



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 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 5 MG (Use dextroamphetamine sulfate)	NF	QL(3 ea daily)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NP	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)

Drug Name	Drug Tier	Requirements/Limits
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
INTUNIV (Use guanfacine hcl (adhd))	NP	QL(1 ea daily); MP
QELBREE	NP	
STRATTERA (Use atomoxetine hcl)	P	QL(1 ea daily); MP
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 150 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
SUNOSI 75 MG	NP	QL(2 ea daily)
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	NP	SP
Stimulants - Misc.		
ADHANSIA XR CP24 25 MG	NP	QL(3 ea daily)
ADHANSIA XR CP24 55 MG	NP	QL(2 ea daily)
ADHANSIA XR CP24 70 MG, 85 MG	NP	QL(1 ea daily)
APTENSIO XR CP24 (Use methylphenidate hcl)	NP	QL(3 ea daily)
armodafinil	NP	
AZSTARYS	NP	
CONCERTA TBCR (Use methylphenidate hcl)	P	QL(1 ea daily)
COTEMPLA XR-ODT TBED 8.6 MG, 17.3 MG	NP	QL(3 ea daily)
COTEMPLA XR-ODT TBED 25.9 MG	NP	QL(2 ea daily)
DAYTRANA PTCH (Use methylphenidate)	P	QL(1 ea daily); PA
dexmethylphenidate hcl CP24	NP	QL(1 ea daily)
dexmethylphenidate hcl TABS	P	QL(3 ea daily)
FOCALIN XR CP24 (Use dexmethylphenidate hcl)	P	QL(1 ea daily)
FOCALIN TABS (Use dexmethylphenidate hcl)	NP	QL(3 ea daily)
JORNAY PM CP24 20 MG, 40 MG	P	QL(2 ea daily); PA
JORNAY PM CP24 60 MG, 80 MG, 100 MG	P	PA
METHYLIN SOLN (Use methylphenidate hcl)	NP	QL(15 ml daily); MP
methylphenidate hcl CHEW	NP	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG	NP	QL(2 ea daily)
methylphenidate hcl CP24 40 MG, 60 MG	NP	
methylphenidate hcl CP24	NP	QL(3 ea daily)
methylphenidate hcl CPCR 10 MG, 20 MG, 30 MG	NP	QL(2 ea daily)
methylphenidate hcl CPCR 50 MG, 60 MG	NP	
methylphenidate hcl CPCR 40 MG	NP	QL(1 ea daily)
methylphenidate hcl SOLN	NP	QL(15 ml daily); MP
methylphenidate hcl TABS 20 MG	P	QL(2 ea daily)
methylphenidate hcl TABS 5 MG, 10 MG	P	QL(3 ea daily)
methylphenidate hcl TB24	NP	QL(1 ea daily)
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	NP	QL(1 ea daily)
methylphenidate hcl TBCR 10 MG, 20 MG	P	QL(1 ea daily)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR	NP	
methylphenidate PTCH	NP	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
methylphenidate PTCH	NP	QL(1 ea daily)
modafinil	P	QL(2 ea daily)
NUVIGIL (Use armodafinil)	NP	
PROVIGIL (Use modafinil)	NP	QL(2 ea daily)
QUILLICHEW ER CHER	NP	QL(2 ea daily)
QUILLIVANT XR SRER	NP	QL(15 ml daily)
RELEXXII TBCR	NP	
RITALIN LA CP24 40 MG (Use methylphenidate hcl)	NP	

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Drug Name	Drug Tier	Requirements/Limits
RITALIN LA CP24 10 MG, 20 MG, 30 MG (<i>Use methylphenidate hcl</i>)	NP	QL(2 ea daily)
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>)	NF	SP
TOBI NEBU (<i>Use tobramycin</i>)	NP	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
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

Drug Name	Drug Tier	Requirements/Limits
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		
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
ADALIMUMAB-FKJP AJKT	NP	SP
ADALIMUMAB-FKJP PSKT	NP	SP
AMJEVITA SOAJ	NP	SP
AMJEVITA SOSY	NP	SP
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	
CYLTEZO AJKT	NP	SP	IDACIO AJKT	NP	
CYLTEZO PSKT	NP	SP	IDACIO PSKT	NP	
HADLIMA PUSHTOUCH SOAJ	NP	SP	SIMPONI ARIA SOLN	NP	SP; MP
HADLIMA SOSY	NP	SP	SIMPONI SOAJ	NP	SP; MP
HULIO AJKT	NP	SP	SIMPONI SOSY	NP	SP; MP
HULIO PSKT	NP	SP	YUFLYMA 1-PEN KIT AJKT	NP	SP
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	P	SP; PA	YUFLYMA 2-PEN KIT AJKT	NP	SP
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP; PA	YUFLYMA 2-SYRINGE KIT PSKT	NP	SP
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP; PA	YUSIMRY	NP	SP
HUMIRA PEN PNKT	P	SP; PA	Gold Compounds		
HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA	RIDAURA	NP	
HUMIRA PSKT	P	SP; PA	Interleukin-1 Blockers		
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP	ARCALYST	NP	SP
HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	SP	Interleukin-1 Receptor Antagonist (IL-1Ra)		
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	SP	KINERET SOSY	NP	SP; MP
HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NP	SP	Interleukin-1beta Blockers		
HYRIMOZ SOAJ	NP	SP	ILARIS SOLN	NP	SP; MP
HYRIMOZ SOSY	NP	SP	Interleukin-6 Receptor Inhibitors		
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP		ACTEMRA ACTPEN SOAJ	NP	SP; MP
			ACTEMRA SOLN	NP	SP; MP
			ACTEMRA SOSY	NP	SP; MP
			KEVZARA SOAJ	NP	SP; MP
			KEVZARA SOSY	NP	SP; MP
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	NP	
			ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	NP	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CELEBREX (Use celecoxib)	NP	MP	ibuprofen SUSP 100 MG/5ML	NP	QL(160 ml daily); MP; RX/OTC
CELEBREX 50 MG, 400 MG (Use celecoxib)	NF		ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML	P	QL(80 ml daily)
CELEBREX 50 MG, 400 MG (Use celecoxib)	NF	MP	ibuprofen SUSP 100 MG/5ML	P	QL(160 ml daily); MP; RX/OTC
celecoxib	P	MP	ibuprofen TABS 600 MG	P	QL(5 ea daily); MP
celecoxib	P	MP	ibuprofen TABS 400 MG	P	QL(8 ea daily); MP
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	NF	QL(160 ml daily); MP; RX/OTC	ibuprofen TABS 800 MG	P	QL(4 ea daily); MP
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	NF	QL(160 ml daily); MP; RX/OTC	indomethacin CAPS 25 MG, 50 MG	P	
DAYPRO (Use oxaprozin)	NP		indomethacin CAPS 25 MG, 50 MG	P	
diclofenac potassium CAPS	NP		indomethacin CPR	P	
diclofenac potassium TABS	P		indomethacin SUPP	P	
diclofenac potassium TABS 50 MG	P		INFANTS ADVIL SUSP (Use ibuprofen)	NF	QL(80 ml daily)
diclofenac sodium TB24	P		ketoprofen CAPS 50 MG, 75 MG	P	
diclofenac sodium TBEC	P		ketoprofen CP24	NP	
diclofenac sodium TBEC 25 MG, 75 MG	P		KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	
diclofenac w/ misoprostol TBEC	NP		ketorolac tromethamine TABS	P	
DUEXIS (Use ibuprofen-famotidine)	NP	MP	meclofenamate sodium CAPS	NP	
etodolac CAPS	P	MP	mefenamic acid CAPS	NP	
etodolac TABS	P	MP	meloxicam CAPS	NP	MP
etodolac TB24	P	MP	meloxicam TABS	P	MP
FELDENE CAPS (Use piroxicam)	NP		meloxicam TABS	P	MP
fenoprofen calcium CAPS 400 MG	NP		MOBIC TABS 15 MG (Use meloxicam)	NF	MP
fenoprofen calcium TABS	NP		MOBIC TABS 7.5 MG (Use meloxicam)	NP	MP
flurbiprofen TABS 100 MG	P		MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	NF	QL(80 ml daily)
ibuprofen-famotidine	NP	MP			

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone</i>	P	
<i>nabumetone</i>	P	
NALFON CAPS (<i>Use fenoprofen calcium</i>)	NP	
NALFON TABS (<i>Use fenoprofen calcium</i>)	NP	
NAPRELAN TB24 (<i>Use naproxen sodium</i>)	NP	MP
NAPRELAN TB24 500 MG (<i>Use naproxen sodium</i>)	NF	MP
<i>naproxen sodium TABS 275 MG, 550 MG</i>	P	MP
<i>naproxen sodium TB24</i>	NP	MP
<i>naproxen-esomeprazole magnesium</i>	NP	MP
<i>naproxen SUSP</i>	P	MP
<i>naproxen SUSP</i>	P	MP
<i>naproxen TABS</i>	P	MP
<i>naproxen TBEC</i>	P	MP
<i>naproxen TBEC</i>	P	MP
<i>oxaprozin</i>	NP	
<i>oxaprozin</i>	NP	
<i>piroxicam CAPS</i>	NP	
RELAFEN DS	NP	
<i>sulindac TABS</i>	P	
TIVORBEX CAPS (<i>Use indomethacin</i>)	NF	
<i>tolmetin sodium CAPS</i>	NP	
<i>tolmetin sodium TABS 600 MG</i>	NP	
VIMOVO (<i>Use naproxen-esomeprazole magnesium</i>)	NP	MP
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	NP	SP
OTEZLA TBPK	NP	SP
Pyrimidine Synthesis Inhibitors		
ARAVA (<i>Use leflunomide</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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 TABS</i>	P	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	P	
<i>butalbital-acetaminophen-caffeine SOLN</i>	NP	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(13 ea daily)
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	NP	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	QL(13 ea daily)
<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	P	
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(13 ea daily)
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NP	QL(13 ea daily)

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

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 2 MG, 4 MG</i>	P	QL(4 ea daily)	<i>oxycodone hcl CAPS</i>	P	QL(4 ea daily)
<i>hydromorphone hcl TABS 8 MG</i>	P		<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 5 MG</i>	P	QL(4 ea daily)
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	NP		<i>oxycodone hcl TABS 10 MG, 15 MG, 20 MG, 30 MG</i>	P	
<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	

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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		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)
ROXICODONE TABS 5 MG (Use oxycodone hcl)	NP	QL(4 ea daily)	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-2.5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	NP	QL(12 ea daily)
XTAMPZA ER	NP		PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG (Use oxycodone w/ acetaminophen)	NP	QL(13 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)			

Drug Name	Drug Tier	Requirements/Limits	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)	ANDROGEL GEL TD (Use testosterone)	NF	PA
ULTRACET (Use <i>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)	AVEED SOLN	P	SP; MP; PA
Opioid Partial Agonists			<i>danazol CAPS</i>	P	
BELBUCA FILM	NP		FORTESTA GEL TD (Use testosterone)	NF	PA
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	P		METHITEST TABS	P	PA
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P		<i>methyltestosterone CAPS</i>	P	PA
<i>buprenorphine hcl SUBL</i>	P		TESTIM GEL TD (Use testosterone)	NF	PA
<i>buprenorphine PTWK</i>	NP		<i>testosterone cypionate SOLN IM</i>	P	MP
<i>butorphanol tartrate NA 10 MG/ML</i>	NP		<i>testosterone enanthate SOLN IM</i>	P	
BUTRANS PTWK (Use <i>buprenorphine</i>)	NP		<i>testosterone GEL TD</i>	P	PA
<i>pentazocine w/ naloxone hcl</i>	NP		<i>testosterone SOLN</i>	P	MP; PA
SUBLOCADE SOSY	P	SP	VOGELXO PUMP GEL TD (Use testosterone)	NF	PA
SUBOXONE FILM SL (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P		VOGELXO GEL TD (Use testosterone)	NF	PA
ZUBSOLV SUBL	P		XYOSTED SOAJ	P	MP; PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Androgens			Intrarectal Steroids		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	P	PA	<i>budesonide (intrarectal)</i>	NP	
ANDROGEL PUMP GEL TD 1.62 % (Use testosterone)	NF	PA	CORTENEMA (Use <i>hydrocortisone (intrarectal)</i>)	NP	
			CORTIFOAM EX 10 %	NP	
			<i>hydrocortisone (intrarectal)</i>	P	
			UCERIS (Use <i>budesonide (intrarectal)</i>)	NP	
			Rectal Combinations		
			LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NP	
			<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-hydrocortisone acetate (rectal) KIT</i>	NP	
<i>phenylephrine in hard fat</i>	P	
PROCTOFOAM HC FOAM EX	NP	
Rectal Local Anesthetics		
<i>dibucaine (rectal) EX</i>	P	
NUPERCAINAL EX (<i>Use dibucaine (rectal)</i>)	NF	
Rectal Steroids		
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NP	
<i>hydrocortisone (rectal) EX</i>	P	
PROCTOCORT EX (<i>Use hydrocortisone (rectal)</i>)	NF	
Vasodilating Agents		
RECTIV	NP	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	P	
<i>alum & mag hydrox-simethicone SUSP</i>	P	
<i>aluminum hydroxide-mag carb SUSP 358 MG/15ML-95 MG/15ML</i>	P	
GAVISCON SUSP (<i>Use aluminum hydroxide-mag carb</i>)	NF	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (<i>Use alum & mag hydrox-simethicone</i>)	NF	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		

Drug Name	Drug Tier	Requirements/Limits
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	P	
<i>calcium carbonate (antacid) SUSP</i>	P	
TUMS CHEWY BITES CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS E-X 750 CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS EXTRA STRENGTH 750 CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS LASTING EFFECTS CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS SMOOTHIES CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS ULTRA 1000 CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
TUMS CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	NP	
ALBENZA (<i>Use albendazole</i>)	NF	
BENZNIDAZOLE	NP	SP

Drug Name	Drug Tier	Requirements/Limits
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 (<i>Use nitroglycerin</i>)	NP	MP
NITRO-DUR PT24	NP	
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

Drug Name	Drug Tier	Requirements/Limits
NITROLINGUAL PUMPSPRAY SOLN TL (<i>Use nitroglycerin</i>)	NP	MP
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP	MP
ANTIANGINAL AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl 7.5 MG, 30 MG</i>	P	MP
<i>bupirone hcl</i>	P	MP
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<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	
<i>diazepam SOLN OR 5 MG/5ML</i>	P	
<i>diazepam TABS</i>	P	
<i>lorazepam CONC</i>	P	
<i>lorazepam TABS</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
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
<i>amiodarone hcl TABS</i>	P	MP
<i>dofetilide</i>	P	MP
<i>dofetilide</i>	P	MP
MULTAQ	NP	

Drug Name	Drug Tier	Requirements/Limits
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 HANDIHALER 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
TUDORZA PRESSAIR	NP	MP
YUPELRI	NP	MP
Leukotriene Modulators		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACCOLATE (Use zafirlukast)	NP	QL(2 ea daily); MP	ASMANEX TWISTHALER 14 METERED DOSES AEPB	P	MP
montelukast sodium CHEW	P	QL(1 ea daily); MP	ASMANEX TWISTHALER 30 METERED DOSES AEPB	P	MP
montelukast sodium PACK	P	QL(1 ea daily); MP	ASMANEX TWISTHALER 60 METERED DOSES AEPB	P	MP
montelukast sodium TABS	P	QL(1 ea daily); MP	budesonide (inhalation) SUSP	P	QL(4 ml daily); AL(Up to 7 yrs old); MP
SINGULAIR CHEW (Use montelukast sodium)	NP	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 4 MG (Use montelukast sodium)	NF	QL(1 ea daily); MP	FLOVENT DISKUS AEPB 50 MCG/BLIST	P	QL(2 ea daily); MP
SINGULAIR PACK (Use montelukast sodium)	NF	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)	NP	QL(1 ea daily); MP	FLOVENT HFA 44 MCG/ACT	P	QL(0.36 gm daily); MP
SINGULAIR TABS (Use montelukast sodium)	NP	QL(1 ea daily); MP	fluticasone propionate hfa 44 MCG/ACT	NP	QL(0.36 gm daily); MP
SINGULAIR TABS (Use montelukast sodium)	NF	QL(1 ea daily); MP	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	NP	QL(0.4 gm daily); MP
zafirlukast	P	QL(2 ea daily); MP	PULMICORT FLEXHALER AEPB	NP	QL(0.034 ea daily); MP
zileuton TB12	NP	MP	PULMICORT SUSP (Use budesonide (inhalation))	NP	QL(4 ml daily); AL(Up to 7 yrs old); MP
ZYFLO TABS	NP	MP	QVAR REDHALER	NP	QL(0.36 gm daily); MP
Selective Phosphodiesterase 4 (PDE4) Inhibitors			Sympathomimetics		
DALIRESP (Use roflumilast)	NP		ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	P	QL(2 ea daily); MP
roflumilast	NP		ADVAIR HFA AERO	P	QL(0.4 gm daily); MP
Steroid Inhalants			AIRDUO DIGIHALER 113/14	P	QL(0.034 ea daily); MP
ALVESCO	NP	MP	AIRDUO DIGIHALER 232/14	P	QL(0.034 ea daily); 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			
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	NP	MP			
ASMANEX TWISTHALER 120 METERED DOSES AEPB	P	MP			

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

Drug Name	Drug Tier	Requirements/Limits
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 (Use levalbuterol hcl)	NF	MP
XOPENEX CONCENTRATE (Use levalbuterol hcl)	NF	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		
Coumarin Anticoagulants		
warfarin sodium TABS	P	MP

Drug Name	Drug Tier	Requirements/Limits
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 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
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
enoxaparin sodium SOLN IJ 300 MG/3ML	P	QL(252 ml per 365 days retail); SP
enoxaparin sodium SOSY 60 MG/0.6ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(9 ml per fill retail)
enoxaparin sodium SOSY 40 MG/0.4ML	P	QL(33.6 ml per 365 days retail); SP
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	P	QL(84 ml per 365 days retail); SP
enoxaparin sodium SOSY 80 MG/0.8ML	P	QL(67.2 ml per 365 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)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(25.2 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	LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NP	QL(25.2 ml per 365 days retail); SP
<i>fondaparinux sodium 10 MG/0.8ML</i>	P	QL(33.6 ml per 365 days retail); SP	Thrombin Inhibitors		
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	P	QL(21 ml per 365 days retail); SP	<i>dabigatran etexilate mesylate CAPS</i>	NP	
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	P	QL(25.2 ml per 365 days retail); SP	PRADAXA CAPS	NP	
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP	PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	NP	
FRAGMIN SOSY	P	SP	PRADAXA PACK	NP	SP
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P		ANTICONVULSANTS - Drugs to Treat Seizures		
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	P		AMPA Glutamate Receptor Antagonists		
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P		FYCOMPA SUSP	NP	MP
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	QL(252 ml per 365 days retail); SP	FYCOMPA TABS	NP	
LOVENOX SOSY 80 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NP	QL(67.2 ml per 365 days retail); SP	Anticonvulsants - Benzodiazepines		
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NP	QL(84 ml per 365 days retail); SP	<i>clobazam SUSP</i>	NP	QL(8 ml daily); MP
LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NP	QL(33.6 ml per 365 days retail); SP	<i>clobazam TABS</i>	NP	QL(2 ea daily)
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>clonazepam TABS</i>	P	
			<i>clonazepam TBDP</i>	NP	
			DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(0.067 ea daily)
			DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(0.067 ea daily)
			<i>diazepam (anticonvulsant) GEL</i>	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(0.067 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KLONOPIN TABS 2 MG (Use clonazepam)	NF		CARBATROL CP12 (Use carbamazepine)	NP	MP
KLONOPIN TABS (Use clonazepam)	NP		DIACOMIT CAPS	NP	SP
NAYZILAM	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(0.067 ea daily)	DIACOMIT PACK	NP	SP
ONFI SUSP (Use clobazam)	NP	QL(8 ml daily); MP	ELEPSIA XR TB24	NP	
ONFI TABS (Use clobazam)	NP	QL(2 ea daily)	EPIDIOLEX	NP	QL(20 ml daily); SP; MP
SYMPAZAN FILM	NP	QL(2 ea daily)	EPRONTIA SOLN	NP	MP
VALTOCO 10 MG DOSE LIQD	NP		FINTEPLA	NP	SP; MP
VALTOCO 15 MG DOSE LQPK	NP		<i>gabapentin CAPS 300 MG</i>	P	QL(12 ea daily); MP
VALTOCO 20 MG DOSE LQPK	NP		<i>gabapentin CAPS 100 MG, 400 MG</i>	P	QL(9 ea daily); MP
VALTOCO 5 MG DOSE LIQD	NP		<i>gabapentin SOLN</i>	P	QL(75 ml daily); MP
Anticonvulsants - Misc.			<i>gabapentin TABS 800 MG</i>	P	QL(4 ea daily); MP
APTIOM	NP	QL(2 ea daily)	<i>gabapentin TABS 600 MG</i>	P	QL(6 ea daily); MP
BANZEL SUSP (Use rufinamide)	NP	QL(80 ml daily); SP; MP	KEPPRA XR TB24 (Use levetiracetam)	NP	MP
BANZEL TABS 400 MG (Use rufinamide)	NP	QL(8 ea daily); SP; MP	KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	NP	MP
BANZEL TABS 200 MG (Use rufinamide)	NP	QL(4 ea daily); SP; MP	KEPPRA TABS (Use levetiracetam)	NP	MP
BRIVIACT SOLN OR 10 MG/ML	NP	QL(20 ml daily); MP	<i>lacosamide SOLN OR 10 MG/ML</i>	NP	MP
BRIVIACT TABS	NP	QL(2 ea daily)	<i>lacosamide TABS</i>	NP	QL(2 ea daily)
<i>carbamazepine CHEW</i>	P	MP	LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine)	NP	MP
<i>carbamazepine CP12</i>	NP	MP	LAMICTAL ODT KIT (Use lamotrigine)	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)
<i>carbamazepine SUSP</i>	P	MP	LAMICTAL ODT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.87 ea daily)
<i>carbamazepine SUSP 100 MG/5ML</i>	P	MP			
<i>carbamazepine TABS</i>	P	QL(8 ea daily); MP			
<i>carbamazepine TB12</i>	P	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.94 ea daily)	<i>lamotrigine KIT</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(3.27 ea daily)
LAMICTAL ODT TBDP (Use <i>lamotrigine</i>)	NP	MP	<i>lamotrigine KIT</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.87 ea daily)
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use <i>lamotrigine</i>)	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.64 ea daily)	<i>lamotrigine KIT</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use <i>lamotrigine</i>)	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(3.27 ea daily)	<i>lamotrigine TABS</i>	P	MP
LAMICTAL STARTER/TAKING VALPROATE KIT (Use <i>lamotrigine</i>)	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)	<i>lamotrigine TABS</i>	P	MP
LAMICTAL XR KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)	<i>lamotrigine TB24</i>	NP	QL(2 ea daily); MP
LAMICTAL XR KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.94 ea daily)	<i>lamotrigine TBDP</i>	NP	MP
LAMICTAL XR TB24 (Use <i>lamotrigine</i>)	NP	QL(2 ea daily); MP	<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	P	MP
LAMICTAL TABS (Use <i>lamotrigine</i>)	NP	MP	<i>levetiracetam TABS</i>	P	MP
<i>lamotrigine CHEW</i>	P	MP	<i>levetiracetam TABS</i>	P	MP
<i>lamotrigine KIT</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.64 ea daily)	<i>levetiracetam TB24</i>	P	MP
<i>lamotrigine KIT</i>	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.94 ea daily)	LYRICA CAPS (Use <i>pregabalin</i>)	NP	QL(2 ea daily); MP
			LYRICA SOLN (Use <i>pregabalin</i>)	NP	QL(30 ml daily); MP
			MYSOLINE (Use <i>primidone</i>)	NP	MP
			NEURONTIN CAPS 100 MG, 400 MG (Use <i>gabapentin</i>)	NP	QL(9 ea daily); MP
			NEURONTIN CAPS 300 MG (Use <i>gabapentin</i>)	NP	QL(12 ea daily); MP
			NEURONTIN SOLN (Use <i>gabapentin</i>)	NP	QL(75 ml daily); MP
			NEURONTIN SOLN (Use <i>gabapentin</i>)	NF	QL(75 ml daily); MP
			NEURONTIN TABS 600 MG (Use <i>gabapentin</i>)	NP	QL(6 ea daily); MP
			NEURONTIN TABS 800 MG (Use <i>gabapentin</i>)	NP	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine SUSP</i>	P	QL(33.4 ml daily); MP	TRILEPTAL TABS 600 MG (<i>Use oxcarbazepine</i>)	NF	QL(4 ea daily); MP
<i>oxcarbazepine TABS 600 MG</i>	P	QL(4 ea daily); MP	TRILEPTAL TABS 150 MG, 300 MG (<i>Use oxcarbazepine</i>)	NP	QL(9 ea 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>)	NF	QL(9 ea daily); MP
<i>pregabalin CAPS</i>	P	QL(2 ea daily); MP	TROKENDI XR CP24 (<i>Use topiramate</i>)	NP	QL(1 ea daily); MP
<i>pregabalin SOLN</i>	P	QL(30 ml daily); MP	VIMPAT SOLN OR 10 MG/ML (<i>Use lacosamide</i>)	NP	MP
<i>primidone</i>	P	MP	VIMPAT TABS (<i>Use lacosamide</i>)	NP	QL(2 ea daily)
<i>primidone 50 MG, 250 MG</i>	P	MP	ZONISADE SUSP	NP	
QUDEXY XR CS24 (<i>Use topiramate</i>)	NP	QL(1 ea daily); MP	<i>zonisamide CAPS</i>	P	MP
<i>rufinamide SUSP</i>	NP	QL(80 ml daily); SP; MP; SL	ZTALMY	NP	
<i>rufinamide TABS 200 MG</i>	NP	QL(4 ea daily); SP; MP	Carbamates		
<i>rufinamide TABS 400 MG</i>	NP	QL(8 ea daily); SP; MP	<i>felbamate SUSP</i>	NP	MP
SPRITAM TB3D	NP	MP	<i>felbamate SUSP</i>	NP	MP
TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	MP	<i>felbamate TABS</i>	NP	MP
TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	QL(8 ea daily); MP	<i>felbamate TABS</i>	NP	MP
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	MP	FELBATOL SUSP (<i>Use felbamate</i>)	NP	MP
TOPAMAX SPRINKLE CPSP (<i>Use topiramate</i>)	NP	MP	FELBATOL TABS (<i>Use felbamate</i>)	NP	MP
TOPAMAX TABS (<i>Use topiramate</i>)	NP	MP	XCOPRI TABS	P	
<i>topiramate CP24</i>	NP	QL(1 ea daily); MP	XCOPRI TBPK	P	
<i>topiramate CPSP</i>	P	MP	GABA Modulators		
<i>topiramate CS24</i>	NP	QL(1 ea daily); MP	GABITRIL (<i>Use tiagabine hcl</i>)	NP	QL(4 ea daily); MP
<i>topiramate TABS</i>	P	MP	SABRIL PACK (<i>Use vigabatrin</i>)	NP	QL(6.1 ea daily); SP; MP
<i>topiramate TABS</i>	P	MP	SABRIL TABS (<i>Use vigabatrin</i>)	NP	QL(6 ea daily); SP; MP
TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	QL(33.4 ml daily); MP	<i>tiagabine hcl</i>	NP	QL(4 ea daily); MP
			<i>vigabatrin PACK</i>	NP	QL(6.1 ea daily); SP; MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin TABS</i>	NP	QL(6 ea daily); SP; MP	DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	MP
Hydantoins			DEPAKOTE TBEC 125 MG, 500 MG (<i>Use divalproex sodium</i>)	NP	MP
DILANTIN (<i>Use phenytoin sodium extended</i>)	NP	MP	DEPAKOTE TBEC 125 MG (<i>Use divalproex sodium</i>)	NF	MP
DILANTIN	NP	MP	DEPAKOTE TBEC 250 MG, 500 MG (<i>Use divalproex sodium</i>)	NP	MP
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	NP	MP	<i>divalproex sodium CSDR</i>	P	MP
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	NP	MP	<i>divalproex sodium TB24</i>	P	MP
<i>phenytoin sodium extended 200 MG</i>	NP	MP	<i>divalproex sodium TB24</i>	P	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P	MP	<i>divalproex sodium TBEC</i>	P	MP
<i>phenytoin CHEW</i>	P	MP	<i>valproate sodium SOLN OR 250 MG/5ML</i>	P	MP
<i>phenytoin CHEW</i>	P	MP	<i>valproate sodium SOLN OR 250 MG/5ML</i>	P	MP
<i>phenytoin SUSP</i>	P	MP	<i>valproic acid CAPS</i>	P	MP
Succinimides			ANTIDEPRESSANTS - Drugs to Treat Depression		
CELONTIN (<i>Use methsuximide</i>)	NP		Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>ethosuximide CAPS</i>	P	MP	<i>mirtazapine TABS</i>	P	QL(1 ea daily); MP
<i>ethosuximide SOLN</i>	P	MP	<i>mirtazapine TBDP</i>	P	QL(1 ea daily); MP
<i>ethosuximide SOLN</i>	P	MP	REMERON SOLTAB TBDP 15 MG, 30 MG (<i>Use mirtazapine</i>)	NF	QL(1 ea daily); MP
<i>methsuximide</i>	NP		REMERON SOLTAB TBDP (<i>Use mirtazapine</i>)	NP	QL(1 ea daily); MP
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	MP	REMERON TABS 15 MG, 30 MG (<i>Use mirtazapine</i>)	NP	QL(1 ea daily); MP
ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	MP	Antidepressant Combinations		
Valproic Acid			AUVELITY	NP	
DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NF	MP	Antidepressants - Misc.		
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NP	MP	APLENZIN	NP	
DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	NP	MP	<i>bupropion hcl TABS</i>	P	MP
			<i>bupropion hcl TABS</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl TB12</i>	P	QL(2 ea daily); MP	<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 ea daily); MP
<i>bupropion hcl TB24 450 MG</i>	P	MP	<i>fluoxetine hcl CAPS 20 MG, 40 MG</i>	P	QL(2 ea daily); MP
<i>bupropion hcl TB24 150 MG, 300 MG</i>	P	QL(1 ea daily); MP	<i>fluoxetine hcl CAPS 10 MG</i>	P	QL(1 ea daily); MP
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NP	MP	<i>fluoxetine hcl CPDR</i>	NP	MP
WELLBUTRIN SR TB12 (<i>Use bupropion hcl</i>)	NP	QL(2 ea daily); MP	<i>fluoxetine hcl SOLN</i>	P	MP
WELLBUTRIN XL TB24 (<i>Use bupropion hcl</i>)	NP	QL(1 ea daily); MP	<i>fluoxetine hcl SOLN</i>	P	MP
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl TABS 60 MG</i>	P	MP
EMSAM	NP		<i>fluoxetine hcl TABS 10 MG</i>	P	QL(1 ea daily); MP
MARPLAN	NP		<i>fluoxetine hcl TABS 20 MG</i>	P	QL(2 ea daily); MP
NARDIL (<i>Use phenelzine sulfate</i>)	NP	MP	FLUOXETINE HYDROCHLORIDE TABS (<i>Use fluoxetine hcl</i>)	P	MP
<i>phenelzine sulfate</i>	P	MP	<i>fluvoxamine maleate CP24</i>	NP	MP
<i>tranylcypromine sulfate</i>	P	MP	<i>fluvoxamine maleate TABS</i>	P	MP
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			LEXAPRO TABS 20 MG (<i>Use escitalopram oxalate</i>)	NP	QL(1 ea daily); MP
SPRAVATO 56MG DOSE	NP	SP; MP	LEXAPRO TABS 5 MG, 10 MG (<i>Use escitalopram oxalate</i>)	NP	QL(1.5 ea daily); MP
SPRAVATO 84MG DOSE	NP	SP; MP	<i>paroxetine hcl SUSP</i>	P	MP
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>paroxetine hcl TABS</i>	P	MP
CELEXA TABS (<i>Use citalopram hydrobromide</i>)	NP	MP	<i>paroxetine hcl TABS</i>	P	MP
CITALOPRAM HYDROBROMIDE CAPS	NP		<i>paroxetine hcl TB24</i>	NP	MP
<i>citalopram hydrobromide SOLN</i>	P	MP	<i>paroxetine hcl TB24</i>	NP	MP
<i>citalopram hydrobromide SOLN</i>	P	MP	PAXIL CR TB24 (<i>Use paroxetine hcl</i>)	NP	MP
<i>citalopram hydrobromide TABS 10 MG</i>	P	MP	PAXIL CR TB24 25 MG, 37.5 MG (<i>Use paroxetine hcl</i>)	NF	MP
<i>citalopram hydrobromide TABS</i>	P	MP	PAXIL SUSP (<i>Use paroxetine hcl</i>)	NP	MP
<i>escitalopram oxalate SOLN</i>	P	MP	PAXIL TABS (<i>Use paroxetine hcl</i>)	NP	MP
<i>escitalopram oxalate TABS 5 MG, 10 MG</i>	P	QL(1.5 ea daily); MP			

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PEXEVA	NP		EFFEXOR XR CP24 (<i>Use venlafaxine hcl</i>)	NP	MP
PROZAC CAPS 20 MG, 40 MG (<i>Use fluoxetine hcl</i>)	NP	QL(2 ea daily); MP	FETZIMA TITRATION PACK C4PK	NP	
PROZAC CAPS 10 MG (<i>Use fluoxetine hcl</i>)	NP	QL(1 ea daily); MP	FETZIMA CP24	NP	
PROZAC CAPS 20 MG (<i>Use fluoxetine hcl</i>)	NF	QL(2 ea daily); MP	PRISTIQ 50 MG (<i>Use desvenlafaxine succinate</i>)	NF	MP
<i>sertraline hcl CONC</i>	P	MP	PRISTIQ (<i>Use desvenlafaxine succinate</i>)	NP	MP
<i>sertraline hcl TABS</i>	P	MP	VENLAFAXINE BESYLATE ER	P	
<i>sertraline hcl TABS</i>	P	MP	<i>venlafaxine hcl CP24</i>	P	MP
SERTRALINE HYDROCHLORIDE CAPS	NP	MP	<i>venlafaxine hcl CP24</i>	P	MP
ZOLOFT CONC (<i>Use sertraline hcl</i>)	NP	MP	<i>venlafaxine hcl TABS</i>	P	QL(3 ea daily); MP
ZOLOFT TABS (<i>Use sertraline hcl</i>)	NP	MP	<i>venlafaxine hcl TB24</i>	NP	QL(1 ea daily); MP
Serotonin Modulators			Tricyclic Agents		
<i>nefazodone hcl</i>	NP	MP	<i>amitriptyline hcl TABS</i>	P	MP
<i>trazodone hcl TABS</i>	P	MP	<i>amoxapine</i>	NP	MP
<i>trazodone hcl TABS 150 MG</i>	P	MP	<i>amoxapine</i>	NP	MP
TRINTELLIX	NP		ANAFRANIL (<i>Use clomipramine hcl</i>)	NP	MP
VIIBRYD STARTER PACK KIT	NP		<i>clomipramine hcl</i>	P	MP
VIIBRYD TABS (<i>Use vilazodone hcl</i>)	NP		<i>desipramine hcl TABS</i>	P	MP
<i>vilazodone hcl TABS</i>	NP		<i>desipramine hcl TABS</i>	P	MP
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>doxepin hcl CAPS</i>	P	MP
CYMBALTA CPEP (<i>Use duloxetine hcl</i>)	NP	QL(2 ea daily); MP	<i>doxepin hcl CAPS</i>	P	MP
DESVENLAFAXINE ER	NP	MP	<i>doxepin hcl CONC</i>	P	MP
<i>desvenlafaxine succinate</i>	NP	MP	<i>imipramine hcl TABS</i>	P	MP
<i>desvenlafaxine succinate</i>	NP	MP	<i>imipramine hcl TABS</i>	P	MP
DRIZALMA SPRINKLE CSDR	NP	MP	<i>imipramine pamoate</i>	NP	MP
<i>duloxetine hcl CPEP</i>	P	QL(2 ea daily); MP	NORPRAMIN TABS 10 MG, 25 MG (<i>Use desipramine hcl</i>)	NP	MP
			<i>nortriptyline hcl CAPS</i>	P	MP
			<i>nortriptyline hcl SOLN</i>	P	MP
			PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NP	MP
			<i>protriptyline hcl</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate CAPS</i>	NP	MP	JENTADUETO XR TB24	NP	
<i>trimipramine maleate CAPS</i>	NP	MP	JENTADUETO TABS	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar			<i>KAZANO (Use alogliptin-metformin hcl)</i>	NP	QL(2 ea daily); MP
Alpha-Glucosidase Inhibitors			<i>KOMBIGLYZE XR (Use saxagliptin-metformin hcl)</i>	NP	
<i>acarbose</i>	P	QL(3 ea daily); MP	<i>OSENI 15 MG-12.5 MG, 45 MG-12.5 MG (Use alogliptin-pioglitazone)</i>	NF	QL(1 ea daily); MP
<i>miglitol</i>	P	MP	<i>OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)</i>	NP	QL(1 ea daily); MP
<i>PRECOSE (Use acarbose)</i>	NF	QL(3 ea daily); MP	<i>pioglitazone hcl-glimepiride</i>	NP	MP
Antidiabetic - Amylin Analogs			<i>pioglitazone hcl-metformin hcl TABS</i>	NP	MP
<i>SYMLINPEN 120 SOPN</i>	NP	MP	<i>QTERN</i>	NP	
<i>SYMLINPEN 60 SOPN</i>	NP	MP	<i>saxagliptin-metformin hcl</i>	NP	
Antidiabetic Combinations			<i>SEGLUROMET</i>	NP	QL(2 ea daily)
<i>ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)</i>	NP	MP	<i>SOLIQUA 100/33</i>	NP	MP
<i>ACTOPLUS MET TABS 500 MG-15 MG (Use pioglitazone hcl-metformin hcl)</i>	NF	MP	<i>STEGLUJAN</i>	NP	
<i>alogliptin-metformin hcl</i>	NP	QL(2 ea daily); MP	<i>SYNJARDY XR TB24</i>	NP	
<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>SYNJARDY TABS</i>	NP	
<i>DUETACT (Use pioglitazone hcl-glimepiride)</i>	NP	MP	<i>TRIJARDY XR</i>	NP	
<i>glipizide-metformin hcl</i>	P	MP	<i>XIGDUO XR</i>	NP	
<i>glipizide-metformin hcl</i>	P	MP	<i>XULTOPHY 100/3.6</i>	NP	MP
<i>glyburide-metformin</i>	P	MP	Biguanides		
<i>GLYXAMBI</i>	NP		<i>GLUMETZA TB24 (Use metformin hcl)</i>	NP	MP
<i>INVOKAMET XR TB24</i>	NP		<i>metformin hcl SOLN</i>	NP	QL(3 ml daily); MP
<i>INVOKAMET TABS</i>	NP		<i>metformin hcl TABS</i>	P	MP
<i>JANUMET XR TB24</i>	NP	QL(2 ea daily)	<i>metformin hcl TABS</i>	P	MP
<i>JANUMET TABS</i>	NP	QL(2 ea daily)	<i>metformin hcl TB24 500 MG, 750 MG</i>	P	MP
			<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	MP
			<i>metformin hcl TB24 500 MG, 750 MG</i>	P	MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	MP	GLUCO TO GO CHEW	P	
METFORMIN HYDROCHLORIDE TABS	NP		GLUCOSE INSTANT ENERGY	P	
RIOMET SOLN (<i>Use metformin hcl</i>)	NP	QL(3 ml daily); MP	GLUCOSE CHEW	P	
Diabetic Other			GNP GLUCOSE CHEW	P	
BAQSIMI ONE PACK POWD	P		GNP QUICK DISSOLVE GLUCOSE CHEW	P	
BAQSIMI TWO PACK POWD	P		GOODSENSE GLUCOSE	P	
CVS GLUCOSE CHEW	P		GVOKE HYPOPEN 1-PACK SOAJ	P	QL(3 ml daily)
CVS SOFT GLUCOSE CHEW	P		GVOKE HYPOPEN 2-PACK SOAJ	P	QL(3 ml daily)
DEX4	P		GVOKE KIT SOLN	P	
DEX4 FAST ACTING GLUCOSE	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)
DEX4 NATURALS	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)
DEX4 POUCH PACK	P		HY-VEE GLUCOSE	P	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P		KORLYM	NP	SP
<i>dextrose (diabetic use) GEL</i>	P		KROGER GLUCOSE	P	
<i>diazoxide</i>	P	MP	LEADER GLUCOSE 6 MG-4 GM	P	
GLUCAGEN HYPOKIT	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)	LEADER QUICK DISSOLVE GLUCOSE CHEW	P	
<i>glucagon (rdna)</i>	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)	LONGS GLUCOSE	P	
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)	MEIJER GLUCOSE	P	
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)	PREFERRED PLUS GLUCOSE	P	
			PROGLYCEM (<i>Use diazoxide</i>)	P	MP
			PX GLUCOSE	P	
			RA GLUCOSE	P	
			RELION GLUCOSE	P	
			SM GLUCOSE	P	
			SMART SENSE GLUCOSE	P	

Drug Name	Drug Tier	Requirements/Limits
SMART SENSE GLUCOSE TABLETS	P	
TGT GLUCOSE	P	
TRUEPLUS GLUCOSE ON THE GO CHEW	P	
TRUEPLUS GLUCOSE CHEW	P	
UP & UP GLUCOSE	P	
VALUE PLUS GLUCOSE	P	
WALGREENS GLUCOSE	P	
ZEGALOGUE SOAJ	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.6 ml per fill retail)
ZEGALOGUE SOSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.6 ml per fill retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	NP	QL(1 ea daily); MP
JANUVIA	P	QL(1 ea daily); MP
NESINA (<i>Use alogliptin benzoate</i>)	NP	QL(1 ea daily); MP
ONGLYZA (<i>Use saxagliptin hcl</i>)	NP	
<i>saxagliptin hcl</i>	NP	
TRADJENTA	P	MP
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents		
BYDUREON BCISE AUJ	NP	MP
BYETTA SOPN	NP	MP
MOUNJARO	NP	
OZEMPIC SOPN	NP	MP
OZEMPIC SOPN	NP	
RYBELSUS TABS	P	PA
TRULICITY	P	QL(0.072 ml daily); MP

Drug Name	Drug Tier	Requirements/Limits
VICTOZA	P	QL(0.3 ml daily); MP
Insulin		
ADMELOG SOLOSTAR SOPN	NP	QL(2 ml daily); MP
ADMELOG SOLN IJ	NP	QL(2 ml daily); MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	MP
APIDRA SOLOSTAR SOPN	NP	MP
APIDRA SOLN	NP	MP
BASAGLAR KWIKPEN SOPN	NP	QL(2 ml daily); MP
BASAGLAR TEMPO PEN SOPN	NP	
FIASP FLEXTOUCH SOPN	NP	MP
FIASP PENFILL SOCT	NP	MP
FIASP PUMPCART SOCT	NP	MP
FIASP SOLN	NP	MP
HUMALOG JUNIOR KWIKPEN SOPN	P	MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(2 ml daily); MP
HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP
HUMALOG MIX 50/50 SUSP	P	QL(1 ml daily); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	P	MP
HUMALOG MIX 75/25 SUSP	P	QL(1 ml daily); MP
HUMALOG TEMPO PEN SOPN	NP	
HUMALOG SOCT	P	MP
HUMALOG SOLN IJ	P	QL(2 ml daily); MP
HUMULIN 70/30 KWIKPEN SUPN	P	MP

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

Drug Name	Drug Tier	Requirements/Limits
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	
SEMGLEE SOLN	NP	MP
SEMGLEE SOPN	NP	MP
TOUJEO MAX SOLOSTAR SOPN	NP	MP
TOUJEO SOLOSTAR SOPN	NP	MP
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		

Drug Name	Drug Tier	Requirements/Limits
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 5 MG	P	MP
glipizide TABS	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 3 MG (Use glyburide micronized)	NF	MP
GLYNASE (Use glyburide micronized)	NP	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	P	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	P	
bismuth subsalicylate TABS	P	
PEPTO BISMOL TABS (Use bismuth subsalicylate)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NF		JADENU SPRINKLE PACK (Use deferasirox)	NP	SP
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NF		JADENU TABS (Use deferasirox)	NP	SP
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NF		Opioid Antagonists		
PEPTO-BISMOL SUSP (Use bismuth subsalicylate)	NF		KLOXXADO LIQD	P	
Antiperistaltic Agents			LIFEMS NALOXONE PSKT	P	
diphenoxylate w/ atropine LIQD	P	QL(3.94 ml daily)	NALMEFENE HYDROCHLORIDE IJ	P	
diphenoxylate w/ atropine TABS	P		naloxone hcl LIQD	P	RX/OTC
IMODIUM A-D CAPS (Use loperamide hcl)	NF	RX/OTC	naloxone hcl SOCT	P	
IMODIUM A-D TABS (Use loperamide hcl)	NF		naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	P	
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF		naloxone hcl SOSY	P	
loperamide hcl CAPS	P	RX/OTC	naltrexone hcl	P	
loperamide hcl TABS	P		NARCAN LIQD (Use naloxone hcl)	P	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS			OPVEE NA	P	
Antidotes - Chelating Agents			VIVITROL	P	SP
CHEMET	P		ZIMHI SOSY	P	
deferasirox PACK	NP	SP	ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
deferasirox TABS	NP	SP	5-HT3 Receptor Antagonists		
deferasirox TBSO	NP	SP	ANZEMET TABS 50 MG	NP	
deferiprone TABS	NP	SP	granisetron hcl TABS	NP	
EXJADE TBSO (Use deferasirox)	NP	SP	ondansetron hcl SOLN OR 4 MG/5ML	P	
FERRIPROX TWICE-A-DAY TABS	NP	SP	ondansetron hcl TABS 4 MG, 8 MG	P	QL(1 ea daily)
FERRIPROX SOLN	NP	SP	ondansetron TBDP	P	QL(1 ea daily)
FERRIPROX TABS (Use deferiprone)	NP	SP	SANCUSO PTCH	NP	
			ZOFRAN TABS 4 MG (Use ondansetron hcl)	NF	QL(1 ea daily)
			Antiemetics - Anticholinergic		
			ANTIVERT CHEW (Use meclizine hcl)	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ANTIVERT TABS 50 MG (Use meclizine hcl)	NP	
dimenhydrinate TABS	P	
DRAMAMINE TABS (Use dimenhydrinate)	NF	
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	P	RX/OTC
scopolamine	P	
TRANSDERM-SCOP (Use scopolamine)	P	
trimethobenzamide hcl CAPS	NP	QL(4 ea daily)
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC (Use doxylamine-pyridoxine)	NP	
doxylamine-pyridoxine TBEC	NP	
dronabinol CAPS	NP	
EMETROL SOLN (Use fructose-dextrose-phosphoric acid)	NF	
fructose-dextrose-phosphoric acid SOLN	P	
MARINOL CAPS 2.5 MG (Use dronabinol)	NP	
MARINOL CAPS 5 MG, 10 MG (Use dronabinol)	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS	P	
aprepitant MISC	P	
EMEND TRIPACK CAPS (Use aprepitant)	NP	
EMEND CAPS 80 MG (Use aprepitant)	NP	
EMEND SUSR	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		

Drug Name	Drug Tier	Requirements/Limits
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
Antifungals		
ANCOBON (Use flucytosine)	NP	
flucytosine	NP	
griseofulvin microsize SUSP	P	
griseofulvin microsize TABS	P	
griseofulvin ultramicrosize	P	
nystatin TABS	P	
terbinafine hcl TABS	P	
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
DIFLUCAN SUSR (Use fluconazole)	NP	
DIFLUCAN TABS 50 MG, 150 MG (Use fluconazole)	NF	QL(1 ea daily)
DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	NP	QL(1 ea daily)
fluconazole SUSR	P	
fluconazole TABS	P	QL(1 ea daily)
itraconazole CAPS	P	
itraconazole SOLN	NP	
ketoconazole	P	
NOXAFIL PACK	NP	
NOXAFIL SUSP (Use posaconazole)	NP	
NOXAFIL TBEC (Use posaconazole)	NP	
posaconazole SUSP	NP	
posaconazole TBEC	NP	
SPORANOX PULSEPAK CAPS (Use itraconazole)	NF	
SPORANOX CAPS (Use itraconazole)	NP	

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl SOLN 6.25 MG/5ML</i>	P		<i>cholestyramine light POWD</i>	P	MP
<i>promethazine hcl SYRP</i>	P		<i>cholestyramine PACK</i>	P	MP
<i>promethazine hcl TABS</i>	P		<i>cholestyramine PACK</i>	P	MP
Antihistamines - Piperidines			<i>cholestyramine POWD</i>	P	MP
<i>cyproheptadine hcl SYRP</i>	P		<i>cholestyramine POWD</i>	P	MP
<i>cyproheptadine hcl TABS</i>	P		<i>colesevelam hcl PACK</i>	NP	MP
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>colesevelam hcl TABS</i>	NP	MP
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors			COLESTID FLAVORED GRAN (<i>Use colestipol hcl</i>)	NP	MP
NEXLETOL	NP	QL(3 ea daily)	COLESTID FLAVORED PACK (<i>Use colestipol hcl</i>)	NP	MP
Antihyperlipidemics - Combinations			COLESTID GRAN (<i>Use colestipol hcl</i>)	NP	MP
<i>ezetimibe-simvastatin</i>	NP	MP	COLESTID PACK (<i>Use colestipol hcl</i>)	NP	MP
NEXLIZET	NP		COLESTID TABS (<i>Use colestipol hcl</i>)	NP	MP
VYTORIN (<i>Use ezetimibe-simvastatin</i>)	NF	MP	<i>colestipol hcl GRAN</i>	NP	MP
VYTORIN (<i>Use ezetimibe-simvastatin</i>)	NP	MP	<i>colestipol hcl PACK</i>	NP	MP
Antihyperlipidemics - Misc.			<i>colestipol hcl TABS</i>	NP	MP
<i>icosapent ethyl</i>	NP		QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NP	MP
LOVAZA (<i>Use omega-3-acid ethyl esters</i>)	NP	MP	QUESTRAN PACK (<i>Use cholestyramine</i>)	NP	MP
<i>omega-3-acid ethyl esters</i>	NP	MP	QUESTRAN POWD (<i>Use cholestyramine</i>)	NP	MP
<i>omega-3-acid ethyl esters</i>	NP	MP	WELCHOL PACK (<i>Use colesevelam hcl</i>)	NP	MP
VASCEPA 0.5 GM (<i>Use icosapent ethyl</i>)	NP		WELCHOL TABS (<i>Use colesevelam hcl</i>)	NP	MP
VASCEPA 1 GM (<i>Use icosapent ethyl</i>)	NP	MP	Fibric Acid Derivatives		
Bile Acid Sequestrants			ANTARA 30 MG, 90 MG	NP	MP
<i>cholestyramine light PACK</i>	P	MP	ANTARA 30 MG, 90 MG (<i>Use fenofibrate micronized</i>)	NP	MP
<i>cholestyramine light PACK</i>	P	MP	<i>choline fenofibrate</i>	P	MP
<i>cholestyramine light POWD</i>	P	MP	<i>fenofibrate micronized</i>	P	MP
			<i>fenofibrate CAPS</i>	P	MP

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

Drug Name	Drug Tier	Requirements/Limits
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
ramipril CAPS	P	MP
ramipril CAPS 2.5 MG, 5 MG, 10 MG	P	MP
trandolapril	P	MP
VASOTEC TABS (Use enalapril maleate)	NP	MP
ZESTRIL TABS (Use lisinopril)	NP	MP
Agents for Pheochromocytoma		

Drug Name	Drug Tier	Requirements/Limits
DEMSER (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 50 MG, 100 MG (Use losartan potassium)	NF	MP
COZAAR (Use losartan potassium)	NP	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
telmisartan	NP	MP
telmisartan	NP	MP
VALSARTAN SOLN	P	
valsartan TABS	P	MP
valsartan TABS	P	MP
Antiadrenergic Antihypertensives		
CARDURA 8 MG (Use doxazosin mesylate)	NP	MP
CARDURA (Use doxazosin mesylate)	NP	MP
CARDURA 1 MG, 2 MG, 4 MG (Use doxazosin mesylate)	NF	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS-1 (Use clonidine)	NP	MP	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	NP	MP
CATAPRES-TTS-2 (Use clonidine)	NP	MP	atenolol & chlorthalidone	P	MP
CATAPRES-TTS-3 (Use clonidine)	NP	MP	AVALIDE (Use irbesartan-hydrochlorothiazide)	NP	MP
clonidine	P	MP	AZOR (Use amlodipine besylate-olmesartan medoxomil)	NP	MP
clonidine	P	MP	benazepril & hydrochlorothiazide	P	MP
clonidine hcl TABS	P	MP	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	NP	MP
clonidine hcl TABS	P	MP	bisoprolol & hydrochlorothiazide	P	MP
clonidine hcl TB24	NP		candesartan cilexetil-hydrochlorothiazide	NP	MP
doxazosin mesylate 4 MG	P	MP	candesartan cilexetil-hydrochlorothiazide	NP	MP
doxazosin mesylate	P	MP	captopril & hydrochlorothiazide	P	
guanfacine hcl	P	MP	DIOVAN HCT (Use valsartan-hydrochlorothiazide)	NP	QL(1 ea daily); MP
methyldopa TABS	P	MP	EDARBYCLOR	NP	
MINIPRESS CAPS (Use prazosin hcl)	NP	MP	enalapril maleate & hydrochlorothiazide	P	MP
prazosin hcl CAPS	P	MP	EXFORGE (Use amlodipine besylate-valsartan)	NP	MP
prazosin hcl CAPS	P	MP	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP	MP
terazosin hcl	P	MP	fosinopril sodium & hydrochlorothiazide	P	MP
terazosin hcl	P	MP	HYZAAR (Use losartan potassium & hydrochlorothiazide)	NF	MP
Antihypertensive Combinations			HYZAAR (Use losartan potassium & hydrochlorothiazide)	NP	MP
ACCURETIC	NP	MP			
ACCURETIC (Use quinapril-hydrochlorothiazide)	NP	MP			
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	NF	MP			
amlodipine besylate-benazepril hcl	P	MP			
amlodipine besylate-olmesartan medoxomil	NP	MP			
amlodipine besylate-valsartan	NP	MP			
amlodipine-valsartan-hydrochlorothiazide	NP	MP			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate IN</i>	P		FIRVANQ SOLR OR (<i>Use vancomycin hcl</i>)	NP	
<i>tinidazole</i>	NP		VANCOGIN CAPS (<i>Use vancomycin hcl</i>)	NP	
<i>trimethoprim TABS</i>	P		<i>vancomycin hcl CAPS</i>	P	
XIFAXAN	NP		<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	
Anti-infective Misc. - Combinations			Leprostatics		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NP		<i>dapsone</i>	P	
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NP		Lincosamides		
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NP		CLEOCIN (<i>Use clindamycin hcl</i>)	NP	
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</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>methenamine-hyosc-methylene blue-sod phosph-phenyl sal CAPS</i>	NP		<i>clindamycin hcl</i>	P	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	NP		<i>clindamycin palmitate hydrochloride</i>	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(30 ml daily)
<i>sulfamethoxazole-trimethoprim SUSP</i>	P		Monobactams		
<i>sulfamethoxazole-trimethoprim TABS</i>	P		CAYSTON	NP	SP
UROGESIC-BLUE TABS (<i>Use methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	NP		Oxazolidinones		
Antiprotozoal Agents			<i>linezolid SUSR</i>	NP	
<i>atovaquone</i>	P		<i>linezolid TABS</i>	NP	
LAMPIT	NP		SIVEXTRO TABS	NP	
MEPRON (<i>Use atovaquone</i>)	NP		ZYVOX SUSR (<i>Use linezolid</i>)	NP	
<i>nitazoxanide TABS</i>	NP		ZYVOX TABS (<i>Use linezolid</i>)	NP	
Glycopeptides			Urinary Anti-infectives		
			<i>fosfomicin tromethamine</i>	P	
			HIPREX (<i>Use methenamine hippurate</i>)	NP	
			HIPREX (<i>Use methenamine hippurate</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
MACROBID (Use nitrofurantoin monohyd macro)	NP	
MACRODANTIN (Use nitrofurantoin macrocrystal)	NP	
methenamine hippurate	P	
methenamine mandelate 0.5 GM, 1 GM	P	
MONUROL (Use fosfomycin tromethamine)	P	
nitrofurantoin	P	
NITROFURANTOIN	P	
nitrofurantoin macrocrystal	P	
nitrofurantoin monohyd macro	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)	NP	SP
hydroxychloroquine sulfate	P	
KRINTAFEL	NP	
mefloquine hcl	P	
primaquine phosphate TABS	P	
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	P	
pyrimethamine	NP	SP

Drug Name	Drug Tier	Requirements/Limits
QUALAQUIN CAPS (Use quinine sulfate)	NP	
quinine sulfate CAPS 324 MG	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/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	
PRETOMANID	NP	QL(1 ea daily)
PRIFTIN	P	
pyrazinamide	P	
rifabutin	P	
rifampin CAPS	P	

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Drug Name	Drug Tier	Requirements/Limits
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 (Use <i>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 (Use <i>capecitabine</i>)	NP	SP
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	NP	SP
LENVIMA 10 MG DAILY DOSE	NP	SP

Drug Name	Drug Tier	Requirements/Limits
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 (Use <i>gefitinib</i>)	P	SP
TAGRISO	NP	SP
TARCEVA (Use <i>erlotinib hcl</i>)	NP	SP
VIZIMPRO	NP	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	NP	SP
ERIVEDGE	P	SP
ODOMZO	NP	SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	P	SP
AKEEGA	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole</i>	P	QL(1 ea daily)	YONSA	NP	SP
<i>anastrozole</i>	P	QL(1 ea daily); AL(At least 40 yrs old)	ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP
ARIMIDEX (<i>Use anastrozole</i>)	NP	QL(1 ea daily); AL(At least 40 yrs old)	Antineoplastic - Immunomodulators		
AROMASIN (<i>Use exemestane</i>)	NP	AL(At least 40 yrs old)	POMALYST	NP	SP
<i>bicalutamide</i>	P		Antineoplastic - PDGFR-alpha Inhibitors		
CASODEX (<i>Use bicalutamide</i>)	NP		AYVAKIT	NP	SP
EMCYT	P	SP	Antineoplastic - XPO1 Inhibitors		
ERLEADA	NP	SP	XPOVIO	NP	SP
<i>exemestane</i>	P	AL(At least 40 yrs old)	XPOVIO 60 MG TWICE WEEKLY	NP	SP
<i>exemestane</i>	P		XPOVIO 80 MG TWICE WEEKLY	NP	SP
FARESTON (<i>Use toremifene citrate</i>)	NP		Antineoplastic Combinations		
FEMARA (<i>Use letrozole</i>)	NP	QL(1 ea daily); AL(At least 40 yrs old)	INQOVI	NP	SP
<i>flutamide</i>	P		KISQALI FEMARA 200 DOSE	NP	SP
<i>letrozole</i>	P	QL(1 ea daily); AL(At least 40 yrs old)	KISQALI FEMARA 400 DOSE	NP	SP
LYSODREN	P	SP	KISQALI FEMARA 600 DOSE	NP	SP
<i>megestrol acetate SUSP 400 MG/10ML, 800 MG/20ML</i>	P	MP	LONSURF	NP	SP
<i>megestrol acetate SUSP 40 MG/ML, 400 MG/10ML</i>	P	MP	Antineoplastic Enzyme Inhibitors		
<i>megestrol acetate TABS</i>	P		AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP
<i>nilutamide</i>	P		AFINITOR TABS (<i>Use everolimus</i>)	NP	SP
NUBEQA	NP	SP	ALECENSA	NP	SP
ORGOVYX	NP	SP	ALUNBRIG TABS	NP	SP
ORSERDU	P	SP	ALUNBRIG TBPk	NP	SP
SOLTAMOX SOLN	P	MP	BALVERSA	NP	SP
<i>tamoxifen citrate TABS</i>	P	QL(2 ea daily)	BOSULIF	NP	SP
<i>toremifene citrate</i>	P		BRAFTOVI 75 MG	NP	SP
XTANDI CAPS	NP	SP	BRUKINSA	NP	SP
XTANDI TABS	NP	SP	CABOMETYX TABS	NP	SP
			CALQUENCE	NP	SP
			CALQUENCE	NP	SP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	NP	SP
GLEEVEC (<i>Use imatinib mesylate</i>)	NP	SP	RUBRACA	NP	SP
IBRANCE CAPS	NP	SP	RYDAPT	NP	SP
IBRANCE TABS	NP	SP	SCEMBLIX	NP	SP
ICLUSIG	NP	SP	<i>sorafenib tosylate</i>	P	SP
IDHIFA	NP	SP	SPRYCEL	NP	SP
<i>imatinib mesylate</i>	NP	SP	STIVARGA	NP	SP
IMBRUVICA CAPS	NP	SP	<i>sunitinib malate</i>	P	SP
IMBRUVICA SUSP	NP	SP	SUTENT (<i>Use sunitinib malate</i>)	P	SP
IMBRUVICA TABS	NP	SP	TABRECTA	NP	QL(3 ea daily); SP
INREBIC	NP	SP	TAFINLAR CAPS	NP	SP
JAKAFI	P	SP	TAFINLAR TBSO	NP	SP
JAYPIRCA	NP	SP	TALZENNA	NP	SP
KISQALI	NP	SP	TASIGNA	NP	SP
KOSELUGO	NP	QL(3 ea daily); SP	TAZVERIK	NP	SP
KRAZATI	NP	SP	TEPMETKO	NP	SP
<i>lapatinib ditosylate</i>	NP	SP	TIBSOVO	NP	SP
LORBRENA	NP	SP	TRUSELTIQ	NP	SP
LUMAKRAS	NP	SP	TURALIO	NP	SP
LYNPARZA TABS	NP	SP	TYKERB (<i>Use lapatinib ditosylate</i>)	NP	SP
LYTGOBI	NP	SP	VANFLYTA	NP	SP
MEKINIST SOLR	NP	SP	VERZENIO	NP	SP
MEKINIST TABS	NP	SP	VITRAKVI CAPS	NP	SP
MEKTOVI	NP	SP	VITRAKVI SOLN	NP	SP; MP
NERLYNX	NP	SP	VONJO	NP	SP
NEXAVAR (<i>Use sorafenib tosylate</i>)	P	SP			
NINLARO	NP	SP			

Drug Name	Drug Tier	Requirements/Limits
VOTRIENT (<i>Use pazopanib hcl</i>)	P	SP
XALKORI	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 (<i>Use hydroxyurea</i>)	NP	
<i>hydroxyurea</i>	P	
MATULANE	P	SP
TARGRETIN (<i>Use bexarotene</i>)	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 AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	P	MP
LODOSYN (<i>Use carbidopa</i>)	NP	MP
NOURIANZ	NP	
Antiparkinson Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
<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 (<i>Use entacapone</i>)	NP	MP
<i>entacapone</i>	P	MP
ONGENTYS	NP	
TASMAR (<i>Use 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
<i>carbidopa-levodopa TBCR</i>	P	MP
<i>carbidopa-levodopa TBCR</i>	P	MP
<i>carbidopa-levodopa TBDP</i>	NP	MP
DHIVY TABS	NP	MP
GOCOVRI CP24	NP	SP; MP
INBRIJA CAPS	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MIRAPEX ER TB24 (Use pramipexole dihydrochloride)	NP	MP	STALEVO 200 (Use carbidopa-levodopa-entacapone)	NP	MP
NEUPRO	NP		STALEVO 50 (Use carbidopa-levodopa-entacapone)	NP	MP
OSMOLEX ER TB24 129 MG	NP	MP	STALEVO 75 (Use carbidopa-levodopa-entacapone)	NP	MP
OSMOLEX ER TB24 193 MG	NP	MP	Antiparkinson Monoamine Oxidase Inhibitors		
PARLODEL CAPS (Use bromocriptine mesylate)	NP	MP	AZILECT (Use rasagiline mesylate)	NP	MP
PARLODEL TABS (Use bromocriptine mesylate)	NP	MP	rasagiline mesylate	NP	MP
pramipexole dihydrochloride TABS	P	MP	selegiline hcl CAPS	P	MP
pramipexole dihydrochloride TB24	NP	MP	selegiline hcl TABS	P	MP
ropinirole hydrochloride TABS 5 MG	P	QL(5 ea daily); MP	XADAGO	NP	
ropinirole hydrochloride TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	P	QL(3 ea daily); MP	ZELAPAR TBDP	NP	MP
ropinirole hydrochloride TB24	NP	MP	ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
ropinirole hydrochloride TB24	NP	MP	Antimanic Agents		
RYTARY CPCR	NP	MP	LITHIUM	P	MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	NF	MP	lithium carbonate CAPS	P	MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	NP	MP	lithium carbonate TABS	P	MP
STALEVO 100 (Use carbidopa-levodopa-entacapone)	NP	MP	lithium carbonate TBCR	P	MP
STALEVO 125 (Use carbidopa-levodopa-entacapone)	NP	MP	LITHOBID TBCR (Use lithium carbonate)	NP	MP
STALEVO 150 (Use carbidopa-levodopa-entacapone)	NP	MP	Antipsychotics - Misc.		
			CAPLYTA 10.5 MG, 21 MG	NP	
			CAPLYTA 42 MG	NP	QL(3 ea daily)
			EQUETRO	NP	
			GEODON (Use ziprasidone hcl)	NP	QL(2 ea daily); MP
			GEODON (Use ziprasidone mesylate)	NF	
			GEODON 20 MG, 60 MG, 80 MG (Use ziprasidone hcl)	NF	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
GEODON (<i>Use ziprasidone mesylate</i>)	NP	
LATUDA (<i>Use lurasidone hcl</i>)	NP	AL(At least 8 yrs old)
<i>lurasidone hcl</i>	P	
<i>lurasidone hcl</i>	P	AL(At least 8 yrs old)
NUPLAZID CAPS	NP	AL(At least 8 yrs old)
NUPLAZID TABS 10 MG	NP	AL(At least 8 yrs old)
VRAYLAR CAPS	NP	AL(At least 8 yrs old)
VRAYLAR CPPK	NP	AL(At least 8 yrs old)
<i>ziprasidone hcl</i>	P	QL(2 ea daily); MP
<i>ziprasidone mesylate</i>	NP	
Benzisoxazoles		
FANAPT	NP	QL(2 ea daily); AL(At least 8 yrs old)
FANAPT TITRATION PACK	NP	QL(0.27 ea daily); AL(At least 8 yrs old)
INVEGA (<i>Use paliperidone</i>)	NP	AL(At least 8 yrs old); MP
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP; MP; PA
INVEGA SUSTENNA	P	AL(At least 18 yrs old); SP; MP; PA
INVEGA TRINZA	P	AL(At least 18 yrs old); SP; MP; PA
<i>paliperidone</i>	NP	MP
<i>paliperidone</i>	NP	AL(At least 8 yrs old); MP
PERSERIS PRSY	NP	AL(At least 8 yrs old); SP; MP
RISPERDAL CONSTA	NP	SP
RISPERDAL SOLN (<i>Use risperidone</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	NP	MP
<i>risperidone SOLN</i>	P	MP
<i>risperidone TABS</i>	P	MP
<i>risperidone TBDP</i>	NP	MP
UZEDY SUSY	NP	AL(At least 18 yrs old); SP; MP
Butyrophenones		
HALDOL DECANOATE 100 (<i>Use haloperidol decanoate</i>)	NF	
HALDOL DECANOATE 50 (<i>Use haloperidol decanoate</i>)	NF	
<i>haloperidol decanoate</i>	P	
<i>haloperidol lactate CONC</i>	P	MP
<i>haloperidol TABS</i>	P	MP
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	MP
Dibenzapines		
ADASUVE	NP	
<i>asenapine maleate 5 MG</i>	NP	MP
<i>asenapine maleate 2.5 MG</i>	NP	MP
<i>asenapine maleate 2.5 MG, 10 MG</i>	NP	AL(At least 8 yrs old); MP
<i>clozapine TABS</i>	P	MP
<i>clozapine TBDP 150 MG, 200 MG</i>	NP	MP
<i>clozapine TBDP</i>	NP	AL(At least 8 yrs old); MP
CLOZARIL TABS (<i>Use clozapine</i>)	NP	MP
<i>loxapine succinate</i>	P	MP
<i>olanzapine SOLR</i>	NP	
<i>olanzapine TABS</i>	P	MP
<i>olanzapine TBDP 10 MG</i>	P	AL(At least 8 yrs old); MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine TBDP</i>	P	MP	<i>chlorpromazine hcl CONC</i>	P	MP
<i>olanzapine TBDP 5 MG, 15 MG, 20 MG</i>	P	MP	<i>chlorpromazine hcl TABS 10 MG, 25 MG, 50 MG, 200 MG</i>	P	QL(4 ea daily); MP
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG, 200 MG</i>	P	MP	<i>chlorpromazine hcl TABS 100 MG</i>	P	QL(5 ea daily); MP
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	P	MP	<i>fluphenazine hcl CONC</i>	P	
<i>quetiapine fumarate TB24</i>	P	MP	<i>fluphenazine hcl ELIX</i>	P	MP
<i>quetiapine fumarate TB24</i>	P	MP	<i>fluphenazine hcl SOLN</i>	P	
SAPHRIS 2.5 MG, 10 MG (Use <i>asenapine maleate</i>)	NP	AL(At least 8 yrs old); MP	<i>fluphenazine hcl TABS</i>	P	MP
SAPHRIS 5 MG (Use <i>asenapine maleate</i>)	NP	MP	<i>fluphenazine hcl TABS</i>	P	MP
SAPHRIS 10 MG (Use <i>asenapine maleate</i>)	NF	AL(At least 8 yrs old); MP	<i>perphenazine TABS</i>	P	MP
SAPHRIS 5 MG (Use <i>asenapine maleate</i>)	NF	MP	<i>perphenazine TABS</i>	P	MP
SECUADO	NP	QL(1 ea daily)	<i>prochlorperazine</i>	P	
SEROQUEL XR TB24 (Use <i>quetiapine fumarate</i>)	NP	MP	<i>prochlorperazine maleate TABS</i>	P	
SEROQUEL TABS (Use <i>quetiapine fumarate</i>)	NP	MP	<i>thioridazine hcl</i>	P	MP
VERSACLOZ SUSP	NP	AL(At least 8 yrs old); MP	<i>trifluoperazine hcl TABS</i>	P	MP
ZYPREXA RELPREVV	NP	AL(At least 8 yrs old); SP	Quinolinone Derivatives		
ZYPREXA ZYDIS TBDP 10 MG (Use <i>olanzapine</i>)	NP	AL(At least 8 yrs old); MP	ABILIFY ASIMTUFII PRSY	NP	AL(At least 18 yrs old); SP; MP
ZYPREXA ZYDIS TBDP 5 MG, 15 MG, 20 MG (Use <i>olanzapine</i>)	NP	MP	ABILIFY MAINTENA PRSY	P	AL(At least 18 yrs old); SP; MP; PA
ZYPREXA SOLR (Use <i>olanzapine</i>)	NP	AL(At least 8 yrs old)	ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; MP; PA
ZYPREXA TABS (Use <i>olanzapine</i>)	NP	MP	ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 8 yrs old); SP
Dihydroindolones			ABILIFY MYCITE STARTER KIT	NP	AL(At least 8 yrs old); SP
<i>molindone hcl 5 MG, 25 MG</i>	NP	MP	ABILIFY TABS (Use <i>aripiprazole</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old); MP
Phenothiazines			<i>aripiprazole SOLN OR</i>	NP	QL(20 ml daily); AL(At least 8 yrs old); MP
			<i>aripiprazole TABS</i>	P	QL(1 ea daily); AL(At least 6 yrs old); MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole TABS</i>	P	QL(1 ea daily); MP	DELSTRIGO	P	MP
<i>aripiprazole TBDP</i>	NP	MP	DESCOVY 120 MG-15 MG	P	
ARISTADA	P	AL(At least 8 yrs old); SP; MP; PA	DESCOVY 200 MG-25 MG	P	MP
ARISTADA INITIO	P	AL(At least 8 yrs old); SP; PA	DOVATO	P	MP
REXULTI	NP	QL(1 ea daily); AL(At least 8 yrs old)	EDURANT	P	MP
Thioxanthenes			<i>efavirenz CAPS</i>	P	MP
<i>thiothixene</i>	P	MP	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	MP
ANTISEPTICS & DISINFECTANTS			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	NP	MP
Iodine Antiseptics			<i>efavirenz TABS</i>	P	MP
BETADINE SOLN (<i>Use povidone-iodine</i>)	NF		<i>emtricitabine CAPS</i>	P	MP
FIRST AID ANTISEPTIC OINTMENT OINT	P		<i>emtricitabine-tenofovir disoproxil fumarate</i>	P	MP
<i>povidone-iodine SOLN 10 %</i>	P		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	MP
ANTIVIRALS - Drugs to Treat Viral Infections			EMTRIVA CAPS (<i>Use emtricitabine</i>)	P	MP
Antiretrovirals			EMTRIVA SOLN	P	MP
<i>abacavir sulfate-lamivudine</i>	P	MP	EPIVIR SOLN (<i>Use lamivudine</i>)	NP	MP
<i>abacavir sulfate SOLN</i>	P	MP	EPIVIR TABS (<i>Use lamivudine</i>)	NP	MP
<i>abacavir sulfate TABS</i>	P	QL(2 ea daily); MP	EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	NP	MP
APRETUDE	P		<i>etravirine</i>	P	MP
APRETUDE	NP		EVOTAZ	NP	MP
APTIVUS CAPS	P	MP	<i>fosamprenavir calcium TABS</i>	P	MP
<i>atazanavir sulfate CAPS</i>	P	MP	FUZEON SOLR	NP	SP; MP
BIKTARVY	P	MP	GENVOYA	P	MP
CABENUVA	P	MP; PA	INTELENCE	P	MP
CIMDUO	NP	MP	INTELENCE (<i>Use etravirine</i>)	P	MP
COMBIVIR (<i>Use lamivudine-zidovudine</i>)	NP	MP	INVIRASE TABS	P	MP
COMPLERA	P	MP	ISENTRESS HD TABS	P	MP
<i>darunavir TABS</i>	P	MP			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW	P	MP	REYATAZ PACK	P	MP
ISENTRESS PACK	P	MP	<i>ritonavir TABS</i>	P	MP
ISENTRESS TABS	P	MP	RUKOBIA	NP	MP
JULUCA	NP	MP	SELZENTRY SOLN	NP	MP
KALETRA SOLN (<i>Use lopinavir-ritonavir</i>)	NP	MP	SELZENTRY TABS	NP	MP
KALETRA TABS (<i>Use lopinavir-ritonavir</i>)	P	MP	SELZENTRY TABS (<i>Use maraviroc</i>)	NP	MP
<i>lamivudine SOLN</i>	P	MP	STRIBILD	NP	MP
<i>lamivudine TABS</i>	P	MP	SUNLENCA SOLN	P	SP; PA
<i>lamivudine-zidovudine</i>	P	MP	SUNLENCA TBPK	P	SP; PA
LEXIVA SUSP	P	MP	SUSTIVA CAPS (<i>Use efavirenz</i>)	NF	MP
LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	P	MP	SUSTIVA TABS (<i>Use efavirenz</i>)	NF	MP
<i>lopinavir-ritonavir SOLN</i>	P	MP	SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	MP
<i>lopinavir-ritonavir TABS</i>	P	MP	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	MP
<i>maraviroc TABS</i>	NP	MP	SYMTUZA	P	MP
<i>nevirapine SUSP</i>	P	MP	<i>tenofovir disoproxil fumarate TABS</i>	P	MP
<i>nevirapine TABS</i>	P	MP	TIVICAY PD TBSO	P	MP
<i>nevirapine TB24</i>	P	MP	TIVICAY TABS	P	MP
NORVIR PACK	P	MP	TRIUMEQ PD TBSO	P	
NORVIR TABS (<i>Use ritonavir</i>)	P	MP	TRIUMEQ TABS	P	MP
ODEFSEY	P	MP	TRIZIVIR	NP	MP
PIFELTRO	NP	MP	TROGARZO	P	SP; MP; PA
PREZCOBIX	NP	MP	TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	P	MP
PREZISTA SUSP	P	MP	TYBOST	NP	MP
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P	MP	VIRACEPT TABS	P	MP
PREZISTA TABS (<i>Use darunavir</i>)	P	MP	VIRAMUNE XR TB24 400 MG (<i>Use nevirapine</i>)	NP	MP
RETROVIR CAPS (<i>Use zidovudine</i>)	NP	MP	VIREAD POWD	P	MP
RETROVIR SYRP (<i>Use zidovudine</i>)	NP	MP			
REYATAZ CAPS 150 MG (<i>Use atazanavir sulfate</i>)	NF	MP			
REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	P	MP			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	P	MP	HARVONI TABS	NP	SP
VIREAD TABS	P	MP	HEPSERA (<i>Use adefovir dipivoxil</i>)	NP	
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	P	MP	<i>lamivudine (hbv) TABS</i>	NP	
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	NP	QL(2 ea daily); MP	LEDIPASVIR/SOFOSBUV IR TABS	NP	SP
<i>zidovudine CAPS</i>	P	MP	MAVYRET PACK	P	SP
<i>zidovudine SYRP</i>	P	MP	MAVYRET TABS	P	SP
<i>zidovudine TABS</i>	P	MP	PEGASYS SOLN	NP	SP
Antiviral Combinations			PEGASYS SOSY	NP	SP
PAXLOVID 100 MG-150 MG	P	Maximum 5-day supply; AL(At least 12 yrs old)	<i>ribavirin (hepatitis c) CAPS</i>	P	SP
CMV Agents			<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP
LIVTENCITY	P	SP; PA	SOFOSBUVIR/VELPATA SVIR TABS	P	SP
PREVYMIS TABS	NP	SP	SOVALDI PACK	NP	SP
VALCYTE SOLR (<i>Use valganciclovir hcl</i>)	NP		SOVALDI TABS	NP	SP
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NP		VEMLIDY	NP	SP
<i>valganciclovir hcl SOLR</i>	NP		VIEKIRA PAK TBPK	NP	SP
<i>valganciclovir hcl TABS</i>	P		VOSEVI	NP	SP
Hepatitis Agents			ZEPATIER	NP	SP
<i>adefovir dipivoxil</i>	NP		Herpes Agents		
BARACLUDE SOLN	NP	MP	<i>acyclovir CAPS</i>	P	
BARACLUDE TABS (<i>Use entecavir</i>)	NP		<i>acyclovir SUSP</i>	P	MP
<i>entecavir TABS</i>	P		<i>acyclovir TABS OR famciclovir</i>	P	
EPCLUSA PACK	NP	SP	SITAVIG TABS BU	NP	
EPCLUSA TABS	NP	SP	<i>valacyclovir hcl</i>	P	
EPCLUSA TABS	NP	SP	VALTREX (<i>Use valacyclovir hcl</i>)	NP	
EPIVIR HBV SOLN	NP	MP	VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NF	
EPIVIR HBV TABS (<i>Use lamivudine (hbv)</i>)	NP		ZOVIRAX SUSP (<i>Use acyclovir</i>)	NF	MP
HARVONI PACK	NP	SP	Influenza Agents		
HARVONI TABS	NP	SP			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate</i> CAPS 30 MG	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)	TAMIFLU SUSR (<i>Use 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)
<i>oseltamivir phosphate</i> CAPS 45 MG, 75 MG	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)	XOFLUZA 40 MG, 80 MG	NP	
<i>oseltamivir phosphate</i> SUSR	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)	Misc. Antivirals		
RELENZA DISKHALER	P	10 rtl MAX day(s) supply; 30 rtl lmt day(s)	LAGEVRIO	P	Maximum 5- day supply; AL(At least 18 yrs old)
<i>rimantadine hydrochloride</i> TABS	NP		Respiratory Syncytial Virus (RSV) Agents		
TAMIFLU CAPS 45 MG, 75 MG (<i>Use 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)	<i>ribavirin</i>	P	
TAMIFLU CAPS 30 MG (<i>Use 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)	VIRAZOLE (<i>Use 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 (<i>Use carvedilol</i>)	NP	MP
			COREG CR (<i>Use carvedilol phosphate</i>)	NP	MP
			<i>labetalol hcl</i> TABS	P	MP
			Beta Blockers Cardio-Selective		
			<i>acebutolol hcl</i> CAPS	P	MP
			<i>atenolol</i> TABS	P	MP
			<i>atenolol</i> TABS	P	MP
			<i>betaxolol hcl</i>	P	MP
			<i>bisoprolol fumarate</i>	P	MP
			BYSTOLIC 2.5 MG, 5 MG (<i>Use nebivolol hcl</i>)	NF	MP
			BYSTOLIC (<i>Use nebivolol hcl</i>)	NP	MP
			KAPSPARGO SPRINKLE CS24	NP	MP

Drug Name	Drug Tier	Requirements/Limits
LOPRESSOR TABS (Use metoprolol tartrate)	NP	MP
metoprolol succinate TB24	P	QL(1 ea daily); MP
metoprolol tartrate TABS	P	MP
nebivolol hcl	NP	MP
nebivolol hcl	NP	MP
TENORMIN TABS (Use atenolol)	NP	MP
TOPROL XL TB24 (Use metoprolol succinate)	NP	QL(1 ea daily); MP
Beta Blockers Non-Selective		
BETAPACE AF (Use sotalol hcl (afib/af))	NP	MP
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	NP	MP
CORGARD TABS 20 MG, 40 MG (Use nadolol)	NP	MP
CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)	NF	MP
HEMANGEOL SOLN OR	P	AL(Up to 1 yrs old); SP; PA
INDERAL LA CP24 (Use propranolol hcl)	NP	MP
INDERAL XL	NP	MP
INNOPRAN XL	NP	MP
nadolol TABS 20 MG, 40 MG, 80 MG	P	MP
pindolol TABS	P	MP
propranolol hcl CP24	P	MP
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	P	MP
propranolol hcl TABS	P	MP
sotalol hcl (afib/af)	NP	MP
sotalol hcl TABS 80 MG	P	MP
sotalol hcl TABS	P	MP
SOTYLIZE SOLN OR	NP	MP
timolol maleate TABS	P	MP

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	P	QL(1 ea daily); MP
CALAN SR TBCR (Use verapamil hcl)	NP	QL(1 ea daily); MP
CARDIZEM CD CP24 (Use diltiazem hcl coated beads)	NP	QL(1 ea daily); MP
CARDIZEM LA TB24 (Use diltiazem hcl)	NP	MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	NP	MP
diltiazem hcl coated beads CP24	P	QL(1 ea daily); MP
diltiazem hcl extended release beads	P	QL(1 ea daily); MP
diltiazem hcl CP12	P	QL(2 ea daily); MP
diltiazem hcl CP24 180 MG, 240 MG	P	QL(1 ea daily); MP
diltiazem hcl CP24 120 MG	P	MP
diltiazem hcl TABS	P	MP
diltiazem hcl TABS	P	MP
diltiazem hcl TB24	P	
felodipine	P	QL(1 ea daily); MP
isradipine CAPS	NP	MP
KATERZIA	NP	MP
levamlodipine maleate	NP	
nicardipine hcl CAPS	NP	MP
nicardipine hcl CAPS	NP	MP
nifedipine CAPS 20 MG	P	QL(1 ea daily); MP
nifedipine CAPS 10 MG	P	MP
nifedipine TB24	P	QL(1 ea daily); MP
nimodipine CAPS	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine</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
<i>verapamil hcl TBCR</i>	P	QL(1 ea daily); MP
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>Use verapamil hcl</i>)	P	QL(1 ea daily); MP
VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	MP
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily); MP
VERELAN CP24 360 MG (<i>Use verapamil hcl</i>)	NP	MP
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily); MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	P	MP
<i>digoxin TABS 0.0625 MG, 62.5 MCG</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin TABS 0.125 MG, 125 MCG, 250 MCG</i>	P	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	NP	SP; MP
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	MP
<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-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 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		

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Drug Name	Drug Tier	Requirements/Limits
<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
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		

Drug Name	Drug Tier	Requirements/Limits
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
REVATIO TABS (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	SP
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	P	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	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

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Drug Name	Drug Tier	Requirements/Limits
VYNDAQEL	NP	SP
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	P	PA
VERQUVO	NP	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	P	
<i>cephalexin CAPS</i>	P	
<i>cephalexin SUSR</i>	P	
<i>cephalexin TABS</i>	P	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	NP	
<i>cefaclor CAPS</i>	P	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	P	
<i>cefprozil SUSR</i>	P	
<i>cefprozil TABS</i>	NP	
<i>cefuroxime axetil TABS</i>	P	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	
<i>cefdinir SUSR</i>	P	
<i>cefixime CAPS</i>	P	QL(1 ea daily)
<i>cefixime SUSR</i>	NP	
<i>cefpodoxime proxetil SUSR</i>	NP	
<i>cefpodoxime proxetil TABS</i>	NP	
SUPRAX CAPS (Use <i>cefixime</i>)	NF	QL(1 ea daily)
SUPRAX CHEW 100 MG	NP	
SUPRAX CHEW 200 MG	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SUPRAX SUSR (Use <i>cefixime</i>)	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
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA (Use <i>levonorgestrel-ethinyl estradiol-iron</i>)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
BEYAZ (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>desogestrel & ethinyl estradiol</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	P	QL(1 ea daily); MP
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	P	AL(At least 10 yrs old - Up to 55 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	norethin acet & estrad-fe CAPS	P	QL(1 ea daily); MP
ethynodiol diacet & eth estrad	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	norethin acet & estrad-fe CHEW	P	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 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
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 TABS 1.5 MG-30 MCG-75 MG	P	QL(1 ea daily); MP
levonorgestrel-eth estradiol (triphasic)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	norethindrone & eth estradiol	P	QL(1 ea daily); 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	norethindrone & ethinyl estradiol-fe	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	norethindrone acet & eth estra	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel-ethinyl estradiol-iron	P	MP	norethindrone acetate-ethinyl estradiol-fe	P	QL(1 ea daily); MP
LO LOESTRIN FE TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP	norethindrone-eth estradiol (triphasic)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); 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	norgestimate-ethinyl estradiol	P	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	norgestimate-ethinyl estradiol (triphasic)	P	QL(1 ea daily); 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	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	P	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	QUARTETTE (Use levonorgestrel-ethinyl estradiol (91-day))	P	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	SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP

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Drug Name	Drug Tier	Requirements/Limits
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
TAYTULLA CAPS (Use norethin acet & estrad-fe)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
TYBLUME CHEW	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
YASMIN 28 (Use drospirenone-ethinyl estradiol)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
YAZ (Use drospirenone-ethinyl estradiol)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	P	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
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 ea per 365 days retail); AL(At least 10 yrs old - Up to 55 yrs old); MP
etonogestrel-ethinyl estradiol	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
NUVARING (Use etonogestrel-ethinyl estradiol)	NF	AL(At least 10 yrs old - Up to 55 yrs old); MP
NUVARING (Use etonogestrel-ethinyl estradiol)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/Limits
ELLA	P	QL(3 ea per fill retail); AL(At least 10 yrs old - Up to 55 yrs old)
levonorgestrel (emergency oc) 1.5 MG	P	QL(3 ea per fill retail)
Progestin Contraceptives - Injectable		
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
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
DEPO-SUBQ PROVERA 104 SUSY SC	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(0.012 ml daily); MP
medroxyprogesterone acetate (contraceptive) SUSY IM	P	QL(0.012 ml daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	P	QL(1 ea daily); MP
SLYND	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
ALKINDI SPRINKLE CPSP	NP	
budesonide CPEP	NP	
budesonide TB24	NP	

Drug Name	Drug Tier	Requirements/Limits
CORTEF TABS (<i>Use hydrocortisone</i>)	NP	
CORTISONE ACETATE TABS	NP	
DEXAMETHASONE INTENSOL CONC	P	
<i>dexamethasone ELIX</i>	P	
<i>dexamethasone SOLN</i>	P	
<i>dexamethasone TABS</i>	P	
<i>dexamethasone TBPB</i>	NP	
<i>dexamethasone TBPB</i>	P	
EMFLAZA SUSP	NP	SP; MP
EMFLAZA TABS	NP	SP
ENTOCORT EC CPEP (<i>Use budesonide</i>)	NF	
HEMADY TABS	NP	
<i>hydrocortisone TABS</i>	P	
MEDROL DOSEPAK TBPB (<i>Use methylprednisolone</i>)	NP	
MEDROL TABS (<i>Use methylprednisolone</i>)	NP	
MEDROL TABS	NP	
MEDROL TABS 32 MG (<i>Use methylprednisolone</i>)	NF	
<i>methylprednisolone TABS</i>	P	
<i>methylprednisolone TBPB</i>	P	
MILLIPRED TABS	P	
ORTIKOS CP24	NP	
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
<i>prednisolone sodium phosphate SOLN</i>	P	
<i>prednisolone sodium phosphate TBPB</i>	NP	
<i>prednisolone SOLN</i>	P	
<i>prednisolone TABS</i>	P	
PREDNISON INTENSOL CONC	P	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone SOLN</i>	P	
<i>prednisone TABS</i>	P	
<i>prednisone TBPB</i>	P	
RAYOS TBEC	NP	
TARPEYO CPDR	NP	SP
UCERIS TB24 (<i>Use budesonide</i>)	NP	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>dextromethorphan hbr LIQD 15 MG/5ML, 30 MG/10ML</i>	P	
<i>dextromethorphan hbr SYRP 15 MG/5ML</i>	P	
Cough/Cold/Allergy Combinations		
<i>dextromethorphan-guaifenesin 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</i>	P	
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML</i>	P	
<i>guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML</i>	P	
<i>guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML</i>	P	
<i>guaifenesin-codeine SYRP</i>	P	
<i>promethazine-dm SYRP</i>	P	
<i>promethazine-phenylephrine-codeine</i>	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Expectorants			BENZA CLIN GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(At least 10 yrs old)
GERI-TUSSIN SYRP	P		BENZAMYCIN GEL (<i>Use benzoyl peroxide-erythromycin</i>)	NP	AL(At least 10 yrs old)
<i>guaifenesin LIQD</i>	P		<i>benzoyl peroxide-erythromycin GEL</i>	P	AL(At least 10 yrs old)
<i>guaifenesin SYRP</i>	P		<i>benzoyl peroxide GEL 5 %, 10 %</i>	P	
<i>guaifenesin TABS 200 MG</i>	P		<i>benzoyl peroxide LIQD 10 %</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NP	AL(At least 10 yrs old)
Acne Products			CLINDACIN ETZ	NP	AL(At least 10 yrs old)
ABSORICA (<i>Use isotretinoin</i>)	NP	AL(At least 12 yrs old)	CLINDACIN PAC	NP	AL(At least 10 yrs old)
ABSORICA LD	NP	AL(At least 10 yrs old)	CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NP	AL(At least 10 yrs old)
ACANYA GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NP	AL(At least 10 yrs old)	<i>clindamycin phosphate (topical) FOAM</i>	NP	
ACZONE 7.5 % (<i>Use dapsone (topical)</i>)	NF	AL(At least 10 yrs old)	<i>clindamycin phosphate (topical) GEL</i>	P	
ADAPALENE/BENZOYL PEROXIDE PADS	NP		<i>clindamycin phosphate (topical) LOTN</i>	P	
<i>adapalene-benzoyl peroxide GEL</i>	NP		<i>clindamycin phosphate (topical) SOLN</i>	P	AL(At least 10 yrs old)
<i>adapalene CREA</i>	NP		<i>clindamycin phosphate (topical) SWAB</i>	P	AL(At least 10 yrs old)
<i>adapalene GEL 0.3 %</i>	NP		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	NP	AL(At least 10 yrs old)
ALTRENO LOTN	NP	AL(At least 10 yrs old)	<i>clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %</i>	NP	
ARAZLO LOTN	NP	AL(At least 10 yrs old - Up to 20 yrs old)	<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	NP	AL(At least 10 yrs old)
ATRALIN GEL (<i>Use tretinoin</i>)	NP	AL(At least 10 yrs old)	<i>clindamycin phosphate-tretinoin</i>	NP	
AVAR LS CLEANSER LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF				
AVAR-E LS CREA (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF				
BENZA CLIN WITH PUMP GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(At least 10 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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	
ERYGEL GEL (<i>Use erythromycin (acne aid)</i>)	NP	AL(At least 10 yrs old)	<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	AL(At least 10 yrs old)
<i>erythromycin (acne aid) GEL</i>	P	AL(At least 10 yrs old)	<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	AL(At least 10 yrs old)
<i>erythromycin (acne aid) PADS</i>	NP	AL(At least 10 yrs old)	<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	
<i>erythromycin (acne aid) SOLN</i>	P	AL(At least 10 yrs old)	<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NP	AL(At least 10 yrs old)
EVOCLIN FOAM (<i>Use clindamycin phosphate (topical)</i>)	NP	AL(At least 10 yrs old)	<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	
FABIOR FOAM	NP	AL(At least 10 yrs old - Up to 20 yrs old)	<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP	AL(At least 10 yrs old)
<i>isotretinoin</i>	NP	AL(At least 12 yrs old)	SUMADAN KIT	NP	
KLARON (<i>Use sulfacetamide sodium (acne)</i>)	NP	AL(At least 10 yrs old)	SUMADAN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP	
NEUAC KIT	NP	AL(At least 10 yrs old)	SUMADAN XLT KIT	NP	AL(At least 10 yrs old)
ONEXTON GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NP	AL(At least 10 yrs old)	SUMAXIN CP KIT	NP	AL(At least 10 yrs old)
RETIN-A MICRO	NP	AL(At least 10 yrs old)	SUMAXIN PADS (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP	AL(At least 10 yrs old)
RETIN-A MICRO (<i>Use tretinoin microsphere</i>)	NP	AL(At least 10 yrs old)	TAZAROTENE FOAM	NP	AL(At least 10 yrs old - Up to 20 yrs old)
RETIN-A MICRO PUMP (<i>Use tretinoin microsphere</i>)	NP	AL(At least 10 yrs old)	<i>tretinoin microsphere 0.08 %</i>	NP	
RETIN-A CREA (<i>Use tretinoin</i>)	NP	AL(At least 10 yrs old)	<i>tretinoin microsphere 0.04 %, 0.1 %</i>	NP	AL(At least 10 yrs old)
RETIN-A GEL (<i>Use tretinoin</i>)	NP	AL(At least 10 yrs old)	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	AL(At least 10 yrs old)	<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	P	AL(At least 10 yrs old)
<i>sulfacetamide sodium (acne)</i>	NP	AL(At least 10 yrs old)	WINLEVI	NP	
			ZIANA (<i>Use clindamycin phosphate-tretinoin</i>)	NP	AL(At least 10 yrs old)
			ZMA CLEAR SUSP	NP	
Agents for External Genital and Perianal Warts					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VEREGEN	NP		<i>clotrimazole (topical) SOLN</i>	NP	RX/OTC
Antibiotics - Topical			<i>clotrimazole w/ betamethasone CREA</i>	NP	
<i>bacitracin (topical) OINT</i>	P		<i>clotrimazole w/ betamethasone LOTN</i>	NP	
<i>bacitracin zinc OINT</i>	P		<i>econazole nitrate CREA</i>	P	
<i>bacitracin-polymyxin b OINT</i>	P		ERTACZO	NP	
CENTANY AT KIT	NP		EXTINA FOAM (<i>Use ketoconazole (topical)</i>)	NP	
CENTANY OINT	NP	AL(Up to 20 yrs old)	JUBLIA	NP	
<i>gentamicin sulfate (topical) CREA</i>	P	QL(1 gm daily)	KERYDIN (<i>Use tavaborole</i>)	NF	
<i>gentamicin sulfate (topical) OINT</i>	P		<i>ketoconazole (topical) CREA</i>	P	
<i>mupirocin calcium (topical)</i>	NP		<i>ketoconazole (topical) FOAM</i>	NP	
<i>mupirocin OINT</i>	P	AL(Up to 20 yrs old)	<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(4 ml daily)
<i>mupirocin OINT</i>	P		KETODAN KIT	NP	
<i>neomycin-bacitracin-polymyxin OINT</i>	P		LAMISIL AT JOCK ITCH CREA (<i>Use terbinafine hcl (topical)</i>)	NF	
NEOSPORIN ORIGINAL OINT (<i>Use neomycin-bacitracin-polymyxin</i>)	NF		LAMISIL AT CREA (<i>Use terbinafine hcl (topical)</i>)	NF	
NEO-SYNALAR	NP		LOPROX	NP	
NEO-SYNALAR KIT	NP		LOPROX KIT	NP	
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (<i>Use bacitracin-polymyxin b</i>)	NF		LOPROX SHAMPOO SHAM (<i>Use ciclopirox</i>)	NP	
XEPI	NP	QL(8 gm daily)	LOPROX CREA (<i>Use ciclopirox olamine</i>)	NP	
Antifungals - Topical			LOPROX SUSP (<i>Use ciclopirox olamine</i>)	NP	
<i>ciclopirox olamine CREA</i>	NP		<i>luliconazole</i>	NP	
<i>ciclopirox olamine SUSP</i>	NP		LUZU (<i>Use luliconazole</i>)	NP	
<i>ciclopirox GEL</i>	NP		MICATIN CREA (<i>Use miconazole nitrate (topical)</i>)	NF	
<i>ciclopirox KIT</i>	NP		<i>miconazole nitrate (topical) CREA</i>	P	
<i>ciclopirox SHAM</i>	NP				
<i>ciclopirox SOLN</i>	NP				
<i>clotrimazole (topical) CREA</i>	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>miconazole-zinc oxide-white petrolatum</i>	NP		DERMACINRX LEXITRAL PHARMAPAK (Use <i>diclofenac sodium-capsaicin (topical)</i>)	NF	
<i>naftifine hcl CREA</i>	NP		DERMACINRX LEXITRAL PHARMAPAK II (Use <i>diclofenac sodium-capsaicin (topical)</i>)	NF	
<i>naftifine hcl GEL 2 %</i>	NP		<i>diclofenac epolamine PTCH EX</i>	NP	
NAFTIN GEL	NP		<i>diclofenac sodium (topical) GEL EX</i>	NP	RX/OTC
NAFTIN GEL (Use <i>naftifine hcl</i>)	NP		<i>diclofenac sodium (topical) SOLN EX</i>	NP	
<i>nystatin (topical) CREA</i>	P		<i>diclofenac sodium-capsaicin (topical)</i>	NP	
<i>nystatin (topical) OINT</i>	P		FLECTOR PTCH EX (Use <i>diclofenac epolamine</i>)	NP	
<i>nystatin (topical) POWD EX</i>	P		LICART PT24	NP	
<i>nystatin-triamcinolone CREA</i>	NP		PENNSAID SOLN EX 2 % (Use <i>diclofenac sodium (topical)</i>)	NP	
<i>nystatin-triamcinolone OINT</i>	NP		Antineoplastic or Premalignant Lesion Agents - Topical		
<i>oxiconazole nitrate CREA</i>	NP		AMELUZ GEL	NP	
OXISTAT CREA (Use <i>oxiconazole nitrate</i>)	NF		<i>bexarotene (topical)</i>	NP	SP
OXISTAT LOTN	NP		CARAC CREA (Use <i>fluorouracil (topical)</i>)	NP	
<i>tavaborole</i>	NP		<i>diclofenac sodium (actinic keratoses) EX</i>	NP	
<i>terbinafine hcl (topical) CREA</i>	P		EFUDEX CREA (Use <i>fluorouracil (topical)</i>)	NP	
TINACTIN DEODORANT AERP (Use <i>tolnaftate</i>)	NF		<i>fluorouracil (topical) CREA</i>	NP	
TINACTIN JOCK ITCH AERP (Use <i>tolnaftate</i>)	NF		<i>fluorouracil (topical) SOLN</i>	NP	
TINACTIN AERO (Use <i>tolnaftate</i>)	NF		LEVULAN KERASTICK SOLR	P	SP
TINACTIN AERP (Use <i>tolnaftate</i>)	NF		TARGRETIN (Use <i>bexarotene (topical)</i>)	P	SP
TINACTIN CREA (Use <i>tolnaftate</i>)	NF		VALCHLOR	NP	SP
<i>tolnaftate AERO</i>	P		Antipruritics - Topical		
<i>tolnaftate AERP</i>	P				
<i>tolnaftate CREA</i>	P				
VUSION (Use <i>miconazole-zinc oxide-white petrolatum</i>)	NP				
Anti-inflammatory Agents - Topical					

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl (antipruritic)</i>	NP	
PRUDOXIN (<i>Use doxepin hcl (antipruritic)</i>)	NP	
ZONALON (<i>Use doxepin hcl (antipruritic)</i>)	NP	
Antipsoriatics		
<i>acitretin</i>	NP	
<i>calcipotriene CREA</i>	P	
<i>calcipotriene FOAM</i>	NP	
<i>calcipotriene OINT</i>	P	
<i>calcipotriene SOLN</i>	P	
<i>calcitriol (topical)</i>	NP	
COSENTYX SENSOREADY PEN SOAJ	P	SP; MP; PA
COSENTYX UNOREADY SOAJ	P	SP; PA
COSENTYX SOSY	P	SP; MP; PA
DOVONEX CREA (<i>Use calcipotriene</i>)	NF	
ILUMYA	NP	SP; MP
<i>methoxsalen rapid</i>	NP	
SILIQ	NP	SP; MP
SKYRIZI PEN SOAJ	NP	SP; MP
SKYRIZI SOSY	NP	SP; MP
SORILUX FOAM	NP	
SOTYKTU	NP	SP
STELARA SOLN 45 MG/0.5ML	NP	SP; MP
STELARA SOSY	NP	SP; MP
TALTZ SOAJ	NP	SP; MP
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	

Drug Name	Drug Tier	Requirements/Limits
Antiseborrheic Products		
OVACE PLUS WASH GEL (<i>Use sulfacetamide sodium</i>)	NF	
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	
<i>selenium sulfide LOTN 2.5 %</i>	P	
<i>selenium sulfide SHAM 2.25 %, 2.3 %</i>	NP	
<i>sulfacetamide sodium GEL</i>	NP	
<i>sulfacetamide sodium LIQD</i>	NP	
Antivirals - Topical		
<i>acyclovir topical CREA</i>	NP	
<i>acyclovir topical OINT</i>	NP	
DENAVIR (<i>Use penciclovir</i>)	NP	
<i>penciclovir</i>	NP	
XERESE	NP	
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	
Burn Products		
<i>mafenide acetate PACK</i>	P	
SILVADENE (<i>Use silver sulfadiazine</i>)	NP	
<i>silver sulfadiazine</i>	P	
SULFAMYLON CREA	P	
Cauterizing Agents		
SILVER NITRATE SOLN 0.5 %	NP	
Corticosteroids - Topical		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate CREA</i>	P		<i>clobetasol propionate emollient base 0.05 %</i>	P	
<i>alclometasone dipropionate OINT</i>	P		<i>clobetasol propionate emulsion</i>	NP	
<i>amcinonide CREA</i>	NP		<i>clobetasol propionate CREA 0.05 %</i>	P	
APEXICON E CREA	NP		<i>clobetasol propionate FOAM</i>	NP	
BESER	NP		<i>clobetasol propionate GEL 0.05 %</i>	P	
<i>betamethasone dipropionate (topical) CREA</i>	NP		<i>clobetasol propionate LIQD</i>	NP	
<i>betamethasone dipropionate (topical) LOTN</i>	NP		<i>clobetasol propionate LOTN</i>	NP	
<i>betamethasone dipropionate (topical) OINT</i>	NP		<i>clobetasol propionate OINT 0.05 %</i>	P	
<i>betamethasone dipropionate augmented CREA</i>	NP		<i>clobetasol propionate SHAM</i>	NP	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP		<i>clobetasol propionate SOLN 0.05 %</i>	P	
<i>betamethasone dipropionate augmented LOTN</i>	NP		<i>clocortolone pivalate</i>	NP	
<i>betamethasone dipropionate augmented OINT</i>	NP		CLODAN KIT	NP	
<i>betamethasone valerate CREA</i>	P		CLODERM (Use <i>clocortolone pivalate</i>)	NP	
<i>betamethasone valerate FOAM</i>	NP		CUTIVATE LOTN (Use <i>fluticasone propionate</i>)	NF	
<i>betamethasone valerate LOTN</i>	P		DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	NP	
<i>betamethasone valerate OINT</i>	P		DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NF	
BRYHALI LOTN	NP		DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP		<i>desonide CREA</i>	P	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		<i>desonide LOTN</i>	NP	
			<i>desonide OINT</i>	P	
			<i>desoximetasone CREA</i>	NP	
			<i>desoximetasone GEL</i>	NP	
			<i>desoximetasone LIQD</i>	NP	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone OINT</i>	NP		<i>halobetasol propionate CREA</i>	P	
<i>diflorasone diacetate CREA</i>	P		HALOBETASOL PROPIONATE FOAM	NP	
<i>diflorasone diacetate OINT</i>	P		<i>halobetasol propionate OINT</i>	P	
DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i>)	NF		HALOG CREA (Use <i>halcinonide</i>)	NP	
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NF		HALOG OINT	NP	
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NP		HALOG SOLN	NP	QL(3 ml daily)
DUOBRII	NP		<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	P	RX/OTC
ENSTILAR FOAM	NP		<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	
EPIFOAM FOAM	NP		<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC
<i>fluocinolone acetonide CREA</i>	P		<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP	
<i>fluocinolone acetonide OIL</i>	P		<i>hydrocortisone butyrate CREA</i>	NP	
<i>fluocinolone acetonide OINT</i>	P		<i>hydrocortisone butyrate LOTN</i>	NP	
<i>fluocinolone acetonide SOLN</i>	P		<i>hydrocortisone butyrate OINT</i>	NP	
<i>fluocinonide emulsified base</i>	P		<i>hydrocortisone butyrate SOLN</i>	NP	
<i>fluocinonide CREA</i>	P		HYDROCORTISONE COMPLETE KIT	NP	
<i>fluocinonide GEL</i>	P		<i>hydrocortisone valerate CREA</i>	P	QL(1.5 gm daily)
<i>fluocinonide OINT</i>	P		<i>hydrocortisone valerate OINT</i>	P	QL(1.5 gm daily)
<i>fluocinonide SOLN</i>	P		IMPEKLO LOTN	NP	
<i>flurandrenolide CREA</i>	NP		KENALOG AERS (Use <i>triamcinolone acetonide (topical)</i>)	NP	
<i>flurandrenolide LOTN</i>	NP		LEXETTE FOAM	NP	
<i>fluticasone propionate CREA 0.05 %</i>	P		LOCOID LIPOCREAM (Use <i>hydrocortisone butyrate hydrophilic lipo base</i>)	NP	
<i>fluticasone propionate LOTN</i>	NP				
<i>fluticasone propionate OINT</i>	P				
<i>halcinonide CREA</i>	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LOCOID LOTN (<i>Use hydrocortisone butyrate</i>)	NP		TEXACORT SOLN 2.5 %	NP	
LUXIQ FOAM (<i>Use betamethasone valerate</i>)	NP		TOPICORT CREA (<i>Use desoximetasone</i>)	NP	
<i>mometasone furoate CREA</i>	P		TOPICORT GEL (<i>Use desoximetasone</i>)	NP	
<i>mometasone furoate OINT</i>	P		TOPICORT LIQD (<i>Use desoximetasone</i>)	NP	
<i>mometasone furoate SOLN</i>	P		TOPICORT OINT (<i>Use desoximetasone</i>)	NP	
OLUX-E (<i>Use clobetasol propionate emulsion</i>)	NP		TOPICORT OINT 0.05 % (<i>Use desoximetasone</i>)	NF	
OLUX FOAM (<i>Use clobetasol propionate</i>)	NP		TOVET KIT	NP	
PANDEL	NP		<i>triamcinolone acetonide (topical) AERS</i>	NP	
<i>prednicarbate OINT</i>	NP		<i>triamcinolone acetonide (topical) CREA</i>	P	
RADIAURA CREA	NP		<i>triamcinolone acetonide (topical) LOTN</i>	P	
SYNALAR CREAM KIT	NP		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	P	
SYNALAR OINTMENT KIT	NP		<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	NP	
SYNALAR TS	NP		ULTRAVATE LOTN	NP	
SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NP		VANOS CREA (<i>Use fluocinonide</i>)	NP	
SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	NP		Eczema Agents		
SYNALAR SOLN (<i>Use fluocinolone acetonide</i>)	NP		ADBRY	NP	SP; MP
TACLONEX OINT (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP		CIBINQO	NP	SP
TACLONEX OINT (<i>Use calcipotriene-betamethasone dipropionate</i>)	NF		DUPIXENT SOPN	NP	SP; MP
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP		DUPIXENT SOPN	P	SP; MP; PA
TEMOVATE CREA (<i>Use clobetasol propionate</i>)	NF		DUPIXENT SOSY	P	SP; MP; PA
TEMOVATE OINT (<i>Use clobetasol propionate</i>)	NF		DUPIXENT SOSY 100 MG/0.67ML	NP	SP; MP
			OPZELURA	NP	
			Emollient/Keratolytic Agents		
			KERALAC CREA 47 % (<i>Use urea</i>)	NF	
			<i>urea in lactic acid vehicle</i>	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>urea CREA 39 %, 40 %, 41 %</i>	P	RX/OTC
UREA CREA	P	
<i>urea LOTN 40 %</i>	P	
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	NP	RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	RX/OTC
Immunomodulating Agents - Topical		
ALDARA (<i>Use imiquimod</i>)	NF	AL(At least 10 yrs old)
<i>imiquimod 5 %</i>	P	AL(At least 10 yrs old)
<i>imiquimod 3.75 %</i>	NP	AL(At least 10 yrs old)
ZYCLARA (<i>Use imiquimod</i>)	NP	AL(At least 10 yrs old)
ZYCLARA PUMP (<i>Use imiquimod</i>)	NP	AL(At least 10 yrs old)
ZYCLARA PUMP	NP	AL(At least 10 yrs old)
Immunosuppressive Agents - Topical		
ELIDEL (<i>Use pimecrolimus</i>)	P	PA
HYFTOR	NP	
<i>pimecrolimus</i>	P	PA
PROTOPIC OINT (<i>Use tacrolimus (topical)</i>)	P	PA
<i>tacrolimus (topical) OINT</i>	P	PA
Keratolytic/Antimitotic Agents		
BENSAL HP OINT	NP	RX/OTC
CONDYLOX GEL	P	
PODOCON-25 SOLN	NP	
<i>podofilox SOLN</i>	P	
<i>salicylic acid FOAM</i>	NP	
<i>salicylic acid GEL 6 %</i>	P	
<i>salicylic acid LIQD 27.5 %</i>	P	
SALICYLIC ACID OINT	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
UREA/SALICYLIC ACID CREA	NP	
Local Anesthetics - Topical		
<i>capsaicin CREA 0.025 %</i>	P	QL(2 gm daily)
<i>capsaicin CREA 0.075 %</i>	P	
DERMACINRX LIDOGE L GEL	NP	
<i>lidocaine hcl CREA 3 %</i>	P	RX/OTC
<i>lidocaine hcl PRSY</i>	P	QL(0.67 ml daily)
<i>lidocaine hcl SOLN</i>	P	QL(1.67 ml daily)
LIDOCAINE HYDROCHLORIDE CREA	NP	
<i>lidocaine OINT</i>	P	
<i>lidocaine-prilocaine CREA</i>	NP	
<i>lidocaine-prilocaine KIT</i>	NP	
<i>lidocaine PTCH 5 %</i>	P	
LIDODERM PTCH (<i>Use lidocaine</i>)	NP	
LIDOREX GEL	NP	
LIDOTRAL CREA	NP	
LIDOTRAN CREA	NP	
LYDEXA CREA	NP	
PLIAGLIS CREA	NP	
QUTENZA	NP	
RA ARTHRITIS PAIN RELIEF CREA	P	
XYLIDERM	NP	
ZTLIDO PTCH	NP	
Misc. Dermatological Products		
ALADERM PLUS EMUL	NP	
HYLATOPIC PLUS CREA	NP	RX/OTC
NUVAIL SOLN	NP	RX/OTC
TETRIX CREA	NP	RX/OTC
Misc. Topical		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALOE VESTA DAILY MOISTURIZER LOTN (Use dimethicone topical)	NF		<i>azelaic acid GEL</i>	NP	
AVEENO ACTIVE NATURALS SKIN RELIEF GENTLE SCENT LOTN (Use dimethicone topical)	NF		<i>brimonidine tartrate (topical)</i>	NP	
BASIS FACIAL MOISTURIZER CREA	P		<i>doxycycline (rosacea)</i>	NP	
BASIS OVERNIGHT CREA	P		FINACEA FOAM	NP	
CAVILON NO STING BARRIERFILM MISC	P		FINACEA GEL (Use azelaic acid)	NP	
EUCERIN ORIGINAL HEALING CREA (Use skin protectants, misc.)	NF		<i>ivermectin (rosacea)</i>	NP	
HYCLODEX	NP		<i>metronidazole (topical) CREA</i>	P	QL(1.5 gm daily)
HYDROCERIN CREA	P		<i>metronidazole (topical) GEL</i>	P	
HYPOCYN SOLN	NP	RX/OTC	<i>metronidazole (topical) LOTN</i>	P	
<i>isopropyl alcohol (skin cleanser) MISC</i>	P		NORITATE CREA	NP	
NO-STING SKIN-PREP MISC	P		RHOFADE	NP	
SENSI-CARE MOISTURIZING CREA	P		ROSADAN KIT	NP	
<i>skin protectants, misc. CREA</i>	P		Scabicides & Pediculicides		
SORBIDON HYDRATE CREA	P		<i>crotamiton LOTN</i>	NP	
THERASEAL HAND PROTECTION LOTN	P		<i>ivermectin (pediculicide)</i>	NP	RX/OTC
UNIVERSAL REMOVER WIPES MISC	P		<i>malathion</i>	NP	
<i>witch hazel (hamamelis virginiana) PADS</i>	P		NATROBA (Use spinosad)	P	QL(4 ml daily)
XERAC AC	NP		OVIDE (Use malathion)	NP	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			<i>permethrin CREA</i>	P	QL(2 gm daily)
EUCRISA	P	PA	<i>permethrin LIQD EX</i>	P	
Rosacea Agents			<i>permethrin LOTN</i>	P	
			<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	P	
			<i>spinosad</i>	NP	QL(4 ml daily)
			Tar Products		
			<i>coal tar extract SHAM 0.5 %</i>	P	
			DHS TAR GEL SHAM (Use coal tar extract)	NF	
			DHS TAR SHAM (Use coal tar extract)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEUTROGENA T/GEL SHAM 0.5 % (Use coal tar extract)	NF		ASSURE 4 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
Wound Care Products			ASSURE II CHECK STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC
VYJUVEK	NP	SP	ASSURE II TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
DIAGNOSTIC PRODUCTS			ASSURE II STRP	NP	QL(4 ea daily); MP; RX/OTC
Diagnostic Tests			ASSURE PLATINUM TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ACCU-CHEK AVIVA PLUS STRP	NP	QL(4 ea daily); MP; RX/OTC	ASSURE PRISM MULTI TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ACCU-CHEK GUIDE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ASSURE PRO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ACCU-CHEK GUIDE STRP	NP	QL(4 ea daily); MP; RX/OTC	BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	
ACCU-CHEK SMARTVIEW STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	BIOSCANNER GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ACCUTREND GLUCOSE STRP	NP	QL(4 ea daily); MP; RX/OTC	BIOTEL CARE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVANCE INTUITION TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVANCE MICRO-DRAW TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	BLOOD GLUCOSE TEST STRIPS333 STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVOCATE REDI-CODE+ TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVOCATE REDI-CODE STRP	NP	QL(4 ea daily); MP; RX/OTC	BLULINK GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVOCATE 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
AGAMATRIX AMP NO CODE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	NP	QL(4 ea daily); MP; RX/OTC
AGAMATRIX JAZZ 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
AGAMATRIX KEYNOTE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
AGAMATRIX PRESTO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	CHEMSTRIP 10 MD	P	
ASSURE 3 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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		DIATHRIVE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CHEMSTRIP-K STRP	P		DIATHRIVE+ BLOOD GLUCOSE 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	DIATRUE PLUS BLOOD GLUCOSE 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	DUO-CARE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CLEVER CHEK 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
CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EASY STEP TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CLEVER CHOICE MICRO TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EASY TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CLEVER CHOICE NO CODING 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
CLEVER CHOICE TALK NO CODING 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
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	P		EASY TOUCH HEALTHPRO 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	EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CONTOUR NEXT BLOOD GLUCOSE TEST 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
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	EASYGLUCO STRP	NP	QL(4 ea daily); MP; RX/OTC
COVID-19 AT-HOME TEST KIT KIT	P		EASYMAX 15 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	P				
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	P				

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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
ELEMENT COMPACT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA D40/G31 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	FORA G20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ELLUME COVID-19 HOME TEST KIT	P		FORA G30/PREMIUM V10 BLOOD GLUCOSE 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	FORA GD20 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EMBRACE EVO BLOOD GLUCOSE 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
EMBRACE PRO 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
EMBRACE TALK BLOOD GLUCOSE 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
EQ BLOOD GLUCOSE TEST STRIPS 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
EVOLUTION AUTOCODE STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EXACTECH R-S-G 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
EXACTECH 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
FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	NP	QL(4 ea daily); MP; RX/OTC	FORA V30A BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P		FORACARE GD40 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			
FORA 6 CONNECT STRP	NP	QL(4 ea daily); MP; RX/OTC			

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FORACARE PREMIUM V10 TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GLUCOCARD VITAL 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 X-SENSOR STRP	NP	QL(4 ea daily); MP; RX/OTC
FORTISCARE BLOOD GLUCOSETEST STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC	GLUCOCOM 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	GLUCONAVII BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GLUCOSE METER TEST STRIPS ADVANCED STRP	NP	QL(4 ea daily); MP; RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC	GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FREESTYLE LITE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GNP TRUE METRIX SELF MONITORING 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	GNP TRUETRACK 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	GNP TRUETRACK SMART SYSTEM STRP	NP	QL(4 ea daily); MP; RX/OTC
GE100 BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP	NP	QL(4 ea daily); MP; RX/OTC
GENULTIMATE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	GOJJI BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GHT 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
GLUCO PERFECT 3 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
GLUCOCARD 01 SENSOR PLUS 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
GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC			
GLUCOCARD SHINE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC			

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IHEALTH COVID-19 ANTIGEN RAPID TEST KIT	P		MEIJER TRUETEST 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 TRUETRACK 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	MICRODOT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
INFINITY VOICE STRP	NP	QL(4 ea daily); MP; RX/OTC	MICRODOT XTRA TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
INTELISWAB COVID-19 RAPID TEST KIT	P		MM EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
KETONE TEST STRIPS STRP	P		MULTISTIX 10 SG	P	
KETONE STRP	P		MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
KETOSTIX STRP	P		NEUTEK 2TEK TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
KROGER BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	NOVA MAX GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
KROGER HEALTHPRO GLUCOSE TEST STRIPS 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
KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	
KROGER TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ONE DROP 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	ONETOUCH ULTRA STRP	P	QL(4 ea daily); MP; RX/OTC
LIBERTY TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	ONETOUCH VERIO TEST STRIPS STRP	P	QL(4 ea daily); MP; RX/OTC
LUCIRA CHECK IT COVID-19 TEST KIT KIT	P	RX/OTC	OPTIUM TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	P	RX/OTC	OPTIUMEZ TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MEIJER BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	PHARMACIST CHOICE AUTOCODE 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			

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PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	QUINTET 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	REFUAH PLUS BLOOD GLUCOSE 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 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRECISION PCX PLUS TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	RELION CONFIRM/MICRO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRECISION PCX STRP	NP	QL(4 ea daily); MP; RX/OTC	RELION KETONE TEST STRIPS STRP	P	
PRECISION POINT OF CARE 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
PRECISION QID 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
PRECISION SOF-TACT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC	RELION TRUE METRIX 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	RELION ULTIMA BLOOD 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	REXALL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRO VOICE V8/V9 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
PRODIGY NO CODING BLOOD GLUCOSE TEST 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
PTS PANELS EGLU STRP	NP	QL(4 ea daily); MP; RX/OTC	RIGHTEST GS333 BLOOD 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	RIGHTEST GS550 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	RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
QUICKVUE AT-HOME COVID-19 TEST KIT	P				
QUINTET AC BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
SMART SENSE PREMIUM BLOODGLUCOSE 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
SMARTEST BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
SOLUS V2 AUDIBLE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
SUPREME TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	QL(4 ea daily); MP; RX/OTC
TGT BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
TRUE METRIX BLOOD GLUCOSETEST 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
TRUETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
TRUETRACK TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
UNISTRIP1 GENERIC STRP	NP	QL(4 ea daily); MP; RX/OTC
VERASENS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

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VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	
LACTAID TABS (Use lactase)	NF	
<i>lactase TABS 3000 UNIT</i>	P	
PERTZYE CPEP	NP	
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		
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>acetazolamide TABS 125 MG</i>	P	MP
<i>dichlorphenamide</i>	NP	SP
KEVEYIS (Use <i>dichlorphenamide</i>)	NP	SP
<i>methazolamide TABS</i>	P	MP
Diuretic Combinations		

Drug Name	Drug Tier	Requirements/Limits
ALDACTAZIDE (Use spironolactone & hydrochlorothiazide)	NP	MP
ALDACTAZIDE	NP	MP
amiloride & hydrochlorothiazide	P	MP
MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	NP	MP
MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	NP	MP
spironolactone & hydrochlorothiazide	P	MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	P	MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	P	MP
triamterene & hydrochlorothiazide TABS	P	MP
triamterene & hydrochlorothiazide TABS	P	MP
Loop Diuretics		
bumetanide TABS	P	MP
BUMEX TABS 0.5 MG (Use bumetanide)	NP	MP
EDECIN (Use ethacrynic acid)	NP	MP
ethacrynic acid	P	MP
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	P	MP
furosemide TABS	P	MP
furosemide TABS	P	MP
LASIX TABS (Use furosemide)	NP	MP
toremide TABS	P	MP
toremide TABS	P	MP
Potassium Sparing Diuretics		

Drug Name	Drug Tier	Requirements/Limits
ALDACTONE TABS (Use spironolactone)	NP	MP
amiloride hcl TABS	P	MP
CAROSPIR SUSP	NP	MP
spironolactone TABS	P	MP
spironolactone TABS	P	MP
triamterene CAPS	P	MP
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	P	MP
chlorthalidone 25 MG, 50 MG	P	MP
DIURIL SUSP	P	MP
hydrochlorothiazide CAPS	P	MP
hydrochlorothiazide TABS	P	MP
hydrochlorothiazide TABS	P	MP
indapamide TABS 1.25 MG, 2.5 MG	P	MP
indapamide TABS 1.25 MG, 2.5 MG	P	MP
metolazone	P	MP
metolazone	P	MP
THALITONE	NP	
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 (Use risedronate sodium)	NP	MP
alendronate sodium SOLN	P	MP
alendronate sodium TABS 35 MG, 70 MG	P	QL(0.143 ea daily); MP

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium TABS 10 MG</i>	P	QL(1 ea daily); MP
ATELVIA TBEC (<i>Use risedronate sodium</i>)	NP	MP
BONIVA TABS (<i>Use ibandronate sodium</i>)	NP	MP
<i>calcitonin (salmon) NA</i>	P	MP
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NF	QL(0.143 ea daily); MP
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP	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
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

Drug Name	Drug Tier	Requirements/Limits
SKYTROFA	NP	SP; MP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA (<i>Use raloxifene hcl</i>)	NF	MP
EVISTA (<i>Use raloxifene hcl</i>)	NP	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
<i>calcitriol CAPS</i>	P	
<i>calcitriol CAPS</i>	P	
<i>calcitriol SOLN OR</i>	P	MP
CARBAGLU (<i>Use carglumic acid</i>)	NP	SP
<i>carglumic acid</i>	NP	SP
<i>carglumic acid</i>	P	SP; PA
CARNITOR SF SOLN OR (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	MP
CARNITOR SOLN OR 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
CARNITOR TABS (Use levocarnitine (metabolic modifiers))	NP	
cinacalcet hcl	NP	SP
CYSTADANE (Use betaine)	NP	SP
doxercalciferol CAPS	P	
GALAFOLD	NP	SP
KUVAN PACK (Use sapropterin dihydrochloride)	NP	SP
KUVAN TABS (Use sapropterin dihydrochloride)	NP	SP
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	NP	MP
levocarnitine (metabolic modifiers) TABS	NP	
nitisinone CAPS	P	SP
NITYR TABS	NP	SP
OLPRUVA THPK	NP	SP
ORFADIN CAPS	P	SP
ORFADIN CAPS (Use nitisinone)	P	SP
ORFADIN SUSP	NP	SP; MP
paricalcitol CAPS	NP	
PHEBURANE PLLT	NP	
RAVICTI	NP	SP; MP
RAYALDEE	NP	
ROCALTROL CAPS (Use calcitriol)	NP	
ROCALTROL SOLN OR (Use calcitriol)	NP	MP
sapropterin dihydrochloride PACK	NP	SP
sapropterin dihydrochloride TABS	NP	SP
SENSIPAR (Use cinacalcet hcl)	NP	SP

Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate POWD	NP	SP
sodium phenylbutyrate TABS	NP	SP
ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol)	NP	
Mineralocorticoid Receptor Antagonists		
KERENDIA	P	PA
Posterior Pituitary Hormones		
DDAVP TABS (Use desmopressin acetate)	NP	QL(6 ea daily); MP
desmopressin acetate spray	P	MP
desmopressin acetate spray refrigerated	P	MP
desmopressin acetate TABS	P	QL(6 ea daily); MP
NOCDURNA SUBL	NP	
Progesterone Receptor Antagonists		
MIFEPREX (Use mifepristone)	NP	
mifepristone	NP	
Prolactin Inhibitors		
cabergoline	P	
Somatostatic Agents		
LANREOTIDE ACETATE	NP	SP; MP
MYCAPSSA CPDR	NP	SP
octreotide acetate SOLN	NP	SP; MP
octreotide acetate SOSY	NP	SP; MP
SANDOSTATIN LAR DEPOT KIT	NP	SP
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	NP	SP; MP
SIGNIFOR	NP	SP; MP
SIGNIFOR LAR	NP	SP
SOMATULINE DEPOT	NP	SP; MP

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Drug Name	Drug Tier	Requirements/Limits
Vasopressin Receptor Antagonists		
JYNARQUE TABS	NP	SP
JYNARQUE TBPk	NP	SP
SAMSCA TABS (Use <i>tolvaptan</i>)	NP	SP
<i>tolvaptan</i> TABS	NP	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (Use <i>estradiol</i> & <i>norethindrone acetate</i>)	NP	
ANGELIQ	NP	
BIJUVA	NP	
CLIMARA PRO	NP	
COMBIPATCH PTTW	P	
DUAVEE	NP	
<i>esterified estrogens</i> & <i>methyltestosterone</i>	P	
<i>estradiol</i> & <i>norethindrone acetate</i> TABS	P	
FEMHRT (Use <i>norethindrone acetate-ethinyl estradiol</i>)	NF	QL(1 ea daily)
MYFEMBREE	P	PA
<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 (Use <i>estradiol</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
DELESTROGEN (Use <i>estradiol valerate</i>)	NP	
DEPO-ESTRADIOL	NP	
DIVIGEL GEL (Use <i>estradiol</i>)	NP	
ELESTRIN GEL	NP	
ESTRACE TABS (Use <i>estradiol</i>)	NP	
<i>estradiol valerate</i>	NP	
<i>estradiol</i> GEL	NP	
<i>estradiol</i> PTTW	P	
<i>estradiol</i> PTWK	P	
<i>estradiol</i> TABS	P	
EVAMIST SOLN	NP	MP
MENEST	P	
MENOSTAR PTWK	NP	
MINIVELLE PTTW (Use <i>estradiol</i>)	NP	
PREMARIN TABS	P	
VIVELLE-DOT PTTW (Use <i>estradiol</i>)	NP	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
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>ciprofloxacin hcl</i> TABS 500 MG	P	AL(At least 16 yrs old)
<i>ciprofloxacin hcl</i> TABS	P	
<i>ciprofloxacin</i> SUSR 5 GM/100ML, 500 MG/5ML	P	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin SOLN OR</i>	P	
<i>levofloxacin TABS</i>	P	
<i>moxifloxacin hcl TABS</i>	P	
<i>ofloxacin 300 MG, 400 MG</i>	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	NP	
Antiflatulents		
GAS-X EXTRA STRENGTH CHEW (<i>Use simethicone</i>)	NF	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>Use simethicone</i>)	NF	
MYLICON INFANTS GAS RELIEF SUSP (<i>Use simethicone</i>)	NF	
PHAZYME ULTRA STRENGTH CAPS (<i>Use simethicone</i>)	NF	
<i>simethicone CAPS 125 MG, 180 MG</i>	P	
<i>simethicone CHEW</i>	P	
<i>simethicone SUSP</i>	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	NP	SP
Gallstone Solubilizing Agents		
CHENODAL	NP	SP
RELTONE CAPS	NP	
URSO 250 TABS (<i>Use ursodiol</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
URSO FORTE TABS (<i>Use ursodiol</i>)	NP	
<i>ursodiol CAPS</i>	P	
<i>ursodiol TABS</i>	NP	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis)</i>	P	
GASTROCROM (<i>Use cromolyn sodium (mastocytosis)</i>)	NP	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>Use lubiprostone</i>)	NP	
<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 TBP	NP	
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NP	
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>)	NP	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NF	
<i>balsalazide disodium CAPS</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
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
INFLECTRA	NP	SP
INFLIXIMAB	NP	SP
LIALDA TBEC (<i>Use mesalamine</i>)	NF	
LIALDA TBEC (<i>Use mesalamine</i>)	NP	
<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)
<i>mesalamine TBEC</i>	NP	
PENTASA CPCR	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		

Drug Name	Drug Tier	Requirements/Limits
<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	
MOVANTIK	NP	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
FOSRENOL CHEW (<i>Use lanthanum carbonate</i>)	NP	
FOSRENOL PACK	P	
<i>lanthanum carbonate CHEW</i>	P	
PHOSLYRA SOLN	NP	MP
RENAGEL (<i>Use sevelamer hcl</i>)	NP	
REVELA PACK (<i>Use sevelamer carbonate</i>)	NP	
REVELA TABS (<i>Use sevelamer carbonate</i>)	NP	QL(8 ea daily)
<i>sevelamer carbonate PACK</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate</i> TABS	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</i> SOLN	NP	
<i>potassium citrate (alkalinizer)</i> TBCR 15 MEQ, 540 MG, 1080 MG, 1620 MG	NP	
<i>potassium citrate-citric acid</i> SOLN	NP	RX/OTC
<i>sodium citrate & citric acid</i>	P	RX/OTC
UROCIT-K 10 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NP	
UROCIT-K 15 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NP	
UROCIT-K 5 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP
PROCYSBI CPDR	NP	SP
PROCYSBI PACK	NP	SP
Genitourinary Irrigants		

Drug Name	Drug Tier	Requirements/Limits
<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 <i>dutasteride</i>)	NP	MP
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
FLOMAX (Use <i>tamsulosin hcl</i>)	NP	MP
FLOMAX (Use <i>tamsulosin hcl</i>)	NF	MP
JALYN (Use <i>dutasteride-tamsulosin hcl</i>)	NP	MP
PROSCAR (Use <i>finasteride</i>)	NP	MP
PROSCAR (Use <i>finasteride</i>)	NF	MP
RAPAFLO 8 MG (Use <i>silodosin</i>)	NF	MP
RAPAFLO (Use <i>silodosin</i>)	NP	MP
<i>silodosin</i>	NP	MP
<i>tamsulosin hcl</i>	P	MP
Urinary Analgesics		
<i>phenazopyridine hcl</i> TABS 100 MG, 100 MG, 200 MG	P	
PYRIDIUM TABS (Use <i>phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITHOSTAT	NP		BENEFIX KIT	P	SP; PA
THIOLA EC TBEC	NP	SP	COAGADEX	P	SP; PA
THIOLA TABS (<i>Use tiopronin</i>)	NP	SP	CORIFACT	P	SP; PA
<i>tiopronin</i> TABS	NP	SP	ELOCTATE	P	SP; PA
GOUT AGENTS - Drugs to Treat Gout			ESPEROCT	P	SP; PA
Gout Agent Combinations			FEIBA	P	SP; PA
<i>colchicine w/ probenecid</i>	P	MP	HEMLIBRA	P	SP; MP; PA
Gout Agents			HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
<i>allopurinol</i>	P	MP	HUMATE-P SOLR	P	SP; PA
<i>allopurinol</i>	P	MP	IDELVION	P	SP; PA
ALLOPURINOL	P		IXINITY SOLR	P	SP; PA
<i>colchicine CAPS</i>	NP	MP	JIVI	P	SP; PA
<i>colchicine TABS</i>	NP	MP	KOATE-DVI SOLR 1000 UNIT	P	SP; PA
<i>colchicine TABS</i>	NP	MP	KOATE SOLR	P	SP; PA
COLCRYS TABS (<i>Use colchicine</i>)	NP	MP	KOGENATE FS KIT	P	SP; PA
<i>febuxostat</i>	NP	MP	KOVALTRY	P	SP; PA
MITIGARE CAPS (<i>Use colchicine</i>)	NP	MP	NOVOEIGHT	P	SP; PA
ULORIC (<i>Use febuxostat</i>)	NP	MP	NOVOSEVEN RT	P	SP; PA
ZYLOPRIM (<i>Use allopurinol</i>)	NF	MP	NUWIQ KIT	P	SP; PA
Uricosurics			NUWIQ SOLR	P	SP; PA
<i>probenecid</i>	P	MP	OBIZUR	P	SP; PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			PROFILNINE	P	SP; PA
Antihemophilic Products			REBINYN	P	SP; PA
ADVATE	P	SP; PA	RECOMBINATE SOLR	P	SP; PA
ADYNOVATE	P	SP; PA	RIXUBIS SOLR	P	SP; PA
AFSTYLA	P	SP; PA	SEVENFACT	P	SP; PA
ALPHANATE SOLR	P	SP; PA	TRETTEN	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA	VONVENDI	P	SP; PA
ALPROLIX	P	SP; PA	WILATE KIT	P	SP; PA
			XYNTHA	P	SP; PA
			XYNTHA SOLOFUSE	P	SP; PA
			Bradykinin B2 Receptor Antagonists		
			FIRAZYR SOSY (<i>Use icatibant acetate</i>)	NP	SP

Drug Name	Drug Tier	Requirements/Limits
<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		
TAVALISSE	NP	SP
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 (<i>Use 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 (<i>Use prasugrel hcl</i>)	NP	QL(1 ea daily)
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NP	
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<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	
Cobalamins		
<i>cyanocobalamin SOLN IJ</i>	P	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	P	RX/OTC
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	NP	SP; MP
ARANESP ALBUMIN FREE SOSY	NP	SP; MP
DOPTELET	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; MP; PA
FULPHILA	NP	SP
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP
GRANIX SOSY	NP	SP
JESDUVROQ	NP	
LEUKINE SOLR IJ	P	QL(0.47 ea daily); SP
MIRCERA 120 MCG/0.3ML	NP	SP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	FEOSOL TABS (<i>Use ferrous sulfate dried</i>)	NF	
MULPLETA	NP	SP	FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NF	
NEULASTA ONPRO KIT PSKT	NP	SP	FERROUS GLUCONATE TABS 324 MG	P	
NEULASTA SOSY	NP	SP	<i>ferrous sulfate dried</i> TABS 200 MG	P	
NEUPOGEN SOLN 300 MCG/ML	P	QL(0.47 ml daily); SP	<i>ferrous sulfate SOLN</i> 15 MG/ML, 300 MG/5ML	P	
NEUPOGEN SOLN 480 MCG/1.6ML	P	QL(0.75 ml daily); SP	<i>ferrous sulfate</i> TABS 65 MG, 325 MG	P	
NEUPOGEN SOSY 480 MCG/0.8ML	P	QL(0.38 ml daily); SP	<i>ferrous sulfate</i> TBEC	P	
NEUPOGEN SOSY 300 MCG/0.5ML	P	QL(0.24 ml daily); SP	FERROUS SULFATE TBEC	P	
NIVESTYM SOLN	NP	SP	<i>polysaccharide iron complex</i> CAPS 150 MG	P	
NIVESTYM SOSY	NP	SP	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NPLATE	NP	SP	Antihistamine Hypnotics		
NYVEPRIA	NP	SP	<i>diphenhydramine hcl (sleep)</i> CAPS	P	
PROCRIT	P	SP; MP; PA	<i>diphenhydramine hcl (sleep)</i> TABS 25 MG	P	AL(Up to 65 yrs old)
PROCRIT	P	SP; MP; PA	UNISOM SLEEPGELS CAPS (<i>Use diphenhydramine hcl (sleep)</i>)	NF	
PROMACTA PACK	NP	SP	ZZZQUIL CAPS (<i>Use diphenhydramine hcl (sleep)</i>)	NF	
PROMACTA TABS	NP	SP	Barbiturate Hypnotics		
REBLOZYL	NP	SP	<i>phenobarbital</i> ELIX	P	MP
RELEUKO SOLN	NP	SP	<i>phenobarbital</i> TABS	P	
RELEUKO SOSY	NP	SP	Hypnotics - Tricyclic Agents		
RETACRIT	NP	SP; MP	<i>doxepin hcl (sleep)</i>	NP	
RETACRIT	NP	SP; MP	<i>doxepin hcl (sleep)</i>	NP	
ROLVEDON	NP	SP	SILENOR (<i>Use doxepin hcl (sleep)</i>)	NF	
STIMUFEND	NP	SP			
UDENYCA SOAJ	NP	SP			
UDENYCA SOSY	NP	SP			
ZARXIO	NP	SP			
ZIEXTENZO	NP	SP			
Iron					

Drug Name	Drug Tier	Requirements/Limits
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NP	QL(1 ea daily)
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NP	QL(1 ea daily)
DORAL (<i>Use quazepam</i>)	NP	
EDLUAR SUBL	NP	
<i>estazolam</i>	P	
<i>eszopiclone</i>	NP	
<i>flurazepam hcl</i>	NP	
HALCION 0.25 MG (<i>Use triazolam</i>)	NP	
LUNESTA (<i>Use eszopiclone</i>)	NP	
LUNESTA 2 MG, 3 MG (<i>Use eszopiclone</i>)	NF	
<i>midazolam hcl SYRP</i>	NP	
<i>quazepam</i>	P	
RESTORIL (<i>Use 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 (<i>Use tasimelteon</i>)	NP	SP
<i>ramelteon</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
ROZEREM (<i>Use ramelteon</i>)	NP	
<i>tasimelteon CAPS</i>	NP	SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
BENEFIBER FOR CHILDREN POWD (<i>Use wheat dextrin</i>)	NF	
BENEFIBER HEALTHY SHAPE POWD (<i>Use wheat dextrin</i>)	NF	
BENEFIBER POWD (<i>Use wheat dextrin</i>)	NF	
<i>calcium polycarbophil TABS</i>	P	
CITRUCEL FIBER LAXATIVE POWD (<i>Use methylcellulose (laxative)</i>)	NF	
CITRUCEL TABS (<i>Use methylcellulose (laxative)</i>)	NF	
HYDROCIL INSTANT POWD (<i>Use psyllium</i>)	NF	
KONSYL DAILY FIBER PACK 100 %	P	
KONSYL DAILY FIBER POWD (<i>Use psyllium</i>)	NF	
KONSYL ORIGINAL DAILY FIBER PACK	P	
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use psyllium</i>)	NF	
METAMUCIL CAPS (<i>Use psyllium</i>)	NF	
METAMUCIL POWD (<i>Use psyllium</i>)	NF	
<i>methylcellulose (laxative) POWD</i>	P	
<i>methylcellulose (laxative) TABS</i>	P	
<i>psyllium CAPS 0.52 GM</i>	P	
<i>psyllium POWD 28.3 %, 48.57 %, 58.6 %, 95 %</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
wheat dextrin POWD	P	
Laxative Combinations		
NULYTELY (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)	NF	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	
sennosides-docusate sodium TABS	P	
SEKOT S TABS (Use sennosides-docusate sodium)	NF	
Laxatives - Miscellaneous		
glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 80.7 %	P	
GLYCERIN ADULT SUPP (Use glycerin (laxative))	NF	
MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350)	NF	
MIRALAX PACK (Use polyethylene glycol 3350)	NF	
MIRALAX POWD (Use polyethylene glycol 3350)	NF	
PEDIA-LAX SUPP (Use glycerin (laxative))	NF	
polyethylene glycol 3350 PACK	P	
polyethylene glycol 3350 POWD	P	
Saline Laxatives		
FLEET ENEMA ENEM (Use sodium phosphates)	NF	
magnesium citrate	P	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	

Drug Name	Drug Tier	Requirements/Limits
sodium phosphates ENEM	P	
Stimulant Laxatives		
bisacodyl SUPP	P	
bisacodyl TBEC	P	
DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	NF	
DULCOLAX SUPP (Use bisacodyl)	NF	
DULCOLAX TBEC (Use bisacodyl)	NF	
SEKNA SYRP	P	
sennosides TABS 8.6 MG, 15 MG	P	
SEKOT TABS (Use sennosides)	NF	
Surfactant Laxatives		
COLACE CLEAR CAPS (Use docusate sodium)	NF	
COLACE CAPS 100 MG (Use docusate sodium)	NF	
docusate calcium	P	
docusate sodium CAPS	P	
docusate sodium LIQD	P	
docusate sodium SYRP	P	
DOCUSATE SODIUM SYRP	P	
docusate sodium TABS	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	P	
azithromycin SUSR	P	
azithromycin TABS 500 MG	P	QL(3 ea per fill retail; 60 ea per 180 days retail)
azithromycin TABS 600 MG	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin TABS 500 MG</i>	P	QL(3 ea per fill retail; 60 ea per 180 days retail)	<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>azithromycin TABS 250 MG</i>	P	QL(60 ea per 180 days retail)	<i>erythromycin ethylsuccinate TABS</i>	P	
ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NP	QL(3 ea per fill retail; 60 ea per 180 days retail)	<i>erythromycin stearate TABS 250 MG</i>	P	
ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NP	QL(60 ea per 180 days retail)	Fidaxomicin		
ZITHROMAX PACK (<i>Use azithromycin</i>)	P		DIFICID SUSR	NP	
ZITHROMAX SUSR (<i>Use azithromycin</i>)	NP		DIFICID TABS	NP	
ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NP	QL(60 ea per 180 days retail)	MEDICAL DEVICES AND SUPPLIES		
ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NF	QL(3 ea per fill retail; 60 ea per 180 days retail)	Bandages-Dressings-Tape		
ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NF	QL(60 ea per 180 days retail)	AMD FOAM DRESSING 4"X4" PADS	P	RX/OTC
ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NP	QL(3 ea per fill retail; 60 ea per 180 days retail)	AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	P	RX/OTC
ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NP	QL(3 ea per fill retail; 60 ea per 180 days retail)	BAND-AID GAUZE PADS LARGE4" X 4" PADS	P	RX/OTC
ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NP	QL(3 ea per fill retail; 60 ea per 180 days retail)	BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	P	RX/OTC
Clarithromycin			BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
<i>clarithromycin SUSR</i>	P		COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	P	RX/OTC
<i>clarithromycin TABS</i>	P		COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	P	RX/OTC
<i>clarithromycin TB24</i>	P		COVRSITE COVER DRESSING PADS	P	RX/OTC
Erythromycins			COVRSITE PLUS COMPOSITE DRESSING PADS	P	RX/OTC
E.E.S. GRANULES SUSR (<i>Use erythromycin ethylsuccinate</i>)	P		CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	P	RX/OTC
ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	P		CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	P	RX/OTC
ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	P				
<i>erythromycin base CPEP</i>	P				
<i>erythromycin base TABS</i>	P				
<i>erythromycin base TBEC</i>	P				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CURITY ALL PURPOSE SPONGES 4"X4" PADS	P	RX/OTC	DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE 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
CURITY GAUZE PADS 4"X4" 12 PLY PADS	P	RX/OTC	DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC	DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC	DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC	DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	P	RX/OTC	DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC	DRYMAX EXTRA PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	P	RX/OTC	EQ GAUZE PADS 4"X4" PADS	P	RX/OTC
CURITY SPONGES/CELLULOSE FILLED/4"X4" PADS	P	RX/OTC	EQL GAUZE PADS 4"X4"/LARGE PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	P	RX/OTC	EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" PADS	P	RX/OTC	EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS	P	RX/OTC	EXCILON DRAIN SPONGE 4"X4" PADS	P	RX/OTC

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EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	RA STERILE PADS 4"X4" PADS	P	RX/OTC
GAUZE DRESSING 4"X4" PADS	P	RX/OTC	RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	P	RX/OTC
GAUZE PADS 4"X4" PADS	P	RX/OTC	RESTORE FOAM DRESSING BORDERED 4"X4" PADS	P	RX/OTC
GAUZE PADS PADS	P	RX/OTC	RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	P	RX/OTC
HM STERILE PADS PADS	P	RX/OTC	RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	P	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	P	RX/OTC	SILIGENTLE SILICONE FOAMDRESSING/BORDED PADS	P	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	P	RX/OTC	SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	P	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	P	RX/OTC	SM GAUZE PADS 4"X4" PADS	P	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS	P	RX/OTC	SM STERILE PADS PADS	P	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	P	RX/OTC	SOF-WICK 4"X4" PADS	P	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	P	RX/OTC	STERILE PADS 4"X4" PADS	P	RX/OTC
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	P	RX/OTC	TEGADERM FOAM DRESSING 4"X4" PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	P	RX/OTC	TOPPER DRESSING SPONGES 4"X4" MISC	P	RX/OTC
KERLIX SPONGES 4" X 4" 12 PLY PADS	P	RX/OTC	Blood Pressure Devices		
KERLIX SPONGES 4" X 4" 16 PLY PADS	P	RX/OTC	3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
MIRASORB SPONGES 4" X 4" MISC	P	RX/OTC	ADVOCATE ARM BLOOD PRESSURE MONITOR/EXTRA LARGE DEVI	P	QL(0.034 ea daily)
NU GAUZE 4PLY 4"X4" PADS	P	RX/OTC	ADVOCATE ARM BLOOD PRESSURE MONITOR/LARGE DEVI	P	QL(0.034 ea daily)
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	P	RX/OTC			
POLYMEM NON-ADHESIVE PAD PADS	P	RX/OTC			
QC ALL PURPOSE DRESSINGS 4"X4" PADS	P	RX/OTC			
QC STERILE PADS PADS	P	RX/OTC			

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ADVOCATE ARM BLOOD PRESSURE MONITOR/SMALL/MEDIUM DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR AUTOMATIC/WRIST MISC	P	QL(0.034 ea daily)
AUTOMATIC BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR PREMIUM ARM/VOICE ASSIST MISC	P	QL(0.034 ea daily)
BD ASSIRE BPM/PORTABLE WRISTWATCH STYLE MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR PREMIUM ARM DEVI	P	QL(0.034 ea daily)
BD ASSURE BPM/AUTO INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR UPPER ARM DEVI	P	QL(0.034 ea daily)
BD ASSURE BPM/AUTO INFLATE WRIST CUFF MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/AUTO ARM DEVI	P	QL(0.034 ea daily)
BD ASSURE BPM/DELUXE AUTO INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/AUTOMATIC DELUXE MISC	P	QL(0.034 ea daily)
BD ASSURE BPM/MANUAL INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/AUTOMATIC QUICK READ MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE KIT/MANUAL INFLATE DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/AUTOMATIC ULTRA-DELUXE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR 3SERIES DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/AUTOMATIC WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC WRIST MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/AUTOMATIC/WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC/ARM MISC	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/BASIC ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC/WRIST DEVI	P	QL(0.034 ea daily)	BLOOD PRESSURE MONITOR/DELUXE ARM DEVI	P	QL(0.034 ea daily)
			BLOOD PRESSURE MONITOR/DELUXE ARM MISC	P	QL(0.034 ea daily)

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

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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
CVS BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/PREMIUM TALKING DEVI	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR/MANUAL MISC	P	QL(0.034 ea daily)	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/STANDARD 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/WOMENS DEVI	P	QL(0.034 ea daily)
CVS SERIES 400 BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)	HEART CHECK BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
CVS SERIES 400W BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)	H-E-B INCONTROL DELUXE AUTO WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
CVS SERIES 600 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	H-E-B INCONTROL FULLY AUTOMATIC BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
CVS SERIES 600W BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)	H-E-B INCONTROL PREMIUM AUTOMATIC BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
CVS SERIES 800 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	HM ADVANCED BLOOD PRESSURE MONITOR AUTOMATIC DEVI	P	QL(0.034 ea daily)
EQ BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)	HM AUTOMATIC BLOOD PRESSURE MONITOR DELUXE DEVI	P	QL(0.034 ea daily)
FORA P20 BLOOD PRESSURE MONITORING SYSTEM DEVI	P	QL(0.034 ea daily)	HM BLOOD PRESSURE MONITOR/MANUAL INFLATION DEVI	P	QL(0.034 ea daily)
FORA TEST N' GO BP BLOODPRESSURE MONITORING SYSTEM DEVI	P	QL(0.034 ea daily)	HM BLOOD PRESSURE MONITOR/SERIES 200/ARM DEVI	P	QL(0.034 ea daily)
GNP BLOOD PRESSURE MONITOR ADVANCED AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)	HM BLOOD PRESSURE MONITORFULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)
HEALTH SENSE 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)
HEALTH SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	P	QL(0.034 ea daily)			

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KROGER BLOOD PRESSURE MONITOR/AUTOMATIC 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/DELUXE WRIST 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/PREMIUM AUTOMATIC DEVI	P	QL(0.034 ea daily)	OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSURE MONITOR/ADVANCED 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 PRESSURE MONITOR/ADVANCED WRIST DEVI	P	QL(0.034 ea daily)	OMRON 7 SERIES BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSURE MONITOR/AUTOMATIC DELUXE DEVI	P	QL(0.034 ea daily)	PRO HEALTH MINI TALKING BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)	PRO HEALTH TRACK BLUETOOTH BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
MICROLIFE BPM 6 PREMIUM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	PROCARE UPPER ARM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
MICROLIFE DELUXE BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	PROCARE WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
OMRON 10 SERIES BLOOD PRESSURE MONITOR/ARM/BLUETOOTH SMART DEVI	P	QL(0.034 ea daily)	QC BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)
OMRON 10 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)	RA BLOOD PRESSURE CUFF MONITOR AUTOMATIC MISC	P	QL(0.034 ea daily)
OMRON 3 SERIES BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)	RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC DEVI	P	QL(0.034 ea daily)
			RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC MISC	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RA BLOOD PRESSURE CUFF MONITOR PREMIUM AUTOMATIC DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITOR/MANUAL INFLATION DEVI	P	QL(0.034 ea daily)
RELION BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITORSERIES 200 DEVI	P	QL(0.034 ea daily)
RELION BP100 UPPER ARM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SM BLOOD PRESSURE MONITORSERIES 600 DEVI	P	QL(0.034 ea daily)
RELION BP200W WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SM WRIST CUFF BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
RELION BP300W WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)	SPHYGMOMANOMETER ANEROID MISC	P	QL(0.034 ea daily)
RELION PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)	SURELIFE BLOOD PRESSURE MONITOR/ARM/PREMIUM DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR SERIES 200W/WRIST DEVI	P	QL(0.034 ea daily)	SURELIFE BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR SERIES 600W/WRIST DEVI	P	QL(0.034 ea daily)	SURELIFE BLOOD PRESSURE MONITOR/WRIST/CLASSIC DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR SERIES 800/ARM DEVI	P	QL(0.034 ea daily)	SURELIFE BLOOD PRESSURE MONITOR/WRIST/PREMIUM DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/ADVANCED AUTOMATIC DEVI	P	QL(0.034 ea daily)	TALKING SENSE BLOOD PRESSURE MONITOR/REGULAR SIZE CUFF DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/AUTOMATIC INFLATION MISC	P	QL(0.034 ea daily)	TALKING SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/DELUXE AUTOMATIC DEVI	P	QL(0.034 ea daily)	TGT BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)	WRIST CUFF BLOOD PRESSUREUNIT MISC	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)	Contraceptives		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AIMSCO LUBRICATED MISC	P		MAXX PLUS SPERMICIDE LUBRICATED MISC	P	
DUREX EXTRA SENSITIVE THIN DEVI	P		PREMIUM CONDOMS LUBRICATED MISC	P	
FANTASY LUBRICATED/SPERMICIDE MISC	P		REALITY LATEX CONDOMS/LUBRICATED MISC	P	
FANTASY LUBRICATED MISC	P		REALITY LATEX/ULTRA TEXTURED DEVI	P	
KAMELEON LUBRICATED MISC	P		REALITY LATEX/ULTRA THIN DEVI	P	
KIMONO COLORS DEVI	P		TRUSTEX COLOR CONDOMS + LUBE MISC	P	
KIMONO LUBRICATED MISC	P		TRUSTEX LUBRICATED EXTRALARGE MISC	P	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P		TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	
KIMONO MICRO THIN MISC	P		TRUSTEX LUBRICATED/RIBBED/STUDED MISC	P	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	P		TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P		TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P	
KIMONO PS LUBRICATED MISC	P		TRUSTEX LUBRICATED/SPERMICIDE MISC	P	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P		TRUSTEX LUBRICATED MISC	P	
KIMONO SENSATION LUBRICATED MISC	P		TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P		TRUSTEX NON-LUBRICATED MISC	P	
KIMONO SPECIAL DEVI	P		TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	P	
K-Y ME & YOU EXTRA LUBRICATED DEVI	P				
K-Y ME & YOU INTENSE DEVI	P				
MAXX LUBRICATED MISC	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P		ACCU-CHEK GUIDE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUSTEX/RIA LUBRICATED/SPERMICIDE 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/RIA LUBRICATED MISC	P		ACCU-CHEK SAFE-T-PRO LANCETS	P	QL(4.45 ea daily); MP
TRUSTEX/RIA NON-LUBRICATED MISC	P		ACCU-CHEK SAFE-T-PRO PLUSLANCETS	P	QL(4.45 ea daily); MP
Diabetic Supplies			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)
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	QL(4.45 ea daily); MP	ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	QL(4.45 ea daily); MP	ACCU-CHEK SOFTCLIX LANCETS	P	QL(4.45 ea daily); MP
ACCU-CHEK AVIVA PLUS KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ACCUTREND GLUCOSE CONTROL SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ACCU-CHEK AVIVA SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	ACTI-LANCE LANCETS 28G	P	QL(4.45 ea daily); MP
ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	ACTI-LANCE LITE SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
ACCU-CHEK FASTCLIX LANCETS	P	QL(4.45 ea daily); MP	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P	QL(4.45 ea daily); MP
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)	ACTI-LANCE SPECIAL SAFETYLANCETS 17G	P	QL(4.45 ea daily); MP
ACCU-CHEK GUIDE ME KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP
			ADJUSTABLE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

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ADVANCE INTUITION BLOOD GLUCOSE METER DEVI	NP	MP	ADVOCATE REDI-CODE/TALKING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP	MP
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)	ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	MP
ADVANCE MICRO-DRAW METER DEVI	NP	MP	ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
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)	ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ADVANCED MOBILE LANCET 30G	P	QL(4.45 ea daily); MP	ADVOCATE REDI-CODE DEVI	NP	MP
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	ADVOCATE SAFETY LANCETS	P	QL(4.45 ea daily); MP
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ADVOCATE SAFETY LANCETS 26G	P	QL(4.45 ea daily); MP
ADVOCATE CONTROL SOLUTIONHIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NP	MP
ADVOCATE CONTROL SOLUTIONLOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	AGAMATRIX CONTROL HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ADVOCATE LANCETS	P	QL(4.45 ea daily); MP	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)
ADVOCATE LANCETS 30G	P	QL(4.45 ea daily); MP			
ADVOCATE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP			
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP			

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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 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)
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)	ASSURE COMFORT LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; 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)
AGAMATRIX PRESTO PRO METER DEVI	NP	MP	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	P	QL(4.45 ea daily); MP
AGAMATRIX PRESTO KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	P	QL(4.45 ea daily); MP
AGAMATRIX ULTRA-THIN LANCETS 33G	P	QL(4.45 ea daily); MP	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	P	QL(4.45 ea daily); MP
AIMSCO TWIST LANCETS 32G	P	QL(4.45 ea daily); MP	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	P	QL(4.45 ea daily); MP
AIMSCO TWIST LANCETS 33G	P	QL(4.45 ea daily); MP	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	P	QL(4.45 ea daily); MP
AMBI-TRAY MISC	P	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)
AQUALANCE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP	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)
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)	ASSURE LANCE LANCETS	P	QL(4.45 ea daily); MP
ASSURE 3 METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply	ASSURE LANCE LANCETS 21G	P	QL(4.45 ea daily); MP
ASSURE 4 BLOOD GLUCOSE METER DEVI	NP	MP	ASSURE LANCE PLUS SAFETYLANCETS 25G	P	QL(4.45 ea daily); MP
			ASSURE LANCE PLUS SAFETYLANCETS 30G	P	QL(4.45 ea daily); MP

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ASSURE LANCE SAFETY LANCET 28G	P	QL(4.45 ea daily); MP	AUTOLET LITE CLINISAFE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NP	MP	AUTOLET LITE STARTER PACK KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
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)	AUTOLET MINI MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	MP	AUTOLET PLATFORMS MISC	P	MP
ASSURE PRO BLOOD GLUCOSE METER DEVI	NP	MP	AUTOLET PLUS MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ASSURE PRO 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)	BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
AURORA LANCET SUPER THIN30G	P	QL(4.45 ea daily); MP	BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
AURORA LANCET THIN 23G	P	QL(4.45 ea daily); MP	BD MICROTAINER LANCETS	P	QL(4.45 ea daily); MP
AUTO-LANCET MINI MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	BIGFOOT UNITY PEN CAP FOR ADMELOG MISC	P	RX/OTC
AUTO-LANCET MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	BIGFOOT UNITY PEN CAP FOR APIDRA MISC	P	RX/OTC
AUTOLET II CLINISAFE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	BIGFOOT UNITY PEN CAP FOR ASPART MISC	P	RX/OTC
AUTOLET IMPRESSION LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC	P	RX/OTC
AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	BIGFOOT UNITY PEN CAP FOR FIASP MISC	P	RX/OTC
			BIGFOOT UNITY PEN CAP FOR HUMALOG MISC	P	RX/OTC
			BIGFOOT UNITY PEN CAP FOR LANTUS MISC	P	RX/OTC

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BIGFOOT UNITY PEN CAP FOR LISPRO MISC	P	RX/OTC	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)
BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC	P	RX/OTC	CARDIOCOM LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
BIGFOOT UNITY PEN CAP FOR NOVLOG MISC	P	RX/OTC	CAREONE ADVANCED LANCINGDEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC	P	RX/OTC	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BIGFOOT UNITY PEN CAP FOR TOUJEO MISC	P	RX/OTC	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BIGFOOT UNITY PEN CAP FOR TRESIBA MISC	P	RX/OTC	CAREONE LANCET SUPER THIN/30G	P	QL(4.45 ea daily); MP
BIGFOOT UNITY PROGRAM KIT KIT	NP	RX/OTC	CAREONE LANCET THIN	P	QL(4.45 ea daily); MP
BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; 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)
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; 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)
BLOOD GLUCOSE MONITORINGSYSTEM 333 DEVI	NP	MP	CARESENS LANCETS	P	QL(4.45 ea daily); MP
BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CARESENS N GLUCOSE MONITORING SYSTEM DEVI	NP	MP
BLOOD GLUCOSE MONITORINGSYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BLOOD GLUCOSE SYSTEM PAK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC			
BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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)	CLEVER CHEK LANCETS ULTRATHIN 30G	P	QL(4.45 ea daily); MP
CARETOUCH LANCING DEVICewith EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
CARETOUCH SAFETY LANCETS/26G	P	QL(4.45 ea daily); MP	CLEVER CHOICE COMFORT EZLANCETS 21G	P	QL(4.45 ea daily); MP
CARETOUCH SAFETY LANCETS/28G	P	QL(4.45 ea daily); MP	CLEVER CHOICE COMFORT EZLANCETS 23G	P	QL(4.45 ea daily); MP
CARETOUCH SAFETY LANCETS/30G	P	QL(4.45 ea daily); MP	CLEVER CHOICE COMFORT EZLANCETS 28G	P	QL(4.45 ea daily); MP
CARETOUCH TWIST LANCETS 28G	P	QL(4.45 ea daily); MP	CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
CARETOUCH TWIST LANCETS 30G	P	QL(4.45 ea daily); MP	CLEVER CHOICE GLUCOSE CONTROL LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
CARETOUCH TWIST LANCETS 33G	P	QL(4.45 ea daily); MP	CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	QL(4.45 ea daily); MP	CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	MP
CLEANLET LANCETS 28G	P	QL(4.45 ea daily); 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
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	COMFORT ASSURED LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	COMFORT ASSURED LANCETS SUPER THIN 28G	P	QL(4.45 ea daily); MP
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	COMFORT LANCETS	P	QL(4.45 ea daily); MP
CLEVER CHEK LANCETS ULTRATHIN	P	QL(4.45 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH LANCETS ULTRA THIN 31G	P	QL(4.45 ea daily); MP	CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	P	QL(4.45 ea daily); MP	CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	P	QL(4.45 ea daily); MP	CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
CONTOUR HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	COOL BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CONTOUR LOW CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	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)
CONTOUR NEXT CONTROL LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	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 EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	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 DEVI	NP	MP	CVS LANCETS 21G	P	QL(4.45 ea daily); MP
CONTOUR NEXT GEN 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
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
			CVS LANCETS ORIGINAL	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS THIN 26G	P	QL(4.45 ea daily); MP	DIABETES MONITORING DIGITAL SOLUTION KIT	NP	RX/OTC
CVS LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP	DIATHRIVE BLOOD GLUCOSE METER DEVI	NP	MP
CVS LANCETS ULTRA-THIN 30G	P	QL(4.45 ea daily); MP	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)
CVS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	DIATHRIVE LANCETS	P	QL(4.45 ea daily); MP
CVS ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP	DIATHRIVE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	DIATHRIVE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	MP	DIATHRIVE+ BLOOD GLUCOSE MONITORING SYSTEM/BLUETOOTH DEVI	NP	MP
DEXCOM G4 PLATINUM PEDIATRIC 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 RECEIVER 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 G4 PLATINUM RECEIVER KIT/SHARE	NP	MP	DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
DEXCOM G4 PLATINUM TRANSMITTER KIT	NP	MP	DROPLET GENTEEL LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DEXCOM G5 MOBILE RECEIVERKIT	NP	MP	DROPLET LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
DEXCOM G5 MOBILE TRANSMITTER KIT	NP	MP	DROPLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	NP	MP	DROPLET PERSONAL LANCETS30G	P	QL(4.45 ea daily); MP
DEXCOM G5 RECEIVER KIT	NP	MP	DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DEXCOM G6 RECEIVER	P	MP; PA	DRUG MART LANCETS THIN	P	QL(4.45 ea daily); MP
DEXCOM G6 SENSOR	P	MP; PA			
DEXCOM G6 TRANSMITTER	P	MP; PA			
DEXCOM G7 RECEIVER	P	MP; PA			
DEXCOM G7 SENSOR	P	MP; PA			
DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT	NP	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DRUG MART ON-THE-GO LANCETS GENTLE 30G	P	QL(4.45 ea daily); MP	EASY STEP CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
DRUG MART UNILET LANCETSSUPER THIN 30G	P	QL(4.45 ea daily); MP	EASY STEP CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
DRUG MART UNILET LANCETSULTRA THIN 28G	P	QL(4.45 ea daily); MP	EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	MP
DRUG MART UNILET MICRO THIN LANCETS 33G	P	QL(4.45 ea daily); MP	EASY TALK CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
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)	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	P	QL(4.45 ea daily); MP	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/PULL TOP	P	QL(4.45 ea daily); MP	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 30G/THIN TOP	P	QL(4.45 ea daily); MP	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 COMFORT LANCETS TWIST TOP	P	QL(4.45 ea daily); MP	EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EASY MINI EJECT 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 MINI LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC	P	RX/OTC
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY PLUS II CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)			
EASY PLUS II CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)			
EASY STEP BLOOD GLUCOSE MONITOR DEVI	NP	MP			

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EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP	EASY TOUCH SAFETY LANCETS26G/PRESSUR E ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 26G/PULL-TOP	P	QL(4.45 ea daily); MP	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP	EASY TOUCH SAFETY LANCETS28G/PRESSUR E ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 28G/PULL-TOP	P	QL(4.45 ea daily); MP	EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
EASY TOUCH LANCETS 28G/TWIST	P	QL(4.45 ea daily); MP	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/BUTTON-ACTIVATED	P	QL(4.45 ea daily); MP	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/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP	EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
EASY TOUCH LANCETS 30G/PULL-TOP	P	QL(4.45 ea daily); MP	EASYGLUCO STARTER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
EASY TOUCH LANCETS 30G/TWIST	P	QL(4.45 ea daily); MP	EASYGLUCO KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP	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 32G/PULL-TOP	P	QL(4.45 ea daily); MP	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 LANCETS 32G/TWIST	P	QL(4.45 ea daily); MP			
EASY TOUCH LANCETS 33G/TWIST	P	QL(4.45 ea daily); MP			
EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP			
EASY TOUCH SAFETY LANCETS21G/PRESSUR E ACTIVATED	P	QL(4.45 ea daily); MP			
EASY TOUCH SAFETY LANCETS23G/PRESSUR E ACTIVATED	P	QL(4.45 ea daily); MP			

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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)	ELEMENT HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	MP	ELEMENT LOW CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NP	MP
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	MP	EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	MP
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	EMBRACE CONTROL SOLUTION/LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASYPRO PLUS 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
ELEMENT AUTOCODE SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NP	MP
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	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 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 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 3 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
ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	MP	EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	P	QL(4.45 ea daily); MP
			EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	P	QL(4.45 ea daily); MP
			EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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)	E-Z JECT LANCETS COLOR	P	QL(4.45 ea daily); MP
EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	MP	E-Z JECT LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	E-Z JECT LANCETS THIN 26G	P	QL(4.45 ea daily); MP
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH 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
EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	EZ-LETS LANCETS 21G	P	QL(4.45 ea daily); MP
ENLITE GLUCOSE SENSOR	NP	MP	EZ-LETS LANCETS 26G SUPER-SOFT	P	QL(4.45 ea daily); MP
EQL COLOR LANCETS 21G	P	QL(4.45 ea daily); MP	EZ-LETS LANCETS 28G ULTRA-SOFT	P	QL(4.45 ea daily); MP
EQL COLOR LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP	EZ-LETS LANCETS 30G	P	QL(4.45 ea daily); MP
EQL SUPER THIN LANCETS 30G	P	QL(4.45 ea daily); MP	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	FIFTY50 SAFETY SEAL LANCETS 30G	P	QL(4.45 ea daily); MP
EVERSENSE E3 SENSOR/HOLDER	NP	MP	FIFTY50 SAFETY SEAL LANCETS 32G	P	QL(4.45 ea daily); MP
EVERSENSE E3 SMART TRANSMITTER	NP	MP	FIFTY50 UNILET LANCETS 33G	P	QL(4.45 ea daily); MP
EVERSENSE SENSOR/HOLDER	NP	MP	FINE 30	P	QL(4.45 ea daily); MP
EVERSENSE SMART TRANSMITTER	NP	MP	FINGERSTIX LANCETS	P	QL(4.45 ea daily); MP
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	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	FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
			FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	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
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	MP	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	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 DEVI	NP	MP
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 LITE 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 PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE FREEDOM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	FREESTYLE SIDEKICK II VALUEPACK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM 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
FREESTYLE LANCETS	P	QL(4.45 ea daily); MP	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
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/SENSOR/GLUCOSE MONITORING SYSTEM	P	MP; PA	GENTEEL CONTACT TIPS/GREEN MISC	P	MP
			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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
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
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	GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	NP	MP
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P	QL(4.45 ea daily); MP	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	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	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	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			

Drug Name	Drug Tier	Requirements/Limits
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 SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
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)
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD SHINE XL DEVI	NP	MP
GLUCOCARD SHINE DEVI	NP	MP
GLUCOCARD SHINE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE 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
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD X-METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	MP
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT 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
GLUCOCOM HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
GLUCOCOM LANCETS 28G	P	QL(4.45 ea daily); MP
GLUCOCOM LANCETS 30G	P	QL(4.45 ea daily); MP
GLUCOCOM LANCETS 33G	P	QL(4.45 ea daily); MP
GLUCONAVII BLOOD GLUCOSE MONITORING SYSTEM 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)
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 ULTRA-THIN 30G	P	QL(4.45 ea daily); MP
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI	NP	MP	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	QL(4.45 ea daily); MP
GNP LANCETS 21G	P	QL(4.45 ea daily); MP	GOODSENSE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
GNP LANCETS THIN 26G	P	QL(4.45 ea daily); MP	GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GNP LANCING SYSTEM DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GUARDIAN 4 GLUCOSE SENSOR	NP	MP
GNP STERILE LANCETS 28G	P	QL(4.45 ea daily); MP	GUARDIAN 4 TRANSMITTER KIT	NP	MP
GNP STERILE LANCETS 30G	P	QL(4.45 ea daily); MP	GUARDIAN CONNECT TRANSMITTER	NP	MP
GNP STERILE LANCETS 33G	P	QL(4.45 ea daily); MP	GUARDIAN CONNECT 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 LINK 3	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 LINK 3 TRANSMITTER KIT	NP	MP
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	NP	RX/OTC
GOJJI STERILE LANCETS 30G	P	QL(4.45 ea daily); MP	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP	MP
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(4.45 ea daily); MP	GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	NP	RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP	GUARDIAN SENSOR (3)	NP	MP
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(4.45 ea daily); MP	GUARDIAN SENSOR 3	NP	MP
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P	QL(4.45 ea daily); MP	HAEMOLANCE	P	QL(4.45 ea daily); MP
			HAEMOLANCE LOW FLOW LANCETS	P	QL(4.45 ea daily); MP
			HAEMOLANCE PLUS	P	QL(4.45 ea daily); MP
			HAEMOLANCE PLUS HIGH FLOW	P	QL(4.45 ea daily); MP
			HAEMOLANCE PLUS LOW FLOW	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE PLUS MAX FLOW	P	QL(4.45 ea daily); MP	HY-VEE THIN LANCETS	P	QL(4.45 ea daily); MP
HAEMOLANCE PLUS PEDIATRIC FLOW	P	QL(4.45 ea daily); MP	IGLUOSE 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 CONTROL SOLUTION 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
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP	IN TOUCH DEVI	NP	MP
H-E-B INCONTROL ADVANCED LANCING 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	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	INSUL-CAP MISC	P	RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP	INSUL-EZE MISC	P	RX/OTC
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	MP	KINNEY LANCETS	P	QL(4.45 ea daily); MP
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	MP	KINNEY THIN LANCETS	P	QL(4.45 ea daily); MP
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	KROGER AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
HYPOLANCE AST LANCING KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	KROGER BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
HY-VEE LANCETS	P	QL(4.45 ea daily); MP	KROGER HEALTHPRO GLUCOSE 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)
			KROGER HEALTHPRO TWIST LANCETS/26G	P	QL(4.45 ea daily); MP

IL MHP Medicaid

Updated November 1, 2023

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
KROGER LANCETS	P	QL(4.45 ea daily); MP	LANCETS THIN	P	QL(4.45 ea daily); MP
KROGER LANCETS 21G	P	QL(4.45 ea daily); MP	LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP
KROGER LANCETS MICRO THIN33G	P	QL(4.45 ea daily); MP	LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
KROGER LANCETS SUPER THIN	P	QL(4.45 ea daily); MP	LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
KROGER LANCETS THIN	P	QL(4.45 ea daily); MP	LANZO MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
KROGER LANCETS THIN 26G	P	QL(4.45 ea daily); MP	LEADER ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
KROGER LANCETS ULTRATHIN30G	P	QL(4.45 ea daily); MP	LIBERTY BLOOD GLUCOSE METER DEVI	NP	MP
KROGER LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	LIBERTY CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; 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)
LANCET DEVICE ADJUSTABLE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	LIBERTY MEDICAL LANCETS 30G	P	QL(4.45 ea daily); MP
LANCET DEVICE WITH EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	LIBERTY MINI LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LANCET TRANSPORTER CASE MISC	P	MP	LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	NP	MP
LANCETS	P	QL(4.45 ea daily); MP	LITE TOUCH LANCETS	P	QL(4.45 ea daily); MP
LANCETS 30G	P	QL(4.45 ea daily); MP	LITE TOUCH LANCING PEN MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LANCETS 30G TWIST TOP	P	QL(4.45 ea daily); MP	LITETOUCH LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP
LANCETS 30G/TWIST TOP	P	QL(4.45 ea daily); MP	LIVE BETTER ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LANCETS 33G EXTRA FINE	P	QL(4.45 ea daily); MP			
LANCETS 33G UNIVERSAL DESIGN	P	QL(4.45 ea daily); MP			
LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP			
LANCETS SUPER THIN 28G	P	QL(4.45 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIVE BETTER LANCET SUPERTHIN 30G	P	QL(4.45 ea daily); MP	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 LANCET ULTRATHIN 28G	P	QL(4.45 ea daily); MP	MEDISENSE MID CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
LONGS LANCETS STANDARD	P	QL(4.45 ea daily); MP	MEDISENSE THIN LANCETS	P	QL(4.45 ea daily); MP
LONGS LANCETS THIN	P	QL(4.45 ea daily); MP	MEDLANCE PLUS EXTRA LANCETS 21G	P	QL(4.45 ea daily); MP
LONGS LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP	MEDLANCE PLUS LANCETS	P	QL(4.45 ea daily); MP
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	P	QL(4.45 ea daily); MP	MEDLANCE PLUS LANCETS LITE 25G	P	QL(4.45 ea daily); MP
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	P	QL(4.45 ea daily); MP	MEDLANCE PLUS LITE LANCETS 25G	P	QL(4.45 ea daily); MP
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	P	QL(4.45 ea daily); MP	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	P	QL(4.45 ea daily); MP
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	P	QL(4.45 ea daily); MP	MEDLANCE PLUS SUPERLITE 30G	P	QL(4.45 ea daily); MP
MEDICHOICE SAFETY LANCETEXTRA	P	QL(4.45 ea daily); MP	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	P	QL(4.45 ea daily); MP
MEDICHOICE SAFETY LANCETNORMAL	P	QL(4.45 ea daily); MP	MEDLANCE PLUS UNIVERSAL LANCETS 21G	P	QL(4.45 ea daily); MP
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-LOW,1-MED,1 HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	MEDLANCE PLUS/LITE 25G	P	QL(4.45 ea daily); 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)	MEDLANCE/EXTRA	P	QL(4.45 ea daily); MP
MEDISENSE 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)	MEDLANCE/LITE	P	QL(4.45 ea daily); MP
			MEDLANCE/UNIVERSAL	P	QL(4.45 ea daily); MP
			MEIJER BLOOD GLUCOSE MONITORING KIT 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
MEIJER COLOR LANCETS UNIVERSAL 33G	P	QL(4.45 ea daily); MP	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	MINILINK REAL-TIME TRANSMITTER	NP	MP
MEIJER LANCETS THIN	P	QL(4.45 ea daily); MP	MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	NP	MP
MEIJER LANCETS UNIVERSAL21G	P	QL(4.45 ea daily); MP	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	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	MM TWIST LANCETS	P	QL(4.45 ea daily); MP
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MONOLET LANCETS	P	QL(4.45 ea daily); MP
MEIJER SUPER THIN LANCETS	P	QL(4.45 ea daily); MP	MONOLET OPD LANCETS	P	QL(4.45 ea daily); MP
MEIJER TRUE2GO 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
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MPD SAFETY LANCET 21G/1.8MM	P	QL(4.45 ea daily); MP
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MPD SAFETY LANCET 28G/1.8MM	P	QL(4.45 ea daily); MP
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	MPD SAFETY LANCET 30G/1.8MM	P	QL(4.45 ea daily); MP
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)	MPD SAFETY LANCETS 23G/1.8MM	P	QL(4.45 ea daily); MP
MICROLET LANCETS	P	QL(4.45 ea daily); MP	MULTI-LANCET DEVICE 2 KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
			MULTI-LANCET DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM 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
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 DASH INTRO KIT (GEN 4) KIT	P	PA
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	P	QL(4.45 ea daily); MP	OMNIPOD DASH PDM KIT (GEN 4) KIT	P	QL(1 ea per 365 days retail); PA MP; PA
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)	OMNIPOD DASH PODS (GEN 4) MISC	P	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	OMNIPOD GO 10 UNITS/DAY KIT	NP	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	OMNIPOD GO 15 UNITS/DAY KIT	NP	
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)	OMNIPOD GO 20 UNITS/DAY KIT	NP	
NOVA SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP	OMNIPOD GO 25 UNITS/DAY KIT	NP	
NOVA SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP	OMNIPOD GO 30 UNITS/DAY KIT	NP	
NOVA SUREFLEX LANCETS	P	QL(4.45 ea daily); MP	OMNIPOD GO 35 UNITS/DAY KIT	NP	
NOVA SUREFLEX LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	OMNIPOD GO 40 UNITS/DAY KIT	NP	
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	P	PA	ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
OMNIPOD 5 G6 PODS (GEN 5) MISC	P	MP; PA	ONE DROP 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	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	QL(4.45 ea daily); MP
OMNIPOD CLASSIC PODS (GEN 3) MISC	P	MP; PA	ONETOUCH DELICA PLUS LANCETS FINE 30G	P	QL(4.45 ea daily); MP
			ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
			ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	MP	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 SURESOFT LANCING DEVICE/18G MISC	P	MP	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ONETOUCH SURESOFT LANCING DEVICE/21G MISC	P	MP	ONETOUCH VERIO REFLECT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
ONETOUCH SURESOFT LANCING DEVICE/28G MISC	P	MP	OPTIUM BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
ONETOUCH ULTRA 2 KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	OPTIUM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONETOUCH ULTRA 2 KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	OVAL TAPE MISC	NP	RX/OTC
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)	PARADIGM REAL-TIME TRANSMITTER	NP	MP
ONETOUCH ULTRA CONTROL 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
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	P	QL(4.45 ea daily); MP	PERFECT LANCETS 30G	P	QL(4.45 ea daily); MP
ONETOUCH ULTRASOFT LANCETS	P	QL(4.45 ea daily); MP	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	PHARMACIST CHOICE AUTOCODE 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	PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	P	QL(4.45 ea daily); MP
			PHARMACIST CHOICE ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	P	QL(4.45 ea daily); MP	PRECISION GLUCOSE CONTROL SOLUTION (TRI-LEVEL/HI/LO/NORMAL) SOLN	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 30G	P	QL(4.45 ea daily); MP	PRECISION GLUCOSE KETONE CONTROL 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 31G	P	QL(4.45 ea daily); MP	PRECISION GLUCOSE/KETONE CONTROL SOLUTIONS 1-HI 1-LO 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 33G	P	QL(4.45 ea daily); MP	PRECISION LINK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PHARMACY COUNTER LANCETS	P	QL(4.45 ea daily); MP	PRECISION QID MONITOR DEVI	NP	MP
PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	PRECISION SOF-TACT MONITOR DEVI	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)	PRECISION THINS GP LANCET	P	QL(4.45 ea daily); MP
PIP LANCETS/28G	P	QL(4.45 ea daily); MP	PRECISION XTRA MONITOR DEVI	NP	MP
PIP LANCETS/30G	P	QL(4.45 ea daily); MP	PRECISION XTRA DEVI	NP	MP
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	PRECISION XTRA 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)	PREFERRED PLUS LANCETS COLORED 21G	P	QL(4.45 ea daily); MP
POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	PREFERRED PLUS LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP
PRECISION GLUCOSE CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	PREFERRED PLUS LANCETS THIN 26G	P	QL(4.45 ea daily); MP
			PRO COMFORT LANCETS 30G	P	QL(4.45 ea daily); MP

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PRO COMFORT LANCETS 31G	P	QL(4.45 ea daily); MP	PRODIGY SAFETY LANCETS	P	QL(4.45 ea daily); MP
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP	PRODIGY TWIST TOP LANCETS	P	QL(4.45 ea daily); MP
PRO VOICE V8 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
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	PSS SELECT GP LANCETS	P	QL(4.45 ea daily); MP
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	PSS SELECT PLATFORMS MISC	P	MP
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM 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
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	PURE COMFORT LANCETS 30G	P	QL(4.45 ea daily); MP
PRODIGY CONTROL SOLUTIONHIGH 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 CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	PX LANCET AUTO INJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
PRODIGY COUNT-A-DOSE MISC	P	RX/OTC	PX LANCETS MICROTHIN 33G	P	QL(4.45 ea daily); MP
PRODIGY LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	PX LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP
PRODIGY NO CODING BLOOD GLUCOSE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	PX LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP
PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	QC ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	P	QL(4.45 ea daily); MP	QC LANCETS SUPER THIN	P	QL(4.45 ea daily); MP
			QC LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP
			QC UNILET LANCETS 28G/ULTRA THIN	P	QL(4.45 ea daily); MP
			QC UNILET LANCETS 33G/MICRO THIN	P	QL(4.45 ea daily); MP
			QUICKTEK CONTROL SOLUTION 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
QUICKTEK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	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 AC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	RELION 2-IN-1 LANCET DEVICES 30G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	RELION 2-IN-1 LANCING DEVICE 25G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; 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 LANCING DEVICE 30G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
RA E-ZJECT LANCETS 28G	P	QL(4.45 ea daily); MP	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 26G	P	QL(4.45 ea daily); MP	RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RA E-ZJECT LANCETS THIN 28G	P	QL(4.45 ea daily); MP	RELION LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP
RA E-ZJECT LANCETS ULTRATHIN 30G	P	QL(4.45 ea daily); MP	RELION LANCETS THIN 26G	P	QL(4.45 ea daily); MP
READYLANCE SAFETY LANCETS/21G/2.2MM	P	QL(4.45 ea daily); MP	RELION LANCETS ULTRA-THIN 30G	P	QL(4.45 ea daily); MP
READYLANCE SAFETY LANCETS/23G/1.8MM	P	QL(4.45 ea daily); MP	RELION LANCING DEVICE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
READYLANCE SAFETY LANCETS/26G/1.8MM	P	QL(4.45 ea daily); MP	RELION LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
READYLANCE SAFETY LANCETS/28G/1.8MM	P	QL(4.45 ea daily); MP	RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	P	QL(4.45 ea daily); MP	RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
REALITY LANCETS	P	QL(4.45 ea daily); MP			
REALITY TRIGGER LANCETS	P	QL(4.45 ea daily); MP			
REFUAH PLUS BLOOD GLUCOSE MONITORING SYSTEM 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
RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC	P	MP
RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	RIGHTEST GL300 LANCETS	P	QL(4.45 ea daily); MP
RELION PREMIER VOICE 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 PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	RIGHTEST GM300 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 GM550 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 GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
RELION ULTRA THIN LANCETS/30G	P	QL(4.45 ea daily); MP	SAFE-T-LANCE LOW FLOW 25G	P	QL(4.45 ea daily); MP
RELION ULTRA THIN LANCETS30G	P	QL(4.45 ea daily); MP	SAFE-T-LANCE NORMAL FLOW21G	P	QL(4.45 ea daily); MP
RELION ULTRA THIN PLUS LANCETS 32G	P	QL(4.45 ea daily); MP	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	P	QL(4.45 ea daily); MP
RELION ULTRA THIN PLUS LANCETS 33G	P	QL(4.45 ea daily); MP	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	P	QL(4.45 ea daily); MP
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	P	QL(4.45 ea daily); MP
REXALL LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP	SAFETY LANCET 30G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
RIGHTEST GC300 HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	SAFETY LANCETS	P	QL(4.45 ea daily); MP
RIGHTEST GD500 LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	SAFETY LANCETS 21G	P	QL(4.45 ea daily); MP
			SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP
			SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAFETY LANCETS/PRESSURE ACTIVATED/28G	P	QL(4.45 ea daily); MP	SMART DIABETES VANTAGE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SAPS HEALTH CARE TWIST TOP LANCETS	P	QL(4.45 ea daily); MP	SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	QL(4.45 ea daily); MP
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP	SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SAPS HEALTH TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	QL(4.45 ea daily); MP
SAPSCARE TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	QL(4.45 ea daily); MP
SB LANCETS THIN	P	QL(4.45 ea daily); MP	SMART SENSE THIN LANCETSUNIVERSAL 26G	P	QL(4.45 ea daily); MP
SB LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP	SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SELECT-LITE DEVICE/LANCETS KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)	SMARTEST CONTROL SOLUTIONMEDIUM SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
SELECT-LITE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP
SHOPKO AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	SMARTEST EJECT STARTER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SHOPKO ON-THE-GO COMFORTLANCETS 30G	P	QL(4.45 ea daily); MP	SMARTEST LANCETS 28G	P	QL(4.45 ea daily); MP
SHOPKO UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP	SMARTEST PERSONA STARTERKIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SHOPKO UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP			
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP			
SINGLE-LET	P	QL(4.45 ea daily); MP			
SM MICRO THIN LANCETS 33G	P	QL(4.45 ea daily); MP			
SM TRUEDRAW LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP			

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SMARTEST PRONTO STARTERKIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	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 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	SURE COMFORT LANCETS 18G	P	QL(4.45 ea daily); MP
SMARTEST PROTEGE STARTERKIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	SURE COMFORT LANCETS 21G	P	QL(4.45 ea daily); MP
SOLARTEK GLUCOSE CONTROLSOLUTIONS LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)	SURE COMFORT LANCETS 23G	P	QL(4.45 ea daily); MP
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP	MP	SURE COMFORT LANCETS 28G	P	QL(4.45 ea daily); MP
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	SURE COMFORT LANCETS 30G	P	QL(4.45 ea daily); MP
SOLUS V2 CONTROL HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	SURE COMFORT LANCING PEN MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SOLUS V2 CONTROL LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)	SURE-LANCE FLAT LANCETS	P	QL(4.45 ea daily); MP
SOLUS V2 LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	SURE-LANCE LANCETS 26G	P	QL(4.45 ea daily); MP
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP	SURE-LANCE THIN LANCETS 28G	P	QL(4.45 ea daily); MP
SOLUS V2 TWIST LANCETS 30G	P	QL(4.45 ea daily); MP	SURE-LANCE ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP
STERILANCE PA MISC	P	MP	SURELITE LANCETS	P	QL(4.45 ea daily); MP
STERILANCE TL	P	QL(4.45 ea daily); MP	SURE-PEN MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SUPER THIN LANCETS	P	QL(4.45 ea daily); MP	SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER DEVI	NP	MP
			SURE-TOUCH LANCETS UNIVERSAL	P	QL(4.45 ea daily); MP
			TECHLITE AST LANCETS	P	QL(4.45 ea daily); MP
			TECHLITE LANCETS	P	QL(4.45 ea daily); MP
			TECHLITE LANCETS 30G	P	QL(4.45 ea daily); MP

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TEMPO REFILL KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply	TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI	NP	MP
TEMPO WELCOME KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; RX/OTC	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	MP
TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TGT LANCET MICRO THIN 33G	P	QL(4.45 ea daily); MP	TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TGT LANCET THIN 26G	P	QL(4.45 ea daily); MP	TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
TGT LANCET ULTRA THIN 30G	P	QL(4.45 ea daily); MP	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
TGT LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	TRUE METRIX GO BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
THINLETS GP LANCETS	P	QL(4.45 ea daily); MP	TRUE METRIX DEVI	NP	MP
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	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)
TODAYS HEALTH SUPER THINLANCETS 30G	P	QL(4.45 ea daily); 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)
TODAYS HEALTH ULTRA THINLANCETS 28G	P	QL(4.45 ea daily); MP	TRUEDRAW LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
TOPCARE LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP			
TRAVEL LANCETS 30G	P	QL(4.45 ea daily); MP			
TRAVEL LANCETS ADVANCED 28G	P	QL(4.45 ea daily); MP			
TRUE COMFORT SAFETY LANCETS/30G	P	QL(4.45 ea daily); MP			
TRUE COMFORT TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS LANCETS 26G	P	QL(4.45 ea daily); MP	ULTILET SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 28G	P	QL(4.45 ea daily); MP	ULTIMA KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
TRUEPLUS LANCETS 28G SUPER THIN	P	QL(4.45 ea daily); MP	ULTRA THIN LANCETS 31G	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 30G	P	QL(4.45 ea daily); MP	ULTRA-CARE LANCETS 30G	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 30G ULTRA THIN	P	QL(4.45 ea daily); MP	ULTRA-THIN II AUTO LANCET	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 33G	P	QL(4.45 ea daily); MP	ULTRA-THIN II LANCETS 28G	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 33G MICRO THIN	P	QL(4.45 ea daily); MP	ULTRA-THIN II LANCETS 30G	P	QL(4.45 ea daily); MP
TRUEPLUS SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP	UNILET COMFORTOUCH LANCET	P	QL(4.45 ea daily); MP
TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	UNILET EXCELITE	P	QL(4.45 ea daily); MP
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	MP	UNILET EXCELITE II	P	QL(4.45 ea daily); MP
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	UNILET G.P. LANCET	P	QL(4.45 ea daily); MP
TRUETRACK SMART SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC	UNILET G.P. SUPERLITE LANCET	P	QL(4.45 ea daily); MP
TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP	UNILET GP 28 ULTRA THIN	P	QL(4.45 ea daily); MP
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	UNILET LANCET	P	QL(4.45 ea daily); MP
ULTILET CLASSIC LANCETS	P	QL(4.45 ea daily); MP	UNILET LANCETS MICRO-THIN33G	P	QL(4.45 ea daily); MP
ULTILET LANCETS	P	QL(4.45 ea daily); MP	UNILET LANCETS SUPER-THIN30G	P	QL(4.45 ea daily); MP
ULTILET LANCETS 33G	P	QL(4.45 ea daily); MP	UNILET LANCETS ULTRA-THIN 28G	P	QL(4.45 ea daily); MP
ULTILET SAFETY LANCETS 21G X 2.2MM	P	QL(4.45 ea daily); MP	UNILET SUPERLITE LANCET	P	QL(4.45 ea daily); MP
			UNISTIK 1 MISC	P	MP
			UNISTIK 2 COMFORT MISC	P	MP
			UNISTIK 2 EXTRA MISC	P	MP
			UNISTIK 2 NEONATAL MISC	P	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2 NORMAL MISC	P	MP	UNISTRIP CONTROL SOLUTIONHIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
UNISTIK 2 SUPER MISC	P	MP	UNISTRIP CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
UNISTIK 2 MISC	P	MP	UNIVERSAL 1 LANCETS THIN26G	P	QL(4.45 ea daily); MP
UNISTIK 3 COMFORT MISC	P	MP	UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC	P	MP	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	P	QL(4.45 ea daily); MP
UNISTIK 3 EXTRA MISC	P	MP	VALUE PLUS LANCETS STANDARD 21G	P	QL(4.45 ea daily); MP
UNISTIK 3 GENTLE	P	QL(4.45 ea daily); MP	VALUE PLUS LANCETS SUPERTHIN 30G	P	QL(4.45 ea daily); MP
UNISTIK 3 NEONATAL MISC	P	MP	VALUE PLUS LANCETS THIN 26G	P	QL(4.45 ea daily); MP
UNISTIK 3 NORMAL MISC	P	MP	VALUE PLUS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
UNISTIK 3 MISC	P	MP	VALUMARK LANCET SUPER THIN 30G	P	QL(4.45 ea daily); MP
UNISTIK CZT COMFORT MISC	P	MP	VALUMARK LANCET ULTRA THIN 28G	P	QL(4.45 ea daily); MP
UNISTIK CZT NORMAL MISC	P	MP	VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP	MP
UNISTIK NORMAL MISC	P	MP	VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
UNISTIK PRO SAFETY LANCET 21G	P	QL(4.45 ea daily); MP	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 PRO SAFETY LANCET 25G	P	QL(4.45 ea daily); MP	VERIFINE SAFETY LANCET MINI 21G X 2.4MM	P	QL(4.45 ea daily); MP
UNISTIK PRO SAFETY LANCET 28G	P	QL(4.45 ea daily); MP			
UNISTIK SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP			
UNISTIK SAFETY LANCETS 30G	P	QL(4.45 ea daily); MP			
UNISTIK TOUCH SAFETY LANCETS 21G	P	QL(4.45 ea daily); MP			
UNISTIK TOUCH SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP			
UNISTIK TOUCH SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP			
UNISTIK TOUCH SAFETY LANCETS 30G	P	QL(4.45 ea daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	P	QL(4.45 ea daily); MP	VIVAGUARD SAFETY LANCETS/28G	P	QL(4.45 ea daily); MP
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	P	QL(4.45 ea daily); MP	VIVI CAP1 MISC	P	RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	P	QL(4.45 ea daily); MP	VIVI CAP MISC	P	RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	P	QL(4.45 ea daily); MP	WALGREENS ADVANCED TRAVELLANCETS 28G	P	QL(4.45 ea daily); MP
VERIFINE UNIVERSAL LANCETS 30G	P	QL(4.45 ea daily); MP	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	P	QL(4.45 ea daily); MP
VERIFINE UNIVERSAL LANCETS 33G	P	QL(4.45 ea daily); MP	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	P	QL(4.45 ea daily); MP
V-GO 20 KIT	NP	QL(1 ea per 365 days retail)	WALGREENS LANCETS	P	QL(4.45 ea daily); MP
V-GO 30 KIT	NP	QL(1 ea per 365 days retail)	WALGREENS THIN LANCETS	P	QL(4.45 ea daily); MP
V-GO 40 KIT	NP	QL(1 ea per 365 days retail)	WALGREENS ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP
VIDA MIA AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	WAVESENSE AMP KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP	ZEV RX TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP
VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP	Misc. Devices		
VIVAGUARD INO BLOOD GLUCOSE METER DEVI	NP	MP	14-COUNT WARMER MISC	P	RX/OTC
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)	2-WAY FOLEY STABILIZATION DEVICE MISC	P	RX/OTC
VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	NP	MP	3-IN-1 BEDSIDE TOILET MISC	P	RX/OTC
VIVAGUARD LANCETS	P	QL(4.45 ea daily); MP	3-IN-1 COMMODORE MISC	P	RX/OTC
VIVAGUARD LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP	ACU-LIFE PILL CRUSHER/CONTAINER MISC	P	RX/OTC
			ADAPTER CAP BLUE A 18MM MISC	P	RX/OTC
			ADAPTER CAP BLUE B 20MM MISC	P	RX/OTC
			ADAPTER CAP BLUE C 22MM MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADAPTER CAP BLUE D 24MM MISC	P	RX/OTC	ADAPTER CAP RED K 28MM/MEDIUM NECK MISC	P	RX/OTC
ADAPTER CAP BLUE E 28MM/SHORT NECK MISC	P	RX/OTC	ADAPTER CAP RED M 24MM MISC	P	RX/OTC
ADAPTER CAP BLUE F 28MM/LONG NECK MISC	P	RX/OTC	ADAPTER CAP WHITE B 20MM MISC	P	RX/OTC
ADAPTER CAP BLUE K 28MM/MEDIUM NECK MISC	P	RX/OTC	ADAPTER CAP WHITE C 22MM MISC	P	RX/OTC
ADAPTER CAP BLUE M 24MM MISC	P	RX/OTC	ADD-VANTAGE ADDAPTOR CONNECTOR MISC	P	RX/OTC
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			
ADAPTER CAP RED D 24MM MISC	P	RX/OTC			
ADAPTER CAP RED E 28MM/SHORT NECK MISC	P	RX/OTC			
ADAPTER CAP RED F 28MM/LONG NECK MISC	P	RX/OTC			

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Updated November 1, 2023

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
ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/MIST GRAY MISC	P	RX/OTC
ALCOHOL PADS	P	RX/OTC	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/NATURAL MISC	P	RX/OTC
ALCOHOL PREP PAD	P	RX/OTC	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/ROYAL BLUE MISC	P	RX/OTC
ALCOHOL PREP PADS	P	RX/OTC	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WHITE MISC	P	RX/OTC
ALCOHOL PREPS	P	RX/OTC	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WILLOW GREEN MISC	P	RX/OTC
ALCOHOL SWABS	P	RX/OTC	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/YELLOW MISC	P	RX/OTC
ALCOHOL SWABSTICKS	P	RX/OTC	AMBER GLASS BOTTLE MISC	P	RX/OTC
ALEVE DIRECT THERAPY TENSDEVICE REFILL GEL PADS MISC	P	RX/OTC	AMBER GLASS VIALS 2ML/13MM MISC	P	RX/OTC
ALHPAMOP FOAM REPLACEMENTPADS MISC	P	RX/OTC	AMBER GLASS VIALS 2ML MISC	P	RX/OTC
ALL-BODY MASSAGE MISC	P	RX/OTC	AMBER GLASS VIALS 30ML/20MM MISC	P	RX/OTC
ALUMINUM BLANKET SUPPORT2 HEIGHTS MISC	P	RX/OTC	AMEDA ADAPTER CAP MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/RED MISC	P	RX/OTC	AMEDA BREAST FLANGE INSERT/22.5MM/SMALL MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/ROYAL BLUE MISC	P	RX/OTC	AMEDA CUSTOMFIT BREAST FLANGE/25MM/STANDA RD MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/YELLOW MISC	P	RX/OTC	AMEDA CUSTOMFIT BREAST FLANGE/28.5MM/MEDIU M MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLACK MISC	P	RX/OTC			
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLUE MISC	P	RX/OTC			
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/GREEN MISC	P	RX/OTC			
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/LIGHT GREEN MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AMEDA CUSTOMFIT BREAST FLANGE/30.5MM/LARGE MISC	P	RX/OTC	AMEDA MYA JOY DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
AMEDA DIAPHRAGMS MISC	P	RX/OTC	AMEDA ONE-HAND BREAST PUMP/TOTE MISC	P	RX/OTC
AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM/PUMP ADAPTER MISC	P	RX/OTC	AMEDA ONE-HAND MANUAL BREAST PUMP MISC	P	RX/OTC
AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM MISC	P	RX/OTC	AMEDA PLATINUM MULTI-USER ELECTRIC BREAST PUMP MISC	P	RX/OTC
AMEDA DUAL HYGIENIKIT SYSTEM/CUSTOMFIT FLANGES/PUMP ADAPTER MISC	P	RX/OTC	AMEDA PURELY YOURS BREASTPUMP/HYGIENIKIT MISC	P	RX/OTC
AMEDA ELITE BREAST PUMP MISC	P	RX/OTC	AMEDA PURELY YOURS DOUBLE ELECTRIC BREAST PUMP/CARRY ALL MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/DOTTIE TOTE MISC	P	RX/OTC	AMEDA PURELY YOURS ELECTRIC BREAST PUMP/HYGIENIKIT MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/MINNIE TOTE MISC	P	RX/OTC	AMEDA SILICONE TUBING MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/SHOULDER BAG MISC	P	RX/OTC	AMEDA TUBING ADAPTER MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC	AMEDA VALVES MISC	P	RX/OTC
AMEDA FLEXISHIELD MISC	P	RX/OTC	AMIELLE RESTORE VAGINAL EXERCISERS MISC	P	RX/OTC
AMEDA MYA JOY DOUBLE ELECTRIC BREAST PUMP/LARGE TOTE MISC	P	RX/OTC	AMIELLE VAGINAL TRAINER MISC	P	RX/OTC
			ANGEL WING BLOOD COLLECTION SET/HOLDER/23GX3/4" MISC	P	RX/OTC
			ANGEL WING BLOOD COLLECTION SET/HOLDER/25GX3/4" MISC	P	RX/OTC
			ANGEL WING LUER ADAPTER/TUBE HOLDER SET/FEMALE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANGEL WING TRANSFER DEVICE/FEMALE ADAPTER MISC	P	RX/OTC	BATH/SHOWER SEAT/ADJUSTABLE MISC	P	RX/OTC
ANGEL WING TUBE HOLDER/FEMALE LUER MISC	P	RX/OTC	BATHTUB SAFETY RAIL MISC	P	RX/OTC
APNEASTRIP MISC	P	RX/OTC	BD SAFE CLIP NEEDLE CLIPPER MISC	P	RX/OTC
APPLICATOR ACCESSORIES/TAP-N-CLICK SILICONE PAD MULTI-PURPOS MISC	P	RX/OTC	BD SWABS SINGLE USE	P	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/20FR/20" MISC	P	RX/OTC	BD SWABS SINGLE USE BUTTERFLY	P	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/24FR/20" MISC	P	RX/OTC	BED WEDGE/10" MISC	P	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/28FR/20" MISC	P	RX/OTC	BED WEDGE/12" MISC	P	RX/OTC
ARGYLE TRACHEOSTOMY TUBEHOLDER MISC	P	RX/OTC	BED WEDGE/7" MISC	P	RX/OTC
AUTOCLAVE ACCESSORIES PRINTER PAPER MISC	P	RX/OTC	BEDSIDE COMMODOE MISC	P	RX/OTC
AUTOCLAVE AIR FILTER MISC	P	RX/OTC	BEUTLICH PH TEST ROLL MISC	P	RX/OTC
AUTOCLAVE PAPER 36" X 36" MISC	P	RX/OTC	BI-FOCAL MAGNIFIER MISC	P	RX/OTC
AVOSTARTGRIP MISC	P	RX/OTC	BLOOD COLLECTION TUBE HOLDER/WITH NEEDLE MISC	P	RX/OTC
BABY FRIDGE MISC	P	RX/OTC	BLOOD COLLECTION TUBE HOLDER/WITHOUT NEEDLE MISC	P	RX/OTC
BAMBOO CANE MISC	P	RX/OTC	BLOW MOLDED BATHTUB TRANSFER BENCH/COMMODOE SEAT/PAIL MISC	P	RX/OTC
BANDAGE SCISSORS MISC	P	RX/OTC	BLOW MOLDED BATHTUB TRANSFER BENCH MISC	P	RX/OTC
BARIATRIC ALUMINUM CANE/OFFSET MISC	P	RX/OTC	BMI DIGITAL SMART SCALE MISC	P	RX/OTC
BATH BENCH WITH BACK MISC	P	RX/OTC	BOTTLE 2OZ/BLUE GLASS/DROPPER MISC	P	RX/OTC
BATH/SHOWER SEAT WITH BACK/ADJUSTABLE MISC	P	RX/OTC	BOTTLE ADAPTERS/24MM/PRES S-IN MISC	P	RX/OTC
			BOTTLE AMBER 16OZ/GRADUATED/OVAL PET/28-400/CAP MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BOTTLE AMBER 8OZ/GRADUATED/OVAL PET/24-400/CAP MISC	P	RX/OTC	CANE TIPS FOR WOOD 1" MISC	P	RX/OTC
BOTTLE AMBER GLASS 33OZ/BOSTON ROUND/33/430 NECK/RIBBED CAP MISC	P	RX/OTC	CANE TIPS FOR WOOD 5/8" MISC	P	RX/OTC
BOTTLE/6OZ/WHITE/HD PE/WITH TWIST TOP SIFTER CAP MISC	P	RX/OTC	CANE TIPS FOR WOOD/3/4" MISC	P	RX/OTC
BOTTLE/AMBER GLASS/500ML/BOSTON RND/BLK PHENOLIC POLYSEAL CA MISC	P	RX/OTC	CANE TIPS FOR WOOD/7/8" MISC	P	RX/OTC
BOTTLE/AMBER GLASS/BOSTONROUND/8OZ/BLACK PHENOLIC CAP MISC	P	RX/OTC	CANE TIPS/1" MISC	P	RX/OTC
BOTTLE/SPRAY/120ML/CLEARPE PLASTIC MISC	P	RX/OTC	CANE TIPS/3/4" QUAD NON-SUCTION MISC	P	RX/OTC
BOTTLETOP DISPENSER 0.25-2.0ML MISC	P	RX/OTC	CANE TIPS/3/4" MISC	P	RX/OTC
BOTTLETOP DISPENSER ADAPTER/38MM MISC	P	RX/OTC	CANE TIPS/5/8" QUAD SUCTION TYPE MISC	P	RX/OTC
BOULES QUIES EAR PLUGS MISC	P	RX/OTC	CANE TIPS/7/8"-1" MISC	P	RX/OTC
BREAST PUMP MISC	P	RX/OTC	CANE TIPS/BLACK/3/4" MISC	P	RX/OTC
BREATHE COMFORT NASAL ASPIRATOR (ELECTRONIC) MISC	P	RX/OTC	CANE TIPS/BLACK/7/8"-1" MISC	P	RX/OTC
BREATHE COMFORT NASAL IRRIGATOR MISC	P	RX/OTC	CANE TIPS/GREY/3/4" MISC	P	RX/OTC
BREATHE EASE PULSE OXIMETER MISC	P	RX/OTC	CANE TIPS/GREY/7/8"-1" MISC	P	RX/OTC
BUBBLE POINT TESTER KIT/WIZARD MISC	P	RX/OTC	CANE TIPS/ICE GRIP TIP MISC	P	RX/OTC
CANE HOLDER MISC	P	RX/OTC	CANE WITH STRAP/BLACK MISC	P	RX/OTC
CANE TIPS 3/4" MISC	P	RX/OTC	CANE WRIST STRAP MISC	P	RX/OTC
CANE TIPS 7/8" MISC	P	RX/OTC	CANE/ADJUSTABLE/ALUMINUM/ROUND HANDLE MISC	P	RX/OTC
CANE TIPS FOR ALUM/3/4" MISC	P	RX/OTC	CANE/ADJUSTABLE/PAISLEY MISC	P	RX/OTC
			CANE/ALUMINUM/ADJUSTABLE/BRONZE TONE/STANDARD HANDLE MISC	P	RX/OTC
			CANE/ALUMINUM/ADJUSTABLE/DEVON HANDLE MISC	P	RX/OTC

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Updated November 1, 2023

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
CANE/ALUMINUM/ADJUSTABLE/LADIES HANDLE MISC	P	RX/OTC	CANE/ALUMINUM/FOLDING/ADJUSTABLE/BRONZE/ORTHO HANDLE MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/MENS HANDLE MISC	P	RX/OTC	CANE/ALUMINUM/FOLDING/ADJUSTABLE/BRONZE-TONE MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/7/8" MISC	P	RX/OTC	CANE/ALUMINUM/FOLDING/BLIND MISC	P	RX/OTC
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/TELESCOPIC/MEDIUM HANDLE/7/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CANE/DESIGNER OFFSET HANDLE MISC	P	RX/OTC	CANE/WOOD/MENS STANDARD HANDLE/EBONY FINISH/1" MISC	P	RX/OTC
CANE/LADY/BRONZE MISC	P	RX/OTC	CANE/WOOD/MENS STANDARD HANDLE/ROSEWOOD FINISH/1" MISC	P	RX/OTC
CANE/MENS MISC	P	RX/OTC	CANE/WOOD/MENS STANDARD HANDLE/STAINED WALNUT WOOD MISC	P	RX/OTC
CANE/OFFSET HANDLE/GREENPAISLE Y MISC	P	RX/OTC	CANE/WOOD/MENS T- HANDLE/BLACK WOOD MISC	P	RX/OTC
CANE/ROSEWOOD/1" MISC	P	RX/OTC	CANE/WOOD/NATURAL ASH/ROUND HANDLE/1" MISC	P	RX/OTC
CANE/STANDARD/BLAC K HANDLE MISC	P	RX/OTC	CANE/WOOD/NATURAL ASH/ROUND HANDLE/7/8" MISC	P	RX/OTC
CANE/STANDARD/BRON ZE HANDLE MISC	P	RX/OTC	CANE/WOOD/ROSEWOO D/1" MISC	P	RX/OTC
CANE/T-HANDLE/BLACK & BLUE MISC	P	RX/OTC	CANE/WOOD/STANDAR D/BLACKFINISH/1" MISC	P	RX/OTC
CANE/WOOD/BLACK/RO UND HANDLE/1" MISC	P	RX/OTC	CANE/WOOD/STANDAR D/BLACKFINISH/7/8" MISC	P	RX/OTC
CANE/WOOD/BLACK/RO UND HANDLE/7/8" MISC	P	RX/OTC	CANE/WOOD/STANDAR D/NATURAL FINISH/1" MISC	P	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/EBO NY FINISH/13/16" MISC	P	RX/OTC	CANE/WOOD/STANDAR D/NATURAL FINISH/7/8" MISC	P	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/RO SEWOOD FINISH/13/16" MISC	P	RX/OTC	CANE/WOOD/STANDAR D/WALNUT42"LONG MISC	P	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/STA INED WALNUT FINISH MISC	P	RX/OTC	CANE/WOOD/STANDAR D/WALNUTFINISH/7/8" MISC	P	RX/OTC
CANE/WOOD/LADIES/T- HANDLEBLACK WOOD MISC	P	RX/OTC	CANE/WOOD/T- HANDLE/WALNUT3/4" MISC	P	RX/OTC
CANE/WOOD/LADIES/T- HANDLEWALNUT/3/4" MISC	P	RX/OTC			
CANE/WOOD/MENS ROUND HANDLE/ROSEWOOD FINISH MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CANE/WOOD/T-HANDLE/WALNUTFINISH /1" MISC	P	RX/OTC	CLASSICS ROLLING WALKER MISC	P	RX/OTC
CANE/WOOD/T-HANDLE/WALNUTFINISH /13/16" MISC	P	RX/OTC	CLEANROOM TACKY MAT 18" X36"/60 LAYER MISC	P	RX/OTC
CANE/WOOD/WALNUT/7/8" MISC	P	RX/OTC	CLEAR GLASS VIALS 10ML MISC	P	RX/OTC
CANE/WOOD/WALNUT/Pistol GRIP DERBY HANDLE/7/8" MISC	P	RX/OTC	CLEAR GLASS VIALS 2ML MISC	P	RX/OTC
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 PREMIE HALO LARGE MISC	P	RX/OTC	COMFORT PERSONAL CLEANSING CART MISC	P	RX/OTC
CINIS PREMIE HALO MEDIUM MISC	P	RX/OTC			
CINIS PREMIE HALO SMALL MISC	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT PERSONAL CLEANSING MICROWAVE MISC	P	RX/OTC	COVERALL W/HOOD/XL/DISPOSABLE MISC	P	RX/OTC
COMFORT PERSONAL CLEANSING SHAMPOO CAP MISC	P	RX/OTC	COVERALL W/HOOD/XXL/DISPOSABLE MISC	P	RX/OTC
COMFORT PERSONAL CLEANSING WARMER/14-COUNT MISC	P	RX/OTC	COVERALLS MEDIUM/ELASTICBACK/WRIST/ANKLES MISC	P	RX/OTC
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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CRUTCH TIPS/SUPER GRIP/BROWN MISC	P	RX/OTC	CRUTCH/FOREARM/YOUTH MISC	P	RX/OTC
CRUTCH TIPS/SUPER MISC	P	RX/OTC	CRUTCH/STANDARD FOREARM/ADULT MISC	P	RX/OTC
CRUTCH UNDERARM PADS PREMIUM MISC	P	RX/OTC	CRUTCH/WOOD/ADULT/48"-60" MISC	P	RX/OTC
CRUTCH UNDERARM PADS MISC	P	RX/OTC	CRUTCH/WOOD/ADULT/ARMPADS/TIPS/GRIPS MISC	P	RX/OTC
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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS BABY SAFETY SWABS SWAB	P		DDS 300 LUMBAR TRACTION BELT/36"-38" MISC	P	RX/OTC
CVS CANE MISC	P	RX/OTC	DDS 300 LUMBAR TRACTION BELT/39"-41" MISC	P	RX/OTC
CVS COTTON SWABS SWAB	P		DDS 300 LUMBAR TRACTION BELT/42"-44" MISC	P	RX/OTC
CVS CRUTCHES UNIVERSAL MISC	P	RX/OTC	DDS 300 LUMBAR TRACTION BELT/45"-48" MISC	P	RX/OTC
CVS EAR PLUGS MISC	P	RX/OTC	DDS 300 LUMBAR TRACTION BELT/49"-51" MISC	P	RX/OTC
CVS FOLDING CANE GEL GRIP MISC	P	RX/OTC	DDS 300 LUMBAR TRACTION BELT/52"-55" MISC	P	RX/OTC
CVS PILL SPLITTER MISC	P	RX/OTC	DDS 300 LUMBAR TRACTION BELT/56"-59" MISC	P	RX/OTC
CVS PLASTIC SWABS SWAB	P		DDS 500 LUMBAR TRACTION BELT/PANELS/26"-28" MISC	P	RX/OTC
CVS PORTABLE DIABETIC ORGANIZER MISC	P	RX/OTC	DDS 500 LUMBAR TRACTION BELT/PANELS/29"-32" MISC	P	RX/OTC
CVS PREP PADS	P	RX/OTC	DDS 500 LUMBAR TRACTION BELT/PANELS/33"-35" MISC	P	RX/OTC
CVS PULSE OXIMETER/PORTABLE MISC	P	RX/OTC	DDS 500 LUMBAR TRACTION BELT/PANELS/36"-38" MISC	P	RX/OTC
CVS PULSE OXIMETER MISC	P	RX/OTC	DDS 500 LUMBAR TRACTION BELT/PANELS/39"-41" MISC	P	RX/OTC
CVS QUAD CANE MISC	P	RX/OTC	DDS 500 LUMBAR TRACTION BELT/PANELS/42"-44" MISC	P	RX/OTC
CVS READY SET GO DELUXE ALUMINUM BATH BENCH MISC	P	RX/OTC			
CVS REUSABLE SHEET PROTECTOR MISC	P	RX/OTC			
CVS RUBBER CUSHION/INFLATABLE MISC	P	RX/OTC			
DDS 100 CERVICAL TRACTION COLLAR MISC	P	RX/OTC			
DDS 300 LUMBAR TRACTION BELT/26"-28" MISC	P	RX/OTC			
DDS 300 LUMBAR TRACTION BELT/29"-32" MISC	P	RX/OTC			
DDS 300 LUMBAR TRACTION BELT/33"-35" MISC	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DDS 500 LUMBAR TRACTION BELT/PANELS/45"-48" MISC	P	RX/OTC	DISPENSER MD PEN 6.5ML/AIRLESS/CLICK MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/49"-51" MISC	P	RX/OTC	DISPENSER MD PEN 6.5ML/AIRLESS/VIEW WINDOW MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/52"-55" MISC	P	RX/OTC	DISPENSER MD PUMP 0.5ML/ACTUATOR A/BLUE MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/56"-59" MISC	P	RX/OTC	DISPENSER MD PUMP 0.5ML/ACTUATOR A/GREEN MISC	P	RX/OTC
DEEP-TISSUE MISC	P	RX/OTC	DISPENSER MD PUMP 0.5ML/ACTUATOR A/PINK MISC	P	RX/OTC
DELUXE VINYL PADDED BATHTUB TRANSFER BENCH/FULL SEAT MISC	P	RX/OTC	DISPENSER MD PUMP 0.5ML/ACTUATOR A MISC	P	RX/OTC
DENTAL GUARD MISC	P	RX/OTC	DISPENSER MD PUMP 1.0ML/ACTUATOR B/BLUE MISC	P	RX/OTC
DEODORANT PLASTIC TUBES2.65OZ/CAPS MISC	P	RX/OTC	DISPENSER MD PUMP 1.0ML/ACTUATOR B/GREEN MISC	P	RX/OTC
DIAL-A-DOSE SYRINGE 15ML/TIPS MISC	P	RX/OTC	DISPENSER MD PUMP 1.0ML/ACTUATOR B/PINK MISC	P	RX/OTC
DIAL-A-DOSE SYRINGE 30ML/TIPS MISC	P	RX/OTC	DISPENSER MD PUMP 1.0ML/ACTUATOR B MISC	P	RX/OTC
DIAL-A-DOSE SYRINGE 60ML/TIPS MISC	P	RX/OTC	DISPENSER MD PUMP 1.5ML/ACTUATOR C/BLUE MISC	P	RX/OTC
DIFFUSER ULTRA SONIC/LAVENDER OIL MISC	P	RX/OTC	DISPENSER MD PUMP 1.5ML/ACTUATOR C/GREEN MISC	P	RX/OTC
DIGITAL GLASS SCALE MISC	P	RX/OTC	DISPENSER MD PUMP 1.5ML/ACTUATOR C/PINK MISC	P	RX/OTC
DINAMAP MONITOR PROBE COVERS MISC	P	RX/OTC	DISPENSER MD PUMP 1.5ML/ACTUATOR C MISC	P	RX/OTC
DISPENSER BOTTLES 50ML/FOAMER PUMPS MISC	P	RX/OTC	DISPENSER MD PUMP BOTTLE100ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD JAR 50ML/AIRLESS/VIEW WINDOW MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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 FOAMER WITHACTUATOR 0.7ML/110ML MISC	P	RX/OTC
DISPENSER MD SYRINGE 5ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC	DIVERTER VALVE/BATH ACCESSORY MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/OVAL/30ML/0.3ML/T-FILL/CAP MISC	P	RX/OTC	DOVER COMMODE SPECIMEN COLLECTOR MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/ROUND/100ML/1.5ML/B-FILL WITH CAP MISC	P	RX/OTC	DOVER MIDSTREAM SPECIMEN CATCH KIT MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/ROUND/150ML/1.5ML/B-FILL WITH CAP MISC	P	RX/OTC	DROPPER & SCREW CAP 4OZ MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/ROUND/150ML/1ML/B-FILL WITH CAP MISC	P	RX/OTC	DROPPING BOTTLE 30ML MISC	P	RX/OTC
			DROPSAFE ALCOHOL PREP PADS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPTAINER TIP CAPS MISC	P	RX/OTC	EGG CRATE BED PAD/2" QUEEN SIZE MISC	P	RX/OTC
DROPTAINERS 10ML MISC	P	RX/OTC	EGG CRATE BED PAD/2" TWINSIZE MISC	P	RX/OTC
DROPTAINERS 15ML/OPHTHALMIC MISC	P	RX/OTC	ELECTRODES 2"X2"/REUSABLE MISC	P	RX/OTC
DROPTAINERS 3ML/OPHTHALMIC MISC	P	RX/OTC	ELECTROTHERAPY PAIN RELIEF/LONG LIFE PADS/2.5" X 4" MISC	P	RX/OTC
DROPTAINERS 7ML/OPHTHALMIC MISC	P	RX/OTC	ELON PROFESSIONAL NAIL CARE SYSTEM MISC	P	RX/OTC
DUAL PADDLE FOLDING WALKER/ADULT MISC	P	RX/OTC	ELONGATED TOILET SEAT ELEVATOR MISC	P	RX/OTC
DUNLAP FOAM RING CUSHION/LARGE MISC	P	RX/OTC	ELOSHIELD FACE SHIELD MISC	P	RX/OTC
DUNLAP FOAM RING CUSHION/MEDIUM MISC	P	RX/OTC	EMPTY VIAL 3ML MISC	P	RX/OTC
DUNLAP INFLATABLE VINYL RING CUSHION 16" MISC	P	RX/OTC	ENDOSCOPIC DELIVERY SYSTEM MISC	P	RX/OTC
EAR WAX REMOVAL KIT/TRI-STREAM TIP MISC	P	RX/OTC	ENDURANCE FOUR LEG SEAT CANE MISC	P	RX/OTC
EARPLUGS MISC	P	RX/OTC	ENDURANCE HD HEAVY DUTY COMMUNE MISC	P	RX/OTC
EARPOPPER MIDDLE EAR INFLATION DEVICE DEVI	P	RX/OTC	EQ BATH & SHOWER SEAT/BACK MISC	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC	EQ FOLDING WALKER MISC	P	RX/OTC
EASY FEED DOUBLE ELECTRIC BREAST FEEDING PUMP MISC	P	RX/OTC	EQ WHEELCHAIR FOLDING BLACK MISC	P	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	RX/OTC	EQL ALCOHOL SWABS	P	RX/OTC
ECO-SMARTFUNNEL 186ML/DISPOSABLE MISC	P	RX/OTC	EQL COTTON SWABS SWAB	P	
EGG CRATE BED PAD/2" CALKING SIZE MISC	P	RX/OTC	EQL EAR PLUGS/SILICONE MISC	P	RX/OTC
EGG CRATE BED PAD/2" DUALKING SIZE MISC	P	RX/OTC	EQL MUSTACHE/BEARD SCISSORS/COMB MISC	P	RX/OTC
EGG CRATE BED PAD/2" FULLSIZE MISC	P	RX/OTC	EQL SKIN CARE TOOL MISC	P	RX/OTC
			EVERYDAY PICK MISC	P	RX/OTC
			EXTENDABLE BEDSIDE RAIL MISC	P	RX/OTC

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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
EXTRA-WIDE COMMODE MISC	P	RX/OTC	FASHION CANE/T-HANDLE/MAPLE PRINT/250LB CAPACITY MISC	P	RX/OTC
EYE/EAR DROPPER MISC	P	RX/OTC	FETAL DOPPLER MISC	P	RX/OTC
E-Z LOCK RAISED TOILET SEAT/ARMS MISC	P	RX/OTC	FIFTY50 ALCOHOL PREP PADS	P	RX/OTC
E-Z LOCK RAISED TOILET SEAT MISC	P	RX/OTC	FILTER 0.2 MICRON/25MM/DOUBLE LUER LOCK MISC	P	RX/OTC
EZY DOSE ADULT-LOCK PILLCUTTER MISC	P	RX/OTC	FILTER 0.2 MICRON/25MM MISC	P	RX/OTC
EZY DOSE CUT N' CRUSH MISC	P	RX/OTC	FILTER 0.2 MICRON/32MM MISC	P	RX/OTC
EZY DOSE DELUXE PILL CUTTER MISC	P	RX/OTC	FILTER 0.2 MICRON/47MM MISC	P	RX/OTC
EZY DOSE EZY CRUSH PILL CRUSHER MISC	P	RX/OTC	FILTER 0.22 MICRON/73MM/1000ML MISC	P	RX/OTC
EZY DOSE MEDICINE CUPS MISC	P	RX/OTC	FILTER ATTACHMENT MISC	P	RX/OTC
EZY DOSE PILL CUTTER ORIGINAL MISC	P	RX/OTC	FILTER FLUORODYNE/0.22 MICRON MISC	P	RX/OTC
EZY DOSE PILL CUTTER MISC	P	RX/OTC	FILTER, POSIDYNE ELD/0.2UM/LUER LOCK CONNECTORS/NYLON MEMBRA MISC	P	RX/OTC
FACE SHIELD FULL LENGTH/CLEAR MISC	P	RX/OTC	FILTER/MILLEX-GP/50MM/CLEAR MISC	P	RX/OTC
FACE SHIELD FULL LENGTH MISC	P	RX/OTC	FLA ADJUSTABLE AIR ANKLEWALKER/LOW/SM ALL MISC	P	RX/OTC
FACE SHIELD MISC	P	RX/OTC	FLAORTHO WALKER/LOW/BLACK/S MALL MISC	P	RX/OTC
FALL MAT MISC	P	RX/OTC	FLEX & GO FOLDING CANE MISC	P	RX/OTC
FASHION CANE/T-HANDLE/BLACK/250LB CAPACITY MISC	P	RX/OTC	FLEX SHIELD WITH EAR LOOPS MISC	P	RX/OTC
FASHION CANE/T-HANDLE/FLORAL PRINT/250LB CAPACITY MISC	P	RX/OTC	FLEX SHIELD WITH TIE STRINGS MISC	P	RX/OTC
FASHION CANE/T-HANDLE/LEOPARD PRINT/250LB CAPACITY MISC	P	RX/OTC	FLEX THERAPY MISC	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	GLASS SERUM BOTTLES/30ML/TYPE 1 MISC	P	RX/OTC
FOLDING REACHER MISC	P	RX/OTC	GLASS SERUM BOTTLES/5ML/TYPE 1 MISC	P	RX/OTC
FOLDING SEAT CANE/3/4" TIP MISC	P	RX/OTC	GLASS VIAL 2ML MISC	P	RX/OTC
FOLDING WALKER/5" WHEELS/ADULT MISC	P	RX/OTC	GLASS VIAL AMBER 3ML/13MM/TYPE 1 MISC	P	RX/OTC
FOLDING WALKER/5" WHEELS/PINK MISC	P	RX/OTC	GLOBAL ALCOHOL PREP EASEPADS	P	RX/OTC
FOLDING WALKING CANE MISC	P	RX/OTC	GNP ALCOHOL SWABS	P	RX/OTC
FOOT MASSAGER/HEAT/AERATION MISC	P	RX/OTC	GNP ASSORTED COMBS MISC	P	RX/OTC
FORA GATEWAY MISC	P	RX/OTC	GNP COTTON SWABS SWAB	P	
FORA GW9014 TELEHEALTH GATEWAY MISC	P	RX/OTC			
FORA TN'G SCALE 550 MISC	P	RX/OTC			
FREE SPIRIT KNEE AND LEGWALKER MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
HEAD COVERS 24"/BOUFFON CAP/IRRADIATED MISC	P	RX/OTC	HIP/FRACTURE RAISED TOILET SEAT/RIGHT MISC	P	RX/OTC
HEAD HALTER OVER DOOR TRACTION SET MISC	P	RX/OTC	HM COMFORT FOAM EAR PLUGS MISC	P	RX/OTC
HEAD HALTER REPLACEMENT FOR TRACTION KIT MISC	P	RX/OTC	HM COTTON SWABS SWAB	P	
HEAD LICE COMB MISC	P	RX/OTC	HM STERILE ALCOHOL PREP PADS	P	RX/OTC
HEAT THERAPY MISC	P	RX/OTC	HOME STYLE BED RAILS MISC	P	RX/OTC
H-E-B INCONTROL ALCOHOL PADS	P	RX/OTC	HOT-COLD THERAPY MISC	P	RX/OTC
HEELBOOT LARGE MISC	P	RX/OTC	HURRICAINA DISPENSING CAP MISC	P	RX/OTC
HEELBOOT LAUNDRY BAG MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HURRICAIN LIQUID DISPENSER MISC	P	RX/OTC	INHALATION VIAL CAP/ORANGE MISC	P	RX/OTC
HURRICAIN 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
ILLUSIONS C WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC	INHALATION VIAL W/CAP/YELLOW/3.5ML STOCKWELL MISC	P	RX/OTC
INDICATOR/BIOLOGICAL TEST KIT/SPORVIEW STEAM KIT	P	RX/OTC	INHALATION VIAL W/O CAP/AMBER/3.5ML STOCKWELL MISC	P	RX/OTC
INFLATABLE CUSHION/VINYL MISC	P	RX/OTC	ITOUCH SURE MISC	P	RX/OTC
INFLATABLE NECK REST MISC	P	RX/OTC	J & J TOURNIQUET 36"X3/4" MISC	P	RX/OTC
INHALATION VIAL CAP/BLUE MISC	P	RX/OTC	JAR/8OZ/WHITE LID MISC	P	RX/OTC
INHALATION VIAL CAP/GREEN MISC	P	RX/OTC	JOHNSON & JOHNSON ANTISEPTIC WIPES MISC	P	RX/OTC
			JOHNSON & JOHNSON INSTANTCOLD PACK MISC	P	RX/OTC
			JOHNSONS SAFETY SWABS SWAB	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JOURNEY SERIES ROLLING WALKER/4205BL-R/BLUE MISC	P	RX/OTC	LADYCARE MENOPAUSE MISC	P	RX/OTC
JOURNEY SERIES ROLLING WALKER/4205RD/RED MISC	P	RX/OTC	LANSINOH BREASTFEEDING PILLOW MISC	P	RX/OTC
JUG AMBER GLASS 4L/POLYSEAL CAP/LONG MISC	P	RX/OTC	LANSINOH BREASTMILK COLLECTOR MISC	P	RX/OTC
KABOOTI ICE MISC	P	RX/OTC	LANSINOH EXTRA PUMPING SET MISC	P	RX/OTC
KABOOTI LARGE MISC	P	RX/OTC	LANSINOH MANUAL BREAST PUMP MISC	P	RX/OTC
KABOOTI MISC	P	RX/OTC	LANSINOH POSTPARTUM WASHBOTTLE MISC	P	RX/OTC
KANESON BREAST PUMP/NURSER MISC	P	RX/OTC	LANSINOH PUMP ADAPTERS MISC	P	RX/OTC
KANGAROO RIGID CONTAINERPUMP SET 1200ML MISC	P	RX/OTC	LANSINOH SMART PUMP TOTE BAGS MISC	P	RX/OTC
KEGEL BALL TRAINER MISC	P	RX/OTC	LANSINOH SMARTPUMP 2.0 MISC	P	RX/OTC
KEGEL FIT MISC	P	RX/OTC	LANSINOH SMARTPUMP DOUBLEELECTRIC BREAST PUMP MISC	P	RX/OTC
KEGEL TONER PELVIC FLOORTRAINER MISC	P	RX/OTC	LANSINOH SMARTPUMP DOUBLEELECTRIC MISC	P	RX/OTC
L.O.S. YANKAUER HOLDER MISC	P	RX/OTC	LATCH ASSIST NIPPLE EVERTER MISC	P	RX/OTC
LAB COAT/DISPOSABLE/LARGE MISC	P	RX/OTC	LULLABY DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
LAB COAT/DISPOSABLE/MEDIUM MISC	P	RX/OTC	LUMBAR CUSHION MISC	P	RX/OTC
LAB COAT/DISPOSABLE/SMALL MISC	P	RX/OTC	LUMBAR SUPPORT CUSHION MISC	P	RX/OTC
LAB COAT/DISPOSABLE/X-LARGE MISC	P	RX/OTC	MAD NASAL INTRANASAL MUCOSAL ATOMIZATION DEVICE MISC	P	RX/OTC
LAB COAT/DISPOSABLE/XX-LARGE MISC	P	RX/OTC	MAD NASAL MISC	P	RX/OTC
LAB COAT/DISPOSABLE MISC	P	RX/OTC	MAGNIFIER HANDS-FREE MISC	P	RX/OTC
			MASSAGER MULTI-PURPOSE/RECHARGEABLE MISC	P	RX/OTC

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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
MEDELA LACTINA DOUBLE PUMPING KIT MISC	P	RX/OTC	MIXER/MAZERUSTAR KK-250S/KK-300SS/YELLOW STD MIX CONTAINER MISC	P	RX/OTC
MEDELA PUMP IN STYLE ADVANCED STARTER SET MISC	P	RX/OTC	MIXER/MAZERUSTAR KK-300SS/STANDARD/MIXING CONTAINER FOR EMP MISC	P	RX/OTC
MEDICINE DROPPER/CALIBRATED MISC	P	RX/OTC	MIXER/MAZERUSTAR KK-400W/STANDARD/MIXING CONTAINER MISC	P	RX/OTC
MEDICINE DROPPER MISC	P	RX/OTC	MIXER/MAZERUSTAR/E MP/JARMIXING ADAPTER/100ML MISC	P	RX/OTC
MEDICINE SPOON MISC	P	RX/OTC			
MEDI-COOLER MISC	P	RX/OTC			

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MIXER/MAZERUSTAR/EMP/JARMIXING/ADAPTER SET/15ML-50ML/100ML MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/5ML MISC	P	RX/OTC
MIXER/MAZERUSTAR/UNODOSEMIXING 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/EMP/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	MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/7ML MISC	P	RX/OTC
MOISTUREPLUS COVER/MEDIUM/14" X 14" MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/10ML MISC	P	RX/OTC
MOISTUREPLUS COVER/PETITE/4" X 17" MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/15ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/BLUE STOPPER/4.5ML MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/2ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/10ML MISC	P	RX/OTC			

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MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/3ML MISC	P	RX/OTC	MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/25GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/4ML MISC	P	RX/OTC	MONOJECT BLOOD TUBE HOLDER MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/5ML MISC	P	RX/OTC	MONOJECT LUER ADAPTER MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/7ML MISC	P	RX/OTC	MONOJECT MULTI-SAMPLE COLLECTION SET/HOLDER/SAFETY CAP/MALE MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML MISC	P	RX/OTC	MONOJECT MULTI-SAMPLE COLLECTION SET/TUBE HOLDER/MALE MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/19GX3/4" MISC	P	RX/OTC	MUCOSAL ATOMIZATION NASALDEVICE MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/21GX3/4" MISC	P	RX/OTC	NAIL POLISH BOTTLE/BRUSH15ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/23GX3/4" MISC	P	RX/OTC	NAILIT MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/25GX3/4" MISC	P	RX/OTC	NASADOCK MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/19GX3/4" MISC	P	RX/OTC	NASAL SPRAY PUMP 30ML/METERED/0.1ML DOSAGE MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/21GX3/4" MISC	P	RX/OTC	NATURAL WOOD CANE MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/23GX3/4" MISC	P	RX/OTC	NATURAL WOOD WALKING STICK MISC	P	RX/OTC
			NATURESPIRIT PULSE OXIMETER MISC	P	RX/OTC
			NEXCARE COMFORT FOAM EAR PLUGS MISC	P	RX/OTC
			NEXCARE REUSABLE EAR PLUGS MISC	P	RX/OTC
			NG SECURE NASOGASTRIC TUBE HOLDER MISC	P	RX/OTC
			NIX ELECTRONIC LICE COMB MISC	P	RX/OTC
			NIX PREMIUM METAL TWO-SIDED COMB MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOURI AUTO MISC	P	RX/OTC	OFFSET CANE/METALLIC BLACK/300LB CAPACITY MISC	P	RX/OTC
NOURI DUO MISC	P	RX/OTC	OFFSET CANE/MOBILITY/250LB CAPACITY MISC	P	RX/OTC
NOVA BATH SEAT/BACK & ARMS MISC	P	RX/OTC	OFFSET CANE/ROSE PRINT/300LB CAPACITY MISC	P	RX/OTC
NOVA CUSHION GEL/FOAM SEAT PAD/18X16X3 MISC	P	RX/OTC	OFFSET CANE/STRAP MISC	P	RX/OTC
NOVA QUAD TIP/FOUR PRONGS 3/4" SHAFT CANE MISC	P	RX/OTC	OINTMENT TUBE OPHTHALMICTIP 1/8OZ/METAL MISC	P	RX/OTC
NUASKIN FACIAL SCRUBBER MISC	P	RX/OTC	OINTMENT TUBE/METAL/1OZ MISC	P	RX/OTC
NUASKIN SKIN TAG REMOVER MISC	P	RX/OTC	OINTMENT TUBE/METAL/2OZ MISC	P	RX/OTC
NUASKIN VACUUM PRO MISC	P	RX/OTC	OINTMENT TUBE/METAL/4OZ MISC	P	RX/OTC
NVZZLER PRO DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC	OINTMENT TUBE/PLASTIC W/SCREW CAP/8OZ MISC	P	RX/OTC
NVZZLER SINGLE ELECTRIC BREAST PUMP MISC	P	RX/OTC	OINTMENT TUBE/PLASTIC/1OZ MISC	P	RX/OTC
OFFSET CANE/BLACK/300LBCAPACITY MISC	P	RX/OTC	OINTMENT TUBE/PLASTIC/2OZ MISC	P	RX/OTC
OFFSET CANE/BLUE ICE/300LB CAPACITY MISC	P	RX/OTC	OINTMENT TUBE/PLASTIC/4OZ MISC	P	RX/OTC
OFFSET CANE/BRONZE/300LBCAPACITY MISC	P	RX/OTC	OINTMENT TUBE/PLASTIC/6OZ MISC	P	RX/OTC
OFFSET CANE/BROQUE TEAL/300LB CAPACITY MISC	P	RX/OTC	ONE OUNCE MEDICINE CUPS MISC	P	RX/OTC
OFFSET CANE/CHROME/300LBCAPACITY MISC	P	RX/OTC	ONE-DAY-AT-A-TIME PLANNER/BLISTER CARD/MEDIUM MISC	P	RX/OTC
OFFSET CANE/GREEN ICE/300LB CAPACITY MISC	P	RX/OTC	ORAL DOSE SYRINGE MISC	P	RX/OTC
OFFSET CANE/HOUNDSTOOTH/300LB CAPACITY MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORAL ENDOTRACHEAL TUBE ATTACHMENT DEVICE MISC	P	RX/OTC	PLASTIC BOTTLES/30ML/TWIST TOP SIFTER CAPS MISC	P	RX/OTC
ORAL MEDICINE DROPPER MISC	P	RX/OTC	PLASTIC BOTTLES/90ML/TWIST TOP SIFTER CAPS MISC	P	RX/OTC
ORAL SYRINGE/BRUSH MISC	P	RX/OTC	PLASTIC ENEMA BOTTLE/2OZ/20/410 OPENING MISC	P	RX/OTC
ORIGINAL MCKENZIE CERVICAL ROLL MISC	P	RX/OTC	PLASTIC JAR 6OZ MISC	P	RX/OTC
O-RING CUSHION 16" DIAMETER MISC	P	RX/OTC	PLASTIC SCOOP 1ML/4" HANDLE MISC	P	RX/OTC
PEDAL EXERCISER MISC	P	RX/OTC	PLATFORM WALKER ATTACHMENT MISC	P	RX/OTC
PELVIC MUSCLE TRAINER MISC	P	RX/OTC	PLATINUM REACHER 31" MISC	P	RX/OTC
PERSONAL BLOOD PRESSURE SMART CARD MISC	P	RX/OTC	POCKET MAGNIFIER MISC	P	RX/OTC
PERSONALFIT FLEX CONNECTORS FOR PUMP IN STYLE MAXFLOW MISC	P	RX/OTC	POCKET PRO+ REPLACEMENT SENSOR/TESTER MISC	P	RX/OTC
PH ACCESSORIES STORAGE SOLUTION 230ML MISC	P	RX/OTC	POLYPROPYLENE CAP/LINER MISC	P	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	P	RX/OTC	POSTURE SEAT MISC	P	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS	P	RX/OTC	POWER ADAPTOR PUMP IN STYLE/MAXFLOW MISC	P	RX/OTC
PILL BOX 7 DAY MISC	P	RX/OTC	PRECISION CATHETER URINESPECIMEN SYSTEM KIT KIT	P	RX/OTC
PILL COUNTING TRAY/RIGHTHANDED/SP ATULA MISC	P	RX/OTC	PRECISION MIDSTREAM PRESERVATIVE KIT KIT	P	RX/OTC
PILL CRUSHER MISC	P	RX/OTC	PRECISION SPECIMEN CONTAINER/5OZ MISC	P	RX/OTC
PILL POUCH MISC	P	RX/OTC	PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR/118ML MISC	P	RX/OTC
PILL SPLITTER MISC	P	RX/OTC	PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR MISC	P	RX/OTC
PILLGUARD DISPENSER MISC	P	RX/OTC	PRECISION SPUTUM COLLECTOR KIT WITH TUBE MISC	P	RX/OTC
PILLGUARD REFILL CARTRIDGE MISC	P	RX/OTC			
PLASTIC BED PAN MISC	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
PULSE OXIMETER FOR FINGER MISC	P	RX/OTC	QUAD CANE/LARGE BASE/CUSHIONED HANDLE/5/8" MISC	P	RX/OTC
PULSE OXIMETER MISC	P	RX/OTC	QUAD CANE/LARGE BASE/ORTHO HANDLE/5/8" MISC	P	RX/OTC
PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP/BACKPACK MISC	P	RX/OTC	QUAD CANE/LARGE BASE/SELECTAGRIP HANDLE/5/8" MISC	P	RX/OTC
PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP MISC	P	RX/OTC	QUAD CANE/LARGE BASE/SHOVEL HANDLE MISC	P	RX/OTC

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

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

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SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE ARM MISC	P	RX/OTC	SETTLING PLATE TSA/25ML/100X15MM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE LEG MISC	P	RX/OTC	SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/AFRICAN AMERICAN MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM ARM MISC	P	RX/OTC	SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/CAUCASIAN MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM LEG MISC	P	RX/OTC	SHOWER-PAK MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL ARM MISC	P	RX/OTC	SIGNATURE PRO DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL LEG MISC	P	RX/OTC	SIGNATURE PRO HEALTHCAREDOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
SEAL-TIGHT MID-ARM PROTECTOR MISC	P	RX/OTC	SILICONE EAR PLUGS FOR KIDS MISC	P	RX/OTC
SEATING CANE/8-1/2" SEATDIAMETER MISC	P	RX/OTC	SILICONE EAR PLUGS MISC	P	RX/OTC
SERUM BOTTLE STOPPER 20MM MISC	P	RX/OTC	SILICONE EARPLUGS CHILDRENS MISC	P	RX/OTC
SERUM BOTTLE/250ML MISC	P	RX/OTC	SIMPLE WISHES PUMPING BRALARGE-PLUS HANDS-FREE/ADJUSTABLE MISC	P	RX/OTC
SERUM BOTTLES/AMBER GLASS/20ML/20MM MISC	P	RX/OTC	SIMPLE WISHES PUMPING BRAXS-L HANDS-FREE/ADJUSTABLE MISC	P	RX/OTC
SERUM BOTTLES/AMBER GLASS/30ML/20MM MISC	P	RX/OTC	SIMPLYGO BREAST PUMP/DUAL MISC	P	RX/OTC
SERUM BOTTLES/CLEAR GLASS/50ML/20MM MISC	P	RX/OTC	SIMPLYGO BREAST PUMP/SINGLE MISC	P	RX/OTC
SETTLING PLATE SDA/29ML/100X15MM MISC	P	RX/OTC	SITZ BATH MISC	P	RX/OTC
			SLEEPRIGHT DENTAL GUARD DURA-COMFORT MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SLEEPRIGHT DENTAL GUARD SLIM-COMFORT MISC	P	RX/OTC	SPRAY APPLICATOR KIT MISC	P	RX/OTC
SLEEPRIGHT DENTAL GUARD MISC	P	RX/OTC	SPRAY BOTTLE 120ML/PLASTIC MISC	P	RX/OTC
SLEEPRIGHT INTRA-NASAL BREATHE AID MISC	P	RX/OTC	STANDARD CRUTCH TIP MISC	P	RX/OTC
SLEEPRIGHT INTRA-NASAL VAPOR INHALER MISC	P	RX/OTC	STEEL ROLLING WALKER MISC	P	RX/OTC
SLEEPRIGHT SPORT INTRA-NASAL BREATHE AID MISC	P	RX/OTC	STEP COUNTER MISC	P	RX/OTC
SM ALCOHOL PREP PADS	P	RX/OTC	STEP N' REST II WALKER MISC	P	RX/OTC
SM COTTON SWABS SWAB	P		STEP N' REST WALKER/5" SWIVEL WHEELS/GLIDE WHEELS MISC	P	RX/OTC
SM FOAM EAR PLUGS MISC	P	RX/OTC	STEP N' REST WALKER MISC	P	RX/OTC
SM WALKER/YOUTH/FOLDING/DUAL WHEELS MISC	P	RX/OTC	STEP N' REST MISC	P	RX/OTC
SNAP-ON CHLOROBUTYL STOPPER/13MM/GREY MISC	P	RX/OTC	STETHOSCOPE DUAL HEAD MISC	P	RX/OTC
SOFT HANDS COTTON GLOVE/EXTRA LARGE MISC	P	RX/OTC	STETHOSCOPE SINGLE HEAD MISC	P	RX/OTC
SOFT HANDS COTTON GLOVE/LARGE MISC	P	RX/OTC	STETHOSCOPE/NURSE S BLUE MISC	P	RX/OTC
SOFT HANDS COTTON GLOVE/SMALL-MEDIUM MISC	P	RX/OTC	STETHOSCOPE/SPRAGUE RAPPAPORT STYLE MISC	P	RX/OTC
SOOTHIES COOLING GEL PADS MISC	P	RX/OTC	STIRRING ROD/GLASS 12X1/4" MISC	P	RX/OTC
SOOTHIES GEL PADS/REUSABLE MISC	P	RX/OTC	STOCKING APPLICATOR/PETITE MISC	P	RX/OTC
SPLASH SHIELD/FULL FACE MISC	P	RX/OTC	STOCKING APPLICATOR/REGULAR MISC	P	RX/OTC
SPLASH SHIELD/SHORT FACE MISC	P	RX/OTC	STOP LICE EGG & NIT REMOVAL SYSTEM MISC	P	RX/OTC
SPLIT HANDGRIPS MISC	P	RX/OTC	STRAINER/STAINLESS STEELWITH PLASTIC HANDLE/2-1/2" MISC	P	RX/OTC
			SUCTION GRAB BAR MISC	P	RX/OTC

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SUCTION TIPS FOR TRANSFERBENCHES MISC	P	RX/OTC	SYRINGE ACCESSORIES/LEURTIP CAP TRAY MISC	P	RX/OTC
SUPPOSITORY MOLD 2GM MISC	P	RX/OTC	SYRINGE DIAL-A-DOSE MISC	P	RX/OTC
SUPPOSITORY MOLD/ALUMINUM2GM/100 CAVITY MISC	P	RX/OTC	TABLET CUTTER/CRUSHER MISC	P	RX/OTC
SUPPOSITORY MOLDS 1.3ML/PEEL-AWAY MISC	P	RX/OTC	TABLET CUTTER/DELUXE SAFETY MISC	P	RX/OTC
SUPPOSITORY MOLDS 2.25ML/PEEL-AWAY MISC	P	RX/OTC	TABLET CUTTER/SAFETY SHIELD 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	TAKEAWAY ENVIRONMENTAL RETURN SYSTEM ENVELOPE MISC	P	RX/OTC
SUPPOSITORY MOLDS 2ML/PEEL-AWAY MISC	P	RX/OTC	TAKEAWAY ENVIRONMENTAL RETURN SYSTEM MISC	P	RX/OTC
SUPPOSITORY MOLDS 3ML/PEEL-AWAY MISC	P	RX/OTC	TEXTURE WALL GRAB BAR/12" MISC	P	RX/OTC
SUPPOSITORY SHELL 2.0ML MISC	P	RX/OTC	TEXTURE WALL GRAB BAR/16" MISC	P	RX/OTC
SUPPOSITORY SHELL RACK MISC	P	RX/OTC	TEXTURE WALL GRAB BAR/18" MISC	P	RX/OTC
SUPPOSITORY SHELLS 2.4ML MISC	P	RX/OTC	TEXTURE WALL GRAB BAR/24" MISC	P	RX/OTC
SUPPOSITORY SHELLS SMALL1.3ML MISC	P	RX/OTC	TEXTURE WALL GRAB BAR/32" MISC	P	RX/OTC
SURE COMFORT ALCOHOL PREP PADS	P	RX/OTC	THE SIDE RESTER CUSHION IMPERMEABLE COVER MISC	P	RX/OTC
SURELIFE CLEARWAVE II PULSE OXIMETER MISC	P	RX/OTC	THE SIDE RESTER CUSHION REGULAR COVER MISC	P	RX/OTC
SURELIFE CLEARWAVE PULSEOXIMETER MISC	P	RX/OTC	TIP RECTAL/VAGINAL W/PERFORATIONS MISC	P	RX/OTC
SURE-PREP ALCOHOL PREP PADS	P	RX/OTC			
SWIM EARPLUGS MISC	P	RX/OTC			
SYMPHONY DOUBLE PUMPING SYSTEM MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOILET SAFETY FRAME MISC	P	RX/OTC	TOPI-CLICK 140/PINK MISC	P	RX/OTC
TOILET SEAT ELEVATOR MISC	P	RX/OTC	TOPI-CLICK 140/PURPLE MISC	P	RX/OTC
TOMMEE TIPPEE BREAST PUMP ADAPTER/STANDARD CLOSER TO NATURE MISC	P	RX/OTC	TOPI-CLICK 140/RED MISC	P	RX/OTC
TOMMEE TIPPEE BREAST PUMP ADAPTERS/UNIVERSAL PUMP AND GO MISC	P	RX/OTC	TOPI-CLICK 140/SILVER MISC	P	RX/OTC
TOMMEE TIPPEE DOUBLE ELECTRIC BREAST PUMP MADE FOR ME MISC	P	RX/OTC	TOPI-CLICK 140/WHITE MISC	P	RX/OTC
TOMMEE TIPPEE MANUAL BREAST PUMP MADE FOR ME MISC	P	RX/OTC	TOPI-CLICK 35 DOSE CHECK MISC	P	RX/OTC
TOMMEE TIPPEE SILICONE BREAST PUMP MADE FOR ME MISC	P	RX/OTC	TOPI-CLICK 35 USP671 UV BLOCKING/ORANGE BODY/CAP/BASE MISC	P	RX/OTC
TOMMEE TIPPEE SINGLE ELECTRIC BREAST PUMP MADE FOR ME MISC	P	RX/OTC	TOPI-CLICK 35 USP671 UV BLOCKING/ORANGE BODY/WHITE CAP/BASE MISC	P	RX/OTC
TONGUE CLEANER/COMFORT CURVE MISC	P	RX/OTC	TOPI-CLICK 35 VAGINAL APPLICATOR DOSE LOADER MISC	P	RX/OTC
TONGUE DEPRESSORS MISC	P	RX/OTC	TOPI-CLICK 35 VAGINAL DOSE APPLICATOR MISC	P	RX/OTC
TOOTHETTE BITE BLOCK MISC	P	RX/OTC	TOPI-CLICK 35 VAGINAL DOSING SYSTEM/APPLICATOR MISC	P	RX/OTC
TOPI-CLICK 140/BLACK MISC	P	RX/OTC	TOPI-CLICK APPLICATOR/140ML MISC	P	RX/OTC
TOPI-CLICK 140/BLUE MISC	P	RX/OTC	TOPI-CLICK APPLICATOR/35ML MISC	P	RX/OTC
TOPI-CLICK 140/GOLD MISC	P	RX/OTC	TOPI-CLICK APPLICATOR/MICRO/PIN POINT/9ML/0.05ML/BLUE MISC	P	RX/OTC
TOPI-CLICK 140/GREEN MISC	P	RX/OTC	TOPI-CLICK APPLICATOR/MICRO/RO UNDED/9ML/0.05ML/BLUE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPI-CLICK APPLICATOR/MICRO/SOFT ANGLED/9ML/0.05ML/BLUE MISC	P	RX/OTC	TOPI-CLICK/35ML/1 PORT/RED MISC	P	RX/OTC
TOPI-CLICK MICRO/PIN POINT APPLICATOR/BLUE MISC	P	RX/OTC	TOPI-CLICK/35ML/1 PORT/SILVER MISC	P	RX/OTC
TOPI-CLICK MICRO/ROUNDEDAPPLICATOR/BLUE MISC	P	RX/OTC	TOPI-CLICK/35ML/1 PORT/WHITE MISC	P	RX/OTC
TOPI-CLICK MICRO/SOFT ANGLED APPLICATOR/BLUE MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/BLACK MISC	P	RX/OTC
TOPI-CLICK NOZZLE MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/BLUE MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL APPLICATOR DOSE LOADER/35ML MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/GOLD MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL DOSE APPLICATOR/4ML MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/GREEN MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL DOSING SYSTEM/VAGINAL APPLICATOR 35 MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/PINK MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/BLACK MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/PURPLE MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/BLUE MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/RED MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/GOLD MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/SILVER MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/GREEN MISC	P	RX/OTC	TOPI-CLICK/35ML/3 PORT/WHITE MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/ORANGE MISC	P	RX/OTC	TOTAL COMFORT WHEELCHAIRBACK CUSHION MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/PINK MISC	P	RX/OTC	TOTAL COMFORT WHEELCHAIRSEAT CUSHION MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/PURPLE MISC	P	RX/OTC	TRACTION FLOOR STAND/ECONOMY MODEL MISC	P	RX/OTC
			TRACTION HEAD HALTER ROPE10' MISC	P	RX/OTC
			TRACTION PELVIC BELT MISC	P	RX/OTC
			TRACTION WEIGHT BAG/20LB MISC	P	RX/OTC
			TRANSFER BENCH MISC	P	RX/OTC
			TRANSFER BOARD/28"X8-1/4" MISC	P	RX/OTC
			TRANSFER PIN MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSPORT CHAIR ULTRA LIGHT MISC	P	RX/OTC	ULTICARE ALCOHOL SWABS	P	RX/OTC
TRAVEL POUCH MISC	P	RX/OTC	ULTILET ALCOHOL SWABS	P	RX/OTC
TRAVELER 3 WHEEL ROLLINGWALKER MISC	P	RX/OTC	ULTRA COMFORT BODY MASSAGER MISC	P	RX/OTC
TRIGGER RELEASE JUNIOR WALKER/WHEELS MISC	P	RX/OTC	ULTRA FIT SMART BODY SCALE MISC	P	RX/OTC
TRI-GRIP BATHTUB RAIL MISC	P	RX/OTC	ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC
TRIO ROLLING WALKER MISC	P	RX/OTC	UNGUATOR 100/200/57MM/DISPOSA BLE BLADES MISC	P	RX/OTC
TROCHE MOLD 30 CAVITY MISC	P	RX/OTC	UNGUATOR 15/20/30/36MM/DISPOSA BLE BLADES MISC	P	RX/OTC
TRU FIT MAGNETIX ANKLE/2SMALL DISKS MISC	P	RX/OTC	UNGUATOR 50/43MM/DISPOSABLE BLADES MISC	P	RX/OTC
TRU FIT MAGNETIX BACK MISC	P	RX/OTC	UNGUATOR ACCESSORIES EXACTDOSE 0.5ML MISC	P	RX/OTC
TRU FIT MAGNETIX ELBOW/2SMALL DISKS MISC	P	RX/OTC	UNGUATOR APPLICATOR 1"/SHORT/CAP MISC	P	RX/OTC
TRU FIT MAGNETIX OPEN KNEE/2 LARGE DISKS MISC	P	RX/OTC	UNGUATOR APPLICATOR 2.5"/LONG MISC	P	RX/OTC
TRU FIT MAGNETIX SELF-ADHESIVE MAGNETS MISC	P	RX/OTC	UNGUATOR JAR 100/140 BLUELID MISC	P	RX/OTC
TRU FIT MAGNETIX WRIST/2SMALL DISKS MISC	P	RX/OTC	UNGUATOR JAR 100/140 REDLID MISC	P	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC	UNGUATOR JAR 15/20 BLUE LID MISC	P	RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS	P	RX/OTC	UNGUATOR JAR 15/20 GREENLID MISC	P	RX/OTC
TUB TRANSFER BOARD MISC	P	RX/OTC	UNGUATOR JAR 15/20 RED LID MISC	P	RX/OTC
TWIN MEDICINE SPOON MISC	P	RX/OTC	UNGUATOR JAR 15/28 BLUE LID MISC	P	RX/OTC
TYVEK PROTECTIVE SLEEVES/DISPOSABLE MISC	P	RX/OTC	UNGUATOR JAR 20/33 BLUE MISC	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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/TURQUOISE LID MISC	P	RX/OTC	UNIVERSAL TIPS/1" MISC	P	RX/OTC
UNGUATOR JAR 30/42 WHITELID MISC	P	RX/OTC	UNIVERSAL WALKER ORGANIZER MISC	P	RX/OTC
UNGUATOR JAR 30/42 YELLOW MISC	P	RX/OTC	UNODOSE APPLICATOR/42ML/0.25 ML PER CLICK MISC	P	RX/OTC
UNGUATOR JAR 50/70 BLUE LID MISC	P	RX/OTC	VAGINAL SUPPOSITORY APPLICATOR MISC	P	RX/OTC
UNGUATOR JAR 50/70 BLUE/BLUE LID MISC	P	RX/OTC	VANISHPOINT BLOOD COLLECTION SET 21G X 3/4" X 12" MISC	P	RX/OTC
UNGUATOR JAR 50/70 GREENLID MISC	P	RX/OTC	VANISHPOINT BLOOD COLLECTION SET 23G X 3/4" X 12" MISC	P	RX/OTC
UNGUATOR JAR 50/70 PINK/PINK LID MISC	P	RX/OTC			
UNGUATOR JAR 50/70 RED LID MISC	P	RX/OTC			
UNGUATOR JAR 50/70 TURQUOISE MISC	P	RX/OTC			
UNGUATOR JAR 50/70 WHITELID MISC	P	RX/OTC			
UNGUATOR JAR 50/70 YELLOW MISC	P	RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/5" MISC	P	RX/OTC	WEIGH BOAT/PLASTIC/ANTI-STATIC MISC	P	RX/OTC
WALKER TALL EXTENSION LEGS MISC	P	RX/OTC	WET-STOP 3 MISC	P	RX/OTC
WALKER TIPS/1-1/8" MISC	P	RX/OTC	WHEELCHAIR CUSHION MISC	P	RX/OTC
WALKER TIPS/BLACK/1-1/8" MISC	P	RX/OTC	WHEELCHAIR INVALID RING MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH5 ADJUSTMENT HOLES/3" MISC	P	RX/OTC	WHEELCHAIR MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH5 ADJUSTMENT HOLES/5" MISC	P	RX/OTC	WHITE WALL GRAB BAR/12" MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/3" MISC	P	RX/OTC	WHITE WALL GRAB BAR/16" MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/5" MISC	P	RX/OTC	WHITE WALL GRAB BAR/18" MISC	P	RX/OTC
WALKER/ADULT/FOLDING MISC	P	RX/OTC	WHITE WALL GRAB BAR/24" MISC	P	RX/OTC
WALKER/EXTENDED FRAME MISC	P	RX/OTC	WOODEN CANE/ROUND HANDLE/7/8" MISC	P	RX/OTC
WALKER/FOLDING HEMI MISC	P	RX/OTC	WOODEN CANE/WALNUT FINISH/PISTOL GRIP/DERBY HANDLE/7/8" MISC	P	RX/OTC
WALKER/YOUTH/FOLDING MISC	P	RX/OTC	WOODEN CANE/WALNUT FINISH/ROUND HANDLE/7/8" MISC	P	RX/OTC
WASH GLOVES PRE-MOISTENED MISC	P	RX/OTC	WORK BELT MISC	P	RX/OTC
WATERPROOF SHEETING/36" X54" MISC	P	RX/OTC	WRIST BRACE MISC	P	RX/OTC
WATERPROOF SHEETING/36" X66" MISC	P	RX/OTC	WRIST SLEEP SUPPORT MISC	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	P	RX/OTC	YOUTH PUSH BUTTON ALUMINUM CRUTCH MISC	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	P	RX/OTC	ZEV RX STERILE ALCOHOL PREP PADS	P	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	RX/OTC	ZEWA ELECTRODES MISC	P	RX/OTC
			ZIPPERED MATTRESS COVER MISC	P	RX/OTC
			ZOOM 20 ROLLING WALKER MISC	P	RX/OTC

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Oral Hygiene Products			3ML SYRINGE/20G X 1"/LUER LOCK TIP	P	QL(3.34 ea daily); RX/OTC
ORAL SWAB PETITE SWAB	P		3ML SYRINGE/20G X 1"/LUER SLIP TIP	P	QL(3.34 ea daily); RX/OTC
TOOTHETTE ORAL SWABS/DENTIFRICE SWAB	P		ABOUTTIME PEN NEEDLE 32GX 5/32"	NP	MP; RX/OTC
TOOTHETTE ORAL SWABS/UNTREATED SWAB	P		ABOUTTIME PEN NEEDLES 30GX 5/16"	NP	MP
TOOTHETTE PLUS ORAL SWABS/UNTREATED SWAB	P		ABOUTTIME PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
Parenteral Therapy Supplies			ABOUTTIME PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	NP	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES	NP	MP
1ST TIER UNIFINE PENTIPS29GX12MM	NP	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	NP	MP
1ST TIER UNIFINE PENTIPS31GX6MM	NP	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM	NP	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM	NP	MP; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	NP	MP	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS33GX4MM	NP	MP	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	NP	MP; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	NP	MP; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	NP	MP	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	NP	MP; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL /29GX12MM	NP	MP; RX/OTC			
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	NP	MP; RX/OTC			

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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 SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC	AUM PEN NEEDLE/33GX5MM	NP	MP
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	NP	MP; RX/OTC	AUM PEN NEEDLE/33GX6MM	NP	MP
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	NP	MP; RX/OTC	AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	NP	MP; RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	NP	MP	AUM SAFETY PEN NEEDLE/31G X 4MM	NP	MP
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC	AUM SAFETY PEN NEEDLE/31G X 5MM	NP	MP; RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	NP	MP	AURORA PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	MP; RX/OTC	AURORA PEN NEEDLES 31G X6MM	NP	MP; RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM	NP	MP; RX/OTC	AURORA PEN NEEDLES 31G X8MM	NP	MP; RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX5MM	NP	MP; RX/OTC	AURORA UNIFINE PENTIPS/32GX5/32"	NP	MP; RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	NP	MP	AURORA UNIFINE PENTIPS/MINI/31GX3/16"	NP	MP; RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX8MM	NP	MP	AUTOPEN DEVI	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC
			BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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; RX/OTC
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; RX/OTC
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; RX/OTC
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 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	NP	MP	BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	NP	MP; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML	NP	MP; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	NP	MP; RX/OTC			
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	NP	MP; RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC	BD PEN MINI MISC	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	NP	MP
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	BD PEN NEEDLE/mini/ULTRAFINE/31G X 5MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	NP	MP; RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	NP	MP; RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	NP	MP; RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	NP	MP; RX/OTC	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	NP	MP; RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	NP	MP
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	NP	MP	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	NP	MP	BD PEN MISC	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	NP	MP	BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	MP; RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	NP	MP	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	MP; RX/OTC
BD INTEGRA RETRACTABLE NEEDLE 23G X 1"	P	QL(3.34 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; 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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	NP	MP; RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	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
			CAREONE INSULIN SYRINGES/1ML/31GX5/16"	NP	MP; RX/OTC
			CAREONE UNIFINE PENTIPS 29GX12MM	NP	MP; RX/OTC
			CAREONE UNIFINE PENTIPS 31GX5MM	NP	MP; RX/OTC
			CAREONE UNIFINE PENTIPS 31GX6MM	NP	MP; RX/OTC
			CAREONE UNIFINE PENTIPS 31GX8MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/U-100/1ML/28GX 5/16"	NP	MP
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE/U-100/1ML/29GX 5/16"	NP	MP
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	NP	MP	CARETOUCH PEN NEEDLE 29GX1/2"	NP	MP; RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/23GX1"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLE 33GX5/32"	NP	MP
CAREPOINT PRECISION POLYHUB NEEDLE/25GX5/8"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31G X 6 MM	NP	MP; RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 23GX1"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31GX 5MM	NP	MP; RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 31GX 8MM	NP	MP; RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 32GX 4MM	NP	MP; RX/OTC
CARETOUCH HYPODERMIC NEEDLE/23GX1"	P	QL(3.34 ea daily); RX/OTC	CARETOUCH PEN NEEDLES 32GX 5MM	NP	MP; RX/OTC
CARETOUCH HYPODERMIC NEEDLE/25GX5/8"	P	QL(3.34 ea daily); RX/OTC	CEQUR SIMPLICITY 2U DEVI	P	QL(0.34 ea daily); MP; RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
			CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	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/30G X 5/16"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G 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 EZINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	NP	MP
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	NP	MP
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	NP	MP
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM	NP	MP
			CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM	NP	MP
			CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM	NP	MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLICKFINE PEN NEEDLE 32GX5/32"	NP	MP; RX/OTC	COMFORT EZ/31G X 6MM	NP	MP; RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 4MM	NP	MP
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 5MM	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 6 MM	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 8 MM	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 5MM	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 6MM	NP	MP
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 8MM	NP	MP
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/33G X 5/32"	NP	MP
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/33GX 3/16"	NP	MP
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	COMFORT TOUCH PEN NEEDLES/33GX1/4"	NP	MP
COMFORT EZ MICRO/32G X 4MM	NP	MP; RX/OTC	DIATHRIVE PEN NEEDLE/31 G X 6MM	NP	MP; RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	NP	MP	DIATHRIVE PEN NEEDLE/31 GX 8MM	NP	MP; RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	NP	MP	DIATHRIVE PEN NEEDLE/31GX 5MM	NP	MP; RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC	DIATHRIVE PEN NEEDLE/32GX 4MM	NP	MP; RX/OTC
COMFORT EZ SHORT/31G X 8MM	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	MP; RX/OTC
COMFORT EZ/31G X 5MM	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	NP	MP; RX/OTC
			DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	NP	MP; RX/OTC
			DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	NP	MP	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	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 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	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 1/2"	NP	MP; RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	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 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	DROPLET MICRON 34G X 9/64"	NP	MP
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 29G X1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 29GX10MM	NP	MP
DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	NP	MP	DROPLET PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 30G X 5/16"	NP	MP
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 31G X3/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 31G X5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	DROPLET PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
			DROPLET PEN NEEDLES 32G X 1/4"	NP	MP
			DROPLET PEN NEEDLES 32G X 3/16"	NP	MP; RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 32G X 5/16"	NP	MP	DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32G X 5/32"	NP	MP; RX/OTC	DRUG MART UNIFINE PENTIPS 31GX5MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	DRUG MART UNIFINE PENTIPS29G X 12MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX5MM	NP	MP; RX/OTC	DRUG MART UNIFINE PENTIPS31GX6MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX6MM	NP	MP	DRUG MART UNIFINE PENTIPS31GX8MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX8MM	NP	MP	DRUG MART UNIFINE PENTIPS32GX4MM	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	NP	MP; RX/OTC	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	NP	
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 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 31GX8MM 0.3ML	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	NP	MP
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	NP	MP	EASY TOUCH HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX1/4"	NP	MP; RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	NP	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	NP	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32"	NP	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM	NP	MP	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES33G X 5MM	NP	MP	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES33G X 6MM	NP	MP	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
EASY GLIDE PEN NEEDLES 33G X 5/32"	NP	MP	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
EASY TOUCH 32GX5MM	NP	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
EASY TOUCH 32GX6MM	NP	MP	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 25GX5/8"	P	QL(3.34 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	NP	MP; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	NP	MP; RX/OTC			
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	MP; RX/OTC			
EASY TOUCH FLIPLOCK 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 INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	EASY TOUCH PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC	EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G 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/27G X 5/8"	NP	MP	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G 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/29G X 1/2"	NP	MP; RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLE 30G X 5/16"	NP	MP	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLE/30G X 3/16"	NP	MP; RX/OTC	EASYPOINT NEEDLE 23G X 1"	P	QL(3.34 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2"	NP	MP; RX/OTC	EASYPOINT NEEDLE 25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC	EMBRACE PEN NEEDLES/29G X 12MM	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC	EMBRACE PEN NEEDLES/30G X 5MM	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4"	NP	MP	EMBRACE PEN NEEDLES/30G X 8MM	NP	MP
EASY TOUCH PEN NEEDLES 32GX3/16"	NP	MP; RX/OTC	EMBRACE PEN NEEDLES/31G X 5MM	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32"	NP	MP; RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	MP; RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	MP; RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	MP; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	NP	MP; RX/OTC	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/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
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G 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/29G 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 1/2"	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
GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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; RX/OTC	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; RX/OTC	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
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	NP	MP; RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	INPEN 100/BLUE/NOVOLOG/FIA SP DEVI	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	NP	MP; RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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/FIASP 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/FIASP 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 X1/4"	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/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
			INSULIN SYRINGES/0.5ML/28GX1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES/0.5ML/29GX1/2"	NP	MP; RX/OTC	INSUPEN ULTRAFIN 31GX6MM	NP	MP; RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16"	NP	MP; RX/OTC	INSUPEN ULTRAFIN 31GX8MM	NP	MP; RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16"	NP	MP; RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	NP	MP; RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	NP	MP; RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	NP	MP; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	NP	MP
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	NP	MP; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	NP	MP
INSULIN SYRINGES/U-100/1ML/27GX1/2"	NP	MP; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	NP	MP
INSULIN SYRINGES/U-100/1ML/28GX1/2"	NP	MP; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/1ML/29GX1/2"	NP	MP; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	NP	MP; RX/OTC	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/1ML/31GX5/16"	NP	MP; RX/OTC	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
INSUPEN 29G X 12MM	NP	MP; RX/OTC	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
INSUPEN 31G X 5MM	NP	MP; RX/OTC	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	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			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KROGER 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
KROGER 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
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
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/32GX5/3 2"	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			
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITETOUGH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	LITETOUGH PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
LITETOUGH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	LITETOUGH PEN NEEDLES 31G X 6MM/ULTRA SHORT	NP	MP; RX/OTC
LITETOUGH INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	LITETOUGH PEN NEEDLES 31GX8MM SHORT	NP	MP; RX/OTC
LITETOUGH INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	LITETOUGH PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
LITETOUGH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	LITETOUGH PEN NEEDLES/31G X 5MM/MINI	NP	MP; RX/OTC
LITETOUGH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	LITETOUGH PEN NEEDLES/31G X 8MM/SHORT	NP	MP; RX/OTC
LITETOUGH 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
LITETOUGH 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
LITETOUGH 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
LITETOUGH 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
LITETOUGH 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
LITETOUGH 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
LITETOUGH 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
LITETOUGH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	MARATHON MEDICAL PENTIPS29GX12MM	NP	MP; RX/OTC
LITETOUGH PEN NEEDLES 29GX12.7MM	NP	MP	MARATHON MEDICAL PENTIPS31GX5MM	NP	MP; RX/OTC
			MARATHON MEDICAL PENTIPS31GX8MM	NP	MP; RX/OTC

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Updated November 1, 2023

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MARATHON MEDICAL PENTIPS32GX4MM	NP	MP; RX/OTC	MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC	MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	NP	MP; RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	NP	MP; RX/OTC
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			
MICRODOT PEN NEEDLE/32G X 4 MM	NP	MP; RX/OTC			
MICRODOT PEN NEEDLE/33G X 4 MM	NP	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	NP	MP	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	NP	MP; RX/OTC	MONOJECT MAGELLAN SAFETYNEEDLE 23GX1"	P	QL(3.34 ea daily); RX/OTC
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/STANDARDHYPODERMIC 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			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	NP	MP; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	PC UNIFINE PENTIPS 31G X8MM SHORT	NP	MP; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	PEN NEEDLES	NP	MP
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC	PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	PEN NEEDLES 30GX5MM	NP	MP; RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	PEN NEEDLES 30GX8MM	NP	MP
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
MS INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	NP	MP	PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
NOVOFINE PEN NEEDLE 32G X 6MM	NP	MP	PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
NOVOFINE PLUS PEN NEEDLE 32G X 4MM	NP	MP; RX/OTC	PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
NOVOPEN ECHO DEVI	P	QL(0.34 ea daily; 1 ea per 365 days retail); MP; RX/OTC	PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
NOVOTWIST PEN NEEDLE 32GX 5MM	NP	MP; RX/OTC	PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
PC UNIFINE PENTIPS 29G X1/2"	NP	MP; RX/OTC	PEN NEEDLES 31GX6MM (1/4")	NP	MP; RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI	NP	MP; RX/OTC	PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
			PEN NEEDLES 31GX8MM (5/16")	NP	MP; RX/OTC
			PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
			PEN NEEDLES 32G X 5MM	NP	MP; RX/OTC
			PEN NEEDLES 32G X 6MM	NP	MP
			PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
			PEN NEEDLES 33G X 5/32"	NP	MP
			PEN NEEDLES/29G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"	NP	MP
PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC	PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
PENTIPS 29G X 12MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
PENTIPS 29GX12MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
PENTIPS 31G X 5MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
PENTIPS 31G X 8MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC
PENTIPS 31GX5MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
PENTIPS 31GX6MM	NP	MP; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
PENTIPS 31GX8MM	NP	MP; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	NP	MP; RX/OTC
PENTIPS 32G X 4MM	NP	MP; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	NP	MP; RX/OTC
PENTIPS 32GX4MM	NP	MP; RX/OTC			
PENTIPS 32GX6MM	NP	MP			
PIP PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC			
PIP PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC			
POLY HUB NEEDLE/23G X 1"	P	QL(3.34 ea daily); RX/OTC			
POLY HUB NEEDLE/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC			
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC			
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC			
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	NP	MP; RX/OTC	PRO COMFORT PEN NEEDLES/32G X 6MM	NP	MP
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	NP	MP; RX/OTC	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	NP	MP; RX/OTC	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	NP	MP; RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC	PURE COMFORT PEN NEEDLE 32G X6MM	NP	MP
PREVENT SAFETY PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC	PURE COMFORT PEN NEEDLE 32G X8MM	NP	MP
PREVENT SAFETY PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC	PURE COMFORT PEN NEEDLE/32G X 5MM	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	MP; RX/OTC	PURE COMFORT PEN NEEDLE/32G X4MM	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	NP	MP; RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	MP; RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	NP	MP; RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	NP	MP; RX/OTC	PX EXTRA SHORT PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	NP	MP; RX/OTC	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM	NP	MP; RX/OTC	PX MINI PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC	PX PEN NEEDLE 29GX12MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM	NP	MP; RX/OTC	PX PEN NEEDLE 31GX8MM	NP	MP; RX/OTC
			PX SHORTLENGTH PEN NEEDLES/31GX8MM	NP	MP; RX/OTC
			QC PEN NEEDLES 29G X 12MM	NP	MP; RX/OTC
			QC PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QC PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC	RELION INSULIN SYRINGE 1ML/31GX15/64"	NP	MP; RX/OTC
QC UNIFINE PENTIPS 32GX4MM	NP	MP; RX/OTC	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	NP	MP; RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	MP; RX/OTC
RA PEN NEEDLES 31G X 5MM3/16"	NP	MP; RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
RA PEN NEEDLES 31G X 8MM5/16"	NP	MP; RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
RAYA SURE PEN NEEDLE 29GX 12MM	NP	MP; RX/OTC	RELION MINI PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
RAYA SURE PEN NEEDLE 31GX 4MM	NP	MP	RELION PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
RAYA SURE PEN NEEDLE 31GX 5MM	NP	MP; RX/OTC	RELION PEN NEEDLES 31G X6MM	NP	MP; RX/OTC
RAYA SURE PEN NEEDLE 31GX 6MM	NP	MP; RX/OTC	RELION PEN NEEDLES 31G X8MM	NP	MP; RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	NP	MP; RX/OTC	RELION PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	RELION PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	RELION PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	RELION PEN NEEDLES 32G X4MM	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	RELION PEN NEEDLES 32G X5/32"	NP	MP; RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	NP	MP; RX/OTC	RELION PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
			RELION PEN NEEDLES/31G X1/4"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION SHORT PEN NEEDLES31GX8MM	NP	MP; RX/OTC	SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	NP	MP
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	NP	MP; RX/OTC	SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	NP	MP; RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	NP	MP; RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	NP	MP; RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	NP	MP; RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	NP	MP; RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	NP	MP; RX/OTC
SAFETY PEN NEEDLES/30G X3/16"	NP	MP; RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	NP	MP; RX/OTC
SAFETY PEN NEEDLES/30G X5/16"	NP	MP	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM	NP	MP; RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM	NP	MP; RX/OTC
SB 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
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM	NP	MP; RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	NP	MP; RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC			
SECURESAFE SAFETY HYPODERMIC NEEDLE/23G X 1"	P	QL(3.34 ea daily); RX/OTC			
SECURESAFE SAFETY HYPODERMIC NEEDLE/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC			
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC			
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	NP	MP; RX/OTC			

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	NP	MP; RX/OTC
SYRINGE/LUER LOCK/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC	TECHLITE PEN NEEDLES 29GX 10MM	NP	MP
SYRINGES/LUER LOCK/1ML/20GX1"	P	QL(3.34 ea daily); RX/OTC	TECHLITE PEN NEEDLES 29GX 12 MM	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC	TECHLITE PEN NEEDLES 31GX 5MM	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC	TECHLITE PEN NEEDLES/31GX 5MM	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC	TECHLITE PEN NEEDLES/31GX 6 MM	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC	TECHLITE PEN NEEDLES/31GX 8MM	NP	MP; RX/OTC
			TECHLITE PEN NEEDLES/32GX 4MM	NP	MP; RX/OTC
			TECHLITE PEN NEEDLES/32GX 6MM	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLES/32GX 8MM	NP	MP	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	NP	MP; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	NP	MP; RX/OTC	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC	TRUE COMFORT PEN NEEDLES31G X 5MM	NP	MP; RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC	TRUE COMFORT PEN NEEDLES31G X 6MM	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PEN NEEDLES32G X 4MM	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	NP	MP
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16"	NP	MP
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
			TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	P	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	P	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	P	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	NP	MP	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	NP	MP	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 33G X 5MM	NP	MP	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 33G X 6MM	NP	MP	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G 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/30G X 5/16"	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	P	MP	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	P	MP; RX/OTC	TRUEPLUS PEN NEEDLES 29GX12MM	P	MP; RX/OTC

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

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	NP	MP; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
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; RX/OTC	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
			ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	NP	MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	NP		VERIFINE INSULIN SYRINGE1ML/31G X 8MM	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	NP	MP	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	NP	MP	VIDA MIA UNIFINE PENTIPS32GX4MM	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	NP	MP; RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	NP	MP; RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	NP	MP; RX/OTC	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	MP; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	MP; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	MP; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	NP	MP	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 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 5MM	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 6MM	NP	MP; RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK 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-VU/MASK MISC	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/MEDIUM MASK MISC	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/SMALL MASK MISC	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 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 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
ADULT 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/FLOWSIGNAL 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 Z-STAT PLUS/LARGE 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			
AEROBIKA DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC			
AEROCHAMBER MINI AEROSOLCHAMBER 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
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	ALL FLOW 3000 PFT FILTER DEVI	P	2 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 4000 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 5000 PFT FILTER DEVI	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	ALL FLOW 6000 PFT FILTER DEVI	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	ALL FLOW 7000 PFT FILTER DEVI	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	ASSESS PEAK FLOW METER FULL RANGE	P	1 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	ASSESS PEAK FLOW METER LOW RANGE	P	1 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	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
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	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
ALL FLOW 2000 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/CHILD 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
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	CARETOUCH CPAP MASK WIPES MISC	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	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ml 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	CARETOUCH CPAP TUBE CLEANING BRUSH MISC	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	CARETOUCH UNIVERSAL CPAPFILTERS MISC	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	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
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE 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
BREATHERITE VALVED MDI CHAMBER/RIGID 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
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	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
CARETOUCH 2 CPAP HOSE HANGER 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
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC			

IL MHP Medicaid

Updated November 1, 2023

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
CLEVER CHOICE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	EASIVENT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea 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	EASY FLOW 300 MM HOSE 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	EASY FLOW 400 MM HOSE 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	EASY FLOW AIR NOZZLE MISC	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	EASY FLOW BLACK/BLUE 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	EASY FLOW BLACK/ORANGE 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	EASY FLOW BLACK/RED 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	EASY FLOW BLACK/WHITE 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	EASY FLOW BLACK/YELLOW DEVI	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	EASY FLOW HEPA FILTER 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
EASY FLOW WHITE/BLUE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	FILTER AIR PP 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	FLEXICHAMBER ADULT MASK/SMALL	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	FLEXICHAMBER CHILD MASK/LARGE	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	FLEXICHAMBER CHILD MASK/SMALL	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	FLEXICHAMBER 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	FLYP HYPERSONIQ CARTRIDGE MISC	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	FULL KIT NEBULIZER SET MISC	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	IN-CHECK DIAL INSPIRATORYFLOW TRAINER 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	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
EQ SPACE CHAMBER ANTI-STATIC 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INNOSPIRE REPLACEMENT FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	MICROLIFE DIGITAL PEAK FLOW METER	P	1 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	MICROSPACER MISC	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	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
LITETOUCH MASK MEDIUM MISC	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
LITETOUCH MASK SMALL MISC	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
LUNG PERFORMANCE PEAK FLOW METER	P	1 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
MASK VORTEX/CHILD/FROG	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
MASK VORTEX/TODDLER/LAD YBUG	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
MICROCHAMBER 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
MICROCHAMBER 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOSE CLIP 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
OMBRA TABLE TOP COMPRESSOR DEVI	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
ONE FLOW FVC MONITORING SPIROMETER DEVI	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
OPTICHAMBER DIAMOND/LARGEFACE MASK 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
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	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
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	2 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
OPTICHAMBER DIAMOND DEVI	P	2 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
OPTICHAMBER DIAMOND 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
PANDA MASK LARGE	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
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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PARI SOFT PLASTIC ADULT MASK MISC	P	2 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
PARI SOFT PLASTIC PEDIATRIC MASK 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
PARI TREK S COMBO PACK DEVI	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
PARI VORTEX ADULT MASK	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
PEAK A-I-R FLOW METER	P	1 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
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	1 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
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	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
PEDIATRIC PANDA MASK	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
PERSONAL BEST FULL RANGE	P	1 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
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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	QUAKE DEVI	P	2 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	REPLACEMENT AIR FILTER 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	REPLACEMENT FILTERS 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	RITFLO DEVI	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	SAMI THE SEAL REPLACEMENTFILTERS MISC	P	2 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	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 3-BALL BREATH EXERCISER DEVI	P	2 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
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	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
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 PEDIATRIC FACEMASK 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 PLUS ADULT FACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	THRESHOLD PEP DEVI	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	TRUZONE PEAK FLOW METER	P	1 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	TUBING/WING TIP MISC	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	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
SOOTHENEB NBL 100 CHILD 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
SOOTHENEB NBL 100 MEDICATION CUP MISC	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
SOOTHENEB NBL 100 MESH CAP MISC	P	2 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
SOOTHENEB NBL100 ADULT MASK 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		
SPIRO PD DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
THRESHOLD IMT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC	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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOSY 100 MG/ML	P	SP; PA	<i>frovatriptan succinate</i>	NP	
NURTEC	P	QL(0.27 ea daily); PA	IMITREX 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i>)	NP	
QULIPTA	P	PA	IMITREX STATDOSE REFILL SOCT (Use <i>sumatriptan succinate</i>)	NP	
UBRELVY	P	QL(0.34 ea daily); PA	IMITREX STATDOSE SYSTEM SOAJ (Use <i>sumatriptan succinate</i>)	NP	
VYEPTI	NP	SP; MP	IMITREX SOLN 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NF	QL(0.067 ml daily)
ZAVZPRET	NP		IMITREX TABS (Use <i>sumatriptan succinate</i>)	NP	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)
Migraine Combinations			MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	NF	
<i>ergotamine w/ caffeine SUPP</i>	P	QL(0.72 ea daily)	MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	NP	
<i>sumatriptan-naproxen sodium</i>	NP		MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	NF	
TREXIMET (Use <i>sumatriptan-naproxen sodium</i>)	NF		MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	NP	
Migraine Products			<i>naratriptan hcl</i>	NP	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)
D.H.E. 45 SOLN IJ (Use <i>dihydroergotamine mesylate</i>)	NF		RELPAX (Use <i>eletriptan hydrobromide</i>)	NP	
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	NP		REYVOW	NP	QL(0.134 ea daily)
MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i>)	NP		<i>rizatriptan benzoate TABS</i>	P	
TRUDHESA	NP		<i>rizatriptan benzoate TBDP</i>	P	
Migraine Products - NSAIDs			<i>sumatriptan</i>	P	
<i>diclofenac potassium (migraine)</i>	NP		<i>sumatriptan succinate SOAJ</i>	P	
ELYXYB	NP		<i>sumatriptan succinate SOCT</i>	P	
Serotonin Agonists			<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(0.067 ml daily)
<i>almotriptan malate</i>	NP				
AMERGE (Use <i>naratriptan hcl</i>)	NF	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)			
<i>eletriptan hydrobromide</i>	NP				
FROVA (Use <i>frovatriptan succinate</i>)	NP				

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<i>sumatriptan succinate TABS</i>	P	1 rtl MAX fill; 23 rti day(s) supply; QL(0.3 ea daily)	CITRACAL + D3 MAXIMUM TABS (<i>Use calcium citrate-vitamin d</i>)	NF	
TOSYMRA	NP		CITRACAL PETITES/VITAMIND TABS (<i>Use calcium citrate-vitamin d</i>)	NF	
ZEMBRACE SYMTOUCH SOAJ	NP		<i>oyster shell</i>	P	
<i>zolmitriptan SOLN</i>	NP		OYSTER SHELL CALCIUM/D TABS	P	
<i>zolmitriptan TABS</i>	NP		Electrolyte Mixtures		
<i>zolmitriptan TBDP</i>	NP		BIOLYTE SOLN	P	
ZOMIG SOLN	NP		CERALYTE 70 SOLN	P	
ZOMIG SOLN (<i>Use zolmitriptan</i>)	NP		CERASPORT EX1 SOLN	P	
ZOMIG TABS 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	NP		CERASPORT SOLN	P	
ZOMIG TABS 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	NF		DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	P	
MINERALS & ELECTROLYTES			DEXTROSE 2.5%/NACL 0.45% (<i>Use dextrose w/ sodium chloride</i>)	NF	
Bicarbonates			DEXTROSE 5%/NACL 0.3% (<i>Use dextrose w/ sodium chloride</i>)	NF	
<i>sodium acetate SOLN</i>	P		<i>dextrose in lactated ringers</i>	P	
SODIUM ACETATE SOLN (<i>Use sodium acetate</i>)	NF		<i>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 %</i>	P	
Calcium			DEXTROSE/SODIUM CHLORIDE (<i>Use dextrose w/ sodium chloride</i>)	NF	
<i>calcium carbonate-cholecalciferol TABS</i>	P		ENFAMIL ENFALYTE SOLN	P	
<i>calcium carbonate TABS 600 MG, 1500 MG</i>	P		EQUALYTE SOLN (<i>Use oral electrolytes</i>)	NF	
<i>calcium carbonate-vitamin d w/ minerals TABS</i>	P		HYDRALYTE FREEZER POPS SOLN	P	
<i>calcium citrate TABS 200 MG</i>	P		HYDRALYTE SOLN	P	
<i>calcium citrate-vitamin d TABS 250 UNIT-200 MG, 250 UNIT-315 MG, 6.25 MCG-200 MG, 6.25 MCG-315 MG</i>	P				
<i>calcium gluconate SOLN</i>	P	PA			
CALCIUM GLUCONATE SOLN (<i>Use calcium gluconate</i>)	NF	PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KINDERLYTE PREMAX SOLN	P		POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML	P	
KINDERLYTE SOLN	P		<i>sodium phosphates (sodium phosphate dibasic & monobasic) 142 MG/ML-276 MG/ML</i>	P	PA
<i>oral electrolytes SOLN</i>	P		Potassium		
PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)	NF		K-TAB TBCR (Use potassium chloride)	NF	
PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	NF		<i>potassium acetate SOLN 2 MEQ/ML</i>	P	
PEDIALYTE SINGLES SOLN (Use oral electrolytes)	NF		POTASSIUM ACETATE SOLN 2 MEQ/ML	P	
PEDIALYTE SOLN (Use oral electrolytes)	NF		<i>potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ</i>	P	
Fluoride			<i>potassium chloride SOLN IV 2 MEQ/ML</i>	P	PA
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	P		<i>potassium chloride SOLN OR 10 %</i>	P	
Magnesium			<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P	
<i>magnesium oxide (mg supplement) TABS 400 MG, 500 MG</i>	P		Sodium		
<i>magnesium sulfate IJ 50 %</i>	P		<i>sodium chloride flush</i>	P	
MAGNESIUM SULFATE IJ 50 %	P		<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 5 %</i>	P	
<i>magnesium TABS 250 MG, 250 MG</i>	P		Zinc		
MAGOX 400 TABS (Use magnesium oxide (mg supplement))	NF		<i>zinc sulfate SOLN 1 MG/ML</i>	P	PA
Phosphate			ZINC SULFATE SOLN 1 MG/ML (Use zinc sulfate)	NF	PA
PHOS-NAK POWDER CONCENTRATE PACK (Use potassium & sodium phosphates)	NF		MISCELLANEOUS THERAPEUTIC CLASSES		
<i>potassium & sodium phosphates PACK</i>	P		Chelating Agents		
<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	P		CUPRIMINE CAPS (Use penicillamine)	NP	QL(4 ea daily)
			CUVRIOR	NP	SP
			DEPEN TITRATABS TABS (Use penicillamine)	P	QL(4 ea daily)

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<i>penicillamine CAPS</i>	P	QL(4 ea daily)	<i>mycophenolate mofetil CAPS</i>	P	MP
<i>penicillamine TABS</i>	P	QL(4 ea daily)	<i>mycophenolate mofetil SUSR</i>	P	MP
SYPRINE (<i>Use trientine hcl</i>)	NP	SP	<i>mycophenolate mofetil TABS</i>	P	MP
<i>trientine hcl</i>	P	SP	<i>mycophenolate mofetil TABS</i>	P	MP
Immunomodulators			<i>mycophenolate sodium</i>	P	MP
JOENJA	NP		<i>mycophenolate sodium</i>	P	MP
<i>lenalidomide</i>	NP	SP	MYFORTIC (<i>Use mycophenolate sodium</i>)	NP	MP
<i>lenalidomide</i>	NP	SP	NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	MP
REVLIMID	NP	SP	NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	MP
REZUROCK	NP	SP	PROGRAF CAPS (<i>Use tacrolimus</i>)	NP	MP
RYSTIGGO	NP	SP	PROGRAF PACK	NP	
THALOMID	NP	SP	RAPAMUNE SOLN (<i>Use sirolimus</i>)	NP	MP
VYVGART	NP	SP; MP	RAPAMUNE TABS (<i>Use sirolimus</i>)	NP	MP
VYVGART HYTRULO	NP	SP	SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	NP	
Immunosuppressive Agents			SANDIMMUNE SOLN OR <i>sirolimus SOLN</i>	P	MP
ASTAGRAF XL CP24	NP		<i>sirolimus TABS</i>	P	MP
<i>azathioprine TABS 50 MG</i>	P	MP	<i>sirolimus TABS 1 MG, 2 MG</i>	P	MP
<i>azathioprine TABS 75 MG, 100 MG</i>	NP		<i>tacrolimus CAPS 1 MG</i>	P	MP
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NP	MP	<i>tacrolimus CAPS</i>	P	MP
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NP	MP	ZORTRESS (<i>Use everolimus (immunosuppressant)</i>)	NP	
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NP	MP	Potassium Removing Agents		
<i>cyclosporine modified (for microemulsion) CAPS</i>	P	MP	LOKELMA	NP	
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	MP	<i>sodium polystyrene sulfonate POWD</i>	P	
<i>cyclosporine CAPS</i>	P				
ENVARUSUS XR TB24	NP				
<i>everolimus (immunosuppressant)</i>	NP				
IMURAN TABS (<i>Use azathioprine</i>)	NP	MP			
LUPKYNIS	NP	SP			
<i>mycophenolate mofetil CAPS</i>	P	MP			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	NP		<i>sodium fluoride (dental) CREA</i>	NP	
VELTASSA	NP		<i>sodium fluoride (dental) GEL</i>	NP	MP
Systemic Lupus Erythematosus Agents			<i>sodium fluoride (dental) PSTE DT</i>	NP	MP
BENLYSTA SOAJ	NP	SP; MP	<i>sodium fluoride (dental) SOLN 0.2 %</i>	NP	MP
BENLYSTA SOSY	NP	SP; MP	<i>sodium fluoride-potassium nitrate GEL</i>	NP	MP
MOUTH/THROAT/DENTAL AGENTS					
Anesthetics Topical Oral					
<i>lidocaine hcl (mouth-throat) 4 %</i>	P	QL(1.67 ml daily)	Steroids - Mouth/Throat/Dental		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(6.67 ml daily)	<i>triamcinolone acetonide (mouth)</i>	P	QL(0.17 gm daily)
Anti-infectives - Throat					
<i>clotrimazole</i>	P		Throat Products - Misc.		
<i>nystatin (mouth-throat)</i>	P		AQUORAL SOLN	NP	RX/OTC
ORAVIG	NP		<i>cevimeline hcl</i>	NP	
Antiseptics - Mouth/Throat					
<i>chlorhexidine gluconate (mouth-throat)</i>	P		EVOXAC (Use <i>cevimeline hcl</i>)	NP	
Dental Products					
LISTERINE HEALTHY WHITE VIBRANT SOLN (Use <i>sodium fluoride (dental)</i>)	NF		GELX GEL	NP	
LISTERINE TOTAL CARE PLUSWHITENING SOLN (Use <i>sodium fluoride (dental)</i>)	NF		<i>pilocarpine hcl (oral)</i>	P	
LISTERINE WHITENING/RESTORING SOLN (Use <i>sodium fluoride (dental)</i>)	NF		MULTIVITAMINS		
PREVIDENT 5000 DRY MOUTH GEL (Use <i>sodium fluoride (dental)</i>)	NF	MP	B-Complex Vitamins		
PREVIDENT FLUORIDE GEL (Use <i>sodium fluoride (dental)</i>)	NF	MP	<i>b-complex vitamins TABS</i>	P	
B-Complex w/ C					
<i>b complex w/ c TABS</i>					
<i>b-complex w/ c & calcium</i>					
<i>b-complex w/ c & e + zn</i>					
B-Complex w/ Folic Acid					
<i>b-complex w/ c & folic acid TABS</i>					
Multiple Vitamins w/ Iron					
<i>multiple vitamins w/ iron TABS</i>					
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Multiple Vitamins w/ Minerals			CENTRAVITES 50 PLUS TABS	P	RX/OTC
ABC COMPLETE SENIOR 50+ TABS	P	RX/OTC	CENTRAVITES ADULTS TABS	P	RX/OTC
ABC COMPLETE SENIOR MEN'S 50+ TABS	P	RX/OTC	CENTRUM ADULTS TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	RX/OTC	CENTRUM CARDIO TABS	P	RX/OTC
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	P	RX/OTC	CENTRUM MEN TABS	P	RX/OTC
ALGAE BASED CALCIUM TABS	P	RX/OTC	CENTRUM MEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	P	RX/OTC	CENTRUM MINIS WOMEN 50+ TABS	P	RX/OTC
ALIVE ENERGY 50+ TABS	P	RX/OTC	CENTRUM SILVER 50+MEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ALIVE MENS 50+ TABS	P	RX/OTC	CENTRUM SILVER 50+WOMEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ALIVE MENS ENERGY TABS	P	RX/OTC	CENTRUM SILVER ADULT 50+ TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	P	RX/OTC	CENTRUM SILVER ADULTS 50+ TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	RX/OTC	CENTRUM SILVER ULTRA WOMENS TABS	P	RX/OTC
ALIVE WOMENS 50+ TABS	P	RX/OTC	CENTRUM SILVER TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ALIVE WOMENS ENERGY TABS	P	RX/OTC	CENTRUM SPECIALIST HEART TABS	P	RX/OTC
ANTIOXIDANT FORMULA TABS	P	RX/OTC	CENTRUM SPECIALIST IMMUNE SUPPORT TABS	P	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	P	RX/OTC	CENTRUM SPECIALIST VISION TABS	P	RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS	P	RX/OTC			
BACMIN TABS	P	RX/OTC			
BASIC AM TABS	P	RX/OTC			
BASIC PM TABS	P	RX/OTC			
BONEUP VEGETARIAN TABS	P	RX/OTC			
CAL-DAY 1000 TABS	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CENTRUM ULTRA WOMENS TABS	P	RX/OTC	EQ ONE DAILY MENS HEALTH TABS	P	RX/OTC
CENTRUM WOMEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC	EQ ONE DAILY WOMENS 50+ TABS	P	RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	P	RX/OTC	EQ ONE DAILY WOMENS HEALTH TABS	P	RX/OTC
CERTAVITE SENIOR TABS	P	RX/OTC	EQL CENTURY MATURE ADULTS50+ TABS	P	RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	P	RX/OTC	EQL CENTURY MENS TABS	P	RX/OTC
CVS ONE DAILY MENS 50+ ADVANCED TABS	P	RX/OTC	EQL CENTURY WOMENS TABS	P	RX/OTC
CVS ONE DAILY WOMENS 50+ADVANCED TABS	P	RX/OTC	EQL ONE DAILY MENS TABS	P	RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	P	RX/OTC	ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	RX/OTC
CVS SPECTRAVITE ADULTS TABS	P	RX/OTC	EYE HEALTH/LUTEIN TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS	P	RX/OTC	EYE MULTIVITAMIN/SODIUM TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	P	RX/OTC	FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	P	RX/OTC	FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	P	RX/OTC
DAYAVITE TABS	P	RX/OTC	FOLAMAX TABS	P	RX/OTC
DERMACINRX MULTITAM TABS	P	RX/OTC	FOLIFLEX TABS	P	RX/OTC
DERMACINRX RIBOTIN-E TABS	P	RX/OTC	FOLIKA-MG TABS	P	RX/OTC
DERMACINRX ZINTREXYL-C TABS	P	RX/OTC	FOLITIN-Z TABS	P	RX/OTC
DERMAVITE TABS	P	RX/OTC	FOSFREE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
DIALYVITE SUPREME D TABS	P	RX/OTC	FREEDAVITE TABS	P	RX/OTC
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	P	RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	P	RX/OTC
EQ ONE DAILY MENS 50+ TABS	P	RX/OTC	HAIR SKIN & NAILS ADVANCED FORMULA TABS	P	RX/OTC
			HEAD CARE PROACTIVE HEALTH TABS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	P	RX/OTC	MULTI-BETIC DIABETES TABS	P	RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	P	RX/OTC	<i>multiple vitamins w/ minerals TABS</i>	P	RX/OTC
HM COMPLETE MEN TABS	P	RX/OTC	MULTIVITAMIN ADULTS TABS	P	RX/OTC
HM HAIR/SKIN/NAILS TABS	P	RX/OTC	MULTIVITAMIN MEN TABS	P	RX/OTC
HYLAZINC TABS	P	RX/OTC	MULTI-VITAMIN MONOCAPS TABS	P	RX/OTC
ICAPS AREDS FORMULA TABS	P	RX/OTC	MULTIVITAMIN WOMEN TABS	P	RX/OTC
KEYFOLIC TABS	P	RX/OTC	MULTIVITAMIN/ZINC STRESSFORMULA TABS	P	RX/OTC
KEYLOSA TABS	P	RX/OTC	MULTIVITAMIN TABS	P	RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	P	RX/OTC	NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	P	RX/OTC
LIVER DETOX TABS	P	RX/OTC	NATRUL-VITES TABS	P	RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	P	RX/OTC	NEOVITE TABS	P	RX/OTC
MEGA MULTI FOR MEN TABS	P	RX/OTC	NICADAN ZX TABS	P	RX/OTC
MEGA MULTI FOR WOMEN TABS	P	RX/OTC	NICADAN TABS	P	RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	P	RX/OTC	NICAZEL FORTE TABS	P	RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	P	RX/OTC	NICAZEL TABS	P	RX/OTC
MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC	NO IRON MULTIPLE VITAMIN/MINERALS TABS	P	RX/OTC
MENS 50+ MULTIVITAMIN TABS	P	RX/OTC	NUTRICAP TABS	P	RX/OTC
MENS MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC	OCULAR VITAMINS TABS	P	RX/OTC
MENS MULTIVITAMIN TABS	P	RX/OTC	ONCOVITE TABS	P	RX/OTC
MULTI-BETIC DIABETES SUPPORT TABS	P	RX/OTC	ONE DAILY MENS 50+ MULTIVITAMIN TABS	P	RX/OTC
			ONE DAILY MENS FORMULA W/O IRON TABS	P	RX/OTC
			ONE DAILY WOMENS TABS	P	RX/OTC
			ONE DIALY MULTIVITAMIN WOMENS TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY ENERGY TABS	P	RX/OTC	ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	P	RX/OTC	ONE-A-DAY WOMENS TABS	P	RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	RX/OTC	ONEVITE TABS	P	RX/OTC
ONE-A-DAY MENS 50+ TABS	P	RX/OTC	OPTIVITE P.M.T. TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	P	RX/OTC	OPURITY TABS	P	RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	P	RX/OTC	OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	P	RX/OTC
ONE-A-DAY MENS TABS	P	RX/OTC	PARVLEX TABS	P	RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	P	RX/OTC	PHYTOMULTI TABS	P	RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	P	RX/OTC	PRESERVISION AREDS TABS	P	RX/OTC
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>	NF	RX/OTC	PROCERV HP TABS	P	RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC	PROFOLA TABS	P	RX/OTC
ONE-A-DAY WOMENS 50+ TABS	P	RX/OTC	PRORENAL+D TABS	P	RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC	PROVIT TABS	P	RX/OTC
ONE-A-DAY WOMENS PETITES TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC	QC MULTI-VITE TABS	P	RX/OTC
			QUIN B STRONG TABS	P	RX/OTC
			QUINTABS-M TABS	P	RX/OTC
			RA CENTRAL-VITE TABS	P	RX/OTC
			RAYAVIT TABS	P	RX/OTC
			RENAPLEX-D TABS	P	RX/OTC
			SENTRY SENIOR/LUTEIN TABS	P	RX/OTC
			SENTRY TABS	P	RX/OTC
			SIDEROL TABS	P	RX/OTC
			SM ONE DAILY MENS TABS	P	RX/OTC
			SM ONE DAILY WOMENS TABS	P	RX/OTC
			SOLO TABS	P	RX/OTC
			SPECTRAVITE TABS	P	RX/OTC

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STROVITE FORTE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC	VITEYES CLASSIC MULTIIVITAMIN TABS	P	RX/OTC
STROVITE ONE TABS	P	RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	P	RX/OTC
SYSTANE ICAPS AREDS2 TABS	P	RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	P	RX/OTC
THERA M PLUS TABS	P	RX/OTC	VITRAMYN TABS	P	RX/OTC
THERABETIC MULTI-VITAMIN TABS	P	RX/OTC	VITRANOL FE TABS	P	RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	RX/OTC	VITRANOL TABS	P	RX/OTC
THERAGRAN-M ADVANCED TABS	P	RX/OTC	VITREXATE FE TABS	P	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	P	RX/OTC	VITREXATE TABS	P	RX/OTC
THERAGRAN-M PREMIER TABS	P	RX/OTC	VITREXYL/IRON TABS	P	RX/OTC
THERAGRAN-M TABS	P	RX/OTC	VITREXYL TABS	P	RX/OTC
THERA-M TABS	P	RX/OTC	VITRUM 50+ ADULT-MULTI IRON FREE TABS	P	RX/OTC
THERA-TABS M TABS	P	RX/OTC	VITRUM 50+ SENIOR MULTI TABS	P	RX/OTC
THEREMS-M TABS	P	RX/OTC	WELLFOLA TABS	P	RX/OTC
THRIVITE 19 TABS	P	RX/OTC	WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	P	RX/OTC
T-VITES TABS	P	RX/OTC	WOMENS 50+ MULTIVITAMIN TABS	P	RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	P	RX/OTC	WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC
ULTRA BONEUP TABS	P	RX/OTC	YELETS TEENAGE FORMULA TABS	P	RX/OTC
VENEXA FE TABS	P	RX/OTC	Multivitamins		
VENEXA TABS	P	RX/OTC	AMLADEX TABS	P	RX/OTC
VENTRIXYL FE TABS	P	RX/OTC	DAILY MULTIPLE VITAMINS TABS	P	RX/OTC
VENTRIXYL TABS	P	RX/OTC	ESTROFACTORS TABS	P	RX/OTC
VITAMIN D3 COMPLETE TABS	P	RX/OTC	FOLCYTEINE TABS	P	RX/OTC
VITAROCA PLUS TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	RX/OTC	GENICIN VITA-Q TABS	P	RX/OTC
VITASANA TABS	P	RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	P	RX/OTC
VITATRUM TABS	P	RX/OTC	MULTI VITAMIN/D-3 TABS	P	RX/OTC
			MULTI VITAMIN TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>multiple vitamin TABS</i>	P	RX/OTC	ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (<i>Use pediatric multiple vitamins</i>)	NF	
MULTIVITAMIN ADULT TABS	P	RX/OTC	<i>pediatric multiple vitamins CHEW</i>	P	
NEOMULTIVITE TABS	P	RX/OTC	Prenatal Vitamins		
OMNICAP TABS	P	RX/OTC	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
ONE DAILY ESSENTIAL TABS	P	RX/OTC	CITRANATAL ASSURE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
ONE VITE DAILY MULTIVITAMIN TABS	P	RX/OTC	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
ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NF	RX/OTC	CITRANATAL BLOOM	NP	AL(At least 10 yrs old - Up to 55 yrs old)
ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NF	RX/OTC	CITRANATAL DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
QUINTABS TABS	P	RX/OTC	CITRANATAL ESSENCE	NP	
THERA TABS	P	RX/OTC	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
THEREMS MULTIVITAMIN TABS	P	RX/OTC	CITRANATAL MEDLEY	NP	
TM-DAILY VITE TABS	P	RX/OTC	C-NATE DHA CAPS	NP	MP
Ped MV w/ Fluoride			COMPLETE NATAL DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
MULTIVITAMIN + FLUORIDE CHEW	P	AL(Up to 10 yrs old); RX/OTC	COMPLETENATE CHEW	P	QL(1 ea daily); MP
MULTIVITAMIN WITH FLUORIDE CHEW	P	AL(Up to 10 yrs old); RX/OTC	DERMACINRX PRETRATE TABS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
MULTI-VIT-FLOR CHEW	P	AL(Up to 10 yrs old); RX/OTC	ENBRACE HR	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
<i>pediatric multivitamins w/fl CHEW</i>	P	AL(Up to 10 yrs old); RX/OTC			
POLY-VI-FLOR CHEW	P	AL(Up to 10 yrs old); RX/OTC			
QUFLORA PEDIATRIC CHEW	P	AL(Up to 10 yrs old); RX/OTC			
Ped MV w/ Iron					
ANIMAL SHAPES/IRON CHEW	P				
MULTIVITAMIN PLUS IRON CHILDRENS CHEW	P				
<i>pediatric multiple vitamins w/ iron CHEW</i>	P				
Pediatric Multiple Vitamins					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FOLIVANE-OB	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
M-NATAL PLUS TABS	P	QL(1 ea daily); MP; RX/OTC	PRENATAL PLUS VITAMIN ANDMINERAL TABS	P	QL(1 ea daily); MP; RX/OTC
MULTI-MAC	NP		<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
NATAL PNV TABS	NP	AL(At least 10 yrs old)	<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
NESTABS	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
NESTABS DHA	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
NESTABS ONE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	PRENATE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
NIVA-PLUS TABS	P	QL(1 ea daily); MP; RX/OTC	PRENATE AM	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
OB COMPLETE ONE	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
OB COMPLETE PETITE	NP	AL(At least 10 yrs old - Up to 55 yrs old); 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
OB COMPLETE PREMIER	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
OB COMPLETE/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			
PNV TABS 29-1 TABS	P	MP; RX/OTC			
PNV-DHA+DOCUSATE	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			
PREMESISRX	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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	TRISTART DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
			TRISTART FREE	NP	
			TRISTART ONE	NP	
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	VINATE DHA RF	NP	MP
			VIRT-NATE DHA CAPS	NP	MP
PRENATE PIXIE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	VIRT-PN DHA	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	VIRT-PN PLUS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATRIX TABS	NP	QL(1 ea daily); MP; RX/OTC	VITAFOL FE+	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATRYL TABS	NP	QL(1 ea daily); MP; RX/OTC	VITAFOL GUMMIES	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRETAB TABS	P	MP; RX/OTC	VITAFOL STRIPS	NP	
PRIMACARE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	VITAFOL ULTRA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
RELNATE DHA CAPS	NP	MP	VITAFOL-NANO	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	VITAFOL-OB+DHA MISC	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	VITAFOL-OB TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
SE-NATAL 19 CHEW	P	QL(1 ea daily); MP	VITAFOL-ONE CAPS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
SE-NATAL 19 TABS	P	MP; RX/OTC	VP-PNV-DHA CAPS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
TARON-C DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	WESCAP-C DHA	NP	MP
TARON-PREX	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP	WESCAP-PN DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
THRIVITE RX TABS	P	MP; RX/OTC	WESNATAL DHA COMPLETE	NP	MP
TRICARE TABS	P	QL(1 ea daily); MP; RX/OTC	WESNATE DHA CAPS	NP	MP
TRINATAL RX 1 TABS	P	QL(1 ea daily); MP	WESTAB PLUS TABS	P	QL(1 ea daily); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
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 - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (Use cyclobenzaprine hcl)	NP	
baclofen SOLN OR 5 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		

Drug Name	Drug Tier	Requirements/Limits
DANTRIUM CAPS 50 MG (Use dantrolene sodium)	NF	
DANTRIUM CAPS 25 MG (Use dantrolene sodium)	NP	
dantrolene sodium CAPS	P	
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	NP	
SOHONOS 5 MG	NP	SP
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine	NP	AL(At least 18 yrs old)
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		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY</i>	P	MP; RX/OTC	<i>pseudoephedrine hcl TABS 30 MG</i>	P	QL(8 ea daily)
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P		SUDAFED CHILDRENS LIQD	P	
NASALCROM (<i>Use cromolyn sodium (nasal)</i>)	NF		SUDAFED CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NF	QL(8 ea daily)
<i>olopatadine hcl (nasal)</i>	P		SUDAFED SINUS CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NF	QL(8 ea daily)
PATANASE (<i>Use olopatadine hcl (nasal)</i>)	NF		NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
PATANASE (<i>Use olopatadine hcl (nasal)</i>)	NP		ALS Agents		
Nasal Anticholinergics			EXSERVAN FILM	NP	SP
<i>ipratropium bromide (nasal) 0.03 %</i>	NP	QL(1 ml daily); MP	RADICAVA ORS STARTER KIT SUSP	NP	SP
<i>ipratropium bromide (nasal) 0.06 %</i>	NP	QL(0.5 ml daily)	RADICAVA ORS SUSP	NP	SP
Nasal Steroids			RELYVRIO	NP	SP
BECONASE AQ	NP	MP	RILUTEK TABS (<i>Use riluzole</i>)	NP	
<i>flunisolide (nasal) 0.025 %</i>	P	QL(0.84 ml daily); MP	<i>riluzole TABS</i>	P	
<i>fluticasone propionate (nasal) SUSP</i>	P	QL(0.54 gm daily); MP; RX/OTC	TIGLUTIK SUSP	NP	SP; MP
<i>mometasone furoate (nasal) SUSP</i>	NP	MP; RX/OTC	Rett Syndrome Agents		
NASONEX SUSP (<i>Use mometasone furoate (nasal)</i>)	NF	MP; RX/OTC	DAYBUE	NP	SP
OMNARIS SUSP	NP	MP	NUTRIENTS		
PROPEL MINI/STRAIGHT DELIVERY SYSTEM IMPL	NP		Carbohydrates		
QNASL	NP	MP	<i>dextrose SOLN 10 %</i>	P	
QNASL CHILDRENS	NP	MP	DEXTROSE SOLN 20 %	P	
SINUVA IMPL	NP		Lipids		
XHANCE EXHU	NP		INTRALIPID 20 GM/100ML	P	PA
ZETONNA AERS	NP	MP	NUTRILIPID	P	PA
Sympathomimetic Decongestants			OPHTHALMIC AGENTS - Drugs to Treat the Eye		
<i>pseudoephedrine hcl TABS 60 MG</i>	P	QL(4 ea daily)	Artificial Tears and Lubricants		
			<i>artificial tear solution</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	P		<i>timolol maleate (ophth) SOLG</i>	P	MP
LACRISERT	P		<i>timolol maleate (ophth) SOLN</i>	NP	MP
<i>polyvinyl alcohol 1.4 %</i>	P		<i>timolol maleate (ophth) SOLN</i>	NP	MP
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML</i>	P		<i>timolol maleate (ophth) SOLN</i>	P	MP
<i>white petrolatum-mineral oil</i>	P		TIMOPTIC OCUDOSE SOLN 0.5 % (<i>Use timolol maleate (ophth)</i>)	NP	MP
Beta-blockers - Ophthalmic			TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	MP
<i>betaxolol hcl (ophth) SOLN</i>	P	MP	TIMOPTIC SOLN (<i>Use timolol maleate (ophth)</i>)	NP	MP
BETIMOL	NP	MP	TIMOPTIC-XE SOLG (<i>Use timolol maleate (ophth)</i>)	NP	MP
BETOPTIC-S SUSP	NP	MP	Cycloplegic Mydriatics		
<i>brimonidine tartrate-timolol maleate</i>	NP	MP	<i>atropine sulfate (ophthalmic) OINT</i>	P	
<i>carteolol hcl (ophth)</i>	P	MP	<i>atropine sulfate (ophthalmic) SOLN</i>	P	MP
COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	NP	MP	ATROPINE SULFATE SOLN 1 % (<i>Use atropine sulfate (ophthalmic)</i>)	NF	MP
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	MP	ATROPINE SULFATE SOLN 1 %	P	MP
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NF	MP	CYCLOGYL (<i>Use cyclopentolate hcl</i>)	NP	
COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	NF	MP	CYCLOGYL	NP	
COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	MP	CYCLOMYDRIL	P	
<i>dorzolamide hcl-timolol maleate</i>	NP	MP	<i>cyclopentolate hcl 1 %</i>	P	
<i>dorzolamide hcl-timolol maleate</i>	P	MP	ISOPTO ATROPINE SOLN	NP	MP
<i>dorzolamide hcl-timolol maleate 6.8 MG/ML-22.3 MG/ML</i>	P	MP	MYDRIACYL SOLN (<i>Use tropicamide</i>)	NP	
ISTALOL SOLN (<i>Use timolol maleate (ophth)</i>)	NP	MP	<i>phenylephrine hcl (mydriatic) SOLN</i>	NP	
<i>levobunolol hcl 0.5 %</i>	P	MP	<i>tropicamide SOLN</i>	P	
			Miotics		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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		CEQUA SOLN	NP	MP
CILOXAN OINT	P		cyclosporine (ophth) EMUL	NP	MP
CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	NF		RESTASIS MULTIDOSE EMUL	NP	MP
ciprofloxacin hcl (ophth) SOLN	P		RESTASIS EMUL (Use cyclosporine (ophth))	NP	MP
erythromycin (ophth)	P		VERKAZIA EMUL	NP	
gatifloxacin (ophth)	NP		Ophthalmic Integrin Antagonists		
gentamicin sulfate (ophth) SOLN	P		XIIDRA	NP	MP
MOXEZA SOLN OP (Use moxifloxacin hcl (ophth))	NF		Ophthalmic Kinase Inhibitors		
moxifloxacin hcl (ophth) SOLN OP	NP		RHOPRESSA	NP	MP
NATACYN	NP		ROCKLATAN	NP	MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Local Anesthetics			MAXIDEX SUSP OP	P	QL(0.17 ml daily)
AKTEN	NP		MAXITROL OINT (Use neomycin-polymyx-dexameth)	NP	
ALCAINE (Use proparacaine hcl)	NP		MAXITROL SUSP (Use neomycin-polymyx-dexameth)	NP	
proparacaine hcl	NP		neomycin-polymyx-dexameth OINT	P	
tetracaine hcl (ophth)	NP		neomycin-polymyx-dexameth SUSP	P	
Ophthalmic Nerve Growth Factors			neomycin-polymyxin-hc (ophth)	P	
OXERVATE	NP	SP	PRED FORTE (Use prednisolone acetate (ophth))	NP	
Ophthalmic Steroids			PRED MILD	P	
ALREX SUSP	P		prednisolone acetate (ophth)	P	
bacitracin-poly-neomycin-hc	P		PREDNISOLONE SODIUM PHOSPHATE	P	
dexamethasone sodium phosphate (ophth)	P		sulfacetamide sod-prednisolone SOLN	NP	
DEXTENZA INST	NP	SP	TOBRADEX ST SUSP	NP	
difluprednate	NP		TOBRADEX OINT	NP	
DUREZOL (Use difluprednate)	NF		TOBRADEX SUSP (Use tobramycin-dexamethasone)	NP	
DUREZOL (Use difluprednate)	NP		TOBRADEX SUSP (Use tobramycin-dexamethasone)	NF	
EYSUVIS SUSP	NP		tobramycin-dexamethasone SUSP	P	
FLAREX	P		ZYLET	NP	
fluorometholone (ophth) SUSP	P		Ophthalmics - Misc.		
FML FORTE SUSP	P		ACULAR (Use ketorolac tromethamine (ophth))	NP	
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NP		ACULAR LS (Use ketorolac tromethamine (ophth))	NP	
INVELTYS SUSP	NP		ACUVAIL	NP	
LOTEMAX SM GEL	NP				
LOTEMAX GEL (Use loteprednol etabonate)	NP				
LOTEMAX OINT	NP				
LOTEMAX SUSP (Use loteprednol etabonate)	NP				
loteprednol etabonate GEL	NP				
loteprednol etabonate SUSP	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALOCRIIL	NP		<i>sodium chloride hypertonic OINT</i>	P	
ALOMIDE	NP		<i>sodium chloride hypertonic SOLN</i>	P	
<i>azelastine hcl (ophth)</i>	P	QL(0.2 ml daily)	TRUSOPT (<i>Use dorzolamide hcl</i>)	NF	MP
AZOPT (<i>Use brinzolamide</i>)	NP	MP	ZERVIAE	NP	QL(3 ea daily)
AZOPT (<i>Use brinzolamide</i>)	NF	MP	Prostaglandins - Ophthalmic		
<i>bepotastine besilate</i>	NP		<i>bimatoprost SOLN</i>	NP	MP
BEPREVE (<i>Use bepotastine besilate</i>)	NP		IYUZEH SOLN	NP	
<i>brinzolamide</i>	NP	MP	<i>latanoprost SOLN</i>	P	MP
<i>bromfenac sodium (ophth)</i>	NP		LUMIGAN SOLN 0.01 %	NP	MP
BROMSITE	NP		<i>tafluprost</i>	NP	MP
<i>cromolyn sodium (ophth)</i>	P		TRAVATAN Z (<i>Use travoprost</i>)	NP	MP
CYSTADROPS	NP	SP; MP	<i>travoprost</i>	NP	MP
CYSTARAN	NP	SP; MP	VYZULTA	NP	MP
<i>diclofenac sodium (ophth)</i>	P		XALATAN SOLN (<i>Use latanoprost</i>)	NP	MP
<i>dorzolamide hcl</i>	P	MP	XELPROS EMUL	NP	MP
<i>epinastine hcl (ophth)</i>	NP		ZIOPTAN (<i>Use tafluprost</i>)	NP	MP
FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE	NP		ZIOPTAN (<i>Use tafluprost</i>)	NF	MP
<i>flurbiprofen sodium</i>	P		OTIC AGENTS - Drugs to Treat the Ear		
GLOSTRIPS STRP 1 MG	NP		Otic Agents - Miscellaneous		
ILEVRO	NP		<i>acetic acid (otic)</i>	P	
<i>ketorolac tromethamine (ophth)</i>	P		<i>carbamide peroxide (otic) 6.5 %</i>	P	
MURO 128 OINT (<i>Use sodium chloride hypertonic</i>)	NF		DEBROX 6.5 % (<i>Use carbamide peroxide (otic)</i>)	NF	
MURO 128 SOLN	P		Otic Anti-infectives		
MURO 128 SOLN (<i>Use sodium chloride hypertonic</i>)	NF		<i>ciprofloxacin hcl (otic)</i>	NP	
NEVANAC	NP		<i>ofloxacin (otic)</i>	P	
<i>olopatadine hcl</i>	NP	RX/OTC	Otic Combinations		
PATADAY (<i>Use olopatadine hcl</i>)	NF	RX/OTC	CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)	P	
PROLENSA	NP		<i>ciprofloxacin-dexamethasone</i>	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-fluocinolone acetonide</i>	NP		WINRHO SDF SOLN 1500 UNIT/1.3ML	P	QL(2.6 ml per 270 days retail); SP
CORTISPORIN-TC	NP		WINRHO SDF SOLN 15000 UNIT/13ML	P	QL(26 ml per 270 days retail); SP
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P		Monoclonal Antibodies		
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P		CASIRIVIMAB	P	
OTOVEL (Use <i>ciprofloxacin-fluocinolone acetonide</i>)	NF		IMDEVIMAB	P	
Otic Steroids			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	
DERMOTIC (Use <i>fluocinolone acetonide (otic)</i>)	NP		PENICILLINS - Drugs to Treat Bacterial Infections		
<i>fluocinolone acetonide (otic)</i>	NP		Aminopenicillins		
<i>hydrocortisone w/acetic acid</i>	NP		<i>amoxicillin CAPS</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
Immune Serums			<i>amoxicillin SUSR</i>	P	
HYPERRHO S/D MINI-DOSE SOSY IM	P	QL(2 ea per 270 days retail); SP	<i>amoxicillin TABS</i>	P	
HYPERRHO S/D SOSY IM 1500 UNIT	P	QL(2 ea per 270 days retail); SP	<i>ampicillin CAPS 500 MG</i>	P	
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	QL(2 ea per 270 days retail); SP	Natural Penicillins		
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	QL(2 ea per 270 days retail); SP	<i>penicillin v potassium SOLR</i>	P	
RHOPHYLAC SOSY IJ	P	QL(4 ml per 270 days retail); SP	<i>penicillin v potassium TABS</i>	P	
WINRHO SDF SOLN 2500 UNIT/2.2ML	P	QL(4.4 ml per 270 days retail); SP	Penicillin Combinations		
WINRHO SDF SOLN 5000 UNIT/4.4ML	P	QL(8.8 ml per 270 days retail); SP	<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	

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	NP	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	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 norethindrone acetate)	NP	QL(1 ea daily)
<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 (Use progesterone)	NP	QL(2 ea daily)
PROVERA (Use medroxyprogesterone acetate)	NP	

Drug Name	Drug Tier	Requirements/Limits
PROVERA 10 MG (Use medroxyprogesterone acetate)	NF	
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 5 MG, 10 MG (Use donepezil hydrochloride)	NP	QL(2 ea daily); MP
ARICEPT TABS 23 MG (Use donepezil hydrochloride)	NP	MP
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(2 ea daily); MP
<i>donepezil hydrochloride TABS 23 MG</i>	P	MP
<i>donepezil hydrochloride TBDP</i>	P	MP
EXELON (Use rivastigmine)	NP	
<i>galantamine hydrobromide CP24</i>	NP	QL(2 ea daily); MP
<i>galantamine hydrobromide SOLN</i>	NP	QL(2 ml daily); MP
<i>galantamine hydrobromide TABS</i>	NP	QL(2 ea daily); MP
LEQEMBI	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl CP24</i>	NP	MP	AUSTEDO TABS	P	SP; PA
<i>memantine hcl SOLN 2 MG/ML</i>	NP	MP	INGREZZA CAPS	P	SP; PA
<i>memantine hcl SOLN 2 MG/ML</i>	NP	MP	INGREZZA CPPK	P	SP; PA
<i>memantine hcl TABS</i>	P	QL(2 ea daily); MP	<i>tetrabenazine</i>	NP	SP
<i>memantine hcl TABS</i>	NP		XENAZINE (Use <i>tetrabenazine</i>)	NP	SP
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NP		Multiple Sclerosis Agents		
NAMENDA XR CP24 (Use <i>memantine hcl</i>)	NP	MP	AMPYRA (Use <i>dalfampridine</i>)	NP	SP
NAMENDA TABS (Use <i>memantine hcl</i>)	NP	QL(2 ea daily); MP	AUBAGIO (Use <i>teriflunomide</i>)	NF	SP
NAMZARIC C4PK	NP		AUBAGIO (Use <i>teriflunomide</i>)	NP	SP
NAMZARIC CP24	NP		AVONEX PEN AJKT	NP	SP
RAZADYNE ER CP24 (Use <i>galantamine hydrobromide</i>)	NF	QL(2 ea daily); MP	AVONEX PSKT	NP	QL(0.034 ea daily); SP
<i>rivastigmine</i>	NP		BAFIERTAM	NP	SP
<i>rivastigmine tartrate CAPS</i>	NP	QL(2 ea daily); MP	BETASERON KIT	P	SP
Combination Psychotherapeutics			BRIUMVI	NP	SP
<i>chlordiazepoxide-amitriptyline</i>	P		COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i>)	NF	SP; MP
LYBALVI	NP		COPAXONE SOSY (Use <i>glatiramer acetate</i>)	P	SP; MP
<i>olanzapine-fluoxetine hcl</i>	NP		<i>dalfampridine</i>	NP	SP
<i>perphenazine-amitriptyline</i>	P		<i>dimethyl fumarate CDPK</i>	NP	SP
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use <i>olanzapine-fluoxetine hcl</i>)	NP		<i>dimethyl fumarate CPDR</i>	P	SP
Fibromyalgia Agents			EXTAVIA KIT	NP	SP
SAVELLA TITRATION PACK MISC	NP		<i> fingolimod hcl</i>	NP	SP; MP
SAVELLA TABS	NP		GILENYA (Use <i> fingolimod hcl</i>)	P	SP; PA
Movement Disorder Drug Therapy			GILENYA 0.25 MG	NP	SP
AUSTEDO XR PATIENT TITRATION KIT TEPK	NP	SP	<i>glatiramer acetate SOSY</i>	NP	SP; MP
AUSTEDO XR TB24	NP	SP	KESIMPTA	NP	SP; MP
			LEMTRADA	NP	SP; MP
			MAVENCLAD	NP	SP
			MAYZENT STARTER PACK TBPK	NP	SP
			MAYZENT TABS	NP	SP

Drug Name	Drug Tier	Requirements/Limits
OCREVUS	NP	SP; MP
PLEGRIDY STARTER PACK SOPN	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP
PLEGRIDY SOPN	NP	SP; MP
PLEGRIDY SOSY IM	NP	SP; MP
PLEGRIDY SOSY SC	NP	SP; MP
PONVORY 14-DAY STARTER PACK TBPK	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 (Use dimethyl fumarate)	P	SP
TECFIDERA CPDR (Use dimethyl fumarate)	P	SP
teriflunomide	NP	SP
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 (Use pregabalin (once-daily))	NP	MP
pregabalin (once-daily)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS 10 MG	NP	QL(1 ea daily); MP
fluoxetine hcl (pmdd) TABS 20 MG	NP	QL(2 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	NP	
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	P	
pimozide	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
bupropion hcl (smoking deterrent)	P	180 rti MAX day(s) supply; 365 rti lmt day(s); QL(2 ea daily)
nicotine polacrilex GUM	P	180 rti MAX day(s) supply; 365 rti lmt day(s); QL(11.2 ea daily)
nicotine polacrilex LOZG	P	180 rti MAX day(s) supply; 365 rti lmt day(s); QL(12 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	QL(1 ea daily)
NICOTROL INHALER INHA	P	
NICOTROL NS SOLN	P	
varenicline tartrate TABS	P	180 rti MAX day(s) supply; 365 rti lmt day(s)

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Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate TBPK</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s)
Transthyretin Amyloidosis Agents		
AMVUTTRA	NP	SP
TEGSEDI	NP	SP; MP
Vasomotor Symptom Agents		
BRISDELLE (<i>Use paroxetine mesylate (vasomotor)</i>)	NF	
<i>paroxetine mesylate (vasomotor)</i>	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
BRONCHITOL	NP	SP
BRONCHITOL TOLERANCE TEST	NP	SP
KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	NP	SP
KALYDECO TABS	NP	SP
ORKAMBI PACK	NP	SP
ORKAMBI TABS	NP	SP
PULMOZYME	P	QL(2.5 ml daily); SP; MP
SYMDEKO	NP	SP
TRIKAFTA TBPK	NP	SP
TRIKAFTA THPK	NP	SP
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>Use pirfenidone</i>)	NP	SP
ESBRIET TABS (<i>Use pirfenidone</i>)	NP	SP; MP
OFEV	NP	SP
<i>pirfenidone CAPS</i>	NP	SP
<i>pirfenidone TABS</i>	NP	SP
SULFONAMIDES - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/Limits
Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	QL(6 ea per 30 days retail)
Tetracyclines		
<i>demeclocycline hcl TABS 150 MG</i>	P	QL(4 ea daily)
<i>demeclocycline hcl TABS 300 MG</i>	P	QL(2 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	
<i>doxycycline (monohydrate) SUSR</i>	P	
<i>doxycycline (monohydrate) TABS</i>	P	
<i>doxycycline hyclate CAPS</i>	P	
<i>doxycycline hyclate TABS</i>	P	
<i>doxycycline hyclate TBEC</i>	NP	
<i>minocycline hcl CAPS</i>	P	
<i>minocycline hcl TABS</i>	P	
<i>minocycline hcl TB24</i>	NP	
MINOLIRA TB24	NP	
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>Use minocycline hcl</i>)	NP	
<i>tetracycline hcl CAPS</i>	P	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN SUSR (<i>Use doxycycline monohydrate</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	P	MP
<i>methimazole TABS</i>	P	MP
<i>propylthiouracil</i>	P	MP
Thyroid Hormones		
ADTHYZA TABS	P	
ARMOUR THYROID TABS	P	MP
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NP	MP
ERMEZA SOLN OR	NP	
<i>levothyroxine sodium CAPS</i>	NP	MP
<i>levothyroxine sodium TABS</i>	P	MP
<i>levothyroxine sodium TABS</i>	P	MP
<i>liothyronine sodium TABS</i>	P	MP
NIVA THYROID TABS	P	MP
NP THYROID 120 TABS	P	MP
NP THYROID 15 TABS	P	MP
NP THYROID 30 TABS	P	MP
NP THYROID 60 TABS	P	MP
NP THYROID 90 TABS	P	MP
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	NP	MP
THYQUIDITY SOLN OR	NP	MP
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	MP

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG (<i>Use levothyroxine sodium</i>)	NP	MP
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	NP	
TIROSINT-SOL SOLN OR	NP	MP
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	
QUADRACEL SUSY	P	
TDVAX SUSP	P	
TENIVAC INJ	P	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P	
VAXELIS SUSP	P	
VAXELIS SUSY	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BELLADONNA/OPIUM	P	
<i>chlordiazepoxide hcl-clidinium bromide</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CUVPOSA SOLN OR (Use glycopyrrolate)	NP	MP	<i>famotidine SUSR</i>	P	
DARTISLA ODT TBDP	NP		<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC
<i>dicyclomine hcl CAPS</i>	P		<i>nizatidine CAPS</i>	P	
<i>dicyclomine hcl SOLN OR</i>	P	MP	PEPCID TABS (Use <i>famotidine</i>)	NP	RX/OTC
<i>dicyclomine hcl TABS</i>	P		Misc. Anti-Ulcer		
GLYCATE TABS	NP		CARAFATE SUSP (Use <i>sucralfate</i>)	P	MP
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	P	MP	CARAFATE TABS (Use <i>sucralfate</i>)	NP	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P		<i>sucralfate SUSP</i>	P	MP
<i>hyoscyamine sulfate ELIX</i>	P	MP	<i>sucralfate SUSP</i>	P	MP
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	P	MP	<i>sucralfate TABS</i>	P	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P		Proton Pump Inhibitors		
<i>hyoscyamine sulfate TABS 0.125 MG</i>	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 TB12 0.375 MG</i>	P		DEXILANT 30 MG (Use <i>dexlansoprazole</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P		DEXILANT 60 MG (Use <i>dexlansoprazole</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
LEVBID TB12 (Use <i>hyoscyamine sulfate</i>)	NF		<i>dexlansoprazole 60 MG</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
LEVSIN/SL SUBL (Use <i>hyoscyamine sulfate</i>)	NP		<i>dexlansoprazole 30 MG</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
LEVSIN SOLN IJ 0.5 MG/ML (Use <i>hyoscyamine sulfate</i>)	NF		<i>esomeprazole magnesium CPDR</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC
LEVSIN TABS (Use <i>hyoscyamine sulfate</i>)	NP		<i>esomeprazole magnesium PACK</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
LIBRAX (Use <i>chlordiazepoxide hcl-clidinium bromide</i>)	NP				
<i>methscopolamine bromide</i>	NP				
ROBINUL FORTE TABS (Use <i>glycopyrrolate</i>)	NP				
ROBINUL TABS (Use <i>glycopyrrolate</i>)	NP				
H-2 Antagonists					
<i>cimetidine TABS</i>	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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	PRIOLOSEC 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)
NEXIUM PACK (<i>Use esomeprazole magnesium</i>)	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)	<i>rabeprazole sodium TBEC</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
NEXIUM PACK	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)	<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)
<i>omeprazole CPDR</i>	P	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)	Ulcer Drugs - Prostaglandins		
<i>pantoprazole sodium PACK</i>	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea daily)	CYTOTEC (<i>Use misoprostol</i>)	NP	
<i>pantoprazole sodium TBEC</i>	P	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)	<i>misoprostol</i>	P	
PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NF	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC	Ulcer Therapy Combinations		
			<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP	
			<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NP	
			KONVOMEPEP SUSR	NP	
			OMECLAMOXP-PAK	NP	
			<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole-sodium bicarbonate</i> PACK	NP	
PYLERA (Use <i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	NP	
TALICIA	NP	QL(3 ea daily)
ZEGERID CAPS (Use <i>omeprazole-sodium bicarbonate</i>)	NP	RX/OTC
ZEGERID PACK (Use <i>omeprazole-sodium bicarbonate</i>)	NP	
ZEGERID PACK 1680 MG-40 MG (Use <i>omeprazole-sodium bicarbonate</i>)	NF	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	MP
DETROL LA CP24 (Use <i>tolterodine tartrate</i>)	NP	MP
DETROL TABS (Use <i>tolterodine tartrate</i>)	NP	MP
DITROPAN XL TB24 5 MG (Use <i>oxybutynin chloride</i>)	NP	MP
DITROPAN XL TB24 10 MG (Use <i>oxybutynin chloride</i>)	NF	MP
<i>fesoterodine fumarate</i>	NP	
GELNIQUE GEL 10 %	NP	MP
<i>oxybutynin chloride</i> SOLN	P	MP
<i>oxybutynin chloride</i> TABS 5 MG	P	MP
<i>oxybutynin chloride</i> TABS	P	
<i>oxybutynin chloride</i> TB24	P	MP
<i>oxybutynin chloride</i> TB24	P	MP
OXYTROL PTTW	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate</i> TABS	P	MP
<i>tolterodine tartrate</i> CP24	NP	MP
<i>tolterodine tartrate</i> TABS 2 MG	NP	MP
<i>tolterodine tartrate</i> TABS	NP	MP
TOVIAZ (Use <i>fesoterodine fumarate</i>)	NP	
<i>tropium chloride</i> CP24	NP	MP
<i>tropium chloride</i> TABS	NP	MP
<i>tropium chloride</i> TABS	NP	MP
VESICARE LS SUSP	NP	MP
VESICARE TABS (Use <i>solifenacin succinate</i>)	NP	MP
VESICARE TABS 10 MG (Use <i>solifenacin succinate</i>)	NF	MP
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
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	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MENVEO SOLR	P		COMIRNATY 2023-24 SUSY	P	1 rtl MAX fill; 365 rtl day(s) supply
PEDVAX HIB SUSP	P		COMIRNATY SUSP	P	
PNEUMOVAX 23	P		DENGVAXIA	P	
PNEUMOVAX 23/1 DOSE	P		ENGERIX-B SUSP 20 MCG/ML	P	
PREVNAR 13	P		ENGERIX-B SUSY	P	
PREVNAR 20	P		FLUAD QUADRIVALENT 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
TRUMENBA	P		FLUAD QUADRIVALENT 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
TYPHIM VI SOLN	P		FLUAD QUADRIVALENT 2023-2024	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
TYPHIM VI SOSY	P		FLUARIX QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
VAXCHORA	P		FLUARIX QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
VAXNEUVANCE	P		FLUARIX QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
VIVOTIF	P		FLUBLOK QUADRIVALENT 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
Viral Vaccines			FLUBLOK QUADRIVALENT 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
ABRYSVO	P	AL(At least 60 yrs old)	FLUBLOK QUADRIVALENT 2023-2024	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
ACAM2000	P		FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
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				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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)
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	FLUZONE QUADRIVALENT 2023-2024 SUSP	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)	FLUZONE QUADRIVALENT 2023-2024 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)	GARDASIL 9 SUSP	P	QL(1.5 ml per 9999 days retail); AL(At least 9 yrs old)
FLULAVAL QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	GARDASIL 9 SUSY	P	QL(1.5 ml per 9999 days retail); AL(At least 9 yrs old)
FLUMIST QUADRIVALENT	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea per fill retail)	HAVRIX	P	
FLUZONE HIGH-DOSE PF 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	HEPLISAV-B SOSY	P	
FLUZONE HIGH-DOSE PF 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	IMOVAX RABIES (H.D.C.V.) SUSR	P	
FLUZONE HIGH-DOSE PF 2023-2024	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)	IPOL INACTIVATED IPV	P	
			IXIARO	P	
			JANSSEN COVID-19 VACCINE	P	
			JYNNEOS	P	
			M-M-R II SOLR	P	
			MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	P	
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	P	
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	P		PFIZER-BIONTECH COVID-19VACCINE SUSP	P	
MODERNA COVID-19 VACCINE6-11Y SUSP	P		PREHEVBRIO	P	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	P		PRIORIX SUSR	P	
MODERNA COVID-19 VACCINE SUSP	P		PROQUAD SUSR	P	
MODERNA COVID-19 VACCINE SUSP	P		RABAVERT	P	
NOVAVAX COVID-19 VACCINE	P		RECOMBIVAX HB SUSP	P	
NOVAVAX COVID-19 VACCINE/2023-24	P		RECOMBIVAX HB SUSY	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	P		ROTARIX SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	P		ROTARIX SUSR	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	P		ROTATEQ SOLN	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	P		SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	P	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	P		SHINGRIX	P	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	P		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P	
			SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	P	1 rtl MAX fill; 365 rtl day(s) supply
			SPIKEVAX COVID-19 VACCINE SUSP	P	
			STAMARIL SUSR	P	
			TWINRIX SUSY	P	
			VAQTA	P	
			VARIVAX INJ	P	
			YF-VAX INJ	P	
VAGINAL AND RELATED PRODUCTS					
Miscellaneous Vaginal Products					
			INTRAROSA	NP	
			TRIMO-SAN	NP	

Drug Name	Drug Tier	Requirements/Limits
Vaginal Anti-infectives		
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	
CLEOCIN SUPP	P	
<i>clindamycin phosphate vaginal CREA</i>	P	
CLINDESSE	NP	
GYNAZOLE-1	NP	
<i>metronidazole vaginal</i>	P	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	
NUVESSA	NP	
<i>terconazole vaginal CREA</i>	P	
<i>terconazole vaginal SUPP</i>	P	
VANDAZOLE	NP	
XACIATO GEL	NP	
Vaginal Contraceptive - pH Modulators		
PHEXXI	P	
Vaginal Estrogens		
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NP	MP
<i>estradiol vaginal CREA</i>	P	MP
<i>estradiol vaginal TABS</i>	NP	MP
ESTRING RING 7.5 MCG/24HR	NP	MP
FEMRING	NP	MP
IMVEXXY MAINTENANCE PACK INST	NP	MP
IMVEXXY STARTER PACK INST	NP	
PREMARIN	P	MP
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP	MP
Vaginal Progestins		
CRINONE GEL	NP	QL(1.125 gm daily)

Drug Name	Drug Tier	Requirements/Limits
ENDOMETRIN INST	P	
VASOPRESSORS - Drugs to Treat Heart and 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 (<i>Use epinephrine (anaphylaxis)</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)
EPIPEN-JR 2-PAK SOAJ (<i>Use 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 (<i>Use droxidopa</i>)	NP	SP
Vasopressors		
<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 (<i>Use ergocalciferol</i>)	NF	QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
D-VI-SOL LIQD OR (<i>Use cholecalciferol</i>)	NF	
<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 500 MG</i>	P	MP
<i>niacin CPCR 250 MG</i>	P	
<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	
<i>SLO-NIACIN TBCR 500 MG (Use niacin)</i>	NF	
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albuterol sulfate NEBU 0.083 % ...	15				

alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	24	129	amantadine hcl TABS	42
ALOMIDE	230	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLUE MISC ..	AMBER GLASS BOTTLE MISC ..	129
alosetron hcl	79	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/GREEN MISC 129	AMBER GLASS VIALS 2ML MISC 129	
ALPHANATE SOLR	81	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/LIGHT GREEN MISC	AMBER GLASS VIALS 2ML/13MM MISC	129
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	81	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/MIST GRAY MISC	AMBER GLASS VIALS 30ML/20MM MISC	129
ALPRAZOLAM INTENSOL CONC 12		ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/NATURAL MISC 129	AMBI-TRAY MISC	97
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	12	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/ROYAL BLUE MISC	ambrisentan	52
alprazolam TABS 2 MG	12	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WHITE MISC 129	amcinonide CREA	62
alprazolam TB24	12	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WILLOW GREEN MISC	AMD FOAM DRESSING 4"X4" PADS	86
alprazolam TBDP	12	ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/YELLOW MISC . 129	AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	86
ALPROLIX	81	ALUMINUM HYDROXIDE SUSP 320 MG/5ML	AMEDA ADAPTER CAP MISC ...	129
ALREX SUSP	229	aluminum hydroxide-mag carb SUSP 358 MG/15ML-95 MG/15ML	AMEDA BREAST FLANGE INSERT/22.5MM/SMALL MISC ..	129
ALTOPREV TB24 20 MG, 40 MG, 60 MG	33	ALUNBRIG TABS	AMEDA CUSTOMFIT BREAST FLANGE/25MM/STANDARD MISC 129	
ALTRENO LOTN	57	ALUNBRIG TBPK	AMEDA CUSTOMFIT BREAST FLANGE/28.5MM/MEDIUM MISC 129	
alum & mag hydrox-simethicone LIQD	11	ALVESCO	AMEDA CUSTOMFIT BREAST FLANGE/30.5MM/LARGE MISC .	130
alum & mag hydrox-simethicone SUSP	11	alvimopan	AMEDA DIAPHRAGMS MISC ...	130
ALUMINUM BLANKET SUPPORT2 HEIGHTS MISC	129	amantadine hcl CAPS	AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM MISC ...	130
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/RED MISC ..	129	amantadine hcl SOLN	AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM/PUMP ADAPTER MISC	130
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/ROYAL BLUE MISC	129		AMEDA DUAL HYGIENIKIT SYSTEM/CUSTOMFIT FLANGES/PUMP ADAPTER MISC 130	
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/YELLOW MISC . 129				
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLACK MISC				

AMEDA ELITE BREAST PUMP MISC	130	231
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP MISC	130	amoxicillin & pot clavulanate TABS 231
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/DOTTIE TOTE MISC	130	amoxicillin & pot clavulanate TB12 231
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/MINNIE TOTE MISC	130	amoxicillin CAPS
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/SHOULDER BAG MISC ..	130	amoxicillin CHEW 125 MG, 250 MG . 231
AMEDA FLEXISHIELD MISC	130	amoxicillin SUSR
AMEDA MYA JOY DOUBLE ELECTRIC BREAST PUMP MISC	130	amoxicillin TABS
AMEDA MYA JOY DOUBLE ELECTRIC BREAST PUMP/LARGE TOTE MISC	130	amoxicillin-clarithromycin w/ lansoprazole THPK
AMEDA ONE-HAND BREAST PUMP/TOTE MISC	130	amphetamine sulfate TABS
AMEDA ONE-HAND MANUAL BREAST PUMP MISC	130	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
AMEDA PLATINUM MULTI-USER ELECTRIC BREAST PUMP MISC	130	amphetamine-dextroamphetamine TABS
AMEDA PURELY YOURS BREASTPUMP/HYGIENIKIT MISC	130	ampicillin CAPS 500 MG
AMEDA PURELY YOURS DOUBLE ELECTRIC BREAST PUMP/CARRY ALL MISC	130	AMVUTTRA
AMEDA PURELY YOURS ELECTRIC BREAST PUMP/HYGIENIKIT MISC	130	anagrelide hcl
AMEDA SILICONE TUBING MISC		anastrozole
		ANDRODERM PT24 2 MG/24HR, 4 MG/24HR
		ANGEL WING BLOOD COLLECTION SET/HOLDER/23GX3/4" MISC ..
		ANGEL WING BLOOD COLLECTION SET/HOLDER/25GX3/4" MISC ..
		ANGEL WING LUER ADAPTER/TUBE HOLDER

SET/FEMALE MISC	130	AQ INSULIN SYRINGE/1ML/29G X 1/2"	165	ARISTADA	46
ANGEL WING TRANSFER DEVICE/FEMALE ADAPTER MISC 131		AQ INSULIN SYRINGE/1ML/31G X 5/16"	165	ARISTADA INITIO	46
ANGEL WING TUBE HOLDER/FEMALE LUER MISC .	131	AQINJECT PEN NEEDLE/31G X 3/16"	165	armodafinil	2
ANGELIQ	77	AQINJECT PEN NEEDLE/32G X 5/32"	165	ARMONAIR DIGIHALER	14
ANIMAL SHAPES/IRON CHEW .	222	AQUALANCE LANCETS ULTRA THIN 30G	97	ARMOUR THYROID TABS	236
ANNOVERA	55	AQUORAL SOLN	216	ARNUITY ELLIPTA	14
ANORO ELLIPTA	15	ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	82	artificial tear solution	226
ANTARA 30 MG, 90 MG	32	ARANESP ALBUMIN FREE SOSY 82		ascorbic acid CHEW 500 MG, 500 MG-7.5 MG, 500 MG	244
ANTIOXIDANT FORMULA TABS 217		ARAZLO LOTN	57	ascorbic acid TABS	244
ANZEMET TABS 50 MG	29	ARCALYST	4	asenapine maleate 2.5 MG, 10 MG 44	
APEXICON E CREA	62	AREXVY	240	asenapine maleate 2.5 MG	44
APIDRA SOLN	26	arformoterol tartrate	15	asenapine maleate 5 MG	44
APIDRA SOLOSTAR SOPN	26	ARGYLE SARATOGA SUMP DRAIN/20FR/20" MISC	131	ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	14
APLENZIN	21	ARGYLE SARATOGA SUMP DRAIN/24FR/20" MISC	131	ASMANEX HFA AERO 50 MCG/ACT	14
APNEASTRIP MISC	131	ARGYLE SARATOGA SUMP DRAIN/28FR/20" MISC	131	ASMANEX TWISTHALER 120 METERED DOSES AEPB	14
APOKYN SOCT	42	ARGYLE TRACHEOSTOMY TUBEHOLDER MISC	131	ASMANEX TWISTHALER 14 METERED DOSES AEPB	14
apomorphine hydrochloride SOCT	42	ARIKAYCE	3	ASMANEX TWISTHALER 30 METERED DOSES AEPB	14
APPLICATOR ACCESSORIES/TAP- N-CLICK SILICONE PAD MULTI- PURPOS MISC	131	aripiprazole SOLN OR	45	ASMANEX TWISTHALER 60 METERED DOSES AEPB	14
apraclonidine hcl	228	aripiprazole TABS	45	aspirin buffered (cal carb-mag carb- mag oxide)	7
aprepitant CAPS	30	aripiprazole TABS	46	aspirin CHEW	7
aprepitant MISC	30	aripiprazole TBDP	46	ASPIRIN SUPP 300 MG	7
APRETUDE	46			aspirin TABS 325 MG	7
APTIOM	18			aspirin TBEC 81 MG, 325 MG	7
APTIVUS CAPS	46			aspirin-acetaminophen-caffeine	
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	165				

TABS	6	15/64"	165	ASSURE PRO CONTROL LEVEL 1/2 LIQD	98
aspirin-dipyridamole	82	ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	165	ASSURE PRO TEST STRIPS STRP .	67
ASPRUZYO SPRINKLE PACK	12	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	165	ASTAGRAF XL CP24	215
ASSESS PEAK FLOW METER FULL RANGE	203	ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	165	atazanavir sulfate CAPS	46
ASSESS PEAK FLOW METER LOW RANGE	203	ASSURE II CHECK STRIP STRP .	67	atenolol & chlorthalidone	35
ASSURE 3 CONTROL LEVEL 1/2 LIQD	97	ASSURE II CONTROL LEVEL 1 LIQD	97	atenolol TABS	49
ASSURE 3 METER KIT	97	ASSURE II CONTROL LEVEL 1/2 LIQD	97	atomoxetine hcl	1
ASSURE 3 TEST STRIPS STRP .	67	ASSURE II STRP	67	ATORVALIQ SUSP	33
ASSURE 4 BLOOD GLUCOSE METER DEVI	97	ASSURE II TEST STRIPS STRP .	67	atorvastatin calcium TABS	33
ASSURE 4 CONTROL LEVEL 1/2 LIQD	97	ASSURE LANCE LANCETS	97	atovaquone	37
ASSURE 4 TEST STRIPS STRP .	67	ASSURE LANCE LANCETS 21G .	97	atovaquone-proguanil hcl	38
ASSURE COMFORT LANCETS ULTRA THIN 28G	97	ASSURE LANCE PLUS SAFETYLANCETS 25G	97	atropine sulfate (ophthalmic) OINT 227	
ASSURE DOSE NORMAL/HIGH CONTROL SOLN	97	ASSURE LANCE PLUS SAFETYLANCETS 30G	97	atropine sulfate (ophthalmic) SOLN 227	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	97	ASSURE LANCE PLUS SAFETYLANCETS 30G	97	ATROPINE SULFATE SOLN 1 % 227	
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	97	ASSURE LANCE SAFETY LANCET 28G	98	ATROVENT HFA	13
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	97	ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	98	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	232
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	97	ASSURE PLATINUM TEST STRIPS STRP	67	AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	165
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	97	ASSURE PRISM CONTROL LEVEL 1/2 SOLN	98	AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	165
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	165	ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	98	AUM MINI INSULIN PEN NEEDLE/32GX4MM	165
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X		ASSURE PRISM MULTI TEST STRIPS STRP	67	AUM MINI INSULIN PEN NEEDLE/32GX5MM	165
		ASSURE PRO BLOOD GLUCOSE METER DEVI	98	AUM MINI INSULIN PEN NEEDLE/32GX6MM	165
				AUM MINI INSULIN PEN NEEDLE/32GX8MM	165

AUM MINI INSULIN PEN NEEDLE/33GX4MM	165	AUSTEDO XR PATIENT TITRATION KIT TEPK	233	AYR NASAL DROPS SOLN	225
AUM MINI INSULIN PEN NEEDLE/33GX5MM	165	AUSTEDO XR TB24	233	AYVAKIT	40
AUM MINI INSULIN PEN NEEDLE/33GX6MM	165	AUTOCLAVE ACCESSORIES PRINTER PAPER MISC	131	AZASITE	228
AUM PEN NEEDLE/32GX4MM	165	AUTOCLAVE AIR FILTER MISC	131	azathioprine TABS 50 MG	215
AUM PEN NEEDLE/32GX5MM	165	AUTOCLAVE PAPER 36" X 36" MISC	131	azathioprine TABS 75 MG, 100 MG 215	
AUM PEN NEEDLE/32GX6MM	165	AUTO-LANCET MINI MISC	98	azelaic acid GEL	66
AUM PEN NEEDLE/33GX4MM	165	AUTO-LANCET MISC	98	azelastine hcl (ophth)	230
AUM PEN NEEDLE/33GX5MM	165	AUTOLET II CLINISAFE KIT	98	azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	226
AUM PEN NEEDLE/33GX6MM	165	AUTOLET IMPRESSION LANCING DEVICE MISC	98	azelastine hcl-fluticasone propionate SUSP	225
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	165	AUTOLET LANCING DEVICE MISC	98	azithromycin PACK	85
AUM SAFETY PEN NEEDLE/31G X 4MM	165	AUTOLET LITE CLINISAFE KIT	98	azithromycin SUSR	85
AUM SAFETY PEN NEEDLE/31G X 5MM	165	AUTOLET LITE STARTER PACK KIT	98	azithromycin TABS 250 MG	86
AURORA LANCET SUPER THIN30G	98	AUTOLET MINI MISC	98	azithromycin TABS 500 MG	85
AURORA LANCET THIN 23G	98	AUTOLET PLATFORMS MISC	98	azithromycin TABS 500 MG	86
AURORA PEN NEEDLES 29GX12MM	165	AUTOLET PLUS MISC	98	azithromycin TABS 600 MG	85
AURORA PEN NEEDLES 31G X6MM	165	AUTOMATIC BLOOD PRESSUREMONITOR DEVI	89	AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	217
AURORA PEN NEEDLES 31G X8MM	165	AUTOPEN DEVI	165	AZO HORMONAL HEALTH HAPPY CYCLE TABS	217
AURORA UNIFINE PENTIPS/32GX5/32"	165	AUVELITY	21	AZSTARYS	2
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	165	AUVI-Q SOAJ 0.1 MG/0.1ML	243	b complex w/ c TABS	216
AURYXIA	79	AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	243	BABY FRIDGE MISC	131
AUSTEDO TABS	233	AVEED SOLN	10	bacitracin (ophthalmic)	228
		AVONEX PEN AJKT	233	bacitracin (topical) OINT	59
		AVONEX PSKT	233	bacitracin zinc OINT	59
		AVOSTARTGRIP MISC	131	bacitracin-polymyxin b (ophth)	228
		AVSOLA	78	bacitracin-polymyxin b OINT	59
				bacitracin-poly-neomycin-hc	229
				baclofen SOLN OR 5 MG/5ML	225

baclofen SUSP	225	b-complex vitamins TABS	216	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	166
baclofen TABS	225	b-complex w/ c & calcium	216	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	166
BACMIN TABS	217	b-complex w/ c & e + zn	216	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	166
BAFIERTAM	233	b-complex w/ c & folic acid TABS	216	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	166
balsalazide disodium CAPS	78	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	165	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	166
BALVERSA	40	BD 3ML LUER-LOK SYRINGE/20G X 1"	166	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" .	166
BAMBOO CANE MISC	131	BD ASSIRE BPM/PORTABLE WRISTWATCH STYLE MISC	89	BD INSULIN SYRINGE SLIP TIP/U- 100/1ML	166
BANDAGE SCISSORS MISC	131	BD ASSURE BPM/AUTO INFLATE ARM CUFF MISC	89	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" .	166
BAND-AID GAUZE PADS LARGE4" X 4" PADS	86	BD ASSURE BPM/AUTO INFLATE WRIST CUFF MISC	89	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	166
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	86	BD ASSURE BPM/DELUXE AUTO INFLATE ARM CUFF MISC	89	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	166
BAQSIMI ONE PACK POWD	25	BD ASSURE BPM/MANUAL INFLATE ARM CUFF MISC	89	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ..	166
BAQSIMI TWO PACK POWD	25	BD AUTOSHIELD DUO 30G X 5MM	166	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ..	166
BARACLUDE SOLN	48	BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	166	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM	166
BARIATRIC ALUMINUM CANE/OFFSET MISC	131	BD ECLIPSE 23G X 1" NEEDLE	166	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" .	166
BASAGLAR KWIKPEN SOPN	26	BD ECLIPSE NEEDLE/23G X 1"	166	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM	166
BASAGLAR TEMPO PEN SOPN .	26	BD ECLIPSE NEEDLE/25G X5/8" 166		BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ..	166
BASIC AM TABS	217	BD HYPODERMIC NEEDLES 23GX1"	166	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ..	166
BASIC PM TABS	217	BD INSULIN SYRINGE LUER- LOK/U-100/1ML	166	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM	166
BASIS FACIAL MOISTURIZER CREA	66	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	166	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" .	166
BASIS OVERNIGHT CREA	66	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	166	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 5/16" .	166
BATH BENCH WITH BACK MISC 131		BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	166	BD INSULIN SYRINGE ULTRA-	
BATH/SHOWER SEAT WITH BACK/ADJUSTABLE MISC	131				
BATH/SHOWER SEAT/ADJUSTABLE MISC	131				
BATHTUB SAFETY RAIL MISC ..	131				
BAXDELA TABS	77				

FINE/0.5ML/31G X 8MM166	BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8" 167	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ..167
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM 166	BD INTEGRA RETRACTABLE NEEDLE 23G X 1"167	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" ...167
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"166	BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT98	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" 168
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM 166	BD LOGIC BLOOD GLUCOSE MONITOR KIT 98	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" 168
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM166	BD LUER LOCK SYRINGE/1ML/20G X 1"167	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..168
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"167	BD MICROTAINER LANCETS ...98	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"168
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"167	BD NEEDLE/25G X 5/8"167	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" 168
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"167	BD PEN MINI MISC 167	BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"168
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM 167	BD PEN MISC 167	BD SWABS SINGLE USE131
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM 167	BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM167	BD SWABS SINGLE USE BUTTERFLY131
BD INSULIN SYRINGE/1ML/27G X 12.7MM 167	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM167	BD VEO INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 6MM168
BD INSULIN SYRINGE/1ML/29G X 12.7MM 167	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM 167	BD VEO INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 6MM168
BD INSULIN SYRINGE/1ML/29G X 12.7MM 167	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"167	BD VEO INSULIN SYRINGE ULTRAFINE/1/2 UNIT/0.3ML/31G X 6MM 168
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" ..167	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM167	BD VEO INSULIN SYRINGE ULTRAFINE/1ML/31G X 6MM168
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" 167	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM167	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64" 168
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" 167	BD SAFE CLIP NEEDLE CLIPPER MISC131	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" ..168
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" 167	BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8" 167	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 15/64" 168
	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" 167	

BECONASE AQ	226	betamethasone dipropionate (topical) OINT	62	ASPART MISC	98
BED WEDGE/10" MISC	131	betamethasone dipropionate augmented CREA	62	BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC	98
BED WEDGE/12" MISC	131	betamethasone dipropionate augmented GEL 0.05 %	62	BIGFOOT UNITY PEN CAP FOR FIASP MISC	98
BED WEDGE/7" MISC	131	betamethasone dipropionate augmented LOTN	62	BIGFOOT UNITY PEN CAP FOR HUMALOG MISC	98
BEDSIDE COMMODORE MISC	131	betamethasone dipropionate augmented OINT	62	BIGFOOT UNITY PEN CAP FOR LANTUS MISC	98
BELBUCA FILM	10	betamethasone valerate CREA ...	62	BIGFOOT UNITY PEN CAP FOR LISPRO MISC	99
BELLADONNA/OPIUM	236	betamethasone valerate FOAM ...	62	BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC	99
BELSOMRA	84	betamethasone valerate LOTN ...	62	BIGFOOT UNITY PEN CAP FOR NOVOLOG MISC	99
benazepril & hydrochlorothiazide .	35	BETASERON KIT	233	BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC	99
benazepril hcl	34	betaxolol hcl (ophth) SOLN	227	BIGFOOT UNITY PEN CAP FOR TOUJEO MISC	99
BENEFIX KIT	81	betaxolol hcl	49	BIGFOOT UNITY PEN CAP FOR TRESIBA MISC	99
BENLYSTA SOAJ	216	bethanechol chloride	239	BIGFOOT UNITY PROGRAM KIT KIT	99
BENLYSTA SOSY	216	BETIMOL	227	BIJUVA	77
BENSAL HP OINT	65	BETOPTIC-S SUSP	227	BIKTARVY	46
BENZNIDAZOLE	11	BEUTLICH PH TEST ROLL MISC 131		bimatoprost SOLN	230
benzoyl peroxide GEL 5 %, 10 % .	57	BEVESPI AEROSPHERE	15	BINAXNOW COVID-19 AG CARD HOME TEST KIT	67
benzoyl peroxide LIQD 10 %	57	bexarotene (topical)	60	BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	86
benzoyl peroxide-erythromycin GEL .	57	bexarotene	42	BIOLYTE SOLN	213
benztropine mesylate TABS	42	BEXSERO	239	BIOSCANNER GLUCOSE TEST STRIPS STRP	67
bepotastine besilate	230	bicalutamide	40	BIOTEL CARE BLOOD GLUCOSE TEST STRIPS STRP	67
BERINERT KIT	82	BI-FOCAL MAGNIFIER MISC	131		
BESER	62	BIGFOOT UNITY PEN CAP FOR ADMELOG MISC	98		
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bisacodyl TBEC85	BLOOD PRESSURE MONITOR AUTOMATIC WRIST MISC89	BLOOD PRESSURE MONITOR/AUTOMATIC WRIST DEVI89
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BLOOD GLUCOSE TEST STRIPS PREMIUM STRP67	BLOOD PRESSURE	BLOOD PRESSURE

BRIVIACT TABS	18	22	calcipotriene SOLN	61	
bromfenac sodium (ophth)	230	bupropion hcl TB24 450 MG	22	calcipotriene-betamethasone dipropionate OINT	62
bromocriptine mesylate CAPS	42	buspirone hcl	12	calcipotriene-betamethasone dipropionate SUSP	62
bromocriptine mesylate TABS 2.5 MG	42	buspirone hcl 7.5 MG, 30 MG	12	calcitonin (salmon) NA	75
BROMSITE	230	butalbital-acetaminophen CAPS 50 MG-300 MG	6	calcitriol (topical)	61
BRONCHITOL	235	butalbital-acetaminophen TABS 50 MG-300 MG	6	calcitriol CAPS	75
BRONCHITOL TOLERANCE TEST . 235		butalbital-acetaminophen TABS 50 MG-325 MG	6	calcitriol SOLN OR	75
BRUKINSA	40	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	6	calcium acetate (phosphate binder) CAPS	79
BRYHALI LOTN	62	butalbital-acetaminophen-caffeine SOLN	6	calcium acetate (phosphate binder) TABs	79
BUBBLE POINT TESTER KIT/WIZARD MISC	132	butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG	6	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	11
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	204	butalbital-acetaminophen-caffeine w/ codeine	9	calcium carbonate (antacid) SUSP	11
budesonide (inhalation) SUSP	14	butalbital-aspirin-caffeine CAPS	6	calcium carbonate TABs 600 MG, 1500 MG	213
budesonide (intrarectal)	10	butalbital-aspirin-caffeine w/cod	9	calcium carbonate-cholecalciferol TABs	213
budesonide CPEP	55	butorphanol tartrate NA 10 MG/ML 10		calcium carbonate-vitamin d w/ minerals TABs	213
budesonide TB24	55	BYDUREON BCISE AUIJ	26	calcium citrate TABs 200 MG	213
budesonide-formoterol fumarate dihydrate	15	BYETTA SOPN	26	calcium citrate-vitamin d TABs 250 UNIT-200 MG, 250 UNIT-315 MG, 6.25 MCG-200 MG, 6.25 MCG-315 MG	213
bumetanide TABs	74	CABENUVA	46	calcium gluconate SOLN	213
buprenorphine hcl SUBL	10	cabergoline	76	calcium polycarbophil TABs	84
buprenorphine hcl-naloxone hcl dihydrate FILM SL	10	CABOMETYX TABs	40	CAL-DAY 1000 TABs	217
buprenorphine hcl-naloxone hcl dihydrate SUBL	10	CAFFEINE ANHYDROUS POWD ..	1	CALQUENCE	40
buprenorphine PTWK	10	caffeine citrate SOLN OR	1	CAMZYOS	51
bupropion hcl (smoking deterrent) 234		calcipotriene CREA	61	candesartan cilexetil	34
bupropion hcl TABs	21	calcipotriene FOAM	61	candesartan cilexetil-	
bupropion hcl TB12	22	calcipotriene OINT	61		
bupropion hcl TB24 150 MG, 300 MG					

hydrochlorothiazide	35	CANE/ALUMINUM/ADJUSTABLE/B RONZE TONE/STANDARD HANDLE MISC	132	MISC	133
CANE HOLDER MISC	132	CANE/ALUMINUM/ADJUSTABLE/D EVON HANDLE MISC	132	CANE/ALUMINUM/FOLDING/ADJUS TABLE/BRONZE-TONE MISC ...	133
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CANE TIPS 7/8" MISC	132	CANE/ALUMINUM/ADJUSTABLE/M ENS HANDLE MISC	133	CANE/ALUMINUM/MED PEWTERBLUE/ORTHO HANDLE/3/4" MISC	133
CANE TIPS FOR ALUM/3/4" MISC 132		CANE/ALUMINUM/ADJUSTABLE/O FFSET HANDLE/7/8" MISC	133	CANE/ALUMINUM/OFFSET CUSHIONED HANDLE/WRIST STRAP/3/4" MISC	133
CANE TIPS FOR WOOD 1" MISC 132		CANE/ALUMINUM/ADJUSTABLE/O FFSET HANDLE/AUTUMN BRONZE MISC	133	CANE/ALUMINUM/OFFSET HANDLE/NO SAFETY LOCKNUT/3/4" MISC	133
CANE TIPS FOR WOOD 5/8" MISC . 132		CANE/ALUMINUM/ADJUSTABLE/O FFSET HANDLE/BLACK MISC ..	133	CANE/ALUMINUM/OFFSET ORTHO GRIP/BLACK MISC	133
CANE TIPS FOR WOOD/3/4" MISC . 132		CANE/ALUMINUM/ADJUSTABLE/O FFSET HANDLE/VIOLET MISC ..	133	CANE/ALUMINUM/OFFSET ORTHO HANDLE/WRIST STRAP/3/4" MISC . 133	
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CANE TIPS/5/8" QUAD SUCTION TYPE MISC	132	CANE/ALUMINUM/BRONZE/YORKH ANDLE/7/8" MISC	133	CANE/ALUMINUM/TELESCOPIC/BR ONZE/MEDIUM HANDLE/7/8" MISC 133	
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CANE/WOOD/BLACK/ROUND HANDLE/1" MISC 134	CANE/WOOD/STANDARD/BLACKFI NISH/7/8" MISC 134	capsaicin CREA 0.075 %65
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		carbidopa-levodopa TBDP42
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		CAREFINE PEN NEEDLES 29GX1/2"168
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CAREFINE PEN NEEDLES 31GX8MM	168	CAREONE UNIFINE PENTIPS 31GX6MM	168	CARESENS N GLUCOSE MONITORING SYSTEM DEVI	99
CAREFINE PEN NEEDLES 32GX5MM	168	CAREONE UNIFINE PENTIPS 31GX8MM	168	CARETOUCH 2 CPAP HOSE HANGER MISC	204
CAREFINE PEN NEEDLES 32GX6MM	168	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	169	CARETOUCH ALCOHOL PREP PADS	135
CAREONE ADVANCED LANCINGDEVICE MISC	99	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	169	CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	99
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	99	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	169	CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	67
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT 99		CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	169	CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/ ARM DEVI	90
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP ..	67	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	169	CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/ WRIST DEVI	90
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CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ..	168	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	169	CARETOUCH CPAP & BIPAP HOSE/6FT MISC	204
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CAREONE LANCET SUPER THIN/30G	99	CARESENS CONTROL A SOLUTION SOLN	99	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	169
CAREONE LANCET THIN	99	CARESENS CONTROL SOLUTION A/B SOLN	99	CARETOUCH INSULIN	

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CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" 169	CARETOUCH TWIST LANCETS 28G100	cefadroxil CAPS 53
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CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" 169	CARETOUCH UNIVERSAL CPAPFILTERS MISC 204	cefdinir SUSR 53
CARETOUCH LANCING DEVICEWITH EJECTOR MISC ..100	CARETOUCH VERSA BLOOD PRESSURE MONITOR/ARM DEVI 90	cefepime proxetil SUSR 53
CARETOUCH PEN NEEDLE 29GX1/2"169	CAREX COCCYX CUSHION MISC 135	cefepime proxetil TABS53
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cephalexin SUSR	CHEMSTRIP 5 OB	68	ciclopirox olamine CREA	59
cephalexin TABS	CHEMSTRIP 7	68	ciclopirox olamine SUSP	59
CEQUA SOLN	CHEMSTRIP 9 STRIPS	68	ciclopirox SHAM	59
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CERALYTE 70 SOLN	CHENODAL	78	cilostazol	82
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CERASPORT SOLN	chlordiazepoxide hcl-clidinium bromide	236	CIMDUO	46
CERTAVITE SENIOR TABS	chlordiazepoxide-amitriptyline	233	cimetidine TABS	237
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	chlorhexidine gluconate (mouth-throat)	216	CIMZIA KIT	79
CERTAVITE/ANTIOXIDANTS TABS	chloroquine phosphate TABS	38	CIMZIA PSKT	79
218	chlorpheniramine maleate TABS	31	CIMZIA STARTER KIT PSKT	79
CERVICAL PILLOW MISC	chlorpromazine hcl CONC	45	cinacalcet hcl	76
CERVICAL PILLOW/BREATHE EASY MISC	chlorpromazine hcl TABS 10 MG, 25 MG, 50 MG, 200 MG	45	CINIS PREEMIE HALO LARGE MISC	135
CERVICAL PILLOW/COVER MISC	chlorpromazine hcl TABS 100 MG	45	CINIS PREEMIE HALO MEDIUM MISC	135
135	chlorthalidone 25 MG, 50 MG	74	CINIS PREEMIE HALO SMALL MISC	135
CERVICAL PILLOW/ORTHOPEDIC MISC	chlorzoxazone TABS	225	CINQAIR	13
135	CHOLBAM	78	CINRYZE SOLR IV	82
CERVICAL ROLL PILLOW/CONTOUR MISC	cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	243	CIPRO SUSR	77
135	cholecalciferol TABS 25 MCG, 400 UNIT, 1000 UNIT	243	ciprofloxacin hcl (ophth) SOLN	228
cetirizine hcl CHEW 5 MG	cholestyramine light PACK	32	ciprofloxacin hcl (otic)	230
31	cholestyramine light POWD	32	ciprofloxacin hcl TABS 500 MG	77
cetirizine hcl SOLN OR	cholestyramine PACK	32	ciprofloxacin hcl TABS	77
31	cholestyramine POWD	32	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	77
cetirizine hcl SYRP OR	choline fenofibrate	32	ciprofloxacin-dexamethasone	230
31	CIBINQO	64	ciprofloxacin-fluocinolone acetonide	231
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citalopram hydrobromide TABS ...		22	
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		222	CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP
CITRANATAL ASSURE		222	CLEVER CHOICE BLOOD PRESSURE MONITOR/ARM DEVI 90
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 222			CLEVER CHOICE BLOOD PRESSURE MONITOR/TALKING WRIST/PREMIUM DEVI
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CITRANATAL DHA		222	CLEVER CHOICE BLOOD PRESSURE MONITOR/WRIST DEVI
CITRANATAL ESSENCE		222	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG		222	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM
CITRANATAL MEDLEY		222	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM
clarithromycin SUSR		86	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"
clarithromycin TABS		86	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"
clarithromycin TB24		86	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"
CLASSICS ROLLING WALKER MISC		135	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"
CLEANLET LANCETS 28G		100	CLEVER CHOICE COMFORT
CLEANROOM TACKY MAT 18" X36"/60 LAYER MISC		135	
CLEAR GLASS VIALS 10ML MISC 135			
CLEAR GLASS VIALS 2ML MISC 135			
clemastine fumarate TABS 1.34 MG,			
	CLEOCIN SUPP	243	
	CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	100	
	CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	100	
	CLEVER CHEK AUTO-CODE TEST STRIPS STRP	68	
	CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	100	
	CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP	68	
	CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	100	
	CLEVER CHEK LANCETS ULTRATHIN	100	
	CLEVER CHEK LANCETS ULTRATHIN 30G	100	
	CLEVER CHEK TEST STRIPS STRP	68	
	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI 204		
	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	204	
	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI 204		
	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	204	
	CLEVER CHOICE ANTI-		

EZINSULIN SYRINGE/0.5ML/28G X 1/2"	170	EZPEN NEEDLES 31GX5MM ...	170	CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	100
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	170	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM ...	170	CLEVER CHOICE MICRO TESTSTRIPS STRP	68
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	170	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM ...	170	CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	100
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	170	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM ...	170	CLEVER CHOICE NO CODING TEST STRIPS STRP	68
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	170	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM ...	170	CLEVER CHOICE PEAK FLOW METER	205
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	170	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM ...	170	CLEVER CHOICE PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	90
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	170	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM ...	170	CLEVER CHOICE PULSE OXIMETER MISC	135
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	170	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM ...	170	CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	100
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	170	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM ...	170	CLEVER CHOICE TALK NO CODING TEST STRIPS STRP	68
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	170	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM ...	170	CLEVER CHOICE TALK NO CODING TEST STRIPS STRP	68
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	170	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM ...	170	CLICKFINE PEN NEEDLE 32GX5/32"	171
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	170	CLEVER CHOICE DIGITAL BMI SCALE MISC	135	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	171
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16"	170	CLEVER CHOICE ELECTRIC BREAST PUMP MISC	135	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	171
CLEVER CHOICE COMFORT EZLANCETS 21G	100	CLEVER CHOICE ELECTRONICBLOOD PRESSURE MONITOR/WRIST DEVI	90	CLICKFINE PEN NEEDLES 31G X 1/4"	171
CLEVER CHOICE COMFORT EZLANCETS 23G	100	CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	100	CLICKFINE PEN NEEDLES 31G X 3/16"	171
CLEVER CHOICE COMFORT EZLANCETS 28G	100	CLEVER CHOICE GLUCOSE CONTROL LOW LIQD	100	CLICKFINE PEN NEEDLES 31G X 5/16"	171
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM .	170	CLEVER CHOICE HEARING AMPLIFIER MISC	135	CLICKFINE PEN NEEDLES 31G X 8MM	171
CLEVER CHOICE COMFORT		CLEVER CHOICE HYDROTHERAPY SYSTEM FOOT BATH MISC	135	CLICKFINE PEN NEEDLES 32G X	

5/32"	171	19ANTIGEN SELF-TEST KIT	68	clotrimazole	216
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	171	CLIP & STOR MISC	135	clotrimazole w/ betamethasone CREA	59
CLIMARA PRO	77	clobazam SUSP	17	clotrimazole w/ betamethasone LOTN	59
CLINDACIN ETZ	57	clobazam TABS	17	clozapine TABS	44
CLINDACIN PAC	57	clobetasol propionate CREA 0.05 % . 62		clozapine TBDP 150 MG, 200 MG	44
clindamycin hcl	37	clobetasol propionate emollient base 0.05 %	62	clozapine TBDP	44
clindamycin palmitate hydrochloride . 37		clobetasol propionate emulsion ...	62	C-NATE DHA CAPS	222
clindamycin phosphate (topical) FOAM	57	clobetasol propionate FOAM	62	CO MONITOR DEVI	205
clindamycin phosphate (topical) GEL 57		clobetasol propionate GEL 0.05 %	62	CO MONITOR REPLACEMENT TPIECES MISC	205
clindamycin phosphate (topical) LOTN	57	clobetasol propionate LIQD	62	COAGADDEX	81
clindamycin phosphate (topical) SOLN	57	clobetasol propionate LOTN	62	COAGUCHEK LANCETS	100
clindamycin phosphate (topical) SWAB	57	clobetasol propionate OINT 0.05 % 62		coal tar extract SHAM 0.5 %	66
clindamycin phosphate vaginal CREA	243	clobetasol propionate SHAM	62	COARTEM	38
clindamycin phosphate-benzoyl peroxide (refrigerate)	57	clobetasol propionate SOLN 0.05 % . 62		codeine sulfate TABS 30 MG	7
clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 % . 57		clocortolone pivalate	62	CODEINE SULFATE TABS	8
clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %	57	CLODAN KIT	62	colchicine CAPS	81
clindamycin phosphate-tretinoin ..	57	clomipramine hcl	23	colchicine TABS	81
CLINDESSE	243	clonazepam TABS	17	colchicine w/ probenecid	81
CLINERE EARWAX CLEANER MISC	135	clonazepam TBDP	17	colesevelam hcl PACK	32
CLINERE EARWAX REMOVER MISC	135	clonidine	35	colesevelam hcl TABS	32
CLINITEST RAPID COVID-		clonidine hcl (adhd) TB12	1	colestipol hcl GRAN	32
		clonidine hcl TABS	35	colestipol hcl PACK	32
		clonidine hcl TB24	35	colestipol hcl TABS	32
		clopidogrel bisulfate	82	COMAR PRESS-IN BOTTLE ADAPTERS 24MM MISC	135
		clorazepate dipotassium TABS ...	12	COMBIPATCH PTTW	77
		clotrimazole (topical) CREA	59	COMBIVENT RESPIMAT AERS ..	15
		clotrimazole (topical) SOLN	59	COMETRIQ KIT	41

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COMFORT ASSURED LANCETS MICRO THIN 33G100	COMFORT PERSONAL CLEANSING WARMER/14-COUNT MISC136	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G101
COMFORT ASSURED LANCETS SUPER THIN 28G 100	COMFORT PERSONAL CLEANSING WARMER/28-COUNT MISC136	COMIRNATY 2023-24 SUSP 240
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COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM 171	COMFORT TOUCH PEN NEEDLES/31G X 8 MM171	COMMODE SPLASH GUARD MISC . 136
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COMFORT EZ/31G X 6MM171	COMFORT TOUCH PEN NEEDLES/32G X 6MM 171	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI205
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	COTELLIC 41	
	COTEMPLA XR-ODT TBED 25.9 MG 2	
	COTEMPLA XR-ODT TBED 8.6 MG, 17.3 MG 2	

cromolyn sodium NEBU	13	CRUTCH UNDERARM PADS	CRUTCH/WOOD/ADULT/ARMPADS
crotamiton LOTN	66	PREMIUM MISC	/TIPS/GRIPS MISC
CRUTCH ACCESSORY KIT MISC	136	CRUTCH/ALUMINUM/ADULT MISC .	CRUTCH/WOOD/YOUTH/34"-42"
CRUTCH ACCESSORY		137	MISC
KIT/ARMPADS/HAND GRIPS/TIPS		CRUTCH/ALUMINUM/ADULT/5'2"-	CRUTCH/WOOD/YOUTH/ARMPAD
MISC	136	5'10" MISC	S/TIPS/GRIPS MISC
CRUTCH ARMPADS MISC	136	137	137
CRUTCH HANDGRIPS MISC	136	CRUTCH/ALUMINUM/ADULT/ARMP	CRUTCH-MATE/ADULT ARM MISC .
CRUTCH HANDGRIPS PREMIUM		ADS/TIPS/GRIPS MISC	137
MISC	136	137	137
CRUTCH HANDGRIPS/SOLID MISC		CRUTCH/ALUMINUM/ADULT/PUSH	CRUTCH-MATE/ADULT FOREARM
.....	136	BUTTON MISC	MISC
CRUTCH HANDGRIPS/SPLIT MISC		137	137
136		CRUTCH/ALUMINUM/ADULT/PUSH	CRUTCH-MATE/ADULT HAND
CRUTCH PILLOWS/ARM AND		-BUTTON ADJ MISC	GRIPS LARGE MISC
HAND MISC	136	137	137
CRUTCH SET/ALUMINUM/LARGE		CRUTCH/ALUMINUM/ADULT/TALL	CRUTCH-MATE/ADULT HAND
MISC	136	MISC	GRIPS MISC
CRUTCH SET/WOOD/ADULT MISC		137	137
136		CRUTCH/ALUMINUM/MEDIUM	CUFF ACCESSORIES
CRUTCH SET/WOOD/MEDIUM		MISC	DISPOSABLE BULB & VALVE MISC
MISC	136	137
CRUTCH SET/WOOD/YOUTH MISC		CRUTCH/ALUMINUM/TALL/PUSHB	CUFF ACCESSORIES
.....	136	UTTON ADJ MISC	DISPOSABLE SINGE HEAD
CRUTCH TIPS/EXTRA-LARGE/7/8"		137	STETHOSCOPE MISC
MISC	136	CRUTCH/ALUMINUM/TALL/PUSHB	137
CRUTCH TIPS/JUMBO/GREY MISC		UTTON MISC	CURITY ALCOHOL
136		137	PREPS/MEDIUM 2 PLY
CRUTCH TIPS/REGULAR MISC		CRUTCH/ALUMINUM/YOUTH MISC	137
136		137	CURITY ALL PURPOSE SPONGES
CRUTCH TIPS/SUPER		CRUTCH/ALUMINUM/YOUTH/ARM	4"X4" 4PLY PADS
GRIP/BROWN MISC	137	PADS/TIPS/GRIPS MISC	86
CRUTCH TIPS/SUPER MISC	137	137	CURITY ALL PURPOSE SPONGES
CRUTCH UNDERARM PADS MISC .		CRUTCH/ALUMINUM/YOUTH/PUSH	4"X4" 4PLY/SOFT POUCH PADS .86
137		BUTTON MISC	86
		137	CURITY ALL PURPOSE SPONGES
		CRUTCH/ALUMINUM/YOUTH/PUSH	4"X4" PADS
		-BUTTON ADJ MISC	87
		137	CURITY AMD
		CRUTCH/FOREARM/ADULT MISC	ANTIMICROBIALGAUZE SPONGES
		137	4"X4" 12 PLY PADS
		CRUTCH/FOREARM/YOUTH MISC .	87
		137	CURITY COTTON TIPPED
		CRUTCH/STANDARD	APPLICATOR 6" MISC
		FOREARM/ADULT MISC	137
		137	CURITY COTTON TIPPED
		CRUTCH/WOOD/ADULT/48"-60"	APPLICATOR MISC
		MISC	137
		137	CURITY COVER SPONGE 4"X4"
			PADS
			87

CURITY COVER SPONGES 4"X4" PADS	87	CVS BLOOD PRESSURE MONITOR PROFESSIONAL/ARM MISC	90	CVS ONE DAILY WOMENS 50+ADVANCED TABS	218
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	87	CVS BLOOD PRESSURE MONITOR/AUTOMATIC MISC	91	CVS PILL SPLITTER MISC	138
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CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	87	CVS COTTON SWABS SWAB ...	138	CVS PREP PADS	138
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	87	CVS CRUTCHES UNIVERSAL MISC	138	CVS PULSE OXIMETER MISC ..	138
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CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	87	CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	87	CVS READY SET GO DELUXE ALIMINUM BATH BENCH MISC .	138
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CVS ADVANCED BLOOD PRESSURE MONITOR DEVI	90	CVS LANCETS 21G	101	CVS SERIES 400 BLOOD PRESSURE MONITOR/UPPER ARM DEVI	91
CVS ADVANCED GLUCOSE METER KIT	101	CVS LANCETS MICRO THIN 33G 101		CVS SERIES 400W BLOOD PRESSURE MONITOR/WRIST DEVI	91
CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	68	CVS LANCETS MICRO-THIN 33G 101		CVS SERIES 600 BLOOD PRESSURE MONITOR DEVI	91
CVS ALCOHOL PREP PADS ...	137	CVS LANCETS ORIGINAL	101	CVS SERIES 600W BLOOD PRESSURE MONITOR/WRIST DEVI	91
CVS ALKALINE BATTERIES/SIZE AA MISC	137	CVS LANCETS THIN 26G	102	CVS SERIES 800 BLOOD PRESSURE MONITOR DEVI	91
CVS BABY SAFETY SWABS SWAB	138	CVS LANCETS ULTRA THIN 30G 102		CVS SOFT GLUCOSE CHEW	25
CVS BLOOD PRESSURE MONITOR PREMIUM/WRIST MISC	90	CVS LANCETS ULTRA-THIN 30G 102		CVS SPECTRAVITE ADULT 50+ TABS	218
		CVS LANCING DEVICE MISC ...	102		
		CVS ONE DAILY MENS 50+ ADVANCED TABS	218		

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CVS SPECTRAVITE ULTRA MEN50+ TABS 218	CYSTADROPS 230	DDS 300 LUMBAR TRACTION BELT/36"-38" MISC 138
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CVS SPECTRAVITE ULTRA WOMEN TABS 218	CYSTARAN230	DDS 300 LUMBAR TRACTION BELT/42"-44" MISC 138
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cyclosporine (ophth) EMUL 228	DAURISMO39	DDS 500 LUMBAR TRACTION BELT/PANELS/49"-51" MISC 139
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cyproheptadine hcl SYRP32	DDS 300 LUMBAR TRACTION BELT/29"-32" MISC 138	

deferasirox PACK	29	DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	87	desoximetasone LIQD	62
deferasirox TABS	29	DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	87	desoximetasone OINT	63
deferasirox TBSO	29	DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	87	DESVENLAFAXINE ER	23
deferiprone TABS	29	DERMACINRX LIDOGE L GEL	65	desvenlafaxine succinate	23
DELSTRIGO	46	DERMACINRX MULTITAM TABS 218		DEX4	25
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demeclocycline hcl TABS 300 MG 235		DERMACINRX ZINTREXYL-C TABS	218	DEX4 POUCH PACK	25
DENGVAXIA	240	DERMAVITE TABS	218	DEX4 QUICK DISSOLVE GLUCOSE CHEW	25
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DEODORANT PLASTIC TUBES 2.65 OZ/CAPS MISC	139	DESCOVY 200 MG-25 MG	46	DEXAMETHASONE INTENSOL CONC	56
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DERMACEA DRAIN SPONGES 4"X4" PADS	87	desmopressin acetate spray refrigerated	76	dexamethasone TABS	56
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DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	87	desogestrel-ethinyl estradiol (triphasic)	53	DEXCOM G4 PLATINUM RECEIVER KIT	102
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	87	desonide CREA	62	DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	102
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EMBRACE PEN NEEDLES/32G X		fumarate	46	MG/ML, 150 MG/ML	16
4MM	176	emtricitabine-tenofovir disoproxil		enoxaparin sodium SOSY 120	
EMBRACE PRESSURE ACTIVATED		fumarate 200 MG-300 MG	46	MG/0.8ML	16
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EMBRACE PRO BLOOD GLUCOSE		hydrochlorothiazide	35	MG/0.4ML	16
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EMBRACE PRO BLOOD		enalapril maleate TABS	34	MG/0.6ML	16
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EPCLUSA PACK	48	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI	206	1/2"	176
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EQ BLOOD PRESSURE MONITOR/WRIST DEVI	91	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	176	ERLEADA	40
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EQ ONE DAILY WOMENS 50+ TABS	218	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	176	erythromycin (acne aid) SOLN	58
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				erythromycin base TBEC	86
				erythromycin ethylsuccinate SUSR 86	
				erythromycin ethylsuccinate TABS	86
				erythromycin stearate TABS 250 MG	

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escitalopram oxalate SOLN	22	etodolac TABS	5
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estradiol & norethindrone acetate		215	
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estradiol GEL	77	everolimus TBSO	41
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estradiol PTWK	77	106
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ethosuximide CAPS	21	STRP	69
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		PEN NEEDLES 31G X 4MM	176
		EXCILON AMD	
		ANTIMICROBIALDRAIN SPONGES	
		4"X4" 6 PLY PADS	87
		ANTIMICROBIALNON-WOVEN	
		SPONGES 4"X4" 6 PLY PADS	87
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		PADS	87
		EXCILON DRAIN SPONGES 4"X4" 6	
		PLY PADS	88
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		PEN NEEDLES 29G X 12MM	176
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		SYRINGE/0.3ML/29G X 1/2"	176
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		EXEL COMFORT POINT INSULIN	
		SYRINGE/0.5ML/29G X 1/2"	176
		EXEL COMFORT POINT INSULIN	
		SYRINGE/0.5ML/30G X 5/16"	176
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		SYRINGE/1ML/29G X 1/2"	176
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EYE HEALTH/LUTEIN TABS	218	EZY DOSE MEDICINE CUPS MISC	142	FASHION CANE/T-HANDLE/MAPLE PRINT/250LB CAPACITY MISC	142
EYE MULTIVITAMIN/SODIUM TABS	218	EZY DOSE PILL CUTTER MISC	142	febuxostat	81
EYE/EAR DROPPER MISC	142	EZY DOSE PILL CUTTER ORIGINAL MISC	142	FEIBA	81
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E-Z JECT LANCETS	106	FACE SHIELD FULL LENGTH MISC	142	felbamate TABS	20
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E-Z JECT LANCETS COLOR	106	FACE SHIELD MISC	142	FEMRING	243
E-Z JECT LANCETS SUPER THIN 30G	106	FALL MAT MISC	142	fenofibrate CAPS	32
E-Z JECT LANCETS THIN 26G	106	famciclovir	48	fenofibrate micronized	32
E-Z LOCK RAISED TOILET SEAT MISC	142	famotidine SUSP	237	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	33
E-Z LOCK RAISED TOILET SEAT/ARMS MISC	142	famotidine TABS 20 MG, 40 MG	237	fenofibrate TABS	33
EZALLOR SPRINKLE CPSP	33	FANAPT	44	fenofibric acid	33
ezetimibe	33	FANAPT TITRATION PACK	44	fenoprofen calcium CAPS 400 MG	5
ezetimibe-simvastatin	32	FANTASY LUBRICATED MISC	94	fenoprofen calcium TABS	5
E-ZJECT LANCETS MICRO-THIN 33G	106	FANTASY LUBRICATED/SPERMICIDE MISC	94	fenentanyl citrate LPOP	8
EZ-LETS LANCETS 21G	106	FARXIGA	28	fenentanyl citrate TABS	8
EZ-LETS LANCETS 26G SUPER- SOFT	106	FASENRA PEN SOAJ	13	fenentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8
EZ-LETS LANCETS 28G ULTRA- SOFT	106	FASENRA SOSY	13	fenentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8
EZ-LETS LANCETS 30G	106	FASHION CANE/T- HANDLE/BLACK/250LB CAPACITY MISC	142	FERRIPROX SOLN	29
EZY DOSE ADULT-LOCK PILLCUTTER MISC	142	FASHION CANE/T- HANDLE/FLORAL PRINT/250LB CAPACITY MISC	142	FERRIPROX TWICE-A-DAY TABS	29
EZY DOSE CUT N' CRUSH MISC	142	FASHION CANE/T- HANDLE/LEOPARD PRINT/250LB		FERROUS GLUCONATE TABS 324 MG	83
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FIASP PENFILL SOCT 26	FILTER 0.22 MICRON/73MM/1000ML MISC ... 142	FLAORTHO WALKER/LOW/BLACK/SMALL MISC142
FIASP PUMPCART SOCT 26	FILTER AIR PP MISC 206	FLAREX229
FIASP SOLN26	FILTER ATTACHMENT MISC ... 142	flavoxate hcl239
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FIFTY50 PEN NEEDLES 31G X5/16" (8MM) 176		FLEX THERAPY MISC142
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FIFTY50 PEN NEEDLES/32GX4MM176		FLEXICHAMBER CHILD
FIFTY50 PEN NEEDLES/32GX6MM ..		

MASK/SMALL	206	2022-2023 SUSP	241	fluorouracil (topical) CREA	60
FLEXICHAMBER DEVI	206	FLUCELVAX QUADRIVALENT		fluorouracil (topical) SOLN	60
FLIGHT EAR PLUGS MISC	143	2022-2023 SUSY	241	fluoxetine hcl (pmdd) TABS 10 MG	
FLOVENT DISKUS AEPB 100		FLUCELVAX QUADRIVALENT		234	
MCG/BLIST, 250 MCG/BLIST	14	2023-2024 SUSP	241	fluoxetine hcl (pmdd) TABS 20 MG	
FLOVENT DISKUS AEPB 50		FLUCELVAX QUADRIVALENT		234	
MCG/BLIST	14	2023-2024 SUSY	241	fluoxetine hcl CAPS 10 MG	22
FLOVENT HFA 110 MCG/ACT, 220		fluconazole SUSR	30	fluoxetine hcl CAPS 20 MG, 40 MG	
MCG/ACT	14	fluconazole TABS	30	22	
FLOVENT HFA 44 MCG/ACT	14	flucytosine	30	fluoxetine hcl CPDR	22
FLOWFLEX COVID-19 ANTIGEN		fludrocortisone acetate TABS	56	fluoxetine hcl SOLN	22
HOME TEST KIT	69	FLULAVAL QUADRIVALENT 2021-		fluoxetine hcl TABS 10 MG	22
FLUAD QUADRIVALENT 2021-2022		2022 SUSY	241	fluoxetine hcl TABS 20 MG	22
.....	240	FLULAVAL QUADRIVALENT 2022-		fluoxetine hcl TABS 60 MG	22
FLUAD QUADRIVALENT 2022-2023		2023 SUSY	241	FLUPHENAZINE DECANOATE	
.....	240	FLULAVAL QUADRIVALENT 2023-		POWD	53
FLUAD QUADRIVALENT 2023-2024		2024 SUSY	241	fluphenazine hcl CONC	45
.....	240	FLUMIST QUADRIVALENT	241	fluphenazine hcl ELIX	45
FLUARIX QUADRIVALENT 2021-		flunisolide (nasal) 0.025 %	226	fluphenazine hcl SOLN	45
2022 SUSY	240	fluocinolone acetonide (otic)	231	fluphenazine hcl TABS	45
FLUARIX QUADRIVALENT 2022-		fluocinolone acetonide CREA	63	flurandrenolide CREA	63
2023 SUSY	240	fluocinolone acetonide OIL	63	flurandrenolide LOTN	63
FLUARIX QUADRIVALENT 2023-		fluocinolone acetonide OINT	63	flurazepam hcl	84
2024 SUSY	240	fluocinolone acetonide SOLN	63	flurbiprofen sodium	230
FLUBLOK QUADRIVALENT 2021-		fluocinonide CREA	63	flurbiprofen TABS 100 MG	5
2022	240	fluocinonide emulsified base	63	flutamide	40
FLUBLOK QUADRIVALENT 2022-		fluocinonide GEL	63	fluticasone furoate-vilanterol	15
2023	240	fluocinonide OINT	63	fluticasone propionate (nasal) SUSP .	
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GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	70	GNP GLUCOSE CHEW	25	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	178	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	178	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	178	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	178	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	178	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	178	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	178	GNP INSULIN SYRINGE/1ML/29G X 1/2"	178	GNP INSULIN SYRINGE/1ML/30G X 5/16"	178	GNP INSULIN SYRINGE/1ML/31G X 5/16"	178	GNP INSULIN SYRINGES/0.3ML/30GX5/16" ...	178	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	178	GNP INSULIN SYRINGES/1ML/28GX1/2"	179	GNP INSULIN SYRINGES/1ML/29GX1/2"	179	GNP INSULIN SYRINGES/1ML/30GX5/16"	179	GNP INSULIN SYRINGES/3ML/31GX5/16"	179	GNP LANCETS 21G	111	GNP LANCETS THIN 26G	111	GNP LANCING SYSTEM DEVICE MISC	111	GNP NAIL CLIPPERS MISC	144	GNP POCKET TISSUE MISC	144	GNP PULSE OXIMETER MISC	144	GNP QUICK DISSOLVE GLUCOSE CHEW	25	GNP REACHER 32" MISC	144	GNP STERILE LANCETS 28G	111	GNP STERILE LANCETS 30G	111	GNP STERILE LANCETS 33G	111	GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	111	GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	111	GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	70	GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	70	GNP TRUETRACK SMART SYSTEM STRP	70	GNP TWEEZERS SLANT TIP MISC	144	GNP ULTICARE PEN NEEDLES/31GX5/16"	179	GNP ULTICARE PEN NEEDLES/32GX 5/32"	179	GNP ULTICARE PEN NEEDLES/32GX1/4"	179	GNP ULTICARE PEN NEEDLES31G X 5MM	179	GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	179	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	179	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	179	GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	179	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	179	GOCOVRI CP24	42	GOJJI BLOOD GLUCOSE TESTSTRIPS STRP	70	GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP	70	GOJJI LANCING DEVICE/CLEAR CAP MISC	111	GOJJI STERILE LANCETS 30G	111	GOJJI WEIGHT SCALE MISC ...	144	GONITRO PACK	12	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	179	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	111	GOODSENSE GLUCOSE	25	GOODSENSE LANCETS MICRO- THIN 33G	111	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL	111	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL	111	GOODSENSE LANCETS ULTRA- THIN 30G	111
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GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	179	guaifenesin SYRP	57
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GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	179	guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML	56
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP ..	70	guaifenesin-codeine SYRP	56
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	111	guanfacine hcl (adhd)	1
GRADUATED BOTTLE 2OZ W/CAP MISC	144	guanfacine hcl	35
GRADUATED BOTTLE 4OZ W/CAP MISC	144	GUARDIAN 4 GLUCOSE SENSOR .	111
GRALISE TABS 300 MG, 600 MG 234		GUARDIAN 4 TRANSMITTER KIT	111
GRALISE TABS 450 MG, 750 MG, 900 MG	234	GUARDIAN CONNECT TRANSMITTER	111
granisetron hcl TABS	29	GUARDIAN CONNECT TRANSMITTER KIT	111
GRANIX SOLN	82	GUARDIAN LINK 3	111
GRANIX SOSY	82	GUARDIAN LINK 3 TRANSMITTER KIT	111
griseofulvin microsize SUSP	30	GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	111
griseofulvin microsize TABS	30	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	111
griseofulvin ultramicronsize	30	GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	111
GROOVE ROLLING WALKER MISC		GUARDIAN SENSOR (3)	111
		GUARDIAN SENSOR 3	111
		GVOKE HYPOPEN 1-PACK SOAJ	25
		GVOKE HYPOPEN 2-PACK SOAJ	
		GVOKE KIT SOLN	25
		GVOKE PFS SOSY 0.5 MG/0.1ML	25
		GVOKE PFS SOSY 1 MG/0.2ML ..	25
		GYNAZOLE-1	243
		HADLIMA PUSH TOUCH SOAJ	4
		HADLIMA SOSY	4
		HAEGARDA SOLR SC	82
		HAEMOLANCE	111
		HAEMOLANCE LOW FLOW LANCETS	111
		HAEMOLANCE PLUS	111
		HAEMOLANCE PLUS HIGH FLOW .	111
		HAEMOLANCE PLUS LOW FLOW .	111
		HAEMOLANCE PLUS MAX FLOW	112
		HAEMOLANCE PLUS PEDIATRIC FLOW	112
		HAIR SKIN & NAILS ADVANCED FORMULA TABS	218
		halcinonide CREA	63
		halobetasol propionate CREA	63
		HALOBETASOL PROPIONATE FOAM	63
		halobetasol propionate OINT	63
		HALOG OINT	63
		HALOG SOLN	63
		haloperidol decanoate	44
		haloperidol lactate CONC	44
		haloperidol TABS 0.5 MG, 1 MG, 2	

MG, 5 MG, 10 MG	44	HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/WOMENS DEVI 91	MISC	112
haloperidol TABS	44	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	180
HAND HELD SHOWER SPRAY MISC	144	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	180
HARMONY BREASTPUMP MISC 144		HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	180
HARVONI PACK	48	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	180
HARVONI TABS	48	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" 179	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	180
HAVRIX	241	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 179	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G ...	112
HEAD CARE PROACTIVE HEALTH TABs	218	HEALTHWISE INSULIN NEEDLES/32G X 5/32"	HEART CHECK BLOOD PRESSURE MONITOR/WRIST DEVI	91
HEAD COVERS 24"/BOUFFON CAP/IRRADIATED MISC	144	HEALTHWISE MINI PEN NEEDLES 31GX6MM	HEAT THERAPY MISC	144
HEAD HALTER OVER DOOR TRACTION SET MISC	144	HEALTHWISE PEN NEEDLES 29GX12MM	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	180
HEAD HALTER REPLACEMENT FOR TRACTION KIT MISC	144	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	H-E-B IN CONTROL PEN NEEDLES 31GX5MM	180
HEAD LICE COMB MISC	144	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	H-E-B IN CONTROL PEN NEEDLES 31GX6MM	180
HEALTH CARE LANCING DEVICE MISC	112	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	H-E-B IN CONTROL PEN NEEDLES 31GX8MM	180
HEALTH SENSE BLOOD PRESSURE MONITOR/UPPER- ARM DEVI	91	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	180
HEALTH SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	91	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" .	180
HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	112		H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	180
HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/PREMIUM TALKING DEVI	91			
HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/STANDARD DEVI	91			

H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"180	HEELBOOT LAUNDRY BAG MISC 144	HIBICLENS WALL DISPENSER/FOOT MISC144
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM180	HEELBOOT LINER LARGE MISC 144	HIBICLENS WALL DISPENSER/HAND MISC144
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM180	HEELBOOT LINER REGULAR MISC144	HIGH POTENCY MULTIVITAMIN TABS221
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"180	HEELBOOT REGULAR MISC ... 144	HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS219
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H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"180	HEMADY TABS56	HIP/FRACTURE RAISED TOILET SEAT/LEFT MISC144
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H-E-B INCONTROL DELUXE AUTO WRIST BLOOD PRESSURE MONITOR DEVI91	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT81	HM AUTOMATIC BLOOD PRESSURE MONITOR DELUXE DEVI91
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H-E-B INCONTROL PEN NEEDLES 29GX12MM180	HETLIOZ LQ SUSP84	HM COMPLETE MEN TABS219
H-E-B INCONTROL PREMIUM AUTOMATIC BLOOD PRESSURE MONITOR DEVI91	HIBERIX SOLR IJ239	HM COTTON SWABS SWAB144
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	HIBICLENS HAND PUMP/NON FOAMING/16OZ MISC144	
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HM STERILE ALCOHOL PREP PADS	144	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	80	HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	112
HM STERILE PADS PADS	88	MG/0.8ML	4	HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	112
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	180	HUMIRA PEN PNKT	4	HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP ..	70
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	180	HUMIRA PEN-CD/UC/HS STARTER PNKT	4	HYCANTIN CAPS	42
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16") ..	180	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	HYCLODEX	66
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	180	HUMIRA PEN-PS/UV STARTER PNKT	4	hydralazine hcl TABS	36
HOME STYLE BED RAILS MISC	144	HUMIRA PSKT	4	HYDRALYTE FREEZER POPS SOLN	213
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HOT-COLD THERAPY MISC	144	HUMULIN 70/30 SUSP	27	HYDROCELL ADHESIVE DRESSING 4"X4" PADS	88
HULIO AJKT	4	HUMULIN N KWIKPEN SUPN	27	HYDROCELL DRESSING 4"X4" PADS	88
HULIO PSKT	4	HUMULIN N SUSP	27	HYDROCERIN CREA	66
HUMALOG JUNIOR KWIKPEN SOPN	26	HUMULIN R SOLN IJ	27	HYDROCERIN CREA	66
HUMALOG KWIKPEN SOPN 100 UNIT/ML	26	HUMULIN R U-500 (CONCENTRATED) SOLN SC	27	hydrochlorothiazide CAPS	74
HUMALOG KWIKPEN SOPN 200 UNIT/ML	26	HUMULIN R U-500 KWIKPEN SOPN SC	27	hydrochlorothiazide TABS	74
HUMALOG MIX 50/50 KWIKPEN SUPN	26	HURRICAIN E DISPENSING CAP MISC	144	hydrocodone bitartrate CP12	8
HUMALOG MIX 50/50 SUSP	26	HURRICAIN E LIQUID DISPENSER MISC	145	hydrocodone bitartrate T24A	8
HUMALOG MIX 75/25 KWIKPEN SUPN	26	HURRICAIN E SPRAY EXTENSION TUBES MISC	145	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9
HUMALOG MIX 75/25 SUSP	26	HURRIPAK PERIODONTAL ANESTHETIC REFILL KIT MISC	145	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	9
HUMALOG SOCT	26	HURRIPAK PERIODONTAL IRRIGATION TIPS MISC	145	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9
HUMALOG SOLN IJ	26	HURRYCANE FREEDOM EDITIONCANE/BLACK MISC	145	hydrocodone-ibuprofen 10 MG-200	
HUMALOG TEMPO PEN SOPN ..	26	HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	112		
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MG, 5 MG-200 MG, 7.5 MG-200 MG . 9	hydroxyzine pamoate CAPS12	SOSY4
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hydrocortisone (rectal) EX11	HYLATOPIC PLUS CREA65	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ . 4
hydrocortisone (topical) CREA 1 %, 2.5 %63	HYLAZINC TABS219	HYRIMOZ SOAJ4
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IDACIO AJKT	4	IMOVAX RABIES (H.D.C.V.) SUSR	241	INDERAL XL	50
IDACIO PSKT	4	IMPEKLO LOTN	63	INDICATOR/BIOLOGICAL TEST KIT/SPORVIEW STEAM KIT	145
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	4	IMVEXXY MAINTENANCE PACK INST	243	indomethacin CAPS 25 MG, 50 MG	5
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	4	IMVEXXY STARTER PACK INST	243	indomethacin CPR	5
IDELVION	81	IN TOUCH BLOOD GLUCOSE TEST STRIPS STRP	71	indomethacin SUPP	5
IDHIFA	41	IN TOUCH DEVI	112	INFANRIX	236
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IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	70	IN TOUCH LANCING DEVICE MISC	112	INFINITY BLOOD GLUCOSE TEST STRIPS STRP	71
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imatinib mesylate	41	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	180	INGREZZA CAPS	233
IMBRUVICA CAPS	41	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	180	INGREZZA CPPK	233
IMBRUVICA SUSP	41	INCRELEX	75	INHALATION VIAL CAP/BLUE MISC	145
IMBRUVICA TABS	41	INCRUSE ELLIPTA	13	INHALATION VIAL CAP/GREEN MISC	145
IMDEVIMAB	231	indapamide TABS 1.25 MG, 2.5 MG		INHALATION VIAL CAP/ORANGE MISC	145
imipramine hcl TABS	23			INHALATION VIAL CAP/RED MISC	145
imipramine pamoate	23			INHALATION VIAL CAP/WHITE MISC	145
imiquimod 3.75 %	65			INHALATION VIAL CAP/YELLOW MISC	145

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INHALATION VIAL W/CAP/RED/3.5ML STOCKWELL MISC	145	INSUL-CAP MISC	112	INSULIN SYRINGE/0.3ML/31G X 5/16"
INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL MISC	145	INSUL-EZE MISC	112	181
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INPEN 100/BLUE/NOVOLOG/FIASP DEVI	180	INSULIN DEGLUDEC SOLN	27	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"
INPEN 100/GREY/LILLY/HUMALOG DEVI	181	INSULIN GLARGINE SOLN	27	181
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INPEN 100/PINK/NOVOLOG/FIASP DEVI	181	INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML	27	181
		INSULIN LISPRO JUNIOR KWIKPEN SOPN	27	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"
		INSULIN LISPRO KWIKPEN SOPN . 27		INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"
		INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	27	181
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IXINITY SOLR	81	JOURNEY SERIES ROLLING WALKER/4205RD/RED MISC ...	146	KERENDIA	76
IYUZEH SOLN	230	JUBLIA	59	KERLIX SPONGES 4" X 4" 12 PLY PADS	88
J & J GAUZE 4"X4" 12 PLY PADS	88	JUG AMBER GLASS 4L/POLYSEAL CAP/LONG MISC	146	KERLIX SPONGES 4" X 4" 16 PLY PADS	88
J & J GAUZE 4"X4" 8 PLY PADS .	88	JULUCA	47	KESIMPTA	233
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	88	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	33	ketoconazole (topical) CREA	59
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	88	JYNARQUE TABS	77	ketoconazole (topical) FOAM	59
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	88	JYNARQUE TBPK	77	ketoconazole (topical) SHAM 2 %	59
J & J TOURNIQUET 36"X3/4" MISC .	145	JYNNEOS	241	ketoconazole	30
JAKAFI	41	KABOOTI ICE MISC	146	KETODAN KIT	59
JANSSEN COVID-19 VACCINE	241	KABOOTI LARGE MISC	146	KETONE STRP	71
JANUMET TABS	24	KABOOTI MISC	146	KETONE TEST STRIPS STRP ...	71
JANUMET XR TB24	24	KALBITOR	82	ketoprofen CAPS 50 MG, 75 MG ...	5
JANUVIA	26	KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	235	ketoprofen CP24	5
JAR/8OZ/WHITE LID MISC	145	KALYDECO TABS	235	ketorolac tromethamine (ophth) .	230
JARDIANCE	28	KAMELEON LUBRICATED MISC	94	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	5
JAYPIRCA	41	KANESON BREAST PUMP/NURSER MISC	146	ketorolac tromethamine TABS	5
JENTADUETO TABS	24			KETOSTIX STRP	71
JENTADUETO XR TB24	24			KEVZARA SOAJ	4
JESDUVROQ	82				
JIVI	81				

KEVZARA SOSY	4	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	182	STRENGTH TABS	219
KEYFOLIC TABS	219	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	182	K-PHOS NO 2	80
KEYLOSA TABS	219	KINRIX SUSY	236	KRAZATI	41
KIMONO COLORS DEVI	94	KISQALI	41	KRINTAFEL	38
KIMONO LUBRICATED MISC	94	KISQALI FEMARA 200 DOSE	40	KROGER AUTOLET LANCING DEVICE MISC	112
KIMONO MICRO THIN MISC	94	KISQALI FEMARA 400 DOSE	40	KROGER BLOOD GLUCOSE MONITORING KIT KIT	112
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 94		KISQALI FEMARA 600 DOSE	40	KROGER BLOOD GLUCOSE TESTSTRIPS STRP	71
KIMONO PLUS SPERMICIDE LUBRICATED MISC	94	KLOXXADO LIQD	29	KROGER BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	92
KIMONO PLUS SPERMICIDE/LUBRICATED MISC 94		KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	182	KROGER BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	92
KIMONO PS LUBRICATED MISC	94	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	182	KROGER BLOOD PRESSURE MONITOR/PREMIUM AUTOMATIC DEVI	92
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 94		KMART VALU PLUS INSULIN SYRINGE/1ML/29G	182	KROGER GLUCOSE	25
KIMONO SENSATION LUBRICATED MISC	94	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	182	KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD	112
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 94		KOATE SOLR	81	KROGER HEALTHPRO GLUCOSETEST STRIPS STRP ..	71
KIMONO SPECIAL DEVI	94	KOATE-DVI SOLR 1000 UNIT	81	KROGER HEALTHPRO TWIST LANCETS/26G	112
KINDERLYTE PREMAX SOLN ..	214	KOGENATE FS KIT	81	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	182
KINDERLYTE SOLN	214	KONSYL DAILY FIBER PACK 100 %	84	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ...	182
KINERET SOSY	4	KONSYL ORIGINAL DAILY FIBER PACK	84	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	182
KINNEY LANCETS	112	KONVOMEPEP SUSR	238	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" ...	182
KINNEY THIN LANCETS	112	KORLYM	25	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	182
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	182	KOSELUGO	41	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ...	183
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	182	KOVALTRY	81		
		K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL			

KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" ...	183	X5/32"	183	146
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	183	KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	113	LAGEVRIO
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	183	KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP ..	71	LAMICTAL ODT KIT
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	183	KROGER TEST STRIPS STRP ...	71	LAMICTAL ODT KIT
KROGER LANCETS	113	K-Y ME & YOU EXTRA LUBRICATED DEVI	94	LAMICTAL XR KIT
KROGER LANCETS 21G	113	K-Y ME & YOU INTENSE DEVI ...	94	lamivudine (hbv) TABS
KROGER LANCETS MICRO THIN33G	113	L.O.S. YANKAUER HOLDER MISC	146	lamivudine SOLN
KROGER LANCETS SUPER THIN 113		LAB COAT/DISPOSABLE MISC .	146	lamivudine TABS
KROGER LANCETS THIN	113	LAB COAT/DISPOSABLE/LARGE MISC	146	lamivudine-zidovudine
KROGER LANCETS THIN 26G .	113	LAB COAT/DISPOSABLE/MEDIUM MISC	146	lamotrigine CHEW
KROGER LANCETS ULTRATHIN30G	113	LAB COAT/DISPOSABLE/SMALL MISC	146	lamotrigine KIT
KROGER LANCING DEVICE MISC 113		LAB COAT/DISPOSABLE/X-LARGE MISC	146	lamotrigine TABS
KROGER PEN NEEDLES 29G X12MM	183	LAB COAT/DISPOSABLE/XX-LARGE MISC	146	lamotrigine TB24
KROGER PEN NEEDLES 31G X8MM	183	labetalol hcl TABS	49	lamotrigine TBDP
KROGER PEN NEEDLES 31GX1/4"	183	lacosamide SOLN OR 10 MG/ML .	18	LAMPIT
KROGER PEN NEEDLES/31G X1/4"	183	lacosamide TABS	18	LANCET DEVICE ADJUSTABLE MISC
KROGER PEN NEEDLES/31G X3/16"	183	LACRISERT	227	LANCET DEVICE WITH EJECTOR MISC
KROGER PEN NEEDLES/31G X5/16"	183	lactase TABS 3000 UNIT	73	LANCET TRANSPORTER CASE MISC
KROGER PEN NEEDLES/32G X5/32"	183	lactic acid (ammonium lactate) CREA	65	LANCETS
KROGER PEN NEEDLES/33G		lactic acid (ammonium lactate) LOTN 12 %	65	LANCETS 30G
		lactulose (encephalopathy)	79	LANCETS 30G TWIST TOP
		LADYCARE MENOPAUSE MISC		LANCETS 30G/TWIST TOP
				LANCETS 33G EXTRA FINE
				LANCETS 33G UNIVERSAL DESIGN
				LANCETS MICRO THIN 33G ...
				LANCETS SUPER THIN 28G ...
				LANCETS THIN

LANCETS ULTRA THIN	113	MISC	146	LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	183
LANCETS ULTRA THIN 30G	113	LEADER ADVANCED LANCING DEVICE MISC	113	LEDIPASVIR/SOFOSBUVIR TABS 48	
LANCING DEVICE MISC	113	LEADER GLUCOSE 6 MG-4 GM .	25	leflunomide	6
LANREOTIDE ACETATE	76	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	183	LEMTRADA	233
LANSINOH BREASTFEEDING PILLOW MISC	146	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" ...	183	lenalidomide	215
LANSINOH BREASTMILK COLLECTOR MISC	146	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" ...	183	LENVIMA 10 MG DAILY DOSE ...	39
LANSINOH EXTRA PUMPING SET MISC	146	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	183	LENVIMA 12MG DAILY DOSE ...	39
LANSINOH MANUAL BREAST PUMP MISC	146	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	183	LENVIMA 14 MG DAILY DOSE ...	39
LANSINOH POSTPARTUM WASHBOTTLE MISC	146	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" ...	183	LENVIMA 18 MG DAILY DOSE ...	39
LANSINOH PUMP ADAPTERS MISC	146	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" ...	183	LENVIMA 20 MG DAILY DOSE ...	39
LANSINOH SMART PUMP TOTE BAGS MISC	146	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	183	LENVIMA 24 MG DAILY DOSE ...	39
LANSINOH SMARTPUMP 2.0 MISC .	146	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	183	LENVIMA 4 MG DAILY DOSE	39
LANSINOH SMARTPUMP DOUBLEELECTRIC BREAST PUMP MISC	146	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	183	LENVIMA 8 MG DAILY DOSE	39
LANSINOH SMARTPUMP DOUBLEELECTRIC MISC	146	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	183	LEQEMBI	232
lansoprazole CPDR	238	LEADER QUICK DISSOLVE GLUCOSE CHEW	25	LEQVIO	33
lansoprazole TBDD	238	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	183	letrozole	40
lanthanum carbonate CHEW	79	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	183	leucovorin calcium TABS	42
LANTUS SOLN	27	LEADER UNIFINE PENTIPS PENTIPS/MINI/31GX3/16"	183	LEUKERAN	39
LANTUS SOLOSTAR SOPN	27	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	183	LEUKINE SOLR IJ	82
LANZO MISC	113			levalbuterol hcl	15
lapatinib ditosylate	41			levalbuterol tartrate	15
latanoprost SOLN	230			levamlodipine maleate	50
LATCH ASSIST NIPPLE EVERTER				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	MISC	113	LINZESS	79
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	76	LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI 113		liothyronine sodium TABS	236
levocarnitine (metabolic modifiers) TABs	76	LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP	71	LIQREV SUSP	52
levofloxacin SOLN OR	78	LIBERTY TEST STRIPS STRP ...	71	lisdexamphetamine dimesylate CAPS 1	
levofloxacin TABS	78	LICART PT24	60	lisdexamphetamine dimesylate CHEW . 1	
levonorgestrel & eth estradiol TABS 54		lidocaine hcl (mouth-throat) 2 % .	216	lisinopril & hydrochlorothiazide ...	36
levonorgestrel (emergency oc) 1.5 MG	55	lidocaine hcl (mouth-throat) 4 % .	216	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	34
levonorgestrel-eth estradiol (triphasic)	54	lidocaine hcl CREA 3 %	65	LITE TOUCH LANCETS	113
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	54	lidocaine hcl PRSY	65	LITE TOUCH LANCING PEN MISC 113	
levonorgestrel-ethinyl estradiol (continuous)	54	lidocaine hcl SOLN	65	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	183
levonorgestrel-ethinyl estradiol-iron 54		LIDOCAINE HCL- HYDROCORTISONE ACETATE WITH ALOE GEL	10	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	183
levorphanol tartrate TABS	8	LIDOCAINE HYDROCHLORIDE CREA	65	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" ...	183
levothyroxine sodium CAPS	236	lidocaine OINT	65	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" ...	184
levothyroxine sodium TABS	236	lidocaine PTCH 5 %	65	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" ...	184
LEVULAN KERASTICK SOLR	60	lidocaine-hydrocortisone acetate (rectal) CREA EX	10	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" ...	184
LEXETTE FOAM	63	lidocaine-hydrocortisone acetate (rectal) KIT	11	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	184
LEXIVA SUSP	47	lidocaine-prilocaine CREA	65	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	184
LIBERTY BLOOD GLUCOSE METER DEVI	113	lidocaine-prilocaine KIT	65	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	184
LIBERTY CONTROL SOLUTION HIGH SOLN	113	LIDOREX GEL	65	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	184
LIBERTY GLUCOSE CONTROL MID SOLN	113	LIDOTRAL CREA	65	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	184
LIBERTY MEDICAL LANCETS 30G . 113		LIDOTRAN CREA	65	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	184
LIBERTY MINI LANCING DEVICE		LIFEMS NALOXONE PSKT	29	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	184
		linezolid SUSR	37	LITETOUCH INSULIN SYRINGE/U-	
		linezolid TABS	37		

100/0.5ML/30G X 5/16"	184	lithium carbonate TABS	43	loratadine CHEW	31
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	184	lithium carbonate TBCR	43	loratadine SOLN	31
LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	184	LITHIUM CITRATE TETRAHYDRATE	53	loratadine TABS	31
LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	184	LITHOSTAT	81	loratadine TBDP 10 MG	31
LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	184	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	225	lorazepam CONC	12
LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	184	LIVALO	33	lorazepam TABS	12
LITETOUCH LANCETS MICRO THIN 33G	113	LIVE BETTER ADVANCED LANCING DEVICE MISC	113	LORBRENA	41
LITETOUCH MASK LARGE MISC 207		LIVE BETTER LANCET SUPERTHIN 30G	114	LOREEV XR CS24	13
LITETOUCH MASK MEDIUM MISC . 207		LIVE BETTER LANCET ULTRATHIN 28G	114	losartan potassium & hydrochlorothiazide	36
LITETOUCH MASK SMALL MISC 207		LIVER DETOX TABS	219	losartan potassium	34
LITETOUCH PEN NEEDLES 29GX12.7MM	184	LIVTENCITY	48	LOTEMAX OINT	229
LITETOUCH PEN NEEDLES 31G X 6MM	184	LO LOESTRIN FE TABS	54	LOTEMAX SM GEL	229
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	184	LOKELMA	215	loteprednol etabonate GEL	229
LITETOUCH PEN NEEDLES 31GX8MM SHORT	184	LONGS GLUCOSE	25	loteprednol etabonate SUSP	229
LITETOUCH PEN NEEDLES/31G X 3/16"	184	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" ...	184	lovastatin TABS	33
LITETOUCH PEN NEEDLES/31G X 5MM/MINI	184	LONGS LANCETS STANDARD .	114	loxapine succinate	44
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	184	LONGS LANCETS THIN	114	lubiprostone	78
LITHIUM	43	LONGS LANCETS ULTRA THIN 114		LUCEMYRA	232
lithium carbonate CAPS	43	LONSURF	40	LUCIRA CHECK IT COVID-19TEST KIT KIT	71
		loperamide hcl CAPS	29	LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	71
		loperamide hcl TABS	29	luliconazole	59
		lopinavir-ritonavir SOLN	47	LULLABY DOUBLE ELECTRIC BREAST PUMP MISC	146
		lopinavir-ritonavir TABS	47	LUMAKRAS	41
		LOPROX	59	LUMBAR CUSHION MISC	146
		LOPROX KIT	59	LUMBAR SUPPORT CUSHION MISC	146
				LUMIGAN SOLN 0.01 %	230
				LUNG PERFORMANCE PEAK	

FLOW METER	207	MAGELLAN INSULIN SAFETY	MISC	147
LUPKYNIS	215	SYRINGE/U-100/1ML/30G X 5/16"	MASSAGER/SWEDISH/1 SPEED	
lurasidone hcl	44	184	MISC	147
LUTEIN PLUS/ZEAXANTHIN TABS .		magnesium citrate	MATTRESS COVER/DELUXE MISC	
219		85	147	
LYBALVI	233	magnesium hydroxide SUSP 7.75 %,	MATTRESS COVER/ECONOMY	
LYDEXA CREA	65	400 MG/5ML, 1200 MG/15ML, 2400	MISC	147
LYNPARZA TABS	41	MG/30ML	MATTRESS	
LYSODREN	40	85	PAD/35"X74"/EGGCRATE 2" MISC	
LYTGOBI	41	magnesium oxide (mg supplement)	147	
LYUMJEV KWIKPEN SOPN	27	TABS 400 MG, 500 MG	MATTRESS	
LYUMJEV SOLN	27	214	PAD/35"X74"/EGGCRATE 3" MISC	
LYUMJEV TEMPO PEN SOPN ...	27	MAGNESIUM SULFATE IJ 50 %	147	
LYVISPAH PACK	225	214	MATTRESS	
MAD NASAL INTRANASAL		magnesium TABS 250 MG, 250 MG .	PAD/35"X74"/EGGCRATE 4" MISC	
MUCOSAL ATOMIZATION DEVICE		214	147	
MISC	146	MAGNIFIER HANDS-FREE MISC		
MAD NASAL MISC	146	146	MATULANE	42
mafenide acetate PACK	61	malathion	MAVENCLAD	233
MAGELLAN INSULIN SAFETY		66	MAVYRET PACK	48
SYRINGE/U-100/0.3ML/29G X 1/2" .		MARATHON MEDICAL	MAVYRET TABS	48
184		PENTIPS29GX12MM	MAXICOMFORT II PEN	
MAGELLAN INSULIN SAFETY		184	NEEDLES/31G X 1/4"	185
SYRINGE/U-100/0.3ML/30G X 5/16"		MARATHON MEDICAL	MAXI-COMFORT INSULIN	
.....	184	PENTIPS31GX5MM	SYRINGE/U-100/0.5ML/28GX1/2"	
MAGELLAN INSULIN SAFETY		184	185	
SYRINGE/U-100/0.5ML/29G X 1/2" .		MARATHON MEDICAL	MAXI-COMFORT INSULIN	
184		PENTIPS31GX8MM	SYRINGE/U-100/1ML/28GX1/2" .	185
MAGELLAN INSULIN SAFETY		185	MAXICOMFORT INSULIN	
SYRINGE/U-100/0.5ML/30G X 5/16"		MARATHON MEDICAL	SYRINGES 27G X 1/2"	185
.....	184	PENTIPS32GX4MM	MAXI-COMFORT SAFETY PEN	
MAGELLAN INSULIN SAFETY		47	NEEDLE/29G X 3/16"	185
SYRINGE/U-100/1ML/29G X 1/2"		47	MAXI-COMFORT SAFETY PEN	
184		MARPLAN	NEEDLE/29G X 5/16"	185
MAGELLAN INSULIN SAFETY		22	MAXIDEX SUSP OP	229
SYRINGE/U-100/0.5ML/30G X 5/16"		MASK VORTEX/CHILD/FROG ..	MAXX LUBRICATED MISC	94
.....	184	207		
MAGELLAN INSULIN SAFETY		MASK		
SYRINGE/U-100/1ML/29G X 1/2"		VORTEX/TODDLER/LADYBUG		
184		207		
MAGELLAN INSULIN SAFETY		MASSAGER MULTI-		
SYRINGE/U-100/1ML/30G X 5/16"		PURPOSE/RECHARGEABLE MISC .		
.....	184	146		
MAGELLAN INSULIN SAFETY		MASSAGER/2 SPEED MISC		
SYRINGE/U-100/1ML/29G X 1/2"		147		
184		MASSAGER/FIVE IN ONE/HEAT		

MAXX PLUS SPERMICIDE LUBRICATED MISC	94	LANCETNORMAL	114	25G	114
MAYZENT STARTER PACK TBP 233		MEDICINE DROPPER MISC	147	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	114
MAYZENT TABS	233	MEDICINE DROPPER/CALIBRATED MISC	147	MEDLANCE PLUS SUPERLITE 30G	114
MAZERUSTAR KK-250S/KK-300SS MIXER/DISPOSABLE MIXING CONTAINERS MISC	147	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	185	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	114
MAZERUSTAR KK-250S/KK-300SS MIXER/STANDARD MIXING CONTAINER MISC	147	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	185	MEDLANCE PLUS UNIVERSAL LANCETS 21G	114
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	30	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	185	MEDLANCE PLUS/LITE 25G ...	114
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	30	MEDICINE SPOON MISC	147	MEDLANCE/EXTRA	114
meclofenamate sodium CAPS	5	MEDI-COOLER MISC	147	MEDLANCE/LITE	114
MEDELA ADVANCED PERSONALDOUBLE BREAST PUMP MISC	147	MEDI-FRIDGE IIX MISC	147	MEDLANCE/UNIVERSAL	114
MEDELA LACTINA DOUBLE PUMPING KIT MISC	147	MEDI-RDT BLISTER PACKS/LABELS & SLEEVE MISC 147		MEDROL TABS	56
MEDELA PUMP IN STYLE ADVANCED STARTER SET MISC 147		MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1- LOW,1-MED,1 HIGH LIQD	114	medroxyprogesterone acetate (contraceptive) SUSP IM	55
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" ...	185	MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1- NORMAL LIQD	114	medroxyprogesterone acetate (contraceptive) SUSY IM	55
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" ...	185	MEDISENSE HIGH/LOW CONTROL SOLUTION LIQD	114	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	232
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	114	MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	114	mefenamic acid CAPS	5
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	114	MEDISENSE MID CONTROL SOLUTION LIQD	114	mefloquine hcl	38
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	114	MEDISENSE THIN LANCETS ...	114	MEGA MULTI FOR MEN TABS ..	219
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW ...	114	MEDLANCE PLUS EXTRA LANCETS 21G	114	MEGA MULTI FOR WOMEN TABS 219	
MEDICHOICE SAFETY LANCETEXTRA	114	MEDLANCE PLUS LANCETS ...	114	MEGAVITE FRUITS & VEGGIES TABS	219
MEDICHOICE SAFETY		MEDLANCE PLUS LANCETS LITE 25G	114	MEGAVITE GOLDEN YEARS 55+ TABS	219
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MEIJER ALCOHOL SWABS EXTRA- THICK	147	MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	115	meperidine hcl TABS 50 MG	8
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MEIJER LANCETS	115	meloxicam CAPS	5	mesalamine SUPP	79
MEIJER LANCETS THIN	115	meloxicam TABS	5	mesalamine TBEC	79
MEIJER LANCETS UNIVERSAL21G	115	melphalan	39	mesalamine w/ cleanser	79
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		MENS MULTI VITAMIN & MINERAL FORMULA TABS	219	metformin hcl TB24 500 MG, 750 MG	24
		MENS MULTIVITAMIN TABS	219	METFORMIN HYDROCHLORIDE TABS	25
		MENVEO SOLN	239	methadone hcl CONC	8
		MENVEO SOLR	240	methadone hcl SOLN OR	8
				methadone hcl TABS	8

methadone hcl TBSO	8	methylphenidate hcl CP24 40 MG, 60 MG	2	metronidazole (topical) GEL	66
methamphetamine hcl	1	methylphenidate hcl CP24	2	metronidazole (topical) LOTN	66
methazolamide TABS	73	methylphenidate hcl CPCR 10 MG, 20 MG, 30 MG	2	metronidazole CAPS	36
methenamine hippurate	38	methylphenidate hcl CPCR 40 MG .	2	metronidazole TABS	36
methenamine mandelate 0.5 GM, 1 GM	38	methylphenidate hcl CPCR 50 MG, 60 MG	2	metronidazole vaginal	243
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methenamine-hyosc-methylene blue-benzoic acid-phenyl sal	37	methylphenidate hcl TABS 20 MG .	2	mexiletine hcl	13
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METHITEST TABS	10	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	231
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methoxsalen rapid	61	methylprednisolone TBPK	56	MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	115
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methylphenidate hcl CP24 10 MG, 20 MG, 30 MG	2	metoprolol tartrate TABS	50	MICROLET NEXT MISC	115
		metronidazole (topical) CREA	66		

MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED AUTOMATIC DEVI	92	MINI WRIGHT PEAK FLOW METER STANDARD RANGE	207	MIXER/MAZERUSTAR/EMP/JARMI XING ADAPTER/100ML MISC ...	147
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED WRIST DEVI	92	MINIELITE FILTER REPLACEMENTS MISC	207	MIXER/MAZERUSTAR/EMP/JARMI XING/ADAPTER SET/15ML-50ML/100ML MISC	148
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MICROLIFE DIGITAL PEAK FLOW METER	207	minoxidil 2.5 MG, 10 MG	36	MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	185
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midazolam hcl SYRP	84	MIRCERA 120 MCG/0.3ML	82	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	185
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MINI WRIGHT PEAK FLOW METER	207				

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MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ..	242	MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/2ML MISC	148	MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML MISC	149
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NOURI DUO MISC	150	NOVOLIN N FLEXPEN RELION SUPN	27	NP THYROID 30 TABS	236
NOURIANZ	42	NOVOLIN N FLEXPEN SUPN	27	NP THYROID 60 TABS	236
NOVA BATH SEAT/BACK & ARMS MISC	150	NOVOLIN N RELION SUSP	27	NP THYROID 90 TABS	236
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NOVA QUAD TIP/FOUR PRONGS 3/4" SHAFT CANE MISC	150	NOVOLOG FLEXPEN RELION SOPN	28	NUASKIN VACUUM PRO MISC .	150
NOVA SAFETY LANCETS 23G ..	116	NOVOLOG FLEXPEN SOPN	28	NUBEQA	40
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NOVA SUREFLEX LANCETS ...	116	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	28	NUCALA SOLR	13
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NOVAVAX COVID-19 VACCINE/2023-24	242	NOVOLOG PENFILL SOCT	28	NUCYNTA ER TB12	8
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				NUEDEXTA	234
				NUPLAZID CAPS	44
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NUTROPIN AQ NUSPIN 10 SOPN 75		octreotide acetate SOLN	76	OINTMENT TUBE/METAL/1OZ MISC	150
NUTROPIN AQ NUSPIN 20 SOPN 75		octreotide acetate SOSY	76	OINTMENT TUBE/METAL/2OZ MISC	150
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NUVAIL SOLN	65	ODEFSEY	47	OINTMENT TUBE/PLASTIC W/SCREW CAP/8OZ MISC	150
NUVESSA	243	ODOMZO	39	OINTMENT TUBE/PLASTIC/1OZ MISC	150
NUWIQ KIT	81	OFEV	235	OINTMENT TUBE/PLASTIC/2OZ MISC	150
NUWIQ SOLR	81	OFFSET CANE/BLACK/300LBCAPACITY MISC	150	OINTMENT TUBE/PLASTIC/4OZ MISC	150
NUZYRA TABS	235	OFFSET CANE/BROQUE TEAL/300LB CAPACITY MISC	150	OINTMENT TUBE/PLASTIC/6OZ MISC	150
NVZZLER PRO DOUBLE ELECTRIC BREAST PUMP MISC	150	OFFSET CANE/BRONZE/300LBCAPACITY MISC	150	olanzapine SOLR	44
NVZZLER SINGLE ELECTRIC BREAST PUMP MISC	150	OFFSET CANE/BROQUE TEAL/300LB CAPACITY MISC	150	olanzapine TABS	44
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nystatin (topical) CREA	60	OFFSET CANE/HOUNDSTOOTH/300LB CAPACITY MISC	150	olanzapine TBDP	45
nystatin (topical) OINT	60	OFFSET CANE/METALLIC BLACK/300LB CAPACITY MISC	150	olanzapine-fluoxetine hcl	233
nystatin (topical) POWD EX	60	OFFSET CANE/MOBILITY/250LB CAPACITY MISC	150	olmesartan medoxomil	34
nystatin TABS	30	OFFSET CANE/ROSE PRINT/300LB CAPACITY MISC	150	olmesartan medoxomil-amlodipine- hydrochlorothiazide	36
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omeprazole CPDR	238	OMNITROPE SOLR SC	75	29
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OMNIPOD CLASSIC PODS (GEN 3) MISC	116	OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	92	219
OMNIPOD DASH INTRO KIT (GEN 4) KIT	116	OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	92	219
OMNIPOD DASH PDM KIT (GEN 4) KIT	116	OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	92	219
OMNIPOD DASH PODS (GEN 4) MISC	116	OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	92	219
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ROLL MISC	151	oxcarbazepine SUSP	20	213	
ORLISSA	75	oxcarbazepine TABS 150 MG, 300 MG	20		OZEMPIC SOPN
O-RING CUSHION 16" DIAMETER MISC	151	oxcarbazepine TABS 600 MG	20		paliperidone
ORKAMBI PACK	235	OXERVATE	229		PANDA MASK LARGE
ORKAMBI TABS	235	oxiconazole nitrate CREA	60		PANDA MASK MEDIUM
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orphenadrine citrate TB12	225	OXTELLAR XR TB24	20		PANDEL
orphenadrine w/ aspirin & caff ...	225	oxybutynin chloride SOLN	239		pantoprazole sodium PACK
ORSERDU	40	oxybutynin chloride TABS 5 MG .	239		pantoprazole sodium TBEC
ORTIKOS CP24	56	oxybutynin chloride TABS	239		PARADIGM REAL-TIME TRANSMITTER
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oseltamivir phosphate CAPS 45 MG, 75 MG	49	oxycodone hcl CAPS	8		PARI BABY CONVERSION KITSIZE 1 MISC
oseltamivir phosphate SUSR	49	oxycodone hcl CONC 100 MG/5ML	8		PARI BABY CONVERSION KITSIZE 2 MISC
OSMOLEX ER TB24 129 MG	43	oxycodone hcl SOLN	8		PARI BABY CONVERSION KITSIZE 3 MISC
OSMOLEX ER TB24 193 MG	43	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	8		PARI ERAPID NEBULIZER HANDSET MISC
OSPHENA	75	oxycodone hcl TABS 10 MG, 15 MG, 20 MG, 30 MG	8		PARI EXPIRATORY FILTER VALVE SET DEVI
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	220	oxycodone hcl TABS 5 MG	8		PARI MANUAL INTERRUPTER DEVI
OTEZLA TABS	6	oxycodone w/ acetaminophen SOLN	9		PARI MASK SET MISC
OTEZLA TBPK	6	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG	9		PARI SMARTMASK BABY/ELBOW MISC
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	3	OXYCONTIN T12A	8		PARI SOFT PLASTIC ADULT MASK MISC
OVAL TAPE MISC	117	oxymorphone hcl TABS	8		PARI SOFT PLASTIC PEDIATRIC MASK MISC
oxaprozin	6	oxymorphone hcl TB12	8		PARI TREK S COMBO PACK DEVI .
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paricalcitol CAPS	76	peg 3350-potassium chloride-sod bicarbonate-sod chloride	85	PEN NEEDLES/31G X 6MM	188
paroxetine hcl SUSP	22	PEGASYS SOLN	48	PEN NEEDLES/32G X 5/32"	188
paroxetine hcl TABS	22	PEGASYS SOSY	48	penciclovir	61
paroxetine hcl TB24	22	PELVIC MUSCLE TRAINER MISC 151		penicillamine CAPS	215
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PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	187	PEN NEEDLES 31G X 5MM	187	pentazocine w/ naloxone hcl	10
PC UNIFINE PENTIPS 31G X8MM SHORT	187	PEN NEEDLES 31G X 6MM	187	PENTIPS 29G X 12MM	188
PEAK A-I-R FLOW METER	209	PEN NEEDLES 31G X 8MM	187	PENTIPS 29GX12MM	188
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	209	PEN NEEDLES 31G X 8MM	187	PENTIPS 31G X 5MM	188
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		PEN NEEDLES 32G X 6MM	187	pentoxifylline	82
		PEN NEEDLES 32GX4MM	187	PERFECT LANCETS 30G	117
		PEN NEEDLES 33G X 5/32"	187	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	117
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		PEN NEEDLES/31G X 1/4"	188	permethrin CREA	66
		PEN NEEDLES/31G X 3/16"	188	permethrin LIQD EX	66

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SYMDEKO	235	TABLET CUTTER/SAFETY-SHIELD MISC	157	tamoxifen citrate TABS	40
SYMJEPI SOSY	243	TABLOID	39	tamsulosin hcl	80
SYMLINPEN 120 SOPN	24	TABRECTA	41	TARON-C DHA	224
SYMLINPEN 60 SOPN	24	tacrolimus (topical) OINT	65	TARON-PREX	224
SYMPAZAN FILM	18	tacrolimus CAPS 1 MG	215	TARPEYO CPDR	56
SYMPHONY DOUBLE PUMPING SYSTEM MISC	157	tacrolimus CAPS	215	TASCENSO ODT	234
SYMPROIC	79	tadalafil (pulmonary hypertension) TABS	52	TASIGNA	41
SYMTUZA	47	tadalafil 5 MG	51	tasimelteon CAPS	84
SYNALAR CREAM KIT	64	TADLIQ SUSP	52	tavaborole	60
SYNALAR OINTMENT KIT	64	TAFINLAR CAPS	41	TAVALISSE	82
SYNALAR TS	64	TAFINLAR TBSO	41	TAVNEOS	82
SYNAREL	75	tafluprost	230	tazarotene CREA	61
SYNJARDY TABS	24	TAGRISSE	39	TAZAROTENE FOAM	58
SYNJARDY XR TB24	24	TAKEAWAY ENVIRONMENTAL RETURN SYSTEM ENVELOPE MISC	157	tazarotene GEL	61
SYRINGE ACCESSORIES/LEURTIP CAP TRAY MISC	157	TAKEAWAY ENVIRONMENTAL RETURN SYSTEM MISC	157	TAZVERIK	41
SYRINGE DIAL-A-DOSE MISC ..	157	TAKHZYRO SOLN	82	TDVAX SUSP	236
SYRINGE/LUER LOCK/3ML/20G X 1"	193	TAKHZYRO SOSY	82	TECHLITE AST LANCETS	123
SYRINGES/LUER LOCK/1ML/20GX1"	193	TALICIA	239	TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	193
				TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	193
				TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	193

TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16"	193	TECHLITE PEN NEEDLES/32GX 6MM	193	tetrabenazine	233
TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2"	193	TECHLITE PEN NEEDLES/32GX 8MM	194	tetracaine hcl (ophth)	229
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2"	193	TEGADERM FOAM DRESSING 4"X4" PADS	88	tetracycline hcl CAPS	235
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16"	193	TEGSEDI	235	TETRIX CREA	65
TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 15/64"	193	TEKTURNA HCT	36	TEXACORT SOLN 2.5 %	64
TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16"	193	telmisartan	34	TEXTURE WALL GRAB BAR/12" MISC	157
TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2"	193	telmisartan-amlodipine	36	TEXTURE WALL GRAB BAR/16" MISC	157
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2"	193	telmisartan-hydrochlorothiazide	36	TEXTURE WALL GRAB BAR/18" MISC	157
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64"	193	temazepam	84	TEXTURE WALL GRAB BAR/24" MISC	157
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16"	193	temozolomide CAPS	39	TEXTURE WALL GRAB BAR/32" MISC	157
TECHLITE LANCETS	123	TEMPO REFILL KIT	124	TEZSPIRE SOAJ	13
TECHLITE LANCETS 30G	123	TEMPO WELCOME KIT	124	TEZSPIRE SOSY	13
TECHLITE PEN NEEDLES 29GX 10MM	193	TENIVAC INJ	236	TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	124
TECHLITE PEN NEEDLES 29GX 12 MM	193	tenofovir disoproxil fumarate TABS 47		TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	124
TECHLITE PEN NEEDLES 31GX 5MM	193	TEPMETKO	41	TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	73
TECHLITE PEN NEEDLES/31GX 5MM	193	terazosin hcl	35	TGT BLOOD GLUCOSE TEST STRIPS STRP	73
TECHLITE PEN NEEDLES/31GX 6 MM	193	terbinafine hcl (topical) CREA	60	TGT BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	93
TECHLITE PEN NEEDLES/31GX 8MM	193	terbinafine hcl TABS	30	TGT GLUCOSE	26
TECHLITE PEN NEEDLES/32GX 4MM	193	terbutaline sulfate TABS	16	TGT LANCET MICRO THIN 33G 124	
		terconazole vaginal CREA	243	TGT LANCET THIN 26G	124
		terconazole vaginal SUPP	243	TGT LANCET ULTRA THIN 30G 124	
		teriflunomide	234		
		testosterone cypionate SOLN IM	10		
		testosterone enanthate SOLN IM	10		
		testosterone GEL TD	10		
		testosterone SOLN	10		
		TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP	236		

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THALOMID	215	THIOLA EC TBEC	81	TOBRADEX OINT	229
THE SIDE RESTER CUSHION IMPERMEABLE COVER MISC ..	157	thioridazine hcl	45	TOBRADEX ST SUSP	229
THE SIDE RESTER CUSHION REGULAR COVER MISC	157	thiothixene	46	tobramycin (ophth) SOLN	228
THEO-24 CP24	16	THRESHOLD IMT MISC	211	tobramycin NEBU	3
theophylline ELIX	16	THRESHOLD PEP DEVI	211	tobramycin-dexamethasone SUSP 229	
theophylline SOLN	16	THRIVITE 19 TABS	221	TOBREX OINT	228
theophylline TB12	16	THRIVITE RX TABS	224	TODAYS HEALTH ADVANCED LANCING DEVICE MISC	124
theophylline TB24	16	THYQUIDITY SOLN OR	236	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	194
THERA M PLUS TABS	221	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	236	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	194
THERA TABS	222	tiagabine hcl	20	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	194
THERABETIC MULTI-VITAMIN TABS	221	TIBSOVO	41	TODAYS HEALTH SUPER THINLANCETS 30G	124
THERAGRAN-M ADVANCED 50 PLUS TABS	221	TIGLUTIK SUSP	226	TODAYS HEALTH ULTRA THINLANCETS 28G	124
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THERAGRAN-M PREMIER TABS 221		timolol maleate TABS	50	tolcapone	42
THERAGRAN-M TABS	221	tinidazole	37	tolmetin sodium CAPS	6
THERA-M TABS	221	tiopronin TABS	81	tolmetin sodium TABS 600 MG	6
THERASEAL HAND PROTECTION LOTN	66	tiotropium bromide monohydrate CAPS	13	tolnaftate AERO	60
THERA-TABS M TABS	221	TIP RECTAL/VAGINAL W/PERFORATIONS MISC	157	tolnaftate AERP	60
THEREMS MULTIVITAMIN TABS 222		TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	236	tolnaftate CREA	60
THEREMS-M TABS	221	TIROSINT-SOL SOLN OR	236	TOLSURA CAPS	31
thiamine hcl TABS 50 MG, 100 MG		TIVICAY PD TBSO	47	tolterodine tartrate CP24	239
		TIVICAY TABS	47	tolterodine tartrate TABS 2 MG ..	239
		tizanidine hcl CAPS	225		
		tizanidine hcl TABS	225		

tolterodine tartrate TABS	239	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	194	TOPI-CLICK 35 DOSE CHECK MISC	158
tolvaptan TABS	77	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	194	TOPI-CLICK 35 USP671 UV BLOCKING/ORANGE BODY/CAP/BASE MISC	158
TOMMEE TIPPEE BREAST PUMP ADAPTER/STANDARD CLOSER TO NATURE MISC	158	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	194	TOPI-CLICK 35 USP671 UV BLOCKING/ORANGE BODY/WHITE CAP/BASE MISC	158
TOMMEE TIPPEE BREAST PUMP ADAPTERS/UNIVERSAL PUMP AND GO MISC	158	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	194	TOPI-CLICK 35 VAGINAL APPLICATOR DOSE LOADER MISC	158
TOMMEE TIPPEE DOUBLE ELECTRIC BREAST PUMP MADE FOR ME MISC	158	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	194	TOPI-CLICK 35 VAGINAL DOSE APPLICATOR MISC	158
TOMMEE TIPPEE MANUAL BREAST PUMP MADE FOR ME MISC	158	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	194	TOPI-CLICK 35 VAGINAL DOSING SYSTEM/APPLICATOR MISC ...	158
TOMMEE TIPPEE SILICONE BREAST PUMP MADE FOR ME MISC	158	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	194	TOPI-CLICK APPLICATOR/MICRO/PIN POINT/9ML/0.05ML/BLOCK MISC	158
TOMMEE TIPPEE SINGLE ELECTRIC BREAST PUMP MADE FOR ME MISC	158	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	194	TOPI-CLICK APPLICATOR/MICRO/ROUNDED/9 ML/0.05ML/BLOCK MISC	158
TONGUE CLEANER/COMFORT CURVE MISC	158	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	194	TOPI-CLICK APPLICATOR/MICRO/SOFT ANGLED/9ML/0.05ML/BLOCK MISC	159
TONGUE DEPRESSORS MISC .	158	TOPI-CLICK 140/BLACK MISC ..	158	TOPI-CLICK MICRO/PIN POINT APPLICATOR/BLOCK MISC	159
TOOTHETTE BITE BLOCK MISC 158		TOPI-CLICK 140/BLOCK MISC ...	158	TOPI-CLICK MICRO/ROUNDEDAPPLICATOR/BL UE MISC	159
TOOTHETTE ORAL SWABS/DENTIFRICE SWAB	164	TOPI-CLICK 140/GOLD MISC ...	158	TOPI-CLICK MICRO/SOFT ANGLED APPLICATOR/BLOCK MISC	159
TOOTHETTE ORAL SWABS/UNTREATED SWAB	164	TOPI-CLICK 140/PINK MISC	158	TOPI-CLICK NOZZLE MISC	159
TOOTHETTE PLUS ORAL SWABS/UNTREATED SWAB	164	TOPI-CLICK 140/PURPLE MISC	158	TOPI-CLICK PERL VAGINAL	
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	194	TOPI-CLICK 140/RED MISC	158		
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	194	TOPI-CLICK 140/SILVER MISC .	158		
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TOPI-CLICK PERL VAGINAL DOSE APPLICATOR/4ML MISC	159	TOPI-CLICK/35ML/3 PORT/RED MISC	159	TRADJENTA	26
TOPI-CLICK PERL VAGINAL DOSING SYSTEM/VAGINAL APPLICATOR 35 MISC	159	TOPI-CLICK/35ML/3 PORT/SILVER MISC	159	tramadol hcl CP24 100 MG, 200 MG, 300 MG	9
TOPI-CLICK/35ML/1 PORT/BLACK MISC	159	TOPI-CLICK/35ML/3 PORT/WHITE MISC	159	tramadol hcl SOLN	9
TOPI-CLICK/35ML/1 PORT/BLUE MISC	159	topiramate CP24	20	tramadol hcl TABS 100 MG	9
TOPI-CLICK/35ML/1 PORT/GOLD MISC	159	topiramate CPSP	20	tramadol hcl TABS 50 MG	9
TOPI-CLICK/35ML/1 PORT/GREEN MISC	159	topiramate CS24	20	tramadol hcl TB24	9
TOPI-CLICK/35ML/1 PORT/ORANGE MISC	159	topiramate TABS	20	tramadol-acetaminophen	10
TOPI-CLICK/35ML/1 PORT/PINK MISC	159	TOPPER DRESSING SPONGES 4"X4" MISC	88	trandolapril	34
TOPI-CLICK/35ML/1 PORT/PURPLE MISC	159	toremifene citrate	40	trandolapril-verapamil hcl	36
TOPI-CLICK/35ML/1 PORT/RED MISC	159	torsemide TABS	74	TRANSFER BENCH MISC	159
TOPI-CLICK/35ML/1 PORT/SILVER MISC	159	TOSYMRA	213	TRANSFER BOARD/28"X8-1/4" MISC	159
TOPI-CLICK/35ML/1 PORT/WHITE MISC	159	TOTAL COMFORT WHEELCHAIRBACK CUSHION MISC	159	TRANSFER PIN MISC	159
TOPI-CLICK/35ML/3 PORT/BLACK MISC	159	TOTAL COMFORT WHEELCHAIRSEAT CUSHION MISC	159	TRANSPORT CHAIR ULTRA LIGHT MISC	160
TOPI-CLICK/35ML/3 PORT/BLUE MISC	159	TOUJEO MAX SOLOSTAR SOPN 28	28	tranylcypromine sulfate	22
TOPI-CLICK/35ML/3 PORT/GOLD MISC	159	TOUJEO SOLOSTAR SOPN	28	TRAVEL LANCETS 30G	124
TOPI-CLICK/35ML/3 PORT/GREEN MISC	159	TOVET KIT	64	TRAVEL LANCETS ADVANCED 28G	124
TOPI-CLICK/35ML/3 PORT/PINK MISC	159	TRACLEER TBSO	52	TRAVEL POUCH MISC	160
		TRACTION FLOOR STAND/ECONOMY MODEL MISC 159	159	TRAVELER 3 WHEEL ROLLINGWALKER MISC	160
		TRACTION HEAD HALTER ROPE10' MISC	159	travoprost	230
		TRACTION PELVIC BELT MISC	159	trazodone hcl TABS 150 MG	23
				trazodone hcl TABS	23
				TRECATOR	39
				TRELEGY ELLIPTA	16
				TREMFYA SOPN	61
				TREMFYA SOSY	61

treprostinil SOLN IJ	52	trifluridine	228	160
TRESIBA FLEXTOUCH SOPN	28	TRIGGER RELEASE JUNIOR		TRU FIT MAGNETIX
TRESIBA SOLN	28	WALKER/WHEELS MISC	160	ELBOW/2SMALL DISKS MISC .. 160
tretinoin (chemotherapy)	42	TRI-GRIP BATHTUB RAIL MISC	160	TRU FIT MAGNETIX OPEN KNEE/2
tretinoin CREA 0.025 %, 0.05 %, 0.1		trihexyphenidyl hcl SOLN	42	LARGE DISKS MISC
%	58	trihexyphenidyl hcl TABS	42	TRU FIT MAGNETIX SELF-
tretinoin GEL 0.01 %, 0.025 %, 0.05		TRIJARDY XR	24	ADHESIVE MAGNETS MISC
%	58	TRIKAFTA TBPK	235	TRU FIT MAGNETIX
tretinoin microsphere 0.04 %, 0.1 %		TRIKAFTA THPK	235	WRIST/2SMALL DISKS MISC ... 160
58		trimethobenzamide hcl CAPS	30	TRUDHESA
tretinoin microsphere 0.08 %	58	trimethoprim TABS	37	TRUE COMFORT ALCOHOL PREP
TRETTEEN	81	trimipramine maleate CAPS	24	PADS
TREXALL TABS 5 MG, 7.5 MG, 10		TRIMO-SAN	242	TRUE COMFORT INSULIN
MG, 15 MG	39	TRINATAL RX 1 TABS	224	SYRINGE/0.5ML/31G X 5/16" ... 194
triamcinolone acetonide (mouth)	216	TRINTELLIX	23	TRUE COMFORT INSULIN
triamcinolone acetonide (topical)		TRIO ROLLING WALKER MISC	160	SYRINGE/1ML/31G X 5/16"
AERS	64	TRISTART DHA	224	TRUE COMFORT INSULIN
triamcinolone acetonide (topical)		TRISTART FREE	224	SYRINGE/1ML/31G X 5/16"
CREA	64	TRISTART ONE	224	TRUE COMFORT PEN
triamcinolone acetonide (topical)		TRIUMEQ PD TBSO	47	NEEDLES31G X 5MM
LOTN	64	TRIUMEQ TABS	47	TRUE COMFORT PEN
triamcinolone acetonide (topical)		TRIZIVIR	47	NEEDLES31G X 6MM
OINT 0.025 %, 0.1 %, 0.5 %	64	TROCHE MOLD 30 CAVITY MISC		TRUE COMFORT PEN
triamcinolone acetonide (topical)		160		NEEDLES32G X 4MM
OINT 0.05 %	64	TROGARZO	47	TRUE COMFORT PRO
triamterene & hydrochlorothiazide		tropicamide SOLN	227	ALCOHOLPREP PADS
CAPS 25 MG-37.5 MG	74	trospium chloride CP24	239	TRUE COMFORT PRO INSULIN
triamterene & hydrochlorothiazide		trospium chloride TABS	239	SYRINGE/1ML/32GX5/16"
TABS	74	TRU FIT MAGNETIX		TRUE COMFORT PRO
triamterene CAPS	74	ANKLE/2SMALL DISKS MISC ... 160		INSULINSYRINGE/0.5ML/30G X
triazolam	84	TRU FIT MAGNETIX BACK MISC		5/16"
TRICARE TABS	224			TRUE COMFORT PRO
trientine hcl	215			INSULINSYRINGE/0.5ML/31G X
trifluoperazine hcl TABS	45			5/16"
				TRUE COMFORT PRO
				INSULINSYRINGE/1ML/30G X 5/16"

194	LANCETS 30G124	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM195
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"194	TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI 124	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM195
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"194	TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP73	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM195
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"195	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI 124	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM195
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM 195	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT124	TRUEPLUS GLUCOSE CHEW ... 26
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM 195	TRUE METRIX AIR W/BLUETOOTH SMART KIT124	TRUEPLUS GLUCOSE ON THE GO CHEW26
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM 195	TRUE METRIX BLOOD GLUCOSEMETER KIT 124	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" 195
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TRUE COMFORT PRO PEN NEEDLES 33G X 4MM 195	TRUE METRIX DEVI 124	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" 195
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TRUE COMFORT SAFETY LANCETS/30G124	TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD 124	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/29G X 1/2" 195
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM 195	TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD 124	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/30G X 5/16"195
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TRUEPLUS LANCETS 28G SUPER THIN	125	TRUMENBA	240	211
TRUEPLUS LANCETS 30G	125	TRUSELTIQ	41	TUB TRANSFER BOARD MISC .
TRUEPLUS LANCETS 30G ULTRA THIN	125	TRUSTEX COLOR CONDOMS + LUBE MISC	94	160
TRUEPLUS LANCETS 33G	125	TRUSTEX LUBRICATED EXTRALARGE MISC	94	TUBING/WING TIP MISC
TRUEPLUS LANCETS 33G MICRO THIN	125	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	94	211
TRUEPLUS PEN NEEDLES 29GX12MM	195	TRUSTEX LUBRICATED MISC ...	94	TUDORZA PRESSAIR
TRUEPLUS PEN NEEDLES 31GX5MM	196	TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	94	13
TRUEPLUS PEN NEEDLES 31GX6MM	196	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	94	TUKYSA
TRUEPLUS PEN NEEDLES 31GX8MM	196	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	94	39
TRUEPLUS PEN NEEDLES 32GX4MM	196	TRUSTEX LUBRICATED/SPERMICIDE MISC 94		TURALIO
TRUEPLUS SAFETY LANCETS 28G	125	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	94	41
TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING KIT	125	TRUSTEX NON-LUBRICATED MISC	94	T-VITES TABS
TRUETEST STRIPS STRP	73	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	94	221
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	125	TRUSTEX/RIA LUBRICATED MISC .	95	TWIN MEDICINE SPOON MISC .
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	125	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	95	160
TRUETRACK BLOOD GLUCOSE TEST STRP	73	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 95		TWINRIX SUSY
TRUETRACK SMART SYSTEM KIT .	125	TRUSTEX/RIA NON-LUBRICATED MISC	95	242
TRUETRACK TEST STRP	73	TRUZONE PEAK FLOW METER		TWIRLA
TRULANCE	78			55
TRULICITY	26			TWIST TOP LANCETS 30G
				125
				TYBLUME CHEW
				55
				TYBOST
				47
				TYPHIM VI SOLN
				240
				TYPHIM VI SOSY
				240
				TYSABRI
				234
				TYVASO DPI MAINTENANCE KIT POWD
				52
				TYVASO DPI TITRATION KIT POWD
				52
				TYVASO REFILL SOLN IN
				52
				TYVASO SOLN IN
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				TYVASO STARTER SOLN IN
				52
				TYVEK PROTECTIVE SLEEVES/DISPOSABLE MISC ..
				160
				UBRELVY
				212
				UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG .
				221
				UDENYCA SOAJ
				83
				UDENYCA SOSY
				83
				ULTICARE ALCOHOL SWABS .
				160

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VIRT-PN DHA	VITREXATE FE TABS	224	voriconazole TABS	31
VIRT-PN PLUS	VITREXATE TABS	224	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	211
VITAFOL FE+	VITREXYL TABS	224	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	211
VITAFOL GUMMIES	VITREXYL/IRON TABS	224	VORTEX VALVED HOLDING CHAMBER DEVI	211
VITAFOL STRIPS	VITRUM 50+ ADULT-MULTI IRON FREE TABS	224	VOSEVI	48
VITAFOL ULTRA	VITRUM 50+ SENIOR MULTI TABS . 221	224	VP INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	201
VITAFOL-NANO	VIVAGUARD INO BLOOD GLUCOSE METER DEVI	224	VP-PNV-DHA CAPS	224
VITAFOL-OB TABS	VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP ..	224	VRAYLAR CAPS	44
VITAFOL-OB+DHA MISC	VIVAGUARD INO CONTROL SOLUTION LIQD	224	VRAYLAR CPPK	44
VITAFOL-ONE CAPS	VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	224	VTAMA	61
vitamin a CAPS 3000 MCG, 10000	VIVAGUARD LANCETS		VUITY SOLN	228
	VIVAGUARD LANCING DEVICE		VUMERITY	234
			VYEPTI	212

VYJUVEK	67	WALKER SKI GLIDES/1" MISC ..	162	WAVESENSE AMP KIT	127
VYNDAMAX	52	WALKER SKI GLIDES/1-1/8" MISC	162	WEBCOL ALCOHOL PREP LARGE	
VYNDALCEL	53			1 PLY	163
VYVANSE CAPS	1	WALKER SWIVEL WHEELS/5		WEBCOL ALCOHOL PREP LARGE	
VYVANSE CHEW	1	ADJUSTMENT HOLES/3" MISC ..	162	2 PLY	163
VYVGART	215	WALKER SWIVEL WHEELS/5		WEBCOL ALCOHOL PREP	
VYVGART HYTRULO	215	ADJUSTMENT HOLES/5" MISC ..	163	MEDIUM 2 PLY	163
VYZULTA	230	WALKER TALL EXTENSION LEGS		WEGMANS UNIFINE PENTIPS	
WAKIX	2	MISC	163	PLUS 32GX4MM	201
WALGREENS ADVANCED		WALKER TIPS/1-1/8" MISC	163	WEGMANS UNIFINE PENTIPS	
TRAVELLANCETS 28G	127	WALKER TIPS/BLACK/1-1/8" MISC .	163	PLUS/MINI/31GX5MM	201
WALGREENS COMFORT				WEGMANS UNIFINE PENTIPS	
ASSURED LANCETS MICRO		WALKER WHEELS/FIXED WITH5		PLUS/SHORT/31GX8MM	201
THIN/33G	127	ADJUSTMENT HOLES/3" MISC ..	163	WEGMANS UNIFINE PENTIPS	
WALGREENS COMFORT		WALKER WHEELS/FIXED WITH5		PLUS/ULTRA SHORT/31GX6MM	
ASSURED LANCETS SUPER		ADJUSTMENT HOLES/5" MISC ..	163	201	
THIN/28G	127	WALKER WHEELS/FIXED WITH8		WEIGH BOAT/PLASTIC/ANTI-	
WALGREENS GLUCOSE	26	ADJUSTMENT HOLES/3" MISC ..	163	STATIC MISC	163
WALGREENS LANCETS	127	WALKER WHEELS/FIXED WITH8		WELLFOLA TABS	221
WALGREENS THIN LANCETS .	127	ADJUSTMENT HOLES/5" MISC ..	163	WESCAP-C DHA	224
WALGREENS ULTRA THIN		WALKER/ADULT/FOLDING MISC		WESCAP-PN DHA	224
LANCETS	127	163		WESNATAL DHA COMPLETE ..	224
WALKER AUTO GLIDES/5		WALKER/EXTENDED FRAME MISC		WESNATE DHA CAPS	224
ADJUSTMENT HOLES/1-1/8" MISC .	162	163	WESTAB PLUS TABS	224
WALKER AUTO GLIDES/8		WALKER/FOLDING HEMI MISC ..	163	WESTGEL DHA	225
ADJUSTMENT HOLES/1-1/8" MISC .	162	WALKER/YOUTH/FOLDING MISC		WET-STOP 3 MISC	163
WALKER BASKET MISC	162	163		wheat dextrin POWD	85
WALKER GLIDE WHEELS/5		warfarin sodium TABS	16	WHEELCHAIR CUSHION MISC .	163
ADJUSTMENT HOLES/1-1/8" MISC .	162	WASH GLOVES PRE-MOISTENED		WHEELCHAIR INVALID RING MISC	
WALKER GLIDE WHEELS/8		MISC	163	163	
ADJUSTMENT HOLES/1-1/8" MISC .	162	water for injection, sterile IJ	232	WHEELCHAIR MISC	163
WALKER GLIDE WHEELS/8		WATERPROOF SHEETING/36" X54"		white petrolatum-mineral oil	227
ADJUSTMENT HOLES/1-1/8" MISC .	162	MISC	163	WHITE WALL GRAB BAR/12" MISC .	163
WALKER GLIDE WHEELS/8		WATERPROOF SHEETING/36" X66"			
ADJUSTMENT HOLES/1-1/8" MISC .	162	MISC	163		

WHITE WALL GRAB BAR/16" MISC . 163	WRIST CUFF BLOOD PRESSUREUNIT MISC 93	XPOVIO 60 MG TWICE WEEKLY 40
WHITE WALL GRAB BAR/18" MISC . 163	WRIST SLEEP SUPPORT MISC 163 XACIATO GEL243	XPOVIO 80 MG TWICE WEEKLY 40
WHITE WALL GRAB BAR/24" MISC . 163	XADAGO43	XTAMPZA ER 9
WILATE KIT81	XALKORI42	XTANDI CAPS40
WINDMILL TRAINER MISC211	XARELTO STARTER PACK TBPK 16	XTANDI TABS 40
WINLEVI58	XARELTO SUSR16	XULTOPHY 100/3.624
WINRHO SDF SOLN 1500 UNIT/1.3ML231	XARELTO TABS16	XYLIDERM65
WINRHO SDF SOLN 15000 UNIT/13ML231	XATMEP SOLN39	XYNTHA81
WINRHO SDF SOLN 2500 UNIT/2.2ML231	XCOPRI TABS20	XYNTHA SOLOFUSE81
WINRHO SDF SOLN 5000 UNIT/4.4ML231	XCOPRI TBPK20	XYOSTED SOAJ10
witch hazel (hamamelis virginiana) PADS66	XELJANZ SOLN3	XYREM SOLN232
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS221	XELJANZ TABS3	XYWAV232
WOMENS 50+ MULTIVITAMIN TABS221	XELJANZ XR TB243	YELETS TEENAGE FORMULA TABS221
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS221	XELPROS EMUL230	YF-VAX INJ242
WOODEN CANE/ROUND HANDLE/7/8" MISC163	XELSTRYM1	YONSA40
WOODEN CANE/WALNUT FINISH/PISTOL GRIP/DERBY HANDLE/7/8" MISC163	XEPI59	YOUTH PUSH BUTTON ALUMINUM CRUTCH MISC163
WOODEN CANE/WALNUT FINISH/ROUND HANDLE/7/8" MISC 163	XERAC AC66	YUFLYMA 1-PEN KIT AJKT4
WORK BELT MISC163	XERESE61	YUFLYMA 2-PEN KIT AJKT4
WRIST BRACE MISC163	XERMELO80	YUFLYMA 2-SYRINGE KIT PSKT ..4
	XHANCE EXHU226	YUPELRI13
	XIFAXAN37	YUSIMRY4
	XIGDUO XR24	zafirlukast14
	XIIDRA228	zaleplon84
	XOFLUZA 40 MG, 80 MG49	ZARXIO83
	XOLAIR SOLR13	ZATEAN-PN DHA225
	XOLAIR SOSY13	ZATEAN-PN PLUS225
	XOSPATA42	ZAVZPRET212
	XPOVIO40	

ZEGALOGUE SOAJ	26	ZEV RX PEN NEEDLES 31G X 8MM	202	ZONISADE SUSP	20
ZEGALOGUE SOSY	26	ZEV RX PEN NEEDLES 32G X 4MM	202	zonisamide CAPS	20
ZEJULA CAPS	42	ZEV RX STERILE ALCOHOL PREP PADS	163	ZOOM 20 ROLLING WALKER MISC 163	
ZEJULA TABS	42	ZEV RX TWIST TOP LANCETS 30G 127		ZORYVE	61
ZELAPAR TBDP	43	ZEWA ELECTRODES MISC	163	ZTALMY	20
ZELBORAF	42	zidovudine CAPS	48	ZTLIDO PTCH	65
ZEMBRACE SYMTOUCH SOAJ	213	zidovudine SYRP	48	ZUBSOLV SUBL	10
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	73	zidovudine TABS	48	ZYCLARA PUMP	65
ZEPATIER	48	ZIEXTENZO	83	ZYDELIG	42
ZEPOSIA 7-DAY STARTER PACK CPPK	234	zileuton TB12	14	ZYFLO TABS	14
ZEPOSIA CAPS	234	ZIMHI SOSY	29	ZYKADIA TABS	42
ZEPOSIA STARTER KIT CPPK	234	zinc sulfate SOLN 1 MG/ML	214	ZYLET	229
ZERVIA TE	230	ZIPPERED MATTRESS COVER MISC	163	ZYPITAMAG 2 MG, 4 MG	33
ZETONNA AERS	226	ziprasidone hcl	44	ZYPREXA RELPREVV	45
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	201	ziprasidone mesylate	44		
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	201	ZIRGAN GEL	228		
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	201	ZMA CLEAR SUSP	58		
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	202	ZOLINZA	42		
ZEV RX PEN NEEDLES 31G X 5MM	202	zolmitriptan SOLN	213		
ZEV RX PEN NEEDLES 31G X 6MM	202	zolmitriptan TABS	213		
		zolmitriptan TBDP	213		
		ZOLPIDEM TARTRATE CAPS	84		
		zolpidem tartrate SUBL	84		
		zolpidem tartrate TABS	84		
		zolpidem tartrate TBCR	84		
		ZOMACTON SOLR SC	75		
		ZOMIG SOLN	213		