



Preferred Drug List

Introduction

Meridian Medicaid Plan is pleased to provide a preferred drug list (PDL) as a reference and tool for providers and pharmacists. The purpose of the Meridian PDL is to help providers choose clinically fit and cost-effective products for their patients. This document has facts about the drugs we cover in this plan.

The Meridian Utilization Management Committee (UMC)

The Meridian UMC comprises providers, pharmacists, and health professionals. The PDL contains clinical information that was sourced primarily from medical literature and is reviewed and approved by the UMC.

Notice

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

Preface

The Meridian formulary is organized in sections. Each section includes therapeutic groups named by either drug class or disease state. Brand and common names are included as a reference to help in product recognition. Brand name drugs are capitalized (e.g., CONCERTA) and generic drugs are listed in lower case italics (e.g., *methylphenidate HCL*). Meridian will not cover prescription drugs prescribed for experimental, investigational, or non-FDA-approved indications, dosages, or routes of administration. Other exclusions include fertility-enhancing drugs, anorexia, weight loss, or weight gain drugs, Durable Medical Equipment (DME) products and medical supplies (unless listed on the PDL), drugs and other agents used for cosmetic purposes or for hair growth, erectile dysfunction drugs prescribed to treat impotence, Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective, over-the-counter (OTC) products (unless listed on the PDL), and drugs not included in the Medicaid Drug Rebate Program drug product data file (unless listed in the PDL).

PDL Components

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

Generic Substitution

Meridian is a mandatory generic plan. The Illinois Department of Healthcare and Family Services (HFS) has mandated that some brand medications are covered in place of the generic medication. Generic medication will be dispensed when available.

Covered Medications without Authorization

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

Prior Authorization (PA)

Drugs indicated with “PA” need prior authorization for coverage. Please call the Pharmacy Help Desk at **855-580-1688** or fax a completed prior authorization form to **855-580-1695**. All prior authorization requests will be reviewed within 24 hours.

Please note: A prior authorization is **NOT** required on any anticonvulsant medications for members with a diagnosis of epilepsy or seizure disorder. Diagnosis code must be given at point of sale or within records.

Specialty Medications (SP)

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

Quantity Limits (QL)

Drugs with a “QL” have a set quantity limit imposed. These limits are based on FDA-recommended dosing guidelines. The quantity limit is listed next to the drug name.

Day Supply Limit (DS)

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

Age Limit (AL)

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

Benefit Exception

To request non-formulary medication(s), fax a completed prior authorization form asking for an exception to the formulary. This request needs to have relevant clinical documentation showing trial and failure of all formulary agents and relevant clinical information. It should also have information showing the medication is the standard of care for the indication provided (peer-reviewed journal articles may be required). Please call the Pharmacy Help Desk at 855-580-1688 or fax a completed prior authorization exception form to 855-580-1695.

Legend

P	Preferred Drug	Drug is preferred
NP	Non-Preferred	Drug is s not preferred
AL	Age Limit	Drug is limited to specific ages
PA	Prior Authorization	Prior Authorization required before prescription can be filled
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame
SP	Specialty Drug	Products that must be dispensed by a specialty pharmacy
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage
RX/OTC	Both RX and OTC NDCs	Over the Counter (OTC) products eligible for coverage with a valid prescription written by a licensed physician/clinician
MP	Maintenance Product	Products used to treat long-term conditions or illnesses, available for a 90-day (3-month) supply
NF	Non-formulary	Drug is not included on the formulary

The publication date of this preferred drug list appears at the bottom of all subsequent pages, and this list is accurate of that date. Please notify the Pharmacy Help Desk of any mistakes in the PDL. A copy of this PDL can be mailed upon request.

Contact Information

Pharmacy help desk: 855-580-1688

Prior authorization fax number: 855-580-1695

Email: pharmacy_IL@centene.com

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 ea daily)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	QL(3 ea daily)
ADZENYS XR-ODT TBED	NP	QL(3 ea daily)
amphetamine sulfate TABS	NP	QL(3 ea daily)
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG	NP	
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(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
amphetamine-dextroamphetamine TABS	P	QL(3 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
DESOXYN (Use methamphetamine hcl)	NP	QL(3 ea daily)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NP	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate)	NF	QL(3 ea daily)
dextroamphetamine sulfate CP24	NP	QL(3 ea daily)
dextroamphetamine sulfate SOLN	NP	QL(15 ml daily); MP
dextroamphetamine sulfate TABS	NP	QL(3 ea daily)
DYANAVEL XR CHER	NP	
DYANAVEL XR SUER	P	QL(15 ml daily); PA
EVEKEO ODT TBDP	NP	QL(3 ea daily)
EVEKEO TABS (Use amphetamine sulfate)	NP	QL(3 ea daily)
lisdexamfetamine dimesylate CAPS	NP	QL(1 ea daily)
lisdexamfetamine dimesylate CHEW	NP	QL(1 ea daily)
methamphetamine hcl	NP	QL(3 ea daily)
MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	
VYVANSE CAPS	P	QL(1 ea daily)
VYVANSE CHEW	P	QL(1 ea daily)
XELSTRYM	NP	
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
CAFFEINE ANHYDROUS POWD	P	RX/OTC
caffeine citrate SOLN OR	P	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	NP	QL(1 ea daily); MP
clonidine hcl (adhd) TB12	P	QL(4 ea daily); MP
guanfacine hcl (adhd)	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INTUNIV (Use guanfacine hcl (adhd))	NP	QL(1 ea daily); MP	methylphenidate hcl CHEW	NP	QL(3 ea daily)
QELBREE	NP		methylphenidate hcl CP24	NP	QL(3 ea daily)
STRATTERA (Use atomoxetine hcl)	P	QL(1 ea daily); MP	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG	NP	QL(2 ea daily)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			methylphenidate hcl CP24 40 MG, 60 MG	NP	
SUNOSI 75 MG	NP	QL(2 ea daily)	methylphenidate hcl CPCR 40 MG	NP	QL(1 ea daily)
SUNOSI 150 MG	NP		methylphenidate hcl CPCR 10 MG, 20 MG, 30 MG	NP	QL(2 ea daily)
Histamine H3-Receptor Antagonist/Inverse Agonists			methylphenidate hcl CPCR 50 MG, 60 MG	NP	
WAKIX	NP	SP	methylphenidate hcl SOLN	NP	QL(15 ml daily); MP
Stimulants - Misc.			methylphenidate hcl TABS 5 MG, 10 MG	P	QL(3 ea daily)
APTENSIO XR CP24 (Use methylphenidate hcl)	NP	QL(3 ea daily)	methylphenidate hcl TABS 20 MG	P	QL(2 ea daily)
armodafinil	NP		methylphenidate hcl TB24	NP	QL(1 ea daily)
AZSTARYS	NP		methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	NP	QL(1 ea daily)
CONCERTA TBCR (Use methylphenidate hcl)	P	QL(1 ea daily)	methylphenidate hcl TBCR 10 MG, 20 MG	P	QL(1 ea daily)
COTEMPLA XR-ODT TBED 8.6 MG, 17.3 MG	NP	QL(3 ea daily)	METHYLPHENIDATE HYDROCHLORIDE ER TBCR	NP	
COTEMPLA XR-ODT TBED 25.9 MG	NP	QL(2 ea daily)	methylphenidate PTCH	NP	QL(1 ea daily)
DAYTRANA PTCH (Use methylphenidate)	P	QL(1 ea daily); PA	methylphenidate PTCH	NP	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
dexmethylphenidate hcl CP24	NP	QL(1 ea daily)	modafinil	P	QL(2 ea daily)
dexmethylphenidate hcl TABS	P	QL(3 ea daily)	NUVIGIL (Use armodafinil)	NP	
FOCALIN XR CP24 (Use dexmethylphenidate hcl)	P	QL(1 ea daily)	PROVIGIL (Use modafinil)	NP	QL(2 ea daily)
FOCALIN TABS (Use dexmethylphenidate hcl)	NP	QL(3 ea daily)	QUILLICHEW ER CHER	NP	QL(2 ea daily)
JORNAY PM CP24 60 MG, 80 MG, 100 MG	P	PA	QUILLIVANT XR SRER	NP	QL(15 ml daily)
JORNAY PM CP24 20 MG, 40 MG	P	QL(2 ea daily); PA			
METHYLIN SOLN (Use methylphenidate hcl)	NP	QL(15 ml daily); MP			

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Updated January 1, 2024

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Drug Name	Drug Tier	Requirements/Limits
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	NP	QL(1 ea daily)
RITALIN LA CP24 10 MG, 20 MG, 30 MG (<i>Use methylphenidate hcl</i>)	NP	QL(2 ea daily)
RITALIN LA CP24 40 MG (<i>Use methylphenidate hcl</i>)	NP	
RITALIN TABS 20 MG (<i>Use methylphenidate hcl</i>)	NP	QL(2 ea daily)
RITALIN TABS 5 MG, 10 MG (<i>Use methylphenidate hcl</i>)	NP	QL(3 ea daily)
AMEBICIDES		
Amebicides		
SOLOSEC	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	NP	SP
BETHKIS NEBU (<i>Use tobramycin</i>)	NP	SP
BETHKIS NEBU (<i>Use tobramycin</i>)	NF	SP
KITABIS PAK NEBU (<i>Use tobramycin</i>)	P	SP
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	NP	SP
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP
TOBI NEBU (<i>Use tobramycin</i>)	NF	SP
<i>tobramycin NEBU</i>	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP

Drug Name	Drug Tier	Requirements/Limits
RINVOQ	NP	SP
XELJANZ XR TB24	P	SP; PA
XELJANZ SOLN	P	SP; MP; PA
XELJANZ SOLN	NP	SP; MP
XELJANZ TABS	P	SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP; MP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	NP	SP; MP
REDITREX SOSY	NP	SP; MP
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA AJKT	NP	SP
ABRILADA PSKT	NP	SP
ADALIMUMAB-AACF AJKT	NP	
ADALIMUMAB-ADAZ SOAJ	NP	SP
ADALIMUMAB-ADAZ SOSY	NP	SP
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	NP	SP
ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER AJKT	NP	SP
ADALIMUMAB-ADBM AJKT	NP	SP
ADALIMUMAB-ADBM PSKT	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-FKJP AJKT	NP	SP	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NP	SP
ADALIMUMAB-FKJP PSKT	NP	SP	HYRIMOZ SOAJ	NP	SP
AMJEVITA SOAJ 40 MG/0.8ML	NP	SP	HYRIMOZ SOSY	NP	SP
AMJEVITA SOSY	NP	SP	IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP	
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP	IDACIO AJKT	NP	
CYLTEZO AJKT	NP	SP	IDACIO PSKT	NP	
CYLTEZO PSKT	NP	SP	SIMPONI ARIA SOLN	NP	SP; MP
HADLIMA PUSHTOUCH SOAJ	NP	SP	SIMPONI SOAJ	NP	SP; MP
HADLIMA SOSY	NP	SP	SIMPONI SOSY	NP	SP; MP
HULIO AJKT	NP	SP	YUFLYMA 1-PEN KIT AJKT	NP	SP
HULIO PSKT	NP	SP	YUFLYMA 2-PEN KIT AJKT	NP	SP
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	P	SP; PA	YUFLYMA 2-SYRINGE KIT PSKT	NP	SP
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP; PA	YUSIMRY	NP	SP
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP; PA	Gold Compounds		
HUMIRA PEN PNKT	P	SP; PA	RIDAURA	NP	
HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA	Interleukin-1 Blockers		
HUMIRA PSKT	P	SP; PA	ARCALYST	NP	SP
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP	Interleukin-1 Receptor Antagonist (IL-1Ra)		
HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	SP	KINERET SOSY	NP	SP; MP
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	SP	Interleukin-1beta Blockers		
			ILARIS SOLN	NP	SP; MP
			Interleukin-6 Receptor Inhibitors		
			ACTEMRA ACTPEN SOAJ	NP	SP; MP
			ACTEMRA SOLN	NP	SP; MP
			ACTEMRA SOSY	NP	SP; MP
			KEVZARA SOAJ	NP	SP; MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KEVZARA SOSY	NP	SP; MP	FELDENE CAPS (<i>Use piroxicam</i>)	NP	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>fenoprofen calcium CAPS 400 MG</i>	NP	
ARTHROTEC 50 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NP		<i>fenoprofen calcium TABS</i>	NP	
ARTHROTEC 75 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NP		<i>flurbiprofen TABS 100 MG</i>	P	
CELEBREX (<i>Use celecoxib</i>)	NP	MP	<i>ibuprofen-famotidine</i>	NP	MP
CELEBREX 50 MG, 400 MG (<i>Use celecoxib</i>)	NF	MP	<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	P	QL(80 ml daily)
<i>celecoxib</i>	P	MP	<i>ibuprofen SUSP 100 MG/5ML</i>	P	QL(160 ml daily); MP; RX/OTC
<i>celecoxib</i>	P	MP	<i>ibuprofen SUSP 100 MG/5ML</i>	NP	QL(160 ml daily); MP; RX/OTC
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NF	QL(160 ml daily); MP; RX/OTC	<i>ibuprofen TABS 400 MG</i>	P	QL(8 ea daily); MP
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NF	QL(160 ml daily); MP; RX/OTC	<i>ibuprofen TABS 600 MG</i>	P	QL(5 ea daily); MP
DAYPRO TABS (<i>Use oxaprozin</i>)	NP		<i>ibuprofen TABS 800 MG</i>	P	QL(4 ea daily); MP
<i>diclofenac potassium CAPS</i>	NP		<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
<i>diclofenac potassium TABS 50 MG</i>	P		<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
<i>diclofenac potassium TABS 50 MG</i>	P		<i>indomethacin CPCR</i>	P	
<i>diclofenac potassium TABS 25 MG</i>	NP		<i>indomethacin SUPP</i>	P	
<i>diclofenac sodium TB24</i>	P		INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	NF	QL(80 ml daily)
<i>diclofenac sodium TBEC 25 MG, 75 MG</i>	P		<i>ketoprofen CAPS 50 MG, 75 MG</i>	P	
<i>diclofenac sodium TBEC</i>	P		<i>ketoprofen CP24</i>	NP	
<i>diclofenac w/ misoprostol TBEC</i>	NP		KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	
DUEXIS (<i>Use ibuprofen-famotidine</i>)	NP	MP	<i>ketorolac tromethamine TABS</i>	P	
<i>etodolac CAPS</i>	P	MP	<i>meclofenamate sodium CAPS</i>	NP	
<i>etodolac TABS</i>	P	MP	<i>mefenamic acid CAPS</i>	NP	
<i>etodolac TB24</i>	P	MP	<i>meloxicam CAPS</i>	NP	MP
			<i>meloxicam TABS</i>	P	MP
			<i>meloxicam TABS</i>	P	MP

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Drug Name	Drug Tier	Requirements/Limits
MOBIC TABS 7.5 MG (Use meloxicam)	NP	MP
MOBIC TABS 15 MG (Use meloxicam)	NF	MP
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	NF	QL(80 ml daily)
<i>nabumetone</i>	P	
<i>nabumetone</i>	P	
NALFON CAPS (Use <i>fenoprofen calcium</i>)	NP	
NALFON TABS (Use <i>fenoprofen calcium</i>)	NP	
NAPRELAN TB24 500 MG (Use <i>naproxen sodium</i>)	NF	MP
NAPRELAN TB24 (Use <i>naproxen sodium</i>)	NP	MP
<i>naproxen sodium</i> TABS 275 MG, 550 MG	P	MP
<i>naproxen sodium</i> TB24	NP	MP
<i>naproxen-esomeprazole magnesium</i>	NP	MP
<i>naproxen</i> SUSP	P	MP
<i>naproxen</i> SUSP	P	MP
<i>naproxen</i> TABS	P	MP
<i>naproxen</i> TBEC	P	MP
<i>naproxen</i> TBEC	P	MP
<i>oxaprozin</i> TABS	NP	
<i>oxaprozin</i> TABS	NP	
<i>piroxicam</i> CAPS	NP	
RELAFEN DS	NP	
<i>sulindac</i> TABS	P	
TIVORBEX CAPS (Use <i>indomethacin</i>)	NF	
<i>tolmetin sodium</i> CAPS	NP	
<i>tolmetin sodium</i> TABS 600 MG	NP	
VIMOVO (Use <i>naproxen- esomeprazole magnesium</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	NP	SP
OTEZLA TBPk	NP	SP
Pyrimidine Synthesis Inhibitors		
ARAVA (Use <i>leflunomide</i>)	NP	QL(1 ea daily)
<i>leflunomide</i>	P	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	NP	SP; MP
ORENCIA SOLR	NP	SP
ORENCIA SOSY	NP	SP; MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	P	SP; MP; PA
ENBREL SURECLICK SOAJ	P	SP; MP; PA
ENBREL SOLN	P	SP; MP; PA
ENBREL SOSY	P	SP; MP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>aspirin-acetaminophen- caffeine</i> TABS	P	
<i>butalbital-acetaminophen- caffeine</i> CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	P	
<i>butalbital-acetaminophen- caffeine</i> TABS 40 MG-50 MG-325 MG	P	QL(13 ea daily)
<i>butalbital-acetaminophen</i> CAPS 50 MG-300 MG	NP	
<i>butalbital-acetaminophen</i> TABS 50 MG-325 MG	P	QL(13 ea daily)
<i>butalbital-acetaminophen</i> TABS 50 MG-300 MG	P	
<i>butalbital-aspirin-caffeine</i> CAPS	P	QL(13 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ESGIC TABS (Use butalbital-acetaminophen-caffeine)	NP	QL(13 ea daily)	TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	NF	QL(125 ml daily)
EXCEDRIN EXTRA STRENGTH TABS (Use aspirin-acetaminophen-caffeine)	NF		TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	NF	QL(125 ml daily)
EXCEDRIN MIGRAINE TABS (Use aspirin-acetaminophen-caffeine)	NF		TYLENOL TABS (Use acetaminophen)	NF	QL(13 ea daily)
FIORICET CAPS (Use butalbital-acetaminophen-caffeine)	NP		Salicylates		
Analgesics Other			aspirin buffered (cal carb-mag carb-mag oxide)	P	
acetaminophen CHEW 80 MG	P	QL(50 ea daily)	aspirin CHEW	P	
acetaminophen LIQD 160 MG/5ML	P	QL(125 ml daily)	ASPIRIN SUPP 300 MG	P	
acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	QL(125 ml daily)	aspirin TABS 325 MG	P	
acetaminophen SUPP 120 MG	P	QL(33 ea daily)	aspirin TBEC 81 MG, 325 MG	P	
acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	P	QL(125 ml daily)	BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))	NF	
acetaminophen TABS 325 MG	P	QL(13 ea daily)	diflunisal TABS	P	
acetaminophen TABS 500 MG	P	QL(8 ea daily)	ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	NF	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(13 ea daily)	ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	NF	
OFIRMEV SOLN IV (Use acetaminophen)	NF		ECOTRIN TBEC (Use aspirin)	NF	
TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	NF	QL(125 ml daily)	salsalate	P	
TYLENOL CHILDRENS SUSP (Use acetaminophen)	NF	QL(125 ml daily)	ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	NF	QL(8 ea daily)	Opioid Agonists		
			ACTIQ LPOP 1600 MCG (Use fentanyl citrate)	NF	
			ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (Use fentanyl citrate)	NP	
			codeine sulfate TABS 30 MG	P	QL(6 ea daily); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CODEINE SULFATE TABS	P	QL(6 ea daily); AL(At least 18 yrs old)	<i>methadone hcl SOLN OR</i>	NP	QL(8 ml daily)
CONZIP CP24 (<i>Use tramadol hcl</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old)	<i>methadone hcl TABS</i>	NP	QL(4 ea daily)
DILAUDID LIQD (<i>Use hydromorphone hcl</i>)	NP		<i>methadone hcl TBSO</i>	NP	QL(4 ea daily)
DILAUDID TABS 2 MG, 4 MG (<i>Use hydromorphone hcl</i>)	NP	QL(4 ea daily)	METHADOSE SUGAR-FREE CONC (<i>Use methadone hcl</i>)	NP	QL(8 ml daily)
DILAUDID TABS 8 MG (<i>Use hydromorphone hcl</i>)	NP		METHADOSE CONC (<i>Use methadone hcl</i>)	NP	QL(8 ml daily)
<i>fentanyl citrate LPOP</i>	NP		<i>morphine sulfate beads</i>	NP	
<i>fentanyl citrate TABS</i>	NP		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP		<i>morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	P	QL(8 ml daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	NP	QL(0.34 ea daily)	<i>morphine sulfate SUPP</i>	P	
FENTORA TABS (<i>Use fentanyl citrate</i>)	NP		<i>morphine sulfate TABS</i>	P	QL(4 ea daily)
<i>hydrocodone bitartrate CP12</i>	NP		<i>morphine sulfate TBCR</i>	P	QL(2 ea daily); PA
<i>hydrocodone bitartrate T24A</i>	NP		MS CONTIN TBCR (<i>Use morphine sulfate</i>)	NP	QL(2 ea daily)
<i>hydromorphone hcl LIQD</i>	P		NUCYNTA ER TB12	NP	
HYDROMORPHONE HCL SUPP	P		NUCYNTA TABS	NP	
<i>hydromorphone hcl TABS 8 MG</i>	P		<i>oxycodone hcl CAPS</i>	P	QL(4 ea daily)
<i>hydromorphone hcl TABS 2 MG, 4 MG</i>	P	QL(4 ea daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	P	
<i>hydromorphone hcl TB24</i>	NP		<i>oxycodone hcl SOLN</i>	P	
HYSINGLA ER T24A	NP		<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NP	
<i>levorphanol tartrate TABS</i>	NP		<i>oxycodone hcl TABS 10 MG, 15 MG, 20 MG, 30 MG</i>	P	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	NP		<i>oxycodone hcl TABS 5 MG</i>	P	QL(4 ea daily)
<i>meperidine hcl TABS 50 MG</i>	NP	QL(6 ea daily)	OXYCONTIN T12A	NP	
<i>methadone hcl CONC</i>	NP	QL(8 ml daily)	<i>oxymorphone hcl TABS</i>	NP	
			<i>oxymorphone hcl TB12</i>	NP	
			ROXICODONE TABS 5 MG (<i>Use oxycodone hcl</i>)	NP	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)	NP		hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	P	QL(240 ml per 30 days retail)
ROXYBOND TABA	NP		hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	P	
tramadol hcl CP24 100 MG, 200 MG, 300 MG	NP	QL(1 ea daily); AL(At least 18 yrs old)	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	QL(12 ea daily)
tramadol hcl SOLN	NP		hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	P	
tramadol hcl TABS 50 MG	P	QL(8 ea daily)	NALOCET TABS	NP	
tramadol hcl TABS 100 MG	NP	QL(4 ea daily)	oxycodone w/ acetaminophen SOLN	P	
tramadol hcl TB24	NP	QL(1 ea daily); AL(At least 18 yrs old)	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG, 325 MG-7.5 MG	P	QL(12 ea daily)
TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	NP		oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG	P	QL(13 ea daily)
ULTRAM TABS (Use tramadol hcl)	NF	QL(8 ea daily)	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG (Use oxycodone w/ acetaminophen)	NP	QL(13 ea daily)
XTAMPZA ER	NP		PERCOCET TABS 325 MG-2.5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	NP	QL(12 ea daily)
Opioid Combinations			PROLATE SOLN	NP	
acetaminophen w/ codeine SOLN	P	QL(167 ml daily); AL(At least 18 yrs old)	PROLATE TABS	NP	
acetaminophen w/ codeine SOLN	P	QL(167 ml daily)	SEGLENTIS	NP	
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	P	QL(14 ea daily); AL(At least 18 yrs old)			
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	NP				
butalbital-acetaminophen-caffeine w/ codeine	NP	QL(6 ea daily)			
butalbital-aspirin-caffeine w/cod	P	QL(6 ea daily); AL(At least 18 yrs old)			
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine)	NP	QL(6 ea daily); AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen</i>	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(40 ea per fill retail); AL(At least 18 yrs old)
ULTRACET (<i>Use tramadol-acetaminophen</i>)	NF	1 rtl MAX fill; 30 rtl day(s) supply; QL(40 ea per fill retail); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	
BRIXADI SOSY	P	SP
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	
<i>buprenorphine hcl SUBL</i>	P	
<i>buprenorphine PTWK</i>	NP	
<i>butorphanol tartrate NA 10 MG/ML</i>	NP	
BUTRANS PTWK (<i>Use buprenorphine</i>)	NP	
<i>pentazocine w/ naloxone hcl</i>	NP	
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	P	
ZUBSOLV SUBL	P	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	P	PA

Drug Name	Drug Tier	Requirements/Limits
ANDROGEL PUMP GEL TD 1.62 % (<i>Use testosterone</i>)	NF	PA
ANDROGEL GEL TD (<i>Use testosterone</i>)	NF	PA
AVEED SOLN	P	SP; MP; PA
<i>danazol CAPS</i>	P	
FORTESTA GEL TD (<i>Use testosterone</i>)	NF	PA
METHITEST TABS	P	PA
<i>methyltestosterone CAPS</i>	P	PA
TESTIM GEL TD (<i>Use testosterone</i>)	NF	PA
<i>testosterone cypionate SOLN IM</i>	P	MP
<i>testosterone enanthate SOLN IM</i>	P	
<i>testosterone GEL TD</i>	P	PA
<i>testosterone SOLN</i>	P	MP; PA
VOGELXO PUMP GEL TD (<i>Use testosterone</i>)	NF	PA
VOGELXO GEL TD (<i>Use testosterone</i>)	NF	PA
XYOSTED SOAJ	P	MP; PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	
CORTENEMA (<i>Use hydrocortisone (intrarectal)</i>)	NP	
CORTIFOAM EX 10 %	NP	
<i>hydrocortisone (intrarectal)</i>	P	
UCERIS (<i>Use budesonide (intrarectal)</i>)	NP	
Rectal Combinations		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NP		Antacids - Aluminum Salts		
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NP		ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
<i>lidocaine-hydrocortisone acetate (rectal) KIT</i>	NP		Antacids - Bicarbonate		
<i>phenylephrine in hard fat</i>	P		<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	
PROCTOFOAM HC FOAM EX	NP		Antacids - Calcium Salts		
Rectal Local Anesthetics			<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	P	
<i>dibucaine (rectal) EX</i>	P		<i>calcium carbonate (antacid) SUSP</i>	P	
NUPERCAINAL EX (Use <i>dibucaine (rectal)</i>)	NF		TUMS CHEWY BITES CHEW (Use <i>calcium carbonate (antacid)</i>)	NF	
Rectal Steroids			TUMS E-X 750 CHEW (Use <i>calcium carbonate (antacid)</i>)	NF	
ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i>)	NP		TUMS EXTRA STRENGTH 750 CHEW (Use <i>calcium carbonate (antacid)</i>)	NF	
<i>hydrocortisone (rectal) EX</i>	P		TUMS LASTING EFFECTS CHEW (Use <i>calcium carbonate (antacid)</i>)	NF	
PROCTOCORT EX (Use <i>hydrocortisone (rectal)</i>)	NF		TUMS SMOOTHIES CHEW (Use <i>calcium carbonate (antacid)</i>)	NF	
Vasodilating Agents			TUMS ULTRA 1000 CHEW (Use <i>calcium carbonate (antacid)</i>)	NF	
RECTIV	NP		TUMS CHEW (Use <i>calcium carbonate (antacid)</i>)	NF	
ANTACIDS			Antacids - Magnesium Salts		
Antacid Combinations			<i>magnesium oxide TABS 400 MG</i>	P	
<i>alum & mag hydrox-simethicone LIQD</i>	P		ANTHELMINTICS - Drugs to Treat Worm Infections		
<i>alum & mag hydrox-simethicone SUSP</i>	P				
<i>aluminum hydroxide-mag carb SUSP 358 MG/15ML-95 MG/15ML</i>	P				
GAVISCON SUSP (Use <i>aluminum hydroxide-mag carb</i>)	NF				
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use <i>alum & mag hydrox-simethicone</i>)	NF				

Drug Name	Drug Tier	Requirements/Limits
Anthelmintics		
<i>albendazole</i>	NP	
ALBENZA (<i>Use albendazole</i>)	NF	
BENZNIDAZOLE	NP	SP
BILTRICIDE (<i>Use praziquantel</i>)	NP	
EMVERM CHEW	NP	
<i>ivermectin</i>	NP	
<i>praziquantel</i>	P	
STROMEKTOL (<i>Use ivermectin</i>)	NP	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
RANEXA TB12 (<i>Use ranolazine</i>)	NP	MP
<i>ranolazine TB12</i>	NP	MP
<i>ranolazine TB12</i>	NP	MP
Nitrates		
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS (<i>Use isosorbide dinitrate</i>)	NP	MP
<i>isosorbide dinitrate TABS</i>	P	MP
<i>isosorbide mononitrate TABS</i>	P	MP
<i>isosorbide mononitrate TB24</i>	P	MP
<i>isosorbide mononitrate TB24</i>	P	MP
NITRO-BID OINT	P	
NITRO-DUR PT24	NP	
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR PT24 0.1 MG/HR (<i>Use nitroglycerin</i>)	NF	MP
<i>nitroglycerin PT24</i>	P	MP
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NP	MP
<i>nitroglycerin SUBL</i>	P	MP
NITROLINGUAL PUMPSPRAY SOLN TL (<i>Use nitroglycerin</i>)	NP	MP
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP	MP
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl</i>	P	MP
<i>bupirone hcl 7.5 MG, 30 MG</i>	P	MP
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine hcl TABS 50 MG</i>	P	ST
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	NP	
VISTARIL CAPS (<i>Use hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	P	
<i>alprazolam TABS 2 MG</i>	P	QL(3 ea daily)
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	P	
<i>alprazolam TB24</i>	NP	
<i>alprazolam TBDP</i>	NP	
ATIVAN TABS (<i>Use lorazepam</i>)	NP	
<i>chlordiazepoxide hcl CAPS</i>	P	
<i>clorazepate dipotassium TABS</i>	P	
<i>diazepam CONC</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam SOLN OR 5 MG/5ML</i>	P	
<i>diazepam TABS</i>	P	
<i>lorazepam CONC</i>	P	
<i>lorazepam TABS</i>	P	
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	P	
TRANXENE T TABS 7.5 MG (<i>Use clorazepate dipotassium</i>)	NF	
XANAX XR TB24 (<i>Use alprazolam</i>)	NP	
XANAX TABS 0.25 MG, 0.5 MG, 1 MG (<i>Use alprazolam</i>)	NP	
XANAX TABS 2 MG (<i>Use alprazolam</i>)	NP	QL(3 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	P	MP
NORPACE CR CP12	P	MP
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	NP	MP
<i>quinidine gluconate TBCR</i>	P	MP
<i>quinidine sulfate TABS</i>	P	MP
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	MP
<i>flecainide acetate</i>	P	MP
<i>propafenone hcl CP12</i>	NP	MP
<i>propafenone hcl TABS</i>	P	MP
RYTHMOL SR CP12 (<i>Use propafenone hcl</i>)	NP	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl TABS</i>	P	MP
<i>dofetilide</i>	P	MP
<i>dofetilide</i>	P	MP
MULTAQ	NP	
TIKOSYN (<i>Use dofetilide</i>)	NP	MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP; MP
FASENRA PEN SOAJ	P	SP; MP; PA
FASENRA SOSY	P	SP; MP; PA
NUCALA SOAJ	P	SP; MP; PA
NUCALA SOLR	P	SP; PA
NUCALA SOSY 100 MG/ML	P	SP; MP; PA
NUCALA SOSY 40 MG/0.4ML	P	SP; PA
TEZSPIRE SOAJ	NP	SP
TEZSPIRE SOSY	NP	SP; MP
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; MP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	P	MP
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(0.516 gm daily); MP
INCRUSE ELLIPTA	P	MP
<i>ipratropium bromide SOLN 0.02 %</i>	P	MP
SPIRIVA HANDHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	P	MP
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	P	QL(0.134 gm daily); MP
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	P	MP
<i>tiotropium bromide monohydrate CAPS</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TUDORZA PRESSAIR	NP	MP	ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	NP	MP
YUPELRI	NP	MP	ASMANEX TWISTHALER 120 METERED DOSES AEPB	P	MP
Leukotriene Modulators			ASMANEX TWISTHALER 14 METERED DOSES AEPB	P	MP
ACCOLATE (Use zafirlukast)	NP	QL(2 ea daily); MP	ASMANEX TWISTHALER 30 METERED DOSES AEPB	P	MP
montelukast sodium CHEW	P	QL(1 ea daily); MP	ASMANEX TWISTHALER 60 METERED DOSES AEPB	P	MP
montelukast sodium PACK	P	QL(1 ea daily); MP	budesonide (inhalation) SUSP	P	QL(4 ml daily); AL(Up to 7 yrs old); MP
montelukast sodium TABS	P	QL(1 ea daily); MP	FLOVENT DISKUS AEPB 50 MCG/BLIST	P	QL(2 ea daily); MP
SINGULAIR CHEW 4 MG (Use montelukast sodium)	NF	QL(1 ea daily); MP	FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	P	150 rtl MAX fill; QL(2 ea daily); MP
SINGULAIR CHEW (Use montelukast sodium)	NP	QL(1 ea daily); MP	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(0.4 gm daily); MP
SINGULAIR PACK (Use montelukast sodium)	NF	QL(1 ea daily); MP	FLOVENT HFA 44 MCG/ACT	P	QL(0.36 gm daily); MP
SINGULAIR PACK (Use montelukast sodium)	NP	QL(1 ea daily); MP	fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT	NP	150 rtl MAX fill; QL(2 ea daily); MP
SINGULAIR TABS (Use montelukast sodium)	NP	QL(1 ea daily); MP	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	NP	QL(2 ea daily); MP
SINGULAIR TABS (Use montelukast sodium)	NF	QL(1 ea daily); MP	fluticasone propionate hfa 44 MCG/ACT	NP	QL(0.36 gm daily); MP
zafirlukast	P	QL(2 ea daily); MP	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	NP	QL(0.4 gm daily); MP
zileuton TB12	NP	MP	PULMICORT FLEXHALER AEPB	NP	QL(0.034 ea daily); MP
ZYFLO TABS	NP	MP	PULMICORT SUSP (Use budesonide (inhalation))	NP	QL(4 ml daily); AL(Up to 7 yrs old); MP
Selective Phosphodiesterase 4 (PDE4) Inhibitors			QVAR REDHALER	NP	QL(0.36 gm daily); MP
DALIRESP (Use roflumilast)	NP				
roflumilast	NP				
Steroid Inhalants					
ALVESCO	NP	MP			
ARMONAIR DIGIHALER	NP	QL(0.034 ea daily); MP			
ARNUITY ELLIPTA	NP	QL(1 ea daily); MP			
ASMANEX HFA AERO 50 MCG/ACT	NP	QL(0.44 gm daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Sympathomimetics			<i>arformoterol tartrate</i>	NP	
ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i>)	P	QL(2 ea daily); MP	BEVESPI AEROSPHERE	NP	QL(0.36 gm daily); MP
ADVAIR HFA AERO	P	QL(0.4 gm daily); MP	BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH	NP	150 rtl MAX fill; QL(2 ea daily); MP
AIRDUO DIGIHALER 113/14	P	QL(0.034 ea daily); MP	BREO ELLIPTA 50 MCG/INH-25 MCG/INH	NP	
AIRDUO DIGIHALER 232/14	P	QL(0.034 ea daily); MP	BREZTRI AEROSPHERE	NP	MP
AIRDUO DIGIHALER 55/14	P	QL(0.034 ea daily); MP	BROVANA (Use <i>arformoterol tartrate</i>)	NP	
AIRDUO RESPICLICK 113/14 AEPB (Use <i>fluticasone-salmeterol</i>)	P	QL(0.034 ea daily); MP	<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(0.34 gm daily); MP
AIRDUO RESPICLICK 232/14 AEPB (Use <i>fluticasone-salmeterol</i>)	P	QL(0.034 ea daily); MP	COMBIVENT RESPIMAT AERS	NP	MP
AIRDUO RESPICLICK 55/14 AEPB (Use <i>fluticasone-salmeterol</i>)	P	QL(0.034 ea daily); MP	DUAKLIR PRESSAIR	NP	MP
AIRSUPRA	NP		DULERA	P	QL(0.44 gm daily); MP
<i>albuterol sulfate</i> AERS	P	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.57 gm daily); MP	<i>fluticasone furoate-vilanterol</i>	NP	150 rtl MAX fill; QL(2 ea daily); MP
<i>albuterol sulfate</i> AERS	P	MP	<i>fluticasone-salmeterol</i> AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP	QL(0.034 ea daily); MP
<i>albuterol sulfate</i> AERS	NP	1 rtl MAX fill; 15 rtl day(s) supply; QL(1.2 gm daily); MP	<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	QL(2 ea daily); MP
<i>albuterol sulfate</i> NEBU 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	P	MP	<i>fluticasone-salmeterol</i> AERO	NP	QL(0.4 gm daily); MP
<i>albuterol sulfate</i> NEBU 0.083 %	P	QL(13 ml daily); MP	<i>formoterol fumarate</i> NEBU	NP	
<i>albuterol sulfate</i> NEBU 0.63 MG/3ML, 1.25 MG/3ML	P	MP	<i>ipratropium-albuterol</i> SOLN	P	MP
<i>albuterol sulfate</i> SYRP	NP	MP	<i>levalbuterol hcl</i>	NP	MP
<i>albuterol sulfate</i> TABS	NP		<i>levalbuterol tartrate</i>	NP	MP
ANORO ELLIPTA	P	MP	PERFOROMIST NEBU (Use <i>formoterol fumarate</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
PROAIR DIGIHALER	NP	MP
PROAIR HFA AERS (Use albuterol sulfate)	P	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.57 gm daily); MP
PROAIR RESPICLICK AEPB	NP	MP
PROVENTIL HFA AERS (Use albuterol sulfate)	NF	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.45 gm daily); MP
PROVENTIL HFA AERS (Use albuterol sulfate)	P	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.45 gm daily); MP
SEREVENT DISKUS	P	QL(2 ea daily); MP
STIOLTO RESPIMAT	NP	MP
STRIVERDI RESPIMAT	NP	MP
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	P	QL(0.34 gm daily); MP
terbutaline sulfate TABS	P	MP
terbutaline sulfate TABS	P	MP
TRELEGY ELLIPTA	NP	150 rtl MAX fill; QL(2 ea daily); MP
VENTOLIN HFA AERS (Use albuterol sulfate)	NP	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.54 gm daily); MP
XOPENEX HFA (Use levalbuterol tartrate)	NP	MP
Xanthines		
THEO-24 CP24	P	MP
theophylline ELIX	P	
theophylline SOLN	P	MP
theophylline TB12	P	
theophylline TB24	P	MP
ANTICOAGULANTS - Blood Thinners		

Drug Name	Drug Tier	Requirements/Limits
Coumarin Anticoagulants		
warfarin sodium TABS	P	MP
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	P	PA
ELIQUIS TABS	P	PA
SAVAYSA	NP	
XARELTO STARTER PACK TBPK	P	PA
XARELTO SUSR	NP	
XARELTO TABS	P	PA
Heparins And Heparinoid-Like Agents		
ARIXTRA 7.5 MG/0.6ML (Use fondaparinux sodium)	NP	QL(25.2 ml per 365 days retail); SP
ARIXTRA 5 MG/0.4ML (Use fondaparinux sodium)	NP	QL(16.8 ml per 365 days retail); SP
ARIXTRA 2.5 MG/0.5ML (Use fondaparinux sodium)	NP	QL(21 ml per 365 days retail); SP
ARIXTRA 10 MG/0.8ML (Use fondaparinux sodium)	NP	QL(33.6 ml per 365 days retail); SP
enoxaparin sodium SOLN IJ 300 MG/3ML	P	QL(252 ml per 365 days retail); SP
enoxaparin sodium SOSY 40 MG/0.4ML	P	QL(33.6 ml per 328 days retail); SP
enoxaparin sodium SOSY 30 MG/0.3ML	P	QL(25.2 ml per 328 days retail); SP
enoxaparin sodium SOSY 120 MG/0.8ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(12 ml per fill retail; 67.2 ml per 328 days retail); SP
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	P	QL(84 ml per 365 days retail); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(84 ml per 328 days retail); SP	LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(9 ml per fill retail; 50.4 ml per 365 days retail); SP
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(9 ml per fill retail); SP	LOVENOX SOSY 80 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NP	QL(67.2 ml per 365 days retail); SP
<i>enoxaparin sodium SOSY 80 MG/0.8ML</i>	P	QL(67.2 ml per 328 days retail); SP	LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NP	QL(25.2 ml per 365 days retail); SP
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	P	QL(21 ml per 365 days retail); SP	LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NP	QL(33.6 ml per 365 days retail); SP
<i>fondaparinux sodium 10 MG/0.8ML</i>	P	QL(33.6 ml per 365 days retail); SP	LOVENOX SOSY 120 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(12 ml per fill retail; 67.2 ml per 365 days retail); SP
<i>fondaparinux sodium 5 MG/0.4ML</i>	P	QL(16.8 ml per 365 days retail); SP	Thrombin Inhibitors		
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	P	QL(25.2 ml per 365 days retail); SP	<i>dabigatran etexilate mesylate CAPS</i>	NP	
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP	<i>PRADAXA CAPS (Use dabigatran etexilate mesylate)</i>	NP	
FRAGMIN SOSY	P	SP	<i>PRADAXA CAPS</i>	NP	
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P		<i>PRADAXA PACK</i>	NP	SP
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	P		ANTICONVULSANTS - Drugs to Treat Seizures		
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P		AMPA Glutamate Receptor Antagonists		
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	QL(252 ml per 365 days retail); SP	FYCOMPA SUSP	NP	MP
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NP	QL(84 ml per 365 days retail); SP	FYCOMPA TABS	NP	
			Anticonvulsants - Benzodiazepines		
			<i>clobazam SUSP</i>	NP	QL(8 ml daily); MP
			<i>clobazam TABS</i>	NP	QL(2 ea daily)
			<i>clonazepam TABS</i>	P	
			<i>clonazepam TBDP</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	P	4 rti MAX fill; 365 rti day(s) supply; QL(0.067 ea daily)	BRIVIACT SOLN OR 10 MG/ML	NP	QL(20 ml daily); MP
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	P	4 rti MAX fill; 365 rti day(s) supply; QL(0.067 ea daily)	BRIVIACT TABS	NP	QL(2 ea daily)
diazepam (anticonvulsant) GEL	P	4 rti MAX fill; 365 rti day(s) supply; QL(0.067 ea daily)	carbamazepine CHEW	P	MP
KLONOPIN TABS (Use clonazepam)	NP		carbamazepine CP12	NP	MP
NAYZILAM	NP	4 rti MAX fill; 365 rti day(s) supply; QL(0.067 ea daily)	carbamazepine SUSP 100 MG/5ML	P	MP
ONFI SUSP (Use clobazam)	NP	QL(8 ml daily); MP	carbamazepine SUSP	P	MP
ONFI TABS (Use clobazam)	NP	QL(2 ea daily)	carbamazepine TABS	P	QL(8 ea daily); MP
SYMPAZAN FILM	NP	QL(2 ea daily)	carbamazepine TB12	P	MP
VALTOCO 10 MG DOSE LIQD	NP		CARBATROL CP12 (Use carbamazepine)	NP	MP
VALTOCO 15 MG DOSE LQPK	NP		DIACOMIT CAPS	NP	SP
VALTOCO 20 MG DOSE LQPK	NP		DIACOMIT PACK	NP	SP
VALTOCO 5 MG DOSE LIQD	NP		ELEPSIA XR TB24	NP	
Anticonvulsants - Misc.			EPIDIOLEX	NP	QL(20 ml daily); SP; MP
APTIOM	NP	QL(2 ea daily)	EPRONTIA SOLN	NP	MP
BANZEL SUSP (Use rufinamide)	NP	QL(80 ml daily); SP; MP	FINTEPLA	NP	SP; MP
BANZEL TABS 400 MG (Use rufinamide)	NP	QL(8 ea daily); SP; MP	gabapentin CAPS 300 MG	P	QL(12 ea daily); MP
BANZEL TABS 200 MG (Use rufinamide)	NP	QL(4 ea daily); SP; MP	gabapentin CAPS 100 MG, 400 MG	P	QL(9 ea daily); MP
			gabapentin SOLN	P	QL(75 ml daily); MP
			gabapentin TABS 800 MG	P	QL(4 ea daily); MP
			gabapentin TABS 600 MG	P	QL(6 ea daily); MP
			KEPPRA XR TB24 (Use levetiracetam)	NP	MP
			KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	NP	MP
			KEPPRA TABS (Use levetiracetam)	NP	MP
			lacosamide SOLN OR 10 MG/ML	NP	MP
			lacosamide TABS	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine)	NP	MP	LAMICTAL TABS (Use lamotrigine)	NP	MP
LAMICTAL ODT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.87 ea daily)	lamotrigine CHEW	P	MP
LAMICTAL ODT KIT (Use lamotrigine)	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)	lamotrigine KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.64 ea daily)
LAMICTAL ODT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.94 ea daily)	lamotrigine KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.87 ea daily)
LAMICTAL ODT TBDP (Use lamotrigine)	NP	MP	lamotrigine KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine)	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.64 ea daily)	lamotrigine KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.94 ea daily)
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine)	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(3.27 ea daily)	lamotrigine KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(3.27 ea daily)
LAMICTAL STARTER/TAKING VALPROATE KIT (Use lamotrigine)	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)	lamotrigine TABS	P	MP
LAMICTAL XR KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)	lamotrigine TABS	P	MP
LAMICTAL XR KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.94 ea daily)	lamotrigine TB24	NP	QL(2 ea daily); MP
LAMICTAL XR TB24 (Use lamotrigine)	NP	QL(2 ea daily); MP	lamotrigine TBDP	NP	MP
			levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	P	MP
			levetiracetam TABS	P	MP
			levetiracetam TABS	P	MP
			levetiracetam TB24	P	MP
			LYRICA CAPS (Use pregabalin)	NP	QL(2 ea daily); MP
			LYRICA SOLN (Use pregabalin)	NP	QL(30 ml daily); MP
			MOTPOLY XR CP24	NP	
			MYSOLINE (Use primidone)	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEURONTIN CAPS 300 MG (<i>Use gabapentin</i>)	NP	QL(12 ea daily); MP	TOPAMAX SPRINKLE CPSP (<i>Use topiramate</i>)	NP	MP
NEURONTIN CAPS 100 MG, 400 MG (<i>Use gabapentin</i>)	NP	QL(9 ea daily); MP	TOPAMAX TABS (<i>Use topiramate</i>)	NP	MP
NEURONTIN SOLN (<i>Use gabapentin</i>)	NP	QL(75 ml daily); MP	<i>topiramate CP24</i>	NP	QL(1 ea daily); MP
NEURONTIN SOLN (<i>Use gabapentin</i>)	NF	QL(75 ml daily); MP	<i>topiramate CPSP</i>	P	MP
NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NP	QL(6 ea daily); MP	<i>topiramate CS24</i>	NP	QL(1 ea daily); MP
NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NP	QL(4 ea daily); MP	<i>topiramate TABS</i>	P	MP
<i>oxcarbazepine SUSP</i>	P	QL(33.4 ml daily); MP	<i>topiramate TABS</i>	P	MP
<i>oxcarbazepine TABS 600 MG</i>	P	QL(4 ea daily); MP	TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	QL(33.4 ml daily); MP
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	P	QL(9 ea daily); MP	TRILEPTAL TABS 600 MG (<i>Use oxcarbazepine</i>)	NP	QL(4 ea daily); MP
OXTELLAR XR TB24	NP	MP	TRILEPTAL TABS 150 MG, 300 MG (<i>Use oxcarbazepine</i>)	NP	QL(9 ea daily); MP
<i>pregabalin CAPS</i>	P	QL(2 ea daily); MP	TRILEPTAL TABS 150 MG, 300 MG (<i>Use oxcarbazepine</i>)	NF	QL(9 ea daily); MP
<i>pregabalin SOLN</i>	P	QL(30 ml daily); MP	TRILEPTAL TABS 600 MG (<i>Use oxcarbazepine</i>)	NF	QL(4 ea daily); MP
<i>primidone</i>	P	MP	TROKENDI XR CP24 (<i>Use topiramate</i>)	NP	QL(1 ea daily); MP
<i>primidone 50 MG, 250 MG</i>	P	MP	VIMPAT SOLN OR 10 MG/ML (<i>Use lacosamide</i>)	NP	MP
QUDEXY XR CS24 (<i>Use topiramate</i>)	NP	QL(1 ea daily); MP	VIMPAT TABS (<i>Use lacosamide</i>)	NP	QL(2 ea daily)
<i>rufinamide SUSP</i>	NP	QL(80 ml daily); SP; MP; SL	ZONISADE SUSP	NP	
<i>rufinamide TABS 400 MG</i>	NP	QL(8 ea daily); SP; MP	<i>zonisamide CAPS</i>	P	MP
<i>rufinamide TABS 200 MG</i>	NP	QL(4 ea daily); SP; MP	ZTALMY	NP	
SPRITAM TB3D	NP	MP	Carbamates		
TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	MP	<i>felbamate SUSP</i>	NP	MP
TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	QL(8 ea daily); MP	<i>felbamate SUSP</i>	NP	MP
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	MP	<i>felbamate TABS</i>	NP	MP
			<i>felbamate TABS</i>	NP	MP
			FELBATOL SUSP (<i>Use felbamate</i>)	NP	MP
			FELBATOL TABS (<i>Use felbamate</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABS	P		ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	MP
XCOPRI TBPK	P		Valproic Acid		
GABA Modulators			DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NF	MP
GABITRIL (<i>Use tiagabine hcl</i>)	NP	QL(4 ea daily); MP	DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NP	MP
SABRIL PACK (<i>Use vigabatrin</i>)	NP	QL(6.1 ea daily); SP; MP	DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	NP	MP
SABRIL TABS (<i>Use tiagabine hcl</i>)	NP	QL(6 ea daily); SP; MP	DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	MP
<i>tiagabine hcl</i>	NP	QL(4 ea daily); MP	DEPAKOTE TBEC 125 MG (<i>Use divalproex sodium</i>)	NF	MP
<i>vigabatrin PACK</i>	NP	QL(6.1 ea daily); SP; MP	DEPAKOTE TBEC 125 MG, 500 MG (<i>Use divalproex sodium</i>)	NP	MP
<i>vigabatrin TABS</i>	NP	QL(6 ea daily); SP; MP	DEPAKOTE TBEC 250 MG, 500 MG (<i>Use divalproex sodium CSDR</i>)	P	MP
Hydantoins			<i>divalproex sodium TB24</i>	P	MP
DILANTIN	NP	MP	<i>divalproex sodium TB24</i>	P	MP
DILANTIN (<i>Use phenytoin sodium extended</i>)	NP	MP	<i>divalproex sodium TBEC</i>	P	MP
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	NP	MP	<i>valproate sodium SOLN OR 250 MG/5ML</i>	P	MP
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	NP	MP	<i>valproate sodium SOLN OR 250 MG/5ML</i>	P	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P	MP	<i>valproic acid CAPS</i>	P	MP
<i>phenytoin CHEW</i>	P	MP	ANTIDEPRESSANTS - Drugs to Treat Depression		
<i>phenytoin CHEW</i>	P	MP	Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>phenytoin SUSP</i>	P	MP	<i>mirtazapine TABS</i>	P	QL(1 ea daily); MP
Succinimides			<i>mirtazapine TBDP</i>	P	QL(1 ea daily); MP
CELONTIN (<i>Use methsuximide</i>)	NP		REMERON SOLTAB TBDP (<i>Use mirtazapine</i>)	NP	QL(1 ea daily); MP
<i>ethosuximide CAPS</i>	P	MP			
<i>ethosuximide SOLN</i>	P	MP			
<i>ethosuximide SOLN</i>	P	MP			
<i>methsuximide</i>	NP				
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TBDP 15 MG, 30 MG (Use mirtazapine)	NF	QL(1 ea daily); MP	CELEXA TABS (Use citalopram hydrobromide)	NP	MP
REMERON TABS 15 MG, 30 MG (Use mirtazapine)	NP	QL(1 ea daily); MP	CITALOPRAM HYDROBROMIDE CAPS	NP	
REMERON TABS 15 MG (Use mirtazapine)	NF	QL(1 ea daily); MP	<i>citalopram hydrobromide SOLN</i>	P	MP
Antidepressant Combinations			<i>citalopram hydrobromide SOLN</i>	P	MP
AUVELITY	NP		<i>citalopram hydrobromide TABS</i>	P	MP
Antidepressants - Misc.			<i>citalopram hydrobromide TABS</i>	P	MP
APLENZIN	NP		<i>escitalopram oxalate SOLN</i>	P	MP
<i>bupropion hcl TABS</i>	P	MP	<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 ea daily); MP
<i>bupropion hcl TABS</i>	P	MP	<i>escitalopram oxalate TABS 5 MG, 10 MG</i>	P	QL(1.5 ea daily); MP
<i>bupropion hcl TB12</i>	P	QL(2 ea daily); MP	<i>fluoxetine hcl CAPS 10 MG</i>	P	QL(1 ea daily); MP
<i>bupropion hcl TB24 150 MG, 300 MG</i>	P	QL(1 ea daily); MP	<i>fluoxetine hcl CAPS 20 MG, 40 MG</i>	P	QL(2 ea daily); MP
<i>bupropion hcl TB24 450 MG</i>	P	MP	<i>fluoxetine hcl CPDR</i>	NP	MP
FORFIVO XL TB24 (Use <i>bupropion hcl</i>)	NP	MP	<i>fluoxetine hcl SOLN</i>	P	MP
WELLBUTRIN SR TB12 (Use <i>bupropion hcl</i>)	NP	QL(2 ea daily); MP	<i>fluoxetine hcl SOLN</i>	P	MP
WELLBUTRIN XL TB24 (Use <i>bupropion hcl</i>)	NP	QL(1 ea daily); MP	<i>fluoxetine hcl TABS 60 MG</i>	P	MP
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl TABS 20 MG</i>	P	QL(2 ea daily); MP
EMSAM	NP		<i>fluoxetine hcl TABS 10 MG</i>	P	QL(1 ea daily); MP
MARPLAN	NP		FLUOXETINE HYDROCHLORIDE TABS (Use <i>fluoxetine hcl</i>)	P	MP
NARDIL (Use <i>phenelzine sulfate</i>)	NP	MP	<i>fluvoxamine maleate CP24</i>	NP	MP
<i>phenelzine sulfate</i>	P	MP	<i>fluvoxamine maleate TABS</i>	P	MP
<i>tranylcypromine sulfate</i>	P	MP	LEXAPRO TABS 5 MG, 10 MG (Use <i>escitalopram oxalate</i>)	NP	QL(1.5 ea daily); MP
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists					
SPRAVATO 56MG DOSE	NP	SP; MP			
SPRAVATO 84MG DOSE	NP	SP; MP			
Selective Serotonin Reuptake Inhibitors (SSRIs)					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEXAPRO TABS 20 MG (Use escitalopram oxalate)	NP	QL(1 ea daily); MP	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>paroxetine hcl SUSP</i>	P	MP	CYMBALTA CPEP (Use <i>duloxetine hcl</i>)	NP	QL(2 ea daily); MP
<i>paroxetine hcl TABS</i>	P	MP	DESVENLAFAXINE ER	NP	MP
<i>paroxetine hcl TABS</i>	P	MP	<i>desvenlafaxine succinate</i>	NP	MP
<i>paroxetine hcl TB24</i>	NP	MP	<i>desvenlafaxine succinate</i>	NP	MP
<i>paroxetine hcl TB24</i>	NP	MP	DRIZALMA SPRINKLE CSDR	NP	MP
PAXIL CR TB24 (Use <i>paroxetine hcl</i>)	NP	MP	<i>duloxetine hcl CPEP</i>	P	QL(2 ea daily); MP
PAXIL SUSP (Use <i>paroxetine hcl</i>)	NP	MP	EFFEXOR XR CP24 (Use <i>venlafaxine hcl</i>)	NP	MP
PAXIL TABS (Use <i>paroxetine hcl</i>)	NP	MP	FETZIMA TITRATION PACK C4PK	NP	
PEXEVA	NP		FETZIMA CP24	NP	
PROZAC CAPS 10 MG (Use <i>fluoxetine hcl</i>)	NP	QL(1 ea daily); MP	PRISTIQ 50 MG (Use <i>desvenlafaxine succinate</i>)	NF	MP
PROZAC CAPS 20 MG, 40 MG (Use <i>fluoxetine hcl</i>)	NP	QL(2 ea daily); MP	PRISTIQ (Use <i>desvenlafaxine succinate</i>)	NP	MP
<i>sertraline hcl CONC</i>	P	MP	VENLAFAXINE BESYLATE ER	P	
<i>sertraline hcl TABS</i>	P	MP	<i>venlafaxine hcl CP24</i>	P	MP
<i>sertraline hcl TABS</i>	P	MP	<i>venlafaxine hcl CP24</i>	P	MP
SERTRALINE HYDROCHLORIDE CAPS	NP	MP	<i>venlafaxine hcl TABS</i>	P	QL(3 ea daily); MP
ZOLOFT CONC (Use <i>sertraline hcl</i>)	NP	MP	<i>venlafaxine hcl TB24</i>	NP	QL(1 ea daily); MP
ZOLOFT TABS (Use <i>sertraline hcl</i>)	NP	MP	Tricyclic Agents		
Serotonin Modulators			<i>amitriptyline hcl TABS</i>	P	MP
<i>nefazodone hcl</i>	NP	MP	<i>amoxapine</i>	NP	MP
<i>trazodone hcl TABS 150 MG</i>	P	MP	<i>amoxapine</i>	NP	MP
<i>trazodone hcl TABS</i>	P	MP	ANAFRANIL (Use <i>clomipramine hcl</i>)	NP	MP
TRINTELLIX	NP		<i>clomipramine hcl</i>	P	MP
VIIBRYD STARTER PACK KIT	NP		<i>desipramine hcl TABS</i>	P	MP
VIIBRYD TABS (Use <i>vilazodone hcl</i>)	NP		<i>desipramine hcl TABS</i>	P	MP
<i>vilazodone hcl TABS</i>	NP		<i>doxepin hcl CAPS</i>	P	MP
			<i>doxepin hcl CAPS</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl CONC</i>	P	MP	<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 ea daily); MP
<i>imipramine hcl TABS</i>	P	MP	DUETACT (<i>Use pioglitazone hcl-glimepiride</i>)	NP	MP
<i>imipramine hcl TABS</i>	P	MP	<i>glipizide-metformin hcl</i>	P	MP
<i>imipramine pamoate</i>	NP	MP	<i>glipizide-metformin hcl</i>	P	MP
NORPRAMIN TABS 10 MG, 25 MG (<i>Use desipramine hcl</i>)	NP	MP	<i>glyburide-metformin</i>	P	MP
<i>nortriptyline hcl CAPS</i>	P	MP	GLYXAMBI	NP	
<i>nortriptyline hcl SOLN</i>	P	MP	INVOKAMET XR TB24	NP	
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NP	MP	INVOKAMET TABS	NP	
<i>protriptyline hcl</i>	P	MP	JANUMET XR TB24	NP	QL(2 ea daily)
<i>trimipramine maleate CAPS</i>	NP	MP	JANUMET TABS	NP	QL(2 ea daily)
<i>trimipramine maleate CAPS</i>	NP	MP	JENTADUETO XR TB24	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar			JENTADUETO TABS	NP	
Alpha-Glucosidase Inhibitors			KAZANO (<i>Use alogliptin-metformin hcl</i>)	NP	QL(2 ea daily); MP
<i>acarbose</i>	P	QL(3 ea daily); MP	KOMBIGLYZE XR (<i>Use saxagliptin-metformin hcl</i>)	NP	
<i>miglitol</i>	P	MP	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>Use alogliptin-pioglitazone</i>)	NP	QL(1 ea daily); MP
PRECOSE (<i>Use acarbose</i>)	NF	QL(3 ea daily); MP	OSENI 15 MG-12.5 MG, 45 MG-12.5 MG (<i>Use alogliptin-pioglitazone</i>)	NF	QL(1 ea daily); MP
Antidiabetic - Amylin Analogs			<i>pioglitazone hcl-glimepiride</i>	NP	MP
SYMLINPEN 120 SOPN	NP	MP	<i>pioglitazone hcl-metformin hcl TABS</i>	NP	MP
SYMLINPEN 60 SOPN	NP	MP	QTERN	NP	
Antidiabetic Combinations			<i>saxagliptin-metformin hcl</i>	NP	
ACTOPLUS MET TABS 500 MG-15 MG (<i>Use pioglitazone hcl-metformin hcl</i>)	NF	MP	SEGLUROMET	NP	QL(2 ea daily)
ACTOPLUS MET TABS 850 MG-15 MG (<i>Use pioglitazone hcl-metformin hcl</i>)	NP	MP	SOLQUA 100/33	NP	MP
<i>alogliptin-metformin hcl</i>	NP	QL(2 ea daily); MP	STEGLUJAN	NP	
			SYNJARDY XR TB24	NP	
			SYNJARDY TABS	NP	
			TRIJARDY XR	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR	NP		<i>diazoxide</i>	P	MP
XULTOPHY 100/3.6	NP	MP	GLUCAGEN HYPOKIT	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)
Biguanides			<i>glucagon (rdna)</i>	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)
GLUMETZA TB24 (<i>Use metformin hcl</i>)	NP	MP	GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)
<i>metformin hcl SOLN</i>	NP	QL(3 ml daily); MP	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	P	MP	GLUCO TO GO CHEW	P	
<i>metformin hcl TABS 625 MG</i>	NP		GLUCOSE INSTANT ENERGY	P	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	P	MP	GLUCOSE CHEW	P	
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	MP	GNP GLUCOSE CHEW	P	
<i>metformin hcl TB24 500 MG, 750 MG</i>	P	MP	GNP QUICK DISSOLVE GLUCOSE CHEW	P	
<i>metformin hcl TB24 500 MG, 750 MG</i>	P	MP	GOODSENSE GLUCOSE	P	
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	MP	GVOKE HYPOPEN 1-PACK SOAJ	P	QL(3 ml daily)
RIOMET SOLN (<i>Use metformin hcl</i>)	NP	QL(3 ml daily); MP	GVOKE HYPOPEN 2-PACK SOAJ	P	QL(3 ml daily)
Diabetic Other			GVOKE KIT SOLN	P	
BAQSIMI ONE PACK POWD	P		GVOKE PFS SOSY 1 MG/0.2ML	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.2 ml per fill retail)
BAQSIMI TWO PACK POWD	P		GVOKE PFS SOSY 0.5 MG/0.1ML	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.1 ml per fill retail)
CVS GLUCOSE CHEW	P		HY-VEE GLUCOSE	P	
CVS SOFT GLUCOSE CHEW	P		KORLYM	NP	SP
DEX4	P		KROGER GLUCOSE	P	
DEX4 FAST ACTING GLUCOSE	P				
DEX4 NATURALS	P				
DEX4 POUCH PACK	P				
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P				
<i>dextrose (diabetic use) GEL</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEADER GLUCOSE 6 MG-4 GM	P		ONGLYZA (Use saxagliptin hcl)	NP	
LEADER QUICK DISSOLVE GLUCOSE CHEW	P		saxagliptin hcl	NP	
LONGS GLUCOSE	P		TRADJENTA	P	MP
MEIJER GLUCOSE	P		Dopamine Receptor Agonists - Antidiabetic		
PREFERRED PLUS GLUCOSE	P		CYCLOSET	NP	MP
PROGLYCEM (Use diazoxide)	P	MP	Incretin Mimetic Agents		
PX GLUCOSE	P		BYDUREON BCISE AUIJ	NP	MP
RA GLUCOSE	P		BYETTA SOPN	NP	MP
RELION GLUCOSE	P		MOUNJARO	NP	
SM GLUCOSE	P		OZEMPIC SOPN	NP	
SMART SENSE GLUCOSE	P		OZEMPIC SOPN	NP	MP
SMART SENSE GLUCOSE TABLETS	P		RYBELSUS TABS	P	PA
TGT GLUCOSE	P		TRULICITY	P	QL(0.072 ml daily); MP
TRUEPLUS GLUCOSE ON THE GO CHEW	P		VICTOZA	P	QL(0.3 ml daily); MP
TRUEPLUS GLUCOSE CHEW	P		Insulin		
UP & UP GLUCOSE	P		ADMELOG SOLOSTAR SOPN	NP	QL(2 ml daily); MP
VALUE PLUS GLUCOSE	P		ADMELOG SOLN IJ	NP	QL(2 ml daily); MP
WALGREENS GLUCOSE	P		AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	MP
ZEGALOGUE SOAJ	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.6 ml per fill retail)	APIDRA SOLOSTAR SOPN	NP	MP
ZEGALOGUE SOSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.6 ml per fill retail)	APIDRA SOLN	NP	MP
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			BASAGLAR KWIKPEN SOPN	NP	QL(2 ml daily); MP
<i>alogliptin benzoate</i>	NP	QL(1 ea daily); MP	BASAGLAR TEMPO PEN SOPN	NP	
JANUVIA	P	QL(1 ea daily); MP	FIASP FLEXTOUCH SOPN	NP	MP
NESINA (Use alogliptin benzoate)	NP	QL(1 ea daily); MP	FIASP PENFILL SOCT	NP	MP
			FIASP PUMPCART SOCT	NP	MP
			FIASP SOLN	NP	MP
			HUMALOG JUNIOR KWIKPEN SOPN	P	MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	MP	INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(2 ml daily); MP	INSULIN DEGLUDEC SOLN	NP	MP
HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP	INSULIN GLARGINE SOLOSTAR SOPN	NP	QL(2 ml daily); MP
HUMALOG MIX 50/50 SUSP	P	QL(1 ml daily); MP	INSULIN GLARGINE SOLN	NP	MP
HUMALOG MIX 75/25 KWIKPEN SUPN	P	MP	INSULIN GLARGINE-YFGN SOLN	NP	MP
HUMALOG MIX 75/25 SUSP	P	QL(1 ml daily); MP	INSULIN GLARGINE-YFGN SOPN	NP	MP
HUMALOG TEMPO PEN SOPN	NP		INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP
HUMALOG SOCT	P	MP	INSULIN LISPRO KWIKPEN SOPN	P	QL(2 ml daily); MP
HUMALOG SOLN IJ	P	QL(2 ml daily); MP	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	MP
HUMULIN 70/30 KWIKPEN SUPN	P	MP	INSULIN LISPRO SOLN IJ	P	QL(2 ml daily); MP
HUMULIN 70/30 SUSP	P	QL(1 ml daily); MP	LANTUS SOLOSTAR SOPN	P	QL(2 ml daily); MP
HUMULIN N KWIKPEN SUPN	P	MP	LANTUS SOLN	P	MP
HUMULIN N SUSP	P	QL(1 ml daily); MP	LEVEMIR FLEXPEN SOPN	P	MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	MP	LEVEMIR FLEXTOUCH SOPN	P	MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	MP	LEVEMIR SOLN	P	MP
HUMULIN R SOLN IJ	P	QL(1 ml daily); MP	LYUMJEV KWIKPEN SOPN	NP	MP
INSULIN ASPART FLEXPEN SOPN	NP	MP	LYUMJEV TEMPO PEN SOPN	NP	
INSULIN ASPART PENFILL SOCT	NP	MP	LYUMJEV SOLN	NP	MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	NP	MP	NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	MP
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	NP	MP	NOVOLIN 70/30 FLEXPEN SUPN	NP	MP
INSULIN ASPART SOLN IJ	NP	MP	NOVOLIN 70/30 RELION SUSP	NP	QL(1 ml daily); MP
			NOVOLIN 70/30 SUSP	NP	QL(1 ml daily); MP

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN RELION SUPN	NP	MP
NOVOLIN N FLEXPEN SUPN	NP	MP
NOVOLIN N RELION SUSP	NP	QL(1 ml daily); MP
NOVOLIN N SUSP	NP	QL(1 ml daily); MP
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	MP
NOVOLIN R FLEXPEN SOPN IJ	NP	MP
NOVOLIN R RELION SOLN IJ	NP	QL(1 ml daily); MP
NOVOLIN R SOLN IJ	NP	QL(1 ml daily); MP
NOVOLOG FLEXPEN RELION SOPN	NP	MP
NOVOLOG FLEXPEN SOPN	NP	MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	MP
NOVOLOG MIX 70/30 RELION SUSP	NP	MP
NOVOLOG MIX 70/30 SUSP	NP	MP
NOVOLOG PENFILL SOCT	NP	MP
NOVOLOG RELION SOLN IJ	NP	MP
NOVOLOG SOLN IJ	NP	MP
REZVOGLAR KWIKPEN	NP	MP
SEMGLEE SOLN	NP	MP
SEMGLEE SOPN	NP	MP
TOUJEO MAX SOLOSTAR SOPN	NP	MP
TOUJEO SOLOSTAR SOPN	NP	MP

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SOPN	NP	MP
TRESIBA SOLN	NP	MP
Insulin Sensitizing Agents		
ACTOS (Use pioglitazone hcl)	NP	QL(1 ea daily); MP
pioglitazone hcl	P	QL(1 ea daily); MP
Meglitinide Analogues		
nateglinide	P	MP
nateglinide	P	MP
repaglinide	NP	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	P	
INVOKANA	P	MP
JARDIANCE	P	MP
STEGLATRO	NP	QL(1 ea daily)
Sulfonylureas		
AMARYL (Use glimepiride)	NF	MP
glimepiride	P	MP
glimepiride	P	MP
glipizide TABS	P	MP
glipizide TABS 5 MG, 10 MG	P	MP
glipizide TB24	P	MP
glipizide TB24	P	MP
GLUCOTROL XL TB24 (Use glipizide)	NP	MP
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	MP
glyburide TABS	P	MP
glyburide TABS	P	MP
GLYNASE (Use glyburide micronized)	NP	MP
GLYNASE 3 MG (Use glyburide micronized)	NF	MP

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	P	
<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 1050 MG/30ML</i>	P	
<i>bismuth subsalicylate TABS</i>	P	
PEPTO BISMOL TABS (Use <i>bismuth subsalicylate</i>)	NF	
PEPTO-BISMOL MAX STRENGTH SUSP (Use <i>bismuth subsalicylate</i>)	NF	
PEPTO-BISMOL TO-GO CHEW (Use <i>bismuth subsalicylate</i>)	NF	
PEPTO-BISMOL CHEW (Use <i>bismuth subsalicylate</i>)	NF	
PEPTO-BISMOL SUSP (Use <i>bismuth subsalicylate</i>)	NF	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	P	QL(3.94 ml daily)
<i>diphenoxylate w/ atropine TABS</i>	P	
IMODIUM A-D CAPS (Use <i>loperamide hcl</i>)	NF	RX/OTC
IMODIUM A-D TABS (Use <i>loperamide hcl</i>)	NF	
LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i>)	NF	
<i>loperamide hcl CAPS</i>	P	RX/OTC
<i>loperamide hcl TABS</i>	P	
ANTIDOTES AND SPECIFIC ANTAGONISTS		

Drug Name	Drug Tier	Requirements/Limits
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox PACK</i>	NP	SP
<i>deferasirox TABS</i>	NP	SP
<i>deferasirox TBSO</i>	NP	SP
<i>deferiprone TABS</i>	NP	SP
EXJADE TBSO (Use <i>deferasirox</i>)	NP	SP
FERRIPROX TWICE-A-DAY TABS	NP	SP
FERRIPROX SOLN	NP	SP
FERRIPROX TABS (Use <i>deferiprone</i>)	NP	SP
JADENU SPRINKLE PACK (Use <i>deferasirox</i>)	NP	SP
JADENU TABS (Use <i>deferasirox</i>)	NP	SP
Opioid Antagonists		
KLOXXADO LIQD	P	
LIFEMS NALOXONE PSKT	P	
NALMEFENE HYDROCHLORIDE IJ	P	
<i>naloxone hcl LIQD</i>	P	RX/OTC
<i>naloxone hcl SOCT</i>	P	
<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>)	P	RX/OTC
OPVEE NA	P	
VIVITROL	P	SP
ZIMHI SOSY	P	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl TABS</i>	NP	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	P	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(1 ea daily)
<i>ondansetron TBDP</i>	P	QL(1 ea daily)
SANCUSO PTCH	NP	
Antiemetics - Anticholinergic		
<i>ANTIVERT CHEW (Use meclizine hcl)</i>	NP	RX/OTC
<i>ANTIVERT TABS 50 MG (Use meclizine hcl)</i>	NP	
<i>dimenhydrinate TABS</i>	P	
<i>DRAMAMINE TABS (Use dimenhydrinate)</i>	NF	
<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	P	RX/OTC
<i>scopolamine</i>	P	
<i>TRANSDERM-SCOP (Use scopolamine)</i>	P	
<i>trimethobenzamide hcl CAPS</i>	NP	QL(4 ea daily)
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	NP	
<i>DICLEGIS TBEC (Use doxylamine-pyridoxine)</i>	NP	
<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>dronabinol CAPS</i>	NP	
<i>EMETROL SOLN (Use fructose-dextrose-phosphoric acid)</i>	NF	
<i>fructose-dextrose-phosphoric acid SOLN</i>	P	
<i>MARINOL CAPS 2.5 MG (Use dronabinol)</i>	NP	
<i>MARINOL CAPS 5 MG, 10 MG (Use dronabinol)</i>	NF	
Substance P/Neurokinin 1 (NK1) Receptor		

Drug Name	Drug Tier	Requirements/Limits
Antagonists		
<i>aprepitant CAPS</i>	P	
<i>aprepitant MISC</i>	P	
EMEND TRIPACK CAPS (Use <i>aprepitant</i>)	NP	
EMEND CAPS 80 MG (Use <i>aprepitant</i>)	NP	
EMEND SUSR	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
Antifungals		
<i>ANCOBON (Use flucytosine)</i>	NP	
<i>flucytosine</i>	NP	
<i>griseofulvin microsize SUSP</i>	P	
<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		
CRESEMBA CAPS	NP	
DIFLUCAN SUSR (Use <i>fluconazole</i>)	NP	
DIFLUCAN TABS 100 MG, 200 MG (Use <i>fluconazole</i>)	NP	QL(1 ea daily)
DIFLUCAN TABS 50 MG, 150 MG (Use <i>fluconazole</i>)	NF	QL(1 ea daily)
<i>fluconazole SUSR</i>	P	
<i>fluconazole TABS</i>	P	QL(1 ea daily)
<i>itraconazole CAPS</i>	P	
<i>itraconazole SOLN</i>	NP	
<i>ketoconazole</i>	P	
NOXAFIL PACK	NP	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOXAFIL SUSP (Use posaconazole)	NP		diphenhydramine hcl ELIX 12.5 MG/5ML	P	
NOXAFIL TBEC (Use posaconazole)	NP		diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	P	
posaconazole SUSP	NP		diphenhydramine hcl SOLN 50 MG/ML	P	
posaconazole TBEC	NP		diphenhydramine hcl TABS 25 MG	P	AL(Up to 65 yrs old)
SPORANOX PULSEPAK CAPS (Use itraconazole)	NF		Antihistamines - Non-Sedating		
SPORANOX CAPS (Use itraconazole)	NP		ALLEGRA ALLERGY TABS 60 MG (Use fexofenadine hcl)	NF	QL(2 ea daily)
SPORANOX SOLN (Use itraconazole)	NP		ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)	NF	QL(1 ea daily)
TOLSURA CAPS	NP		cetirizine hcl CHEW 5 MG	P	
VFEND SUSR (Use voriconazole)	NP		cetirizine hcl SOLN OR	P	RX/OTC
VFEND TABS (Use voriconazole)	NP		cetirizine hcl SYRP OR	P	RX/OTC
VIVJOA	NP		cetirizine hcl TABS	P	
voriconazole SUSR	NP		CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	NF	
voriconazole TABS	NP		CLARITIN CHILDRENS CHEW (Use loratadine)	NF	
ANTIHISTAMINES - Drugs to Treat Allergies			CLARITIN REDITABS JUNIORS TBDP (Use loratadine)	NF	
Antihistamines - Alkylamines			CLARITIN REDITABS TBDP (Use loratadine)	NF	
chlorpheniramine maleate TABS	P		CLARITIN CHEW (Use loratadine)	NF	
Antihistamines - Ethanolamines			CLARITIN SOLN (Use loratadine)	NF	
BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl)	NF		CLARITIN TABS (Use loratadine)	NF	
BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl)	NF	AL(Up to 65 yrs old)	fexofenadine hcl TABS 180 MG	P	QL(1 ea daily)
BENADRYL ALLERGY CAPS (Use diphenhydramine hcl)	NF	AL(Up to 65 yrs old)	fexofenadine hcl TABS 60 MG	P	QL(2 ea daily)
BENADRYL ALLERGY TABS (Use diphenhydramine hcl)	NF	AL(Up to 65 yrs old)	loratadine CHEW	P	
clemastine fumarate TABS 1.34 MG, 2.68 MG	P		loratadine SOLN	P	
diphenhydramine hcl CAPS	P	AL(Up to 65 yrs old)			

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<i>loratadine TABS</i>	P		Bile Acid Sequestrants		
<i>loratadine TBDP 10 MG</i>	P		<i>cholestyramine light PACK</i>	P	MP
ZYRTEC ALLERGY TABS (Use <i>cetirizine hcl</i>)	NF		<i>cholestyramine light PACK</i>	P	MP
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use <i>cetirizine hcl</i>)	NF	RX/OTC	<i>cholestyramine light POWD</i>	P	MP
Antihistamines - Phenothiazines			<i>cholestyramine light POWD</i>	P	MP
<i>promethazine hcl SOLN 6.25 MG/5ML</i>	P		<i>cholestyramine PACK</i>	P	MP
<i>promethazine hcl SYRP</i>	P		<i>cholestyramine POWD</i>	P	MP
<i>promethazine hcl TABS</i>	P		<i>cholestyramine POWD</i>	P	MP
Antihistamines - Piperidines			<i>colesevelam hcl PACK</i>	NP	MP
<i>cyproheptadine hcl SYRP</i>	P		<i>colesevelam hcl TABS</i>	NP	MP
<i>cyproheptadine hcl TABS</i>	P		COLESTID FLAVORED GRAN (Use <i>colestipol hcl</i>)	NP	MP
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			COLESTID FLAVORED PACK (Use <i>colestipol hcl</i>)	NP	MP
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors			COLESTID GRAN (Use <i>colestipol hcl</i>)	NP	MP
NEXLETOL	NP	QL(3 ea daily)	COLESTID PACK (Use <i>colestipol hcl</i>)	NP	MP
Antihyperlipidemics - Combinations			COLESTID TABS (Use <i>colestipol hcl</i>)	NP	MP
<i>ezetimibe-simvastatin</i>	NP	MP	<i>colestipol hcl GRAN</i>	NP	MP
NEXLIZET	NP		<i>colestipol hcl PACK</i>	NP	MP
VYTORIN (Use <i>ezetimibe-simvastatin</i>)	NF	MP	<i>colestipol hcl TABS</i>	NP	MP
VYTORIN (Use <i>ezetimibe-simvastatin</i>)	NP	MP	QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i>)	NP	MP
Antihyperlipidemics - Misc.			QUESTRAN PACK (Use <i>cholestyramine</i>)	NP	MP
<i>icosapent ethyl</i>	NP		QUESTRAN POWD (Use <i>cholestyramine</i>)	NP	MP
LOVAZA (Use <i>omega-3-acid ethyl esters</i>)	NP	MP	WELCHOL PACK (Use <i>colesevelam hcl</i>)	NP	MP
<i>omega-3-acid ethyl esters</i>	NP	MP	WELCHOL TABS (Use <i>colesevelam hcl</i>)	NP	MP
<i>omega-3-acid ethyl esters</i>	NP	MP	Fibric Acid Derivatives		
VASCEPA 0.5 GM (Use <i>icosapent ethyl</i>)	NP		ANTARA 30 MG	NP	MP
VASCEPA 1 GM (Use <i>icosapent ethyl</i>)	NP	MP			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANTARA 90 MG (Use fenofibrate micronized)	NF	MP	LIPITOR TABS 10 MG, 40 MG, 80 MG (Use atorvastatin calcium)	NF	QL(1 ea daily); MP
choline fenofibrate	P	MP	LIPITOR TABS (Use atorvastatin calcium)	NP	QL(1 ea daily); MP
fenofibrate micronized	P	MP	LIVALO (Use pitavastatin calcium)	NP	
fenofibrate CAPS	P	MP	lovastatin TABS	P	QL(1 ea daily); MP
fenofibrate TABS	P	MP	pitavastatin calcium	NP	
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	P	MP	pravastatin sodium	P	QL(1 ea daily); MP
fenofibric acid	NP	MP	rosuvastatin calcium TABS	P	QL(1 ea daily); MP
FENOGLIDE TABS (Use fenofibrate)	NP	MP	simvastatin TABS	P	QL(1 ea daily); MP
gemfibrozil TABS	P	MP	ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (Use simvastatin)	NF	QL(1 ea daily); MP
LIPOFEN CAPS (Use fenofibrate)	NP	MP	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	NP	QL(1 ea daily); MP
LIPOFEN CAPS (Use fenofibrate)	NF	MP	ZYPITAMAG 2 MG, 4 MG	NP	
LOPID TABS (Use gemfibrozil)	NP	MP	Intestinal Cholesterol Absorption Inhibitors		
TRICOR TABS (Use fenofibrate)	NP	MP	ezetimibe	P	MP
TRILIPIX (Use choline fenofibrate)	NP	MP	ZETIA (Use ezetimibe)	NF	MP
HMG CoA Reductase Inhibitors			ZETIA (Use ezetimibe)	NP	MP
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP		Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
ATORVALIQ SUSP	NP		JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	NP	SP
atorvastatin calcium TABS	P	QL(1 ea daily); MP	Nicotinic Acid Derivatives		
CRESTOR TABS 5 MG, 10 MG, 40 MG (Use rosuvastatin calcium)	NF	QL(1 ea daily); MP	niacin (antihyperlipidemic) TBCR 500 MG, 1000 MG	NP	MP
CRESTOR TABS 5 MG, 10 MG, 20 MG (Use rosuvastatin calcium)	NP	QL(1 ea daily); MP	niacin (antihyperlipidemic) TBCR	NP	MP
EZALLOR SPRINKLE CPSP	NP		NIASPAN TBCR (Use niacin (antihyperlipidemic))	NF	MP
fluvastatin sodium CAPS	NP	MP	Proprotein Convertase Subtilisin/Kexin Type 9		
fluvastatin sodium TB24	NP	MP			
fluvastatin sodium TB24	NP	MP			
LESCOL XL TB24 (Use fluvastatin sodium)	NP	MP			

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Drug Name	Drug Tier	Requirements/Limits
Inhibitors		
LEQVIO	NP	SP; MP
PRALUENT SOAJ	NP	SP; MP
REPATHA PUSHTRONEX SYSTEM SOCT	NP	SP; MP
REPATHA SURECLICK SOAJ	NP	SP; MP
REPATHA SOSY	NP	SP; MP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (Use quinapril hcl)	NP	MP
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	NP	MP
benazepril hcl	P	MP
benazepril hcl	P	MP
captopril	P	MP
enalapril maleate SOLN	NP	MP
enalapril maleate TABS	P	MP
enalapril maleate TABS	P	MP
EPANED SOLN (Use enalapril maleate)	NP	MP
fosinopril sodium	P	MP
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	MP
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	MP
LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl)	NP	MP
moexipril hcl	P	MP
perindopril erbumine	NP	MP
QBRELIS SOLN	NP	QL(5 ml daily); MP
quinapril hcl	P	MP

Drug Name	Drug Tier	Requirements/Limits
quinapril hcl	P	MP
ramipril CAPS 2.5 MG, 5 MG, 10 MG	P	MP
ramipril CAPS	P	MP
trandolapril	P	MP
VASOTEC TABS (Use enalapril maleate)	NP	MP
ZESTRIL TABS (Use lisinopril)	NP	MP
Agents for Pheochromocytoma		
DEMSEER (Use metyrosine)	P	SP
metyrosine	P	SP
phenoxybenzamine hcl	NP	
Angiotensin II Receptor Antagonists		
ATACAND (Use candesartan cilexetil)	NP	MP
AVAPRO (Use irbesartan)	NP	MP
BENICAR (Use olmesartan medoxomil)	NP	MP
candesartan cilexetil	NP	MP
COZAAR (Use losartan potassium)	NP	MP
COZAAR (Use losartan potassium)	NF	MP
DIOVAN TABS (Use valsartan)	NP	MP
EDARBI	NP	MP
irbesartan	P	MP
losartan potassium	P	MP
losartan potassium	P	MP
MICARDIS (Use telmisartan)	NP	MP
olmesartan medoxomil	NP	MP
olmesartan medoxomil	NP	MP
telmisartan	NP	MP
telmisartan	NP	MP
VALSARTAN SOLN	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>valsartan TABS</i>	P	MP	<i>amlodipine besylate-valsartan</i>	NP	MP
<i>valsartan TABS</i>	P	MP	<i>amlodipine-valsartan-hydrochlorothiazide</i>	NP	MP
Antiadrenergic Antihypertensives			<i>ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)</i>	NP	MP
<i>CARDURA (Use doxazosin mesylate)</i>	NF	MP	<i>atenolol & chlorthalidone</i>	P	MP
<i>CARDURA 8 MG (Use doxazosin mesylate)</i>	NP	MP	<i>AVALIDE (Use irbesartan-hydrochlorothiazide)</i>	NP	MP
<i>CARDURA 1 MG, 2 MG, 4 MG (Use doxazosin mesylate)</i>	NP	MP	<i>AZOR (Use amlodipine besylate-olmesartan medoxomil)</i>	NP	MP
<i>CATAPRES-TTS-1 (Use clonidine)</i>	NP	MP	<i>AZOR 5 MG-40 MG (Use amlodipine besylate-olmesartan medoxomil)</i>	NF	MP
<i>CATAPRES-TTS-2 (Use clonidine)</i>	NP	MP	<i>benazepril & hydrochlorothiazide</i>	P	MP
<i>CATAPRES-TTS-3 (Use clonidine)</i>	NP	MP	<i>BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)</i>	NP	MP
<i>clonidine</i>	P	MP	<i>bisoprolol & hydrochlorothiazide</i>	P	MP
<i>clonidine</i>	P	MP	<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	MP
<i>clonidine hcl TABS</i>	P	MP	<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	MP
<i>clonidine hcl TABS</i>	P	MP	<i>captopril & hydrochlorothiazide</i>	P	
<i>clonidine hcl TB24</i>	NP		<i>DIOVAN HCT (Use valsartan-hydrochlorothiazide)</i>	NP	QL(1 ea daily); MP
<i>doxazosin mesylate</i>	P	MP	<i>EDARBYCLOR</i>	NP	
<i>doxazosin mesylate 4 MG</i>	P	MP	<i>enalapril maleate & hydrochlorothiazide</i>	P	MP
<i>guanfacine hcl</i>	P	MP	<i>EXFORGE (Use amlodipine besylate-valsartan)</i>	NP	MP
<i>methyldopa TABS</i>	P	MP	<i>EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)</i>	NP	MP
<i>MINIPRESS CAPS (Use prazosin hcl)</i>	NP	MP			
<i>prazosin hcl CAPS</i>	P	MP			
<i>prazosin hcl CAPS</i>	P	MP			
<i>terazosin hcl</i>	P	MP			
<i>terazosin hcl</i>	P	MP			
Antihypertensive Combinations					
<i>ACCURETIC (Use quinapril-hydrochlorothiazide)</i>	NP	MP			
<i>amlodipine besylate-benazepril hcl</i>	P	MP			
<i>amlodipine besylate-olmesartan medoxomil</i>	NP	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide</i>	P	MP	<i>trandolapril-verapamil hcl</i>	P	MP
<i>HYZAAR (Use losartan potassium & hydrochlorothiazide)</i>	NP	MP	<i>TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)</i>	NP	MP
<i>HYZAAR (Use losartan potassium & hydrochlorothiazide)</i>	NF	MP	<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily); MP
<i>irbesartan-hydrochlorothiazide</i>	P	MP	<i>VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)</i>	NP	MP
<i>lisinopril & hydrochlorothiazide</i>	P	MP	<i>ZESTORETIC (Use lisinopril & hydrochlorothiazide)</i>	NP	MP
<i>losartan potassium & hydrochlorothiazide</i>	P	MP	<i>ZIAC (Use bisoprolol & hydrochlorothiazide)</i>	NP	MP
<i>LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)</i>	NP	MP	Direct Renin Inhibitors		
<i>LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)</i>	NP	MP	<i>aliskiren fumarate</i>	NP	MP
<i>metoprolol & hydrochlorothiazide TABS</i>	P	MP	<i>TEKTURNA (Use aliskiren fumarate)</i>	NP	MP
<i>MICARDIS HCT (Use telmisartan-hydrochlorothiazide)</i>	NP	MP	Selective Aldosterone Receptor Antagonists (SARAs)		
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	MP	<i>eplerenone</i>	NP	MP
<i>olmesartan medoxomil-hydrochlorothiazide</i>	NP	MP	<i>eplerenone</i>	NP	MP
<i>quinapril-hydrochlorothiazide</i>	P	MP	<i>INSPIRA (Use eplerenone)</i>	NF	MP
<i>TEKTURNA HCT</i>	NP		<i>INSPIRA (Use eplerenone)</i>	NP	MP
<i>telmisartan-amlodipine</i>	NP	MP	Vasodilators		
<i>telmisartan-hydrochlorothiazide</i>	NP	MP	<i>hydralazine hcl TABS</i>	P	MP
<i>TENORETIC 100 (Use atenolol & chlorthalidone)</i>	NP	MP	<i>hydralazine hcl TABS</i>	P	MP
<i>TENORETIC 50 (Use atenolol & chlorthalidone)</i>	NP	MP	<i>minoxidil 2.5 MG, 10 MG</i>	P	MP
			ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
			Anti-infective Agents - Misc.		
			<i>AEMCOLO</i>	NP	
			<i>FLAGYL CAPS (Use metronidazole)</i>	NP	
			<i>metronidazole CAPS</i>	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole TABS</i>	P	
NEBUPENT IN (<i>Use pentamidine isethionate</i>)	P	
<i>pentamidine isethionate IN</i>	P	
<i>tinidazole</i>	NP	
<i>trimethoprim TABS</i>	P	
XIFAXAN	NP	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NP	
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i>	NP	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS</i>	NP	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	NP	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
URIBEL	NP	
UROGESIC-BLUE TABS (<i>Use methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	NP	
Antiprotozoal Agents		
<i>atovaquone</i>	P	
LAMPIT	NP	

Drug Name	Drug Tier	Requirements/Limits
MEPRON (<i>Use atovaquone</i>)	NP	
<i>nitazoxanide TABS</i>	NP	
Glycopeptides		
FIRVANQ SOLR OR (<i>Use vancomycin hcl</i>)	NP	
VANCOCIN CAPS (<i>Use vancomycin hcl</i>)	NP	
<i>vancomycin hcl CAPS</i>	P	
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	
Leprostotics		
<i>dapsone</i>	P	
Lincosamides		
CLEOCIN (<i>Use clindamycin hcl</i>)	NP	
CLEOCIN PEDIATRIC GRANULES (<i>Use clindamycin palmitate hydrochloride</i>)	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(30 ml daily)
<i>clindamycin hcl</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(30 ml daily)
Monobactams		
CAYSTON	NP	SP
Oxazolidinones		
<i>linezolid SUSR</i>	NP	
<i>linezolid TABS</i>	NP	
SIVEXTRO TABS	NP	
ZYVOX SUSR (<i>Use linezolid</i>)	NP	
ZYVOX TABS (<i>Use linezolid</i>)	NP	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	P	

Drug Name	Drug Tier	Requirements/Limits
HIPREX (Use methenamine hippurate)	NP	
HIPREX (Use methenamine hippurate)	NF	
MACROBID (Use nitrofurantoin monohydrate)	NP	
MACRODANTIN (Use nitrofurantoin macrocrystal)	NP	
methenamine hippurate	P	
methenamine mandelate 0.5 GM, 1 GM	P	
MONUROL (Use fosfomycin tromethamine)	NF	
nitrofurantoin	P	
NITROFURANTOIN	P	
nitrofurantoin macrocrystal	P	
nitrofurantoin monohydrate	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	P	
COARTEM	NP	
MALARONE (Use atovaquone-proguanil hcl)	NP	
Antimalarials		
chloroquine phosphate TABS	P	
DARAPRIM (Use pyrimethamine)	NF	
DARAPRIM (Use pyrimethamine)	NP	SP
hydroxychloroquine sulfate	P	
KRINTAFEL	NP	
mefloquine hcl	P	

Drug Name	Drug Tier	Requirements/Limits
primaquine phosphate TABS	P	
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	P	
pyrimethamine	NP	SP
QUALAQUIN CAPS (Use quinine sulfate)	NP	
quinine sulfate CAPS 324 MG	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
FIRDAPSE	NP	SP
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	NP	
MESTINON SOLN OR (Use pyridostigmine bromide)	NP	MP
MESTINON TABS (Use pyridostigmine bromide)	NP	
pyridostigmine bromide SOLN OR	P	MP
pyridostigmine bromide SOLN OR	P	MP
pyridostigmine bromide TABS	P	
pyridostigmine bromide TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	P	
ethambutol hcl TABS	P	
isoniazid SYRP	P	
isoniazid TABS	P	
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	NP	
MYCOBUTIN (Use rifabutin)	NP	

Drug Name	Drug Tier	Requirements/Limits
PRETOMANID	NP	QL(1 ea daily)
PRIFTIN	P	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin CAPS</i>	P	
SIRTURO	NP	
TRECTOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	P	
CYCLOPHOSPHAMIDE TABS	P	
LEUKERAN	P	
<i>melphalan</i>	P	
MYLERAN TABS	P	
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>Use temozolomide</i>)	NF	SP
<i>temozolomide CAPS</i>	P	SP
Antimetabolites		
<i>capecitabine</i>	NP	SP
<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 TABS 2.5 MG</i>	P	
ONUREG TABS	NP	SP
PURIXAN SUSP	NP	MP
TABLOID	P	SP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
XATMEP SOLN	NP	MP
XELODA (<i>Use capecitabine</i>)	NP	SP

Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	NP	SP
INLYTA	NP	SP
LENVIMA 10 MG DAILY DOSE	NP	SP
LENVIMA 12MG DAILY DOSE	NP	SP
LENVIMA 14 MG DAILY DOSE	NP	SP
LENVIMA 18 MG DAILY DOSE	NP	SP
LENVIMA 20 MG DAILY DOSE	NP	SP
LENVIMA 24 MG DAILY DOSE	NP	SP
LENVIMA 4 MG DAILY DOSE	NP	SP
LENVIMA 8 MG DAILY DOSE	NP	SP
Antineoplastic - Anti-HER2 Agents		
TUKYSA	NP	QL(3 ea daily); SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	NP	SP
VENCLEXTA TABS	NP	SP
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	P	SP
EXKIVITY	NP	SP
<i>gefitinib</i>	P	SP
GILOTRIF	NP	SP
IRESSA (<i>Use gefitinib</i>)	P	SP
TAGRISSO	NP	SP
TARCEVA (<i>Use erlotinib hcl</i>)	NP	SP
VIZIMPRO	NP	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	NP	SP

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	P	SP
ODOMZO	NP	SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	P	SP
AKEEGA	NP	SP
<i>anastrozole</i>	P	QL(1 ea daily)
<i>anastrozole</i>	P	QL(1 ea daily); AL(At least 40 yrs old)
ARIMIDEX (<i>Use anastrozole</i>)	NP	QL(1 ea daily); AL(At least 40 yrs old)
AROMASIN (<i>Use exemestane</i>)	NP	AL(At least 40 yrs old)
<i>bicalutamide</i>	P	
CASODEX (<i>Use bicalutamide</i>)	NP	
EMCYT	P	SP
ERLEADA	NP	SP
<i>exemestane</i>	P	AL(At least 40 yrs old)
<i>exemestane</i>	P	
FARESTON (<i>Use toremifene citrate</i>)	NP	
FEMARA (<i>Use letrozole</i>)	NP	QL(1 ea daily); AL(At least 40 yrs old)
<i>flutamide</i>	P	
<i>letrozole</i>	P	QL(1 ea daily); AL(At least 40 yrs old)
LYSODREN	P	SP
<i>megestrol acetate SUSP 40 MG/ML, 400 MG/10ML</i>	P	MP
<i>megestrol acetate SUSP 400 MG/10ML, 800 MG/20ML</i>	P	MP
<i>megestrol acetate TABS</i>	P	
<i>nilutamide</i>	P	
NUBEQA	NP	SP
ORGOVYX	NP	SP

Drug Name	Drug Tier	Requirements/Limits
ORSERDU	P	SP
SOLTAMOX SOLN	P	MP
<i>tamoxifen citrate TABS</i>	P	QL(2 ea daily)
<i>toremifene citrate</i>	P	
XTANDI CAPS	NP	SP
XTANDI TABS	NP	SP
YONSA	NP	SP
ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP
Antineoplastic - Immunomodulators		
POMALYST	NP	SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	NP	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO	NP	SP
XPOVIO 60 MG TWICE WEEKLY	NP	SP
XPOVIO 80 MG TWICE WEEKLY	NP	SP
Antineoplastic Combinations		
INQOVI	NP	SP
KISQALI FEMARA 200 DOSE	NP	SP
KISQALI FEMARA 400 DOSE	NP	SP
KISQALI FEMARA 600 DOSE	NP	SP
LONSURF	NP	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP
AFINITOR TABS (<i>Use everolimus</i>)	NP	SP
ALECENSA	NP	SP
ALUNBRIG TABS	NP	SP
ALUNBRIG TBPK	NP	SP
AUGTYRO	NP	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BALVERSA	NP	SP	MEKINIST SOLR	NP	SP
BOSULIF	NP	SP	MEKINIST TABS	NP	SP
BRAFTOVI 75 MG	NP	SP	MEKTOVI	NP	SP
BRUKINSA	NP	SP	NERLYNX	NP	SP
CABOMETYX TABS	NP	SP	NEXAVAR (<i>Use sorafenib tosylate</i>)	P	SP
CALQUENCE	NP	SP	NINLARO	NP	SP
CALQUENCE	NP	SP	<i>pazopanib hcl</i>	P	SP
CAPRELSA	P	SP	PEMAZYRE	NP	QL(3 ea daily); SP
COMETRIQ KIT	NP	SP	PIQRAY 200MG DAILY DOSE	NP	SP
COPIKTRA	NP	SP	PIQRAY 250MG DAILY DOSE	NP	SP
COTELLIC	NP	SP	PIQRAY 300MG DAILY DOSE	NP	SP
<i>everolimus TABS</i>	NP	SP	QINLOCK	NP	SP
<i>everolimus TBSO</i>	NP	SP	RETEVMO	NP	SP
FOTIVDA	NP	SP	REZLIDHIA	NP	SP
GAVRETO	NP	SP	ROZLYTREK CAPS	NP	SP
GLEEVEC (<i>Use imatinib mesylate</i>)	NP	SP	ROZLYTREK PACK	NP	SP
IBRANCE CAPS	NP	SP	RUBRACA	NP	SP
IBRANCE TABS	NP	SP	RYDAPT	NP	SP
ICLUSIG	NP	SP	SCEMBLIX	NP	SP
IDHIFA	NP	SP	<i>sorafenib tosylate</i>	P	SP
<i>imatinib mesylate</i>	NP	SP	SPRYCEL	NP	SP
IMBRUVICA CAPS	NP	SP	STIVARGA	NP	SP
IMBRUVICA SUSP	NP	SP	<i>sunitinib malate</i>	P	SP
IMBRUVICA TABS	NP	SP	SUTENT (<i>Use sunitinib malate</i>)	P	SP
INREBIC	NP	SP	TABRECTA	NP	QL(3 ea daily); SP
JAKAFI	P	SP	TAFINLAR CAPS	NP	SP
JAYPIRCA	NP	SP	TAFINLAR TBSO	NP	SP
KISQALI	NP	SP	TALZENNA	NP	SP
KOSELUGO	NP	QL(3 ea daily); SP	TASIGNA	NP	SP
KRAZATI	NP	SP	TAZVERIK	NP	SP
<i>lapatinib ditosylate</i>	NP	SP	TEPMETKO	NP	SP
LORBRENA	NP	SP	TIBSOVO	NP	SP
LUMAKRAS	NP	SP			
LYNPARZA TABS	NP	SP			
LYTGOBI	NP	SP			

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ	NP	SP
TURALIO	NP	SP
TYKERB (Use lapatinib ditosylate)	NP	SP
VANFLYTA	NP	SP
VERZENIO	NP	SP
VITRAKVI CAPS	NP	SP
VITRAKVI SOLN	NP	SP; MP
VONJO	NP	SP
VOTRIENT (Use pazopanib hcl)	P	SP
XALKORI CAPS	NP	SP
XOSPATA	NP	SP
ZEJULA CAPS	NP	SP
ZEJULA TABS	NP	SP
ZELBORAF	NP	SP
ZOLINZA	NP	SP
ZYDELIG	NP	SP
ZYKADIA TABS	NP	SP
Antineoplastics Misc.		
<i>bexarotene</i>	P	SP
HYDREA (Use hydroxyurea)	NP	
<i>hydroxyurea</i>	P	
MATULANE	P	SP
TARGRETIN (Use bexarotene)	NP	SP
<i>tretinoin (chemotherapy)</i>	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	P	
MESNEX TABS	P	SP
Mitotic Inhibitors		
<i>etoposide CAPS</i>	P	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	P	SP
ANTIPARKINSON AND RELATED THERAPY		

Drug Name	Drug Tier	Requirements/Limits
AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	P	MP
LODOSYN (Use <i>carbidopa</i>)	NP	MP
NOURIANZ	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	P	MP
<i>benztropine mesylate TABS</i>	P	MP
<i>trihexyphenidyl hcl SOLN</i>	P	MP
<i>trihexyphenidyl hcl TABS</i>	P	MP
Antiparkinson COMT Inhibitors		
COMTAN (Use <i>entacapone</i>)	NP	MP
<i>entacapone</i>	P	MP
ONGENTYS	NP	
TASMAR (Use <i>tolcapone</i>)	NP	MP
<i>tolcapone</i>	NP	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	P	MP
<i>amantadine hcl CAPS</i>	P	MP
<i>amantadine hcl SOLN</i>	P	MP
<i>amantadine hcl SOLN</i>	P	MP
<i>amantadine hcl TABS</i>	P	MP
APOKYN SOCT	NP	SP; MP
<i>apomorphine hydrochloride SOCT</i>	NP	SP; MP
<i>bromocriptine mesylate CAPS</i>	P	MP
<i>bromocriptine mesylate TABS 2.5 MG</i>	P	MP
<i>carbidopa-levodopa-entacapone</i>	NP	MP
<i>carbidopa-levodopa TABS</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa TBCR</i>	P	MP	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	NP	MP
<i>carbidopa-levodopa TBCR</i>	P	MP	STALEVO 100 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP
<i>carbidopa-levodopa TBDP</i>	NP	MP	STALEVO 125 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP
DHIVY TABS	NP	MP	STALEVO 150 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP
GOCOVRI CP24	NP	SP; MP	STALEVO 200 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP
INBRIJA CAPS	NP		STALEVO 50 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP
MIRAPEX ER TB24 1.5 MG (Use <i>pramipexole dihydrochloride</i>)	NF	MP	STALEVO 75 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (Use <i>pramipexole dihydrochloride</i>)	NP	MP	Antiparkinson Monoamine Oxidase Inhibitors		
NEUPRO	NP		AZILECT (Use <i>rasagiline mesylate</i>)	NP	MP
OSMOLEX ER TB24 193 MG	NP	MP	<i>rasagiline mesylate</i>	NP	MP
OSMOLEX ER TB24 129 MG	NP	MP	<i>selegiline hcl CAPS</i>	P	MP
PARLODEL CAPS (Use <i>bromocriptine mesylate</i>)	NP	MP	<i>selegiline hcl TABS</i>	P	MP
PARLODEL TABS (Use <i>bromocriptine mesylate</i>)	NP	MP	XADAGO	NP	
<i>pramipexole dihydrochloride TABS</i>	P	MP	ZELAPAR TBDP	NP	MP
<i>pramipexole dihydrochloride TB24</i>	NP	MP	ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>ropinirole hydrochloride TABS 5 MG</i>	P	QL(5 ea daily); MP	Antimanic Agents		
<i>ropinirole hydrochloride TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	P	QL(3 ea daily); MP	LITHIUM	P	MP
<i>ropinirole hydrochloride TB24</i>	NP	MP	<i>lithium carbonate CAPS</i>	P	MP
<i>ropinirole hydrochloride TB24</i>	NP	MP	<i>lithium carbonate TABS</i>	P	MP
RYTARY CPCR	NP	MP	<i>lithium carbonate TBCR</i>	P	MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	NF	MP	LITHOBID TBCR (Use <i>lithium carbonate</i>)	NP	MP
			Antipsychotics - Misc.		
			CAPLYTA 42 MG	NP	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAPLYTA 10.5 MG, 21 MG	NP		INVEGA TRINZA	P	AL(At least 18 yrs old); SP; MP; PA
EQUETRO	NP		<i>paliperidone</i>	NP	MP
GEODON (Use ziprasidone mesylate)	NP		<i>paliperidone</i>	NP	AL(At least 8 yrs old); MP
GEODON (Use ziprasidone hcl)	NP	QL(2 ea daily); MP	PERSERIS PRSY	NP	AL(At least 8 yrs old); SP; MP
GEODON 20 MG, 60 MG, 80 MG (Use ziprasidone hcl)	NF	QL(2 ea daily); MP	RISPERDAL CONSTA 12.5 MG, 25 MG, 37.5 MG, 50 MG (Use risperidone microspheres)	NP	SP
LATUDA (Use lurasidone hcl)	NP	AL(At least 8 yrs old)	RISPERDAL SOLN (Use risperidone)	NP	MP
<i>lurasidone hcl</i>	P	AL(At least 8 yrs old)	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NP	MP
<i>lurasidone hcl</i>	P		<i>risperidone SOLN</i>	P	MP
NUPLAZID CAPS	NP	AL(At least 8 yrs old)	<i>risperidone TABS</i>	P	MP
NUPLAZID TABS 10 MG	NP	AL(At least 8 yrs old)	<i>risperidone TBDP</i>	NP	MP
VRAYLAR CAPS	NP	AL(At least 8 yrs old)	UZEDY SUSY	NP	AL(At least 18 yrs old); SP; MP
VRAYLAR CPPK	NP	AL(At least 8 yrs old)	Butyrophenones		
<i>ziprasidone hcl</i>	P	QL(2 ea daily); MP	HALDOL DECANOATE 100 (Use haloperidol decanoate)	NF	
<i>ziprasidone mesylate</i>	NP		HALDOL DECANOATE 50 (Use haloperidol decanoate)	NF	
Benzisoxazoles			<i>haloperidol decanoate</i>	P	
FANAPT	NP	QL(2 ea daily); AL(At least 8 yrs old)	<i>haloperidol lactate CONC</i>	P	MP
FANAPT TITRATION PACK	NP	QL(0.27 ea daily); AL(At least 8 yrs old)	<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	MP
INVEGA 1.5 MG (Use paliperidone)	NF	AL(At least 8 yrs old); MP	<i>haloperidol TABS</i>	P	MP
INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	NP	AL(At least 8 yrs old); MP	Dibenzapines		
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP; MP; PA	ADASUVE	NP	
INVEGA SUSTENNA	P	AL(At least 18 yrs old); SP; MP; PA	<i>asenapine maleate 5 MG</i>	NP	MP
			<i>asenapine maleate 2.5 MG, 10 MG</i>	NP	AL(At least 8 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
<i>asenapine maleate 2.5 MG</i>	NP	MP
<i>clozapine TABS</i>	P	MP
<i>clozapine TBDP</i>	NP	AL(At least 8 yrs old); MP
<i>clozapine TBDP 150 MG, 200 MG</i>	NP	MP
CLOZARIL TABS 50 MG, 200 MG (Use <i>clozapine</i>)	NF	MP
CLOZARIL TABS 25 MG, 100 MG (Use <i>clozapine</i>)	NP	MP
<i>loxapine succinate</i>	P	MP
<i>olanzapine SOLR</i>	NP	
<i>olanzapine TABS</i>	P	MP
<i>olanzapine TABS</i>	P	MP
<i>olanzapine TBDP</i>	P	MP
<i>olanzapine TBDP 5 MG, 15 MG, 20 MG</i>	P	MP
<i>olanzapine TBDP 10 MG</i>	P	AL(At least 8 yrs old); MP
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG, 200 MG</i>	P	MP
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	P	MP
<i>quetiapine fumarate TB24</i>	P	MP
<i>quetiapine fumarate TB24</i>	P	MP
SAPHRIS 10 MG (Use <i>asenapine maleate</i>)	NF	AL(At least 8 yrs old); MP
SAPHRIS 5 MG (Use <i>asenapine maleate</i>)	NP	MP
SAPHRIS 5 MG (Use <i>asenapine maleate</i>)	NF	MP
SAPHRIS 2.5 MG, 10 MG (Use <i>asenapine maleate</i>)	NP	AL(At least 8 yrs old); MP
SECUADO	NP	QL(1 ea daily)
SEROQUEL XR TB24 (Use <i>quetiapine fumarate</i>)	NP	MP
SEROQUEL TABS (Use <i>quetiapine fumarate</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ SUSP	NP	AL(At least 8 yrs old); MP
ZYPREXA RELPREVV	NP	AL(At least 8 yrs old); SP
ZYPREXA ZYDIS TBDP 10 MG (Use <i>olanzapine</i>)	NP	AL(At least 8 yrs old); MP
ZYPREXA ZYDIS TBDP 5 MG, 15 MG, 20 MG (Use <i>olanzapine</i>)	NP	MP
ZYPREXA SOLR (Use <i>olanzapine</i>)	NP	AL(At least 8 yrs old)
ZYPREXA TABS (Use <i>olanzapine</i>)	NP	MP
Dihydroindolones		
<i>molindone hcl 5 MG, 25 MG</i>	NP	MP
Phenothiazines		
<i>chlorpromazine hcl CONC</i>	P	MP
<i>chlorpromazine hcl TABS 10 MG, 25 MG, 50 MG, 200 MG</i>	P	QL(4 ea daily); MP
<i>chlorpromazine hcl TABS 100 MG</i>	P	QL(5 ea daily); MP
<i>fluphenazine hcl CONC</i>	P	
<i>fluphenazine hcl ELIX</i>	P	MP
<i>fluphenazine hcl SOLN</i>	P	
<i>fluphenazine hcl TABS</i>	P	MP
<i>fluphenazine hcl TABS</i>	P	MP
<i>perphenazine TABS</i>	P	MP
<i>perphenazine TABS</i>	P	MP
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	P	MP
<i>trifluoperazine hcl TABS</i>	P	MP
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	NP	AL(At least 18 yrs old); SP; MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA PRSY	P	AL(At least 18 yrs old); SP; MP; PA	<i>abacavir sulfate-lamivudine</i>	P	MP
ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; MP; PA	<i>abacavir sulfate SOLN</i>	P	MP
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 8 yrs old); SP	<i>abacavir sulfate TABS</i>	P	QL(2 ea daily); MP
ABILIFY MYCITE STARTER KIT	NP	AL(At least 8 yrs old); SP	APRETUDE	NP	
ABILIFY TABS (<i>Use aripiprazole</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old); MP	APRETUDE	P	
<i>aripiprazole SOLN OR</i>	NP	QL(20 ml daily); AL(At least 8 yrs old); MP	APTIVUS CAPS	P	MP
<i>aripiprazole TABS</i>	P	QL(1 ea daily); AL(At least 6 yrs old); MP	<i>atazanavir sulfate CAPS</i>	P	MP
<i>aripiprazole TABS</i>	P	QL(1 ea daily); MP	BIKTARVY	P	MP
<i>aripiprazole TBDP</i>	NP	MP	CABENUVA	P	MP; PA
ARISTADA	P	AL(At least 8 yrs old); SP; MP; PA	CIMDUO	NP	MP
ARISTADA INITIO	P	AL(At least 8 yrs old); SP; PA	COMBIVIR (<i>Use lamivudine-zidovudine</i>)	NP	MP
REXULTI	NP	QL(1 ea daily); AL(At least 8 yrs old)	COMPLERA	P	MP
Thioxanthenes			<i>darunavir TABS</i>	P	MP
<i>thiothixene</i>	P	MP	DELSTRIGO	P	MP
ANTISEPTICS & DISINFECTANTS			DESCOVY 200 MG-25 MG	P	MP
Iodine Antiseptics			DESCOVY 120 MG-15 MG	P	
BETADINE SOLN (<i>Use povidone-iodine</i>)	NF		DOVATO	P	MP
FIRST AID ANTISEPTIC OINTMENT OINT	P		EDURANT	P	MP
<i>povidone-iodine SOLN 10 %</i>	P		<i>efavirenz CAPS</i>	P	MP
ANTIVIRALS - Drugs to Treat Viral Infections			<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	MP
Antiretrovirals			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	NP	MP
			<i>efavirenz TABS</i>	P	MP
			<i>emtricitabine CAPS</i>	P	MP
			<i>emtricitabine-tenofovir disoproxil fumarate</i>	P	MP
			<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	MP
			EMTRIVA CAPS (<i>Use emtricitabine</i>)	P	MP
			EMTRIVA SOLN	P	MP

IL MHP Medicaid

Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPIVIR SOLN (<i>Use lamivudine</i>)	NP	MP	ODEFSEY	P	MP
EPIVIR TABS (<i>Use lamivudine</i>)	NP	MP	PIFELTRO	NP	MP
EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	NP	MP	PREZCOBIX	NP	MP
<i>etravirine</i>	P	MP	PREZISTA SUSP	P	MP
EVOTAZ	NP	MP	PREZISTA TABS (<i>Use darunavir</i>)	P	MP
<i>fosamprenavir calcium TABS</i>	P	MP	PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P	MP
FUZEON SOLR	NP	SP; MP	RETROVIR CAPS (<i>Use zidovudine</i>)	NP	MP
GENVOYA	P	MP	RETROVIR SYRP (<i>Use zidovudine</i>)	NP	MP
INTELENCE	P	MP	REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	P	MP
INTELENCE (<i>Use etravirine</i>)	P	MP	REYATAZ CAPS 150 MG (<i>Use atazanavir sulfate</i>)	NF	MP
ISENTRESS HD TABS	P	MP	REYATAZ PACK	P	MP
ISENTRESS CHEW	P	MP	<i>ritonavir TABS</i>	P	MP
ISENTRESS PACK	P	MP	RUKOBIA	NP	MP
ISENTRESS TABS	P	MP	SELZENTRY SOLN	NP	MP
JULUCA	NP	MP	SELZENTRY TABS	NP	MP
KALETRA SOLN (<i>Use lopinavir-ritonavir</i>)	NP	MP	SELZENTRY TABS (<i>Use maraviroc</i>)	NP	MP
KALETRA TABS (<i>Use lopinavir-ritonavir</i>)	P	MP	STRIBILD	NP	MP
<i>lamivudine SOLN</i>	P	MP	SUNLENCA SOLN	P	SP; PA
<i>lamivudine TABS</i>	P	MP	SUNLENCA TBPK	P	SP; PA
<i>lamivudine-zidovudine</i>	P	MP	SUSTIVA CAPS (<i>Use efavirenz</i>)	NF	MP
LEXIVA SUSP	P	MP	SUSTIVA TABS (<i>Use efavirenz</i>)	NF	MP
LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	P	MP	SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	MP
<i>lopinavir-ritonavir SOLN</i>	P	MP	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	MP
<i>lopinavir-ritonavir TABS</i>	P	MP	SYMTUZA	P	MP
<i>maraviroc TABS</i>	NP	MP	<i>tenofovir disoproxil fumarate TABS</i>	P	MP
<i>nevirapine SUSP</i>	P	MP			
<i>nevirapine TABS</i>	P	MP			
<i>nevirapine TB24</i>	P	MP			
NORVIR PACK	P	MP			
NORVIR TABS (<i>Use ritonavir</i>)	P	MP			

Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD TBSO	P	MP
TIVICAY TABS	P	MP
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	MP
TRIZIVIR	NP	MP
TROGARZO	P	SP; MP; PA
TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)	P	MP
TYBOST	NP	MP
VIRACEPT TABS	P	MP
VIRAMUNE XR TB24 400 MG (Use nevirapine)	NP	MP
VIREAD POWD	P	MP
VIREAD TABS	P	MP
VIREAD TABS (Use tenofovir disoproxil fumarate)	P	MP
ZIAGEN SOLN (Use abacavir sulfate)	P	MP
ZIAGEN TABS (Use abacavir sulfate)	NP	QL(2 ea daily); MP
zidovudine CAPS	P	MP
zidovudine SYRP	P	MP
zidovudine TABS	P	MP
Antiviral Combinations		
PAXLOVID 100 MG-150 MG	P	Maximum 5-day supply; AL(At least 12 yrs old)
CMV Agents		
LIVTENCITY	P	SP; PA
PREVYMIS TABS	NP	SP
VALCYTE SOLR (Use valganciclovir hcl)	NP	
VALCYTE TABS (Use valganciclovir hcl)	NP	
valganciclovir hcl SOLR	NP	
valganciclovir hcl TABS	P	

Drug Name	Drug Tier	Requirements/Limits
Hepatitis Agents		
adefovir dipivoxil	NP	
BARACLUDE SOLN	NP	MP
BARACLUDE TABS (Use entecavir)	NP	
entecavir TABS	P	
EPCLUSA PACK	NP	SP
EPCLUSA TABS	NP	SP
EPCLUSA TABS	NP	SP
EPIVIR HBV SOLN	NP	MP
EPIVIR HBV TABS (Use lamivudine (hbv))	NP	
HARVONI PACK	NP	SP
HARVONI TABS	NP	SP
HARVONI TABS	NP	SP
HEPSERA (Use adefovir dipivoxil)	NF	
lamivudine (hbv) TABS	NP	
LEDIPASVIR/SOFOSBUV IR TABS	NP	SP
MAVYRET PACK	P	SP
MAVYRET TABS	P	SP
PEGASYS SOLN	NP	SP
PEGASYS SOSY	NP	
ribavirin (hepatitis c) CAPS	P	SP
ribavirin (hepatitis c) TABS 200 MG	P	SP
SOFOSBUVIR/VELPATA SVIR TABS	P	SP
SOVALDI PACK	NP	SP
SOVALDI TABS	NP	SP
VEMLIDY	NP	SP
VIEKIRA PAK TBPK	NP	SP
VOSEVI	NP	SP
ZEPATIER	NP	SP
Herpes Agents		
acyclovir CAPS	P	

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir SUSP</i>	P	MP
<i>acyclovir TABS OR</i>	P	
<i>famciclovir</i>	NP	
SITAVIG TABS BU	NP	
<i>valacyclovir hcl</i>	P	
VALTREX (Use <i>valacyclovir hcl</i>)	NP	
VALTREX 500 MG (Use <i>valacyclovir hcl</i>)	NF	
ZOVIRAX SUSP (Use <i>acyclovir</i>)	NF	MP
Influenza Agents		
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(20 ea per fill retail)
<i>oseltamivir phosphate CAPS 30 MG</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(40 ea per fill retail)
<i>oseltamivir phosphate SUSR</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(120 ml per fill retail)
RELENZA DISKHALER	P	10 rtl MAX day(s) supply; 30 rtl lmt day(s)
<i>rimantadine hydrochloride TABS</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 45 MG, 75 MG (Use <i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(20 ea per fill retail)
TAMIFLU CAPS 30 MG (Use <i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(40 ea per fill retail)
TAMIFLU SUSR (Use <i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(120 ml per fill retail)
XOFLUZA 40 MG, 80 MG	NP	
Misc. Antivirals		
LAGEVRIO	P	Maximum 5-day supply; AL(At least 18 yrs old)
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	P	
VIRAZOLE (Use <i>ribavirin</i>)	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	P	MP
<i>carvedilol</i>	P	MP
<i>carvedilol phosphate</i>	NP	MP
COREG (Use <i>carvedilol</i>)	NP	MP
COREG CR (Use <i>carvedilol phosphate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COREG CR (Use carvedilol phosphate)	NP	MP	INDERAL LA CP24 (Use propranolol hcl)	NP	MP
labetalol hcl TABS	P	MP	INDERAL XL	NP	MP
labetalol hcl TABS	P	MP	INNOPRAN XL	NP	MP
Beta Blockers Cardio-Selective			nadolol TABS 20 MG, 40 MG, 80 MG	P	MP
acebutolol hcl CAPS	P	MP	nadolol TABS 20 MG, 40 MG, 80 MG	P	MP
atenolol TABS	P	MP	pindolol TABS	P	MP
atenolol TABS	P	MP	propranolol hcl CP24	P	MP
betaxolol hcl	P	MP	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	P	MP
bisoprolol fumarate	P	MP	propranolol hcl TABS	P	MP
BYSTOLIC 2.5 MG, 5 MG, 20 MG (Use nebivolol hcl)	NF	MP	sotalol hcl (afib/afI)	NP	MP
BYSTOLIC (Use nebivolol hcl)	NP	MP	sotalol hcl TABS 80 MG	P	MP
KAPSPARGO SPRINKLE CS24	NP	MP	sotalol hcl TABS	P	MP
LOPRESSOR TABS (Use metoprolol tartrate)	NP	MP	SOTYLIZE SOLN OR	NP	MP
metoprolol succinate TB24	P	QL(1 ea daily); MP	timolol maleate TABS	P	MP
metoprolol tartrate TABS	P	MP	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
nebivolol hcl	NP	MP	Calcium Channel Blockers		
nebivolol hcl	NP	MP	amlodipine besylate TABS	P	QL(1 ea daily); MP
TENORMIN TABS (Use atenolol)	NP	MP	CALAN SR TBCR 180 MG (Use verapamil hcl)	NP	QL(1 ea daily); MP
TOPROL XL TB24 (Use metoprolol succinate)	NP	QL(1 ea daily); MP	CALAN SR TBCR 120 MG, 240 MG (Use verapamil hcl)	NF	QL(1 ea daily); MP
Beta Blockers Non-Selective			CARDIZEM CD CP24 (Use diltiazem hcl coated beads)	NP	QL(1 ea daily); MP
BETAPACE AF (Use sotalol hcl (afib/afI))	NP	MP	CARDIZEM LA TB24 (Use diltiazem hcl)	NP	MP
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	NP	MP	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	NP	MP
CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)	NF	MP	diltiazem hcl coated beads CP24	P	QL(1 ea daily); MP
CORGARD TABS 20 MG, 40 MG (Use nadolol)	NP	MP	diltiazem hcl extended release beads	P	QL(1 ea daily); MP
HEMANGEOL SOLN OR	P	AL(Up to 1 yrs old); SP; PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl CP12</i>	P	QL(2 ea daily); MP	<i>verapamil hcl TBCR</i>	P	QL(1 ea daily); MP
<i>diltiazem hcl CP24 120 MG</i>	P	MP	VERAPAMIL HYDROCHLORIDE ER CP24 (<i>Use verapamil hcl</i>)	P	QL(1 ea daily); MP
<i>diltiazem hcl CP24 180 MG, 240 MG</i>	P	QL(1 ea daily); MP	VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	MP
<i>diltiazem hcl TABS</i>	P	MP	VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily); MP
<i>diltiazem hcl TABS</i>	P	MP	VERELAN CP24 120 MG, 180 MG, 240 MG (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily); MP
<i>diltiazem hcl TB24</i>	P		VERELAN CP24 360 MG (<i>Use verapamil hcl</i>)	NP	MP
<i>felodipine</i>	P	QL(1 ea daily); MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>isradipine CAPS</i>	NP	MP	Cardiac Glycosides		
KATERZIA	NP	MP	<i>digoxin SOLN OR 0.05 MG/ML</i>	P	MP
<i>levamlodipine maleate</i>	NP		<i>digoxin TABS 0.0625 MG, 62.5 MCG</i>	NP	
<i>nicardipine hcl CAPS</i>	NP	MP	<i>digoxin TABS 0.125 MG, 125 MCG, 250 MCG</i>	P	MP
<i>nifedipine CAPS 20 MG</i>	P	QL(1 ea daily); MP	CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
<i>nifedipine CAPS 10 MG</i>	P	MP	Cardiac Myosin Inhibitors		
<i>nifedipine TB24</i>	P	QL(1 ea daily); MP	CAMZYOS	NP	SP; MP
<i>nimodipine CAPS</i>	P		Cardiovascular Agents Misc. - Combinations		
<i>nisoldipine</i>	NP	MP	<i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i>	NP	MP
NORLIQVA SOLN	NP				
NORVASC TABS (<i>Use amlodipine besylate</i>)	NP	QL(1 ea daily); MP			
NYMALIZE SOLN 6 MG/ML	NP	QL(8 ml daily)			
PROCARDIA XL TB24 (<i>Use nifedipine</i>)	NP	QL(1 ea daily); MP			
SULAR 8.5 MG, 17 MG, 34 MG (<i>Use nisoldipine</i>)	NP	MP			
TIAZAC (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(1 ea daily); MP			
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	P	QL(1 ea daily); MP			
<i>verapamil hcl CP24 300 MG, 360 MG</i>	P	MP			
<i>verapamil hcl TABS</i>	P	MP			
<i>verapamil hcl TABS</i>	P	MP			

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 2.5 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i>	NP	MP
BIDIL (<i>Use isosorbide dinitrate-hydralazine hcl</i>)	P	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NF	MP
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NP	MP
ENTRESTO	P	
<i>isosorbide dinitrate-hydralazine hcl</i>	P	
Impotence Agents		
CIALIS 2.5 MG, 10 MG, 20 MG (<i>Use tadalafil</i>)	NF	
CIALIS 5 MG (<i>Use tadalafil</i>)	NP	
<i>tadalafil 5 MG</i>	NP	
Peripheral Vasodilators		
<i>isoxsuprine hcl</i>	P	QL(4 ea daily)
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	P	SP; PA
FLOLAN (<i>Use epoprostenol sodium</i>)	P	SP; PA
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP
ORENITRAM TBCR	NP	SP; MP
REMODULIN SOLN IJ	NP	SP
<i>treprostinil SOLN IJ</i>	NP	SP
TYVASO DPI MAINTENANCE KIT POWD	NP	SP
TYVASO DPI TITRATION KIT POWD	NP	SP
TYVASO REFILL SOLN IN	NP	SP; MP
TYVASO STARTER SOLN IN	NP	SP; MP
TYVASO SOLN IN	NP	SP; MP
VELETRI (<i>Use epoprostenol sodium</i>)	NP	SP
VENTAVIS	NP	SP; MP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	NP	SP
<i>bosentan TABS</i>	NP	SP
LETAIRIS (<i>Use ambrisentan</i>)	P	SP; PA
OPSUMIT	NP	SP
TRACLEER TABS (<i>Use bosentan</i>)	P	SP; PA
TRACLEER TBSO	P	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	P	SP; PA
LIQREV SUSP	NP	SP
REVATIO SOLN (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
REVATIO SUSR (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	P	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
REVATIO TABS (Use sildenafil citrate (pulmonary hypertension))	NP	SP
sildenafil citrate (pulmonary hypertension) SOLN	NP	SP
sildenafil citrate (pulmonary hypertension) SUSR	NP	SP
sildenafil citrate (pulmonary hypertension) TABS	P	SP; PA
tadalafil (pulmonary hypertension) TABS	P	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	NP	SP
UPTRAVI SOLR	NP	SP
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Sinus Node Inhibitors		
CORLANOR SOLN	NP	MP
CORLANOR TABS	NP	
Transthyretin Stabilizers		
VYNDAMAX	NP	SP
VYNDAQEL	NP	SP
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	P	PA
VERQUVO	NP	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		

Drug Name	Drug Tier	Requirements/Limits
cefadroxil CAPS	P	
cefadroxil SUSR	P	
cefadroxil TABS	P	
cephalexin CAPS	P	
cephalexin SUSR	P	
cephalexin TABS	P	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	NP	
cefaclor CAPS	P	
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	P	
cefprozil SUSR	P	
cefprozil TABS	NP	
cefuroxime axetil TABS	P	
Cephalosporins - 3rd Generation		
cefdinir CAPS	P	
cefdinir SUSR	P	
cefixime CAPS	P	QL(1 ea daily)
cefixime SUSR	NP	
cefpodoxime proxetil SUSR	NP	
cefpodoxime proxetil TABS	NP	
SUPRAX CAPS (Use cefixime)	NF	QL(1 ea daily)
SUPRAX SUSR 100 MG/5ML (Use cefixime)	NP	
CHEMICALS		
Bulk Chemicals - F's		
FLUPHENAZINE DECANOATE POWD	P	
Bulk Chemicals - L's		
LITHIUM CITRATE TETRAHYDRATE	P	
Bulk Chemicals - P's		
PENTOSAN POLYSULFATE SODIUM	P	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	levonorgestrel-eth estradiol (triphasic)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
desogestrel & ethinyl estradiol	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	levonorgestrel-ethinyl estradiol (continuous)	P	QL(1 ea daily); MP
desogestrel-ethinyl estradiol (biphasic)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	levonorgestrel-ethinyl estradiol-iron	P	MP
desogestrel-ethinyl estradiol (triphasic)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	LO LOESTRIN FE TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
drospirenone-ethinyl estradiol 0.03 MG-3 MG	P	QL(1 ea daily); MP	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
drospirenone-ethinyl estradiol	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
drospirenone-ethinyl estradiol-levomefolate calcium	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
ESTROSTEP FE (Use norethindrone acetate-ethinyl estradiol-fe)	NF	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	NATAZIA	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
ethynodiol diacet & eth estrad	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	NEXTSTELLIS	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	NF	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	norethin acet & estrad-fe CAPS	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel & eth estradiol TABS	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	norethin acet & estrad-fe CHEW	P	MP
			norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
			norethin acet & estrad-fe TABS 1.5 MG-30 MCG-75 MG	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & eth estradiol</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	YASMIN 28 (<i>Use drospirenone-ethinyl estradiol</i>)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>norethindrone & ethinyl estradiol-fe</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	YAZ (<i>Use drospirenone-ethinyl estradiol</i>)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>norethindrone acet & eth estra</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	Combination Contraceptives - Transdermal		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	QL(1 ea daily); MP	<i>norelgestromin-ethinyl estradiol</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	TWIRLA	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>norgestimate-ethinyl estradiol</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	Combination Contraceptives - Vaginal		
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	ANNOVERA	P	QL(1 ea per 365 days retail); AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(1 ea daily); MP	<i>etonogestrel-ethinyl estradiol</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
QUARTETTE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	<i>etonogestrel-ethinyl estradiol</i>	P	MP
SAFYRAL (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
SEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	NF	AL(At least 10 yrs old - Up to 55 yrs old); MP
TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	Emergency Contraceptives		
TYBLUME CHEW	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	ELLA	P	QL(3 ea per fill retail); AL(At least 10 yrs old - Up to 55 yrs old)
			<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(3 ea per fill retail)
			Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	P	QL(0.012 ml daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	dexamethasone TBPK	NP	
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	P	QL(0.012 ml daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	dexamethasone TBPK	P	
DEPO-SUBQ PROVERA 104 SUSY SC	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	EMFLAZA SUSP	NP	SP; MP
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(0.012 ml daily); MP	EMFLAZA TABS	NP	SP
medroxyprogesterone acetate (contraceptive) SUSY IM	P	QL(0.012 ml daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	ENTOCORT EC CPEP (Use budesonide)	NF	
Progestin Contraceptives - Oral			HEMADY TABS	NP	
norethindrone (contraceptive)	P	QL(1 ea daily); MP	hydrocortisone TABS	P	
SLYND	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	MEDROL DOSEPAK TBPK (Use methylprednisolone)	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			MEDROL TABS	NP	
Glucocorticosteroids			MEDROL TABS (Use methylprednisolone)	NP	
ALKINDI SPRINKLE CPSP	NP		MEDROL TABS 32 MG (Use methylprednisolone)	NF	
budesonide CPEP	NP		methylprednisolone TABS	P	
budesonide TB24	NP		methylprednisolone TBPK	P	
CORTEF TABS (Use hydrocortisone)	NP		MILLIPRED TABS	P	
CORTISONE ACETATE TABS	NP		PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NF	
DEXAMETHASONE INTENSOL CONC	P		prednisolone sodium phosphate SOLN	P	
dexamethasone ELIX	P		prednisolone sodium phosphate TBDP	NP	
dexamethasone SOLN	P		prednisolone SOLN	P	
dexamethasone TABS	P		prednisolone TABS	P	
			PREDNISON INTENSOL CONC	P	
			prednisone SOLN	P	
			prednisone TABS	P	
			prednisone TBPK	P	
			RAYOS TBEC	NP	
			TARPEYO CPDR	NP	SP
			UCERIS TB24 (Use budesonide)	NP	
			Mineralocorticoids		

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Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone acetate</i> TABS	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>dextromethorphan hbr</i> LIQD 15 MG/5ML, 30 MG/10ML	P	
<i>dextromethorphan hbr</i> SYRP 15 MG/5ML	P	
Cough/Cold/Allergy Combinations		
<i>dextromethorphan-guaifenesin</i> LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML	P	
<i>dextromethorphan-guaifenesin</i> SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML	P	
<i>guaifenesin-codeine</i> LIQD 10 MG/5ML-100 MG/5ML	P	
<i>guaifenesin-codeine</i> SOLN 10 MG/5ML-100 MG/5ML	P	
<i>guaifenesin-codeine</i> SYRP	P	
<i>promethazine-dm</i> SYRP	P	
<i>promethazine-phenylephrine-codeine</i>	P	
Expectorants		
GERI-TUSSIN SYRP	P	
<i>guaifenesin</i> LIQD	P	
<i>guaifenesin</i> SYRP	P	
<i>guaifenesin</i> TABS 200 MG	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		

Drug Name	Drug Tier	Requirements/Limits
Acne Products		
ABSORICA (<i>Use isotretinoin</i>)	NP	AL(At least 12 yrs old)
ABSORICA LD	NP	AL(At least 10 yrs old)
ACANYA GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NP	AL(At least 10 yrs old)
ACZONE 7.5 % (<i>Use dapsone (topical)</i>)	NF	AL(At least 10 yrs old)
ADAPALENE/BENZOYL PEROXIDE PADS	NP	
<i>adapalene-benzoyl peroxide</i> GEL	NP	
<i>adapalene</i> CREA	NP	
<i>adapalene</i> GEL 0.3 %	NP	
ALTRENO LOTN	NP	AL(At least 10 yrs old)
ARAZLO LOTN	NP	AL(At least 10 yrs old - Up to 20 yrs old)
ATRALIN GEL (<i>Use tretinoin</i>)	NP	AL(At least 10 yrs old)
AVAR LS CLEANSER LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	
AVAR-E LS CREA (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	
BENZAACLIN WITH PUMP GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(At least 10 yrs old)
BENZAACLIN GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(At least 10 yrs old)
BENZAMYCIN GEL (<i>Use benzoyl peroxide-erythromycin</i>)	NP	AL(At least 10 yrs old)
<i>benzoyl peroxide-erythromycin</i> GEL	P	AL(At least 10 yrs old)
<i>benzoyl peroxide</i> GEL 5 %, 10 %	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide LIQD 10 %</i>	P		<i>erythromycin (acne aid) SOLN</i>	P	AL(At least 10 yrs old)
CABTREG	NP		EVOCLIN FOAM (<i>Use clindamycin phosphate (topical)</i>)	NF	AL(At least 10 yrs old)
CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NP	AL(At least 10 yrs old)	FABIOR FOAM	NP	AL(At least 10 yrs old - Up to 20 yrs old)
CLINDACIN ETZ	NP	AL(At least 10 yrs old)	<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	NP	
CLINDACIN PAC	NP	AL(At least 10 yrs old)	<i>isotretinoin</i>	NP	AL(At least 12 yrs old)
CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NP	AL(At least 10 yrs old)	KLARON (<i>Use sulfacetamide sodium (acne)</i>)	NP	AL(At least 10 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	NP		NEUAC KIT	NP	AL(At least 10 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	P		ONEXTON GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NP	AL(At least 10 yrs old)
<i>clindamycin phosphate (topical) LOTN</i>	P		RETIN-A MICRO (<i>Use tretinoin microsphere</i>)	NP	AL(At least 10 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	P	AL(At least 10 yrs old)	RETIN-A MICRO	NP	AL(At least 10 yrs old)
<i>clindamycin phosphate (topical) SWAB</i>	P	AL(At least 10 yrs old)	RETIN-A MICRO PUMP (<i>Use tretinoin microsphere</i>)	NP	AL(At least 10 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	NP	AL(At least 10 yrs old)	RETIN-A CREA (<i>Use tretinoin</i>)	NP	AL(At least 10 yrs old)
<i>clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %</i>	NP		RETIN-A GEL (<i>Use tretinoin</i>)	NP	AL(At least 10 yrs old)
<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	NP	AL(At least 10 yrs old)	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	AL(At least 10 yrs old)
<i>clindamycin phosphate-tretinoin</i>	NP		<i>sulfacetamide sodium (acne)</i>	NP	AL(At least 10 yrs old)
<i>dapsone (topical)</i>	NP	AL(At least 10 yrs old - Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	
<i>dapsone (topical)</i>	NP		<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	AL(At least 10 yrs old)
ERYGEL GEL (<i>Use erythromycin (acne aid)</i>)	NP	AL(At least 10 yrs old)	<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	AL(At least 10 yrs old)
<i>erythromycin (acne aid) GEL</i>	P	AL(At least 10 yrs old)			
<i>erythromycin (acne aid) PADS</i>	NP	AL(At least 10 yrs old)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP		CENTANY OINT	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NP	AL(At least 10 yrs old)	<i>gentamicin sulfate (topical) CREA</i>	P	QL(1 gm daily)
<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP		<i>gentamicin sulfate (topical) OINT</i>	P	
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP	AL(At least 10 yrs old)	<i>mupirocin calcium (topical)</i>	NP	
SUMADAN KIT	NP		<i>mupirocin OINT</i>	P	AL(Up to 20 yrs old)
SUMADAN WASH LIQD (Use <i>sulfacetamide sodium w/ sulfur</i>)	NP		<i>mupirocin OINT</i>	P	
SUMADAN XLT KIT	NP	AL(At least 10 yrs old)	<i>neomycin-bacitracin-polymyxin OINT</i>	P	
SUMAXIN CP KIT	NP	AL(At least 10 yrs old)	NEOSPORIN ORIGINAL OINT (Use <i>neomycin-bacitracin-polymyxin</i>)	NF	
SUMAXIN PADS	NP	AL(At least 10 yrs old)	NEO-SYNALAR	NP	
TAZAROTENE FOAM	NP	AL(At least 10 yrs old - Up to 20 yrs old)	NEO-SYNALAR KIT	NP	
<i>tretinoin microsphere 0.04 %, 0.1 %</i>	NP	AL(At least 10 yrs old)	POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use <i>bacitracin-polymyxin b</i>)	NF	
<i>tretinoin microsphere 0.08 %</i>	NP		XEPI	NP	QL(8 gm daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P		Antifungals - Topical		
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	P	AL(At least 10 yrs old)	<i>ciclopirox olamine CREA</i>	NP	
WINLEVI	NP		<i>ciclopirox olamine SUSP</i>	NP	
ZIANA (Use <i>clindamycin phosphate-tretinoin</i>)	NP	AL(At least 10 yrs old)	<i>ciclopirox GEL</i>	NP	
ZMA CLEAR SUSP	NP		<i>ciclopirox KIT</i>	NP	
Agents for External Genital and Perianal Warts			<i>ciclopirox SHAM</i>	NP	
VEREGEN	NP		<i>ciclopirox SOLN</i>	NP	
Antibiotics - Topical			<i>clotrimazole (topical) CREA</i>	P	RX/OTC
<i>bacitracin (topical) OINT</i>	P		<i>clotrimazole (topical) SOLN</i>	NP	RX/OTC
<i>bacitracin zinc OINT</i>	P		<i>clotrimazole w/ betamethasone CREA</i>	NP	
<i>bacitracin-polymyxin b OINT</i>	P		<i>clotrimazole w/ betamethasone LOTN</i>	NP	
CENTANY AT KIT	NP		<i>econazole nitrate CREA</i>	P	
			ERTACZO	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EXTINA FOAM (Use ketoconazole (topical))	NF		nystatin (topical) POWD EX	P	
JUBLIA	NP		nystatin-triamcinolone CREA	NP	
KERYDIN (Use tavaborole)	NF		nystatin-triamcinolone OINT	NP	
ketoconazole (topical) CREA	P		oxiconazole nitrate CREA	NP	
ketoconazole (topical) FOAM	NP		OXISTAT CREA (Use oxiconazole nitrate)	NF	
ketoconazole (topical) SHAM 2 %	P	QL(4 ml daily)	OXISTAT LOTN	NP	
KETODAN KIT	NP		tavaborole	NP	
LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))	NF		terbinafine hcl (topical) CREA	P	
LAMISIL AT CREA (Use terbinafine hcl (topical))	NF		TINACTIN DEODORANT AERP (Use tolnaftate)	NF	
LOPROX	NP		TINACTIN JOCK ITCH AERP (Use tolnaftate)	NF	
LOPROX KIT	NP		TINACTIN AERO (Use tolnaftate)	NF	
LOPROX SHAMPOO SHAM (Use ciclopirox)	NF		TINACTIN AERP (Use tolnaftate)	NF	
LOPROX CREA (Use ciclopirox olamine)	NP		TINACTIN CREA (Use tolnaftate)	NF	
LOPROX SUSP (Use ciclopirox olamine)	NP		tolnaftate AERO	P	
luliconazole	NP		tolnaftate AERP	P	
LUZU (Use luliconazole)	NP		tolnaftate CREA	P	
MICATIN CREA (Use miconazole nitrate (topical))	NF		tolnaftate SOLN	NP	RX/OTC
miconazole nitrate (topical) CREA	P		VUSION (Use miconazole-zinc oxide-white petrolatum)	NP	
miconazole-zinc oxide-white petrolatum	NP		Anti-inflammatory Agents - Topical		
naftifine hcl CREA	NP		DERMACINRX LEXITRAL PHARMAPAK (Use diclofenac sodium-capsaicin (topical))	NF	
naftifine hcl GEL 2 %	NP		DERMACINRX LEXITRAL PHARMAPAK II (Use diclofenac sodium-capsaicin (topical))	NF	
NAFTIN GEL (Use naftifine hcl)	NP		diclofenac epolamine PTCH EX	NP	
NAFTIN GEL	NP				
nystatin (topical) CREA	P				
nystatin (topical) OINT	P				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (topical) GEL EX</i>	NP	RX/OTC	<i>acitretin</i>	NP	
<i>diclofenac sodium (topical) SOLN EX</i>	NP		BIMZELX SOAJ	NP	SP
<i>diclofenac sodium (topical) SOLN EX</i>	NP	MP	BIMZELX SOSY	NP	SP
<i>diclofenac sodium-capsaicin (topical)</i>	NP		<i>calcipotriene CREA</i>	P	
FLECTOR PTCH EX (Use <i>diclofenac epolamine</i>)	NP		CALCIPOTRIENE FOAM	NP	
LICART PT24	NP		<i>calcipotriene OINT</i>	P	
PENNSAID SOLN EX 2 % (Use <i>diclofenac sodium (topical)</i>)	NP		<i>calcipotriene SOLN</i>	P	
Antineoplastic or Premalignant Lesion Agents - Topical			<i>calcitriol (topical)</i>	NP	
AMELUZ GEL	NP		COSENTYX SENSOREADY PEN SOAJ	P	SP; MP; PA
<i>bexarotene (topical)</i>	NP	SP	COSENTYX UNOREADY SOAJ	P	SP; PA
CARAC CREA (Use <i>fluorouracil (topical)</i>)	NP		COSENTYX SOSY	P	SP; MP; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	NP		DOVONEX CREA (Use <i>calcipotriene</i>)	NF	
EFUDEX CREA (Use <i>fluorouracil (topical)</i>)	NP		ILUMYA	NP	SP; MP
<i>fluorouracil (topical) CREA</i>	NP		<i>methoxsalen rapid</i>	NP	
<i>fluorouracil (topical) SOLN</i>	NP		SILIQ	NP	SP; MP
LEVULAN KERASTICK SOLR	P	SP	SKYRIZI PEN SOAJ	NP	SP; MP
TARGRETIN (Use <i>bexarotene (topical)</i>)	P	SP	SKYRIZI SOSY	NP	SP; MP
VALCHLOR	NP	SP	SORILUX FOAM	NP	
Antipruritics - Topical			SOTYKTU	NP	SP
<i>doxepin hcl (antipruritic)</i>	NP		STELARA SOLN 45 MG/0.5ML	NP	SP; MP
PRUDOXIN (Use <i>doxepin hcl (antipruritic)</i>)	NP		STELARA SOSY	NP	SP; MP
ZONALON (Use <i>doxepin hcl (antipruritic)</i>)	NP		TALTZ SOAJ	NP	SP; MP
Antipsoriatics			TALTZ SOSY	NP	SP; MP
			<i>tazarotene CREA</i>	NP	
			<i>tazarotene GEL</i>	NP	
			TREMFYA SOPN	NP	SP; MP
			TREMFYA SOSY	NP	SP; MP
			VTAMA	NP	
			ZORYVE	NP	
			Antiseborrheic Products		
			OVACE PLUS WASH GEL (Use <i>sulfacetamide sodium</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	NF		<i>amcinonide CREA</i>	NP	
OVACE WASH LIQD (Use sulfacetamide sodium)	NF		APEXICON E CREA	NP	
<i>selenium sulfide LOTN 2.5 %</i>	P		<i>betamethasone dipropionate (topical) CREA</i>	NP	
<i>selenium sulfide SHAM 2.25 %, 2.3 %</i>	NP		<i>betamethasone dipropionate (topical) LOTN</i>	NP	
<i>sulfacetamide sodium GEL</i>	NP		<i>betamethasone dipropionate (topical) OINT</i>	NP	
<i>sulfacetamide sodium LIQD</i>	NP		<i>betamethasone dipropionate augmented CREA</i>	NP	
Antivirals - Topical			<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>acyclovir topical CREA</i>	NP		<i>betamethasone dipropionate augmented LOTN</i>	NP	
<i>acyclovir topical OINT</i>	NP		<i>betamethasone dipropionate augmented OINT</i>	NP	
DENAVIR (Use penciclovir)	NP		<i>betamethasone dipropionate augmented OINT</i>	NP	
<i>penciclovir</i>	NP		<i>betamethasone valerate CREA</i>	P	
XERESE	NP		<i>betamethasone valerate FOAM</i>	NP	
ZOVIRAX CREA (Use acyclovir topical)	NP		<i>betamethasone valerate LOTN</i>	P	
ZOVIRAX OINT (Use acyclovir topical)	NP		<i>betamethasone valerate OINT</i>	P	
Burn Products			BRYHALI LOTN	NP	
<i>mafenide acetate PACK</i>	P		<i>calcipotriene-betamethasone dipropionate OINT</i>	NP	
SILVADENE (Use silver sulfadiazine)	NP		<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	
<i>silver sulfadiazine</i>	P		<i>clobetasol propionate emollient base 0.05 %</i>	P	
SULFAMYLON CREA	P		<i>clobetasol propionate emulsion</i>	NP	
Cauterizing Agents					
SILVER NITRATE SOLN 0.5 %	NP				
Corticosteroids - Topical					
<i>alclometasone dipropionate CREA</i>	P				
<i>alclometasone dipropionate OINT</i>	P				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate</i> CREA 0.05 %	P		<i>diflorasone diacetate</i> OINT	P	
<i>clobetasol propionate</i> FOAM	NP		DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i>)	NF	
<i>clobetasol propionate</i> GEL 0.05 %	P		DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NF	
<i>clobetasol propionate</i> LIQD	NP		DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NP	
<i>clobetasol propionate</i> LOTN	NP		DUOBRII	NP	
<i>clobetasol propionate</i> OINT 0.05 %	P		ENSTILAR FOAM	NP	
<i>clobetasol propionate</i> SHAM	NP		EPIFOAM FOAM	NP	
<i>clobetasol propionate</i> SOLN 0.05 %	P		<i>fluocinolone acetonide</i> CREA	P	
<i>clocortolone pivalate</i>	NP		<i>fluocinolone acetonide</i> OIL	P	
CLODAN KIT	NP		<i>fluocinolone acetonide</i> OINT	P	
CLODERM (Use <i>clocortolone pivalate</i>)	NP		<i>fluocinolone acetonide</i> SOLN	P	
CUTIVATE LOTN (Use <i>fluticasone propionate</i>)	NF		<i>fluocinonide emulsified</i> base	P	
DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	NP		<i>fluocinonide CREA</i>	P	
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NP		<i>fluocinonide GEL</i>	P	
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NF		<i>fluocinonide OINT</i>	P	
<i>desonide CREA</i>	P		<i>fluocinonide SOLN</i>	P	
<i>desonide LOTN</i>	NP		<i>flurandrenolide CREA</i>	NP	
<i>desonide OINT</i>	P		<i>flurandrenolide LOTN</i>	NP	
<i>desoximetasone CREA</i>	NP		<i>fluticasone propionate</i> CREA 0.05 %	P	
<i>desoximetasone GEL</i>	NP		<i>fluticasone propionate</i> LOTN	NP	
<i>desoximetasone LIQD</i>	NP		<i>fluticasone propionate</i> OINT	P	
<i>desoximetasone OINT</i>	NP		<i>halcinonide CREA</i>	NP	
<i>diflorasone diacetate</i> CREA	P		<i>halobetasol propionate</i> CREA	P	
			<i>halobetasol propionate</i> FOAM 0.05 %	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate OINT</i>	P		<i>mometasone furoate OINT</i>	P	
HALOG CREA (Use <i>halcinonide</i>)	NP		<i>mometasone furoate SOLN</i>	P	
HALOG OINT	NP		OLUX-E (Use <i>clobetasol propionate emulsion</i>)	NF	
HALOG SOLN	NP	QL(3 ml daily)	OLUX FOAM (Use <i>clobetasol propionate</i>)	NF	
<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	P	RX/OTC	PANDEL	NP	
<i>hydrocortisone (topical) LOTN 2.5 %</i>	P		<i>prednicarbate OINT</i>	NP	
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC	RADIAURA CREA	NP	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP		SYNALAR CREAM KIT	NP	
<i>hydrocortisone butyrate CREA</i>	NP		SYNALAR OINTMENT KIT	NP	
<i>hydrocortisone butyrate LOTN</i>	NP		SYNALAR TS	NP	
<i>hydrocortisone butyrate OINT</i>	NP		SYNALAR CREA (Use <i>fluocinolone acetonide</i>)	NP	
<i>hydrocortisone butyrate SOLN</i>	NP		SYNALAR OINT (Use <i>fluocinolone acetonide</i>)	NP	
HYDROCORTISONE COMPLETE KIT	NP		SYNALAR SOLN (Use <i>fluocinolone acetonide</i>)	NP	
<i>hydrocortisone valerate CREA</i>	P	QL(1.5 gm daily)	TACLONEX OINT (Use <i>calcipotriene-betamethasone dipropionate</i>)	NP	
<i>hydrocortisone valerate OINT</i>	P	QL(1.5 gm daily)	TACLONEX SUSP (Use <i>calcipotriene-betamethasone dipropionate</i>)	NP	
KENALOG AERS (Use <i>triamcinolone acetonide (topical)</i>)	NP		TEMOVATE CREA (Use <i>clobetasol propionate</i>)	NF	
LEXETTE FOAM	NP		TEMOVATE OINT (Use <i>clobetasol propionate</i>)	NF	
LOCOID LIPOCREAM (Use <i>hydrocortisone butyrate hydrophilic lipo base</i>)	NP		TEXACORT SOLN 2.5 %	NP	
LOCOID LOTN (Use <i>hydrocortisone butyrate</i>)	NP		TOPICORT CREA 0.25 % (Use <i>desoximetasone</i>)	NP	
LUXIQ FOAM (Use <i>betamethasone valerate</i>)	NF		TOPICORT CREA 0.05 % (Use <i>desoximetasone</i>)	NF	
<i>mometasone furoate CREA</i>	P		TOPICORT GEL (Use <i>desoximetasone</i>)	NP	
			TOPICORT LIQD (Use <i>desoximetasone</i>)	NP	

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TOPICORT OINT (<i>Use desoximetasone</i>)	NF		Immunomodulating Agents - Topical		
TOPICORT OINT 0.05 % (<i>Use desoximetasone</i>)	NP		ALDARA (<i>Use imiquimod</i>)	NF	AL (At least 10 yrs old)
TOVET KIT	NP		<i>imiquimod 5 %</i>	P	AL (At least 10 yrs old)
<i>triamcinolone acetonide (topical)</i> AERS	NP		<i>imiquimod 3.75 %</i>	NP	AL (At least 10 yrs old)
<i>triamcinolone acetonide (topical)</i> CREA	P		ZYCLARA (<i>Use imiquimod</i>)	NP	AL (At least 10 yrs old)
<i>triamcinolone acetonide (topical)</i> LOTN	P		ZYCLARA PUMP (<i>Use imiquimod</i>)	NP	AL (At least 10 yrs old)
<i>triamcinolone acetonide (topical)</i> OINT 0.05 %	NP		ZYCLARA PUMP	NP	AL (At least 10 yrs old)
<i>triamcinolone acetonide (topical)</i> OINT 0.025 %, 0.1 %, 0.5 %	P		Immunosuppressive Agents - Topical		
ULTRAVATE LOTN	NP		ELIDEL (<i>Use pimecrolimus</i>)	P	PA
VANOS CREA (<i>Use fluocinonide</i>)	NP		HYFTOR	NP	
Eczema Agents			<i>pimecrolimus</i>	P	PA
ADBRY	NP	SP; MP	PROTOPIC OINT (<i>Use tacrolimus (topical)</i>)	P	PA
CIBINQO	NP	SP	<i>tacrolimus (topical)</i> OINT	P	PA
DUPIXENT SOPN	NP	SP; MP	Keratolytic/Antimitotic Agents		
DUPIXENT SOPN	P	SP; MP; PA	BENSAL HP OINT	NP	RX/OTC
DUPIXENT SOSY	P	SP; MP; PA	CONDYLOX GEL 0.5 % (<i>Use podofilox</i>)	P	
DUPIXENT SOSY 100 MG/0.67ML	NP	SP; MP	PODOCON-25 SOLN	NP	
OPZELURA	NP		<i>podofilox SOLN</i>	P	
Emollient/Keratolytic Agents			SALICATE LIQD	NP	
<i>urea in lactic acid vehicle</i>	NP		<i>salicylic acid FOAM</i>	NP	
<i>urea CREA 39 %, 40 %, 41 %</i>	P	RX/OTC	<i>salicylic acid GEL 6 %</i>	P	
UREA CREA	P		<i>salicylic acid LIQD 27.5 %</i>	P	
<i>urea LOTN 40 %</i>	P		SALICYLIC ACID OINT	P	RX/OTC
Emollients			UREA/SALICYLIC ACID CREA	NP	
<i>lactic acid (ammonium lactate) CREA</i>	NP	RX/OTC	Local Anesthetics - Topical		
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	RX/OTC	<i>capsaicin CREA 0.075 %</i>	P	
			<i>capsaicin CREA 0.025 %</i>	P	QL (2 gm daily)
			DERMACINRX LIDOGEL GEL	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl CREA 3 %</i>	P	RX/OTC	BASIS FACIAL MOISTURIZER CREA	P	
<i>lidocaine hcl PRSY</i>	P	QL(0.67 ml daily)	BASIS OVERNIGHT CREA	P	
<i>lidocaine hcl SOLN</i>	P	QL(1.67 ml daily)	CAVILON NO STING BARRIERFILM MISC	P	
LIDOCAINE HYDROCHLORIDE CREA	NP		EUCERIN ORIGINAL HEALING CREA (<i>Use skin protectants, misc.</i>)	NF	
<i>lidocaine OINT</i>	P		HYCLODEX	NP	
<i>lidocaine-prilocaine CREA</i>	NP		HYDROCERIN CREA	P	
<i>lidocaine-prilocaine KIT</i>	NP		HYPOCYN SOLN	NP	RX/OTC
<i>lidocaine PTCH 5 %</i>	P		<i>isopropyl alcohol (skin cleanser) MISC</i>	P	
LIDODERM PTCH (<i>Use lidocaine</i>)	NP		NO-STING SKIN-PREP MISC	P	
LIDOREX GEL	NP		SENSI-CARE MOISTURIZING CREA	P	
LIDOTRAL/MENTHOL LIQD	NP		<i>skin protectants, misc. CREA</i>	P	
LIDOTRAL CREA	NP		SORBIDON HYDRATE CREA	P	
LIDOTRAN CREA	NP		THERASEAL HAND PROTECTION LOTN	P	
LYDEXA CREA	NP		UNIVERSAL REMOVER WIPES MISC	P	
PLIAGLIS CREA	NP		<i>witch hazel (hamamelis virginiana) PADS</i>	P	
QUTENZA	NP		XERAC AC	NP	
RA ARTHRITIS PAIN RELIEF CREA	P		Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
XYLIDERM	NP		EUCRISA	P	PA
ZTLIDO PTCH	NP		Rosacea Agents		
Misc. Dermatological Products			<i>azelaic acid GEL</i>	NP	
ALADERM PLUS EMUL	NP		<i>brimonidine tartrate (topical)</i>	NP	
HYLATOPIC PLUS CREA	NP	RX/OTC	<i>doxycycline (rosacea)</i>	NP	
NUVAIL SOLN	NP	RX/OTC	FINACEA FOAM	NP	
TETRIX CREA	NP	RX/OTC	FINACEA GEL (<i>Use azelaic acid</i>)	NP	
Misc. Topical			<i>ivermectin (rosacea)</i>	NP	
ALOE VESTA DAILY MOISTURIZER LOTN (<i>Use dimethicone (topical)</i>)	NF				
AVEENO ACTIVE NATURALS SKIN RELIEF GENTLE SCENT LOTN (<i>Use dimethicone (topical)</i>)	NF				

IL MHP Medicaid

Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical) CREA</i>	P	QL(1.5 gm daily)	ACCU-CHEK AVIVA PLUS STRP	NP	QL(4 ea daily); MP; RX/OTC
<i>metronidazole (topical) GEL</i>	P		ACCU-CHEK GUIDE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
<i>metronidazole (topical) LOTN</i>	P		ACCU-CHEK GUIDE STRP	NP	QL(4 ea daily); MP; RX/OTC
NORITATE CREA	NP		ACCU-CHEK SMARTVIEW STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RHOFADE	NP		ACCUTREND GLUCOSE STRP	NP	QL(4 ea daily); MP; RX/OTC
ROSADAN KIT	NP		ADVANCE INTUITION TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
Scabicides & Pediculicides			ADVANCE MICRO-DRAW TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
<i>crotamiton LOTN</i>	NP		ADVOCATE REDI-CODE+ TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
<i>ivermectin (pediculicide)</i>	NP	RX/OTC	ADVOCATE REDI-CODE STRP	NP	QL(4 ea daily); MP; RX/OTC
<i>malathion</i>	NP		ADVOCATE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
NATROBA (Use <i>spinosad</i>)	P	QL(4 ml daily)	AGAMATRIX AMP NO CODE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
OVIDE (Use <i>malathion</i>)	NP		AGAMATRIX JAZZ TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
<i>permethrin CREA</i>	P	QL(2 gm daily)	AGAMATRIX KEYNOTE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
<i>permethrin LIQD EX</i>	P		AGAMATRIX PRESTO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
<i>permethrin LOTN</i>	P		ASSURE 3 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	P		ASSURE 4 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
<i>spinosad</i>	NP	QL(4 ml daily)	ASSURE II CHECK STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC
Tar Products			ASSURE II TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
<i>coal tar extract SHAM 0.5 %</i>	P		ASSURE II STRP	NP	QL(4 ea daily); MP; RX/OTC
DHS TAR GEL SHAM (Use <i>coal tar extract</i>)	NF		ASSURE PLATINUM TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
DHS TAR SHAM (Use <i>coal tar extract</i>)	NF				
NEUTROGENA T/GEL SHAM 0.5 % (Use <i>coal tar extract</i>)	NF				
Wound Care Products					
VYJUVEK	NP	SP			
DIAGNOSTIC PRODUCTS					
Diagnostic Tests					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASSURE PRISM MULTI TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CLEVER CHEK AUTO-CODE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ASSURE PRO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P		CLEVER CHEK TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
BIOSCANNER GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
BIOTEL CARE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CLEVER CHOICE MICRO TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	QL(4 ea daily); MP; RX/OTC	CLEVER CHOICE NO CODING TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
BLOOD GLUCOSE TEST STRIPS333 STRP	NP	QL(4 ea daily); MP; RX/OTC	CLEVER CHOICE TALK NO CODING TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	P	
BLULINK GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CONTOUR BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP	NP	QL(4 ea daily); MP; RX/OTC	CONTOUR NEXT BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	NP	QL(4 ea daily); MP; RX/OTC	COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CARESENS N BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	COVID-19 AT-HOME TEST KIT KIT	P	
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	P	
CHEMSTRIP 10 MD	P		COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	P	
CHEMSTRIP -10 WITH SG	P		CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CHEMSTRIP 2 GP STRIPS	P		CVS GLUCOSE METER TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CHEMSTRIP 5 OB	P		D-CARE BLOOD GLUCOSE STRP	NP	QL(4 ea daily); MP; RX/OTC
CHEMSTRIP 7	P		DIASTIX	P	
CHEMSTRIP 9 STRIPS	P				
CHEMSTRIP-K STRP	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ELEMENT COMPACT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
DIATHRIVE+ BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ELEMENT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ELLUME COVID-19 HOME TEST KIT	P	
DUO-CARE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EMBRACE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY PLUS II BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC	EMBRACE EVO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY STEP TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EQ BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EVOLUTION AUTOCODE STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	
EASYGLUCO STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASYMAX 15 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA 6 CONNECT STRP	NP	QL(4 ea daily); MP; RX/OTC
EASYMAX TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASYPRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA D15G BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASYPRO PLUS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA D20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA GD20 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FREESTYLE LITE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA GD50 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FREESTYLE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GE100 BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GENULTIMATE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GHT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GLUCO PERFECT 3 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA V30A BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORACARE GD40 STRP	NP	QL(4 ea daily); MP; RX/OTC	GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORACARE PREMIUM V10 TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GLUCOCARD SHINE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORACARE TEST N GO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GLUCOCARD VITAL TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORTISCARE BLOOD GLUCOSETEST STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC	GLUCOCARD X-SENSOR STRP	NP	QL(4 ea daily); MP; RX/OTC
			GLUCOCOM TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLUCONAVII BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	INFINITY VOICE STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOSE METER TEST STRIPS ADVANCED STRP	NP	QL(4 ea daily); MP; RX/OTC	INTELISWAB COVID-19 RAPID TEST KIT	P	
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	KETONE TEST STRIPS STRP	P	
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	KETONE STRP	P	
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	KETOSTIX STRP	P	
GNP TRUETRACK SMART SYSTEM STRP	NP	QL(4 ea daily); MP; RX/OTC	KROGER BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GOJJI BLOOD GLUCOSE TEST STRIPS/GOJJI STERILE LANCETS 30G STRP	NP	QL(4 ea daily); MP; RX/OTC	KROGER HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GOJJI BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	LIBERTY TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	LUCIRA CHECK IT COVID-19 TEST KIT	P	RX/OTC
I GLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	LUCIRA COVID-19 ALL-IN-ONE TEST KIT	P	RX/OTC
IHEALTH COVID-19 ANTIGEN RAPID TEST KIT	P		MEIJER BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
IN TOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
INFINITY BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
			MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
			MICRODOT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
			MICRODOT XTRA TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MM EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MULTISTIX 10 SG	P		PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC	PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
NEUTEK 2TEK TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	PTS PANELS EGLU STRP	NP	QL(4 ea daily); MP; RX/OTC
NOVA MAX GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	PTS PANELS GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	QUICKTEK TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P		QUICKVUE AT-HOME COVID-19 TEST KIT	P	
ONE DROP BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	QUINTET AC BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ONETOUCH ULTRA STRP	P	QL(4 ea daily); MP; RX/OTC	QUINTET BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	REFUAH PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	QL(4 ea daily); MP; RX/OTC	RELION CONFIRM/MICRO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
OPTIUMEZ TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	RELION KETONE TEST STRIPS STRP	P	
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	RELION ULTIMA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REXALL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	TRUETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	TRUETRACK BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	TRUETRACK TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	UNISTRIP1 GENERIC STRP	NP	QL(4 ea daily); MP; RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	VERASENS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
SMARTEST BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
SOLUS V2 AUDIBLE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC	Digestive Enzymes		
SUPREME TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CREON CPEP	P	
SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	LACTAID TABS (<i>Use lactase</i>)	NF	
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	QL(4 ea daily); MP; RX/OTC	<i>lactase</i> TABS 3000 UNIT	P	
TGT BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	PERTZYE CPEP	NP	
TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	VIOKACE TABS	NP	
			ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
			DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		

Drug Name	Drug Tier	Requirements/Limits
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	P	QL(4 ea daily); MP
<i>acetazolamide TABS 125 MG</i>	P	MP
<i>acetazolamide TABS 250 MG</i>	P	QL(2 ea daily); MP
<i>dichlorphenamide</i>	NP	SP
KEVEYIS (<i>Use dichlorphenamide</i>)	NP	SP
<i>methazolamide TABS</i>	P	MP
Diuretic Combinations		
ALDACTAZIDE	NP	MP
ALDACTAZIDE (<i>Use spironolactone & hydrochlorothiazide</i>)	NF	MP
<i>amiloride & hydrochlorothiazide</i>	P	MP
MAXZIDE-25 TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NP	MP
MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NP	MP
<i>spironolactone & hydrochlorothiazide</i>	P	MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	MP
<i>triamterene & hydrochlorothiazide TABS</i>	P	MP
<i>triamterene & hydrochlorothiazide TABS</i>	P	MP
Loop Diuretics		
<i>bumetanide TABS</i>	P	MP
<i>bumetanide TABS 0.5 MG, 1 MG</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits
BUMEX TABS 0.5 MG (<i>Use bumetanide</i>)	NP	MP
EDECRIN (<i>Use ethacrynic acid</i>)	NP	MP
<i>ethacrynic acid</i>	P	MP
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	P	MP
<i>furosemide TABS</i>	P	MP
<i>furosemide TABS</i>	P	MP
LASIX TABS (<i>Use furosemide</i>)	NP	MP
<i>torseamide TABS</i>	P	MP
<i>torseamide TABS</i>	P	MP
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use spironolactone</i>)	NP	MP
<i>amiloride hcl TABS</i>	P	MP
CAROSPIR SUSP (<i>Use spironolactone</i>)	NP	MP
<i>spironolactone SUSP</i>	NP	MP
<i>spironolactone TABS</i>	P	MP
<i>spironolactone TABS</i>	P	MP
<i>triamterene CAPS</i>	P	MP
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	P	MP
<i>chlorthalidone 25 MG, 50 MG</i>	P	MP
DIURIL SUSP	P	MP
<i>hydrochlorothiazide CAPS</i>	P	MP
<i>hydrochlorothiazide TABS</i>	P	MP
<i>hydrochlorothiazide TABS</i>	P	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	MP
<i>metolazone</i>	P	MP
<i>metolazone</i>	P	MP
THALITONE	NP	

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Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	NP	QL(3 ea daily); SP
RECORLEV	NP	SP
Bone Density Regulators		
ACTONEL TABS 35 MG, 150 MG (<i>Use risedronate sodium</i>)	NP	MP
<i>alendronate sodium SOLN</i>	P	MP
<i>alendronate sodium TABS 10 MG</i>	P	QL(1 ea daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.143 ea daily); MP
ATELVIA TBEC (<i>Use risedronate sodium</i>)	NP	MP
BONIVA TABS (<i>Use ibandronate sodium</i>)	NF	MP
<i>calcitonin (salmon) NA</i>	P	MP
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP	QL(0.143 ea daily); MP
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NF	QL(0.143 ea daily); MP
<i>ibandronate sodium TABS</i>	NP	MP
<i>risedronate sodium TABS</i>	NP	MP
<i>risedronate sodium TBEC</i>	NP	MP
GnRH/LHRH Antagonists		
ORLISSA	P	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	NP	SP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	P	SP; PA
GENOTROPIN CART SC	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE CART IJ	NP	SP
NGENLA	NP	SP
NORDITROPIN FLEXPRO SOPN	NP	SP; MP
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP; MP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP; MP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP; MP
OMNITROPE SOCT	NP	SP; MP
OMNITROPE SOLR SC	NP	
SAIZEN IJ	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP; MP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA (<i>Use raloxifene hcl</i>)	NP	MP
EVISTA (<i>Use raloxifene hcl</i>)	NF	MP
OSPHENA	NP	
<i>raloxifene hcl</i>	NP	MP
<i>raloxifene hcl</i>	NP	MP
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
SYNAREL	NP	SP
Metabolic Modifiers		
<i>betaine</i>	NP	SP
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NP	SP
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NP	SP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol CAPS</i>	P		PHEBURANE PLLT	NP	
<i>calcitriol CAPS</i>	P		RAVICTI	NP	SP; MP
<i>calcitriol SOLN OR</i>	P	MP	RAYALDEE	NP	
CARBAGLU (<i>Use carglumic acid</i>)	NP	SP	ROCALTROL CAPS (<i>Use calcitriol</i>)	NP	
<i>carglumic acid</i>	P	SP; PA	ROCALTROL SOLN OR (<i>Use calcitriol</i>)	NP	MP
<i>carglumic acid</i>	NP	SP	<i>sapropterin dihydrochloride PACK</i>	NP	SP
CARNITOR SF SOLN OR (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	MP	<i>sapropterin dihydrochloride TABS</i>	NP	SP
CARNITOR SOLN OR 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	MP	SENSIPAR (<i>Use cinacalcet hcl</i>)	NP	SP
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NP		<i>sodium phenylbutyrate POWD</i>	NP	SP
<i>cinacalcet hcl</i>	NP	SP	<i>sodium phenylbutyrate TABS</i>	NP	SP
CYSTADANE (<i>Use betaine</i>)	NP	SP	ZEMPLAR CAPS 1 MCG, 2 MCG (<i>Use paricalcitol</i>)	NP	
<i>doxercalciferol CAPS</i>	P		Mineralocorticoid Receptor Antagonists		
GALAFOLD	NP	SP	KERENDIA	P	PA
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NP	SP	Posterior Pituitary Hormones		
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NP	SP	DDAVP TABS (<i>Use desmopressin acetate</i>)	NP	QL(6 ea daily); MP
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	NP	MP	<i>desmopressin acetate spray</i>	P	MP
<i>levocarnitine (metabolic modifiers) TABS</i>	NP		<i>desmopressin acetate spray refrigerated</i>	P	MP
<i>nitisinone CAPS</i>	P	SP	<i>desmopressin acetate TABS</i>	P	QL(6 ea daily); MP
NITYR TABS	NP	SP	NOCDURNA SUBL	NP	
OLPRUVA THPK	NP	SP	Progesterone Receptor Antagonists		
ORFADIN CAPS	P	SP	MIFEPREX (<i>Use mifepristone</i>)	NP	
ORFADIN CAPS (<i>Use nitisinone</i>)	P	SP	<i>mifepristone</i>	NP	
ORFADIN SUSP	NP	SP; MP	Prolactin Inhibitors		
<i>paricalcitol CAPS</i>	NP		<i>cabergoline</i>	P	
			Somatostatic Agents		

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Drug Name	Drug Tier	Requirements/Limits
LANREOTIDE ACETATE	NP	SP; MP
MYCAPSSA CPDR	NP	SP
<i>octreotide acetate SOLN</i>	NP	SP; MP
<i>octreotide acetate SOSY</i>	NP	SP; MP
SANDOSTATIN LAR DEPOT KIT	NP	SP
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	NP	SP; MP
SIGNIFOR	NP	SP; MP
SIGNIFOR LAR	NP	SP
SOMATULINE DEPOT	NP	SP; MP
Vasopressin Receptor Antagonists		
JYNARQUE TABS	NP	SP
JYNARQUE TBPK	NP	SP
SAMSCA TABS (<i>Use tolvaptan</i>)	NP	SP
<i>tolvaptan TABS</i>	NP	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	NP	
ANGELIQ	NP	
BIJUVA 1 MG-100 MG	NP	
CLIMARA PRO	NP	
COMBIPATCH PTTW	P	
DUAVEE	NP	
<i>esterified estrogens & methyltestosterone</i>	P	
<i>estradiol & norethindrone acetate TABS</i>	P	
FEMHRT (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NF	QL(1 ea daily)
MYFEMBREE	P	PA

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol</i>	NP	QL(1 ea daily)
ORIAHNN	P	PA
PREFEST	NP	
PREMPHASE	P	QL(1 ea daily)
PREMPRO 1.5 MG-0.3 MG, 1.5 MG-0.45 MG	P	
PREMPRO 2.5 MG-0.625 MG, 5 MG-0.625 MG	P	QL(1 ea daily)
Estrogens		
CLIMARA PTWK (<i>Use estradiol</i>)	NP	
DELESTROGEN (<i>Use estradiol valerate</i>)	NP	
DEPO-ESTRADIOL	NP	
DIVIGEL GEL (<i>Use estradiol</i>)	NP	
ELESTRIN GEL	NP	
ESTRACE TABS (<i>Use estradiol</i>)	NP	
<i>estradiol valerate</i>	NP	
<i>estradiol GEL</i>	NP	
<i>estradiol PTTW</i>	P	
<i>estradiol PTWK</i>	P	
<i>estradiol TABS</i>	P	
EVAMIST SOLN	NP	MP
MENEST	P	
MENOSTAR PTWK	NP	
MINIVELLE PTTW (<i>Use estradiol</i>)	NP	
PREMARIN TABS	P	
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BAXDELA TABS	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(28 ea per fill retail); AL(At least 16 yrs old)	<i>simethicone CAPS 125 MG, 180 MG</i>	P	
<i>ciprofloxacin hcl TABS</i>	P		<i>simethicone CHEW</i>	P	
<i>ciprofloxacin hcl TABS 500 MG</i>	P	AL(At least 16 yrs old)	<i>simethicone SUSP</i>	P	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	P		Bile Acid Synthesis Disorder Agents		
CIPRO SUSR	NP		CHOLBAM	NP	SP
CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i>)	NP		Farnesoid X Receptor (FXR) Agonists		
<i>levofloxacin SOLN OR</i>	P		OCALIVA	NP	SP
<i>levofloxacin TABS</i>	P		Gallstone Solubilizing Agents		
<i>moxifloxacin hcl TABS</i>	P		CHENODAL	NP	SP
<i>ofloxacin 300 MG, 400 MG</i>	NP		RELTONE CAPS	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			URSO 250 TABS (Use <i>ursodiol</i>)	NP	
5-HT4 Receptor Agonists			URSO FORTE TABS (Use <i>ursodiol</i>)	NP	
MOTEGRITY	NP		<i>ursodiol CAPS</i>	P	
Agents for Chronic Idiopathic Constipation (CIC)			<i>ursodiol TABS</i>	NP	
TRULANCE	NP		Gastrointestinal Antiallergy Agents		
Antiflatulents			<i>cromolyn sodium (mastocytosis)</i>	P	
GAS-X EXTRA STRENGTH CHEW (Use <i>simethicone</i>)	NF		GASTROCROM (Use <i>cromolyn sodium (mastocytosis)</i>)	NP	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use <i>simethicone</i>)	NF		Gastrointestinal Chloride Channel Activators		
MYLICON INFANTS GAS RELIEF SUSP (Use <i>simethicone</i>)	NF		AMITIZA (Use <i>lubiprostone</i>)	NP	
PHAZYME ULTRA STRENGTH CAPS (Use <i>simethicone</i>)	NF		<i>lubiprostone</i>	NP	
			Gastrointestinal Stimulants		
			GIMOTI SOLN NA	NP	SP
			<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	P	
			<i>metoclopramide hcl TABS</i>	P	
			METOCLOPRAMIDE ODT TBDP	NP	
			REGLAN TABS (Use <i>metoclopramide hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NP	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NF	
AVSOLA	NP	SP
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP	
<i>balsalazide disodium CAPS</i>	P	
CANASA SUPP (<i>Use mesalamine</i>)	NP	QL(1 ea daily)
CIMZIA STARTER KIT PSKT	P	SP; PA
CIMZIA KIT	NP	SP
CIMZIA PSKT	P	SP; PA
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NP	
DELZICOL CPDR (<i>Use mesalamine</i>)	NP	
DIPENTUM	NP	
ENTYVIO SOLR	NP	SP
ENTYVIO SOPN	NP	SP
INFLECTRA	NP	SP
INFLIXIMAB	NP	SP
LIALDA TBEC (<i>Use mesalamine</i>)	NP	
LIALDA TBEC (<i>Use mesalamine</i>)	NF	
<i>mesalamine w/ cleanser</i>	NP	
<i>mesalamine CP24</i>	NP	
<i>mesalamine CPCR</i>	P	QL(8 ea daily)
<i>mesalamine CPDR</i>	NP	
<i>mesalamine ENEM</i>	P	
<i>mesalamine SUPP</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine TBEC</i>	NP	
OMVOH SOAJ	NP	SP
OMVOH SOLN	NP	SP
PENTASA CPCR	P	QL(8 ea daily)
PENTASA CPCR (<i>Use mesalamine</i>)	P	QL(8 ea daily)
REMICADE	NP	SP
RENFLEXIS	NP	SP
ROWASA (<i>Use mesalamine w/ cleanser</i>)	NP	
SFROWASA ENEM	P	
SKYRIZI SOCT	NP	SP
SKYRIZI SOLN	NP	SP
STELARA 130 MG/26ML	NP	SP
<i>sulfasalazine TABS</i>	P	
<i>sulfasalazine TBEC</i>	P	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	MP
<i>lactulose (encephalopathy)</i>	P	MP
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl</i>	NP	
IBSRELA	NP	
LINZESS	NP	
LOTRONEX (<i>Use alose tron hcl</i>)	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	NP	
ENTEREG (<i>Use alvimopan</i>)	NP	
MOVANTI K	NP	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
SYMPROIC	NP	
Phosphate Binder Agents		

Drug Name	Drug Tier	Requirements/Limits
AURYXIA	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
FOSRENOL CHEW (Use lanthanum carbonate)	NP	
FOSRENOL PACK	P	
<i>lanthanum carbonate CHEW</i>	P	
RENAGEL (Use sevelamer hcl)	NP	
REVELA PACK (Use sevelamer carbonate)	NP	
REVELA TABS (Use sevelamer carbonate)	NP	QL(8 ea daily)
<i>sevelamer carbonate PACK</i>	NP	
<i>sevelamer carbonate TABS</i>	P	QL(8 ea daily)
<i>sevelamer hcl</i>	P	
VELPHORO	NP	
Short Bowel Syndrome (SBS) Agents		
GATTEX	NP	SP
Tryptophan Hydroxylase Inhibitors		
XERMELO	NP	SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	NP	
Alkalinizers		
ORACIT	P	
<i>pot & sod citrates w/citric ac SOLN</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate (alkalinizer) TBCR 15 MEQ, 540 MG, 1080 MG, 1620 MG</i>	NP	
<i>potassium citrate-citric acid SOLN</i>	NP	RX/OTC
<i>sodium citrate & citric acid</i>	P	RX/OTC
UROKIT-K 10 TBCR (Use potassium citrate (alkalinizer))	NP	
UROKIT-K 15 TBCR (Use potassium citrate (alkalinizer))	NP	
UROKIT-K 5 TBCR (Use potassium citrate (alkalinizer))	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP
PROCYSBI CPDR	NP	SP
PROCYSBI PACK	NP	SP
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	NP	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	MP
<i>alfuzosin hcl</i>	P	MP
AVODART (Use dutasteride)	NP	MP
AVODART (Use dutasteride)	NF	
CARDURA XL 8 MG	NP	MP
CARDURA XL 4 MG	NP	MP
<i>dutasteride</i>	NP	MP
<i>dutasteride-tamsulosin hcl</i>	NP	MP
ENTADFI	NP	
<i>finasteride</i>	P	MP
<i>finasteride</i>	P	MP

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Drug Name	Drug Tier	Requirements/Limits
FLOMAX (Use tamsulosin hcl)	NP	MP
JALYN (Use dutasteride-tamsulosin hcl)	NP	MP
PROSCAR (Use finasteride)	NF	MP
PROSCAR (Use finasteride)	NP	MP
RAPAFLO (Use silodosin)	NP	MP
RAPAFLO 8 MG (Use silodosin)	NF	MP
silodosin	NP	MP
tamsulosin hcl	P	MP
Urinary Analgesics		
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (Use phenazopyridine hcl)	NF	
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	P	
PYRIDIUM TABS (Use phenazopyridine hcl)	NP	
Urinary Stone Agents		
LITHOSTAT	NP	
THIOLA EC TBEC	NP	SP
THIOLA TABS (Use tiopronin)	NP	SP
tiopronin TABS	NP	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	P	MP
Gout Agents		
allopurinol	P	MP
allopurinol	P	MP
ALLOPURINOL	P	
colchicine CAPS	NP	MP
colchicine CAPS	NP	MP

Drug Name	Drug Tier	Requirements/Limits
colchicine TABS	NP	MP
colchicine TABS	NP	MP
COLCRYS TABS (Use colchicine)	NP	MP
febuxostat	NP	MP
MITIGARE CAPS (Use colchicine)	NP	MP
ULORIC (Use febuxostat)	NP	MP
ZYLOPRIM (Use allopurinol)	NF	MP
Uricosurics		
probenecid	P	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA	P	SP; PA
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA
COAGADEX	P	SP; PA
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA
ESPEROCT	P	SP; PA
FEIBA	P	SP; PA
HEMLIBRA	P	SP; MP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HUMATE-P SOLR	P	SP; PA
IDELVION	P	SP; PA
IXINITY SOLR	P	SP; PA
JIVI	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
KOATE-DVI SOLR 1000 UNIT	P	SP; PA
KOATE SOLR	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
NOVOEIGHT	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	NP	SP
<i>icatibant acetate SOSY</i>	NP	SP
Complement Inhibitors		
BERINERT KIT	P	SP; PA
CINRYZE SOLR IV	NP	SP
EMPAVELI	NP	SP
ENJAYMO	NP	SP
HAEGARDA SOLR SC	NP	SP
RUCONEST	NP	SP
SOLIRIS	NP	SP
TAVNEOS	NP	SP
ULTOMIRIS	NP	SP
VEOPOZ	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
TAVALISSE	NP	SP
Hematological Enzymes - Misc		
ADZYNMA	NP	
Hematorheologic Agents		
<i>pentoxifylline</i>	P	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
KALBITOR	NP	SP
ORLADEYO	NP	SP
TAKHZYRO SOLN	NP	SP; MP
TAKHZYRO SOSY	NP	SP
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (Use <i>anagrelide hcl</i>)	NP	
<i>anagrelide hcl</i>	P	
<i>aspirin-dipyridamole</i>	P	
BRILINTA	P	
<i>cilostazol</i>	NP	
<i>clopidogrel bisulfate</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (Use <i>prasugrel hcl</i>)	NP	QL(1 ea daily)
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NP	
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NF	
<i>prasugrel hcl</i>	NP	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
ADAKVEO	NP	SP
DROXIA CAPS	P	
ENDARI	P	SP
OXBRYTA TABS	NP	SP
OXBRYTA TBSO	NP	SP
SIKLOS TABS	NP	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Cobalamins			NEUPOGEN SOSY 480 MCG/0.8ML	P	QL(0.38 ml daily); SP
<i>cyanocobalamin SOLN IJ</i>	P		NEUPOGEN SOSY 300 MCG/0.5ML	P	QL(0.24 ml daily); SP
Folic Acid/Folates			NIVESTYM SOLN	NP	SP
<i>folic acid TABS 1 MG</i>	P	RX/OTC	NIVESTYM SOSY	NP	SP
Hematopoietic Growth Factors			NPLATE	NP	SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	NP	SP; MP	NYVEPRIA	NP	SP
ARANESP ALBUMIN FREE SOSY	NP	SP; MP	PROCRIT	P	SP; MP; PA
DOPTELET	NP	SP	PROCRIT	P	SP; MP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; MP; PA	PROMACTA PACK	NP	SP
FULPHILA	NP	SP	PROMACTA TABS	NP	SP
FYLNETRA	NP	SP	REBLOZYL	NP	SP
GRANIX SOLN	NP	SP	RELEUKO SOLN	NP	SP
GRANIX SOSY	NP	SP	RELEUKO SOSY	NP	SP
JESDUVROQ	NP		RETACRIT	NP	SP; MP
LEUKINE SOLR IJ	P	QL(0.47 ea daily); SP	RETACRIT	NP	SP; MP
MIRCERA 120 MCG/0.3ML	NP	SP	ROLVEDON	NP	SP
MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML	NP	SP; MP	STIMUFEND	NP	SP
MULPLETA	NP	SP	UDENYCA SOAJ	NP	SP
NEULASTA ONPRO KIT PSKT	NP	SP	UDENYCA SOSY	NP	SP
NEULASTA SOSY	NP	SP	ZARXIO	NP	SP
NEUPOGEN SOLN 300 MCG/ML	P	QL(0.47 ml daily); SP	ZIEXTENZO	NP	SP
NEUPOGEN SOLN 480 MCG/1.6ML	P	QL(0.75 ml daily); SP	Iron		
			FEOSOL TABS (<i>Use ferrous sulfate dried</i>)	NF	
			FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NF	
			FERROUS GLUCONATE TABS 324 MG	P	
			<i>ferrous sulfate dried TABS 200 MG</i>	P	
			<i>ferrous sulfate SOLN 15 MG/ML, 300 MG/5ML</i>	P	
			<i>ferrous sulfate TABS 65 MG, 325 MG</i>	P	
			<i>ferrous sulfate TBEC</i>	P	
			FERROUS SULFATE TBEC	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>polysaccharide iron complex CAPS 150 MG</i>	P	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS</i>	P	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	AL(Up to 65 yrs old)
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NF	
ZZZQUIL CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NF	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	P	MP
<i>phenobarbital ELIX</i>	P	MP
<i>phenobarbital TABS</i>	P	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	
<i>doxepin hcl (sleep)</i>	NP	
SILENOR (Use <i>doxepin hcl (sleep)</i>)	NF	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use <i>zolpidem tartrate</i>)	NP	QL(1 ea daily)
AMBIEN TABS (Use <i>zolpidem tartrate</i>)	NP	QL(1 ea daily)
DORAL (Use <i>quazepam</i>)	NP	
EDLUAR SUBL	NP	
<i>estazolam</i>	P	
<i>eszopiclone</i>	NP	
<i>flurazepam hcl</i>	NP	
HALCION 0.25 MG (Use <i>triazolam</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
LUNESTA (Use <i>eszopiclone</i>)	NF	
LUNESTA (Use <i>eszopiclone</i>)	NP	
LUNESTA (Use <i>eszopiclone</i>)	NF	
<i>midazolam hcl SYRP</i>	NP	
<i>quazepam</i>	P	
RESTORIL (Use <i>temazepam</i>)	NP	
<i>temazepam</i>	P	
<i>triazolam</i>	P	
<i>zaleplon</i>	NP	QL(1 ea daily)
ZOLPIDEM TARTRATE CAPS	NP	
<i>zolpidem tartrate SUBL</i>	NP	
<i>zolpidem tartrate TABS</i>	P	QL(1 ea daily)
<i>zolpidem tartrate TBCR</i>	NP	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	NP	
DAYVIGO	NP	QL(3 ea daily)
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	SP; MP
HETLIOZ CAPS (Use <i>tasimelteon</i>)	NP	SP
<i>ramelteon</i>	NP	
ROZEREM (Use <i>ramelteon</i>)	NP	
<i>tasimelteon CAPS</i>	NP	SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
BENEFIBER FOR CHILDREN POWD (Use <i>wheat dextrin</i>)	NF	
BENEFIBER HEALTHY SHAPE POWD (Use <i>wheat dextrin</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BENEFIBER POWD (<i>Use wheat dextrin</i>)	NF		SENOKOT S TABS (<i>Use sennosides-docusate sodium</i>)	NF	
calcium polycarbophil TABS	P		Laxatives - Miscellaneous		
CITRUCEL FIBER LAXATIVE POWD (<i>Use methylcellulose (laxative)</i>)	NF		glycerin (<i>laxative</i>) SUPP 1 GM, 1.2 GM, 2 GM, 80.7 %	P	
CITRUCEL TABS (<i>Use methylcellulose (laxative)</i>)	NF		GLYCERIN ADULT SUPP (<i>Use glycerin (laxative)</i>)	NF	
HYDROCIL INSTANT POWD (<i>Use psyllium</i>)	NF		MIRALAX MIX-IN PAX PACK (<i>Use polyethylene glycol 3350</i>)	NF	
KONSYL DAILY FIBER PACK 100 %	P		MIRALAX PACK (<i>Use polyethylene glycol 3350</i>)	NF	
KONSYL DAILY FIBER POWD (<i>Use psyllium</i>)	NF		MIRALAX POWD (<i>Use polyethylene glycol 3350</i>)	NF	
KONSYL ORIGINAL DAILY FIBER PACK	P		PEDIA-LAX SUPP (<i>Use glycerin (laxative)</i>)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use psyllium</i>)	NF		polyethylene glycol 3350 PACK	P	
METAMUCIL CAPS (<i>Use psyllium</i>)	NF		polyethylene glycol 3350 POWD	P	
METAMUCIL POWD (<i>Use psyllium</i>)	NF		Saline Laxatives		
methylcellulose (<i>laxative</i>) POWD	P		FLEET ENEMA ENEM (<i>Use sodium phosphates</i>)	NF	
methylcellulose (<i>laxative</i>) TABS	P		magnesium citrate	P	
psyllium CAPS 0.52 GM	P		magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	
psyllium POWD 28.3 %, 48.57 %, 58.6 %, 95 %	P		sodium phosphates ENEM	P	
wheat dextrin POWD	P		Stimulant Laxatives		
Laxative Combinations			bisacodyl SUPP	P	
NULYTELY (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NF		bisacodyl TBEC	P	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	P		DULCOLAX PINK LAXATIVE TBEC (<i>Use bisacodyl</i>)	NF	
sennosides-docusate sodium TABS	P		DULCOLAX SUPP (<i>Use bisacodyl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DULCOLAX TBEC (Use bisacodyl)	NF		ZITHROMAX SUSR (Use azithromycin)	NP	
SENNA SYRP	P		ZITHROMAX TABS 250 MG (Use azithromycin)	NP	QL(60 ea per 180 days retail)
sennosides TABS 8.6 MG, 15 MG	P		ZITHROMAX TABS 500 MG (Use azithromycin)	NP	QL(3 ea per fill retail; 60 ea per 180 days retail)
SENOKOT TABS (Use sennosides)	NF		ZITHROMAX TABS 500 MG (Use azithromycin)	NF	QL(3 ea per fill retail; 60 ea per 180 days retail)
Surfactant Laxatives			ZITHROMAX TABS 250 MG (Use azithromycin)	NF	QL(60 ea per 180 days retail)
COLACE CLEAR CAPS (Use docusate sodium)	NF		Clarithromycin		
COLACE CAPS 100 MG (Use docusate sodium)	NF		clarithromycin SUSR	P	
docusate calcium	P		clarithromycin TABS	P	
docusate sodium CAPS	P		clarithromycin TB24	P	
docusate sodium LIQD	P		Erythromycins		
docusate sodium SYRP	P		E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	P	
DOCUSATE SODIUM SYRP	P		ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	P	
docusate sodium TABS	P		ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	P	
MACROLIDES - Drugs to Treat Bacterial Infections			erythromycin base CPEP	P	
Azithromycin			erythromycin base TABS	P	
azithromycin PACK	P		erythromycin base TBEC	P	
azithromycin SUSR	P		erythromycin ethylsuccinate SUSR	P	
azithromycin TABS 500 MG	P	QL(3 ea per fill retail; 60 ea per 180 days retail)	erythromycin ethylsuccinate TABS	P	
azithromycin TABS 250 MG	P	QL(60 ea per 180 days retail)	erythromycin stearate TABS 250 MG	P	
azithromycin TABS 500 MG	P	QL(3 ea per fill retail; 60 ea per 180 days retail)	Fidaxomicin		
azithromycin TABS 600 MG	P		DIFICID SUSR	NP	
ZITHROMAX TRI-PAK TABS (Use azithromycin)	NP	QL(3 ea per fill retail; 60 ea per 180 days retail)	DIFICID TABS	NP	
ZITHROMAX Z-PAK TABS (Use azithromycin)	NP	QL(60 ea per 180 days retail)	MEDICAL DEVICES AND SUPPLIES		
ZITHROMAX PACK (Use azithromycin)	P		Bandages-Dressings-Tape		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMD FOAM DRESSING 4"X4" PADS	P	RX/OTC	CURITY GAUZE PADS 4"X4" 12 PLY PADS	P	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	P	RX/OTC	CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
BAND-AID GAUZE PADS LARGE 4" X 4" PADS	P	RX/OTC	CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	P	RX/OTC	CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC	CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	P	RX/OTC	CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	P	RX/OTC	CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	P	RX/OTC
COVRSITE COVER DRESSING PADS	P	RX/OTC	CURITY SPONGES/CELLULOSE FILLED/4"X4" PADS	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS	P	RX/OTC	CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	P	RX/OTC	CVS GAUZE PADS STERILE 4"X4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	P	RX/OTC	DERMACEA DRAIN SPONGES 4"X4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	P	RX/OTC	DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
CURITY AMD ANTIMICROBIAL GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC	DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
CURITY COVER SPONGE 4"X4" PADS	P	RX/OTC	DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
CURITY COVER SPONGES 4"X4" PADS	P	RX/OTC	DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	P	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	J & J GAUZE 4"X4" 12 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	P	RX/OTC	J & J GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	P	RX/OTC	J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	P	RX/OTC	J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	P	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	P	RX/OTC	J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	P	RX/OTC
DRYMAX EXTRA PADS	P	RX/OTC	KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	P	RX/OTC
EQ GAUZE PADS 4"X4" PADS	P	RX/OTC	KERLIX SPONGES 4" X 4" 12 PLY PADS	P	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	P	RX/OTC	KERLIX SPONGES 4" X 4" 16 PLY PADS	P	RX/OTC
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	MIRASORB SPONGES 4" X 4" MISC	P	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	NU GAUZE 4PLY 4"X4" PADS	P	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	P	RX/OTC	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	P	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	POLYMEM NON-ADHESIVE PAD PADS	P	RX/OTC
GAUZE DRESSING 4"X4" PADS	P	RX/OTC	QC ALL PURPOSE DRESSINGS 4"X4" PADS	P	RX/OTC
GAUZE PADS 4"X4" PADS	P	RX/OTC	QC STERILE PADS PADS	P	RX/OTC
GAUZE PADS PADS	P	RX/OTC	RA STERILE PADS 4"X4" PADS	P	RX/OTC
HM STERILE PADS PADS	P	RX/OTC	RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	P	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	P	RX/OTC	RESTORE FOAM DRESSING BORDERED 4"X4" PADS	P	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	P	RX/OTC	RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	P	RX/OTC
			RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SILIGENTLE SILICONE FOAMDRESSING/BORDERED PADS	P	RX/OTC	BD ASSURE BPM/DELUXE AUTO INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)
SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	P	RX/OTC	BD ASSURE BPM/MANUAL INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)
SM GAUZE PADS 4"X4" PADS	P	RX/OTC	BLOOD PRESSURE KIT/MANUALINFLATE DEVI	P	QL(0.034 ea daily)
SM STERILE PADS PADS	P	RX/OTC	BLOOD PRESSURE MONITOR 3SERIES DEVI	P	QL(0.034 ea daily)
SOF-WICK 4"X4" PADS	P	RX/OTC	BLOOD PRESSURE MONITOR AUTOMATIC WRIST MISC	P	QL(0.034 ea daily)
STERILE PADS 4"X4" PADS	P	RX/OTC	BLOOD PRESSURE MONITOR AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)
TEGADERM FOAM DRESSING 4"X4" PADS	P	RX/OTC	BLOOD PRESSURE MONITOR AUTOMATIC/ARM MISC	P	QL(0.034 ea daily)
TOPPER DRESSING SPONGES 4"X4" MISC	P	RX/OTC	BLOOD PRESSURE MONITOR PREMIUM ARM/VOICE ASSIST MISC	P	QL(0.034 ea daily)
Blood Pressure Devices			BLOOD PRESSURE MONITOR PREMIUM ARM DEVI	P	QL(0.034 ea daily)
3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR UPPER ARM DEVI	P	QL(0.034 ea daily)
ADVOCATE ARM BLOOD PRESSURE MONITOR/EXTRA LARGE DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/AUTO ARM DEVI	P	QL(0.034 ea daily)
ADVOCATE ARM BLOOD PRESSURE MONITOR/LARGE DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/AUTOMATIC DELUXE MISC	P	QL(0.034 ea daily)
ADVOCATE ARM BLOOD PRESSURE MONITOR/SMALL/MEDIUM DEVI	P	QL(0.034 ea daily)			
AUTOMATIC BLOOD PRESSUREMONITOR DEVI	P	QL(0.034 ea daily)			
BD ASSIRE BPM/PORTABLE WRISTWATCH STYLE MISC	P	QL(0.034 ea daily)			
BD ASSURE BPM/AUTO INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)			
BD ASSURE BPM/AUTO INFLATE WRIST CUFF MISC	P	QL(0.034 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BLOOD PRESSURE MONITOR/AUTOMATIC QUICK READ MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/WRIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC ULTRA-DELUXE MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC WRIST DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITORDIGITAL/AUTO-INFLATION MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC/WRIST DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITORDIGITAL/AUTOMATIC MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITORDIGITAL/MANUAL INFLATE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/BASIC ARM DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITORDIGITAL/WRIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DELUXE ARM DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITORMANUAL INFLATE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DELUXE ARM MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITORMODEL#1083 MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)	CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/PREMIUM ARM DEVI	P	QL(0.034 ea daily)	CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/PULSE/DIGITAL/MEMORY/LCD/MODEL #1060 MISC	P	QL(0.034 ea daily)	CARETOUCH SLIM BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/PULSE/DIGITAL/MEMORY/MODEL #1085M MISC	P	QL(0.034 ea daily)	CARETOUCH VERSA BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/UPPER ARM MISC	P	QL(0.034 ea daily)	CLEVER CHOICE BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)
			CLEVER CHOICE BLOOD PRESSURE MONITOR/TALKING WRIST/PREMIUM DEVI	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)	CVS SERIES 600W BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)	CVS SERIES 800 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE ELECTRONICBLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)	EQ BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)	FORA P20 BLOOD PRESSURE MONITORING SYSTEM DEVI	P	QL(0.034 ea daily)
CVS ADVANCED BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	FORA TEST N' GO BP BLOODPRESSURE MONITORING SYSTEM DEVI	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR PREMIUM/WRIST MISC	P	QL(0.034 ea daily)	GNP BLOOD PRESSURE MONITOR ADVANCED AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR PROFESSIONAL/ARM MISC	P	QL(0.034 ea daily)	HEALTH SENSE BLOOD PRESSURE MONITOR/UPPER-ARM DEVI	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)	HEALTH SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR/MANUAL MISC	P	QL(0.034 ea daily)	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/PREMI UM TALKING DEVI	P	QL(0.034 ea daily)
CVS SERIES 100 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/STAND ARD DEVI	P	QL(0.034 ea daily)
CVS SERIES 400 BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/WOME NS DEVI	P	QL(0.034 ea daily)
CVS SERIES 400W BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)	HEART CHECK BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
CVS SERIES 600 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	H-E-B INCONTROL DELUXE AUTO WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)

IL MHP Medicaid

Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
H-E-B INCONTROL FULLY AUTOMATIC BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DELUXE DEVI	P	QL(0.034 ea daily)
H-E-B INCONTROL PREMIUM AUTOMATIC BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)
HM ADVANCED BLOOD PRESSURE MONITOR AUTOMATIC DEVI	P	QL(0.034 ea daily)	MICROLIFE BPM 6 PREMIUM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
HM AUTOMATIC BLOOD PRESSURE MONITOR DELUXE DEVI	P	QL(0.034 ea daily)	MICROLIFE DELUXE BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
HM BLOOD PRESSURE MONITOR/MANUAL INFLATION DEVI	P	QL(0.034 ea daily)	OMRON 10 SERIES BLOOD PRESSURE MONITOR/ARM/BLUETOOTH SMART DEVI	P	QL(0.034 ea daily)
HM BLOOD PRESSURE MONITOR/SERIES 200/ARM DEVI	P	QL(0.034 ea daily)	OMRON 10 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
HM BLOOD PRESSURE MONITORFULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)	OMRON 3 SERIES BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
HM DELUXE BLOOD PRESSUREMONITOR/W RIST DEVI	P	QL(0.034 ea daily)	OMRON 3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
KROGER BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)	OMRON 5 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
KROGER BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)	OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
KROGER BLOOD PRESSURE MONITOR/PREMIUM AUTOMATIC DEVI	P	QL(0.034 ea daily)	OMRON 7 SERIES BLOOD PRESSURE MONITOR/WRIST/BLUETOOTH DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED AUTOMATIC DEVI	P	QL(0.034 ea daily)	OMRON 7 SERIES BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED WRIST DEVI	P	QL(0.034 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRO HEALTH MINI TALKING BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	RELION PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
PRO HEALTH TRACK BLUETOOTH BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR SERIES 200W/WRIST DEVI	P	QL(0.034 ea daily)
PROCARE UPPER ARM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR SERIES 600W/WRIST DEVI	P	QL(0.034 ea daily)
PROCARE WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR SERIES 800/ARM DEVI	P	QL(0.034 ea daily)
QC BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/ADVANCED AUTOMATIC DEVI	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR AUTOMATIC MISC	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/AUTOMATIC INFLATION MISC	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/DELUXE AUTOMATIC DEVI	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC MISC	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR PREMIUM AUTOMATIC DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)
RELION BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/MANUAL INFLATION DEVI	P	QL(0.034 ea daily)
RELION BP100 UPPER ARM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/SERIES 200 DEVI	P	QL(0.034 ea daily)
RELION BP200W WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/SERIES 600 DEVI	P	QL(0.034 ea daily)
RELION BP300W WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SM WRIST CUFF BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
			SPHYGMOMANOMETER ANEROID MISC	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURELIFE BLOOD PRESSURE MONITOR/ARM/PREMIUM DEVI	P	QL(0.034 ea daily)	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P	
SURELIFE BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)	KIMONO MICRO THIN MISC	P	
SURELIFE BLOOD PRESSURE MONITOR/WRIST/CLASSIC DEVI	P	QL(0.034 ea daily)	KIMONO PLUS SPERMICIDE LUBRICATED MISC	P	
SURELIFE BLOOD PRESSURE MONITOR/WRIST/PREMIUM DEVI	P	QL(0.034 ea daily)	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	
TALKING SENSE BLOOD PRESSURE MONITOR/REGULAR SIZE CUFF DEVI	P	QL(0.034 ea daily)	KIMONO PS LUBRICATED MISC	P	
TALKING SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	P	QL(0.034 ea daily)	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	
TGT BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)	KIMONO SENSATION LUBRICATED MISC	P	
WRIST CUFF BLOOD PRESSURE UNIT MISC	P	QL(0.034 ea daily)	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	
Contraceptives			KIMONO SPECIAL DEVI	P	
AIMSCO LUBRICATED MISC	P		K-Y ME & YOU EXTRA LUBRICATED DEVI	P	
DUREX EXTRA SENSITIVE THIN DEVI	P		K-Y ME & YOU INTENSE DEVI	P	
FANTASY LUBRICATED/SPERMICIDE MISC	P		MAXX LUBRICATED MISC	P	
FANTASY LUBRICATED MISC	P		MAXX PLUS SPERMICIDE LUBRICATED MISC	P	
KAMELEON LUBRICATED MISC	P		PREMIUM CONDOMS LUBRICATED MISC	P	
KIMONO COLORS DEVI	P		REALITY LATEX CONDOMS/LUBRICATED MISC	P	
KIMONO LUBRICATED MISC	P		REALITY LATEX/ULTRA TEXTURED DEVI	P	
			REALITY LATEX/ULTRA THIN DEVI	P	
			TRUSTEX COLOR CONDOMS + LUBE MISC	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBRICATED EXTRALARGE MISC	P		1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P		ACCU-CHEK AVIVA PLUS KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	P		ACCU-CHEK AVIVA SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P		ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P		ACCU-CHEK FASTCLIX LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
TRUSTEX LUBRICATED/SPERMICIDE MISC	P		ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
TRUSTEX LUBRICATED MISC	P		ACCU-CHEK GUIDE ME KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P		ACCU-CHEK GUIDE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUSTEX NON-LUBRICATED MISC	P		ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	P		ACCU-CHEK SAFE-T-PRO LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P		ACCU-CHEK SAFE-T-PRO PLUSLANCETS	P	QL(4.45 ea daily); MP; RX/OTC
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P				
TRUSTEX/RIA LUBRICATED MISC	P				
TRUSTEX/RIA NON-LUBRICATED MISC	P				
Diabetic Supplies					
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK SMARTVIEW CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ADVANCE MICRO-DRAW CONTROL LEVEL 1-2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	ADVANCE MICRO-DRAW METER DEVI	NP	MP
ACCU-CHEK SOFTCLIX LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	ADVANCE MICRO-DRAW NORMAL CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ACCUTREND GLUCOSE CONTROL SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ADVANCED MOBILE LANCET 30G	P	QL(4.45 ea daily); MP; RX/OTC
ACTI-LANCE LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
ACTI-LANCE LITE SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P	QL(4.45 ea daily); MP; RX/OTC	ADVOCATE CONTROL SOLUTIONHIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	P	QL(4.45 ea daily); MP; RX/OTC	ADVOCATE CONTROL SOLUTIONLOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP; RX/OTC	ADVOCATE LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
ADJUSTABLE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	ADVOCATE LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
ADVANCE INTUITION BLOOD GLUCOSE METER DEVI	NP	MP	ADVOCATE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			ADVOCATE REDI-CODE/TALKING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP	MP	AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	MP	AGAMATRIX JAZZ WIRELESS 2 KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	AGAMATRIX PRESTO PRO METER DEVI	NP	MP
ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	AGAMATRIX PRESTO KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ADVOCATE REDI-CODE DEVI	NP	MP	AGAMATRIX ULTRA-THIN LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC
ADVOCATE SAFETY LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	AIMSCO TWIST LANCETS 32G	P	QL(4.45 ea daily); MP; RX/OTC
ADVOCATE SAFETY LANCETS 26G	P	QL(4.45 ea daily); MP; RX/OTC	AIMSCO TWIST LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC
AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NP	MP	AMBI-TRAY MISC	P	RX/OTC
AGAMATRIX CONTROL HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	AQUALANCE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC
AGAMATRIX CONTROL NORMAL& HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ASSURE 3 CONTROL LEVEL 1/2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ASSURE 3 METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
			ASSURE 4 BLOOD GLUCOSE METER DEVI	NP	MP
			ASSURE 4 CONTROL LEVEL 1/2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASSURE COMFORT LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP; RX/OTC	ASSURE LANCE SAFETY LANCET 28G	P	QL(4.45 ea daily); MP; RX/OTC
ASSURE DOSE NORMAL/HIGH CONTROL SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NP	MP
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	P	QL(4.45 ea daily); MP; RX/OTC	ASSURE PRISM CONTROL LEVEL 1/2 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	P	QL(4.45 ea daily); MP; RX/OTC	ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	MP
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	P	QL(4.45 ea daily); MP; RX/OTC	ASSURE PRO BLOOD GLUCOSE METER DEVI	NP	MP
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	P	QL(4.45 ea daily); MP; RX/OTC	ASSURE PRO CONTROL LEVEL1/2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	P	QL(4.45 ea daily); MP; RX/OTC	ASSURE II CONTROL LEVEL 1/2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ASSURE II CONTROL LEVEL 1 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	AURORA LANCET SUPER THIN30G	P	QL(4.45 ea daily); MP; RX/OTC
ASSURE LANCE LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	AURORA LANCET THIN 23G	P	QL(4.45 ea daily); MP; RX/OTC
ASSURE LANCE LANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC	AUTO-LANCET MINI MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ASSURE LANCE PLUS SAFETYLANCETS 25G	P	QL(4.45 ea daily); MP; RX/OTC	AUTO-LANCET MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ASSURE LANCE PLUS SAFETYLANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	AUTOLET II CLINISAFE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
			AUTOLET IMPRESSION LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUTOLET LITE CLINISAFE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	BIGFOOT UNITY PEN CAP FOR LISPRO MISC	P	RX/OTC
AUTOLET LITE STARTER PACK KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC	P	RX/OTC
AUTOLET MINI MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	BIGFOOT UNITY PEN CAP FOR NOVLOG MISC	P	RX/OTC
AUTOLET PLATFORMS MISC	P	MP	BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC	P	RX/OTC
AUTOLET PLUS MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	BIGFOOT UNITY PEN CAP FOR TOUJEO MISC	P	RX/OTC
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	BIGFOOT UNITY PEN CAP FOR TRESIBA MISC	P	RX/OTC
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	BIGFOOT UNITY PROGRAM KIT KIT	NP	RX/OTC
BD MICROTAINER LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BIGFOOT UNITY PEN CAP FOR ADMELOG MISC	P	RX/OTC	BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BIGFOOT UNITY PEN CAP FOR APIDRA MISC	P	RX/OTC	BLOOD GLUCOSE MONITORING SYSTEM 333 DEVI	NP	MP
BIGFOOT UNITY PEN CAP FOR ASPART MISC	P	RX/OTC	BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC	P	RX/OTC	BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BIGFOOT UNITY PEN CAP FOR FIASP MISC	P	RX/OTC	BLOOD GLUCOSE SYSTEM PAK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BIGFOOT UNITY PEN CAP FOR HUMALOG MISC	P	RX/OTC	BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
BIGFOOT UNITY PEN CAP FOR LANTUS MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	CARESENS N GLUCOSE MONITORING SYSTEM DEVI	NP	MP
CARDIOCOM LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
CAREONE ADVANCED LANCINGDEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CARETOUCH LANCING DEVICewith EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
CAREONE LANCET SUPER THIN/30G	P	QL(4.45 ea daily); MP; RX/OTC	CARETOUCH SAFETY LANCETS/26G	P	QL(4.45 ea daily); MP; RX/OTC
CAREONE LANCET THIN	P	QL(4.45 ea daily); MP; RX/OTC	CARETOUCH SAFETY LANCETS/28G	P	QL(4.45 ea daily); MP; RX/OTC
CARESENS CONTROL A SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	CARETOUCH SAFETY LANCETS/30G	P	QL(4.45 ea daily); MP; RX/OTC
CARESENS CONTROL SOLUTION A/B SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	CARETOUCH TWIST LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC
CARESENS LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	CARETOUCH TWIST LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
CARESENS N BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	MP	CARETOUCH TWIST LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC
CARESENS N FELIZ BT DEVI	NP	MP	CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	QL(4.45 ea daily); MP; RX/OTC
CARESENS N FELIZ DEVI	NP	MP	CLEANLET LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC
			CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	MP
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	COAGUCHEK LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	COMFORT ASSURED LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP; RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	P	QL(4.45 ea daily); MP; RX/OTC	COMFORT ASSURED LANCETS SUPER THIN 28G	P	QL(4.45 ea daily); MP; RX/OTC
CLEVER CHEK LANCETS ULTRATHIN 30G	P	QL(4.45 ea daily); MP; RX/OTC	COMFORT LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	COMFORT TOUCH LANCETS ULTRA THIN 31G	P	QL(4.45 ea daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	P	QL(4.45 ea daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 23G	P	QL(4.45 ea daily); MP; RX/OTC	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	P	QL(4.45 ea daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	CONTOUR HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
CLEVER CHOICE GLUCOSE CONTROL LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	CONTOUR LOW CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	MP	CONTOUR NEXT CONTROL LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)

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CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	COOL CONTROL SOLUTION B SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	CVS ADVANCED GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CVS LANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC
CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CVS LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP; RX/OTC
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CVS LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP; RX/OTC
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CVS LANCETS ORIGINAL	P	QL(4.45 ea daily); MP; RX/OTC
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	CVS LANCETS THIN 26G	P	QL(4.45 ea daily); MP; RX/OTC
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply	CVS LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC
COOL BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CVS LANCETS ULTRA-THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC
COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	CVS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
COOL CONTROL SOLUTION A SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	CVS ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
			D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
			DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	MP
			DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	MP
			DEXCOM G4 PLATINUM RECEIVER KIT	NP	MP

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DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	MP	DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
DEXCOM G4 PLATINUM TRANSMITTER KIT	NP	MP	DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
DEXCOM G5 MOBILE RECEIVERKIT	NP	MP	DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
DEXCOM G5 MOBILE TRANSMITTER KIT	NP	MP	DROPLET GENTEEL LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	NP	MP	DROPLET LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC
DEXCOM G5 RECEIVER KIT	NP	MP	DROPLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DEXCOM G6 RECEIVER	P	MP; PA	DROPLET PERSONAL LANCETS30G	P	QL(4.45 ea daily); MP; RX/OTC
DEXCOM G6 SENSOR	P	MP; PA	DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DEXCOM G6 TRANSMITTER	P	MP; PA	DRUG MART LANCETS THIN	P	QL(4.45 ea daily); MP; RX/OTC
DEXCOM G7 RECEIVER	P	MP; PA	DRUG MART ON-THE-GO LANCETS GENTLE 30G	P	QL(4.45 ea daily); MP; RX/OTC
DEXCOM G7 SENSOR	P	MP; PA	DRUG MART UNILET LANCETSSUPER THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC
DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT	NP	RX/OTC	DRUG MART UNILET LANCETSULTRA THIN 28G	P	QL(4.45 ea daily); MP; RX/OTC
DIABETES MONITORING DIGITAL SOLUTION KIT	NP	RX/OTC	DRUG MART UNILET MICRO THIN LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC
DIATHRIVE BLOOD GLUCOSE METER DEVI	NP	MP	DUO-CARE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)			
DIATHRIVE LANCETS	P	QL(4.45 ea daily); MP; RX/OTC			
DIATHRIVE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC			
DIATHRIVE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP			
DIATHRIVE+ BLOOD GLUCOSEMONITORING SYSTEM/BLUETOOTH DEVI	NP	MP			

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EASY COMFORT LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	EASY TALK CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY COMFORT LANCETS 30G/PULL TOP	P	QL(4.45 ea daily); MP; RX/OTC	EASY TALK PLUS II CONTROLHIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY COMFORT LANCETS 30G/THIN TOP	P	QL(4.45 ea daily); MP; RX/OTC	EASY TALK PLUS II CONTROLLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY COMFORT LANCETS TWIST TOP	P	QL(4.45 ea daily); MP; RX/OTC	EASY TOUCH CONTROL SOLUTION/HIGH & LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EASY MINI EJECT LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EASY MINI LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC	P	RX/OTC
EASY PLUS II CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC
EASY PLUS II CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC
EASY STEP BLOOD GLUCOSE MONITOR DEVI	NP	MP	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC
EASY STEP CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASY TOUCH LANCETS 26G/PULL-TOP	P	QL(4.45 ea daily); MP; RX/OTC
EASY STEP CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	MP	EASY TOUCH LANCETS 28G/PULL-TOP	P	QL(4.45 ea daily); MP; RX/OTC
EASY TALK CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)			

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EASY TOUCH LANCETS 28G/TWIST	P	QL(4.45 ea daily); MP; RX/OTC	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC	EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC	EASY TRAK GLUCOSE CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY TOUCH LANCETS 30G/PULL-TOP	P	QL(4.45 ea daily); MP; RX/OTC	EASY TRAK GLUCOSE CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY TOUCH LANCETS 30G/TWIST	P	QL(4.45 ea daily); MP; RX/OTC	EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC	EASYGLUCO STARTER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
EASY TOUCH LANCETS 32G/PULL-TOP	P	QL(4.45 ea daily); MP; RX/OTC	EASYGLUCO KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
EASY TOUCH LANCETS 32G/TWIST	P	QL(4.45 ea daily); MP; RX/OTC	EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EASY TOUCH LANCETS 33G/TWIST	P	QL(4.45 ea daily); MP; RX/OTC	EASYMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	MP
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC			
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC			
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	MP	EMBRACE CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EASYPRO PLUS KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NP	MP
ELEMENT AUTOCODE SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	EMBRACE EVO GLUCOSE CONTROL SOLUTION LEVEL 1 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ELEMENT COMPACT CONTROL SOLUTION LEVEL 2 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	EMBRACE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC
ELEMENT COMPACT CONTROL SOLUTION LEVEL 3 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	MP	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	P	QL(4.45 ea daily); MP; RX/OTC
ELEMENT HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	P	QL(4.45 ea daily); MP; RX/OTC
ELEMENT LOW CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	MP
ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NP	MP	EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	MP	EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	MP
			EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC

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EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	E-Z JECT LANCETS THIN 26G	P	QL(4.45 ea daily); MP; RX/OTC
EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	E-ZJECT LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP; RX/OTC
EMBRACE WAVE BLOOD GLUCOSE METER DEVI	NP	MP	EZ-LETS LANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC
ENLITE GLUCOSE SENSOR	NP	MP	EZ-LETS LANCETS 26G SUPER-SOFT	P	QL(4.45 ea daily); MP; RX/OTC
EQL COLOR LANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC	EZ-LETS LANCETS 28G ULTRA-SOFT	P	QL(4.45 ea daily); MP; RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP; RX/OTC	EZ-LETS LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
EQL SUPER THIN LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	FIFTY50 GLUCOSE METER 2.0 KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EQL THIN LANCETS 26G	P	QL(4.45 ea daily); MP; RX/OTC	FIFTY50 SAFETY SEAL LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
EVERSENSE E3 SENSOR/HOLDER	NP	MP	FIFTY50 SAFETY SEAL LANCETS 32G	P	QL(4.45 ea daily); MP; RX/OTC
EVERSENSE E3 SMART TRANSMITTER	NP	MP	FIFTY50 UNILET LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC
EVERSENSE SENSOR/HOLDER	NP	MP	FINE 30	P	QL(4.45 ea daily); MP; RX/OTC
EVERSENSE SMART TRANSMITTER	NP	MP	FINGERSTIX LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
EVOLUTION AUTOCODE DEVI	NP	MP	FORA CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
E-Z JECT LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	FORA CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
E-Z JECT LANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC	FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
E-Z JECT LANCETS COLOR	P	QL(4.45 ea daily); MP; RX/OTC			
E-Z JECT LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC			

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FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	MP
FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI	NP	MP	FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FORA LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
FORA LANCING DEVICE/CLEARCAP MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	FORACARE GDH CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORA LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	FORACARE GDH CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	MP
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	FORTISCARE CONTROL SOLUTIONS HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	MP	FORTISCARE CONTROL SOLUTIONS LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORA V10/V12/D10/D20 BLOOD GLUCOSE TEST STRIPS/LANCETS 30G KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply	FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	MP
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI	NP	MP	FREDS PHARMACY AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

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Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	NP	MP
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP; RX/OTC	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE FREEDOM LITE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	FREESTYLE UNISTICK II LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
FREESTYLE LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	MP; PA	GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	MP; PA	GENTEEL BUTTERFLY TOUCH LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	MP; PA	GENTEEL CONTACT TIPS/BLUE MISC	P	MP
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	MP; PA	GENTEEL CONTACT TIPS/CLEAR MISC	P	MP
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	P	MP; PA	GENTEEL CONTACT TIPS/GREEN MISC	P	MP
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	MP; PA	GENTEEL CONTACT TIPS/ORANGE MISC	P	MP
			GENTEEL CONTACT TIPS/RAINBOW MISC	P	MP
			GENTEEL CONTACT TIPS/VIOLET MISC	P	MP
			GENTEEL CONTACT TIPS/YELLOW MISC	P	MP

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GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	GENTLE-LET PLATFORMS 3.0MM MISC	P	MP
GENTEEL NOZZLES MISC	P	MP	GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GLOBAL INJECT EASE LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GLOBAL INJECT EASE LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GLOBAL LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	NP	MP
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI	NP	MP
GENTLE-LET GP LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	NP	MP
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P	QL(4.45 ea daily); MP; RX/OTC	GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	P	QL(4.45 ea daily); MP; RX/OTC	GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	P	QL(4.45 ea daily); MP; RX/OTC	GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	P	QL(4.45 ea daily); MP; RX/OTC	GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GENTLE-LET PLATFORMS 2.4MM MISC	P	MP			

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GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	GLUCOCARD X-METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	MP
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD SHINE XL DEVI	NP	MP	GLUCOCOM HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
GLUCOCARD SHINE DEVI	NP	MP	GLUCOCOM LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC
GLUCOCARD SHINE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GLUCOCOM LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GLUCOCOM LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GLUCONAVII BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GLUCOSE CONTROL SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
			GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	NP	MP	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(4.45 ea daily); MP; RX/OTC
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI	NP	MP	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P	QL(4.45 ea daily); MP; RX/OTC
GNP LANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC
GNP LANCETS THIN 26G	P	QL(4.45 ea daily); MP; RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	QL(4.45 ea daily); MP; RX/OTC
GNP LANCING SYSTEM DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GOODSENSE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
GNP STERILE LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GNP STERILE LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	GUARDIAN 4 GLUCOSE SENSOR	NP	MP
GNP STERILE LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC	GUARDIAN 4 TRANSMITTER KIT	NP	MP
GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GUARDIAN CONNECT TRANSMITTER	NP	MP
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	GUARDIAN CONNECT TRANSMITTER KIT	NP	MP
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GUARDIAN LINK 3 TRANSMITTER KIT	NP	MP
GOJJI STERILE LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	NP	RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(4.45 ea daily); MP; RX/OTC	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP	MP
GOODSENSE LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP; RX/OTC	GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	NP	RX/OTC
			GUARDIAN SENSOR (3)	NP	MP
			GUARDIAN SENSOR 3	NP	MP
			HAEMOLANCE	P	QL(4.45 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE LOW FLOW LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	MP
HAEMOLANCE PLUS	P	QL(4.45 ea daily); MP; RX/OTC	HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
HAEMOLANCE PLUS HIGH FLOW	P	QL(4.45 ea daily); MP; RX/OTC	HYPOLANCE AST LANCING KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
HAEMOLANCE PLUS LOW FLOW	P	QL(4.45 ea daily); MP; RX/OTC	HY-VEE LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
HAEMOLANCE PLUS MAX FLOW	P	QL(4.45 ea daily); MP; RX/OTC	HY-VEE THIN LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	P	QL(4.45 ea daily); MP; RX/OTC	IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
HEALTH CARE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	IN TOUCH GLUCOSE CONTROLSOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	IN TOUCH LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	IN TOUCH STERILE LANCETS30G	P	QL(4.45 ea daily); MP; RX/OTC
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC	IN TOUCH DEVI	NP	MP
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
H-E-B INCONTROL LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP; RX/OTC	INFINITY VOICE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC	INSUL-CAP MISC	P	RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP; RX/OTC	INSUL-EZE MISC	P	RX/OTC
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	MP	KINNEY LANCETS	P	QL(4.45 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KINNEY THIN LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	LANCET DEVICE WITH EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
KROGER AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	LANCET TRANSPORTER CASE MISC	P	MP
KROGER BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	P	QL(4.45 ea daily); MP; RX/OTC	LANCETS 30G TWIST TOP	P	QL(4.45 ea daily); MP; RX/OTC
KROGER LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	LANCETS 30G/TWIST TOP	P	QL(4.45 ea daily); MP; RX/OTC
KROGER LANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC	LANCETS 33G EXTRA FINE	P	QL(4.45 ea daily); MP; RX/OTC
KROGER LANCETS MICRO THIN33G	P	QL(4.45 ea daily); MP; RX/OTC	LANCETS 33G UNIVERSAL DESIGN	P	QL(4.45 ea daily); MP; RX/OTC
KROGER LANCETS SUPER THIN	P	QL(4.45 ea daily); MP; RX/OTC	LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP; RX/OTC
KROGER LANCETS THIN	P	QL(4.45 ea daily); MP; RX/OTC	LANCETS SUPER THIN 28G	P	QL(4.45 ea daily); MP; RX/OTC
KROGER LANCETS THIN 26G	P	QL(4.45 ea daily); MP; RX/OTC	LANCETS THIN	P	QL(4.45 ea daily); MP; RX/OTC
KROGER LANCETS ULTRATHIN30G	P	QL(4.45 ea daily); MP; RX/OTC	LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP; RX/OTC
KROGER LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LANCET DEVICE ADJUSTABLE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	LANZO MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			LEADER ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			LIBERTY BLOOD GLUCOSE METER DEVI	NP	MP

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LIBERTY CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	P	QL(4.45 ea daily); MP; RX/OTC
LIBERTY GLUCOSE CONTROL MID SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	P	QL(4.45 ea daily); MP; RX/OTC
LIBERTY MEDICAL LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	P	QL(4.45 ea daily); MP; RX/OTC
LIBERTY MINI LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	P	QL(4.45 ea daily); MP; RX/OTC
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	NP	MP	MEDICHOICE SAFETY LANCETEXTRA	P	QL(4.45 ea daily); MP; RX/OTC
LITE TOUCH LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	MEDICHOICE SAFETY LANCETNORMAL	P	QL(4.45 ea daily); MP; RX/OTC
LITE TOUCH LANCING PEN MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-NORMAL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
LITETOUCH LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP; RX/OTC	MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
LIVE BETTER ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	MEDLANCE PLUS EXTRA LANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC
LIVE BETTER LANCET SUPERTHIN 30G	P	QL(4.45 ea daily); MP; RX/OTC	MEDLANCE PLUS LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
LIVE BETTER LANCET ULTRATHIN 28G	P	QL(4.45 ea daily); MP; RX/OTC	MEDLANCE PLUS LANCETS LITE 25G	P	QL(4.45 ea daily); MP; RX/OTC
LONGS LANCETS STANDARD	P	QL(4.45 ea daily); MP; RX/OTC	MEDLANCE PLUS LITE LANCETS 25G	P	QL(4.45 ea daily); MP; RX/OTC
LONGS LANCETS THIN	P	QL(4.45 ea daily); MP; RX/OTC	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	P	QL(4.45 ea daily); MP; RX/OTC
LONGS LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP; RX/OTC	MEDLANCE PLUS SUPERLITE 30G	P	QL(4.45 ea daily); MP; RX/OTC

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MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	P	QL(4.45 ea daily); MP; RX/OTC	MEIJER SUPER THIN LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
MEDLANCE PLUS UNIVERSAL LANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC	MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MEDLANCE PLUS/LITE 25G	P	QL(4.45 ea daily); MP; RX/OTC	MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MEDLANCE/EXTRA	P	QL(4.45 ea daily); MP; RX/OTC	MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MEDLANCE/LITE	P	QL(4.45 ea daily); MP; RX/OTC	MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MEDLANCE/UNIVERSAL	P	QL(4.45 ea daily); MP; RX/OTC	MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MICROLET LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G	P	QL(4.45 ea daily); MP; RX/OTC	MICROLET NEXT MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MINI LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
MEIJER LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	MINILINK REAL-TIME TRANSMITTER	NP	MP
MEIJER LANCETS THIN	P	QL(4.45 ea daily); MP; RX/OTC	MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	NP	MP
MEIJER LANCETS UNIVERSAL21G	P	QL(4.45 ea daily); MP; RX/OTC	MM EASY TOUCH BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MEIJER LANCETS UNIVERSAL30G	P	QL(4.45 ea daily); MP; RX/OTC	MM LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
MEIJER LANCETS UNIVERSAL33G	P	QL(4.45 ea daily); MP; RX/OTC			
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MM TWIST LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	NEUTEK 2TEK CONTROL SOLUTIONS SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
MONOLET LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
MONOLET OPD LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MONOLETTOR SAFETY LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
MPD SAFETY LANCET 21G/1.8MM	P	QL(4.45 ea daily); MP; RX/OTC	NOVA SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP; RX/OTC
MPD SAFETY LANCET 28G/1.8MM	P	QL(4.45 ea daily); MP; RX/OTC	NOVA SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC
MPD SAFETY LANCET 30G/1.8MM	P	QL(4.45 ea daily); MP; RX/OTC	NOVA SUREFLEX LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
MPD SAFETY LANCETS 23G/1.8MM	P	QL(4.45 ea daily); MP; RX/OTC	NOVA SUREFLEX LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
MULTI-LANCET DEVICE 2 KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	P	PA
MULTI-LANCET DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	OMNIPOD 5 G6 PODS (GEN 5) MISC	P	MP; PA
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	P	QL(1 ea per 365 days retail); PA
MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	OMNIPOD CLASSIC PODS (GEN 3) MISC	P	MP; PA
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	OMNIPOD DASH INTRO KIT (GEN 4) KIT	P	PA
			OMNIPOD DASH PDM KIT (GEN 4) KIT	P	QL(1 ea per 365 days retail); PA
			OMNIPOD DASH PODS (GEN 4) MISC	P	MP; PA

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OMNIPOD GO 10 UNITS/DAY KIT	NP		ONETOUCH SURESOFT LANCING DEVICE/21G MISC	P	MP
OMNIPOD GO 15 UNITS/DAY KIT	NP		ONETOUCH SURESOFT LANCING DEVICE/28G MISC	P	MP
OMNIPOD GO 20 UNITS/DAY KIT	NP		ONETOUCH ULTRA 2 KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
OMNIPOD GO 25 UNITS/DAY KIT	NP		ONETOUCH ULTRA CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
OMNIPOD GO 30 UNITS/DAY KIT	NP		ONETOUCH ULTRA CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
OMNIPOD GO 35 UNITS/DAY KIT	NP		ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	P	QL(4.45 ea daily); MP; RX/OTC
OMNIPOD GO 40 UNITS/DAY KIT	NP		ONETOUCH ULTRASOFT LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	QL(4.45 ea daily); MP; RX/OTC	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ONETOUCH DELICA PLUS LANCETS FINE 30G	P	QL(4.45 ea daily); MP; RX/OTC	ONETOUCH VERIO REFLECT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	ONETOUCH VERIO REFLECT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	ONETOUCH VERIO REFLECT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	ONETOUCH VERIO REFLECT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	MP	ONETOUCH VERIO REFLECT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONETOUCH SURESOFT LANCING DEVICE/18G MISC	P	MP	ONETOUCH VERIO REFLECT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
			OVAL TAPE MISC	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PARADIGM REAL-TIME TRANSMITTER	NP	MP	PIP GLUCOSE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
PC LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC	PIP LANCETS/28G	P	QL(4.45 ea daily); MP; RX/OTC
PERFECT LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	PIP LANCETS/30G	P	QL(4.45 ea daily); MP; RX/OTC
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	POCKETCHEM EZ CONTROL LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	P	QL(4.45 ea daily); MP; RX/OTC	PRECISION GLUCOSE KETONECONTROL SOLUTION 1-LOW, 1-HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
PHARMACIST CHOICE ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	PRECISION THINS GP LANCET	P	QL(4.45 ea daily); MP; RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	PRECISION XTRA KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	PREFERRED PLUS LANCETS COLORED 21G	P	QL(4.45 ea daily); MP; RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	P	QL(4.45 ea daily); MP; RX/OTC	PREFERRED PLUS LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC	PREFERRED PLUS LANCETS THIN 26G	P	QL(4.45 ea daily); MP; RX/OTC
PHARMACY COUNTER LANCETS	P	QL(4.45 ea daily); MP; RX/OTC			
PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP			

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PRO COMFORT LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PRO COMFORT LANCETS 31G	P	QL(4.45 ea daily); MP; RX/OTC	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC	PRODIGY SAFETY LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	PRODIGY TWIST TOP LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	PSS SELECT GP LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	PSS SELECT PLATFORMS MISC	P	MP
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	PSS SELECT SAFETY LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
PRODIGY CONTROL SOLUTIONHIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	PURE COMFORT LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
PRODIGY CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	PX ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
PRODIGY COUNT-A-DOSE MISC	P	RX/OTC	PX LANCET AUTO INJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
PRODIGY LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	PX LANCETS MICROTHIN 33G	P	QL(4.45 ea daily); MP; RX/OTC
PRODIGY NO CODING BLOOD GLUCOSE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	PX LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP; RX/OTC
			PX LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP; RX/OTC
			QC ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			QC LANCETS SUPER THIN	P	QL(4.45 ea daily); MP; RX/OTC

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QC LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP; RX/OTC	READYLANCE SAFETY LANCETS/26G/1.8MM	P	QL(4.45 ea daily); MP; RX/OTC
QC UNILET LANCETS 28G/ULTRA THIN	P	QL(4.45 ea daily); MP; RX/OTC	READYLANCE SAFETY LANCETS/28G/1.8MM	P	QL(4.45 ea daily); MP; RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	P	QL(4.45 ea daily); MP; RX/OTC	READYLANCE SAFETY LANCETS/30G/1.6MM	P	QL(4.45 ea daily); MP; RX/OTC
QUICKTEK CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	REALITY LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
			REALITY TRIGGER LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
QUICKTEK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	REFUAH PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
QUINTET AC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	REFUAH PLUS GLUCOSE CONTROL SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP			
QUINTET GLUCOSE CONTROL/HIGH/NORMAL SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	RELION 2-IN-1 LANCET DEVICES 30G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			RELION 2-IN-1 LANCING DEVICE 25G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
RA E-ZJECT LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	RELION 2-IN-1 LANCING DEVICE 30G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
RA E-ZJECT LANCETS THIN 26G	P	QL(4.45 ea daily); MP; RX/OTC	RELION ALL-IN-ONE COMPACT BLOOD GLUCOSE TESTING SYSTEM	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
RA E-ZJECT LANCETS THIN 28G	P	QL(4.45 ea daily); MP; RX/OTC	RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RA E-ZJECT LANCETS ULTRATHIN 30G	P	QL(4.45 ea daily); MP; RX/OTC	RELION LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP; RX/OTC
READYLANCE SAFETY LANCETS/21G/2.2MM	P	QL(4.45 ea daily); MP; RX/OTC	RELION LANCETS THIN 26G	P	QL(4.45 ea daily); MP; RX/OTC
READYLANCE SAFETY LANCETS/23G/1.8MM	P	QL(4.45 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION LANCETS ULTRA-THIN30G	P	QL(4.45 ea daily); MP; RX/OTC	RELION ULTRA THIN PLUS LANCETS 32G	P	QL(4.45 ea daily); MP; RX/OTC
RELION LANCING DEVICE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	RELION ULTRA THIN PLUS LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC
RELION LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	REXALL LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP; RX/OTC
RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	RIGHTEST GC300 HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	RIGHTEST GD500 LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC	P	MP
RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	RIGHTEST GL300 LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RELION ULTRA THIN LANCETS/30G	P	QL(4.45 ea daily); MP; RX/OTC	RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
RELION ULTRA THIN LANCETS30G	P	QL(4.45 ea daily); MP; RX/OTC	SAFE-T-LANCE LOW FLOW 25G	P	QL(4.45 ea daily); MP; RX/OTC
			SAFE-T-LANCE NORMAL FLOW21G	P	QL(4.45 ea daily); MP; RX/OTC

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SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	P	QL(4.45 ea daily); MP; RX/OTC	SELECT-LITE DEVICE/LANCETS KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	P	QL(4.45 ea daily); MP; RX/OTC	SELECT-LITE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	P	QL(4.45 ea daily); MP; RX/OTC	SHOPKO AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SAFETY LANCET 30G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP; RX/OTC	SHOPKO ON-THE-GO COMFORTLANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
SAFETY LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	SHOPKO UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC
SAFETY LANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC	SHOPKO UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP; RX/OTC
SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP; RX/OTC	SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	SINGLE-LET	P	QL(4.45 ea daily); MP; RX/OTC
SAFETY LANCETS/PRESSURE ACTIVATED/28G	P	QL(4.45 ea daily); MP; RX/OTC	SM MICRO THIN LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC
SAPS HEALTH CARE TWIST TOP LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	SM TRUEDRAW LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	SMART DIABETES VANTAGE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SAPS HEALTH TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	QL(4.45 ea daily); MP; RX/OTC
SAPSCARE TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SB LANCETS THIN	P	QL(4.45 ea daily); MP; RX/OTC	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	QL(4.45 ea daily); MP; RX/OTC
SB LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	QL(4.45 ea daily); MP; RX/OTC	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SMART SENSE THIN LANCETSUNIVERSAL 26G	P	QL(4.45 ea daily); MP; RX/OTC	SOLUS V2 CONTROL HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	SOLUS V2 CONTROL LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
SMARTEST CONTROL SOLUTIONMEDIUM SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	SOLUS V2 LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC
SMARTEST EJECT STARTER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	SOLUS V2 TWIST LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
SMARTEST LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	STERILANCE PA MISC	P	MP
SMARTEST PERSONA STARTERKIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	STERILANCE TL	P	QL(4.45 ea daily); MP; RX/OTC
SMARTEST PRONTO STARTERKIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	SUPER THIN LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	SUPREME II HIGH/LOW CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
SMARTEST PROTEGE STARTERKIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	SURE COMFORT LANCETS 18G	P	QL(4.45 ea daily); MP; RX/OTC
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP	MP	SURE COMFORT LANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC
			SURE COMFORT LANCETS 23G	P	QL(4.45 ea daily); MP; RX/OTC
			SURE COMFORT LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC
			SURE COMFORT LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT LANCING PEN MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SURE-LANCE FLAT LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	TGT LANCET MICRO THIN 33G	P	QL(4.45 ea daily); MP; RX/OTC
SURE-LANCE LANCETS 26G	P	QL(4.45 ea daily); MP; RX/OTC	TGT LANCET THIN 26G	P	QL(4.45 ea daily); MP; RX/OTC
SURE-LANCE THIN LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	TGT LANCET ULTRA THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC
SURE-LANCE ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	TGT LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SURELITE LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	THINLETS GP LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
SURE-PEN MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER DEVI	NP	MP	TODAYS HEALTH SUPER THINLANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
SURE-TOUCH LANCETS UNIVERSAL	P	QL(4.45 ea daily); MP; RX/OTC	TODAYS HEALTH ULTRA THINLANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC
TECHLITE AST LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	TOPCARE LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP; RX/OTC
TECHLITE LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	TRAVEL LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
TECHLITE LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	TRAVEL LANCETS ADVANCED 28G	P	QL(4.45 ea daily); MP; RX/OTC
TEMPO REFILL KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply	TRUE COMFORT SAFETY LANCETS/30G	P	QL(4.45 ea daily); MP; RX/OTC
TEMPO WELCOME KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	TRUE COMFORT TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI	NP	MP

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TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	TRUEPLUS LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	MP	TRUEPLUS LANCETS 28G SUPER THIN	P	QL(4.45 ea daily); MP; RX/OTC
TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	TRUEPLUS LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	TRUEPLUS LANCETS 30G ULTRA THIN	P	QL(4.45 ea daily); MP; RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	TRUEPLUS LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	TRUEPLUS LANCETS 33G MICRO THIN	P	QL(4.45 ea daily); MP; RX/OTC
TRUE METRIX GO BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	TRUEPLUS SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC
TRUE METRIX DEVI	NP	MP	TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUEDRAW LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	TRUETRACK SMART SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUEPLUS LANCETS 26G	P	QL(4.45 ea daily); MP; RX/OTC	TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
			ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			ULTILET CLASSIC LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
			ULTILET LANCETS	P	QL(4.45 ea daily); MP; RX/OTC

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ULTILET LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC	UNILET LANCETS SUPER-THIN30G	P	QL(4.45 ea daily); MP; RX/OTC
ULTILET SAFETY LANCETS 21G X 2.2MM	P	QL(4.45 ea daily); MP; RX/OTC	UNILET LANCETS ULTRA-THIN 28G	P	QL(4.45 ea daily); MP; RX/OTC
ULTILET SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP; RX/OTC	UNILET SUPERLITE LANCET	P	QL(4.45 ea daily); MP; RX/OTC
ULTRA THIN LANCETS 31G	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 1 MISC	P	MP
ULTRA-CARE LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 2 COMFORT MISC	P	MP
ULTRA-THIN II AUTO LANCET	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 2 EXTRA MISC	P	MP
ULTRA-THIN II LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 2 NEONATAL MISC	P	MP
ULTRA-THIN II LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 2 NORMAL MISC	P	MP
UNILET COMFORTOUCH LANCET	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 2 SUPER MISC	P	MP
UNILET EXCELITE	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 2 MISC	P	MP
UNILET EXCELITE II	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 3 COMFORT MISC	P	MP
UNILET G.P. LANCET	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC	P	MP
UNILET G.P. SUPERLITE LANCET	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 3 EXTRA MISC	P	MP
UNILET GP 28 ULTRA THIN	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 3 GENTLE	P	QL(4.45 ea daily); MP; RX/OTC
UNILET LANCET	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 3 NEONATAL MISC	P	MP
UNILET LANCETS MICRO-THIN33G	P	QL(4.45 ea daily); MP; RX/OTC	UNISTIK 3 NORMAL MISC	P	MP
			UNISTIK 3 MISC	P	MP
			UNISTIK CZT COMFORT MISC	P	MP
			UNISTIK CZT NORMAL MISC	P	MP
			UNISTIK NORMAL MISC	P	MP
			UNISTIK PRO SAFETY LANCET 21G	P	QL(4.45 ea daily); MP; RX/OTC
			UNISTIK PRO SAFETY LANCET 25G	P	QL(4.45 ea daily); MP; RX/OTC

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UNISTIK PRO SAFETY LANCET 28G	P	QL(4.45 ea daily); MP; RX/OTC	VALUE PLUS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
UNISTIK SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	VALUMARK LANCET SUPER THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC
UNISTIK SAFETY LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	VALUMARK LANCET ULTRA THIN 28G	P	QL(4.45 ea daily); MP; RX/OTC
UNISTIK TOUCH SAFETY LANCETS 21G	P	QL(4.45 ea daily); MP; RX/OTC	VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP	MP
UNISTIK TOUCH SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP; RX/OTC	VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
UNISTIK TOUCH SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	VERASENS GLUCOSE CONTROLLEVEL 1 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
UNISTIK TOUCH SAFETY LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC	VERIFINE SAFETY LANCET MINI 21G X 2.4MM	P	QL(4.45 ea daily); MP; RX/OTC
UNISTRIP CONTROL SOLUTIONHIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	VERIFINE SAFETY LANCET MINI 23G X 1.8MM	P	QL(4.45 ea daily); MP; RX/OTC
UNISTRIP CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	VERIFINE SAFETY LANCET MINI 28G X 1.8MM	P	QL(4.45 ea daily); MP; RX/OTC
UNIVERSAL 1 LANCETS THIN26G	P	QL(4.45 ea daily); MP; RX/OTC	VERIFINE SAFETY LANCET MINI 30G X 1.8MM	P	QL(4.45 ea daily); MP; RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	P	QL(4.45 ea daily); MP; RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
VALUE PLUS LANCETS STANDARD 21G	P	QL(4.45 ea daily); MP; RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	P	QL(4.45 ea daily); MP; RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	P	QL(4.45 ea daily); MP; RX/OTC	V-GO 20 KIT	NP	QL(1 ea per 365 days retail)
VALUE PLUS LANCETS THIN 26G	P	QL(4.45 ea daily); MP; RX/OTC	V-GO 30 KIT	NP	QL(1 ea per 365 days retail)

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V-GO 40 KIT	NP	QL(1 ea per 365 days retail)	WALGREENS THIN LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
VIDA MIA AUTOLET LANCINGDEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	WALGREENS ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP; RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP; RX/OTC	WAVESENSE AMP KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP; RX/OTC	ZEV RX TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP; RX/OTC
VIVAGUARD INO BLOOD GLUCOSE METER DEVI	NP	MP	Misc. Devices		
VIVAGUARD INO CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	14-COUNT WARMER MISC	P	RX/OTC
VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	NP	MP	2-WAY FOLEY STABILIZATIONDEVICE MISC	P	RX/OTC
VIVAGUARD LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	3-IN-1 BEDSIDE TOILET MISC	P	RX/OTC
VIVAGUARD LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	3-IN-1 COMMODE MISC	P	RX/OTC
VIVAGUARD SAFETY LANCETS/28G	P	QL(4.45 ea daily); MP; RX/OTC	ACU-LIFE PILL CRUSHER/CONTAINER MISC	P	RX/OTC
VIVI CAP1 MISC	P	RX/OTC	ADAPTER CAP BLUE A 18MM MISC	P	RX/OTC
VIVI CAP MISC	P	RX/OTC	ADAPTER CAP BLUE B 20MM MISC	P	RX/OTC
WALGREENS ADVANCED TRAVELLANCETS 28G	P	QL(4.45 ea daily); MP; RX/OTC	ADAPTER CAP BLUE C 22MM MISC	P	RX/OTC
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	P	QL(4.45 ea daily); MP; RX/OTC	ADAPTER CAP BLUE D 24MM MISC	P	RX/OTC
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	P	QL(4.45 ea daily); MP; RX/OTC	ADAPTER CAP BLUE E 28MM/SHORT NECK MISC	P	RX/OTC
WALGREENS LANCETS	P	QL(4.45 ea daily); MP; RX/OTC	ADAPTER CAP BLUE F 28MM/LONG NECK MISC	P	RX/OTC
			ADAPTER CAP BLUE K 28MM/MEDIUM NECK MISC	P	RX/OTC
			ADAPTER CAP BLUE M 24MM MISC	P	RX/OTC

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ADAPTER CAP GREEN A 18MM MISC	P	RX/OTC	ADJUST ALUMINUM CANE/ROUND HANDLE/5/8" MISC	P	RX/OTC
ADAPTER CAP GREEN B 20MM MISC	P	RX/OTC	ADJUST ALUMINUM CANE/ROUND HANDLE/7/8" MISC	P	RX/OTC
ADAPTER CAP GREEN C 22MM MISC	P	RX/OTC	ADJUST ALUMINUM OFFSET CANE/CUSH HANDLE/WRIST STRAP/3/4" MISC	P	RX/OTC
ADAPTER CAP GREEN D 24MM MISC	P	RX/OTC	ADJUST FOLD CANE/BLACK FIN/WALNUT PISTOL GRIP DERBY HANDLE MISC	P	RX/OTC
ADAPTER CAP GREEN E 28MM/SHORT NECK MISC	P	RX/OTC	ADJUSTABLE BATH/SHOWER SEAT/BACK MISC	P	RX/OTC
ADAPTER CAP GREEN F 28MM/LONG NECK MISC	P	RX/OTC	ADJUSTABLE BATH/SHOWER SEAT MISC	P	RX/OTC
ADAPTER CAP GREEN K 28MM/MEDIUM NECK MISC	P	RX/OTC	ADJUSTABLE COMMODE 3-IN-1 MISC	P	RX/OTC
ADAPTER CAP GREEN M 24MM MISC	P	RX/OTC	ADJUSTABLE FOLDING CANE/YORK HANDLE MISC	P	RX/OTC
ADAPTER CAP RED A 18MM MISC	P	RX/OTC	ADULT PUSH BUTTON ALUMINUM CRUTCH MISC	P	RX/OTC
ADAPTER CAP RED B 20MM MISC	P	RX/OTC	ADVOCATE ALCOHOL PREP PADS	P	RX/OTC
ADAPTER CAP RED C 22MM MISC	P	RX/OTC	ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC
ADAPTER CAP RED D 24MM MISC	P	RX/OTC	ALCOHOL PADS	P	RX/OTC
ADAPTER CAP RED E 28MM/SHORT NECK MISC	P	RX/OTC	ALCOHOL PREP PAD	P	RX/OTC
ADAPTER CAP RED F 28MM/LONG NECK MISC	P	RX/OTC	ALCOHOL PREP PADS	P	RX/OTC
ADAPTER CAP RED K 28MM/MEDIUM NECK MISC	P	RX/OTC	ALCOHOL PREPS	P	RX/OTC
ADAPTER CAP RED M 24MM MISC	P	RX/OTC	ALCOHOL SWABS	P	RX/OTC
ADAPTER CAP WHITE B 20MM MISC	P	RX/OTC	ALCOHOL SWABSTICKS	P	RX/OTC
ADAPTER CAP WHITE C 22MM MISC	P	RX/OTC	ALEVE DIRECT THERAPY TENSDEVICE REFILL GEL PADS MISC	P	RX/OTC
ADD-VANTAGE ADDAPTOR CONNECTOR MISC	P	RX/OTC			

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ALHPAMOP FOAM REPLACEMENT PADS MISC	P	RX/OTC	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WHITE MISC	P	RX/OTC
ALL-BODY MASSAGE MISC	P	RX/OTC	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WILLOW GREEN MISC	P	RX/OTC
ALUMINUM BLANKET SUPPORT 2 HEIGHTS MISC	P	RX/OTC	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/YELLOW MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/RED MISC	P	RX/OTC	AMBER GLASS BOTTLE MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/ROYAL BLUE MISC	P	RX/OTC	AMBER GLASS VIALS 2ML/13MM MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/YELLOW MISC	P	RX/OTC	AMBER GLASS VIALS 2ML MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLACK MISC	P	RX/OTC	AMBER GLASS VIALS 30ML/20MM MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLUE MISC	P	RX/OTC	AMEDA ADAPTER CAP MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/GREEN MISC	P	RX/OTC	AMEDA BREAST FLANGE INSERT/22.5MM/SMALL MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/LIGHT GREEN MISC	P	RX/OTC	AMEDA CUSTOMFIT BREAST FLANGE/25MM/STANDARD MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/MIST GRAY MISC	P	RX/OTC	AMEDA CUSTOMFIT BREAST FLANGE/28.5MM/MEDIUM MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/NATURAL MISC	P	RX/OTC	AMEDA CUSTOMFIT BREAST FLANGE/30.5MM/LARGE MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/ROYAL BLUE MISC	P	RX/OTC	AMEDA DIAPHRAGMS MISC	P	RX/OTC
			AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM/PUMP ADAPTER MISC	P	RX/OTC

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AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM MISC	P	RX/OTC	AMEDA PURELY YOURS BREASTPUMP/HYGIENIKIT MISC	P	RX/OTC
AMEDA DUAL HYGIENIKIT SYSTEM/CUSTOMFIT FLANGES/PUMP ADAPTER MISC	P	RX/OTC	AMEDA PURELY YOURS DOUBLE ELECTRIC BREAST PUMP/CARRY ALL MISC	P	RX/OTC
AMEDA ELITE BREAST PUMP MISC	P	RX/OTC	AMEDA PURELY YOURS ELECTRIC BREAST PUMP/HYGIENIKIT MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/DOTTIE TOTE MISC	P	RX/OTC	AMEDA SILICONE TUBING MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/MINNIE TOTE MISC	P	RX/OTC	AMEDA TUBING ADAPTER MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/SHOULDER BAG MISC	P	RX/OTC	AMEDA VALVES MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC	AMIELLE RESTORE VAGINAL EXERCISERS MISC	P	RX/OTC
AMEDA FLEXISHIELD MISC	P	RX/OTC	AMIELLE VAGINAL TRAINER MISC	P	RX/OTC
AMEDA MYA JOY DOUBLE ELECTRIC BREAST PUMP/LARGE TOTE MISC	P	RX/OTC	ANGEL WING BLOOD COLLECTION SET/HOLDER/23GX3/4" MISC	P	RX/OTC
AMEDA MYA JOY DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC	ANGEL WING BLOOD COLLECTION SET/HOLDER/25GX3/4" MISC	P	RX/OTC
AMEDA ONE-HAND BREAST PUMP/TOTE MISC	P	RX/OTC	ANGEL WING LUER ADAPTER/TUBE HOLDER SET/FEMALE MISC	P	RX/OTC
AMEDA ONE-HAND MANUAL BREAST PUMP MISC	P	RX/OTC	ANGEL WING TRANSFER DEVICE/FEMALE ADAPTER MISC	P	RX/OTC
AMEDA PLATINUM MULTI-USER ELECTRIC BREAST PUMP MISC	P	RX/OTC	ANGEL WING TUBE HOLDER/FEMALE LUER MISC	P	RX/OTC
			APNEASTRIP MISC	P	RX/OTC
			APPLICATOR ACCESSORIES/TAP-N-CRICK SILICONE PAD MULTI-PURPOS MISC	P	RX/OTC

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ARGYLE SARATOGA SUMP DRAIN/20FR/20" MISC	P	RX/OTC	BED WEDGE/12" MISC	P	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/24FR/20" MISC	P	RX/OTC	BED WEDGE/7" MISC	P	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/28FR/20" MISC	P	RX/OTC	BEDSIDE COMMODORE MISC	P	RX/OTC
ARGYLE TRACHEOSTOMY TUBEHOLDER MISC	P	RX/OTC	BEUTLICH PH TEST ROLL MISC	P	RX/OTC
AUTOCLAVE ACCESSORIES PRINTER PAPER MISC	P	RX/OTC	BI-FOCAL MAGNIFIER MISC	P	RX/OTC
AUTOCLAVE AIR FILTER MISC	P	RX/OTC	BLOOD COLLECTION TUBE HOLDER/WITH NEEDLE MISC	P	RX/OTC
AUTOCLAVE PAPER 36" X 36" MISC	P	RX/OTC	BLOOD COLLECTION TUBE HOLDER/WITHOUT NEEDLE MISC	P	RX/OTC
AVOSTARTGRIP MISC	P	RX/OTC	BLOW MOLDED BATHTUB TRANSFER BENCH/COMMODORE SEAT/PAIL MISC	P	RX/OTC
BABY FRIDGE MISC	P	RX/OTC	BLOW MOLDED BATHTUB TRANSFER BENCH MISC	P	RX/OTC
BAMBOO CANE MISC	P	RX/OTC	BMI DIGITAL SMART SCALE MISC	P	RX/OTC
BANDAGE SCISSORS MISC	P	RX/OTC	BOTTLE 2OZ/BLUE GLASS/DROPPER MISC	P	RX/OTC
BARIATRIC ALUMINUM CANE/OFFSET MISC	P	RX/OTC	BOTTLE ADAPTERS/24MM/PRESS-IN MISC	P	RX/OTC
BATH BENCH WITH BACK MISC	P	RX/OTC	BOTTLE AMBER 16OZ/GRADUATED/OVAL PET/28-400/CAP MISC	P	RX/OTC
BATH/SHOWER SEAT WITH BACK/ADJUSTABLE MISC	P	RX/OTC	BOTTLE AMBER 8OZ/GRADUATED/OVAL PET/24-400/CAP MISC	P	RX/OTC
BATH/SHOWER SEAT/ADJUSTABLE MISC	P	RX/OTC	BOTTLE AMBER GLASS 33OZ/BOSTON ROUND/33/430 NECK/RIBBED CAP MISC	P	RX/OTC
BATHTUB SAFETY RAIL MISC	P	RX/OTC	BOTTLE/6OZ/WHITE/HD PE/WITH TWIST TOP SIFTER CAP MISC	P	RX/OTC
BD SAFE CLIP NEEDLE CLIPPER MISC	P	RX/OTC			
BD SWABS SINGLE USE BUTTERFLY	P	RX/OTC			
BED WEDGE/10" MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BOTTLE/AMBER GLASS/500ML/BOSTON RND/BLK PHENOLIC POLYSEAL CA MISC	P	RX/OTC	CANE TIPS/3/4" QUAD NON-SUCTION MISC	P	RX/OTC
BOTTLE/AMBER GLASS/BOSTONROUND/8OZ/BLACK PHENOLIC CAP MISC	P	RX/OTC	CANE TIPS/3/4" MISC	P	RX/OTC
BOTTLE/SPRAY/120ML/CLEARPE PLASTIC MISC	P	RX/OTC	CANE TIPS/5/8" QUAD SUCTION TYPE MISC	P	RX/OTC
BOTTLETOP DISPENSER 0.25-2.0ML MISC	P	RX/OTC	CANE TIPS/7/8"-1" MISC	P	RX/OTC
BOTTLETOP DISPENSER ADAPTER/38MM MISC	P	RX/OTC	CANE TIPS/BLACK/3/4" MISC	P	RX/OTC
BOULES QUIES EAR PLUGS MISC	P	RX/OTC	CANE TIPS/BLACK/7/8"-1" MISC	P	RX/OTC
BREAST PUMP MISC	P	RX/OTC	CANE TIPS/GREY/3/4" MISC	P	RX/OTC
BREATHE COMFORT NASAL ASPIRATOR (ELECTRONIC) MISC	P	RX/OTC	CANE TIPS/GREY/7/8"-1" MISC	P	RX/OTC
BREATHE COMFORT NASAL IRRIGATOR MISC	P	RX/OTC	CANE TIPS/ICE GRIP TIP MISC	P	RX/OTC
BREATHE EASE PULSE OXIMETER MISC	P	RX/OTC	CANE WITH STRAP/BLACK MISC	P	RX/OTC
BUBBLE POINT TESTER KIT/WIZARD MISC	P	RX/OTC	CANE WRIST STRAP MISC	P	RX/OTC
CANE HOLDER MISC	P	RX/OTC	CANE/ADJUSTABLE/ALUMINUM/ROUND HANDLE MISC	P	RX/OTC
CANE TIPS 3/4" MISC	P	RX/OTC	CANE/ADJUSTABLE/PAISLEY MISC	P	RX/OTC
CANE TIPS 7/8" MISC	P	RX/OTC	CANE/ALUMINUM/ADJUSTABLE/BRONZE TONE/STANDARD HANDLE MISC	P	RX/OTC
CANE TIPS FOR ALUM/3/4" MISC	P	RX/OTC	CANE/ALUMINUM/ADJUSTABLE/DEVON HANDLE MISC	P	RX/OTC
CANE TIPS FOR WOOD 1" MISC	P	RX/OTC	CANE/ALUMINUM/ADJUSTABLE/LADIES HANDLE MISC	P	RX/OTC
CANE TIPS FOR WOOD 5/8" MISC	P	RX/OTC	CANE/ALUMINUM/ADJUSTABLE/MENS HANDLE MISC	P	RX/OTC
CANE TIPS FOR WOOD/3/4" MISC	P	RX/OTC	CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/7/8" MISC	P	RX/OTC
CANE TIPS FOR WOOD/7/8" MISC	P	RX/OTC			
CANE TIPS/1" MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/AUTUMN BRONZE MISC	P	RX/OTC	CANE/ALUMINUM/MED PEWTERBLUE/ORTHO HANDLE/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/BLACK MISC	P	RX/OTC	CANE/ALUMINUM/OFFSET CUSHIONED HANDLE/WRIST STRAP/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/VIOLET MISC	P	RX/OTC	CANE/ALUMINUM/OFFSET HANDLE/NO SAFETY LOCKNUT/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/BLACK /DEVONHANDLE/7/8" MISC	P	RX/OTC	CANE/ALUMINUM/OFFSET ORTHO GRIP/BLACK MISC	P	RX/OTC
CANE/ALUMINUM/BRONZE/FOLDING/ORTHO HANDLE/3/4" MISC	P	RX/OTC	CANE/ALUMINUM/OFFSET ORTHO HANDLE/WRIST STRAP/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/BRONZE/OFFSET HANDLE/CUSH GRIP/WRIST STRAP/3/4" MISC	P	RX/OTC	CANE/ALUMINUM/OFFSET ORTHO MISC	P	RX/OTC
CANE/ALUMINUM/BRONZE/ORTHO HANDLE/3/4" MISC	P	RX/OTC	CANE/ALUMINUM/ORTHO/BRONZE MISC	P	RX/OTC
CANE/ALUMINUM/BRONZE/YORKHANDLE/7/8" MISC	P	RX/OTC	CANE/ALUMINUM/ROUND HANDLE/5/8" MISC	P	RX/OTC
CANE/ALUMINUM/BRONZE-TONE MISC	P	RX/OTC	CANE/ALUMINUM/ROUND HANDLE/7/8" MISC	P	RX/OTC
CANE/ALUMINUM/FOLDING/36"BLACK MISC	P	RX/OTC	CANE/ALUMINUM/TELESCOPIC/BRONZE/MEDIUM HANDLE/7/8" MISC	P	RX/OTC
CANE/ALUMINUM/FOLDING/ADJUSTABLE/BLACK MISC	P	RX/OTC	CANE/ALUMINUM/TELESCOPIC/LARGE HANDLE/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/FOLDING/ADJUSTABLE/BRONZE/ORTHO HANDLE MISC	P	RX/OTC	CANE/ALUMINUM/TELESCOPIC/MEDIUM HANDLE/7/8" MISC	P	RX/OTC
CANE/ALUMINUM/FOLDING/ADJUSTABLE/BRONZE-TONE MISC	P	RX/OTC	CANE/DESIGNER OFFSET HANDLE MISC	P	RX/OTC
CANE/ALUMINUM/FOLDING/BLIND MISC	P	RX/OTC	CANE/LADY/BRONZE MISC	P	RX/OTC
			CANE/MENS MISC	P	RX/OTC
			CANE/OFFSET HANDLE/GREENPAISLEY MISC	P	RX/OTC
			CANE/ROSEWOOD/1" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CANE/STANDARD/BLACK HANDLE MISC	P	RX/OTC	CANE/WOOD/MENS T-HANDLE/BLACK WOOD MISC	P	RX/OTC
CANE/STANDARD/BRONZE HANDLE MISC	P	RX/OTC	CANE/WOOD/NATURAL ASH/ROUND HANDLE/1" MISC	P	RX/OTC
CANE/T-HANDLE/BLACK & BLUE MISC	P	RX/OTC	CANE/WOOD/NATURAL ASH/ROUND HANDLE/7/8" MISC	P	RX/OTC
CANE/WOOD/BLACK/ROUND HANDLE/1" MISC	P	RX/OTC	CANE/WOOD/ROSEWOOD/1" MISC	P	RX/OTC
CANE/WOOD/BLACK/ROUND HANDLE/7/8" MISC	P	RX/OTC	CANE/WOOD/STANDARD/BLACKFINISH/1" MISC	P	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/EBONY FINISH/13/16" MISC	P	RX/OTC	CANE/WOOD/STANDARD/BLACKFINISH/7/8" MISC	P	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/ROSEWOOD FINISH/13/16" MISC	P	RX/OTC	CANE/WOOD/STANDARD/NATURAL FINISH/1" MISC	P	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/STAINED WALNUT FINISH MISC	P	RX/OTC	CANE/WOOD/STANDARD/NATURAL FINISH/7/8" MISC	P	RX/OTC
CANE/WOOD/LADIES/T-HANDLEBLACK WOOD MISC	P	RX/OTC	CANE/WOOD/STANDARD/WALNUT42"LONG MISC	P	RX/OTC
CANE/WOOD/LADIES/T-HANDLEWALNUT/3/4" MISC	P	RX/OTC	CANE/WOOD/STANDARD/WALNUTFINISH/7/8" MISC	P	RX/OTC
CANE/WOOD/MENS ROUND HANDLE/ROSEWOOD FINISH MISC	P	RX/OTC	CANE/WOOD/T-HANDLE/WALNUT3/4" MISC	P	RX/OTC
CANE/WOOD/MENS STANDARD HANDLE/EBONY FINISH/1" MISC	P	RX/OTC	CANE/WOOD/T-HANDLE/WALNUTFINISH/1" MISC	P	RX/OTC
CANE/WOOD/MENS STANDARD HANDLE/ROSEWOOD FINISH/1" MISC	P	RX/OTC	CANE/WOOD/T-HANDLE/WALNUTFINISH/13/16" MISC	P	RX/OTC
CANE/WOOD/MENS STANDARD HANDLE/STAINED WALNUT WOOD MISC	P	RX/OTC	CANE/WOOD/WALNUT/7/8" MISC	P	RX/OTC
			CANE/WOOD/WALNUT/Pistol GRIP DERBY HANDLE/7/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CANE/WOOD/WALNUT/ROUND HANDLE/7/8" MISC	P	RX/OTC	CLEVER CHOICE DIGITAL BMI SCALE MISC	P	RX/OTC
CARETOUCH ALCOHOL PREP PADS	P	RX/OTC	CLEVER CHOICE ELECTRIC BREAST PUMP MISC	P	RX/OTC
CARETOUCH PULSE OXIMETER MISC	P	RX/OTC	CLEVER CHOICE HEARING AMPLIFIER MISC	P	RX/OTC
CAREX COCCYX CUSHION MISC	P	RX/OTC	CLEVER CHOICE HYDROTHERAPY SYSTEM FOOT BATH MISC	P	RX/OTC
CAREX ULTRA GRABBER 32" MISC	P	RX/OTC	CLEVER CHOICE PULSE OXIMETER MISC	P	RX/OTC
CAREX WHEELCHAIR MISC	P	RX/OTC	CLINERE EARWAX CLEANER MISC	P	RX/OTC
CERVICAL PILLOW/BREATHE EASY MISC	P	RX/OTC	CLINERE EARWAX REMOVER MISC	P	RX/OTC
CERVICAL PILLOW/COVER MISC	P	RX/OTC	CLIP & STOR MISC	P	RX/OTC
CERVICAL PILLOW/ORTHOPEDIC MISC	P	RX/OTC	COMAR PRESS-IN BOTTLE ADAPTERS 24MM MISC	P	RX/OTC
CERVICAL PILLOW MISC	P	RX/OTC	COMFORT CURVE MASSAGE CUSHION MISC	P	RX/OTC
CERVICAL ROLL PILLOW/CONTOUR MISC	P	RX/OTC	COMFORT FIT FLANGES LARGE MISC	P	RX/OTC
CHEMO TRANSFER PIN MISC	P	RX/OTC	COMFORT MASSAGER/CORDLESS MISC	P	RX/OTC
CINIS PREEMIE HALO LARGE MISC	P	RX/OTC	COMFORT PERSONAL CLEANSING CART MISC	P	RX/OTC
CINIS PREEMIE HALO MEDIUM MISC	P	RX/OTC	COMFORT PERSONAL CLEANSING MICROWAVE MISC	P	RX/OTC
CINIS PREEMIE HALO SMALL MISC	P	RX/OTC	COMFORT PERSONAL CLEANSING SHAMPOO CAP MISC	P	RX/OTC
CLASSICS ROLLING WALKER MISC	P	RX/OTC	COMFORT PERSONAL CLEANSING WARMER/14-COUNT MISC	P	RX/OTC
CLEANROOM TACKY MAT 18" X36"/60 LAYER MISC	P	RX/OTC			
CLEAR GLASS VIALS 10ML MISC	P	RX/OTC			
CLEAR GLASS VIALS 2ML MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT PERSONAL CLEANSING WARMER/28-COUNT MISC	P	RX/OTC	CRUTCH ACCESSORY KIT/ARMPADS/HAND GRIPS/TIPS MISC	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	P	RX/OTC	CRUTCH ACCESSORY KIT MISC	P	RX/OTC
COMMODOE 3-IN-1 MISC	P	RX/OTC	CRUTCH ARMPADS MISC	P	RX/OTC
COMMODOE BEDSIDE/BACK MISC	P	RX/OTC	CRUTCH HANDGRIPS PREMIUM MISC	P	RX/OTC
COMMODOE BEDSIDE MISC	P	RX/OTC	CRUTCH HANDGRIPS/SOLID MISC	P	RX/OTC
COMMODOE PAIL WITH HANDLE/LID/12QT MISC	P	RX/OTC	CRUTCH HANDGRIPS/SPLIT MISC	P	RX/OTC
COMMODOE SPLASH GUARD MISC	P	RX/OTC	CRUTCH HANDGRIPS MISC	P	RX/OTC
COMPOSITE TRANSFER BENCH MISC	P	RX/OTC	CRUTCH PILLOWS/ARM AND HAND MISC	P	RX/OTC
CONTOUR BACK CUSHION MISC	P	RX/OTC	CRUTCH SET/ALUMINUM/LARGE MISC	P	RX/OTC
CONTOUR FITTED SHEETS MISC	P	RX/OTC	CRUTCH SET/WOOD/ADULT MISC	P	RX/OTC
CONTOUR MATTRESS COVER MISC	P	RX/OTC	CRUTCH SET/WOOD/MEDIUM MISC	P	RX/OTC
COTTON SWABS SWAB	P		CRUTCH SET/WOOD/YOUTH MISC	P	RX/OTC
COVERALL BOOTS/DISPOSABLE/UNIVERSAL MISC	P	RX/OTC	CRUTCH TIPS/EXTRA-LARGE/7/8" MISC	P	RX/OTC
COVERALL W/ HOOD/SMALL/DISPOSABLE MISC	P	RX/OTC	CRUTCH TIPS/JUMBO/GREY MISC	P	RX/OTC
COVERALL W/HOOD/3XL/DISPOSABLE MISC	P	RX/OTC	CRUTCH TIPS/REGULAR MISC	P	RX/OTC
COVERALL W/HOOD/XL/DISPOSABLE MISC	P	RX/OTC	CRUTCH TIPS/SUPER GRIP/BROWN MISC	P	RX/OTC
COVERALL W/HOOD/XXL/DISPOSABLE MISC	P	RX/OTC	CRUTCH TIPS/SUPER MISC	P	RX/OTC
COVERALLS MEDIUM/ELASTICBACK/WRIST/ANKLES MISC	P	RX/OTC	CRUTCH UNDERARM PADS PREMIUM MISC	P	RX/OTC
			CRUTCH UNDERARM PADS MISC	P	RX/OTC

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Updated January 1, 2024

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CRUTCH/ALUMINUM/ADULT/5'2"-5'10" MISC	P	RX/OTC	CRUTCH/WOOD/YOUTH/34"-42" MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT/ARMPADS/TIPS/GRIPS MISC	P	RX/OTC	CRUTCH/WOOD/YOUTH/ARMPADS/TIPS/GRIPS MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT/PUSH BUTTON MISC	P	RX/OTC	CRUTCH-MATE/ADULT ARM MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT/PUSH-BUTTON ADJ MISC	P	RX/OTC	CRUTCH-MATE/ADULT FOREARM MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT/TALL MISC	P	RX/OTC	CRUTCH-MATE/ADULT HAND GRIPS LARGE MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT MISC	P	RX/OTC	CRUTCH-MATE/ADULT HAND GRIPS MISC	P	RX/OTC
CRUTCH/ALUMINUM/MEDIUM MISC	P	RX/OTC	CUFF ACCESSORIES DISPOSABLE BULB & VALVE MISC	P	RX/OTC
CRUTCH/ALUMINUM/TALL/PUSHBUTTON ADJ MISC	P	RX/OTC	CUFF ACCESSORIES DISPOSABLE SINGLE HEAD STETHOSCOPE MISC	P	RX/OTC
CRUTCH/ALUMINUM/TALL/PUSHBUTTON MISC	P	RX/OTC	CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	RX/OTC
CRUTCH/ALUMINUM/YOUTH/ARMPADS/TIPS/GRIPS MISC	P	RX/OTC	CURITY COTTON TIPPED APPLICATOR 6" MISC	P	
CRUTCH/ALUMINUM/YOUTH/PUSH BUTTON MISC	P	RX/OTC	CURITY COTTON TIPPED APPLICATOR MISC	P	
CRUTCH/ALUMINUM/YOUTH/PUSH-BUTTON ADJ MISC	P	RX/OTC	CUSTOM-FLEX MISC	P	RX/OTC
CRUTCH/ALUMINUM/YOUTH MISC	P	RX/OTC	CVS ALCOHOL PREP PADS	P	RX/OTC
CRUTCH/FOREARM/ADULT MISC	P	RX/OTC	CVS ALKALINE BATTERIES/SIZE AA MISC	P	RX/OTC
CRUTCH/FOREARM/YOUTH MISC	P	RX/OTC	CVS BABY SAFETY SWABS SWAB	P	
CRUTCH/STANDARD FOREARM/ADULT MISC	P	RX/OTC	CVS CANE MISC	P	RX/OTC
CRUTCH/WOOD/ADULT/48"-60" MISC	P	RX/OTC	CVS COTTON SWABS SWAB	P	
CRUTCH/WOOD/ADULT/ARMPADS/TIPS/GRIPS MISC	P	RX/OTC	CVS CRUTCHES UNIVERSAL MISC	P	RX/OTC
			CVS EAR PLUGS MISC	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS FOLDING CANE GEL GRIP MISC	P	RX/OTC	DIFFUSER ULTRA SONIC/LAVENDER OIL MISC	P	RX/OTC
CVS PILL SPLITTER MISC	P	RX/OTC	DIGITAL GLASS SCALE MISC	P	RX/OTC
CVS PLASTIC SWABS SWAB	P		DINAMAP MONITOR PROBE COVERS MISC	P	RX/OTC
CVS PORTABLE DIABETIC ORGANIZER MISC	P	RX/OTC	DISPENSER BOTTLES 50ML/FOAMER PUMPS MISC	P	RX/OTC
CVS PREP PADS	P	RX/OTC	DISPENSER MD JAR 50ML/AIRLESS/VIEW WINDOW MISC	P	RX/OTC
CVS PULSE OXIMETER/PORTABLE MISC	P	RX/OTC	DISPENSER MD PEN 6.5ML/AIRLESS/CLICK MISC	P	RX/OTC
CVS PULSE OXIMETER MISC	P	RX/OTC	DISPENSER MD PEN 6.5ML/AIRLESS/VIEW WINDOW MISC	P	RX/OTC
CVS QUAD CANE MISC	P	RX/OTC	DISPENSER MD PUMP 0.5ML/ACTUATOR A/BLUE MISC	P	RX/OTC
CVS READY SET GO DELUXE ALUMINUM BATH BENCH MISC	P	RX/OTC	DISPENSER MD PUMP 0.5ML/ACTUATOR A/GREEN MISC	P	RX/OTC
CVS REUSABLE SHEET PROTECTOR MISC	P	RX/OTC	DISPENSER MD PUMP 0.5ML/ACTUATOR A/PINK MISC	P	RX/OTC
CVS RUBBER CUSHION/INFLATABLE MISC	P	RX/OTC	DISPENSER MD PUMP 0.5ML/ACTUATOR A MISC	P	RX/OTC
CVS VINYL CUSHION/INFLATABLE MISC	P	RX/OTC	DISPENSER MD PUMP 1.0ML/ACTUATOR B/BLUE MISC	P	RX/OTC
DEEP-TISSUE MISC	P	RX/OTC	DISPENSER MD PUMP 1.0ML/ACTUATOR B/GREEN MISC	P	RX/OTC
DELUXE VINYL PADDED BATHTUB TRANSFER BENCH/FULL SEAT MISC	P	RX/OTC	DISPENSER MD PUMP 1.0ML/ACTUATOR B/PINK MISC	P	RX/OTC
DENTAL GUARD MISC	P	RX/OTC	DISPENSER MD PUMP 1.0ML/ACTUATOR B MISC	P	RX/OTC
DEODORANT PLASTIC TUBES2.65OZ/CAPS MISC	P	RX/OTC			
DIAL-A-DOSE SYRINGE 15ML/TIPS MISC	P	RX/OTC			
DIAL-A-DOSE SYRINGE 30ML/TIPS MISC	P	RX/OTC			
DIAL-A-DOSE SYRINGE 60ML/TIPS MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DISPENSER MD PUMP 1.5ML/ACTUATOR C/BLUE MISC	P	RX/OTC	DISPENSER MEGAPUMP/AIRLESS/OVAL/30ML/0.3ML/T-FILL/CAP MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/GREEN MISC	P	RX/OTC	DISPENSER MEGAPUMP/AIRLESS/ROUND/100ML/1.5ML/B-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/PINK MISC	P	RX/OTC	DISPENSER MEGAPUMP/AIRLESS/ROUND/150ML/1.5ML/B-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C MISC	P	RX/OTC	DISPENSER MEGAPUMP/AIRLESS/ROUND/150ML/1ML/B-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE100ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC	DISPENSER MEGAPUMP/AIRLESS/ROUND/150ML/0.3ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE150ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC	DISPENSER MEGAPUMP/AIRLESS/ROUND/15ML/0.3ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE15ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC	DISPENSER MEGAPUMP/MEZZOROUND/30ML/0.5ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE200ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC	DISPENSER MEGAPUMP/MEZZOROUND/50ML/0.5ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE240ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC	DISPENSER MEGAPUMP/MEZZOROUND/50ML/0.5ML/T-FILL/CAP MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE30ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC	DISPENSER MEGAPUMP/MEZZOROUND/75ML/0.5ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE50ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC	DISPENSER TIP CAP/PRECISED DOSE/SELF-RIGHTING MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE80ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC	DISPENSER/MD FOAMER WITHACTUATOR 0.5ML/50ML MISC	P	RX/OTC
DISPENSER MD SYRINGE 10ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC			
DISPENSER MD SYRINGE 5ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DISPENSER/MD FOAMER WITHACTUATOR 0.7ML/110ML MISC	P	RX/OTC	EARPOPPER MIDDLE EAR INFLATION DEVICE DEVI	P	RX/OTC
DIVERTER VALVE/BATH ACCESSORY MISC	P	RX/OTC	EASY COMFORT ALCOHOL PADS	P	RX/OTC
DOVER COMMODE SPECIMEN COLLECTOR MISC	P	RX/OTC	EASY FEED DOUBLE ELECTRIC BREAST FEEDING PUMP MISC	P	RX/OTC
DOVER MIDSTREAM SPECIMENCATCH KIT MISC	P	RX/OTC	EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	RX/OTC
DROPPER & SCREW CAP 4OZ MISC	P	RX/OTC	ECO-SMARTFUNNEL 186ML/DISPOSABLE MISC	P	RX/OTC
DROPPING BOTTLE 30ML MISC	P	RX/OTC	EGG CRATE BED PAD/2" CALKING SIZE MISC	P	RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	RX/OTC	EGG CRATE BED PAD/2" DUALKING SIZE MISC	P	RX/OTC
DROPTAINER TIP CAPS MISC	P	RX/OTC	EGG CRATE BED PAD/2" FULLSIZE MISC	P	RX/OTC
DROPTAINERS 10ML MISC	P	RX/OTC	EGG CRATE BED PAD/2" QUEEN SIZE MISC	P	RX/OTC
DROPTAINERS 15ML/OPHTHALMIC MISC	P	RX/OTC	EGG CRATE BED PAD/2" TWINSIZE MISC	P	RX/OTC
DROPTAINERS 3ML/OPHTHALMIC MISC	P	RX/OTC	ELECTRODES 2"X2"/REUSABLE MISC	P	RX/OTC
DROPTAINERS 7ML/OPHTHALMIC MISC	P	RX/OTC	ELECTROTHERAPY PAIN RELIEF/LONG LIFE PADS/2.5" X 4" MISC	P	RX/OTC
DUAL PADDLE FOLDING WALKER/ADULT MISC	P	RX/OTC	ELON PROFESSIONAL NAIL CARE SYSTEM MISC	P	RX/OTC
DUNLAP FOAM RING CUSHION/LARGE MISC	P	RX/OTC	ELONGATED TOILET SEAT ELEVATOR MISC	P	RX/OTC
DUNLAP FOAM RING CUSHION/MEDIUM MISC	P	RX/OTC	ELOSHIELD FACE SHIELD MISC	P	RX/OTC
DUNLAP INFLATABLE VINYL RING CUSHION 16" MISC	P	RX/OTC	EMPTY VIAL 3ML MISC	P	RX/OTC
EAR WAX REMOVAL KIT/TRI-STREAM TIP MISC	P	RX/OTC	ENDOSCOPIC DELIVERY SYSTEM MISC	P	RX/OTC
EARPLUGS MISC	P	RX/OTC	ENDURANCE FOUR LEG SEAT CANE MISC	P	RX/OTC
			ENDURANCE HD HEAVY DUTY COMMODE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EQ BATH & SHOWER SEAT/BACK MISC	P	RX/OTC	FACE SHIELD FULL LENGTH/CLEAR MISC	P	RX/OTC
EQ FOLDING WALKER MISC	P	RX/OTC	FACE SHIELD FULL LENGTH MISC	P	RX/OTC
EQ WHEELCHAIR FOLDING BLACK MISC	P	RX/OTC	FACE SHIELD MISC	P	RX/OTC
EQL ALCOHOL SWABS	P	RX/OTC	FALL MAT MISC	P	RX/OTC
EQL COTTON SWABS SWAB	P		FASHION CANE/T-HANDLE/BLACK/250LB CAPACITY MISC	P	RX/OTC
EQL EAR PLUGS/SILICONE MISC	P	RX/OTC	FASHION CANE/T-HANDLE/FLORAL PRINT/250LB CAPACITY MISC	P	RX/OTC
EQL MUSTACHE/BEARD SCISSORS/COMB MISC	P	RX/OTC	FASHION CANE/T-HANDLE/LEOPARD PRINT/250LB CAPACITY MISC	P	RX/OTC
EQL SKIN CARE TOOL MISC	P	RX/OTC	FASHION CANE/T-HANDLE/MAPLE PRINT/250LB CAPACITY MISC	P	RX/OTC
EVERYDAY PICK MISC	P	RX/OTC	FETAL DOPPLER MISC	P	RX/OTC
EXTENDABLE BEDSIDE RAIL MISC	P	RX/OTC	FIFTY50 ALCOHOL PREP PADS	P	RX/OTC
EXTRA-WIDE COMMODE MISC	P	RX/OTC	FILTER 0.2 MICRON/25MM/DOUBLE LUER LOCK MISC	P	RX/OTC
EYE/EAR DROPPER MISC	P	RX/OTC	FILTER 0.2 MICRON/25MM MISC	P	RX/OTC
E-Z LOCK RAISED TOILET SEAT/ARMS MISC	P	RX/OTC	FILTER 0.2 MICRON/32MM MISC	P	RX/OTC
E-Z LOCK RAISED TOILET SEAT MISC	P	RX/OTC	FILTER 0.2 MICRON/47MM MISC	P	RX/OTC
EZY DOSE ADULT-LOCK PILLCUTTER MISC	P	RX/OTC	FILTER 0.22 MICRON/73MM/1000ML MISC	P	RX/OTC
EZY DOSE CUT N' CRUSH MISC	P	RX/OTC	FILTER ATTACHMENT MISC	P	RX/OTC
EZY DOSE DELUXE PILL CUTTER MISC	P	RX/OTC	FILTER FLUORODYNE/0.22 MICRON MISC	P	RX/OTC
EZY DOSE EZY CRUSH PILL CRUSHER MISC	P	RX/OTC			
EZY DOSE MEDICINE CUPS MISC	P	RX/OTC			
EZY DOSE PILL CUTTER ORIGINAL MISC	P	RX/OTC			
EZY DOSE PILL CUTTER MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FILTER, POSIDYNE ELD/0.2UM/LUER LOCK CONNECTORS/NYLON MEMBRA MISC	P	RX/OTC	FOLDING WALKER/5" WHEELS/ADULT MISC	P	RX/OTC
FILTER/MILLEX-GP/50MM/CLEAR MISC	P	RX/OTC	FOLDING WALKER/5" WHEELS/PINK MISC	P	RX/OTC
FLA ADJUSTABLE AIR ANKLEWALKER/LOW/SM ALL MISC	P	RX/OTC	FOLDING WALKING CANE MISC	P	RX/OTC
FLAORTHO WALKER/LOW/BLACK/S MALL MISC	P	RX/OTC	FOOT MASSAGER/HEAT/AERATION MISC	P	RX/OTC
FLEX & GO FOLDING CANE MISC	P	RX/OTC	FORA GATEWAY MISC	P	RX/OTC
FLEX SHIELD WITH EAR LOOPS MISC	P	RX/OTC	FORA GW9014 TELEHEALTH GATEWAY MISC	P	RX/OTC
FLEX SHIELD WITH TIE STRINGS MISC	P	RX/OTC	FORA TN'G SCALE 550 MISC	P	RX/OTC
FLEX THERAPY MISC	P	RX/OTC	FREE SPIRIT KNEE AND LEGWALKER MISC	P	RX/OTC
FLIGHT EAR PLUGS MISC	P	RX/OTC	FREESTYLE DOUBLE ELECTRICBREASTPUMP MISC	P	RX/OTC
FOAM CHAIR CUSHION MISC	P	RX/OTC	GETGO ROLLING WALKER MISC	P	RX/OTC
FOAM CRUTCH PAD MISC	P	RX/OTC	GLASS BOTTLE 15ML MISC	P	RX/OTC
FOAM CUSHION MISC	P	RX/OTC	GLASS BOTTLE 30ML/BLACK PHENOLIC BRUSH CAP MISC	P	RX/OTC
FOAM EAR PLUGS MISC	P	RX/OTC	GLASS BOTTLE 30ML/BLACK PHENOLIC POLYSEAL CAP MISC	P	RX/OTC
FOAM INVALID CUSHION MISC	P	RX/OTC	GLASS BOTTLE 30ML MISC	P	RX/OTC
FOAM RING 2" MISC	P	RX/OTC	GLASS BOTTLE 60ML MISC	P	RX/OTC
FOIL WRAPPER 3" X 3" MISC	P	RX/OTC	GLASS BOTTLE/30ML/BLUNT END APPLICATOR MISC	P	RX/OTC
FOLDING CANE MISC	P	RX/OTC	GLASS SERUM BOTTLES/20ML/TYPE 1 MISC	P	RX/OTC
FOLDING COMMODE MISC	P	RX/OTC	GLASS SERUM BOTTLES/2ML/TYPE 1 MISC	P	RX/OTC
FOLDING PADDLE WALKER/5"WHEELS MISC	P	RX/OTC			
FOLDING REACHER MISC	P	RX/OTC			
FOLDING SEAT CANE/3/4" TIP MISC	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLASS SERUM BOTTLES/30ML/TYPE 1 MISC	P	RX/OTC	HEAD COVERS 24"/BOUFFON CAP/IRRADIATED MISC	P	RX/OTC
GLASS SERUM BOTTLES/5ML/TYPE 1 MISC	P	RX/OTC	HEAD HALTER OVER DOOR TRACTION SET MISC	P	RX/OTC
GLASS VIAL 2ML MISC	P	RX/OTC	HEAD HALTER REPLACEMENT FOR TRACTION KIT MISC	P	RX/OTC
GLASS VIAL AMBER 3ML/13MM/TYPE 1 MISC	P	RX/OTC	HEAD LICE COMB MISC	P	RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	P	RX/OTC	HEAT THERAPY MISC	P	RX/OTC
GNP ALCOHOL SWABS	P	RX/OTC	H-E-B INCONTROL ALCOHOL PADS	P	RX/OTC
GNP ASSORTED COMBS MISC	P	RX/OTC	HEELBOOT LARGE MISC	P	RX/OTC
GNP COTTON SWABS SWAB	P		HEELBOOT LAUNDRY BAG MISC	P	RX/OTC
GNP DELUXE PULSE OXIMETER MISC	P	RX/OTC	HEELBOOT LINER LARGE MISC	P	RX/OTC
GNP DIGITAL WEIGHT SCALE MISC	P	RX/OTC	HEELBOOT LINER REGULAR MISC	P	RX/OTC
GNP NAIL CLIPPERS MISC	P	RX/OTC	HEELBOOT REGULAR MISC	P	RX/OTC
GNP POCKET TISSUE MISC	P	RX/OTC	HEELBOOT WALK PAD MISC	P	RX/OTC
GNP PULSE OXIMETER MISC	P	RX/OTC	HIBICLENS FOOT PEDAL MISC	P	RX/OTC
GNP REACHER 32" MISC	P	RX/OTC	HIBICLENS HAND PUMP/16OZ MISC	P	RX/OTC
GNP TWEEZERS SLANT TIP MISC	P	RX/OTC	HIBICLENS HAND PUMP/32OZ MISC	P	RX/OTC
GOJJI WEIGHT SCALE MISC	P	RX/OTC	HIBICLENS HAND PUMP/GALLON MISC	P	RX/OTC
GRADUATED BOTTLE 2OZ W/CAP MISC	P	RX/OTC	HIBICLENS HAND PUMP/NON FOAMING/16OZ MISC	P	RX/OTC
GRADUATED BOTTLE 4OZ W/CAP MISC	P	RX/OTC	HIBICLENS PUMP ASSEMBLY MISC	P	RX/OTC
GROOVE ROLLING WALKER MISC	P	RX/OTC	HIBICLENS WALL DISPENSER/FOOT MISC	P	RX/OTC
HAND HELD SHOWER SPRAY MISC	P	RX/OTC	HIBICLENS WALL DISPENSER/HAND MISC	P	RX/OTC
HARMONY BREASTPUMP MISC	P	RX/OTC	HIP/FRACTURE RAISED TOILET SEAT/LEFT MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HIP/FRACTURE RAISED TOILET SEAT/RIGHT MISC	P	RX/OTC	ILLUSIONS C WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC
HM COMFORT FOAM EAR PLUGS MISC	P	RX/OTC	INDICATOR/BIOLOGICAL TEST KIT/SPORVIEW STEAM KIT	P	RX/OTC
HM STERILE ALCOHOL PREP PADS	P	RX/OTC	INFLATABLE CUSHION/VINYL MISC	P	RX/OTC
HOME STYLE BED RAILS MISC	P	RX/OTC	INFLATABLE NECK REST MISC	P	RX/OTC
HOT-COLD THERAPY MISC	P	RX/OTC	INHALATION VIAL CAP/BLUE MISC	P	RX/OTC
HURRICAINA DISPENSING CAP MISC	P	RX/OTC	INHALATION VIAL CAP/GREEN MISC	P	RX/OTC
HURRICAINA LIQUID DISPENSER MISC	P	RX/OTC	INHALATION VIAL CAP/ORANGE MISC	P	RX/OTC
HURRICAINA SPRAY EXTENSION TUBES MISC	P	RX/OTC	INHALATION VIAL CAP/RED MISC	P	RX/OTC
HURRIPAK PERIODONTAL ANESTHETIC REFILL KIT MISC	P	RX/OTC	INHALATION VIAL CAP/WHITE MISC	P	RX/OTC
HURRIPAK PERIODONTAL IRRIGATION TIPS MISC	P	RX/OTC	INHALATION VIAL CAP/YELLOW MISC	P	RX/OTC
HURRYCANE FREEDOM EDITIONCANE/BLACK MISC	P	RX/OTC	INHALATION VIAL W/CAP/BLUE/3.5ML STOCKWELL MISC	P	RX/OTC
ICY DIAMOND TOTE CANVAS MISC	P	RX/OTC	INHALATION VIAL W/CAP/GREEN/3.5ML STOCKWELL MISC	P	RX/OTC
ICY DIAMOND TOTE NON GENUINE LEATHER MISC	P	RX/OTC	INHALATION VIAL W/CAP/ORANGE/3.5ML STOCKWELL MISC	P	RX/OTC
ICY HOT SMART RELIEF TENS THERAPY REFILL PADS MISC	P	RX/OTC	INHALATION VIAL W/CAP/RED/3.5ML STOCKWELL MISC	P	RX/OTC
ILLUSIONS AA WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC	INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL MISC	P	RX/OTC
			INHALATION VIAL W/CAP/YELLOW/3.5ML STOCKWELL MISC	P	RX/OTC
			INHALATION VIAL W/O CAP/AMBER/3.5ML STOCKWELL MISC	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ITOUCH SURE MISC	P	RX/OTC	LAB COAT/DISPOSABLE/MEDIUM MISC	P	RX/OTC
J & J TOURNIQUET 36"X3/4" MISC	P	RX/OTC	LAB COAT/DISPOSABLE/SMALL MISC	P	RX/OTC
JAR/8OZ/WHITE LID MISC	P	RX/OTC	LAB COAT/DISPOSABLE/X-LARGE MISC	P	RX/OTC
JOHNSON & JOHNSON ANTISEPTIC WIPES MISC	P	RX/OTC	LAB COAT/DISPOSABLE/XX-LARGE MISC	P	RX/OTC
JOHNSON & JOHNSON INSTANTCOLD PACK MISC	P	RX/OTC	LAB COAT/DISPOSABLE MISC	P	RX/OTC
JOHNSONS SAFETY SWABS SWAB	P		LADYCARE MENOPAUSE MISC	P	RX/OTC
JOURNEY SERIES ROLLING WALKER/4205BL-R/BLUE MISC	P	RX/OTC	LANSINOH BREASTFEEDING PILLOW MISC	P	RX/OTC
JOURNEY SERIES ROLLING WALKER/4205RD/RED MISC	P	RX/OTC	LANSINOH BREASTMILK COLLECTOR MISC	P	RX/OTC
JUG AMBER GLASS 4L/POLYSEAL CAP/LONG MISC	P	RX/OTC	LANSINOH EXTRA PUMPING SET MISC	P	RX/OTC
KABOOTI ICE MISC	P	RX/OTC	LANSINOH MANUAL BREAST PUMP MISC	P	RX/OTC
KABOOTI LARGE MISC	P	RX/OTC	LANSINOH POSTPARTUM WASHBOTTLE MISC	P	RX/OTC
KABOOTI MISC	P	RX/OTC	LANSINOH PUMP ADAPTERS MISC	P	RX/OTC
KANESON BREAST PUMP/NURSER MISC	P	RX/OTC	LANSINOH SMART PUMP TOTE BAGS MISC	P	RX/OTC
KANGAROO RIGID CONTAINERPUMP SET 1200ML MISC	P	RX/OTC	LANSINOH SMARTPUMP 2.0 MISC	P	RX/OTC
KEGEL BALL TRAINER MISC	P	RX/OTC	LANSINOH SMARTPUMP DOUBLEELECTRIC BREAST PUMP MISC	P	RX/OTC
KEGEL FIT MISC	P	RX/OTC	LANSINOH SMARTPUMP DOUBLEELECTRIC MISC	P	RX/OTC
KEGEL TONER PELVIC FLOORTRAINER MISC	P	RX/OTC	LATCH ASSIST NIPPLE EVERTER MISC	P	RX/OTC
L.O.S. YANKAUER HOLDER MISC	P	RX/OTC	LULLABY DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
LAB COAT/DISPOSABLE/LARGE MISC	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUMBAR CUSHION MISC	P	RX/OTC	MEDELA LACTINA DOUBLE PUMPING KIT MISC	P	RX/OTC
LUMBAR SUPPORT CUSHION MISC	P	RX/OTC	MEDELA PUMP IN STYLE ADVANCED STARTER SET MISC	P	RX/OTC
MAD NASAL INTRANASAL MUCOSAL ATOMIZATION DEVICE MISC	P	RX/OTC	MEDICINE DROPPER/CALIBRATED MISC	P	RX/OTC
MAD NASAL MISC	P	RX/OTC	MEDICINE DROPPER MISC	P	RX/OTC
MAGNIFIER HANDS-FREE MISC	P	RX/OTC	MEDICINE SPOON MISC	P	RX/OTC
MASSAGER MULTI-PURPOSE/RECHARGEABLE MISC	P	RX/OTC	MEDI-COOLER MISC	P	RX/OTC
MASSAGER/2 SPEED MISC	P	RX/OTC	MEDI-FRIDGE IIX MISC	P	RX/OTC
MASSAGER/FIVE IN ONE/HEAT MISC	P	RX/OTC	MEDI-RDT BLISTER PACKS/LABELS & SLEEVE MISC	P	RX/OTC
MASSAGER/SWEDISH/1 SPEED MISC	P	RX/OTC	MEIJER ALCOHOL SWABS EXTRA-THICK	P	RX/OTC
MATTRESS COVER/DELUXE MISC	P	RX/OTC	METAL REACHER/27" MISC	P	RX/OTC
MATTRESS COVER/ECONOMY MISC	P	RX/OTC	METAL REACHER/32" MISC	P	RX/OTC
MATTRESS PAD/35"X74"/EGGCRATE 2" MISC	P	RX/OTC	METERED NASAL SPRAY PUMP15ML/SAFETY CLIP MISC	P	RX/OTC
MATTRESS PAD/35"X74"/EGGCRATE 3" MISC	P	RX/OTC	MICROCLENS WALL MOUNT BRACKET MISC	P	RX/OTC
MATTRESS PAD/35"X74"/EGGCRATE 4" MISC	P	RX/OTC	MINI DIFFUSER/COOL MIST/ESSENTIAL OIL MISC	P	RX/OTC
MAZERUSTAR KK-250S/KK-300SS MIXER/DISPOSABLE MIXING CONTAINER MISC	P	RX/OTC	MINI MALLET 3/4" PLASTIC/NON-MARRING MISC	P	RX/OTC
MAZERUSTAR KK-250S/KK-300SS MIXER/STANDARD MIXING CONTAINER MISC	P	RX/OTC	MINI TRANSFER PIN MISC	P	RX/OTC
MEDELA ADVANCED PERSONALDOUBLE BREAST PUMP MISC	P	RX/OTC	MIXER/MAZERUSTAR KK-250S/KK-300SS/STANDARD MIXING CONTAINER MISC	P	RX/OTC

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MIXER/MAZERUSTAR KK-250S/KK- 300SS/YELLOW STD MIX CONTAINER MISC	P	RX/OTC	MOISTUREPLUS COVER/MEDIUM/14" X 14" MISC	P	RX/OTC
MIXER/MAZERUSTAR KK- 300SS/STANDARD/MIXIN G CONTAINER FOR EMP MISC	P	RX/OTC	MOISTUREPLUS COVER/PETITE/4" X 17" MISC	P	RX/OTC
MIXER/MAZERUSTAR KK- 400W/STANDARD/MIXIN G CONTAINER MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/BLUE STOPPER/4.5ML MISC	P	RX/OTC
MIXER/MAZERUSTAR/E MP/JARMIXING ADAPTER/100ML MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/10ML MISC	P	RX/OTC
MIXER/MAZERUSTAR/E MP/JARMIXING/ADAPTE R SET/15ML-50ML/100ML MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/5ML MISC	P	RX/OTC
MIXER/MAZERUSTAR/U NODOSEMIXING ADAPTER MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/2ML MISC	P	RX/OTC
MIXER/MAZRUSTAR/MD PUMP MIXING ADAPTER MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/3ML MISC	P	RX/OTC
MIXING/MAZERUSTAR/E MP/JAR MIXING ADAPTER/15ML-50ML MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/10ML MISC	P	RX/OTC
MN8 MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/2ML MISC	P	RX/OTC
MOIST-SURE REPLACEMENT COVER/LARGE/14" X 27" MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/3ML MISC	P	RX/OTC
MOIST-SURE REPLACEMENT COVER/MEDIUM/14" X 14" MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/4ML MISC	P	RX/OTC
MOIST-SURE REPLACEMENT COVER/PETITE/4" X 17" MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/5ML MISC	P	RX/OTC
MOISTUREPLUS COVER/LARGE/14" X 27" MISC	P	RX/OTC			

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MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/7ML MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/19GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/10ML MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/21GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/15ML MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/23GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/2ML MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/25GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/3ML MISC	P	RX/OTC	MONOJECT BLOOD TUBE HOLDER MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/4ML MISC	P	RX/OTC	MONOJECT LUER ADAPTER MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/5ML MISC	P	RX/OTC	MONOJECT MULTI-SAMPLE COLLECTION SET/HOLDER/SAFETY CAP/MALE MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/7ML MISC	P	RX/OTC	MONOJECT MULTI-SAMPLE COLLECTION SET/TUBE HOLDER/MALE MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML MISC	P	RX/OTC	MUCOSAL ATOMIZATION NASALDEVICE MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/19GX3/4" MISC	P	RX/OTC	NAIL POLISH BOTTLE/BRUSH15ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/21GX3/4" MISC	P	RX/OTC	NAILIT MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/23GX3/4" MISC	P	RX/OTC	NASADOCK MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/25GX3/4" MISC	P	RX/OTC	NASAL SPRAY PUMP 30ML/METERED/0.1ML DOSAGE MISC	P	RX/OTC
			NATURAL WOOD CANE MISC	P	RX/OTC
			NATURAL WOOD WALKING STICK MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NATURESPIRIT PULSE OXIMETER MISC	P	RX/OTC	OFFSET CANE/BRONZE/300LBCA PACITY MISC	P	RX/OTC
NEXCARE COMFORT FOAM EAR PLUGS MISC	P	RX/OTC	OFFSET CANE/BROQUE TEAL/300LB CAPACITY MISC	P	RX/OTC
NEXCARE REUSABLE EAR PLUGS MISC	P	RX/OTC	OFFSET CANE/CHROME/300LBC APACITY MISC	P	RX/OTC
NG SECURE NASOGASTRIC TUBE HOLDER MISC	P	RX/OTC	OFFSET CANE/GREEN ICE/300LB CAPACITY MISC	P	RX/OTC
NIX ELECTRONIC LICE COMB MISC	P	RX/OTC	OFFSET CANE/HOUNDSTOOTH/300LB CAPACITY MISC	P	RX/OTC
NIX PREMIUM METAL TWO-SIDED COMB MISC	P	RX/OTC	OFFSET CANE/METALLIC BLACK/300LB CAPACITY MISC	P	RX/OTC
NOURI AUTO MISC	P	RX/OTC	OFFSET CANE/MOBILITY/250LB CAPACITY MISC	P	RX/OTC
NOURI DUO MISC	P	RX/OTC	OFFSET CANE/ROSE PRINT/300LB CAPACITY MISC	P	RX/OTC
NOVA BATH SEAT/BACK & ARMS MISC	P	RX/OTC	OFFSET CANE/STRAP MISC	P	RX/OTC
NOVA CUSHION GEL/FOAM SEAT PAD/18X16X3 MISC	P	RX/OTC	OINTMENT TUBE OPHTHALMICTIP 1/8OZ/METAL MISC	P	RX/OTC
NOVA QUAD TIP/FOUR PRONGS 3/4" SHAFT CANE MISC	P	RX/OTC	OINTMENT TUBE/METAL/1OZ MISC	P	RX/OTC
NUASKIN FACIAL SCRUBBER MISC	P	RX/OTC	OINTMENT TUBE/METAL/2OZ MISC	P	RX/OTC
NUASKIN SKIN TAG REMOVER MISC	P	RX/OTC	OINTMENT TUBE/METAL/4OZ MISC	P	RX/OTC
NUASKIN VACUUM PRO MISC	P	RX/OTC	OINTMENT TUBE/PLASTIC W/SCREW CAP/8OZ MISC	P	RX/OTC
NVZZLER PRO DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC	OINTMENT TUBE/PLASTIC/1OZ MISC	P	RX/OTC
NVZZLER SINGLE ELECTRIC BREAST PUMP MISC	P	RX/OTC			
OFFSET CANE/BLACK/300LBCAP ACITY MISC	P	RX/OTC			
OFFSET CANE/BLUE ICE/300LB CAPACITY MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OINTMENT TUBE/PLASTIC/2OZ MISC	P	RX/OTC	PHARMACIST CHOICE ALCOHOLPREP PADS	P	RX/OTC
OINTMENT TUBE/PLASTIC/4OZ MISC	P	RX/OTC	PILL BOX 7 DAY MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC/6OZ MISC	P	RX/OTC	PILL COUNTING TRAY/RIGHTHANDED/SP ATULA MISC	P	RX/OTC
ONE OUNCE MEDICINE CUPS MISC	P	RX/OTC	PILL CRUSHER MISC	P	RX/OTC
ONE-DAY-AT-A-TIME PLANNER/BLISTER CARD/MEDIUM MISC	P	RX/OTC	PILL POUCH MISC	P	RX/OTC
ORAL DOSE SYRINGE MISC	P	RX/OTC	PILL SPLITTER MISC	P	RX/OTC
ORAL ENDOTRACHEAL TUBE ATTACHMENT DEVICE MISC	P	RX/OTC	PLASTIC BED PAN MISC	P	RX/OTC
ORAL MEDICINE DROPPER MISC	P	RX/OTC	PLASTIC BOTTLES/30ML/TWIST TOP SIFTER CAPS MISC	P	RX/OTC
ORAL SYRINGE/BRUSH MISC	P	RX/OTC	PLASTIC BOTTLES/90ML/TWIST TOP SIFTER CAPS MISC	P	RX/OTC
ORIGINAL MCKENZIE CERVICAL ROLL MISC	P	RX/OTC	PLASTIC ENEMA BOTTLE/2OZ/20/410 OPENING MISC	P	RX/OTC
O-RING CUSHION 16" DIAMETER MISC	P	RX/OTC	PLASTIC JAR 6OZ MISC	P	RX/OTC
PEDAL EXERCISER MISC	P	RX/OTC	PLASTIC SCOOP 1ML/4" HANDLE MISC	P	RX/OTC
PELVIC MUSCLE TRAINER MISC	P	RX/OTC	PLATFORM WALKER ATTACHMENT MISC	P	RX/OTC
PERSONAL BLOOD PRESSURE SMART CARD MISC	P	RX/OTC	PLATINUM REACHER 31" MISC	P	RX/OTC
PERSONALFIT FLEX CONNECTORS FOR PUMP IN STYLE MAXFLOW MISC	P	RX/OTC	POCKET MAGNIFIER MISC	P	RX/OTC
PH ACCESSORIES STORAGE SOLUTION 230ML MISC	P	RX/OTC	POCKET PRO+ REPLACEMENT SENSOR/TESTER MISC	P	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	P	RX/OTC	POLYPROPYLENE CAP/LINER MISC	P	RX/OTC
			POSTURE SEAT MISC	P	RX/OTC
			POWER ADAPTOR PUMP IN STYLE/MAXFLOW MISC	P	RX/OTC
			PRECISION CATHETER URINESPECIMEN SYSTEM KIT KIT	P	RX/OTC
			PRECISION MIDSTREAM PRESERVATIVE KIT KIT	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRECISION SPECIMEN CONTAINER/5OZ MISC	P	RX/OTC	PULSE OXIMETER FOR FINGER MISC	P	RX/OTC
PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR/118ML MISC	P	RX/OTC	PULSE OXIMETER MISC	P	RX/OTC
PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR MISC	P	RX/OTC	PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP/BACKPACK MISC	P	RX/OTC
PRECISION SPUTUM COLLECTOR KIT WITH TUBE MISC	P	RX/OTC	PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP MISC	P	RX/OTC
PRECISION SPUTUM COLLECTOR KIT/TUBE MISC	P	RX/OTC	PUMP IN STYLE DOUBLE BREAST PUMP W/MAXFLOW MISC	P	RX/OTC
PRECISION STOOL COLLECTOR MISC	P	RX/OTC	PUMP IN STYLE/MAXFLOW TUBING MISC	P	RX/OTC
PRECISION TISSUE GRINDER/15ML MISC	P	RX/OTC	PURE COMFORT ALCOHOL PREPPADS	P	RX/OTC
PRECISION TISSUE GRINDER/50ML MISC	P	RX/OTC	PURE COMFORT LEG COMPRESSION MASSAGER MISC	P	RX/OTC
PRECISION TISSUE GRINDER MISC	P	RX/OTC	QC ALCOHOL SWABS	P	RX/OTC
PRECISION URINE SPECIMENSYSTEM WITH PRESERVATIVE KIT	P	RX/OTC	Q-TIPS/SINGLE-TIP 6" SWAB	P	
PRECISION URINE SPECIMENSYSTEM WITH PRESERVATIVE MISC	P	RX/OTC	Q-TIPS/SINGLE-TIP APPLICATOR/6"/STERILE SWAB	P	
PREMIUM PILL CRUSHER MISC	P	RX/OTC	QUAD CANE TIPS 1/2" MISC	P	RX/OTC
PRO COMFORT ALCOHOL PADS	P	RX/OTC	QUAD CANE TIPS 5/8" MISC	P	RX/OTC
PRO COMFORT FOOT BATH MISC	P	RX/OTC	QUAD CANE TIPS/BLACK/5/8" MISC	P	RX/OTC
PRO COMFORT PULSE OXIMETER/FINGER MISC	P	RX/OTC	QUAD CANE TIPS/GREY/5/8" MISC	P	RX/OTC
PROTECTIVE SAFETY EYEWARE MISC	P	RX/OTC	QUAD CANE/BRONZE HANDLE/SMALL BASE MISC	P	RX/OTC
PULSE OXIMETER DELUXE MISC	P	RX/OTC	QUAD CANE/LARGE BASE/BRONZE ALUMINUM MISC	P	RX/OTC
			QUAD CANE/LARGE BASE/CUSHIONED HANDLE/5/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUAD CANE/LARGE BASE/ORTHO HANDLE/5/8" MISC	P	RX/OTC	QUICK-FIT CRUTCHES MISC	P	RX/OTC
QUAD CANE/LARGE BASE/SELECTAGRIP HANDLE/5/8" MISC	P	RX/OTC	RA ALCOHOL SWABS	P	RX/OTC
QUAD CANE/LARGE BASE/SHOVEL HANDLE MISC	P	RX/OTC	RA DELUXE PULSE OXIMETER MISC	P	RX/OTC
QUAD CANE/LARGE LOW BASE/DEVON HANDLE MISC	P	RX/OTC	RA EXTRA COMFORT NIGHT PROTECTOR ORAL CARE MISC	P	RX/OTC
QUAD CANE/LARGE LOW BASE MISC	P	RX/OTC	RAISED TOILET SEAT/LOCK & ARMS MISC	P	RX/OTC
QUAD CANE/ORTHO GRIP MISC	P	RX/OTC	RAISED TOILET SEAT/LOCK MISC	P	RX/OTC
QUAD CANE/SMALL BASE. MISC	P	RX/OTC	RAISED TOILET SEAT MISC	P	RX/OTC
QUAD CANE/SMALL BASE/BRONZE ALUMINUM MISC	P	RX/OTC	REALITY SWABS	P	RX/OTC
QUAD CANE/SMALL BASE/BRONZE/CUSHIONED HANDLE/1/2" MISC	P	RX/OTC	RECONSTITUTE MISC	P	RX/OTC
QUAD CANE/SMALL BASE/CUSHIONED HANDLE/1/2" MISC	P	RX/OTC	REFLECTIONS AA LIGHTWEIGHT OFF SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC
QUAD CANE/SMALL BASE/OFFSET HANDLE MISC	P	RX/OTC	REFLECTIONS C LIGHTWEIGHT OFF SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC
QUAD CANE/SMALL BASE/ORTHO HANDLE/1/2" MISC	P	RX/OTC	RELION ALCOHOL SWABS	P	RX/OTC
QUAD CANE/SMALL BASE/SHOVEL HANDLE MISC	P	RX/OTC	RELION PULSE OXIMETER MISC	P	RX/OTC
QUAD CANE/SMALL BASE MISC	P	RX/OTC	REMOVABLE BACK ALUMINUM COMMODE/PADDED ARMRESTS MISC	P	RX/OTC
QUAD CANE/SMALL LOW BASE/DEVON HANDLE MISC	P	RX/OTC	REPLACEMENT NECKBAND STRAPS FOR TUBE ATTACHMENT DEVICE MISC	P	RX/OTC
QUAD CANE/SMALL LOW BASE/ORTHO GRIP MISC	P	RX/OTC	RING CUSHION 14" MISC	P	RX/OTC
			RING CUSHION 16" MISC	P	RX/OTC
			RING CUSHION 18" MISC	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ROLLATOR ULTRA-LIGHT MISC	P	RX/OTC	SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/MEDIUM MISC	P	RX/OTC
ROLLER WALKER MISC	P	RX/OTC	SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/SMALL MISC	P	RX/OTC
ROLLING WALKER/BURGUNDY MISC	P	RX/OTC	SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/X-LARGE MISC	P	RX/OTC
ROUND SHOWER STOOL MISC	P	RX/OTC	SAFE-SENSE SHOE COVER/NON-SKID MISC	P	RX/OTC
RUBBER BATH MAT MISC	P	RX/OTC	SAPS CARE ALCOHOL PREP PADS	P	RX/OTC
RUBBER INFLATABLE CUSHION MISC	P	RX/OTC	SAPS HEALTH ALCOHOL PREPPADS	P	RX/OTC
RX LOCKING CAP MISC	P	RX/OTC	SAPS HEALTH CARE ALCOHOLPREP PADS	P	RX/OTC
SAFE-SENSE BEARD NET MISC	P	RX/OTC	SB ALCOHOL PREP PADS	P	RX/OTC
SAFE-SENSE COVERALL BOOTSUNIVERSAL SIZE/WHITE MISC	P	RX/OTC	SEALS/ALUMINUM/FLIP OFF/13MM/BLANK TOP MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/L MISC	P	RX/OTC	SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT FOOT/ANKLE MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/M MISC	P	RX/OTC	SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT HAND MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/S MISC	P	RX/OTC	SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG ARM MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/XL MISC	P	RX/OTC	SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG LEG MISC	P	RX/OTC
SAFE-SENSE HEAD COVER/BOUFFANT CAP 21" MISC	P	RX/OTC	SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT SHORT ARM MISC	P	RX/OTC
SAFE-SENSE HEAD COVER/BOUFFANT CAP/CIRCULAR/ 21" MISC	P	RX/OTC			
SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/LARGE MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT SHORT LEG MISC	P	RX/OTC	SERUM BOTTLES/AMBER GLASS/20ML/20MM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT ARM MISC	P	RX/OTC	SERUM BOTTLES/AMBER GLASS/30ML/20MM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT LEG MISC	P	RX/OTC	SERUM BOTTLES/CLEAR GLASS/50ML/20MM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE ARM MISC	P	RX/OTC	SETTLING PLATE SDA/29ML/100X15MM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE LEG MISC	P	RX/OTC	SETTLING PLATE TSA/25ML/100X15MM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM ARM MISC	P	RX/OTC	SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/AFRICAN AMERICAN MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM LEG MISC	P	RX/OTC	SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/CAUCASIAN MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL ARM MISC	P	RX/OTC	SHOWER-PAK MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL LEG MISC	P	RX/OTC	SIGNATURE PRO DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
SEAL-TIGHT MID-ARM PROTECTOR MISC	P	RX/OTC	SIGNATURE PRO HEALTHCAREDOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
SEATING CANE/8-1/2" SEATDIAMETER MISC	P	RX/OTC	SILICONE EAR PLUGS FOR KIDS MISC	P	RX/OTC
SERUM BOTTLE STOPPER 20MM MISC	P	RX/OTC	SILICONE EAR PLUGS MISC	P	RX/OTC
SERUM BOTTLE/250ML MISC	P	RX/OTC	SILICONE EARPLUGS CHILDRENS MISC	P	RX/OTC
			SIMPLE WISHES PUMPING BRALARGE- PLUS HANDS- FREE/ADJUSTABLE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SIMPLE WISHES PUMPING BRAXS-L HANDS-FREE/ADJUSTABLE MISC	P	RX/OTC	SOFT HANDS COTTON GLOVE/LARGE MISC	P	RX/OTC
SIMPLYGO BREAST PUMP/DUAL MISC	P	RX/OTC	SOFT HANDS COTTON GLOVE/SMALL-MEDIUM MISC	P	RX/OTC
SIMPLYGO BREAST PUMP/SINGLE MISC	P	RX/OTC	SOOTHIES COOLING GEL PADS MISC	P	RX/OTC
SITZ BATH MISC	P	RX/OTC	SOOTHIES GEL PADS/REUSABLE MISC	P	RX/OTC
SLEEPRIGHT DENTAL GUARD DURA-COMFORT MISC	P	RX/OTC	SPLASH SHIELD/FULL FACE MISC	P	RX/OTC
SLEEPRIGHT DENTAL GUARD SLIM-COMFORT MISC	P	RX/OTC	SPLASH SHIELD/SHORT FACE MISC	P	RX/OTC
SLEEPRIGHT DENTAL GUARD MISC	P	RX/OTC	SPLIT HANDGRIPS MISC	P	RX/OTC
SLEEPRIGHT INTRA-NASAL BREATHE AID MISC	P	RX/OTC	SPRAY APPLICATOR KIT MISC	P	RX/OTC
SLEEPRIGHT INTRA-NASAL VAPOR INHALER MISC	P	RX/OTC	SPRAY BOTTLE 120ML/PLASTIC MISC	P	RX/OTC
SLEEPRIGHT SPORT INTRA-NASAL BREATHE AID MISC	P	RX/OTC	STANDARD CRUTCH TIP MISC	P	RX/OTC
SM ALCOHOL PREP PADS	P	RX/OTC	STEEL ROLLING WALKER MISC	P	RX/OTC
SM COTTON SWABS SWAB	P		STEP COUNTER MISC	P	RX/OTC
SM FOAM EAR PLUGS MISC	P	RX/OTC	STEP N' REST II WALKER MISC	P	RX/OTC
SM WALKER/YOUTH/FOLDING/DUAL WHEELS MISC	P	RX/OTC	STEP N' REST WALKER/5" SWIVEL WHEELS/GLIDE WHEELS MISC	P	RX/OTC
SNAP-ON CHLOROBUTYL STOPPER/13MM/GREY MISC	P	RX/OTC	STEP N' REST WALKER MISC	P	RX/OTC
SOFT HANDS COTTON GLOVE/EXTRA LARGE MISC	P	RX/OTC	STEP N' REST MISC	P	RX/OTC
			STETHOSCOPE DUAL HEAD MISC	P	RX/OTC
			STETHOSCOPE SINGLE HEAD MISC	P	RX/OTC
			STETHOSCOPE/NURSE S BLUE MISC	P	RX/OTC
			STETHOSCOPE/SPRAGUE RAPPAPORT STYLE MISC	P	RX/OTC
			STIRRING ROD/GLASS 12X1/4" MISC	P	RX/OTC

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STOCKING APPLICATOR/PETITE MISC	P	RX/OTC	SURE COMFORT ALCOHOL PREP PADS	P	RX/OTC
STOCKING APPLICATOR/REGULAR MISC	P	RX/OTC	SURELIFE CLEARWAVE II PULSE OXIMETER MISC	P	RX/OTC
STOP LICE EGG & NIT REMOVAL SYSTEM MISC	P	RX/OTC	SURELIFE CLEARWAVE PULSEOXIMETER MISC	P	RX/OTC
STRAINER/STAINLESS STEELWITH PLASTIC HANDLE/2-1/2" MISC	P	RX/OTC	SURE-PREP ALCOHOL PREP PADS	P	RX/OTC
SUCTION GRAB BAR MISC	P	RX/OTC	SWIM EARPLUGS MISC	P	RX/OTC
SUCTION TIPS FOR TRANSFERBENCHES MISC	P	RX/OTC	SYMPHONY DOUBLE PUMPING SYSTEM MISC	P	RX/OTC
SUPPOSITORY MOLD 2GM MISC	P	RX/OTC	SYRINGE ACCESSORIES/LEURTIP CAP TRAY MISC	P	RX/OTC
SUPPOSITORY MOLD/ALUMINUM2GM/100 CAVITY MISC	P	RX/OTC	SYRINGE DIAL-A-DOSE MISC	P	RX/OTC
SUPPOSITORY MOLDS 1.3ML/PEEL-AWAY MISC	P	RX/OTC	TABLET CUTTER/CRUSHER MISC	P	RX/OTC
SUPPOSITORY MOLDS 2.25ML/PEEL-AWAY MISC	P	RX/OTC	TABLET CUTTER/DELUXE SAFETY MISC	P	RX/OTC
SUPPOSITORY MOLDS 2CC/V-NOTCH MISC	P	RX/OTC	TABLET CUTTER/SAFETY SHIELD MISC	P	RX/OTC
SUPPOSITORY MOLDS 2GM MISC	P	RX/OTC	TABLET CUTTER/SAFETY-SHIELD MISC	P	RX/OTC
SUPPOSITORY MOLDS 2ML/PEEL-AWAY MISC	P	RX/OTC	TAKEAWAY ENVIRONMENTAL RETURN SYSTEM ENVELOPE MISC	P	RX/OTC
SUPPOSITORY MOLDS 3ML/PEEL-AWAY MISC	P	RX/OTC	TAKEAWAY ENVIRONMENTAL RETURN SYSTEM MISC	P	RX/OTC
SUPPOSITORY SHELL 2.0ML MISC	P	RX/OTC	TEXTURE WALL GRAB BAR/12" MISC	P	RX/OTC
SUPPOSITORY SHELL RACK MISC	P	RX/OTC	TEXTURE WALL GRAB BAR/16" MISC	P	RX/OTC
SUPPOSITORY SHELLS 2.4ML MISC	P	RX/OTC	TEXTURE WALL GRAB BAR/18" MISC	P	RX/OTC
SUPPOSITORY SHELLS SMALL1.3ML MISC	P	RX/OTC	TEXTURE WALL GRAB BAR/24" MISC	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TEXTURE WALL GRAB BAR/32" MISC	P	RX/OTC	TONGUE CLEANER/COMFORT CURVE MISC	P	RX/OTC
THE DOCTORS NIGHTGUARD ADVANCED COMFORT MISC	P	RX/OTC	TONGUE DEPRESSORS MISC	P	RX/OTC
THE SIDE RESTER CUSHION IMPERMEABLE COVER MISC	P	RX/OTC	TOOTHETTE BITE BLOCK MISC	P	RX/OTC
THE SIDE RESTER CUSHION REGULAR COVER MISC	P	RX/OTC	TOPI-CLICK 140/BLACK MISC	P	RX/OTC
TIP RECTAL/VAGINAL W/PERFORATIONS MISC	P	RX/OTC	TOPI-CLICK 140/BLOCK MISC	P	RX/OTC
TOILET SAFETY FRAME MISC	P	RX/OTC	TOPI-CLICK 140/GOLD MISC	P	RX/OTC
TOILET SEAT ELEVATOR MISC	P	RX/OTC	TOPI-CLICK 140/GREEN MISC	P	RX/OTC
TOMMEE TIPPEE BREAST PUMP ADAPTER/STANDARD CLOSER TO NATURE MISC	P	RX/OTC	TOPI-CLICK 140/PINK MISC	P	RX/OTC
TOMMEE TIPPEE BREAST PUMP ADAPTERS/UNIVERSAL PUMP AND GO MISC	P	RX/OTC	TOPI-CLICK 140/PURPLE MISC	P	RX/OTC
TOMMEE TIPPEE DOUBLE ELECTRIC BREAST PUMP MADE FOR ME MISC	P	RX/OTC	TOPI-CLICK 140/RED MISC	P	RX/OTC
TOMMEE TIPPEE MANUAL BREAST PUMP MADE FOR ME MISC	P	RX/OTC	TOPI-CLICK 140/SILVER MISC	P	RX/OTC
TOMMEE TIPPEE SILICONE BREAST PUMP MADE FOR ME MISC	P	RX/OTC	TOPI-CLICK 140/WHITE MISC	P	RX/OTC
TOMMEE TIPPEE SINGLE ELECTRIC BREAST PUMP MADE FOR ME MISC	P	RX/OTC	TOPI-CLICK 35 DOSE CHECK MISC	P	RX/OTC
			TOPI-CLICK 35 USP671 UV BLOCKING/ORANGE BODY/CAP/BASE MISC	P	RX/OTC
			TOPI-CLICK 35 USP671 UV BLOCKING/ORANGE BODY/WHITE CAP/BASE MISC	P	RX/OTC
			TOPI-CLICK 35 VAGINAL APPLICATOR DOSE LOADER MISC	P	RX/OTC
			TOPI-CLICK 35 VAGINAL DOSE APPLICATOR MISC	P	RX/OTC
			TOPI-CLICK 35 VAGINAL DOSING SYSTEM/APPLICATOR MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPI-CLICK APPLICATOR/140ML MISC	P	RX/OTC	TOPI-CLICK/35ML/1 PORT/BLUE MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/35ML MISC	P	RX/OTC	TOPI-CLICK/35ML/1 PORT/GOLD MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/MICRO/PIN POINT/9ML/0.05ML/BLUE MISC	P	RX/OTC	TOPI-CLICK/35ML/1 PORT/GREEN MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/MICRO/ROUNDED/9ML/0.05ML/BLUE MISC	P	RX/OTC	TOPI-CLICK/35ML/1 PORT/ORANGE MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/MICRO/SOFT ANGLED/9ML/0.05ML/BLUE MISC	P	RX/OTC	TOPI-CLICK/35ML/1 PORT/PINK MISC	P	RX/OTC
TOPI-CLICK MICRO/PIN POINT APPLICATOR/BLUE MISC	P	RX/OTC	TOPI-CLICK/35ML/1 PORT/PURPLE MISC	P	RX/OTC
TOPI-CLICK MICRO/ROUNDEDAPPLICATOR/BLUE MISC	P	RX/OTC	TOPI-CLICK/35ML/1 PORT/RED MISC	P	RX/OTC
TOPI-CLICK MICRO/SOFT ANGLED APPLICATOR/BLUE MISC	P	RX/OTC	TOPI-CLICK/35ML/1 PORT/SILVER MISC	P	RX/OTC
TOPI-CLICK NOZZLE MISC	P	RX/OTC	TOPI-CLICK/35ML/1 PORT/WHITE MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL APPLICATOR DOSE LOADER/35ML MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/BLACK MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL DOSE APPLICATOR/4ML MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/BLUE MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL DOSING SYSTEM/VAGINAL APPLICATOR 35 MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/GOLD MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/BLACK MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/GREEN MISC	P	RX/OTC
			TOPI-CLICK/35ML/3 PORT/PINK MISC	P	RX/OTC
			TOPI-CLICK/35ML/3 PORT/PURPLE MISC	P	RX/OTC
			TOPI-CLICK/35ML/3 PORT/RED MISC	P	RX/OTC
			TOPI-CLICK/35ML/3 PORT/SILVER MISC	P	RX/OTC
			TOPI-CLICK/35ML/3 PORT/WHITE MISC	P	RX/OTC
			TOTAL COMFORT WHEELCHAIRBACK CUSHION MISC	P	RX/OTC
			TOTAL COMFORT WHEELCHAIRSEAT CUSHION MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRACTION FLOOR STAND/ECONOMY MODEL MISC	P	RX/OTC	TRU FIT MAGNETIX WRIST/2SMALL DISKS MISC	P	RX/OTC
TRACTION HEAD HALTER ROPE10' MISC	P	RX/OTC	TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC
TRACTION PELVIC BELT MISC	P	RX/OTC	TRUE COMFORT PRO ALCOHOLPREP PADS	P	RX/OTC
TRACTION WEIGHT BAG/20LB MISC	P	RX/OTC	TUB TRANSFER BOARD MISC	P	RX/OTC
TRANSFER BENCH MISC	P	RX/OTC	TWIN MEDICINE SPOON MISC	P	RX/OTC
TRANSFER BOARD/28"X8-1/4" MISC	P	RX/OTC	TYVEK PROTECTIVE SLEEVES/DISPOSABLE MISC	P	RX/OTC
TRANSFER PIN MISC	P	RX/OTC	ULTICARE ALCOHOL SWABS	P	RX/OTC
TRANSPORT CHAIR ULTRA LIGHT MISC	P	RX/OTC	ULTILET ALCOHOL SWABS	P	RX/OTC
TRAVEL POUCH MISC	P	RX/OTC	ULTRA COMFORT BODY MASSAGER MISC	P	RX/OTC
TRAVELER 3 WHEEL ROLLINGWALKER MISC	P	RX/OTC	ULTRA FIT SMART BODY SCALE MISC	P	RX/OTC
TRIGGER RELEASE JUNIOR WALKER/WHEELS MISC	P	RX/OTC	ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC
TRI-GRIP BATHTUB RAIL MISC	P	RX/OTC	UNGUATOR 100/200/57MM/DISPOSABLE BLADES MISC	P	RX/OTC
TRIO ROLLING WALKER MISC	P	RX/OTC	UNGUATOR 15/20/30/36MM/DISPOSABLE BLADES MISC	P	RX/OTC
TROCHE MOLD 30 CAVITY MISC	P	RX/OTC	UNGUATOR 50/43MM/DISPOSABLE BLADES MISC	P	RX/OTC
TRU FIT MAGNETIX ANKLE/2SMALL DISKS MISC	P	RX/OTC	UNGUATOR ACCESSORIES EXACTDOSE 0.5ML MISC	P	RX/OTC
TRU FIT MAGNETIX BACK MISC	P	RX/OTC	UNGUATOR APPLICATOR 1"/SHORT/CAP MISC	P	RX/OTC
TRU FIT MAGNETIX ELBOW/2SMALL DISKS MISC	P	RX/OTC	UNGUATOR APPLICATOR 2.5"/LONG MISC	P	RX/OTC
TRU FIT MAGNETIX OPEN KNEE/2 LARGE DISKS MISC	P	RX/OTC			
TRU FIT MAGNETIX SELF-ADHESIVE MAGNETS MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNGUATOR JAR 100/140 BLUELID MISC	P	RX/OTC	UNGUATOR JAR 50/70 BLUE/BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 100/140 REDLID MISC	P	RX/OTC	UNGUATOR JAR 50/70 GREENLID MISC	P	RX/OTC
UNGUATOR JAR 15/20 BLUE LID MISC	P	RX/OTC	UNGUATOR JAR 50/70 PINK/PINK LID MISC	P	RX/OTC
UNGUATOR JAR 15/20 GREENLID MISC	P	RX/OTC	UNGUATOR JAR 50/70 RED LID MISC	P	RX/OTC
UNGUATOR JAR 15/20 RED LID MISC	P	RX/OTC	UNGUATOR JAR 50/70 TURQUOISE MISC	P	RX/OTC
UNGUATOR JAR 15/28 BLUE LID MISC	P	RX/OTC	UNGUATOR JAR 50/70 WHITELID MISC	P	RX/OTC
UNGUATOR JAR 20/33 BLUE MISC	P	RX/OTC	UNGUATOR JAR 50/70 YELLOW MISC	P	RX/OTC
UNGUATOR JAR 20/33 RED LID MISC	P	RX/OTC	UNGUATOR JAR FOR AIRDYNAMIK 1000/1250 MISC	P	RX/OTC
UNGUATOR JAR 20/33 WHITE/BLUE LID MISC	P	RX/OTC	UNGUATOR JAR FOR AIRDYNAMIK 300/390 MISC	P	RX/OTC
UNGUATOR JAR 200/280 BLUELID MISC	P	RX/OTC	UNGUATOR JAR FOR AIRDYNAMIK 500/600 WHITE MISC	P	RX/OTC
UNGUATOR JAR 200/280 GREEN LID MISC	P	RX/OTC	UNGUATOR JAR W/SPINDLE 300/390 MISC	P	RX/OTC
UNGUATOR JAR 200/280 REDLID MISC	P	RX/OTC	UNGUATOR JAR W/SPINDLE 500/600 MISC	P	RX/OTC
UNGUATOR JAR 200/280 WHITE MISC	P	RX/OTC	UNGUATOR LID 1000ML MISC	P	RX/OTC
UNGUATOR JAR 30/42 BLUE LID MISC	P	RX/OTC	UNGUATOR LID 500ML MISC	P	RX/OTC
UNGUATOR JAR 30/42 BLUE/BLUE LID MISC	P	RX/OTC	UNGUATOR VARIONOZZLE 1MM MISC	P	RX/OTC
UNGUATOR JAR 30/42 GREENLID MISC	P	RX/OTC	UNGUATOR VARIONOZZLE 4MM MISC	P	RX/OTC
UNGUATOR JAR 30/42 RED LID MISC	P	RX/OTC	UNIVERSAL QUICK ADJUST CRUTCH MISC	P	RX/OTC
UNGUATOR JAR 30/42 TURQUOISE/TURQUOIS E LID MISC	P	RX/OTC	UNIVERSAL TIPS/1" MISC	P	RX/OTC
UNGUATOR JAR 30/42 WHITELID MISC	P	RX/OTC			
UNGUATOR JAR 30/42 YELLOW MISC	P	RX/OTC			
UNGUATOR JAR 50/70 BLUE LID MISC	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL WALKER ORGANIZER MISC	P	RX/OTC	VIDA CELLULAR SCALE MISC	P	RX/OTC
UNODOSE APPLICATOR/42ML/0.25 ML PER CLICK MISC	P	RX/OTC	VINYL INFLATABLE CUSHION MISC	P	RX/OTC
VAGINAL SUPPOSITORY APPLICATOR MISC	P	RX/OTC	VINYL PADDED BATHTUB TRANSFER BENCH/COMMODE SEAT/PAIL MISC	P	RX/OTC
VANISHPOINT BLOOD COLLECTION SET 21G X 3/4" X 12" MISC	P	RX/OTC	VIRAGE CUSTOM BREAST PROSTHESIS EXTRA WEIGHTED THICKNESS MISC	P	RX/OTC
VANISHPOINT BLOOD COLLECTION SET 23G X 3/4" X 12" MISC	P	RX/OTC	VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS/MAGNET MISC	P	RX/OTC
VANISHPOINT BLOOD COLLECTION SET 25G X 3/4" X 12" MISC	P	RX/OTC	VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS MISC	P	RX/OTC
VANISHPOINT BLOOD COLLECTION TUBE HOLDER MISC	P	RX/OTC	VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS/MAGNETS MISC	P	RX/OTC
VARITHENA ADMINISTRATIONPACK MISC	P	RX/OTC	VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS MISC	P	RX/OTC
VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 14MM MISC	P	RX/OTC	VIVI EPI MISC	P	RX/OTC
VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 8MM MISC	P	RX/OTC	WALKER AUTO GLIDES/5 ADJUSTMENT HOLES/1-1/8" MISC	P	RX/OTC
VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 14MM MISC	P	RX/OTC	WALKER AUTO GLIDES/8 ADJUSTMENT HOLES/1-1/8" MISC	P	RX/OTC
VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 8MM MISC	P	RX/OTC	WALKER BASKET MISC	P	RX/OTC
VIAL ACCESSORIES/INHALATION WORK STATION/50 HOLES MISC	P	RX/OTC	WALKER GLIDE WHEELS/5 ADJUSTMENT HOLES/1-1/8" MISC	P	RX/OTC
VIBE 6 MISC	P	RX/OTC			
VIBRATING FOOT BATH/HEAT MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WALKER GLIDE WHEELS/8 ADJUSTMENT HOLES/1-1/8" MISC	P	RX/OTC	WATERPROOF SHEETING/36" X54" MISC	P	RX/OTC
WALKER SKI GLIDES/1" MISC	P	RX/OTC	WATERPROOF SHEETING/36" X66" MISC	P	RX/OTC
WALKER SKI GLIDES/1-1/8" MISC	P	RX/OTC	WEBCOL ALCOHOL PREP LARGE 1 PLY	P	RX/OTC
WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/3" MISC	P	RX/OTC	WEBCOL ALCOHOL PREP LARGE 2 PLY	P	RX/OTC
WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/5" MISC	P	RX/OTC	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	RX/OTC
WALKER TALL EXTENSION LEGS MISC	P	RX/OTC	WEIGH BOAT/PLASTIC/ANTI-STATIC MISC	P	RX/OTC
WALKER TIPS/1-1/8" MISC	P	RX/OTC	WET-STOP 3 MISC	P	RX/OTC
WALKER TIPS/BLACK/1-1/8" MISC	P	RX/OTC	WHEELCHAIR CUSHION MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH5 ADJUSTMENT HOLES/3" MISC	P	RX/OTC	WHEELCHAIR INVALID RING MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH5 ADJUSTMENT HOLES/5" MISC	P	RX/OTC	WHEELCHAIR MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/3" MISC	P	RX/OTC	WHITE WALL GRAB BAR/12" MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/5" MISC	P	RX/OTC	WHITE WALL GRAB BAR/16" MISC	P	RX/OTC
WALKER/ADULT/FOLDING MISC	P	RX/OTC	WHITE WALL GRAB BAR/18" MISC	P	RX/OTC
WALKER/EXTENDED FRAME MISC	P	RX/OTC	WHITE WALL GRAB BAR/24" MISC	P	RX/OTC
WALKER/FOLDING HEMI MISC	P	RX/OTC	WOODEN CANE/ROUND HANDLE/7/8" MISC	P	RX/OTC
WALKER/YOUTH/FOLDING MISC	P	RX/OTC	WOODEN CANE/WALNUT FINISH/PISTOL GRIP/DERBY HANDLE/7/8" MISC	P	RX/OTC
WASH GLOVES PRE-MOISTENED MISC	P	RX/OTC	WOODEN CANE/WALNUT FINISH/ROUND HANDLE/7/8" MISC	P	RX/OTC
			WORK BELT MISC	P	RX/OTC
			WRIST BRACE MISC	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WRIST SLEEP SUPPORT MISC	P	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	NP	MP; RX/OTC
YOUTH PUSH BUTTON ALUMINUM CRUTCH MISC	P	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	NP	MP
ZEV RX STERILE ALCOHOL PREP PADS	P	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	NP	MP; RX/OTC
ZEWA ELECTRODES MISC	P	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12MM	NP	MP; RX/OTC
ZIPPERED MATTRESS COVER MISC	P	RX/OTC	1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	NP	MP; RX/OTC
ZOOM 20 ROLLING WALKER MISC	P	RX/OTC	3ML SYRINGE/20G X 1"/LUER LOCK TIP	P	QL(3.34 ea daily); RX/OTC
Oral Hygiene Products			3ML SYRINGE/20G X 1"/LUER SLIP TIP	P	QL(3.34 ea daily); RX/OTC
ORAL SWAB PETITE SWAB	P		ABOUTTIME PEN NEEDLE 32GX 5/32"	NP	MP; RX/OTC
TOOTHETTE ORAL SWABS/DENTIFRICE SWAB	P		ABOUTTIME PEN NEEDLES 30GX 5/16"	NP	MP
TOOTHETTE ORAL SWABS/UNTREATED SWAB	P		ABOUTTIME PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
TOOTHETTE PLUS ORAL SWABS/UNTREATED SWAB	P		ABOUTTIME PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC
Parenteral Therapy Supplies			ADVOCATE INSULIN PEN NEEDLES	NP	MP
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	NP	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	NP	MP
1ST TIER UNIFINE PENTIPS29GX12MM	NP	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM	NP	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM	NP	MP; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM	NP	MP; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	NP	MP			
1ST TIER UNIFINE PENTIPS33GX4MM	NP	MP			
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	NP	MP; RX/OTC	AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX4MM	NP	MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	NP	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX5MM	NP	MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	NP	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX6MM	NP	MP
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX8MM	NP	MP
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	NP	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE/33GX4MM	NP	MP
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE/33GX5MM	NP	MP
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE/33GX6MM	NP	MP
AQ INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	AUM PEN NEEDLE/32GX4MM	NP	MP; RX/OTC
AQ INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	AUM PEN NEEDLE/32GX5MM	NP	MP; RX/OTC
AQINJECT PEN NEEDLE/31G X 3/16"	NP	MP; RX/OTC	AUM PEN NEEDLE/32GX6MM	NP	MP
AQINJECT PEN NEEDLE/32G X 5/32"	NP	MP; RX/OTC	AUM PEN NEEDLE/33GX4MM	NP	MP
ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC	AUM PEN NEEDLE/33GX5MM	NP	MP
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	NP	MP; RX/OTC	AUM PEN NEEDLE/33GX6MM	NP	MP
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	NP	MP	AUM READYGARD DUO SAFETY PEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	NP	MP; RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	NP	MP	AUM SAFETY PEN NEEDLE/31G X 4MM	NP	MP
			AUM SAFETY PEN NEEDLE/31G X 5MM	NP	MP; RX/OTC
			AURORA PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
			AURORA PEN NEEDLES 31G X6MM	NP	MP; RX/OTC
			AURORA PEN NEEDLES 31G X8MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AURORA UNIFINE PENTIPS/32GX5/32"	NP	MP; RX/OTC	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	NP	MP; RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	NP	MP; RX/OTC	BD INSULIN SYRINGE SLIP TIP/U-100/1ML	NP	MP; RX/OTC
AUTOPEN DEVI	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	NP	MP; RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	NP	MP; RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	NP	MP; RX/OTC
BD 3ML LUER-LOK SYRINGE/20G X 1"	P	QL(3.34 ea daily); RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	NP	MP; RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	NP	MP; RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	NP	MP
BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	P	QL(3.34 ea daily); RX/OTC	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	NP	MP
BD ECLIPSE 23G X 1" NEEDLE	P	QL(3.34 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	NP	MP
BD ECLIPSE NEEDLE/23G X 1"	P	QL(3.34 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
BD ECLIPSE NEEDLE/25G X5/8"	P	QL(3.34 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	NP	MP; RX/OTC
BD HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	NP	MP; RX/OTC	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	NP	MP	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	NP	MP	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	NP	MP
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	NP	MP
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	NP	MP

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	NP	MP
BD INTEGRA RETRACTABLE NEEDLE 23G X 1"	P	QL(3.34 ea daily); RX/OTC
BD LUER LOCK SYRINGE/1ML/20G X 1"	P	QL(3.34 ea daily)
BD NEEDLE/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
BD PEN MINI MISC	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC
BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	NP	MP
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	NP	MP; RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	NP	MP; RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	NP	MP; RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	NP	MP; RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	NP	MP
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	NP	MP; RX/OTC
BD PEN MISC	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC
BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	MP; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	CAREFINE PEN NEEDLE 32GX4MM	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	MP; RX/OTC	CAREFINE PEN NEEDLES 29GX1/2"	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	MP; RX/OTC	CAREFINE PEN NEEDLES 30GX5/16"	NP	MP
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	CAREFINE PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"	P	QL(3.34 ea daily); RX/OTC	CAREFINE PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	NP	MP; RX/OTC	CAREFINE PEN NEEDLES 32GX5MM	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	NP	MP; RX/OTC	CAREFINE PEN NEEDLES 32GX6MM	NP	MP
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	NP	MP; RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	NP	MP
			CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	NP	MP; RX/OTC
			CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	MP; RX/OTC
			CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	MP; RX/OTC
			CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	NP	MP; RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 29GX12MM	NP	MP; RX/OTC	CARETOUCH HYPODERMIC NEEDLE/23GX1"	P	QL(3.34 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM	NP	MP; RX/OTC	CARETOUCH HYPODERMIC NEEDLE/25GX5/8"	P	QL(3.34 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	NP	MP
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	NP	MP
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	CARETOUCH PEN NEEDLE 29GX1/2"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	NP	MP	CARETOUCH PEN NEEDLE 33GX5/32"	NP	MP
CAREPOINT PRECISION POLYHUB NEEDLE/23GX1"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31G X 6 MM	NP	MP; RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/25GX5/8"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31GX 5MM	NP	MP; RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 23GX1"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31GX 8MM	NP	MP; RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 32GX 4MM	NP	MP; RX/OTC
			CARETOUCH PEN NEEDLES 32GX 5MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CEQUR SIMPLICITY 2U DEVI	P	QL(0.34 ea daily); MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	NP	MP	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	NP	MP	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	NP	MP; RX/OTC
			CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	NP	MP

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

IL MHP Medicaid

Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE PEN NEEDLE/31GX 5MM	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	NP	MP
DIATHRIVE PEN NEEDLE/32GX 4MM	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	NP	MP	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	NP	MP	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	NP	MP	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	DROPLET MICRON 34G X 9/64"	NP	MP
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 29G X 1/2"	NP	MP; RX/OTC
			DROPLET PEN NEEDLES 29GX10MM	NP	MP
			DROPLET PEN NEEDLES 29GX12MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 30G X 5/16"	NP	MP	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	NP	MP; RX/OTC
DROPLET PEN NEEDLES 31G X3/16"	NP	MP; RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	NP	MP; RX/OTC
DROPLET PEN NEEDLES 31G X5/16"	NP	MP; RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	NP	MP; RX/OTC
DROPLET PEN NEEDLES 31GX5MM	NP	MP; RX/OTC	DROPSAFE SAFETY PEN NEEDLE/31GX5MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
DROPLET PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32G X 1/4"	NP	MP	DRUG MART UNIFINE PENTIPS 31GX5MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32G X 3/16"	NP	MP; RX/OTC	DRUG MART UNIFINE PENTIPS29G X 12MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32G X 5/16"	NP	MP	DRUG MART UNIFINE PENTIPS31GX6MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32G X 5/32"	NP	MP; RX/OTC	DRUG MART UNIFINE PENTIPS31GX8MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	DRUG MART UNIFINE PENTIPS32GX4MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX5MM	NP	MP; RX/OTC	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX6MM	NP	MP	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	NP	
DROPLET PEN NEEDLES 32GX8MM	NP	MP	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	NP	MP; RX/OTC			
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	NP	MP; RX/OTC			
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	NP	MP	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	NP	MP	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX1/4"	NP	MP; RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	NP	MP; RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	NP	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32"	NP	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM	NP	MP	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES33G X 5MM	NP	MP	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES33G X 6MM	NP	MP	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
EASY GLIDE PEN NEEDLES 33G X 5/32"	NP	MP	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
EASY TOUCH 32GX5MM	NP	MP; RX/OTC			
EASY TOUCH 32GX6MM	NP	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	EASY TOUCH PEN NEEDLE 30G X 5/16"	NP	MP
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	EASY TOUCH PEN NEEDLE/30G X 3/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	EASY TOUCH PEN NEEDLES 29GX1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP	EASY TOUCH PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	NP	MP; RX/OTC	EASY TOUCH PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	EASY TOUCH PEN NEEDLES 32GX1/4"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	EASY TOUCH PEN NEEDLES 32GX3/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	EASY TOUCH PEN NEEDLES 32GX5/32"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	EASY TOUCH PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	MP; RX/OTC	EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	NP	MP	EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	MP; RX/OTC
			EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	MP; RX/OTC
			EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	MP; RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	NP	MP; RX/OTC	EQL INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
EASYPOINT NEEDLE 23G X 1"	P	QL(3.34 ea daily); RX/OTC	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	NP	MP
EASYPOINT NEEDLE 25G X 5/8"	P	QL(3.34 ea daily); RX/OTC	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/29G X 12MM	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/30G X 5MM	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/30G X 8MM	NP	MP	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/31G X 5MM	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/31G X 8MM	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC			
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC			
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC			
EQL INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC			
EQL INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	NP	MP; RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	MP; RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	MP; RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	MP; RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM	NP	MP	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	GNP INSULIN SYRINGES/0.3ML/30GX5/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	NP	MP; RX/OTC	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	NP	MP; RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2"	NP	MP; RX/OTC	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	NP	MP
GNP INSULIN SYRINGES/1ML/29GX1/2"	NP	MP; RX/OTC	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	NP	MP; RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16"	NP	MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	NP	MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
GNP ULTICARE PEN NEEDLES/31GX5/16"	NP	MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32"	NP	MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4"	NP	MP	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
GNP ULTICARE PEN NEEDLES31G X 5MM	NP	MP; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	NP	MP; RX/OTC	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	NP	MP; RX/OTC	HEALTHWISE MINI PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	NP	MP	HEALTHWISE PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	NP	MP; RX/OTC	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	NP	MP; RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	NP	MP; RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	NP	MP; RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	NP	MP; RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	NP	MP
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	NP	MP; RX/OTC	H-E-B INCONTROL PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	MP; RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	NP	MP; RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	NP	MP; RX/OTC	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	NP	MP; RX/OTC	HYPODERMIC NEEDLE 23GX1"	P	QL(3.34 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	HYPODERMIC NEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM	NP	MP; RX/OTC	HYPODERMIC NEEDLES 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	NP	MP; RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	NP	MP; RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	NP	MP; RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	NP	MP; RX/OTC	INPEN 100/BLUE/LILLY/HUMAL OG DEVI	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INPEN 100/BLEU/NOVOLOG/FIA SP DEVI	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC	INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
INPEN 100/GREY/LILLY/HUMALOG DEVI	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC	INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
INPEN 100/GREY/NOVOLOG/FIA SP DEVI	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	NP	MP; RX/OTC
INPEN 100/PINK/LILLY/HUMALOG DEVI	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	NP	MP; RX/OTC
INPEN 100/PINK/NOVOLOG/FIA SP DEVI	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE 1ML/31G X 1/4"	NP	MP; RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/0.5ML/27G X 1/2"	NP	MP; RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
			INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
			INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
			INSULIN SYRINGES 0.3ML/31G X 1/4"	NP	MP; RX/OTC
			INSULIN SYRINGES 0.5ML/31G X 1/4"	NP	MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	NP	MP; RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	NP	MP; RX/OTC
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	NP	MP
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	NP	MP
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	NP	MP
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	NP	MP; RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	LITETOUCH PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	MARATHON MEDICAL PENTIPS29GX12MM	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES 29GX12.7MM	NP	MP	MARATHON MEDICAL PENTIPS31GX5MM	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC	MARATHON MEDICAL PENTIPS31GX8MM	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	NP	MP; RX/OTC	MARATHON MEDICAL PENTIPS32GX4MM	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT	NP	MP; RX/OTC	MAXICOMFORT II PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
			MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	NP	MP; RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	NP	MP; RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	NP	MP; RX/OTC	MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	NP	MP	MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	NP	MP	MM PEN NEEDLES 31G X 1/4"	NP	MP; RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	MM PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	MM PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	NP	MP; RX/OTC	MM PEN NEEDLES 32G X 5/32"	NP	MP; RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/23G X 1"	P	QL(3.34 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM	NP	MP; RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/INTM BEVEL/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM	NP	MP; RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/23G X 1"	P	QL(3.34 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X8MM	NP	MP; RX/OTC	MONOJECT INSULIN SYRINGE/1ML	NP	MP; RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM	NP	MP; RX/OTC	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	NP	MP; RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	NP	MP
MICRODOT PEN NEEDLE/33G X 4 MM	NP	MP	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	NP	MP; RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC			
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC			
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	NP	MP; RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	NP	MP; RX/OTC	MONOJECT MAGELLAN SAFETYNEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	NP	MP; RX/OTC	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/23GX1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	NP	MP; RX/OTC	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/25GX5/8"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	NP	MP; RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	NP	MP; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML	NP	MP; RX/OTC			
MONOJECT MAGELLAN SAFETYNEEDLE 23GX1"	P	QL(3.34 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	PEN NEEDLES 30GX5MM	NP	MP; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC	PEN NEEDLES 30GX8MM	NP	MP
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
MS INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	NP	MP	PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
NOVOFINE PEN NEEDLE 32G X 6MM	NP	MP	PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
NOVOFINE PLUS PEN NEEDLE 32G X 4MM	NP	MP; RX/OTC	PEN NEEDLES 31GX6MM (1/4")	NP	MP; RX/OTC
NOVOPEN ECHO DEVI	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC	PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
NOVOTWIST PEN NEEDLE 32GX 5MM	NP	MP; RX/OTC	PEN NEEDLES 31GX8MM (5/16")	NP	MP; RX/OTC
PC UNIFINE PENTIPS 29G X 1/2"	NP	MP; RX/OTC	PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
PC UNIFINE PENTIPS 31G X 5MM MINI	NP	MP; RX/OTC	PEN NEEDLES 32G X 5MM	NP	MP; RX/OTC
PC UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	NP	MP; RX/OTC	PEN NEEDLES 32G X 6MM	NP	MP
PC UNIFINE PENTIPS 31G X 8MM SHORT	NP	MP; RX/OTC	PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
PEN NEEDLES 29GX12MM	NP	MP	PEN NEEDLES 33G X 5/32"	NP	MP
			PEN NEEDLES/29G X 1/2"	NP	MP; RX/OTC
			PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
			PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
			PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
			PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
PENTIPS 29G X 12MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
PENTIPS 29GX12MM	NP	MP; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	NP	MP; RX/OTC
PENTIPS 31G X 5MM	NP	MP; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	NP	MP; RX/OTC
PENTIPS 31G X 8MM	NP	MP; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	NP	MP; RX/OTC
PENTIPS 31GX5MM	NP	MP; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	NP	MP; RX/OTC
PENTIPS 31GX6MM	NP	MP; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	NP	MP; RX/OTC
PENTIPS 31GX8MM	NP	MP; RX/OTC	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
PENTIPS 32G X 4MM	NP	MP; RX/OTC	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
PENTIPS 32GX4MM	NP	MP; RX/OTC	PREVENT SAFETY PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
PENTIPS 32GX6MM	NP	MP	PREVENT SAFETY PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
PIP PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	MP; RX/OTC
PIP PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	NP	MP; RX/OTC
POLY HUB NEEDLE/23G X 1"	P	QL(3.34 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	MP; RX/OTC
POLY HUB NEEDLE/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	NP	MP; RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC			
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC			
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC			
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC			
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC			
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC			
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	NP	MP; RX/OTC	PX MINI PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	NP	MP; RX/OTC	PX PEN NEEDLE 29GX12MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM	NP	MP; RX/OTC	PX PEN NEEDLE 31GX8MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC	PX SHORTLENGTH PEN NEEDLES/31GX8MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM	NP	MP; RX/OTC	QC PEN NEEDLES 29G X 12MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM	NP	MP	QC PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	QC PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	NP	MP; RX/OTC	QC UNIFINE PENTIPS 32GX4MM	NP	MP; RX/OTC
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM	NP	MP	RA INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
PURE COMFORT PEN NEEDLE 32G X8MM	NP	MP	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
PURE COMFORT PEN NEEDLE/32G X 5MM	NP	MP; RX/OTC	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	NP	MP; RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM	NP	MP; RX/OTC	RA PEN NEEDLES 31G X 5MM3/16"	NP	MP; RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	NP	MP; RX/OTC	RA PEN NEEDLES 31G X 8MM5/16"	NP	MP; RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	NP	MP; RX/OTC	RAYA SURE PEN NEEDLE 29GX 12MM	NP	MP; RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	NP	MP; RX/OTC	RAYA SURE PEN NEEDLE 31GX 4MM	NP	MP
PX EXTRA SHORT PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	RAYA SURE PEN NEEDLE 31GX 5MM	NP	MP; RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	RAYA SURE PEN NEEDLE 31GX 6MM	NP	MP; RX/OTC
			RAYA SURE PEN NEEDLE 31GX 8MM	NP	MP; RX/OTC
			REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	RELION PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	RELION PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	RELION PEN NEEDLES 32G X4MM	NP	MP; RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	NP	MP; RX/OTC	RELION PEN NEEDLES 32G X5/32"	NP	MP; RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	NP	MP; RX/OTC	RELION PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC	RELION PEN NEEDLES/31G X1/4"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	RELION SHORT PEN NEEDLES31GX8MM	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	MP; RX/OTC	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	NP	MP; RX/OTC
RELION MINI PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	SAFETY PEN NEEDLES/30G X3/16"	NP	MP; RX/OTC
RELION PEN NEEDLES 29GX12MM	NP	MP; RX/OTC	SAFETY PEN NEEDLES/30G X5/16"	NP	MP
RELION PEN NEEDLES 31G X6MM	NP	MP; RX/OTC	SAFETY SYRINGES/NEEDLE 3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
RELION PEN NEEDLES 31G X8MM	NP	MP; RX/OTC	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
RELION PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
			SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
			SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
			SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SECURES SAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
SECURES SAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	NP	MP; RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	NP	MP; RX/OTC
SECURES SAFE SAFETY PEN NEEDLES/30G X 5/16"	NP	MP	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
SECURES SAFE SYRINGE/NEEDLE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVVR/32GX4MM	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVVR/31GX8MM	NP	MP; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
			SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	NP	MP; RX/OTC
			SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	SURE-FINE PEN NEEDLES 31GX5/16" 8MM	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	NP	MP	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES30GX5/16" SHORT	NP	MP	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32"	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	NP	MP; RX/OTC	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM	NP	MP	SYRINGE/LUER LOCK/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	NP	MP	SYRINGES/LUER LOCK/1ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX3/16" 5MM	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM	NP	MP; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM	NP	MP; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	NP	MP; RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM	NP	MP; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	NP	MP
TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	NP	MP	TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	NP	MP
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	NP	MP
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 33G X 5MM	NP	MP
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16"	NP	MP	TRUE COMFORT PRO PEN NEEDLES 33G X 6MM	NP	MP
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	MP; RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/32GX5/16"	NP	MP	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	MP; RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	MP; RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	P	MP	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	P	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	P	MP; RX/OTC	TRUEPLUS PEN NEEDLES 29GX12MM	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	P	MP; RX/OTC	TRUEPLUS PEN NEEDLES 31GX5MM	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	P	MP; RX/OTC	TRUEPLUS PEN NEEDLES 31GX6MM	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	MP; RX/OTC	TRUEPLUS PEN NEEDLES 31GX8MM	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	MP; RX/OTC	TRUEPLUS PEN NEEDLES 32GX4MM	P	MP; RX/OTC
			ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
			ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	NP	MP	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	NP	MP; RX/OTC	ULTICARE MICRO PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	NP	MP; RX/OTC	ULTICARE MICRO PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	NP	MP; RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	NP	MP; RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
			ULTICARE MICRO PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC	ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	NP	MP; RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X1/4"	NP	MP; RX/OTC
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	NP	MP; RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	NP	MP
ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	NP	MP; RX/OTC
ULTICARE MINI PEN NEEDLES/32G X 1/4"	NP	MP	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	NP	MP; RX/OTC
ULTICARE MINI PEN NEEDLES31GX6MM	NP	MP; RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	NP	MP; RX/OTC
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	NP	MP; RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	NP	MP; RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	NP	MP	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	NP	MP; RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI	NP	MP; RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	NP	MP; RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM	NP	MP	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	MP; RX/OTC
ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	NP	MP
ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	NP	MP; RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	NP	MP; RX/OTC			
ULTICARE SHORT PEN NEEDLES/31G X 8MM	NP	MP; RX/OTC			
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	NP	MP			
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	NP	MP; RX/OTC			
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4"	NP	MP; RX/OTC			
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	NP	MP; RX/OTC			

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ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	NP	MP; RX/OTC	ULTILET PEN NEEDLE 32GX4MM	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	NP	MP; RX/OTC	ULTILET PEN NEEDLE 32GX4MM/SHORT	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	NP	MP; RX/OTC	ULTILET SHORT PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	NP	MP; RX/OTC	ULTILET SHORT PEN NEEDLES31GX3/16"	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	MP; RX/OTC	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	NP	MP; RX/OTC	ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	NP	MP	ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	NP	MP; RX/OTC	ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	NP	MP
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	NP	MP; RX/OTC	ULTRA FLO INSULIN PEN NEEDLES	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	NP	MP; RX/OTC	ULTRA FLO INSULIN PEN NEELE 31GX8MM	NP	MP; RX/OTC
ULTILET PEN NEEDLE 29GX12.7MM	NP	MP	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	MP; RX/OTC
ULTILET PEN NEEDLE 31GX5MM	NP	MP; RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	NP	MP
ULTILET PEN NEEDLE 31GX8MM	NP	MP; RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	NP	MP; RX/OTC
			ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	NP	MP; RX/OTC
			ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	NP	MP; RX/OTC
			ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	NP	MP; RX/OTC
			ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	NP	MP	ULTRACARE PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	NP	MP; RX/OTC	ULTRACARE PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	NP	MP; RX/OTC	ULTRACARE PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	NP	MP; RX/OTC	ULTRACARE PEN NEEDLES/32G X 1/14"	NP	MP
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	NP	MP; RX/OTC	ULTRACARE PEN NEEDLES/32G X 3/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	NP	MP; RX/OTC	ULTRACARE PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	NP	MP; RX/OTC	ULTRACARE PEN NEEDLES/33G X 5/32"	NP	MP
ULTRA THIN PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	NP	MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	NP	MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	NP	MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	NP	MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	NP	MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	NP	MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	MP; RX/OTC
			ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	NP	MP; RX/OTC

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

IL MHP Medicaid

Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	VERIFINE INSULIN SYRINGE1ML/31G X 8MM	NP	MP; RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	NP	MP; RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	NP	MP; RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	MP; RX/OTC	VIDA MIA UNIFINE PENTIPS32GX4MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	MP; RX/OTC	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	MP; RX/OTC	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	NP	MP	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	NP	MP; RX/OTC	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	NP	MP; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	NP	MP; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	NP	MP; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	NP	MP; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	NP	MP; RX/OTC	ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	NP	MP; RX/OTC	ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	NP	MP; RX/OTC	ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ZEV RX PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC	AEROCHAMBER MV MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ZEV RX PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ZEV RX PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ZEV RX PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ACTIVITY POUCH MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ADULT AEROSOL MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ADULT MASK LARGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ADULT MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROBIKA DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AEROECLIPSE MASK LARGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AEROECLIPSE MASK MEDIUM MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AEROECLIPSE MASK SMALL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AEROTRACH PLUS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	AIRZONE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALL FLOW 3000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	BREATHE EASE NEBULIZER MASK/INFANT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	BREATHE EASE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	BREATHE EASE/LARGE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	BREATHE EASE/MEDIUM MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	BREATHE EASE/SMALL MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ASSESS PEAK FLOW METER FULL RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ASSESS PEAK FLOW METER LOW RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	CARETOUCH 2 CPAP HOSE HANGER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH CPAP MASK WIPES MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	CLEVER CHOICE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ml per fill retail); RX/OTC	CO MONITOR REPLACEMENT TPIECES MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	CO MONITOR DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASIVENT/MASK-LARGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASIVENT/MASK-MEDIUM MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
			EASIVENT/MASK-SMALL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASIVENT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASY FLOW WHITE/BLUE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASY FLOW WHITE/GREEN DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASY FLOW WHITE/PINK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASY FLOW WHITE/WHITE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASY FLOW WHITE/YELLOW DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EBASE CONTROLLER KIT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW BLACK/RED DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW HEPA FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FILTER AIR PP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	INSPIREASE DRUG DELIVERY SYSTEM MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	LITETOUCH MASK LARGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FLEXICHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	LITETOUCH MASK SMALL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	LUNG PERFORMANCE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FULL KIT NEBULIZER SET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	MASK VORTEX/CHILD/FROG	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
IN-CHECK DIAL INSPIRATORY FLOW TRAINER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	MICROCHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	MICROCHAMBER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

IL MHP Medicaid

Updated January 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MICROLIFE DIGITAL PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	NOSE CLIP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MICROSPACER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OMBRA COMPRESSOR AIR FILTERS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MINI WRIGHT PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NEBULIZER CUP/TUBING DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	OPTICHAMBER DIAMOND MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PANDA MASK LARGE	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PANDA MASK MEDIUM	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PANDA MASK SMALL	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PARI TREK S COMBO PACK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PARI VORTEX ADULT MASK	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PEAK A-I-R FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PEDIATRIC PANDA MASK	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI MASK SET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PERSONAL BEST FULL RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

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PFLEX MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PIKO 1 ELECTRONIC	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PILLOW MASK/ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PILLOW MASK/CHILD MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKET CHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKET PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKET SPACER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PEAK FLOW METER ADULT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PURE COMFORT PEAK FLOW METER CHILD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
QUAKE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
REPLACEMENT AIR FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
REPLACEMENT FILTERS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
RITEFLO DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	SOOTHENEB NBL 100 CHILD MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOOTHENE NBL 100 MEDICATION CUP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	VERSAPAP DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SOOTHENE NBL 100 MESH CAP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SOOTHENE NBL100 ADULT MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SPIRO PD DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
STRIVE DUAL ZONE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	WINDMILL TRAINER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
THRESHOLD IMT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches Calcitonin Gene-Related Peptide (CGRP) Receptor Antag AIMOVIG P SP; MP; PA AJOVY SOAJ P SP; MP; PA AJOVY SOSY P SP; MP; PA EMGALITY SOAJ P SP; MP; PA EMGALITY SOSY 120 MG/ML P SP; MP; PA EMGALITY SOSY 100 MG/ML P SP; PA NURTEC P QL(0.27 ea daily); PA QULIPTA P PA UBRELVY P QL(0.34 ea daily); PA VYEPTI NP SP; MP ZAVZPRET NP		
THRESHOLD PEP DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC			
TRUZONE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC			
TUBING/WING TIP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC			
VERSAPAP/UNIVERSAL TUBING DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Migraine Combinations			IMITREX STATDOSE SYSTEM SOAJ (Use sumatriptan succinate)	NP	
<i>ergotamine w/ caffeine SUPP</i>	P	QL(0.72 ea daily)	IMITREX TABS (Use sumatriptan succinate)	NP	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)
<i>sumatriptan-naproxen sodium</i>	NP		MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	NF	
TREXIMET (Use sumatriptan-naproxen sodium)	NF		MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	NP	
Migraine Products			MAXALT TABS 10 MG (Use rizatriptan benzoate)	NF	
D.H.E. 45 SOLN IJ (Use dihydroergotamine mesylate)	NF		MAXALT TABS 10 MG (Use rizatriptan benzoate)	NP	
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	NP		<i>naratriptan hcl</i>	NP	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)
MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	NP		RELPAX (Use eletriptan hydrobromide)	NP	
TRUDHESA	NP		REYVOW	NP	QL(0.134 ea daily)
Migraine Products - NSAIDs			<i>rizatriptan benzoate TABS</i>	P	
<i>diclofenac potassium (migraine)</i>	NP		<i>rizatriptan benzoate TBDP</i>	P	
ELYXYB	NP		<i>sumatriptan</i>	P	
Serotonin Agonists			<i>sumatriptan succinate SOAJ</i>	P	
<i>almotriptan malate</i>	NP		<i>sumatriptan succinate SOCT</i>	P	
AMERGE (Use naratriptan hcl)	NF	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(0.067 ml daily)
<i>eletriptan hydrobromide</i>	NP		<i>sumatriptan succinate TABS</i>	P	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)
FROVA (Use frovatriptan succinate)	NP		TOSYMRA	NP	
<i>frovatriptan succinate</i>	NP		ZEMBRACE SYMTOUCH SOAJ	NP	
IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	NP		<i>zolmitriptan SOLN</i>	NP	
IMITREX STATDOSE REFILL SOCT (Use sumatriptan succinate)	NP		<i>zolmitriptan TABS</i>	NP	
			<i>zolmitriptan TBDP</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOMIG SOLN	NP		BIOLYTE SOLN	P	
ZOMIG SOLN (Use zolmitriptan)	NP		CERALYTE 70 SOLN	P	
ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	NP		CERASPORT EX1 SOLN	P	
ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	NF		CERASPORT SOLN	P	
MINERALS & ELECTROLYTES			DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	P	
Bicarbonates			DEXTROSE 2.5%/NACL 0.45% (Use dextrose w/ sodium chloride)	NF	
sodium acetate SOLN	P		DEXTROSE 5%/NACL 0.3% (Use dextrose w/ sodium chloride)	NF	
SODIUM ACETATE SOLN (Use sodium acetate)	NF		dextrose in lactated ringers	P	
Calcium			dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 %	P	
calcium carbonate-cholecalciferol TABS	P		DEXTROSE/SODIUM CHLORIDE (Use dextrose w/ sodium chloride)	NF	
calcium carbonate TABS 600 MG, 1500 MG	P		ENFAMIL ENFALYTE SOLN	P	
calcium carbonate-vitamin d w/ minerals TABS	P		EQUALYTE SOLN (Use oral electrolytes)	NF	
calcium citrate TABS 200 MG	P		HYDRALYTE FREEZER POPS SOLN	P	
calcium citrate-vitamin d TABS 250 UNIT-200 MG, 250 UNIT-315 MG, 6.25 MCG-200 MG, 6.25 MCG-315 MG	P		HYDRALYTE SOLN	P	
calcium gluconate SOLN	P	PA	KINDERLYTE PREMAX SOLN	P	
CALCIUM GLUCONATE SOLN (Use calcium gluconate)	NF	PA	KINDERLYTE SOLN	P	
CITRACAL + D3 MAXIMUM TABS (Use calcium citrate-vitamin d)	NF		oral electrolytes SOLN	P	
CITRACAL PETITES/VITAMIND TABS (Use calcium citrate-vitamin d)	NF		PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)	NF	
oyster shell	P		PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	NF	
OYSTER SHELL CALCIUM/D TABS	P				
Electrolyte Mixtures					

Drug Name	Drug Tier	Requirements/Limits
PEDIALYTE SINGLES SOLN (Use oral electrolytes)	NF	
PEDIALYTE SOLN (Use oral electrolytes)	NF	
TRUELYTE SOLN	P	
Fluoride		
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	P	
Magnesium		
magnesium oxide (mg supplement) TABS 400 MG, 500 MG	P	
magnesium sulfate IJ 50 %	P	
MAGNESIUM SULFATE IJ 50 %	P	
magnesium TABS 250 MG, 250 MG	P	
MAGOX 400 TABS (Use magnesium oxide (mg supplement))	NF	
Phosphate		
PHOS-NAK POWDER CONCENTRATE PACK (Use potassium & sodium phosphates)	NF	
potassium & sodium phosphates PACK	P	
potassium phosphates 236 MG/ML-224 MG/ML	P	
POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML, 71 MEQ/15ML-45 MMOLE/15ML (Use potassium phosphates)	NF	
sodium phosphates (sodium phosphate dibasic & monobasic) 142 MG/ML-276 MG/ML	P	PA

Drug Name	Drug Tier	Requirements/Limits
Potassium		
K-TAB TBCR (Use potassium chloride)	NF	
potassium acetate SOLN 2 MEQ/ML	P	
POTASSIUM ACETATE SOLN 2 MEQ/ML	P	
potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ	P	
potassium chloride SOLN OR 10 %	P	
potassium chloride SOLN IV 2 MEQ/ML	P	PA
potassium chloride TBCR 8 MEQ, 10 MEQ	P	
Sodium		
sodium chloride flush	P	
sodium chloride SOLN IJ 0.9 %	P	
Zinc		
zinc sulfate SOLN 1 MG/ML	P	PA
ZINC SULFATE SOLN 1 MG/ML (Use zinc sulfate)	NF	PA
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use penicillamine)	NP	QL(4 ea daily)
CUVRIOR	NP	SP
DEPEN TITRATABS TABS (Use penicillamine)	P	QL(4 ea daily)
penicillamine CAPS	P	QL(4 ea daily)
penicillamine TABS	P	QL(4 ea daily)
SYPRINE (Use trientine hcl)	NP	SP
trientine hcl	P	SP
Immunomodulators		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JOENJA	NP		<i>mycophenolate sodium</i>	P	MP
<i>lenalidomide</i>	NP	SP	<i>mycophenolate sodium</i>	P	MP
REVLIMID	NP	SP	MYFORTIC (Use <i>mycophenolate sodium</i>)	NP	MP
REZUROCK	NP	SP	NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>)	NP	MP
RYSTIGGO	NP	SP	NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i>)	NP	MP
THALOMID	NP	SP	PROGRAF CAPS (Use <i>tacrolimus</i>)	NP	MP
VYVGART	NP	SP; MP	PROGRAF PACK	NP	
VYVGART HYTRULO	NP	SP	RAPAMUNE SOLN (Use <i>sirolimus</i>)	NP	MP
Immunosuppressive Agents			RAPAMUNE TABS (Use <i>sirolimus</i>)	NP	MP
ASTAGRAF XL CP24	NP		SANDIMMUNE CAPS (Use <i>cyclosporine</i>)	NP	
<i>azathioprine TABS 50 MG</i>	P	MP	SANDIMMUNE SOLN OR <i>sirolimus SOLN</i>	P	MP
<i>azathioprine TABS 75 MG, 100 MG</i>	NP		<i>sirolimus TABS</i>	P	MP
CELLCEPT CAPS (Use <i>mycophenolate mofetil</i>)	NP	MP	<i>sirolimus TABS 1 MG, 2 MG</i>	P	MP
CELLCEPT SUSR (Use <i>mycophenolate mofetil</i>)	NP	MP	<i>tacrolimus CAPS 1 MG</i>	P	MP
CELLCEPT TABS (Use <i>mycophenolate mofetil</i>)	NP	MP	<i>tacrolimus CAPS</i>	P	MP
<i>cyclosporine modified (for microemulsion) CAPS</i>	P	MP	ZORTRESS (Use <i>everolimus (immunosuppressant)</i>)	NP	
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	MP	Potassium Removing Agents		
<i>cyclosporine CAPS</i>	P		LOKELMA	NP	
ENVARUSUS XR TB24	NP		<i>sodium polystyrene sulfonate POWD</i>	P	
<i>everolimus (immunosuppressant)</i>	NP		<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	NP	
IMURAN TABS (Use <i>azathioprine</i>)	NP	MP	VELTASSA	NP	
LUPKYNIS	NP	SP	Systemic Lupus Erythematosus Agents		
<i>mycophenolate mofetil CAPS</i>	P	MP	BENLYSTA SOAJ	NP	SP; MP
<i>mycophenolate mofetil CAPS</i>	P	MP	BENLYSTA SOSY	NP	SP; MP
<i>mycophenolate mofetil SUSR</i>	P	MP			
<i>mycophenolate mofetil TABS</i>	P	MP			
<i>mycophenolate mofetil TABS</i>	P	MP			

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(6.67 ml daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	P	QL(1.67 ml daily)
Anti-infectives - Throat		
<i>clotrimazole</i>	P	
<i>nystatin (mouth-throat)</i>	P	
ORAVIG	NP	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NF	MP
PREVIDENT FLUORIDE GEL (<i>Use sodium fluoride (dental)</i>)	NF	MP
<i>sodium fluoride (dental) CREA</i>	NP	
<i>sodium fluoride (dental) GEL</i>	NP	MP
<i>sodium fluoride (dental) PSTE DT</i>	NP	MP
<i>sodium fluoride (dental) SOLN 0.2 %</i>	NP	MP
<i>sodium fluoride-potassium nitrate GEL</i>	NP	MP
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	QL(0.17 gm daily)
Throat Products - Misc.		
AQUORAL SOLN	NP	RX/OTC
<i>cevimeline hcl</i>	NP	
EVOXAC (<i>Use cevimeline hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
GELX GEL	NP	
<i>pilocarpine hcl (oral)</i>	P	
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins TABS</i>	P	
B-Complex w/ C		
<i>b complex w/ c TABS</i>	P	
<i>b-complex w/ c & calcium</i>	P	
<i>b-complex w/ c & e + zn</i>	P	
B-Complex w/ Folic Acid		
<i>b-complex w/ c & 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 SENIOR 50+ TABS	P	RX/OTC
ABC COMPLETE SENIOR MEN'S50+ TABS	P	RX/OTC
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	P	RX/OTC
ALGAE BASED CALCIUM TABS	P	RX/OTC
ALIVE ENERGY 50+ TABS	P	RX/OTC
ALIVE MENS 50+ TABS	P	RX/OTC
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	P	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	P	RX/OTC
BASIC PM TABS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAL-DAY 1000 TABS	P	RX/OTC	CENTRUM SILVER ADULTS 50+ TABS (Use multiple vitamins w/ minerals)	NF	RX/OTC
CENTRAVITES 50 PLUS TABS	P	RX/OTC	CENTRUM SILVER ADULTS 50+ TABS (Use multiple vitamins w/ minerals)	P	RX/OTC
CENTRAVITES ADULTS TABS	P	RX/OTC	CENTRUM SILVER ULTRA WOMENS TABS	P	RX/OTC
CENTRUM ADULTS TABS (Use multiple vitamins w/ minerals)	P	RX/OTC	CENTRUM SILVER TABS (Use multiple vitamins w/ minerals)	NF	RX/OTC
CENTRUM ADULTS TABS (Use multiple vitamins w/ minerals)	NF	RX/OTC	CENTRUM SILVER TABS (Use multiple vitamins w/ minerals)	P	RX/OTC
CENTRUM CARDIO TABS	P	RX/OTC	CENTRUM SILVER TABS (Use multiple vitamins w/ minerals)	P	RX/OTC
CENTRUM MEN TABS	P	RX/OTC	CENTRUM SPECIALIST HEART TABS	P	RX/OTC
CENTRUM MEN TABS (Use multiple vitamins w/ minerals)	NF	RX/OTC	CENTRUM SPECIALIST IMMUNE SUPPORT TABS	P	RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	P	RX/OTC	CENTRUM SPECIALIST VISION TABS	P	RX/OTC
CENTRUM SILVER 50+MEN TABS (Use multiple vitamins w/ minerals)	NF	RX/OTC	CENTRUM ULTRA WOMENS TABS	P	RX/OTC
CENTRUM SILVER 50+MEN TABS (Use multiple vitamins w/ minerals)	P	RX/OTC	CENTRUM WOMEN TABS (Use multiple vitamins w/ minerals)	P	RX/OTC
CENTRUM SILVER 50+WOMEN TABS (Use multiple vitamins w/ minerals)	P	RX/OTC	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	P	RX/OTC
CENTRUM SILVER 50+WOMEN TABS (Use multiple vitamins w/ minerals)	NF	RX/OTC	CVS ONE DAILY WOMENS 50+ADVANCED TABS	P	RX/OTC
CENTRUM SILVER ADULT 50+ TABS (Use multiple vitamins w/ minerals)	NF	RX/OTC	CVS SPECTRAVITE ULTRA WOMEN TABS	P	RX/OTC
CENTRUM SILVER ADULT 50+ TABS (Use multiple vitamins w/ minerals)	P	RX/OTC	DERMACINRX MULTITAM TABS	P	RX/OTC
			DERMAVITE TABS	P	RX/OTC
			DIALYVITE SUPREME D TABS	P	RX/OTC
			EQ ONE DAILY MENS HEALTH TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EQ ONE DAILY WOMENS 50+ TABS	P	RX/OTC	MENS 50+ MULTIVITAMIN TABS	P	RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	P	RX/OTC	MULTI-BETIC DIABETES SUPPORT TABS	P	RX/OTC
EQL CENTURY WOMENS TABS	P	RX/OTC	<i>multiple vitamins w/ minerals TABS</i>	P	RX/OTC
EYE HEALTH/LUTEIN TABS	P	RX/OTC	MULTIVITAMIN ADULTS TABS	P	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	P	RX/OTC	MULTIVITAMIN MEN TABS	P	RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	P	RX/OTC	MULTI-VITAMIN MONOCAPS TABS	P	RX/OTC
FOLITIN-Z TABS	P	RX/OTC	MULTIVITAMIN/ZINC STRESSFORMULA TABS	P	RX/OTC
FREEDAVITE TABS	P	RX/OTC	NATRUL-VITES TABS	P	RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	P	RX/OTC	NICADAN TABS	P	RX/OTC
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	P	RX/OTC	OCULAR VITAMINS TABS	P	RX/OTC
HM COMPLETE MEN TABS	P	RX/OTC	ONCOVITE TABS	P	RX/OTC
HYLAZINC TABS	P	RX/OTC	ONE DAILY MENS FORMULA W/O IRON TABS	P	RX/OTC
KEYLOSA TABS	P	RX/OTC	ONE DAILY WOMENS TABS	P	RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	P	RX/OTC	ONE DIALY MULTIVITAMIN WOMENS TABS	P	RX/OTC
LIVER DETOX TABS	P	RX/OTC	ONE-A-DAY ENERGY TABS	P	RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	P	RX/OTC	ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	RX/OTC
MEGA MULTI FOR WOMEN TABS	P	RX/OTC	ONE-A-DAY MENS PRO EDGE TABS	P	RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	P	RX/OTC	ONE-A-DAY MENS TABS	P	RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	P	RX/OTC	ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	P	RX/OTC
MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	P	RX/OTC	ONE-A-DAY WEIGHT SMART ADVANCED 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
ONE-A-DAY WEIGHT SMART ADVANCED TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC	PRO-CAL TABS	P	RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	PROFOLA TABS	P	RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC	PRORENAL+D TABS	P	RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	QC MULTI-VITE TABS	P	RX/OTC
ONE-A-DAY WOMENS 50+ TABS	P	RX/OTC	QUIN B STRONG TABS	P	RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	QUINTABS-M TABS	P	RX/OTC
ONE-A-DAY WOMENS PETITES TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	RA CENTRAL-VITE TABS	P	RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	SENTRY SENIOR/LUTEIN TABS	P	RX/OTC
ONE-A-DAY WOMENS TABS	P	RX/OTC	SM ONE DAILY WOMENS TABS	P	RX/OTC
ONEVITE TABS	P	RX/OTC	SOLO TABS	P	RX/OTC
OPTIVITE P.M.T. TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	STROVITE FORTE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	P	RX/OTC	STROVITE ONE TABS	P	RX/OTC
PARVLEX TABS	P	RX/OTC	SYSTANE ICAPS AREDS2 TABS	P	RX/OTC
PHYTOMULTI TABS	P	RX/OTC	THERABETIC MULTI-VITAMIN TABS	P	RX/OTC
PRESERVISION AREDS TABS	P	RX/OTC	THERAGRAN-M ADVANCED 50 PLUS TABS	P	RX/OTC
			THERAGRAN-M PREMIER 50 PLUS TABS	P	RX/OTC
			THERAGRAN-M PREMIER TABS	P	RX/OTC
			THERA-M TABS	P	RX/OTC
			THERA-TABS M TABS	P	RX/OTC
			THEREMS-M TABS	P	RX/OTC
			THRIVITE 19 TABS	P	RX/OTC
			T-VITES TABS	P	RX/OTC
			ULTRA BONEUP TABS	P	RX/OTC
			VENEXA FE TABS	P	RX/OTC
			VENTRIXYL TABS	P	RX/OTC
			VITAROCA PLUS TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VITAROCA PLUS TABS <i>(Use multiple vitamins w/ minerals)</i>	P	RX/OTC	NEOMULTIVITE TABS	P	RX/OTC
VITASANA TABS	P	RX/OTC	OMNICAP TABS	P	RX/OTC
VITATRUM TABS	P	RX/OTC	ONE DAILY ESSENTIAL TABS	P	RX/OTC
VITEYES CLASSIC MULTIIVITAMIN TABS	P	RX/OTC	ONE VITE DAILY MULTIVITAMIN TABS	P	RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	P	RX/OTC	ONE-A-DAY ESSENTIAL TABS <i>(Use multiple vitamin)</i>	NF	RX/OTC
VITRAMYN TABS	P	RX/OTC	ONE-A-DAY MENS TABS <i>(Use multiple vitamin)</i>	NF	RX/OTC
VITRANOL FE TABS	P	RX/OTC	QUINTABS TABS	P	RX/OTC
VITREXATE FE TABS	P	RX/OTC	THERA TABS	P	RX/OTC
VITREXYL/IRON TABS	P	RX/OTC	THEREMS MULTIVITAMIN TABS	P	RX/OTC
VITRUM 50+ ADULT-MULTI IRON FREE TABS	P	RX/OTC	TM-DAILY VITE TABS	P	RX/OTC
WELLFOLA TABS	P	RX/OTC	Ped MV w/ Fluoride		
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	P	RX/OTC	MULTIVITAMIN + FLUORIDE CHEW	P	AL(Up to 10 yrs old); RX/OTC
YELETS TEENAGE FORMULA TABS	P	RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW	P	AL(Up to 10 yrs old); RX/OTC
Multivitamins			MULTI-VIT-FLOR CHEW	P	AL(Up to 10 yrs old); RX/OTC
AMLADEX TABS	P	RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	P	AL(Up to 10 yrs old); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	RX/OTC	POLY-VI-FLOR CHEW	P	AL(Up to 10 yrs old); RX/OTC
ESTROFACTORS TABS	P	RX/OTC	QUFLORA PEDIATRIC CHEW	P	AL(Up to 10 yrs old); RX/OTC
FOLCYTEINE TABS	P	RX/OTC	Ped MV w/ Iron		
GENICIN VITA-Q TABS	P	RX/OTC	ANIMAL SHAPES/IRON CHEW	P	
HIGH POTENCY MULTIVITAMIN TABS	P	RX/OTC	MULTIVITAMIN PLUS IRON CHILDRENS CHEW	P	
MULTI VITAMIN/D-3 TABS	P	RX/OTC	<i>pediatric multiple vitamins w/ iron CHEW</i>	P	
MULTI VITAMIN TABS	P	RX/OTC	Pediatric Multiple Vitamins		
<i>multiple vitamin TABS</i>	P	RX/OTC			
MULTIVITAMIN ADULT TABS	P	RX/OTC			
MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG- 2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (Use pediatric multiple vitamins)	NF		M-NATAL PLUS TABS	P	QL(1 ea daily); MP; RX/OTC
<i>pediatric multiple vitamins CHEW</i>	P		MULTI-MAC	NP	
Prenatal Vitamins			NATAL PNV TABS	NP	AL(At least 10 yrs old)
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	NESTABS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL ASSURE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	NESTABS DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	NESTABS ONE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL BLOOM	NP	AL(At least 10 yrs old - Up to 55 yrs old)	NIVA-PLUS TABS	P	QL(1 ea daily); MP; RX/OTC
CITRANATAL ESSENCE	NP		OB COMPLETE ONE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	OB COMPLETE PETITE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL MEDLEY	NP		OB COMPLETE PREMIER	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
C-NATE DHA CAPS	NP	MP	OB COMPLETE/DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
COMPLETE NATAL DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	OB COMPLETE TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
COMPLETENATE CHEW	P	QL(1 ea daily); MP	PNV-DHA+DOCUSATE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
DERMACINRX PRETRATE TABS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PNV-OMEGA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
ENBRACE HR	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PREMESISRX	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
FOLIVANE-OB	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENAISSANCE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
			PRENAISSANCE PLUS CAPS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
			PRENATAL PLUS VITAMIN ANDMINERAL TABS	P	QL(1 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>prenatal vit w/ iron carbonyl-folic acid 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</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENATE PIXIE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENATE RESTORE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	P	QL(1 ea daily); MP; RX/OTC	PRENATRIX TABS	NP	QL(1 ea daily); MP; RX/OTC
PRENATE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENATRYL TABS	NP	QL(1 ea daily); MP; RX/OTC
PRENATE AM	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRIMACARE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	RELNATE DHA CAPS	NP	MP
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	SELECT-OB+DHA MISC	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE ENHANCE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	SELECT-OB CHEW	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	SE-NATAL 19 CHEW	P	QL(1 ea daily); MP
			SE-NATAL 19 TABS	P	MP; RX/OTC
			TARON-C DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
			TARON-PREX	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
			THRIVITE RX TABS	P	MP; RX/OTC
			TRICARE TABS	P	QL(1 ea daily); MP; RX/OTC
			TRINATAL RX 1 TABS	P	QL(1 ea daily); MP
			TRISTART DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
			TRISTART FREE	NP	
			TRISTART ONE	NP	
			VINATE DHA RF	NP	MP
			VIRT-NATE DHA CAPS	NP	MP

Drug Name	Drug Tier	Requirements/Limits
VIRT-PN DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL FE+	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL GUMMIES	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL STRIPS	NP	
VITAFOL ULTRA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL-NANO	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL-OB+DHA MISC	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL-OB TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL-ONE CAPS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAMEDMD ONE RX/QUATREFOLIC	NP	
VITAPEARL	NP	
WESCAP-C DHA	NP	MP
WESCAP-PN DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
WESNATAL DHA COMPLETE	NP	MP
WESNATE DHA CAPS	NP	MP
WESTAB PLUS TABS	P	QL(1 ea daily); MP; RX/OTC
WESTGEL DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
ZATEAN-PN DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
ZATEAN-PN PLUS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP

MUSCULOSKELETAL THERAPY AGENTS -

Drug Name	Drug Tier	Requirements/Limits
Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (Use cyclobenzaprine hcl)	NP	
baclofen SOLN OR 5 MG/5ML, 10 MG/5ML	NP	
baclofen SUSP	P	
baclofen TABS	P	
carisoprodol TABS	NP	
chlorzoxazone TABS	P	
cyclobenzaprine hcl CP24	NP	
cyclobenzaprine hcl TABS	P	
FLEQSUVY SUSP (Use baclofen)	NP	
LYVISPAH PACK	NP	
metaxalone	NP	
methocarbamol TABS	P	
orphenadrine citrate TB12	P	
SKELAXIN (Use metaxalone)	NF	
SOMA TABS (Use carisoprodol)	NP	
tizanidine hcl CAPS	NP	
tizanidine hcl TABS	P	
ZANAFLEX CAPS (Use tizanidine hcl)	NP	
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (Use dantrolene sodium)	NP	
DANTRIUM CAPS 50 MG (Use dantrolene sodium)	NF	
dantrolene sodium CAPS	P	
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS	NP	SP
Muscle Relaxant Combinations		

Drug Name	Drug Tier	Requirements/Limits
NORGESIC FORTE (Use orphenadrine w/ aspirin & caff)	NP	
orphenadrine w/ aspirin & caff	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	NP	
DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
AYR NASAL DROPS SOLN	P	
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	
OCEAN NASAL SPRAY SOLN (Use saline)	NF	
saline SOLN	P	
Nasal Antiallergy		
azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	P	MP; RX/OTC
cromolyn sodium (nasal) 5.2 MG/ACT	P	
NASALCROM (Use cromolyn sodium (nasal))	NF	
olopatadine hcl (nasal)	P	
PATANASE (Use olopatadine hcl (nasal))	NF	
PATANASE (Use olopatadine hcl (nasal))	NP	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.03 %	NP	QL(1 ml daily); MP

Drug Name	Drug Tier	Requirements/Limits
ipratropium bromide (nasal) 0.06 %	NP	QL(0.5 ml daily)
Nasal Steroids		
BECONASE AQ	NP	MP
flunisolide (nasal) 0.025 %	P	QL(0.84 ml daily); MP
fluticasone propionate (nasal) SUSP	P	QL(0.54 gm daily); MP; RX/OTC
mometasone furoate (nasal) SUSP	NP	MP; RX/OTC
OMNARIS SUSP	NP	MP
PROPEL MINI/STRAIGHT DELIVERY SYSTEM IMPL	NP	
QNASL	NP	MP
QNASL CHILDRENS	NP	MP
SINUVA IMPL	NP	
XHANCE EXHU	NP	
ZETONNA AERS	NP	MP
Sympathomimetic Decongestants		
pseudoephedrine hcl TABS 30 MG	P	QL(8 ea daily)
pseudoephedrine hcl TABS 60 MG	P	QL(4 ea daily)
SUDAFED CHILDRENS LIQD	P	
SUDAFED CONGESTION TABS (Use pseudoephedrine hcl)	NF	QL(8 ea daily)
SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	NF	QL(8 ea daily)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	NP	SP
RADICAVA ORS STARTER KIT SUSP	NP	SP
RADICAVA ORS SUSP	NP	SP

Drug Name	Drug Tier	Requirements/Limits
RELYVRIO	NP	SP
RILUTEK TABS (Use riluzole)	NP	
<i>riluzole TABS</i>	P	
TIGLUTIK SUSP	NP	SP; MP
Rett Syndrome Agents		
DAYBUE	NP	SP
NUTRIENTS		
Carbohydrates		
<i>dextrose SOLN 10 %</i>	P	
DEXTROSE SOLN 20 %	P	
Lipids		
INTRALIPID 20 GM/100ML	P	PA
NUTRILIPID	P	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear solution</i>	P	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	P	
LACRISERT	P	
<i>polyvinyl alcohol 1.4 %</i>	P	
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML</i>	P	
<i>white petrolatum-mineral oil</i>	P	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	P	MP
BETIMOL	NP	MP
BETOPTIC-S SUSP	NP	MP
<i>brimonidine tartrate-timolol maleate</i>	NP	MP
<i>carteolol hcl (ophth)</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits
COMBIGAN (Use brimonidine tartrate-timolol maleate)	NP	MP
COSOPT (Use dorzolamide hcl-timolol maleate)	NP	MP
COSOPT PF (Use dorzolamide hcl-timolol maleate)	NP	MP
<i>dorzolamide hcl-timolol maleate</i>	NP	MP
<i>dorzolamide hcl-timolol maleate 6.8 MG/ML-22.3 MG/ML</i>	P	MP
<i>dorzolamide hcl-timolol maleate</i>	P	MP
ISTALOL SOLN (Use timolol maleate (ophth))	NP	MP
<i>levobunolol hcl 0.5 %</i>	P	MP
<i>timolol maleate (ophth) SOLG</i>	P	MP
<i>timolol maleate (ophth) SOLN</i>	NP	MP
<i>timolol maleate (ophth) SOLN</i>	NP	MP
<i>timolol maleate (ophth) SOLN</i>	P	MP
TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	NP	MP
TIMOPTIC OCUDOSE SOLN 0.5 % (Use timolol maleate (ophth))	NP	MP
TIMOPTIC SOLN (Use timolol maleate (ophth))	NP	MP
TIMOPTIC-XE SOLG (Use timolol maleate (ophth))	NP	MP
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	P	
<i>atropine sulfate (ophthalmic) SOLN</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ATROPINE SULFATE SOLN 1 %	P	MP	CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	NF	
CYCLOGYL	NP		ciprofloxacin hcl (ophth) SOLN	P	
CYCLOGYL (Use cyclopentolate hcl)	NP		ERYTHROMYCIN	P	
CYCLOMYDRIL	P		erythromycin (ophth)	P	
cyclopentolate hcl 1 %	P		gatifloxacin (ophth)	NP	
MYDRIACYL SOLN (Use tropicamide)	NP		gentamicin sulfate (ophth) SOLN	P	
phenylephrine hcl (mydriatic) SOLN	NP		MOXEZA SOLN OP (Use moxifloxacin hcl (ophth))	NF	
tropicamide SOLN	P		moxifloxacin hcl (ophth) SOLN OP	NP	
Miotics			NATACYN	NP	
ISOPTO CARPINE SOLN 1 %, 2 % (Use pilocarpine hcl)	NF	MP	neomycin-bacitracin zn-polymyxin	P	
PHOSPHOLINE IODIDE	NP		neomycin-polymyxin-gramicidin	P	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	P	MP	OCUFLOX (Use ofloxacin (ophth))	NP	
VUITY SOLN	NP	MP	ofloxacin (ophth)	P	
Ophthalmic Adrenergic Agents			polymyxin b-trimethoprim	P	
ALPHAGAN P (Use brimonidine tartrate)	P	MP	POLYTRIM (Use polymyxin b-trimethoprim)	NF	
apraclonidine hcl	NP		sulfacetamide sodium (ophth) OINT	P	
brimonidine tartrate	P	MP	sulfacetamide sodium (ophth) SOLN	P	
IOPIDINE	NP		tobramycin (ophth) SOLN	P	
SIMBRINZA	NP	MP	TOBREX OINT	P	
Ophthalmic Anti-infectives			TOBREX SOLN (Use tobramycin (ophth))	NF	
AZASITE	NP		trifluridine	P	
bacitracin (ophthalmic)	P		VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	
bacitracin-polymyxin b (ophth)	P		ZIRGAN GEL	P	
BESIVANCE	NP		ZYMAXID (Use gatifloxacin (ophth))	NP	
BETADINE OPHTHALMIC PREP	NP		Ophthalmic Immunomodulators		
BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	NF				
CILOXAN OINT	P				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CEQUA SOLN	NP	MP	FML FORTE SUSP	P	
<i>cyclosporine (ophth) EMUL</i>	NP	MP	FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NP	
RESTASIS MULTIDOSE EMUL	NP	MP	INVELTYS SUSP	NP	
RESTASIS EMUL (Use <i>cyclosporine (ophth)</i>)	NP	MP	LOTEMAX SM GEL	NP	
VERKAZIA EMUL	NP		LOTEMAX GEL (Use <i>loteprednol etabonate</i>)	NP	
Ophthalmic Integrin Antagonists			LOTEMAX OINT	NP	
XIIDRA	NP	MP	LOTEMAX SUSP (Use <i>loteprednol etabonate</i>)	NP	
Ophthalmic Kinase Inhibitors			<i>loteprednol etabonate GEL</i>	NP	
RHOPRESSA	NP	MP	<i>loteprednol etabonate SUSP</i>	P	
ROCKLATAN	NP	MP	MAXIDEX SUSP OP	P	QL(0.17 ml daily)
Ophthalmic Local Anesthetics			MAXITROL OINT (Use <i>neomycin-polymy-dexameth</i>)	NP	
AKTEN	NP		MAXITROL SUSP (Use <i>neomycin-polymy-dexameth</i>)	NP	
ALCAINE (Use <i>proparacaine hcl</i>)	NP		<i>neomycin-polymy-dexameth OINT</i>	P	
<i>proparacaine hcl</i>	NP		<i>neomycin-polymy-dexameth SUSP</i>	P	
<i>tetracaine hcl (ophth)</i>	NP		<i>neomycin-polymyxin-hc (ophth)</i>	P	
Ophthalmic Nerve Growth Factors			PRED FORTE (Use <i>prednisolone acetate (ophth)</i>)	NP	
OXERVATE	NP	SP	PRED MILD	P	
Ophthalmic Steroids			<i>prednisolone acetate (ophth)</i>	P	
ALREX SUSP	P		PREDNISOLONE SODIUM PHOSPHATE	P	
<i>bacitracin-poly-neomycin-hc</i>	P		<i>sulfacetamide sod-prednisolone SOLN</i>	NP	
<i>dexamethasone sodium phosphate (ophth)</i>	P		TOBRADEX ST SUSP	NP	
DEXTENZA INST	NP	SP	TOBRADEX OINT	NP	
<i>difluprednate</i>	NP				
DUREZOL (Use <i>difluprednate</i>)	NP				
DUREZOL (Use <i>difluprednate</i>)	NF				
EYSUVIS SUSP	NP				
FLAREX	P				
<i>fluorometholone (ophth) SUSP</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NF		GLOSTRIPS STRP 1 MG	NP	
TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NP		ILEVRO	NP	
<i>tobramycin-dexamethasone SUSP</i>	P		<i>ketorolac tromethamine (ophth)</i>	P	
ZYLET	NP		MURO 128 OINT (<i>Use sodium chloride hypertonic</i>)	NF	
Ophthalmics - Misc.			MURO 128 SOLN	P	
ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP		MURO 128 SOLN (<i>Use sodium chloride hypertonic</i>)	NF	
ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP		NEVANAC	NP	
ACUVAIL	NP		<i>olopatadine hcl</i>	NP	RX/OTC
ALOCRIL	NP		PATADAY (<i>Use olopatadine hcl</i>)	NF	RX/OTC
ALOMIDE	NP		PROLENSA	NP	
<i>azelastine hcl (ophth)</i>	P	QL(0.2 ml daily)	<i>sodium chloride hypertonic OINT</i>	P	
AZOPT (<i>Use brinzolamide</i>)	NF	MP	<i>sodium chloride hypertonic SOLN</i>	P	
AZOPT (<i>Use brinzolamide</i>)	NP	MP	TRUSOPT (<i>Use dorzolamide hcl</i>)	NF	MP
<i>bepotastine besilate</i>	NP		ZERVIAE	NP	QL(3 ea daily)
BEPREVE (<i>Use bepotastine besilate</i>)	NP		Prostaglandins - Ophthalmic		
<i>brinzolamide</i>	NP	MP	<i>bimatoprost SOLN</i>	NP	MP
<i>bromfenac sodium (ophth)</i>	NP		IYUZEH SOLN	NP	
BROMSITE	NP		<i>latanoprost SOLN</i>	P	MP
<i>cromolyn sodium (ophth)</i>	P		LUMIGAN SOLN 0.01 %	NP	MP
CYSTADROPS	NP	SP; MP	<i>tafluprost</i>	NP	MP
CYSTARAN	NP	SP; MP	TRAVATAN Z (<i>Use travoprost</i>)	NP	MP
<i>diclofenac sodium (ophth)</i>	P		<i>travoprost</i>	NP	MP
<i>dorzolamide hcl</i>	P	MP	VYZULTA	NP	MP
<i>epinastine hcl (ophth)</i>	NP		XALATAN SOLN (<i>Use latanoprost</i>)	NP	MP
FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE	NP		XELPROS EMUL	NP	MP
<i>flurbiprofen sodium</i>	P		ZIOPTAN (<i>Use tafluprost</i>)	NP	MP
			OTIC AGENTS - Drugs to Treat the Ear		
			Otic Agents - Miscellaneous		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid (otic)</i>	P		HYPERRHO S/D SOSY IM 1500 UNIT	P	QL(2 ea per 270 days retail); SP
<i>carbamide peroxide (otic) 6.5 %</i>	P		MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	QL(2 ea per 270 days retail); SP
DEBROX 6.5 % (<i>Use carbamide peroxide (otic)</i>)	NF		RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	QL(2 ea per 270 days retail); SP
Otic Anti-infectives			RHOPHYLAC SOSY IJ	P	QL(4 ml per 270 days retail); SP
<i>ciprofloxacin hcl (otic)</i>	NP		WINRHO SDF SOLN 1500 UNIT/1.3ML	P	QL(2.6 ml per 270 days retail); SP
<i>ofloxacin (otic)</i>	P		WINRHO SDF SOLN 5000 UNIT/4.4ML	P	QL(8.8 ml per 270 days retail); SP
Otic Combinations			WINRHO SDF SOLN 2500 UNIT/2.2ML	P	QL(4.4 ml per 270 days retail); SP
CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)	P		WINRHO SDF SOLN 15000 UNIT/13ML	P	QL(26 ml per 270 days retail); SP
<i>ciprofloxacin-dexamethasone</i>	P		Monoclonal Antibodies		
<i>ciprofloxacin-fluocinolone acetonide</i>	NP		CASIRIVIMAB	P	
CORTISPORIN-TC	NP		IMDEVIMAB	P	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P		REGEN-COV 1332 MG/11.1ML-1332 MG/11.1ML, 1332 MG/11.1ML-300 MG/2.5ML, 300 MG/2.5ML-1332 MG/11.1ML, 300 MG/2.5ML-300 MG/2.5ML, 600 MG/10ML-600 MG/10ML	P	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P		PENICILLINS - Drugs to Treat Bacterial Infections		
OTOVEL (<i>Use ciprofloxacin-fluocinolone acetonide</i>)	NF		Aminopenicillins		
Otic Steroids			<i>amoxicillin CAPS</i>	P	
DERMOTIC (<i>Use fluocinolone acetonide (otic)</i>)	NP		<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>fluocinolone acetonide (otic)</i>	NP		<i>amoxicillin SUSR</i>	P	
<i>hydrocortisone w/acetic acid</i>	NP		<i>amoxicillin TABS</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System					
Immune Serums					
HYPERRHO S/D MINI-DOSE SOSY IM	P	QL(2 ea per 270 days retail); SP			

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	
<i>amoxicillin & pot clavulanate SUSR</i>	P	
<i>amoxicillin & pot clavulanate TABS</i>	P	
<i>amoxicillin & pot clavulanate TB12</i>	NP	
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NP	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
<i>water for injection, sterile IJ</i>	P	
Pharmaceutical Excipients		
METHYLCELLULOSE POWD	P	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use <i>norethindrone acetate</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>megestrol acetate (appetite)</i>	NP	MP
<i>norethindrone acetate TABS</i>	NP	QL(1 ea daily)
<i>progesterone CAPS</i>	P	QL(2 ea daily)
<i>progesterone OIL</i>	P	QL(0.67 ml daily)
PROMETRIUM CAPS 100 MG (Use <i>progesterone</i>)	NF	QL(2 ea daily)
PROMETRIUM CAPS (Use <i>progesterone</i>)	NP	QL(2 ea daily)
PROVERA (Use <i>medroxyprogesterone acetate</i>)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	P	
<i>disulfiram</i>	P	
LUCEMYRA	P	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	NP	SP; MP
XYREM SOLN	NP	SP; MP
XYWAV	NP	SP; MP
Antidementia Agents		
ADLARITY PTWK	NP	
ADUHELM	NP	SP; MP
ARICEPT TABS 23 MG (Use <i>donepezil hydrochloride</i>)	NP	MP
ARICEPT TABS 5 MG, 10 MG (Use <i>donepezil hydrochloride</i>)	NP	QL(2 ea daily); MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride TABS 23 MG</i>	P	MP	<i>chlordiazepoxide-amitriptyline</i>	P	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(2 ea daily); MP	LYBALVI	NP	
<i>donepezil hydrochloride TBDP</i>	P	MP	<i>olanzapine-fluoxetine hcl</i>	NP	
EXELON (<i>Use rivastigmine</i>)	NP		<i>perphenazine-amitriptyline</i>	P	
<i>galantamine hydrobromide CP24</i>	NP	QL(2 ea daily); MP	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>Use olanzapine-fluoxetine hcl</i>)	NP	
<i>galantamine hydrobromide SOLN</i>	NP	QL(2 ml daily); MP	Fibromyalgia Agents		
<i>galantamine hydrobromide TABS</i>	NP	QL(2 ea daily); MP	SAVELLA TITRATION PACK MISC	NP	
LEQEMBI	NP	SP	SAVELLA TABS	NP	
<i>memantine hcl CP24</i>	NP	MP	Movement Disorder Drug Therapy		
<i>memantine hcl SOLN 2 MG/ML</i>	NP	MP	AUSTEDO XR PATIENT TITRATION KIT TEPK	NP	SP
<i>memantine hcl SOLN 2 MG/ML</i>	NP	MP	AUSTEDO XR TB24	NP	SP
<i>memantine hcl TABS</i>	P	QL(2 ea daily); MP	AUSTEDO TABS	P	SP; PA
<i>memantine hcl TABS</i>	NP		INGREZZA CAPS	P	SP; PA
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NP		INGREZZA CPPK	P	SP; PA
NAMENDA XR CP24 (<i>Use memantine hcl</i>)	NP	MP	<i>tetrabenazine</i>	NP	SP
NAMENDA XR CP24 14 MG, 28 MG (<i>Use memantine hcl</i>)	NF	MP	XENAZINE (<i>Use tetrabenazine</i>)	NP	SP
NAMENDA TABS (<i>Use memantine hcl</i>)	NP	QL(2 ea daily); MP	Multiple Sclerosis Agents		
NAMZARIC C4PK	NP		AMPYRA (<i>Use dalfampridine</i>)	NP	SP
NAMZARIC CP24	NP		AUBAGIO (<i>Use teriflunomide</i>)	NF	SP
RAZADYNE ER CP24 (<i>Use galantamine hydrobromide</i>)	NF	QL(2 ea daily); MP	AUBAGIO (<i>Use teriflunomide</i>)	NP	SP
<i>rivastigmine</i>	NP		AVONEX PEN AJKT	NP	SP
<i>rivastigmine tartrate CAPS</i>	NP	QL(2 ea daily); MP	AVONEX PSKT	NP	QL(0.034 ea daily); SP
Combination Psychotherapeutics			BAFIERTAM	NP	SP
			BETASERON KIT	P	SP
			BRIUMVI	NP	SP
			COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NF	SP; MP

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Drug Name	Drug Tier	Requirements/Limits
COPAXONE SOSY (<i>Use glatiramer acetate</i>)	P	SP; MP
<i>dalfampridine</i>	NP	SP
<i>dimethyl fumarate CDPK</i>	P	SP
<i>dimethyl fumarate CPDR</i>	P	SP
EXTAVIA KIT	NP	SP
<i> fingolimod hcl</i>	NP	SP; MP
GILENYA (<i>Use fingolimod hcl</i>)	P	SP; PA
GILENYA 0.25 MG	NP	SP
<i>glatiramer acetate SOSY</i>	NP	SP; MP
KESIMPTA	NP	SP; MP
LEMTRADA	NP	SP; MP
MAVENCLAD	NP	SP
MAYZENT STARTER PACK TBPB	NP	SP
MAYZENT TABS	NP	SP
OCREVUS	NP	SP; MP
PLEGRIDY STARTER PACK SOPN	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP
PLEGRIDY SOPN	NP	SP; MP
PLEGRIDY SOSY SC	NP	SP; MP
PLEGRIDY SOSY IM	NP	SP; MP
PONVORY 14-DAY STARTER PACK TBPB	NP	SP
PONVORY TABS	NP	SP
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP
REBIF REBIDOSE SOAJ	P	SP; MP
REBIF TITRATION PACK SOSY	P	SP
REBIF SOSY	P	SP; MP
TASCENSO ODT	NP	SP
TECFIDERA STARTER PACK CDPK (<i>Use dimethyl fumarate</i>)	P	SP
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	P	SP

Drug Name	Drug Tier	Requirements/Limits
<i>teriflunomide</i>	NP	SP
<i>teriflunomide 7 MG</i>	P	
TYSABRI	NP	SP; MP
VUMERITY	NP	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
ZEPOSIA CAPS	NP	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
GRALISE TABS 450 MG, 750 MG, 900 MG	NP	
GRALISE TABS 300 MG, 600 MG	NP	
LYRICA CR (<i>Use pregabalin (once-daily)</i>)	NP	MP
<i>pregabalin (once-daily)</i>	NP	MP
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	NP	QL(1 ea daily); MP
<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	NP	QL(2 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	NP	
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	P	
<i>pimozide</i>	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	180 rti MAX day(s) supply; 365 rti lmt day(s); QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex GUM</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(11.2 ea daily)	KALYDECO PACK	NP	SP
<i>nicotine polacrilex LOZG</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(12 ea daily)	KALYDECO TABS	NP	SP
NICOTINE TRANSDERMAL SYSTEM KIT	P		ORKAMBI PACK	NP	SP
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 ea daily)	ORKAMBI TABS	NP	SP
NICOTROL INHALER INHA	P		PULMOZYME	P	QL(2.5 ml daily); SP; MP
NICOTROL NS SOLN	P		SYMDEKO	NP	SP
<i>varenicline tartrate TABS</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s)	TRIKAFTA TBPK	NP	SP
<i>varenicline tartrate TBPK</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s)	TRIKAFTA THPK	NP	SP
Transthyretin Amyloidosis Agents			Pulmonary Fibrosis Agents		
AMVUTTRA	NP	SP	ESBRIET CAPS (<i>Use pifrenidone</i>)	NP	SP
TEGSEDI	NP	SP; MP	ESBRIET TABS (<i>Use pifrenidone</i>)	NP	SP; MP
Vasomotor Symptom Agents			OFEV	NP	SP
BRISDELLE (<i>Use paroxetine mesylate (vasomotor)</i>)	NF		<i>pifrenidone CAPS</i>	NP	SP
<i>paroxetine mesylate (vasomotor)</i>	NP		<i>pifrenidone TABS</i>	NP	SP
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			SULFONAMIDES - Drugs to Treat Bacterial Infections		
Cystic Fibrosis Agents			Sulfonamides		
BRONCHITOL	NP	SP	<i>sulfadiazine TABS</i>	P	
BRONCHITOL TOLERANCE TEST	NP	SP	TETRACYCLINES - Drugs to Treat Bacterial Infections		
			Aminomethylcyclines		
			NUZYRA TABS	NP	QL(6 ea per 30 days retail)
			Tetracyclines		
			<i>demeclocycline hcl TABS 300 MG</i>	P	QL(2 ea daily)
			<i>demeclocycline hcl TABS 150 MG</i>	P	QL(4 ea daily)
			DORYX MPC TBEC	NP	
			DORYX TBEC 50 MG, 80 MG, 200 MG (<i>Use doxycycline hyclate</i>)	NP	
			<i>doxycycline (monohydrate) CAPS</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) SUSR</i>	P		<i>levothyroxine sodium TABS</i>	P	MP
<i>doxycycline (monohydrate) TABS</i>	P		<i>liothyronine sodium TABS</i>	P	MP
<i>doxycycline hyclate CAPS</i>	P		NIVA THYROID TABS	P	MP
<i>doxycycline hyclate TABS</i>	P		NP THYROID 120 TABS	P	MP
<i>doxycycline hyclate TBEC</i>	NP		NP THYROID 15 TABS	P	MP
<i>minocycline hcl CAPS</i>	P		NP THYROID 30 TABS	P	MP
<i>minocycline hcl TABS</i>	P		NP THYROID 60 TABS	P	MP
<i>minocycline hcl TB24</i>	NP		NP THYROID 90 TABS	P	MP
MINOLIRA TB24	NP		SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	NP	MP
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>Use minocycline hcl</i>)	NP		THYQUIDITY SOLN OR	NP	MP
<i>tetracycline hcl CAPS</i>	P		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	MP
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NP		TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	NP	
VIBRAMYCIN SUSR (<i>Use doxycycline (monohydrate)</i>)	NF		TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG (<i>Use levothyroxine sodium</i>)	NP	MP
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			TIROSINT-SOL SOLN OR	NP	MP
Antithyroid Agents			TOXOIDS		
<i>methimazole TABS</i>	P	MP	Toxoid Combinations		
<i>methimazole TABS</i>	P	MP	ADACEL SUSP	P	
<i>propylthiouracil</i>	P	MP	BOOSTRIX SUSP	P	
<i>propylthiouracil</i>	P	MP	BOOSTRIX SUSY	P	
Thyroid Hormones			DAPTACEL	P	
ADTHYZA TABS	P		DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
ARMOUR THYROID TABS	P	MP	INFANRIX	P	
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NP	MP	KINRIX SUSY	P	
ERMEZA SOLN OR	NP		PEDIARIX SUSY	P	
<i>levothyroxine sodium CAPS</i>	NP	MP	PENTACEL	P	
<i>levothyroxine sodium TABS</i>	P	MP	QUADRACEL SUSP	P	
			QUADRACEL SUSY	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TDVAX SUSP	P		LEVSIN SOLN IJ 0.5 MG/ML (Use <i>hyoscyamine sulfate</i>)	NF	
TENIVAC INJ	P		LEVSIN TABS (Use <i>hyoscyamine sulfate</i>)	NP	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P		LIBRAX (Use <i>chlordiazepoxide hcl-clidinium bromide</i>)	NP	
VAXELIS SUSP	P		<i>methscopolamine bromide</i>	NP	
VAXELIS SUSY	P		ROBINUL FORTE TABS (Use <i>glycopyrrolate</i>)	NP	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			ROBINUL TABS (Use <i>glycopyrrolate</i>)	NP	
Antispasmodics			H-2 Antagonists		
BELLADONNA/OPIUM	P		<i>cimetidine</i> TABS	P	RX/OTC
<i>chlordiazepoxide hcl-clidinium bromide</i>	NP		<i>famotidine</i> SUSP	P	
CUVPOSA SOLN OR (Use <i>glycopyrrolate</i>)	NP	MP	<i>famotidine</i> TABS 20 MG, 40 MG	P	
DARTISLA ODT TBDP	NP		<i>nizatidine</i> CAPS	P	
<i>dicyclomine hcl</i> CAPS	P		PEPCID TABS (Use <i>famotidine</i>)	NP	RX/OTC
<i>dicyclomine hcl</i> SOLN OR	P	MP	Misc. Anti-Ulcer		
<i>dicyclomine hcl</i> TABS	P		CARAFATE SUSP (Use <i>sucralfate</i>)	P	MP
GLYCATE TABS	NP		CARAFATE TABS (Use <i>sucralfate</i>)	NP	
<i>glycopyrrolate</i> SOLN OR 1 MG/5ML	P	MP	<i>sucralfate</i> SUSP	P	MP
<i>glycopyrrolate</i> TABS 1 MG, 2 MG	P		<i>sucralfate</i> SUSP	P	MP
<i>hyoscyamine sulfate</i> ELIX	P	MP	<i>sucralfate</i> TABS	P	
<i>hyoscyamine sulfate</i> SOLN OR 0.125 MG/ML	P	MP	Proton Pump Inhibitors		
<i>hyoscyamine sulfate</i> SUBL 0.125 MG	P		ACIPHEX TBEC (Use <i>rabeprazole sodium</i>)	NF	
<i>hyoscyamine sulfate</i> TABS 0.125 MG	P		ACIPHEX TBEC (Use <i>rabeprazole sodium</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
<i>hyoscyamine sulfate</i> TB12 0.375 MG	P		DEXILANT 60 MG (Use <i>dexlansoprazole</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
<i>hyoscyamine sulfate</i> TBDP 0.125 MG	P				
LEVBIID TB12 (Use <i>hyoscyamine sulfate</i>)	NF				
LEVSIN/SL SUBL (Use <i>hyoscyamine sulfate</i>)	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEXILANT 30 MG <i>(Use dexlansoprazole)</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)	NEXIUM PACK	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
<i>dexlansoprazole 30 MG</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)	NEXIUM PACK <i>(Use esomeprazole magnesium)</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
<i>dexlansoprazole 60 MG</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)	<i>omeprazole CPDR</i>	P	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
<i>esomeprazole magnesium CPDR</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC	<i>pantoprazole sodium PACK</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea daily)
<i>esomeprazole magnesium PACK</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)	<i>pantoprazole sodium TBEC</i>	P	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
FIRST PANTOPRAZOLE SUSP	NP		PREVACID 24HR CPDR <i>(Use lansoprazole)</i>	NF	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC
<i>lansoprazole CPDR</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)	PREVACID SOLUTAB TBDD <i>(Use lansoprazole)</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily); RX/OTC
<i>lansoprazole TBDD</i>	P	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily); RX/OTC	PREVACID CPDR 30 MG <i>(Use lansoprazole)</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
NEXIUM 24HR CLEAR MINIS CPDR <i>(Use esomeprazole magnesium)</i>	NF	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC	PRILOSEC PACK	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea daily)
NEXIUM 24HR CPDR <i>(Use esomeprazole magnesium)</i>	NF	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC	PROTONIX PACK <i>(Use pantoprazole sodium)</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea daily)
NEXIUM CPDR <i>(Use esomeprazole magnesium)</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC	PROTONIX TBEC <i>(Use pantoprazole sodium)</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>rabeprazole sodium TBEC</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); AL(Up to 20 yrs old)	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)					
<i>rabeprazole sodium TBEC</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)	<i>darifenacin hydrobromide</i>	NP	MP			
Ulcer Drugs - Prostaglandins			DETROL LA CP24 (Use <i>tolterodine tartrate</i>)	NP	MP			
CYTOTEC (Use <i>misoprostol</i>)	NP		DETROL TABS (Use <i>tolterodine tartrate</i>)	NP	MP			
<i>misoprostol</i>	P		DITROPAN XL TB24 5 MG, 10 MG (Use <i>oxybutynin chloride</i>)	NF	MP			
Ulcer Therapy Combinations			<i>fesoterodine fumarate</i>	NP				
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP		GELNIQUE GEL 10 %	NP	MP			
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NP		<i>oxybutynin chloride SOLN</i>	P	MP			
KONVOMEK SUSR	NP		<i>oxybutynin chloride TABS 5 MG</i>	P	MP			
OMECLAMOX-PAK	NP		<i>oxybutynin chloride TABS</i>	P				
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC	<i>oxybutynin chloride TB24</i>	P	MP			
<i>omeprazole-sodium bicarbonate PACK</i>	NP		<i>oxybutynin chloride TB24</i>	P	MP			
PYLERA (Use <i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	NP		OXYTROL PTTW	NP	RX/OTC			
TALICIA	NP	QL(3 ea daily)	<i>solifenacin succinate TABS</i>	P	MP			
ZEGERID CAPS (Use <i>omeprazole-sodium bicarbonate</i>)	NP	RX/OTC	<i>tolterodine tartrate CP24</i>	NP	MP			
ZEGERID PACK (Use <i>omeprazole-sodium bicarbonate</i>)	NP		<i>tolterodine tartrate CP24</i>	NP	MP			
ZEGERID PACK 1680 MG-40 MG (Use <i>omeprazole-sodium bicarbonate</i>)	NF		<i>tolterodine tartrate TABS 2 MG</i>	NP	MP			
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			<i>tolterodine tartrate TABS</i>	NP	MP			
			TOVIAZ (Use <i>fesoterodine fumarate</i>)	NP				
			<i>tropium chloride CP24</i>	NP	MP			
			<i>tropium chloride TABS</i>	NP	MP			
			<i>tropium chloride TABS</i>	NP	MP			
			VESICARE LS SUSP	NP	MP			
			VESICARE TABS 10 MG (Use <i>solifenacin succinate</i>)	NF	MP			
			VESICARE TABS (Use <i>solifenacin succinate</i>)	NP	MP			
			URINARY ANTISPASMODICS - Beta-3 Adrenergic Agonists					

Drug Name	Drug Tier	Requirements/Limits
GEMTESA	NP	
MYRBETRIQ SRER	NP	
MYRBETRIQ TB24	NP	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	P	MP
<i>bethanechol chloride</i>	P	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	MP
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BEXSERO	P	
BIOTHRAX	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	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	AL(At least 60 yrs old)
ACAM2000	P	

Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2023-2024 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AREXVY	P	AL(At least 60 yrs old)
COMIRNATY 2023-24 SUSP	P	
COMIRNATY 2023-24 SUSY	P	1 rtl MAX fill; 365 rtl day(s) supply
COMIRNATY SUSP	P	
DENGVAXIA	P	
ENGERIX-B SUSP 20 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply
ENGERIX-B SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply
FLUAD QUADRIVALENT 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUAD QUADRIVALENT 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRIVALENT 2023-2024	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUARIX QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUARIX QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUARIX QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLULAVAL QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUBLOK QUADRIVALENT 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUMIST QUADRIVALENT	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea per fill retail)
FLUBLOK QUADRIVALENT 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE HIGH-DOSE PF 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUBLOK QUADRIVALENT 2023-2024	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE HIGH-DOSE PF 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE HIGH-DOSE PF 2023-2024	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2023-2024 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	MODERNA COVID-19 VACCINE6-11Y SUSP	P	
FLUZONE QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	MODERNA COVID-19 VACCINE6MO-5Y SUSP	P	
GARDASIL 9 SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 9 yrs old - Up to 45 yrs old)	MODERNA COVID-19 VACCINE SUSP	P	
GARDASIL 9 SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 9 yrs old - Up to 45 yrs old)	MODERNA COVID-19 VACCINE SUSP	P	
HAVRIX	P		NOVAVAX COVID-19 VACCINE	P	
HEPLISAV-B SOSY	P	3 rtl MAX fill; 999 rtl day(s) supply	NOVAVAX COVID-19 VACCINE/2023-24	P	
IMOVAX RABIES (H.D.C.V.) SUSR	P		PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	P	
IPOL INACTIVATED IPV	P		PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	P	
IXIARO	P		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	P	
JANSSEN COVID-19 VACCINE	P		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	P	
JYNNEOS	P		PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	P	
M-M-R II SOLR	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	P	
MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	P	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	P	
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y	P		PFIZER-BIONTECH COVID-19VACCINE SUSP	P	
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	P				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIO	P	3 rtl MAX fill; 999 rtl day(s) supply	CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	
PRIORIX SUSR	P		CLEOCIN SUPP	P	
PROQUAD SUSR	P		<i>clindamycin phosphate vaginal CREA</i>	P	
RABAVERT	P		CLINDESSE	NP	
RECOMBIVAX HB SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply	GYNAZOLE-1	NP	
RECOMBIVAX HB SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply	<i>metronidazole vaginal</i>	P	
ROTARIX SUSP	P		<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	
ROTARIX SUSR	P		NUVESSA	NP	
ROTATEQ SOLN	P		<i>terconazole vaginal CREA</i>	P	
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	P		<i>terconazole vaginal SUPP</i>	P	
SHINGRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)	VANDA ZOLE	NP	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P		XACIATO GEL	NP	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	P	1 rtl MAX fill; 365 rtl day(s) supply	Vaginal Contraceptive - pH Modulators		
SPIKEVAX COVID-19 VACCINE SUSP	P		PHEXXI	P	
STAMARIL SUSR	P		Vaginal Estrogens		
TWINRIX SUSY	P		ESTRACE CREA (<i>Use estradiol vaginal</i>)	NP	MP
VAQTA	P		<i>estradiol vaginal CREA</i>	P	MP
VARIVAX INJ	P	2 rtl MAX fill; 999 rtl day(s) supply	<i>estradiol vaginal TABS</i>	NP	MP
YF-VAX INJ	P		ESTRING RING 7.5 MCG/24HR	NP	MP
VAGINAL AND RELATED PRODUCTS			FEMRING	NP	MP
Miscellaneous Vaginal Products			IMVEXXY MAINTENANCE PACK INST	NP	MP
INTRAROSA	NP		IMVEXXY STARTER PACK INST	NP	
TRIMO-SAN	NP		PREMARIN	P	MP
Vaginal Anti-infectives			VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP	MP
			Vaginal Progestins		
			CRINONE GEL	NP	QL(1.125 gm daily)
			ENDOMETRIN INST	P	
			VASOPRESSORS - Drugs to Treat Heart and		

Drug Name	Drug Tier	Requirements/Limits
Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)
AUVI-Q SOAJ 0.1 MG/0.1ML	P	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)
EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)
SYMJEPI SOSY	NP	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	NP	SP
NORTHERA (Use <i>droxidopa</i>)	NP	SP
Vasopressors		
<i>midodrine hcl</i>	P	
<i>midodrine hcl</i>	P	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	P	
<i>cholecalciferol TABS 25 MCG, 400 UNIT, 1000 UNIT</i>	P	
DRISDOL CAPS (Use <i>ergocalciferol</i>)	NF	QL(0.143 ea daily)
D-VI-SOL LIQD OR (Use <i>cholecalciferol</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>ergocalciferol CAPS</i>	P	QL(0.143 ea daily)
<i>vitamin a CAPS 3000 MCG, 10000 UNIT</i>	P	
Water Soluble Vitamins		
<i>ascorbic acid CHEW 500 MG, 500 MG-7.5 MG, 500 MG</i>	P	
<i>ascorbic acid TABS</i>	P	
<i>niacin CPCR 250 MG</i>	P	
<i>niacin CPCR 500 MG</i>	P	MP
<i>niacin TABS 100 MG, 500 MG</i>	P	
<i>niacin TBCR 500 MG</i>	P	
<i>pyridoxine hcl TABS 25 MG, 100 MG</i>	P	
SLO-NIACIN TBCR 500 MG (Use <i>niacin</i>)	NF	
<i>thiamine hcl TABS 50 MG, 100 MG</i>	P	

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acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	ACTIQ LPOP 1600 MCG (Use fentanyl citrate)	7	ADACEL SUSP
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AFINITOR TABS (Use everolimus)	40	AGAMATRIX PRESTO KIT	97	AJOVY SOAJ	213
AFLURIA QUADRIVALENT 2021-2022 SUSP	240	AGAMATRIX PRESTO PRO METER DEVI	97	AJOVY SOSY	213
		AGAMATRIX PRESTO TEST		AKEEGA	40
				AKTEN	229
				AKYNZEO	30
				ALADERM PLUS EMUL	66
				albendazole	12
				ALBENZA (Use albendazole)	12
				albuterol sulfate AERS	15
				albuterol sulfate NEBU 0.083 % ..	15

albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	15	alfuzosin hcl	80	ALOCRIAL	230
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	15	ALGAE BASED CALCIUM TABS	218	ALOE VESTA DAILY MOISTURIZER LOTN (Use dimethicone (topical))	.66
albuterol sulfate SYRP	15	ALHPAMOP FOAM REPLACEMENTPADS MISC	131	alogliptin benzoate	26
albuterol sulfate TABS	15	aliskiren fumarate	36	alogliptin-metformin hcl	24
ALCAINE (Use proparacaine hcl) 229		ALIVE ENERGY 50+ TABS	218	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	24
alclometasone dipropionate CREA	62	ALIVE MENS 50+ TABS	218	ALOMIDE	230
alclometasone dipropionate OINT	.62	ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	218	alose tron hcl	79
ALCOH-GLOVE CONTOURED WIPE	130	ALKINDI SPRINKLE CPSP	56	ALPHAGAN P (Use brimonidine tartrate)	228
ALCOHOL PADS	130	ALL FLOW 1000 PFT FILTER DEVI . 204		ALPHANATE SOLR	81
ALCOHOL PREP PAD	130	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	204	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	81
ALCOHOL PREP PADS	130	ALL FLOW 2000 PFT FILTER DEVI . 204		ALPRAZOLAM INTENSOL CONC	12
ALCOHOL PREPS	130	ALL FLOW 3000 PFT FILTER DEVI . 205		alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	12
ALCOHOL SWABS	130	ALL FLOW 4000 PFT FILTER DEVI . 205		alprazolam TABS 2 MG	12
ALCOHOL SWABSTICKS	130	ALL FLOW 5000 PFT FILTER DEVI . 205		alprazolam TB24	12
ALDACTAZIDE (Use spironolactone & hydrochlorothiazide)	74	ALL FLOW 6000 PFT FILTER DEVI . 205		alprazolam TBDP	12
ALDACTAZIDE	74	ALL FLOW 7000 PFT FILTER DEVI . 205		ALPROLIX	81
ALDACTONE TABS (Use spironolactone)	74	ALL-BODY MASSAGE MISC	131	ALREX SUSP	229
ALDARA (Use imiquimod)	65	ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)	31	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	34
ALECENSA	40	ALLEGRA ALLERGY TABS 60 MG (Use fexofenadine hcl)	31	ALTOPREV TB24 20 MG, 40 MG, 60 MG	33
alendronate sodium SOLN	75	allopurinol	81	ALTRENO LOTN	57
alendronate sodium TABS 10 MG	.75	ALLOPURINOL	81	alum & mag hydrox-simethicone LIQD	11
alendronate sodium TABS 35 MG, 70 MG	75	almotriptan malate	214	alum & mag hydrox-simethicone SUSP	11
ALEVE DIRECT THERAPY TENSDEVICE REFILL GEL PADS MISC	130			ALUMINUM BLANKET SUPPORT2 HEIGHTS MISC	131

ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/RED MISC .. 131	aluminum hydroxide-mag carb SUSP 358 MG/15ML-95 MG/15ML 11	AMEDA CUSTOMFIT BREAST FLANGE/28.5MM/MEDIUM MISC 131
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/ROYAL BLUE MISC .....131	ALUNBRIG TABS .....40 ALUNBRIG TBPK .....40	AMEDA CUSTOMFIT BREAST FLANGE/30.5MM/LARGE MISC . 131
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/YELLOW MISC . 131	ALVESCO 14 alvimopan .....79	AMEDA DIAPHRAGMS MISC ... 131
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLACK MISC 131	amantadine hcl CAPS 42 amantadine hcl SOLN 42	AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM MISC ... 132
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLUE MISC . 131	amantadine hcl TABS .....42 AMARYL (Use glimepiride) 28	AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM/PUMP ADAPTER MISC .....131
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/GREEN MISC 131	AMBER GLASS BOTTLE MISC ..131 AMBER GLASS VIALS 2ML MISC 131	AMEDA DUAL HYGIENIKIT SYSTEM/CUSTOMFIT FLANGES/PUMP ADAPTER MISC 132
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/LIGHT GREEN MISC .....131	AMBER GLASS VIALS 2ML/13MM MISC .....131 AMBER GLASS VIALS 30ML/20MM MISC .....131	AMEDA ELITE BREAST PUMP MISC .....132
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/MIST GRAY MISC .....131	AMBIEN CR TBCR (Use zolpidem tartrate) .....84	AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP MISC 132
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/NATURAL MISC 131	AMBIEN TABS (Use zolpidem tartrate) .....84	AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/DOTTIE TOTE MISC .....132
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/ROYAL BLUE MISC .....131	AMBI-TRAY MISC 97 ambrisentan 52	AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/SHOULDER BAG MISC .. 132
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WHITE MISC 131	amcinonide CREA 62 AMD FOAM DRESSING 4"X4" PADS.....87	AMEDA FLEXISHIELD MISC 132
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WILLOW GREEN MISC .....131	AMD FOAM DRESSING/TOPSHEET 4"X4" PADS .....87 AMEDA ADAPTER CAP MISC ...131	AMEDA MYA JOY DOUBLE ELECTRIC BREAST PUMP MISC 132
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/YELLOW MISC . 131	AMEDA BREAST FLANGE INSERT/22.5MM/SMALL MISC .. 131 AMEDA CUSTOMFIT BREAST FLANGE/25MM/STANDARD MISC 131	AMEDA MYA JOY DOUBLE ELECTRIC BREAST PUMP/LARGE TOTE MISC .....132
ALUMINUM HYDROXIDE SUSP 320 MG/5ML 11		AMEDA ONE-HAND BREAST PUMP/TOTE MISC 132

AMEDA ONE-HAND MANUAL	amlodipine besylate-atorvastatin	MG, 3.75 MG-3.75 MG-3.75 MG-3.75
BREAST PUMP MISC .....132	calcium 10 MG-10 MG, 10 MG-20	MG, 5 MG-5 MG-5 MG-5 MG, 6.25
AMEDA PLATINUM MULTI-USER	MG, 10 MG-40 MG, 10 MG-80 MG,	MG-6.25 MG-6.25 MG-6.25 MG, 7.5
ELECTRIC BREAST PUMP MISC	2.5 MG-20 MG, 2.5 MG-40 MG, 5	MG-7.5 MG-7.5 MG-7.5 MG 1
132	MG-10 MG, 5 MG-20 MG, 5 MG-40	
AMEDA PURELY YOURS	MG, 5 MG-80 MG .....51	amphetamine-dextroamphetamine
BREASTPUMP/HYGIENIKIT MISC	amlodipine besylate-atorvastatin	CP24 12.5 MG-12.5 MG-12.5 MG-
132	calcium 10 MG-20 MG, 2.5 MG-10	12.5 MG, 3.125 MG-3.125 MG-3.125
AMEDA PURELY YOURS DOUBLE	MG, 5 MG-10 MG, 5 MG-20 MG, 5	MG-3.125 MG, 6.25 MG-6.25 MG-
ELECTRIC BREAST PUMP/CARRY	MG-40 MG, 5 MG-80 MG 52	6.25 MG-6.25 MG, 9.375 MG-9.375
ALL MISC .....132	amlodipine besylate-benazepril hcl	MG-9.375 MG-9.375 MG 1
AMEDA PURELY YOURS	35	amphetamine-dextroamphetamine
ELECTRIC BREAST	amlodipine besylate-olmesartan	TABS 1
PUMP/HYGIENIKIT MISC .....132	medoxomil .....35	ampicillin CAPS 500 MG 232
AMEDA SILICONE TUBING MISC	amlodipine besylate-valsartan 35	AMPYRA (Use dalfampridine) ...233
132	amlodipine-valsartan-	AMRIX CP24 (Use cyclobenzaprine
AMEDA TUBING ADAPTER MISC	hydrochlorothiazide .....35	hcl) .....225
132	amoxapine .....23	AMVUTTRA .....235
AMEDA VALVES MISC 132	amoxicillin & pot clavulanate CHEW .	ANAFRANIL (Use clomipramine hcl)
AMELUZ GEL .....61	232	23
AMERGE (Use naratriptan hcl) ..214	amoxicillin & pot clavulanate SUSR	anagrelide hcl 82
AMIELLE RESTORE VAGINAL	232	anastrozole .....40
EXERCISERS MISC .....132	amoxicillin & pot clavulanate TABS	ANCOBON (Use flucytosine) 30
AMIELLE VAGINAL TRAINER MISC	232	ANDRODERM PT24 2 MG/24HR, 4
132	amoxicillin & pot clavulanate TB12	MG/24HR 10
amiloride & hydrochlorothiazide ...74	232	ANDROGEL GEL TD (Use
amiloride hcl TABS .....74	amoxicillin CAPS 231	testosterone) 10
amiodarone hcl TABS .....13	amoxicillin CHEW 125 MG, 250 MG .	ANDROGEL PUMP GEL TD 1.62 %
AMITIZA (Use lubiprostone) 78	231	(Use testosterone) 10
amitriptyline hcl TABS 23	amoxicillin SUSR 231	ANGEL WING BLOOD
AMJEVITA SOAJ 40 MG/0.8ML 4	amoxicillin TABS .....231	COLLECTION
AMJEVITA SOSY 4	amoxicillin-clarithromycin w/	SET/HOLDER/23GX3/4" MISC .. 132
AMLADDEX TABS 222	lansoprazole THPK .....239	ANGEL WING BLOOD
amlodipine besylate TABS .....50	amphetamine sulfate TABS .....1	COLLECTION
	amphetamine-dextroamphetamine	SET/HOLDER/25GX3/4" MISC .. 132
	CP24 1.25 MG-1.25 MG-1.25 MG-	ANGEL WING LUER
	1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5	ADAPTER/TUBE HOLDER
		SET/FEMALE MISC 132

ANGEL WING TRANSFER DEVICE/FEMALE ADAPTER MISC 132	APRISO CP24 (Use mesalamine) .79	ARGYLE TRACHEOSTOMY TUBEHOLDER MISC .....133
ANGEL WING TUBE HOLDER/FEMALE LUER MISC . 132	APTENSIO XR CP24 (Use methylphenidate hcl) 2	ARICEPT TABS 23 MG (Use donepezil hydrochloride) 232
ANGELIQ .....77	APTOM 18	ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride) 232
ANIMAL SHAPES/IRON CHEW . 222	APTIVUS CAPS .....46	ARIKAYCE .....3
ANNOVERA .....55	AQ INSULIN SYRINGE/0.5ML/30G X 5/16" .....166	ARIMIDEX (Use anastrozole) .....40
ANORO ELLIPTA 15	AQ INSULIN SYRINGE/1ML/29G X 1/2" .....166	aripiprazole SOLN OR .....46
ANTARA 30 MG 32	AQ INSULIN SYRINGE/1ML/31G X 5/16" .....166	aripiprazole TABS 46
ANTARA 90 MG (Use fenofibrate micronized) .....33	AQINJECT PEN NEEDLE/31G X 3/16" .....166	aripiprazole TBDP 46
ANTIVERT CHEW (Use meclizine hcl) 30	AQINJECT PEN NEEDLE/32G X 5/32" .....166	ARISTADA 46
ANTIVERT TABS 50 MG (Use meclizine hcl) .....30	AQUALANCE LANCETS ULTRA THIN 30G .....97	ARISTADA INITIO .....46
ANUSOL-HC EX (Use hydrocortisone (rectal)) 11	AQUORAL SOLN .....218	ARIXTRA 10 MG/0.8ML (Use fondaparinux sodium) .....16
ANZEMET TABS 50 MG .....29	ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML .....83	ARIXTRA 2.5 MG/0.5ML (Use fondaparinux sodium) .....16
APEXICON E CREA .....62	ARANESP ALBUMIN FREE SOSY 83	ARIXTRA 5 MG/0.4ML (Use fondaparinux sodium) .....16
APIDRA SOLN .....26	ARAVA (Use leflunomide) .....6	ARIXTRA 7.5 MG/0.6ML (Use fondaparinux sodium) .....16
APIDRA SOLOSTAR SOPN .....26	ARAZLO LOTN 57	armodafinil .....2
APLENZIN .....22	ARCALYST .....4	ARMONAIR DIGIHALER .....14
APNEASTRIP MISC .....132	AREXVY 240	ARMOUR THYROID TABS 236
APOKYN SOCT .....42	arformoterol tartrate 15	ARNUITY ELLIPTA .....14
apomorphine hydrochloride SOCT 42	ARGYLE SARATOGA SUMP DRAIN/20FR/20" MISC .....133	AROMASIN (Use exemestane) ...40
APPLICATOR ACCESSORIES/TAP- N-CLICK SILICONE PAD MULTI- PURPOS MISC .....132	ARGYLE SARATOGA SUMP DRAIN/24FR/20" MISC .....133	ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol) .....5
apraclonidine hcl .....228	ARGYLE SARATOGA SUMP DRAIN/28FR/20" MISC .....133	ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol) .....5
aprepitant CAPS 30		artificial tear solution .....227
aprepitant MISC .....30		ASACOL HD TBEC (Use mesalamine) 79
APRETUDE .....46		

ascorbic acid CHEW 500 MG, 500 MG-7.5 MG, 500 MG	244	LIQD	97	ASSURE II STRP	67
ascorbic acid TABS	244	ASSURE 3 METER KIT	97	ASSURE II TEST STRIPS STRP ..	67
asenapine maleate 2.5 MG, 10 MG 44		ASSURE 3 TEST STRIPS STRP ..	67	ASSURE LANCE LANCETS	98
asenapine maleate 2.5 MG	45	ASSURE 4 BLOOD GLUCOSE METER DEVI	97	ASSURE LANCE LANCETS 21G ..	98
asenapine maleate 5 MG	44	ASSURE 4 CONTROL LEVEL 1/2 LIQD	97	ASSURE LANCE PLUS SAFETYLANCETS 25G	98
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	14	ASSURE 4 TEST STRIPS STRP ..	67	ASSURE LANCE PLUS SAFETYLANCETS 30G	98
ASMANEX HFA AERO 50 MCG/ACT	14	ASSURE COMFORT LANCETS ULTRA THIN 28G	98	ASSURE LANCE SAFETY LANCET 28G	98
ASMANEX TWISTHALER 120 METERED DOSES AEPB	14	ASSURE DOSE NORMAL/HIGH CONTROL SOLN	98	ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	98
ASMANEX TWISTHALER 14 METERED DOSES AEPB	14	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	98	ASSURE PLATINUM TEST STRIPS STRP	67
ASMANEX TWISTHALER 30 METERED DOSES AEPB	14	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	98	ASSURE PRISM CONTROL LEVEL 1/2 SOLN	98
ASMANEX TWISTHALER 60 METERED DOSES AEPB	14	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	98	ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	98
aspirin buffered (cal carb-mag carb- mag oxide)	7	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	98	ASSURE PRISM MULTI TEST STRIPS STRP	68
aspirin CHEW	7	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	98	ASSURE PRO BLOOD GLUCOSE METER DEVI	98
ASPIRIN SUPP 300 MG	7	ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	166	ASSURE PRO CONTROL LEVEL 1/2 LIQD	98
aspirin TABS 325 MG	7	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	166	ASSURE PRO TEST STRIPS STRP ..	68
aspirin TBEC 81 MG, 325 MG	7	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	166	ASTAGRAF XL CP24	217
aspirin-acetaminophen-caffeine TABs	6	ASSURE II CHECK STRIP STRP ..	67	ATACAND (Use candesartan cilexetil)	34
aspirin-dipyridamole	82	ASSURE II CONTROL LEVEL 1 LIQD	98	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	35
ASPRUZYO SPRINKLE PACK	12	ASSURE II CONTROL LEVEL 1/2 LIQD	98	atazanavir sulfate CAPS	46
ASSESS PEAK FLOW METER FULL RANGE	205			ATELVIA TBEC (Use risedronate sodium)	75
ASSESS PEAK FLOW METER LOW RANGE	205				
ASSURE 3 CONTROL LEVEL 1/2					

atenolol & chlorthalidone	35	NEEDLE/32GX6MM	166	PENTIPS/MINI/31GX3/16"	167
atenolol TABS	50	AUM MINI INSULIN PEN NEEDLE/32GX8MM	166	AURYXIA	80
ATIVAN TABS (Use lorazepam) ...	12	AUM MINI INSULIN PEN NEEDLE/33GX4MM	166	AUSTEDO TABS	233
atomoxetine hcl	1	AUM MINI INSULIN PEN NEEDLE/33GX5MM	166	AUSTEDO XR PATIENT TITRATION KIT TEPK	233
ATORVALIQ SUSP	33	AUM MINI INSULIN PEN NEEDLE/33GX6MM	166	AUSTEDO XR TB24	233
atorvastatin calcium TABS	33	AUM MINI INSULIN PEN NEEDLE/33GX5MM	166	AUTOCLAVE ACCESSORIES PRINTER PAPER MISC	133
atovaquone	37	AUM MINI INSULIN PEN NEEDLE/33GX6MM	166	AUTOCLAVE AIR FILTER MISC .	133
atovaquone-proguanil hcl	38	AUM PEN NEEDLE/32GX4MM .	166	AUTOCLAVE PAPER 36" X 36" MISC	133
ATRALIN GEL (Use tretinoin)	57	AUM PEN NEEDLE/32GX5MM .	166	AUTO-LANCET MINI MISC	98
atropine sulfate (ophthalmic) OINT 227		AUM PEN NEEDLE/32GX6MM .	166	AUTO-LANCET MISC	98
atropine sulfate (ophthalmic) SOLN 227		AUM PEN NEEDLE/33GX4MM .	166	AUTOLET II CLINISAFE KIT	98
ATROPINE SULFATE SOLN 1 % 228		AUM PEN NEEDLE/33GX5MM .	166	AUTOLET IMPRESSION LANCING DEVICE MISC	98
ATROVENT HFA	13	AUM PEN NEEDLE/33GX6MM .	166	AUTOLET LANCING DEVICE MISC .	98
AUBAGIO (Use teriflunomide) ...	233	AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	166	AUTOLET LITE CLINISAFE KIT ..	99
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	232	AUM SAFETY PEN NEEDLE/31G X 4MM	166	AUTOLET LITE STARTER PACK KIT	99
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	232	AUM SAFETY PEN NEEDLE/31G X 5MM	166	AUTOLET MINI MISC	99
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 232		AURORA LANCET SUPER THIN30G	98	AUTOLET PLATFORMS MISC ...	99
AUGTYRO	40	AURORA LANCET THIN 23G	98	AUTOLET PLUS MISC	99
AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	166	AURORA PEN NEEDLES 29GX12MM	166	AUTOMATIC BLOOD PRESSUREMONITOR DEVI	89
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	166	AURORA PEN NEEDLES 31G X6MM	166	AUTOPEN DEVI	167
AUM MINI INSULIN PEN NEEDLE/32GX4MM	166	AURORA PEN NEEDLES 31G X8MM	166	AUVELITY	22
AUM MINI INSULIN PEN NEEDLE/32GX5MM	166	AURORA UNIFINE PENTIPS/32GX5/32"	167	AUVI-Q SOAJ 0.1 MG/0.1ML	244
AUM MINI INSULIN PEN		AURORA UNIFINE		AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	244
AUM MINI INSULIN PEN		AURORA UNIFINE		AVALIDE (Use irbesartan- hydrochlorothiazide)	35

AVAPRO (Use irbesartan)	34	azithromycin TABS 500 MG	86	BAFIERTAM	233
AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ...	57	azithromycin TABS 600 MG	86	BALCOLTRA (Use levonorgestrel- ethinyl estradiol-iron)	54
AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) ...	57	AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	218	balsalazide disodium CAPS	79
AVEED SOLN	10	AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (Use phenazopyridine hcl)	81	BALVERSA	41
AVEENO ACTIVE NATURALS SKIN RELIEF GENTLE SCENT LOTN (Use dimethicone (topical))	66	AZOPT (Use brinzolamide)	230	BAMBOO CANE MISC	133
AVODART (Use dutasteride)	80	AZOR (Use amlodipine besylate- olmesartan medoxomil)	35	BANDAGE SCISSORS MISC	133
AVONEX PEN AJKT	233	AZOR 5 MG-40 MG (Use amlodipine besylate-olmesartan medoxomil) ..	35	BAND-AID GAUZE PADS LARGE4" X 4" PADS	87
AVONEX PSKT	233	AZSTARYS	2	BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	87
AVOSTARTGRIP MISC	133	AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	79	BANZEL SUSP (Use rufinamide) ..	18
AVSOLA	79	AZULFIDINE TABS (Use sulfasalazine)	79	BANZEL TABS 200 MG (Use rufinamide)	18
AYGESTIN TABS (Use norethindrone acetate)	232	b complex w/ c TABS	218	BANZEL TABS 400 MG (Use rufinamide)	18
AYR NASAL DROPS SOLN	226	BABY FRIDGE MISC	133	BAQSIMI ONE PACK POWD	25
AYVAKIT	40	bacitracin (ophthalmic)	228	BAQSIMI TWO PACK POWD	25
AZASITE	228	bacitracin (topical) OINT	59	BARACLUDE SOLN	48
azathioprine TABS 50 MG	217	bacitracin zinc OINT	59	BARACLUDE TABS (Use entecavir) .	48
azathioprine TABS 75 MG, 100 MG 217		bacitracin-polymyxin b (ophth) ..	228	BARIATRIC ALUMINUM CANE/OFFSET MISC	133
azelaic acid GEL	66	bacitracin-polymyxin b OINT	59	BASAGLAR KWIKPEN SOPN	26
azelastine hcl (ophth)	230	bacitracin-poly-neomycin-hc	229	BASAGLAR TEMPO PEN SOPN .	26
azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	226	baclofen SOLN OR 5 MG/5ML, 10 MG/5ML	225	BASIC PM TABS	218
azelastine hcl-fluticasone propionate SUSP	226	baclofen SUSP	225	BASIS FACIAL MOISTURIZER CREA	66
AZILECT (Use rasagiline mesylate) .	43	baclofen TABS	225	BASIS OVERNIGHT CREA	66
azithromycin PACK	86	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	37	BATH BENCH WITH BACK MISC	133
azithromycin SUSR	86	BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...	37	BATH/SHOWER SEAT WITH BACK/ADJUSTABLE MISC	133
azithromycin TABS 250 MG	86				

BATH/SHOWER SEAT/ADJUSTABLE MISC	133	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	167	FINE/0.5ML/30G X 12.7MM	167
BATHTUB SAFETY RAIL MISC	133	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	167	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	167
BAXDELA TABS	78	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	167	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 8MM	167
b-complex vitamins TABS	218	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	167	BD INSULIN SYRINGE ULTRAFINE/1/2 UNIT/0.3ML/31G X 8MM	168
b-complex w/ c & calcium	218	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	167	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	168
b-complex w/ c & e + zn	218	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	167	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 12.7MM	168
b-complex w/ c & folic acid TABS	218	BD INSULIN SYRINGE SLIP TIP/U-100/1ML	167	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 8MM	168
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	167	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	167	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	168
BD 3ML LUER-LOK SYRINGE/20G X 1"	167	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	167	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	168
BD ASSIRE BPM/PORTABLE WRISTWATCH STYLE MISC	89	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	167	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	168
BD ASSURE BPM/AUTO INFLATE ARM CUFF MISC	89	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	167	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	168
BD ASSURE BPM/AUTO INFLATE WRIST CUFF MISC	89	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	167	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	168
BD ASSURE BPM/DELUXE AUTO INFLATE ARM CUFF MISC	89	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	167	BD INSULIN SYRINGE/1ML/27G X 12.7MM	168
BD ASSURE BPM/MANUAL INFLATE ARM CUFF MISC	89	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 12.7MM	167	BD INSULIN SYRINGE/1ML/29G X 12.7MM	168
BD AUTOSHIELD DUO 30G X 5MM	167	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	167	BD INSULIN SYRINGE/1ML/29G X 12.7MM	168
BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	167	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 8MM	167	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" ..	168
BD ECLIPSE 23G X 1" NEEDLE	167	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	167	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" ..	168
BD ECLIPSE NEEDLE/23G X 1"	167	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	167		
BD ECLIPSE NEEDLE/25G X5/8"	167				
BD HYPODERMIC NEEDLES 23GX1"	167				
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	167				

BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" .. 168	BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8" .. 168	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" ..169
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" 168	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" 169	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.5ML/31G X 15/64" 169
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8" 168	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ..169	BECONASE AQ 226
BD INTEGRA RETRACTABLE NEEDLE 23G X 1" 168	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" ... 169	BED WEDGE/10" MISC 133
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT 99	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" 169	BED WEDGE/12" MISC 133
BD LOGIC BLOOD GLUCOSE MONITOR KIT 99	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" 169	BED WEDGE/7" MISC 133
BD LUER LOCK SYRINGE/1ML/20G X 1" 168	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..169	BEDSIDE COMMODORE MISC 133
BD MICROTAINER LANCETS 99	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" 169	BELBUCA FILM 10
BD NEEDLE/25G X 5/8" 168	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" 169	BELLADONNA/OPIUM 237
BD PEN MINI MISC 168	BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1" 169	BELSOMRA 84
BD PEN MISC 168	BD SWABS SINGLE USE 133	BENADRYL ALLERGY CAPS (Use diphenhydramine hcl) 31
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM 168	BD SWABS SINGLE USE BUTTERFLY 133	BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) .. 31
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM 168	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM 169	BENADRYL ALLERGY TABS (Use diphenhydramine hcl) 31
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM 168	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM 169	BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl) . 31
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" 168	BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM 169	benazepril & hydrochlorothiazide . 35
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM 168	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM 169	benazepril hcl 34
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM 168	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64" 169	BENEFIBER FOR CHILDREN POWD (Use wheat dextrin) 84
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM 168		BENEFIBER HEALTHY SHAPE POWD (Use wheat dextrin) 84
BD SAFE CLIP NEEDLE CLIPPER MISC 133		BENEFIBER POWD (Use wheat dextrin) 85
		BENEFIX KIT 81
		BENICAR (Use olmesartan medoxomil) 34
		BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ... 35

BENLYSTA SOAJ	217	betamethasone dipropionate augmented GEL 0.05 %	62	BIGFOOT UNITY PEN CAP FOR ADMELOG MISC	99
BENLYSTA SOSY	217	betamethasone dipropionate augmented LOTN	62	BIGFOOT UNITY PEN CAP FOR APIDRA MISC	99
BENSAL HP OINT	65	betamethasone dipropionate augmented OINT	62	BIGFOOT UNITY PEN CAP FOR ASPART MISC	99
BENZACLIN GEL (Use clindamycin phosphate-benzoyl peroxide)	57	betamethasone valerate CREA ...	62	BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC	99
BENZACLIN WITH PUMP GEL (Use clindamycin phosphate-benzoyl peroxide)	57	betamethasone valerate FOAM ...	62	BIGFOOT UNITY PEN CAP FOR FIASP MISC	99
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	57	betamethasone valerate LOTN ...	62	BIGFOOT UNITY PEN CAP FOR HUMALOG MISC	99
BENZNIDAZOLE	12	betamethasone valerate OINT	62	BIGFOOT UNITY PEN CAP FOR LANTUS MISC	99
benzoyl peroxide GEL 5 %, 10 % ..	57	BETAPACE AF (Use sotalol hcl (afib/afll))	50	BIGFOOT UNITY PEN CAP FOR LISPRO MISC	99
benzoyl peroxide LIQD 10 %	58	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	50	BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC	99
benzoyl peroxide-erythromycin GEL . 57		BETASERON KIT	233	BIGFOOT UNITY PEN CAP FOR NOVOLOG MISC	99
benztropine mesylate TABS	42	betaxolol hcl (ophth) SOLN	227	BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC	99
bepotastine besilate	230	betaxolol hcl	50	BIGFOOT UNITY PEN CAP FOR TRESIBA MISC	99
BEPREVE (Use bepotastine besilate)	230	bethanechol chloride	240	BIGFOOT UNITY PEN CAP FOR TOUJEO MISC	99
BERINERT KIT	82	BETHKIS NEBU (Use tobramycin) .	3	BIGFOOT UNITY PROGRAM KIT KIT	99
BESIVANCE	228	BETIMOL	227	BIJUVA 1 MG-100 MG	77
BETADINE OPHTHALMIC PREP 228		BETOPTIC-S SUSP	227	BIKTARVY	46
BETADINE SOLN (Use povidone- iodine)	46	BEUTLICH PH TEST ROLL MISC 133		BILTRICIDE (Use praziquantel) ...	12
betaine	75	BEVESPI AEROSPHERE	15	bimatoprost SOLN	230
betamethasone dipropionate (topical) CREA	62	bexarotene (topical)	61	BIMZELX SOAJ	61
betamethasone dipropionate (topical) LOTN	62	bexarotene	42	BIMZELX SOSY	61
betamethasone dipropionate (topical) OINT	62	BEXSERO	240	BINAXNOW COVID-19 AG CARD	
betamethasone dipropionate augmented CREA	62	BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...	54		
		bicalutamide	40		
		BIDIL (Use isosorbide dinitrate- hydralazine hcl)	52		
		BI-FOCAL MAGNIFIER MISC	133		

HOME TEST KIT	68	BLOOD GLUCOSE MONITORINGSYSTEM 333 DEVI	99	MISC	89
BIOGUARD GAUZE SPONGES		BLOOD GLUCOSE MONITORINGSYSTEM KIT	99	BLOOD PRESSURE MONITOR	
4"X4" 12 PLY PADS	87	BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM		UPPER ARM DEVI	89
BIOLYTE SOLN	215	KIT	99	BLOOD PRESSURE	
BIOSCANNER GLUCOSE TEST		BLOOD GLUCOSE SYSTEM PAK		MONITOR/AUTO ARM DEVI	89
STRIPS STRP	68	KIT	99	BLOOD PRESSURE	
BIOTEL CARE BLOOD GLUCOSE		BLOOD GLUCOSE TEST STRIPS		MONITOR/AUTOMATIC DELUXE	
TEST STRIPS STRP	68	PREMIUM STRP	68	MISC	89
BIOTEL CARE BLOOD		BLOOD GLUCOSE TEST STRIPS		BLOOD PRESSURE	
GLUCOSEMONITORING SYSTEM		STRP	68	MONITOR/AUTOMATIC MISC	90
KIT	99	BLOOD GLUCOSE TEST		BLOOD PRESSURE	
BIOTEL CARE CONNECTED		STRIPS333 STRP	68	MONITOR/AUTOMATIC ULTRA-	
BLOOD GLUCOSE MONITORING		BLOOD PRESSURE		DELUXE MISC	90
SYSTEM KIT	99	KIT/MANUALINFLATE DEVI	89	BLOOD PRESSURE	
BIOTHRAX	240	BLOOD PRESSURE MONITOR		MONITOR/AUTOMATIC WRIST	
bisacodyl SUPP	85	3SERIES DEVI	89	DEVI	90
bisacodyl TBEC	85	BLOOD PRESSURE MONITOR		BLOOD PRESSURE	
bismuth subcitrate potassium-		AUTOMATIC WRIST MISC	89	MONITOR/AUTOMATIC/WRIST	
metronidazole-tetracycline	239	BLOOD PRESSURE MONITOR		DEVI	90
bismuth subsalicylate CHEW 262 MG		AUTOMATIC/ARM DEVI	89	BLOOD PRESSURE	
.....	29	BLOOD PRESSURE MONITOR		MONITOR/BASIC ARM DEVI	90
bismuth subsalicylate SUSP 262		AUTOMATIC/ARM MISC	89	BLOOD PRESSURE	
MG/15ML, 525 MG/15ML, 525		BLOOD PRESSURE MONITOR		MONITOR/DELUXE ARM DEVI ...	90
MG/30ML, 527 MG/30ML, 1050		AUTOMATIC/WRIST DEVI	89	BLOOD PRESSURE	
MG/30ML	29	BLOOD PRESSURE MONITOR		MONITOR/DELUXE ARM MISC ..	90
bismuth subsalicylate TABS	29	AUTOMATIC/WRIST MISC	89	BLOOD PRESSURE	
bisoprolol & hydrochlorothiazide ..	35	BLOOD PRESSURE MONITOR		MONITOR/DELUXE WRIST DEVI	90
bisoprolol fumarate	50	DEVI	90	BLOOD PRESSURE	
BLEPH-10 SOLN (Use sulfacetamide		BLOOD PRESSURE MONITOR		MONITOR/FULLY AUTOMATIC	
sodium (ophth))	228	MISC	90	DEVI	90
BLOOD COLLECTION TUBE		BLOOD PRESSURE MONITOR		BLOOD PRESSURE	
HOLDER/WITH NEEDLE MISC ..	133	MISC	90	MONITOR/PREMIUM ARM DEVI	90
BLOOD COLLECTION TUBE		BLOOD PRESSURE MONITOR		BLOOD PRESSURE	
HOLDER/WITHOUT NEEDLE MISC .	133	PREMIUM ARM DEVI	89	MONITOR/PULSE/DIGITAL/MEMOR	
		BLOOD PRESSURE MONITOR		Y/LCD/MODEL #1060 MISC	90
		PREMIUM ARM/VOICE ASSIST			

BLOOD PRESSURE MONITOR/PULSE/DIGITAL/MEMOR Y/MODEL #1085M MISC .....90	BONJESTA TBCR 30	BREAST PUMP MISC .....134
BLOOD PRESSURE MONITOR/UPPER ARM MISC ....90	BOOSTRIX SUSP 236	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI 205
BLOOD PRESSURE MONITOR/WRIST MISC .....90	BOOSTRIX SUSY 236	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI 205
BLOOD PRESSURE MONITORDIGITAL/AUTO- INFLATION MISC .....90	bosentan TABS 52	BREATHE COMFORT NASAL ASPIRATOR (ELECTRONIC) MISC . 134
BLOOD PRESSURE MONITORDIGITAL/AUTOMATIC MISC .....90	BOSULIF 41	BREATHE COMFORT NASAL IRRIGATOR MISC .....134
BLOOD PRESSURE MONITORDIGITAL/MANUAL INFLATE MISC .....90	BOTTLE 2OZ/BLUE GLASS/DROPPER MISC 133	BREATHE EASE NEBULIZER MASK/CHILD MISC 205
BLOOD PRESSURE MONITORDIGITAL/WRIST MISC .90	BOTTLE ADAPTERS/24MM/PRESS- IN MISC .....133	BREATHE EASE NEBULIZER MASK/INFANT MISC .....205
BLOOD PRESSURE MONITORMANUAL INFLATE MISC . 90	BOTTLE AMBER 16OZ/GRADUATED/OVAL PET/28- 400/CAP MISC 133	BREATHE EASE PEAK FLOW METER 205
BLOOD PRESSURE MONITORMANUAL INFLATE MISC . 90	BOTTLE AMBER 8OZ/GRADUATED/OVAL PET/24- 400/CAP MISC 133	BREATHE EASE PULSE OXIMETER MISC 134
BLOOD PRESSURE MONITORMODEL#1083 MISC ....90	BOTTLE AMBER GLASS 33OZ/BOSTON ROUND/33/430 NECK/RIBBED CAP MISC .....133	BREATHE EASE/LARGE MASK DEVI 205
BLOW MOLDED BATHTUB TRANSFER BENCH MISC .....133	BOTTLE/6OZ/WHITE/HDPE/WITH TWIST TOP SIFTER CAP MISC .133	BREATHE EASE/MEDIUM MASK DEVI 205
BLOW MOLDED BATHTUB TRANSFER BENCH/COMMODE SEAT/PAIL MISC .....133	BOTTLE/AMBER GLASS/500ML/BOSTON RND/BLK PHENOLIC POLYSEAL CA MISC 134	BREATHE EASE/SMALL MASK DEVI 205
BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI 99	BOTTLE/AMBER GLASS/BOSTONROUND/8OZ/BLAC K PHENOLIC CAP MISC .....134	BREATHERRITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI 205
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD ..100	BOTTLE/SPRAY/120ML/CLEARPE PLASTIC MISC 134	BREATHERRITE VALVED MDI CHAMBER/RIGID DEVI .....205
BLULINK GLUCOSE TEST STRIPS STRP .....68	BOTTLETOP DISPENSER 0.25- 2.0ML MISC 134	BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH .....15
BMI DIGITAL SMART SCALE MISC . 133	BOTTLETOP DISPENSER ADAPTER/38MM MISC 134	BREO ELLIPTA 50 MCG/INH-25 MCG/INH .....15
BONIVA TABS (Use ibandronate sodium) .....75	BOULES QUIES EAR PLUGS MISC . 134	BREXAFEMME 30
	BRAFTOVI 75 MG 41	BREZTRI AEROSPHERE .....15

BRILINTA	82	budesonide-formoterol fumarate dihydrate	15	CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	6
brimonidine tartrate (topical)	66	BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))	7	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6
brimonidine tartrate	228	bumetanide TABS 0.5 MG, 1 MG ..	74	butalbital-acetaminophen-caffeine w/ codeine	9
brimonidine tartrate-timolol maleate .	227	bumetanide TABS	74	butalbital-aspirin-caffeine CAPS	6
brinzolamide	230	BUMEX TABS 0.5 MG (Use bumetanide)	74	butalbital-aspirin-caffeine w/cod	9
BRISDELLE (Use paroxetine mesylate (vasomotor))	235	BUPHENYL POWD (Use sodium phenylbutyrate)	75	butorphanol tartrate NA 10 MG/ML 10	
BRIUMVI	233	BUPHENYL TABS (Use sodium phenylbutyrate)	75	BUTRANS PTWK (Use buprenorphine)	10
BRIVIACT SOLN OR 10 MG/ML ..	18	buprenorphine hcl SUBL	10	BYDUREON BCISE AUIJ	26
BRIVIACT TABS	18	buprenorphine hcl-naloxone hcl dihydrate FILM SL	10	BYETTA SOPN	26
BRIXADI SOSY	10	buprenorphine hcl-naloxone hcl dihydrate SUBL	10	BYSTOLIC (Use nebivolol hcl)	50
bromfenac sodium (ophth)	230	buprenorphine PTWK	10	BYSTOLIC 2.5 MG, 5 MG, 20 MG (Use nebivolol hcl)	50
bromocriptine mesylate CAPS	42	bupropion hcl (smoking deterrent) 234		CABENUVA	46
bromocriptine mesylate TABS 2.5 MG	42	bupropion hcl TABS	22	cabergoline	76
BROMSITE	230	bupropion hcl TB12	22	CABOMETYX TABS	41
BRONCHITOL	235	bupropion hcl TB24 150 MG, 300 MG	22	CABTREO	58
BRONCHITOL TOLERANCE TEST .	235	bupropion hcl TB24 450 MG	22	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium)	52
BROVANA (Use arformoterol tartrate)	15	buspirone hcl	12	CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	1
BRUKINSA	41	buspirone hcl 7.5 MG, 30 MG	12	CAFFEINE ANHYDROUS POWD ..	1
BRYHALI LOTN	62	butalbital-acetaminophen CAPS 50 MG-300 MG	6	caffeine citrate SOLN OR	1
BUBBLE POINT TESTER KIT/WIZARD MISC	134	butalbital-acetaminophen TABS 50 MG-300 MG	6	CALAN SR TBCR 120 MG, 240 MG (Use verapamil hcl)	50
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	205	butalbital-acetaminophen TABS 50 MG-325 MG	6	CALAN SR TBCR 180 MG (Use verapamil hcl)	50
budesonide (inhalation) SUSP	14	butalbital-acetaminophen-caffeine			
budesonide (intrarectal)	10				
budesonide CPEP	56				
budesonide TB24	56				

calcipotriene CREA	61	CAL-DAY 1000 TABS	219	CANE TIPS/ICE GRIP TIP MISC	.134
CALCIPOTRIENE FOAM	61	CALQUENCE	41	CANE WITH STRAP/BLACK MISC	134
calcipotriene OINT	61	CAMZYOS	51	CANE WRIST STRAP MISC	134
calcipotriene SOLN	61	CANASA SUPP (Use mesalamine)	79	CANE/ADJUSTABLE/ALUMINUM/R	OUND HANDLE MISC
calcipotriene-betamethasone		candesartan cilexetil	34	CANE/ADJUSTABLE/PAISLEY	MISC
dipropionate OINT	62	candesartan cilexetil-		MISC	134
calcipotriene-betamethasone		hydrochlorothiazide	35	CANE/ALUMINUM/ADJUSTABLE/B	RONZE TONE/STANDARD HANDLE
dipropionate SUSP	62	CANE HOLDER MISC	134	MISC	134
calcitonin (salmon) NA	75	CANE TIPS 3/4" MISC	134	CANE/ALUMINUM/ADJUSTABLE/D	EVON HANDLE MISC
calcitriol (topical)	61	CANE TIPS 7/8" MISC	134	MISC	134
calcitriol CAPS	76	CANE TIPS FOR ALUM/3/4" MISC	134	CANE/ALUMINUM/ADJUSTABLE/LA	DIES HANDLE MISC
calcitriol SOLN OR	76	CANE TIPS FOR WOOD 1" MISC	134	MISC	134
calcium acetate (phosphate binder)		CANE TIPS FOR WOOD 5/8" MISC	134	CANE/ALUMINUM/ADJUSTABLE/O	FFSET HANDLE/7/8" MISC
CAPS	80	CANE TIPS FOR WOOD/3/4" MISC	134	MISC	135
calcium acetate (phosphate binder)		CANE TIPS/1" MISC	134	CANE/ALUMINUM/ADJUSTABLE/O	FFSET HANDLE/BLACK MISC ..
TABS	80	CANE TIPS/3/4" MISC	134	MISC	135
calcium carbonate (antacid) CHEW		CANE TIPS/3/4" QUAD NON-		CANE/ALUMINUM/ADJUSTABLE/O	FFSET HANDLE/VIOLET MISC ..
500 MG, 750 MG, 1000 MG	11	SUCTION MISC	134	MISC	135
calcium carbonate (antacid) SUSP	11	CANE TIPS/5/8" QUAD SUCTION		CANE/ALUMINUM/BLACK/DEVONH	ANDLE/7/8" MISC
calcium carbonate TABS 600 MG,		TYPE MISC	134	MISC	135
1500 MG	215	CANE TIPS/7/8"-1" MISC	134	CANE/ALUMINUM/BRONZE/FOLDI	NG/ORTHO HANDLE/3/4" MISC
calcium carbonate-cholecalciferol		CANE TIPS/BLACK/3/4" MISC	134	MISC	135
TABS	215	CANE TIPS/BLACK/7/8"-1" MISC	134	CANE/ALUMINUM/BRONZE/OFFSE	T HANDLE/CUSH GRIP/WRIST
calcium carbonate-vitamin d w/		CANE TIPS/GREY/3/4" MISC	134	MISC	135
minerals TABS	215	CANE TIPS/GREY/7/8"-1" MISC	134	CANE/ALUMINUM/BRONZE/ORTH	O HANDLE/3/4" MISC
calcium citrate TABS 200 MG	215			MISC	135
calcium citrate-vitamin d TABS 250				CANE/ALUMINUM/BRONZE/YORKH	ANDLE/7/8" MISC
UNIT-200 MG, 250 UNIT-315 MG,				MISC	135
6.25 MCG-200 MG, 6.25 MCG-315					
MG	215				
CALCIUM GLUCONATE SOLN (Use					
calcium gluconate)	215				
calcium gluconate SOLN	215				
calcium polycarbophil TABS	85				

CANE/ALUMINUM/BRONZE-TONE MISC .....135	CANE/ALUMINUM/TELESCOPIC/LA RGE HANDLE/3/4" MISC 135	MISC .....136
CANE/ALUMINUM/FOLDING/36"BL ACK MISC 135	CANE/ALUMINUM/TELESCOPIC/M EDIUM HANDLE/7/8" MISC .....135	CANE/WOOD/MENS STANDARD HANDLE/EBONY FINISH/1" MISC 136
CANE/ALUMINUM/FOLDING/ADJUS TABLE/BLACK MISC .....135	CANE/DESIGNER OFFSET HANDLE MISC 135	CANE/WOOD/MENS STANDARD HANDLE/ROSEWOOD FINISH/1" MISC .....136
CANE/ALUMINUM/FOLDING/ADJUS TABLE/BRONZE/ORTHO HANDLE MISC .....135	CANE/LADY/BRONZE MISC .....135	CANE/WOOD/MENS STANDARD HANDLE/STAINED WALNUT WOOD MISC .....136
CANE/ALUMINUM/FOLDING/ADJUS TABLE/BRONZE-TONE MISC ...135	CANE/MENS MISC .....135	CANE/WOOD/MENS T- HANDLE/BLACK WOOD MISC ..136
CANE/ALUMINUM/FOLDING/BLIND MISC .....135	CANE/OFFSET HANDLE/GREENPAISLEY MISC 135	CANE/WOOD/NATURAL ASH/ROUND HANDLE/1" MISC .136
CANE/ALUMINUM/MED PEWTERBLUE/ORTHO HANDLE/3/4" MISC 135	CANE/ROSEWOOD/1" MISC ....135	CANE/WOOD/NATURAL ASH/ROUND HANDLE/7/8" MISC 136
CANE/ALUMINUM/OFFSET CUSHIONED HANDLE/WRIST STRAP/3/4" MISC .....135	CANE/STANDARD/BLACK HANDLE MISC .....136	CANE/WOOD/ROSEWOOD/1" MISC.....136
CANE/ALUMINUM/OFFSET HANDLE/NO SAFETY LOCKNUT/3/4" MISC .....135	CANE/STANDARD/BRONZE HANDLE MISC 136	CANE/WOOD/STANDARD/BLACKFI NISH/1" MISC 136
CANE/ALUMINUM/OFFSET ORTHO GRIP/BLACK MISC .....135	CANE/T-HANDLE/BLACK & BLUE MISC .....136	CANE/WOOD/STANDARD/BLACKFI NISH/7/8" MISC 136
CANE/ALUMINUM/OFFSET ORTHO HANDLE/WRIST STRAP/3/4" MISC . 135	CANE/WOOD/BLACK/ROUND HANDLE/1" MISC 136	CANE/WOOD/STANDARD/NATURA L FINISH/1" MISC 136
CANE/ALUMINUM/OFFSET ORTHO MISC .....135	CANE/WOOD/BLACK/ROUND HANDLE/7/8" MISC 136	CANE/WOOD/STANDARD/NATURA L FINISH/7/8" MISC 136
CANE/ALUMINUM/ORTHO/BRONZ E MISC .....135	CANE/WOOD/LADIES STANDARDHANDLE/ROSEWOOD FINISH/13/16" MISC .....136	CANE/WOOD/STANDARD/WALNUT 42"LONG MISC .....136
CANE/ALUMINUM/ROUND HANDLE/5/8" MISC 135	CANE/WOOD/LADIES STANDARDHANDLE/STAINED WALNUT FINISH MISC 136	CANE/WOOD/STANDARD/WALNUT FINISH/7/8" MISC 136
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	CANE/WOOD/MENS ROUND HANDLE/ROSEWOOD FINISH	CANE/WOOD/T-

HANDLE/WALNUTFINISH/13/16" MISC	136	carbamazepine)	18	CAREFINE PEN NEEDLES 32GX6MM	169
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CANE/WOOD/WALNUT/PISTOL GRIP DERBY HANDLE/7/8" MISC 136		carbidopa-levodopa TABS	42	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	100
CANE/WOOD/WALNUT/ROUND HANDLE/7/8" MISC	137	carbidopa-levodopa TBCR	43	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT 100	
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CAPLYTA 10.5 MG, 21 MG	44	carbidopa-levodopa-entacapone .	42	CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	68
CAPLYTA 42 MG	43	CARDIZEM CD CP24 (Use diltiazem hcl coated beads)	50	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ...	169
CAPRELSA	41	CARDIZEM LA TB24 (Use diltiazem hcl)	50	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" .	169
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capsaicin CREA 0.075 %	65	CARDURA (Use doxazosin mesylate)	35	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" .	169
captopril & hydrochlorothiazide ...	35	CARDURA 1 MG, 2 MG, 4 MG (Use doxazosin mesylate)	35	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	169
captopril	34	CARDURA 8 MG (Use doxazosin mesylate)	35	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	170
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CARAFATE SUSP (Use sucralfate) 237		CARDURA XL 8 MG	80	CAREONE LANCET THIN	100
CARAFATE TABS (Use sucralfate) 237		CAREFINE PEN NEEDLE 32GX4MM	169	CAREONE UNIFINE PENTIPS 29GX12MM	170
CARBAGLU (Use carglumic acid) 76		CAREFINE PEN NEEDLES 29GX1/2"	169	CAREONE UNIFINE PENTIPS 31GX5MM	170
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CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM170	CARETOUCH ALCOHOL PREP PADS137	CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"170
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carisoprodol TABS 225	cefadroxil SUSR 53	CENTRUM MEN TABS (Use multiple vitamins w/ minerals) 219
CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers)) 76	cefadroxil TABS 53	CENTRUM MEN TABS 219
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WOMENS TABS	219	cetirizine hcl TABS	31	400 UNIT/ML	244
CENTRUM SPECIALIST HEART TABS	219	cevimeline hcl	218	cholecalciferol TABS 25 MCG, 400 UNIT, 1000 UNIT	244
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	219	CHEMET	29	cholestyramine light PACK	32
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CENTRUM WOMEN TABS (Use multiple vitamins w/ minerals)	219	CHEMSTRIP -10 WITH SG	68	cholestyramine POWD	32
cephalexin CAPS	53	CHEMSTRIP 2 GP STRIPS	68	choline fenofibrate	33
cephalexin SUSR	53	CHEMSTRIP 5 OB	68	CIALIS 2.5 MG, 10 MG, 20 MG (Use tadalafil)	52
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CERASPORT EX1 SOLN	215	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	5	ciclopirox olamine CREA	59
CERASPORT SOLN	215	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	5	ciclopirox olamine SUSP	59
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	219	chlordiazepoxide hcl CAPS	12	ciclopirox SHAM	59
CERVICAL PILLOW MISC	137	chlordiazepoxide hcl-clidinium bromide	237	ciclopirox SOLN	59
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CERVICAL PILLOW/COVER MISC 137		chlorhexidine gluconate (mouth- throat)	218	CILOXAN OINT	228
CERVICAL PILLOW/ORTHOPEDIC MISC	137	chloroquine phosphate TABS	38	CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	228
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cetirizine hcl CHEW 5 MG	31	chlorpromazine hcl CONC	45	cimetidine TABS	237
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		chlorthalidone 25 MG, 50 MG	74	CIMZIA STARTER KIT PSKT	79
		chlorzoxazone TABS	225	cinacalcet hcl	76
		CHOLBAM	78	CINIS PREEMIE HALO LARGE MISC	137
		cholecalciferol LIQD OR 10 MCG/ML,		CINIS PREEMIE HALO MEDIUM MISC	137

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CINQAIR	13	CITRANATAL ESSENCE	223	CLEOCIN (Use clindamycin hcl) ..	37
CINRYZE SOLR IV	82	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	223	CLEOCIN CREA (Use clindamycin phosphate vaginal)	243
CIPRO SUSR	78	CITRANATAL MEDLEY	223	CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	37
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	78	CITRUCEL FIBER LAXATIVE POWD (Use methylcellulose (laxative)) ...	85	CLEOCIN SUPP	243
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ciprofloxacin hcl TABS	78	CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	31	CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	101
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	78	CLARITIN CHEW (Use loratadine)	31	CLEVER CHEK AUTO-CODE TEST STRIPS STRP	68
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CITALOPRAM HYDROBROMIDE CAPS	22	CLARITIN REDITABS TBDP (Use loratadine)	31	CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	101
citalopram hydrobromide SOLN ...	22	CLARITIN SOLN (Use loratadine)	31	CLEVER CHEK LANCETS ULTRATHIN	101
citalopram hydrobromide TABS ...	22	CLARITIN TABS (Use loratadine)	31	CLEVER CHEK LANCETS ULTRATHIN 30G	101
CITRACAL + D3 MAXIMUM TABS (Use calcium citrate-vitamin d) ...	215	CLASSICS ROLLING WALKER MISC	137	CLEVER CHEK TEST STRIPS STRP	68
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CITRANATAL ASSURE	223	CLEAR GLASS VIALS 10ML MISC	137		
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CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	101	CLICKFINE PEN NEEDLES 31G X 1/4"	172	clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 % .	58
CLEVER CHOICE GLUCOSE CONTROL LOW LIQD	101	CLICKFINE PEN NEEDLES 31G X 3/16"	172	clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %	58
CLEVER CHOICE HEARING AMPLIFIER MISC	137	CLICKFINE PEN NEEDLES 31G X 5/16"	172	clindamycin phosphate-tretinoin ..	58
CLEVER CHOICE HYDROTHERAPY SYSTEM FOOT BATH MISC	137	CLICKFINE PEN NEEDLES 31G X 8MM	172	CLINDESSE	243
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	101	CLICKFINE PEN NEEDLES 32G X 5/32"	172	CLINERE EARWAX CLEANER MISC	137
CLEVER CHOICE MICRO TESTSTRIPS STRP	68	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	172	CLINERE EARWAX REMOVER MISC	137
CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	101	CLIMARA PRO	77	CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	68
CLEVER CHOICE NO CODING TEST STRIPS STRP	68	CLIMARA PTWK (Use estradiol) ..	77	CLIP & STOR MISC	137
CLEVER CHOICE PEAK FLOW METER	206	CLINDACIN ETZ	58	clobazam SUSP	17
CLEVER CHOICE PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	91	CLINDACIN PAC	58	clobazam TABS	17
CLEVER CHOICE PULSE OXIMETER MISC	137	CLINDAGEL GEL (Use clindamycin phosphate (topical))	58	clobetasol propionate CREA 0.05 % .	63
CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	101	clindamycin hcl	37	clobetasol propionate emollient base 0.05 %	62
CLEVER CHOICE TALK NO CODING TEST STRIPS STRP	68	clindamycin palmitate hydrochloride .	37	clobetasol propionate emulsion ...	62
CLICKFINE PEN NEEDLE 32GX5/32"	172	clindamycin phosphate (topical) FOAM	58	clobetasol propionate FOAM	63
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	172	clindamycin phosphate (topical) GEL	58	clobetasol propionate GEL 0.05 %	63
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	172	clindamycin phosphate (topical) LOTN	58	clobetasol propionate LIQD	63
		clindamycin phosphate (topical) SOLN	58	clobetasol propionate LOTN	63
		clindamycin phosphate (topical) SWAB	58	clobetasol propionate OINT 0.05 %	63
		clindamycin phosphate vaginal CREA	243	clobetasol propionate SHAM	63
		clindamycin phosphate-benzoyl peroxide (refrigerate)	58	clobetasol propionate SOLN 0.05 % .	63
				clocortolone pivalate	63
				CLODAN KIT	63
				CLODERM (Use clocortolone pivalate)	63

clomipramine hcl	23	CODEINE SULFATE TABS	8	COMETRIQ KIT	41
clonazepam TABS	17	COLACE CAPS 100 MG (Use docusate sodium)	86	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	172
clonazepam TBDP	17	COLACE CLEAR CAPS (Use docusate sodium)	86	COMFORT ASSURED LANCETS MICRO THIN 33G	101
clonidine	35	COLAZAL CAPS (Use balsalazide disodium)	79	COMFORT ASSURED LANCETS SUPER THIN 28G	101
clonidine hcl (adhd) TB12	1	colchicine CAPS	81	COMFORT CURVE MASSAGE CUSHION MISC	137
clonidine hcl TABS	35	colchicine TABS	81	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	172
clonidine hcl TB24	35	colchicine w/ probenecid	81	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	172
clopidogrel bisulfate	82	COLCRYS TABS (Use colchicine)	81	COMFORT EZ MICRO/32G X 4MM	172
clorazepate dipotassium TABS	12	colesevelam hcl PACK	32	COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	172
clotrimazole (topical) CREA	59	colesevelam hcl TABS	32	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	172
clotrimazole (topical) SOLN	59	COLESTID FLAVORED GRAN (Use colestipol hcl)	32	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	172
clotrimazole	218	COLESTID FLAVORED PACK (Use colestipol hcl)	32	COMFORT EZ SHORT/31G X 8MM	172
clotrimazole w/ betamethasone CREA	59	COLESTID GRAN (Use colestipol hcl)	32	COMFORT EZ/31G X 5MM	172
clotrimazole w/ betamethasone LOTN	59	COLESTID PACK (Use colestipol hcl)	32	COMFORT EZ/31G X 6MM	172
clozapine TABS	45	COLESTID TABS (Use colestipol hcl)	32	COMFORT FIT FLANGES LARGE MISC	137
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clozapine TBDP	45	colestipol hcl PACK	32	COMFORT MASSAGER/CORDLESS MISC	137
CLOZARIL TABS 25 MG, 100 MG (Use clozapine)	45	colestipol hcl TABS	32	COMFORT PERSONAL CLEANSING CART MISC	137
CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	45	COMAR PRESS-IN BOTTLE ADAPTERS 24MM MISC	137	COMFORT PERSONAL CLEANSING MICROWAVE MISC	
C-NATE DHA CAPS	223	COMBIGAN (Use brimonidine tartrate-timolol maleate)	227		
CO MONITOR DEVI	206	COMBIPATCH PTTW	77		
CO MONITOR REPLACEMENT TPIECES MISC	206	COMBIVENT RESPIMAT AERS	15		
COAGADDEX	81	COMBIVIR (Use lamivudine-zidovudine)	46		
COAGUCHEK LANCETS	101				
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COARTEM	38				
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137	LANCETS PRESSURE ACTIVATED 28G	101	CONDYLOX GEL 0.5 % (Use podofilox)	65
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CURITY GAUZE SPONGES 4"X4" 8		CVS FOLDING CANE GEL GRIP		PROTECTOR MISC	140
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DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	103	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML- 10 MG/5ML	57	DIAL-A-DOSE SYRINGE 15ML/TIPS MISC	140
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DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP	69	diclofenac sodium-capsaicin (topical)	61	DILAUDID LIQD (Use hydromorphone hcl)	8
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diazepam CONC	12	dicloxacillin sodium	232	DILAUDID TABS 8 MG (Use hydromorphone hcl)	8
diazepam SOLN OR 5 MG/5ML ...	13	dicyclomine hcl CAPS	237	diltiazem hcl coated beads CP24 ..	50
diazepam TABS	13	dicyclomine hcl SOLN OR	237	diltiazem hcl CP12	51
diazoxide	25	dicyclomine hcl TABS	237	diltiazem hcl CP24 120 MG	51
dibucaine (rectal) EX	11	DIFLUCAN SUSR (Use fluconazole) .	30	diltiazem hcl CP24 180 MG, 240 MG 51	
dichlorphenamide	74	DIFLUCAN SUSR (Use fluconazole) .	30	diltiazem hcl extended release beads	50
DICLEGIS TBEC (Use doxylamine- pyridoxine)	30	DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	30	diltiazem hcl TABS	51

dimenhydrinate TABS30	DISPENSER BOTTLES	1.5ML/ACTUATOR C/GREEN MISC .
dimethyl fumarate CDPK234	50ML/FOAMER PUMPS MISC ...140	141
dimethyl fumarate CPDR234	DISPENSER MD JAR	DISPENSER MD PUMP
DINAMAP MONITOR PROBE	50ML/AIRLESS/VIEW WINDOW	1.5ML/ACTUATOR C/PINK MISC
COVERS MISC140	MISC140	141
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DIOVAN TABS (Use valsartan) ...34	6.5ML/AIRLESS/CLICK MISC ...140	BOTTLE100ML/VIEW
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DIPROLENE AF CREA (Use betamethasone dipropionate augmented)63	DISPENSER MD PUMP	BOTTLE240ML/VIEW
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	DISPENSER MD PUMP	MISC141
	1.5ML/ACTUATOR C MISC141	DISPENSER MD SYRINGE
	DISPENSER MD PUMP	5ML/VIEW WINDOW/AIRLESS
	1.5ML/ACTUATOR C/BLUE MISC 141	MISC141
	DISPENSER MD PUMP	DISPENSER
	DISPENSER MD PUMP	MEGAPUMP/AIRLESS/OVAL/30ML/ 0.3ML/T-FILL/CAP MISC141
	DISPENSER MD PUMP	DISPENSER

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DISPENSER	divalproex sodium CSDR21	DOVONEX CREA (Use calcipotriene)61
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		fluocinonide emulsified base	63	flurazepam hcl	84
		fluocinonide GEL	63	flurbiprofen sodium	230
		fluocinonide OINT	63	flurbiprofen TABS 100 MG	5
		fluocinonide SOLN	63	flutamide	40
		FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE	230	fluticasone furoate-vilanterol	15
				fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT	

.....	14	2022 SUSY	241	FOLDING WALKER/5" WHEELS/ADULT MISC	144
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fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	14	FLUZONE QUADRIVALENT 2023-2024 SUSY	242	FOLITIN-Z TABS	220
fluticasone propionate hfa 44 MCG/ACT	14	FLYP HYPERSONIQ CARTRIDGE MISC	208	FOLIVANE-OB	223
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fluticasone propionate OINT	63	FML LIQUIFILM SUSP (Use fluorometholone (ophth))	229	fondaparinux sodium 2.5 MG/0.5ML . 17	
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GLASS SERUM BOTTLES/30ML/TYPE 1 MISC ..	145	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	178	GLOBAL INJECT EASE LANCETS 28G	110
GLASS SERUM BOTTLES/5ML/TYPE 1 MISC	145	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	178	GLOBAL INJECT EASE LANCETS 30G	110
GLASS VIAL 2ML MISC	145	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	178	GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"	179
GLASS VIAL AMBER 3ML/13MM/TYPE 1 MISC	145	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	178	GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16"	179
glatiramer acetate SOSY	234	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	178	GLOBAL LANCING DEVICE MISC	110
GLEEVEC (Use imatinib mesylate) 41		GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	178	GLOSTRIPS STRP 1 MG	230
glimpiride	28	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	178	GLUCAGEN HYPOKIT	25
glipizide TABS 5 MG, 10 MG	28	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	178	glucagon (rdna)	25
glipizide TABS	28	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	178	GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	25
glipizide TB24	28	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	178	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	25
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		glipizide)	28
		GLUMETZA TB24 (Use metformin	
		hcl)	25
		glyburide micronized 1.5 MG, 3 MG,	
		6 MG	28

glyburide TABS	28	MONITORING SYSTEM DEVI ...	112	SYRINGES/1ML/30GX5/16"	180
glyburide-metformin	24	GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	112	GNP INSULIN SYRINGES/3ML/31GX5/16"	180
GLYCATE TABS	237	GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	71	GNP LANCETS 21G	112
glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 80.7 %	85	GNP GLUCOSE CHEW	25	GNP LANCETS THIN 26G	112
GLYCERIN ADULT SUPP (Use glycerin (laxative))	85	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	179	GNP LANCING SYSTEM DEVICE MISC	112
glycopyrrolate SOLN OR 1 MG/5ML . 237		GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	179	GNP NAIL CLIPPERS MISC	145
glycopyrrolate TABS 1 MG, 2 MG 237		GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	179	GNP PULSE OXIMETER MISC ..	145
GLYNASE (Use glyburide micronized)	28	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	179	GNP QUICK DISSOLVE GLUCOSE CHEW	25
GLYNASE 3 MG (Use glyburide micronized)	28	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	179	GNP REACHER 32" MISC	145
GLYXAMBI	24	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	179	GNP STERILE LANCETS 28G ..	112
GNP ALCOHOL SWABS	145	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	179	GNP STERILE LANCETS 30G ..	112
GNP ASSORTED COMBS MISC	145	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	179	GNP STERILE LANCETS 33G ..	112
GNP BLOOD PRESSURE MONITOR ADVANCED AUTOMATIC/ARM DEVI	91	GNP INSULIN SYRINGE/1ML/29G X 1/2"	179	GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	112
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	179	GNP INSULIN SYRINGE/1ML/30G X 5/16"	179	GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	112
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	179	GNP INSULIN SYRINGE/1ML/31G X 5/16"	179	GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	71
GNP COTTON SWABS SWAB ..	145	GNP INSULIN SYRINGES/0.3ML/30GX5/16" ...	179	GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..	71
GNP DELUXE PULSE OXIMETER MISC	145	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	180	GNP TRUETRACK SMART SYSTEM STRP	71
GNP DIGITAL WEIGHT SCALE MISC	145	GNP INSULIN SYRINGES/1ML/28GX1/2"	180	GNP TWEEZERS SLANT TIP MISC .	145
GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD ..	111	GNP INSULIN SYRINGES/1ML/29GX1/2"	180	GNP ULTICARE PEN NEEDLES/31GX5/16"	180
GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN ...	111	GNP INSULIN		GNP ULTICARE PEN NEEDLES/32GX 5/32"	180
GNP EASY TOUCH GLUCOSE					

GNP ULTICARE PEN NEEDLES/32GX1/4"	180	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL	112	griseofulvin microsize TABS	30
GNP ULTICARE PEN NEEDLES31G X 5MM	180	GOODSENSE LANCETS ULTRA- THIN 30G	112	griseofulvin ultramicrosize	30
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	180	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL	112	GROOVE ROLLING WALKER MISC 145	
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	180	GOODSENSE LANCING DEVICE MISC	112	guaifenesin LIQD	57
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	180	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	180	guaifenesin SYRP	57
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	180	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	180	guaifenesin TABS 200 MG	57
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	180	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	180	guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML	57
GOCOVRI CP24	43	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	180	guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML	57
GOJJI BLOOD GLUCOSE TESTSTRIPS STRP	71	GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP ..	71	guaifenesin-codeine SYRP	57
GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP	71	GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	112	guanfacine hcl (adhd)	1
GOJJI LANCING DEVICE/CLEAR CAP MISC	112	GRADUATED BOTTLE 2OZ W/CAP MISC	145	guanfacine hcl	35
GOJJI STERILE LANCETS 30G	112	GRADUATED BOTTLE 4OZ W/CAP MISC	145	GUARDIAN 4 GLUCOSE SENSOR . 112	
GOJJI WEIGHT SCALE MISC ...	145	GRALISE TABS 300 MG, 600 MG 234		GUARDIAN 4 TRANSMITTER KIT 112	
GONITRO PACK	12	GRALISE TABS 450 MG, 750 MG, 900 MG	234	GUARDIAN CONNECT TRANSMITTER	112
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	180	granisetron hcl TABS	30	GUARDIAN CONNECT TRANSMITTER KIT	112
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL .	112	GRANIX SOLN	83	GUARDIAN LINK 3 TRANSMITTER KIT	112
GOODSENSE GLUCOSE	25	GRANIX SOSY	83	GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	112
GOODSENSE LANCETS MICRO- THIN 33G	112	griseofulvin microsize SUSP	30	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	112
GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL	112			GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC ...	112

25	HALOG CREA (Use halcinonide) .64	TALKING DEVI .....91
GVOKE HYOPEN 2-PACK SOAJ 25	HALOG OINT 64	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/STANDARD DEVI.....91
GVOKE KIT SOLN .....25	HALOG SOLN 64	
GVOKE PFS SOSY 0.5 MG/0.1ML 25	haloperidol decanoate .....44	
GVOKE PFS SOSY 1 MG/0.2ML .25	haloperidol lactate CONC .....44	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/WOMENS DEVI 91
GYNAZOLE-1 .....243	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG 44	
HADLIMA PUSHTOUCH SOAJ .....4	haloperidol TABS 44	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....180
HADLIMA SOSY 4	HAND HELD SHOWER SPRAY MISC .....145	
HAEGARDA SOLR SC 82	HARMONY BREASTPUMP MISC 145	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....180
HAEMOLANCE 112	HARVONI PACK .....48	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .....180
HAEMOLANCE LOW FLOW LANCETS 113	HARVONI TABS .....48	
HAEMOLANCE PLUS 113	HAVRIX 242	
HAEMOLANCE PLUS HIGH FLOW . 113	HEAD COVERS 24"/BOUFFON CAP/IRRADIATED MISC .....145	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....180
HAEMOLANCE PLUS LOW FLOW . 113	HEAD HALTER OVER DOOR TRACTION SET MISC 145	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 180
HAEMOLANCE PLUS MAX FLOW 113	HEAD HALTER REPLACEMENT FOR TRACTION KIT MISC 145	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 180
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HALCION 0.25 MG (Use triazolam) 84	HEALTH SENSE BLOOD PRESSURE MONITOR/UPPER- ARM DEVI91	HEALTHWISE MINI PEN NEEDLES 31GX6MM180
HALDOL DECANOATE 100 (Use haloperidol decanoate) .....44	HEALTH SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI 91	HEALTHWISE PEN NEEDLES 29GX12MM 180
HALDOL DECANOATE 50 (Use haloperidol decanoate)44	HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT113	HEALTHWISE SHORT PEN NEEDLES 31GX8MM180
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halobetasol propionate OINT64		

NEEDLES/31G X 5/16"	180	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" .	181	H-E-B INCONTROL PEN NEEDLES 29GX12MM	181
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	181	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	181	H-E-B INCONTROL PREMIUM AUTOMATIC BLOOD PRESSURE MONITOR DEVI	92
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	113	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	181	HEELBOOT LARGE MISC	145
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	181	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	181	HEELBOOT LAUNDRY BAG MISC	145
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	181	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	181	HEELBOOT LINER LARGE MISC	145
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	181	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	181	HEELBOOT LINER REGULAR MISC	145
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	181	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	181	HEELBOOT REGULAR MISC ...	145
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	181	H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	113	HEELBOOT WALK PAD MISC ...	145
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G ...	113	H-E-B INCONTROL ALCOHOL PADS	145	HEMADY TABS	56
HEART CHECK BLOOD PRESSURE MONITOR/WRIST DEVI	91	H-E-B INCONTROL DELUXE AUTO WRIST BLOOD PRESSURE MONITOR DEVI	91	HEMANGEOL SOLN OR	50
HEAT THERAPY MISC	145	H-E-B INCONTROL FULLY AUTOMATIC BLOOD PRESSURE MONITOR MISC	92	HEMLIBRA	81
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	181	H-E-B INCONTROL LANCETS MICRO THIN 33G	113	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	81
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	181	H-E-B INCONTROL LANCETS SUPER THIN 30G	113	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	17
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	181	H-E-B INCONTROL LANCETS ULTRA THIN 28G	113	HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	17
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	181			HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	17
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM ...	181			HEPLISAV-B SOSY	242
				HEPSERA (Use adefovir dipivoxil)	48
				HETLIOZ CAPS (Use tasimelteon)	84
				HETLIOZ LQ SUSP	84
				HIBERIX SOLR IJ	240
				HIBICLENS FOOT PEDAL MISC	145

HIBICLENS HAND PUMP/16OZ MISC	145	HM BLOOD PRESSURE MONITORFULLY AUTOMATIC DEVI	92	HUMALOG MIX 75/25 KWIKPEN SUPN	27
HIBICLENS HAND PUMP/32OZ MISC	145	HM COMFORT FOAM EAR PLUGS MISC	146	HUMALOG MIX 75/25 SUSP	27
HIBICLENS HAND PUMP/GALLON MISC	145	HM COMPLETE MEN TABS	220	HUMALOG SOCT	27
HIBICLENS HAND PUMP/NON FOAMING/16OZ MISC	145	HM DELUXE BLOOD PRESSUREMONITOR/WRIST DEVI 92		HUMALOG SOLN IJ	27
HIBICLENS PUMP ASSEMBLY MISC	145	HM STERILE ALCOHOL PREP PADS	146	HUMALOG TEMPO PEN SOPN ..	27
HIBICLENS WALL DISPENSER/FOOT MISC	145	HM STERILE PADS PADS	88	HUMATE-P SOLR	81
HIBICLENS WALL DISPENSER/HAND MISC	145	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	181	HUMATROPE CART IJ	75
HIGH POTENCY MULTIVITAMIN TABS	222	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	181	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	220	HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16") ..	181	HUMIRA PEN PNKT	4
HIP/FRACTURE RAISED TOILET SEAT/LEFT MISC	145	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	181	HUMIRA PEN-CD/UC/HS STARTER PNKT	4
HIP/FRACTURE RAISED TOILET SEAT/RIGHT MISC	146	HOME STYLE BED RAILS MISC	146	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4
HIPREX (Use methenamine hippurate)	38	HORIZANT	234	HUMIRA PEN-PS/UV STARTER PNKT	4
HM ADVANCED BLOOD PRESSURE MONITOR AUTOMATIC DEVI	92	HOT-COLD THERAPY MISC	146	HUMIRA PSKT	4
HM AUTOMATIC BLOOD PRESSURE MONITOR DELUXE DEVI	92	HULIO AJKT	4	HUMIRA PSKT	4
HM BLOOD PRESSURE MONITOR/MANUAL INFLATION DEVI	92	HULIO PSKT	4	HUMULIN 70/30 KWIKPEN SUPN	27
HM BLOOD PRESSURE MONITOR/SERIES 200/ARM DEVI 92		HUMALOG JUNIOR KWIKPEN SOPN	26	HUMULIN 70/30 SUSP	27
		HUMALOG KWIKPEN SOPN 100 UNIT/ML	27	HUMULIN N KWIKPEN SUPN	27
		HUMALOG KWIKPEN SOPN 200 UNIT/ML	27	HUMULIN N SUSP	27
		HUMALOG MIX 50/50 KWIKPEN SUPN	27	HUMULIN R SOLN IJ	27
		HUMALOG MIX 50/50 SUSP	27	HUMULIN R U-500 (CONCENTRATED) SOLN SC	27
				HUMULIN R U-500 KWIKPEN SOPN SC	27
				HURRICAINA DISPENSING CAP MISC	146
				HURRICAINA LIQUID DISPENSER MISC	146
				HURRICAINA SPRAY EXTENSION TUBES MISC	146

HURRIPAK PERIODONTAL ANESTHETIC REFILL KIT MISC	146	hydrocodone bitartrate T24A	8	HYDROMORPHONE HCL SUPP	8
HURRIPAK PERIODONTAL IRRIGATION TIPS MISC	146	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9	hydromorphone hcl TABS 2 MG, 4 MG	8
HURRYCANE FREEDOM EDITIONCANE/BLACK MISC	146	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	9	hydromorphone hcl TABS 8 MG	8
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	113	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9	hydromorphone hcl TB24	8
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	71	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	9	hydroxychloroquine sulfate	38
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	113	hydrocortisone (intrarectal)	10	hydroxyurea	42
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	113	hydrocortisone (rectal) EX	11	hydroxyzine hcl SYRP	12
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	71	hydrocortisone (topical) CREA 1 %, 2.5 %	64	hydroxyzine hcl TABS 50 MG	12
HYCAMTIN CAPS	42	hydrocortisone (topical) LOTN 2.5 %	64	hydroxyzine hcl TABS	12
HYCLODEX	66	hydrocortisone (topical) OINT 1 %, 2.5 %	64	hydroxyzine pamoate CAPS	12
hydralazine hcl TABS	36	hydrocortisone butyrate CREA	64	HYFTOR	65
HYDRALYTE FREEZER POPS SOLN	215	hydrocortisone butyrate hydrophilic lipo base	64	HYLATOPIC PLUS CREA	66
HYDRALYTE SOLN	215	hydrocortisone butyrate LOTN	64	HYLAZINC TABS	220
HYDREA (Use hydroxyurea)	42	hydrocortisone butyrate OINT	64	hyoscyamine sulfate ELIX	237
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	88	hydrocortisone butyrate SOLN	64	hyoscyamine sulfate SOLN OR 0.125 MG/ML	237
HYDROCELL DRESSING 4"X4" PADS	88	HYDROCORTISONE COMPLETE KIT	64	hyoscyamine sulfate SUBL 0.125 MG	237
HYDROCERIN CREA	66	hydrocortisone TABS	56	hyoscyamine sulfate TABS 0.125 MG	237
hydrochlorothiazide CAPS	74	hydrocortisone valerate CREA	64	hyoscyamine sulfate TB12 0.375 MG 237	
hydrochlorothiazide TABS	74	hydrocortisone valerate OINT	64	hyoscyamine sulfate TBDP 0.125 MG	237
HYDROCIL INSTANT POWD (Use psyllium)	85	hydrocortisone w/acetic acid	231	HYPERRHO S/D MINI-DOSE SOSY IM	231
hydrocodone bitartrate CP12	8	hydromorphone hcl LIQD	8	HYPERRHO S/D SOSY IM 1500 UNIT	231
				HYPOCYN SOLN	66
				HYPODERMIC NEEDLE 23GX1" 181	
				HYPODERMIC NEEDLE 25GX5/8"	

181	ibuprofen SUSP 40 MG/ML, 50	ILLUSIONS C WEIGHTED OFFTHE
HYPODERMIC NEEDLES 23GX1"	MG/1.25ML5	SHELF BREAST PROSTHESIS
181	ibuprofen TABS 400 MG5	FORM MISC146
HYPODERMIC NEEDLES 25GX5/8"	ibuprofen TABS 600 MG5	ILUMYA61
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HYRIMOZ PEDIATRIC	MISC146	imipramine pamoate24
CROHNSDISEASE STARTER PACK	ICY DIAMOND TOTE NON	imiquimod 3.75 %65
SOSY4	GENUINE LEATHER MISC146	imiquimod 5 %65
HYRIMOZ PEDIATRIC	ICY HOT SMART RELIEF TENS	IMITREX 5 MG/ACT, 20 MG/ACT
CROHN'SDISEASE STARTER	THERAPY REFILL PADS MISC .146	(Use sumatriptan)214
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HYRIMOZ PLAQUE	IDACIO PSKT4	(Use sumatriptan succinate)214
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HYVEE ADVANCED ANTACID	IDHIFA41	IMODIUM A-D CAPS (Use
MAXIMUM STRENGTH SUSP (Use	IGLUOSE BLOOD GLUCOSE	loperamide hcl)29
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HY-VEE GLUCOSE25	IGLUOSE BLOOD GLUCOSE	loperamide hcl)29
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HY-VEE THIN LANCETS113	IHEALTH COVID-19	242
HYZAAR (Use losartan potassium &	ANTIGENRAPID TEST KIT71	IMURAN TABS (Use azathioprine)
hydrochlorothiazide)36	ILARIS SOLN4	217
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IBRANCE CAPS41	ILLUSIONS AA WEIGHTED	INST243
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IN TOUCH BLOOD GLUCOSE TEST STRIPS STRP	71	indomethacin SUPP	5	MISC	146
IN TOUCH DEVI	113	INFANRIX	236	INHALATION VIAL W/CAP/ORANGE/3.5ML STOCKWELL MISC	146
IN TOUCH GLUCOSE CONTROLSOLUTION SOLN	113	INFANTS ADVIL SUSP (Use ibuprofen)	5	INHALATION VIAL W/CAP/RED/3.5ML STOCKWELL MISC	146
IN TOUCH LANCING DEVICE MISC 113		INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	113	INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL MISC	146
IN TOUCH STERILE LANCETS30G 113		INFINITY BLOOD GLUCOSE TEST STRIPS STRP	71	INHALATION VIAL W/CAP/YELLOW/3.5ML STOCKWELL MISC	146
INBRIJA CAPS	43	INFINITY VOICE KIT	113	INHALATION VIAL W/O CAP/AMBER/3.5ML STOCKWELL MISC	146
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	208	INFINITY VOICE STRP	71	INLYTA	39
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	208	INFLATABLE CUSHION/VINYL MISC	146	INNOPRAN XL	50
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	208	INFLATABLE NECK REST MISC 146		INNOSPIRE REPLACEMENT FILTER MISC	208
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	181	INFLECTRA	79	INPEN 100/BLEU/LILLY/HUMALOG DEVI	181
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	181	INFLIXIMAB	79	INPEN 100/BLEU/NOVOLOG/FIASP DEVI	182
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	181	INGREZZA CAPS	233	INPEN 100/GREY/LILLY/HUMALOG DEVI	182
INCRELEX	75	INGREZZA CPPK	233	INPEN 100/GREY/NOVOLOG/FIASP DEVI	182
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indapamide TABS 1.25 MG, 2.5 MG . 74		INHALATION VIAL CAP/GREEN MISC	146	INPEN 100/PINK/NOVOLOG/FIASP DEVI	182
INDERAL LA CP24 (Use propranolol hcl)	50	INHALATION VIAL CAP/ORANGE MISC	146	INQOVI	40
INDERAL XL	50	INHALATION VIAL CAP/RED MISC . 146		INREBIC	41
INDICATOR/BIOLOGICAL TEST KIT/SPORVIEW STEAM KIT	146	INHALATION VIAL CAP/WHITE MISC	146	INSPIREASE DRUG DELIVERYSYSTEM MISC	208
indomethacin CAPS 25 MG, 50 MG 5		INHALATION VIAL CAP/YELLOW MISC	146		
indomethacin CPCR	5	INHALATION VIAL W/CAP/BLUE/3.5ML STOCKWELL MISC	146		
		INHALATION VIAL W/CAP/GREEN/3.5ML STOCKWELL			

INSUPRA (Use eplerenone)	36	5/16"	182	100/0.5ML/29G X 1/2"	182
INSUL-CAP MISC	113	INSULIN SYRINGE/0.3ML/31G X 5/16"	182	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	182
INSUL-EZE MISC	113	INSULIN SYRINGE/0.5ML/27G X 1/2"	182	INSULIN SYRINGE/U-100/1ML/30G X 5/16"	182
INSULIN ASPART FLEXPEN SOPN . 27		INSULIN SYRINGE/0.5ML/28G X 1/2"	182	INSULIN SYRINGE/U-100/1ML/31G X 5/16"	182
INSULIN ASPART PENFILL SOCT 27		INSULIN SYRINGE/0.5ML/30G X 5/16"	182	INSULIN SYRINGES 0.3ML/31G X 1/4"	182
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	27	INSULIN SYRINGE/0.5ML/31G X 5/16"	182	INSULIN SYRINGES 0.5ML/31G X 1/4"	182
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	27	INSULIN SYRINGE/1ML/28G X 1/2" 182		INSULIN SYRINGES/U- 100/0.5ML/27GX1/2"	183
INSULIN ASPART SOLN IJ	27	INSULIN SYRINGE/1ML/29G X 1/2" 182		INSULIN SYRINGES/U- 100/0.5ML/28GX1/2"	183
INSULIN DEGLUDEC FLEXTOUCH SOPN	27	INSULIN SYRINGE/1ML/30G X 5/16"	182	INSULIN SYRINGES/U- 100/0.5ML/29GX1/2"	183
INSULIN DEGLUDEC SOLN	27	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	182	INSULIN SYRINGES/U- 100/0.5ML/30GX5/16"	183
INSULIN GLARGINE SOLN	27	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	182	INSULIN SYRINGES/U- 100/0.5ML/31GX5/16"	183
INSULIN GLARGINE SOLOSTAR SOPN	27	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	182	INSULIN SYRINGES/U- 100/1ML/27GX1/2"	183
INSULIN GLARGINE-YFGN SOLN 27		INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	182	INSULIN SYRINGES/U- 100/1ML/28GX1/2"	183
INSULIN GLARGINE-YFGN SOPN 27		INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	182	INSULIN SYRINGES/U- 100/1ML/29GX1/2"	183
INSULIN LISPRO JUNIOR KWIKPEN SOPN	27	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	182	INSULIN SYRINGES/U- 100/1ML/30GX1/2"	183
INSULIN LISPRO KWIKPEN SOPN . 27		INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	182	INSULIN SYRINGES/U- 100/1ML/31GX5/16"	183
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	27	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	182	INSUPEN 29G X 12MM	183
INSULIN LISPRO SOLN IJ	27	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	182	INSUPEN 31G X 5MM	183
INSULIN SYRINGE 1ML/31G X1/4" . 182		INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	182	INSUPEN 31G X 8MM	183
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INSUPEN 33GX4MM	183	I POL INACTIVATED IPV	242	ISTALOL SOLN (Use timolol maleate (ophth))	227
INSUPEN PEN NEEDLES 32G X4MM	183	ipratropium bromide (nasal) 0.03 %	226	ISTURISA	75
INSUPEN SENSITIVE 32GX6MM 183		ipratropium bromide (nasal) 0.06 %	226	ITOUCH SURE MISC	147
INSUPEN SENSITIVE 32GX8MM 183		ipratropium bromide SOLN 0.02 %	13	itraconazole CAPS	30
INSUPEN ULTRAFIN 30GX8MM 183		ipratropium-albuterol SOLN	15	itraconazole SOLN	30
INSUPEN ULTRAFIN 31GX6MM 183		irbesartan	34	ivermectin (pediculicide)	67
INSUPEN ULTRAFIN 31GX8MM 183		irbesartan-hydrochlorothiazide	36	ivermectin (rosacea)	66
INTELENCE (Use etravirine)	47	IRESSA (Use gefitinib)	39	ivermectin	12
INTELENCE	47	ISENTRESS CHEW	47	IXIARO	242
INTELISWAB COVID-19 RAPID TEST KIT	71	ISENTRESS HD TABS	47	IXINITY SOLR	81
INTRALIPID 20 GM/100ML	227	ISENTRESS PACK	47	IYUZEH SOLN	230
INTRAROSA	243	ISENTRESS TABS	47	J & J GAUZE 4"X4" 12 PLY PADS	88
INTUNIV (Use guanfacine hcl (adhd))	2	isoniazid SYRP	38	J & J GAUZE 4"X4" 8 PLY PADS	88
INVEGA 1.5 MG (Use paliperidone)	44	isoniazid TABS	38	J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	88
INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	44	isopropyl alcohol (skin cleanser) MISC	66	J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	88
INVEGA HAFYERA	44	ISOPTO CARPINE SOLN 1 %, 2 % (Use pilocarpine hcl)	228	J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	88
INVEGA SUSTENNA	44	ISORDIL TITRADOSE TABS (Use isosorbide dinitrate)	12	J & J TOURNIQUET 36"X3/4" MISC	147
INVEGA TRINZA	44	isosorbide dinitrate TABS	12	JADENU SPRINKLE PACK (Use deferasirox)	29
INVELTYS SUSP	229	isosorbide dinitrate-hydralazine hcl	52	JADENU TABS (Use deferasirox)	29
INVOKAMET TABS	24	isosorbide mononitrate TABS	12	JAKAFI	41
INVOKAMET XR TB24	24	isosorbide mononitrate TB24	12	JALYN (Use dutasteride-tamsulosin hcl)	81
INVOKANA	28	isotretinoin	58	JANSSEN COVID-19 VACCINE	242
IOPIDINE	228	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	58	JANUMET TABS	24
		isoxsuprine hcl	52	JANUMET XR TB24	24
		isradipine CAPS	51	JANUVIA	26

JAR/8OZ/WHITE LID MISC	147	KALBITOR	82	KERLIX SPONGES 4" X 4" 16 PLY PADS	88
JARDIANCE	28	KALETRA SOLN (Use lopinavir- ritonavir)	47	KERYDIN (Use tavaborole)	60
JAYPIRCA	41	KALETRA TABS (Use lopinavir- ritonavir)	47	KESIMPTA	234
JENTADUETO TABS	24	KALYDECO PACK	235	ketoconazole (topical) CREA	60
JENTADUETO XR TB24	24	KALYDECO TABS	235	ketoconazole (topical) FOAM	60
JESDUVROQ	83	KAMELEON LUBRICATED MISC	94	ketoconazole (topical) SHAM 2 %	60
JIVI	81	KANESON BREAST PUMP/NURSER MISC	147	ketoconazole	30
JOENJA	217	KANGAROO RIGID CONTAINERPUMP SET 1200ML MISC	147	KETODAN KIT	60
JOHNSON & JOHNSON ANTISEPTIC WIPES MISC	147	KAPSPARGO SPRINKLE CS24	50	KETONE STRP	71
JOHNSON & JOHNSON INSTANTCOLD PACK MISC	147	KATERZIA	51	KETONE TEST STRIPS STRP	71
JOHNSONS SAFETY SWABS SWAB	147	KAZANO (Use alogliptin-metformin hcl)	24	ketoprofen CAPS 50 MG, 75 MG	5
JORNAY PM CP24 20 MG, 40 MG	2	KEGEL BALL TRAINER MISC	147	ketoprofen CP24	5
JORNAY PM CP24 60 MG, 80 MG, 100 MG	2	KEGEL FIT MISC	147	ketorolac tromethamine (ophth)	230
JOURNEY SERIES ROLLING WALKER/4205BL-R/BLUE MISC	147	KEGEL TONER PELVIC FLOORTRAINER MISC	147	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	5
JOURNEY SERIES ROLLING WALKER/4205RD/RED MISC	147	KENALOG AERS (Use triamcinolone acetoneide (topical))	64	ketorolac tromethamine TABS	5
JUBLIA	60	KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	88	KETOSTIX STRP	71
JUG AMBER GLASS 4L/POLYSEAL CAP/LONG MISC	147	KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	18	KEVEYIS (Use dichlorphenamide) 74	
JULUCA	47	KEPPRA TABS (Use levetiracetam)	18	KEVZARA SOAJ	4
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	33	KEPPRA XR TB24 (Use levetiracetam)	18	KEVZARA SOSY	5
JYNARQUE TABS	77	KERENDIA	76	KEYLOSA TABS	220
JYNARQUE TBPK	77	KERLIX SPONGES 4" X 4" 12 PLY PADS	88	KIMONO COLORS DEVI	94
JYNNEOS	242			KIMONO LUBRICATED MISC	94
KABOITI ICE MISC	147			KIMONO MICRO THIN MISC	94
KABOITI LARGE MISC	147			KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	94
KABOITI MISC	147			KIMONO PLUS SPERMICIDE LUBRICATED MISC	94
				KIMONO PLUS	

SPERMICIDE/LUBRICATED MISC 94	KLARON (Use sulfacetamide sodium (acne)) .....58	KRAZATI 41
KIMONO PS LUBRICATED MISC .94	KLONOPIN TABS (Use clonazepam) .....18	KRINTAFEL .....38
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 94	KLOXXADO LIQD .....29	KROGER AUTOLET LANCING DEVICE MISC .....114
KIMONO SENSATION LUBRICATED MISC .....94	KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G .....183	KROGER BLOOD GLUCOSE MONITORING KIT KIT .....114
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 94	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G .....183	KROGER BLOOD GLUCOSE TESTSTRIPS STRP .....71
KIMONO SPECIAL DEVI .....94	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G .....183	KROGER BLOOD PRESSURE MONITOR/AUTOMATIC DEVI 92
KINDERLYTE PREMAX SOLN .. 215	KMART VALU PLUS INSULIN SYRINGE/1ML/29G .....183	KROGER BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI .92
KINDERLYTE SOLN 215	KMART VALU PLUS INSULIN SYRINGE/1ML/30G .....183	KROGER BLOOD PRESSURE MONITOR/PREMIUM AUTOMATIC DEVI 92
KINERET SOSY 4	KOATE SOLR .....82	KROGER GLUCOSE 25
KINNEY LANCETS 113	KOATE-DVI SOLR 1000 UNIT 82	KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD 114
KINNEY THIN LANCETS .....114	KOGENATE FS KIT .....82	KROGER HEALTHPRO GLUCOSETEST STRIPS STRP ..71
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" .....183	KOMBIGLYZE XR (Use saxagliptin- metformin hcl) .....24	KROGER HEALTHPRO TWIST LANCETS/26G .....114
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" .....183	KONSYL DAILY FIBER PACK 100 %85	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" 183
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" .....183	KONSYL DAILY FIBER POWD (Use psyllium) .....85	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ...183
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" 183	KONSYL ORIGINAL DAILY FIBER PACK .....85	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" ...183
KINRIX SUSY .....236	KONVOMEPEP SUSR 239	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" 183
KISQALI .....41	KORLYM 25	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ...183
KISQALI FEMARA 200 DOSE ....40	KOSELUGO .....41	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" ...183
KISQALI FEMARA 400 DOSE ....40	KOVALTRY .....82	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ...183
KISQALI FEMARA 600 DOSE ....40	K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS 220	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" ...183
KITABIS PAK NEBU (Use tobramycin) .....3	K-PHOS NO 2 .....80	KROGER INSULIN

SYRINGE/1ML/29G X 1/2"	183	114	12 %	65
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	184	KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP ..	71	lactulose (encephalopathy)
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	184	K-TAB TBCR (Use potassium chloride)	216	LADYCARE MENOPAUSE MISC 147
KROGER LANCETS	114	KUVAN PACK (Use sapropterin dihydrochloride)	76	LAGEVRIO
KROGER LANCETS 21G	114	KUVAN TABS (Use sapropterin dihydrochloride)	76	LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine)
KROGER LANCETS MICRO THIN33G	114	K-Y ME & YOU EXTRA LUBRICATED DEVI	94	LAMICTAL ODT KIT (Use lamotrigine)
KROGER LANCETS SUPER THIN 114		K-Y ME & YOU INTENSE DEVI ...	94	LAMICTAL ODT KIT
KROGER LANCETS THIN	114	L.O.S. YANKAUER HOLDER MISC 147		LAMICTAL ODT TBDP (Use lamotrigine)
KROGER LANCETS THIN 26G ..	114	LAB COAT/DISPOSABLE MISC ..	147	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine)
KROGER LANCETS ULTRATHIN30G	114	LAB COAT/DISPOSABLE/LARGE MISC	147	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine) 19
KROGER LANCING DEVICE MISC 114		LAB COAT/DISPOSABLE/MEDIUM MISC	147	LAMICTAL STARTER/TAKING VALPROATE KIT (Use lamotrigine) 19
KROGER PEN NEEDLES 29G X12MM	184	LAB COAT/DISPOSABLE/SMALL MISC	147	LAMICTAL TABS (Use lamotrigine) 19
KROGER PEN NEEDLES 31G X8MM	184	LAB COAT/DISPOSABLE/X-LARGE MISC	147	LAMICTAL XR KIT
KROGER PEN NEEDLES 31GX1/4"	184	LAB COAT/DISPOSABLE/XX-LARGE MISC	147	LAMICTAL XR TB24 (Use lamotrigine)
KROGER PEN NEEDLES/31G X1/4"	184	labetalol hcl TABS	50	LAMISIL AT CREA (Use terbinafine hcl (topical))
KROGER PEN NEEDLES/31G X3/16"	184	lacosamide SOLN OR 10 MG/ML ..	18	LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))
KROGER PEN NEEDLES/31G X5/16"	184	lacosamide TABS	18	lamivudine (hbv) TABS
KROGER PEN NEEDLES/32G X5/32"	184	LACRISERT	227	lamivudine SOLN
KROGER PEN NEEDLES/33G X5/32"	184	LACTAID TABS (Use lactase)	73	lamivudine TABS
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT		lactase TABS 3000 UNIT	73	
		lactic acid (ammonium lactate) CREA	65	
		lactic acid (ammonium lactate) LOTN		

lamivudine-zidovudine	47	MISC	147	SYRINGE/0.3ML/30G X 5/16"	184
lamotrigine CHEW	19	LANSINOH MANUAL BREAST PUMP MISC	147	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	184
lamotrigine KIT	19	LANSINOH POSTPARTUM WASHBOTTLE MISC	147	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	184
lamotrigine TABS	19	LANSINOH PUMP ADAPTERS MISC	147	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	184
lamotrigine TB24	19	LANSINOH SMART PUMP TOTE BAGS MISC	147	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	184
lamotrigine TBDP	19	LANSINOH SMARTPUMP 2.0 MISC	147	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	184
LAMPIT	37	LANSINOH SMARTPUMP DOUBLEELECTRIC BREAST PUMP MISC	147	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	184
LANCET DEVICE ADJUSTABLE MISC	114	LANSINOH SMARTPUMP DOUBLEELECTRIC MISC	147	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	184
LANCET DEVICE WITH EJECTOR MISC	114	LANSINOH SMARTPUMP DOUBLEELECTRIC MISC	147	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	184
LANCET TRANSPORTER CASE MISC	114	lansoprazole CPDR	238	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	184
LANCETS	114	lansoprazole TBDD	238	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	184
LANCETS 30G	114	lanthanum carbonate CHEW	80	LEADER QUICK DISSOLVE GLUCOSE CHEW	26
LANCETS 30G TWIST TOP	114	LANTUS SOLN	27	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	184
LANCETS 30G/TWIST TOP	114	LANTUS SOLOSTAR SOPN	27	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	184
LANCETS 33G EXTRA FINE	114	LANZO MISC	114	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	184
LANCETS 33G UNIVERSAL DESIGN	114	lapatinib ditosylate	41	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	184
LANCETS MICRO THIN 33G	114	LASIX TABS (Use furosemide)	74	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	184
LANCETS SUPER THIN 28G	114	latanoprost SOLN	230	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	184
LANCETS THIN	114	LATCH ASSIST NIPPLE EVERTER MISC	147	LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	184
LANCETS ULTRA THIN	114	LATUDA (Use lurasidone hcl)	44	LEDIPASVIR/SOFOSBUVIR TABS	48
LANCETS ULTRA THIN 30G	114	LEADER ADVANCED LANCING DEVICE MISC	114	leflunomide	6
LANCING DEVICE MISC	114	LEADER GLUCOSE 6 MG-4 GM	26	LEMTRADA	234
LANREOTIDE ACETATE	77	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	184		
LANSINOH BREASTFEEDING PILLOW MISC	147	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	184		
LANSINOH BREASTMILK COLLECTOR MISC	147				
LANSINOH EXTRA PUMPING SET					

lenalidomide	217	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	76	LEXIVA TABS (Use fosamprenavir calcium)	47
LENVIMA 10 MG DAILY DOSE ...	39	levocarnitine (metabolic modifiers) TABS	76	LIALDA TBEC (Use mesalamine) .	79
LENVIMA 12MG DAILY DOSE ...	39	levofloxacin SOLN OR	78	LIBERTY BLOOD GLUCOSE METER DEVI	114
LENVIMA 14 MG DAILY DOSE ...	39	levofloxacin TABS	78	LIBERTY CONTROL SOLUTION HIGH SOLN	115
LENVIMA 18 MG DAILY DOSE ...	39	levonorgestrel & eth estradiol TABS 54		LIBERTY GLUCOSE CONTROL MID SOLN	115
LENVIMA 20 MG DAILY DOSE ...	39	levonorgestrel (emergency oc) 1.5 MG	55	LIBERTY MEDICAL LANCETS 30G .	115
LENVIMA 24 MG DAILY DOSE ...	39	levonorgestrel-eth estradiol (triphasic)	54	LIBERTY MINI LANCING DEVICE MISC	115
LENVIMA 4 MG DAILY DOSE	39	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	54	LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	115
LENVIMA 8 MG DAILY DOSE	39	levonorgestrel-ethinyl estradiol (continuous)	54	LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP	71
LEQEMBI	233	levonorgestrel-ethinyl estradiol-iron 54		LIBERTY TEST STRIPS STRP ...	71
LEQVIO	34	levorphanol tartrate TABS	8	LIBRAX (Use chlordiazepoxide hcl- clidinium bromide)	237
LESCOL XL TB24 (Use fluvastatin sodium)	33	levothyroxine sodium CAPS	236	LICART PT24	61
LETAIRIS (Use ambrisentan)	52	levothyroxine sodium TABS	236	lidocaine hcl (mouth-throat) 2 % .	218
letrozole	40	LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate)	237	lidocaine hcl (mouth-throat) 4 % .	218
leucovorin calcium TABS	42	LEVSIN TABS (Use hyoscyamine sulfate)	237	lidocaine hcl CREA 3 %	66
LEUKERAN	39	LEVSIN/SL SUBL (Use hyoscyamine sulfate)	237	lidocaine hcl PRSY	66
LEUKINE SOLR IJ	83	LEVULAN KERASTICK SOLR	61	lidocaine hcl SOLN	66
levabuterol hcl	15	LEXAPRO TABS 20 MG (Use escitalopram oxalate)	23	LIDOCAINE HCL- HYDROCORTISONE ACETATE WITH ALOE GEL	11
levabuterol tartrate	15	LEXAPRO TABS 5 MG, 10 MG (Use escitalopram oxalate)	22	LIDOCAINE HYDROCHLORIDE CREA	66
levamlodipine maleate	51	LEXETTE FOAM	64	lidocaine OINT	66
LEVBID TB12 (Use hyoscyamine sulfate)	237	LEXIVA SUSP	47	lidocaine PTCH 5 %	66
LEVEMIR FLEXPEN SOPN	27				
LEVEMIR FLEXTOUCH SOPN ...	27				
LEVEMIR SOLN	27				
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	19				
levetiracetam TABS	19				
levetiracetam TB24	19				
levobunolol hcl 0.5 %	227				

lidocaine-hydrocortisone acetate (rectal) CREA EX 11	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" 184	LITETOUCH MASK MEDIUM MISC . 208
lidocaine-hydrocortisone acetate (rectal) KIT 11	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" ... 184	LITETOUCH MASK SMALL MISC 208
lidocaine-prilocaine CREA 66	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" ... 184	LITETOUCH PEN NEEDLES 29GX12.7MM 185
lidocaine-prilocaine KIT 66	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" ... 184	LITETOUCH PEN NEEDLES 31G X 6MM 185
LIDODERM PTCH (Use lidocaine) 66	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" ... 184	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT 185
LIDOREX GEL 66	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" 185	LITETOUCH PEN NEEDLES 31GX8MM SHORT 185
LIDOTRAL CREA 66	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" 185	LITETOUCH PEN NEEDLES/31G X 3/16" 185
LIDOTRAL/MENTHOL LIQD 66	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" 185	LITETOUCH PEN NEEDLES/31G X 5MM/MINI 185
LIDOTRAN CREA 66	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" 185	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT 185
LIFEMS NALOXONE PSKT 29	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 185	LITHIUM 43
linezolid SUSR 37	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" 185	lithium carbonate CAPS 43
linezolid TABS 37	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" 185	lithium carbonate TABS 43
LINZESS 79	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2" 185	lithium carbonate TBCR 43
liothyronine sodium TABS 236	LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16" 185	LITHIUM CITRATE TETRAHYDRATE 53
LIPITOR TABS (Use atorvastatin calcium) 33	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2" 185	LITHOBID TBCR (Use lithium carbonate) 43
LIPITOR TABS 10 MG, 40 MG, 80 MG (Use atorvastatin calcium) 33	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16" 185	LITHOSTAT 81
LIPOFEN CAPS (Use fenofibrate) .33	LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16" 185	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN 226
LIQREV SUSP 52	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16" 185	LIVALO (Use pitavastatin calcium) 33
lisdexamfetamine dimesylate CAPS 1	LITETOUCH LANCETS MICRO THIN 33G 115	LIVE BETTER ADVANCED LANCING DEVICE MISC 115
lisdexamfetamine dimesylate CHEW . 1	LITETOUCH MASK LARGE MISC 208	LIVE BETTER LANCET SUPERTHIN 30G 115
lisinopril & hydrochlorothiazide 36		
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 34		
LITE TOUCH LANCETS 115		
LITE TOUCH LANCING PEN MISC 115		
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI 184		

LIVE BETTER LANCET ULTRATHIN 28G	115	LOPROX SHAMPOO SHAM (Use ciclopirox)	60	hcl)	36
LIVER DETOX TABS	220	LOPROX SUSP (Use ciclopirox olamine)	60	LOTRONEX (Use alosetron hcl) ..	79
LIVTENCITY	48	loratadine CHEW	31	lovastatin TABS	33
LO LOESTRIN FE TABS	54	loratadine SOLN	31	LOVAZA (Use omega-3-acid ethyl esters)	32
LOCOID LIPOCREAM (Use hydrocortisone butyrate hydrophilic lipo base)	64	loratadine TABS	32	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	17
LOCOID LOTN (Use hydrocortisone butyrate)	64	loratadine TBDP 10 MG	32	LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium) ..	17
LODOSYN (Use carbidopa)	42	lorazepam CONC	13	LOVENOX SOSY 120 MG/0.8ML (Use enoxaparin sodium)	17
LOKELMA	217	lorazepam TABS	13	LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	17
LOMOTIL TABS (Use diphenoxylate w/ atropine)	29	LORBRENA	41	LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	17
LONGS GLUCOSE	26	LOREEV XR CS24	13	LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	17
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" ...	185	losartan potassium & hydrochlorothiazide	36	LOVENOX SOSY 80 MG/0.8ML (Use enoxaparin sodium)	17
LONGS LANCETS STANDARD ..	115	losartan potassium	34	loxapine succinate	45
LONGS LANCETS THIN	115	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	54	lubiprostone	78
LONGS LANCETS ULTRA THIN 115		LOTEMAX GEL (Use loteprednol etabonate)	229	LUCEMYRA	232
LONSURF	40	LOTEMAX OINT	229	LUCIRA CHECK IT COVID-19TEST KIT KIT	71
loperamide hcl CAPS	29	LOTEMAX SM GEL	229	LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	71
loperamide hcl TABS	29	LOTEMAX SUSP (Use loteprednol etabonate)	229	luliconazole	60
LOPID TABS (Use gemfibrozil)	33	LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl)	34	LULLABY DOUBLE ELECTRIC BREAST PUMP MISC	147
lopinavir-ritonavir SOLN	47	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .	36	LUMAKRAS	41
lopinavir-ritonavir TABS	47	loteprednol etabonate GEL	229	LUMBAR CUSHION MISC	148
LOPRESSOR TABS (Use metoprolol tartrate)	50	loteprednol etabonate SUSP	229	LUMBAR SUPPORT CUSHION MISC	148
LOPROX	60	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril		LUMIGAN SOLN 0.01 %	230
LOPROX CREA (Use ciclopirox olamine)	60				
LOPROX KIT	60				

LUNESTA (Use eszopiclone)	84	SYRINGE/U-100/0.3ML/29G X 1/2" .	MARATHON MEDICAL
LUNG PERFORMANCE PEAK		185	PENTIPS31GX5MM 185
FLOW METER	208	MAGELLAN INSULIN SAFETY	MARATHON MEDICAL
LUPKYNIS	217	SYRINGE/U-100/0.3ML/30G X 5/16"	PENTIPS31GX8MM 185
		. . . . .185	MARATHON MEDICAL
lurasidone hcl	44	MAGELLAN INSULIN SAFETY	PENTIPS32GX4MM 185
LUTEIN PLUS/ZEAXANTHIN TABS .		SYRINGE/U-100/0.5ML/29G X 1/2" .	maraviroc TABS 47
220		185	MARINOL CAPS 2.5 MG (Use
LUXIQ FOAM (Use betamethasone		MAGELLAN INSULIN SAFETY	dronabinol) 30
valerate)	64	SYRINGE/U-100/0.5ML/30G X 5/16"	MARINOL CAPS 5 MG, 10 MG (Use
LUZU (Use luliconazole)	60	. . . . .185	dronabinol) 30
LYBALVI	233	MAGELLAN INSULIN SAFETY	MARPLAN 22
LYDEXA CREA	66	SYRINGE/U-100/1ML/29G X 1/2"	MASK VORTEX/CHILD/FROG ..208
LYNPARZA TABS	41	185	MASK
LYRICA CAPS (Use pregabalin) ...19		MAGELLAN INSULIN SAFETY	VORTEX/TODDLER/LADYBUG .208
LYRICA CR (Use pregabalin (once-		SYRINGE/U-100/1ML/30G X 5/16"	MASSAGER MULTI-
daily))	234	185	PURPOSE/RECHARGEABLE MISC .
LYRICA SOLN (Use pregabalin) ...19		magnesium citrate85	148
LYSODREN	40	magnesium hydroxide SUSP 7.75 %,	MASSAGER/2 SPEED MISC 148
LYTGOBI	41	400 MG/5ML, 1200 MG/15ML, 2400	MASSAGER/FIVE IN ONE/HEAT
LYUMJEV KWIKPEN SOPN	27	MG/30ML85	MISC148
LYUMJEV SOLN	27	magnesium oxide (mg supplement)	MASSAGER/SWEDISH/1 SPEED
LYUMJEV TEMPO PEN SOPN ... 27		TABS 400 MG, 500 MG 216	MISC148
LYVISPAH PACK	225	magnesium oxide TABS 400 MG ..11	MATTRESS COVER/DELUXE MISC
MACROBID (Use nitrofurantoin		magnesium sulfate IJ 50 %216	148
monohyd macro)	38	MAGNESIUM SULFATE IJ 50 % 216	MATTRESS COVER/ECONOMY
MACRODANTIN (Use nitrofurantoin		magnesium TABS 250 MG, 250 MG .	MISC148
macrocrystal)	38	216	MATTRESS
MAD NASAL INTRANASAL		MAGNIFIER HANDS-FREE MISC	PAD/35"X74"/EGGCRATE 2" MISC
MUCOSAL ATOMIZATION DEVICE		148	148
MISC	148	MAGOX 400 TABS (Use magnesium	MATTRESS
MAD NASAL MISC	148	oxide (mg supplement)) 216	PAD/35"X74"/EGGCRATE 3" MISC
mafenide acetate PACK	62	MALARONE (Use atovaquone-	148
MAGELLAN INSULIN SAFETY		proguanil hcl)38	MATTRESS
		malathion67	PAD/35"X74"/EGGCRATE 4" MISC
		MARATHON MEDICAL	148
		PENTIPS29GX12MM185	

MATULANE	42	MAYZENT TABS	234	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	186
MAVENCLAD	234	MAZERUSTAR KK-250S/KK-300SS MIXER/DISPOSABLE MIXING CONTAINER MISC	148	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	186
MAVYRET PACK	48	MAZERUSTAR KK-250S/KK-300SS MIXER/STANDARD MIXING CONTAINER MISC	148	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	186
MAVYRET TABS	48	meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	30	MEDICINE SPOON MISC	148
MAXALT TABS 10 MG (Use rizatriptan benzoate)	214	meclofenamate sodium CAPS	5	MEDI-COOLER MISC	148
MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	214	MEDELA ADVANCED PERSONALDOUBLE BREAST PUMP MISC	148	MEDI-FRIDGE IIX MISC	148
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	185	MEDELA LACTINA DOUBLE PUMPING KIT MISC	148	MEDI-RDT BLISTER PACKS/LABELS & SLEEVE MISC 148	
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" 185		MEDELA PUMP IN STYLE ADVANCED STARTER SET MISC 148		MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1- NORMAL LIQD	115
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" 186		MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" ...	186	MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	115
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	186	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" ...	186	MEDLANCE PLUS EXTRA LANCETS 21G	115
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	186	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	115	MEDLANCE PLUS LANCETS ...	115
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	186	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	115	MEDLANCE PLUS LANCETS LITE 25G	115
MAXIDEX SUSP OP	229	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	115	MEDLANCE PLUS LANCETS 25G	115
MAXITROL OINT (Use neomycin- polymy-dexameth)	229	MEDICHOICE SAFETY LANCET MODERATE FLOW ...	115	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	115
MAXITROL SUSP (Use neomycin- polymy-dexameth)	229	MEDICHOICE SAFETY LANCETNORMAL	115	MEDLANCE PLUS SUPERLITE 30G	115
MAXX LUBRICATED MISC	94	MEDICINE DROPPER MISC	148	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	116
MAXX PLUS SPERMICIDE LUBRICATED MISC	94	MEDICINE DROPPER/CALIBRATED MISC	148	MEDLANCE PLUS UNIVERSAL LANCETS 21G	116
MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	74			MEDLANCE PLUS/LITE 25G ...	116
MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	74			MEDLANCE/EXTRA	116
MAYZENT STARTER PACK TBPK 234				MEDLANCE/LITE	116

MEDLANCE/UNIVERSAL	116	UNIVERSAL 33G	116	MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..	71
MEDROL DOSEPAK TBPK (Use methylprednisolone)	56	MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	116	MEKINIST SOLR	41
MEDROL TABS (Use methylprednisolone)	56	MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS STRP ..	71	MEKINIST TABS	41
MEDROL TABS 32 MG (Use methylprednisolone)	56	MEIJER GLUCOSE	26	MEKTOVI	41
MEDROL TABS	56	MEIJER LANCETS	116	meloxicam CAPS	5
medroxyprogesterone acetate (contraceptive) SUSP IM	56	MEIJER LANCETS THIN	116	meloxicam TABS	5
medroxyprogesterone acetate (contraceptive) SUSY IM	56	MEIJER LANCETS UNIVERSAL21G	116	melphalan	39
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	232	MEIJER LANCETS UNIVERSAL30G	116	memantine hcl CP24	233
mefenamic acid CAPS	5	MEIJER LANCETS UNIVERSAL33G	116	memantine hcl SOLN 2 MG/ML ..	233
mefloquine hcl	38	MEIJER PEN NEEDLES 29G X12MM	186	memantine hcl TABS	233
MEGA MULTI FOR WOMEN TABS 220		MEIJER PEN NEEDLES 31G X6MM	186	MENACTRA	240
MEGAVITE FRUITS & VEGGIES TABS	220	MEIJER PEN NEEDLES 31G X8MM	186	MENEST	77
MEGAVITE GOLDEN YEARS 55+ TABS	220	MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT 116		MENOSTAR PTWK	77
megestrol acetate (appetite)	232	MEIJER SUPER THIN LANCETS 116		MENQUADFI	240
megestrol acetate SUSP 40 MG/ML, 400 MG/10ML	40	MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	116	MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	220
megestrol acetate SUSP 400 MG/10ML, 800 MG/20ML	40	MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT 116		MENS 50+ MULTIVITAMIN TABS 220	
megestrol acetate TABS	40	MEIJER ALCOHOL SWABS EXTRA- THICK	148	MENVEO SOLN	240
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	116	MEIJER BLOOD GLUCOSE TESTSTRIPS STRP	71	MENVEO SOLR	240
MEIJER BLOOD GLUCOSE TESTSTRIPS STRP	71	MEIJER COLOR LANCETS		meperidine hcl SOLN OR 50 MG/5ML	8
MEIJER COLOR LANCETS				meperidine hcl TABS 50 MG	8
				meprobamate	12
				MEPRON (Use atovaquone)	37
				mercaptopurine TABS	39
				mesalamine CP24	79
				mesalamine CPCR	79
				mesalamine CPDR	79
				mesalamine ENEM	79

mesalamine SUPP	79	METHADOSE CONC (Use methadone hcl)	8	METHYLIN SOLN (Use methylphenidate hcl)	2
mesalamine TBEC	79	METHADOSE SUGAR-FREE CONC (Use methadone hcl)	8	methylphenidate hcl CHEW	2
mesalamine w/ cleanser	79	methamphetamine hcl	1	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG	2
MESNEX TABS	42	methazolamide TABS	74	methylphenidate hcl CP24 40 MG, 60 MG	2
MESTINON SOLN OR (Use pyridostigmine bromide)	38	methenamine hippurate	38	methylphenidate hcl CP24	2
MESTINON TABS (Use pyridostigmine bromide)	38	methenamine mandelate 0.5 GM, 1 GM	38	methylphenidate hcl CPCR 10 MG, 20 MG, 30 MG	2
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	38	methenamine-hyoscamine-methylene blue-sodium phosphate TABS	37	methylphenidate hcl CPCR 40 MG ..	2
METAL REACHER/27" MISC	148	methenamine-hyosc-methylene blue-benzoic acid-phenyl sal	37	methylphenidate hcl CPCR 50 MG, 60 MG	2
METAL REACHER/32" MISC	148	methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS	37	methylphenidate hcl SOLN	2
METAMUCIL CAPS (Use psyllium) 85		methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG 37		methylphenidate hcl TABS 20 MG ..	2
METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium)	85	methimazole TABS	236	methylphenidate hcl TABS 5 MG, 10 MG	2
METAMUCIL POWD (Use psyllium) .	85	METHITEST TABS	10	methylphenidate hcl TB24	2
metaxalone	225	methocarbamol TABS	225	methylphenidate hcl TBCR 10 MG, 20 MG	2
METERED NASAL SPRAY PUMP15ML/SAFETY CLIP MISC 148		methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	39	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	2
metformin hcl SOLN	25	methotrexate sodium TABS 2.5 MG 39		METHYLPHENIDATE HYDROCHLORIDE ER TBCR	2
metformin hcl TABS 500 MG, 850 MG, 1000 MG	25	methoxsalen rapid	61	methylphenidate PTCH	2
metformin hcl TABS 625 MG	25	methscopolamine bromide	237	methylprednisolone TABS	56
metformin hcl TB24 500 MG, 1000 MG	25	methsuximide	21	methylprednisolone TBPK	56
metformin hcl TB24 500 MG, 750 MG	25	methylcellulose (laxative) POWD ..	85	methyltestosterone CAPS	10
methadone hcl CONC	8	methylcellulose (laxative) TABS ..	85	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	78
methadone hcl SOLN OR	8	METHYLCELLULOSE POWD	232	metoclopramide hcl TABS	78
methadone hcl TABS	8	methyldopa TABS	35	METOCLOPRAMIDE ODT TBDP .	78
methadone hcl TBSO	8			metolazone	74

metoprolol & hydrochlorothiazide TABS	36	MM	186	MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	214
metoprolol succinate TB24	50	MICRODOT PEN NEEDLE/32G X 4 MM	186	MILLIPRED TABS	56
metoprolol tartrate TABS	50	MICRODOT PEN NEEDLE/33G X 4 MM	186	MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	54
metronidazole (topical) CREA	67	MICRODOT TEST STRIPS STRP .71		MINI DIFFUSER/COOL MIST/ESSENTIAL OIL MISC	148
metronidazole (topical) GEL	67	MICRODOT XTRA TEST STRIPS STRP	71	MINI LANCING DEVICE MISC ...	116
metronidazole (topical) LOTN	67	MICROLET LANCETS	116	MINI MALLETT 3/4" PLASTIC/NON- MARRING MISC	148
metronidazole CAPS	36	MICROLET NEXT MISC	116	MINI TRANSFER PIN MISC	148
metronidazole TABS	37	MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED AUTOMATIC DEVI	92	MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	209
metronidazole vaginal	243	MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED WRIST DEVI	92	MINI WRIGHT PEAK FLOW METER	209
metyrosine	34	MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DELUXE DEVI	92	MINI WRIGHT PEAK FLOW METER STANDARD RANGE	209
mexiletine hcl	13	MICROLIFE BPM 6 PREMIUM BLOOD PRESSURE MONITOR DEVI	92	MINIELITE FILTER REPLACEMENTS MISC	209
MICARDIS (Use telmisartan)	34	MICROLIFE DIGITAL PEAK FLOW METER	209	MINILINK REAL-TIME TRANSMITTER	116
MICARDIS HCT (Use telmisartan- hydrochlorothiazide)	36	MICROSPACER MISC	209	MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT .	116
MICATIN CREA (Use miconazole nitrate (topical))	60	midazolam hcl SYRP	84	MINIPRESS CAPS (Use prazosin hcl)	35
miconazole nitrate (topical) CREA .60		midodrine hcl	244	MINIVELLE PTTW (Use estradiol)	77
miconazole nitrate vaginal SUPP 200 MG	243	MIFEPREX (Use mifepristone)	76	minocycline hcl CAPS	236
miconazole-zinc oxide-white petrolatum	60	mifepristone	76	minocycline hcl TABS	236
MICRHOGAM ULTRA- FILTEREDPLUS SOSY IM	231	miglitol	24	minocycline hcl TB24	236
MICROCHAMBER DEVI	208			MINOLIRA TB24	236
MICROCHAMBER MISC	208			minoxidil 2.5 MG, 10 MG	36
MICROCLENS WALL MOUNT BRACKET MISC	148			MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350)	85
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	116			MIRALAX PACK (Use polyethylene	
MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	116				
MICRODOT PEN NEEDLE/31G X 6					

glycol 3350) .....85	XING/ADAPTER SET/15ML-50ML/100ML MISC .....149	MN8 MISC .....149
MIRALAX POWD (Use polyethylene glycol 3350) .....85	MIXER/MAZERUSTAR/UNODOSEM IXING ADAPTER MISC .....149	M-NATAL PLUS TABS .....223
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (Use pramipexole dihydrochloride) .....43	MIXER/MAZRUSTAR/MD PUMP MIXING ADAPTER MISC .....149	MOBIC TABS 15 MG (Use meloxicam) .....6
MIRAPEX ER TB24 1.5 MG (Use pramipexole dihydrochloride) .....43	MIXING/MAZERUSTAR/EMP/JAR MIXING ADAPTER/15ML-50ML MISC .....149	MOBIC TABS 7.5 MG (Use meloxicam) .....6
MIRASORB SPONGES 4" X 4" MISC .....88	MM EASY TOUCH BLOOD GLUCOSE METER KIT .....116	modafinil .....2
MIRCERA 120 MCG/0.3ML .....83	MM EASY TOUCH GLUCOSE TEST STRIPS STRP .....72	MODERNA COVID-19 VACCINE SUSP .....242
MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML .....83	MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....186	MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON .....242
MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) .....54	MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....186	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .242
mirtazapine TABS .....21	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" .....186	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ..242
mirtazapine TBDP .....21	MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" .....186	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 242
misoprostol .....239	MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....186	MODERNA COVID-19 VACCINE6-11Y SUSP .....242
MITIGARE CAPS (Use colchicine) 81	MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" .....186	MODERNA COVID-19 VACCINE6MO-5Y SUSP .....242
MIXER/MAZERUSTAR KK-250S/KK-300SS/STANDARD MIXING CONTAINER MISC .....148	MM LANCING DEVICE MISC ....116	moexipril hcl .....34
MIXER/MAZERUSTAR KK-250S/KK-300SS/YELLOW STD MIX CONTAINER MISC .....149	MM PEN NEEDLES 31G X 1/4" .186	MOIST-SURE REPLACEMENT COVER/LARGE/14" X 27" MISC .149
MIXER/MAZERUSTAR KK-300SS/STANDARD/MIXING CONTAINER FOR EMP MISC ...149	MM PEN NEEDLES 31G X 3/16" 186	MOIST-SURE REPLACEMENT COVER/MEDIUM/14" X 14" MISC 149
MIXER/MAZERUSTAR KK-400W/STANDARD/MIXING CONTAINER MISC .....149	MM PEN NEEDLES 31G X 5/16" 186	MOIST-SURE REPLACEMENT COVER/PETITE/4" X 17" MISC ..149
MIXER/MAZERUSTAR/EMP/JARMI XING ADAPTER/100ML MISC ...149	MM PEN NEEDLES 32G X 5/32" 186	MOISTUREPLUS COVER/LARGE/14" X 27" MISC .149
MIXER/MAZERUSTAR/EMP/JARMI	MM TWIST LANCETS .....117	MOISTUREPLUS COVER/MEDIUM/14" X 14" MISC 149
	M-M-R II SOLR .....242	

MOISTUREPLUS COVER/PETITE/4" X 17" MISC	149	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/7ML MISC	150	MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/25GX3/4" MISC	150
molindone hcl 5 MG, 25 MG	45	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/10ML MISC	150	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/19GX3/4" MISC	150
mometasone furoate (nasal) SUSP 226		MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/15ML MISC	150	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/21GX3/4" MISC	150
mometasone furoate CREA	64	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/2ML MISC	150	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/23GX3/4" MISC	150
mometasone furoate OINT	64	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/3ML MISC	150	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/25GX3/4" MISC	150
mometasone furoate SOLN	64	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/4ML MISC	150	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/25GX3/4" MISC	150
MONOJECT BLOOD COLLECTION TUBE/BLUE STOPPER/4.5ML MISC	149	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/5ML MISC	150	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/25GX3/4" MISC	150
MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/10ML MISC	149	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/5ML MISC	150	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/25GX3/4" MISC	150
MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/5ML MISC	149	MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML MISC	150	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/23G X 1"	186
MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/2ML MISC	149	MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML MISC	150	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 5/8"	186
MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/3ML MISC	149	MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/19GX3/4" MISC	150	MONOJECT HYPO/POLYPROPYLENE HUB/LL/INTM BEVEL/25G X 5/8"	186
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/10ML MISC	149	MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/21GX3/4" MISC	150	MONOJECT INSULIN SYRINGE/1ML	186
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/2ML MISC	149	MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/23GX3/4" MISC	150	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	186
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/3ML MISC	149				
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/4ML MISC	149				
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/5ML MISC	149				

MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	186	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	187	INSULIN SYRINGE/0.3ML/31G X 5/16"	187
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	186	MONOJECT LUER ADAPTER MISC 150		MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	187
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	187	MONOJECT MAGELLAN SAFETYNEEDLE 23GX1"	187	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	187
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	187	MONOJECT MAGELLAN SAFETYNEEDLE 25GX5/8"	187	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	187
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	187	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1"	187	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	188
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	187	MONOJECT MULTI-SAMPLE COLLECTION SET/HOLDER/SAFETY CAP/MALE MISC	150	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	188
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	187	MONOJECT MULTI-SAMPLE COLLECTION SET/TUBE HOLDER/MALE MISC	150	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	188
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	187	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/23GX1"	187	MONOLET LANCETS	117
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	187	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/25GX5/8"	187	MONOLET OPD LANCETS	117
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	187	MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1"	187	MONOLETTOR SAFETY LANCETS	117
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	187	MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/20GX1"	187	montelukast sodium CHEW	14
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	187	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	187	montelukast sodium PACK	14
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	187	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	187	montelukast sodium TABS	14
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	187	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	187	MONUROL (Use fosfomycin tromethamine)	38
		MONOJECT ULTRA COMFORT		morphine sulfate beads	8
				morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8
				morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	8
				morphine sulfate SUPP	8

morphine sulfate TABS	8	MULTI VITAMIN/D-3 TABS	222	MURO 128 SOLN	230
morphine sulfate TBCR	8	MULTI-BETIC DIABETES SUPPORT TABS	220	MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	38
MOTTEGRITY	78	MULTI-LANCET DEVICE 2 KIT ..	117	MYCAPSSA CPDR	77
MOTPOLY XR CP24	19	MULTI-LANCET DEVICE MISC ..	117	MYCOBUTIN (Use rifabutin)	38
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	6	MULTI-MAC	223	mycophenolate mofetil CAPS	217
MOUNJARO	26	multiple vitamin TABS	222	mycophenolate mofetil SUSR	217
MOVANTIK	79	multiple vitamins w/ iron TABS ...	218	mycophenolate mofetil TABS	217
MOXEZA SOLN OP (Use moxifloxacin hcl (ophth))	228	multiple vitamins w/ minerals TABS 220		mycophenolate sodium	217
moxifloxacin hcl (ophth) SOLN OP 228		MULTISTIX 10 SG	72	MYDAYIS CP24 (Use amphetamine- dextroamphetamine)	1
moxifloxacin hcl TABS	78	MULTIVITAMIN + FLUORIDE CHEW	222	MYDRIACYL SOLN (Use tropicamide)	228
MPD SAFETY LANCET 21G/1.8MM 117		MULTIVITAMIN ADULT TABS ...	222	MYFEMBREE	77
MPD SAFETY LANCET 28G/1.8MM 117		MULTIVITAMIN ADULTS TABS .	220	MYFORTIC (Use mycophenolate sodium)	217
MPD SAFETY LANCET 30G/1.8MM 117		MULTIVITAMIN MEN TABS	220	MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	117
MPD SAFETY LANCETS 23G/1.8MM	117	MULTI-VITAMIN MONOCAPS TABS 220		MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	72
MS CONTIN TBCR (Use morphine sulfate)	8	MULTIVITAMIN PLUS IRON CHILDRENS CHEW	222	MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH SOLN	117
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	188	MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG-2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG	222	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G ...	117
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	188	MULTIVITAMIN WITH FLUORIDE CHEW	222	MYLERAN TABS	39
MS INSULIN SYRINGE/1ML/31G X 5/16"	188	MULTIVITAMIN/ZINC STRESSFORMULA TABS	220	MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone) 78	
MUCOSAL ATOMIZATION NASALDEVICE MISC	150	MULTI-VIT-FLOR CHEW	222	MYLICON INFANTS GAS RELIEF SUSP (Use simethicone)	78
MULPLETA	83	mupirocin calcium (topical)	59	MYRBETRIQ SRER	240
MULTAQ	13	mupirocin OINT	59	MYRBETRIQ TB24	240
MULTI VITAMIN TABS	222	MURO 128 OINT (Use sodium chloride hypertonic)	230	MYSOLINE (Use primidone)	19
		MURO 128 SOLN (Use sodium chloride hypertonic)	230		

nabumetone	6	NAPRELAN TB24 (Use naproxen sodium)	6	NAYZILAM	18
nadolol TABS 20 MG, 40 MG, 80 MG	50	NAPRELAN TB24 500 MG (Use naproxen sodium)	6	neбиволол hcl	50
naftifine hcl CREA	60	naproxen sodium TABS 275 MG, 550 MG	6	NEBULIZER AIR TUBE/PLUGS MISC	209
naftifine hcl GEL 2 %	60	naproxen sodium TB24	6	NEBULIZER CUP/TUBING DEVI	209
NAFTIN GEL (Use naftifine hcl) ...	60	naproxen SUSP	6	NEBULIZER MASK ADULT MISC	209
NAFTIN GEL	60	naproxen TABS	6	NEBULIZER MASK CHILD MISC	209
NAIL POLISH BOTTLE/BRUSH15ML MISC	150	naproxen TBEC	6	NEBUPENT IN (Use pentamidine isethionate)	37
NAILIT MISC	150	naproxen-esomeprazole magnesium	6	nefazodone hcl	23
NALFON CAPS (Use fenoprofen calcium)	6	naratriptan hcl	214	NEOMULTIVITE TABS	222
NALFON TABS (Use fenoprofen calcium)	6	NARCAN LIQD (Use naloxone hcl)	29	neomycin sulfate TABS	3
NALMEFENE HYDROCHLORIDE IJ .	29	NARDIL (Use phenelzine sulfate) .	22	neomycin-bacitracin zn-polymyxin	228
NALOCET TABS	9	NASADOCK MISC	150	neomycin-bacitracin-polymyxin OINT	59
naloxone hcl LIQD	29	NASAL SPRAY PUMP 30ML/METERED/0.1ML DOSAGE MISC	150	neomycin-polymy-dexameth OINT	229
naloxone hcl SOCT	29	NASALCROM (Use cromolyn sodium (nasal))	226	neomycin-polymy-dexameth SUSP	229
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	29	NATACYN	228	neomycin-polymyxin-gramicidin .	228
naloxone hcl SOSY	29	NATAL PNV TABS	223	neomycin-polymyxin-hc (ophth) .	229
naltrexone hcl	29	NATAZIA	54	neomycin-polymyxin-hc (otic) SOLN .	231
NAMENDA TABS (Use memantine hcl)	233	nateglinide	28	neomycin-polymyxin-hc (otic) SUSP .	231
NAMENDA TITRATION PAK TABS (Use memantine hcl)	233	NATROBA (Use spinosad)	67	NEORAL CAPS (Use cyclosporine modified (for microemulsion))	217
NAMENDA XR CP24 (Use memantine hcl)	233	NATRUL-VITES TABS	220	NEORAL SOLN (Use cyclosporine modified (for microemulsion))	217
NAMENDA XR CP24 14 MG, 28 MG (Use memantine hcl)	233	NATURAL WOOD CANE MISC ..	150	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) ...	59
NAMZARIC C4PK	233	NATURAL WOOD WALKING STICK MISC	150		
NAMZARIC CP24	233	NATURESPIRIT PULSE OXIMETER MISC	151		

NEO-SYNALAR	59	(Use coal tar extract)	67	NIASPAN TBCR (Use niacin (antihyperlipidemic))	33
NEO-SYNALAR KIT	59	NEVANAC	230	NICADAN TABS	220
NERLYNX	41	nevirapine SUSP	47	nicardipine hcl CAPS	51
NESINA (Use alogliptin benzoate) 26		nevirapine TABS	47	nicotine polacrilex GUM	235
NESTABS	223	nevirapine TB24	47	nicotine polacrilex LOZG	235
NESTABS DHA	223	NEXAVAR (Use sorafenib tosylate) . 41		nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	235
NESTABS ONE	223	NEXCARE COMFORT FOAM EAR PLUGS MISC	151	NICOTINE TRANSDERMAL SYSTEM KIT	235
NEUAC KIT	58	NEXCARE REUSABLE EAR PLUGS MISC	151	NICOTROL INHALER INHA	235
NEULASTA ONPRO KIT PSKT ...	83	NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) .	238	NICOTROL NS SOLN	235
NEULASTA SOSY	83	NEXIUM 24HR CPDR (Use esomeprazole magnesium)	238	nifedipine CAPS 10 MG	51
NEUPOGEN SOLN 300 MCG/ML .	83	NEXIUM CPDR (Use esomeprazole magnesium)	238	nifedipine CAPS 20 MG	51
NEUPOGEN SOLN 480 MCG/1.6ML 83		NEXIUM PACK (Use esomeprazole magnesium)	238	nifedipine TB24	51
NEUPOGEN SOSY 300 MCG/0.5ML 83		NEXIUM PACK	238	nilutamide	40
NEUPOGEN SOSY 480 MCG/0.8ML 83		NEXLETOL	32	nimodipine CAPS	51
NEUPRO	43	NEXLIZET	32	NINLARO	41
NEURONTIN CAPS 100 MG, 400 MG (Use gabapentin)	20	NEXTSTELLIS	54	nisoldipine	51
NEURONTIN CAPS 300 MG (Use gabapentin)	20	NG SECURE NASOGASTRIC TUBE HOLDER MISC	151	nitazoxanide TABS	37
NEURONTIN SOLN (Use gabapentin)	20	NGENLA	75	nitisinone CAPS	76
NEURONTIN TABS 600 MG (Use gabapentin)	20	niacin (antihyperlipidemic) TBCR 500 MG, 1000 MG	33	NITRO-BID OINT	12
NEURONTIN TABS 800 MG (Use gabapentin)	20	niacin (antihyperlipidemic) TBCR .	33	NITRO-DUR PT24 (Use nitroglycerin)	12
NEUTEK 2TEK CONTROL SOLUTIONS SOLN	117	niacin CPCR 250 MG	244	NITRO-DUR PT24 0.1 MG/HR (Use nitroglycerin)	12
NEUTEK 2TEK TEST STRIPS STRP	72	niacin CPCR 500 MG	244	NITRO-DUR PT24	12
NEUTROGENA T/GEL SHAM 0.5 %		niacin TABS 100 MG, 500 MG ...	244	nitrofurantoin	38
		niacin TBCR 500 MG	244	NITROFURANTOIN	38
				nitrofurantoin macrocrystal	38
				nitrofurantoin monohyd macro	38
				nitroglycerin PT24	12

nitroglycerin SOLN TL 0.4 MG/SPRAY	12	norethindrone acetate-ethinyl estradiol	77	MISC	151
nitroglycerin SUBL	12	norethindrone acetate-ethinyl estradiol-fe	55	NOVA CUSHION GEL/FOAM SEAT PAD/18X16X3 MISC	151
NITROLINGUAL PUMPSPRAY SOLN TL (Use nitroglycerin)	12	norethindrone-eth estradiol (triphasic)	55	NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	117
NITROSTAT SUBL (Use nitroglycerin)	12	NORGESIC FORTE (Use orphenadrine w/ aspirin & caff) ...	226	NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	117
NITYR TABS	76	norgestimate-ethinyl estradiol (triphasic)	55	NOVA MAX GLUCOSE TEST STRIPS STRP	72
NIVA THYROID TABS	236	norgestimate-ethinyl estradiol	55	NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD	117
NIVA-PLUS TABS	223	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	55	NOVA QUAD TIP/FOUR PRONGS 3/4" SHAFT CANE MISC	151
NIVESTYM SOLN	83	NORITATE CREA	67	NOVA SAFETY LANCETS 23G .	117
NIVESTYM SOSY	83	NORLIQVA SOLN	51	NOVA SAFETY LANCETS 28G .	117
NIX ELECTRONIC LICE COMB MISC	151	NORPACE CAPS (Use disopyramide phosphate)	13	NOVA SUREFLEX LANCETS ...	117
NIX PREMIUM METAL TWO-SIDED COMB MISC	151	NORPACE CR CP12	13	NOVA SUREFLEX LANCING DEVICE MISC	117
nizatidine CAPS	237	NORPRAMIN TABS 10 MG, 25 MG (Use desipramine hcl)	24	NOVAVAX COVID-19 VACCINE	242
NOCDURNA SUBL	76	NORTHERA (Use droxidopa) ...	244	NOVAVAX COVID-19 VACCINE/2023-24	242
NORDITROPIN FLEXPPO SOPN .	75	nortriptyline hcl CAPS	24	NOVOEIGHT	82
norelgestromin-ethinyl estradiol ...	55	nortriptyline hcl SOLN	24	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	188
norethin acet & estrad-fe CAPS ...	54	NORVASC TABS (Use amlodipine besylate)	51	NOVOFINE PEN NEEDLE 32G X 6MM	188
norethin acet & estrad-fe CHEW ..	54	NORVIR PACK	47	NOVOFINE PLUS PEN NEEDLE32G X 4MM	188
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	54	NORVIR TABS (Use ritonavir)	47	NOVOLIN 70/30 FLEXPEN RELION SUPN	27
norethin acet & estrad-fe TABS 1.5 MG-30 MCG-75 MG	54	NOSE CLIP MISC	209	NOVOLIN 70/30 FLEXPEN SUPN	27
norethindrone & eth estradiol	55	NO-STING SKIN-PREP MISC	66	NOVOLIN 70/30 RELION SUSP ..	27
norethindrone & ethinyl estradiol-fe 55		NOURI AUTO MISC	151	NOVOLIN 70/30 SUSP	27
norethindrone (contraceptive)	56	NOURI DUO MISC	151		
norethindrone acet & eth estra ...	55	NOURIANZ	42		
norethindrone acetate TABS	232	NOVA BATH SEAT/BACK & ARMS			

NOVOLIN N FLEXPEN RELION SUPN	28	NP THYROID 15 TABS	236	NUTROPIN AQ NUSPIN 20 SOPN 75
NOVOLIN N FLEXPEN SUPN	28	NP THYROID 30 TABS	236	NUTROPIN AQ NUSPIN 5 SOPN .75
NOVOLIN N RELION SUSP	28	NP THYROID 60 TABS	236	NUVAIL SOLN
NOVOLIN N SUSP	28	NP THYROID 90 TABS	236	NUVARING (Use etonogestrel-ethinyl estradiol)
NOVOLIN R FLEXPEN RELION SOPN IJ	28	NPLATE	83	NUVESSA
NOVOLIN R FLEXPEN SOPN IJ	28	NU GAUZE 4PLY 4"X4" PADS	88	NUVIGIL (Use armodafinil)
NOVOLIN R RELION SOLN IJ	28	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	88	NUWIQ KIT
NOVOLIN R SOLN IJ	28	NUASKIN FACIAL SCRUBBER MISC	151	NUWIQ SOLR
NOVOLOG FLEXPEN RELION SOPN	28	NUASKIN SKIN TAG REMOVER MISC	151	NUZYRA TABS
NOVOLOG FLEXPEN SOPN	28	NUASKIN VACUUM PRO MISC	151	NVZZLER PRO DOUBLE ELECTRIC BREAST PUMP MISC
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	28	NUBEQA	40	NVZZLER SINGLE ELECTRIC BREAST PUMP MISC
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	28	NUCALA SOAJ	13	NYMALIZE SOLN 6 MG/ML
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	28	NUCALA SOLR	13	nystatin (mouth-throat)
NOVOLOG MIX 70/30 RELION SUSP	28	NUCALA SOSY 100 MG/ML	13	nystatin (topical) CREA
NOVOLOG MIX 70/30 SUSP	28	NUCALA SOSY 40 MG/0.4ML	13	nystatin (topical) OINT
NOVOLOG PENFILL SOCT	28	NUCYNTA ER TB12	8	nystatin (topical) POWD EX
NOVOLOG RELION SOLN IJ	28	NUCYNTA TABS	8	nystatin TABS
NOVOLOG SOLN IJ	28	NUEDEXTA	234	nystatin-triamcinolone CREA
NOVOPEN ECHO DEVI	188	NULYTELY (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)	85	nystatin-triamcinolone OINT
NOVOSEVEN RT	82	NUPERCAINAL EX (Use dibucaine (rectal))	11	NYVEPRIA
NOVOTWIST PEN NEEDLE 32GX 5MM	188	NUPLAZID CAPS	44	OB COMPLETE ONE
NOXAFIL PACK	30	NUPLAZID TABS 10 MG	44	OB COMPLETE PETITE
NOXAFIL SUSP (Use posaconazole)	31	NURTEC	213	OB COMPLETE PREMIER
NOXAFIL TBEC (Use posaconazole) 31		NUTRILIPID	227	OB COMPLETE TABS
NP THYROID 120 TABS	236	NUTROPIN AQ NUSPIN 10 SOPN 75		OB COMPLETE/DHA
				OBIZUR
				OCALIVA

OCEAN NASAL SPRAY SOLN (Use saline)	226	OFFSET CANE/STRAP MISC ...	151	olmesartan medoxomil-hydrochlorothiazide	36
OCREVUS	234	OFIRMEV SOLN IV (Use acetaminophen)	7	olopatadine hcl (nasal)	226
octreotide acetate SOLN	77	ofloxacin (ophth)	228	olopatadine hcl	230
octreotide acetate SOSY	77	ofloxacin (otic)	231	OLPRUVA THPK	76
OCUFLOX (Use ofloxacin (ophth)) 228		ofloxacin 300 MG, 400 MG	78	OLUMIANT	3
OCULAR VITAMINS TABS	220	OINTMENT TUBE OPHTHALMICTIP 1/8OZ/METAL MISC	151	OLUX FOAM (Use clobetasol propionate)	64
ODEFSEY	47	OINTMENT TUBE/METAL/1OZ MISC	151	OLUX-E (Use clobetasol propionate emulsion)	64
ODOMZO	40	OINTMENT TUBE/METAL/2OZ MISC	151	OMBRA COMPRESSOR AIR FILTERS MISC	209
OFEV	235	OINTMENT TUBE/METAL/4OZ MISC	151	OMBRA TABLE TOP COMPRESSOR DEVI	209
OFFSET CANE/BLACK/300LBCAPACITY MISC	151	OINTMENT TUBE/PLASTIC W/SCREW CAP/8OZ MISC	151	OMECLAMOX-PAK	239
OFFSET CANE/BLUE ICE/300LB CAPACITY MISC	151	OINTMENT TUBE/PLASTIC/1OZ MISC	151	omega-3-acid ethyl esters	32
OFFSET CANE/BRONZE/300LBCAPACITY MISC	151	OINTMENT TUBE/PLASTIC/2OZ MISC	152	omeprazole CPDR	238
OFFSET CANE/BROQUE TEAL/300LB CAPACITY MISC ...	151	OINTMENT TUBE/PLASTIC/4OZ MISC	152	omeprazole-sodium bicarbonate CAPS	239
OFFSET CANE/CHROME/300LBCAPACITY MISC	151	OINTMENT TUBE/PLASTIC/6OZ MISC	152	omeprazole-sodium bicarbonate PACK	239
OFFSET CANE/GREEN ICE/300LB CAPACITY MISC	151	olanzapine SOLR	45	OMNARIS SUSP	226
OFFSET CANE/HOUNDSTOOTH/300LB CAPACITY MISC	151	olanzapine TABS	45	OMNICAP TABS	222
OFFSET CANE/METALLIC BLACK/300LB CAPACITY MISC ..	151	olanzapine TBDP 10 MG	45	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	117
OFFSET CANE/MOBILITY/250LB CAPACITY MISC	151	olanzapine TBDP 5 MG, 15 MG, 20 MG	45	OMNIPOD 5 G6 PODS (GEN 5) MISC	117
OFFSET CANE/ROSE PRINT/300LB CAPACITY MISC	151	olanzapine TBDP	45	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	117
		olanzapine-fluoxetine hcl	233	OMNIPOD CLASSIC PODS (GEN 3) MISC	117
		olmesartan medoxomil	34	OMNIPOD DASH INTRO KIT (GEN 4) KIT	117
		olmesartan medoxomil-amlodipine-hydrochlorothiazide	36	OMNIPOD DASH PDM KIT (GEN 4)	

KIT	117	OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	92	ONE VITE DAILY MULTIVITAMIN TABS	222
OMNIPOD DASH PODS (GEN 4) MISC	117	OMRON 7 SERIES BLOOD PRESSURE MONITOR/WRIST/BLUETOOTH DEVI	92	ONE-A-DAY ENERGY TABS	220
OMNIPOD GO 10 UNITS/DAY KIT 118		OMVOH SOAJ	79	ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin)	222
OMNIPOD GO 15 UNITS/DAY KIT 118		OMVOH SOLN	79	ONE-A-DAY MENS 50+ ADVANTAGE TABS	220
OMNIPOD GO 20 UNITS/DAY KIT 118		ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	118	ONE-A-DAY MENS PRO EDGE TABS	220
OMNIPOD GO 25 UNITS/DAY KIT 118		ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS STRP ..	72	ONE-A-DAY MENS TABS (Use multiple vitamin)	222
OMNIPOD GO 30 UNITS/DAY KIT 118		ON/GO COVID-19 ANTIGEN SELF-TEST KIT	72	ONE-A-DAY MENS TABS	220
OMNIPOD GO 35 UNITS/DAY KIT 118		ONCOVITE TABS	220	ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	220
OMNIPOD GO 40 UNITS/DAY KIT 118		ondansetron hcl SOLN OR 4 MG/5ML	30	ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (Use pediatric multiple vitamins) .	223
OMNITROPE SOCT	75	ondansetron hcl TABS 4 MG, 8 MG 30		ONE-A-DAY WEIGHT SMART ADVANCED TABS (Use multiple vitamins w/ minerals)	220
OMNITROPE SOLR SC	75	ondansetron TBDP	30	ONE-A-DAY WEIGHT SMART ADVANCED TABS (Use multiple vitamins w/ minerals)	221
OMRON 10 SERIES BLOOD PRESSURE MONITOR/ARM/BLUETOOTH SMART DEVI	92	ONE DAILY ESSENTIAL TABS ..	222	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (Use multiple vitamins w/ minerals)	221
OMRON 10 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	92	ONE DAILY MENS FORMULA W/O IRON TABS	220	ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (Use multiple vitamins w/ minerals)	221
OMRON 3 SERIES BLOOD PRESSURE MONITOR/UPPER ARM DEVI	92	ONE DAILY WOMENS TABS	220	ONE-A-DAY WOMENS 50+ TABS	221
OMRON 3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	92	ONE DIALY MULTIVITAMIN WOMENS TABS	220	ONE-A-DAY WOMENS 50+ MIND & BODY TABS (Use multiple vitamins w/ minerals)	221
OMRON 5 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	92	ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	118	ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (Use multiple vitamins w/ minerals)	221
OMRON 7 SERIES BLOOD PRESSURE MONITOR DEVI	92	ONE DROP BLOOD GLUCOSE TEST STRIPS STRP	72	ONE-A-DAY WOMENS PETITES TABS (Use multiple vitamins w/ minerals)	221
		ONE FLOW FVC MONITORING SPIROMETER DEVI	209		
		ONE OUNCE MEDICINE CUPS MISC	152		

ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (Use multiple vitamins w/ minerals) 221	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT 118	OPVEE NA 29
ONE-A-DAY WOMENS TABS ... 221	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD 118	OPZELURA 65
ONE-DAY-AT-A-TIME PLANNER/BLISTER CARD/MEDIUM MISC 152	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD 118	ORACIT 80
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G 118	ONETOUCH VERIO REFLECT KIT 118	ORAL DOSE SYRINGE MISC ... 152
ONETOUCH DELICA PLUS LANCETS FINE 30G 118	ONETOUCH VERIO TEST STRIPS STRP 72	oral electrolytes SOLN 215
ONETOUCH DELICA PLUS LANCING DEVICE MISC 118	ONEVITE TABS 221	ORAL ENDOTRACHEAL TUBE ATTACHMENT DEVICE MISC ... 152
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC ... 118	ONEXTON GEL (Use clindamycin phosphate-benzoyl peroxide) 58	ORAL MEDICINE DROPPER MISC . 152
ONETOUCH DELICA SAFETY LANCING DEVICE MISC 118	ONFI SUSP (Use clobazam) 18	ORAL SWAB PETITE SWAB 165
ONETOUCH SOLUTIONS RX STARTER KIT KIT 118	ONFI TABS (Use clobazam) 18	ORAL SYRINGE/BRUSH MISC .. 152
ONETOUCH SURESOFT LANCING DEVICE/18G MISC 118	ONGENTYS 42	ORAVIG 218
ONETOUCH SURESOFT LANCING DEVICE/21G MISC 118	ONGLYZA (Use saxagliptin hcl) .. 26	ORENCIA CLICKJECT SOAJ 6
ONETOUCH SURESOFT LANCING DEVICE/28G MISC 118	ONUREG TABS 39	ORENCIA SOLR 6
ONETOUCH ULTRA 2 KIT 118	OPSUMIT 52	ORENCIA SOSY 6
ONETOUCH ULTRA CONTROL LIQD 118	OPTICHAMBER DIAMOND DEVI 209	ORENITRAM TBCR 52
ONETOUCH ULTRA CONTROL SOLUTION LIQD 118	OPTICHAMBER DIAMOND MISC 209	ORENITRAM TITRATION KIT MONTH 1 TEPK 52
ONETOUCH ULTRA STRP 72	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI 209	ORENITRAM TITRATION KIT MONTH 2 TEPK 52
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G 118	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC 209	ORENITRAM TITRATION KIT MONTH 3 TEPK 52
ONETOUCH ULTRASOFT LANCETS 118	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC 209	ORFADIN CAPS (Use nitisinone) . 76
	OPTIUMEZ TEST STRIPS STRP . 72	ORFADIN CAPS 76
	OPTIVITE P.M.T. TABS (Use multiple vitamins w/ minerals) ... 221	ORFADIN SUSP 76
		ORGOVYX 40
		ORIAHNN 77
		ORIGINAL MCKENZIE CERVICAL ROLL MISC 152
		ORLISSA 75
		O-RING CUSHION 16" DIAMETER MISC 152

ORKAMBI PACK	235	sulfacetamide sodium)	62	325 MG-10 MG, 325 MG-5 MG	9
ORKAMBI TABS	235	OVAL TAPE MISC	118	oxycodone w/ acetaminophen TABS	
ORLADEYO	82	OVIDE (Use malathion)	67	325 MG-2.5 MG, 325 MG-7.5 MG ..	9
orphenadrine citrate TB12	225	oxaprozin TABS	6	OXYCONTIN T12A	8
orphenadrine w/ aspirin & caff ...	226	oxazepam CAPS	13	oxymorphone hcl TABS	8
ORSERDU	40	OXBRYTA TABS	82	oxymorphone hcl TB12	8
oseltamivir phosphate CAPS 30 MG .		OXBRYTA TBSO	82	OXYTROL PTTW	239
49		oxcarbazepine SUSP	20	oyster shell	215
oseltamivir phosphate CAPS 45 MG,		oxcarbazepine TABS 150 MG, 300		OYSTER SHELL CALCIUM/D TABS .	
75 MG	49	MG	20	215	
oseltamivir phosphate SUSR	49	oxcarbazepine TABS 600 MG	20	OZEMPIC SOPN	26
OSENI 15 MG-12.5 MG, 45 MG-12.5		OXERVATE	229	paliperidone	44
MG (Use alogliptin-pioglitazone) ..	24	oxiconazole nitrate CREA	60	PAMELOR CAPS (Use nortriptyline	
OSENI 15 MG-25 MG, 30 MG-12.5		OXISTAT CREA (Use oxiconazole		hcl)	24
MG, 30 MG-25 MG, 45 MG-25 MG		nitrate)	60	PANDA MASK LARGE	209
(Use alogliptin-pioglitazone)	24	OXISTAT LOTN	60	PANDA MASK MEDIUM	210
OSMOLEX ER TB24 129 MG	43	OXTELLAR XR TB24	20	PANDA MASK SMALL	210
OSMOLEX ER TB24 193 MG	43	oxybutynin chloride SOLN	239	PANDEL	64
OSPHENA	75	oxybutynin chloride TABS 5 MG .	239	pantoprazole sodium PACK	238
OSTEOPRIME PLUS/CALCIUM &		oxybutynin chloride TABS	239	pantoprazole sodium TBEC	238
MAGNESIUM TABS	221	oxybutynin chloride TB24	239	PARADIGM REAL-TIME	
OTEZLA TABS	6	oxybutynin chloride TB24	239	TRANSMITTER	119
OTEZLA TBPk	6	oxycodone hcl CAPS	8	PARI ALTERA NEBULIZER	
OTOVEL (Use ciprofloxacin-		oxycodone hcl CONC 100 MG/5ML	8	HANDSET MISC	210
fluocinolone acetonide)	231	oxycodone hcl SOLN	8	PARI BABY CONVERSION KITSIZE	
OTREXUP SOAJ 10 MG/0.4ML, 12.5		oxycodone hcl T12A 10 MG, 20 MG,		1 MISC	210
MG/0.4ML, 15 MG/0.4ML, 17.5		40 MG, 80 MG	8	PARI BABY CONVERSION KITSIZE	
MG/0.4ML, 20 MG/0.4ML, 22.5		oxycodone hcl TABS 10 MG, 15 MG,		2 MISC	210
MG/0.4ML, 25 MG/0.4ML	3	20 MG, 30 MG	8	PARI BABY CONVERSION KITSIZE	
OVACE PLUS WASH GEL (Use		oxycodone hcl TABS 5 MG	8	3 MISC	210
sulfacetamide sodium)	61	oxycodone w/ acetaminophen SOLN		PARI ERAPID NEBULIZER	
OVACE PLUS WASH LIQD (Use		9		HANDSET MISC	210
sulfacetamide sodium)	62	oxycodone w/ acetaminophen TABS		PARI EXPIRATORY FILTER VALVE	
OVACE WASH LIQD (Use					

SET DEVI	210	PC LANCETS SUPER THIN 30G 119	PEDIATRIC PANDA MASK	210
PARI MANUAL INTERRUPTER DEVI	210	PC UNIFINE PENTIPS 29G X1/2" 188	PEDVAX HIB SUSP	240
PARI MASK SET MISC	210	PC UNIFINE PENTIPS 31G X5MM MINI	peg 3350-potassium chloride-sod bicarbonate-sod chloride	85
PARI SMARTMASK BABY/ELBOW MISC	210	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	PEGASYS SOLN	48
PARI SOFT PLASTIC ADULT MASK MISC	210	PC UNIFINE PENTIPS 31G X8MM SHORT	PEGASYS SOSY	48
PARI SOFT PLASTIC PEDIATRIC MASK MISC	210	PEAK A-I-R FLOW METER	PELVIC MUSCLE TRAINER MISC 152	
PARI TREK S COMBO PACK DEVI . 210		PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	PEMAZYRE	41
PARI VORTEX ADULT MASK ..	210	PEDAL EXERCISER MISC	PEN NEEDLES	188
paricalcitol CAPS	76	PEDIA-LAX SUPP (Use glycerin (laxative))	PEN NEEDLES 29GX12MM	188
PARLODEL CAPS (Use bromocriptine mesylate)	43	PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)	PEN NEEDLES 30GX5MM	188
PARLODEL TABS (Use bromocriptine mesylate)	43	PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	PEN NEEDLES 30GX8MM	188
paroxetine hcl SUSP	23	PEDIALYTE SINGLES SOLN (Use oral electrolytes)	PEN NEEDLES 31G X 3/16"	188
paroxetine hcl TABS	23	PEDIALYTE SOLN (Use oral electrolytes)	PEN NEEDLES 31G X 5MM	188
paroxetine hcl TB24	23	PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..	PEN NEEDLES 31G X 6MM	188
paroxetine mesylate (vasomotor) 235		PEDIARIX SUSY	PEN NEEDLES 31G X 8MM	188
PARVLEX TABS	221	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC .	PEN NEEDLES 31GX5/16"	188
PATADAY (Use olopatadine hcl) 230		210	PEN NEEDLES 31GX6MM (1/4") 188	
PATANASE (Use olopatadine hcl (nasal))	226	pediatric multiple vitamins CHEW 223	PEN NEEDLES 31GX8MM (5/16") 188	
PAXIL CR TB24 (Use paroxetine hcl)	23	pediatric multiple vitamins w/ iron CHEW	PEN NEEDLES 31GX8MM	188
PAXIL SUSP (Use paroxetine hcl) 23		222	PEN NEEDLES 32G X 4MM	188
PAXIL TABS (Use paroxetine hcl) .23		pediatric multivitamins w/fl CHEW 222	PEN NEEDLES 32G X 5MM	188
PAXLOVID 100 MG-150 MG	48		PEN NEEDLES 32G X 6MM	188
pazopanib hcl	41		PEN NEEDLES 32GX4MM	188
			PEN NEEDLES 33G X 5/32"	188
			PEN NEEDLES/29G X 1/2"	188
			PEN NEEDLES/31G X 1/4"	188

PEN NEEDLES/31G X 3/16"	188	PEPTO BISMOL TABS (Use bismuth subsalicylate)	29	PERTZYE CPEP	73
PEN NEEDLES/31G X 5/16"	188	PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	29	PEXEVA	23
PEN NEEDLES/31G X 6MM	188	PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	29	PFIZER-BIONTECH COVID-19VACCINE SUSP	242
PEN NEEDLES/32G X 5/32"	189	PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	29	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	242
penciclovir	62	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG (Use oxycodone w/ acetaminophen)	9	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	242
penicillamine CAPS	216	PERCOCET TABS 325 MG-2.5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	9	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	242
penicillamine TABS	216	PERFECT LANCETS 30G	119	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	242
penicillin v potassium SOLR	232	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	119	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	242
penicillin v potassium TABS	232	PERFOROMIST NEBU (Use formoterol fumarate)	15	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	242
PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))	61	perindopril erbumine	34	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	242
PENTACEL	236	permethrin CREA	67	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	242
pentamidine isethionate IN	37	permethrin LIQD EX	67	PFLEX MISC	211
PENTASA CPCR (Use mesalamine) .	79	permethrin LOTN	67	PH ACCESSORIES STORAGE SOLUTION 230ML MISC	152
PENTASA CPCR	79	perphenazine TABS	45	PHARMACIST CHOICE ALCOHOL PRED PADS	152
pentazocine w/ naloxone hcl	10	perphenazine-amitriptyline	233	PHARMACIST CHOICE ALCOHOLPREP PADS	152
PENTIPS 29G X 12MM	189	PERSERIS PRSY	44	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	119
PENTIPS 29GX12MM	189	PERSONAL BEST FULL RANGE 210		PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	72
PENTIPS 31G X 5MM	189	PERSONAL BLOOD PRESSURE SMART CARD MISC	152	PHARMACIST CHOICE MINI	
PENTIPS 31G X 8MM	189	PERSONALFIT FLEX CONNECTORS FOR PUMP IN STYLE MAXFLOW MISC	152		
PENTIPS 31GX5MM	189				
PENTIPS 31GX6MM	189				
PENTIPS 31GX8MM	189				
PENTIPS 32G X 4MM	189				
PENTIPS 32GX4MM	189				
PENTIPS 32GX6MM	189				
PENTOSAN POLYSULFATE SODIUM	53				
pentoxifylline	82				
PEPCID TABS (Use famotidine) .	237				

BLOOD GLUCOSE MONITORING SYSTEM DEVI	119	phenytoin CHEW	21 24	PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	119
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC .	211	phenytoin sodium extended 100 MG, 200 MG, 300 MG	21	PIP BLOOD GLUCOSE TEST STRIP STRP	72
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	72	phenytoin SUSP	21	PIP GLUCOSE CONTROL SOLUTION LIQD	119
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN 119		PHEXXI	243	PIP LANCETS/28G	119
PHARMACIST CHOICE ULTRA THIN LANCETS	119	PHOS-NAK POWDER CONCENTRATE PACK (Use potassium & sodium phosphates) 216		PIP LANCETS/30G	119
PHARMACIST CHOICE ULTRA THIN LANCETS	119	PHOSPHOLINE IODIDE	228	PIP PEN NEEDLES 31G X 5MM 189	
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	119	PHYTOMULTI TABS	221	PIP PEN NEEDLES 32G X 4MM 189	
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	119	PIFELTRO	47	PIQRAY 200MG DAILY DOSE ...	41
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	119	PIKO 1 ELECTRONIC	211	PIQRAY 250MG DAILY DOSE ...	41
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	119	PILL BOX 7 DAY MISC	152	PIQRAY 300MG DAILY DOSE ...	41
PHARMACY COUNTER LANCETS . 119		PILL COUNTING TRAY/RIGHTHANDED/SPATULA MISC	152	pirfenidone CAPS	235
PHAZYME ULTRA STRENGTH CAPS (Use simethicone)	78	PILL CRUSHER MISC	152	pirfenidone TABS	235
PHEBURANE PLLT	76	PILL POUCH MISC	152	piroxicam CAPS	6
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	81	PILL SPLITTER MISC	152	pitavastatin calcium	33
phenelzine sulfate	22	PILLOW MASK/ADULT MISC	211	PLASTIC BED PAN MISC	152
phenobarbital ELIX	84	PILLOW MASK/CHILD MISC	211	PLASTIC BOTTLES/30ML/TWIST TOP SIFTER CAPS MISC	152
phenobarbital TABS	84	PILLOW MASK/PEDIATRIC MISC 211		PLASTIC BOTTLES/90ML/TWIST TOP SIFTER CAPS MISC	152
phenoxybenzamine hcl	34	pilocarpine hcl (oral)	218	PLASTIC ENEMA BOTTLE/2OZ/20/410 OPENING MISC	152
phenylephrine hcl (mydriatic) SOLN 228		pilocarpine hcl SOLN 1 %, 2 %, 4 % . 228		PLASTIC JAR 6OZ MISC	152
phenylephrine in hard fat	11	pimecrolimus	65	PLASTIC SCOOP 1ML/4" HANDLE MISC	152
		pimozide	234	PLATFORM WALKER ATTACHMENT MISC	152
		pindolol TABS	50	PLATINUM REACHER 31" MISC 152	
		pioglitazone hcl	28		
		pioglitazone hcl-glimepiride	24		
		pioglitazone hcl-metformin hcl TABS .			

PLAVIX 75 MG (Use clopidogrel bisulfate)	82	POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	119	potassium acetate SOLN 2 MEQ/ML .	216
PLEGRIDY SOPN	234	POLY HUB NEEDLE/23G X 1" ..	189	POTASSIUM ACETATE SOLN 2 MEQ/ML	216
PLEGRIDY SOSY IM	234	POLY HUB NEEDLE/25G X 5/8" ..	189	potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ	216
PLEGRIDY SOSY SC	234	polyethylene glycol 3350 PACK ...	85	potassium chloride SOLN IV 2 MEQ/ML	216
PLEGRIDY STARTER PACK SOPN .	234	polyethylene glycol 3350 POWD ..	85	potassium chloride SOLN OR 10 %	216
PLEGRIDY STARTER PACK SOSY SC	234	POLYMEM NON-ADHESIVE PAD PADS	88	potassium chloride TBCR 8 MEQ, 10 MEQ	216
PLIAGLIS CREA	66	polymyxin b-trimethoprim	228	potassium citrate (alkalinizer) TBCR 15 MEQ, 540 MG, 1080 MG, 1620 MG	80
PNEUMOVAX 23	240	POLYPROPYLENE CAP/LINER MISC	152	potassium citrate-citric acid SOLN .	80
PNEUMOVAX 23/1 DOSE	240	polysaccharide iron complex CAPS 150 MG	84	POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML, 71 MEQ/15ML-45 MMOLE/15ML (Use potassium phosphates)	216
PNV-DHA+DOCUSATE	223	POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use bacitracin-polymyxin b)	59	potassium phosphates 236 MG/ML-224 MG/ML	216
PNV-OMEGA	223	POLYTRIM (Use polymyxin b-trimethoprim)	228	povidone-iodine SOLN 10 %	46
POCKET CHAMBER DEVI	211	POLY-VI-FLOR CHEW	222	POWER ADAPTOR PUMP IN STYLE/MAXFLOW MISC	152
POCKET MAGNIFIER MISC	152	polyvinyl alcohol 1.4 %	227	PRADAXA CAPS (Use dabigatran etexilate mesylate)	17
POCKET PEAK FLOW METER ..	211	polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML	227	PRADAXA CAPS	17
POCKET PRO+ REPLACEMENT SENSOR/TESTER MISC	152	POMALYST	40	PRADAXA PACK	17
POCKET SPACER DEVI	211	PONVORY 14-DAY STARTER PACK TBPK	234	PRALUENT SOAJ	34
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	119	PONVORY TABS	234	pramipexole dihydrochloride TABS	43
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS STRP ..	72	posaconazole SUSP	31	pramipexole dihydrochloride TB24	43
POCKETCHEM EZ CONTROL LEVEL 1 SOLN	119	posaconazole TBEC	31	prasugrel hcl	82
POCKETPEAK PEAK FLOW METER LOW RANGE	211	POSTURE SEAT MISC	152		
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	211	pot & sod citrates w/citric ac SOLN	80		
PODOCON-25 SOLN	65	potassium & sodium phosphates PACK	216		
podofilox SOLN	65				

pravastatin sodium	33	PRESERVATIVE KIT	153 189
praziquantel	12	PRECISION URINE	PREFERRED PLUS INSULIN
prazosin hcl CAPS	35	SPECIMENSYSYSTEM WITH	SYRINGE/U-100/0.5ML/29G X 1/2" .
PRECISION CATHETER		PRESERVATIVE MISC	153 189
URINESPECIMEN SYSTEM KIT KIT		PRECISION XTRA BLOOD	PREFERRED PLUS INSULIN
152		GLUCOSE TEST STRIPS STRP ..	72 SYRINGE/U-100/0.5ML/30G X 5/16"
PRECISION GLUCOSE		PRECISION XTRA KIT	119
KETONECONTROL SOLUTION 1-		PRECOSE (Use acarbose)	24 PREFERRED PLUS INSULIN
LOW, 1-HIGH LIQD	119	PRED FORTE (Use prednisolone	189 SYRINGE/U-100/1ML/28G X 1/2"
acetate (ophth))	229	PRED MILD	229 189
PRECISION MIDSTREAM		prednicarbate OINT	64 PREFERRED PLUS INSULIN
PRESERVATIVE KIT KIT	152	prednisolone acetate (ophth)	229 SYRINGE/U-100/1ML/29G X 1/2"
PRECISION SPECIMEN		PREDNISOLONE SODIUM	189
CONTAINER/5OZ MISC	153	PHOSPHATE	229 PREFERRED PLUS INSULIN
PRECISION SPECIMEN		prednisolone sodium phosphate	56 PREFERRED PLUS INSULIN
CONTAINER/POSITIVE SEAL		SOLN	56 SYRINGE/U-100/1ML/30G X 5/16"
INDICATOR MISC	153	prednisolone sodium phosphate	189
PRECISION SPECIMEN		TBDP	56 PREFERRED PLUS LANCETS
CONTAINER/POSITIVE SEAL		prednisolone SOLN	56 COLORED 21G
INDICATOR/118ML MISC	153	prednisolone TABS	56 119
PRECISION SPUTUM COLLECTOR		PREDNISONONE INTENSOL CONC	56 PREFERRED PLUS LANCETS
KIT WITH TUBE MISC	153	prednisone SOLN	56 SUPER THIN 30G
PRECISION SPUTUM COLLECTOR		prednisone TABS	56 119
KIT/TUBE MISC	153	prednisone TBPK	56 PREFERRED PLUS LANCETS THIN
PRECISION STOOL COLLECTOR		PREFERRED PLUS GLUCOSE ..	26 26G
MISC	153	PREFERRED PLUS INSULIN	189 PREFERRED PLUS UNIFINE
PRECISION SURE-DOSE INSULIN		SYRINGE/U-100/0.3ML/29G X 1/2" .	189 PENTIPS 29G X 12MM
SYRINGE/0.3ML/30G X 5/16" ...	189	189	189 PREFERRED PLUS UNIFINE
PRECISION THINS GP LANCET		PRECISION TISSUE GRINDER	189 PENTIPS 31G X 6MM ULTRA
119		MISC	153 SHORT
PRECISION TISSUE GRINDER		PRECISION TISSUE GRINDER/15ML MISC	153 PREFERRED PLUS UNIFINE
MISC	153	PRECISION TISSUE GRINDER/50ML MISC	153 PENTIPS 31G X 8MM SHORT ..
PRECISION TISSUE		PRECISION URINE	189 PREFERRED PLUS UNIFINE
GRINDER/15ML MISC	153	SPECIMENSYSYSTEM WITH	77 PENTIPS 32GX4MM
PRECISION TISSUE			189 PREFERRED PLUS UNIFINE
GRINDER/50ML MISC	153		189 PENTIPS/MINI/31GX5MM
PRECISION URINE			77 PREFEST
SPECIMENSYSYSTEM WITH			234 pregabalin (once-daily)
			20 pregabalin CAPS
			20 pregabalin SOLN

PREHEVBRIO	243	MCG-400 UNIT-25 MCG-155 MG-50	31GX5/16"	189
PREMARIN	243	MG-300 MG-40 UNIT-600 MCG-18	PREVIDENT 5000 DRY MOUTH	
PREMARIN TABS	77	MG	GEL (Use sodium fluoride (dental))	
PREMESISRX	223	PRENATE ELITE 75 MG-21 MG-330	218	
PREMIUM BLOOD GLUCOSE TEST		MCG-400 MCG-600 UNIT-13 MCG-	PREVIDENT FLUORIDE GEL (Use	
STRIPS STRP	72	3.5 MG-21 MG-3 MG-155 MG-25	sodium fluoride (dental))	218
PREMIUM CONDOMS		MG-15 MG-1.5 MG-2600 UNIT-150	PREVNAR 13	240
LUBRICATED MISC	94	MCG-40 UNIT-600 MCG-20 MG .224	PREVNAR 20	240
PREMIUM PILL CRUSHER MISC		PRENATE ENHANCE	PREVYMIS TABS	48
153		224	PREZCOBIX	47
PREMPHASE	77	PRENATE ESSENTIAL 90 MG-26	PREZISTA SUSP	47
PREMPRO 1.5 MG-0.3 MG, 1.5 MG-		MG-280 MCG-400 MCG-220 UNIT-	PREZISTA TABS (Use darunavir) .47	
0.45 MG	77	13 MCG-155 MG-50 MG-300 MG-	PREZISTA TABS 75 MG, 150 MG,	
PREMPRO 2.5 MG-0.625 MG, 5 MG-		150 MCG-10 UNIT-40 MG-600 MCG-	600 MG, 800 MG	47
0.625 MG	77	18 MG	PRIFTIN	39
PRENAISSANCE	223	224	PRILOSEC PACK	238
PRENAISSANCE PLUS CAPS ..	223	PRENATE MINI 60 MG-26 MG-280	PRIMACARE	224
PRENATAL PLUS VITAMIN		MCG-400 MCG-1000 UNIT-13 MCG-	PRIMAQUINE PHOSPHATE TABS	
ANDMINERAL TABS	223	80 MG-25 MG-350 MG-18 MG-150	(Use primaquine phosphate)	38
PRENATAL TABS 120 MG-10 MG-1		MCG-10 UNIT-600 MCG-25 MG .224	primaquine phosphate TABS	38
MG-10 MCG-12 MCG-3 MG-20 MG-		PRENATE PIXIE	primidone	20
1200 MCG-27 MG-200 MG-1.84 MG-		224	primidone 50 MG, 250 MG	20
25 MG-2 MG-10 MG	224	PRENATE RESTORE	PRIORIX SUSR	243
prenatal vit w/ ferrous fumarate-l		224	PRISTIQ (Use desvenlafaxine	
methylfolate-folic acid	224	PRENATRIX TABS	succinate)	23
prenatal vit w/ iron carbonyl-folic acid		224	PRISTIQ 50 MG (Use desvenlafaxine	
TABS 120 MG-10 MG-1.25 MG-315		PRENATRYL TABS	succinate)	23
UNIT-15 MCG-3.4 MG-10 MG-1 MG-		224	PRO COMFORT ALCOHOL PADS	
2 MG-15 MG-10 MG-20 UNIT-2100		PRESERVISION AREDS TABS .221	153	
UNIT-50 MG	224	PRETOMANID	PRO COMFORT FOOT BATH MISC	
prenatal without a w/ fe fumarate-l		39	153	
methylfolate-fa-dha	224	PREVACID 24HR CPDR (Use	PRO COMFORT INHALER SPACER	
PRENATE	224	lansoprazole)	CHAMBER ADULT MISC	211
PRENATE AM	224	238		
PRENATE DHA 90 MG-26 MG-400		PREVACID CPDR 30 MG (Use		
		lansoprazole)		
		238		
		PREVACID SOLUTAB TBDD (Use		
		lansoprazole)		
		238		
		PREVENT DROPSAFE SAFETY		
		PEN NEEDLES 31GX1/4"		
		189		
		PREVENT DROPSAFE SAFETY		
		PEN NEEDLES 31GX5/16"		
		189		
		PREVENT SAFETY PEN NEEDLES		
		31GX1/4"		
		189		
		PREVENT SAFETY PEN NEEDLES		

PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	211	DEVI	93	GLUCOSE MONITORING SYSTEM DEVI	120
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	211	PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	120	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	120
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" ...	189	PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP ..	72	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	120
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" .	189	PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	120	PRODIGY CONTROL SOLUTIONHIGH SOLN	120
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" .	189	PROAIR DIGIHALER	16	PRODIGY CONTROL SOLUTIONLOW SOLN	120
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	189	PROAIR HFA AERS (Use albuterol sulfate)	16	PRODIGY COUNT-A-DOSE MISC 120	
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" ...	190	PROAIR RESPICLICK AEPB	16	PRODIGY INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	190
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PRO COMFORT PEN NEEDLES/32G X 6MM	190	PROCARE WRIST BLOOD PRESSURE MONITOR DEVI	93	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	120
PRO COMFORT PULSE OXIMETER/FINGER MISC	153	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	211	PRODIGY SAFETY LANCETS ..	120
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED ..	120	prochlorperazine	45	PRODIGY TWIST TOP LANCETS 120	
PRO HEALTH MINI TALKING BLOOD PRESSURE MONITOR DEVI	93	prochlorperazine maleate TABS ..	45	PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	120
PRO HEALTH TRACK BLUETOOTH BLOOD PRESSURE MONITOR		PROCRIT	83	PROFILNINE	82
		PROCTOCORT EX (Use hydrocortisone (rectal))	11		
		PROCTOFOAM HC FOAM EX	11		
		PROCYSBI CPDR	80		
		PROCYSBI PACK	80		
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progesterone CAPS	232	propylthiouracil	236	psyllium POWD 28.3 %, 48.57 %, 58.6 %, 95 %	85
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212	RIGHTEST GD500 LANCING		25	
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52	RIGHTEST GL300 LANCETS ...	122	RISPERDAL CONSTA 12.5 MG, 25	
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52	KIT	122	RISPERDAL SOLN (Use risperidone)	
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(Use atazanavir sulfate)				
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ROBINUL TABS (Use glycopyrrolate)	237	ROZEREM (Use ramelteon)	84	MISC	155
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ROCKLATAN	229	RUBBER BATH MAT MISC	155	SAFE-SENSE HEAD	
roflumilast	14	RUBBER INFLATABLE CUSHION		COVER/BOUFFANT CAP 21" MISC .	155
ROLLATOR ULTRA-LIGHT MISC	155	MISC	155	SAFE-SENSE HEAD	
ROLLER WALKER MISC	155	RUBRACA	41	COVER/BOUFFANT	
ROLLING WALKER/BURGUNDY		RUCONEST	82	CAP/CIRCULAR/ 21" MISC	155
MISC	155	rufinamide SUSP	20	SAFE-SENSE LAB COAT/KNITTED	
ROLVEDON	83	rufinamide TABS 200 MG	20	COLLAR/CUFFS/LARGE MISC ..	155
ropinirole hydrochloride TABS 0.25		rufinamide TABS 400 MG	20	SAFE-SENSE LAB COAT/KNITTED	
MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4		RUKOBIA	47	COLLAR/CUFFS/MEDIUM MISC	155
MG	43	RX LOCKING CAP MISC	155	SAFE-SENSE LAB COAT/KNITTED	
ropinirole hydrochloride TABS 5 MG .		RYALTRIS	226	COLLAR/CUFFS/SMALL MISC ..	155
43		RYBELSUS TABS	26	SAFE-SENSE LAB COAT/KNITTED	
ropinirole hydrochloride TB24	43	RYDAPT	41	COLLAR/CUFFS/X-LARGE MISC	155
ROSDAN KIT	67	RYSTIGGO	217	SAFE-SENSE SHOE COVER/NON-	
rosuvastatin calcium TABS	33	RYTARY CPCR	43	SKID MISC	155
		RYTHMOL SR CP12 (Use propafenone hcl)	13	SAFE-T-LANCE LOW FLOW 25G	
				122	
				SAFE-T-LANCE NORMAL	
				FLOW21G	122
				SAFE-T-LANCE PLUS	

SAFETYLANCET HIGH FLOW ..123	salicylic acid LIQD 27.5 % 65	SAPS HEALTH PLUS TWIST TOP LANCETS 30G .....123
SAFE-T-LANCE PLUS	SALICYLIC ACID OINT 65	SAPS HEALTH TWIST TOP LANCETS 30G .....123
SAFETYLANCET LOW FLOW .. 123	saline SOLN 226	SAPSCARE TWIST TOP LANCETS 30G .....123
SAFE-T-LANCE PLUS	salsalate 7	SAMSCA TABS (Use tolvaptan) ...77
SAFETYLANCET NORMAL FLOW 123	SAMI THE SEAL REPLACEMENTFILTERS MISC .212	SAVAYSA 16
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" 191	SANCUSO PTCH .....30	SAVELLA TABS .....233
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" .....191	SANDIMMUNE CAPS (Use cyclosporine) .....217	SAVELLA TITRATION PACK MISC 233
SAFETY INSULIN SYRINGES 1ML/29GX1/2" 191	SANDIMMUNE SOLN OR .....217	saxagliptin hcl 26
SAFETY INSULIN SYRINGES 1ML/30GX1/2" 191	SANDOSTATIN LAR DEPOT KIT .77	saxagliptin-metformin hcl .....24
SAFETY LANCET 30G/PRESSURE ACTIVATED .....123	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate) .....77	SB ALCOHOL PREP PADS 155
SAFETY LANCETS .....123	SANOVI COVID-19 VACCINE/ANTIGEN COMPONENT . 243	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" 191
SAFETY LANCETS 21G .....123	SAPHRIS 10 MG (Use asenapine maleate) .....45	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .....191
SAFETY LANCETS 23G .....123	SAPHRIS 2.5 MG, 10 MG (Use asenapine maleate) .....45	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" 191
SAFETY LANCETS 28G .....123	SAPHRIS 5 MG (Use asenapine maleate) .....45	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....191
SAFETY LANCETS/PRESSURE ACTIVATED/28G 123	sapropterin dihydrochloride PACK .76	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" .....191
SAFETY PEN NEEDLES/30G X3/16" .....191	sapropterin dihydrochloride TABS .76	SB LANCETS THIN .....123
SAFETY PEN NEEDLES/30G X5/16" .....191	SAPS CARE ALCOHOL PREP PADS .....155	SB LANCETS ULTRA THIN 123
SAFETY SYRINGES/NEEDLE 3ML/20GX1" 191	SAPS HEALTH ALCOHOL PREPPADS .....155	SCSEMBLIX 41
SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...55	SAPS HEALTH CARE ALCOHOLPREP PADS .....155	scopolamine .....30
SAIZEN IJ .....75	SAPS HEALTH CARE TWIST TOP LANCETS 123	SEALS/ALUMINUM/FLIP OFF/13MM/BLANK TOP MISC ...155
SALICATE LIQD .....65		SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT FOOT/ANKLE MISC .....155
salicylic acid FOAM .....65		SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT HAND MISC 155
salicylic acid GEL 6 % 65		

SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG ARM MISC	155	ethinyl estradiol (91-day))	55	SE-NATAL 19 CHEW	224
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG LEG MISC	155	SEATING CANE/8-1/2" SEATDIAMETER MISC	156	SE-NATAL 19 TABS	224
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT SHORT ARM MISC	155	SECUADO	45	SENNA SYRP	86
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT SHORT LEG MISC	156	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" . 192		sennosides TABS 8.6 MG, 15 MG .86	
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT ARM MISC	156	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" 192		sennosides-docusate sodium TABS 85	
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT LEG MISC	156	SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	192	SENOKOT S TABS (Use sennosides-docusate sodium)	85
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE ARM MISC	156	SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1" 192		SENOKOT TABS (Use sennosides) 86	
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE LEG MISC	156	SEGLENTIS	9	SENSI-CARE MOISTURIZING CREA	66
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM ARM MISC	156	SEGLUROMET	24	SENSIPAR (Use cinacalcet hcl) ..	76
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM LEG MISC	156	SELECT-LITE DEVICE/LANCETS KIT	123	SENTRY SENIOR/LUTEIN TABS 221	
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL ARM MISC	156	SELECT-LITE LANCING DEVICE MISC	123	SEREVENT DISKUS	16
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL LEG MISC	156	SELECT-OB CHEW	224	SEROQUEL TABS (Use quetiapine fumarate)	45
SEAL-TIGHT MID-ARM PROTECTOR MISC	156	SELECT-OB+DHA MISC	224	SEROQUEL XR TB24 (Use quetiapine fumarate)	45
SEASONIQUE (Use levonorgestrel-		selegiline hcl CAPS	43	SEROSTIM SC 4 MG, 5 MG, 6 MG 75	
		selegiline hcl TABS	43	sertraline hcl CONC	23
		selenium sulfide LOTN 2.5 %	62	sertraline hcl TABS	23
		selenium sulfide SHAM 2.25 %, 2.3 %	62	SERTRALINE HYDROCHLORIDE CAPS	23
		SELZENTRY SOLN	47	SERUM BOTTLE STOPPER 20MM MISC	156
		SELZENTRY TABS (Use maraviroc) . 47		SERUM BOTTLE/250ML MISC ..	156
		SELZENTRY TABS	47	SERUM BOTTLES/AMBER GLASS/20ML/20MM MISC	156
		SEMGLEE SOLN	28	SERUM BOTTLES/AMBER GLASS/30ML/20MM MISC	156
		SEMGLEE SOPN	28	SERUM BOTTLES/CLEAR	

GLASS/50ML/20MM MISC	156	NEEDLES/MINI/REMOVER/31GX5M M	192	hypertension) SOLN	53
SETTLING PLATE		SHOPKO UNIFINE PENTIPS PLUS PEN		sildenafil citrate (pulmonary hypertension) SUSR	53
SDA/29ML/100X15MM MISC	156	NEEDLES/REMOVER/29GX12MM . 192		sildenafil citrate (pulmonary hypertension) TABS	53
SETTLING PLATE		SHOPKO UNIFINE PENTIPS PLUS PEN		SILENOR (Use doxepin hcl (sleep)) . 84	
TSA/25ML/100X15MM MISC	156	NEEDLES/SHORT/REMOVR/31GX8 MM	192	SILICONE EAR PLUGS FOR KIDS MISC	156
sevelamer carbonate PACK	80	SHOPKO UNILET LANCETS		SILICONE EAR PLUGS MISC ...	156
sevelamer carbonate TABS	80	SUPER THIN 30G	123	SILICONE EARPLUGS CHILDRENS MISC	156
sevelamer hcl	80	SHOPKO UNILET LANCETS ULTRA THIN 28G	123	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	212
SEVENFACT	82	SHOWER-PAK MISC	156	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	212
SFROWASA ENEM	79	SIDESTREAM ADULT FACE MASK MISC	212	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	212
SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/AFRICAN AMERICAN MISC	156	SIDESTREAM PEDIATRIC FACEMASK MISC	212	SILIGENTLE SILICONE FOAMDRESSING/BORDERED PADS	89
SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/CAUCASIAN MISC	156	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC . 212		SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	89
SHINGRIX	243	SIDESTREAM PLUS ADULT FACE MASK MISC	212	SILIQ	61
SHOPKO AUTOLET LANCING DEVICE MISC	123	SIGNATURE PRO DOUBLE ELECTRIC BREAST PUMP MISC 156		silodosin	81
SHOPKO ON-THE-GO COMFORTLANCETS 30G	123	SIGNATURE PRO HEALTHCAREDOUBLE ELECTRIC BREAST PUMP MISC	156	SILVADENE (Use silver sulfadiazine)	62
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM ..	192	SIGNIFOR	77	SILVER NITRATE SOLN 0.5 % ...	62
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	192	SIGNIFOR LAR	77	silver sulfadiazine	62
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM 192		SIKLOS TABS	82		
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM ..	192	sildenafil citrate (pulmonary			
SHOPKO UNIFINE PENTIPS PLUS PEN					
NEEDLES/MICRO/REMOVR/32GX4 MM	192				
SHOPKO UNIFINE PENTIPS PLUS PEN					

SIMBRINZA	228	sirolimus TABS 1 MG, 2 MG	217	SM BLOOD PRESSURE MONITOR SERIES 800/ARM DEVI	93
simethicone CAPS 125 MG, 180 MG 78		sirolimus TABS	217	SM BLOOD PRESSURE MONITOR/ADVANCED AUTOMATIC DEVI	93
simethicone CHEW	78	SIRTURO	39		
simethicone SUSP	78	SITAVIG TABS BU	49		
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	123	SITZ BATH MISC	157	SM BLOOD PRESSURE MONITOR/AUTOMATIC INFLATION MISC	93
SIMPLE WISHES PUMPING BRALARGE-PLUS HANDS- FREE/ADJUSTABLE MISC	156	SIVEXTRO TABS	37		
SIMPLE WISHES PUMPING BRAXS-L HANDS- FREE/ADJUSTABLE MISC	157	SKELAXIN (Use metaxalone) ...	225	SM BLOOD PRESSURE MONITOR/DELUXE AUTOMATIC DEVI	93
SIMPLYGO BREAST PUMP/DUAL MISC	157	skin protectants, misc. CREA	66		
SIMPLYGO BREAST PUMP/SINGLE MISC	157	SKYRIZI PEN SOAJ	61	SM BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	93
SIMPONI ARIA SOLN	4	SKYRIZI SOCT	79		
SIMPONI SOAJ	4	SKYRIZI SOLN	79	SM BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	93
SIMPONI SOSY	4	SKYRIZI SOSY	61		
simvastatin TABS	33	SKYTROFA	75	SM BLOOD PRESSURE MONITOR/MANUAL INFLATION DEVI	93
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa- levodopa)	43	SLEEPRIGHT DENTAL GUARD DURA-COMFORT MISC	157		
SINGLE-LET	123	SLEEPRIGHT DENTAL GUARD MISC	157	SM BLOOD PRESSURE MONITORSERIES 200 DEVI	93
SINGULAIR CHEW (Use montelukast sodium)	14	SLEEPRIGHT DENTAL GUARD SLIM-COMFORT MISC	157		
SINGULAIR CHEW 4 MG (Use montelukast sodium)	14	SLEEPRIGHT INTRA-NASAL BREATHE AID MISC	157	SM BLOOD PRESSURE MONITORSERIES 600 DEVI	93
SINGULAIR PACK (Use montelukast sodium)	14	SLEEPRIGHT INTRA-NASAL VAPOR INHALER MISC	157	SM COTTON SWABS SWAB	157
SINGULAIR TABS (Use montelukast sodium)	14	SLEEPRIGHT SPORT INTRA- NASAL BREATHE AID MISC	157	SM FOAM EAR PLUGS MISC ...	157
SINUVA IMPL	226	SLO-NIACIN TBCR 500 MG (Use niacin)	244	SM GAUZE PADS 4"X4" PADS ...	89
sirolimus SOLN	217	SLYND	56	SM GLUCOSE	26
		SM ALCOHOL PREP PADS	157	SM MICRO THIN LANCETS 33G 123	
		SM BLOOD PRESSURE MONITOR SERIES 200W/WRIST DEVI	93	SM ONE DAILY WOMENS TABS 221	
		SM BLOOD PRESSURE MONITOR SERIES 600W/WRIST DEVI	93	SM STERILE PADS PADS	89
				SM TRUEDRAW LANCING DEVICE MISC	123
				SM WALKER/YOUTH/FOLDING/DUAL WHEELS MISC	157

SM WRIST CUFF BLOOD PRESSURE MONITOR MISC .....93	SMARTEST PRONTO STARTERKIT KIT 124	sodium phosphates (sodium phosphate dibasic & monobasic) 142 MG/ML-276 MG/ML 216
SMART DIABETES VANTAGE LANCING DEVICE MISC .....123	SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI 124	sodium phosphates ENEM 85
SMART SENSE COLOR LANCETS UNIVERSAL 33G 123	SMARTEST PROTEGE STARTERKIT KIT 124	sodium polystyrene sulfonate POWD 217
SMART SENSE GLUCOSE .....26	SNAP-ON CHLOROBUTYL STOPPER/13MM/GREY MISC ...157	sodium polystyrene sulfonate SUSP OR 15 GM/60ML 217
SMART SENSE GLUCOSE TABLETS .....26	SODIUM ACETATE SOLN (Use sodium acetate) 215	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL 58
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT 123	sodium acetate SOLN 215	SOFOSBUVIR/VELPATASVIR TABS .....48
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP 73	sodium bicarbonate (antacid) TABS 325 MG, 650 MG .....11	SOFT HANDS COTTON GLOVE/EXTRA LARGE MISC ...157
SMART SENSE STANDARD LANCETS UNIVERSAL 21G 123	sodium chloride (gu irrigant) 0.9 % 80	SOFT HANDS COTTON GLOVE/LARGE MISC .....157
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G 124	sodium chloride flush 216	SOFT HANDS COTTON GLOVE/SMALL-MEDIUM MISC . 157
SMART SENSE THIN LANCETSUNIVERSAL 26G .....124	sodium chloride hypertonic OINT 230	SOF-WICK 4"X4" PADS .....89
SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP .....73	sodium chloride hypertonic SOLN 230	SOGROYA 75
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT 124	sodium chloride SOLN IJ 0.9 % ..216	SOHONOS .....225
SMARTEST BLOOD GLUCOSE TEST STRIPS STRP 73	sodium citrate & citric acid 80	solifenacin succinate TABS 239
SMARTEST CONTROL SOLUTIONMEDIUM SOLN 124	sodium fluoride (dental) CREA ...218	SOLILQUA 100/33 24
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI 124	sodium fluoride (dental) GEL .....218	SOLIRIS .....82
SMARTEST EJECT STARTER KIT KIT .....124	sodium fluoride (dental) PSTE DT 218	SOLO TABS .....221
SMARTEST LANCETS 28G .....124	sodium fluoride (dental) SOLN 0.2 % 218	SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (Use minocycline hcl) 236
SMARTEST PERSONA STARTERKIT KIT 124	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG 216	SOLOSEC .....3
	sodium fluoride-potassium nitrate GEL .....218	SOLTAMOX SOLN 40
	SODIUM OXYBATE SOLN .....232	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI .....124
	sodium phenylbutyrate POWD .....76	SOLUS V2 AUDIBLE BLOOD
	sodium phenylbutyrate TABS .....76	

GLUCOSE MANAGEMENT SYSTEM KIT	124	SOTYLIZE SOLN OR	50	SPRAVATO 56MG DOSE	22
SOLUS V2 AUDIBLE TEST STRP 73		SOVALDI PACK	48	SPRAVATO 84MG DOSE	22
SOLUS V2 CONTROL HIGH SOLN 124		SOVALDI TABS	48	SPRAY APPLICATOR KIT MISC	157
SOLUS V2 CONTROL LOW SOLN 124		SPHYGMOMANOMETER ANEROID MISC	93	SPRAY BOTTLE 120ML/PLASTIC MISC	157
SOLUS V2 LANCING DEVICE MISC 124		SPIKEVAX COVID-19 VACCINE SUSP	243	SPRITAM TB3D	20
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	124	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	243	SPRYCEL	41
SOLUS V2 TWIST LANCETS 30G 124		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	243	STALEVO 100 (Use carbidopa-levodopa-entacapone)	43
SOMA TABS (Use carisoprodol) .	225	SPIKEVAX COVID-19 spinosad	67	STALEVO 125 (Use carbidopa-levodopa-entacapone)	43
SOMATULINE DEPOT	77	SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) .	13	STALEVO 150 (Use carbidopa-levodopa-entacapone)	43
SOOTHENEB NBL 100 CHILD MASK MISC	212	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	13	STALEVO 200 (Use carbidopa-levodopa-entacapone)	43
SOOTHENEB NBL 100 MEDICATION CUP MISC	213	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	13	STALEVO 50 (Use carbidopa-levodopa-entacapone)	43
SOOTHENEB NBL 100 MESH CAP MISC	213	SPIRO PD DEVI	213	STALEVO 75 (Use carbidopa-levodopa-entacapone)	43
SOOTHENEB NBL100 ADULT MASK MISC	213	spironolactone & hydrochlorothiazide	74	STAMARIL SUSR	243
SOOTHIES COOLING GEL PADS MISC	157	spironolactone SUSP	74	STANDARD CRUTCH TIP MISC	157
SOOTHIES GEL PADS/REUSABLE MISC	157	spironolactone TABS	74	STEEL ROLLING WALKER MISC	157
sorafenib tosylate	41	SPLASH SHIELD/FULL FACE MISC	157	STEGLATRO	28
SORBIDON HYDRATE CREA	66	SPLASH SHIELD/SHORT FACE MISC	157	STEGLUJAN	24
SORILUX FOAM	61	SPLIT HANDGRIPS MISC	157	STELARA 130 MG/26ML	79
sotalol hcl (afib/afI)	50	SPORANOX CAPS (Use itraconazole)	31	STELARA SOLN 45 MG/0.5ML ...	61
sotalol hcl TABS 80 MG	50	SPORANOX PULSEPAK CAPS (Use itraconazole)	31	STELARA SOSY	61
sotalol hcl TABS	50	SPORANOX SOLN (Use itraconazole)	31	STEP COUNTER MISC	157
SOTYKTU	61			STEP N' REST II WALKER MISC	157
				STEP N' REST MISC	157
				STEP N' REST WALKER MISC ..	157

STEP N' REST WALKER/5" SWIVEL WHEELS/GLIDE WHEELS MISC 157	STROVITE FORTE TABS (Use multiple vitamins w/ minerals) 221	sulfacetamide sodium w/ sulfur PADS 10 %-4 % 59
STERILANCE PA MISC 124	STROVITE ONE TABS 221	sulfacetamide sodium w/ sulfur SUSP 8 %-4 % 59
STERILANCE TL 124	SUBLOCADE SOSY 10	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 % 59
STERILE PADS 4"X4" PADS 89	SUBOXONE FILM SL (Use buprenorphine hcl-naloxone hcl dihydrate) 10	sulfacetamide sod-prednisolone SOLN 229
STETHOSCOPE DUAL HEAD MISC 157	sucralfate SUSP 237	sulfadiazine TABS 235
STETHOSCOPE SINGLE HEAD MISC 157	sucralfate TABS 237	sulfamethoxazole-trimethoprim SUSP 37
STETHOSCOPE/NURSES BLUE MISC 157	SUCTION GRAB BAR MISC 158	sulfamethoxazole-trimethoprim TABS 37
STETHOSCOPE/SPRAGUE RAPPAPORT STYLE MISC 157	SUCTION TIPS FOR TRANSFERBENCHES MISC 158	SULFAMYLLON CREA 62
STIMUFEND 83	SUDAFED CHILDRENS LIQD ... 226	sulfasalazine TABS 79
STIOLTO RESPIMAT 16	SUDAFED CONGESTION TABS (Use pseudoephedrine hcl) 226	sulfasalazine TBEC 79
STIRRING ROD/GLASS 12X1/4" MISC 157	SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl) 226	sulindac TABS 6
STIVARGA 41	SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine) 51	SUMADAN KIT 59
STOCKING APPLICATOR/PETITE MISC 158	sulfacetamide sodium (acne) 58	SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) ... 59
STOCKING APPLICATOR/REGULAR MISC . 158	sulfacetamide sodium (ophth) OINT 228	SUMADAN XLT KIT 59
STOP LICE EGG & NIT REMOVAL SYSTEM MISC 158	sulfacetamide sodium (ophth) SOLN . 228	sumatriptan 214
STRAINER/STAINLESS STEELWITH PLASTIC HANDLE/2- 1/2" MISC 158	sulfacetamide sodium GEL 62	sumatriptan succinate SOAJ 214
STRATTERA (Use atomoxetine hcl) . 2	sulfacetamide sodium LIQD 62	sumatriptan succinate SOCT 214
STRIBILD 47	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 % 58	sumatriptan succinate SOLN 6 MG/0.5ML 214
STRIVE DUAL ZONE PEAK FLOW METER 213	sulfacetamide sodium w/ sulfur EMUL 10 %-1 % 58	sumatriptan succinate TABS 214
STRIVERDI RESPIMAT 16	sulfacetamide sodium w/ sulfur FOAM 58	sumatriptan-naproxen sodium ... 214
STROMECTOL (Use ivermectin) . 12	sulfacetamide sodium w/ sulfur LIQD 59	SUMAXIN CP KIT 59
		SUMAXIN PADS 59
		sunitinib malate 41
		SUNLENCA SOLN 47
		SUNLENCA TBPK 47

SUNOSI 150 MG .....2	PADS .....158	192
SUNOSI 75 MG .....2	SURE COMFORT AUTOKEEPER	SURE COMFORT INSULIN
SUPER THIN LANCETS .....124	SAFETY PEN NEEDLES 31GX1/4" .	SYRINGE/U-100/1ML/28G X 1/2"
	192	192
SUPPOSITORY MOLD 2GM MISC	SURE COMFORT AUTOKEEPER	SURE COMFORT INSULIN
158	SAFETY PEN NEEDLES 32GX5/32"	SYRINGE/U-100/1ML/29G X 1/2"
SUPPOSITORY	.....192	193
MOLD/ALUMINUM2GM/100 CAVITY	SURE COMFORT INSULIN	SURE COMFORT INSULIN
MISC .....158	SYRINGE/U-100/0.3ML/29G X 1/2" .	SYRINGE/U-100/1ML/30G X 1/2"
SUPPOSITORY MOLDS	192	193
1.3ML/PEEL-AWAY MISC .....158	SURE COMFORT INSULIN	SURE COMFORT INSULIN
SUPPOSITORY MOLDS	SYRINGE/U-100/0.3ML/30G X 1/2" .	SYRINGE/U-100/1ML/30G X 5/16"
2.25ML/PEEL-AWAY MISC 158	192	193
SUPPOSITORY MOLDS 2CC/V-	SURE COMFORT INSULIN	SURE COMFORT INSULIN
NOTCH MISC .....158	SYRINGE/U-100/0.3ML/30G X 5/16"	SYRINGE/U-100/1ML/31G X 5/16"
	.....192	193
SUPPOSITORY MOLDS 2GM MISC	SURE COMFORT INSULIN	SURE COMFORT INSULIN
158	SYRINGE/U-100/0.3ML/31G X 5/16 .	SYRINGES/0.5ML/31G X 6MM ..193
SUPPOSITORY MOLDS 2ML/PEEL-	192	
AWAY MISC 158	SURE COMFORT INSULIN	SURE COMFORT INSULIN
SUPPOSITORY MOLDS 3ML/PEEL-	SYRINGE/U-100/0.3ML/31G X 5/16"	SYRINGES/U-100/1ML/31GX6MM
AWAY MISC 158	.....192	193
SUPPOSITORY SHELL 2.0ML MISC	SURE COMFORT INSULIN	SURE COMFORT LANCETS 18G
.....158	SYRINGE/U-100/0.3ML/31GX1/4"	124
SUPPOSITORY SHELL RACK MISC	192	SURE COMFORT LANCETS 21G
.....158	SURE COMFORT INSULIN	124
SUPPOSITORY SHELLS 2.4ML	SYRINGE/U-100/0.5ML/28G X 1/2" .	SURE COMFORT LANCETS 23G
MISC158	192	124
SUPPOSITORY SHELLS	SURE COMFORT INSULIN	SURE COMFORT LANCETS 28G
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	192	SURE COMFORT LANCETS 30G
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SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	193	SURE-LANCE FLAT LANCETS .	125	SWIM EARPLUGS MISC	158
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SURE COMFORT PEN NEEDLES32GX5/32"	193	SURE-LANCE THIN LANCETS 28G 125		SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl)	233
SURE COMFORT PEN NEEDLES32GX6MM	193	SURE-LANCE ULTRA THIN LANCETS	125	SYMDEKO	235
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	193	SURELIFE BLOOD PRESSURE MONITOR/ARM DEVI	94	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)	47
SURE-FINE PEN NEEDLES 31GX3/16" 5MM	193	SURELIFE BLOOD PRESSURE MONITOR/ARM/PREMIUM DEVI .	94	SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate)	47
SURE-FINE PEN NEEDLES 31GX5/16" 8MM	193	SURELIFE BLOOD PRESSURE MONITOR/WRIST/CLASSIC DEVI	94	SYMJEPI SOSY	244
SURE-JECT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	193	SURELIFE BLOOD PRESSURE MONITOR/WRIST/PREMIUM DEVI	94	SYMLINPEN 120 SOPN	24
SURE-JECT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	193	SURELIFE CLEARWAVE II PULSE OXIMETER MISC	158	SYMLINPEN 60 SOPN	24
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SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	193	SURELITE LANCETS	125	SYMPHONY DOUBLE PUMPING SYSTEM MISC	158
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	193	SURE-PEN MISC	125	SYMPROIC	79
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	193	SURE-PREP ALCOHOL PREP PADS	158	SYMTUZA	47
SURE-JECT INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	193	SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	73	SYNALAR CREA (Use fluocinolone acetonide)	64
SURE-JECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	193	SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER DEVI	125	SYNALAR CREAM KIT	64
SURE-JECT INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	193	SURE-TOUCH LANCETS UNIVERSAL	125	SYNALAR OINT (Use fluocinolone acetonide)	64
SURE-JECT INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	193	SUSTIVA CAPS (Use efavirenz) ..	47	SYNALAR OINTMENT KIT	64
		SUSTIVA TABS (Use efavirenz) ..	47	SYNALAR SOLN (Use fluocinolone acetonide)	64
				SYNALAR TS	64
				SYNAREL	75
				SYNJARDY TABS	24
				SYNJARDY XR TB24	24

SYNTHROID TABS (Use levothyroxine sodium)	236	TADLIQ SUSP	53	TARON-C DHA	224
SYPRINE (Use trientine hcl)	216	TAFINLAR CAPS	41	TARON-PREX	224
SYRINGE ACCESSORIES/LEURTIP CAP TRAY MISC	158	TAFINLAR TBSO	41	TARPEYO CPDR	56
SYRINGE DIAL-A-DOSE MISC ..	158	tafluprost	230	TASCENSO ODT	234
SYRINGE/LUER LOCK/3ML/20G X 1"	193	TAGRISSO	39	TASIGNA	41
SYRINGES/LUER LOCK/1ML/20GX1"	193	TAKEAWAY ENVIRONMENTAL RETURN SYSTEM ENVELOPE MISC	158	tasimelteon CAPS	84
SYSTANE ICAPS AREDS2 TABS 221		TAKEAWAY ENVIRONMENTAL RETURN SYSTEM MISC	158	TASMAR (Use tolcapone)	42
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS ..	218	TAKHZYRO SOLN	82	tavaborole	60
TABLET CUTTER/CRUSHER MISC .	158	TAKHZYRO SOSY	82	TAVALISSE	82
TABLET CUTTER/DELUXE SAFETY MISC	158	TALICIA	239	TAVNEOS	82
TABLET CUTTER/SAFETY SHIELD MISC	158	TALKING SENSE BLOOD PRESSURE MONITOR/REGULAR SIZE CUFF DEVI	94	TAYTULLA CAPS (Use norethin acet & estrad-fe)	55
TABLET CUTTER/SAFETY-SHIELD MISC	158	TALKING SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	94	tazarotene CREA	61
TABLOID	39	TALTZ SOAJ	61	TAZAROTENE FOAM	59
TABRECTA	41	TALTZ SOSY	61	tazarotene GEL	61
TACLONEX OINT (Use calcipotriene- betamethasone dipropionate)	64	TALZENNA	41	TAZVERIK	41
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	64	TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	49	TDVAX SUSP	237
tacrolimus (topical) OINT	65	TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	49	TECFIDERA CPDR (Use dimethyl fumarate)	234
tacrolimus CAPS 1 MG	217	TAMIFLU SUSR (Use oseltamivir phosphate)	49	TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	234
tacrolimus CAPS	217	tamoxifen citrate TABS	40	TECHLITE AST LANCETS	125
tadalafil (pulmonary hypertension) TABs	53	tamsulosin hcl	81	TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2"	193
tadalafil 5 MG	52	TARCEVA (Use erlotinib hcl)	39	TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16"	194
		TARGRETIN (Use bexarotene (topical))	61	TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 15/64"	194
		TARGRETIN (Use bexarotene) ..	42	TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2"	194
				TECHLITE INSULIN SYRINGEU-	

100/0.5ML/30G X 1/2"	194	TEGRETOL-XR TB12 (Use carbamazepine)	20	terconazole vaginal CREA	243
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	194	TEGSEDI	235	terconazole vaginal SUPP	243
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	194	TEKTURNA (Use aliskiren fumarate)	36	teriflunomide	234
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	194	TEKTURNA HCT	36	teriflunomide 7 MG	234
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	194	telmisartan	34	TESTIM GEL TD (Use testosterone) .10	
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	194	telmisartan-amlodipine	36	testosterone cypionate SOLN IM ..10	
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	194	telmisartan-hydrochlorothiazide	36	testosterone enanthate SOLN IM ..10	
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	194	temazepam	84	testosterone GEL TD	10
TECHLITE LANCETS	125	TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (Use temozolomide)	39	testosterone SOLN	10
TECHLITE LANCETS 30G	125	TEMOVATE CREA (Use clobetasol propionate)	64	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	237
TECHLITE PEN NEEDLES 29GX 10MM	194	TEMOVATE OINT (Use clobetasol propionate)	64	tetrabenazine	233
TECHLITE PEN NEEDLES 29GX 12MM	194	temozolomide CAPS	39	tetracaine hcl (ophth)	229
TECHLITE PEN NEEDLES 31GX 5MM	194	TEMPO REFILL KIT	125	tetracycline hcl CAPS	236
TECHLITE PEN NEEDLES/31GX 8MM	194	TEMPO WELCOME KIT	125	TETRIX CREA	66
TECHLITE PEN NEEDLES/32GX 4MM	194	TENIVAC INJ	237	TEXACORT SOLN 2.5 %	64
TECHLITE PEN NEEDLES/32GX 6MM	194	tenofovir disoproxil fumarate TABS 47		TEXTURE WALL GRAB BAR/12" MISC	158
TEGADERM FOAM DRESSING 4"X4" PADS	89	TENORETIC 100 (Use atenolol & chlorthalidone)	36	TEXTURE WALL GRAB BAR/16" MISC	158
TEGRETOL SUSP (Use carbamazepine)	20	TENORETIC 50 (Use atenolol & chlorthalidone)	36	TEXTURE WALL GRAB BAR/18" MISC	158
TEGRETOL TABS (Use carbamazepine)	20	TENORMIN TABS (Use atenolol) .	50	TEXTURE WALL GRAB BAR/24" MISC	158
		TEPMETKO	41	TEXTURE WALL GRAB BAR/32" MISC	159
		terazosin hcl	35	TEZSPIRE SOAJ	13
		terbinafine hcl (topical) CREA	60	TEZSPIRE SOSY	13
		terbinafine hcl TABS	30	TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	125
		terbutaline sulfate TABS	16	TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM	

KIT	125	THERAGRAN-M PREMIER TABS	221	TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	227
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	73	THERA-M TABS	221	TIMOPTIC OCUDOSE SOLN 0.5 % (Use timolol maleate (ophth))	227
TGT BLOOD GLUCOSE TEST STRIPS STRP	73	THERASEAL HAND PROTECTION LOTN	66	TIMOPTIC SOLN (Use timolol maleate (ophth))	227
TGT BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	94	THERA-TABS M TABS	221	TIMOPTIC-XE SOLG (Use timolol maleate (ophth))	227
TGT GLUCOSE	26	THEREMS MULTIVITAMIN TABS	222	TINACTIN AERO (Use tolnaftate) .	60
TGT LANCET MICRO THIN 33G	125	THEREMS-M TABS	221	TINACTIN AERP (Use tolnaftate) .	60
TGT LANCET THIN 26G	125	thiamine hcl TABS 50 MG, 100 MG	244	TINACTIN CREA (Use tolnaftate) .	60
TGT LANCET ULTRA THIN 30G	125	THINLETS GP LANCETS	125	TINACTIN DEODORANT AERP (Use tolnaftate)	60
TGT LANCING DEVICE MISC ...	125	THIOLA EC TBEC	81	TINACTIN JOCK ITCH AERP (Use tolnaftate)	60
THALITONE	74	THIOLA TABS (Use tiopronin)	81	tinidazole	37
THALOMID	217	thioridazine hcl	45	tiopronin TABS	81
THE DOCTORS NIGHTGUARD ADVANCED COMFORT MISC ...	159	thiothixene	46	tiotropium bromide monohydrate CAPS	13
THE SIDE RESTER CUSHION IMPERMEABLE COVER MISC ..	159	THRESHOLD IMT MISC	213	TIP RECTAL/VAGINAL W/PERFORATIONS MISC	159
THE SIDE RESTER CUSHION REGULAR COVER MISC	159	THRESHOLD PEP DEVI	213	TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG (Use levothyroxine sodium)	236
THEO-24 CP24	16	THRIVITE 19 TABS	221	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	236
theophylline ELIX	16	THRIVITE RX TABS	224	TIROSINT-SOL SOLN OR	236
theophylline SOLN	16	THYQUIDITY SOLN OR	236	TIVICAY PD TBSO	48
theophylline TB12	16	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	236	TIVICAY TABS	48
theophylline TB24	16	tiagabine hcl	21	TIVORBEX CAPS (Use indomethacin)	6
THERA TABS	222	TIAZAC (Use diltiazem hcl extended release beads)	51	tizanidine hcl CAPS	225
THERABETIC MULTI-VITAMIN TABS	221	TIBSOVO	41	tizanidine hcl TABS	225
THERAGRAN-M ADVANCED 50 PLUS TABS	221	TIGLUTIK SUSP	227		
THERAGRAN-M PREMIER 50 PLUS TABS	221	TIKOSYN (Use dofetilide)	13		
		timolol maleate (ophth) SOLG ...	227		
		timolol maleate (ophth) SOLN ...	227		
		timolol maleate TABS	50		

TM-DAILY VITE TABS	222	tolnaftate AERP	60	TOOTHETTE PLUS ORAL SWABS/UNTREATED SWAB	165
TOBI NEBU (Use tobramycin)	3	tolnaftate CREA	60	TOPAMAX SPRINKLE CPSP (Use topiramate)	20
TOBI PODHALER CAPS	3	tolnaftate SOLN	60	TOPAMAX TABS (Use topiramate)	20
TOBRADEX OINT	229	TOLSURA CAPS	31	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	194
TOBRADEX ST SUSP	229	tolterodine tartrate CP24	239	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	194
TOBRADEX SUSP (Use tobramycin- dexamethasone)	230	tolterodine tartrate TABS 2 MG ..	239	TOPCARE LANCETS MICRO-THIN 33G	125
tobramycin (ophth) SOLN	228	tolterodine tartrate TABS	239	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	194
tobramycin NEBU	3	tolvaptan TABS	77	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	194
tobramycin-dexamethasone SUSP 230		TOMMEE TIPPEE BREAST PUMP ADAPTER/STANDARD CLOSER TO NATURE MISC	159	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	194
TOBREX OINT	228	TOMMEE TIPPEE BREAST PUMP ADAPTERS/UNIVERSAL PUMP AND GO MISC	159	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	194
TOBREX SOLN (Use tobramycin (ophth))	228	TOMMEE TIPPEE DOUBLE ELECTRIC BREAST PUMP MADE FOR ME MISC	159	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	194
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	125	TOMMEE TIPPEE MANUAL BREAST PUMP MADE FOR ME MISC	159	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	194
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	194	TOMMEE TIPPEE SILICONE BREAST PUMP MADE FOR ME MISC	159	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	195
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	194			TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	195
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	194			TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G	
TODAYS HEALTH SUPER THINLANCETS 30G	125				
TODAYS HEALTH ULTRA THINLANCETS 28G	125				
TOILET SAFETY FRAME MISC .	159				
TOILET SEAT ELEVATOR MISC 159					
tolcapone	42				
tolmetin sodium CAPS	6				
tolmetin sodium TABS 600 MG	6				
tolnaftate AERO	60				

X 1/2"	195	TOPI-CLICK	MISC	160
TOPI-CLICK 140/BLACK MISC ..	159	APPLICATOR/MICRO/SOFT	TOPI-CLICK/35ML/1 PORT/WHITE	
TOPI-CLICK 140/BLOCK MISC	159	ANGLED/9ML/0.05ML/BLUE MISC	MISC	160
TOPI-CLICK 140/BLOCK MISC	159	160	TOPI-CLICK/35ML/3 PORT/BLACK	
TOPI-CLICK 140/GOLD MISC ...	159	TOPI-CLICK MICRO/PIN POINT	MISC	160
TOPI-CLICK 140/GREEN MISC ..	159	APPLICATOR/BLUE MISC	160	
TOPI-CLICK 140/PINK MISC	159	TOPI-CLICK	TOPI-CLICK/35ML/3 PORT/BLUE	
TOPI-CLICK 140/PURPLE MISC	159	MICRO/ROUNDEDAPPLICATOR/BL	MISC	160
TOPI-CLICK 140/RED MISC	159	UE MISC	160	TOPI-CLICK/35ML/3 PORT/GOLD
TOPI-CLICK 140/SILVER MISC ..	159	TOPI-CLICK MICRO/SOFT ANGLED	MISC	160
TOPI-CLICK 140/WHITE MISC ..	159	APPLICATOR/BLUE MISC	160	TOPI-CLICK/35ML/3 PORT/GREEN
TOPI-CLICK 35 DOSE CHECK MISC		TOPI-CLICK NOZZLE MISC	160	MISC
.....	159	TOPI-CLICK PERL VAGINAL	TOPI-CLICK/35ML/3 PORT/PINK	
TOPI-CLICK 35 USP671 UV		APPLICATOR DOSE LOADER/35ML	MISC	160
BLOCKING/ORANGE		MISC	160	TOPI-CLICK/35ML/3 PORT/PURPLE
BODY/CAP/BASE MISC	159	TOPI-CLICK PERL VAGINAL DOSE	MISC	160
TOPI-CLICK 35 USP671 UV		APPLICATOR/4ML MISC	160	TOPI-CLICK/35ML/3 PORT/RED
BLOCKING/ORANGE BODY/WHITE		TOPI-CLICK PERL VAGINAL	MISC	160
CAP/BASE MISC	159	DOSING SYSTEM/VAGINAL	TOPI-CLICK/35ML/3 PORT/SILVER	
TOPI-CLICK 35 VAGINAL		APPLICATOR 35 MISC	160	MISC
APPLICATOR DOSE LOADER MISC		TOPI-CLICK/35ML/1 PORT/BLACK	TOPI-CLICK/35ML/3 PORT/WHITE	
.....	159	MISC	160	MISC
TOPI-CLICK 35 VAGINAL DOSE		TOPI-CLICK/35ML/1 PORT/BLUE	TOPICORT CREA 0.05 % (Use	
APPLICATOR MISC	159	MISC	desoximetasone)	64
TOPI-CLICK 35 VAGINAL DOSING		TOPI-CLICK/35ML/1 PORT/GOLD	TOPICORT CREA 0.25 % (Use	
SYSTEM/APPLICATOR MISC ...	159	MISC	desoximetasone)	64
TOPI-CLICK APPLICATOR/140ML		TOPI-CLICK/35ML/1 PORT/GREEN	TOPICORT GEL (Use	
MISC	160	MISC	desoximetasone)	64
TOPI-CLICK APPLICATOR/35ML		TOPI-CLICK/35ML/1	TOPICORT LIQD (Use	
MISC	160	PORT/ORANGE MISC	desoximetasone)	64
TOPI-CLICK		TOPI-CLICK/35ML/1 PORT/PINK	TOPICORT OINT (Use	
APPLICATOR/MICRO/PIN		MISC	desoximetasone)	65
POINT/9ML/0.05ML/BLUE MISC	160	TOPI-CLICK/35ML/1 PORT/PURPLE	TOPICORT OINT 0.05 % (Use	
TOPI-CLICK		MISC	desoximetasone)	65
APPLICATOR/MICRO/ROUNDED/9		TOPI-CLICK/35ML/1 PORT/RED	topiramate CP24	20
ML/0.05ML/BLUE MISC	160	MISC	topiramate CPSP	20
TOPI-CLICK/35ML/1 PORT/SILVER				

topiramate CS24	20	tramadol hcl SOLN	9	TREMFYA SOPN	61
topiramate TABS	20	tramadol hcl TABS 100 MG	9	TREMFYA SOSY	61
TOPPER DRESSING SPONGES 4"X4" MISC	89	tramadol hcl TABS 50 MG	9	treprostinil SOLN IJ	52
TOPROL XL TB24 (Use metoprolol succinate)	50	tramadol hcl TB24	9	TRESIBA FLEXTOUCH SOPN ...	28
toremifene citrate	40	TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	9	TRESIBA SOLN	28
torsemide TABS	74	tramadol-acetaminophen	10	tretinoin (chemotherapy)	42
TOSYMRA	214	trandolapril	34	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	59
TOTAL COMFORT WHEELCHAIRBACK CUSHION MISC	160	trandolapril-verapamil hcl	36	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	59
TOTAL COMFORT WHEELCHAIRSEAT CUSHION MISC	160	TRANSDERM-SCOP (Use scopolamine)	30	tretinoin microsphere 0.04 %, 0.1 % 59	
TOUJEO MAX SOLOSTAR SOPN 28		TRANSFER BENCH MISC	161	tretinoin microsphere 0.08 %	59
TOUJEO SOLOSTAR SOPN	28	TRANSFER BOARD/28"X8-1/4" MISC	161	TRETTEN	82
TOVET KIT	65	TRANSFER PIN MISC	161	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	39
TOVIAZ (Use fesoterodine fumarate)	239	TRANSPORT CHAIR ULTRA LIGHT MISC	161	TREXIMET (Use sumatriptan- naproxen sodium)	214
TRACLEER TABS (Use bosentan) 52		TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium)	13	triamcinolone acetonide (mouth) 218	
TRACLEER TBSO	52	tranylcypromine sulfate	22	triamcinolone acetonide (topical) AERS	65
TRACTION FLOOR STAND/ECONOMY MODEL MISC 161		TRAVATAN Z (Use travoprost) ..	230	triamcinolone acetonide (topical) CREA	65
TRACTION HEAD HALTER ROPE10' MISC	161	TRAVEL LANCETS 30G	125	triamcinolone acetonide (topical) LOTN	65
TRACTION PELVIC BELT MISC .	161	TRAVEL LANCETS ADVANCED 28G	125	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	65
TRACTION WEIGHT BAG/20LB MISC	161	TRAVEL POUCH MISC	161	triamcinolone acetonide (topical) OINT 0.05 %	65
TRADJENTA	26	TRAVELER 3 WHEEL ROLLINGWALKER MISC	161	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	74
tramadol hcl CP24 100 MG, 200 MG, 300 MG	9	travoprost	230	triamterene & hydrochlorothiazide TABS	74
		trazodone hcl TABS 150 MG	23	triamterene CAPS	74
		trazodone hcl TABS	23		
		TRECTOR	39		
		TRELEGY ELLIPTA	16		

triazolam	84	TRISTART DHA	224	NEEDLES31G X 5MM	195
TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)	36	TRISTART FREE	224	TRUE COMFORT PEN NEEDLES31G X 6MM	195
TRICARE TABS	224	TRISTART ONE	224	TRUE COMFORT PEN NEEDLES32G X 4MM	195
TRICOR TABS (Use fenofibrate) ..	33	TRIUMEQ PD TBSO	48	TRUE COMFORT PRO ALCOHOLPREP PADS	161
trientine hcl	216	TRIUMEQ TABS	48	TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	195
trifluoperazine hcl TABS	45	TRIZIVIR	48	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	195
trifluridine	228	TROCHE MOLD 30 CAVITY MISC 161		TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	195
TRIGGER RELEASE JUNIOR WALKER/WHEELS MISC	161	TROGARZO	48	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16"	195
TRI-GRIP BATHTUB RAIL MISC	161	TROKENDI XR CP24 (Use topiramate)	20	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16"	195
trihexyphenidyl hcl SOLN	42	tropicamide SOLN	228	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	195
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TRIJARDY XR	24	trospium chloride TABS	239	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	195
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TRILEPTAL TABS 150 MG, 300 MG (Use oxcarbazepine)	20	TRU FIT MAGNETIX OPEN KNEE/2 LARGE DISKS MISC	161	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	195
TRILEPTAL TABS 600 MG (Use oxcarbazepine)	20	TRU FIT MAGNETIX SELF- ADHESIVE MAGNETS MISC ...	161	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 1/2"	195
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TRUEPLUS PEN NEEDLES 31GX8MM	196	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	95	TUMS E-X 750 CHEW (Use calcium carbonate (antacid))	11
TRUEPLUS PEN NEEDLES 32GX4MM	196	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	95	TUMS EXTRA STRENGTH 750 CHEW (Use calcium carbonate (antacid))	11
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TYLENOL CHILDRENS SUSP (Use acetaminophen)	7	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	197	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	197
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	7	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	197	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	197
TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	7	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	197	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	197
TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	7	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	197	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	197
TYLENOL TABS (Use acetaminophen)	7	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	197	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	197
TYPHIM VI SOLN	240	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	197	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	197
TYPHIM VI SOSY	240	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	197	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	197
TYSABRI	234	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	197	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	197
TYVASO DPI MAINTENANCE KIT POWD	52	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	197	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	197
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TYVASO REFILL SOLN IN	52	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	197	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	197
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UCERIS (Use budesonide (intrarectal))	10	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	197	ULTICARE MICRO PEN NEEDLES/31G X 5/16"	197
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UDENYCA SOSY	83	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	197	ULTICARE MICRO PEN NEEDLES/32G X 4MM	197
ULORIC (Use febuxostat)	81	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	197	ULTICARE MICRO PEN NEEDLES/31G X 5/16"	197
ULTICARE ALCOHOL SWABS ..	161	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	197	ULTICARE MICRO PEN NEEDLES/32G X 4MM	197
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	196	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	197	ULTICARE MICRO PEN NEEDLES/32G X 4MM	197
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	196	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	197	ULTICARE MICRO PEN NEEDLES/32G X 4MM	197

NEEDLES/32G X 5/32"	198	SYRINGES/HALF UNIT/0.3ML/31G X1/4"	198	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS	CONTAIN	199
ULTICARE MINI PEN NEEDLES 31GX6MM	198	ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	198	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS	CONTAIN	199
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	198	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	198	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS	CONTAIN	199
ULTICARE MINI PEN NEEDLES/31G X 6MM	198	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	198	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS	CONTAIN	199
ULTICARE MINI PEN NEEDLES/32G X 1/4"	198	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	198	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS	CONTAIN	199
ULTICARE MINI PEN NEEDLES31GX6MM	198	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	198	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS	CONTAIN	199
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	198	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	198	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS	CONTAIN	199
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	198	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	198	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS	CONTAIN	199
ULTICARE PEN NEEDLES 31GX 5MM/MINI	198	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	198	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS	CONTAIN	199
ULTICARE PEN NEEDLES/29GX 12.7MM	198	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	198	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS	CONTAIN	199
ULTICARE SHORT PEN NEEDLES 31GX8MM	198	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS	CONTAIN	ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	126	
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	198	ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS	CONTAINER	ULTILET ALCOHOL SWABS	161	
ULTICARE SHORT PEN NEEDLES/31G X 8MM	198	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	198	ULTILET CLASSIC LANCETS	126	
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	198	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS	CONTAIN	ULTILET LANCETS	126	
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	198	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS	CONTAIN	ULTILET LANCETS 33G	127	
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4"	198	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	199	ULTILET PEN NEEDLE 29GX12.7MM	199	
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	198			ULTILET PEN NEEDLE 31GX5MM	199	
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	198			ULTILET PEN NEEDLE 31GX8MM		

199	ULTRA FLO INSULIN SYRINGE	100/0.5ML/30G X 1/2"	200
ULTILET PEN NEEDLE 32GX4MM	0.3ML/30GX5/16"	199	ULTRACARE INSULIN SYRINGE/U-
199	ULTRA FLO INSULIN SYRINGE	100/0.5ML/30G X 5/16"	200
ULTILET PEN NEEDLE	0.3ML/31GX5/16"	199	ULTRACARE INSULIN SYRINGE/U-
32GX4MM/SHORT	199	ULTRA FLO INSULIN SYRINGE	100/0.5ML/31G X 5/16"
199	0.5ML/29GX1/2"	199	200
ULTILET SAFETY LANCETS 21G X	ULTRA FLO INSULIN SYRINGE	100/1ML/30G X 1/2"	200
2.2MM	0.5ML/30GX1/2"	199	ULTRACARE INSULIN SYRINGE/U-
127	199	100/1ML/30G X 5/16"	200
ULTILET SAFETY LANCETS 23G	ULTRA FLO INSULIN SYRINGE	100/1ML/31G X 5/16"	200
127	0.5ML/30GX5/16"	199	ULTRACARE INSULIN SYRINGE/U-
ULTILET SHORT PEN NEEDLES	ULTRA FLO INSULIN SYRINGE	100/1ML/31G X 5/16"	200
31GX5/16"	0.5ML/31GX5/16"	200	ULTRACARE INSULIN SYRINGE/U-
199	200	100/1ML/31G X 5/16"	200
ULTILET SHORT PEN	ULTRA FLO INSULIN SYRINGE 1/2	ULTRACARE INSULIN SYRINGE/U-	100/1ML/31G X 5/16"
NEEDLES31GX3/16"	UNIT/0.3ML/30GX1/2"	200	200
199	200	1/4"	200
ULTOMIRIS	ULTRA FLO INSULIN SYRINGE 1/2	ULTRACARE PEN NEEDLES/31G X	200
82	UNIT/0.3ML/30GX5/16"	3/16"	200
ULTRA BONEUP TABS	200	ULTRACARE PEN NEEDLES/31G X	200
221	ULTRA FLO INSULIN SYRINGE 1/2	5/16"	200
ULTRA COMFORT BODY	UNIT/0.3ML/31GX5/16"	200	ULTRACARE PEN NEEDLES/31G X
MASSAGER MISC	200	5/16"	200
161	ULTRA FLO INSULIN SYRINGE	ULTRACARE PEN NEEDLES/32G X	1/14"
ULTRA COMFORT INSULIN	1M/29GX1/2"	200	200
SYRINGE/U-100/0.3ML/30G X 5/16"	ULTRA FLO INSULIN SYRINGE	ULTRACARE PEN NEEDLES/32G X	3/16"
.....	199	5/32"	200
199	ULTRA FLO INSULIN SYRINGE	ULTRACARE PEN NEEDLES/32G X	5/32"
ULTRA FIT SMART BODY SCALE	1ML/30GX1/2"	200	200
MISC	200	ULTRACARE PEN NEEDLES/33G X	5/32"
161	ULTRA FLO INSULIN SYRINGE	1ML/31GX5/16"	200
ULTRA FLO INSULIN PEN NEEDLE	1ML/30GX5/16"	200	ULTRACARE PEN NEEDLES/33G X
31GX5MM	199	200	5/32"
199	ULTRA FLO INSULIN SYRINGE	1ML/31GX5/16"	200
ULTRA FLO INSULIN PEN NEEDLE	199	ULTRA THIN LANCETS 31G	127
32GX4MM	199	ULTRA THIN PEN NEEDLES 32G X	4MM
199	200	200	200
ULTRA FLO INSULIN PEN NEEDLE	ULTRA THIN LANCETS 31G	127	ULTRACET (Use tramadol-
33GX4MM	199	ULTRA THIN PEN NEEDLES 32G X	acetaminophen)
199	200	4MM	10
ULTRA FLO INSULIN PEN	ULTRA-CARE ALCOHOL PREP	PADS	161
NEEDLES	199	ULTRACARE INSULIN SYRINGE/U-	100/0.3ML/30G X 5/16"
199	200	200	200
ULTRA FLO INSULIN PEN NEELE	ULTRACARE INSULIN SYRINGE/U-	100/0.3ML/30G X 5/16"	200
31GX8MM	199	200	200
ULTRA FLO INSULIN SYRINGE	0.3ML/29G X 1/2"	199	ULTRACARE INSULIN SYRINGE/U-
0.3ML/29G X 1/2"	199	100/0.3ML/31G X 5/16"	200
ULTRA FLO INSULIN SYRINGE	0.3ML/30GX1/2"	199	ULTRACARE INSULIN SYRINGE/U-
0.3ML/30GX1/2"	199	200	200
ULTRA FLO INSULIN SYRINGE	ULTRACARE INSULIN SYRINGE/U-	100/0.3ML/31G X 5/16"	200
0.3ML/30GX1/2"	199	200	200
ULTRA FLO INSULIN SYRINGE	ULTRACARE INSULIN SYRINGE/U-	100/0.3ML/31G X 5/16"	200
0.3ML/30GX1/2"	199	200	200

ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" 200	UNGUATOR APPLICATOR 2.5"/LONG MISC 161	UNGUATOR JAR 30/42 TURQUOISE/TURQUOISE LID MISC 162
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" 200	UNGUATOR JAR 100/140 BLUELID MISC 162	UNGUATOR JAR 30/42 WHITELID MISC 162
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" . 200	UNGUATOR JAR 100/140 REDLID MISC 162	UNGUATOR JAR 30/42 YELLOW MISC 162
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" . 200	UNGUATOR JAR 15/20 BLUE LID MISC 162	UNGUATOR JAR 50/70 BLUE LID MISC 162
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" 200	UNGUATOR JAR 15/20 GREENLID MISC 162	UNGUATOR JAR 50/70 BLUE/BLUE LID MISC 162
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" 200	UNGUATOR JAR 15/20 RED LID MISC 162	UNGUATOR JAR 50/70 GREENLID MISC 162
ULTRA-THIN II LANCETS 28G ..127	UNGUATOR JAR 15/28 BLUE LID MISC 162	UNGUATOR JAR 50/70 PINK/PINK LID MISC 162
ULTRA-THIN II LANCETS 30G ..127	UNGUATOR JAR 20/33 BLUE MISC 162	UNGUATOR JAR 50/70 RED LID MISC 162
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" 200	UNGUATOR JAR 20/33 RED LID MISC 162	UNGUATOR JAR 50/70 TURQUOISE MISC 162
ULTRA-THIN II PEN NEEDLES 29GX1/2" 201	UNGUATOR JAR 20/33 WHITE/BLUE LID MISC 162	UNGUATOR JAR 50/70 WHITELID MISC 162
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" .. 201	UNGUATOR JAR 200/280 BLUELID MISC 162	UNGUATOR JAR 50/70 YELLOW MISC 162
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UNIFINE PENTIPS 29GX12MM	201	UNIFINE ULTRA PEN NEEDLE/31GX6MM	201	UNISTIK 3 EXTRA MISC	127
UNIFINE PENTIPS 31G X 3/16"	201	UNIFINE ULTRA PEN NEEDLE/31GX8MM	201	UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC	127
UNIFINE PENTIPS 31GX5MM	201	UNIFINE ULTRA PEN NEEDLE/32GX4MM	201	UNISTIK 3 GENTLE	127
UNIFINE PENTIPS 31GX6MM	201	UNILET COMFORTOUCH LANCET 127		UNISTIK 3 MISC	127
UNIFINE PENTIPS 31GX8MM	201	UNILET EXCELITE	127	UNISTIK 3 NEONATAL MISC	127
UNIFINE PENTIPS 32GX4MM	201	UNILET EXCELITE II	127	UNISTIK 3 NORMAL MISC	127
UNIFINE PENTIPS 32GX6MM	201	UNILET G.P. LANCET	127	UNISTIK CZT COMFORT MISC	127
UNIFINE PENTIPS 33GX4MM	201	UNILET G.P. SUPERLITE LANCET 127		UNISTIK CZT NORMAL MISC	127
UNIFINE PENTIPS PLUS 29GX12MM	201	UNILET GP 28 ULTRA THIN	127	UNISTIK NORMAL MISC	127
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UNIFINE PENTIPS PLUS 31GX8MM	201	UNILET LANCETS SUPER- THIN30G	127	UNISTIK PRO SAFETY LANCET 28G	128
UNIFINE PENTIPS PLUS 32GX4MM	201	UNILET LANCETS ULTRA-THIN 28G	127	UNISTIK SAFETY LANCETS 28G 128	
UNIFINE PENTIPS PLUS 33GX 5/32"	201	UNILET SUPERLITE LANCET	127	UNISTIK SAFETY LANCETS 30G 128	
UNIFINE PENTIPS PLUS 33GX4MM	201	UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))	84	UNISTIK TOUCH SAFETY LANCETS 21G	128
UNIFINE PENTIPS PLUS/30GX 3/16"	201	UNISTIK 1 MISC	127	UNISTIK TOUCH SAFETY LANCETS 23G	128
UNIFINE PENTIPS/30G X 3/16"	201	UNISTIK 2 COMFORT MISC	127	UNISTIK TOUCH SAFETY LANCETS 28G	128
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	201	UNISTIK 2 EXTRA MISC	127	UNISTIK TOUCH SAFETY LANCETS 30G	128
UNIFINE SAFECONTROL PEN		UNISTIK 2 MISC	127	UNISTRIP CONTROL SOLUTIONHIGH SOLN	128
		UNISTIK 2 NEONATAL MISC	127	UNISTRIP CONTROL	

SOLUTIONLOW SOLN	128	citrate (alkalinizer)	80	VALTREX 500 MG (Use valacyclovir hcl)	49
UNISTRIP1 GENERIC STRP	73	UROGESIC-BLUE TABS (Use methenamine-hyoscamine-methylene blue-sodium phosphate)	37	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	201
UNIVERSAL 1 LANCETS THIN26G .	128	URSO 250 TABS (Use ursodiol) ...	78	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	201
UNIVERSAL 1 LANCETS ULTRA THIN 30G	128	URSO FORTE TABS (Use ursodiol) .	78	VALUE PLUS GLUCOSE	26
UNIVERSAL 1 LANCETS/33G/MICRO-THIN ...	128	ursodiol CAPS	78	VALUE PLUS LANCETS STANDARD 21G	128
UNIVERSAL QUICK ADJUST CRUTCH MISC	162	ursodiol TABS	78	VALUE PLUS LANCETS SUPERTHIN 30G	128
UNIVERSAL REMOVER WIPES MISC	66	UZEDY SUSY	44	VALUE PLUS LANCETS THIN 26G .	128
UNIVERSAL TIPS/1" MISC	162	VAGIFEM TABS (Use estradiol vaginal)	243	VALUE PLUS LANCING DEVICE MISC	128
UNIVERSAL WALKER ORGANIZER MISC	163	VAGINAL SUPPOSITORY APPLICATOR MISC	163	VALUMARK LANCET SUPER THIN 30G	128
UNODOSE APPLICATOR/42ML/0.25ML PER CLICK MISC	163	valacyclovir hcl	49	VALUMARK LANCET ULTRA THIN 28G	128
UP & UP GLUCOSE	26	VALCHLOR	61	VALUMARK PEN NEEDLES 29GX12MM	201
UPTRAVI SOLR	53	VALCYTE SOLR (Use valganciclovir hcl)	48	VALUMARK PEN NEEDLES 31GX 6MM	201
UPTRAVI TABS	53	VALCYTE TABS (Use valganciclovir hcl)	48	VALUMARK PEN NEEDLES 31GX 8MM	201
UPTRAVI TITRATION PACK TBPK 53		valganciclovir hcl SOLR	48	VANCOGIN CAPS (Use vancomycin hcl)	37
urea CREA 39 %, 40 %, 41 %	65	valganciclovir hcl TABS	48	vancomycin hcl CAPS	37
UREA CREA	65	valproate sodium SOLN OR 250 MG/5ML	21	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .	37
urea in lactic acid vehicle	65	valproic acid CAPS	21	VANDAOLE	243
urea LOTN 40 %	65	VALSARTAN SOLN	34	VANFLYTA	42
UREA/SALICYLIC ACID CREA ...	65	valsartan TABS	35	VANISHPOINT BLOOD COLLECTION SET 21G X 3/4" X 12"	
URIBEL	37	valsartan-hydrochlorothiazide	36		
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	80	VALTOCO 10 MG DOSE LIQD	18		
UROCIT-K 15 TBCR (Use potassium citrate (alkalinizer))	80	VALTOCO 15 MG DOSE LQPK ...	18		
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	80	VALTOCO 20 MG DOSE LQPK ...	18		
		VALTOCO 5 MG DOSE LIQD	18		
		VALTREX (Use valacyclovir hcl) ..	49		

MISC	163	VASCEPA 0.5 GM (Use icosapent ethyl)	32	verapamil hcl CP24 300 MG, 360 MG	51
VANISHPOINT BLOOD COLLECTION SET 23G X 3/4" X 12" MISC	163	VASCEPA 1 GM (Use icosapent ethyl)	32	verapamil hcl TABS	51
VANISHPOINT BLOOD COLLECTION SET 25G X 3/4" X 12" MISC	163	VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	36	verapamil hcl TBCR	51
VANISHPOINT BLOOD COLLECTION TUBE HOLDER MISC	163	VASOTEC TABS (Use enalapril maleate)	34	VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)	51
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	201	VAXCHORA	240	VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	128
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	201	VAXELIS SUSP	237	VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	128
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	201	VAXELIS SUSY	237	VERASENS BLOOD GLUCOSE TEST STRIPS STRP	73
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	201	VAXNEUVANCE	240	VERASENS GLUCOSE CONTROLLEVEL 1 LIQD	128
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	201	VELETRI (Use epoprostenol sodium)	52	VEREGEN	59
VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	201	VELPHORO	80	VERELAN CP24 120 MG, 180 MG, 240 MG (Use verapamil hcl)	51
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	201	VELTASSA	217	VERELAN CP24 360 MG (Use verapamil hcl)	51
VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	201	VEMLIDY	48	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	51
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	202	VENCLEXTA STARTING PACK TBPK	39	VERELAN PM CP24 300 MG (Use verapamil hcl)	51
VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	202	VENCLEXTA TABS	39	VERIFINE INSULIN PEN NEEDLE 29G X 12MM	202
VANISHPOINT SYRINGE/3ML/20G X 1"	202	VENEXA FE TABS	221	VERIFINE INSULIN PEN NEEDLE 31G X 5MM	202
VANOS CREA (Use fluocinonide)	65	VENLAFAXINE BESYLATE ER	23	VERIFINE INSULIN PEN NEEDLE 31G X 8MM	202
VAQTA	243	venlafaxine hcl CP24	23	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	202
varenicline tartrate TABS	235	venlafaxine hcl TABS	23	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	202
varenicline tartrate TBPK	235	venlafaxine hcl TB24	23	VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	202
VARITHENA ADMINISTRATIONPACK MISC	163	VENTAVIS	52		
VARIVAX INJ	243	VENTOLIN HFA AERS (Use albuterol sulfate)	16		
		VENTRIXYL TABS	221		
		VEOPOZ	82		
		verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG	51		

VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM ..202	VERIFINE UNIVERSAL LANCETS 33G .....128	VIBERZI .....79
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM ...202	VERKAZIA EMUL 229	VIBRAMYCIN CAPS (Use doxycycline hyclate) .....236
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM ....202	VERQUVO 53	VIBRAMYCIN SUSR (Use doxycycline (monohydrate)) .....236
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM202	VERSACLOZ SUSP 45	VIBRATING FOOT BATH/HEAT MISC163
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VERIFINE INSULIN SYRINGE1ML/29G X 12MM202	VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 8MM MISC163	VIDA MIA UNIFINE PENTIPS32GX4MM202
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VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM202	VERSAPAP/UNIVERSAL TUBING DEVI213	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM 202
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM .....202	VERZENIO 42	VIDA MIA UNILET LANCETS SUPER THIN 30G 129
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM .....202	VESICARE LS SUSP .....239	VIDA MIA UNILET LANCETS ULTRA THIN 28G 129
VERIFINE SAFETY LANCET MINI 21G X 2.4MM 128	VESICARE TABS (Use solifenacin succinate) .....239	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM ....202
VERIFINE SAFETY LANCET MINI 23G X 1.8MM 128	VESICARE TABS 10 MG (Use solifenacin succinate) .....239	VIEKIRA PAK TBPK .....48
VERIFINE SAFETY LANCET MINI 28G X 1.8MM 128	VFEND SUSR (Use voriconazole) .31	vigabatrin PACK 21
VERIFINE SAFETY LANCET MINI 30G X 1.8MM 128	VFEND TABS (Use voriconazole) .31	vigabatrin TABS .....21
VERIFINE UNIVERSAL LANCETS 28G .....128	V-GO 20 KIT .....128	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth)) 228
VERIFINE UNIVERSAL LANCETS 30G .....128	V-GO 30 KIT .....128	VIIBRYD STARTER PACK KIT ...23
	V-GO 40 KIT .....129	VIIBRYD TABS (Use vilazodone hcl) 23
	VIAL ACCESSORIES/INHALATION WORK STATION/50 HOLES MISC 163	vilazodone hcl TABS .....23
	VIBE 6 MISC .....163	VIMOVO (Use naproxen- esomeprazole magnesium) 6

VIMPAT SOLN OR 10 MG/ML (Use lacosamide)	20	VISTARIL CAPS (Use hydroxyzine pamoate)	12	VIVAGUARD INO BLOOD GLUCOSE METER DEVI	129
VIMPAT TABS (Use lacosamide) .	20	VITAFOL FE+	225	VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP ..	73
VINATE DHA RF	224	VITAFOL GUMMIES	225	VIVAGUARD INO CONTROL SOLUTION LIQD	129
VINYL INFLATABLE CUSHION MISC	163	VITAFOL STRIPS	225	VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	129
VINYL PADDED BATHTUB TRANSFER BENCH/COMMODE SEAT/PAIL MISC	163	VITAFOL ULTRA	225	VIVAGUARD LANCETS	129
VIOKACE TABS	73	VITAFOL-NANO	225	VIVAGUARD LANCING DEVICE MISC	129
VIRACEPT TABS	48	VITAFOL-OB TABS	225	VIVAGUARD SAFETY LANCETS/28G	129
VIRAGE CUSTOM BREAST PROSTHESIS EXTRA WEIGHTED THICKNESS MISC	163	VITAFOL-OB+DHA MISC	225	VIVELLE-DOT PTTW (Use estradiol) 77	
VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS MISC	163	VITAFOL-ONE CAPS	225	VIVI CAP MISC	129
VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS/MAGNET MISC	163	VITAMEDMD ONE RX/QUATREFOLIC	225	VIVI CAP1 MISC	129
VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS MISC	163	vitamin a CAPS 3000 MCG, 10000 UNIT	244	VIVI EPI MISC	163
VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS/MAGNETS MISC ..	163	VITAPEARL	225	VIVITROL	29
VIRAMUNE XR TB24 400 MG (Use nevirapine)	48	VITAROCA PLUS TABS (Use multiple vitamins w/ minerals) ...	221	VIVJOA	31
VIRAZOLE (Use ribavirin)	49	VITAROCA PLUS TABS (Use multiple vitamins w/ minerals) ...	222	VIVOTIF	240
VIREAD POWD	48	VITASANA TABS	222	VIZIMPRO	39
VIREAD TABS (Use tenofovir disoproxil fumarate)	48	VITATRUM TABS	222	VOGELXO GEL TD (Use testosterone)	10
VIREAD TABS	48	VITEYES CLASSIC MULTIIVITAMIN TABS	222	VOGELXO PUMP GEL TD (Use testosterone)	10
VIRT-NATE DHA CAPS	224	VITEYES OPTIC NERVE SUPPORT TABS	222	VONJO	42
VIRT-PN DHA	225	VITRAKVI CAPS	42	VONVENDI	82
		VITRAKVI SOLN	42	voriconazole SUSR	31
		VITRAMYN TABS	222	voriconazole TABS	31
		VITRANOL FE TABS	222	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	213
		VITREXATE FE TABS	222	VORTEX HOLDING	
		VITREXYL/IRON TABS	222		
		VITRUM 50+ ADULT-MULTI IRON FREE TABS	222		

CHAMBER/MASK/TODDLER/LADY BUG DEVI	213	ASSURED LANCETS SUPER THIN/28G	129	WALKER WHEELS/FIXED WITH 8 ADJUSTMENT HOLES/3" MISC ..	164
VORTEX VALVED HOLDING CHAMBER DEVI	213	WALGREENS GLUCOSE	26	WALKER WHEELS/FIXED WITH 8 ADJUSTMENT HOLES/5" MISC ..	164
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VOTRIENT (Use pazopanib hcl) ..	42	WALGREENS THIN LANCETS ..	129	WALKER/EXTENDED FRAME MISC	164
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VTAMA	61	WALKER BASKET MISC	163	WASH GLOVES PRE-MOISTENED MISC	164
VUITY SOLN	228	WALKER GLIDE WHEELS/5 ADJUSTMENT HOLES/1-1/8" MISC .	163	water for injection, sterile IJ	232
VUMERITY	234	WALKER GLIDE WHEELS/8 ADJUSTMENT HOLES/1-1/8" MISC .	164	WATERPROOF SHEETING/36" X54" MISC	164
VUSION (Use miconazole-zinc oxide-white petrolatum)	60	WALKER GLIDE WHEELS/8 ADJUSTMENT HOLES/1-1/8" MISC .	164	WATERPROOF SHEETING/36" X66" MISC	164
VYEPTI	213	WALKER SKI GLIDES/1" MISC ..	164	WAVESENSE AMP KIT	129
VYJUVEK	67	WALKER SKI GLIDES/1-1/8" MISC 164		WEBCOL ALCOHOL PREP LARGE 1 PLY	164
VYNDAMAX	53	WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/3" MISC ..	164	WEBCOL ALCOHOL PREP LARGE 2 PLY	164
VYNDAQEL	53	WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/5" MISC ..	164	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	164
VYTORIN (Use ezetimibe- simvastatin)	32	WALKER TALL EXTENSION LEGS MISC	164	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	202
VYVANSE CAPS	1	WALKER TIPS/1-1/8" MISC	164	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	202
VYVANSE CHEW	1	WALKER TIPS/BLACK/1-1/8" MISC .	164	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	202
VYVGART	217	WALKER WHEELS/FIXED WITH 5 ADJUSTMENT HOLES/3" MISC ..	164	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM 202	
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WALGREENS COMFORT					

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WELCHOL PACK (Use colesevelam hcl) 32	WINLEVI 59	XANAX XR TB24 (Use alprazolam) 13
WELCHOL TABS (Use colesevelam hcl) 32	WINRHO SDF SOLN 1500 UNIT/1.3ML .....231	XARELTO STARTER PACK TBPk 16
WELLBUTRIN SR TB12 (Use bupropion hcl) .....22	WINRHO SDF SOLN 15000 UNIT/13ML 231	XARELTO SUSR .....16
WELLBUTRIN XL TB24 (Use bupropion hcl) .....22	WINRHO SDF SOLN 2500 UNIT/2.2ML .....231	XARELTO TABS .....16
WELLFOLA TABS .....222	WINRHO SDF SOLN 5000 UNIT/4.4ML .....231	XATMEP SOLN .....39
WESCAP-C DHA 225	witch hazel (hamamelis virginiana) PADS .....66	XCOPRI TABS .....21
WESCAP-PN DHA .....225	WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS 222	XCOPRI TBPk .....21
WESNATAL DHA COMPLETE ..225	WOODEN CANE/ROUND HANDLE/7/8" MISC 164	XELJANZ SOLN .....3
WESNATE DHA CAPS .....225	WOODEN CANE/WALNUT FINISH/PISTOL GRIP/DERBY HANDLE/7/8" MISC 164	XELJANZ TABS .....3
WESTAB PLUS TABS .....225	WOODEN CANE/WALNUT FINISH/ROUND HANDLE/7/8" MISC 164	XELJANZ XR TB24 3
WESTGEL DHA .....225	WORK BELT MISC .....164	XELODA (Use capecitabine) .....39
WET-STOP 3 MISC 164	WRIST BRACE MISC 164	XELPROS EMUL .....230
wheat dextrin POWD .....85	WRIST CUFF BLOOD PRESSUREUNIT MISC 94	XELSTRYM .....1
WHEELCHAIR CUSHION MISC .164	WRIST SLEEP SUPPORT MISC 165	XENAZINE (Use tetrabenazine) .233
WHEELCHAIR INVALID RING MISC 164	XACIATO GEL .....243	XEPI .....59
WHEELCHAIR MISC .....164	XADAGO .....43	XERAC AC .....66
white petrolatum-mineral oil 227	XALATAN SOLN (Use latanoprost) 230	XERESE .....62
WHITE WALL GRAB BAR/12" MISC . 164	XALKORI CAPS .....42	XERMELO .....80
WHITE WALL GRAB BAR/16" MISC . 164	XANAX TABS 0.25 MG, 0.5 MG, 1 MG (Use alprazolam) .....13	XHANCE EXHU .....226
WHITE WALL GRAB BAR/18" MISC . 164	XANAX TABS 2 MG (Use	XIFAXAN37
WHITE WALL GRAB BAR/24" MISC . 164		XIGDUO XR25
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		XOFLUZA 40 MG, 80 MG 49
		XOLAIR SOLR13
		XOLAIR SOSY13
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XPOVIO	40	ZANAFLEX CAPS (Use tizanidine hcl)	225	15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	73
XPOVIO 60 MG TWICE WEEKLY 40		ZANAFLEX TABS 4 MG (Use tizanidine hcl)	225	ZEPATIER	48
XPOVIO 80 MG TWICE WEEKLY 40		ZARONTIN CAPS (Use ethosuximide)	21	ZEPOSIA 7-DAY STARTER PACK CPPK	234
XTAMPZA ER	9	ZARONTIN SOLN (Use ethosuximide)	21	ZEPOSIA CAPS	234
XTANDI CAPS	40	ZARXIO	83	ZEPOSIA STARTER KIT CPPK ..	234
XTANDI TABS	40	ZATEAN-PN DHA	225	ZERVIAE	230
XULTOPHY 100/3.6	25	ZATEAN-PN PLUS	225	ZESTORETIC (Use lisinopril & hydrochlorothiazide)	36
XYLIDERM	66	ZAVZPRET	213	ZESTRIL TABS (Use lisinopril)	34
XYNTHA	82	ZEGALOGUE SOAJ	26	ZETIA (Use ezetimibe)	33
XYNTHA SOLOFUSE	82	ZEGALOGUE SOSY	26	ZETONNA AERS	226
XYOSTED SOAJ	10	ZEGERID CAPS (Use omeprazole-sodium bicarbonate)	239	ZEVX INSULIN SYRINGE/0.5ML/30G X 1/2"	202
XYREM SOLN	232	ZEGERID PACK (Use omeprazole-sodium bicarbonate)	239	ZEVX INSULIN SYRINGE/0.5ML/30G X 5/16"	202
XYWAV	232	ZEGERID PACK 1680 MG-40 MG (Use omeprazole-sodium bicarbonate)	239	ZEVX INSULIN SYRINGE/1ML/30G X 1/2"	202
YASMIN 28 (Use drospirenone-ethinyl estradiol)	55	ZEJULA CAPS	42	ZEVX INSULIN SYRINGE/1ML/30G X 5/16"	203
YAZ (Use drospirenone-ethinyl estradiol)	55	ZEJULA TABS	42	ZEVX PEN NEEDLES 31G X 5MM	203
YELETS TEENAGE FORMULA TABS	222	ZELAPAR TBDP	43	ZEVX PEN NEEDLES 31G X 6MM	203
YF-VAX INJ	243	ZELBORAF	42	ZEVX PEN NEEDLES 31G X 8MM	203
YONSA	40	ZEMBRACE SYMTOUCH SOAJ ..	214	ZEVX PEN NEEDLES 32G X 4MM	203
YOUTH PUSH BUTTON ALUMINUM CRUTCH MISC	165	ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol)	76	ZEVX STERILE ALCOHOL PREP PADS	165
YUFLYMA 1-PEN KIT AJKT	4	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-		ZEVX TWIST TOP LANCETS 30G 129	
YUFLYMA 2-PEN KIT AJKT	4			ZEWA ELECTRODES MISC	165
YUFLYMA 2-SYRINGE KIT PSKT ..	4				
YUPELRI	14				
YUSIMRY	4				
zafirlukast	14				
zaleplon	84				

ZIAC (Use bisoprolol & hydrochlorothiazide)	36	azithromycin)	86	topical)	62
ZIAGEN SOLN (Use abacavir sulfate)	48	ZMA CLEAR SUSP	59	ZOVIRAX OINT (Use acyclovir topical)	62
ZIAGEN TABS (Use abacavir sulfate)	48	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	33	ZOVIRAX SUSP (Use acyclovir) ..	49
ZIANA (Use clindamycin phosphate-tretinoin)	59	ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (Use simvastatin)	33	ZTALMY	20
zidovudine CAPS	48	ZOLINZA	42	ZTLIDO PTCH	66
zidovudine SYRP	48	zolmitriptan SOLN	214	ZUBSOLV SUBL	10
zidovudine TABS	48	zolmitriptan TABS	214	ZYCLARA (Use imiquimod)	65
ZIEXTENZO	83	zolmitriptan TBDP	214	ZYCLARA PUMP (Use imiquimod)	65
zileuton TB12	14	ZOLOFT CONC (Use sertraline hcl) 23		ZYCLARA PUMP	65
ZIMHI SOSY	29	ZOLOFT TABS (Use sertraline hcl) 23		ZYDELIG	42
ZINC SULFATE SOLN 1 MG/ML (Use zinc sulfate)	216	ZOLPIDEM TARTRATE CAPS ...	84	ZYFLO TABS	14
zinc sulfate SOLN 1 MG/ML	216	zolpidem tartrate SUBL	84	ZYKADIA TABS	42
ZIOPTAN (Use tafluprost)	230	zolpidem tartrate TABS	84	ZYLET	230
ZIPPERED MATTRESS COVER MISC	165	zolpidem tartrate TBCR	84	ZYLOPRIM (Use allopurinol)	81
ziprasidone hcl	44	ZOMACTON SOLR SC	75	ZYMAXID (Use gatifloxacin (ophth)) .	228
ziprasidone mesylate	44	ZOMIG SOLN (Use zolmitriptan) .	215	ZYPITAMAG 2 MG, 4 MG	33
ZIRGAN GEL	228	ZOMIG SOLN	215	ZYPREXA RELPREVV	45
ZITHROMAX PACK (Use azithromycin)	86	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	215	ZYPREXA SOLR (Use olanzapine)	45
ZITHROMAX SUSR (Use azithromycin)	86	ZONALON (Use doxepin hcl (antipruritic))	61	ZYPREXA TABS (Use olanzapine)	45
ZITHROMAX TABS 250 MG (Use azithromycin)	86	ZONISADE SUSP	20	ZYPREXA ZYDIS TBDP 10 MG (Use olanzapine)	45
ZITHROMAX TABS 500 MG (Use azithromycin)	86	zonisamide CAPS	20	ZYPREXA ZYDIS TBDP 5 MG, 15 MG, 20 MG (Use olanzapine)	45
ZITHROMAX TRI-PAK TABS (Use azithromycin)	86	ZOOM 20 ROLLING WALKER MISC 165		ZYRTEC ALLERGY TABS (Use cetirizine hcl)	32
ZITHROMAX Z-PAK TABS (Use		ZORTRESS (Use everolimus (immunosuppressant))	217	ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	32
		ZORYVE	61	ZYTIGA (Use abiraterone acetate)	
		ZOVIRAX CREA (Use acyclovir			

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ZYVOX SUSR (Use linezolid)37

ZYVOX TABS (Use linezolid)37

ZZZQUIL CAPS (Use
diphenhydramine hcl (sleep))84