7	HYDROFERA BLUE READY FOAMDRESSING 8"X8" PADS .....	50
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide) .....	34	hydrocortisone (rectal) EX 2.5 % .....	7	hydromorphone hcl LIQD .....	5
HYCODAN TABS 1.5 MG-5 MG (Use hydrocodone bitartrate-homatropine methylbromide) .....	34	hydrocortisone (topical) CREA .....	40	HYDROMORPHONE HCL SUPP .....	5
hydralazine hcl SOLN .....	21	hydrocortisone (topical) LOTN 1 %, 2.5 % .....	40	hydromorphone hcl TABS .....	5
hydralazine hcl TABS .....	21	hydrocortisone (topical) OINT 1 %, 2.5 % .....	40	hydroxychloroquine sulfate 200 MG 23 .....	24
HYDRALYTE FREEZER POPS SOLN .....	113	hydrocortisone (topical) OINT 1 %, 2.5 % .....	40	hydroxyurea .....	24
HYDRALYTE SOLN .....	113	hydrocortisone TABS .....	34	hydroxyzine hcl SYRP .....	8
HYDREA (Use hydroxyurea) .....	24	hydrocortisone vaginal .....	138	hydroxyzine hcl TABS .....	8
hydrochlorothiazide CAPS .....	59	hydrocortisone valerate CREA .....	40	hydroxyzine pamoate CAPS .....	8
hydrochlorothiazide TABS .....	59	hydrocortisone valerate OINT .....	40	HYGEL GEL .....	50
hydrocodone bitartrate-homatropine methylbromide SOLN .....	34	HYDROFERA BLUE FOAM DRESSING 2"X2" PADS .....	49	HYLAZINC TABS .....	119
hydrocodone bitartrate-homatropine methylbromide TABS .....	34	HYDROFERA BLUE FOAM DRESSING 4"X4" PADS .....	49	hyoscyamine sulfate ELIX .....	133
hydrocodone polistirex-chlorpheniramine polistirex SUER .....	35	HYDROFERA BLUE FOAM DRESSING 6"X6" PADS .....	49	hyoscyamine sulfate SOLN OR 0.125 .....	133
hydrocodone-acetaminophen SOLN .....		HYDROFERA BLUE FOAM DRESSING/MOISTURE RETENTIVE FILM/2-1/4X8 PADS .....	49		
		HYDROFERA BLUE FOAM .....			

MG/ML .....	133	IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan) .....	112	indomethacin CAPS 25 MG, 50 MG	3
hyoscyamine sulfate SUBL 0.125 MG .....	133	IMITREX TABS (Use sumatriptan succinate) .....	112	INFANRIX .....	133
hyoscyamine sulfate TABS 0.125 MG .....	133	IMMUNE ESSENTIALS DAILY CAPS .....	119	INFANTS ADVIL SUSP (Use ibuprofen) .....	3
hyoscyamine sulfate TB12 0.375 MG 133		IMMUNE SUPPORT CHEW .....	120	INFANTS SILAPAP SOLN OR .....	4
hyoscyamine sulfate TBDP 0.125 MG .....	133	IMODIUM A-D CAPS (Use loperamide hcl) .....	17	INNOVAMATRIX AC 5CM X 5CM SHEE .....	50
HYPAFIX/5 CM X 10M/2" X11 YDS PADS .....	50	IMODIUM A-D TABS (Use loperamide hcl) .....	17	INSPIREASE DRUG DELIVERYSYSTEM MISC .....	111
HYPOLANCE AST LANCING KIT KIT .....	76	IMOVAX RABIES (H.D.C.V.) SUSP 137		INSULIN ASPART FLEXPEN SOPN . 15	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use alum & mag hydrox-simethicone) ...	7	IMURAN TABS (Use azathioprine) 114		INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....	15
HY-VEE LANCETS .....	76	IN TOUCH GLUCOSE CONTROLSOLUTION SOLN .....	76	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....	15
HY-VEE THIN LANCETS .....	76	IN TOUCH LANCING DEVICE MISC 76		INSULIN ASPART SOLN IJ .....	15
HYZAAR (Use losartan potassium & hydrochlorothiazide) .....	21	IN TOUCH STERILE LANCETS30G 76		INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML .....	16
ibandronate sodium TABS .....	59	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI .....	111	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML .....	15
ibuprofen SUSP .....	3	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI .....	111	INSULIN DEGLUDEC SOLN .....	16
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG .....	3	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI .....	111	INSULIN GLARGINE-YFGN SOLN 16	
ICAPS AREDS FORMULA TABS 119		INCRUSE ELLIPTA .....	9	INSULIN GLARGINE-YFGN SOPN 16	
icatibant acetate SOLN .....	62	indapamide TABS 1.25 MG, 2.5 MG . 59		INSULIN LISPRO JUNIOR KWIKPEN SOPN .....	16
icatibant acetate SOSY .....	62	INDERAL LA CP24 (Use propranolol hcl) .....	30	INSULIN LISPRO KWIKPEN SOPN . 16	
ICLUSIG .....	24	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ...	58	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN .....	16
IHEALTH COVID-19 ANTIGENRAPID TEST KIT .....	58				
imatinib mesylate .....	24				
imipramine hcl TABS .....	14				
imiquimod 5 % .....	40				



INSULIN LISPRO SOLN IJ .....	16	1ML/31G X 5/16" .....	97	INTELENCE .....	28
INSULIN SYRINGE 1ML/31G X1/4" .		INSULIN SYRINGE/U-		INTELISWAB COVID-19 RAPID	
96		100/0.3ML/29G X 1/2" .....	97	TEST KIT .....	58
INSULIN SYRINGE/0.3ML/30G X		INSULIN SYRINGE/U-		INTRASITE GEL APPLIPAK GEL .	50
5/16" .....	96	100/0.5ML/29G X 1/2" .....	97	INTUNIV (Use guanfacine hcl	
INSULIN SYRINGE/0.3ML/31G X		INSULIN SYRINGE/U-100/1ML/29G		(adhd)) .....	1
5/16" .....	97	X 1/2" .....	97	INVEGA SUSTENNA 117	
INSULIN SYRINGE/0.5ML/27G X		INSULIN SYRINGE/U-100/1ML/30G		MG/0.75ML .....	25
1/2" .....	97	X 5/16" .....	97	INVEGA SUSTENNA 156 MG/ML .	25
INSULIN SYRINGE/0.5ML/28G X		INSULIN SYRINGE/U-100/1ML/31G		INVEGA SUSTENNA 234 MG/1.5ML	
1/2" .....	97	X 5/16" .....	97	25	
INSULIN SYRINGE/0.5ML/30G X		INSULIN SYRINGES 0.3ML/31G X		INVEGA SUSTENNA 39 MG/0.25ML	
5/16" .....	97	1/4" .....	97	25	
INSULIN SYRINGE/0.5ML/31G X		INSULIN SYRINGES 0.5ML/31G X		INVEGA SUSTENNA 78 MG/0.5ML	
5/16" .....	97	1/4" .....	97	25	
INSULIN SYRINGE/1ML/28G X 1/2"		INSULIN SYRINGES/U-		INVEGA TRINZA 273 MG/0.88ML	26
97		100/0.5ML/27GX1/2" .....	97	INVEGA TRINZA 410 MG/1.32ML	25
INSULIN SYRINGE/1ML/29G X 1/2"		INSULIN SYRINGES/U-		INVEGA TRINZA 546 MG/1.75ML	26
97		100/0.5ML/28GX1/2" .....	97	INVEGA TRINZA 819 MG/2.63ML	26
INSULIN SYRINGE/1ML/30G X 5/16"		INSULIN SYRINGES/U-		IPOL INACTIVATED IPV .....	137
.....	97	100/0.5ML/29GX1/2" .....	97	ipratropium bromide (nasal) 0.03 %	
INSULIN SYRINGE/NEEDLE		INSULIN SYRINGES/U-		127	
0.3ML/30G X 5/16" .....	97	100/0.5ML/30GX5/16" .....	97	ipratropium bromide (nasal) 0.06 %	
INSULIN SYRINGE/NEEDLE		INSULIN SYRINGES/U-		127	
0.3ML/31G X 5/16" .....	97	100/0.5ML/31GX5/16" .....	97	ipratropium bromide SOLN 0.02 % .	9
INSULIN SYRINGE/NEEDLE		INSULIN SYRINGES/U-		ipratropium-albuterol SOLN .....	10
0.5ML/29G X 1/2" .....	97	100/1ML/27GX1/2" .....	97	irbesartan .....	20
INSULIN SYRINGE/NEEDLE		INSULIN SYRINGES/U-		iron polysaccharide complex-vit b12-	
0.5ML/30G X 5/16" .....	97	100/1ML/28GX1/2" .....	97	folic acid CAPS .....	63
INSULIN SYRINGE/NEEDLE		INSULIN SYRINGES/U-		ISENTRESS CHEW .....	28
1ML/29G X 1/2" .....	97	100/1ML/30GX1/2" .....	98	ISENTRESS HD TABS .....	28
INSULIN SYRINGE/NEEDLE		INSULIN SYRINGES/U-		ISENTRESS PACK .....	28
1ML/30G X 5/16" .....	97	100/1ML/31GX5/16" .....	98	ISENTRESS TABS .....	28
INSULIN SYRINGE/NEEDLE		INTELENCE (Use etravirine) .....	28		

isoniazid SOLN .....	23	KALTOSTAT ROPE MISC .....	50	ALGINATEDRESSING 4"X4" MISC	50
isoniazid TABS .....	23	KALTOSTAT WOUND DRESSING		KENDALL CALCIUM	
ISOPTO ATROPINE SOLN .....	128	PADS .....	50	ALGINATEDRESSING 4"X5-1/2"	
ISORDIL TITRADOSE TABS 5 MG		KALYDECO PACK 25 MG, 50 MG,		MISC .....	50
(Use isosorbide dinitrate) .....	8	75 MG .....	132	KENDALL CALCIUM	
isosorbide dinitrate TABS 5 MG, 10		KALYDECO TABS .....	132	ALGINATEDRESSING 6"X10" MISC	50
MG, 20 MG, 30 MG .....	8	KAMELEON LUBRICATED MISC .67		KENDALL CALCIUM	
isosorbide mononitrate TABS .....	8	KANJINTI .....	24	ALGINATEDRESSING 8"X4" MISC	50
isosorbide mononitrate TB24 .....	8	KAZANO (Use alogliptin-metformin		KENDALL CALCIUM	
isotretinoin 10 MG, 20 MG, 30 MG,		hcl) .....	14	ALGINATEDRESSING PLUS 4"X4"	
40 MG .....	37	KENDALL ALGINATE		MISC .....	50
ivermectin .....	7	HYDROCOLLOID DRESSING 4"X4"		KENDALL CALCIUM	
IXIARO .....	137	PADS .....	50	ALGINATEDRESSING ROPE 12"	
J & J GAUZE 2"X2" 8 PLY PADS .66		KENDALL ALGINATE		MISC .....	50
JADENU SPRINKLE PACK (Use		HYDROCOLLOID DRESSING 4"X5"		KENDALL CALCIUM	
deferasirox) .....	18	PADS .....	50	ALGINATEDRESSING ROPE 24"	
JADENU TABS (Use deferasirox) .18		KENDALL ALGINATE		MISC .....	50
JAKAFI .....	24	HYDROCOLLOID DRESSING 6"X6"		KENDALL CALCIUM	
JANSSEN COVID-19 VACCINE .137		PADS .....	50	ALGINATEDRESSING ROPE 36"	
JANUMET TABS .....	14	KENDALL ALGINATE		MISC .....	51
JANUMET XR TB24 1000 MG-100		HYDROCOLLOID DRESSING 6"X7"		KENDALL HYDROGEL	
MG .....	14	PADS .....	50	IMPREGNATED GAUZE 2"X2"	
JANUMET XR TB24 1000 MG-50		KENDALL ALGINATE		PADS .....	51
MG, 500 MG-50 MG .....	14	HYDROCOLLOID DRESSING 8"X8"		KENDALL HYDROGEL	
JULUCA .....	28	PADS .....	50	IMPREGNATED GAUZE 4"X4"	
JYNNEOS .....	137	KENDALL AMORPHOUS		PADS .....	51
K1-1000 CAPS .....	139	HYDROGEL WOUND DRESSING		KENDALL HYDROGEL	
KALETRA SOLN (Use lopinavir-		GEL .....	50	IMPREGNATED GAUZE 4"X8"	
ritonavir) .....	28	KENDALL ANTIMICROBIAL		PADS .....	51
KALETRA TABS (Use lopinavir-		BANDAGE 4-1/2"X4-1/8YD MISC .50		KENDALL HYDROGEL WOUND	
ritonavir) .....	28	KENDALL CALCIUM		DRESSING 3" DISK MISC .....	51
KALTOSTAT FORTEX PADS .....	50	ALGINATEDRESSING 12"X24"		KENDALL HYDROGEL WOUND	
KALTOSTAT PADS .....	50	MISC .....	50	DRESSING 4-3/4" DISK MISC ....	51
		KENDALL CALCIUM		KENDALL HYDROPHILIC	
		ALGINATEDRESSING 2"X2" MISC		FOAMDRESSING 2"X2" PADS ...	66
		50			
		KENDALL CALCIUM			

KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS .....	66	KETONE STRP .....	58	KINDERLYTE PREMAX SOLN ..	113
KENDALL ZINC CALCIUM ALGINATE DRESSING 2"X2" PADS . 51		KETONE TEST STRIPS STRP ...	58	KINDERLYTE SOLN .....	113
KENDALL ZINC CALCIUM ALGINATE DRESSING 4"X4" PADS . 51		ketoprofen CAPS 50 MG .....	3	KINNEY LANCETS .....	76
KENDALL ZINC CALCIUM ALGINATE DRESSING 4"X8" PADS . 51		ketorolac tromethamine (ophth) 0.5 % .....	129	KINNEY THIN LANCETS .....	76
KENDALL ZINC CALCIUM ALGINATE DRESSING ROPE 12" MISC .....	51	ketorolac tromethamine TABS .....	3	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" .....	98
KEPPRA SOLN OR 100 MG/ML (Use levetiracetam) .....	11	KETOSTIX STRP .....	58	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" .....	98
KEPPRA TABS (Use levetiracetam) . 11		ketotifen fumarate (ophth) 0.035 % 129		KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" .....	98
KERAGEL GEL .....	51	KEYFOLIC TABS .....	120	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" .....	98
KERAGELT GEL .....	51	KEYLOSA TABS .....	120	KINRIX SUSY .....	133
KERAMATRIX REPLICINE 10CMX10CM SHEE .....	51	KIMONO COLORS DEVI .....	67	KLARITY-L EMUL .....	129
KERAMATRIX REPLICINE 2CMX3CM SHEE .....	51	KIMONO LUBRICATED MISC ....	67	KLARON (Use sulfacetamide sodium (acne)) .....	37
KERAMATRIX REPLICINE 5CMX5CM SHEE .....	51	KIMONO MAXX/LARGE FLARE MISC .....	67	KLONOPIN TABS (Use clonazepam) .....	11
KERASTAT CREA .....	51	KIMONO MICRO THIN MISC ....	67	KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G .....	98
KERASTAT GEL .....	51	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 67		KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G .....	98
KERLIX SUPER SPONGE SALINE DRESSING PADS .....	51	KIMONO PLUS SPERMICIDE LUBRICATED MISC .....	67	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G .....	98
ketoconazole (topical) CREA .....	38	KIMONO PLUS SPERMICIDE/LUBRICATED MISC 67		KOMBIGLYZE XR (Use saxagliptin- metformin hcl) .....	14
ketoconazole (topical) SHAM 2 % .	38	KIMONO PS LUBRICATED MISC .	67	KP PRENATAL MULTIVITAMINS TABS .....	125
ketoconazole .....	18	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 67		K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS .....	120
KETO-DIASTIX .....	58	KIMONO SENSATION LUBRICATED MISC .....	67	KROGER AUTOLET LANCING DEVICE MISC .....	76
		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 67			
		KIMONO SPECIAL DEVI .....	67		

KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD .....76	K-TAB TBCR (Use potassium chloride) .....114	lamivudine TABS ..... 28
KROGER HEALTHPRO TWIST LANCETS/26G .....76	K-Y ME & YOU EXTRA LUBRICATED DEVI .....67	lamivudine-zidovudine ..... 28
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" .....98	K-Y ME & YOU INTENSE DEVI ...67	lamotrigine CHEW ..... 11
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ..... 98	labetalol hcl SOLN .....30	lamotrigine TABS 100 MG, 150 MG, 200 MG .....11
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" ..... 98	labetalol hcl TABS ..... 30	lamotrigine TABS 25 MG ..... 11
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" .....98	LABETALOL HYDROCHLORIDE SOLN .....30	LANCET DEVICE ADJUSTABLE MISC ..... 76
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ..... 98	lactated ringer's ..... 113	LANCET DEVICE WITH EJECTOR MISC ..... 76
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" ..... 98	lactic acid (ammonium lactate) CREA .....40	LANCET TRANSPORTER CASE MISC ..... 76
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ..... 98	lactic acid (ammonium lactate) LOTN 12 % .....40	LANCETS ..... 76
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" ..... 98	LACTINEX PACK (Use lactobacillus) 17	LANCETS 30G .....76
KROGER INSULIN SYRINGE/1ML/29G X 1/2" .....98	lactobacillus acidophilus-pectin CAPS .....17	LANCETS 30G TWIST TOP ..... 77
KROGER INSULIN SYRINGE/1ML/30G X 5/16" ..... 98	lactobacillus PACK .....17	LANCETS 30G/TWIST TOP ..... 77
KROGER INSULIN SYRINGE/1ML/31G X 5/16" ..... 98	lactulose (encephalopathy) .....61	LANCETS 33G EXTRA FINE .....77
KROGER LANCETS .....76	lactulose SOLN ..... 64	LANCETS 33G UNIVERSAL DESIGN ..... 77
KROGER LANCETS 21G .....76	LAGEVRIO .....30	LANCETS MICRO THIN 33G .....77
KROGER LANCETS MICRO THIN33G .....76	LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine) .....11	LANCETS SUPER THIN 28G .....77
KROGER LANCETS SUPER THIN 76	LAMICTAL TABS 100 MG, 150 MG, 200 MG (Use lamotrigine) ..... 11	LANCETS THIN .....77
KROGER LANCETS THIN .....76	LAMICTAL TABS 25 MG (Use lamotrigine) .....11	LANCETS ULTRA THIN ..... 77
KROGER LANCETS THIN 26G ...76	LAMISIL AT CREA (Use terbinafine hcl (topical)) .....38	LANCETS ULTRA THIN 30G .....77
KROGER LANCETS ULTRATHIN30G ..... 76	LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical)) .....38	LANCING DEVICE MISC .....77
KROGER LANCING DEVICE MISC 76	lamivudine SOLN ..... 28	LANOXIN SOLN IJ (Use digoxin) ..31
		LANOXIN TABS 125 MCG, 250 MCG (Use digoxin) .....31
		lansoprazole CPDR .....134
		LANZO MISC ..... 77
		lapatinib ditosylate ..... 24
		LASIX TABS (Use furosemide) ....59

latanoprost SOLN .....	130	leucovorin calcium SOLN IJ 500 MG/50ML .....	24	IV 500 MCG (Use levothyroxine sodium) .....	133
LATANOPROST SOLN .....	130	leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG .....	24	levothyroxine sodium SOLR IV 500 MCG .....	133
LATUDA (Use lurasidone hcl) .....	25	leucovorin calcium TABS .....	24	levothyroxine sodium TABS .....	133
LEADER ADVANCED LANCING DEVICE MISC .....	77	LEUKERAN .....	23	LEVSIN TABS (Use hyoscyamine sulfate) .....	134
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" .....	98	levabuterol tartrate .....	10	LEVSIN/SL SUBL (Use hyoscyamine sulfate) .....	134
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" .....	98	LEVVID TB12 (Use hyoscyamine sulfate) .....	134	LEXAPRO TABS (Use escitalopram oxalate) .....	13
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" .....	98	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML .....	12	LEXIVA SUSP .....	28
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" .....	98	levetiracetam TABS .....	12	LEXIVA TABS (Use fosamprenavir calcium) .....	28
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" .....	98	levobunolol hcl 0.5 % .....	128	LIBERTY GLUCOSE CONTROL MID SOLN .....	77
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" .....	98	levocarnitine (metabolic modifiers) SOLN IV 200 MG/ML .....	60	LIBERTY MEDICAL LANCETS 30G . 77	
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" .....	98	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML .....	60	LIBERTY MINI LANCING DEVICE MISC .....	77
LEADER INSULIN SYRINGE/1ML/28G X 1/2" .....	98	levocarnitine (metabolic modifiers) TABS .....	60	lidocaine hcl (cardiac) SOSY 100 MG/5ML .....	8
LEADER INSULIN SYRINGE/1ML/29G X 1/2" .....	98	levocetirizine dihydrochloride SOLN 19		lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 1.5 %, 2 % .....	65
LEADER INSULIN SYRINGE/1ML/30G X 5/16" .....	98	levocetirizine dihydrochloride TABS 19		lidocaine hcl (mouth-throat) 2 % ..	115
LEADER INSULIN SYRINGE/1ML/31G X 5/16" .....	98	levofloxacin TABS .....	60	lidocaine hcl GEL 2 % .....	41
LEADER QUICK DISSOLVE GLUCOSE CHEW .....	15	levonorgestrel & eth estradiol TABS 32		lidocaine hcl PRSY .....	41
leflunomide .....	4	levonorgestrel (emergency oc) 1.5 MG .....	33	lidocaine hcl SOLN .....	41
lenalidomide .....	114	levonorgestrel-eth estradiol (triphasic) .....	32	LIDOCAINE HCL SOLN .....	8
LESCOL XL TB24 (Use fluvastatin sodium) .....	20	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG .....	32	LIDOCAINE HYDROCHLORIDE SOLN 1 % .....	65
LETAIRIS (Use ambrisentan) .....	32	levonorgestrel-ethinyl estradiol (continuous) .....	32	LIDOCAINE HYDROCHLORIDE SOSY 100 MG/5ML .....	8
letrozole .....	24	LEVOTHYROXINE SODIUM SOLR		lidocaine-prilocaine CREA .....	41

LILETTA 20.1 MCG/DAY .....	33	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2" .....	99	LOPID TABS (Use gemfibrozil) .....	20
linezolid TABS .....	22	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2" .....	99	lopinavir-ritonavir SOLN .....	28
liothyronine sodium TABS .....	133	LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16" .....	99	lopinavir-ritonavir TABS .....	28
LIPITOR TABS (Use atorvastatin calcium) .....	20	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....	99	LOPRESSOR TABS (Use metoprolol tartrate) .....	30
lisinopril & hydrochlorothiazide .....	21	LITETOUCH LANCETS MICRO THIN 33G .....	77	LOPROX CREA (Use ciclopirox olamine) .....	38
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG .....	20	lithium carbonate CAPS .....	25	LOPROX SUSP (Use ciclopirox olamine) .....	38
LITE TOUCH LANCETS .....	77	lithium carbonate TABS .....	25	loratadine & pseudoephedrine TB12 . 35	
LITE TOUCH LANCING PEN MISC 77		lithium carbonate TBCR .....	25	loratadine & pseudoephedrine TB24 . 35	
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" .....	98	LITHOBID TBCR (Use lithium carbonate) .....	25	loratadine SOLN .....	19
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" .....	99	LIVE BETTER ADVANCED LANCING DEVICE MISC .....	77	loratadine TABS .....	19
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" .....	99	LIVE BETTER LANCET SUPERTHIN 30G .....	77	loratadine TBDP 10 MG .....	19
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" .....	99	LIVE BETTER LANCET ULTRATHIN 28G .....	77	lorazepam SOLN .....	8
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" .....	99	LIVER DETOX TABS .....	120	lorazepam TABS .....	8
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" .....	99	L-MESITRAN SOFT WOUND GEL GEL .....	51	losartan potassium & hydrochlorothiazide .....	21
LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" .....	99	LODINE TABS (Use etodolac) .....	4	losartan potassium .....	21
LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....	99	LOMOTIL TABS (Use diphenoxylate w/ atropine) .....	17	LOTEMAX GEL (Use loteprednol etabonate) .....	129
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" .....	99	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" .....	99	LOTEMAX SM GEL .....	129
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" .....	99	LONGS LANCETS STANDARD .....	77	LOTEMAX SUSP (Use loteprednol etabonate) .....	129
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" .....	99	LONGS LANCETS THIN .....	77	LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl) .....	20
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....	99	LONGS LANCETS ULTRA THIN .....	77	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .....	21
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....	99	loperamide hcl CAPS .....	17	loteprednol etabonate GEL .....	129
		loperamide hcl TABS .....	17	loteprednol etabonate SUSP 0.5 % 129	

LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl) .....	21	MACRODANTIN 25 MG (Use nitrofurantoin macrocrystal) .....	22	MALARONE (Use atovaquone-proguanil hcl) .....	22
LOTRIMIN AF CREA (Use clotrimazole (topical)) .....	38	MACRODANTIN 50 MG, 100 MG (Use nitrofurantoin macrocrystal) ..	22	malathion .....	42
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical)) .....	38	MAG64 TBEC (Use magnesium chloride) .....	114	maraviroc TABS .....	28
lovastatin TABS .....	20	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" .	99	MASONATAL TABS .....	125
LOVAZA (Use omega-3-acid ethyl esters) .....	19	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" .....	99	MAXALT TABS 10 MG (Use rizatriptan benzoate) .....	112
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium) .....	11	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" .	99	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate) .....	112
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium) .	11	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" .....	99	MAXI DEET LIQD .....	41
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium) .....	11	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" .	99	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" .	99
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium) .....	11	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" .....	99	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" .	99
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium) .....	11	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" .	99	MAXICOMFORT INSULIN SYRINGES 27G X 1/2" .....	99
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium) .	11	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" .	99	MAXIDEX SUSP OP .....	129
loxapine succinate .....	26	magnesium chloride TBEC .....	114	MAXIFED TR TABS .....	35
lubiprostone .....	61	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML .....	64	MAXIMUM D3 CAPS .....	139
LUMIZYME .....	60	magnesium lactate .....	114	MAXITROL OINT (Use neomycin-polymy-dexameth) .....	129
LUNG PERFORMANCE PEAK FLOW METER .....	111	magnesium oxide (mg supplement) TABS 241.5 MG, 250 MG, 400 MG, 500 MG .....	114	MAXITROL SUSP (Use neomycin-polymy-dexameth) .....	129
lurasidone hcl .....	25	MAGNESIUM OXIDE TABS .....	114	MAXX LUBRICATED MISC .....	67
LUTEIN PLUS/ZEAXANTHIN TABS .	120	magnesium oxide TABS .....	7	MAXX PLUS SPERMICIDE LUBRICATED MISC .....	67
LUXAMEND CREA .....	51	MAGOX 400 TABS (Use magnesium oxide (mg supplement)) .....	114	MAXZIDE TABS (Use triamterene & hydrochlorothiazide) .....	59
MACROBID (Use nitrofurantoin monohyd macro) .....	22	MAG-TAB SR (Use magnesium lactate) .....	114	MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide) .....	59

MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" ....	99	KETONECONTROL SOLUTION 1- NORMAL LIQD .....	77	MEGA MULTI FOR WOMEN TABS 120
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" ....	99	MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD .....	77	MEGAVITE FRUITS & VEGGIES TABS .....
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE .....	77	MEDLANCE PLUS EXTRA LANCETS 21G .....	77	megestrol acetate SUSP .....
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW .....	77	MEDLANCE PLUS LANCETS ....	78	megestrol acetate TABS .....
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW .....	77	MEDLANCE PLUS LANCETS LITE 25G .....	78	MEIJER ALCOHOL SWABS EXTRA- THICK .....
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW .....	77	MEDLANCE PLUS LITE LANCETS 25G .....	78	MEIJER COLOR LANCETS UNIVERSAL 33G .....
MEDICHOICE SAFETY LANCETEXTRA .....	77	MEDLANCE PLUS SPECIAL LANCETS 0.8MM .....	78	MEIJER LANCETS .....
MEDICHOICE SAFETY LANCETNORMAL .....	77	MEDLANCE PLUS SUPERLITE 30G .....	78	MEIJER LANCETS THIN .....
MEDIHONEY CALCIUM ALGINATE DRESSING 4"X5" PADS .....	51	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX .....	78	MEIJER LANCETS UNIVERSAL21G .....
MEDIHONEY CALCIUM ALGINATE DRESSING/2"X2" PADS .....	51	MEDLANCE PLUS UNIVERSAL LANCETS 21G .....	78	MEIJER LANCETS UNIVERSAL30G .....
MEDIHONEY HCS WOUND & BURN DRESSING 4.5"X4.5" PADS .....	51	MEDLANCE PLUS/LITE 25G ....	78	MEIJER LANCETS UNIVERSAL33G .....
MEDIHONEY WOUND & BURN DRESSING 3/4"X12" PADS .....	51	MEDLANCE/EXTRA .....	78	MEIJER SUPER THIN LANCETS
MEDIHONEY WOUND & BURN DRESSING PSTE .....	51	MEDLANCE/LITE .....	78	MELATONIN TABS 12 MG .....
MEDIHONEY WOUND/BURNDRESSING 4"X5" PADS .....	51	MEDLANCE/UNIVERSAL .....	78	melatonin TABS 5 MG .....
MEDIHONEY WOUND/BURNDRESSING GEL ..	51	MEDROL DOSEPAK TBPK (Use methylprednisolone) .....	34	meloxicam TABS .....
MEDIHONEY WOUND/BURNDRESSING PSTE	51	MEDROL TABS 4 MG, 8 MG, 16 MG (Use methylprednisolone) .....	34	melphalan .....
MEDIHONEY WOUND/BURNDRESSING PSTE	51	medroxyprogesterone acetate (contraceptive) SUSP IM .....	33	memantine hcl SOLN .....
MEDI-PAK PERFORMANCE PLUSCOMBINE ABD PAD/8" X 7.5" PADS .....	51	medroxyprogesterone acetate (contraceptive) SUSY IM .....	33	memantine hcl TABS .....
MEDISENSE GLUCOSE		medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG .....	131	MENACTRA .....
		mefloquine hcl .....	23	MENATROL CAPS .....
		MEGA MULTI FOR MEN TABS ..	120	MENQUADFI .....
				MENS 50+ ADVANCED CAPS ...
				MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS ....
				MENS 50+ MULTIVITAMIN TABS 120



MENS MULTI VITAMIN & MINERAL FORMULA TABS .....	120	metformin hcl SOLN .....	14	methylprednisolone acetate SUSP	34
MENS MULTIVITAMIN CHEW ...	120	metformin hcl TABS 500 MG, 850 MG, 1000 MG .....	15	METHYLPREDNISOLONE ACETATE SUSP .....	34
MENS MULTIVITAMIN TABS ....	120	metformin hcl TB24 500 MG, 750 MG .....	15	methylprednisolone sod succ 40 MG, 125 MG, 1000 MG .....	34
MENVEO SOLN .....	135	methadone hcl SOLN OR .....	5	methylprednisolone TABS .....	34
MENVEO SOLR .....	135	methadone hcl TABS .....	5	methylprednisolone TBPK .....	34
MEPHYTON TABS (Use phytonadione) .....	139	methazolamide TABS .....	59	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	61
MEPILEX AG PADS .....	51	methimazole TABS .....	133	metoclopramide hcl TABS .....	61
MEPILEX BORDER FLEX LITE PADS .....	51	METHITEST TABS .....	6	metolazone .....	59
MEPILEX BORDER FLEX PADS .	51	methocarbamol TABS 500 MG, 750 MG .....	127	metoprolol succinate TB24 .....	30
MEPILEX PADS .....	51	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	23	metoprolol tartrate SOLN IV 5 MG/5ML .....	30
MEPRON (Use atovaquone) .....	22	methotrexate sodium SOLR .....	23	metoprolol tartrate TABS .....	30
mercaptapurine TABS .....	23	methotrexate sodium TABS 2.5 MG 23		METROCREAM CREA (Use metronidazole (topical)) .....	42
mesalamine CP24 .....	61	methyldopa TABS .....	21	METROGEL GEL 1 % (Use metronidazole (topical)) .....	42
mesalamine ENEM .....	61	methylergonovine maleate SOLN	130	metronidazole (topical) CREA .....	42
MESALT MISC .....	51	methylergonovine maleate TABS	130	metronidazole (topical) GEL 0.75 % 42	
MESALT PADS .....	51	methylphenidate hcl CHEW .....	2	metronidazole (topical) GEL 1 % ..	42
MESTINON SOLN OR (Use pyridostigmine bromide) .....	23	methylphenidate hcl TABS 20 MG ..	2	metronidazole TABS .....	21
MESTINON TABS (Use pyridostigmine bromide) .....	23	methylphenidate hcl TABS 5 MG, 10 MG .....	2	metronidazole vaginal .....	138
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide) .....	23	methylphenidate hcl TB24 18 MG, 27 MG, 36 MG .....	2	mexiletine hcl .....	8
METAMUCIL CAPS .....	63	methylphenidate hcl TB24 54 MG ..	2	MICATIN CREA (Use miconazole nitrate (topical)) .....	38
METAMUCIL FREE & NATURAL POWD (Use psyllium) .....	63	methylphenidate hcl TBCR 10 MG, 20 MG .....	2	miconazole nitrate (topical) CREA	38
METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium) .....	63	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG .....	2	miconazole nitrate (topical) OINT	38
METAMUCIL POWD (Use psyllium) .	63	methylphenidate hcl TBCR 54 MG ..	2	miconazole nitrate vaginal CREA	138
METAMUCIL WAFR .....	63			miconazole nitrate vaginal KIT ...	138
				miconazole nitrate vaginal SUPP	138

MICROCHAMBER DEVI .....	111	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM .....	52	mirtazapine TABS .....	13
MICROCHAMBER MISC .....	111	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM .....	52	mirtazapine TBDP .....	13
MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN .....	78	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM .....	52	misoprostol .....	134
MICROLET LANCETS .....	78	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM .....	52	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" .....	99
MICROLET NEXT MISC .....	78	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM .....	52	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....	99
MICROLIFE DIGITAL PEAK FLOW METER .....	111	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM .....	52	MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16" .....	100
MICROMATRIX FINE POWD .....	52	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM .....	52	MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16" .....	100
MICROMATRIX POWD .....	52	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM .....	52	MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16" .....	100
MICROSPACER MISC .....	111	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM .....	52	MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....	100
midodrine hcl .....	139	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED .....	52	MM LANCING DEVICE MISC .....	78
MINI LANCING DEVICE MISC .....	78	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED .....	52	MM TWIST LANCETS .....	78
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE .....	111	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH .....	52	M-M-R II SOLR .....	137
MINI WRIGHT PEAK FLOW METER .....	111	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED .....	52	M-NATAL PLUS TABS .....	125
MINI WRIGHT PEAK FLOW METER STANDARD RANGE .....	111	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH .....	52	MODERNA COVID-19 VACCINE SUSP .....	137
MINIPRESS CAPS (Use prazosin hcl) .....	21	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED .....	52	MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON .....	137
MINIVELLE PTTW (Use estradiol) 60		MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH .....	52	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137
minocycline hcl CAPS .....	132	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED .....	52	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ..	137
minoxidil 2.5 MG, 10 MG .....	21	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH .....	52	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	137
MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350) .....	64	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH .....	52	MODERNA COVID-19 VACCINE6MO-5Y SUSP .....	137
MIRALAX PACK (Use polyethylene glycol 3350) .....	64	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED .....	52	mometasone furoate CREA .....	40
MIRALAX POWD (Use polyethylene glycol 3350) .....	64	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED .....	52	mometasone furoate OINT .....	40
MIRASORB SPONGES 2" X 2" MISC .....	66				
MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) .....	32				

mometasone furoate SOLN ..... 40	NEEDLE/1ML/29G X 1/2" .....100	100
MOMMYS BLISS VITAMIN D ORGANIC LIQD OR .....139	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" .....100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 101
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal) . 138	MONOJECT INSULIN SYRINGE/SOFTPACK/U- 100/0.5ML/28G X 1/2" ..... 100	MONOLET LANCETS .....78 MONOLET OPD LANCETS .....78
MONISTAT 3 CREA (Use miconazole nitrate vaginal) ..... 138	MONOJECT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" .....100	MONOLETTOR SAFETY LANCETS 78
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) . 138	MONOJECT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" .....100	montelukast sodium CHEW .....9 montelukast sodium PACK .....9
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH (Use hydrocortisone vaginal) ..... 138	MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2" ..... 100	montelukast sodium TABS .....9 MOOD FOOD CAPS ..... 120 MOOD FOOD ES CAPS ..... 120
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" ..... 100	MONOJECT INSULIN SYRINGE/U- 100/1ML/30G X 5/16" .....100	MORPHINE SULFATE SOLN IV 1 MG/ML, 4 MG/ML, 8 MG/ML, 50 MG/ML .....5
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" .....100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" .....100	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML ..... 5
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" .....100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" .....100	morphine sulfate SUPP ..... 5 morphine sulfate TABS ..... 5 morphine sulfate TBCR ..... 5
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" .....100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" .....100	MOTRIN INFANTS DROPS SUSP (Use ibuprofen) .....4
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2" ..... 100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" .....100	MPD SAFETY LANCET 21G/1.8MM 78 MPD SAFETY LANCET 28G/1.8MM 78
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" .....100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" .....100	MPD SAFETY LANCET 30G/1.8MM 78
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" ..... 100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" .....100	MPD SAFETY LANCETS 23G/1.8MM .....78
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" .....100	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" .....100	MS CONTIN TBCR (Use morphine sulfate) .....5
MONOJECT INSULIN SYRINGE/SAFETY/PERM	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	

MS INSULIN SYRINGE/0.3ML/31G X 5/16" .....	101	MULTIVITAMIN TABS .....	120	SOFTLANCE LANCETS 30G .....	79
MS INSULIN SYRINGE/0.5ML/31G X 5/16" .....	101	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 125		MYLERAN TABS .....	23
MS INSULIN SYRINGE/1ML/31G X 5/16" .....	101	MULTIVITAMIN WOMEN TABS .	120	MYSOLINE 250 MG (Use primidone) 12	
MUCINEX D TB12 (Use pseudoephedrine-guaifenesin) ....	35	MULTIVITAMIN/ZINC STRESSFORMULA TABS .....	120	MYSOLINE 50 MG (Use primidone) 12	
MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin) .....	36	mupirocin OINT .....	37	nabumetone .....	4
MUCINEX TB12 (Use guaifenesin) 36		MVASI .....	23	nadolol TABS 20 MG, 40 MG, 80 MG .....	30
MULTI PRENATAL TABS .....	125	MVW COMPLETE FORMULATION CAPS .....	120	naloxone hcl LIQD .....	18
MULTI VITAMIN TABS .....	124	MVW COMPLETE FORMULATIOND3000 CAPS ....	120	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML .....	18
MULTI VITAMIN/D-3 TABS .....	124	MVW COMPLETE FORMULATIOND500 CAPS .....	120	naloxone hcl SOSY .....	18
MULTIA CAPS .....	120	MVW COMPLETE FORMULATIONMINIS CAPS ....	120	naltrexone hcl .....	18
MULTI-BETIC DIABETES TABS .	120	MVW COMPLETE FORMULATIONPEDIATRIC SOLN 125		NAMENDA TABS (Use memantine hcl) .....	131
MULTI-LANCET DEVICE 2 KIT ...	78	MVW COMPLETE FORMULATIONPEDIATRIC SOLN 125		NAMENDA TITRATION PAK TABS (Use memantine hcl) .....	131
MULTI-LANCET DEVICE MISC ...	78	MVW HI-D ADEK GUMMIES CHEW .	120	NAPROSYN TABS 500 MG (Use naproxen) .....	4
multiple vitamin TABS .....	124	MVW MODULATOR FORMULATION CAPS .....	120	naproxen sodium TABS 220 MG ...	4
multiple vitamins w/ iron TABS ...	115	MVW MODULATOR FORMULATION MINIS CAPS .....	120	naproxen TABS .....	4
multiple vitamins w/ minerals CAPS 120		MYAMBUTOL TABS 400 MG (Use ethambutol hcl) .....	23	naproxen TBEC .....	4
multiple vitamins w/ minerals CHEW . 120		MYCOBUTIN (Use rifabutin) .....	23	naratriptan hcl .....	112
multiple vitamins w/ minerals TABS 120		mycophenolate mofetil CAPS ....	114	NARCAN LIQD (Use naloxone hcl) 18	
MULTITOL-M TABS .....	120	mycophenolate mofetil SUSR ....	114	NARDIL (Use phenelzine sulfite) .	13
MULTIVITAMIN ADULT TABS ...	124	mycophenolate mofetil TABS .....	114	NASALCROM (Use cromolyn sodium (nasal)) .....	127
MULTIVITAMIN ADULTS TABS .	120	MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH SOLN .....	79	nateglinide .....	16
MULTIVITAMIN MEN TABS .....	120	MYGLUCOHEALTH MGH		NATRAPEL 12-HOUR TICK & INSECT REPELLENT CONTINUOUS SPRAY AERO ....	41
MULTI-VITAMIN MONOCAPS TABS 120				NATRAPEL LIQD .....	41

NATROBA (Use spinosad) .....	42	15	NICAZEL TABS .....	120	
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS .....	120	NEURONTIN CAPS 100 MG (Use gabapentin) .....	12	NICODERM CQ PT24 TD (Use nicotine) .....	132
NATRUL-VITES TABS .....	120	NEURONTIN CAPS 300 MG (Use gabapentin) .....	12	NICORETTE GUM (Use nicotine polacrilex) .....	132
NEBULIZER CUP/TUBING DEVI	111	NEURONTIN CAPS 400 MG (Use gabapentin) .....	12	NICORETTE LOZG (Use nicotine polacrilex) .....	132
nefazodone hcl .....	14	NEURONTIN SOLN (Use gabapentin) .....	12	NICORETTE MINI LOZG (Use nicotine polacrilex) .....	132
NEOMULTIVITE TABS .....	124	NEURONTIN TABS 600 MG (Use gabapentin) .....	12	NICORETTE STARTER KIT GUM (Use nicotine polacrilex) .....	132
neomycin-bacitracin zn-polymyxin	129	NEURONTIN TABS 800 MG (Use gabapentin) .....	12	nicotine MISC XX .....	132
neomycin-bacitracin-polymyxin OINT	37	NEUTEK 2TEK CONTROL SOLUTIONS SOLN .....	79	nicotine polacrilex GUM .....	132
neomycin-polymy-dexameth OINT	129	nevirapine SUSP .....	28	nicotine polacrilex LOZG .....	132
neomycin-polymy-dexameth SUSP	129	nevirapine TABS .....	28	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	132
neomycin-polymyxin-gramicidin	129	nevirapine TB24 .....	28	NICOTINE TRANSDERMAL SYSTEM KIT .....	132
neomycin-polymyxin-hc (ophth)	129	NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) .....	134	NICOTROL INHALER INHA .....	132
neomycin-polymyxin-hc (otic) SOLN	130	NEXIUM 24HR CPDR (Use esomeprazole magnesium) .....	134	NICOTROL NS SOLN .....	132
neomycin-polymyxin-hc (otic) SUSP	130	NEXIUM 24HR TBEC (Use esomeprazole magnesium) .....	134	nifedipine CAPS 10 MG .....	31
NEONATAL COMPLETE TABS .....	125	NEXIUM CPDR 20 MG (Use esomeprazole magnesium) .....	134	nifedipine TB24 .....	31
NEONATAL PLUS TABS .....	125	NEXPLANON .....	33	NITRO-BID OINT .....	8
NEONATAL PRENATAL VITAMIN TABS .....	126	niacin (antihyperlipidemic) TABS .....	20	NITRO-DUR PT24 (Use nitroglycerin) .....	8
NEONATAL VITAMIN TABS .....	126	niacin CPCR 500 MG .....	139	nitrofurantoin macrocrystal 25 MG .....	22
NEORAL CAPS (Use cyclosporine modified (for microemulsion)) .....	114	niacin TABS .....	139	nitrofurantoin macrocrystal 50 MG, 100 MG .....	22
NEORAL SOLN (Use cyclosporine modified (for microemulsion)) .....	115	niacin TBCR 250 MG, 500 MG .....	139	nitrofurantoin monohyd macro .....	22
NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) .....	38	NICADAN TABS .....	120	nitroglycerin PT24 .....	8
NEOVITE TABS .....	120	NICADAN ZX TABS .....	120	nitroglycerin SUBL .....	8
NESINA (Use alogliptin benzoate)		NICAZEL FORTE TABS .....	120	NITROSTAT SUBL (Use nitroglycerin) .....	8

NIVA THYROID TABS .....	133	NORVIR PACK .....	28	NP THYROID 30 TABS .....	133
NIVA-PLUS TABS .....	126	NORVIR SOLN .....	28	NP THYROID 60 TABS .....	133
NIX CREME RINSE LIQD EX (Use permethrin) .....	42	NORVIR TABS (Use ritonavir) .....	28	NP THYROID 90 TABS .....	133
NO FLUSH NIACIN TABS 500 MG 31		NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD .....	79	NU-GEL COLLAGEN WOUND DRESSING GEL .....	52
NO IRON MULTIPLE VITAMIN/MINERALS TABS .....	121	NOVA MAX PLUS KETONE TESTSTRIPS .....	58	NU-GEL WOUND DRESSING/3-3/4" X 3-3/4" PADS .....	52
norelgestromin-ethinyl estradiol .....	33	NOVA SAFETY LANCETS 23G .....	79	NU-GEL WOUND DRESSING/6"X 8" PADS .....	52
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	32	NOVA SAFETY LANCETS 28G .....	79	NUTRICAP TABS .....	121
norethindrone & eth estradiol .....	33	NOVA SUREFLEX LANCETS .....	79	NUVARING (Use etonogestrel-ethinyl estradiol) .....	33
norethindrone & ethinyl estradiol-fe 33		NOVA SUREFLEX LANCING DEVICE MISC .....	79	NYSTATIN (Use nystatin (mouth-throat)) .....	115
norethindrone (contraceptive) .....	33	NOVAVAX COVID-19 VACCINE .....	137	nystatin (mouth-throat) .....	115
norethindrone acet & eth estra .....	33	NOVAVAX COVID-19 VACCINE/2023-24 .....	137	nystatin (topical) CREA .....	38
norethindrone acetate TABS .....	131	NOVOLIN 70/30 FLEXPEN RELION SUPN .....	16	nystatin (topical) OINT .....	38
norethindrone-eth estradiol (triphasic) .....	33	NOVOLIN 70/30 FLEXPEN SUPN .....	16	nystatin (topical) POWD EX .....	38
norgestimate-ethinyl estradiol (triphasic) .....	33	NOVOLIN 70/30 RELION SUSP .....	16	nystatin TABS .....	18
norgestimate-ethinyl estradiol .....	33	NOVOLIN 70/30 SUSP .....	16	OASIS ULTRA TRI-LAYER MATRIX .....	52
norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	33	NOVOLIN N FLEXPEN RELION SUPN .....	16	OASIS ULTRA TRI-LAYER MATRIX FENESTRATED .....	52
NORMLGEL AG GEL .....	52	NOVOLIN N FLEXPEN SUPN .....	16	OASIS ULTRA TRI-LAYER MATRIX MESHED .....	52
NORPACE CAPS (Use disopyramide phosphate) .....	8	NOVOLIN N RELION SUSP .....	16	OASIS WOUND MATRIX .....	52
NORPRAMIN TABS 10 MG, 25 MG (Use desipramine hcl) .....	14	NOVOLIN N SUSP .....	16	OB COMPLETE TABS .....	126
nortriptyline hcl CAPS .....	14	NOVOLIN R RELION SOLN IJ .....	16	OCEAN NASAL SPRAY SOLN (Use saline) .....	127
nortriptyline hcl SOLN .....	14	NOVOLIN R SOLN IJ .....	16	OCUFLOX (Use ofloxacin (ophth)) .....	129
NORVASC TABS (Use amlodipine besylate) .....	31	NOZIN NASAL SANITIZER KIT .....	127	OCULAR VITAMINS TABS .....	121
		NOZIN NASAL SANITIZER SWAB .....	127	OCUSOFT HYPOCHLOR SOLN .....	41
		NP THYROID 120 TABS .....	133		
		NP THYROID 15 TABS .....	133		

OCUSOFT LID SCRUB FOAMING SOLN .....	41	ofloxacin (ophth) .....	129	ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW .....	121
OCUSOFT LID SCRUB ORIGINAL FOAM .....	41	ofloxacin (otic) .....	130	ONE A DAY MENS VITACRAVES CHEW .....	121
OCUSOFT LID SCRUB ORIGINAL LIQD .....	41	OGIVRI .....	24	ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW .....	121
OCUSOFT LID SCRUB PLUS FOAM .....	41	olanzapine TABS .....	26	ONE A DAY WOMENS 50+ ADVANCED CHEW .....	121
OCUSOFT LID SCRUB PLUS PLATINUM FOAM .....	41	olmesartan medoxomil .....	21	ONE DAILY ESSENTIAL TABS ..	124
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT 121		olopatadine hcl 0.1 % .....	130	ONE DAILY ESSENTIALS TABS	124
OCUVITE ADULT 50+ CAPS ....	121	OMBRA TABLE TOP COMPRESSOR DEVI .....	111	ONE DAILY MENS 50+ MULTIVITAMIN TABS .....	121
OCUVITE ADULT FORMULA CAPS .	121	omega-3 fatty acids CAPS .....	128	ONE DAILY MENS FORMULA W/O IRON TABS .....	121
OCUVITE LUTEIN CAPS .....	121	omega-3-acid ethyl esters .....	19	ONE DAILY WOMENS TABS ....	121
ODEFSEY .....	28	omeprazole CPDR .....	134	ONE DIALY MULTIVITAMIN WOMENS TABS .....	121
OFF ACTIVE AERO .....	41	omeprazole magnesium CPDR ..	134	ONE FLOW FVC MONITORING SPIROMETER DEVI .....	111
OFF DEEP WOODS AERO .....	42	omeprazole magnesium TBEC ...	134	ONE VITE DAILY MULTIVITAMIN TABS .....	124
OFF DEEP WOODS DRY AERO .	41	omeprazole TBEC .....	134	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	126
OFF DEEP WOODS LIQD .....	42	omeprazole TBEC .....	134	ONE VITE WOMENS PRENATALVITAMIN TABS .....	126
OFF DEEP WOODS SPORTSMEN AERO .....	41	omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG .....	135	ONE-A-DAY ENERGY TABS ....	121
OFF DEEP WOODS SPORTSMEN LIQD .....	42	OMNI-BIOTIC AB 10 PACK .....	17	ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin) .....	124
OFF FAMILYCARE CLEAN FEEL LIQD .....	42	OMNI-BIOTIC BALANCE PACK ...	17	ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW .....	121
OFF FAMILYCARE SMOOTH & DRY AERO .....	42	OMNI-BIOTIC HETOX PACK .....	17	ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW .	121
OFF FAMILYCARE TROPICAL FRESH LIQD .....	42	OMNI-BIOTIC PANDA PACK .....	17	ONE-A-DAY MENOPAUSE FORMULA TABS .....	121
OFF FAMILYCARE UNSCENTED LIQD .....	42	OMNI-BIOTIC STRESS RELEASE PACK .....	17		
OFF SMOOTH & DRY AERO .....	42	OMNICAP TABS .....	124		
		OMNIFLEX DIAPHRAGM .....	67		
		OMNITROPE SOLR SC .....	59		
		ONCASPAR .....	24		
		ONCOVITE TABS .....	121		
		ondansetron hcl SOLN OR 4 MG/5ML .....	18		
		ondansetron hcl TABS 4 MG, 8 MG 18			
		ondansetron TBDP .....	18		

ONE-A-DAY MENS 50+ ADVANTAGE TABS .....	121	vitamins w/ minerals) .....	122	DEVICE/28G MISC .....	79
ONE-A-DAY MENS 50+ TABS ...	121	ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (Use multiple vitamins w/ minerals) ....	122	ONETOUCH ULTRA 2 KIT .....	79
ONE-A-DAY MENS HEALTH FORMULA TABS .....	121	ONE-A-DAY WOMENS 50+ TABS	122	ONETOUCH ULTRA CONTROL LIQD .....	79
ONE-A-DAY MENS PRO EDGE TABS .....	121	ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (Use multiple vitamins w/ minerals) .....	122	ONETOUCH ULTRA CONTROL SOLUTION LIQD .....	79
ONE-A-DAY MENS TABS (Use multiple vitamin) .....	124	ONE-A-DAY WOMENS PETITES TABS (Use multiple vitamins w/ minerals) .....	122	ONETOUCH ULTRA STRP .....	58
ONE-A-DAY MENS TABS .....	121	ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (Use multiple vitamins w/ minerals)	122	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G .....	79
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW .....	121	ONE-A-DAY WOMENS TABS ...	122	ONETOUCH ULTRASOFT LANCETS .....	79
ONE-A-DAY PROACTIVE 65+ TABS .....	121	ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	122	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT .....	79
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS ...	121	ONE-DAILY MULTI CAPS CAPS	122	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD .....	79
ONE-A-DAY VITACRAVES ADULT CHEW .....	121	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G .....	79	ONETOUCH VERIO REFLECT KIT	79
ONE-A-DAY VITACRAVES CHEW	121	ONETOUCH DELICA PLUS LANCETS FINE 30G .....	79	ONETOUCH VERIO TEST STRIPS STRP .....	58
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW .....	121	ONETOUCH DELICA PLUS LANCING DEVICE MISC .....	79	ONEVITE TABS .....	122
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (Use pediatric multiple vitamins) .	125	ONETOUCH DELICA SAFETY LANCING DEVICE .....	79	ONGLYZA (Use saxagliptin hcl) ..	15
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW .....	121	ONETOUCH DELICA SAFETY LANCING DEVICE 30G .....	79	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML .....	23
ONE-A-DAY VITACRAVES WOMENS GUMMIES CHEW ....	121	ONETOUCH SURESOFT LANCING DEVICE/18G MISC .....	79	OPILL .....	33
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW .....	121	ONETOUCH SURESOFT LANCING DEVICE/21G MISC .....	79	OPTICHAMBER DIAMOND DEVI	111
ONE-A-DAY WEIGHT SMART ADVANCED TABS (Use multiple vitamins w/ minerals) .....	121	ONETOUCH SURESOFT LANCING		OPTICHAMBER DIAMOND MISC	111
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (Use multiple		ONETOUCH SURESOFT LANCING		OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI .....	111
				OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC .....	111
				OPTICHAMBER	



DIAMOND/SMALLFACE MASK MISC .....	111	oxcarbazepine SUSP .....	12	hcl) .....	130
OPTIFAST POST BARIATRIC CHEW .....	122	oxcarbazepine TABS .....	12	PAXIL TABS (Use paroxetine hcl) .	13
OPTIMUM AIRVITES CHEW .....	122	oxybutynin chloride SOLN .....	135	PAXLOVID 100 MG-150 MG .....	29
OPTISOURCE POST BARIATRIC SURGERY CHEW .....	122	oxybutynin chloride TABS 5 MG .	135	PC LANCETS SUPER THIN 30G .	79
OPTIVITE P.M.T. TABS (Use multiple vitamins w/ minerals) ....	122	oxybutynin chloride TB24 .....	135	PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN .....	125
OPURITY TABS .....	122	oxycodone hcl CAPS .....	5	PEAK A-I-R FLOW METER .....	111
OPURITY/BYPASS OPTIMIZED CHEW .....	122	oxycodone hcl SOLN .....	5	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC .....	111
oral electrolytes SOLN .....	113	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG .....	5	ped multivitamins w/fl & iron SOLN 125	
orlistat .....	1	oxycodone hcl TABS .....	5	PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes) .....	113
orphenadrine citrate TB12 .....	127	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	6	PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes) .....	113
oseltamivir phosphate CAPS 30 MG . 30		OXYCONTIN T12A .....	5	PEDIALYTE IMMUNE SUPPORT SOLN .....	113
oseltamivir phosphate CAPS 45 MG, 75 MG .....	29	oyster shell .....	113	PEDIALYTE SINGLES SOLN (Use oral electrolytes) .....	113
oseltamivir phosphate SUSR .....	30	PAMELOR CAPS (Use nortriptyline hcl) .....	14	PEDIALYTE SOLN (Use oral electrolytes) .....	113
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS .....	122	pantoprazole sodium TBEC .....	134	PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..	34
OTEZLA TABS .....	4	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A .....	33	PEDIARIX SUSY .....	133
OTEZLA TBPK .....	4	PARI MANUAL INTERRUPTER DEVI .....	111	pediatric multiple vitamins CHEW 125	
OUST DEMODEX CLEANSER EXTRA STRENGTH FOAM .....	42	PARI TREK S COMBO PACK DEVI . 111		pediatric multivitamins w/fl CHEW 125	
OVIDE (Use malathion) .....	42	PARLODEL CAPS (Use bromocriptine mesylate) .....	25	pediatric multivitamins w/fl SOLN	125
oxacillin sodium IJ 1 GM, 2 GM ..	131	PARLODEL TABS (Use bromocriptine mesylate) .....	25	pediatric vitamins acd w/ fluoride SOLN .....	125
oxandrolone 10 MG .....	6	PARNATE (Use tranlycypromine sulfate) .....	13	pediatric vitamins adc 400 UNIT/ML- 750 UNIT/ML-35 MG/ML .....	125
oxandrolone 2.5 MG .....	6	paroxetine hcl TABS .....	13	PEDVAX HIB SUSP .....	135
oxaprozin TABS .....	4	PARVLEX TABS .....	122		
OXAYDO TABS 5 MG .....	5	PATADAY 0.1 % (Use olopatadine			
oxazepam CAPS .....	8				

peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR .....64	gluconate (mouth-throat)) ..... 115	SELECTLANCETS/ULTRA THIN .79
peg 3350-potassium chloride-sod bicarbonate-sod chloride .....64	permethrin CREA ..... 42	PHARMACIST CHOICE ULTRA THIN LANCETS .....79
PEGASYS SOLN ..... 29	permethrin LIQD EX ..... 42	PHARMACIST CHOICE ULTRA THIN LANCETS 28G .....80
PEGASYS SOSY ..... 29	perphenazine TABS ..... 27	PHARMACIST CHOICE ULTRA THIN LANCETS 30G .....80
PENBRAYA ..... 135	perphenazine-amitriptyline .....131	PHARMACIST CHOICE ULTRA THIN LANCETS 31G .....80
penciclovir ..... 39	PERSONAL BEST FULL RANGE 111	PHARMACIST CHOICE ULTRA THIN LANCETS 33G .....80
penicillin g potassium ..... 130	PETROLEUM GAUZE DRESSINGNON-WOVEN 3"X9" MISC .....52	PHARMACY COUNTER LANCETS . 80
PENICILLIN G PROCAINE ..... 130	PFIZER-BIONTECH COVID- 19VACCINE SUSP ..... 137	phenazopyridine hcl TABS 100 MG, 100 MG .....61
penicillin v potassium SOLR .....130	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP .....137	phenazopyridine hcl TABS 200 MG 61
penicillin v potassium TABS .....130	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP 137	phenelzine sulfate ..... 13
PENTACEL ..... 133	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP ..... 137	phenobarbital ELIX .....63
pentazocine w/ naloxone hcl ..... 6	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP .....137	phenobarbital sodium SOLN .....63
PENTOSAN POLYSULFATE SODIUM DR CPDR .....61	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/5-11Y ..137	phenobarbital TABS 15 MG .....63
pentoxifylline .....62	PFIZER-BIONTECH COVID- 19VACCINE/ADULT RTU SUSP .137	phenobarbital TABS 16.2 MG ..... 63
PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine) ..... 134	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/BA.4/BA.5 137	phenobarbital TABS 30 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG, 100 MG .....63
PEPCID AC TABS (Use famotidine) . 134	PHARMACIST CHOICE ALCOHOL PREP PADS .....87	phenylephrine hcl (oral) TABS ... 127
PEPCID TABS 20 MG (Use famotidine) .....134	PHARMACIST CHOICE ALCOHOLPREP PADS .....87	phenylephrine w/ dm-gg LIQD 10 MG/10ML-200 MG/10ML-20 MG/10ML, 5 MG/5ML-100 MG/5ML- 10 MG/5ML, 5 MG/5ML-5 MG/5ML- 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML ..... 35
PEPCID TABS 40 MG (Use famotidine) .....134	PHARMACIST CHOICE ALCOHOLPREP PADS .....87	phenylephrine w/ dm-gg SYRP 5 MG/5ML-100 MG/5ML-10 MG/5ML 35
PEPTO-BISMOL SUSP (Use bismuth subsalicylate) .....17	PHARMACIST CHOICE	phenylephrine-brompheniramine-dm
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen) .....6		
PERFECT LANCETS 30G .....79		
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G .....79		
PERIDEX (Use chlorhexidine		

LIQD 2.5 MG/5ML-2.5 MG/5ML-5 MG/5ML-5 MG/5ML-1 MG/5ML-1 MG/5ML, 2.5 MG/5ML-5 MG/5ML-1 MG/5ML, 5 MG/10ML-10 MG/10ML-2 MG/10ML .....36	PIP LANCETS/30G .....80	POLY-VITA/IRON SOLN ..... 125
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 36	pirfenidone CAPS .....132	POLY-VITE/IRON SOLN ..... 125
phenytoin CHEW .....12	pirfenidone TABS .....132	potassium & sodium phosphates PACK ..... 114
phenytoin sodium extended 100 MG, 200 MG, 300 MG .....12	piroxicam CAPS .....4	potassium chloride CPCR ..... 114
phenytoin sodium SOLN .....12	PLAN B ONE-STEP (Use levonorgestrel (emergency oc)) ... 33	potassium chloride in nacl 20 MEQ/L- 0.9 % .....113
phenytoin SUSP ..... 12	PLAQUENIL (Use hydroxychloroquine sulfate) ..... 23	potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ ..... 114
PHEXXI ..... 138	PLAVIX 75 MG (Use clopidogrel bisulfate) ..... 62	POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML (Use potassium chloride) .....114
PHOS-NAK POWDER CONCENTRATE PACK (Use potassium & sodium phosphates) 114	PNEUMOVAX 23 ..... 135	potassium chloride SOLN OR 10 %, 20 % ..... 114
PHYTOMULTI TABS ..... 122	PNEUMOVAX 23/1 DOSE .....135	potassium chloride TBCR ..... 114
phytonadione TABS 100 MCG ... 139	POCKET CHAMBER DEVI .....111	POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.9 % (Use potassium chloride in nacl) ..... 113
phytonadione TABS 5 MG .....139	POCKET PEAK FLOW METER . 111	potassium iodide (expectorant) SOLN .....36
PIFELTRO .....28	POCKET SPACER DEVI .....111	PRADAXA CAPS (Use dabigatran etexilate mesylate) .....11
PIKO 1 ELECTRONIC ..... 111	POCKETCHEM EZ CONTROL LEVEL 1 SOLN ..... 80	pramipexole dihydrochloride TABS 25
pilocarpine hcl (oral) ..... 115	POCKETPEAK PEAK FLOW METER LOW RANGE ..... 111	pravastatin sodium .....20
pilocarpine hcl SOLN 2 % ..... 128	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM ..... 112	praziquantel .....7
pimecrolimus .....40	podofilox SOLN .....41	prazosin hcl CAPS .....21
pimozide .....132	polyethylene glycol 3350 PACK ... 64	PRECISION GLUCOSE KETONECONTROL SOLUTION 1- LOW, 1-HIGH LIQD .....80
pindolol TABS .....30	polyethylene glycol 3350 POWD .. 64	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" ...101
pioglitazone hcl .....16	polymyxin b-trimethoprim ..... 129	PRECISION THINS GP LANCET .80
pioglitazone hcl-metformin hcl TABS . 14	polysaccharide iron complex CAPS 150 MG .....63	
PIP GLUCOSE CONTROL SOLUTION LIQD .....80	POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use bacitracin-polymyxin b) ..... 38	
PIP LANCETS/28G .....80	polyvinyl alcohol 1.4 % ..... 128	
	POLY-VI-SOL/IRON SOLN .....125	

PRECISION XTRA .....	58	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" 101	TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG- 2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG, 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 .....	126
PRECOSE (Use acarbose) .....	14	PREFERRED PLUS LANCETS COLORED 21G .....		80
PRED FORTE (Use prednisolone acetate (ophth)) .....	129	PREFERRED PLUS LANCETS SUPER THIN 30G .....		80
PRED-G SUSP .....	129	PREFERRED PLUS LANCETS THIN 26G .....		80
prednisolone acetate (ophth) ....	129	PREHEVBRIO .....		137
PREDNISOLONE ACETATE P-F 129		PREMARIN .....		138
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 25 MG/5ML .....	34	PREMARIN TABS .....		60
prednisolone SOLN .....	34	PREMIUM CONDOMS LUBRICATED MISC .....		67
prednisone SOLN .....	34	PREMPHASE .....		60
prednisone TABS .....	34	PREMPRO .....		60
prednisone TBPK .....	34	PRENATABS FA TABS .....		126
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" . 101		PRENATAL 19 CHEW .....		126
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....	101	PRENATAL MULTIVITAMIN TABS 126		
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 101		PRENATAL ONE DAILY TABS ..		126
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 101		PRENATAL PLUS TABS .....		126
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .....	101	PRENATAL PLUS VITAMIN ANDMINERAL TABS .....		126
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" 101		PRENATAL TABS .....		126
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" 101		prenatal vit w/ docusate-iron carbonyl-folic acid TABS .....		126
		prenatal vit w/ ferrous fumarate-folic acid CHEW .....		126
		prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG- 200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG .....		126
		prenatal vit w/ iron carbonyl-folic acid		
		PRENATAL VITAMIN & MINERAL TABS .....		126
		PRENATAL VITAMIN TABS .....		126
		PRENATAL VITAMIN/IRON TABS 126		
		PRENATAL VITAMINS PLUS LOW IRON TABS .....		126
		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 .....		126
		PRENATAL-U CAPS .....		126
		PRENATRIX TABS .....		126
		PRENATRYL TABS .....		126
		PRESCRIPTION SUPPORT CAPS 122		
		PRESERVISION AREDS 2 + MULTI VITAMIN CAPS .....		122
		PRESERVISION AREDS 2 CAPS 122		
		PRESERVISION AREDS 2 CHEW 122		
		PRESERVISION AREDS CAPS .		122
		PRESERVISION AREDS TABS ..		122
		PRESERVISION/LUTEIN CAPS .		122
		PREVACID 24HR CPDR (Use lansoprazole) .....		134
		PREVACID CPDR 30 MG (Use		

lansoprazole) .....	134	PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate) .....	23	sulfate) .....	10
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental)) 115		primaquine phosphate TABS .....	23	probenecid .....	62
PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental)) .....	115	PRIMER MODIFIED UNNA BOOT/4"X10YD MISC .....	53	PROBIOMAX 350 DF PACK .....	17
PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental)) .....	115	primidone 250 MG .....	12	PROBIOMAX PLUS DF PACK ....	17
PREVNAR 13 .....	135	primidone 50 MG .....	12	PROBIOTIC + COLOSTRUM PACK .	17
PREVNAR 20 .....	135	PRIORIX SUSR .....	137	PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS .....	17
PREZCOBIX .....	28	PRO COMFORT ALCOHOL PADS 87		PRO-CAL TABS .....	122
PREZISTA SUSP .....	28	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC .....	112	PROCARDIA XL TB24 (Use nifedipine) .....	31
PREZISTA TABS (Use darunavir) .28		PRO COMFORT INHALER SPACER CHAMBER CHILD MISC .....	112	PROCARE SPACER CHAMBER W/ADULT MASK DEVI .....	112
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG .....	28	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI .....	112	PROCARE SPACER CHAMBER W/CHILD MASK DEVI .....	112
PRILOSEC OTC TBEC (Use omeprazole magnesium) .....	134	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" ...	101	PROCERV HP TABS .....	122
PRIMACOL BORDERED DRESSING 2"X2" PADS .....	52	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" .	101	PROCHAMBER VALVED HOLDINGCHAMBER DEVI .....	112
PRIMACOL BORDERED DRESSING 4"X4" PADS .....	52	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" .	101	prochlorperazine .....	27
PRIMACOL BORDERED DRESSING 6"X6" PADS .....	52	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" .....	101	prochlorperazine maleate TABS ...	27
PRIMACOL DRESSING 4"X4" PADS .....	52	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" ...	101	PRODIGY INSULIN SYRING/U- 100/0.3ML/31G X 5/16" .....	101
PRIMACOL DRESSING 6"X6" PADS .....	52	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ...	101	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" ...	101
PRIMACOL DRESSING 8"X8" PADS .....	52	PRO COMFORT LANCETS 30G .80		PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" .....	101
PRIMACOL SPECIALTY DRESSING PADS .....	53	PRO COMFORT LANCETS 31G .80		PRODIGY LANCING DEVICE MISC .	80
PRIMACOL THIN DRESSING 4"X4" MISC .....	53	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED ...	80	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS .....	80
PRIMACOL THIN DRESSING 6"X6" MISC .....	53	PRO NUTRIENTS PROBIOTIC PACK .....	17	PRODIGY SAFETY LANCETS ...	80
		PROAIR HFA AERS (Use albuterol		PRODIGY TWIST TOP LANCETS 80	
				PROFOLA TABS .....	122

progesterone CAPS .....	131	PROVENTIL HFA AERS (Use albuterol sulfate) .....	10	PURAPLY ANTIMICROBIAL 2CM X 4CM SHEE .....	53
PROGRAF CAPS (Use tacrolimus) 115		PROVERA (Use medroxyprogesterone acetate) ...	131	PURAPLY ANTIMICROBIAL 3CM X 4CM SHEE .....	53
PROLIA SOSY .....	59	PROVIT TABS .....	122	PURAPLY ANTIMICROBIAL 4CM X 4CM SHEE .....	53
promethazine & phenylephrine SYRP .....	36	PROZAC CAPS (Use fluoxetine hcl) . 13		PURAPLY ANTIMICROBIAL 5CM X 5CM SHEE .....	53
promethazine hcl SOLN OR 6.25 MG/5ML .....	19	PRUDOXIN (Use doxepin hcl (antipruritic)) .....	38	PURAPLY ANTIMICROBIAL 6CM X 9CM SHEE .....	53
promethazine hcl SUPP 25 MG ...	19	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 36		PURAPLY ANTIMICROBIAL 8CM X 16CM SHEE .....	53
promethazine hcl TABS .....	19	pseudoephedrine hcl TABS .....	128	PURAPLY ANTIMICROBIAL WOUND MATRIX 1.6CM DISK ...	53
promethazine-dm SYRP .....	36	pseudoephedrine hcl TB12 .....	128	PURAPLY ANTIMICROBIAL WOUND MATRIX 3.76 X 3.76CM SHEE .....	53
promethazine-phenylephrine-codeine .....	36	pseudoephedrine-guaifenesin TB12 600 MG-60 MG .....	36	PURAPLY ANTIMICROBIAL WOUND MATRIX SHEE .....	53
PROMETRIUM CAPS (Use progesterone) .....	131	PSS SELECT GP LANCETS .....	80	PURAPLY ANTIMICROBIAL WOUND MATRIX SHEE .....	53
propafenone hcl TABS .....	8	PSS SELECT PLATFORMS MISC 80		PURAPLY XT ANTIMICROBIAL/5CM X 5CM SHEE .....	53
propranolol hcl CP24 .....	30	PSS SELECT SAFETY LANCETS 80		PURAPLY XT ANTIMICROBIAL/6CM X 9CM SHEE .....	53
propranolol hcl SOLN IV 1 MG/ML	31	psyllium CAPS 0.08 MG-5 MG-400 MG, 0.52 GM, 400 MG .....	63	PURAPLY XT ANTIMICROBIALWOUND MATRIX FENESTRATED SHEE .....	53
propranolol hcl SOLN OR 20 MG/5ML .....	30	psyllium POWD 28.3 %, 43 %, 51.7 %, 58.6 % .....	64	PURE COMFORT 3-BALL BREATH EXERCISER DEVI .....	112
propranolol hcl TABS .....	31	PTS PANELS KETONE TEST ...	58	PURE COMFORT ALCOHOL PREPPADS .....	87
propylthiouracil .....	133	PULMICORT SUSP (Use budesonide (inhalation)) .....	9	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 112	
PROQUAD SUSR .....	137	PULMOZYME .....	132	PURE COMFORT LANCETS 30G 80	
PRORENAL+D TABS .....	122	PURAPLY 2CM X 4CM .....	53	PURE COMFORT PEAK FLOW METER ADULT .....	112
PRORENAL+D/OMEGA-3 CAPS	122	PURAPLY 5CM X 5 CM .....	53		
PROSCAR (Use finasteride) .....	61	PURAPLY 6CM X 9CM .....	53		
PROTECT CARDIO AF CAPS ...	122	PURAPLY ANTIMICROBIAL 2CM X 2CM SHEE .....	53		
PROTECT PLUS SO CAPS .....	122				
PROTEGRA CAPS .....	122				
PROTONIX TBEC (Use pantoprazole sodium) .....	134				
protriptyline hcl .....	14				

PURE COMFORT PEAK FLOW METER CHILD .....112	QC LANCETS ULTRA THIN .....81	RA ALCOHOL SWABS ..... 87
PX ADVANCED LANCING DEVICE MISC .....80	QC MULTI-VITE TABS .....122	RA CENTRAL-VITE TABS ..... 122
PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" ..... 101	QC OCUEALTH VISION SUPPORT 2 CAPS .....122	RA E-ZJECT LANCETS 28G ..... 81
PX LANCET AUTO INJECTOR MISC .....80	QC PRENATAL TABS .....126	RA E-ZJECT LANCETS THIN 26G 81
PX LANCETS MICROTHIN 33G ..80	QC STERILE PADS PADS ..... 66	RA E-ZJECT LANCETS THIN 28G 81
PX LANCETS ULTRA THIN ..... 80	QC UNILET LANCETS 28G/ULTRA THIN .....81	RA E-ZJECT LANCETS ULTRATHIN 30G .....81
PX LANCETS ULTRA THIN 28G .80	QC UNILET LANCETS 33G/MICRO THIN .....81	RA INSULIN SYRINGE/0.5ML/29G X 1/2" .....101
PX PRENATAL MULTIVITAMINS TABS .....126	QUADRACEL SUSP ..... 133	RA INSULIN SYRINGE/1ML/29G X 1/2" .....101
pyrantel pamoate SUSP 144 MG/ML 7	QUADRACEL SUSY ..... 133	RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" .....101
pyrazinamide .....23	QUAKE DEVI .....112	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" .....101
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ...42	QUESTRAN LIGHT POWD (Use cholestyramine light) .....20	RA PRENATAL FORMULA/FOLICACID TABS ... 126
PYRIDIDIUM TABS 100 MG (Use phenazopyridine hcl) .....61	QUESTRAN PACK (Use cholestyramine) .....20	RA PRENATAL TABS .....126
PYRIDIDIUM TABS 200 MG (Use phenazopyridine hcl) .....61	QUESTRAN POWD (Use cholestyramine) .....20	RA PRENATAL TABS .....126
pyridostigmine bromide SOLN OR 23	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG ..... 26	RA STERILE PADS 2"X2" PADS ..66
pyridostigmine bromide TABS .....23	QUICKTEK CONTROL SOLUTION LIQD .....81	RABAVERT ..... 137
pyridostigmine bromide TBCR .....23	QUICKVUE AT-HOME COVID-19 TEST KIT .....58	RADIAPLEXRX GEL .....53
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG ..... 139	QUIN B STRONG TABS ..... 122	raloxifene hcl ..... 59
pyrimethamine .....23	quinapril hcl .....20	ramipril CAPS .....20
QC ADVANCED LANCING DEVICE MISC .....80	quinidine sulfate TABS .....8	RANGER READY REPELLENT LIQD .....42
QC ALCOHOL SWABS .....87	QUINTABS TABS ..... 124	RAYAVIT TABS .....122
QC BORDER ISLAND GAUZE PAD 2"X2" PADS .....66	QUINTABS-M TABS .....122	RE:IIMMUNE PACK ..... 17
QC LANCETS SUPER THIN .....80	QUINTET GLUCOSE CONTROL/HIGH/NORMAL SOLN 81	READYLANCE SAFETY LANCETS/21G/2.2MM .....81
	QVAR REDIHALER ..... 9	READYLANCE SAFETY LANCETS/23G/1.8MM .....81
		READYLANCE SAFETY

LANCETS/26G/1.8MM .....	81	RELENZA DISKHALER .....	30	RELION LANCING DEVICE MISC	81
READYLANCE SAFETY LANCETS/28G/1.8MM .....	81	RELEXXII TBCR 18 MG, 27 MG, 36 MG .....	2	RELION ULTRA THIN LANCETS/30G .....	81
READYLANCE SAFETY LANCETS/30G/1.6MM .....	81	RELEXXII TBCR 54 MG .....	2	RELION ULTRA THIN LANCETS30G .....	81
REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" .....	101	RELION 2-IN-1 LANCET DEVICES 30G .....	81	RELION ULTRA THIN PLUS LANCETS 32G .....	81
REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" .....	101	RELION 2-IN-1 LANCING DEVICE 25G .....	81	RELION ULTRA THIN PLUS LANCETS 33G .....	81
REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2" .....	102	RELION 2-IN-1 LANCING DEVICE 30G .....	81	REMEDIENT CAPS .....	123
REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2" .....	102	RELION ALCOHOL SWABS .....	87	REMERON SOLTAB TBDP (Use mirtazapine) .....	13
REALITY LANCETS .....	81	RELION INSULIN SYRINGE 0.5ML/31G X 15/64" .....	102	REMERON TABS 15 MG, 30 MG (Use mirtazapine) .....	13
REALITY LATEX CONDOMS/LUBRICATED MISC ..	67	RELION INSULIN SYRINGE 1ML/31GX15/64" .....	102	RENAPLEX-D TABS .....	123
REALITY LATEX/ULTRA TEXTURED DEVI .....	67	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64" .....	102	REPEL 100 LIQD .....	42
REALITY LATEX/ULTRA THIN DEVI 67		RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....	102	REPEL FAMILY AERO .....	42
REALITY SWABS .....	87	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" .....	102	REPEL FAMILY DRY AERO .....	42
REALITY TRIGGER LANCETS ...	81	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....	102	REPEL HUNTERS FORMULA AERO .....	42
REBIF REBIDOSE SOAJ .....	131	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....	102	REPEL SPORTSMEN AERO .....	42
REBIF REBIDOSE TITRATIONPACK SOAJ .....	131	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....	102	REPEL SPORTSMEN DRY AERO 42	
REBIF SOSY .....	132	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....	102	REPEL SPORTSMEN MAX AERO 42	
REBIF TITRATION PACK SOSY .	132	RELION KETONE TEST STRIPS STRP .....	58	REPEL SPORTSMEN MAX LIQD .	42
RECOMBIVAX HB SUSP .....	137	RELION LANCETS MICRO- THIN33G .....	81	REPEL TICK DEFENSE AERO ...	42
RECOMBIVAX HB SUSY .....	137	RELION LANCETS THIN 26G ...	81	REPLICARE 1-1/2"X2-1/2" PADS .	53
REFUAH PLUS GLUCOSE CONTROL SOLUTION SOLN .....	81	RELION LANCETS ULTRA- THIN30G .....	81	REPLICARE 4"X4" PADS .....	53
REGENECARE .....	53	RELION LANCING DEVICE KIT ...	81	REPLICARE 6"X6" PADS .....	53
REGLAN TABS (Use metoclopramide hcl) .....	61			REPLICARE 8"X8" PADS .....	53
				REPLICARE THIN 2"X2.75" PADS 53	



REPLICARE THIN 3.5"X5.5" PADS 53	RESTORE HYDROGEL GAUZE STRIP 2"X3.5YD MISC ..... 54	RESTORE WOUND CARE DRESSING 4"X4" ADHESIVE PADS 54
REPLICARE THIN 6"X8" PADS ... 53	RESTORE PACK ..... 17	RESTORE WOUND CARE DRESSING 4"X4" NON-ADHESIVE PADS ..... 54
REPLICARE ULTRA 4"X4" PADS .53	RESTORE PLUS WOUND CARE DRESSING 4"X4" PADS ..... 54	RESTORE WOUND CARE DRESSING 4"X4" TAPERED EDGE PADS ..... 54
REPLICARE ULTRA 6"X6" PADS .53	RESTORE PLUS WOUND CARE DRESSING 4"X4" TAPERED EDGE PADS ..... 54	RESTORE WOUND CARE DRESSING 4"X5" CONTACT LAYER PADS ..... 54
REPLICARE ULTRA SACRUM 7"X8" PADS ..... 53	RESTORE PLUS WOUND CARE DRESSING 6"X6" TAPERED EDGE PADS ..... 54	RESTORE WOUND CARE DRESSING 6"X6" ADHESIVE PADS 54
RESTA SILVER GEL GEL ..... 53	RESTORE PLUS WOUND CARE DRESSING 6"X8" PADS ..... 54	RESTORE WOUND CARE DRESSING 6"X8" ADHESIVE PADS 54
RESTORE CALCICARE DRESSING 12" ROPE MISC ..... 53	RESTORE PLUS WOUND CARE DRESSING 6"X8" TAPERED EDGE PADS ..... 54	RESTORE WOUND CARE DRESSING 6"X8" CONTACT LAYER PADS ..... 54
RESTORE CALCICARE DRESSING 2"X2" MISC ..... 53	RESTORE PLUS WOUND CARE DRESSING 8"X8" PADS ..... 54	RESTORE WOUND CARE DRESSING 6"X8" NON-ADHESIVE PADS ..... 54
RESTORE CALCICARE DRESSING 4"X4" MISC ..... 53	RESTORE PLUS WOUND CARE DRESSING 8"X8" TAPERED EDGE PADS ..... 54	RESTORE WOUND CARE DRESSING 6"X8" PADS ..... 55
RESTORE CALCICARE DRESSING 4"X8" MISC ..... 53	RESTORE PLUS WOUND CARE DRESSING TRIANGLE PADS .... 54	RESTORE WOUND CARE DRESSING 8"X8" PADS ..... 55
RESTORE CALCIUM ALGINATEDRESSING 4"X4" MISC 53	RESTORE SILVER DRESSING 2"X2" PADS ..... 54	RESTORIL 15 MG, 30 MG (Use temazepam) ..... 63
RESTORE CONTACT LAYER/NON- ADHERENT 2"X2" PADS ..... 66	RESTORE SILVER DRESSING 4"X4" NON-ADHESIVE PADS .... 54	RETIN-A CREA (Use tretinoin) .... 37
RESTORE CX WOUND CARE DRESSING-STERILE PADS ..... 54	RESTORE SILVER DRESSING 4"X4.75" PADS ..... 54	RETIN-A GEL (Use tretinoin) ..... 37
RESTORE DRESSING FOR PSORIASIS-STERILE PADS ..... 54	RESTORE SILVER DRESSING 4"X5" CONTACT LAYER PADS ... 54	RETROVIR CAPS (Use zidovudine) . 28
RESTORE EXTRA THIN DRESSING 4"X4" PADS ..... 54	RESTORE SILVER DRESSING 6"X8" CONTACT LAYER PADS ... 54	RETROVIR IV INFUSION SOLN .. 28
RESTORE EXTRA THIN DRESSING 6"X8" PADS ..... 54	RESTORE SILVER DRESSING 6"X8" NON-ADHESIVE PADS .... 54	RETROVIR SYRP (Use zidovudine) . 28
RESTORE EXTRA THIN DRESSING 8"X8" PADS ..... 54	RESTORE SILVER DRESSING ROPE 12" MISC ..... 54	REVATIO TABS (Use sildenafil
RESTORE HYDROGEL DRESSING GEL ..... 54		
RESTORE HYDROGEL GAUZE PAD 4"X4" PADS ..... 54		

citrate (pulmonary hypertension)) .32	RITALIN TABS 5 MG, 10 MG (Use methylphenidate hcl) .....2	oxycodone hcl) ..... 5
REVITADERM WOUND CARE GEL .55	RITEFLO DEVI ..... 112	RUKOBIA ..... 28
REVIVASIL KIT ..... 55	ritonavir TABS ..... 28	RUXIENCE ..... 23
REVLIMID ..... 114	rivastigmine ..... 131	SAFE-T-LANCE LOW FLOW 25G 82
REXALL LANCETS ULTRA THIN 81	rivastigmine tartrate CAPS ..... 131	SAFE-T-LANCE NORMAL FLOW21G ..... 82
REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate) ..... 28	rizatriptan benzoate TABS ..... 112	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ... 82
REYATAZ PACK ..... 28	rizatriptan benzoate TBDP ..... 112	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ... 82
ribavirin (hepatitis c) TABS 200 MG 29	ROBINUL FORTE TABS (Use glycopyrrolate) ..... 134	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 82
rifabutin ..... 23	ROBINUL TABS (Use glycopyrrolate) ..... 134	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" ..... 102
rifampin CAPS ..... 23	ROBITUSSIN CHILDRENS COUGH LONG-ACTING SYRP ..... 34	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" ..... 102
RIGHTEST GD500 LANCING DEVICE MISC ..... 81	ROBITUSSIN CHILDRENS COUGH/COLD LONG-ACTING LIQD ..... 36	SAFETY INSULIN SYRINGES 1ML/29GX1/2" ..... 102
RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC ..... 81	ROBITUSSIN NIGHTTIME COUGH LONG-ACTING DM CHILDRENS LIQD ..... 36	SAFETY INSULIN SYRINGES 1ML/30GX1/2" ..... 102
RIGHTEST GL300 LANCETS .... 81	ROBITUSSIN PEAK COLD MULTI-SYMPATOM COLD LIQD (Use phenylephrine w/ dm-gg) ..... 36	SAFETY LANCET 30G/PRESSURE ACTIVATED ..... 82
rimantadine hydrochloride TABS .. 30	ROCALTROL CAPS (Use calcitriol) 60	SAFETY LANCETS ..... 82
RIOMET SOLN (Use metformin hcl) . 15	ROCALTROL SOLN OR (Use calcitriol) ..... 60	SAFETY LANCETS 21G ..... 82
RISPERDAL CONSTA (Use risperidone microspheres) ..... 26	roflumilast ..... 9	SAFETY LANCETS 23G ..... 82
RISPERDAL SOLN (Use risperidone) ..... 26	ropinirole hydrochloride TABS ..... 25	SAFETY LANCETS 28G ..... 82
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 26	rosuvastatin calcium TABS ..... 20	SAFETY LANCETS/PRESSURE ACTIVATED/28G ..... 82
risperidone microspheres ..... 26	ROTARIX SUSP ..... 137	SALAGEN (Use pilocarpine hcl (oral)) ..... 115
risperidone SOLN ..... 26	ROTARIX SUSR ..... 137	salicylic acid GEL 17 % ..... 41
risperidone TABS ..... 26	ROTATEQ SOLN ..... 138	salicylic acid LIQD 17 % ..... 41
risperidone TBDP ..... 26	ROXICODONE TABS (Use	

salicylic acid PADS 40 % .....	41	100/0.5ML/30G X 5/16" .....	102	SENOKOT TABS (Use sennosides)	64
saline SOLN .....	127	SB INSULIN SYRINGE/U-		SENTRY SENIOR/LUTEIN TABS	123
salsalate .....	5	100/1ML/29G X 1/2" .....	102	SENTRY TABS .....	123
SANDIMMUNE CAPS (Use		SB INSULIN SYRINGE/U-		SEROQUEL TABS (Use quetiapine	
cyclosporine) .....	115	100/1ML/30G X 5/16" .....	102	fumarate) .....	26
SANDIMMUNE SOLN OR .....	115	SB INSULIN SYRINGE/U-		sertraline hcl CONC .....	13
SANDOSTATIN LAR DEPOT KIT	.60	100/1ML/31G X 5/16" .....	102	sertraline hcl TABS .....	13
SAPHRIS (Use asenapine maleate)	.26	SB LANCETS THIN .....	82	SHINGRIX .....	138
SAPHRIS .....	26	SB LANCETS ULTRA THIN .....	82	SHOPKO AUTOLET LANCING	
SAPS CARE ALCOHOL PREP		SECURESAFE SAFETY INSULIN		DEVICE MISC .....	82
PADS .....	87	SYRINGES/U-100/0.5ML/29GX1/2" .	102	SHOPKO ON-THE-GO	
SAPS HEALTH ALCOHOL		SECURESAFE SAFETY INSULIN		COMFORTLANCETS 30G .....	82
PREPPADS .....	87	SYRINGES/U-100/1ML/29GX1/2"	102	SHOPKO UNILET LANCETS	
SAPS HEALTH CARE		SELECT-LITE DEVICE/LANCETS		SUPER THIN 30G .....	82
ALCOHOLPREP PADS .....	87	KIT .....	82	SHOPKO UNILET LANCETS ULTRA	
SAPS HEALTH CARE TWIST TOP		SELECT-LITE LANCING DEVICE		THIN 28G .....	82
LANCETS .....	82	MISC .....	82	SIDEROL TABS .....	123
SAPS HEALTH PLUS TWIST TOP		selegiline hcl CAPS .....	25	SIKLOS TABS 100 MG .....	62
LANCETS 30G .....	82	selegiline hcl TABS .....	25	sildenafil citrate (pulmonary	
SAPS HEALTH TWIST TOP		selenium sulfide LOTN 2.5 % .....	39	hypertension) TABS .....	32
LANCETS 30G .....	82	SELZENTRY SOLN .....	28	SILIGENTLE AG SILVER SILICONE	
SAPSCARE TWIST TOP LANCETS		SELZENTRY TABS (Use maraviroc) .	28	FOAM DRESSING/BORDERED	
30G .....	82	28		PADS .....	55
SAWYER INSECT REPELLENT		SELZENTRY TABS .....	28	SILIGENTLE AG SILVER SILICONE	
AERO .....	42	SE-NATAL 19 CHEW .....	126	FOAM DRESSINGS/BORDERED	
SAWYER PREMIUM INSECT		sennosides LIQD .....	64	PADS .....	55
REPELLENT LIQD .....	42	sennosides SYRP 8.8 MG/5ML ...	64	SILIGENTLE AG SILVER SILICONE	
saxagliptin hcl .....	15	sennosides TABS 8.6 MG .....	64	FOAM DRESSINGS/NON-	
saxagliptin-metformin hcl .....	14	sennosides-docusate sodium TABS	64	BORDERED PADS .....	55
SB ALCOHOL PREP PADS .....	87	64		SILIGENTLE SILICONE	
SB INSULIN SYRINGE/U-		SENOKOT S TABS (Use		FOAMDRESSING/BORDERED	
100/0.5ML/29G X 1/2" .....	102	sennosides-docusate sodium) ....	64	PADS .....	66
SB INSULIN SYRINGE/U-				SILIGENTLE SILICONE	
				FOAMDRESSING/NON-BORDERED	

PADS .....	66	SM MICRO THIN LANCETS 33G	.82	sodium fluoride (dental) CREA	... 115
SILVADENE (Use silver sulfadiazine) .....	39	SM ONE DAILY MENS TABS	.... 123	sodium fluoride (dental) GEL	..... 115
silver sulfadiazine .....	39	SM ONE DAILY WOMENS TABS	123	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	..... 113
SILVERMED GEL .....	55	SM PRENATAL VITAMINS TABS	126	sodium fluoride SOLN 0.5 MG/ML	113
SILVERSEAL HYDROGEL DRESSING 2"X3" PADS .....	55	SM STERILE PADS 2"X2" PADS	. 66	sodium phosphates ENEM	..... 64
SILVERSEAL HYDROGEL DRESSING 4"X5" PADS .....	55	SM TRUEDRAW LANCING DEVICE MISC	..... 82	sodium polystyrene sulfonate POWD	115
SILVRSTAT WOUND DRESSING GEL .....	55	SMART DIABETES VANTAGE LANCING DEVICE MISC	..... 82	sodium polystyrene sulfonate SUSP OR 15 GM/60ML	..... 115
simethicone CHEW 80 MG	..... 61	SMART SENSE COLOR LANCETS UNIVERSAL 33G	..... 82	sodium sulfate-potassium sulfate-magnesium sulfate	..... 64
SIMILAC PROBIOTIC TRI-BLEND PACK .....	17	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	..... 82	SOFOSBUVIR/VELPATASVIR TABS	..... 29
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	..... 82	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	..... 82	SOLQUA 100/33	..... 14
simvastatin TABS	..... 20	SMART SENSE THIN LANCETS UNIVERSAL 26G	..... 82	SOLO TABS	..... 123
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa) .....	25	SMARTEST CONTROL SOLUTION MEDIUM SOLN	..... 83	SOLOSITE GEL	..... 55
SINGLE-LET	..... 82	SMARTEST LANCETS 28G	..... 83	SOLOX GEL	..... 55
SINGULAIR CHEW (Use montelukast sodium) .....	9	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	..... 7	SOLU-MEDROL 1000 MG (Use methylprednisolone sod succ)	..... 34
SINGULAIR PACK (Use montelukast sodium) .....	9	sodium chloride (gu irrigant) 0.9 %	61	SOLU-MEDROL 40 MG, 125 MG, 1000 MG	..... 34
SINGULAIR TABS (Use montelukast sodium) .....	9	sodium chloride (inhalant) AERS	.. 36	SOLUS V2 LANCING DEVICE MISC	83
SKIN HAIR & NAILS ADVANCED BEAUTY CAPS .....	123	sodium chloride (inhalant) NEBU 0.9 %, 3 %	..... 36	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	..... 83
SLO-NIACIN TBCR 250 MG, 500 MG (Use niacin) .....	139	sodium chloride flush	..... 114	SOLUS V2 TWIST LANCETS 30G	83
SM ALCOHOL PREP PADS	..... 87	sodium chloride SOLN IJ 0.9 %	.. 114	SOMA TABS 350 MG (Use carisoprodol)	..... 127
SM GAUZE PADS 2"X2" PADS	... 66	sodium chloride SOLN IV 0.45 %, 0.9 %	..... 114	SONAFINE EMUL	..... 55
SM GLUCOSE CHEW	..... 15	sodium chloride TABS	..... 114	SORBACELL FOAM DRESSING 4"X4" PADS	..... 55
		sodium citrate & citric acid	..... 61		

SORBACELL FOAM DRESSINGSTRIP 1"X8" PADS ...	55	STAMARIL SUSR .....	138	SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	6
SORBITOL OR 70 % .....	64	stavudine CAPS .....	28	SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	6
SORBASAN TOPICAL WOUND DRESSING 12" PADS .....	55	STERILANCE TL .....	83	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	6
SORBASAN TOPICAL WOUND DRESSING 2" X 2" PADS .....	55	STERILE GAUZE PADS 2"X2" PADS .....	66	sucralfate SUSP .....	134
SORBASAN TOPICAL WOUND DRESSING 3 X 3 PADS .....	55	STERILE PADS 2"X2" PADS .....	66	sucralfate TABS .....	134
SORBASAN TOPICAL WOUND DRESSING 4 X 4 PADS .....	55	STERILID FOAM .....	42	SUDAFED CHILDRENS LIQD ...	128
SORILUX FOAM .....	39	STIMULEN GEL .....	55	SUDAFED CONGESTION TABS (Use pseudoephedrine hcl) .....	128
sotalol hcl (afib/af) .....	31	STIMULEN LOTN .....	55	SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral)) .....	128
sotalol hcl TABS .....	31	STIMULEN PACK .....	55	SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	128
SOVUNA 200 MG .....	23	STIMULEN POWD .....	55	sulfacetamide sodium (acne) .....	37
SPECTRAVITE TABS .....	123	STIOLTO RESPIMAT .....	10	sulfacetamide sodium (ophth) SOLN .	129
SPIKEVAX COVID-19 VACCINE SUSP .....	138	STIVARGA .....	24	sulfacetamide sod-prednisolone SOLN .....	129
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP .....	138	STRATA GRT GEL .....	55	sulfamethoxazole-trimethoprim SUSP .....	22
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY .....	138	STRATTERA 10 MG, 40 MG, 60 MG, 80 MG, 100 MG (Use atomoxetine hcl) .....	2	sulfamethoxazole-trimethoprim TABS .....	22
spinosad .....	42	STRATTERA 18 MG (Use atomoxetine hcl) .....	2	sulfasalazine TABS .....	61
SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) ...	9	STRATTERA 25 MG (Use atomoxetine hcl) .....	2	sulfasalazine TBEC .....	61
SPIRO PD DEVI .....	112	STRIBILD .....	29	sulindac TABS .....	4
spironolactone & hydrochlorothiazide .....	59	STRIVE DUAL ZONE PEAK FLOW METER .....	112	sumatriptan .....	112
spironolactone TABS .....	59	STRIVERDI RESPIMAT .....	10	sumatriptan succinate SOLN 6 MG/0.5ML .....	113
SPRYCEL .....	24	STROMECTOL (Use ivermectin) ...	7		
SSKI SOLN (Use potassium iodide (expectorant)) .....	36	STROVITE FORTE TABS (Use multiple vitamins w/ minerals) ...	123		
		STROVITE ONE TABS .....	123		
		SUBLOCADE SOSY .....	6		
		SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	6		

sumatriptan succinate TABS .....	113	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	102	SURE COMFORT LANCETS 28G	83
sunitinib malate .....	24	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	102	SURE COMFORT LANCETS 30G	83
SUPARTZ FX SOSY .....	127	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	102	SURE COMFORT LANCING PEN MISC .....	83
SUPER ANTIOXIDANT CAPS ...	123	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	103	SURELITE LANCETS .....	83
SUPER THIN LANCETS .....	83	.....103		SURGICAL GAUZE SPONGE PADS	66
SUPERIOR MENS MULTI TABS .	123	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 .	103	SUSTIVA CAPS (Use efavirenz) ..	29
SUPERIOR WOMENS MULTI TABS	123	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	103	SUSTIVA TABS (Use efavirenz) ..	29
SUPPORT-500 CAPS .....	123	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	103	SUTENT (Use sunitinib malate) ..	24
SUPREME II HIGH/LOW CONTROL SOLUTION LIQD .....	83	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	103	SYMBICORT (Use budesonide- formoterol fumarate dihydrate) .....	10
SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate- magnesium sulfate) .....	64	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	103	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate) .....	29
SURE COMFORT ALCOHOL PREP PADS .....	87	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	103	SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate) .....	29
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	102	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	103	SYMTUZA .....	29
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	102	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	103	SYNAGIS SOLN .....	130
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	102	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	103	SYNALAR CREA (Use fluocinolone acetonide) .....	40
.....102		SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM ..	103	SYNALAR OINT (Use fluocinolone acetonide) .....	40
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 .	102	SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	103	SYNALAR SOLN (Use fluocinolone acetonide) .....	40
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	102	SURE COMFORT LANCETS 18G	83	SYNTHROID TABS (Use levothyroxine sodium) .....	133
.....102		SURE COMFORT LANCETS 21G	83	SYSTANE ICAPS AREDS2 CHEW	123
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	102	SURE COMFORT LANCETS 23G	83	SYSTANE ICAPS AREDS2 TABS	123
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	102			TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS ..	115

TABLOID .....	23	TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16" .....	103	TEGADERM FOAM DRESSING 2"X2" PADS .....	66
tacrolimus CAPS .....	115	TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 15/64" .....	103	TEGADERM HIGH GELLING ALGINATE DRESSING 12" ROPE MISC .....	55
tadalafil (pulmonary hypertension) TABS .....	32	TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16" .....	103	TEGADERM HIGH GELLING ALGINATE DRESSING 4"X4" PADS . 55	
TAGAMET HB 200 TABS (Use cimetidine) .....	134	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2" .....	103	TEGADERM HIGH INTEGRITY ALGINATE DRESSING 12" ROPE MISC .....	55
TAGAMET HB TABS (Use cimetidine) .....	134	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 15/64" .....	103	TEGADERM HIGH INTEGRITY ALGINATE DRESSING 4"X4" PADS . 55	
TALTZ SOAJ .....	39	TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2" .....	103	TEGADERM HYDROCOLLOID THIN DRESSING 5-1/8"X6" MISC .....	56
TALTZ SOSY .....	39	TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2" .....	103	TEGADERM HYDROCOLLOID DRESSING 4"X4" MISC .....	56
TAMIFLU CAPS 30 MG (Use oseltamivir phosphate) .....	30	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64" .....	103	TEGADERM HYDROCOLLOID DRESSING 4"X4-3/4" MISC .....	56
TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate) .....	30	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16" .....	103	TEGADERM HYDROCOLLOID DRESSING 5-1/8"X6" MISC .....	56
TAMIFLU SUSR (Use oseltamivir phosphate) .....	30	TECHLITE LANCETS .....	83	TEGADERM HYDROCOLLOID DRESSING 6"X6" MISC .....	56
tamoxifen citrate TABS .....	24	TECHLITE LANCETS 26G .....	83	TEGADERM HYDROCOLLOID DRESSING 6-3/4"X6-3/8" MISC ...	56
tamsulosin hcl .....	61	TEGADERM AG MESH DRESSING WITH SILVER 2"X2" PADS .....	55	TEGADERM HYDROCOLLOID DRESSING 6-3/4"X8" MISC .....	56
TARCEVA (Use erlotinib hcl) .....	24	TEGADERM AG MESH DRESSING WITH SILVER 4"X5" PADS .....	55	TEGADERM HYDROCOLLOID THIN DRESSING 4"X4" MISC .....	56
TARON-C DHA .....	126	TEGADERM AG MESH DRESSING WITH SILVER 4"X8" PADS .....	55	TEGADERM HYDROCOLLOID THIN DRESSING 4"X4-3/4" MISC .....	56
TASIGNA .....	24	TEGADERM ALGINATE AG DRESSING PADS .....	55	TEGADERM HYDROCOLLOID THIN DRESSING 6-3/4"X8" MISC .....	56
tazarotene CREA .....	39	TEGADERM ALGINATE AG ROPE MISC .....	55	TEGRETOL SUSP (Use	
tazarotene GEL .....	39				
TAZORAC CREA (Use tazarotene) 39					
TAZORAC CREA .....	39				
TAZORAC GEL (Use tazarotene) .	39				
TDVAX SUSP .....	133				
TECFIDERA CPDR (Use dimethyl fumarate) .....	132				
TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate) .....	132				
TECHLITE AST LANCETS .....	83				

carbamazepine) .....12	MG/5GM .....6	THERANATAL LACTATION ONE CAPS ..... 123
TEGRETOL TABS (Use carbamazepine) .....12	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP ..... 133	THERA-TABS M TABS .....123
temazepam 15 MG, 30 MG .....63	tetrabenazine .....131	THERA-VITE MAX-M TABS .....123
TEMODAR CAPS 250 MG (Use temozolomide) .....23	tetracycline hcl CAPS .....132	THEREMS MULTIVITAMIN TABS 125
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TENIVAC INJ .....133	TGT LANCET THIN 26G .....83	thiamine hcl SOLN .....139
tenofovir disoproxil fumarate TABS 29	TGT LANCET ULTRA THIN 30G .83	thiamine hcl TABS .....139
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TENORMIN TABS (Use atenolol) .30	theophylline ELIX ..... 10	thioridazine hcl ..... 27
terazosin hcl .....21	theophylline SOLN .....10	thiothixene .....27
terbinafine hcl (topical) CREA .....38	theophylline TB12 300 MG, 450 MG . 10	THRESHOLD PEP DEVI .....112
terbinafine hcl TABS .....18	theophylline TB24 .....10	THRIVITE 19 TABS ..... 123
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terbutaline sulfate TABS .....10	THERA TABS .....125	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG ..... 133
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terconazole vaginal SUPP .....138	THERAGAUZE PADS ..... 66	TIAZAC (Use diltiazem hcl extended release beads) ..... 31
teriflunomide ..... 132	THERAGRAN-M ADVANCED 50 PLUS TABS .....123	TICOVAC ..... 138
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testosterone cypionate SOLN IM 200 MG/ML .....6	THERAGRAN-M TABS .....123	timolol maleate TABS .....31
testosterone enanthate SOLN IM ...6	THERA-M TABS .....123	TIMOPTIC SOLN (Use timolol maleate (ophth)) ..... 128
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TIMOPTIC-XE SOLG 0.5 % (Use timolol maleate (ophth))	128	5/16"	103	TRAVEL LANCETS ADVANCED 28G	83
tinidazole	21	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	103	TRAZIMERA 420 MG	24
tiotropium bromide monohydrate CAPS	9	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	103	trazodone hcl TABS 50 MG, 100 MG, 150 MG	14
TIVICAY PD TBSO	29	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	103	TRELSTAR MIXJECT 11.25 MG	24
TIVICAY TABS	29	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	103	TRELSTAR MIXJECT 3.75 MG, 22.5 MG	24
tizanidine hcl TABS	127	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	103	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	37
TM-DAILY VITE TABS	125	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	103	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	37
TOBRADEX OINT	129	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	103	TRIAD HYDROPHILIC WOUND DRESSING PSTE	56
TOBRADEX SUSP (Use tobramycin-dexamethasone)	129	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	103	triamcinolone acetonide (mouth)	115
tobramycin (ophth) SOLN	129	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	103	triamcinolone acetonide (topical) CREA 0.025 %, 0.1 %	40
tobramycin NEBU	2	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	103	triamcinolone acetonide (topical) CREA 0.5 %	40
tobramycin-dexamethasone SUSP 129		TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	104	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	40
TODAY SPONGE MISC	138	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	104	triamcinolone acetonide (topical) OINT 0.5 %	40
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	83	topiramate CPSP	12	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	59
TODAYS HEALTH SUPER THINLANCETS 30G	83	topiramate TABS 200 MG	12	triamterene & hydrochlorothiazide TABS	59
TODAYS HEALTH ULTRA THINLANCETS 28G	83	topiramate TABS 25 MG, 50 MG, 100 MG	12	triazolam	63
TOE-AID PADS	56	TOPROL XL TB24 (Use metoprolol succinate)	30	TRICARE TABS	127
TOPAMAX SPRINKLE CPSP (Use topiramate)	12	TOSYMRA	113	TRICOR TABS (Use fenofibrate)	20
TOPAMAX TABS 200 MG (Use topiramate)	12	tramadol hcl TABS 50 MG, 100 MG	5	TRIDERGEL GEL	56
TOPAMAX TABS 25 MG, 50 MG, 100 MG (Use topiramate)	12	TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium)	8	TRIDESILON CREA 0.05 % (Use desonide)	40
TOPCARE LANCETS MICRO-THIN 33G	83	tranylcyromine sulfata	13	trifluoperazine hcl TABS	27
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X		TRAVEL LANCETS 30G	83		

trifluridine .....	129	TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16" .....	104	TRUE COMFORT SAFETY LANCETS/30G .....	83
trihexyphenidyl hcl SOLN .....	25	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" .....	104	TRUE COMFORT TWIST TOP LANCETS 30G .....	83
trihexyphenidyl hcl TABS .....	25	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" .....	104	TRUE COVER DEVI .....	67
TRILEPTAL SUSP (Use oxcarbazepine) .....	12	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16" .....	104	TRUE MULTIVITAMIN TABS ....	125
TRILEPTAL TABS (Use oxcarbazepine) .....	12	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" .....	104	TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD .....	83
TRILIPIX 135 MG (Use choline fenofibrate) .....	20	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16" .....	104	TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD .....	84
trimethoprim TABS .....	21	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" .....	104	TRUEDRAW LANCING DEVICE MISC .....	84
TRINATAL RX 1 TABS .....	127	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" .....	104	TRUELYTE SOLN .....	113
TRIPLE HELIX COLLAGEN 12"ROPE MISC .....	56	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" .....	104	TRUEPLUS GLUCOSE CHEW ....	15
TRIPLE HELIX COLLAGEN 2"X2" PADS .....	56	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" .....	104	TRUEPLUS GLUCOSE ON THE GO CHEW .....	15
TRIPLE HELIX COLLAGEN POWD 56		TRUE COMFORT PRO INSULINSYRINGE/U-100/0.3ML/29G X 1/2" .....	104	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .....	104
triprolidine & pseudoephedrine TABS .....	36	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" .....	104	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....	104
TRIUMEQ PD TBSO .....	29	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16" ...	104	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....	104
TRIUMEQ TABS .....	29	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16" ...	104	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .....	104
TRIVISC SOSY .....	127	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16" .....	104	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .....	104
TRIZIVIR .....	29	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16" .....	104	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....	104
TROGARZO .....	29	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/32GX5/16" .....	104	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" .....	105
tropium chloride TABS .....	135	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	104	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" .....	105
TRUBIOTICS BABY LIQD .....	17	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2" .....	104		
TRUE COMFORT ALCOHOL PREP PADS .....	87				
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	104				
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" .....	104				
TRUE COMFORT PRO ALCOHOLPREP PADS .....	87				

TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....	105	STRONGTH MISC .....	67	(antacid)) .....	7
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" .....	105	TRUSTEX LUBRICATED/SPERMICIDE MISC .....	67	TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid)) ..	7
TRUEPLUS LANCETS 26G .....	84	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC .....	67	TUMS SMOOTHIES CHEW (Use calcium carbonate (antacid)) .....	7
TRUEPLUS LANCETS 28G .....	84	TRUSTEX NON-LUBRICATED MISC .....	68	T-VITES TABS .....	123
TRUEPLUS LANCETS 28G SUPER THIN .....	84	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC .....	68	TWINRIX SUSY .....	138
TRUEPLUS LANCETS 30G .....	84	TRUSTEX/RIA LUBRICATED MISC ..	68	TWIST TOP LANCETS 30G .....	84
TRUEPLUS LANCETS 30G ULTRA THIN .....	84	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC .....	68	TYBLUME CHEW .....	33
TRUEPLUS LANCETS 33G .....	84	TRUSTEX/RIA LUBRICATED MISC .....	68	TYBOST .....	29
TRUEPLUS LANCETS 33G MICRO THIN .....	84	TRUSTEX/RIA NON-LUBRICATED MISC .....	68	TYKERB (Use lapatinib ditosylate) ..	24
TRUEPLUS SAFETY LANCETS 28G .....	84	TRUVADA 100 MG-150 MG (Use emtricitabine-tenofovir disoproxil fumarate) .....	29	TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen) .....	4
TRULICITY .....	15	TRUVADA 133 MG-200 MG, 167 MG-250 MG, 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate) .....	29	TYLENOL CHILDRENS SUSP (Use acetaminophen) .....	4
TRUMENBA .....	135	TRUXIMA .....	23	TYLENOL EXTRA STRENGTH TABS (Use acetaminophen) .....	4
TRUSOPT (Use dorzolamide hcl) ..	130	TRUZONE PEAK FLOW METER ..	112	TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen) .....	4
TRUSTEX COLOR CONDOMS + LUBE MISC .....	67	TUMS CHEW (Use calcium carbonate (antacid)) .....	7	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen) .....	4
TRUSTEX LUBRICATED EXTRALARGE MISC .....	67	TUMS CHEWY BITES CHEW (Use calcium carbonate (antacid)) .....	7	TYLENOL TABS (Use acetaminophen) .....	4
TRUSTEX LUBRICATED EXTRASTRENGTH MISC .....	67	TUMS E-X 750 CHEW (Use calcium carbonate (antacid)) .....	7	TYPHIM VI SOLN .....	135
TRUSTEX LUBRICATED MISC ...	67	TUMS EXTRA STRENGTH 750 CHEW (Use calcium carbonate		TYPHIM VI SOSY .....	135
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC .....	67			UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG .	123
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	67			ULTICARE ALCOHOL SWABS ...	87
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	67			ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" .....	105
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	67			ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" .....	105

ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" .... 105	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" .....105	ULTIGUARD SAFEPAK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C .....106
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" .... 105	ULTICARE INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2" ..... 105	ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON .....106
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" ... 105	ULTICARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....105	ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO .....106
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" .... 105	ULTICARE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" ..... 105	ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C .....106
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" .... 105	ULTICARE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....105	ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C .....106
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" .... 105	ULTICARE INSULIN SYRINGE/U- 100/1ML/30G X 1/2" ..... 105	ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS .....106
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" ... 105	ULTICARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....105	ULTIGUARD SAFEPAK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C .....106
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" ..... 105	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16" .....106	ULTIGUARD SAFEPAK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN .... 106
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" ..... 105	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.5ML/31G X 5/16" .....106	ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC ..... 84
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" ..... 105	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16" .....106	ULTILET ALCOHOL SWABS .....88
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" .....105	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4" ...106	ULTILET CLASSIC LANCETS ....84
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" .....105	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4" ... 106	ULTILET LANCETS .....84
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" .....105	ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4" ...106	ULTILET LANCETS 33G .....84
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" .....105	ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4" .....106	ULTILET SAFETY LANCETS 21G X 2.2MM ..... 84
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		ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....106
		ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" ..... 106

ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" .....	106	100/0.5ML/30G X 1/2" .....	107	ULTRA-THIN II LANCETS 30G ...	84
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16" .....	106	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" .....	107	ULTRATHON INSECT REPELLENT 8 AERO .....	42
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16" .....	106	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....	107	UNILET COMFORTOUCH LANCET	84
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2" .....	106	ULTRACARE INSULIN SYRINGE/U- 100/1ML/30G X 1/2" .....	107	UNILET EXCELITE .....	84
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2" .....	106	ULTRACARE INSULIN SYRINGE/U- 100/1ML/30G X 5/16" .....	107	UNILET EXCELITE II .....	84
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16" .....	106	ULTRACARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....	107	UNILET G.P. LANCET .....	84
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16" .....	106	ULTRA-CARE LANCETS 30G ...	84	UNILET G.P. SUPERLITE LANCET .	84
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" .....	106	ULTRAM TABS (Use tramadol hcl) .5		UNILET GP 28 ULTRA THIN .....	84
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" .....	106	ULTRA-THIN II AUTO LANCET ..	84	UNILET LANCET .....	84
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" .....	107	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	107	UNILET LANCETS MICRO-THIN33G .....	84
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" .....	107	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	107	UNILET LANCETS SUPER- THIN30G .....	84
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2" .....	107	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	107	UNILET LANCETS ULTRA-THIN 28G .....	84
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2" .....	107	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	107	UNILET SUPERLITE LANCET ...	85
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16" .....	107	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" ..	107	UNISOM SLEEPTABS (Use doxylamine succinate (sleep)) .....	63
ULTRA THIN LANCETS 31G .....	84	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" ..	107	UNISTIK 1 MISC .....	85
ULTRA-CARE ALCOHOL PREP PADS .....	88	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	107	UNISTIK 2 COMFORT MISC .....	85
ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" .....	107	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	107	UNISTIK 2 EXTRA MISC .....	85
ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....	107	ULTRA-THIN II LANCETS 28G ..	84	UNISTIK 2 MISC .....	85
ULTRACARE INSULIN SYRINGE/U-				UNISTIK 2 NEONATAL MISC .....	85
				UNISTIK 2 NORMAL MISC .....	85
				UNISTIK 2 SUPER MISC .....	85
				UNISTIK 3 COMFORT MISC .....	85
				UNISTIK 3 EXTRA MISC .....	85
				UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC ....	85
				UNISTIK 3 GENTLE .....	85

UNISTIK 3 MISC .....	85	UROXATRAL (Use alfuzosin hcl) .61	SOLR IV 1 GM, 10 GM, 500 MG, 750 MG .....	22	
UNISTIK 3 NEONATAL MISC .....	85	ursodiol CAPS .....	61	VANINDAZOLE .....	138
UNISTIK 3 NORMAL MISC .....	85	valacyclovir hcl .....	29	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" .....	107
UNISTIK CZT COMFORT MISC ..	85	VALIUM TABS (Use diazepam) .....	8	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16" .....	107
UNISTIK CZT NORMAL MISC .....	85	valproate sodium SOLN OR 250 MG/5ML .....	13	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" .....	107
UNISTIK NORMAL MISC .....	85	valproic acid CAPS .....	13	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" .....	107
UNISTIK PRO SAFETY LANCET 21G .....	85	valsartan TABS .....	21	VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16" .....	107
UNISTIK PRO SAFETY LANCET 25G .....	85	valsartan-hydrochlorothiazide .....	21	VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16" .....	107
UNISTIK PRO SAFETY LANCET 28G .....	85	VALTREX (Use valacyclovir hcl) ..	29	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" .....	107
UNISTIK SAFETY LANCETS 28G 85		VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	107	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" .....	107
UNISTIK SAFETY LANCETS 30G 85		VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	107	VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16" .....	107
UNISTIK TOUCH SAFETY LANCETS 21G .....	85	VALUE PLUS LANCETS STANDARD 21G .....	85	VAQTA .....	138
UNISTIK TOUCH SAFETY LANCETS 23G .....	85	VALUE PLUS LANCETS SUPERTHIN 30G .....	85	varenicline tartrate TABS .....	132
UNISTIK TOUCH SAFETY LANCETS 28G .....	85	VALUE PLUS LANCETS THIN 26G .	85	varenicline tartrate TBPK .....	132
UNISTIK TOUCH SAFETY LANCETS 30G .....	85	VALUE PLUS LANCING DEVICE MISC .....	85	VARIVAX INJ .....	138
UNIVERSAL 1 LANCETS THIN26G .	85	VALUMARK LANCET SUPER THIN 30G .....	85	VASELINE PETROLATUM GAUZECESSION DRESSING OVERWRAP PADS .....	56
UNIVERSAL 1 LANCETS ULTRA THIN 30G .....	85	VALUMARK LANCET ULTRA THIN 28G .....	85	VASELINE PETROLATUM GAUZECESSION DRESSING PADS	56
UNIVERSAL 1 LANCETS/33G/MICRO-THIN .....	85	VANCOCIN CAPS (Use vancomycin hcl) .....	22	VASELINE PETROLATUM GAUZESTRIP OVERWRAP PADS	56
UNNA-FLEX ELASTIC UNNA BOOT MISC .....	56	vancomycin hcl CAPS .....	22	VASELINE PETROLATUM GAUZESTRIP PADS .....	56
UNNA-FLEX PLUS VENOUS ULCER KIT .....	56	vancomycin hcl SOLR IV 1 GM, 10 GM, 100 GM, 500 MG, 750 MG, 1000 MG .....	22	VASELINE PETROLATUM GAUZETUBE FOIL OVERWRAP PADS .....	56
urea CREA 40 % .....	40	VANCOMYCIN HYDROCHLORIDE		VASERETIC 25 MG-10 MG (Use	

enalapril maleate & hydrochlorothiazide) .....	21	VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM .....	108	doxycycline hyclate) .....	132
VASOTEC TABS (Use enalapril maleate) .....	20	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM .....	108	VICKS NYQUIL COLD & FLU LIQD (Use dextromethorphan-doxylamine-acetaminophen) .....	36
VAXCHORA .....	135	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM .....	108	VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF LIQD (Use dextromethorphan-doxylamine-acetaminophen) .....	36
VAXELIS SUSP .....	133	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM .....	108	VICKS NYQUIL HBP COLD & FLU LIQD (Use dextromethorphan-doxylamine-acetaminophen) .....	36
VAXELIS SUSY .....	133	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM .....	108	VICTOZA .....	15
VAXNEUVANCE .....	135	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM .....	108	VIDA MIA AUTOLET LANCINGDEVICE MISC .....	86
VCF VAGINAL CONTRACEPTIVE FILM FILM .....	138	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM .....	108	VIDA MIA UNILET LANCETS SUPER THIN 30G .....	86
VCF VAGINAL ODOR ELIMINATING FILM FILM .....	138	VERIFINE INSULIN SYRINGE1ML/29G X 12MM .....	108	VIDA MIA UNILET LANCETS ULTRA THIN 28G .....	86
VENEXA FE TABS .....	123	VERIFINE INSULIN SYRINGE1ML/31G X 8MM .....	108	VIGILON PRIMARY WOUND DRESSING/13" X 24" PADS .....	56
VENEXA TABS .....	123	VERIFINE INSULIN SYRINGE1ML/29G X 12MM .....	108	VIGILON PRIMARY WOUND DRESSING/3" X 8" PADS .....	56
venlafaxine hcl CP24 .....	14	VERIFINE INSULIN SYRINGE1ML/31G X 8MM .....	108	VIGILON PRIMARY WOUND DRESSING/4" X 4" PADS .....	56
venlafaxine hcl TABS .....	14	VERIFINE SAFETY LANCET MINI 21G X 2.4MM .....	85	VIGILON PRIMARY WOUND DRESSING/6" X 8" PADS .....	56
VENTOLIN HFA AERS (Use albuterol sulfate) .....	10	VERIFINE SAFETY LANCET MINI 23G X 1.8MM .....	86	VINATE II .....	127
VENTRIXYL FE TABS .....	123	VERIFINE SAFETY LANCET MINI 28G X 1.8MM .....	86	VINATE ONE TABS .....	127
VENTRIXYL TABS .....	123	VERIFINE SAFETY LANCET MINI 30G X 1.8MM .....	86	VIRACEPT TABS .....	29
verapamil hcl CP24 .....	31	VERIFINE UNIVERSAL LANCETS 28G .....	86	VIREAD POWD .....	29
verapamil hcl TABS .....	31	VERIFINE UNIVERSAL LANCETS 30G .....	86	VIREAD TABS (Use tenofovir disoproxil fumarate) .....	29
verapamil hcl TBCR .....	31	VERIFINE UNIVERSAL LANCETS 33G .....	86	VIREAD TABS 150 MG .....	29
VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl) .....	31	VERSAPAP DEVI .....	112	VIREAD TABS 200 MG, 250 MG, 300 MG .....	29
VERASENS GLUCOSE CONTROLLEVEL 1 LIQD .....	85	VERSAPAP/UNIVERSAL TUBING DEVI .....	112		
VERELAN CP24 (Use verapamil hcl) .....	31	VIBRAMYCIN CAPS (Use			
VERELAN PM CP24 (Use verapamil hcl) .....	31				
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM .....	108				

VIRT-C DHA .....	127	VITEYES CLASSIC CAPS .....	124	VOGELXO GEL TD (Use testosterone) .....	6
VISBIOME PACK .....	17	VITEYES CLASSIC MACULAR SUPPORT CAPS .....	124	VOGELXO PUMP GEL TD (Use testosterone) .....	6
VISBIOME PROBIOTIC HIGH POTENCY PACK .....	17	VITEYES CLASSIC MULTIIVITAMIN TABS .....	124	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) .	38
VISCO-3 SOSY .....	127	VITEYES CLASSIC MULTIVITAMIN TABS .....	124	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI .....	112
VISION HEALTH CAPS .....	123	VITEYES CLASSIC/OMEGA-3 CAPS .....	124	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI .....	112
VISION OPTIMIZER CAPS .....	123	VITEYES CLASSIC+OMEGA-3 CAPS .....	124	VORTEX VALVED HOLDING CHAMBER DEVI .....	112
VISTA ADVANCED AREDS2 FORMULA CAPS .....	123	VITEYES OPTIC NERVE SUPPORT TABS .....	124	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .....	108
VISTA ADVANCED DRY EYE FORMULA CAPS .....	123	VITRAMYN TABS .....	124	VSL#3 DS PACK .....	17
VISTA MEIBO EYELID CLEANSING FOAM FOAM .....	42	VITRANOL FE TABS .....	124	VSL#3 JUNIOR PACK .....	17
VISTARIL CAPS (Use hydroxyzine pamoate) .....	8	VITRANOL TABS .....	124	VSL#3 PACK .....	17
VITABEX CAPS .....	123	VITREXATE FE TABS .....	124	WAL-BORN VITAMIN C CHEW ..	124
VITABEX PLUS CAPS .....	123	VITREXATE TABS .....	124	WALGREENS ADVANCED TRAVELLANCETS 28G .....	86
VITACHEW ADULT MULTI VITAMIN CHEW .....	123	VITREXYL TABS .....	124	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G .....	86
VITAFOL-OB TABS .....	127	VITREXYL/IRON TABS .....	124	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G .....	86
VITAJOY MULTI GUMMIIES ADULT CHEW .....	123	VITRUM 50+ ADULT-MULTI IRON FREE TABS .....	124	WALGREENS GLUCOSE CHEW ..	15
vitamin a CAPS 3 MG, 3000 MCG, 8000 UNIT, 10000 UNIT .....	139	VIVAGUARD INO CONTROL SOLUTION LIQD .....	86	WALGREENS LANCETS .....	86
VITAMIN B-6 TR TBCR .....	139	VIVAGUARD LANCETS .....	86	WALGREENS THIN LANCETS ...	86
vitamin e CAPS 268 MG, 400 UNIT 139	139	VIVAGUARD LANCING DEVICE MISC .....	86	WALGREENS ULTRA THIN LANCETS .....	86
VITAROCA PLUS TABS (Use multiple vitamins w/ minerals) ....	123	VIVAGUARD SAFETY LANCETS/28G .....	86	warfarin sodium TABS .....	10
VITASANA TABS .....	124	VIVELLE-DOT PTTW (Use estradiol) 60			
VITATHELY/GINGER TABS .....	127	VIVITROL .....	18		
VITAZYME TABS .....	125	VIVOTIF .....	135		
VITEYES CLASSIC ADVANCED CAPS .....	124	VOCABRIA .....	29		



WEBCOL ALCOHOL PREP LARGE 1 PLY .....	124 88	WOMENS MULTI VITAMIN & MINERAL FORMULA TABS .....	124	XYLOCAINE-MPF SOLN 1.5 %, 2 % (Use lidocaine hcl (local anesth.)) .	65
WEBCOL ALCOHOL PREP LARGE 2 PLY .....	88	WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW ..	124	XYZAL ALLERGY 24HR CHILDRENS SOLN (Use levocetirizine dihydrochloride) .....	19
WEBCOL ALCOHOL PREP MEDIUM 2 PLY .....	88	WOUND GEL GEL .....	57	XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride) .....	19
WELLBUTRIN SR TB12 (Use bupropion hcl) .....	13	WOUND GEL SPRAY GEL .....	56	YASMIN 28 (Use drospirenone- ethinyl estradiol) .....	33
WELLBUTRIN XL TB24 (Use bupropion hcl) .....	13	WOUNDGARD 2-1/2"X2-1/2" PADS .	57	YAZ (Use drospirenone-ethinyl estradiol) .....	33
WELLFOLA TABS .....	124	WOUNDGARD 4"X4-1/4" PADS ..	57	YELETS TEENAGE FORMULA TABS .....	124
WESCAP-C DHA .....	127	WOUNDGARD 4"X6" PADS .....	57	YF-VAX INJ .....	138
WESTAB PLUS TABS .....	127	WOUNDGELHA GEL .....	57	YOUR LIFE MULTI ADULT GUMMIES CHEW .....	124
white petrolatum-mineral oil .....	128	WOUNDGELHA MATRIX GEL ....	57	YUMVS MULTI ZERO CHEW ....	124
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....	68	WOUN'DRES GEL .....	57	YUMVS ZERO DIABETIC MULTIVITAMIN CHEW .....	124
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....	68	XALATAN SOLN (Use latanoprost)	130	YUSIMRY .....	3
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 .....	68	XALKORI CAPS .....	24	ZADITOR 0.035 % (Use ketotifen fumarate (ophth)) .....	130
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....	68	XANAX TABS (Use alprazolam) ....	8	zafirlukast .....	9
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....	68	XCELLSTEM OUT PATIENT WOUND POWDER POWD .....	57	ZANABIN ANTIPRURITIC HYDROGEL GEL .....	57
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....	68	XELJANZ TABS .....	3	ZANAFLEX TABS 4 MG (Use tizanidine hcl) .....	127
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....	68	XELJANZ XR TB24 .....	2	ZARONTIN CAPS (Use ethosuximide) .....	13
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....	68	XELODA (Use capecitabine) .....	23	ZARONTIN SOLN (Use ethosuximide) .....	13
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS .....	124	XENAZINE (Use tetrabenazine) .	131	ZARXIO .....	62
WOMENS 50+ MULTIVITAMIN TABS .....	124	XENICAL (Use orlistat) .....	1	ZEGERID CAPS 1100 MG-20 MG (Use omeprazole-sodium bicarbonate) .....	135
WOMENS MULTI GUMMIES CHEW		XOLAIR SOAJ .....	8		
		XOLAIR SOLR .....	8		
		XOLAIR SOSY .....	9		
		XOPENEX HFA (Use levalbuterol tartrate) .....	10		
		XYLOCAINE SOLN 0.5 %, 1 % (Use lidocaine hcl (local anesth.)) .....	65		

ZELBORAF .....	24	2"X2" PADS .....	57	ZIAGEN TABS (Use abacavir sulfate)	29
ZENIABSORB 4'X5" PADS .....	57	ZENIFOAM GENTLE BORDER		.....	29
ZENIABSORB 6'X9" PADS .....	57	3"X3" PADS .....	57	zidovudine CAPS .....	29
ZENICONACT 4'X7" PADS .....	57	ZENIFOAM GENTLE BORDER		zidovudine SYRP .....	29
ZENIFIBER 2"X2" MISC .....	57	4"X4" PADS .....	57	zidovudine TABS .....	29
ZENIFIBER 4"X5" MISC .....	57	ZENIFOAM GENTLE BORDER		zinc sulfate CAPS .....	114
ZENIFIBER 6"X6" MISC .....	57	6"X6" PADS .....	57	zinc sulfate TABS .....	114
ZENIFIBER 8"X8" MISC .....	57	ZENIFOAM GENTLE BORDER		ziprasidone hcl .....	25
ZENIFIBER AG 12" ROPE MISC ..	57	7"X7"/SACRAL PADS .....	57	ZIRABEV .....	23
ZENIFIBER AG 2"X2" PADS .....	57	9"X9"/SACRAL PADS .....	57	ZITHROMAX PACK (Use	
ZENIFIBER AG 4"X5" PADS .....	57	ZENIFOAM GENTLE		azithromycin) .....	65
ZENIFIBER AG 6"X6" PADS .....	57	BORDER/HEEL PADS .....	57	ZITHROMAX SOLR (Use	
ZENIFIBER AG 8"X8" PADS .....	57	ZENPHOR WOUND GEL GEL ....	57	azithromycin) .....	65
ZENIFOAM 2"X2" PADS .....	57	ZENPHOR WOUND PAD PADS ..	57	ZITHROMAX SUSR (Use	
ZENIFOAM 4"X5" PADS .....	57	ZESTORETIC (Use lisinopril &		azithromycin) .....	65
ZENIFOAM 6"X6" PADS .....	57	hydrochlorothiazide) .....	21	ZITHROMAX TABS 250 MG, 500	
ZENIFOAM 8"X8" PADS .....	57	ZESTRIL TABS (Use lisinopril) ..	20	MG (Use azithromycin) .....	65
ZENIFOAM AG 2"X2" PADS .....	57	ZETIA (Use ezetimibe) .....	20	ZITHROMAX TRI-PAK TABS (Use	
ZENIFOAM AG 4"X5" PADS .....	57	ZEV RX INSULIN		azithromycin) .....	65
ZENIFOAM AG 6"X6" PADS .....	57	SYRINGE/0.5ML/30G X 1/2" ....	108	ZITHROMAX Z-PAK TABS (Use	
ZENIFOAM AG 8"X8" PADS .....	57	ZEV RX INSULIN		azithromycin) .....	65
ZENIFOAM AG GENTLE BORDER		SYRINGE/0.5ML/30G X 5/16" ...	108	ZOCOR TABS 10 MG, 20 MG, 40	
4"X4" PADS .....	57	ZEV RX INSULIN		MG (Use simvastatin) .....	20
ZENIFOAM AG GENTLE BORDER		SYRINGE/1ML/30G X 1/2" .....	108	ZOLINZA .....	24
6"X6" PADS .....	57	ZEV RX INSULIN		ZOLOFT CONC (Use sertraline hcl)	
ZENIFOAM GENTLE 2"X2" PADS	57	SYRINGE/1ML/30G X 5/16" ....	108	14	
ZENIFOAM GENTLE 4"X4" PADS	57	ZEV RX STERILE ALCOHOL PREP		ZOLOFT TABS (Use sertraline hcl)	
ZENIFOAM GENTLE 6"X6" PADS	57	PADS .....	88	14	
ZENIFOAM GENTLE AG 4"X4"		ZEV RX TWIST TOP LANCETS 30G		zolpidem tartrate TABS .....	63
PADS .....	57	86		ZOMACTON SOLR SC .....	59
ZENIFOAM GENTLE BORDER		ZIAC (Use bisoprolol &		ZONALON (Use doxepin hcl	
		hydrochlorothiazide) .....	21	(antipruritic)) .....	38
		ZIAGEN SOLN (Use abacavir		ZONEGRAN CAPS 100 MG (Use	
		sulfate) .....	29	zonisamide) .....	12

ZONEGRAN CAPS 25 MG (Use zonisamide) .....	12
zonisamide CAPS 100 MG .....	12
zonisamide CAPS 25 MG .....	12
zonisamide CAPS 50 MG .....	12
ZOVIRAX CREA (Use acyclovir topical) .....	39
ZOVIRAX OINT (Use acyclovir topical) .....	39
ZOVIRAX SUSP (Use acyclovir) ..	29
ZYKADIA TABS .....	24
ZYLOPRIM (Use allopurinol) .....	62
ZYPREXA TABS (Use olanzapine)	26
ZYRTEC ALLERGY TABS (Use cetirizine hcl) .....	19
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl) .....	19
ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine) .....	36
ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine) .....	36
ZYTIGA (Use abiraterone acetate)	24
ZYVOX TABS (Use linezolid) .....	22