

Comprehensive

PREFERRED DRUG LIST



Pharmacy Program

YouthCare HealthChoice Illinois (YouthCare) is committed to providing high quality drug coverage to our members. We work with providers and pharmacists, as well as the Illinois Department of Healthcare and Family Services and the Department of Children and Family Services to make sure we cover drugs used to treat many conditions and diseases. YouthCare covers prescription and certain over-the-counter (OTC) medications when ordered by a network provider. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

Filling a Prescription

You can have your prescriptions filled at a network pharmacy. At the pharmacy, you will need to give the pharmacist your prescription and your ID card. You can find a pharmacy that is in the YouthCare network by using the Find a Provider tool on www.ilyouthcare.com. If you need help finding a pharmacy near you, or if you have any questions about drug coverage, call us at 844-289-2264 (TTY: 711).

There is no cost for covered drugs.

If your medication is not on the preferred drug list or is on the preferred drug list but has limitations, you can:

1. Speak with your doctor about switching to a similar medication that is on the preferred drug list.
2. Request a prior authorization; or speak to your doctor about submitting a prior authorization for you. You or your doctor may do this by submitting the medication prior authorization form, found on www.ilyouthcare.com.

Psychotropic Medication Consent (DCFS Rule 325)

For Children in YouthCare whom the Illinois Department of Children and Family Services (DCFS) is legally responsible for, consent must be obtained prior to the administration of any psychotropic medication. Consent requests must be submitted directly to the DCFS Centralized Consent Unit (CCU) using Form CSF431-A, available on www2.illinois.gov/dcfs.

[CFS 431-A Psychotropic Medication Request Form](#)

[CFS 431-A Psychotropic Medication Request Cover Sheet](#)

Generic Drugs

Generic drugs have the same active ingredient and work the same as brand name drugs. When generic drugs are available, the brand name drug will not be covered without prior authorization, unless the brand name is preferred over the generic.

Specialty Drugs

Specialty drugs are usually not available at retail pharmacies; and require additional review and monitoring. These drugs are only covered when supplied by a YouthCare network specialty pharmacy. We work with AcariaHealth to help oversee these drugs. Prior authorization request forms for specialty drugs are located on the YouthCare website at www.ilyouthcare.com.

Pharmacy Benefit Exclusions

The following drug categories are not part of the YouthCare pharmacy benefit:

- 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
- OTC products (unless listed on the PDL)
- Drugs not included in the Medicaid Drug Rebate Program, drug product data file (unless listed on the PDL)

Legend

P	Preferred Drug	Drugs preferred by YouthCare
NP	Non-Preferred	Drugs not preferred by YouthCare
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	Drugs that are not included on the formulary by YouthCare.

The publication date of this preferred drug list appears at the bottom of all subsequent pages, and this list is accurate of that date.

For more information regarding the preferred drug list or to receive updated information, call YouthCare at 1-844-289-2264 (TTY: 711) from 8:00 a.m. – 6:00 p.m. Monday through Friday, or email ILYouthCare@centene.com.

For a printed copy of the preferred drug list or to report inaccuracies, call YouthCare at 1-844-289-2264 (TTY: 711) from 8:00 a.m. – 6:00 p.m. Monday through Friday, or email ILYouthCare@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); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	QL(2 ea daily); AL(At least 3 yrs old)
ADZENYS XR-ODT TBED	NP	
amphetamine sulfate TABS	NP	
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG	NP	
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG, 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, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	P	QL(2 ea daily); AL(At least 3 yrs old)
DESOXYN (Use methamphetamine hcl)	NP	
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NP	AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate)	NF	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate CP24 5 MG	NP	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	NP	AL(At least 6 yrs old)
dextroamphetamine sulfate SOLN	NP	
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	QL(3 ea daily); AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	
DYANAVEL XR CHER	NP	
DYANAVEL XR SUER	P	PA
EVEKEO ODT TBP	NP	
EVEKEO TABS (Use amphetamine sulfate)	NP	
lisdexamfetamine dimesylate CAPS	NP	
lisdexamfetamine dimesylate CHEW	NP	
methamphetamine hcl	NP	
MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	
VYVANSE CAPS	P	
VYVANSE CHEW	P	
XELSTRYM	NP	
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
caffeine citrate SOLN OR	P	QL(45 ml per fill retail); AL(Up to 18 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		

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Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i>	NP	AL(At least 6 yrs old); MP	<i>dexmethylphenidate hcl TABS 5 MG, 10 MG</i>	P	AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	P	MP	FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	P	
<i>guanfacine hcl (adhd)</i>	P	AL(At least 6 yrs old); MP	FOCALIN TABS 2.5 MG (<i>Use dexmethylphenidate hcl</i>)	NP	QL(2 ea daily); AL(At least 6 yrs old)
INTUNIV (<i>Use guanfacine hcl (adhd)</i>)	NP	AL(At least 6 yrs old); MP	FOCALIN TABS 5 MG, 10 MG (<i>Use dexmethylphenidate hcl</i>)	NP	AL(At least 6 yrs old)
QELBREE	NP		JORNAY PM CP24	P	PA
STRATTERA (<i>Use atomoxetine hcl</i>)	P	AL(At least 6 yrs old); MP	METADATE CD CPCR (<i>Use methylphenidate hcl</i>)	NF	
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	NP	
SUNOSI	NP		<i>methylphenidate hcl CHEW</i>	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists			<i>methylphenidate hcl CP24</i>	NP	
WAKIX	NP	SP	<i>methylphenidate hcl CPCR</i>	NP	AL(At least 6 yrs old)
Stimulants - Misc.			<i>methylphenidate hcl SOLN</i>	NP	
APTENSIO XR CP24 (<i>Use methylphenidate hcl</i>)	NP		<i>methylphenidate hcl TABS</i>	P	AL(At least 3 yrs old)
<i>armodafinil</i>	NP		<i>methylphenidate hcl TB24 54 MG</i>	NP	
AZSTARYS	NP		<i>methylphenidate hcl TB24 18 MG, 27 MG, 36 MG</i>	NP	AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (<i>Use methylphenidate hcl</i>)	P	QL(2 ea daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TBCR 27 MG, 36 MG, 54 MG</i>	NP	AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>Use methylphenidate hcl</i>)	P	QL(1 ea daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG</i>	NP	QL(1 ea daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	NP		<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	P	AL(At least 6 yrs old)
DAYTRANA PTCH 15 MG/9HR (<i>Use methylphenidate</i>)	P	QL(3 ea daily); PA	<i>methylphenidate hcl TBCR 36 MG</i>	NP	QL(2 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH 10 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>Use methylphenidate</i>)	P	PA	METHYLPHENIDATE HYDROCHLORIDE ER TBCR	NP	
<i>dexmethylphenidate hcl CP24</i>	NP				
<i>dexmethylphenidate hcl TABS 2.5 MG</i>	P	QL(2 ea daily); AL(At least 6 yrs old)			

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate PTCH 15 MG/9HR</i>	NP	QL(3 ea daily)
<i>methylphenidate PTCH 10 MG/9HR, 20 MG/9HR, 30 MG/9HR</i>	NP	
<i>modafinil</i>	P	
NUVIGIL (<i>Use armodafinil</i>)	NP	
PROVIGIL (<i>Use modafinil</i>)	NP	
QUILLICHEW ER CHER	NP	
QUILLIVANT XR SRER	NP	
RELEXXII TBCR 36 MG	NP	QL(2 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
RITALIN LA CP24 (<i>Use methylphenidate hcl</i>)	NP	
RITALIN TABS (<i>Use methylphenidate hcl</i>)	NP	AL(At least 3 yrs old)
AMEBICIDES		
Amebicides		
SOLOSEC	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	P	
ARIKAYCE	NP	SP
BETHKIS NEBU (<i>Use tobramycin</i>)	NF	SP
BETHKIS NEBU (<i>Use tobramycin</i>)	NP	SP

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i>	P	
<i>gentamicin sulfate IJ</i>	P	
KITABIS PAK NEBU (<i>Use tobramycin</i>)	P	SP
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	NP	SP
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP
TOBI NEBU (<i>Use tobramycin</i>)	NF	SP
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>	P	
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML</i>	P	
<i>tobramycin sulfate SOLR</i>	P	
<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	NP	SP
XELJANZ SOLN	P	SP; PA
XELJANZ TABS	P	SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP

Drug Name	Drug Tier	Requirements/Limits
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
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA 1-PEN KIT AJKT	NP	SP
ABRILADA 2-PEN KIT AJKT	NP	SP
ABRILADA PSKT	NP	SP
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADAZ SOAJ	NP	SP
ADALIMUMAB-ADAZ SOSY	NP	SP
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER AJKT	NP	SP
ADALIMUMAB-ADB M PSORIASIS/UVEITIS STARTER AJKT	NP	SP
ADALIMUMAB-ADB M AJKT	NP	SP
ADALIMUMAB-ADB M 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
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO AJKT	NP	SP
CYLTEZO PSKT	NP	SP
HADLIMA PUSHTOUCH SOAJ	NP	SP
HADLIMA SOSY	NP	SP
HULIO AJKT	NP	SP
HULIO PSKT	NP	SP
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	P	SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP; PA
HUMIRA PEN PNKT	P	SP; PA
HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA
HUMIRA PSKT	P	SP; PA
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP
HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	SP
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	SP
HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NP	SP
HYRIMOZ SOAJ	NP	SP
HYRIMOZ SOSY	NP	SP
IDACIO (2 PEN) AJKT	NP	SP
IDACIO (2 SYRINGE) PSKT	NP	SP
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP	SP

Drug Name	Drug Tier	Requirements/Limits
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	SP
SIMPONI ARIA SOLN	NP	SP
SIMPONI SOAJ	NP	SP
SIMPONI SOSY	NP	SP
YUFLYMA 1-PEN KIT AJKT	NP	SP
YUFLYMA 2-PEN KIT AJKT	NP	SP
YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML	NP	SP
YUFLYMA CD/UC/HS STARTER AJKT	NP	SP
YUSIMRY	NP	SP
Gold Compounds		
RIDAURA	NP	
Interleukin-1 Blockers		
ARCALYST	NP	SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP
Interleukin-1beta Blockers		
ILARIS SOLN	NP	SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	NP	SP
ACTEMRA SOLN	NP	SP
ACTEMRA SOSY	NP	SP
KEVZARA SOAJ	NP	SP
KEVZARA SOSY	NP	SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL MIGRAINE CAPS (Use <i>ibuprofen</i>)	NF	
ADVIL CAPS (Use <i>ibuprofen</i>)	NF	
ADVIL TABS (Use <i>ibuprofen</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
ALEVE TABS (Use <i>naproxen sodium</i>)	NF	
ARTHROTEC 50 TBEC (Use <i>diclofenac w/ misoprostol</i>)	NP	MP
ARTHROTEC 75 TBEC (Use <i>diclofenac w/ misoprostol</i>)	NP	MP
CELEBREX (Use <i>celecoxib</i>)	NP	QL(2 ea daily); MP
<i>celecoxib</i>	P	QL(2 ea daily); MP
CHILDRENS ADVIL SUSP 100 MG/5ML (Use <i>ibuprofen</i>)	NF	MP; RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use <i>ibuprofen</i>)	NF	MP; RX/OTC
DAYPRO TABS (Use <i>oxaprozin</i>)	NP	MP
<i>diclofenac potassium CAPS</i>	NP	
<i>diclofenac potassium TABS 50 MG</i>	P	MP
<i>diclofenac potassium TABS 25 MG</i>	NP	
<i>diclofenac sodium TB24</i>	P	MP
<i>diclofenac sodium TBEC</i>	P	MP
<i>diclofenac w/ misoprostol TBEC</i>	NP	MP
DUEXIS (Use <i>ibuprofen-famotidine</i>)	NP	
<i>etodolac CAPS</i>	P	MP
<i>etodolac TABS</i>	P	MP
<i>etodolac TB24</i>	P	MP
FELDENE CAPS (Use <i>piroxicam</i>)	NP	MP
<i>fenoprofen calcium CAPS 400 MG</i>	NP	MP
<i>fenoprofen calcium TABS</i>	NP	MP
<i>flurbiprofen TABS 100 MG</i>	P	MP
<i>ibuprofen CAPS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen-famotidine</i>	NP	
<i>ibuprofen SUSP 100 MG/5ML</i>	NP	MP; RX/OTC
<i>ibuprofen SUSP</i>	P	MP; RX/OTC
<i>ibuprofen TABS</i>	P	MP
<i>ibuprofen TABS</i>	P	
<i>indomethacin CAPS 25 MG, 50 MG</i>	P	MP
<i>indomethacin CPCR</i>	P	MP
<i>indomethacin SUPP</i>	P	
<i>indomethacin SUSP</i>	P	
INFANTS ADVIL SUSP (Use <i>ibuprofen</i>)	NF	
<i>ketoprofen CP24</i>	NP	MP
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	
<i>ketorolac tromethamine TABS</i>	P	QL(20 ea per 30 days retail)
<i>meclofenamate sodium CAPS</i>	NP	MP
<i>mefenamic acid CAPS</i>	NP	MP
<i>meloxicam CAPS</i>	NP	
<i>meloxicam TABS</i>	P	MP
MOTRIN INFANTS DROPS SUSP (Use <i>ibuprofen</i>)	NF	
<i>nabumetone</i>	P	MP
NALFON CAPS (Use <i>fenoprofen calcium</i>)	NP	MP
NALFON TABS (Use <i>fenoprofen calcium</i>)	NP	MP
NAPRELAN TB24 (Use <i>naproxen sodium</i>)	NP	MP
NAPRELAN TB24 500 MG (Use <i>naproxen sodium</i>)	NF	MP
<i>naproxen sodium TABS 275 MG, 550 MG</i>	P	MP
<i>naproxen sodium TB24 375 MG, 500 MG</i>	NP	MP

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium TB24 750 MG</i>	NP	
<i>naproxen-esomeprazole magnesium</i>	NP	MP
<i>naproxen SUSP</i>	P	MP
<i>naproxen TABS</i>	P	MP
<i>naproxen TBEC</i>	P	QL(2 ea daily); MP
<i>oxaprozin TABS</i>	NP	MP
<i>piroxicam CAPS</i>	NP	MP
RELAFEN DS	NP	
<i>sulindac TABS</i>	P	MP
<i>tolmetin sodium CAPS</i>	NP	
<i>tolmetin sodium TABS 600 MG</i>	NP	
VIMOVO (Use <i>naproxen-esomeprazole magnesium</i>)	NP	MP
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	NP	SP
OTEZLA TBPk	NP	SP
Pyrimidine Synthesis Inhibitors		
ARAVA (Use <i>leflunomide</i>)	NP	QL(1 ea daily)
<i>leflunomide</i>	P	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	NP	SP
ORENCIA SOLR	NP	SP
ORENCIA SOSY	NP	SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	P	SP; PA
ENBREL SURECLICK SOAJ	P	SP; PA
ENBREL SOLN	P	SP; PA
ENBREL SOSY	P	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		

Drug Name	Drug Tier	Requirements/Limits
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	P	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily)
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	NP	
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	P	
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 ea daily)
<i>ESGIC TABS (Use butalbital-acetaminophen-caffeine)</i>	NP	QL(4 ea daily)
<i>FIORICET CAPS (Use butalbital-acetaminophen-caffeine)</i>	NP	
Analgesics Other		
<i>acetaminophen CAPS 500 MG</i>	P	
<i>acetaminophen CHEW 80 MG</i>	P	
<i>acetaminophen ELIX</i>	P	
<i>acetaminophen LIQD 160 MG/5ML</i>	P	
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 ea per 31 days retail)
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	P	
<i>acetaminophen TABS 325 MG, 500 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per 31 days retail)
TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	NF	
TYLENOL CHILDRENS SUSP (Use acetaminophen)	NF	
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	NF	
TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	NF	
TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	NF	
TYLENOL CAPS (Use acetaminophen)	NF	
TYLENOL TABS (Use acetaminophen)	NF	
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
<i>aspirin CHEW</i>	P	
<i>BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))</i>	NF	
<i>diflunisal TABS</i>	P	
<i>salsalate</i>	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP 1600 MCG (Use fentanyl citrate)	NF	
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (Use fentanyl citrate)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate TABS 30 MG</i>	P	QL(2 ea daily); AL(At least 12 yrs old)	<i>methadone hcl TABS 10 MG</i>	NP	QL(10 ea daily)
CODEINE SULFATE TABS 60 MG	P	QL(2 ea daily); AL(At least 12 yrs old)	<i>methadone hcl TABS 5 MG</i>	NP	QL(4 ea daily)
CODEINE SULFATE TABS 15 MG	P		<i>methadone hcl TBSO</i>	NP	
CONZIP CP24 (<i>Use tramadol hcl</i>)	NP		METHADOSE SUGAR-FREE CONC (<i>Use methadone hcl</i>)	NP	
DILAUDID LIQD (<i>Use hydromorphone hcl</i>)	NP		METHADOSE CONC (<i>Use methadone hcl</i>)	NP	
DILAUDID TABS (<i>Use hydromorphone hcl</i>)	NP	QL(180 ea per 27 days retail)	<i>morphine sulfate beads</i>	NP	
<i>fentanyl citrate LPOP</i>	NP		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	
<i>fentanyl citrate TABS</i>	NP		<i>morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	P	QL(240 ml per fill retail)
<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 SOLN OR 10 MG/5ML, 20 MG/5ML</i>	P	QL(500 ml per 23 days retail)
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP		<i>morphine sulfate SUPP</i>	P	QL(24 ea per fill retail)
FENTORA TABS (<i>Use fentanyl citrate</i>)	NP		<i>morphine sulfate TABS</i>	P	QL(180 ea per 27 days retail)
<i>hydrocodone bitartrate CP12</i>	NP		<i>morphine sulfate TBCR</i>	P	QL(3 ea daily); PA
<i>hydrocodone bitartrate T24A</i>	NP		MS CONTIN TBCR (<i>Use morphine sulfate</i>)	NP	QL(3 ea daily)
<i>hydromorphone hcl LIQD</i>	P		NUCYNTA ER TB12	NP	
HYDROMORPHONE HCL SUPP	P	QL(12 ea per fill retail)	NUCYNTA TABS	NP	
<i>hydromorphone hcl TABS</i>	P	QL(180 ea per 27 days retail)	<i>oxycodone hcl CAPS</i>	P	QL(180 ea per 27 days retail)
<i>hydromorphone hcl TB24</i>	NP		<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(6 ml daily)
HYSINGLA ER T24A	NP		<i>oxycodone hcl SOLN</i>	P	
<i>levorphanol tartrate TABS</i>	NP		<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NP	QL(2 ea daily)
<i>mepredine hcl SOLN OR 50 MG/5ML</i>	NP	QL(500 ml per fill retail)	<i>oxycodone hcl TABS</i>	P	QL(180 ea per 27 days retail)
<i>mepredine hcl TABS 50 MG</i>	NP	QL(180 ea per 27 days retail)	OXYCONTIN T12A	NP	QL(2 ea daily)
<i>methadone hcl CONC</i>	NP		<i>oxymorphone hcl TABS</i>	NP	
<i>methadone hcl SOLN OR</i>	NP				

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Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl TB12</i>	NP	
ROXICODONE TABS 15 MG, 30 MG (<i>Use oxycodone hcl</i>)	NP	QL(180 ea per 27 days retail)
ROXYBOND TABA	NP	
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
<i>tramadol hcl SOLN</i>	NP	
<i>tramadol hcl TABS 25 MG, 100 MG</i>	NP	AL(At least 18 yrs old)
<i>tramadol hcl TABS 50 MG</i>	P	QL(8 ea daily); AL(At least 18 yrs old)
<i>tramadol hcl TB24</i>	NP	
TRAMADOL HYDROCHLORIDE SOLN (<i>Use tramadol hcl</i>)	NP	
ULTRAM TABS (<i>Use tramadol hcl</i>)	NF	QL(8 ea daily); AL(At least 18 yrs old)
XTAMPZA ER	NP	
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ml daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	QL(180 ea per 27 days retail); AL(At least 12 yrs old)
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	NP	
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	NP	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine w/cod</i>	P	QL(4 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>Use butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	QL(180 ml daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(180 ea per 27 days retail)
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	P	
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P	
NALOCET TABS	NP	
<i>oxycodone w/ acetaminophen SOLN</i>	P	
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(180 ea per 27 days retail)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	P	
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>Use oxycodone w/ acetaminophen</i>)	NP	QL(180 ea per 27 days retail)
PERCOCET TABS 325 MG-2.5 MG (<i>Use oxycodone w/ acetaminophen</i>)	NP	
PROLATE SOLN	NP	
PROLATE TABS	NP	
SEGLENTIS	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen</i>	NP	QL(4 ea daily); AL(At least 18 yrs old)
ULTRACET (<i>Use tramadol-acetaminophen</i>)	NF	QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	
BRIXADI SOSY	P	SP
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	
<i>buprenorphine hcl SUBL</i>	P	
<i>buprenorphine PTWK</i>	NP	
<i>butorphanol tartrate NA 10 MG/ML</i>	NP	
BUTRANS PTWK (<i>Use buprenorphine</i>)	NP	
<i>pentazocine w/ naloxone hcl</i>	NP	
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	P	
ZUBSOLV SUBL	P	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD 1.62 % (<i>Use testosterone</i>)	NF	
ANDROGEL GEL TD (<i>Use testosterone</i>)	NF	
ANDROGEL GEL TD (<i>Use testosterone</i>)	NF	
FORTESTA GEL TD (<i>Use testosterone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
TESTIM GEL TD (<i>Use testosterone</i>)	NF	
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(4 ml per 30 days retail)
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	P	QL(4 ml per 30 days retail)
<i>testosterone enanthate SOLN IM</i>	P	
<i>testosterone GEL TD 1 %, 1.62 %, 10 MG/ACT, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	P	
<i>testosterone SOLN</i>	P	
VOGELXO PUMP GEL TD (<i>Use testosterone</i>)	NF	
VOGELXO GEL TD (<i>Use testosterone</i>)	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	
CORTENEMA (<i>Use hydrocortisone (intrarectal)</i>)	NP	QL(420 ml per fill retail)
CORTIFOAM EX 10 %	NP	
<i>hydrocortisone (intrarectal)</i>	P	QL(420 ml per fill retail)
UCERIS (<i>Use budesonide (intrarectal)</i>)	NP	
Rectal Combinations		
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NP	
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NP	
<i>lidocaine-hydrocortisone acetate (rectal) KIT</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine-cocoa butter 0.25 %-85.39 %, 0.25 %-88.44 %</i>	P	
<i>phenylephrine-mineral oil-petrolatum 0.25 %-74.9 %-14 %</i>	P	QL(90 gm per 30 days retail)
<i>phenylephrine-shark liver oil-cocoa butter</i>	P	QL(12 ea per 31 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	P	QL(31 gm per 31 days retail)
PREPARATION H (Use <i>phenylephrine-mineral oil-petrolatum</i>)	NF	QL(90 gm per 30 days retail)
PROCTOFOAM HC FOAM EX	NP	
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	P	QL(15 gm per fill retail)
PROCTOFOAM FOAM EX (Use <i>pramoxine hcl (rectal)</i>)	NF	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i>)	NP	QL(30 gm per fill retail)
<i>hydrocortisone (rectal) EX 1 %</i>	P	1 rtl pack lmt per fill; QL(454 gm per fill retail); RX/OTC
<i>hydrocortisone (rectal) EX 1 %</i>	P	RX/OTC
<i>hydrocortisone (rectal) EX 2.5 %</i>	P	QL(30 gm per fill retail)
Vasodilating Agents		
RECTIV (Use <i>nitroglycerin (intra-anal)</i>)	NP	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	P	
<i>alum & mag hydrox-simethicone SUSP</i>	P	

Drug Name	Drug Tier	Requirements/Limits
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use <i>alum & mag hydrox-simethicone</i>)	NF	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	P	
<i>calcium carbonate (antacid) SUSP</i>	P	QL(500 ml per 30 days retail)
TUMS LASTING EFFECTS CHEW (Use <i>calcium carbonate (antacid)</i>)	NF	
TUMS ULTRA 1000 CHEW (Use <i>calcium carbonate (antacid)</i>)	NF	
TUMS CHEW (Use <i>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 (Use <i>albendazole</i>)	NF	
BENZNIDAZOLE	NP	SP
BILTRICIDE (Use <i>praziquantel</i>)	NP	
EGATEN	NP	

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Drug Name	Drug Tier	Requirements/Limits
EMVERM CHEW	NP	QL(1 ea per 20 days retail)
<i>ivermectin</i>	NP	
<i>praziquantel</i>	P	
STROMECTOL (Use <i>ivermectin</i>)	NP	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
RANEXA TB12 (Use <i>ranolazine</i>)	NP	MP
<i>ranolazine TB12</i>	NP	MP
Nitrates		
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS (Use <i>isosorbide dinitrate</i>)	NP	MP
<i>isosorbide dinitrate TABS</i>	P	MP
<i>isosorbide mononitrate TABS</i>	P	QL(2 ea daily); MP
<i>isosorbide mononitrate TB24</i>	P	QL(1 ea daily); MP
NITRO-BID OINT	P	
NITRO-DUR PT24 0.1 MG/HR, 0.3 MG/HR, 0.8 MG/HR (Use <i>nitroglycerin</i>)	NF	
NITRO-DUR PT24	NP	
NITRO-DUR PT24 (Use <i>nitroglycerin</i>)	NP	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NP	MP
<i>nitroglycerin SUBL</i>	P	MP
NITROLINGUAL SOLN TL (Use <i>nitroglycerin</i>)	NP	MP
NITROSTAT SUBL (Use <i>nitroglycerin</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
NITROSTAT SUBL 0.4 MG, 0.6 MG (Use <i>nitroglycerin</i>)	NF	
ANTIANGINAL AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl 7.5 MG, 30 MG</i>	P	QL(3 ea daily); MP
<i>bupirone hcl 5 MG, 10 MG</i>	P	QL(6 ea daily); MP
<i>bupirone hcl 15 MG</i>	P	QL(4 ea daily); MP
<i>hydroxyzine hcl SYRP</i>	P	MP
<i>hydroxyzine hcl TABS</i>	P	MP
<i>hydroxyzine pamoate CAPS</i>	P	MP
<i>meprobamate</i>	NP	MP
VISTARIL CAPS 50 MG (Use <i>hydroxyzine pamoate</i>)	NF	MP
VISTARIL CAPS 25 MG (Use <i>hydroxyzine pamoate</i>)	NP	MP
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	P	
<i>alprazolam TABS</i>	P	QL(4 ea daily)
<i>alprazolam TB24</i>	NP	
<i>alprazolam TBDP</i>	NP	
ATIVAN TABS 0.5 MG, 2 MG (Use <i>lorazepam</i>)	NP	QL(3 ea daily)
ATIVAN TABS 1 MG (Use <i>lorazepam</i>)	NP	QL(4 ea daily)
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 ea daily)
<i>clorazepate dipotassium TABS</i>	P	QL(3 ea daily)
<i>diazepam CONC</i>	P	
<i>diazepam SOLN OR 5 MG/5ML</i>	P	QL(500 ml per fill retail)
<i>diazepam TABS</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam CONC</i>	P	
<i>lorazepam TABS 1 MG</i>	P	QL(4 ea daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	P	QL(3 ea daily)
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	P	QL(4 ea daily)
TRANXENE T TABS 7.5 MG (<i>Use clorazepate dipotassium</i>)	NF	QL(3 ea daily)
XANAX XR TB24 (<i>Use alprazolam</i>)	NP	
XANAX TABS (<i>Use alprazolam</i>)	NP	QL(4 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	P	MP
NORPACE CR CP12	P	
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>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>dofetilide</i>	P	MP
MULTAQ	NP	
TIKOSYN (<i>Use dofetilide</i>)	NP	MP
ANTIASTHMATIC AND BRONCHODILATOR		

Drug Name	Drug Tier	Requirements/Limits
AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP
FASENRA PEN SOAJ	P	SP; PA
FASENRA SOSY	P	SP; PA
NUCALA SOAJ	P	SP; PA
NUCALA SOLR	P	SP; PA
NUCALA SOSY	P	SP; PA
TEZSPIRE SOAJ	NP	SP
TEZSPIRE SOSY	NP	SP
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	P	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	P	QL(240 ml per 30 days retail)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25 gm per 30 days retail)
INCRUSE ELLIPTA	P	QL(30 ea per fill retail)
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ml per 27 days retail)
SPIRIVA HANDIHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	P	
SPIRIVA RESPIMAT AERS	P	
<i>tiotropium bromide monohydrate CAPS</i>	P	
TUDORZA PRESSAIR	NP	QL(1 ea per 30 days retail)
YUPELRI	NP	
Leukotriene Modulators		
ACCOLATE (<i>Use zafirlukast</i>)	NP	MP
ACCOLATE 20 MG (<i>Use zafirlukast</i>)	NF	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
montelukast sodium CHEW	P	QL(1 ea daily); MP	FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST (Use fluticasone propionate (inhalation))	P	QL(2 ea daily)
montelukast sodium PACK	P	QL(1 ea daily); MP	FLOVENT DISKUS AEPB 50 MCG/BLIST (Use fluticasone propionate (inhalation))	P	QL(60 ea per fill retail)
montelukast sodium TABS	P	QL(1 ea daily); MP	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail)
SINGULAIR CHEW (Use montelukast sodium)	NP	QL(1 ea daily); MP	FLOVENT HFA 44 MCG/ACT	P	QL(11 gm per fill retail)
SINGULAIR PACK (Use montelukast sodium)	NP	QL(1 ea daily); MP	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	NP	QL(60 ea per fill retail)
SINGULAIR TABS (Use montelukast sodium)	NP	QL(1 ea daily); MP	fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT	NP	QL(2 ea daily)
zafirlukast	P	MP	fluticasone propionate hfa 44 MCG/ACT	P	QL(11 gm per fill retail)
zileuton TB12	NP	MP	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail)
ZYFLO TABS	NP		PULMICORT FLEXHALER AEPB	NP	QL(1 ea per 25 days retail)
Selective Phosphodiesterase 4 (PDE4) Inhibitors			PULMICORT FLEXHALER AEPB	NP	QL(1 ea per 25 days retail)
DALIRESP (Use roflumilast)	NP		PULMICORT SUSP (Use budesonide (inhalation))	NP	QL(120 ml per 30 days retail); AL(Up to 8 yrs old)
roflumilast	NP		QVAR REDHALER	NP	
Steroid Inhalants			Sympathomimetics		
ALVESCO	NP		ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	P	QL(2 ea daily)
ARMONAIR DIGIHALER	NP		ADVAIR HFA AERO (Use fluticasone-salmeterol)	P	
ARNUITY ELLIPTA	NP		AIRDUO DIGIHALER 113/14	P	
ASMANEX HFA AERO	NP		AIRDUO DIGIHALER 232/14	P	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	P				
ASMANEX TWISTHALER 14 METERED DOSES AEPB	P				
ASMANEX TWISTHALER 30 METERED DOSES AEPB	P				
ASMANEX TWISTHALER 60 METERED DOSES AEPB	P				
budesonide (inhalation) SUSP	P	QL(120 ml per 30 days retail); AL(Up to 8 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AIRDUO DIGIHALER 55/14	P		<i>fluticasone furoate-vilanterol</i>	NP	
AIRDUO RESPICLICK 113/14 AEPB (Use <i>fluticasone-salmeterol</i>)	P		<i>fluticasone-salmeterol</i> AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP	
AIRDUO RESPICLICK 232/14 AEPB (Use <i>fluticasone-salmeterol</i>)	P		<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	QL(2 ea daily)
AIRDUO RESPICLICK 55/14 AEPB	P		<i>fluticasone-salmeterol</i> AERO	NP	
AIRSUPRA	NP		<i>formoterol fumarate</i> NEBU	NP	
<i>albuterol sulfate</i> AERS	P	QL(13.4 gm per 30 days retail)	<i>ipratropium-albuterol</i> SOLN	P	QL(12 ml daily)
<i>albuterol sulfate</i> AERS	P	QL(17 gm per 30 days retail)	<i>levalbuterol hcl</i>	NP	
<i>albuterol sulfate</i> AERS	P	QL(36 gm per 30 days retail)	<i>levalbuterol tartrate</i>	NP	2 rtl pack lmt amt; 30 rtl pack lmt day(s)
<i>albuterol sulfate</i> NEBU 2.5 MG/0.5ML	P	QL(2 ea daily)	PERFOROMIST NEBU (Use <i>formoterol fumarate</i>)	NP	
<i>albuterol sulfate</i> NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML	P	QL(375 ml per 27 days retail)	PROAIR DIGIHALER	NP	
<i>albuterol sulfate</i> SYRP	NP	MP	PROAIR HFA AERS (Use <i>albuterol sulfate</i>)	P	QL(17 gm per 30 days retail)
<i>albuterol sulfate</i> TABS	NP		PROAIR RESPICLICK AEPB	NP	
ANORO ELLIPTA	P		PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	NF	QL(13.4 gm per 30 days retail)
<i>arformoterol tartrate</i>	NP		PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	P	QL(13.4 gm per 30 days retail)
BEVESPI AEROSPHERE	NP		SEREVENT DISKUS	P	QL(2 ea daily)
BREO ELLIPTA	NP		STIOLTO RESPIMAT	NP	
BREO ELLIPTA	NP		STRIVERDI RESPIMAT	NP	
BREZTRI AEROSPHERE	NP		SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	P	QL(11 gm per fill retail)
BROVANA (Use <i>arformoterol tartrate</i>)	NP		<i>terbutaline sulfate</i> TABS	P	
<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(11 gm per fill retail)	TRELEGY ELLIPTA	NP	
COMBIVENT RESPIMAT AERS	NP	QL(4 gm per 30 days retail)			
DUAKLIR PRESSAIR	NP				
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(13 gm per fill retail)			
DULERA 50 MCG/ACT-5 MCG/ACT	P				

Illinois YouthCare

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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
VENTOLIN HFA AERS (Use albuterol sulfate)	NP	QL(16 gm per 30 days retail)	<i>enoxaparin sodium SOSY</i> 80 MG/0.8ML, 120 MG/0.8ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(12 ml per fill retail); SP
XOPENEX HFA (Use levalbuterol tartrate)	NP	2 rtl pack lmt amt; 30 rtl pack lmt day(s)	<i>enoxaparin sodium SOSY</i> 60 MG/0.6ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(9 ml per fill retail); SP; SL
Xanthines			<i>enoxaparin sodium SOSY</i> 100 MG/ML, 150 MG/ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(14 ml per fill retail); SP
THEO-24 CP24	P		<i>enoxaparin sodium SOSY</i> 40 MG/0.4ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(6 ml per fill retail; 6 ml per 7 days retail); SP
<i>theophylline ELIX</i>	P		<i>enoxaparin sodium SOSY</i> 30 MG/0.3ML, 80 MG/0.8ML, 150 MG/ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(5 ml per fill retail); SP
<i>theophylline SOLN</i>	P	QL(475 ml per fill retail); MP	<i>fondaparinux sodium</i>	P	SP
<i>theophylline TB12</i>	P		FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP
<i>theophylline TB24</i>	P		FRAGMIN SOSY	P	SP
ANTICOAGULANTS - Blood Thinners			<i>heparin sodium (porcine) lock flush</i> 10 UNIT/ML	P	
Coumarin Anticoagulants			<i>heparin sodium (porcine) SOLN IJ</i> 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
<i>warfarin sodium TABS</i>	P		HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	P	
Direct Factor Xa Inhibitors			HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	
ELIQUIS STARTER PACK TBPK	P	QL(4 ea daily); PA			
ELIQUIS TABS	P	QL(4 ea daily); PA			
SAVAYSA	NP				
XARELTO STARTER PACK TBPK	P	PA			
XARELTO SUSR	NP				
XARELTO TABS 2.5 MG	P	PA			
XARELTO TABS 10 MG	P	QL(1 ea daily; 35 ea per 180 days retail); PA			
XARELTO TABS 20 MG	P	QL(1 ea daily); PA			
XARELTO TABS 15 MG	P	QL(2 ea daily); PA			
Heparins And Heparinoid-Like Agents					
ARIXTRA (Use <i>fondaparinux sodium</i>)	NP	SP			
<i>enoxaparin sodium SOLN IJ</i> 300 MG/3ML	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(42 ml per fill retail); SP			

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LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(42 ml per fill retail); SP
LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(5 ml per fill retail); SP
LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(9 ml per fill retail); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(14 ml per fill retail); SP
LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(6 ml per fill retail; 7 ml per 7 days retail); SP
LOVENOX SOSY 80 MG/0.8ML, 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); SP
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	NP	
PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	NP	
PRADAXA CAPS	NP	
PRADAXA PACK	NP	SP
ANTICONVULSANTS - Drugs to Treat Seizures		

Drug Name	Drug Tier	Requirements/Limits
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	NP	
FYCOMPA TABS	NP	
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	NP	
<i>clobazam TABS</i>	NP	
<i>clonazepam TABS</i>	P	QL(4 ea daily)
<i>clonazepam TBDP</i>	NP	
DIASTAT ACUDIAL GEL 20 MG (<i>Use diazepam (anticonvulsant)</i>)	NF	QL(1 ea per fill retail)
DIASTAT ACUDIAL GEL 10 MG (<i>Use diazepam (anticonvulsant)</i>)	P	QL(1 ea per fill retail)
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NF	QL(1 ea per fill retail)
<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 ea per fill retail)
KLONOPIN TABS (<i>Use clonazepam</i>)	NP	QL(4 ea daily)
NAYZILAM	NP	
ONFI SUSP (<i>Use clobazam</i>)	NP	
ONFI TABS (<i>Use clobazam</i>)	NP	
SYMPAZAN FILM	NP	
VALTOCO 10 MG DOSE LIQD	NP	
VALTOCO 15 MG DOSE LQPK	NP	
VALTOCO 20 MG DOSE LQPK	NP	
VALTOCO 5 MG DOSE LIQD	NP	
Anticonvulsants - Misc.		
APTIOM	NP	
BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP

Drug Name	Drug Tier	Requirements/Limits
BANZEL TABS (<i>Use rufinamide</i>)	NP	SP
BRIVIACT SOLN OR 10 MG/ML	NP	SP; PV
BRIVIACT TABS	NP	SP; PV
<i>carbamazepine CHEW</i>	P	MP
<i>carbamazepine CP12</i>	NP	MP
<i>carbamazepine SUSP</i>	P	MP
<i>carbamazepine TABS</i>	P	MP
<i>carbamazepine TB12</i>	P	MP
CARBATROL CP12 (<i>Use carbamazepine</i>)	NP	MP
DIACOMIT CAPS	NP	SP
DIACOMIT PACK	NP	SP
ELEPSIA XR TB24	NP	
EPIDIOLEX	NP	SP
EPRONTIA SOLN	NP	
FINTEPLA	NP	SP
<i>gabapentin CAPS</i>	P	QL(9 ea daily); MP
<i>gabapentin SOLN</i>	P	MP
<i>gabapentin TABS 600 MG</i>	P	QL(6 ea daily); MP
<i>gabapentin TABS 800 MG</i>	P	QL(4 ea daily); MP
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	MP
KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NP	QL(30 ml daily); MP
KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NP	MP
KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NP	QL(6 ea daily); MP
KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NP	QL(4 ea daily); MP
<i>lacosamide SOLN OR 10 MG/ML</i>	NP	
<i>lacosamide TABS</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use lamotrigine</i>)	NP	MP
LAMICTAL ODT KIT	NP	MP
LAMICTAL ODT KIT (<i>Use lamotrigine</i>)	NP	MP
LAMICTAL ODT TBDP (<i>Use lamotrigine</i>)	NP	MP
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>Use lamotrigine</i>)	NP	MP
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>Use lamotrigine</i>)	NP	MP
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>Use lamotrigine</i>)	NP	MP
LAMICTAL XR KIT	NP	
LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	MP
LAMICTAL TABS (<i>Use lamotrigine</i>)	NP	MP
<i>lamotrigine CHEW</i>	P	MP
<i>lamotrigine KIT 25 MG</i>	NP	MP
<i>lamotrigine TABS</i>	P	MP
<i>lamotrigine TB24</i>	NP	MP
<i>lamotrigine TBDP</i>	NP	MP
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	P	QL(30 ml daily); MP
<i>levetiracetam TABS 1000 MG</i>	P	MP
<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 ea daily); MP
<i>levetiracetam TABS 500 MG</i>	P	QL(6 ea daily); MP
<i>levetiracetam TB24</i>	P	MP
LYRICA CAPS (<i>Use pregabalin</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LYRICA SOLN (<i>Use pregabalin</i>)	NP	MP	TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily); MP
MOTPOLY XR CP24	NP		TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(4 ea daily); MP
MYSOLINE (<i>Use primidone</i>)	NP	MP	TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NP	QL(2 ea daily); MP
NEURONTIN CAPS (<i>Use gabapentin</i>)	NP	QL(9 ea daily); MP	<i>topiramate CP24</i>	NP	
NEURONTIN SOLN (<i>Use gabapentin</i>)	NF	MP	<i>topiramate CPSP 25 MG</i>	P	QL(8 ea daily); MP
NEURONTIN SOLN (<i>Use gabapentin</i>)	NP	MP	<i>topiramate CPSP 15 MG</i>	P	QL(6 ea daily); MP
NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NP	QL(6 ea daily); MP	<i>topiramate CS24</i>	NP	MP
NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NP	QL(4 ea daily); MP	<i>topiramate TABS 100 MG</i>	P	QL(4 ea daily); MP
<i>oxcarbazepine SUSP</i>	P	MP	<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 ea daily); MP
<i>oxcarbazepine TABS</i>	P	MP	<i>topiramate TABS 200 MG</i>	P	QL(2 ea daily); MP
OXTELLAR XR TB24	NP		TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	MP
<i>pregabalin CAPS</i>	P	MP	TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NF	MP
<i>pregabalin SOLN</i>	P	MP	TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP	MP
<i>primidone 125 MG</i>	P		TROKENDI XR CP24 200 MG (<i>Use topiramate</i>)	NP	
<i>primidone 50 MG, 250 MG</i>	P	MP	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (<i>Use topiramate</i>)	NP	
QUDEXY XR CS24 (<i>Use topiramate</i>)	NP	MP	VIMPAT SOLN OR 10 MG/ML (<i>Use lacosamide</i>)	NP	
<i>rufinamide SUSP</i>	NP	SP	VIMPAT TABS (<i>Use lacosamide</i>)	NP	
<i>rufinamide TABS</i>	NP	SP	ZONISADE SUSP	NP	
SPRITAM TB3D	NP		<i>zonisamide CAPS</i>	P	MP
TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	MP	ZTALMY	NP	
TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	MP	Carbamates		
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	MP	<i>felbamate SUSP</i>	NP	MP
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NP	QL(8 ea daily); MP	<i>felbamate TABS</i>	NP	MP
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily); MP	FELBATOL SUSP (<i>Use felbamate</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
FELBATOL TABS (<i>Use felbamate</i>)	NP	MP
XCOPRI TABS	P	
XCOPRI TBPk	P	
GABA Modulators		
GABITRIL (<i>Use tiagabine hcl</i>)	NP	MP
SABRIL PACK (<i>Use vigabatrin</i>)	NP	SP; MP
SABRIL TABS (<i>Use vigabatrin</i>)	NP	QL(6 ea daily); SP; MP
<i>tiagabine hcl</i>	NP	MP
<i>vigabatrin PACK</i>	NP	SP; MP
<i>vigabatrin TABS</i>	NP	QL(6 ea daily); SP; MP
Hydantoins		
DILANTIN (<i>Use phenytoin sodium extended</i>)	NP	MP
DILANTIN	NP	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	NP	MP
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	NP	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P	MP
<i>phenytoin CHEW</i>	P	MP
<i>phenytoin SUSP</i>	P	MP
Succinimides		
CELONTIN (<i>Use methsuximide</i>)	NP	
<i>ethosuximide CAPS</i>	P	MP
<i>ethosuximide SOLN</i>	P	MP
<i>methsuximide</i>	NP	
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	MP
ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
Valproic Acid		
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NP	MP
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NF	MP
DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	MP
DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NP	MP
<i>divalproex sodium CSDR</i>	P	MP
<i>divalproex sodium TB24</i>	P	MP
<i>divalproex sodium TBEC</i>	P	MP
<i>valproate sodium SOLN OR 250 MG/5ML</i>	P	MP
<i>valproic acid CAPS</i>	P	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 ea daily); MP
<i>mirtazapine TABS 15 MG</i>	P	QL(3 ea daily); MP
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 ea daily); MP
<i>mirtazapine TBDP 15 MG</i>	P	QL(3 ea daily); MP
<i>mirtazapine TBDP 45 MG</i>	P	QL(1 ea daily); MP
<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 ea daily); MP
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 ea daily); MP
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NP	QL(1 ea daily); MP
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 ea daily); MP
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
REMERON TABS 30 MG (Use <i>mirtazapine</i>)	NP	QL(1.5 ea daily); MP
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
APLENZIN	NP	
<i>bupropion hcl</i> TABS	P	QL(3 ea daily); MP
<i>bupropion hcl</i> TB12 100 MG	P	QL(4 ea daily); MP
<i>bupropion hcl</i> TB12 200 MG	P	QL(2 ea daily); MP
<i>bupropion hcl</i> TB12 150 MG	P	QL(3 ea daily); MP
<i>bupropion hcl</i> TB24 150 MG	P	QL(3 ea daily); MP
<i>bupropion hcl</i> TB24 450 MG	P	MP
<i>bupropion hcl</i> TB24 300 MG	P	QL(1 ea daily); MP
FORFIVO XL TB24 (Use <i>bupropion hcl</i>)	NP	MP
WELLBUTRIN SR TB12 150 MG (Use <i>bupropion hcl</i>)	NP	QL(3 ea daily); MP
WELLBUTRIN SR TB12 100 MG (Use <i>bupropion hcl</i>)	NP	QL(4 ea daily); MP
WELLBUTRIN SR TB12 200 MG (Use <i>bupropion hcl</i>)	NP	QL(2 ea daily); MP
WELLBUTRIN XL TB24 150 MG (Use <i>bupropion hcl</i>)	NP	QL(3 ea daily); MP
WELLBUTRIN XL TB24 300 MG (Use <i>bupropion hcl</i>)	NP	QL(1 ea daily); MP
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE	NP	SP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	NP	

Drug Name	Drug Tier	Requirements/Limits
MARPLAN	NP	
NARDIL (Use <i>phenelzine sulfate</i>)	NP	MP
<i>phenelzine sulfate</i>	P	MP
<i>tranylcypromine sulfate</i>	P	MP
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	NP	SP
SPRAVATO 84MG DOSE	NP	SP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 40 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(1 ea daily); MP
CELEXA TABS 20 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(2 ea daily); MP
CELEXA TABS 10 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(4 ea daily); MP
CITALOPRAM HYDROBROMIDE CAPS	NP	
<i>citalopram hydrobromide</i> SOLN	P	QL(240 ml per 30 days retail; 720 ml per 90 days mail); MP
<i>citalopram hydrobromide</i> TABS 10 MG	P	QL(4 ea daily); MP
<i>citalopram hydrobromide</i> TABS 20 MG	P	QL(2 ea daily); MP
<i>citalopram hydrobromide</i> TABS 40 MG	P	QL(1 ea daily); MP
<i>escitalopram oxalate</i> SOLN	P	MP
<i>escitalopram oxalate</i> TABS 5 MG	P	QL(4 ea daily); MP
<i>escitalopram oxalate</i> TABS 10 MG	P	QL(2 ea daily); MP
<i>escitalopram oxalate</i> TABS 20 MG	P	QL(1 ea daily); MP
<i>fluoxetine hcl</i> CAPS	P	QL(4 ea daily); MP

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<i>fluoxetine hcl CPDR</i>	NP	MP	PROZAC CAPS (<i>Use fluoxetine hcl</i>)	NP	QL(4 ea daily); MP
<i>fluoxetine hcl SOLN</i>	P	QL(600 ml per 30 days retail; 1800 ml per 90 days mail); MP	<i>sertraline hcl CONC</i>	P	QL(10 ml daily); MP
<i>fluoxetine hcl TABS</i>	P	MP	<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 ea daily); MP
FLUOXETINE HYDROCHLORIDE TABS (<i>Use fluoxetine hcl</i>)	P	MP	<i>sertraline hcl TABS 100 MG</i>	P	QL(2 ea daily); MP
<i>fluvoxamine maleate CP24</i>	NP	MP	SERTRALINE HYDROCHLORIDE CAPS	NP	
<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 ea daily); MP	ZOLOFT CONC (<i>Use sertraline hcl</i>)	NP	QL(10 ml daily); MP
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 ea daily); MP	ZOLOFT TABS 100 MG (<i>Use sertraline hcl</i>)	NP	QL(2 ea daily); MP
LEXAPRO TABS 20 MG (<i>Use escitalopram oxalate</i>)	NP	QL(1 ea daily); MP	ZOLOFT TABS 25 MG, 50 MG (<i>Use sertraline hcl</i>)	NP	QL(4 ea daily); MP
LEXAPRO TABS 5 MG (<i>Use escitalopram oxalate</i>)	NP	QL(4 ea daily); MP	Serotonin Modulators		
LEXAPRO TABS 10 MG (<i>Use escitalopram oxalate</i>)	NP	QL(2 ea daily); MP	<i>nefazodone hcl</i>	NP	MP
<i>paroxetine hcl SUSP</i>	P	QL(40 ml daily)	<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P	MP
<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	QL(2 ea daily); MP	<i>trazodone hcl TABS 300 MG</i>	P	QL(2 ea daily); MP
<i>paroxetine hcl TABS 10 MG</i>	P	QL(6 ea daily); MP	TRINTELLIX	NP	QL(1 ea daily)
<i>paroxetine hcl TABS 20 MG</i>	P	QL(3 ea daily); MP	VIIBRYD TABS (<i>Use vilazodone hcl</i>)	NP	QL(1 ea daily)
<i>paroxetine hcl TB24</i>	NP	MP	<i>vilazodone hcl TABS</i>	NP	QL(1 ea daily)
PAXIL CR TB24 (<i>Use paroxetine hcl</i>)	NP	MP	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
PAXIL SUSP (<i>Use paroxetine hcl</i>)	NP	QL(40 ml daily)	CYMBALTA CPEP (<i>Use duloxetine hcl</i>)	NP	QL(1 ea daily); MP
PAXIL TABS 10 MG (<i>Use paroxetine hcl</i>)	NP	QL(6 ea daily); MP	DESVENLAFAXINE ER	NP	MP
PAXIL TABS 20 MG (<i>Use paroxetine hcl</i>)	NP	QL(3 ea daily); MP	<i>desvenlafaxine succinate 25 MG, 50 MG</i>	NP	QL(1 ea daily); MP
PAXIL TABS 30 MG, 40 MG (<i>Use paroxetine hcl</i>)	NP	QL(2 ea daily); MP	<i>desvenlafaxine succinate 100 MG</i>	NP	QL(4 ea daily); MP
PEXEVA	NP		<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	QL(1 ea daily); MP
			<i>duloxetine hcl CPEP 40 MG</i>	P	MP
			EFFEXOR XR CP24 150 MG (<i>Use venlafaxine hcl</i>)	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NP	QL(4 ea daily); MP
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NP	QL(5 ea daily); MP
FETZIMA TITRATION PACK C4PK	NP	
FETZIMA CP24	NP	
PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)	NP	QL(1 ea daily); MP
PRISTIQ 50 MG (Use desvenlafaxine succinate)	NF	QL(1 ea daily); MP
PRISTIQ 100 MG (Use desvenlafaxine succinate)	NP	QL(4 ea daily); MP
VENLAFAXINE BESYLATE ER	P	
venlafaxine hcl CP24 75 MG	P	QL(5 ea daily); MP
venlafaxine hcl CP24 37.5 MG	P	QL(4 ea daily); MP
venlafaxine hcl CP24 150 MG	P	QL(2 ea daily); MP
venlafaxine hcl TABS	P	MP
venlafaxine hcl TB24	NP	MP
Tricyclic Agents		
amitriptyline hcl TABS	P	MP
amoxapine	NP	MP
ANAFRANIL (Use clomipramine hcl)	NP	MP
clomipramine hcl	P	MP
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	MP
desipramine hcl TABS 25 MG	P	QL(2 ea daily); MP
doxepin hcl CAPS	P	MP
doxepin hcl CONC	P	MP
imipramine hcl TABS	P	MP
imipramine pamoate	NP	MP
NORPRAMIN TABS 25 MG (Use desipramine hcl)	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
NORPRAMIN TABS 10 MG (Use desipramine hcl)	NP	MP
nortriptyline hcl CAPS	P	MP
nortriptyline hcl SOLN	P	QL(20 ml daily); MP
PAMELOR CAPS (Use nortriptyline hcl)	NP	MP
protriptyline hcl	P	MP
trimipramine maleate CAPS	NP	MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	P	MP
miglitol	P	MP
PRECOSE (Use acarbose)	NF	MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	NP	QL(11 ml per 30 days retail)
SYMLINPEN 60 SOPN	NP	QL(6 ml per 30 days retail)
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	NP	QL(2 ea daily); MP
alogliptin-metformin hcl	NP	QL(2 ea daily); MP
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	QL(1 ea daily); MP
dapagliflozin propanediol-metformin hcl	NP	
DUETACT (Use pioglitazone hcl-glimepiride)	NP	MP
glipizide-metformin hcl	P	MP
glyburide-metformin	P	MP
GLYXAMBI	NP	
INVOKAMET XR TB24	NP	

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Drug Name	Drug Tier	Requirements/Limits
INVOKAMET TABS	NP	
JANUMET XR TB24	NP	
JANUMET TABS	NP	
JENTADUETO XR TB24	NP	
JENTADUETO TABS	NP	QL(2 ea daily)
KAZANO (Use alogliptin-metformin hcl)	NP	QL(2 ea daily); MP
KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	NP	
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)	NP	QL(1 ea daily); MP
OSENI 15 MG-12.5 MG, 45 MG-12.5 MG (Use alogliptin-pioglitazone)	NF	QL(1 ea daily); MP
pioglitazone hcl-glimepiride	NP	MP
pioglitazone hcl-metformin hcl TABS	NP	QL(2 ea daily); MP
QTERN	NP	
saxagliptin-metformin hcl	NP	
SEGLUROMET	NP	QL(2 ea daily)
SOLIQUA 100/33	NP	
STEGLUJAN	NP	
SYNJARDY XR TB24	NP	
SYNJARDY TABS	NP	
TRIJARDY XR	NP	
XIGDUO XR	NP	
XULTOPHY 100/3.6	NP	
Biguanides		
GLUMETZA TB24 (Use metformin hcl)	NP	MP
metformin hcl SOLN	NP	MP
metformin hcl TABS 500 MG	P	QL(5 ea daily); MP
metformin hcl TABS 1000 MG	P	QL(2 ea daily); MP
metformin hcl TABS 850 MG	P	QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
metformin hcl TABS 625 MG	NP	
metformin hcl TB24 500 MG, 1000 MG	NP	MP
metformin hcl TB24 750 MG	P	QL(2 ea daily); MP
metformin hcl TB24 500 MG	P	QL(4 ea daily); MP
RIOMET SOLN (Use metformin hcl)	NF	MP
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
diazoxide	P	
GLUCAGEN HYPOKIT	NP	
glucagon (rdna)	NP	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	NF	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	NP	
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	P	
GVOKE PFS SOSY 1 MG/0.2ML	P	
KORLYM (Use mifepristone (hyperglycemia))	NP	SP
mifepristone (hyperglycemia)	NP	SP
PROGLYCEM (Use diazoxide)	P	
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	

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Drug Name	Drug Tier	Requirements/Limits
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	NP	QL(1 ea daily); MP
JANUVIA	P	
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	QL(1 ea daily)
ZITUVIO	NP	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	
Incretin Mimetic Agents		
BYDUREON BCISE AUJ	NP	QL(3.4 ml per 28 days retail)
BYETTA SOPN 10 MCG/0.04ML	NP	QL(2.4 ml per 30 days retail)
BYETTA SOPN 5 MCG/0.02ML	NP	QL(1.2 ml per 30 days retail)
MOUNJARO	NP	
OZEMPIC SOPN	NP	
RYBELSUS TABS	P	PA
TRULICITY	P	
VICTOZA	P	QL(0.3 ml daily)
Insulin		
ADMELOG SOLOSTAR SOPN	NP	QL(2 ml daily); MP
ADMELOG SOLN IJ	NP	
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	MP
APIDRA SOLOSTAR SOPN	NP	QL(2 ml daily); MP
APIDRA SOLN	NP	QL(2 ml daily); MP
BASAGLAR KWIKPEN SOPN	NP	QL(2 ml daily); MP
BASAGLAR TEMPO PEN SOPN	NP	

Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH SOPN	NP	QL(2 ml daily); MP
FIASP PENFILL SOCT	NP	QL(2 ml daily); MP
FIASP PUMPCART SOCT	NP	QL(2 ml daily); MP
FIASP SOLN	NP	QL(2 ml daily); MP
HUMALOG JUNIOR KWIKPEN SOPN	P	QL(2 ml daily); MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	QL(1 ml daily); MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(2 ml daily); MP
HUMALOG MIX 50/50 KWIKPEN SUPN	P	QL(2 ml daily); MP
HUMALOG MIX 50/50 SUSP	P	QL(2 ml daily); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(2 ml daily); MP
HUMALOG MIX 75/25 SUSP	P	QL(2 ml daily); MP
HUMALOG TEMPO PEN SOPN	NP	
HUMALOG SOCT	P	QL(2 ml daily); MP
HUMALOG SOLN IJ	P	
HUMULIN 70/30 KWIKPEN SUPN	P	QL(2 ml daily); MP
HUMULIN 70/30 SUSP	P	QL(2 ml daily); MP
HUMULIN N KWIKPEN SUPN	P	QL(2 ml daily); MP
HUMULIN N SUSP	P	QL(2 ml daily); MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	QL(2 ml daily); MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	QL(0.6 ml daily); MP
HUMULIN R SOLN IJ	P	QL(2 ml daily); MP
INSULIN ASPART FLEXPEN SOPN	NP	QL(2 ml daily); MP

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Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART PENFILL SOCT	NP	QL(2 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	NP	QL(2 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	NP	QL(2 ml daily); MP
INSULIN ASPART SOLN IJ	NP	
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	QL(2 ml daily); MP
INSULIN DEGLUDEC SOLN	NP	QL(2 ml daily); MP
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	QL(0.4 ml daily); MP
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	NP	QL(2 ml daily); MP
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	QL(0.45 ml daily); MP
INSULIN GLARGINE SOLN	NP	QL(2 ml daily); MP
INSULIN GLARGINE-YFGN SOLN	NP	
INSULIN GLARGINE-YFGN SOPN	NP	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(2 ml daily); MP
INSULIN LISPRO KWIKPEN SOPN	P	QL(2 ml daily); MP
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(2 ml daily); MP
INSULIN LISPRO SOLN IJ	P	
LANTUS SOLOSTAR SOPN	P	QL(2 ml daily); MP
LANTUS SOLN	P	QL(2 ml daily); MP
LEVEMIR FLEXPEN SOPN	P	QL(2 ml daily); MP

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH SOPN	P	QL(2 ml daily); MP
LEVEMIR SOLN	P	QL(2 ml daily); MP
LYUMJEV KWIKPEN SOPN	NP	MP
LYUMJEV TEMPO PEN SOPN	NP	
LYUMJEV SOLN	NP	MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(2 ml daily); MP
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(2 ml daily); MP
NOVOLIN 70/30 RELION SUSP	NP	QL(2 ml daily); MP
NOVOLIN 70/30 SUSP	NP	QL(2 ml daily); MP
NOVOLIN N FLEXPEN RELION SUPN	NP	QL(2 ml daily); MP
NOVOLIN N FLEXPEN SUPN	NP	QL(2 ml daily); MP
NOVOLIN N RELION SUSP	NP	QL(2 ml daily); MP
NOVOLIN N SUSP	NP	QL(2 ml daily); MP
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	QL(2 ml daily); MP
NOVOLIN R FLEXPEN SOPN IJ	NP	QL(2 ml daily); MP
NOVOLIN R RELION SOLN IJ	NP	QL(2 ml daily); MP
NOVOLIN R SOLN IJ	NP	QL(2 ml daily); MP
NOVOLOG FLEXPEN RELION SOPN	NP	QL(2 ml daily); MP
NOVOLOG FLEXPEN SOPN	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	QL(2 ml daily); MP

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 RELION SUSP	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 SUSP	NP	QL(2 ml daily); MP
NOVOLOG PENFILL SOCT	NP	QL(2 ml daily); MP
NOVOLOG RELION SOLN IJ	NP	
NOVOLOG SOLN IJ	NP	
REZVOGLAR KWIKPEN	NP	
SEMGLEE SOLN	NP	
SEMGLEE SOPN	NP	
TOUJEO MAX SOLOSTAR SOPN	NP	QL(0.4 ml daily); MP
TOUJEO SOLOSTAR SOPN	NP	QL(0.45 ml daily); MP
TRESIBA FLEXTOUCH SOPN	NP	QL(2 ml daily); MP
TRESIBA SOLN	NP	QL(2 ml daily); 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	QL(3 ea daily); MP
repaglinide	NP	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	NP	
FARXIGA	P	
INVOKANA	P	
JARDIANCE	P	QL(1 ea daily)
JARDIANCE 10 MG	NP	QL(1 ea daily)
STEGLATRO	NP	QL(1 ea daily)
Sulfonylureas		

Drug Name	Drug Tier	Requirements/Limits
AMARYL 1 MG, 2 MG (Use glimepiride)	NF	QL(4 ea daily); MP
AMARYL 4 MG (Use glimepiride)	NF	QL(2 ea daily); MP
glimepiride 4 MG	P	QL(2 ea daily); MP
glimepiride 1 MG, 2 MG	P	QL(4 ea daily); MP
glipizide TABS 2.5 MG	P	
glipizide TABS 5 MG, 10 MG	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
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 525 MG/15ML, 1050 MG/30ML	P	
bismuth subsalicylate TABS	P	
PEPTO BISMOL TABS (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NF	
Antiperistaltic Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>diphenoxylate w/ atropine TABS</i>	P	
IMODIUM A-D CAPS (Use loperamide hcl)	NF	QL(8 ea daily); RX/OTC
IMODIUM A-D SOLN (Use loperamide hcl)	NF	
IMODIUM A-D TABS (Use loperamide hcl)	NF	QL(8 ea daily)
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF	
<i>loperamide hcl CAPS</i>	P	QL(8 ea daily); RX/OTC
<i>loperamide hcl SOLN 1 MG/7.5ML</i>	P	
<i>loperamide hcl TABS</i>	P	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox PACK</i>	NP	SP
<i>deferasirox TABS</i>	NP	SP
<i>deferasirox TBSO</i>	NP	SP
<i>deferiprone TABS</i>	NP	SP
EXJADE TBSO (Use deferasirox)	NP	SP
FERRIPROX TWICE-A-DAY TABS	NP	SP
FERRIPROX SOLN	NP	SP
FERRIPROX TABS (Use deferiprone)	NP	SP
JADENU SPRINKLE PACK (Use deferasirox)	NP	SP
JADENU TABS (Use deferasirox)	NP	SP
Antidotes and Specific Antagonists		
VISTOGARD	P	
Opioid Antagonists		
KLOXXADO LIQD	P	

Drug Name	Drug Tier	Requirements/Limits
NALMEFENE HYDROCHLORIDE IJ	P	
<i>naloxone hcl LIQD</i>	P	RX/OTC
<i>naloxone hcl SOCT</i>	P	
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	
<i>naloxone hcl SOSY</i>	P	
<i>naltrexone hcl</i>	P	
NARCAN LIQD (Use naloxone hcl)	P	RX/OTC
OPVEE NA	P	
VIVITROL	P	SP
ZIMHI SOSY	P	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	
<i>granisetron hcl TABS</i>	NP	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	P	QL(50 ml per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 ea per fill retail)
<i>ondansetron TBDP</i>	P	QL(20 ea per fill retail)
SANCUSO PTCH	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW (Use meclizine hcl)	NP	RX/OTC
ANTIVERT TABS 50 MG (Use meclizine hcl)	NP	
<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	P	RX/OTC
<i>scopolamine</i>	P	
TRANSDERM-SCOP (Use scopolamine)	P	
<i>trimethobenzamide hcl CAPS</i>	NP	
Antiemetics - Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
AKYNZEO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC (Use doxylamine-pyridoxine)	NP	
doxylamine-pyridoxine TBEC	NP	
dronabinol CAPS	NP	
MARINOL CAPS 2.5 MG (Use dronabinol)	NP	
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		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
MICAFUNGIN	P	
micafungin sodium	P	
MYCAMINE (Use micafungin sodium)	NF	
Antifungals		
ANCOBON (Use flucytosine)	NP	
flucytosine	NP	
griseofulvin microsize SUSP	P	
griseofulvin microsize TABS	P	
griseofulvin ultramicrosize	P	
nystatin TABS	P	QL(6 ea daily)
terbinafine hcl TABS	P	QL(1 ea daily; 90 ea per 120 days retail)

Drug Name	Drug Tier	Requirements/Limits
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
DIFLUCAN SUSR (Use fluconazole)	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 150 MG (Use fluconazole)	NF	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG (Use fluconazole)	NF	QL(7 ea per fill retail)
DIFLUCAN TABS 100 MG (Use fluconazole)	NP	QL(1 ea daily)
DIFLUCAN TABS 200 MG (Use fluconazole)	NP	QL(2 ea daily)
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	P	
FLUCONAZOLE/SODIUM CHLORIDE	P	
fluconazole SUSR	P	QL(70 ml per fill retail)
fluconazole TABS 50 MG	P	QL(7 ea per fill retail)
fluconazole TABS 150 MG	P	QL(2 ea per fill retail)
fluconazole TABS 200 MG	P	QL(2 ea daily)
fluconazole TABS 100 MG	P	QL(1 ea daily)
itraconazole CAPS	P	QL(1 ea daily)
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	QL(1 ea daily)
SPORANOX CAPS (Use itraconazole)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SPORANOX SOLN (<i>Use itraconazole</i>)	NP	
TOLSURA CAPS	NP	
VFEND SUSR (<i>Use voriconazole</i>)	NP	
VFEND TABS (<i>Use voriconazole</i>)	NP	
VIVJOA	NP	
<i>voriconazole SUSR</i>	NP	
<i>voriconazole TABS</i>	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	P	QL(60 ml daily)
<i>chlorpheniramine maleate TABS</i>	P	QL(120 ea per fill retail)
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 ea daily)
BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 ea daily)
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 ea daily)
<i>clemastine fumarate TABS 1.34 MG</i>	P	QL(2 ea daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 ea daily)
<i>diphenhydramine hcl CAPS</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl TABS 25 MG</i>	P	QL(4 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	NF	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NF	QL(1 ea daily)
<i>cetirizine hcl CHEW</i>	P	QL(1 ea daily)
<i>cetirizine hcl SOLN OR</i>	P	QL(480 ml per fill retail); RX/OTC
<i>cetirizine hcl SYRP OR</i>	P	QL(480 ml per fill retail); RX/OTC
<i>cetirizine hcl TABS</i>	P	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SOLN (<i>Use loratadine</i>)	NF	QL(240 ml per fill retail)
CLARITIN REDITABS JUNIORS TBDP (<i>Use loratadine</i>)	NF	
CLARITIN REDITABS TBDP (<i>Use loratadine</i>)	NF	
CLARITIN REDITABS TBDP (<i>Use loratadine</i>)	NF	
CLARITIN SOLN (<i>Use loratadine</i>)	NF	QL(240 ml per fill retail)
CLARITIN TABS (<i>Use loratadine</i>)	NF	
<i>fexofenadine hcl TABS 60 MG</i>	P	QL(2 ea daily)
<i>fexofenadine hcl TABS 180 MG</i>	P	QL(1 ea daily)
<i>levocetirizine dihydrochloride TABS</i>	P	QL(1 ea daily); RX/OTC
<i>loratadine SOLN</i>	P	QL(240 ml per fill retail)
<i>loratadine TABS</i>	P	
<i>loratadine TBDP 10 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl)	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	NF	QL(480 ml per fill retail); RX/OTC
ZYRTEC CHEW 10 MG (Use cetirizine hcl)	NF	QL(1 ea daily)
Antihistamines - Phenothiazines		
promethazine hcl SOLN OR 6.25 MG/5ML	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl SUPP	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
promethazine hcl TABS	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	P	
cyproheptadine hcl TABS	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	NP	
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	NP	MP
NEXLIZET	NP	
VYTORIN (Use ezetimibe-simvastatin)	NP	MP
Antihyperlipidemics - Misc.		
icosapent ethyl	NP	
LOVAZA (Use omega-3-acid ethyl esters)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
omega-3-acid ethyl esters	NP	MP
VASCEPA (Use icosapent ethyl)	NP	
Bile Acid Sequestrants		
cholestyramine light PACK	P	MP
cholestyramine light POWD	P	MP
cholestyramine PACK	P	MP
cholestyramine POWD	P	MP
colesevelam hcl PACK	NP	MP
colesevelam hcl TABS	NP	MP
COLESTID FLAVORED GRAN (Use colestipol hcl)	NP	MP
COLESTID FLAVORED PACK (Use colestipol hcl)	NP	MP
COLESTID GRAN (Use colestipol hcl)	NP	MP
COLESTID PACK (Use colestipol hcl)	NP	MP
COLESTID TABS (Use colestipol hcl)	NP	MP
colestipol hcl GRAN	NP	MP
colestipol hcl PACK	NP	MP
colestipol hcl TABS	NP	MP
QUESTRAN LIGHT POWD (Use cholestyramine light)	NP	MP
QUESTRAN PACK (Use cholestyramine)	NP	MP
QUESTRAN POWD (Use cholestyramine)	NP	MP
WELCHOL PACK (Use colesevelam hcl)	NF	MP
WELCHOL PACK (Use colesevelam hcl)	NP	MP
WELCHOL TABS (Use colesevelam hcl)	NP	MP
Fibric Acid Derivatives		
ANTARA 30 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>choline fenofibrate</i>	P	MP
<i>fenofibrate micronized 134 MG, 200 MG</i>	P	QL(1 ea daily); MP
<i>fenofibrate micronized 43 MG, 130 MG</i>	P	MP
<i>fenofibrate micronized 30 MG, 90 MG</i>	P	
<i>fenofibrate micronized 67 MG</i>	P	QL(2 ea daily); MP
<i>fenofibrate CAPS</i>	P	MP
<i>fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG</i>	P	MP
<i>fenofibrate TABS 54 MG</i>	P	QL(3 ea daily); MP
<i>fenofibrate TABS 160 MG</i>	P	QL(1 ea daily); MP
<i>fenofibric acid</i>	NP	
FENOGLIDE TABS (<i>Use fenofibrate</i>)	NP	MP
<i>gemfibrozil TABS</i>	P	QL(2 ea daily); MP
LIPOFEN CAPS (<i>Use fenofibrate</i>)	NP	MP
LIPOFEN CAPS (<i>Use fenofibrate</i>)	NF	MP
LOPID TABS (<i>Use gemfibrozil</i>)	NP	QL(2 ea daily); MP
TRICOR TABS (<i>Use fenofibrate</i>)	NP	MP
TRILIPIX (<i>Use choline fenofibrate</i>)	NP	MP
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
ATORVALIQ SUSP	NP	
<i>atorvastatin calcium TABS</i>	P	QL(1 ea daily); MP
CRESTOR TABS 5 MG, 10 MG, 20 MG (<i>Use rosuvastatin calcium</i>)	NP	QL(1 ea daily); MP
CRESTOR TABS 5 MG, 10 MG, 40 MG (<i>Use rosuvastatin calcium</i>)	NF	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
EZALLOR SPRINKLE CPSP	NP	
<i>fluvastatin sodium CAPS</i>	NP	MP
<i>fluvastatin sodium TB24</i>	NP	MP
LESCOL XL TB24 (<i>Use fluvastatin sodium</i>)	NP	MP
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NF	QL(1 ea daily); MP
LIPITOR TABS 20 MG, 80 MG (<i>Use atorvastatin calcium</i>)	NF	
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NP	QL(1 ea daily); MP
LIVALO (<i>Use pitavastatin calcium</i>)	NP	
<i>lovastatin TABS 40 MG</i>	P	QL(2 ea daily); MP
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 ea daily); MP
<i>pitavastatin calcium</i>	NP	
<i>pravastatin sodium</i>	P	QL(1 ea daily); MP
<i>rosuvastatin calcium TABS</i>	P	QL(1 ea daily); MP
<i>simvastatin TABS</i>	P	QL(1 ea daily); MP
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NP	QL(1 ea daily); MP
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	P	MP
ZETIA (<i>Use ezetimibe</i>)	NP	MP
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	NP	SP
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	NP	MP

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Drug Name	Drug Tier	Requirements/Limits
NIASPAN TBCR (Use niacin (antihyperlipidemic))	NF	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP
PRALUENT SOAJ	NP	SP
REPATHA PUSHTRONEX SYSTEM SOCT	NP	SP
REPATHA SURECLICK SOAJ	NP	SP
REPATHA SOSY	NP	SP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (Use quinapril hcl)	NP	QL(1 ea daily); MP
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	NP	QL(2 ea daily); MP
benazepril hcl 40 MG	P	QL(2 ea daily); MP
benazepril hcl 5 MG, 10 MG, 20 MG	P	QL(1 ea daily); MP
captopril	P	QL(3 ea daily); MP
enalapril maleate SOLN	NP	MP
enalapril maleate TABS	P	QL(2 ea daily); MP
EPANED SOLN (Use enalapril maleate)	NP	MP
fosinopril sodium	P	QL(1 ea daily); MP
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	MP
LOTENSIN 40 MG (Use benazepril hcl)	NP	QL(2 ea daily); MP
LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	NP	QL(1 ea daily); MP
moexipril hcl	P	MP

Drug Name	Drug Tier	Requirements/Limits
perindopril erbumine	NP	MP
QBRELIS SOLN	NP	MP
quinapril hcl	P	QL(1 ea daily); MP
ramipril CAPS	P	QL(2 ea daily); MP
trandolapril 4 MG	P	QL(2 ea daily); MP
trandolapril 1 MG, 2 MG	P	QL(1 ea daily); MP
VASOTEC TABS (Use enalapril maleate)	NP	QL(2 ea daily); MP
ZESTRIL TABS (Use lisinopril)	NP	MP
Agents for Pheochromocytoma		
DEMSEER (Use metyrosine)	P	SP; MP
metyrosine	P	SP; MP
phenoxybenzamine hcl	NP	MP
Angiotensin II Receptor Antagonists		
ATACAND (Use candesartan cilexetil)	NP	MP
AVAPRO (Use irbesartan)	NP	QL(1 ea daily); MP
BENICAR 5 MG (Use olmesartan medoxomil)	NF	MP
BENICAR (Use olmesartan medoxomil)	NP	MP
candesartan cilexetil	NP	MP
COZAAR (Use losartan potassium)	NP	QL(1 ea daily); MP
DIOVAN TABS (Use valsartan)	NP	QL(1 ea daily); MP
EDARBI	NP	
irbesartan	P	QL(1 ea daily); MP
losartan potassium	P	QL(1 ea daily); MP
MICARDIS (Use telmisartan)	NP	QL(1 ea daily); MP
olmesartan medoxomil	NP	MP

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan</i>	NP	QL(1 ea daily); MP
<i>valsartan SOLN</i>	P	
<i>valsartan TABS</i>	P	QL(1 ea daily); MP
Antiadrenergic Antihypertensives		
CARDURA (Use <i>doxazosin mesylate</i>)	NP	MP
CARDURA 2 MG, 4 MG, 8 MG (Use <i>doxazosin mesylate</i>)	NF	MP
CATAPRES-TTS-1 (Use <i>clonidine</i>)	NF	
CATAPRES-TTS-2 (Use <i>clonidine</i>)	NF	
CATAPRES-TTS-3 (Use <i>clonidine</i>)	NF	
<i>clonidine</i>	P	
<i>clonidine hcl TABS</i>	P	MP
<i>clonidine hcl TB24</i>	NP	
<i>doxazosin mesylate</i>	P	MP
<i>guanfacine hcl</i>	P	MP
<i>methyldopa TABS</i>	P	MP
MINIPRESS CAPS (Use <i>prazosin hcl</i>)	NP	MP
<i>prazosin hcl CAPS</i>	P	MP
<i>terazosin hcl</i>	P	MP
Antihypertensive Combinations		
ACCURETIC 12.5 MG-20 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily); MP
ACCURETIC 12.5 MG-10 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily); MP
ACCURETIC 25 MG-20 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NP	QL(2 ea daily); MP
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 ea daily); MP
<i>amlodipine besylate-olmesartan medoxomil</i>	NP	MP

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan</i>	NP	MP
<i>amlodipine-valsartan-hydrochlorothiazide</i>	NP	MP
ATACAND HCT (Use <i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	MP
<i>atenolol & chlorthalidone</i>	P	QL(1 ea daily); MP
AVALIDE (Use <i>irbesartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP
AZOR 5 MG-40 MG (Use <i>amlodipine besylate-olmesartan medoxomil</i>)	NF	MP
AZOR (Use <i>amlodipine besylate-olmesartan medoxomil</i>)	NP	MP
<i>benazepril & hydrochlorothiazide</i>	P	QL(1 ea daily); MP
BENICAR HCT (Use <i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	MP
<i>bisoprolol & hydrochlorothiazide</i>	P	QL(1 ea daily); MP
<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	MP
<i>captopril & hydrochlorothiazide</i>	P	
DIOVAN HCT (Use <i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP
EDARBYCLOR	NP	
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 ea daily); MP
EXFORGE (Use <i>amlodipine besylate-valsartan</i>)	NP	MP
EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	MP
<i>fosinopril sodium & hydrochlorothiazide</i>	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>HYZAAR (Use losartan potassium & hydrochlorothiazide)</i>	NP	QL(1 ea daily); MP
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 ea daily); MP
<i>lisinopril & hydrochlorothiazide</i>	P	MP
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 ea daily); MP
<i>LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)</i>	NP	QL(1 ea daily); MP
<i>LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)</i>	NP	QL(1 ea daily); MP
<i>metoprolol & hydrochlorothiazide TABS</i>	P	QL(2 ea daily); MP
<i>MICARDIS HCT (Use telmisartan-hydrochlorothiazide)</i>	NP	QL(1 ea daily); MP
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	MP
<i>olmesartan medoxomil-hydrochlorothiazide</i>	NP	MP
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	P	QL(4 ea daily); MP
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	P	QL(2 ea daily); MP
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	P	QL(3 ea daily); MP
<i>TEKTURNA HCT 12.5 MG-300 MG, 25 MG-300 MG</i>	NP	
<i>telmisartan-amlodipine</i>	NP	MP
<i>telmisartan-hydrochlorothiazide</i>	NP	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>TENORETIC 100 (Use atenolol & chlorthalidone)</i>	NP	QL(1 ea daily); MP
<i>TENORETIC 50 (Use atenolol & chlorthalidone)</i>	NP	QL(1 ea daily); MP
<i>trandolapril-verapamil hcl</i>	P	MP
<i>TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)</i>	NP	MP
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily); MP
<i>VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)</i>	NP	QL(2 ea daily); MP
<i>ZESTORETIC (Use lisinopril & hydrochlorothiazide)</i>	NP	MP
<i>ZIAC (Use bisoprolol & hydrochlorothiazide)</i>	NP	QL(1 ea daily); MP
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	NP	MP
<i>TEKTURNA (Use aliskiren fumarate)</i>	NP	MP
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	NP	MP
<i>INSPIRA (Use eplerenone)</i>	NF	MP
<i>INSPIRA (Use eplerenone)</i>	NP	MP
Vasodilators		
<i>hydralazine hcl TABS</i>	P	MP
<i>minoxidil 2.5 MG, 10 MG</i>	P	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>AEMCOLO</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
FLAGYL CAPS (Use metronidazole)	NP	
LIKMEZ SUSP	NP	
metronidazole CAPS	NP	
metronidazole SOLN	P	
METRONIDAZOLE SOLN (Use metronidazole)	NF	
metronidazole TABS	P	
NEBUPENT IN (Use pentamidine isethionate)	P	
pentamidine isethionate IN	P	
tinidazole	NP	
trimethoprim TABS	P	
XIFAXAN	NP	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	NP	
BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	NP	
methenamine-hyoscamine-methylene blue-sodium phosphate TABS	NP	
methenamine-hyosc-methylene blue-benzoic acid-phenyl sal	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG	NP	
sulfamethoxazole-trimethoprim SUSP	P	
sulfamethoxazole-trimethoprim TABS	P	
URIBEL	NP	

Drug Name	Drug Tier	Requirements/Limits
UROGESIC-BLUE TABS (Use methenamine-hyoscamine-methylene blue-sodium phosphate)	NP	
Antiprotozoal Agents		
atovaquone	P	
LAMPIT	NP	
MEPRON (Use atovaquone)	NP	
nitazoxanide TABS	NP	
Carbapenems		
ertapenem sodium IJ	P	SP
imipenem-cilastatin IV	P	
INVANZ IJ (Use ertapenem sodium)	NF	SP
meropenem	P	
MEROPENEM/SODIUM CHLORIDE	P	
PRIMAXIN IV IV 500 MG-500 MG (Use imipenem-cilastatin)	NF	
Glycopeptides		
FIRVANQ SOLR OR 25 MG/ML (Use vancomycin hcl)	NP	QL(300 ml per fill retail)
FIRVANQ SOLR OR 50 MG/ML (Use vancomycin hcl)	NP	
VANCOCIN CAPS 125 MG (Use vancomycin hcl)	NP	QL(4 ea daily)
VANCOCIN CAPS 250 MG (Use vancomycin hcl)	NP	QL(8 ea daily)
vancomycin hcl CAPS 125 MG	P	QL(4 ea daily)
vancomycin hcl CAPS 250 MG	P	QL(8 ea daily)
vancomycin hcl SOLR OR 25 MG/ML	P	QL(300 ml per fill retail)
vancomycin hcl SOLR OR 50 MG/ML, 250 MG/5ML	P	

Drug Name	Drug Tier	Requirements/Limits
Leprostatics		
<i>dapsone</i>	P	
Lincosamides		
CLEOCIN (Use <i>clindamycin hcl</i>)	NP	
CLEOCIN PEDIATRIC GRANULES (Use <i>clindamycin palmitate hydrochloride</i>)	NP	QL(300 ml per fill retail)
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML	P	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML (Use <i>clindamycin phosphate</i>)	NF	
CLEOCIN PHOSPHATE SOLN IJ 900 MG/6ML (Use <i>clindamycin phosphate</i>)	NF	
<i>clindamycin hcl</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ml per fill retail)
<i>clindamycin phosphate in d5w</i>	P	
<i>clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML</i>	P	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 9000 MG/60ML</i>	P	
CLINDAMYCIN/SODIUM CHLORIDE	P	
Monobactams		
AZACTAM (Use <i>aztreonam</i>)	NF	
<i>aztreonam</i>	P	
CAYSTON	NP	SP
Oxazolidinones		
<i>linezolid SUSR</i>	NP	
<i>linezolid TABS</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO TABS	NP	QL(6 ea per fill retail)
ZYVOX SUSR (Use <i>linezolid</i>)	NP	
ZYVOX TABS (Use <i>linezolid</i>)	NP	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	P	
HIPREX (Use <i>methenamine hippurate</i>)	NP	
MACROBID (Use <i>nitrofurantoin monohyd macro</i>)	NP	
MACRODANTIN (Use <i>nitrofurantoin macrocrystal</i>)	NP	
<i>methenamine hippurate</i>	P	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	P	
MONUROL (Use <i>fosfomycin tromethamine</i>)	NF	
<i>nitrofurantoin</i>	P	QL(40 ml daily)
NITROFURANTOIN	P	
<i>nitrofurantoin macrocrystal</i>	P	
<i>nitrofurantoin monohyd macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	P	MP
COARTEM	NP	QL(24 ea per fill retail)
MALARONE (Use <i>atovaquone-proguanil hcl</i>)	NP	MP
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	P	QL(2 ea daily)
<i>chloroquine phosphate TABS 500 MG</i>	P	QL(8 ea per 56 days retail)

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Drug Name	Drug Tier	Requirements/Limits
DARAPRIM (Use pyrimethamine)	NF	SP
DARAPRIM (Use pyrimethamine)	NP	SP
hydroxychloroquine sulfate	P	MP
KRINTAFEL	NP	QL(2 ea per 30 days retail)
mefloquine hcl	P	MP
primaquine phosphate TABS	P	MP
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	P	MP
pyrimethamine	NP	SP
QUALAQUIN CAPS (Use quinine sulfate)	NF	
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	
MESTINON TABS (Use pyridostigmine bromide)	NP	
pyridostigmine bromide SOLN OR	P	
pyridostigmine bromide TABS	P	
pyridostigmine bromide TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		

Drug Name	Drug Tier	Requirements/Limits
cycloserine	P	
ethambutol hcl TABS	P	
isoniazid SYRP	P	MP
isoniazid TABS	P	
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	NP	
MYCOBUTIN (Use rifabutin)	NP	
PRETOMANID	NP	
PRIFTIN	P	
pyrazinamide	P	
rifabutin	P	
rifampin CAPS	P	
SIRTURO	NP	
TRECATOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide CAPS	P	
CYCLOPHOSPHAMIDE TABS	P	
LEUKERAN	P	
melfalan	P	
MYLERAN TABS	P	
TEMODAR CAPS 100 MG, 140 MG (Use temozolomide)	NF	SP
TEMODAR CAPS 180 MG, 250 MG (Use temozolomide)	NF	QL(2 ea daily); SP
temozolomide CAPS 180 MG, 250 MG	P	QL(2 ea daily); SP
temozolomide CAPS 5 MG, 20 MG, 100 MG, 140 MG	P	SP
Antimetabolites		
capecitabine	NP	SP
JYLAMVO SOLN	NP	SP

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine TABS</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	P	
ONUREG TABS	NP	SP
PURIXAN SUSP	NP	
TABLOID	P	SP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
XATMEP SOLN	NP	
XELODA (<i>Use capecitabine</i>)	NP	SP
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	NP	SP
INLYTA	NP	SP
LENVIMA 10 MG DAILY DOSE	NP	SP
LENVIMA 12MG DAILY DOSE	NP	SP
LENVIMA 14 MG DAILY DOSE	NP	SP
LENVIMA 18 MG DAILY DOSE	NP	SP
LENVIMA 20 MG DAILY DOSE	NP	SP
LENVIMA 24 MG DAILY DOSE	NP	SP
LENVIMA 4 MG DAILY DOSE	NP	SP
LENVIMA 8 MG DAILY DOSE	NP	SP
Antineoplastic - Anti-HER2 Agents		
TUKYSA	NP	SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	NP	SP
VENCLEXTA TABS	NP	SP
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	P	SP

Drug Name	Drug Tier	Requirements/Limits
EXKIVITY	NP	SP
<i>gefitinib</i>	P	SP
GILOTRIF	NP	SP
IRESSA (<i>Use gefitinib</i>)	P	SP
TAGRISO	NP	SP
TARCEVA (<i>Use 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	SP
<i>anastrozole</i>	P	
ARIMIDEX (<i>Use anastrozole</i>)	NP	
AROMASIN (<i>Use exemestane</i>)	NP	
<i>bicalutamide</i>	P	QL(1 ea daily)
CASODEX (<i>Use bicalutamide</i>)	NP	QL(1 ea daily)
EMCYT	P	SP
ERLEADA	NP	SP
<i>exemestane</i>	P	
FARESTON (<i>Use toremifene citrate</i>)	NP	
FEMARA (<i>Use letrozole</i>)	NP	
<i>flutamide</i>	P	
<i>letrozole</i>	P	
LYSODREN	P	SP
<i>megestrol acetate SUSP</i>	P	
<i>megestrol acetate TABS</i>	P	
<i>nilutamide</i>	P	
NUBEQA	NP	SP
ORGOVYX	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORSERDU	P	SP	BALVERSA	NP	SP
SOLTAMOX SOLN	P		BOSULIF CAPS	NP	SP
<i>tamoxifen citrate TABS</i>	P		BOSULIF TABS	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
YONSA	NP	SP	CALQUENCE	NP	SP
ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP	CALQUENCE	NP	SP
Antineoplastic - Immunomodulators			CAPRELSA	P	SP
POMALYST	NP	SP	COMETRIQ KIT	NP	SP
Antineoplastic - PDGFR-alpha Inhibitors			COPIKTRA	NP	SP
AYVAKIT	NP	SP	COTELLIC	NP	SP
Antineoplastic - XPO1 Inhibitors			<i>everolimus TABS</i>	NP	SP
XPOVIO	NP	SP	<i>everolimus TBSO</i>	NP	SP
XPOVIO 60 MG TWICE WEEKLY	NP	SP	FOTIVDA	NP	SP
XPOVIO 80 MG TWICE WEEKLY	NP	SP	GAVRETO	NP	SP
Antineoplastic Combinations			GLEEVEC (<i>Use imatinib mesylate</i>)	NP	SP
INQOVI	NP	SP	IBRANCE CAPS	NP	SP
KISQALI FEMARA 200 DOSE	NP	SP	IBRANCE TABS	NP	SP
KISQALI FEMARA 400 DOSE	NP	SP	ICLUSIG	NP	SP
KISQALI FEMARA 600 DOSE	NP	SP	IDHIFA	NP	SP
LONSURF	NP	SP	<i>imatinib mesylate</i>	NP	SP
Antineoplastic Enzyme Inhibitors			IMBRUVICA CAPS	NP	SP
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP	IMBRUVICA SUSP	NP	SP
AFINITOR TABS (<i>Use everolimus</i>)	NP	SP	IMBRUVICA TABS	NP	SP
ALECENSA	NP	SP	INREBIC	NP	SP
ALUNBRIG TABS	NP	SP	JAKAFI	P	SP
ALUNBRIG TBPK	NP	SP	JAYPIRCA	NP	SP
AUGTYRO	NP	SP	KISQALI	NP	SP
			KOSELUGO	NP	SP
			KRAZATI	NP	SP
			<i>lapatinib ditosylate</i>	NP	SP
			LORBRENA	NP	SP
			LUMAKRAS	NP	SP
			LYNPARZA TABS	NP	SP
			LYTGOBI	NP	SP

Drug Name	Drug Tier	Requirements/Limits
MEKINIST SOLR	NP	SP
MEKINIST TABS	NP	SP
MEKTOVI	NP	SP
NERLYNX	NP	SP
NEXAVAR (Use sorafenib tosylate)	P	SP
NINLARO	NP	SP
OJJAARA	NP	SP
<i>pazopanib hcl</i>	P	SP
PEMAZYRE	NP	SP
PIQRAY 200MG DAILY DOSE	NP	SP
PIQRAY 250MG DAILY DOSE	NP	SP
PIQRAY 300MG DAILY DOSE	NP	SP
QINLOCK	NP	SP
RETEVMO	NP	SP
REZLIDHIA	NP	SP
ROZLYTREK CAPS	NP	SP
ROZLYTREK PACK	NP	SP
RUBRACA	NP	SP
RYDAPT	NP	SP
SCEMBLIX	NP	SP
<i>sorafenib tosylate</i>	P	SP
SPRYCEL	NP	SP
STIVARGA	NP	SP
<i>sunitinib malate</i>	P	SP
SUTENT (Use sunitinib malate)	P	SP
TABRECTA	NP	SP
TAFINLAR CAPS	NP	SP
TAFINLAR TBSO	NP	SP
TALZENNA	NP	SP
TASIGNA	NP	SP
TAZVERIK	NP	SP
TEPMETKO	NP	SP
TIBSOVO	NP	SP

Drug Name	Drug Tier	Requirements/Limits
TRUQAP	NP	SP
TURALIO 125 MG	NP	SP
TYKERB (Use lapatinib ditosylate)	NP	SP
VANFLYTA	NP	SP
VERZENIO	NP	SP
VITRAKVI CAPS	NP	SP
VITRAKVI SOLN	NP	SP
VONJO	NP	SP
VOTRIENT (Use pazopanib hcl)	P	SP
XALKORI CAPS	NP	SP
XALKORI CPSP	NP	SP
XOSPATA	NP	SP
ZEJULA CAPS	NP	SP
ZEJULA TABS	NP	SP
ZELBORAF	NP	SP
ZOLINZA	NP	SP
ZYDELIG	NP	SP
ZYKADIA TABS	NP	SP
Antineoplastics Misc.		
<i>bexarotene</i>	P	SP
HYDREA (Use hydroxyurea)	NP	
<i>hydroxyurea</i>	P	
MATULANE	P	SP
TARGRETIN (Use bexarotene)	NP	SP
<i>tretinoin (chemotherapy)</i>	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN	NP	SP
<i>leucovorin calcium TABS</i>	P	
MESNEX TABS	P	SP
Mitotic Inhibitors		
<i>etoposide CAPS</i>	P	SP
Topoisomerase I Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
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		
<i>benztropine mesylate</i> TABS	P	MP
<i>trihexyphenidyl hcl</i> SOLN	P	MP
<i>trihexyphenidyl hcl</i> TABS	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</i> CAPS	P	MP
<i>amantadine hcl</i> SOLN	P	
<i>amantadine hcl</i> TABS	P	MP
APOKYN SOCT	NP	SP
<i>apomorphine hydrochloride</i> SOCT	NP	SP
<i>bromocriptine mesylate</i> CAPS	P	MP
<i>bromocriptine mesylate</i> TABS 2.5 MG	P	MP
<i>carbidopa-levodopa-entacapone</i>	NP	MP
<i>carbidopa-levodopa</i> TABS	P	MP
<i>carbidopa-levodopa</i> TBCR	P	MP

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa</i> TBDP	NP	MP
DHIVY TABS	NP	MP
GOCOVRI CP24	NP	SP
INBRIJA CAPS	NP	
KYNMOBI TITRATION KIT KIT	NP	
MIRAPEX ER TB24 1.5 MG (<i>Use pramipexole dihydrochloride</i>)	NF	MP
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>Use pramipexole dihydrochloride</i>)	NP	MP
NEUPRO	NP	
OSMOLEX ER TB24 129 MG, 193 MG	NP	
PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NP	MP
PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NP	MP
<i>pramipexole dihydrochloride</i> TABS	P	QL(3 ea daily); MP
<i>pramipexole dihydrochloride</i> TB24	NP	MP
<i>ropinirole hydrochloride</i> TABS 0.25 MG, 3 MG, 4 MG	P	QL(6 ea daily); MP
<i>ropinirole hydrochloride</i> TABS 0.5 MG, 1 MG, 2 MG, 5 MG	P	QL(3 ea daily); MP
<i>ropinirole hydrochloride</i> TB24	NP	MP
RYTARY CPCR	NP	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>Use carbidopa-levodopa</i>)	NP	MP
STALEVO 100 (<i>Use carbidopa-levodopa-entacapone</i>)	NP	MP
STALEVO 125 (<i>Use carbidopa-levodopa-entacapone</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
STALEVO 150 (Use carbidopa-levodopa-entacapone)	NP	MP
STALEVO 200 (Use carbidopa-levodopa-entacapone)	NP	MP
STALEVO 50 (Use carbidopa-levodopa-entacapone)	NP	MP
STALEVO 75 (Use carbidopa-levodopa-entacapone)	NP	MP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (Use rasagiline mesylate)	NP	MP
rasagiline mesylate	NP	MP
selegiline hcl CAPS	P	MP
selegiline hcl TABS	P	MP
XADAGO	NP	
ZELAPAR TBDP	NP	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	P	
lithium carbonate CAPS	P	MP
lithium carbonate TABS	P	MP
lithium carbonate TBCR	P	MP
LITHOBID TBCR (Use lithium carbonate)	NP	MP
Antipsychotics - Misc.		
CAPLYTA	NP	
EQUETRO	NP	
GEODON (Use ziprasidone mesylate)	NP	
GEODON (Use ziprasidone hcl)	NP	QL(2 ea daily); AL(At least 8 yrs old); MP
GEODON 60 MG, 80 MG (Use ziprasidone hcl)	NF	QL(2 ea daily); AL(At least 8 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
LATUDA (Use lurasidone hcl)	NP	
lurasidone hcl	P	
NUPLAZID CAPS	NP	
NUPLAZID TABS 10 MG	NP	
VRAYLAR CAPS	NP	AL(At least 8 yrs old)
VRAYLAR CPPK	NP	AL(At least 8 yrs old)
ziprasidone hcl	P	QL(2 ea daily); AL(At least 8 yrs old); MP
ziprasidone mesylate	NP	
Benzisoxazoles		
FANAPT	NP	
FANAPT TITRATION PACK	NP	
INVEGA 1.5 MG (Use paliperidone)	NF	AL(At least 8 yrs old); MP
INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	NP	AL(At least 8 yrs old); MP
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP; PA
INVEGA SUSTENNA	P	AL(At least 18 yrs old); SP; PA
INVEGA TRINZA	P	AL(At least 18 yrs old); SP; PA
paliperidone	NP	AL(At least 8 yrs old); MP
PERSERIS PRSY	P	SP; PA
RISPERDAL CONSTA (Use risperidone microspheres)	NP	SP
RISPERDAL CONSTA 50 MG (Use risperidone microspheres)	NF	SP
RISPERDAL SOLN (Use risperidone)	NP	QL(4 ml daily); AL(At least 5 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NP	QL(4 ea daily); AL(At least 5 yrs old); MP
<i>risperidone microspheres</i>	NP	SP
<i>risperidone SOLN</i>	P	QL(4 ml daily); AL(At least 5 yrs old); MP
<i>risperidone TABS</i>	P	QL(4 ea daily); AL(At least 5 yrs old); MP
<i>risperidone TBDP</i>	NP	QL(2 ea daily); AL(At least 5 yrs old); MP
RYKINDO SRER	NP	SP
UZEDY SUSY	P	SP; PA
Butyrophenones		
HALDOL DECANOATE 100 (Use haloperidol decanoate)	NF	
HALDOL DECANOATE 50 (Use haloperidol decanoate)	NF	
<i>haloperidol decanoate</i>	P	
<i>haloperidol lactate CONC</i>	P	MP
<i>haloperidol TABS 2 MG, 5 MG, 20 MG</i>	P	MP
<i>haloperidol TABS 0.5 MG, 1 MG, 10 MG</i>	P	QL(3 ea daily); MP
Dibenzapines		
ADASUVE	NP	
<i>asenapine maleate</i>	NP	
<i>clozapine TABS 100 MG</i>	P	QL(9 ea daily); AL(At least 8 yrs old); MP
<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	P	QL(3 ea daily); AL(At least 8 yrs old); MP
<i>clozapine TBDP</i>	NP	MP
CLOZARIL TABS 25 MG (Use clozapine)	NP	QL(3 ea daily); AL(At least 8 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
CLOZARIL TABS 100 MG (Use clozapine)	NP	QL(9 ea daily); AL(At least 8 yrs old); MP
CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	NF	QL(3 ea daily); AL(At least 8 yrs old); MP
<i>loxapine succinate</i>	P	MP
<i>olanzapine SOLR</i>	NP	
<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 ea daily); AL(At least 8 yrs old); MP
<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 ea daily); AL(At least 8 yrs old); MP
<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 ea daily); AL(At least 8 yrs old); MP
<i>olanzapine TBDP</i>	P	MP
<i>quetiapine fumarate TABS 150 MG</i>	P	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 ea daily); AL(At least 8 yrs old); MP
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 ea daily); AL(At least 8 yrs old); MP
<i>quetiapine fumarate TB24</i>	P	MP
SAPHRIS (Use asenapine maleate)	NP	
SAPHRIS 5 MG, 10 MG (Use asenapine maleate)	NF	
SECUADO	NP	
SEROQUEL XR TB24 (Use quetiapine fumarate)	NP	MP
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use quetiapine fumarate)	NP	QL(4 ea daily); AL(At least 8 yrs old); MP
SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)	NP	QL(2 ea daily); AL(At least 8 yrs old); MP
VERSACLOZ SUSP	NP	
ZYPREXA RELPREVV	NP	SP
ZYPREXA ZYDIS TBDP (Use olanzapine)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA SOLR (<i>Use olanzapine</i>)	NP	
ZYPREXA TABS 7.5 MG, 10 MG (<i>Use olanzapine</i>)	NP	QL(2 ea daily); AL(At least 8 yrs old); MP
ZYPREXA TABS 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NP	QL(4 ea daily); AL(At least 8 yrs old); MP
ZYPREXA TABS 15 MG, 20 MG (<i>Use olanzapine</i>)	NP	QL(1 ea daily); AL(At least 8 yrs old); MP
Dihydroindolones		
<i>molindone hcl</i> 5 MG, 25 MG	NP	QL(4 ea daily); MP
Phenothiazines		
<i>chlorpromazine hcl</i> CONC	P	
<i>chlorpromazine hcl</i> TABS 25 MG, 50 MG, 100 MG, 200 MG	P	QL(3 ea daily); MP
<i>chlorpromazine hcl</i> TABS 10 MG	P	QL(10 ea daily); MP
<i>fluphenazine decanoate</i>	P	
<i>fluphenazine hcl</i> CONC	P	MP
<i>fluphenazine hcl</i> ELIX	P	MP
<i>fluphenazine hcl</i> TABS	P	MP
<i>perphenazine</i> TABS	P	QL(4 ea daily); MP
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate</i> TABS	P	MP
<i>thioridazine hcl</i>	P	QL(3 ea daily); MP
<i>trifluoperazine hcl</i> TABS	P	QL(3 ea daily); MP
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	P	SP; PA
ABILIFY MAINTENA PRSY	P	AL(At least 18 yrs old); SP; PA
ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 8 yrs old); SP
ABILIFY MYCITE STARTER KIT	NP	AL(At least 8 yrs old); SP
ABILIFY TABS (<i>Use aripiprazole</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old); MP
<i>aripiprazole</i> SOLN OR	NP	QL(750 ml per 30 days retail; 2250 ml per 90 days mail); AL(At least 6 yrs old); MP
<i>aripiprazole</i> TABS	P	QL(1 ea daily); AL(At least 6 yrs old); MP
<i>aripiprazole</i> TBDP	NP	QL(1 ea daily); AL(At least 6 yrs old); MP
ARISTADA	P	SP; PA
ARISTADA INITIO	P	SP; PA
REXULTI	NP	
Thioxanthenes		
<i>thiothixene</i>	P	QL(3 ea daily); MP
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde</i> SOLN 10 %	P	QL(90 ml per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate</i> SOLN EX 4 %	P	
HIBICLENS SOLN EX (<i>Use chlorhexidine gluconate</i>)	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	P	QL(1 ea daily); MP
<i>abacavir sulfate</i> SOLN	P	QL(30 ml daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate TABS</i>	P	QL(2 ea daily); MP
APRETUDE	P	
APRETUDE	NP	
APTIVUS CAPS	P	QL(4 ea daily); MP
<i>atazanavir sulfate CAPS</i>	P	QL(2 ea daily); MP
BIKTARVY 200 MG-50 MG-25 MG	P	QL(1 ea daily); MP
BIKTARVY 120 MG-30 MG-15 MG	P	
CABENUVA	P	PA
CIMDUO	NP	QL(1 ea daily); MP
COMBIVIR (Use lamivudine-zidovudine)	NP	QL(2 ea daily); MP
COMPLERA	P	QL(1 ea daily); MP
<i>darunavir TABS</i>	P	
DELSTRIGO	P	QL(1 ea daily); MP
DESCOVY 120 MG-15 MG	P	
DESCOVY 200 MG-25 MG	P	QL(1 ea daily); MP
DOVATO	P	MP
EDURANT	P	QL(1 ea daily); MP
<i>efavirenz CAPS 50 MG</i>	P	QL(2 ea daily); MP
<i>efavirenz CAPS 200 MG</i>	P	QL(1 ea daily); MP
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily); MP
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG</i>	NP	QL(1 ea daily); MP
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG-300 MG</i>	NP	MP

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz TABS</i>	P	QL(1 ea daily); MP
<i>emtricitabine CAPS</i>	P	QL(1 ea daily); MP
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	P	MP
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 ea daily); MP
EMTRIVA CAPS (Use emtricitabine)	P	QL(1 ea daily); MP
EMTRIVA SOLN	P	QL(24 ml daily); MP
EPIVIR SOLN (Use lamivudine)	NP	QL(30 ml daily); MP
EPIVIR TABS 300 MG (Use lamivudine)	NP	QL(1 ea daily); MP
EPIVIR TABS 150 MG (Use lamivudine)	NP	QL(2 ea daily); MP
EPZICOM (Use abacavir sulfate-lamivudine)	NP	QL(1 ea daily); MP
<i>etravirine 200 MG</i>	P	QL(2 ea daily); MP
<i>etravirine 100 MG</i>	P	QL(4 ea daily); MP
EVOTAZ	NP	QL(1 ea daily); MP
<i>fosamprenavir calcium TABS</i>	P	QL(4 ea daily); MP
FUZEON SOLR	NP	SP; MP
GENVOYA	P	QL(1 ea daily); MP
INTELENCE (Use etravirine)	P	QL(4 ea daily); MP
INTELENCE	P	QL(4 ea daily); MP
INTELENCE 200 MG (Use etravirine)	P	QL(2 ea daily); MP
ISENTRESS HD TABS	P	QL(2 ea daily); MP
ISENTRESS CHEW 100 MG	P	QL(6 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 25 MG	P	QL(12 ea daily); MP
ISENTRESS PACK	P	QL(2 ea daily); MP
ISENTRESS TABS	P	QL(2 ea daily); MP
JULUCA	NP	QL(1 ea daily); MP
KALETRA SOLN (Use lopinavir-ritonavir)	NP	QL(10.67 ml daily); MP
KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	P	QL(6 ea daily); MP
KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	P	QL(4 ea daily); MP
lamivudine SOLN	P	QL(30 ml daily); MP
lamivudine TABS 300 MG	P	QL(1 ea daily); MP
lamivudine TABS 150 MG	P	QL(2 ea daily); MP
lamivudine-zidovudine	P	QL(2 ea daily); MP
LEXIVA SUSP	P	QL(56 ml daily); MP
LEXIVA TABS (Use fosamprenavir calcium)	P	QL(4 ea daily); MP
lopinavir-ritonavir SOLN	P	QL(10.67 ml daily); MP
lopinavir-ritonavir TABS 50 MG-200 MG	P	QL(6 ea daily); MP
lopinavir-ritonavir TABS 25 MG-100 MG	P	QL(4 ea daily); MP
maraviroc TABS 150 MG	NP	QL(2 ea daily); MP
maraviroc TABS 300 MG	NP	QL(4 ea daily); MP
nevirapine SUSP	P	QL(40 ml daily); MP
nevirapine TABS	P	QL(2 ea daily); MP
nevirapine TB24 100 MG	P	QL(3 ea daily); MP
nevirapine TB24 400 MG	P	QL(1 ea daily); MP
NORVIR PACK	P	MP

Drug Name	Drug Tier	Requirements/Limits
NORVIR TABS (Use ritonavir)	P	QL(12 ea daily); MP
ODEFSEY	P	QL(1 ea daily); MP
PIFELTRO	NP	QL(1 ea daily); MP
PREZCOBIX	NP	QL(1 ea daily); MP
PREZISTA SUSP	P	
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P	
PREZISTA TABS (Use darunavir)	P	
RETROVIR CAPS (Use zidovudine)	NP	QL(6 ea daily); MP
RETROVIR SYRP (Use zidovudine)	NP	QL(60 ml daily); MP
REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	P	QL(2 ea daily); MP
REYATAZ PACK	P	QL(6 ea daily); MP
ritonavir TABS	P	QL(12 ea daily); MP
RUKOBIA	NP	MP
SELZENTRY SOLN	NP	QL(35 ml daily); MP
SELZENTRY TABS 25 MG, 75 MG, 150 MG	NP	QL(2 ea daily); MP
SELZENTRY TABS (Use maraviroc)	NP	QL(2 ea daily); MP
SELZENTRY TABS 300 MG (Use maraviroc)	NP	QL(4 ea daily); MP
STRIBILD	NP	QL(1 ea daily); MP
SUNLENCA SOLN	P	SP; PA
SUNLENCA TBPK	P	SP; PA
SUSTIVA CAPS 50 MG (Use efavirenz)	NF	QL(2 ea daily); MP
SUSTIVA CAPS 200 MG (Use efavirenz)	NF	QL(1 ea daily); MP
SUSTIVA TABS (Use efavirenz)	NF	QL(1 ea daily); MP

Illinois YouthCare

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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
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	P	QL(1 ea daily); MP
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	P	MP
SYMTUZA	P	QL(1 ea daily); MP
tenofovir disoproxil fumarate TABS	P	QL(1 ea daily); MP
TIVICAY PD TBSO	P	MP
TIVICAY TABS	P	MP
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	MP
TRIZIVIR	NP	QL(2 ea daily); MP
TROGARZO	P	SP; MP; PA
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (Use emtricitabine-tenofovir disoproxil fumarate)	P	MP
TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	P	QL(1 ea daily); MP
TYBOST	NP	QL(1 ea daily); MP
VIRACEPT TABS 250 MG	P	QL(9 ea daily); MP
VIRACEPT TABS 625 MG	P	QL(4 ea daily); MP
VIREAD POWD	P	QL(8 gm daily); MP
VIREAD TABS	P	QL(1 ea daily); MP
VIREAD TABS (Use tenofovir disoproxil fumarate)	P	QL(1 ea daily); MP
ZIAGEN SOLN (Use abacavir sulfate)	P	QL(30 ml daily); MP
ZIAGEN TABS (Use abacavir sulfate)	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
zidovudine CAPS	P	QL(6 ea daily); MP
zidovudine SYRP	P	QL(60 ml daily); MP
zidovudine TABS	P	QL(2 ea daily); MP
Antiviral Combinations		
PAXLOVID 100 MG-150 MG	P	Maximum 5-day supply; AL(At least 12 yrs old)
CMV Agents		
LIVTENCITY	P	SP; PA
PREVYMIS TABS	P	SP; PA
VALCYTE SOLR (Use valganciclovir hcl)	NP	
VALCYTE TABS (Use valganciclovir hcl)	NP	QL(2 ea daily)
valganciclovir hcl SOLR	NP	
valganciclovir hcl TABS	P	QL(2 ea daily)
Hepatitis Agents		
adefovir dipivoxil	NP	
BARACLUDE SOLN	NP	
BARACLUDE TABS (Use entecavir)	NP	
entecavir TABS	P	
EPCLUSA PACK	NP	SP
EPCLUSA TABS	NP	SP
EPCLUSA TABS	NP	SP
EPIVIR HBV SOLN	NP	
EPIVIR HBV TABS (Use lamivudine (hbv))	NP	
HARVONI PACK	NP	SP
HARVONI TABS	NP	SP
HARVONI TABS	NP	SP
HEPSERA (Use adefovir dipivoxil)	NF	
lamivudine (hbv) TABS	NP	
LEDIPASVIR/SOFOSBUV IR TABS	NP	SP

Drug Name	Drug Tier	Requirements/Limits
MAVYRET PACK	P	SP
MAVYRET TABS	P	QL(3 ea daily); SP
PEGASYS SOSY	NP	SP
<i>ribavirin (hepatitis c) CAPS</i>	P	SP
<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP
SOFOSBUVIR/VELPATA SVIR TABS	P	SP
SOVALDI PACK	NP	SP
SOVALDI TABS	NP	SP
VEMLIDY	NP	SP
VOSEVI	NP	SP
ZEPATIER	NP	SP
Herpes Agents		
<i>acyclovir CAPS</i>	P	QL(50 ea per 30 days retail)
<i>acyclovir SUSP</i>	P	QL(400 ml per 30 days retail)
<i>acyclovir TABS OR 400 MG</i>	P	QL(3 ea daily)
<i>acyclovir TABS OR 800 MG</i>	P	QL(50 ea per 30 days retail)
<i>famciclovir</i>	NP	
SITAVIG TABS BU	NP	
<i>valacyclovir hcl 1 GM, 1000 MG</i>	P	QL(42 ea per 21 days retail)
<i>valacyclovir hcl 500 MG</i>	P	QL(2 ea daily)
VALTREX 1 GM (Use <i>valacyclovir hcl</i>)	NP	QL(42 ea per 21 days retail)
VALTREX 500 MG (Use <i>valacyclovir hcl</i>)	NP	QL(2 ea daily)
ZOVIRAX SUSP (Use <i>acyclovir</i>)	NF	QL(400 ml per 30 days retail)
Influenza Agents		
<i>oseltamivir phosphate CAPS 30 MG</i>	P	QL(40 ea per 30 days retail)
<i>oseltamivir phosphate CAPS 45 MG</i>	P	QL(20 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate CAPS 75 MG</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 30 days retail)
<i>oseltamivir phosphate SUSR</i>	P	QL(120 ml per 30 days retail)
RELENZA DISKHALER	P	QL(20 ea per fill retail)
<i>rimantadine hydrochloride TABS</i>	NP	
TAMIFLU CAPS 75 MG (Use <i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG (Use <i>oseltamivir phosphate</i>)	NP	QL(20 ea per 30 days retail)
TAMIFLU CAPS 30 MG (Use <i>oseltamivir phosphate</i>)	NP	QL(40 ea per 30 days retail)
TAMIFLU SUSR (Use <i>oseltamivir phosphate</i>)	NP	QL(120 ml per 30 days retail)
XOFLUZA	NP	
Misc. Antivirals		
LAGEVRIO	P	Maximum 5-day supply; AL(At least 18 yrs old)
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	P	
VIRAZOLE (Use <i>ribavirin</i>)	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(3 ea daily); MP
<i>carvedilol 25 MG</i>	P	QL(4 ea daily); MP
<i>carvedilol phosphate</i>	NP	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COREG 25 MG (Use carvedilol)	NP	QL(4 ea daily); MP	metoprolol succinate TB24 25 MG, 50 MG, 100 MG	P	QL(4 ea daily); MP
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	NF	QL(3 ea daily); MP	metoprolol tartrate TABS 25 MG, 50 MG	P	QL(4 ea daily); MP
COREG 25 MG (Use carvedilol)	NF	QL(4 ea daily); MP	metoprolol tartrate TABS 37.5 MG, 75 MG	P	MP
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	NP	QL(3 ea daily); MP	metoprolol tartrate TABS 100 MG	P	QL(4.5 ea daily); MP
COREG CR (Use carvedilol phosphate)	NF	QL(1 ea daily); MP	nebivolol hcl	NP	
COREG CR (Use carvedilol phosphate)	NP	QL(1 ea daily); MP	TENORMIN TABS (Use atenolol)	NP	QL(2 ea daily); MP
labetalol hcl TABS 300 MG	P	QL(8 ea daily); MP	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate)	NP	QL(4 ea daily); MP
labetalol hcl TABS 100 MG	P	QL(3 ea daily); MP	TOPROL XL TB24 200 MG (Use metoprolol succinate)	NP	QL(2 ea daily); MP
labetalol hcl TABS 200 MG	P	QL(6 ea daily); MP	Beta Blockers Non-Selective		
Beta Blockers Cardio-Selective			BETAPACE AF (Use sotalol hcl (afib/af))	NP	QL(2 ea daily); MP
acebutolol hcl CAPS	P	MP	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	NP	QL(2 ea daily); MP
atenolol TABS	P	QL(2 ea daily); MP	CORGARD TABS 80 MG (Use nadolol)	NF	QL(2 ea daily); MP
betaxolol hcl	P	MP	CORGARD TABS 20 MG, 40 MG (Use nadolol)	NP	QL(2 ea daily); MP
bisoprolol fumarate	P	QL(1 ea daily); MP	HEMANGEOL SOLN OR	P	SP; MP; PA
BYSTOLIC (Use nebivolol hcl)	NP		INDERAL LA CP24 (Use propranolol hcl)	NP	QL(2 ea daily); MP
BYSTOLIC 5 MG (Use nebivolol hcl)	NF		INDERAL XL	NP	
KAPSPARGO SPRINKLE CS24	NP		INNOPRAN XL	NP	
LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	NP	QL(4 ea daily); MP	nadolol TABS 20 MG, 40 MG, 80 MG	P	QL(2 ea daily); MP
LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	NP	QL(4.5 ea daily); MP	pindolol TABS	P	MP
metoprolol succinate TB24 200 MG	P	QL(2 ea daily); MP	propranolol hcl CP24	P	QL(2 ea daily); MP
			propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	P	MP
			propranolol hcl TABS	P	MP

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/afI)</i>	NP	QL(2 ea daily); MP
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	P	QL(2 ea daily); MP
<i>sotalol hcl TABS 240 MG</i>	P	MP
SOTYLIZE SOLN OR	NP	MP
<i>timolol maleate TABS</i>	P	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	P	QL(1 ea daily); MP
CALAN SR TBCR (<i>Use verapamil hcl</i>)	NF	QL(2 ea daily); MP
CARDIZEM CD CP24 240 MG (<i>Use diltiazem hcl coated beads</i>)	NP	QL(2 ea daily); MP
CARDIZEM CD CP24 360 MG (<i>Use diltiazem hcl coated beads</i>)	NP	MP
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>Use diltiazem hcl coated beads</i>)	NP	QL(1 ea daily); MP
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl</i>)	NP	
CARDIZEM LA TB24 120 MG (<i>Use diltiazem hcl</i>)	NP	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>Use diltiazem hcl</i>)	NP	QL(3 ea daily); MP
<i>diltiazem hcl coated beads CP24 360 MG</i>	P	MP
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 ea daily); MP
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 ea daily); MP
<i>diltiazem hcl extended release beads</i>	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl CP12</i>	P	QL(2 ea daily); MP
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 ea daily); MP
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 ea daily); MP
<i>diltiazem hcl TABS</i>	P	QL(3 ea daily); MP
<i>diltiazem hcl TB24</i>	P	
<i>felodipine</i>	P	QL(1 ea daily); MP
<i>isradipine CAPS</i>	NP	MP
KATERZIA	NP	MP
<i>levamlodipine maleate</i>	NP	
<i>nicardipine hcl CAPS</i>	NP	MP
<i>nifedipine CAPS</i>	P	QL(4 ea daily); MP
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 ea daily); MP
<i>nifedipine TB24 60 MG</i>	P	QL(2 ea daily); MP
<i>nimodipine CAPS</i>	P	MP
<i>nisoldipine</i>	NP	MP
NORLIQVA SOLN	NP	
NORVASC TABS 10 MG (<i>Use amlodipine besylate</i>)	NF	
NORVASC TABS (<i>Use amlodipine besylate</i>)	NP	QL(1 ea daily); MP
NYMALIZE SOLN 6 MG/ML	NP	
PROCARDIA XL TB24 60 MG (<i>Use nifedipine</i>)	NP	QL(2 ea daily); MP
PROCARDIA XL TB24 30 MG, 90 MG (<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 300 MG, 360 MG</i>	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	P	QL(2 ea daily); MP
<i>verapamil hcl TABS</i>	P	QL(3 ea daily); MP
<i>verapamil hcl TBCR</i>	P	QL(2 ea daily); MP
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>Use verapamil hcl</i>)	P	QL(2 ea daily); MP
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily); MP
VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	QL(1 ea daily); MP
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily); MP
VERELAN CP24 360 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	
<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
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	MP
BIDIL (<i>Use isosorbide dinitrate-hydralazine hcl</i>)	P	

Drug Name	Drug Tier	Requirements/Limits
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
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NF	MP
ENTRESTO	P	
<i>isosorbide dinitrate-hydralazine hcl</i>	P	
Impotence Agents		
CIALIS 5 MG (<i>Use tadalafil</i>)	NP	
CIALIS 2.5 MG, 10 MG, 20 MG (<i>Use tadalafil</i>)	NF	
<i>tadalafil 5 MG</i>	NP	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	P	SP; PA
FLOLAN (<i>Use epoprostenol sodium</i>)	P	SP; PA
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP
ORENITRAM TBCR	NP	SP
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

Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL SOLN IN	NP	SP
TYVASO STARTER SOLN IN	NP	SP
TYVASO SOLN IN	NP	SP
VELETRI (Use <i>epoprostenol sodium</i>)	NP	SP
VENTAVIS	NP	SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	NP	SP
<i>bosentan</i> TABS	NP	SP
LETAIRIS (Use <i>ambrisentan</i>)	P	SP; PA
OPSUMIT	NP	SP
TRACLEER TABS (Use <i>bosentan</i>)	P	SP; PA
TRACLEER TBSO	P	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>)	P	SP; PA
LIQREV SUSP	NP	SP
REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	P	SP; PA
REVATIO TABS (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
<i>sildenafil citrate (pulmonary hypertension)</i> SOLN	NP	SP
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR	NP	SP

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

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN SODIUM/DEXTROSE SOLR	P	
CEFAZOLIN SODIUM/SODIUM CHLORIDE SOLN 0.9 %-3 GM/100ML	P	
CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	P	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	P	
CEFAZOLIN SODIUM SOLR IJ 100 GM, 300 GM	P	
CEFAZOLIN SODIUM SOSY IV 1 GM/10ML, 2 GM/20ML	P	
CEFAZOLIN/SODIUM CHLORIDE SOLN 0.9 %-2 GM/100ML	P	
CEFAZOLIN SOLN	P	
<i>cephalexin CAPS</i>	P	
<i>cephalexin SUSR</i>	P	
<i>cephalexin TABS</i>	P	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
<i>cefaclor CAPS</i>	P	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	P	
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	P	
CEFOXITIN SODIUM	P	
<i>cefprozil SUSR 250 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>cefprozil SUSR 125 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>cefprozil TABS</i>	NP	QL(20 ea per fill retail)
<i>cefuroxime axetil TABS</i>	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir SUSR</i>	P	QL(100 ml per fill retail)
<i>cefixime CAPS</i>	P	
<i>cefixime SUSR</i>	NP	
<i>cefpodoxime proxetil SUSR</i>	NP	
<i>cefpodoxime proxetil TABS</i>	NP	
<i>ceftazidime IJ 1 GM, 6 GM</i>	P	
CEFTAZIDIME/DEXTROSE	P	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	P	
CEFTRIAZONE SODIUM IJ 100 GM	P	
<i>ceftriaxone sodium in dextrose</i>	P	
CEFTRIAZONE/DEXTROSE	P	
SUPRAX CAPS (<i>Use cefixime</i>)	NF	
SUPRAX SUSR 100 MG/5ML (<i>Use cefixime</i>)	NP	
Cephalosporins - 4th Generation		
<i>cefepime hcl SOLR IJ 1 GM</i>	P	
CEFEPIME/DEXTROSE	P	
CEFEPIME SOLN	P	
CHEMICALS		
Liquids		
CASTOR OIL	P	RX/OTC
HM CASTOR OIL	P	RX/OTC
QC CASTOR OIL	P	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron)	P	MP	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	P	QL(1 ea daily); MP
BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium)	P	MP	NATAZIA	P	MP
desogestrel & ethinyl estradiol	P	QL(1 ea daily); MP	NEXTSTELLIS	P	
desogestrel-ethinyl estradiol (biphasic)	P	QL(1 ea daily); MP	norethin acet & estrad-fe CAPS	P	MP
desogestrel-ethinyl estradiol (triphasic)	P	QL(1 ea daily); MP	norethin acet & estrad-fe CHEW	P	MP
drospirenone-ethinyl estradiol	P	QL(1 ea daily); MP	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG	P	MP
drospirenone-ethinyl estradiol-levomefolate calcium	P	MP	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P	QL(1 ea daily); MP
ethynodiol diacet & eth estrad 35 MCG-1 MG	P	QL(1 ea daily); MP	norethindrone & eth estradiol	P	QL(1 ea daily); MP
ethynodiol diacet & eth estrad 50 MCG-1 MG	P	MP	norethindrone & ethinyl estradiol-fe	P	MP
GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	NF	MP	norethindrone acet & eth estra	P	QL(1 ea daily); MP
levonorgestrel & eth estradiol TABS	P	QL(1 ea daily); MP	norethindrone acetate-ethinyl estradiol-fe	P	MP
levonorgestrel-eth estradiol (triphasic)	P	QL(1 ea daily); MP	norethindrone-eth estradiol (triphasic)	P	QL(1 ea daily); MP
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	P	QL(1 ea daily)	norgestimate-ethinyl estradiol	P	QL(1 ea daily); MP
levonorgestrel-ethinyl estradiol (continuous)	P		norgestimate-ethinyl estradiol (triphasic)	P	QL(1 ea daily); MP
levonorgestrel-ethinyl estradiol-iron	P	MP	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	P	QL(2 ea daily); MP
LO LOESTRIN FE TABS	P	MP	QUARTETTE (Use levonorgestrel-ethinyl estradiol (91-day))	P	
LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	P		SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium)	P	MP
MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	P	MP	SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	P	QL(1 ea daily)

Illinois YouthCare

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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
TAYTULLA CAPS (Use norethin acet & estrad-fe)	P	MP
TYBLUME CHEW	P	
YASMIN 28 (Use drospirenone-ethinyl estradiol)	P	QL(1 ea daily); MP
YAZ (Use drospirenone-ethinyl estradiol)	P	QL(1 ea daily); MP
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	P	QL(3 ea per 28 days retail; 9 ea per 84 days mail); MP
TWIRLA	P	
Combination Contraceptives - Vaginal		
ANNOVERA	P	MP
etonogestrel-ethinyl estradiol	P	MP
NUVARING (Use etonogestrel-ethinyl estradiol)	P	MP
Emergency Contraceptives		
ELLA	P	QL(3 ea per 63 days retail; 3 ea per 63 days mail); MP
levonorgestrel (emergency oc) 1.5 MG	P	QL(3 ea per 30 days retail; 3 ea per 30 days mail); MP
levonorgestrel (emergency oc) 1.5 MG	P	QL(3 ea per 30 days retail; 3 ea per 90 days mail); MP
PLAN B ONE-STEP (Use levonorgestrel (emergency oc))	NF	QL(3 ea per 30 days retail; 3 ea per 30 days mail); MP
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	P	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	P	
DEPO-SUBQ PROVERA 104 SUSY SC	P	
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) SUSY IM	P	
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	P	QL(1 ea daily); MP
OPILL	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
SLYND	P	MP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	NP	SP
ALKINDI SPRINKLE CPSP	NP	
budesonide CPEP	NP	
budesonide TB24	NP	
CORTEF TABS (Use hydrocortisone)	NP	
CORTISONE ACETATE TABS	NP	
DEXAMETHASONE INTENSOL CONC	P	
dexamethasone ELIX	P	
dexamethasone SOLN	P	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone TABS</i>	P	
<i>dexamethasone TBPK</i>	NP	
<i>dexamethasone TBPK</i>	P	
EMFLAZA SUSP	NP	SP
EMFLAZA TABS (<i>Use deflazacort</i>)	NP	SP
HEMADY TABS	NP	
<i>hydrocortisone TABS</i>	P	
MEDROL DOSEPAK TBPK (<i>Use methylprednisolone</i>)	NP	
MEDROL TABS	NP	
MEDROL TABS (<i>Use methylprednisolone</i>)	NP	
<i>methylprednisolone TABS</i>	P	
<i>methylprednisolone TBPK</i>	P	
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ml per fill retail)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML</i>	P	
<i>prednisolone sodium phosphate TBDP</i>	NP	
<i>prednisolone SOLN</i>	P	
<i>prednisolone TABS</i>	P	
PREDNISON INTENSOL CONC	P	
<i>prednisone SOLN</i>	P	
<i>prednisone TABS</i>	P	
<i>prednisone TBPK</i>	P	
RAYOS TBEC	NP	
TARPEYO CPDR	NP	SP

Drug Name	Drug Tier	Requirements/Limits
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>benzonatate 100 MG</i>	P	AL(At least 10 yrs old)
<i>benzonatate 200 MG</i>	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(30 ea per 30 days retail); AL(At least 10 yrs old)
DELSYM COUGH CHILDRENS SUER (<i>Use dextromethorphan polistirex</i>)	NF	QL(240 ml per 7 days retail)
DELSYM SUER (<i>Use dextromethorphan polistirex</i>)	NF	QL(240 ml per 7 days retail)
<i>dextromethorphan polistirex LQCR</i>	P	QL(240 ml per 7 days retail)
<i>dextromethorphan polistirex SUER</i>	P	QL(240 ml per 7 days retail)
HYCODAN SOLN (<i>Use hydrocodone bitartrate-homatropine methylbromide</i>)	NF	AL(At least 18 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old)
Cough/Cold/Allergy Combinations		
ADVIL COLD & SINUS TABS (<i>Use pseudoephedrine-ibuprofen</i>)	NF	
<i>brompheniramine & phenyleph ELIX</i>	P	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>brompheniramine & pseudoeph ELIX</i>	P	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ml per fill retail)
<i>cetirizine-pseudoephedrine</i>	P	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	NF	QL(1 ea daily)
COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)
CVS COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P	
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ml per fill retail)
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	
DIMETAPP CHILDREN'S COLD& ALLERGY LIQD	P	QL(120 ml per fill retail)
ED BRON GP LIQD	P	QL(240 ml per 7 days retail)
<i>guaifenesin-codeine SOLN</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin-codeine SYRP</i>	P	
HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)
LOHIST-D LIQD	P	QL(240 ml per fill retail)
<i>loratadine & pseudoephedrine TB12</i>	P	QL(2 ea daily)
<i>loratadine & pseudoephedrine TB24</i>	P	QL(1 ea daily)
MAXI-TUSS PE MAX LIQD	P	QL(240 ml per 7 days retail)
MUCINEX CHILDRENS STUFFYNOSE AND CHEST CONGESTION LIQD (Use phenylephrine-guaifenesin)	NF	
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>phenylephrine-dm SOLN</i>	P	QL(240 ml per fill retail)
<i>promethazine & phenylephrine SYRP</i>	P	
<i>promethazine w/codeine SOLN</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>promethazine w/codeine SYRP</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>promethazine-dm SYRP</i>	P	QL(240 ml per fill retail)
<i>promethazine-phenylephrine-codeine</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>pseudoephedrine-ibuprofen TABS</i>	P	
QC DIBROMM CHILDRENS COLD& ALLERGY LIQD	P	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
QC TRIACTING DAYTIME CHILDRENS SYRP	P	QL(240 ml per fill retail)
ROBITUSSIN COUGH+CHEST CONGESTION DM LIQD (Use dextromethorphan-guaifenesin)	NF	
SM COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	P	QL(240 ml per fill retail)
VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF LIQD (Use dextromethorphan-doxylamine-acetaminophen)	NF	
VICKS NYQUIL HBP COLD & FLU LIQD (Use dextromethorphan-doxylamine-acetaminophen)	NF	
WAL-TAP COLD/ALLERGY LIQD	P	QL(120 ml per fill retail)
ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine)	NF	QL(2 ea daily)
ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine)	NF	QL(2 ea daily)
Expectorants		
GERI-TUSSIN SYRP	P	QL(240 ml per fill retail)
guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 400 MG/20ML	P	QL(240 ml per fill retail)
guaifenesin SYRP	P	QL(240 ml per fill retail)
guaifenesin TB12 600 MG	P	QL(40 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)	NF	
MUCINEX TB12 (Use guaifenesin)	NF	QL(40 ea per fill retail)
Misc. Respiratory Inhalants		
sodium chloride (inhalant) NEBU 0.9 %, 3 %	P	
Mucolytics		
acetylcysteine SOLN	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	NP	QL(2 ea daily); AL(At least 12 yrs old)
ABSORICA 25 MG, 30 MG, 35 MG (Use isotretinoin)	NP	
ABSORICA LD	NP	
ACANYA GEL (Use clindamycin phosphate-benzoyl peroxide)	NP	
ACZONE 7.5 % (Use dapsone (topical))	NF	
ADAPALENE/BENZOYL PEROXIDE PADS	NP	
adapalene-benzoyl peroxide GEL	NP	
adapalene CREA	NP	
adapalene GEL 0.3 %	NP	
ALTRENO LOTN	NP	
ARAZLO LOTN	NP	
ATRALIN GEL (Use tretinoin)	NP	
AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur)	NF		erythromycin (acne aid) GEL	P	QL(60 gm per fill retail)
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NP		erythromycin (acne aid) PADS	NP	
benzoyl peroxide-erythromycin GEL	P		erythromycin (acne aid) SOLN	P	
CABTREO	NP		EVOCLIN FOAM (Use clindamycin phosphate (topical))	NF	
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NP	QL(60 ml per fill retail)	FABIOR FOAM	NP	
CLINDACIN ETZ	NP		isotretinoin 25 MG, 30 MG, 35 MG	NP	
CLINDACIN PAC	NP		isotretinoin 10 MG, 20 MG, 40 MG	NP	QL(2 ea daily); AL(At least 12 yrs old)
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NP	QL(75 ml per fill retail)	KLARON (Use sulfacetamide sodium (acne))	NP	QL(120 ml per fill retail)
clindamycin phosphate (topical) FOAM	NP		NEUAC KIT	NP	
clindamycin phosphate (topical) GEL	P	QL(75 gm per fill retail)	ONEXTON GEL	NP	
clindamycin phosphate (topical) LOTN	P	QL(60 ml per fill retail)	RETIN-A MICRO	NP	
clindamycin phosphate (topical) SOLN	P		RETIN-A MICRO (Use tretinoin microsphere)	NP	
clindamycin phosphate (topical) SWAB	P		RETIN-A MICRO PUMP (Use tretinoin microsphere)	NP	
clindamycin phosphate-benzoyl peroxide (refrigerate)	NP		RETIN-A CREA 0.05 %, 0.1 % (Use tretinoin)	NP	QL(20 gm per 30 days retail); AL(Up to 35 yrs old)
clindamycin phosphate-benzoyl peroxide GEL	NP		RETIN-A CREA 0.025 % (Use tretinoin)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)
clindamycin phosphate-tretinoin	NP		RETIN-A GEL (Use tretinoin)	NP	QL(45 gm per fill retail); AL(Up to 35 yrs old)
dapsone (topical)	NP		SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	
DIFFERIN GEL 0.1 % (Use adapalene)	NF	RX/OTC	sulfacetamide sodium (acne)	NP	QL(120 ml per fill retail)
EPIDUO GEL (Use adapalene-benzoyl peroxide)	NF				
ERYGEL GEL (Use erythromycin (acne aid))	NP	QL(60 gm per fill retail)			

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	
<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	
<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NP	
<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP	
SUMADAN KIT	NP	
SUMADAN WASH LIQD (Use <i>sulfacetamide sodium w/ sulfur</i>)	NP	
SUMADAN XLT KIT	NP	
SUMAXIN CP KIT	NP	
SUMAXIN PADS	NP	
TAZAROTENE FOAM	NP	
<i>tretinoin microsphere</i>	NP	
<i>tretinoin CREA 0.025 %</i>	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin CREA 0.05 %, 0.1 %</i>	P	QL(20 gm per 30 days retail); AL(Up to 35 yrs old)
<i>tretinoin GEL 0.05 %</i>	P	
<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	QL(45 gm per fill retail); AL(Up to 35 yrs old)
WINLEVI	NP	
ZIANA (Use <i>clindamycin phosphate-tretinoin</i>)	NP	
ZMA CLEAR SUSP	NP	
Agents for External Genital and Perianal Warts		

Drug Name	Drug Tier	Requirements/Limits
VEREGEN	NP	
Antibiotics - Topical		
CENTANY AT KIT	NP	
CENTANY OINT	NP	QL(2160 gm per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	P	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	P	QL(30 gm per fill retail)
<i>mupirocin calcium (topical)</i>	NP	QL(30 gm per fill retail)
<i>mupirocin OINT</i>	P	QL(2160 gm per fill retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	P	QL(454 ea per fill retail)
<i>neomycin-polymyxin w/ pramoxine</i>	P	QL(28.3 gm per fill retail)
NEOSPORIN ORIGINAL OINT (Use <i>neomycin-bacitracin-polymyxin</i>)	NF	QL(454 ea per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use <i>neomycin-polymyxin w/ pramoxine</i>)	NF	QL(28.3 gm per fill retail)
NEO-SYNALAR	NP	
NEO-SYNALAR KIT	NP	
XEPI	NP	
Antifungals - Topical		
<i>ciclopirox olamine CREA</i>	NP	
<i>ciclopirox olamine SUSP</i>	NP	
<i>ciclopirox GEL</i>	NP	
<i>ciclopirox KIT</i>	NP	
<i>ciclopirox SHAM</i>	NP	
<i>ciclopirox SOLN</i>	NP	
<i>clotrimazole (topical) CREA</i>	P	QL(113 gm per fill retail); RX/OTC
<i>clotrimazole (topical) SOLN</i>	NP	QL(60 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone CREA</i>	NP	QL(45 gm per fill retail)
<i>clotrimazole w/ betamethasone LOTN</i>	NP	QL(30 ml per fill retail)
<i>econazole nitrate CREA</i>	P	QL(30 gm per fill retail)
ERTACZO	NP	
EXTINA FOAM (Use <i>ketoconazole (topical)</i>)	NF	
JUBLIA	NP	
KERYDIN (Use <i>tavaborole</i>)	NF	
<i>ketoconazole (topical) CREA</i>	P	QL(60 gm per fill retail)
<i>ketoconazole (topical) FOAM</i>	NP	
<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ml per fill retail)
KETODAN KIT	NP	
LOPROX	NP	
LOPROX KIT	NP	
LOPROX SHAMPOO SHAM (Use <i>ciclopirox</i>)	NF	
LOPROX CREA (Use <i>ciclopirox olamine</i>)	NP	
LOPROX SUSP (Use <i>ciclopirox olamine</i>)	NP	
LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole (topical)</i>)	P	QL(113 gm per fill retail); RX/OTC
<i>luliconazole</i>	NP	
LUZU (Use <i>luliconazole</i>)	NP	
<i>miconazole-zinc oxide-white petrolatum</i>	NP	
MYCOZYL HC LIQD	NP	
<i>naftifine hcl CREA</i>	NP	
<i>naftifine hcl GEL 2 %</i>	NP	
NAFTIN GEL	NP	

Drug Name	Drug Tier	Requirements/Limits
NAFTIN GEL (Use <i>naftifine hcl</i>)	NP	
<i>nystatin (topical) CREA</i>	P	QL(30 gm per fill retail)
<i>nystatin (topical) OINT</i>	P	QL(30 gm per fill retail)
<i>nystatin (topical) POWD EX</i>	P	QL(60 gm per fill retail)
<i>nystatin-triamcinolone CREA</i>	NP	QL(60 gm per fill retail)
<i>nystatin-triamcinolone OINT</i>	NP	QL(60 gm per fill retail)
<i>oxiconazole nitrate CREA</i>	NP	
OXISTAT CREA (Use <i>oxiconazole nitrate</i>)	NF	
OXISTAT LOTN	NP	
<i>tavaborole</i>	NP	
<i>tolnaftate SOLN</i>	NP	RX/OTC
VUSION (Use <i>miconazole-zinc oxide-white petrolatum</i>)	NP	
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	NP	
<i>diclofenac sodium (topical) GEL EX</i>	NP	2 rtl pack lmt amt; 30 rtl pack lmt day(s); RX/OTC
<i>diclofenac sodium (topical) SOLN EX</i>	NP	
FLECTOR PTCH EX (Use <i>diclofenac epolamine</i>)	NP	
LICART PT24	NP	
PENNSAID SOLN EX	NP	
VOLTAREN ARTHRITIS PAIN GEL EX (Use <i>diclofenac sodium (topical)</i>)	NF	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene (topical)</i>	NP	SP
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NP	QL(30 gm per fill retail)
<i>diclofenac sodium (actinic keratoses) EX</i>	NP	
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NP	QL(40 gm per fill retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	NP	QL(30 gm per fill retail)
<i>fluorouracil (topical) CREA 5 %</i>	NP	QL(40 gm per fill retail)
<i>fluorouracil (topical) SOLN</i>	NP	QL(10 ml per fill retail)
LEVULAN KERASTICK SOLR	P	SP
TARGRETIN (<i>Use bexarotene (topical)</i>)	P	SP
VALCHLOR	NP	SP
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	P	QL(222 ml per fill retail)
<i>doxepin hcl (antipruritic)</i>	NP	
PRUDOXIN (<i>Use doxepin hcl (antipruritic)</i>)	NP	
SARNA LOTN (<i>Use camphor & menthol</i>)	NF	QL(222 ml per fill retail)
ZONALON (<i>Use doxepin hcl (antipruritic)</i>)	NP	
Antipsoriatics		
<i>acitretin</i>	NP	
BIMZELX SOAJ	NP	SP
BIMZELX SOSY	NP	SP
<i>calcipotriene CREA</i>	P	QL(60 gm per fill retail)
CALCIPOTRIENE FOAM	NP	
<i>calcipotriene OINT</i>	P	
<i>calcipotriene SOLN</i>	P	QL(60 ml per fill retail)
<i>calcitriol (topical)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SOAJ	P	SP; PA
COSENTYX UNOREADY SOAJ	P	SP; PA
COSENTYX SOSY	P	SP; PA
DOVONEX CREA (<i>Use calcipotriene</i>)	NF	QL(60 gm per fill retail)
ILUMYA	NP	SP
<i>methoxsalen rapid</i>	NP	
SILIQ	NP	SP
SKYRIZI PEN SOAJ	NP	SP
SKYRIZI PSKT	NP	SP
SKYRIZI SOSY	NP	SP
SORILUX FOAM	NP	
SOTYKTU	NP	SP
STELARA SOSY	NP	SP
TALTZ SOAJ	NP	SP
TALTZ SOSY	NP	SP
<i>tazarotene CREA</i>	NP	QL(60 gm per fill retail)
<i>tazarotene GEL</i>	NP	QL(100 gm per fill retail)
TREMFYA SOPN	NP	SP
TREMFYA SOSY	NP	SP
VTAMA	NP	
ZORYVE	NP	
Antiseborrheic Products		
OVACE PLUS WASH GEL (<i>Use sulfacetamide sodium</i>)	NF	
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	QL(480 ml per fill retail)
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	QL(480 ml per fill retail)
<i>selenium sulfide LOTN 2.5 %</i>	P	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>selenium sulfide SHAM 2.25 %</i>	NP	
SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NF	
SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NF	
SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NF	
<i>sulfacetamide sodium GEL</i>	NP	
<i>sulfacetamide sodium LIQD</i>	NP	QL(480 gm per fill retail)
ZORYVE	NP	
Antivirals - Topical		
<i>acyclovir topical CREA</i>	NP	QL(5 gm per fill retail)
<i>acyclovir topical OINT</i>	NP	QL(30 gm per 30 days retail)
DENAVIR (<i>Use penciclovir</i>)	NP	
<i>penciclovir</i>	NP	
XERESE	NP	
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	QL(5 gm per fill retail)
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	QL(30 gm per 30 days retail)
Burn Products		
<i>mafenide acetate PACK</i>	P	
SILVADENE (<i>Use silver sulfadiazine</i>)	NP	QL(1000 gm per fill retail)
<i>silver sulfadiazine</i>	P	QL(1000 gm per fill retail)
SULFAMYLON CREA	P	
SULFAMYLON PACK 5 % (<i>Use mafenide acetate</i>)	NF	
Cauterizing Agents		
SILVER NITRATE SOLN 0.5 %	NP	
Corticosteroids - Topical		

Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate CREA</i>	P	
<i>alclometasone dipropionate OINT</i>	P	
<i>amcinonide CREA</i>	NP	
APEXICON E CREA	NP	QL(60 gm per fill retail)
<i>betamethasone dipropionate (topical) CREA</i>	NP	1 rtl pack lmt per fill
<i>betamethasone dipropionate (topical) LOTN</i>	NP	
<i>betamethasone dipropionate (topical) OINT</i>	NP	
<i>betamethasone dipropionate augmented CREA</i>	NP	QL(45 gm per fill retail)
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>betamethasone dipropionate augmented LOTN</i>	NP	
<i>betamethasone dipropionate augmented OINT</i>	NP	
<i>betamethasone valerate CREA</i>	P	QL(45 gm per fill retail)
<i>betamethasone valerate FOAM</i>	NP	
<i>betamethasone valerate LOTN</i>	P	QL(60 ml per fill retail)
<i>betamethasone valerate OINT</i>	P	QL(45 gm per fill retail)
BRYHALI LOTN	NP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	

Illinois YouthCare

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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
<i>clobetasol propionate emollient base 0.05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate emulsion</i>	NP	
<i>clobetasol propionate CREA 0.05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate FOAM</i>	NP	
<i>clobetasol propionate GEL 0.05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate LIQD</i>	NP	
<i>clobetasol propionate LOTN</i>	NP	
<i>clobetasol propionate OINT 0.05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate SHAM</i>	NP	
<i>clobetasol propionate SOLN 0.05 %</i>	P	QL(50 ml per fill retail)
CLOBEX LOTN 0.05 % (Use <i>clobetasol propionate</i>)	NF	
<i>clocortolone pivalate</i>	NP	
CLODAN KIT	NP	
CLODERM (Use <i>clocortolone pivalate</i>)	NP	
CUTIVATE LOTN (Use <i>fluticasone propionate</i>)	NF	
DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	NP	
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NP	
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NF	
<i>desonide CREA</i>	P	1 rtl pack lmt per fill
<i>desonide LOTN</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>desonide OINT</i>	P	1 rtl pack lmt amt; 1 rtl pack lmt per fill
DESOWEN CREA (Use <i>desonide</i>)	NF	1 rtl pack lmt per fill
<i>desoximetasone CREA 0.05 %</i>	NP	QL(300 gm per fill retail)
<i>desoximetasone CREA 0.25 %</i>	NP	QL(2 gm daily)
<i>desoximetasone GEL</i>	NP	QL(2 gm daily)
<i>desoximetasone LIQD</i>	NP	
<i>desoximetasone OINT 0.25 %</i>	NP	QL(2 gm daily)
<i>desoximetasone OINT 0.05 %</i>	NP	
<i>diflorasone diacetate CREA</i>	P	QL(60 gm per fill retail)
<i>diflorasone diacetate OINT</i>	P	QL(100 gm per fill retail)
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NP	
DUOBRII	NP	
ENSTILAR FOAM	NP	
EPIFOAM FOAM	NP	
<i>fluocinolone acetonide CREA</i>	P	
<i>fluocinolone acetonide OIL</i>	P	
<i>fluocinolone acetonide OINT</i>	P	
<i>fluocinolone acetonide SOLN</i>	P	
<i>fluocinonide emulsified base</i>	P	QL(60 gm per fill retail)
<i>fluocinonide CREA 0.1 %</i>	P	
<i>fluocinonide CREA 0.05 %</i>	P	QL(60 gm per fill retail)
<i>fluocinonide GEL</i>	P	QL(60 gm per fill retail)
<i>fluocinonide OINT</i>	P	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide SOLN</i>	P	QL(60 ml per fill retail)	<i>hydrocortisone butyrate LOTN</i>	NP	
<i>flurandrenolide CREA</i>	NP		<i>hydrocortisone butyrate OINT</i>	NP	
<i>flurandrenolide LOTN</i>	NP		<i>hydrocortisone butyrate SOLN</i>	NP	QL(60 ml per fill retail)
<i>fluticasone propionate CREA 0.05 %</i>	P	QL(60 gm per fill retail)	HYDROCORTISONE COMPLETE KIT THPK	NP	
<i>fluticasone propionate LOTN</i>	NP		<i>hydrocortisone valerate CREA</i>	P	
<i>fluticasone propionate OINT</i>	P	QL(60 gm per fill retail)	<i>hydrocortisone valerate OINT</i>	P	
<i>halcinonide CREA</i>	NP		HYDROXYM GEL	NP	
<i>halobetasol propionate CREA</i>	P		KENALOG AERS (<i>Use triamcinolone acetonide (topical)</i>)	NF	
<i>halobetasol propionate FOAM</i>	NP		LEXETTE FOAM	NP	
<i>halobetasol propionate OINT</i>	P		LOCOID LIPOCREAM	NP	
HALOG CREA (<i>Use halcinonide</i>)	NP		LOCOID LOTN (<i>Use hydrocortisone butyrate</i>)	NP	
HALOG OINT	NP		LUXIQ FOAM (<i>Use betamethasone valerate</i>)	NF	
HALOG SOLN	NP		<i>mometasone furoate CREA</i>	P	QL(50 gm per fill retail)
<i>hydrocortisone (topical) CREA 0.5 %</i>	P		<i>mometasone furoate OINT</i>	P	QL(45 gm per fill retail)
<i>hydrocortisone (topical) CREA 1 %</i>	P	1 rtl pack lmt per fill; QL(454 gm per fill retail); RX/OTC	<i>mometasone furoate SOLN</i>	P	QL(60 ml per fill retail)
<i>hydrocortisone (topical) CREA 2.5 %</i>	P	QL(454 gm per fill retail)	OLUX-E (<i>Use clobetasol propionate emulsion</i>)	NF	
<i>hydrocortisone (topical) CREA 1 %</i>	P	1 rtl pack lmt per fill; QL(454 gm per fill retail); RX/OTC	OLUX FOAM (<i>Use clobetasol propionate</i>)	NF	
<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	QL(118 ml per fill retail)	PANDEL	NP	
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	QL(454 gm per fill retail); RX/OTC	<i>prednicarbate OINT</i>	NP	QL(60 gm per fill retail)
<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP		RADIAURA CREA	NP	
<i>hydrocortisone butyrate CREA</i>	NP		SYNALAR CREAM KIT	NP	
			SYNALAR OINTMENT KIT	NP	
			SYNALAR TS	NP	
			SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYNALAR OINT (Use fluocinolone acetonide)	NP		triamcinolone acetonide (topical) OINT 0.025 %	P	QL(454 gm per fill retail)
SYNALAR SOLN (Use fluocinolone acetonide)	NP		triamcinolone acetonide (topical) OINT 0.05 %	NP	
TACLONEX OINT (Use calcipotriene-betamethasone dipropionate)	NP		triamcinolone acetonide (topical) OINT 0.5 %	P	QL(15 gm per fill retail)
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	NP		triamcinolone acetonide (topical) OINT 0.1 %	P	QL(60 gm per fill retail)
TEMOVATE CREA (Use clobetasol propionate)	NF	QL(60 gm per fill retail)	ULTRAVATE LOTN	NP	
TEMOVATE OINT (Use clobetasol propionate)	NF	QL(60 gm per fill retail)	VANOS CREA (Use fluocinonide)	NP	
TEXACORT SOLN 2.5 %	NP		Eczema Agents		
TOPICORT CREA 0.05 % (Use desoximetasone)	NF	QL(300 gm per fill retail)	ADBRY	NP	SP
TOPICORT CREA 0.25 % (Use desoximetasone)	NP	QL(2 gm daily)	CIBINQO	NP	SP
TOPICORT GEL (Use desoximetasone)	NP	QL(2 gm daily)	DUPIXENT SOPN	P	SP; PA
TOPICORT LIQD (Use desoximetasone)	NF		DUPIXENT SOPN	NP	SP
TOPICORT OINT 0.25 % (Use desoximetasone)	NF	QL(2 gm daily)	DUPIXENT SOSY	P	SP; PA
TOPICORT OINT 0.05 % (Use desoximetasone)	NF		DUPIXENT SOSY 100 MG/0.67ML	NP	SP
TOVET KIT	NP		OPZELURA	NP	
triamcinolone acetonide (topical) AERS	NP		Emollient/Keratolytic Agents		
triamcinolone acetonide (topical) CREA 0.5 %	P	QL(15 gm per fill retail)	urea in lactic acid vehicle	NP	
triamcinolone acetonide (topical) CREA 0.025 %	P	QL(908 gm per fill retail)	urea CREA 39 %, 41 %	P	
triamcinolone acetonide (topical) CREA 0.1 %	P	QL(454 gm per fill retail)	urea CREA 40 %	P	QL(200 gm per fill retail); RX/OTC
triamcinolone acetonide (topical) LOTN	P	QL(60 ml per fill retail)	UREA CREA	P	
triamcinolone acetonide (topical) OINT 0.1 %	P	QL(60 gm per fill retail)	urea LOTN 40 %	P	QL(325 gm per fill retail)
			Emollients		
			lactic acid (ammonium lactate) CREA	NP	QL(385 gm per fill retail); RX/OTC
			lactic acid (ammonium lactate) LOTN 12 %	P	QL(1368 gm per fill retail); RX/OTC
			Immunomodulating Agents - Topical		
			imiquimod 5 %	P	QL(48 ea per 180 days retail)
			imiquimod 3.75 %	NP	

Drug Name	Drug Tier	Requirements/Limits
ZYCLARA (Use imiquimod)	NP	
ZYCLARA PUMP	NP	
ZYCLARA PUMP (Use imiquimod)	NP	
Immunosuppressive Agents - Topical		
ELIDEL (Use pimecrolimus)	P	QL(30 gm per 30 days retail); PA
HYFTOR	NP	
pimecrolimus	P	QL(30 gm per 30 days retail); PA
tacrolimus (topical) OINT	P	QL(30 gm per 30 days retail); PA
tacrolimus (topical) OINT 0.1 %	P	QL(30 gm per 60 days retail); PA
Keratolytic/Antimitotic/Vesicant Agents		
BENSAL HP OINT	NP	RX/OTC
COMPOUND W FAST ACTING GEL+CONSEAL GEL (Use salicylic acid)	NF	
CONDYLOX GEL (Use podofilox)	P	
PODOCON-25 SOLN	NP	
podofilox GEL	P	
podofilox SOLN	P	QL(4 ml per fill retail)
SALICATE LIQD	NP	
salicylic acid FOAM	NP	
salicylic acid GEL 6 %	P	
salicylic acid LIQD 27.5 %	P	
SALICYLIC ACID OINT	P	RX/OTC
SALYCIM CREA	NP	
UREA/SALICYLIC ACID CREA	NP	
YCANATH SOLN	NP	
Liniments		

Drug Name	Drug Tier	Requirements/Limits
menthol-methyl salicylate (liniments) CREA	P	
Local Anesthetics - Topical		
DERMACINRX LIDOGE L GEL	NP	
lidocaine hcl CREA 3 %	P	
lidocaine hcl PRSY	P	QL(30 ml per fill retail)
lidocaine hcl SOLN	P	
LIDOCAINE HYDROCHLORIDE CREA	NP	
lidocaine OINT	P	
lidocaine-prilocaine CREA	NP	QL(30 gm per fill retail)
lidocaine-prilocaine KIT	NP	
lidocaine PTCH 5 %	P	
LIDODERM PTCH (Use lidocaine)	NP	
LIDOREX GEL	NP	
LIDOTRAL/MENTHOL LIQD	NP	
LIDOTRAL CREA	NP	
LIDOTRAN CREA	NP	
LYDEXA CREA	NP	
QUTENZA	NP	
XYLIDERM	NP	
ZTLIDO PTCH	NP	
Misc. Topical		
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CUTTER ALL FAMILY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	OFF DEEP WOODS AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CUTTER BACKWOODS DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	OFF FAMILYCARE SMOOTH & DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CUTTER BACKWOODS AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	OFF SMOOTH & DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CUTTER DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	REPEL FAMILY DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CUTTER SKINSATIONS AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	REPEL FAMILY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CUTTER SPORT AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	REPEL HUNTERS FORMULA AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CUTTER AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	REPEL SPORTSMEN DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CVS INSECT REPELLENT AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	REPEL SPORTSMEN MAX AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
CVS TOTAL HOME INSECT REPELLENT AERO	P	QL(170 ml per fill retail; 340 ml per 30 days retail)	REPEL SPORTSMEN MAX LOTN	P	QL(57 gm per fill retail; 114 gm per 30 days retail)
OFF ACTIVE AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	REPEL SPORTSMEN AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
OFF DEEP WOODS DRY AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	P	QL(57 ml per fill retail; 114 ml per 30 days retail)
OFF DEEP WOODS SPORTSMEN AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)	SAWYER INSECT REPELLENT AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
ULTRATHON INSECT REPELLENT 8 AERO	P	QL(170 gm per fill retail; 340 gm per 30 days retail)
ULTRATHON INSECT REPELLENT LOTN	P	QL(57 gm per fill retail; 114 gm per 30 days retail)
XERAC AC	NP	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	P	PA
Pigmenting-Depigmenting Agents		
hydroquinone CREA 4 %	P	QL(56.8 gm per fill retail)
Rosacea Agents		
azelaic acid GEL	NP	
brimonidine tartrate (topical)	NP	
doxycycline (rosacea)	NP	
FINACEA FOAM	NP	
FINACEA GEL (Use azelaic acid)	NP	
ivermectin (rosacea)	NP	
METROLOTION LOTN (Use metronidazole (topical))	NF	
metronidazole (topical) CREA	P	QL(45 gm per fill retail)
metronidazole (topical) GEL 0.75 %	P	QL(45 gm per fill retail)
metronidazole (topical) GEL 1 %	P	
metronidazole (topical) LOTN	P	
NORITATE CREA	NP	
RHOFADE	NP	
ROSADAN KIT	NP	
Scabicides & Pediculicides		
crotamiton LOTN	NP	QL(454 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ivermectin (pediculicide)	NP	RX/OTC
malathion	NP	QL(59 ml per fill retail)
NATROBA (Use spinosad)	P	
OVIDE (Use malathion)	NF	QL(59 ml per fill retail)
permethrin CREA	P	QL(60 gm per fill retail)
permethrin LIQD EX	P	2 rtl pack lmt per fill
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	P	
SKLICE (Use ivermectin (pediculicide))	NF	RX/OTC
spinosad	NP	
Tar Products		
coal tar extract SHAM 0.5 %, 1 %	P	
DHS TAR GEL SHAM (Use coal tar extract)	NF	
DHS TAR SHAM (Use coal tar extract)	NF	
IONIL-T SHAM (Use coal tar extract)	NF	
NEUTROGENA T/GEL SHAM 0.5 % (Use coal tar extract)	NF	
Wound Care Products		
ALGICELL CALCIUM DRESSING2"X2" MISC	P	
ALGICELL CALCIUM DRESSING3/4"X12" MISC	P	
ALGICELL CALCIUM DRESSING4"X4" MISC	P	
ALGICELL CALCIUM DRESSING4"X8" MISC	P	
ALGISITE M 2"X2" MISC	P	
ALGISITE M 3/4"X12" MISC	P	
ALGISITE M 4"X4" MISC	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALGISITE M 6"X8" MISC	P		KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	P	
CARETOUCH 4"X4" MISC	P		RESTORE CALCICARE DRESSING 12" ROPE MISC	P	
DYNAGINATE CALCIUM ALGINATE DRESSING 2"X2" MISC	P		RESTORE CALCICARE DRESSING 2"X2" MISC	P	
DYNAGINATE CALCIUM ALGINATE DRESSING 4"X8" MISC	P		RESTORE CALCICARE DRESSING 4"X4" MISC	P	
DYNAGINATE CALCIUM ALGINATE DRESSING 4-1/4"X4-1/4" MISC	P		RESTORE CALCICARE DRESSING 4"X8" MISC	P	
DYNAGINATE CALCIUM ALGINATE ROPE DRESSING 2GMX30CM MISC	P		RESTORE CALCIUM ALGINATEDRESSING 4"X4" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 12"X24" MISC	P		VYJUVEK	NP	SP
KENDALL CALCIUM ALGINATEDRESSING 2"X2" MISC	P		ZENIFIBER 2"X2" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 4"X4" MISC	P		ZENIFIBER 4"X5" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 4"X5-1/2" MISC	P		ZENIFIBER 6"X6" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 6"X10" MISC	P		ZENIFIBER 8"X8" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 8"X4" MISC	P		DIAGNOSTIC PRODUCTS		
KENDALL CALCIUM ALGINATEDRESSING PLUS 4"X4" MISC	P		Diagnostic Tests		
KENDALL CALCIUM ALGINATEDRESSING ROPE 12" MISC	P		ACCU-CHEK AVIVA PLUS STRP	NP	RX/OTC
KENDALL CALCIUM ALGINATEDRESSING ROPE 24" MISC	P		ACCU-CHEK GUIDE TEST STRIPS STRP	NP	RX/OTC
			ACCU-CHEK GUIDE STRP	NP	RX/OTC
			ACCU-CHEK SMARTVIEW STRIPS STRP	NP	RX/OTC
			ACCUTREND GLUCOSE STRP	NP	RX/OTC
			ADVANCE INTUITION TEST STRIPS STRP	NP	RX/OTC
			ADVANCE MICRO-DRAW TEST STRIPS STRP	NP	RX/OTC
			ADVOCATE REDI-CODE+ TESTSTRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE REDI-CODE STRP	NP	RX/OTC
ADVOCATE TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX AMP NO CODE TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX JAZZ TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX KEYNOTE TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX PRESTO TEST STRIPS STRP	NP	RX/OTC
ASSURE 3 TEST STRIPS STRP	NP	RX/OTC
ASSURE 4 TEST STRIPS STRP	NP	RX/OTC
ASSURE II CHECK STRIP STRP	NP	RX/OTC
ASSURE II TEST STRIPS STRP	NP	RX/OTC
ASSURE II STRP	NP	RX/OTC
ASSURE PLATINUM TEST STRIPS STRP	NP	RX/OTC
ASSURE PRISM MULTI TEST STRIPS STRP	NP	RX/OTC
ASSURE PRO TEST STRIPS STRP	NP	RX/OTC
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	
BIOSCANNER GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BIOTEL CARE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS333 STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP	NP	RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	NP	RX/OTC
CARESENS N BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP-K STRP	P	
CLEVER CHEK AUTO-CODE TEST STRIPS STRP	NP	RX/OTC
CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP	NP	RX/OTC
CLEVER CHEK TEST STRIPS STRP	NP	RX/OTC
CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP	NP	RX/OTC
CLEVER CHOICE MICRO TEST STRIPS STRP	NP	RX/OTC
CLEVER CHOICE NO CODING TEST STRIPS STRP	NP	RX/OTC
CLEVER CHOICE TALK NO CODING TEST STRIPS STRP	NP	RX/OTC
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST KIT	P	
CONTOUR BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CONTOUR NEXT BLOOD GLUCOSE TEST STRP	NP	RX/OTC
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COVID-19 AT-HOME TEST KIT KIT	P		EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	P		EASYGLUCO STRP	NP	RX/OTC
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	P		EASYMAX 15 TEST STRIPS STRP	NP	RX/OTC
CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC	EASYMAX TEST STRIPS STRP	NP	RX/OTC
CVS GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC	EASYPRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
D-CARE BLOOD GLUCOSE STRP	NP	RX/OTC	EASYPRO PLUS STRP	NP	RX/OTC
DIATHRIVE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ELEMENT COMPACT TEST STRIPS STRP	NP	RX/OTC
DIATHRIVE+ BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC	ELEMENT TEST STRIPS STRP	NP	RX/OTC
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ELLUME COVID-19 HOME TEST KIT	P	
DUO-CARE TEST STRIPS STRP	NP	RX/OTC	EMBRACE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY PLUS II BLOOD GLUCOSE TEST STRP	NP	RX/OTC	EMBRACE EVO BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
EASY STEP TEST STRIPS STRP	NP	RX/OTC	EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
EASY TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC	EQ BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC	EVOLUTION AUTOCODE STRP	NP	RX/OTC
EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	NP	RX/OTC
			FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA V30A BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA 6 CONNECT STRP	NP	RX/OTC	FORACARE GD40 STRP	NP	RX/OTC
FORA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORACARE PREMIUM V10 TESTSTRIPS STRP	NP	RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORACARE TEST N GO TEST STRIPS STRP	NP	RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORTISCARE BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	NP	RX/OTC
FORA GD20 TEST STRIPS STRP	NP	RX/OTC	FREESTYLE LITE TEST STRIPS STRP	NP	RX/OTC
FORA GD50 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FREESTYLE TEST STRIPS STRP	NP	RX/OTC
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	GE100 BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	GENULTIMATE TEST STRIPS STRP	NP	RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	GHT TEST STRIPS STRP	NP	RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	GLUCO PERFECT 3 TEST STRIPS STRP	NP	RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	GLUCOCARD 01 SENSOR PLUS STRP	NP	RX/OTC
			GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	RX/OTC
			GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD SHINE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD VITAL TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD X-SENSOR STRP	NP	RX/OTC
GLUCOCOM TEST STRIPS STRP	NP	RX/OTC
GLUCONAVII BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCOSE METER TEST STRIPS ADVANCED STRP	NP	RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	NP	RX/OTC
GOJJI BLOOD GLUCOSE TEST STRIPS/GOJJI STERILE LANCETS 30G STRP	NP	RX/OTC
GOJJI BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
IHEALTH COVID-19 ANTIGEN RAPID TEST KIT	P	
IN TOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
INFINITY BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
INFINITY VOICE STRP	NP	RX/OTC
INTELISWAB COVID-19 RAPID TEST KIT	P	
KETONE TEST STRIPS STRP	P	
KETONE STRP	P	
KETOSTIX STRP	P	
KROGER BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
KROGER HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
LIBERTY TEST STRIPS STRP	NP	RX/OTC
LUCIRA CHECK IT COVID-19 TEST KIT	P	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE TEST KIT	P	RX/OTC
MEIJER BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MICRODOT TEST STRIPS STRP	NP	RX/OTC
MICRODOT XTRA TEST STRIPS STRP	NP	RX/OTC
MM BLULINK GLUCOSE TEST STRIPS STRP	P	RX/OTC
MM EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	NP	RX/OTC
NEUTEK 2TEK TEST STRIPS STRP	NP	RX/OTC
NOVA MAX GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	
ONE DROP BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ONETOUCH ULTRA STRP	P	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	NP	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
OPTIUMEZ TEST STRIPS STRP	NP	RX/OTC
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PTS PANELS EGLU STRP	NP	RX/OTC
PTS PANELS GLUCOSE TEST STRP	NP	RX/OTC
QUICKTEK TEST STRIPS STRP	NP	RX/OTC
QUICKVUE AT-HOME COVID-19 TEST KIT	P	
QUINTET AC BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
QUINTET BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
REFUAH PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION CONFIRM/MICRO TEST STRIPS STRP	NP	RX/OTC
RELION KETONE TEST STRIPS STRP	P	
RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
REXALL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP	NP	RX/OTC
SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
SMARTTEST BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SOLUS V2 AUDIBLE TEST STRP	NP	RX/OTC
SUPREME TEST STRIPS STRP	NP	RX/OTC
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TGT BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TRUE METRIX PRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
TRUETEST STRIPS STRP	NP	RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
TRUETRACK TEST STRP	NP	RX/OTC
UNISTRIP1 GENERIC STRP	NP	RX/OTC
VERASENS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	P	MP
<i>acetazolamide TABS</i>	P	MP
<i>dichlorphenamide</i>	NP	SP
KEVEYIS (<i>Use dichlorphenamide</i>)	NP	SP
<i>methazolamide TABS</i>	P	MP
Diuretic Combinations		
ALDACTAZIDE	NP	
ALDACTAZIDE (<i>Use spironolactone & hydrochlorothiazide</i>)	NF	MP
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 ea daily); MP
MAXZIDE-25 TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP
MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NP	QL(1 ea daily); MP
<i>spironolactone & hydrochlorothiazide</i>	P	MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	QL(1 ea daily); MP
<i>triamterene & hydrochlorothiazide TABS</i>	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
Loop Diuretics		
<i>bumetanide TABS</i>	P	MP
BUMEX TABS 0.5 MG (<i>Use bumetanide</i>)	NP	MP
EDECIN (<i>Use ethacrynic acid</i>)	NP	MP
<i>ethacrynic acid</i>	P	MP
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	P	MP
<i>furosemide TABS</i>	P	MP
LASIX TABS (<i>Use furosemide</i>)	NP	MP
<i>toremide TABS 5 MG, 10 MG, 100 MG</i>	P	QL(1 ea daily); MP
<i>toremide TABS 20 MG</i>	P	MP
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use spironolactone</i>)	NP	MP
<i>amiloride hcl TABS</i>	P	QL(4 ea daily); MP
CAROSPIR SUSP (<i>Use spironolactone</i>)	NP	MP
<i>spironolactone SUSP</i>	NP	MP
<i>spironolactone TABS 25 MG, 100 MG</i>	P	MP
<i>spironolactone TABS 50 MG</i>	P	
<i>triamterene CAPS</i>	P	MP
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	P	MP
DIURIL SUSP	P	MP
<i>hydrochlorothiazide CAPS</i>	P	MP
<i>hydrochlorothiazide TABS</i>	P	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	MP
<i>metolazone</i>	P	MP
THALITONE	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC.		

Drug Name	Drug Tier	Requirements/Limits
- Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	NP	SP
RECORLEV	NP	SP
Bone Density Regulators		
ACTONEL TABS 35 MG (Use risedronate sodium)	NP	QL(4 ea per 28 days retail; 12 ea per 84 days mail); MP
ACTONEL TABS 150 MG (Use risedronate sodium)	NP	MP
alendronate sodium SOLN	P	QL(10.8 ml daily); MP
alendronate sodium TABS 10 MG	P	QL(1 ea daily); MP
alendronate sodium TABS 35 MG, 70 MG	P	QL(0.143 ea daily); MP
ATELVIA TBEC (Use risedronate sodium)	NP	MP
BINOSTO TBEF	NP	
BONIVA TABS (Use ibandronate sodium)	NF	MP
calcitonin (salmon) NA	P	QL(4 ml per 30 days retail)
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (Use alendronate sodium)	NP	QL(0.143 ea daily); MP
ibandronate sodium TABS	NP	MP
risedronate sodium TABS 5 MG, 30 MG	NP	QL(1 ea daily); MP
risedronate sodium TABS 35 MG	NP	QL(4 ea per 28 days retail; 12 ea per 84 days mail); MP
risedronate sodium TABS 150 MG	NP	MP
risedronate sodium TBEC	NP	MP
GnRH/LHRH Antagonists		
ORLISSA	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
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
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	
SAIZEN IJ	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA (Use raloxifene hcl)	NF	QL(1 ea daily); MP
EVISTA (Use raloxifene hcl)	NP	QL(1 ea daily); MP
OSPHENA	NP	
raloxifene hcl	NP	QL(1 ea daily); MP
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
SYNAREL	NP	SP

Drug Name	Drug Tier	Requirements/Limits
Metabolic Modifiers		
<i>betaine</i>	NP	SP
BUPHENYL POWD (Use sodium phenylbutyrate)	NP	SP
BUPHENYL TABS (Use sodium phenylbutyrate)	NP	SP
<i>calcitriol CAPS</i>	P	
<i>calcitriol SOLN OR</i>	P	
CARBAGLU (Use carglumic acid)	NP	SP
<i>carglumic acid</i>	NP	SP
<i>carglumic acid</i>	P	SP; PA
CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)
CARNITOR TABS (Use levocarnitine (metabolic modifiers))	NP	QL(3 ea daily)
<i>cinacalcet hcl</i>	NP	SP
CYSTADANE (Use <i>betaine</i>)	NP	SP
<i>doxercalciferol CAPS</i>	P	
GALAFOLD	NP	SP
KUVAN PACK (Use <i>sapropterin dihydrochloride</i>)	NP	SP
KUVAN TABS (Use <i>sapropterin dihydrochloride</i>)	NP	SP
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	NP	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) TABS</i>	NP	QL(3 ea daily)
<i>nitisinone CAPS</i>	P	SP
NITYR TABS	NP	SP
OLPRUVA THPK	NP	SP

Drug Name	Drug Tier	Requirements/Limits
ORFADIN CAPS (Use <i>nitisinone</i>)	P	SP
ORFADIN SUSP	NP	SP
<i>paricalcitol CAPS</i>	NP	
PHEBURANE PLLT	NP	
RAVICTI	NP	SP
RAYALDEE	NP	
ROCALTROL CAPS (Use <i>calcitriol</i>)	NP	
ROCALTROL SOLN OR (Use <i>calcitriol</i>)	NP	
<i>sapropterin dihydrochloride PACK</i>	NP	SP
<i>sapropterin dihydrochloride TABS</i>	NP	SP
SENSIPAR (Use <i>cinacalcet hcl</i>)	NP	SP
<i>sodium phenylbutyrate POWD</i>	NP	SP
<i>sodium phenylbutyrate TABS</i>	NP	SP
ZEMPLAR CAPS 1 MCG, 2 MCG (Use <i>paricalcitol</i>)	NP	
Mineralocorticoid Receptor Antagonists		
KERENDIA	P	PA
KERENDIA	NP	
Posterior Pituitary Hormones		
DDAVP TABS (Use <i>desmopressin acetate</i>)	NP	QL(6 ea daily)
<i>desmopressin acetate spray</i>	P	1 rtl pack lmt per fill; QL(1 ml daily)
<i>desmopressin acetate spray refrigerated</i>	P	1 rtl pack lmt per fill; QL(1 ml daily)
<i>desmopressin acetate TABS</i>	P	QL(6 ea daily)
NOCDURNA SUBL	NP	
Progesterone Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
MIFEPREX (Use mifepristone)	P	
mifepristone	P	
Prolactin Inhibitors		
cabergoline	P	
Somatostatic Agents		
LANREOTIDE ACETATE	NP	SP
MYCAPSSA CPDR	NP	SP
octreotide acetate SOLN	NP	SP
octreotide acetate SOSY	NP	SP
SANDOSTATIN LAR DEPOT KIT	NP	SP
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	NP	SP
SIGNIFOR	NP	SP
SIGNIFOR LAR	NP	SP
SOMATULINE DEPOT	NP	SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS	NP	SP
JYNARQUE TBPB	NP	SP
SAMSCA TABS (Use tolvaptan)	NP	SP
tolvaptan TABS	NP	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	NP	QL(1 ea daily)
ANGELIQ	NP	
BIJUVA	NP	
CLIMARA PRO	NP	
COMBIPATCH PTTW	P	QL(0.29 ea daily)
DUAVEE	NP	

Drug Name	Drug Tier	Requirements/Limits
esterified estrogens & methyltestosterone	P	
estradiol & norethindrone acetate TABS	P	QL(1 ea daily)
FEMHRT (Use norethindrone acetate-ethinyl estradiol)	NF	
MYFEMBREE	P	PA
norethindrone acetate-ethinyl estradiol	NP	
ORIAHNN	P	PA
PREFEST	NP	
PREMPHASE	P	QL(1 ea daily)
PREMPRO	P	QL(1 ea daily)
Estrogens		
CLIMARA PTWK 0.025 MG/24HR (Use estradiol)	NP	
CLIMARA PTWK 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR (Use estradiol)	NP	QL(0.143 ea daily)
DELESTROGEN (Use estradiol valerate)	NP	
DEPO-ESTRADIOL	NP	
DIVIGEL GEL (Use estradiol)	NP	
ELESTRIN GEL	NP	
ESTRACE TABS (Use estradiol)	NP	
estradiol valerate	NP	
estradiol GEL	NP	
estradiol PTTW	P	QL(0.29 ea daily)
estradiol PTWK 0.025 MG/24HR	P	
estradiol PTWK 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR	P	QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol TABS</i>	P	
EVAMIST SOLN	NP	
MENEST	P	
MENOSTAR PTWK	NP	
MINIVELLE PTTW (<i>Use estradiol</i>)	NP	QL(0.29 ea daily)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
<i>ciprofloxacin hcl TABS 100 MG</i>	P	QL(6 ea per fill retail)
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin in d5w</i>	P	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	P	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>levofloxacin in d5w</i>	P	
<i>levofloxacin SOLN OR</i>	P	
<i>levofloxacin SOLN IV</i>	P	
<i>levofloxacin TABS</i>	P	QL(1 ea daily)
<i>moxifloxacin hcl TABS</i>	P	
<i>ofloxacin 300 MG</i>	NP	
<i>ofloxacin 400 MG</i>	NP	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY	NP	
Agents for Chronic Idiopathic Constipation (CIC)		

Drug Name	Drug Tier	Requirements/Limits
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	
<i>simethicone CHEW 80 MG</i>	P	
<i>simethicone LIQD OR 20 MG/0.3ML</i>	P	
<i>simethicone SUSP</i>	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	QL(5 ea daily); 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	QL(7 ea daily)
URSO FORTE TABS (<i>Use ursodiol</i>)	NP	
<i>ursodiol CAPS</i>	P	QL(3 ea daily)
<i>ursodiol TABS 250 MG</i>	NP	QL(7 ea daily)
<i>ursodiol TABS 500 MG</i>	NP	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis)</i>	P	
GASTROCROM (<i>Use cromolyn sodium (mastocytosis)</i>)	NP	
Gastrointestinal Chloride Channel Activators		

Drug Name	Drug Tier	Requirements/Limits
AMITIZA (Use lubiprostone)	NP	
AMITIZA (Use lubiprostone)	NF	
lubiprostone	NP	
Gastrointestinal Stimulants		
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	P	
metoclopramide hcl TABS	P	
REGLAN TABS (Use metoclopramide hcl)	NP	
Inflammatory Bowel Agents		
APRISO CP24 (Use mesalamine)	NP	
ASACOL HD TBEC (Use mesalamine)	NF	QL(3 ea daily)
AVSOLA	NP	SP
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	NP	
AZULFIDINE TABS (Use sulfasalazine)	NP	
AZULFIDINE TABS (Use sulfasalazine)	NF	
balsalazide disodium CAPS	P	QL(9 ea daily)
CANASA SUPP (Use mesalamine)	NP	
CIMZIA STARTER KIT PSKT	P	SP; PA
CIMZIA KIT	NP	SP
CIMZIA PSKT	P	SP; PA
COLAZAL CAPS (Use balsalazide disodium)	NP	QL(9 ea daily)
DELZICOL CPDR (Use mesalamine)	NP	
DIPENTUM	NP	
ENTYVIO SOLR	NP	SP
ENTYVIO SOPN	NP	SP
INFLECTRA SOLR	NP	SP

Drug Name	Drug Tier	Requirements/Limits
INFLIXIMAB	NP	SP
LIALDA TBEC (Use mesalamine)	NP	
LIALDA TBEC (Use mesalamine)	NF	
mesalamine w/ cleanser	NP	
mesalamine CP24	NP	
mesalamine CPCR	P	
mesalamine CPDR	NP	
mesalamine ENEM	P	QL(60 ml daily)
mesalamine SUPP	P	
mesalamine TBEC 800 MG	NP	QL(3 ea daily)
mesalamine TBEC 1.2 GM	NP	
OMVOH SOAJ	NP	SP
OMVOH SOLN	NP	SP
PENTASA CPCR (Use mesalamine)	P	
PENTASA CPCR	P	
REMICADE	NP	SP
RENFLEXIS	NP	SP
ROWASA (Use mesalamine w/ cleanser)	NP	
SFROWASA ENEM	P	
SKYRIZI SOCT	NP	SP
SKYRIZI SOLN	NP	SP
STELARA 130 MG/26ML	NP	SP
sulfasalazine TABS	P	
sulfasalazine TBEC	P	
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	NP	
IBSRELA	NP	
LINZESS	NP	

Illinois YouthCare

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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
LOTRONEX (Use alosetron hcl)	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
alvimopan	NP	
ENTEREG (Use alvimopan)	NP	
MOVANTIK	NP	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA	NP	
calcium acetate (phosphate binder) CAPS	P	
calcium acetate (phosphate binder) TABS	P	RX/OTC
FOSRENOL CHEW (Use lanthanum carbonate)	NP	
FOSRENOL PACK	P	
lanthanum carbonate CHEW	P	
PHOSLYRA SOLN	NP	
RENAGEL (Use sevelamer hcl)	NF	
RENVELA PACK (Use sevelamer carbonate)	NP	
RENVELA TABS (Use sevelamer carbonate)	NP	
sevelamer carbonate PACK	NP	
sevelamer carbonate TABS	P	
sevelamer hcl	P	
VELPHORO	NP	
Short Bowel Syndrome (SBS) Agents		
GATTEX	NP	SP
GENITOURINARY AGENTS - MISCELLANEOUS -		

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	NP	
Alkalinizers		
ORACIT	P	
pot & sod citrates w/citric ac SOLN	NP	
potassium citrate (alkalinizer) TBCR 15 MEQ, 540 MG, 1080 MG, 1620 MG	NP	
potassium citrate-citric acid PACK	NP	
potassium citrate-citric acid SOLN	NP	RX/OTC
sodium citrate & citric acid	P	QL(500 ml per 30 days retail); RX/OTC
sodium citrate & citric acid	P	RX/OTC
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	NP	
UROCIT-K 15 TBCR (Use potassium citrate (alkalinizer))	NP	
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP
PROCYSBI CPDR	NP	SP
PROCYSBI PACK	NP	SP
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	NP	QL(3 ea daily)
Prostatic Hypertrophy Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin hcl</i>	P	MP
AVODART (Use <i>dutasteride</i>)	NF	MP
AVODART (Use <i>dutasteride</i>)	NP	MP
CARDURA XL	NP	
<i>dutasteride</i>	NP	MP
<i>dutasteride-tamsulosin hcl</i>	NP	MP
ENTADFI	NP	
<i>finasteride</i>	P	QL(1 ea daily); MP
FLOMAX (Use <i>tamsulosin hcl</i>)	NP	QL(2 ea daily); MP
JALYN (Use <i>dutasteride-tamsulosin hcl</i>)	NP	MP
PROSCAR (Use <i>finasteride</i>)	NP	QL(1 ea daily); MP
RAPAFLO (Use <i>silodosin</i>)	NP	MP
RAPAFLO 8 MG (Use <i>silodosin</i>)	NF	MP
<i>silodosin</i>	NP	MP
<i>tamsulosin hcl</i>	P	QL(2 ea daily); 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		
LITHOSTAT	NP	
THIOLA EC TBEC (Use <i>tiopronin</i>)	NP	SP
THIOLA TABS (Use <i>tiopronin</i>)	NP	SP
<i>tiopronin</i> TABS	NP	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits
Gout Agents		
<i>allopurinol</i>	P	MP
ALLOPURINOL	P	
<i>colchicine CAPS</i>	NP	MP
<i>colchicine TABS</i>	NP	QL(6 ea per fill retail); MP
COLCRYS TABS (Use <i>colchicine</i>)	NP	QL(6 ea per fill retail); MP
<i>febuxostat</i>	NP	MP
MITIGARE CAPS (Use <i>colchicine</i>)	NP	MP
ULORIC (Use <i>febuxostat</i>)	NP	MP
ZYLOPRIM (Use <i>allopurinol</i>)	NF	MP
Uricosurics		
<i>probenecid</i>	P	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA	P	SP; PA
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA
COAGADDEX	P	SP; PA
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA
ESPEROCT	P	SP; PA
FEIBA	P	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML, 300 MG/2ML	P	SP; PA

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Updated May 1, 2024

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Drug Name	Drug Tier	Requirements/Limits
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HUMATE-P SOLR	P	SP; PA
IDELVION	P	SP; PA
IXINITY SOLR	P	SP; PA
JIVI	P	SP; PA
KOATE-DVI SOLR 1000 UNIT	P	SP; PA
KOATE SOLR	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
NOVOEIGHT	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	NP	SP
<i>icatibant acetate</i> SOSY	NP	SP
Complement Inhibitors		
BERINERT KIT	P	SP; PA
EMPAVELI	NP	SP
ENJAYMO	NP	SP
FABHALTA	NP	SP
HAEGARDA SOLR SC	NP	SP

Drug Name	Drug Tier	Requirements/Limits
SOLIRIS	NP	SP
TAVNEOS	NP	SP
ULTOMIRIS	NP	SP
VEOPOZ	NP	SP
ZILBRYSQ	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP
Hematological Enzymes - Misc		
ADZYNMA	NP	SP
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Plasma Kallikrein Inhibitors		
KALBITOR	NP	SP
ORLADEYO	NP	SP
TAKHZYRO SOLN	NP	SP
TAKHZYRO SOSY	NP	SP
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (Use <i>anagrelide hcl</i>)	NP	
<i>anagrelide hcl</i>	P	
<i>aspirin-dipyridamole</i>	P	
BRILINTA	P	QL(2 ea daily)
<i>cilostazol</i>	NP	QL(2 ea daily)
<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 ea daily)
<i>clopidogrel bisulfate 300 MG</i>	P	
<i>dipyridamole</i>	P	MP
EFFIENT (Use <i>prasugrel hcl</i>)	NP	QL(1 ea daily)
EFFIENT (Use <i>prasugrel hcl</i>)	NF	QL(1 ea daily)
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NF	QL(1 ea daily)
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NP	QL(1 ea daily)
<i>prasugrel hcl</i>	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
ADAKVEO	NP	SP
CASGEVY	NP	SP
DROXIA CAPS	P	
ENDARI	P	SP
LYFGENIA	NP	SP
OXBRYTA TABS	NP	SP
OXBRYTA TBSO	NP	SP
SIKLOS TABS	NP	
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	
NASCOBAL SOLN NA (Use cyanocobalamin)	NF	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	P	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	NP	SP
ARANESP ALBUMIN FREE SOSY	NP	SP
DOPTELET	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA
FULPHILA	NP	SP
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP
GRANIX SOSY	NP	SP
JESDUVROQ	NP	

Drug Name	Drug Tier	Requirements/Limits
LEUKINE SOLR IJ	P	SP
MIRCERA	NP	SP
MULPLETA	NP	SP
NEULASTA ONPRO KIT PSKT	NP	SP
NEULASTA SOSY	NP	SP
NEUPOGEN SOLN	P	SP
NEUPOGEN SOSY	P	SP
NIVESTYM SOLN	NP	SP
NIVESTYM SOSY	NP	SP
NPLATE	NP	SP
NYVEPRIA	NP	SP
PROCRIT	P	SP; PA
PROCRIT	P	SP; PA
PROMACTA PACK	NP	SP
PROMACTA TABS	NP	SP
REBLOZYL	NP	SP
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	NP	SP
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP
ZARXIO	NP	SP
ZIEXTENZO	NP	SP
Iron		
FEOSOL TABS (Use ferrous sulfate dried)	NF	
FER-IN-SOL SOLN (Use ferrous sulfate)	NF	QL(10 ml daily)
FERRETTTS TABS	P	QL(2 ea daily)
<i>ferrous fumarate TABS 324 MG</i>	P	QL(2 ea daily)
<i>ferrous sulfate dried TABS 200 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate SOLN 15 MG/ML</i>	P	QL(10 ml daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ml daily)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	P	
<i>ferrous sulfate TBEC 325 MG</i>	P	
FERROUS SULFATE TBEC (Use <i>ferrous sulfate</i>)	NF	
<i>polysaccharide iron complex CAPS 150 MG</i>	P	QL(1 ea daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 500 MG (Use <i>aminocaproic acid</i>)	NF	QL(24 ea per fill retail); SP
<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 ea per fill retail); SP
LYSTEDA TABS (Use <i>tranexamic acid</i>)	NF	2 rtl MAX fill; 30 rtl day(s) supply; QL(30 ea per 5 days retail); AL(At least 12 yrs old)
<i>tranexamic acid TABS</i>	P	2 rtl MAX fill; 30 rtl day(s) supply; QL(30 ea per 5 days retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>doxylamine succinate (sleep)</i>	P	
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NF	
UNISOM SLEEPTABS (Use <i>doxylamine succinate (sleep)</i>)	NF	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	P	
<i>phenobarbital TABS</i>	P	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use <i>zolpidem tartrate</i>)	NP	
AMBIEN TABS (Use <i>zolpidem tartrate</i>)	NP	QL(1 ea daily)
DORAL (Use <i>quazepam</i>)	NP	
EDLUAR SUBL	NP	
<i>estazolam</i>	P	
<i>eszopiclone</i>	NP	
<i>flurazepam hcl</i>	NP	QL(1 ea daily)
HALCION 0.25 MG (Use <i>triazolam</i>)	NP	QL(1 ea daily)
LUNESTA (Use <i>eszopiclone</i>)	NP	
LUNESTA 1 MG, 3 MG (Use <i>eszopiclone</i>)	NF	
<i>midazolam hcl SYRP</i>	NP	
<i>quazepam</i>	P	
RESTORIL 15 MG, 30 MG (Use <i>temazepam</i>)	NP	QL(1 ea daily)
RESTORIL 7.5 MG, 22.5 MG (Use <i>temazepam</i>)	NP	
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 ea daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>triazolam</i>	P	QL(1 ea daily)
<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	
Orexin Receptor Antagonists		
BELSOMRA	NP	
DAYVIGO	NP	
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	SP
HETLIOZ CAPS (<i>Use tasimelteon</i>)	NP	SP
<i>ramelteon</i>	NP	
ROZEREM (<i>Use ramelteon</i>)	NP	
<i>tasimelteon CAPS</i>	NP	SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	P	QL(10 ea daily)
METAMUCIL FREE & NATURAL POWD (<i>Use psyllium</i>)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use psyllium</i>)	NF	
METAMUCIL POWD (<i>Use psyllium</i>)	NF	
NATURAL FIBER LAXATIVE POWD	P	
<i>psyllium CAPS 0.08 MG-5 MG-400 MG, 0.52 GM, 400 MG</i>	P	
<i>psyllium POWD 25 %, 28.3 %, 30.9 %, 43 %, 49 %, 51.7 %, 58.6 %</i>	P	

Drug Name	Drug Tier	Requirements/Limits
REGULOID POWD	P	
Laxative Combinations		
GOLYTELY SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NF	QL(4000 ml per fill retail)
NULYTELY (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NF	QL(4000 ml per fill retail)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ml per fill retail)
<i>sennosides-docusate sodium TABS</i>	P	QL(4 ea daily)
SENOKOT S TABS (<i>Use sennosides-docusate sodium</i>)	NF	QL(4 ea daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 2 GM, 2.1 GM, 80.7 %</i>	P	
GLYCERIN ADULT SUPP (<i>Use glycerin (laxative)</i>)	NF	
<i>lactulose SOLN</i>	P	
MIRALAX MIX-IN PAX PACK (<i>Use polyethylene glycol 3350</i>)	NF	
MIRALAX PACK (<i>Use polyethylene glycol 3350</i>)	NF	
MIRALAX POWD (<i>Use polyethylene glycol 3350</i>)	NF	QL(34 gm daily)
PEDIA-LAX SUPP (<i>Use glycerin (laxative)</i>)	NF	
<i>polyethylene glycol 3350 PACK</i>	P	
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 gm daily)
Lubricant Laxatives		

Drug Name	Drug Tier	Requirements/Limits
FLEET OIL ENEM (Use mineral oil)	NF	
mineral oil ENEM	P	
Saline Laxatives		
FLEET ENEMA ENEM (Use sodium phosphates)	NF	
FLEET PEDIATRIC ENEM (Use sodium phosphates)	NF	
magnesium citrate	P	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	
sodium phosphates ENEM	P	
Stimulant Laxatives		
bisacodyl SUPP	P	QL(12 ea per fill retail)
bisacodyl TBEC	P	QL(1 ea daily)
castor oil OIL 100 %	P	
DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	NF	QL(1 ea daily)
DULCOLAX SUPP (Use bisacodyl)	NF	QL(12 ea per fill retail)
DULCOLAX TBEC (Use bisacodyl)	NF	QL(1 ea daily)
sennosides LIQD	P	
sennosides SYRP 8.8 MG/5ML	P	
sennosides TABS 8.6 MG	P	
SEKOT TABS (Use sennosides)	NF	
Surfactant Laxatives		
COLACE CAPS 100 MG (Use docusate sodium)	NF	QL(3 ea daily)
docusate sodium CAPS 100 MG, 250 MG	P	QL(3 ea daily)
docusate sodium LIQD	P	
docusate sodium SYRP	P	

Drug Name	Drug Tier	Requirements/Limits
DOCUSATE SODIUM SYRP	P	
docusate sodium TABS	P	QL(3 ea daily)
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	P	QL(2 ea per fill retail)
azithromycin SUSR 200 MG/5ML	P	QL(60 ml per fill retail)
azithromycin SUSR 100 MG/5ML	P	QL(15 ml per fill retail)
azithromycin TABS 500 MG	P	QL(4 ea daily)
azithromycin TABS 600 MG	P	QL(8 ea per 28 days retail)
azithromycin TABS 250 MG	P	QL(6 ea per fill retail)
ZITHROMAX TRI-PAK TABS (Use azithromycin)	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (Use azithromycin)	NP	QL(6 ea per fill retail)
ZITHROMAX PACK (Use azithromycin)	P	QL(2 ea per fill retail)
ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	NP	QL(60 ml per fill retail)
ZITHROMAX TABS 250 MG (Use azithromycin)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (Use azithromycin)	NP	QL(4 ea daily)
ZITHROMAX TABS 500 MG (Use azithromycin)	NF	QL(4 ea daily)
Clarithromycin		
clarithromycin SUSR 125 MG/5ML	P	QL(100 ml per fill retail)
clarithromycin SUSR 250 MG/5ML	P	QL(200 ml per fill retail)
clarithromycin TABS	P	QL(28 ea per fill retail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin TB24</i>	P	QL(14 ea per fill retail)	BAND-AID GAUZE PADS SMALL2" X 2" PADS	P	RX/OTC
Erythromycins			BAND-AID KLING ROLLED GAUZE LARGE 4" X 2.5 YDS MISC	P	RX/OTC
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	P		BAND-AID KLING ROLLED GAUZE MEDIUM 3" X 2.5 YDS MISC	P	RX/OTC
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	P		BAND-AID KLING ROLLED GAUZE SMALL 2" X 2.5 YDS MISC	P	RX/OTC
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i>)	P		BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	P	RX/OTC
<i>erythromycin base CPEP</i>	P		BIOGUARD BARRIER DRESSING/LARGE ROLL MISC	P	RX/OTC
<i>erythromycin base TABS</i>	P		BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
<i>erythromycin base TBEC</i>	P		BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
<i>erythromycin ethylsuccinate SUSR</i>	P		COMPEED SKIN PROTECTOR DRESSING/MEDIUM/OVAL MISC	P	RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	P		COMPEED SKIN PROTECTOR DRESSING/SMALL/STRIP MISC	P	RX/OTC
<i>erythromycin stearate TABS 250 MG</i>	P		COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	P	RX/OTC
Fidaxomicin			COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	P	RX/OTC
DIFICID SUSR	P		COVRSITE COVER DRESSING PADS	P	RX/OTC
DIFICID TABS	P		COVRSITE PLUS COMPOSITE DRESSING PADS	P	RX/OTC
MEDICAL DEVICES AND SUPPLIES					
Bandages-Dressings-Tape					
AMD FOAM DRESSING 4"X4" PADS	P	RX/OTC			
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	P	RX/OTC			
BAND-AID FLEXIBLE ROLLEDGAUZE 3" X 2.1 YARDS MISC	P	RX/OTC			
BAND-AID FLEXIBLE ROLLEDGAUZE 4" X 2.1 YARDS MISC	P	RX/OTC			
BAND-AID GAUZE PADS LARGE4" X 4" PADS	P	RX/OTC			
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CURAD HOLD TITE TUBULAR STRETCH BANDAGE/LARGE/5YDS MISC	P	RX/OTC	CURITY AMD ANTIMICROBIALPACKING STRIPS 1"X3' MISC	P	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/12"X12" MISC	P	RX/OTC	CURITY AMD ANTIMICROBIALPACKING STRIPS 1/2"X3' MISC	P	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/18"X18" MISC	P	RX/OTC	CURITY AMD ANTIMICROBIALPACKING STRIPS 1/4"X3' MISC	P	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/36"X36" MISC	P	RX/OTC	CURITY COVER SPONGE 4"X4" PADS	P	RX/OTC
CURITY #10 GAUZE BOLT/OVAL FOLD/36"X300' MISC	P	RX/OTC	CURITY COVER SPONGES 3"X3" PADS	P	
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS	P	RX/OTC	CURITY COVER SPONGES 4"X4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS	P	RX/OTC	CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS	P		CURITY GAUZE PADS 2"X2" 12 PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4 PLY PADS	P	RX/OTC	CURITY GAUZE PADS 3"X3" PADS	P	
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	P	RX/OTC	CURITY GAUZE PADS 4"X4" 12 PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	P	RX/OTC	CURITY GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS	P	RX/OTC	CURITY GAUZE SPONGE 2"X2"12 PLY PADS	P	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC	CURITY GAUZE SPONGE 3"X3" 12 PLY PADS	P	
			CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
			CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
			CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	P	RX/OTC	CURITY SPONGES/CELLULOSEFILLED/2"X2" PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC	CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	P	RX/OTC	CURITY TRIANGULAR BANDAGE 40"X40"X56" MISC	P	RX/OTC
CURITY IODOFORM PACKING STRIP 1"X15' MISC	P	RX/OTC	CVS GAUZE PAD 3"X3" PADS	P	
CURITY IODOFORM PACKING STRIP 1/2"X15' MISC	P	RX/OTC	CVS GAUZE PADS 2"X2" 12-PLY PADS	P	RX/OTC
CURITY IODOFORM PACKING STRIP 1/4"X15' MISC	P	RX/OTC	CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	P	RX/OTC
CURITY IODOFORM PACKING STRIP 2"X15' MISC	P	RX/OTC	CVS GAUZE PADS STERILE 4"X4" PADS	P	RX/OTC
CURITY IODOFORM PACKING STRIP MISC	P	RX/OTC	CVS TUBULAR GAUZE MISC	P	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 1"X30' MISC	P	RX/OTC	DERMACEA DRAIN SPONGES 4"X4" PADS	P	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 2"X30' MISC	P	RX/OTC	DERMACEA GAUZE FLUFF ROLL 2"X3YD MISC	P	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 3"X30' MISC	P	RX/OTC	DERMACEA GAUZE FLUFF ROLL 2.25"X3 YD 6 PLY MISC	P	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 4"X30' MISC	P	RX/OTC	DERMACEA GAUZE FLUFF ROLL 3.4"X3.6 YD 6 PLY MISC	P	RX/OTC
CURITY NON-ADHERENT STRIPS 1/2"X12' MISC	P	RX/OTC	DERMACEA GAUZE FLUFF ROLL 3.4"X3-1/2YD 6PLY MISC	P	RX/OTC
CURITY NON-ADHERENT STRIPS 3"X3" PADS	P		DERMACEA GAUZE FLUFF ROLL 4.5"X4.1 YD 6 PLY MISC	P	RX/OTC
CURITY PLAIN PACKING STRIP MISC	P	RX/OTC	DERMACEA GAUZE FLUFF ROLL 4-1/2"X4-1/8YD 6PLY MISC	P	RX/OTC
			DERMACEA GAUZE ROLL 2"X4-1/8YD MISC	P	RX/OTC
			DERMACEA GAUZE ROLL 3"X4-1/8YD MISC	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMACEA GAUZE ROLL 4"X4-1/8YD MISC	P	RX/OTC	DERMACEA STRETCH BANDAGE ROLL 2"X12' MISC	P	RX/OTC
DERMACEA GAUZE ROLL 6"X4-1/8YD MISC	P	RX/OTC	DERMACEA STRETCH BANDAGE ROLL 3"X12' MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS	P	RX/OTC	DERMACEA STRETCH BANDAGE ROLL 4"X12' MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC	DERMACEA STRETCH BANDAGE ROLL 6"X12' MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 3"X3" 12 PLY PADS	P		DERMACEA STRETCH BANDAGE 2"X4-1/8YD MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 3"X3" 8 PLY PADS	P		DERMACEA STRETCH BANDAGE 3"X4-1/8YD MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC	DERMACEA STRETCH BANDAGE 4"X4-1/8YD MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC	DERMACEA STRETCH BANDAGE 6"X12.3' MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC	DERMACEA STRETCH BANDAGE 6"X4-1/8YD MISC	P	RX/OTC
DERMACEA I.V. DRAIN SPONGES 2"X2" PADS	P	RX/OTC	DERMACEA STRETCH BANDAGE ROLL 3"X12' MISC	P	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	P	RX/OTC	DERMACEA STRETCH BANDAGE ROLL 4"X12' MISC	P	RX/OTC
DERMACEA I.V. SPONGES 2"X2" PADS	P	RX/OTC	DERMACEA STRETCH BANDAGE ROLL 6"X12' MISC	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS	P	RX/OTC	DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY PADS	P		DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	P	RX/OTC	DERMACEA TYPE VII GAUZE 3"X3" 12 PLY PADS	P	
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMACEA TYPE VII GAUZE 3"X3" 12PLY PADS	P		GAUZE BANDAGE/2" X 4YDS MISC	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	P	RX/OTC	GAUZE DRESSING 4"X4" PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	P	RX/OTC	GAUZE PADS 2"X2" PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	P	RX/OTC	GAUZE PADS 3"X3" PADS	P	
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	P	RX/OTC	GAUZE PADS 4"X4" PADS	P	RX/OTC
DRYMAX EXTRA PADS	P	RX/OTC	GAUZE PADS PADS	P	RX/OTC
EQ GAUZE PADS 4"X4" PADS	P	RX/OTC	GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	P	RX/OTC
EQL GAUZE PADS 2"X2"/SMALL PADS	P	RX/OTC	GAUZE STRETCH BANDAGE 3"X2.5YD MISC	P	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	P	RX/OTC	GNP STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC
EQL GAUZE STERILE PADS 3"X3" PADS	P		GNP STERILE GAUZE PADS 3"X3" PADS	P	
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	HM STERILE PADS 2"X2" PADS	P	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	HM STERILE PADS PADS	P	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	P	RX/OTC	HYDROCELL ADHESIVE DRESSING 4"X4" PADS	P	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC	HYDROCELL DRESSING 4"X4" PADS	P	RX/OTC
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	P	RX/OTC	J & J GAUZE 2"X2" 8 PLY PADS	P	RX/OTC
GAUZE BANDAGE 3" MISC	P	RX/OTC	J & J GAUZE 4"X4" 12 PLY PADS	P	RX/OTC
GAUZE BANDAGE ROLL 4.5"X2.5YD MISC	P	RX/OTC	J & J GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
			J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	P	RX/OTC
			J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	P	RX/OTC
			J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS	P	RX/OTC	KERLIX SPONGES 4" X 4" 12 PLY PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 3"X3" PADS	P		KERLIX SPONGES 4" X 4" 16 PLY PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	P	RX/OTC	KERLIX X-RAY DETECTABLE PACKING SPONGE 4-1/2"X22" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS	P	RX/OTC	KERLIX X-RAY DETECTABLE SPONGES EXTRA LARGE 1-5/8" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS	P		KLING FLUFF MISC	P	RX/OTC
KERLIX AMD ANTIMICROBIALBANDA GE ROLL 4-1/2"X12.3YD 6 PLY MISC	P	RX/OTC	MIRASORB SPONGES 2" X 2" MISC	P	RX/OTC
KERLIX AMD ANTIMICROBIALBANDA GE ROLL/6 PLY/4.5"X4-1/8YD MISC	P	RX/OTC	MIRASORB SPONGES 4" X 4" MISC	P	RX/OTC
KERLIX BANDAGE ROLL 2-1/4"X9' 6PLY MISC	P	RX/OTC	NEXCARE ABSOLUTE WATERPROOF PREMIUM ADHESIVE PAD 2-3/8"X45" MISC	P	RX/OTC
KERLIX BANDAGE ROLL 3-7/16"X3-3/16' 6PLY MISC	P	RX/OTC	NU GAUZE 4PLY 4"X4" PADS	P	RX/OTC
KERLIX BANDAGE ROLL 4-1/2"X4-1/8YD 6PLY MISC	P	RX/OTC	NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	P	RX/OTC
KERLIX BANDAGE ROLL 4-1/2"X9.3' 8PLY MISC	P	RX/OTC	NU GAUZE PACKING STRIPS PLAIN 1/2" X 5 YDS MISC	P	RX/OTC
KERLIX BANDAGE ROLL/6 PLY/MEDIUM MISC	P	RX/OTC	NU GAUZE UTERINE PACKINGSTRIPS IODOFORM 8" X 10 YDS MISC	P	RX/OTC
KERLIX GAUZE ROLL LARGE 4.5"X 4.1YD 6 PLY MISC	P	RX/OTC	OIL EMULSION DRESSINGS/NON-ADHERENT PADS	P	
KERLIX GAUZE ROLL MEDIUM3.4"X3.6YD 6 PLY MISC	P	RX/OTC	POLYMEM NON-ADHESIVE PAD PADS	P	RX/OTC
KERLIX GAUZE ROLL SMALL 2.25"X 3YD 6 PLY MISC	P	RX/OTC	PRIMAPORE 11-3/4"X4" MISC	P	RX/OTC
			PRIMAPORE 13-3/4"X4" MISC	P	RX/OTC
			PRIMAPORE 2-7/8"X2" MISC	P	RX/OTC

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PRIMAPORE 4"X3-1/8" MISC	P	RX/OTC	SM BANDAGE ROLL 4.5"X144" MISC	P	RX/OTC
PRIMAPORE 6"X3-1/8" MISC	P	RX/OTC	SM GAUZE PADS 2"X2" PADS	P	RX/OTC
PRIMAPORE 8"X4" MISC	P	RX/OTC	SM GAUZE PADS 3"X3" PADS	P	
QC ALL PURPOSE DRESSINGS4"X4" PADS	P	RX/OTC	SM GAUZE PADS 4"X4" PADS	P	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS	P	RX/OTC	SM ROLLED GAUZE BANDAGE 2"X4.1YD MISC	P	RX/OTC
QC STERILE PADS PADS	P	RX/OTC	SM ROLLED GAUZE BANDAGE 3"X4.1YD MISC	P	RX/OTC
RA STERILE PADS 2"X2" PADS	P	RX/OTC	SM STERILE PADS 2"X2" PADS	P	RX/OTC
RA STERILE PADS 3"X3" PADS	P		SM STERILE PADS PADS	P	RX/OTC
RA STERILE PADS 4"X4" PADS	P	RX/OTC	SOF-WICK 4"X4" PADS	P	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	P	RX/OTC	SOF-WIK MISC	P	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	P	RX/OTC	STERILE BANDAGE ROLL 2.25"X3YD MISC	P	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	P	RX/OTC	STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	P	RX/OTC	STERILE GAUZE PADS 3"X3" PADS	P	
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	P	RX/OTC	STERILE PADS 2"X2" PADS	P	RX/OTC
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS	P		STERILE PADS 3"X3" PADS	P	
ROLLED GAUZE 2"X2YD MISC	P	RX/OTC	STERILE PADS 4"X4" PADS	P	RX/OTC
SILIGENTLE SILICONE FOAMDRESSING/BORDED RED PADS	P	RX/OTC	STRETCH GAUZE BANDAGE MISC	P	RX/OTC
SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	P	RX/OTC	SURGICAL GAUZE SPONGE PADS	P	RX/OTC
			TEGADERM FILM TRANSPARENT DRESS/FRAME STYLE 1-3/4"X1-3/4" MISC	P	RX/OTC
			TEGADERM FOAM DRESSING 2"X2" PADS	P	RX/OTC
			TEGADERM FOAM DRESSING 4"X4" PADS	P	RX/OTC

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TEGADERM FOAM DRESSING ROLL 4"X24" MISC	P	RX/OTC	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per fill retail)
TELFA AMD ADHESIVE BANDAGE 2"X3.75" MISC	P	RX/OTC	KIMONO PS LUBRICATED MISC	P	QL(36 ea per fill retail)
TENDEROL UNDERCAST PADDING 2"X4 YD MISC	P	RX/OTC	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per fill retail)
TENDEROL UNDERCAST PADDING 3"X4 YD MISC	P	RX/OTC	KIMONO SENSATION LUBRICATED MISC	P	QL(36 ea per fill retail)
TENDEROL UNDERCAST PADDING 4"X4 YD MISC	P	RX/OTC	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)
TENDEROL UNDERCAST PADDING 6"X4 YD MISC	P	RX/OTC	KIMONO SPECIAL DEVI	P	QL(36 ea per fill retail)
THERAGAUZE PADS	P	RX/OTC	K-Y ME & YOU EXTRA LUBRICATED DEVI	P	QL(36 ea per fill retail)
TOPPER DRESSING SPONGES 4"X4" MISC	P	RX/OTC	K-Y ME & YOU INTENSE DEVI	P	QL(36 ea per fill retail)
Contraceptives			MAXX LUBRICATED MISC	P	QL(36 ea per fill retail)
AIMSCO LUBRICATED MISC	P	QL(36 ea per fill retail)	MAXX PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)
DUREX EXTRA SENSITIVE THIN DEVI	P	QL(36 ea per fill retail)	PREMIUM CONDOMS LUBRICATED MISC	P	QL(36 ea per fill retail)
FANTASY LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per fill retail)	REALITY LATEX CONDOMS/LUBRICATED MISC	P	QL(36 ea per fill retail)
FANTASY LUBRICATED MISC	P	QL(36 ea per fill retail)	REALITY LATEX/ULTRA TEXTURED DEVI	P	QL(36 ea per fill retail)
KAMELEON LUBRICATED MISC	P	QL(36 ea per fill retail)	REALITY LATEX/ULTRA THIN DEVI	P	QL(36 ea per fill retail)
KIMONO COLORS DEVI	P	QL(36 ea per fill retail)	TRUSTEX COLOR CONDOMS + LUBE MISC	P	QL(36 ea per fill retail)
KIMONO LUBRICATED MISC	P	QL(36 ea per fill retail)	TRUSTEX LUBRICATED EXTRALARGE MISC	P	QL(36 ea per fill retail)
KIMONO MAXX/LARGE FLARE MISC	P	QL(36 ea per fill retail)	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	QL(36 ea per fill retail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)	TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	P	QL(36 ea per fill retail)
KIMONO MICRO THIN MISC	P	QL(36 ea per fill retail)			
KIMONO PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P	QL(36 ea per fill retail)	ACCU-CHEK FASTCLIX LANCETS	P	RX/OTC
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P	QL(36 ea per fill retail)	ACCU-CHEK GUIDE ME KIT	NP	RX/OTC
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per fill retail)	ACCU-CHEK GUIDE KIT	NP	RX/OTC
TRUSTEX LUBRICATED MISC	P	QL(36 ea per fill retail)	ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	P	QL(1 ea per 180 days retail)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P	QL(36 ea per fill retail)	ACCU-CHEK SAFE-T-PRO LANCETS	P	RX/OTC
TRUSTEX NON-LUBRICATED MISC	P	QL(36 ea per fill retail)	ACCU-CHEK SAFE-T-PRO PLUSLANCETS	P	RX/OTC
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	P	QL(36 ea per fill retail)	ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	P	QL(1 ea per 180 days retail)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P	QL(36 ea per fill retail)	ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per fill retail)	ACTI-LANCE LANCETS 28G	P	RX/OTC
TRUSTEX/RIA LUBRICATED MISC	P	QL(36 ea per fill retail)	ACTI-LANCE LITE SAFETY LANCETS 28G	P	RX/OTC
TRUSTEX/RIA NON-LUBRICATED MISC	P	QL(36 ea per fill retail)	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P	RX/OTC
Diabetic Supplies			ACTI-LANCE SPECIAL SAFETYLANCETS 17G	P	RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	RX/OTC	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	P	RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	RX/OTC	ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ACCU-CHEK AVIVA PLUS KIT	NP	RX/OTC	ADVANCE INTUITION BLOOD GLUCOSE METER DEVI	NP	
ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	P	QL(1 ea per 180 days retail)	ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
			ADVANCE MICRO-DRAW METER DEVI	NP	
			ADVANCED MOBILE LANCET 30G	P	RX/OTC
			ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	AIMSCO TWIST LANCETS 33G	P	RX/OTC
ADVOCATE LANCETS	P	RX/OTC	AQUALANCE LANCETS ULTRA THIN 30G	P	RX/OTC
ADVOCATE LANCETS 30G	P	RX/OTC	ASSURE 3 METER KIT	NP	
ADVOCATE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	ASSURE 4 BLOOD GLUCOSE METER DEVI	NP	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	ASSURE COMFORT LANCETS ULTRA THIN 28G	P	RX/OTC
ADVOCATE REDI-CODE/TALKING KIT	NP	RX/OTC	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	P	RX/OTC
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP		ASSURE HAEMOLANCE PLUS LOW FLOW 25G	P	RX/OTC
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NP		ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	P	RX/OTC
ADVOCATE REDI-CODE DEVI	NP		ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	P	RX/OTC
ADVOCATE SAFETY LANCETS	P	RX/OTC	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	P	RX/OTC
ADVOCATE SAFETY LANCETS 26G	P	RX/OTC	ASSURE LANCE LANCETS	P	RX/OTC
AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NP		ASSURE LANCE LANCETS 21G	P	RX/OTC
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 25G	P	RX/OTC
AGAMATRIX PRESTO PRO METER DEVI	NP		ASSURE LANCE PLUS SAFETYLANCETS 30G	P	RX/OTC
AGAMATRIX PRESTO KIT	NP	RX/OTC	ASSURE LANCE SAFETY LANCET 28G	P	RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	P	RX/OTC	ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NP	
AIMSCO TWIST LANCETS 32G	P	RX/OTC	ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
			ASSURE PRO BLOOD GLUCOSE METER DEVI	NP	
			AURORA LANCET SUPER THIN30G	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AURORA LANCET THIN 23G	P	RX/OTC
AUTO-LANCET MINI MISC	P	QL(1 ea per 180 days retail)
AUTO-LANCET MISC	P	QL(1 ea per 180 days retail)
AUTOLET II CLINISAFE KIT	P	QL(1 ea per 180 days retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AUTOLET LITE CLINISAFE KIT	P	QL(1 ea per 180 days retail)
AUTOLET LITE STARTER PACK KIT	P	QL(1 ea per 180 days retail)
AUTOLET MINI MISC	P	QL(1 ea per 180 days retail)
AUTOLET PLUS MISC	P	QL(1 ea per 180 days retail)
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	NP	RX/OTC
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	RX/OTC
BD MICROTAINER LANCETS	P	RX/OTC
BIGFOOT UNITY PROGRAM KIT KIT	NP	RX/OTC
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
BLOOD GLUCOSE MONITORING SYSTEM 333 DEVI	NP	
BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
BLOOD GLUCOSE SYSTEM PAK KIT	NP	RX/OTC
BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CARDIOCOM LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CAREONE ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NP	RX/OTC
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NP	RX/OTC
CAREONE LANCET SUPER THIN/30G	P	RX/OTC
CAREONE LANCET THIN	P	RX/OTC
CARESENS LANCETS	P	RX/OTC
CARESENS N BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CARESENS N FELIZ BT DEVI	NP	
CARESENS N FELIZ DEVI	NP	
CARESENS N GLUCOSE MONITORING SYSTEM DEVI	NP	
CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CARETOUCH LANCING DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
CARETOUCH SAFETY LANCETS/26G	P	RX/OTC

Illinois YouthCare

Updated May 1, 2024

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SAFETY LANCETS/28G	P	RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 28G	P	RX/OTC
CARETOUCH SAFETY LANCETS/30G	P	RX/OTC	CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CARETOUCH TWIST LANCETS 28G	P	RX/OTC	CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
CARETOUCH TWIST LANCETS 30G	P	RX/OTC	CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
CARETOUCH TWIST LANCETS 33G	P	RX/OTC	COAGUCHEK LANCETS	P	RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	RX/OTC	COMFORT ASSURED LANCETS MICRO THIN 33G	P	RX/OTC
CLEANLET LANCETS 28G	P	RX/OTC	COMFORT ASSURED LANCETS SUPER THIN 28G	P	RX/OTC
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		COMFORT LANCETS	P	RX/OTC
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		COMFORT TOUCH LANCETS ULTRA THIN 31G	P	RX/OTC
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	P	RX/OTC
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	P	RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	P	RX/OTC	CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK LANCETS ULTRATHIN 30G	P	RX/OTC	CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 21G	P	RX/OTC			
CLEVER CHOICE COMFORT EZLANCETS 23G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	CVS LANCETS ORIGINAL	P	RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		CVS LANCETS THIN 26G	P	RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	CVS LANCETS ULTRA THIN 30G	P	RX/OTC
CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT	NP	RX/OTC	CVS LANCETS ULTRA-THIN 30G	P	RX/OTC
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	CVS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	NP	RX/OTC	CVS ULTRA THIN LANCETS	P	RX/OTC
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	NP	RX/OTC
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP		DEXCOM G6 RECEIVER	P	PA
COOL BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC	DEXCOM G6 SENSOR	P	PA
COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		DEXCOM G6 TRANSMITTER	P	PA
CVS ADVANCED GLUCOSE METER KIT	NP	RX/OTC	DEXCOM G7 RECEIVER	P	PA
CVS LANCETS 21G	P	RX/OTC	DEXCOM G7 SENSOR	P	PA
CVS LANCETS MICRO THIN 33G	P	RX/OTC	DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT	NP	RX/OTC
CVS LANCETS MICRO-THIN 33G	P	RX/OTC	DIABETES MONITORING DIGITAL SOLUTION KIT	NP	RX/OTC
			DIATHRIVE BLOOD GLUCOSE METER DEVI	NP	
			DIATHRIVE LANCETS	P	RX/OTC
			DIATHRIVE LANCETS ULTRA THIN 30G	P	RX/OTC
			DIATHRIVE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
			DIATHRIVE+ BLOOD GLUCOSE MONITORING SYSTEM/BLUETOOTH DEVI	NP	
			DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
			DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET LANCETS ULTRA THIN 30G	P	RX/OTC	EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
DROPLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
DROPLET PERSONAL LANCETS30G	P	RX/OTC	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	RX/OTC
DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	RX/OTC
DRUG MART LANCETS THIN	P	RX/OTC	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	RX/OTC
DRUG MART ON-THE-GO LANCETS GENTLE 30G	P	RX/OTC	EASY TOUCH LANCETS 26G/PULL-TOP	P	RX/OTC
DRUG MART UNILET LANCETSSUPER THIN 30G	P	RX/OTC	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	RX/OTC
DRUG MART UNILET LANCETSULTRA THIN 28G	P	RX/OTC	EASY TOUCH LANCETS 28G/PULL-TOP	P	RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G	P	RX/OTC	EASY TOUCH LANCETS 28G/TWIST	P	RX/OTC
EASY COMFORT LANCETS	P	RX/OTC	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	P	RX/OTC
EASY COMFORT LANCETS 30G/PULL TOP	P	RX/OTC	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	P	RX/OTC
EASY COMFORT LANCETS 30G/THIN TOP	P	RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	P	RX/OTC
EASY COMFORT LANCETS TWIST TOP	P	RX/OTC	EASY TOUCH LANCETS 30G/TWIST	P	RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	P	RX/OTC
EASY MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	EASY TOUCH LANCETS 32G/PULL-TOP	P	RX/OTC
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		EASY TOUCH LANCETS 32G/TWIST	P	RX/OTC
EASY STEP BLOOD GLUCOSE MONITOR DEVI	NP		EASY TOUCH LANCETS 33G/TWIST	P	RX/OTC
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP				

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	QL(1 ea per 180 days retail)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	P	RX/OTC
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	P	RX/OTC
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	P	RX/OTC
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	P	RX/OTC
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	P	RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	P	RX/OTC
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EASYGLUCO STARTER KIT KIT	NP	
EASYGLUCO KIT	NP	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASYPRO PLUS KIT	NP	RX/OTC
ELEMENT AUTOCODE SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NP	
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NP	
EMBRACE LANCETS ULTRA THIN 30G	P	RX/OTC
EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	P	RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	P	RX/OTC
EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	
EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EMBRACE WAVE BLOOD GLUCOSE METER DEVI	NP	
ENLITE GLUCOSE SENSOR	NP	

Drug Name	Drug Tier	Requirements/Limits
EQL COLOR LANCETS 21G	P	RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	P	RX/OTC
EQL SUPER THIN LANCETS 30G	P	RX/OTC
EQL THIN LANCETS 26G	P	RX/OTC
EVERSENSE E3 SENSOR/HOLDER	NP	
EVERSENSE E3 SMART TRANSMITTER	NP	
EVERSENSE SENSOR/HOLDER	NP	
EVERSENSE SMART TRANSMITTER	NP	
EVOLUTION AUTOCODE DEVI	NP	
E-Z JECT LANCETS	P	RX/OTC
E-Z JECT LANCETS 21G	P	RX/OTC
E-Z JECT LANCETS COLOR	P	RX/OTC
E-Z JECT LANCETS SUPER THIN 30G	P	RX/OTC
E-Z JECT LANCETS THIN 26G	P	RX/OTC
E-ZJECT LANCETS MICRO-THIN 33G	P	RX/OTC
EZ-LETS LANCETS 21G	P	RX/OTC
EZ-LETS LANCETS 26G SUPER-SOFT	P	RX/OTC
EZ-LETS LANCETS 28G ULTRA-SOFT	P	RX/OTC
EZ-LETS LANCETS 30G	P	RX/OTC
FIFTY50 GLUCOSE METER 2.0 KIT	NP	RX/OTC
FIFTY50 SAFETY SEAL LANCETS 30G	P	RX/OTC
FIFTY50 SAFETY SEAL LANCETS 32G	P	RX/OTC
FIFTY50 UNILET LANCETS 33G	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FINE 30	P	RX/OTC
FINGERSTIX LANCETS	P	RX/OTC
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI	NP	
FORA LANCETS	P	RX/OTC
FORA LANCING DEVICE/CLEARCAP MISC	P	QL(1 ea per 180 days retail)
FORA LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
FORA V10/V12/D10/D20 BLOOD GLUCOSE TEST STRIPS/LANCETS 30G KIT	NP	

Drug Name	Drug Tier	Requirements/Limits
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI	NP	
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
FORTISCARE CONTROL SOLUTIONS HIGH SOLN	P	QL(1 ea per 90 days retail)
FORTISCARE CONTROL SOLUTIONS LOW SOLN	P	QL(1 ea per 90 days retail)
FORTISCARE CONTROL SOLUTIONS NORMAL SOLN	P	QL(1 ea per 90 days retail)
FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	RX/OTC
FREESTYLE FREEDOM LITE KIT	NP	RX/OTC
FREESTYLE LANCETS	P	RX/OTC
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	PA
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	P	PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	NP	
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FREESTYLE UNISTICK II LANCETS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	GLOBAL INJECT EASE LANCETS 28G	P	RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	P	RX/OTC	GLOBAL INJECT EASE LANCETS 30G	P	RX/OTC
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	P	QL(1 ea per 180 days retail)	GLOBAL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	P	QL(1 ea per 180 days retail)	GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	NP	
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	P	QL(1 ea per 180 days retail)	GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI	NP	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	P	QL(1 ea per 180 days retail)	GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	NP	
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	P	QL(1 ea per 180 days retail)	GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	P	QL(1 ea per 180 days retail)	GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GENTLE-LET GP LANCETS	P	RX/OTC	GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT	NP	RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P	RX/OTC	GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	P	RX/OTC	GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	P	RX/OTC	GLUCOCARD SHINE XL DEVI	NP	
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	P	RX/OTC	GLUCOCARD SHINE DEVI	NP	
			GLUCOCARD SHINE KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NP	RX/OTC	GNP LANCETS THIN 26G	P	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	NP	RX/OTC	GNP LANCING SYSTEM DEVICE MISC	P	QL(1 ea per 180 days retail)
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NP	RX/OTC	GNP STERILE LANCETS 28G	P	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	GNP STERILE LANCETS 30G	P	RX/OTC
GLUCOCARD X-METER KIT	NP	RX/OTC	GNP STERILE LANCETS 33G	P	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP		GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	NP	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	NP	RX/OTC	GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	NP	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	GOJJI CONTROL SOLUTION NORMAL SOLN	P	QL(1 ea per 90 days retail)
GLUCOCOM LANCETS 28G	P	RX/OTC	GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 ea per 180 days retail)
GLUCOCOM LANCETS 30G	P	RX/OTC	GOJJI STERILE LANCETS 30G	P	RX/OTC
GLUCOCOM LANCETS 33G	P	RX/OTC	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	RX/OTC
GLUCONAVII BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	RX/OTC	GOODSENSE LANCETS MICRO-THIN 33G	P	RX/OTC
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	NP		GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	RX/OTC
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI	NP		GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P	RX/OTC
GNP LANCETS 21G	P	RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G	P	RX/OTC
			GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	RX/OTC
			GOODSENSE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	NP	
GUARDIAN 4 TRANSMITTER KIT	NP	
GUARDIAN CONNECT TRANSMITTER	NP	
GUARDIAN CONNECT TRANSMITTER KIT	NP	
GUARDIAN LINK 3 TRANSMITTER KIT	NP	
GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	NP	RX/OTC
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP	
GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	NP	RX/OTC
GUARDIAN SENSOR (3)	NP	
GUARDIAN SENSOR 3	NP	
HAEMOLANCE	P	RX/OTC
HAEMOLANCE LOW FLOW LANCETS	P	RX/OTC
HAEMOLANCE PLUS	P	RX/OTC
HAEMOLANCE PLUS HIGH FLOW	P	RX/OTC
HAEMOLANCE PLUS LOW FLOW	P	RX/OTC
HAEMOLANCE PLUS MAX FLOW	P	RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	P	RX/OTC
HEALTH CARE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	RX/OTC
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
H-E-B INCONTROL LANCETS MICRO THIN 33G	P	RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	P	RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	RX/OTC
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
HYPOLANCE AST LANCING KIT KIT	P	QL(1 ea per 180 days retail)
HY-VEE LANCETS	P	RX/OTC
HY-VEE THIN LANCETS	P	RX/OTC
IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	NP	RX/OTC
IN TOUCH LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
IN TOUCH STERILE LANCETS30G	P	RX/OTC
IN TOUCH DEVI	NP	
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
INFINITY VOICE KIT	NP	RX/OTC

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KINNEY LANCETS	P	RX/OTC
KINNEY THIN LANCETS	P	RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
KROGER BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	P	RX/OTC
KROGER LANCETS	P	RX/OTC
KROGER LANCETS 21G	P	RX/OTC
KROGER LANCETS MICRO THIN33G	P	RX/OTC
KROGER LANCETS SUPER THIN	P	RX/OTC
KROGER LANCETS THIN	P	RX/OTC
KROGER LANCETS THIN 26G	P	RX/OTC
KROGER LANCETS ULTRATHIN30G	P	RX/OTC
KROGER LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
LANCET DEVICE ADJUSTABLE MISC	P	QL(1 ea per 180 days retail)
LANCET DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
LANCETS	P	RX/OTC
LANCETS 30G	P	RX/OTC
LANCETS 30G TWIST TOP	P	RX/OTC
LANCETS 30G/TWIST TOP	P	RX/OTC
LANCETS 33G EXTRA FINE	P	RX/OTC
LANCETS 33G UNIVERSAL DESIGN	P	RX/OTC
LANCETS MICRO THIN 33G	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LANCETS SUPER THIN 28G	P	RX/OTC
LANCETS THIN	P	RX/OTC
LANCETS ULTRA THIN	P	RX/OTC
LANCETS ULTRA THIN 30G	P	RX/OTC
LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LANZO MISC	P	QL(1 ea per 180 days retail)
LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LIBERTY BLOOD GLUCOSE METER DEVI	NP	
LIBERTY MEDICAL LANCETS 30G	P	RX/OTC
LIBERTY MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	NP	
LITE TOUCH LANCETS	P	RX/OTC
LITE TOUCH LANCING PEN MISC	P	QL(1 ea per 180 days retail)
LITETOUCH LANCETS MICRO THIN 33G	P	RX/OTC
LIVE BETTER ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LIVE BETTER LANCET SUPERTHIN 30G	P	RX/OTC
LIVE BETTER LANCET ULTRATHIN 28G	P	RX/OTC
LONGS LANCETS STANDARD	P	RX/OTC
LONGS LANCETS THIN	P	RX/OTC
LONGS LANCETS ULTRA THIN	P	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	P	RX/OTC	MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	P	RX/OTC	MEIJER LANCETS	P	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	P	RX/OTC	MEIJER LANCETS THIN	P	RX/OTC
MEDICHOICE SAFETY LANCETEXTRA	P	RX/OTC	MEIJER LANCETS UNIVERSAL21G	P	RX/OTC
MEDICHOICE SAFETY LANCETNORMAL	P	RX/OTC	MEIJER LANCETS UNIVERSAL30G	P	RX/OTC
MEDLANCE PLUS EXTRA LANCETS 21G	P	RX/OTC	MEIJER LANCETS UNIVERSAL33G	P	RX/OTC
MEDLANCE PLUS LANCETS	P	RX/OTC	MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
MEDLANCE PLUS LANCETS LITE 25G	P	RX/OTC	MEIJER SUPER THIN LANCETS	P	RX/OTC
MEDLANCE PLUS LANCETS LITE 25G	P	RX/OTC	MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	P	RX/OTC	MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MEDLANCE PLUS SUPERLITE 30G	P	RX/OTC	MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	P	RX/OTC	MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MEDLANCE PLUS UNIVERSAL LANCETS 21G	P	RX/OTC	MICROLET LANCETS	P	RX/OTC
MEDLANCE PLUS/LITE 25G	P	RX/OTC	MICROLET NEXT MISC	P	QL(1 ea per 180 days retail)
MEDLANCE/EXTRA	P	RX/OTC	MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
MEDLANCE/LITE	P	RX/OTC	MINILINK REAL-TIME TRANSMITTER	NP	
MEDLANCE/UNIVERSAL	P	RX/OTC	MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	NP	
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC			
MEIJER COLOR LANCETS UNIVERSAL 33G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
MM BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
MM EASY TOUCH BLOOD GLUCOSE METER KIT	NP	RX/OTC
MM LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
MM TWIST LANCETS	P	RX/OTC
MONOLET LANCETS	P	RX/OTC
MONOLET OPD LANCETS	P	RX/OTC
MONOLETTOR SAFETY LANCETS	P	RX/OTC
MPD SAFETY LANCET 21G/1.8MM	P	RX/OTC
MPD SAFETY LANCET 28G/1.8MM	P	RX/OTC
MPD SAFETY LANCET 30G/1.8MM	P	RX/OTC
MPD SAFETY LANCETS 23G/1.8MM	P	RX/OTC
MULTI-LANCET DEVICE 2 KIT	P	QL(1 ea per 180 days retail)
MULTI-LANCET DEVICE MISC	P	QL(1 ea per 180 days retail)
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	P	RX/OTC
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
NOVA SAFETY LANCETS 23G	P	RX/OTC
NOVA SAFETY LANCETS 28G	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NOVA SUREFLEX LANCETS	P	RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	P	PA
OMNIPOD 5 G6 PODS (GEN 5) MISC	P	PA
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	P	PA
OMNIPOD 5 G7 PODS (GEN 5) MISC	P	PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	P	PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	P	PA
OMNIPOD DASH INTRO KIT (GEN 4) KIT	P	PA
OMNIPOD DASH PDM KIT (GEN 4) KIT	P	PA
OMNIPOD DASH PODS (GEN 4) MISC	P	PA
OMNIPOD GO 10 UNITS/DAY KIT	NP	
OMNIPOD GO 15 UNITS/DAY KIT	NP	
OMNIPOD GO 20 UNITS/DAY KIT	NP	
OMNIPOD GO 25 UNITS/DAY KIT	NP	
OMNIPOD GO 30 UNITS/DAY KIT	NP	
OMNIPOD GO 35 UNITS/DAY KIT	NP	
OMNIPOD GO 40 UNITS/DAY KIT	NP	
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	PERFECT LANCETS 30G	P	RX/OTC
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	RX/OTC	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	P	RX/OTC
ONETOUCH DELICA PLUS LANCETS FINE 30G	P	RX/OTC	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ONETOUCH DELICA SAFETY LANCING DEVICE	P	QL(1 ea per 180 days retail); RX/OTC	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	P	RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	P	QL(1 ea per 180 days retail); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS	P	RX/OTC
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP		PHARMACIST CHOICE ULTRA THIN LANCETS 28G	P	RX/OTC
ONETOUCH ULTRA 2 KIT	P	RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	P	RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	P	RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	P	RX/OTC
ONETOUCH ULTRASOFT LANCETS	P	RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	P	RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		PHARMACY COUNTER LANCETS	P	RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC	PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	PIP LANCETS/28G	P	RX/OTC
ONETOUCH VERIO REFLECT KIT	NP	RX/OTC	PIP LANCETS/30G	P	RX/OTC
OVAL TAPE MISC	NP	RX/OTC	POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
PARADIGM REAL-TIME TRANSMITTER	NP		POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PC LANCETS SUPER THIN 30G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRECISION THINS GP LANCET	P	RX/OTC	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	P	RX/OTC
PRECISION XTRA KIT	NP	RX/OTC	PRODIGY SAFETY LANCETS	P	RX/OTC
PREFERRED PLUS LANCETS COLORED 21G	P	RX/OTC	PRODIGY TWIST TOP LANCETS	P	RX/OTC
PREFERRED PLUS LANCETS SUPER THIN 30G	P	RX/OTC	PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NP	RX/OTC
PREFERRED PLUS LANCETS THIN 26G	P	RX/OTC	PSS SELECT GP LANCETS	P	RX/OTC
PRO COMFORT LANCETS 30G	P	RX/OTC	PSS SELECT SAFETY LANCETS	P	RX/OTC
PRO COMFORT LANCETS 31G	P	RX/OTC	PURE COMFORT LANCETS 30G	P	RX/OTC
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	P	RX/OTC	PX ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		PX LANCET AUTO INJECTOR MISC	P	QL(1 ea per 180 days retail)
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		PX LANCETS MICROTHIN 33G	P	RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		PX LANCETS ULTRA THIN	P	RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	PX LANCETS ULTRA THIN 28G	P	RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NP	RX/OTC	QC ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
PRODIGY LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	QC LANCETS SUPER THIN	P	RX/OTC
PRODIGY NO CODING BLOOD GLUCOSE KIT	NP	RX/OTC	QC LANCETS ULTRA THIN	P	RX/OTC
PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NP	RX/OTC	QC UNILET LANCETS 28G/ULTRA THIN	P	RX/OTC
			QC UNILET LANCETS 33G/MICRO THIN	P	RX/OTC
			QUICKTEK KIT	NP	
			QUICKTEK KIT	NP	RX/OTC
			QUINTET AC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		RELION LANCETS MICRO-THIN33G	P	RX/OTC
RA E-ZJECT LANCETS 28G	P	RX/OTC	RELION LANCETS THIN 26G	P	RX/OTC
RA E-ZJECT LANCETS THIN 26G	P	RX/OTC	RELION LANCETS ULTRA-THIN30G	P	RX/OTC
RA E-ZJECT LANCETS THIN 28G	P	RX/OTC	RELION LANCING DEVICE KIT	P	QL(1 ea per 180 days retail)
RA E-ZJECT LANCETS ULTRATHIN 30G	P	RX/OTC	RELION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
READYLANCE SAFETY LANCETS/21G/2.2MM	P	RX/OTC	RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
READYLANCE SAFETY LANCETS/23G/1.8MM	P	RX/OTC	RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
READYLANCE SAFETY LANCETS/26G/1.8MM	P	RX/OTC	RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
READYLANCE SAFETY LANCETS/28G/1.8MM	P	RX/OTC	RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	P	RX/OTC	RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
REALITY LANCETS	P	RX/OTC	RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
REALITY TRIGGER LANCETS	P	RX/OTC	RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	NP	RX/OTC
REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	RX/OTC	RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G	P	QL(1 ea per 180 days retail); RX/OTC	RELION ULTRA THIN LANCETS/30G	P	RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G	P	QL(1 ea per 180 days retail); RX/OTC	RELION ULTRA THIN LANCETS30G	P	RX/OTC
RELION 2-IN-1 LANCING DEVICE 30G	P	QL(1 ea per 180 days retail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 32G	P	RX/OTC
RELION ALL-IN-ONE COMPACTBLOOD GLUCOSE TESTING SYSTEM	NP				
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION ULTRA THIN PLUS LANCETS 33G	P	RX/OTC	SAFETY LANCETS 21G	P	RX/OTC
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SAFETY LANCETS 23G	P	RX/OTC
REXALL LANCETS ULTRA THIN	P	RX/OTC	SAFETY LANCETS 28G	P	RX/OTC
RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	SAFETY LANCETS/PRESSURE ACTIVATED/28G	P	RX/OTC
RIGHTEST GL300 LANCETS	P	RX/OTC	SAPS HEALTH CARE TWIST TOP LANCETS	P	RX/OTC
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	P	RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SAPS HEALTH TWIST TOP LANCETS 30G	P	RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SAPSCARE TWIST TOP LANCETS 30G	P	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		SB LANCETS THIN	P	RX/OTC
SAFE-T-LANCE LOW FLOW 25G	P	RX/OTC	SB LANCETS ULTRA THIN	P	RX/OTC
SAFE-T-LANCE NORMAL FLOW21G	P	RX/OTC	SELECT-LITE DEVICE/LANCETS KIT	P	QL(1 ea per 180 days retail)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	P	RX/OTC	SELECT-LITE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	P	RX/OTC	SHOPKO AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	P	RX/OTC	SHOPKO ON-THE-GO COMFORTLANCETS 30G	P	RX/OTC
SAFETY LANCET 30G/PRESSURE ACTIVATED	P	RX/OTC	SHOPKO UNILET LANCETS SUPER THIN 30G	P	RX/OTC
SAFETY LANCETS	P	RX/OTC	SHOPKO UNILET LANCETS ULTRA THIN 28G	P	RX/OTC
			SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
			SINGLE-LET	P	RX/OTC
			SM MICRO THIN LANCETS 33G	P	RX/OTC
			SM TRUEDRAW LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
			SMART DIABETES VANTAGE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	RX/OTC	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NP	RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SOLUS V2 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	RX/OTC	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	P	RX/OTC
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	RX/OTC	SOLUS V2 TWIST LANCETS 30G	P	RX/OTC
SMART SENSE THIN LANCETSUNIVERSAL 26G	P	RX/OTC	STERILANCE TL	P	RX/OTC
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	SUPER THIN LANCETS	P	RX/OTC
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		SURE COMFORT LANCETS 18G	P	RX/OTC
SMARTEST EJECT STARTER KIT KIT	NP	RX/OTC	SURE COMFORT LANCETS 21G	P	RX/OTC
SMARTEST LANCETS 28G	P	RX/OTC	SURE COMFORT LANCETS 23G	P	RX/OTC
SMARTEST PERSONA STARTERKIT KIT	NP	RX/OTC	SURE COMFORT LANCETS 28G	P	RX/OTC
SMARTEST PRONTO STARTERKIT KIT	NP	RX/OTC	SURE COMFORT LANCETS 30G	P	RX/OTC
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		SURE COMFORT LANCING PEN MISC	P	QL(1 ea per 180 days retail)
SMARTEST PROTEGE STARTERKIT KIT	NP	RX/OTC	SURELITE LANCETS	P	RX/OTC
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP		TECHLITE AST LANCETS	P	RX/OTC
			TECHLITE LANCETS	P	RX/OTC
			TECHLITE LANCETS 26G	P	RX/OTC
			TECHLITE LANCETS 30G	P	RX/OTC
			TEMPO REFILL KIT	NP	
			TEMPO WELCOME KIT	NP	RX/OTC
			TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NP	RX/OTC
			TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
			TGT LANCET MICRO THIN 33G	P	RX/OTC
			TGT LANCET THIN 26G	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TGT LANCET ULTRA THIN 30G	P	RX/OTC
TGT LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
THINLETS GP LANCETS	P	RX/OTC
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
TODAYS HEALTH SUPER THINLANCETS 30G	P	RX/OTC
TODAYS HEALTH ULTRA THINLANCETS 28G	P	RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	P	RX/OTC
TRAVEL LANCETS 30G	P	RX/OTC
TRAVEL LANCETS ADVANCED 28G	P	RX/OTC
TRUE COMFORT SAFETY LANCETS/30G	P	RX/OTC
TRUE COMFORT TWIST TOP LANCETS 30G	P	RX/OTC
TRUE FOCUS BLOOD GLUCOSE SELF MONITORING METER DEVI	NP	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	RX/OTC
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	
TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	RX/OTC
TRUE METRIX BLOOD GLUCOSE METER KIT	NP	RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	P	QL(1 ea per 90 days retail)

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	P	QL(1 ea per 90 days retail)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	P	QL(1 ea per 90 days retail)
TRUE METRIX GO BLOOD GLUCOSE METER KIT	NP	RX/OTC
TRUE METRIX DEVI	NP	
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	P	QL(1 ea per 90 days retail)
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	P	QL(1 ea per 90 days retail)
TRUEDRAW LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
TRUEPLUS LANCETS 26G	P	RX/OTC
TRUEPLUS LANCETS 28G	P	RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	P	RX/OTC
TRUEPLUS LANCETS 30G	P	RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	P	RX/OTC
TRUEPLUS LANCETS 33G	P	RX/OTC
TRUEPLUS LANCETS 33G MICRO THIN	P	RX/OTC
TRUEPLUS SAFETY LANCETS 28G	P	RX/OTC
TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING KIT	NP	RX/OTC
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

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TRUETRACK SMART SYSTEM KIT	NP	RX/OTC	UNILET SUPERLITE LANCET	P	RX/OTC
TWIST TOP LANCETS 30G	P	RX/OTC	UNISTIK 3 GENTLE	P	RX/OTC
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	QL(1 ea per 180 days retail)	UNISTIK PRO SAFETY LANCET 21G	P	RX/OTC
ULTILET CLASSIC LANCETS	P	RX/OTC	UNISTIK PRO SAFETY LANCET 25G	P	RX/OTC
ULTILET LANCETS	P	RX/OTC	UNISTIK PRO SAFETY LANCET 28G	P	RX/OTC
ULTILET LANCETS 33G	P	RX/OTC	UNISTIK SAFETY LANCETS 28G	P	RX/OTC
ULTILET SAFETY LANCETS 21G X 2.2MM	P	RX/OTC	UNISTIK SAFETY LANCETS 30G	P	RX/OTC
ULTILET SAFETY LANCETS 23G	P	RX/OTC	UNISTIK TOUCH SAFETY LANCETS 21G	P	RX/OTC
ULTRA THIN LANCETS 31G	P	RX/OTC	UNISTIK TOUCH SAFETY LANCETS 23G	P	RX/OTC
ULTRA-CARE LANCETS 30G	P	RX/OTC	UNISTIK TOUCH SAFETY LANCETS 28G	P	RX/OTC
ULTRA-THIN II AUTO LANCET	P	RX/OTC	UNISTIK TOUCH SAFETY LANCETS 30G	P	RX/OTC
ULTRA-THIN II LANCETS 28G	P	RX/OTC	UNIVERSAL 1 LANCETS THIN26G	P	RX/OTC
ULTRA-THIN II LANCETS 30G	P	RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	RX/OTC
UNILET COMFORTOUCH LANCET	P	RX/OTC	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	P	RX/OTC
UNILET EXCELITE	P	RX/OTC	VALUE PLUS LANCETS STANDARD 21G	P	RX/OTC
UNILET EXCELITE II	P	RX/OTC	VALUE PLUS LANCETS SUPERTHIN 30G	P	RX/OTC
UNILET G.P. LANCET	P	RX/OTC	VALUE PLUS LANCETS THIN 26G	P	RX/OTC
UNILET G.P. SUPERLITE LANCET	P	RX/OTC	VALUE PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
UNILET GP 28 ULTRA THIN	P	RX/OTC	VALUMARK LANCET SUPER THIN 30G	P	RX/OTC
UNILET LANCET	P	RX/OTC	VALUMARK LANCET ULTRA THIN 28G	P	RX/OTC
UNILET LANCETS MICRO-THIN33G	P	RX/OTC			
UNILET LANCETS SUPER-THIN30G	P	RX/OTC			
UNILET LANCETS ULTRA-THIN 28G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP		VIVAGUARD LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	VIVAGUARD SAFETY LANCETS/28G	P	RX/OTC
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	P	RX/OTC	WALGREENS ADVANCED TRAVELLANCETS 28G	P	RX/OTC
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	P	RX/OTC	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	P	RX/OTC
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	P	RX/OTC	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	P	RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	P	RX/OTC	WALGREENS LANCETS	P	RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	P	RX/OTC	WALGREENS THIN LANCETS	P	RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	P	RX/OTC	WALGREENS ULTRA THIN LANCETS	P	RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	P	RX/OTC	WAVESENSE AMP KIT	NP	RX/OTC
V-GO 20 KIT	NP		ZEV RX TWIST TOP LANCETS 30G	P	RX/OTC
V-GO 30 KIT	NP		Misc. Devices		
V-GO 40 KIT	NP		ADVOCATE ALCOHOL PREP PADS	P	RX/OTC
VIDA MIA AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)	ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	RX/OTC	ALCOHOL PADS	P	RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	RX/OTC	ALCOHOL PREP PAD	P	RX/OTC
VIVAGUARD INO BLOOD GLUCOSE METER DEVI	NP		ALCOHOL PREP PADS	P	RX/OTC
VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	NP		ALCOHOL PREPS	P	RX/OTC
VIVAGUARD LANCETS	P	RX/OTC	ALCOHOL SWABS	P	RX/OTC
			ALCOHOL SWABSTICKS	P	RX/OTC
			BD SWABS SINGLE USE	P	RX/OTC
			BD SWABS SINGLE USE BUTTERFLY	P	RX/OTC
			CARE TOUCH ALCOHOL PREP PADS	P	RX/OTC
			COMFORT TOUCH ALCOHOL PREP PADS	P	RX/OTC
			CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS ALCOHOL PREP PADS	P	RX/OTC
CVS PREP PADS	P	RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	RX/OTC
EQL ALCOHOL SWABS	P	RX/OTC
FIFTY50 ALCOHOL PREP PADS	P	RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	P	RX/OTC
GNP ALCOHOL SWABS	P	RX/OTC
H-E-B INCONTROL ALCOHOL PADS	P	RX/OTC
HM STERILE ALCOHOL PREP PADS	P	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	P	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	P	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS	P	RX/OTC
PRO COMFORT ALCOHOL PADS	P	RX/OTC
PURE COMFORT ALCOHOL PREPPADS	P	RX/OTC
QC ALCOHOL SWABS	P	RX/OTC
RA ALCOHOL SWABS	P	RX/OTC
REALITY SWABS	P	RX/OTC
RELION ALCOHOL SWABS	P	RX/OTC
SAPS CARE ALCOHOL PREP PADS	P	RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	P	RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SB ALCOHOL PREP PADS	P	RX/OTC
SM ALCOHOL PREP PADS	P	RX/OTC
SURE COMFORT ALCOHOL PREP PADS	P	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS	P	RX/OTC
ULTICARE ALCOHOL SWABS	P	RX/OTC
ULTILET ALCOHOL SWABS	P	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	P	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	RX/OTC
ZEVrx STERILE ALCOHOL PREP PADS	P	RX/OTC
Parenteral Therapy Supplies		
12ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
12ML SYRINGE/21G X 1"/LUER LOCK TIP	P	RX/OTC
12ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
1ML VANISHPOINT TUBERCULIN SYRINGE 25GX1" MISC	P	
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	NP	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM	NP	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM	NP	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNIFINE PENTIPS32GX4MM	NP	QL(5 ea daily); RX/OTC	3ML SYRINGE/18G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	NP	QL(5 ea daily)	3ML SYRINGE/20G X 1"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPS33GX4MM	NP		3ML SYRINGE/20G X 1"/LUER SLIP TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	NP	QL(5 ea daily); RX/OTC	3ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	NP	QL(5 ea daily); RX/OTC	3ML SYRINGE/21G X 1"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	NP		3ML SYRINGE/21G X 1"/LUER SLIP TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31G X5MM	NP	QL(5 ea daily); RX/OTC	3ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL /29GX12MM	NP	QL(5 ea daily); RX/OTC	3ML SYRINGE/22G 1-1/2"/LUER LOCK TIP	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	NP	QL(5 ea daily); RX/OTC	3ML SYRINGE/22G X 1"/LUER LOCK TIP	P	RX/OTC
3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2"	P	RX/OTC	3ML SYRINGE/22G X 3/4"/LUER LOCK TIP	P	
3ML LUER LOCK SAFETY SYRINGES/3ML/21G X 1 1/2"	P	RX/OTC	3ML SYRINGE/22G X 3/4"/LUER SLIP TIP	P	
3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1"	P	RX/OTC	3ML SYRINGE/25G X 1"/LUER LOCK TIP	P	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/23G X 1"	P	RX/OTC	3ML SYRINGE/27G X 1-1/4"/LUER LOCK TIP	P	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 1"	P	RX/OTC	3ML SYRINGE/LUER LOCK TIP23GX1"	P	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 5/8"	P	RX/OTC	3ML SYRINGE/LUER LOCK TIP25G X 1-1/2"	P	
3ML LUER-LOK SYRINGE25G X 5/8"	P	RX/OTC	3ML SYRINGE/LUER SLIP TIP23GX1"	P	RX/OTC
			6ML SYRINGE/21G X 1"/LUER LOCK TIP	P	RX/OTC
			6ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
			6ML SYRINGE/22G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
			ABOUTTIME PEN NEEDLE 32GX 5/32"	NP	QL(5 ea daily); RX/OTC
			ABOUTTIME PEN NEEDLES 30GX 5/16"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABOUTTIME PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily); RX/OTC	AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16"	NP	QL(5 ea daily); RX/OTC	AQ INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES	NP		AQ INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	NP	QL(5 ea daily)	AQINJECT PEN NEEDLE/31G X 3/16"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC	AQINJECT PEN NEEDLE/32G X 5/32"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC	ASSURE ID DUO PRO SAFETYPEN NEEDLES 31G X 5MM	P	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC	ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	NP	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	ASSURE ID PRO SAFETY PENNEEDLES 30G X 5MM	NP	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	NP	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC	AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	NP	
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX4MM	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX5MM	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX6MM	NP	QL(5 ea daily)
			AUM MINI INSULIN PEN NEEDLE/32GX8MM	NP	
			AUM MINI INSULIN PEN NEEDLE/33GX4MM	NP	
			AUM MINI INSULIN PEN NEEDLE/33GX5MM	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUM MINI INSULIN PEN NEEDLE/33GX6MM	NP		BD 1ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25G X 5/8"	P	RX/OTC
AUM PEN NEEDLE/32GX4MM	NP	QL(5 ea daily); RX/OTC	BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"	P	RX/OTC
AUM PEN NEEDLE/32GX5MM	NP	QL(5 ea daily); RX/OTC	BD 3ML LUER-LOK SYRINGE/20G X 1"	P	RX/OTC
AUM PEN NEEDLE/32GX6MM	NP	QL(5 ea daily)	BD 3ML LUER-LOK SYRINGE/21G X 1"	P	RX/OTC
AUM PEN NEEDLE/33GX4MM	NP		BD 3ML LUER-LOK SYRINGE/21G X 1-1/2"	P	RX/OTC
AUM PEN NEEDLE/33GX5MM	NP		BD 3ML LUER-LOK SYRINGE/23G X 1"	P	RX/OTC
AUM PEN NEEDLE/33GX6MM	NP		BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"	P	RX/OTC
AUM READYGARD DUO SAFETY PEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	NP	QL(5 ea daily); RX/OTC	BD 3ML LUER-LOK SYRINGE/25G X 1"	P	RX/OTC
AUM SAFETY PEN NEEDLE/31G X 4MM	NP		BD 3ML LUER-LOK SYRINGE/26G X 5/8"	P	
AUM SAFETY PEN NEEDLE/31G X 5MM	NP	QL(5 ea daily); RX/OTC	BD 3ML SYRINGE LUER-LOK 21GX1-1/2"	P	RX/OTC
AURORA PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	BD 3ML SYRINGE LUER-LOK 22GX1"	P	RX/OTC
AURORA PEN NEEDLES 31G X6MM	NP	QL(5 ea daily); RX/OTC	BD 3ML SYRINGE LUER-LOK 22GX1-1/2"	P	RX/OTC
AURORA PEN NEEDLES 31G X8MM	NP	QL(5 ea daily); RX/OTC	BD 3ML SYRINGE LUER-LOK 23GX1"	P	RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32"	NP	QL(5 ea daily); RX/OTC	BD 3ML SYRINGE LUER-LOK 25GX1-1/2"	P	
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	NP	QL(5 ea daily); RX/OTC	BD 3ML SYRINGE LUER-LOK 25GX5/8"	P	RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2"	P	RX/OTC
BD 10ML LUER-LOK SYRINGE 20G X 1-1/2"	P		BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1"	P	RX/OTC
BD 10ML LUER-LOK SYRINGE 21G X 1"	P		BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8"	P	RX/OTC
BD 10ML LUER-LOK SYRINGE 21G X 1-1/2"	P				
BD 10ML LUER-LOK SYRINGE 22GX1"	P				

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Updated May 1, 2024

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Drug Name	Drug Tier	Requirements/Limits
BD 5ML LUER-LOK SYRINGE/20G X 1"	P	
BD 5ML LUER-LOK SYRINGE/20G X 1-1/2"	P	
BD 5ML LUER-LOK SYRINGE/21G X 1"	P	
BD 5ML LUER-LOK SYRINGE/21G X 1-1/2"	P	
BD 5ML LUER-LOK SYRINGE/22G X 1"	P	
BD 5ML LUER-LOK SYRINGE/22G X 1-1/2"	P	
BD AUTOSHIELD DUO 30G X 5MM	NP	RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK SYRINGE 3ML/23G X 1-1/2"	P	RX/OTC
BD ECLIPSE SYRINGE 3ML/21G X 1"	P	RX/OTC
BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1"	P	RX/OTC
BD ECLIPSE SYRINGE/1ML/27GX1/2"	P	
BD ECLIPSE SYRINGE/1ML/30GX1/2"	P	
BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/22G X 1"	P	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/23G X 1"	P	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/25G X 5/8"	P	RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	NP	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	P	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	NP	
BD INTEGRA SYRINGE RETRACTING SAFETY/3ML/21G X 1"	P	RX/OTC
BD INTEGRA SYRINGE/3ML 25GX1"	P	RX/OTC
BD INTEGRA SYRINGE/3ML/21G X 1-1/2"	P	RX/OTC
BD INTEGRA SYRINGE/3ML/22G X 1.5"	P	RX/OTC
BD INTEGRA SYRINGE/3ML/23G X 1"	P	RX/OTC
BD INTEGRA SYRINGE/3ML/25G X 5/8	P	RX/OTC
BD LUER LOCK SYRINGE/1ML/20G X 1"	P	
BD LUER-LOK SYRINGE W/ECLIPSE NEEDLE	P	RX/OTC
BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	NP	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	NP	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	NP	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	NP	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	NP	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	NP	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	NP	QL(5 ea daily); RX/OTC
BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK	P	RX/OTC
BD SAFETYGLIDE 1ML 27GX5/8"	P	

Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE 21G X 1-1/2"	P	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE SYRINGE 3ML/25GX1"	P	RX/OTC
BD SAFETYGLIDE SYRINGE 5ML/22GX1.5"	P	
BD SLIP TIP SYRINGE/NEEDLE/1ML/26G X 5/8"	P	
BD SYRINGE 10ML/20G X 1"	P	

Drug Name	Drug Tier	Requirements/Limits
BD SYRINGE LUER-LOK 3ML/NEEDLE BLUNT FILL 18G X 1-1/2"	P	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	NP	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	NP	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	NP	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	NP	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	NP	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	NP	RX/OTC
CAREFINE PEN NEEDLE 32GX4MM	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2"	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16"	NP	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM	NP	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX6MM	NP	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/23G X 1"	P	
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/25G X 1"	P	RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/23G X 1"	P	RX/OTC
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1"	P	RX/OTC
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 5/8"	P	RX/OTC
CAREONE UNIFINE PENTIPS 29GX12MM	NP	QL(5 ea daily); RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1"	P	RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM	NP	QL(5 ea daily); RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1-1/2"	P	RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM	NP	QL(5 ea daily); RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1"	P	RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM	NP	QL(5 ea daily); RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1-1/2"	P	RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1"	P	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1-1/2"	P	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/25GX1"	P	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	NP		CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	NP				

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Updated May 1, 2024

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Drug Name	Drug Tier	Requirements/Limits
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	NP	
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	NP	
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
CARETOUCH LUER LOCK 3ML/22GX1"	P	RX/OTC
CARETOUCH LUER LOCK 3ML/22GX1-1/2"	P	RX/OTC
CARETOUCH LUER LOCK 3ML/23GX1"	P	RX/OTC
CARETOUCH LUER LOCK 3ML/23GX1-1/2'	P	RX/OTC
CARETOUCH LUER LOCK 3ML/25GX1"	P	RX/OTC
CARETOUCH LUER LOCK 3ML/25GX1-1/2"	P	
CARETOUCH LUER LOCK 3ML/25GX5/8"	P	RX/OTC
CARETOUCH PEN NEEDLE 29GX1/2"	NP	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLE 33GX5/32"	NP	
CARETOUCH PEN NEEDLES 31G X 6 MM	NP	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM	NP	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM	NP	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM	NP	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	NP	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM	NP	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM	NP	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLE 32GX5/32"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 31G X 1/4"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 31G X 5/16"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	NP	QL(5 ea daily); RX/OTC	CLICKFINE PEN NEEDLES 32G X 5/32"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	NP	QL(5 ea daily)	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	NP		COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	NP		COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM	NP		COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
			COMFORT EZ MICRO/32G X 4MM	NP	QL(5 ea daily); RX/OTC
			COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	NP	QL(5 ea daily)
			COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
COMFORT EZ SHORT/31G X 8MM	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 5MM	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 6MM	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 4MM	NP		DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
COMFORT TOUCH PEN NEEDLES/31G X 5MM	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	NP	
COMFORT TOUCH PEN NEEDLES/31G X 6 MM	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 8 MM	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	NP	RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 5MM	NP	QL(5 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	NP	
COMFORT TOUCH PEN NEEDLES/32G X 6MM	NP	QL(5 ea daily)	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 8MM	NP		DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/33G X 5/32"	NP		DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/33GX 3/16"	NP		DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	NP	
COMFORT TOUCH PEN NEEDLES/33GX1/4"	NP		DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 3ML/22GX1-1/2"	P	RX/OTC			
DIATHRIVE PEN NEEDLE/31 G X 6MM	NP	QL(5 ea daily); RX/OTC			
DIATHRIVE PEN NEEDLE/31 GX 8MM	NP	QL(5 ea daily); RX/OTC			
DIATHRIVE PEN NEEDLE/31GX 5MM	NP	QL(5 ea daily); RX/OTC			
DIATHRIVE PEN NEEDLE/32GX 4MM	NP	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	NP	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPLET MICRON 34G X 9/64"	NP	
DROPLET PEN NEEDLES 29G X1/2"	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 29GX10MM	NP	
DROPLET PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 30G X 5/16"	NP	QL(5 ea daily)
DROPLET PEN NEEDLES 31G X3/16"	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31G X5/16"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4"	NP	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16"	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/16"	NP	
DROPLET PEN NEEDLES 32G X 5/32"	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM	NP	QL(5 ea daily)
DROPLET PEN NEEDLES 32GX8MM	NP	
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	NP	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	NP	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	NP	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	NP	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	NP	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	NP	
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM	NP	QL(5 ea daily); RX/OTC	EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	NP	
DRUG MART UNIFINE PENTIPS29G X 12MM	NP	QL(5 ea daily); RX/OTC	EASY COMFORT PEN NEEDLES31GX1/4"	NP	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM	NP	QL(5 ea daily); RX/OTC	EASY COMFORT PEN NEEDLES31GX3/16"	NP	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM	NP	QL(5 ea daily); RX/OTC	EASY COMFORT PEN NEEDLES31GX5/16"	NP	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM	NP	QL(5 ea daily); RX/OTC	EASY COMFORT PEN NEEDLES32GX5/32"	NP	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	NP	QL(5 ea daily); RX/OTC	EASY COMFORT PEN NEEDLES33G X 4MM	NP	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	NP		EASY COMFORT PEN NEEDLES33G X 5MM	NP	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	EASY COMFORT PEN NEEDLES33G X 6MM	NP	
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	P	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	EASY COMFORT SAFETY PEN NEEDLES 31GX6MM	P	QL(5 ea daily); RX/OTC
			EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	P	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY GLIDE PEN NEEDLES 33G X 5/32"	NP	
EASY TOUCH 32GX5MM	NP	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX6MM	NP	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1-1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/22GX1-1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/21GX1"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/22GX1-1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/26GX3/8"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/27GX1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 21G/10ML1-1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/21GX1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1-1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX1"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/20GX1-1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1-1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1-1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2"	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK SAFETY SYRINGES 5ML/20GX1"	P		EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX5/8"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
EASY TOUCH FLURINGE FLU TRAY SYRINGE/1ML/25G X 1"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX1"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX5/8"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 1"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 5/8"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH PEN NEEDLE 30G X 5/16"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLE/30G X 3/16"	NP	RX/OTC	EASY TOUCH SAFETY SYRINGE/3ML/25G X 1"	P	RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8"	P	RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4"	NP	QL(5 ea daily)	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX3/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/21GX1-1/2"	P	
EASY TOUCH PEN NEEDLES 32GX5/32"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/22GX1-1/2"	P	
EASY TOUCH PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily); RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/22GX1-1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	NP		EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1"	P	RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	NP	QL(5 ea daily)	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1-1/2"	P	RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	NP		EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1"	P	RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	NP	QL(5 ea daily)	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/1ML/25G X 1"	P	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1"	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/1ML/25G X 5/8"	P	RX/OTC			
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	P	RX/OTC			
EASY TOUCH SAFETY SYRINGE/3ML/21G X 1"	P	RX/OTC			
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1"	P	RX/OTC			
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2"	P	RX/OTC			
EASY TOUCH SAFETY SYRINGE/3ML/23G X 1"	P	RX/OTC			

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EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1"	P	RX/OTC	EMBRACE PEN NEEDLES/31G X 8MM	NP	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8"	P	RX/OTC	EMBRACE PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/21GX1-1/2"	P		EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/22GX1-1/2"	P		EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/26GX5/8"	P		EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
EASYPPOINT NEEDLE/SYRINGE 3ML/18G X 1"	P	RX/OTC	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASYPPOINT NEEDLE/SYRINGE 3ML/18G X 1-1/2"	P	RX/OTC	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
EASYPPOINT NEEDLE/SYRINGE 3ML/23 G X 1"	P	RX/OTC	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
EASYPPOINT NEEDLE/SYRINGE 3ML/25G X 1"	P	RX/OTC	EQL INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
EASYPPOINT NEEDLE/SYRINGE 3ML/25G X 5/8"	P	RX/OTC	EQL INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/29G X 12MM	NP	QL(5 ea daily); RX/OTC	EQL INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/30G X 5MM	NP	RX/OTC	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	NP	
EMBRACE PEN NEEDLES/30G X 8MM	NP	QL(5 ea daily)	EXCEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	NP	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/31G X 5MM	NP	QL(5 ea daily); RX/OTC	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/31G X 6MM	NP	QL(5 ea daily); RX/OTC	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
			GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	NP	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	NP	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	NP	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	NP	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	NP	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	NP	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	NP	
			H-E-B INCONTROL PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE 1ML/31G X 1/4"	NP	RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/27G X 1/2"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGES 0.3ML/31G X 1/4"	NP	RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	INSULIN SYRINGES 0.5ML/31G X 1/4"	NP	RX/OTC
			INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	NP	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	MAGELLAN SYRINGE/HYPODERMIC SAFETY NEEDLE/1ML/23G X 1"	P	
LITETOUCH PEN NEEDLES 29GX12.7MM	NP	QL(5 ea daily)	MARATHON MEDICAL PENTIPS29GX12MM	NP	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC	MARATHON MEDICAL PENTIPS31GX5MM	NP	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	NP	QL(5 ea daily); RX/OTC	MARATHON MEDICAL PENTIPS31GX8MM	NP	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT	NP	QL(5 ea daily); RX/OTC	MARATHON MEDICAL PENTIPS32GX4MM	NP	QL(5 ea daily); RX/OTC
			MAXICOMFORT II PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	NP	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	NP	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	NP	QL(5 ea daily); RX/OTC	MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	NP		MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	NP	QL(5 ea daily)	MM PEN NEEDLES 31G X 1/4"	P	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 31G X 1/4"	NP	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 31G X 3/16"	P	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	NP	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 31G X 5/16"	P	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 31G X 5/16"	NP	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM	NP	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 32G X 5/32"	P	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM	NP	QL(5 ea daily); RX/OTC	MM PEN NEEDLES 32G X 5/32"	NP	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X8MM	NP	QL(5 ea daily); RX/OTC	MONOJECT 3ML SYRINGE/STANDARD HYPODERMIC NEEDLE/21GX1-1/2"	P	RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM	NP	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/1ML	NP	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	NP	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/33G X 4 MM	NP		MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	NP	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	NP	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC			

Illinois YouthCare

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT LIFESHIELD BLUNTCANNULA/LUER LOCK SYR/3ML/18G X 1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT LIFESHIELD SYRINGE/12ML/18GX1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/18G X 1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/20G X 1-1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1-1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/23G X 1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 5/8"	P	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1-1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1"	P	RX/OTC
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	NP	QL(5 ea daily); RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1-1/2"	P	RX/OTC
			MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/23G X 1"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 1"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 5/8"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/25G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/20G X 1-1/2"	P		MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/27G X 1-1/4"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/6ML/20G X 1-1/2"	P	
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/22G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1-1/2"	P	RX/OTC
MONOJECT MEDICATION TRANSFER NEEDLE/20GX1"	P		MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1"	P	RX/OTC
MONOJECT SYRINGE/12ML/18GX1"	P	RX/OTC	MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1-1/2"	P	RX/OTC
MONOJECT SYRINGE/12ML/20GX1-1/2"	P	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/20GX1"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1"	P	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/20GX1-1/2"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	P	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/21GX1"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 3/4"	P				

Illinois YouthCare

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/22GX1"	P	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/22GX1-1/2"	P	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/23GX1"	P	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX1"	P	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX1-1/4"	P		MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX5/8"	P	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/27GX1-1/4"	P	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/20GX1-1/2"	P		MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/21G X1"	P	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/21GX1-1/2"	P	RX/OTC	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/22GX1-1/2"	P	RX/OTC	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
			MS INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
			NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVOFINE PEN NEEDLE 32G X 6MM	NP	QL(5 ea daily)	PEN NEEDLES 32G X 5MM	NP	QL(5 ea daily); RX/OTC
NOVOFINE PLUS PEN NEEDLE 32G X 4MM	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 32G X 6MM	NP	QL(5 ea daily)
NOVOTWIST PEN NEEDLE 32GX 5MM	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X 1/2"	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES 33G X 5/32"	NP	
PC UNIFINE PENTIPS 31G X 5MM MINI	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X 8MM SHORT	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES	NP	QL(5 ea daily)	PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	PEN NEEDLES/31G X 6MM	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5MM	NP	RX/OTC	PEN NEEDLES/32G X 5/32"	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM	NP	QL(5 ea daily)	PENTIPS 29G X 12MM	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily); RX/OTC	PENTIPS 29GX12MM	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily); RX/OTC	PENTIPS 31G X 5MM	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC	PENTIPS 31G X 8MM	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC	PENTIPS 31GX5MM	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC	PENTIPS 31GX6MM	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC	PENTIPS 31GX8MM	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4")	NP	QL(5 ea daily); RX/OTC	PENTIPS 32G X 4MM	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC	PENTIPS 32GX4MM	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM (5/16")	NP	QL(5 ea daily); RX/OTC	PENTIPS 32GX6MM	NP	QL(5 ea daily)
PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC	PIP PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily); RX/OTC
			PIP PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PEN NEEDLE 32G X6MM	NP	QL(5 ea daily)	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE 32G X8MM	NP		RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X 5MM	NP	QL(5 ea daily); RX/OTC	RA PEN NEEDLES 31G X 5MM3/16"	NP	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM	NP	QL(5 ea daily); RX/OTC	RA PEN NEEDLES 31G X 8MM5/16"	NP	QL(5 ea daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	NP	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 29GX 12MM	NP	QL(5 ea daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	NP	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 4MM	NP	
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	NP	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 5MM	NP	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 6MM	NP	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	RAYA SURE PEN NEEDLE 31GX 8MM	NP	QL(5 ea daily); RX/OTC
PX MINI PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM	NP	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM	NP	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM	NP	QL(5 ea daily); RX/OTC	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM	NP	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	NP	RX/OTC
QC PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE 1ML/31GX15/64"	NP	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	RX/OTC
QC UNIFINE PENTIPS 32GX4MM	NP	QL(5 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC			
RA INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC	SAFETY PEN NEEDLES/30G X3/16"	NP	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	SAFETY PEN NEEDLES/30G X5/16"	NP	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 10ML/20GX1-1/2"	P	
RELION PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 10ML/22GX1-1/2"	P	
RELION PEN NEEDLES 31G X6MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 1ML/25GX5/8"	P	RX/OTC
RELION PEN NEEDLES 31G X8MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 1ML/27GX1/2"	P	
RELION PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 3ML/20GX1"	P	RX/OTC
RELION PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 3ML/20GX1-1/2"	P	RX/OTC
RELION PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 3ML/21GX1"	P	RX/OTC
RELION PEN NEEDLES 32G X4MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 3ML/21GX1-1/2"	P	RX/OTC
RELION PEN NEEDLES 32G X5/32"	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 3ML/22GX1"	P	RX/OTC
RELION PEN NEEDLES 32GX4MM	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 3ML/22GX1-1/2"	P	RX/OTC
RELION PEN NEEDLES/31G X1/4"	NP	QL(5 ea daily); RX/OTC	SAFETY SYRINGES/NEEDLE 3ML/23GX1"	P	RX/OTC
RELION SHORT PEN NEEDLES31GX8MM	NP	QL(5 ea daily); RX/OTC			
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC			
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAFETY SYRINGES/NEEDLE 3ML/25GX5/8"	P	RX/OTC	SECURESAFE SYRINGE/NEEDLE/3ML/2 2G X 1-1/2"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 5ML/20GX1-1/2"	P		SECURESAFE SYRINGE/NEEDLE/3ML/2 5G X 5/8"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 5ML/21GX1-1/2"	P		SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM	NP	QL(5 ea daily); RX/OTC
SAFETY SYRINGES/NEEDLE 5ML/22GX1-1/2"	P		SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5M M	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMO VR/32GX4MM	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29 GX12MM	NP	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM	NP	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	NP	QL(5 ea daily)	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	NP	QL(5 ea daily); RX/OTC
SECURESAFE SYRINGE/NEEDLE/1ML/2 7G X 1/2"	P				
SECURESAFE SYRINGE/NEEDLE/3ML/2 0G X 1"	P	RX/OTC			
SECURESAFE SYRINGE/NEEDLE/3ML/2 0G X 1-1/2"	P	RX/OTC			
SECURESAFE SYRINGE/NEEDLE/3ML/2 1G X 1-1/2"	P	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	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)	SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM	NP	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	NP	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	NP	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	NP	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES30GX5/16" SHORT	NP	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	NP	RX/OTC	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32"	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SURE COMFORT PEN NEEDLES32GX6MM	NP	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	NP	QL(5 ea daily); RX/OTC	SYRINGE/HYPODERMIC SAFETY12ML 18GX1"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/10ML/21G X 1"	P	
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/20G X 1"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	SYRINGE/LUER LOCK/3ML/20GX1-1/2"	P	RX/OTC
			SYRINGE/LUER LOCK/3ML/21G X 1"	P	RX/OTC
			SYRINGE/LUER LOCK/3ML/21G X 1-1/2"	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYRINGE/LUER LOCK/3ML/21GX1"	P	RX/OTC	SYRINGES/LUER LOCK/10ML/22GX1"	P	
SYRINGE/LUER LOCK/3ML/21GX1-1/2"	P	RX/OTC	SYRINGES/LUER LOCK/10ML/22GX1-1/2"	P	
SYRINGE/LUER LOCK/3ML/22G X 1"	P	RX/OTC	SYRINGES/LUER LOCK/1ML/20GX1"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	P	RX/OTC	SYRINGES/LUER LOCK/5ML/20GX1"	P	
SYRINGE/LUER LOCK/3ML/22GX1"	P	RX/OTC	SYRINGES/LUER LOCK/5ML/20GX1-1/2"	P	
SYRINGE/LUER LOCK/3ML/22GX1-1/2"	P	RX/OTC	SYRINGES/LUER LOCK/5ML/21GX1"	P	
SYRINGE/LUER LOCK/3ML/23G X 1"	P	RX/OTC	SYRINGES/LUER LOCK/5ML/21GX1-1/2"	P	
SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	P	RX/OTC	SYRINGES/LUER LOCK/5ML/22GX1-1/2"	P	
SYRINGE/LUER LOCK/3ML/23GX1"	P	RX/OTC	SYRINGES/LUER SLIP/1ML/25GX5/8"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1"	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1-1/2"	P		TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 5/8"	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	NP	RX/OTC
SYRINGE/LUER LOCK/3ML/25GX1"	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
SYRINGE/LUER LOCK/3ML/25GX5/8"	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
SYRINGE/LUER LOCK/5ML/20G X 1-1/2"	P		TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
SYRINGE/LUER SLIP/1ML/25G X 5/8"	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
SYRINGE/LUER SLIP/1ML/26G X 3/8"	P		TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	NP	RX/OTC
SYRINGE/LUER SLIP/1ML/27G X 1/2"	P				
SYRINGES/LUER LOCK/10ML/20GX1"	P				
SYRINGES/LUER LOCK/10ML/20GX1-1/2"	P				
SYRINGES/LUER LOCK/10ML/21G X 1"	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 29GX 10MM	NP		TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 29GX 12 MM	NP	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM	NP	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM	NP	QL(5 ea daily); RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM	NP	QL(5 ea daily)	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
TECHLITE PLUS PEN NEEDLES32G X 4MM	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	NP	QL(5 ea daily); RX/OTC	TRUE COMFORT PEN NEEDLES31G X 5MM	NP	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	NP	QL(5 ea daily); RX/OTC			
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	NP	QL(5 ea daily); RX/OTC			
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC			

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

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

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ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 5/32"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)	ULTICARE MINI PEN NEEDLES 31GX6MM	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE MINI PEN NEEDLES ULTI-FINE IV	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTICARE MINI PEN NEEDLES/32G X 1/4"	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTICARE MINI PEN NEEDLES31GX6MM	NP	QL(5 ea daily); RX/OTC
			ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	NP	RX/OTC
			ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	NP	QL(5 ea daily)
			ULTICARE PEN NEEDLES 31GX 5MM/MINI	NP	QL(5 ea daily); RX/OTC

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ULTICARE PEN NEEDLES/29GX 12.7MM	NP	QL(5 ea daily)	ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X1/4"	NP	RX/OTC
ULTICARE SAFETY SYRINGE/LOW DEAD SPACE/1.5ML/22GX1-1/2"	P		ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	NP	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	NP	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	NP	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	NP	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM	NP	QL(5 ea daily); RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	NP	QL(5 ea daily); RX/OTC
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	NP	QL(5 ea daily)	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	NP	QL(5 ea daily); RX/OTC
ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2"	P	RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	NP	QL(5 ea daily); RX/OTC
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 5/8"	P		ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	NP	QL(5 ea daily); RX/OTC
ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 1" MISC	P		ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	QL(5 ea daily); RX/OTC
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 1/2"	P		ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	NP	QL(5 ea daily)
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	NP	RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	NP	QL(5 ea daily); RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4"	NP	RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	NP	QL(5 ea daily); RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	NP	RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	NP	QL(5 ea daily); RX/OTC
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	NP	RX/OTC			

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ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	NP	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 29GX12.7MM	NP	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM	NP	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM	NP	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM	NP	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT	NP	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTILET SHORT PEN NEEDLES31GX3/16"	NP	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	NP	
ULTRA FLO INSULIN PEN NEEDLES	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEELE 31GX8MM	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/32G X 1/14"	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	NP	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/32G X 3/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/32G X 5/32"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC	ULTRACARE PEN NEEDLES/33G X 5/32"	NP	
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II PEN NEEDLES 29GX1/2"	NP	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily); RX/OTC	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily); RX/OTC	UNIFINE PEN NEEDLE/32G X4MM	NP	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS 29GX12MM	NP	QL(5 ea daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16"	NP	QL(5 ea daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"	NP	RX/OTC
UNIFINE PENTIPS 31GX5MM	NP	QL(5 ea daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	NP	QL(5 ea daily)
UNIFINE PENTIPS 31GX6MM	NP	QL(5 ea daily); RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX5MM	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX8MM	NP	QL(5 ea daily); RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX6MM	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM	NP	QL(5 ea daily); RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX8MM	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM	NP	QL(5 ea daily)	UNIFINE ULTRA PEN NEEDLE/32GX4MM	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 33GX4MM	NP		VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 29GX12MM	NP	QL(5 ea daily); RX/OTC	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM	NP	QL(5 ea daily); RX/OTC	VALUMARK PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM	NP	QL(5 ea daily); RX/OTC	VALUMARK PEN NEEDLES 31GX 6MM	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM	NP	QL(5 ea daily); RX/OTC	VALUMARK PEN NEEDLES 31GX 8MM	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM	NP	QL(5 ea daily); RX/OTC	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 33GX 5/32"	NP		VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	NP	
UNIFINE PENTIPS PLUS 33GX4MM	NP		VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS/30GX 3/16"	NP	RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS/30G X 3/16"	NP	RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	NP	
UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	NP	RX/OTC			
UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 8MM	P	QL(5 ea daily)			
UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	P	QL(5 ea daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	NP	
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SAFETY SYRINGE/10ML/21GX1-1/2"	P	
VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1-1/2"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1-1/2"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/22GX1"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/22GX1-1/2"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1-1/2"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/25GX1"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2"	P	
VANISHPOINT SAFETY SYRINGE/3ML/25GX5/8"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/5ML/21GX1"	P	
VANISHPOINT SAFETY SYRINGE/5ML/21GX1-1/2"	P	
VANISHPOINT SAFETY SYRINGE/5ML/22GX1-1/2"	P	

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT SYRINGE/10ML/21G X 1-1/2"	P	
VANISHPOINT SYRINGE/1ML/25G X 1"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1-1/2"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/21G X 1"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/21G X 1-1/2"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/22G X 1"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/22G X 1-1/2"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1-1/2"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/25G X 1"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/25G X 1-1/2"	P	
VANISHPOINT SYRINGE/3ML/25G X 5/8"	P	RX/OTC
VANISHPOINT SYRINGE/5ML/21G X 1-1/2"	P	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	NP	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 days retail); RX/OTC
ACTIVITY POUCH MISC	P	QL(1 ea per 360 days retail); RX/OTC
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
ADULT MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROBIKA DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MV MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROECLIPSE MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AEROECLIPSE MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROECLIPSE MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROTRACH PLUS MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	QL(2 ea per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	QL(2 ea per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	QL(2 ea per 360 days retail); RX/OTC	DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 days retail); RX/OTC	EASIVENT/MASK-LARGE MISC	P	QL(2 ea per 360 days retail); RX/OTC
CO MONITOR DEVI	P	QL(2 ea per 360 days retail); RX/OTC	EASIVENT/MASK-MEDIUM MISC	P	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	EASIVENT/MASK-SMALL MISC	P	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	EASIVENT MISC	P	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC	EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
			EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
			EASY FLOW BLACK/BLUE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
			EASY FLOW BLACK/ORANGE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
			EASY FLOW BLACK/RED DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY FLOW BLACK/WHITE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	QL(2 ea per 360 days retail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC	FLEXICHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	QL(2 ea per 360 days retail); RX/OTC	FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW WHITE/PINK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	QL(2 ea per 360 days retail); RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 days retail); RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	P	QL(2 ea per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC
EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC
FILTER AIR PP MISC	P	QL(1 ea per 360 days retail); RX/OTC	MASK VORTEX/CHILD/FROG	P	QL(1 ea per 360 days retail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	P	QL(1 ea per 360 days retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MICROCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
MICROCHAMBER MISC	P	QL(2 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
MICROSPACER MISC	P	QL(2 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	P	QL(2 ea per 360 days retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND MISC	P	QL(2 ea per 360 days retail); RX/OTC
NEBULIZER CUP/TUBING DEVI	P	QL(2 ea per 360 days retail); RX/OTC	PANDA MASK LARGE	P	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	PANDA MASK MEDIUM	P	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC	PANDA MASK SMALL	P	QL(1 ea per 360 days retail); RX/OTC
NOSE CLIP MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC	PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 days retail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	QL(2 ea per 360 days retail); RX/OTC	PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ea per 360 days retail); RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	P	QL(2 ea per 360 days retail); RX/OTC	PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ea per 360 days retail); RX/OTC
ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 days retail); RX/OTC
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC	PARI MANUAL INTERRUPTER DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PARI MASK SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI TREK S COMBO PACK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PARI VORTEX ADULT MASK	P	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC PANDA MASK	P	QL(1 ea per 360 days retail); RX/OTC
PFLEX MISC	P	QL(1 ea per 360 days retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC
POCKET CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
POCKET SPACER DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
QUAKE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	P	QL(1 ea per 360 days retail); RX/OTC

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REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	P	QL(1 ea per 360 days retail); RX/OTC	SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ea per 360 days retail); RX/OTC
RITEFLO DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC	SPIRO PD DEVI	P	QL(2 ea per 360 days retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	THRESHOLD IMT MISC	P	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail); RX/OTC	THRESHOLD PEP DEVI	P	QL(2 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 days retail); RX/OTC	TUBING/WING TIP MISC	P	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	P	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	VERSAPAP/UNIVERSAL TUBING DEVI	P	QL(2 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	VERSAPAP DEVI	P	QL(2 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	P	QL(2 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	P	QL(2 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	WINDMILL TRAINER MISC	P	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 days retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
			Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
			AIMOVIG	P	SP; PA
			AJOVY SOAJ	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
AJOVY SOSY	P	SP; PA
EMGALITY SOAJ	P	SP; PA
EMGALITY SOSY	P	SP; PA
NURTEC	P	PA
QULIPTA	P	PA
UBRELVY	P	PA
VYEPTI	NP	SP
ZAVZPRET	NP	
Migraine Combinations		
<i>ergotamine w/ caffeine SUPP</i>	P	
<i>sumatriptan-naproxen sodium</i>	NP	
Migraine Products		
<i>D.H.E. 45 SOLN IJ (Use dihydroergotamine mesylate)</i>	NF	
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	NP	
<i>MIGRANAL SOLN NA (Use dihydroergotamine mesylate)</i>	NP	
TRUDHESA	NP	
Migraine Products - NSAIDs		
<i>diclofenac potassium (migraine)</i>	NP	
ELYXYB	NP	
Serotonin Agonists		
<i>almotriptan malate</i>	NP	
<i>AMERGE (Use naratriptan hcl)</i>	NF	QL(9 ea per 30 days retail)
<i>eletriptan hydrobromide</i>	NP	QL(6 ea per 30 days retail)
<i>FROVA (Use frovatriptan succinate)</i>	NP	
<i>frovatriptan succinate</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
IMITREX 5 MG/ACT, 20 MG/ACT (<i>Use sumatriptan</i>)	NP	QL(6 ea per 30 days retail)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ml per 30 days retail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(3 ml per 30 days retail)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ml per 30 days retail)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(3 ml per 30 days retail)
IMITREX TABS (<i>Use sumatriptan succinate</i>)	NP	QL(9 ea per 30 days retail)
MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(12 ea per 30 days retail)
MAXALT TABS 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(12 ea per 30 days retail)
<i>naratriptan hcl</i>	NP	QL(9 ea per 30 days retail)
<i>RELPAX (Use eletriptan hydrobromide)</i>	NP	QL(6 ea per 30 days retail)
REYVOW	NP	
<i>rizatriptan benzoate TABS</i>	P	QL(12 ea per 30 days retail)
<i>rizatriptan benzoate TBDP</i>	P	QL(12 ea per 30 days retail)
<i>sumatriptan</i>	P	QL(6 ea per 30 days retail)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ml per 30 days retail)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	P	QL(3 ml per 30 days retail)
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ml per 30 days retail)
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	P	QL(3 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(2.5 ml per 30 days retail)
<i>sumatriptan succinate TABS</i>	P	QL(9 ea per 30 days retail)
TOSYMRA	NP	
ZEMBRACE SYMTOUCH SOAJ	NP	
<i>zolmitriptan SOLN 2.5 MG</i>	NP	
<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 ea per 30 days retail)
<i>zolmitriptan TABS</i>	NP	QL(6 ea per 30 days retail)
<i>zolmitriptan TBDP</i>	NP	QL(6 ea per 30 days retail)
ZOMIG SOLN 2.5 MG	NP	
ZOMIG SOLN (<i>Use zolmitriptan</i>)	NP	QL(6 ea per 30 days retail)
ZOMIG TABS 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	NF	QL(6 ea per 30 days retail)
ZOMIG TABS 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	NP	QL(6 ea per 30 days retail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM CARBONATE CHEW 500 MG	P	
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-600 MG, 5 MCG-600 MG</i>	P	
Electrolyte Mixtures		
BIOLYTE SOLN	P	
CERALYTE 70 SOLN	P	
CERASPORT EX1 SOLN	P	
CERASPORT SOLN	P	
ENFAMIL ENFALYTE SOLN	P	
EQUALYTE SOLN (<i>Use oral electrolytes</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
HYDRALYTE FREEZER POPS SOLN	P	
HYDRALYTE SOLN	P	
KINDERLYTE PREMAX SOLN	P	
KINDERLYTE SOLN	P	
<i>oral electrolytes SOLN</i>	P	
PEDIALYTE ADVANCED CARE SOLN (<i>Use oral electrolytes</i>)	NF	
PEDIALYTE FREEZER POPS SOLN (<i>Use oral electrolytes</i>)	NF	
PEDIALYTE SINGLES SOLN (<i>Use oral electrolytes</i>)	NF	
PEDIALYTE SOLN (<i>Use oral electrolytes</i>)	NF	
TRUELYTE SOLN	P	
Fluoride		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	P	
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	P	
Magnesium		
MAG-200 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NF	
<i>magnesium oxide (mg supplement) TABS 400 MG</i>	P	
<i>magnesium TABS 400 MG, 400 MG</i>	P	
MAGOX 400 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NF	
Phosphate		

Drug Name	Drug Tier	Requirements/Limits
K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	NF	QL(8 ea daily)
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	P	QL(8 ea daily)
Potassium		
K-TAB TBCR (Use potassium chloride)	NF	
potassium bicarbonate TBEF	P	
potassium chloride microencapsulated crystals er	P	
potassium chloride CPCR 8 MEQ	P	QL(1 ea daily)
potassium chloride CPCR 10 MEQ	P	
potassium chloride PACK OR 20 MEQ	P	
potassium chloride SOLN OR 10 %, 20 %	P	
potassium chloride TBCR 8 MEQ, 10 MEQ	P	
Sodium		
sodium chloride flush	P	
sodium chloride SOLN IV 0.9 %	P	
SODIUM CHLORIDE SOLN OR (Use sodium chloride)	NF	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use penicillamine)	NP	
CUVRIOR	NP	SP
DEPEN TITRATABS TABS (Use penicillamine)	P	
penicillamine CAPS	P	
penicillamine TABS	P	

Drug Name	Drug Tier	Requirements/Limits
SYPRINE (Use trientine hcl)	NP	SP
trientine hcl	P	SP
Immunomodulators		
JOENJA	NP	
lenalidomide	NP	SP
REVLIMID	NP	SP
REZUROCK	NP	SP
RYSTIGGO	NP	SP
THALOMID	NP	SP
VYVGART	NP	SP
VYVGART HYTRULO	NP	SP
Immunosuppressive Agents		
ASTAGRAF XL CP24	NP	
azathioprine TABS 50 MG	P	
azathioprine TABS 75 MG, 100 MG	NP	QL(3 ea daily)
CELLCEPT CAPS (Use mycophenolate mofetil)	NP	QL(2 ea daily)
CELLCEPT SUSR (Use mycophenolate mofetil)	NP	QL(15 ml daily)
CELLCEPT TABS (Use mycophenolate mofetil)	NP	QL(4 ea daily)
cyclosporine modified (for microemulsion) CAPS	P	QL(4 ea daily)
cyclosporine modified (for microemulsion) SOLN	P	QL(8 ml daily)
cyclosporine CAPS	P	
ENVARUSUS XR TB24	NP	
everolimus (immunosuppressant)	NP	
IMURAN TABS (Use azathioprine)	NP	
LUPKYNIS	NP	SP
mycophenolate mofetil CAPS	P	QL(2 ea daily)
mycophenolate mofetil SUSR	P	QL(15 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil</i> TABS	P	QL(4 ea daily)
<i>mycophenolate sodium</i> 180 MG	P	QL(2 ea daily)
<i>mycophenolate sodium</i> 360 MG	P	QL(4 ea daily)
MYFORTIC 180 MG (Use <i>mycophenolate sodium</i>)	NP	QL(2 ea daily)
MYFORTIC 360 MG (Use <i>mycophenolate sodium</i>)	NP	QL(4 ea daily)
NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>)	NP	QL(4 ea daily)
NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i>)	NP	QL(8 ml daily)
PROGRAF CAPS (Use <i>tacrolimus</i>)	NP	QL(3 ea daily)
PROGRAF PACK	NP	
RAPAMUNE SOLN (Use <i>sirolimus</i>)	NP	
RAPAMUNE TABS (Use <i>sirolimus</i>)	NP	
SANDIMMUNE CAPS (Use <i>cyclosporine</i>)	NP	
SANDIMMUNE SOLN OR	P	
<i>sirolimus</i> SOLN	P	
<i>sirolimus</i> TABS	P	
<i>tacrolimus</i> CAPS	P	QL(3 ea daily)
ZORTRESS (Use <i>everolimus (immunosuppressant)</i>)	NP	
Potassium Removing Agents		
LOKELMA	NP	
<i>sodium polystyrene sulfonate</i> POWD	P	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate</i> SUSP OR 15 GM/60ML	NP	
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SOAJ	NP	SP
BENLYSTA SOSY	NP	SP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat)</i> 2 %	P	QL(100 ml per fill retail)
<i>lidocaine hcl (mouth-throat)</i> 4 %	P	
Anti-infectives - Throat		
<i>clotrimazole</i>	P	
<i>nystatin (mouth-throat)</i>	P	QL(120 ml per fill retail)
ORAVIG	NP	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
PERIDEX (Use <i>chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL (Use <i>sodium fluoride (dental)</i>)	NF	QL(672 ml per fill retail)
PREVIDENT 5000 KIDS PSTE DT (Use <i>sodium fluoride (dental)</i>)	NF	
PREVIDENT FLUORIDE GEL (Use <i>sodium fluoride (dental)</i>)	NF	QL(672 gm per fill retail)
<i>sodium fluoride (dental)</i> CREA	NP	QL(102 gm per fill retail)
<i>sodium fluoride (dental)</i> GEL	NP	QL(672 gm per fill retail)
<i>sodium fluoride (dental)</i> PSTE DT	NP	
<i>sodium fluoride (dental)</i> SOLN 0.2 %	NP	
<i>sodium fluoride-potassium nitrate</i> GEL	NP	
Steroids - Mouth/Throat/Dental		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (mouth)</i>	P	QL(5 gm per fill retail)	ABC COMPLETE SENIOR WOMENS 50+ TABS	P	QL(1 ea daily); RX/OTC
Throat Products - Misc.			ACTIVNUTRIENTS PERFORMANCE CAPS	P	QL(1 ea daily); RX/OTC
AQUORAL SOLN	NP	RX/OTC	ACTIVNUTRIENTS W/O IRON CAPS	P	QL(1 ea daily); RX/OTC
<i>cevimeline hcl</i>	NP		ACTIVNUTRIENTS CAPS	P	QL(1 ea daily); RX/OTC
EVOXAC (Use <i>cevimeline hcl</i>)	NP		ADEK GUMMIES PLUS ZN CHEW	P	QL(1 ea daily)
GELX GEL	NP		ADULT ONE DAILY GUMMIES CHEW	P	QL(1 ea daily)
<i>pilocarpine hcl (oral) 7.5 MG</i>	P		ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	P	QL(1 ea daily); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 ea daily)	AIRBORNE KIDS CHEW	P	QL(1 ea daily)
MULTIVITAMINS			AIRBORNE+GOOD REST CHEW	P	QL(1 ea daily)
B-Complex w/ Folic Acid			AIRBORNE+PROBIOTIC CHEW	P	QL(1 ea daily)
<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 ea daily); RX/OTC	AIRBORNE CHEW	P	QL(1 ea daily)
<i>b-complex w/ c & folic acid TABS</i>	P	QL(1 ea daily); RX/OTC	ALGAE BASED CALCIUM TABS	P	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Calcium			ALIVE DIABETIC MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
<i>multiple vitamins w/ calcium TABS</i>	P	QL(1 ea daily)	ALIVE ENERGY 50+ TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS FORMULA TABS (Use <i>multiple vitamins w/ calcium</i>)	NF	QL(1 ea daily)	ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
SM ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily)	ALIVE HAIR, SKIN & NAILS CHEW	P	QL(1 ea daily)
Multiple Vitamins w/ Iron			ALIVE MENS 50+ MULTIVITAMIN GUMMY CHEW	P	QL(1 ea daily)
<i>multiple vitamins w/ iron TABS</i>	P	QL(1 ea daily)	ALIVE MENS 50+ TABS	P	QL(1 ea daily); RX/OTC
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	QL(1 ea daily)	ALIVE MENS COMPLETE MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals			ALIVE MENS GUMMY MULTIVITAMIN CHEW	P	QL(1 ea daily)
ABC COMPLETE SENIOR 50+ TABS	P	QL(1 ea daily); RX/OTC	ALIVE MULTI-VITAMIN CHEW	P	QL(1 ea daily)
ABC COMPLETE SENIOR MEN'S 50+ TABS	P	QL(1 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	P	QL(1 ea daily); RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	QL(1 ea daily); RX/OTC
ALIVE WOMENS 50+ COMPLETEMULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	P	QL(1 ea daily)
ALIVE WOMENS 50+ CHEW	P	QL(1 ea daily)
ALIVE WOMENS ENERGY TABS	P	QL(1 ea daily); RX/OTC
ALIVE WOMENS GUMMY MULTIVITAMIN CHEW	P	QL(1 ea daily)
ANTIOXIDANT FORMULA TABS	P	QL(1 ea daily); RX/OTC
APETIBEX CAPS	P	QL(1 ea daily); RX/OTC
APPE-CURB CAPS	P	QL(1 ea daily); RX/OTC
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	P	QL(1 ea daily); RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS	P	QL(1 ea daily); RX/OTC
BACMIN TABS	P	QL(1 ea daily); RX/OTC
BARIATRIC FUSION CHEW	P	QL(1 ea daily)
BARIATRIC MULTIVITAMINS/IRON CAPS	P	QL(1 ea daily); RX/OTC
BASIC AM TABS	P	QL(1 ea daily); RX/OTC
BASIC PM TABS	P	QL(1 ea daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	P	QL(1 ea daily); RX/OTC
BIO-35 IRON FREE CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BIOCAL CAPS	P	QL(1 ea daily); RX/OTC
BONEUP 3 PER DAY CAPS	P	QL(1 ea daily); RX/OTC
BONEUP VEGETARIAN TABS	P	QL(1 ea daily); RX/OTC
BONEUP CAPS	P	QL(1 ea daily); RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	P	QL(1 ea daily); RX/OTC
CAL-DAY 1000 TABS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete18 CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete18 CHEW	P	QL(1 ea daily)
CELEBRATE MULTI-COMplete36 CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete36 CHEW	P	QL(1 ea daily)
CELEBRATE MULTI-COMplete45 CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete45 CHEW	P	QL(1 ea daily)
CELEBRATE MULTI-COMplete60 CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete60 CHEW	P	QL(1 ea daily)
CENTRAVITES 50 PLUS TABS	P	QL(1 ea daily); RX/OTC
CENTRAVITES ADULTS TABS	P	QL(1 ea daily); RX/OTC
CENTRUM ADULT MULTIGUMMIES CHEW	P	QL(1 ea daily)
CENTRUM ADULTS 50+ MULTIGUMMIES CHEW	P	QL(1 ea daily)
CENTRUM ADULTS TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC
CENTRUM CARDIO TABS	P	QL(1 ea daily); RX/OTC
CENTRUM FLAVOR BURST ADULT CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CENTRUM FLAVOR BURST CHEW	P	QL(1 ea daily)	CENTRUM SPECIALIST IMMUNE SUPPORT TABS	P	QL(1 ea daily); RX/OTC
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	P	QL(1 ea daily)	CENTRUM SPECIALIST VISION TABS	P	QL(1 ea daily); RX/OTC
CENTRUM FRESH/FRUITY ADULTS CHEW	P	QL(1 ea daily)	CENTRUM ULTRA WOMENS TABS	P	QL(1 ea daily); RX/OTC
CENTRUM MEN TABS	P	QL(1 ea daily); RX/OTC	CENTRUM VITAMINTS CHEW	P	QL(1 ea daily)
CENTRUM MINIS ADULTS 50+ TABS	P	QL(1 ea daily); RX/OTC	CENTRUM WOMEN TABS (Use multiple vitamins w/ minerals)	P	QL(1 ea daily); RX/OTC
CENTRUM MINIS MEN 50+ TABS	P	QL(1 ea daily); RX/OTC	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	P	QL(1 ea daily); RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	P	QL(1 ea daily); RX/OTC	CERTAVITE SENIOR TABS	P	QL(1 ea daily); RX/OTC
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	P	QL(1 ea daily)	CERTAVITE/ANTIOXIDANTS TABS	P	QL(1 ea daily); RX/OTC
CENTRUM SILVER 50+MEN TABS (Use multiple vitamins w/ minerals)	P	QL(1 ea daily); RX/OTC	CHOICEFUL MULTIVITAMIN CAPS	P	QL(1 ea daily); RX/OTC
CENTRUM SILVER 50+WOMEN TABS (Use multiple vitamins w/ minerals)	P	QL(1 ea daily); RX/OTC	CHOICEFUL MULTIVITAMIN CHEW	P	QL(1 ea daily)
CENTRUM SILVER ADULT 50+ TABS (Use multiple vitamins w/ minerals)	P	QL(1 ea daily); RX/OTC	CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	P	QL(1 ea daily)
CENTRUM SILVER ADULTS 50+ TABS (Use multiple vitamins w/ minerals)	P	QL(1 ea daily); RX/OTC	CVS ADULT 50+ EYE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	P	QL(1 ea daily); RX/OTC	CVS AIRSHIELD IMMUNITY SUPPORT CHEW	P	QL(1 ea daily)
CENTRUM SILVER CHEW	P	QL(1 ea daily)	CVS EYE HEALTH ADULT 50+ CAPS	P	QL(1 ea daily); RX/OTC
CENTRUM SILVER TABS (Use multiple vitamins w/ minerals)	P	QL(1 ea daily); RX/OTC	CVS IMMUNE SUPPORT CAPS	P	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST HEART TABS	P	QL(1 ea daily); RX/OTC	CVS ONE DAILY MENS 50+ ADVANCED TABS	P	QL(1 ea daily); RX/OTC
			CVS ONE DAILY WOMENS 50+ADVANCED TABS	P	QL(1 ea daily); RX/OTC
			CVS SPECTRAVITE ADULT 50+ CHEW	P	QL(1 ea daily)

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CVS SPECTRAVITE ADULT 50+ TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ADULTS TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE WOMEN CHEW	P	QL(1 ea daily)
CVS VISION HEALTH CAPS	P	QL(1 ea daily); RX/OTC
DAYAVITE TABS	P	QL(1 ea daily); RX/OTC
DECUBI-VITE CAPS	P	QL(1 ea daily); RX/OTC
DEKAS BARIATRIC CHEW	P	QL(1 ea daily)
DEKAS PLUS OCEAN CAPS	P	QL(1 ea daily); RX/OTC
DEKAS PLUS CAPS	P	QL(1 ea daily); RX/OTC
DEKAS PLUS CHEW	P	QL(1 ea daily)
DERMACINRX MULTITAM TABS	P	QL(1 ea daily); RX/OTC
DERMACINRX RIBOTIN-E TABS	P	QL(1 ea daily); RX/OTC
DERMACINRX ZINTREXYL-C TABS	P	QL(1 ea daily); RX/OTC
DERMAVITE TABS	P	QL(1 ea daily); RX/OTC
DEXATRAN CAPS	P	QL(1 ea daily); RX/OTC
DIALYVITE SUPREME D TABS	P	QL(1 ea daily); RX/OTC
DIATROL TABS	P	QL(1 ea daily); RX/OTC
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	P	QL(1 ea daily)
EMERGEN-C VITAMIN C CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	P	QL(1 ea daily); RX/OTC
EQ MULTIVITAMINS ADULT GUMMY CHEW	P	QL(1 ea daily)
EQ ONE DAILY MENS 50+ TABS	P	QL(1 ea daily); RX/OTC
EQ ONE DAILY MENS HEALTH TABS	P	QL(1 ea daily); RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	P	QL(1 ea daily); RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	P	QL(1 ea daily); RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	P	QL(1 ea daily); RX/OTC
EQL CENTURY MENS TABS	P	QL(1 ea daily); RX/OTC
EQL CENTURY WOMENS TABS	P	QL(1 ea daily); RX/OTC
EQL ONE DAILY ADULT GUMMIES CHEW	P	QL(1 ea daily)
EQL ONE DAILY MENS TABS	P	QL(1 ea daily); RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	QL(1 ea daily); RX/OTC
EYE HEALTH/LUTEIN TABS	P	QL(1 ea daily); RX/OTC
EYE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	P	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN CAPS	P	QL(1 ea daily); RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	P	QL(1 ea daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	P	QL(1 ea daily); RX/OTC

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FOLAGENT DHA CAPS	P	QL(1 ea daily); RX/OTC	IMMUNE SUPPORT CHEW	P	QL(1 ea daily)
FOLAMED DHA CAPS	P	QL(1 ea daily); RX/OTC	KEYLOSA TABS	P	QL(1 ea daily); RX/OTC
FOLIFLEX TABS	P	QL(1 ea daily); RX/OTC	K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	P	QL(1 ea daily); RX/OTC
FOLIKA-MG TABS	P	QL(1 ea daily); RX/OTC	LIVER DETOX TABS	P	QL(1 ea daily); RX/OTC
FOLITIN-Z TABS	P	QL(1 ea daily); RX/OTC	LUTEIN PLUS/ZEAXANTHIN TABS	P	QL(1 ea daily); RX/OTC
FREEDAVITE TABS	P	QL(1 ea daily); RX/OTC	MEGA MULTI FOR MEN TABS	P	QL(1 ea daily); RX/OTC
GENADEK STEP 1 CAPS	P	QL(1 ea daily); RX/OTC	MEGA MULTI FOR WOMEN TABS	P	QL(1 ea daily); RX/OTC
GENADEK STEP 2 CAPS	P	QL(1 ea daily); RX/OTC	MEGAVITE FRUITS & VEGGIES TABS	P	QL(1 ea daily); RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 ea daily); RX/OTC	MEGAVITE GOLDEN YEARS 55+ TABS	P	QL(1 ea daily); RX/OTC
HAIR SKIN & NAILS ADVANCED FORMULA TABS	P	QL(1 ea daily); RX/OTC	MENATROL CAPS	P	QL(1 ea daily); RX/OTC
HAIR SKIN & NAILS TABS	P	QL(1 ea daily); RX/OTC	MENS 50+ ADVANCED CAPS	P	QL(1 ea daily); RX/OTC
HAIR/SKIN/NAILS CAPS	P	QL(1 ea daily); RX/OTC	MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	P	QL(1 ea daily); RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	P	QL(1 ea daily); RX/OTC	MENS 50+ MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
HEALTHY EYES SUPERVISION2 CAPS	P	QL(1 ea daily); RX/OTC	MENS MULTI VITAMIN & MINERAL FORMULA TABS	P	QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	P	QL(1 ea daily); RX/OTC	MENS MULTIVITAMIN CHEW	P	QL(1 ea daily)
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	P	QL(1 ea daily); RX/OTC	MENS MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
HM COMPLETE MEN TABS	P	QL(1 ea daily); RX/OTC	MOOD FOOD ES CAPS	P	QL(1 ea daily); RX/OTC
HM HAIR/SKIN/NAILS TABS	P	QL(1 ea daily); RX/OTC	MOOD FOOD CAPS	P	QL(1 ea daily); RX/OTC
HYLAZINC TABS	P	QL(1 ea daily); RX/OTC	MULTI-BETIC DIABETES TABS	P	QL(1 ea daily); RX/OTC
ICAPS AREDS FORMULA TABS	P	QL(1 ea daily); RX/OTC	<i>multiple vitamins w/ minerals CAPS</i>	P	QL(1 ea daily); RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	P	QL(1 ea daily); RX/OTC			

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<i>multiple vitamins w/ minerals CHEW</i>	P	QL(1 ea daily)	NICADAN TABS	P	QL(1 ea daily); RX/OTC
<i>multiple vitamins w/ minerals TABS</i>	P	QL(1 ea daily); RX/OTC	NICAZEL TABS	P	QL(1 ea daily); RX/OTC
<i>multiple vitamins w/ minerals TABS</i>	P	QL(1 ea daily); RX/OTC	NO IRON MULTIPLE VITAMIN/MINERALS TABS	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN ADULTS TABS	P	QL(1 ea daily); RX/OTC	NUTRICAP TABS	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN MEN TABS	P	QL(1 ea daily); RX/OTC	OCULAR VITAMINS TABS	P	QL(1 ea daily); RX/OTC
MULTI-VITAMIN MONOCAPS TABS	P	QL(1 ea daily); RX/OTC	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN WOMEN TABS	P	QL(1 ea daily); RX/OTC	OCUVITE ADULT 50+ CAPS	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS	P	QL(1 ea daily); RX/OTC	OCUVITE ADULT FORMULA CAPS	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC	OCUVITE LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATION CAPS	P	QL(1 ea daily); RX/OTC	ONCOVITE TABS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS	P	QL(1 ea daily); RX/OTC	ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	P	QL(1 ea daily)
MVW COMPLETE FORMULATIOND500 CAPS	P	QL(1 ea daily); RX/OTC	ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	P	QL(1 ea daily)
MVW COMPLETE FORMULATIONMINIS CAPS	P	QL(1 ea daily); RX/OTC	ONE A DAY MENS VITACRAVES CHEW	P	QL(1 ea daily)
MVW HI-D ADEK GUMMIES CHEW	P	QL(1 ea daily)	ONE A DAY WOMENS 50+ ADVANCED CHEW	P	QL(1 ea daily)
MVW MODULATOR FORMULATION MINIS CAPS	P	QL(1 ea daily); RX/OTC	ONE DAILY MENS 50+ MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	P	QL(1 ea daily); RX/OTC	ONE DAILY MENS FORMULA W/O IRON TABS	P	QL(1 ea daily); RX/OTC
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	P	QL(1 ea daily); RX/OTC	ONE DAILY WOMENS TABS	P	QL(1 ea daily); RX/OTC
NATRUL-VITES TABS	P	QL(1 ea daily); RX/OTC	ONE DIALY MULTIVITAMIN WOMENS TABS	P	QL(1 ea daily); RX/OTC
NEOVITE TABS	P	QL(1 ea daily); RX/OTC	ONE-A-DAY ENERGY TABS	P	QL(1 ea daily); RX/OTC
NICADAN ZX TABS	P	QL(1 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	P	QL(1 ea daily)
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW	P	QL(1 ea daily)
ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS 50+ TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	P	QL(1 ea daily)
ONE-A-DAY MENS TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY VITACRAVES ADULT CHEW	P	QL(1 ea daily)
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	P	QL(1 ea daily)
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	P	QL(1 ea daily)
ONE-A-DAY VITACRAVES WOMENS GUMMIES CHEW	P	QL(1 ea daily)
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY VITACRAVES CHEW	P	QL(1 ea daily)
ONE-A-DAY WEIGHT SMART ADVANCED TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS 50+ TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS PETITES TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	P	QL(1 ea daily)
ONE-A-DAY WOMENS TABS	P	QL(1 ea daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	QL(1 ea daily); RX/OTC
ONEVITE TABS	P	QL(1 ea daily); RX/OTC
OPTIFAST POST BARIATRIC CHEW	P	QL(1 ea daily)
OPTIMUM AIRVITES CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OPTISOURCE POST BARIATRIC SURGERY CHEW	P	QL(1 ea daily)	PROTECT PLUS SO CAPS	P	QL(1 ea daily); RX/OTC
OPTIVITE P.M.T. TABS (Use multiple vitamins w/ minerals)	P	QL(1 ea daily); RX/OTC	PROTEGRA CAPS	P	QL(1 ea daily); RX/OTC
OPURITY/BYPASS OPTIMIZED CHEW	P	QL(1 ea daily)	PROVIT TABS	P	QL(1 ea daily); RX/OTC
OPURITY TABS	P	QL(1 ea daily); RX/OTC	QC MULTI-VITE TABS	P	QL(1 ea daily); RX/OTC
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	P	QL(1 ea daily); RX/OTC	QC OCUHEALTH VISION SUPPORT 2 CAPS	P	QL(1 ea daily); RX/OTC
PARVLEX TABS	P	QL(1 ea daily); RX/OTC	QUIN B STRONG TABS	P	QL(1 ea daily); RX/OTC
PHYTOMULTI TABS	P	QL(1 ea daily); RX/OTC	QUINTABS-M TABS	P	QL(1 ea daily); RX/OTC
PRESCRIPTION SUPPORT CAPS	P	QL(1 ea daily); RX/OTC	RA CENTRAL-VITE TABS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	P	QL(1 ea daily); RX/OTC	RAYAVIT TABS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 CAPS	P	QL(1 ea daily); RX/OTC	REMEDIENT CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 CHEW	P	QL(1 ea daily)	RENAPLEX-D TABS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS CAPS	P	QL(1 ea daily); RX/OTC	SENTRY SENIOR/LUTEIN TABS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS TABS	P	QL(1 ea daily); RX/OTC	SENTRY TABS	P	QL(1 ea daily); RX/OTC
PRESERVISION/LUTEIN CAPS	P	QL(1 ea daily); RX/OTC	SIDEROL TABS	P	QL(1 ea daily); RX/OTC
PRO-CAL TABS	P	QL(1 ea daily); RX/OTC	SKIN HAIR & NAILS ADVANCED BEAUTY CAPS	P	QL(1 ea daily); RX/OTC
PROCERV HP TABS	P	QL(1 ea daily); RX/OTC	SM ONE DAILY MENS TABS	P	QL(1 ea daily); RX/OTC
PROFOLA TABS	P	QL(1 ea daily); RX/OTC	SM ONE DAILY WOMENS TABS	P	QL(1 ea daily); RX/OTC
PRORENAL+D/OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC	SOLO TABS	P	QL(1 ea daily); RX/OTC
PRORENAL+D TABS	P	QL(1 ea daily); RX/OTC	SPECTRAVITE TABS	P	QL(1 ea daily); RX/OTC
PROTECT CARDIO AF CAPS	P	QL(1 ea daily); RX/OTC	STROVITE FORTE TABS (Use multiple vitamins w/ minerals)	P	QL(1 ea daily); RX/OTC
			STROVITE ONE TABS	P	QL(1 ea daily); RX/OTC
			SUPER ANTIOXIDANT CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUPERIOR MENS MULTI TABS	P	QL(1 ea daily); RX/OTC	VENEXA FE TABS	P	QL(1 ea daily); RX/OTC
SUPERIOR WOMENS MULTI TABS	P	QL(1 ea daily); RX/OTC	VENEXA TABS	P	QL(1 ea daily); RX/OTC
SUPPORT-500 CAPS	P	QL(1 ea daily); RX/OTC	VENTRIXYL FE TABS	P	QL(1 ea daily); RX/OTC
SYSTANE ICAPS AREDS2 CHEW	P	QL(1 ea daily)	VENTRIXYL TABS	P	QL(1 ea daily); RX/OTC
SYSTANE ICAPS AREDS2 TABS	P	QL(1 ea daily); RX/OTC	VISION HEALTH CAPS	P	QL(1 ea daily); RX/OTC
THERA M PLUS TABS	P	QL(1 ea daily); RX/OTC	VISION OPTIMIZER CAPS	P	QL(1 ea daily); RX/OTC
THERABETIC MULTI-VITAMIN TABS	P	QL(1 ea daily); RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 ea daily); RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED TABS	P	QL(1 ea daily); RX/OTC	VITABEX PLUS CAPS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	P	QL(1 ea daily); RX/OTC	VITABEX CAPS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER TABS	P	QL(1 ea daily); RX/OTC	VITACHEW ADULT MULTI VITAMIN CHEW	P	QL(1 ea daily)
THERAGRAN-M TABS	P	QL(1 ea daily); RX/OTC	VITAJOY MULTI GUMMIIES ADULT CHEW	P	QL(1 ea daily)
THERAMILL FORTE CAPS	P	QL(1 ea daily); RX/OTC	VITAMIN D3 COMPLETE TABS	P	QL(1 ea daily); RX/OTC
THERA-M TABS	P	QL(1 ea daily); RX/OTC	VITAROCA PLUS TABS (Use multiple vitamins w/ minerals)	P	QL(1 ea daily); RX/OTC
THERANATAL LACTATION ONE CAPS	P	QL(1 ea daily); RX/OTC	VITASANA TABS	P	QL(1 ea daily); RX/OTC
THERA-TABS M TABS	P	QL(1 ea daily); RX/OTC	VITATRUM TABS	P	QL(1 ea daily); RX/OTC
THEREMS-M TABS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC ADVANCED CAPS	P	QL(1 ea daily); RX/OTC
THRIVITE 19 TABS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPORT CAPS	P	QL(1 ea daily); RX/OTC
T-VITES TABS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC MULTIIVITAMIN TABS	P	QL(1 ea daily); 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	QL(1 ea daily); RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
ULTRA BONEUP TABS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC/OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC

Illinois YouthCare

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
VITEYES CLASSIC+OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC
VITEYES CLASSIC CAPS	P	QL(1 ea daily); RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 ea daily); RX/OTC
VITRAMYN TABS	P	QL(1 ea daily); RX/OTC
VITRANOL FE TABS	P	QL(1 ea daily); RX/OTC
VITRANOL TABS	P	QL(1 ea daily); RX/OTC
VITREXATE FE TABS	P	QL(1 ea daily); RX/OTC
VITREXATE TABS	P	QL(1 ea daily); RX/OTC
VITREXYL/IRON TABS	P	QL(1 ea daily); RX/OTC
VITREXYL TABS	P	QL(1 ea daily); RX/OTC
VITRUM 50+ ADULT-MULTI IRON FREE TABS	P	QL(1 ea daily); RX/OTC
VITRUM 50+ SENIOR MULTI TABS	P	QL(1 ea daily); RX/OTC
WAL-BORN VITAMIN C CHEW	P	QL(1 ea daily)
WELLFOLA TABS	P	QL(1 ea daily); RX/OTC
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	P	QL(1 ea daily); RX/OTC
WOMENS 50+ MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
WOMENS MULTI GUMMIES CHEW	P	QL(1 ea daily)
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	P	QL(1 ea daily); RX/OTC
WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW	P	QL(1 ea daily)
YELETS TEENAGE FORMULA TABS	P	QL(1 ea daily); RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
YUMVS MULTI ZERO CHEW	P	QL(1 ea daily)
YUMVS ZERO DIABETIC MULTIVITAMIN CHEW	P	QL(1 ea daily)
ZYVANA CAPS	P	QL(1 ea daily); RX/OTC
Multivitamins		
ALTRIXA TABS	P	QL(1 ea daily); RX/OTC
AMLADEX TABS	P	QL(1 ea daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	QL(1 ea daily); RX/OTC
ESTROFACTORS TABS	P	QL(1 ea daily); RX/OTC
FOLCYTEINE TABS	P	QL(1 ea daily); RX/OTC
GENICIN VITA-Q TABS	P	QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
MULTI VITAMIN/D-3 TABS	P	QL(1 ea daily); RX/OTC
MULTI VITAMIN TABS	P	QL(1 ea daily); RX/OTC
<i>multiple vitamin TABS</i>	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN ADULT TABS	P	QL(1 ea daily); RX/OTC
NEOMULTIVITE TABS	P	QL(1 ea daily); RX/OTC
OMNICAP TABS	P	QL(1 ea daily); RX/OTC
ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NF	QL(1 ea daily); RX/OTC
QUINTABS TABS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THERA TABS	P	QL(1 ea daily); RX/OTC
THEREMS MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
TM-DAILY VITE TABS	P	QL(1 ea daily); RX/OTC
TRUE MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS CHEWABLE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
ACTIVNUTRIENTS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
ALIVE GUMMIES FOR CHILDREN CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
ALIVE MULTI-VITAMIN CHILDRENS CHEWABLE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
CENTRUM FLAVOR BURST KIDS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
CENTRUM KIDS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
CHILDRENS GUMMIES CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
CVS GUMMY DINOS CHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
CVS GUMMY DINOS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
CVS GUMMY MULTIVITAMIN KIDS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
DEKAS PLUS LIQD	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EQ MULTIVITAMIN GUMMIES CHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
EQ MULTIVITAMINS CHILDRENS GUMMY CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
EQL GUMMIES CHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES COMPLETE/CALCIUM & VITAMIN D CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES COMPLETE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES GUMMIES COMPLETE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES GUMMIES PLUSBONE BUILDING SUPPORT CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES GUMMIES/IMMUNITY SUPPORT/EXTRA C CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES GUMMIES CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES SOUR GUMMIES CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES TODDLER/TASTISMOOT H CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES/IMMUNIT Y SUPPORT CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
GENADEK LIQD	P	RX/OTC
GNP MULTI CHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
GUMMI BEAR MULTIVITAMIN/MINERAL CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
HEALTHY KIDS GUMMIES CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	YUMVSKIDS MULTI ZERO CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
LIVITA CHILDREN LIQD	P	RX/OTC	ZOO FRIENDS MULTI GUMMIES CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
MULTIVITAMIN GUMMIES CHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	Ped MV w/ Fluoride		
MVW COMPLETE FORMULATION CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	FLORIVA PLUS SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
MVW COMPLETE FORMULATIOND3000 CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	MULTIVITAMIN + FLUORIDE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
MVW COMPLETE FORMULATIOND5000 CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	MULTIVITAMIN WITH FLUORIDE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
MVW HI-D DROPS WITH EXTRA VITAMIN D LIQD	P	RX/OTC	MULTI-VIT-FLOR CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
MVW MODULATOR FORMULATIONPEDIATRIC DROPS LIQD	P	RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW (Use <i>pediatric multiple vitamin w/ minerals</i>)	NF	QL(1 ea daily); AL(Up to 13 yrs old)	<i>pediatric multivitamins w/fl SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY/JOLLY RANCHER CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	<i>pediatric vitamins acid w/ fluoride SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
SMARTY PANTS KIDS COMPLETE AND FIBER CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	POLY-VI-FLOR CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
SPONGEBOB SQUAREPANTS GUMMIES CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	QUFLORA PEDIATRIC CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
UPSPRING BABY IRON & IMMUNITY LIQD	P	RX/OTC	QUFLORA PEDIATRIC SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
UPSPRINGBABY MULTIVITAMIN/IRON LIQD	P	RX/OTC	Ped MV w/ Iron		
VITACHEW MULTIPLE VITAMINCHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)	BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
VITALETS CHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	POLY-VI-SOL SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	POLY-VITA SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
POLY-VI-SOL/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	POLY-VITE PEDIATRIC SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
POLY-VITA/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	Prenatal Vitamins		
POLY-VITE/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	NP	
Pediatric Multiple Vitamins			CITRANATAL ASSURE	NP	
BPROTECTED PEDIA POLY-VITE SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NP	MP
MULTIVITAMIN INFANT & TODDLER SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	CITRANATAL BLOOM	NP	
MULTIVITAMIN INFANT/TODDLER SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	CITRANATAL DHA	NP	
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (Use pediatric multiple vitamins)	NF	QL(1 ea daily); AL(Up to 13 yrs old)	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	NP	
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)	CITRANATAL MEDLEY	NP	
<i>pediatric multiple vitamins CHEW</i>	P	QL(1 ea daily); AL(Up to 13 yrs old)	CLASSIC PRENATAL TABS	P	
			C-NATE DHA CAPS	NP	MP
			COMPLETENATE CHEW	P	
			DERMACINRX PRETRATE TABS	NP	
			ENBRACE HR	NP	MP
			EQL PRENATAL FORMULA TABS	P	
			GNP PRENATAL TABS	P	
			KP PRENATAL MULTIVITAMINS TABS	P	
			MASONATAL TABS	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
M-NATAL PLUS TABS	P	RX/OTC	<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	MP
MULTI-MAC	NP				
NATAL PNV TABS	NP		PRENATAL VITAMIN & MINERAL TABS	P	
NESTABS	NP	MP	PRENATAL VITAMIN/IRON TABS	P	
NESTABS DHA	NP	MP	PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	
NESTABS ONE	NP	MP	<i>prenatal without a w/ fumarate-l methylfolate-fa-dha</i>	NP	MP
NIVA-PLUS TABS	P	RX/OTC	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, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	
OB COMPLETE ONE	NP	MP			
OB COMPLETE PETITE	NP	MP			
OB COMPLETE PREMIER	NP	MP			
OB COMPLETE/DHA	NP	MP			
OB COMPLETE TABS	P	MP			
PNV-DHA+DOCUSATE	NP				
PNV-OMEGA	NP	MP			
PREMESISRX	NP	MP			
PRENAISSANCE	NP				
PRENAISSANCE PLUS CAPS	NP				
PRENATAL 19 CHEW	P				
PRENATAL MULTIVITAMIN TABS	P				
PRENATAL PLUS VITAMIN ANDMINERAL TABS	P	RX/OTC			
<i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i>	P				
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NP	MP			
<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i>	P	QL(1 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	RX/OTC	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	MP
PRENATE	NP	MP	PRENATE PIXIE	NP	MP
PRENATE AM	NP	MP	PRENATE RESTORE	NP	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	MP	PRENATRIX TABS	NP	RX/OTC
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	MP	PRENATRYL TABS	NP	RX/OTC
PRENATE ENHANCE	NP	MP	PRIMACARE	NP	MP
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NP	MP	PX PRENATAL MULTIVITAMINS TABS	P	
			QC PRENATAL TABS	P	
			RA PRENATAL FORMULA/FOLICACID TABS	P	
			RA PRENATAL TABS	P	
			RELNATE DHA CAPS	NP	MP
			SELECT-OB+DHA MISC	NP	MP
			SELECT-OB CHEW	NP	MP
			SE-NATAL 19 CHEW	P	
			SE-NATAL 19 TABS	P	QL(1 ea daily); RX/OTC
			SM PRENATAL VITAMINS TABS	P	
			THRIVITE RX TABS	P	QL(1 ea daily); RX/OTC
			TRICARE TABS	P	RX/OTC
			TRINATAL RX 1 TABS	P	QL(1 ea daily)
			TRISTART DHA	NP	MP
			TRISTART FREE	NP	
			TRISTART ONE	NP	
			VINATE DHA RF	NP	
			VIRT-NATE DHA CAPS	NP	MP
			VIRT-PN DHA	NP	MP
			VITAFOL FE+	NP	MP
			VITAFOL GUMMIES	NP	MP
			VITAFOL STRIPS	NP	
			VITAFOL ULTRA	NP	MP

Drug Name	Drug Tier	Requirements/Limits
VITAFOL-NANO	NP	MP
VITAFOL-OB+DHA MISC	NP	MP
VITAFOL-OB TABS	P	
VITAFOL-ONE CAPS	NP	MP
VITAMEDMD ONE RX/QUATREFOLIC	NP	
VITAPEARL	NP	
WESCAP-C DHA	NP	MP
WESCAP-PN DHA	NP	MP
WESNATAL DHA COMPLETE	NP	
WESNATE DHA CAPS	NP	MP
WESTAB PLUS TABS	P	RX/OTC
WESTGEL DHA	NP	MP
ZATEAN-PN DHA	NP	MP

**MUSCULOSKELETAL THERAPY AGENTS -
Drugs to Treat Spasms**

Central Muscle Relaxants		
AMRIX CP24 (Use cyclobenzaprine hcl)	NP	
baclofen SOLN OR 5 MG/5ML, 10 MG/5ML	NP	
baclofen SUSP	P	
baclofen TABS	P	
carisoprodol TABS	NP	
chlorzoxazone TABS	P	
cyclobenzaprine hcl CP24	NP	
cyclobenzaprine hcl TABS 7.5 MG	P	QL(4 ea daily)
cyclobenzaprine hcl TABS 5 MG, 10 MG	P	QL(3 ea daily)
FLEQSUVY SUSP (Use baclofen)	NP	
LYVISPAH PACK	NP	
metaxalone	NP	
methocarbamol TABS 500 MG, 750 MG	P	
orphenadrine citrate TB12	P	

Drug Name	Drug Tier	Requirements/Limits
OZOBAX DS SOLN OR (Use baclofen)	NF	
SOMA TABS (Use carisoprodol)	NP	
tizanidine hcl CAPS	NP	
tizanidine hcl TABS	P	
ZANAFLEX CAPS (Use tizanidine hcl)	NP	
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP	

Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (Use dantrolene sodium)	NP	
dantrolene sodium CAPS	P	

Fibrodysplasia Ossificans Progressiva (FOP) Agents

SOHONOS	NP	SP
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Muscle Relaxant Combinations

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.

LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	QL(480 ml per fill retail)
OCEAN NASAL SPRAY SOLN (Use saline)	NF	QL(480 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
saline SOLN	P	QL(480 ml per fill retail)
Nasal Antiallergy		
azelastine hcl 0.15 %	P	RX/OTC
azelastine hcl 0.1 %, 137 MCG/SPRAY	P	QL(1 ml daily)
cromolyn sodium (nasal) 5.2 MG/ACT	P	QL(26 ml per fill retail)
NASALCROM (Use cromolyn sodium (nasal))	NF	QL(26 ml per fill retail)
olopatadine hcl (nasal)	P	
PATANASE (Use olopatadine hcl (nasal))	NF	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.06 %	NP	QL(25 ml per fill retail)
ipratropium bromide (nasal) 0.03 %	NP	QL(30 ml per fill retail)
Nasal Steroids		
BECONASE AQ	NP	
flunisolide (nasal) 0.025 %	P	QL(25 ml per fill retail)
fluticasone propionate (nasal) SUSP	P	QL(16 gm per fill retail); RX/OTC
mometasone furoate (nasal) SUSP	NP	RX/OTC
NASONEX 24HR SUSP (Use mometasone furoate (nasal))	NF	RX/OTC
OMNARIS SUSP	NP	
PROPEL MINI/STRAIGHT DELIVERY SYSTEM IMPL	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
SINUVA IMPL	NP	
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		

Drug Name	Drug Tier	Requirements/Limits
phenylephrine hcl (oral) TABS	P	QL(24 ea per fill retail)
pseudoephedrine hcl TABS	P	
pseudoephedrine hcl TB12	P	QL(2 ea daily)
SUDAFED CHILDRENS LIQD	P	
SUDAFED CONGESTION TABS (Use pseudoephedrine hcl)	NF	
SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	NF	QL(24 ea per fill retail)
SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	NF	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	NP	SP
RADICAVA ORS STARTER KIT SUSP	NP	SP
RADICAVA ORS SUSP	NP	SP
RELYVRIO	NP	SP
RILUTEK TABS (Use riluzole)	NP	
riluzole TABS	P	
TIGLUTIK SUSP	NP	SP
Rett Syndrome Agents		
DAYBUE	NP	SP
NUTRIENTS		
Carbohydrates		
dextrose SOLN 5 %	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		

Drug Name	Drug Tier	Requirements/Limits
LACRISERT	P	
<i>polyvinyl alcohol 1.4 %</i>	P	QL(15 ml per fill retail)
<i>white petrolatum-mineral oil</i>	P	QL(4 gm per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	P	QL(15 ml per fill retail)
BETIMOL	NP	
BETOPTIC-S SUSP	NP	QL(15 ml per fill retail)
<i>brimonidine tartrate-timolol maleate</i>	NP	
<i>carteolol hcl (ophth)</i>	P	3 rtl MAX fill; 90 rtl day(s) supply
COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	NP	
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per fill retail)
COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	
<i>dorzolamide hcl-timolol maleate</i>	NP	
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per fill retail)
ISTALOL SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ml per fill retail)
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ml per fill retail)
<i>timolol maleate (ophth) SOLG 0.5 %</i>	P	QL(5 ml per fill retail)
<i>timolol maleate (ophth) SOLG 0.25 %</i>	P	
<i>timolol maleate (ophth) SOLN</i>	NP	QL(60 ea per fill retail)
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(60 ea per fill retail)
TIMOPTIC SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ml per fill retail)
TIMOPTIC-XE SOLG 0.5 % (<i>Use timolol maleate (ophth)</i>)	NP	QL(5 ml per fill retail)
TIMOPTIC-XE SOLG 0.25 % (<i>Use timolol maleate (ophth)</i>)	NP	
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	P	QL(4 gm per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	P	QL(15 ml per fill retail)
ATROPINE SULFATE SOLN 1 %	P	QL(15 ea per fill retail)
CYCLOGYL (<i>Use cyclopentolate hcl</i>)	NP	QL(15 ml per fill retail)
CYCLOGYL 0.5 %	NP	
CYCLOGYL	NP	QL(15 ml per fill retail)
CYCLOMYDRIL	P	
<i>cyclopentolate hcl 1 %</i>	P	QL(15 ml per fill retail)
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NP	QL(15 ml per fill retail)
<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	NP	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	NP	QL(30 ml per fill retail)
<i>tropicamide SOLN</i>	P	QL(15 ml per fill retail)
Miotics		
ISOPTO CARPINE SOLN 1 % (<i>Use pilocarpine hcl</i>)	NF	
PHOSPHOLINE IODIDE	NP	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
VUITY SOLN	NP	
Ophthalmic Adrenergic Agents		

Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P (Use brimonidine tartrate)	P	
apraclonidine hcl	NP	
brimonidine tartrate 0.2 %	P	QL(15 ml per fill retail)
brimonidine tartrate 0.1 %, 0.15 %	P	
IOPIDINE	NP	
SIMBRINZA	NP	
Ophthalmic Anti-infectives		
AZASITE	NP	
bacitracin (ophthalmic)	P	QL(4 gm per fill retail)
bacitracin-polymyxin b (ophth)	P	QL(4 gm per fill retail)
BESIVANCE	NP	
BETADINE OPHTHALMIC PREP	NP	
BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	NF	QL(15 ml per fill retail)
CILOXAN OINT	P	QL(4 gm per fill retail)
ciprofloxacin hcl (ophth) SOLN	P	QL(10 ml per fill retail)
ERYTHROMYCIN	P	QL(4 gm per fill retail)
erythromycin (ophth)	P	QL(4 gm per fill retail)
gatifloxacin (ophth)	NP	
gentamicin sulfate (ophth) SOLN	P	QL(15 ml per fill retail)
moxifloxacin hcl (ophth) SOLN OP	NP	QL(3 ml per fill retail)
NATACYN	NP	
neomycin-bacitracin zn-polymyxin	P	QL(4 gm per fill retail)
neomycin-polymyxin-gramicidin	P	QL(10 ml per fill retail)
OCUFLOX (Use ofloxacin (ophth))	NP	QL(10 ml per fill retail)
ofloxacin (ophth)	P	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
polymyxin b-trimethoprim	P	QL(10 ml per fill retail)
POLYTRIM (Use polymyxin b-trimethoprim)	NF	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) OINT	P	QL(4 gm per fill retail)
sulfacetamide sodium (ophth) SOLN	P	QL(15 ml per fill retail)
tobramycin (ophth) SOLN	P	QL(5 ml per fill retail)
TOBREX OINT	P	QL(4 gm per fill retail)
trifluridine	P	QL(8 ml per fill retail)
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(3 ml per fill retail)
XDEMVY	NP	
ZIRGAN GEL	P	
ZYMAXID (Use gatifloxacin (ophth))	NP	
Ophthalmic Decongestants		
tetrahydrozoline hcl (ophth) 0.05 %	P	QL(1 ml daily)
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	NF	QL(1 ml daily)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
cyclosporine (ophth) EMUL	NP	
RESTASIS MULTIDOSE EMUL	NP	
RESTASIS EMUL (Use cyclosporine (ophth))	NP	
VERKAZIA EMUL	NP	
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	NP	
Ophthalmic Kinase Inhibitors		

Illinois YouthCare

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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
RHOPRESSA	NP	
ROCKLATAN	NP	
Ophthalmic Local Anesthetics		
AKTEN	NP	
ALCAINE (Use proparacaine hcl)	NP	
IHEEZO	NP	SP
proparacaine hcl	NP	
tetracaine hcl (ophth)	NP	
Ophthalmic Nerve Growth Factors		
OXERVATE	NP	SP
Ophthalmic Steroids		
ALREX SUSP (Use loteprednol etabonate)	P	
bacitracin-poly-neomycin-hc	P	
dexamethasone sodium phosphate (ophth)	P	QL(5 ml per fill retail)
DEXTENZA INST	NP	SP
difluprednate	NP	
DUREZOL (Use difluprednate)	NF	
DUREZOL (Use difluprednate)	NP	
EYSUVIS SUSP	NP	
FLAREX	P	
fluorometholone (ophth) SUSP	P	QL(15 ml per fill retail)
FML FORTE SUSP	P	
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NP	QL(15 ml per fill retail)
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NP	
LOTEMAX GEL (Use loteprednol etabonate)	NP	
LOTEMAX OINT	NP	

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SUSP (Use loteprednol etabonate)	NP	
loteprednol etabonate GEL	NP	
loteprednol etabonate SUSP 0.5 %	P	
MAXIDEX SUSP OP	P	
MAXITROL OINT (Use neomycin-polymyx-dexameth)	NP	QL(4 gm per fill retail)
MAXITROL SUSP (Use neomycin-polymyx-dexameth)	NP	QL(5 ml per fill retail)
neomycin-polymyx-dexameth OINT	P	QL(4 gm per fill retail)
neomycin-polymyx-dexameth SUSP	P	QL(5 ml per fill retail)
neomycin-polymyxin-hc (ophth)	P	QL(8 ml per fill retail)
PRED FORTE (Use prednisolone acetate (ophth))	NP	QL(15 ml per fill retail)
PRED MILD	P	QL(10 ml per fill retail)
prednisolone acetate (ophth)	P	QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per fill retail)
sulfacetamide sod-prednisolone SOLN	NP	QL(10 ml per fill retail)
TOBRADEX ST SUSP	NP	
TOBRADEX OINT	NP	QL(4 gm per fill retail)
TOBRADEX SUSP (Use tobramycin-dexamethasone)	NF	QL(10 ml per fill retail)
TOBRADEX SUSP (Use tobramycin-dexamethasone)	NP	QL(10 ml per fill retail)
tobramycin-dexamethasone SUSP	P	QL(10 ml per fill retail)
ZYLET	NP	
Ophthalmics - Misc.		

Drug Name	Drug Tier	Requirements/Limits
ACULAR (Use ketorolac tromethamine (ophth))	NP	QL(10 ml per fill retail)
ACULAR LS (Use ketorolac tromethamine (ophth))	NP	3 rtl MAX fill; 90 rtl day(s) supply
ACUVAIL	NP	
ALOMIDE	NP	QL(10 ml per fill retail)
azelastine hcl (ophth)	P	QL(6 ml per fill retail)
AZOPT (Use brinzolamide)	NP	QL(15 ml per fill retail)
AZOPT (Use brinzolamide)	NF	QL(15 ml per fill retail)
bepotastine besilate	NP	
BEPREVE (Use bepotastine besilate)	NP	
brinzolamide	NP	QL(15 ml per fill retail)
bromfenac sodium (ophth) 0.07 %, 0.09 %	NP	
BROMSITE (Use bromfenac sodium (ophth))	NP	
cromolyn sodium (ophth)	P	QL(10 ml per fill retail)
CYSTADROPS	NP	SP
CYSTARAN	NP	SP
diclofenac sodium (ophth)	P	QL(5 ml per fill retail)
dorzolamide hcl	P	QL(10 ml per fill retail)
epinastine hcl (ophth)	NP	
FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE	NP	
flurbiprofen sodium	P	QL(3 ml per fill retail)
GLOSTRIPS STRP 1 MG	NP	
ILEVRO	NP	
ketorolac tromethamine (ophth) 0.4 %	P	3 rtl MAX fill; 90 rtl day(s) supply

Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine (ophth) 0.5 %	P	QL(10 ml per fill retail)
NEVANAC	NP	
olopatadine hcl	NP	RX/OTC
PATADAY (Use olopatadine hcl)	NF	RX/OTC
PROLENSA (Use bromfenac sodium (ophth))	NP	
TRUSOPT (Use dorzolamide hcl)	NF	QL(10 ml per fill retail)
ZERVIAE	NP	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	NP	
IYUZEH SOLN	NP	
latanoprost SOLN	P	QL(3 ml per fill retail)
LUMIGAN SOLN 0.01 %	NP	
tafluprost	NP	
TRAVATAN Z SOLN (Use travoprost)	NP	
travoprost SOLN	NP	
VYZULTA	NP	
XALATAN SOLN (Use latanoprost)	NP	QL(3 ml per fill retail)
XELPROS EMUL	NP	
ZIOPTAN (Use tafluprost)	NF	
ZIOPTAN (Use tafluprost)	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	QL(15 ml per fill retail)
Otic Anti-infectives		
ciprofloxacin hcl (otic)	NP	
ofloxacin (otic)	P	QL(10 ml per fill retail)
Otic Combinations		

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX (Use ciprofloxacin-dexamethasone)	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
ciprofloxacin-dexamethasone	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
ciprofloxacin-fluocinolone acetonide	NP	
CORTISPORIN-TC	NP	
neomycin-polymyxin-hc (otic) SOLN	P	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) SUSP	P	QL(10 ml per fill retail)
OTOVEL (Use ciprofloxacin-fluocinolone acetonide)	NF	
Otic Steroids		
DERMOTIC (Use fluocinolone acetonide (otic))	NP	QL(20 ml per fill retail)
fluocinolone acetonide (otic)	NP	QL(20 ml per fill retail)
hydrocortisone w/acetic acid	NP	QL(10 ml per fill retail)
HYDROCORTISONE/ACETIC ACID (Use hydrocortisone w/acetic acid)	NF	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP

Drug Name	Drug Tier	Requirements/Limits
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	P	
amoxicillin CHEW 125 MG, 250 MG	P	
amoxicillin SUSR	P	
AMOXICILLIN SUSR (Use amoxicillin)	NF	
amoxicillin TABS	P	
ampicillin sodium IV 1 GM, 2 GM, 10 GM	P	
ampicillin CAPS 500 MG	P	
Natural Penicillins		
BICILLIN L-A SUSY	P	
penicillin g potassium	P	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	P	
PENICILLIN G PROCAINE	P	
penicillin g sodium	P	
penicillin v potassium SOLR	P	
penicillin v potassium TABS	P	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML	P	QL(200 ml per fill retail)
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML	P	QL(100 ml per fill retail)
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML	P	QL(400 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	P	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	NP	QL(40 ea per 30 days retail)
<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	P	
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(400 ml per fill retail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	QL(20 ea per fill retail)
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	P	
<i>piperacillin sodium-tazobactam sodium</i>	P	
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (Use <i>ampicillin & sulbactam sodium</i>)	NF	
UNASYN BULK PACK IV (Use <i>ampicillin & sulbactam sodium</i>)	NF	
ZOSYN	P	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Semi Solid Vehicles		

Drug Name	Drug Tier	Requirements/Limits
POLYETHYLENE GLYCOL 3350 POWD	P	QL(34 gm daily); RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use <i>norethindrone acetate</i>)	NP	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	MP
<i>megestrol acetate (appetite)</i>	NP	
<i>norethindrone acetate TABS</i>	NP	
<i>progesterone CAPS 200 MG</i>	P	QL(20 ea per 30 days retail)
<i>progesterone CAPS 100 MG</i>	P	QL(1 ea daily)
<i>progesterone OIL</i>	P	
PROMETRIUM CAPS 200 MG (Use <i>progesterone</i>)	NP	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG (Use <i>progesterone</i>)	NP	QL(1 ea daily)
PROMETRIUM CAPS 200 MG (Use <i>progesterone</i>)	NF	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG (Use <i>progesterone</i>)	NF	QL(1 ea daily)
PROVERA (Use <i>medroxyprogesterone acetate</i>)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	P	
<i>disulfiram</i>	P	
LUCEMYRA	P	
Anti-Cataplectic Agents		

Drug Name	Drug Tier	Requirements/Limits
SODIUM OXYBATE SOLN	NP	SP
XYREM SOLN	NP	SP
XYWAV	NP	SP
Antidementia Agents		
ADLARITY PTWK	NP	
ADUHELM	NP	SP
ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	NP	QL(1 ea daily); MP
ARICEPT TABS 23 MG (Use donepezil hydrochloride)	NP	MP
donepezil hydrochloride TABS 23 MG	P	MP
donepezil hydrochloride TABS 5 MG, 10 MG	P	QL(1 ea daily); MP
donepezil hydrochloride TBDP	P	MP
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	NP	QL(1 ea daily)
EXELON 13.3 MG/24HR (Use rivastigmine)	NP	
galantamine hydrobromide CP24	NP	QL(1 ea daily); MP
galantamine hydrobromide SOLN	NP	QL(6 ml daily); MP
galantamine hydrobromide TABS	NP	QL(2 ea daily); MP
LEQEMBI	NP	SP
memantine hcl CP24	NP	MP
memantine hcl SOLN 2 MG/ML	NP	MP
memantine hcl TABS	P	QL(2 ea daily); MP
memantine hcl TABS	NP	QL(49 ea per fill retail); MP
NAMENDA TITRATION PAK TABS (Use memantine hcl)	NP	QL(49 ea per fill retail); MP

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use memantine hcl)	NP	MP
NAMENDA XR CP24 7 MG, 14 MG, 28 MG (Use memantine hcl)	NF	MP
NAMENDA TABS 10 MG (Use memantine hcl)	NF	QL(2 ea daily); MP
NAMENDA TABS (Use memantine hcl)	NP	QL(2 ea daily); MP
NAMZARIC C4PK	NP	
NAMZARIC CP24	NP	
RAZADYNE ER CP24 (Use galantamine hydrobromide)	NF	QL(1 ea daily); MP
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	NP	QL(1 ea daily)
rivastigmine 13.3 MG/24HR	NP	
rivastigmine tartrate CAPS	NP	QL(2 ea daily); MP
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	P	
LYBALVI	NP	
olanzapine-fluoxetine hcl	NP	
perphenazine-amitriptyline	P	QL(4 ea daily)
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl)	NP	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	NP	QL(55 ea per 365 days retail)
SAVELLA TABS	NP	QL(2 ea daily)
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBPK	NP	
AUSTEDO XR PATIENT TITRATION KIT TEPK	P	SP; PA
AUSTEDO XR TB24	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS	P	SP; PA
INGREZZA CAPS	P	SP; PA
INGREZZA CPPK	P	SP; PA
<i>tetrabenazine</i>	NP	SP
XENAZINE (Use <i>tetrabenazine</i>)	NP	SP
Multiple Sclerosis Agents		
AMPYRA (Use <i>dalfampridine</i>)	NP	SP
AUBAGIO (Use <i>teriflunomide</i>)	NF	SP
AUBAGIO (Use <i>teriflunomide</i>)	NP	SP
AVONEX PEN AJKT	NP	SP
AVONEX PSKT	NP	SP
BAFIERTAM	NP	SP
BETASERON KIT	P	SP
BRIUMVI	NP	SP
COPAXONE SOSY (Use <i>glatiramer acetate</i>)	P	SP
COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i>)	NF	SP
<i>dalfampridine</i>	NP	SP
<i>dimethyl fumarate</i> CDPK	P	SP
<i>dimethyl fumarate</i> CPDR	P	SP
EXTAVIA KIT	NP	SP
<i> fingolimod hcl</i>	NP	SP
GILENYA (Use <i> fingolimod hcl</i>)	P	SP; PA
<i>glatiramer acetate</i> SOSY	NP	SP
KESIMPTA	NP	SP
LEMTRADA	NP	SP
MAVENCLAD	NP	SP
MAYZENT STARTER PACK TBPK	NP	SP
MAYZENT TABS	NP	SP
OCREVUS	NP	SP

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK SOPN	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP
PLEGRIDY SOPN	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY 14-DAY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP
REBIF REBIDOSE SOAJ	P	SP
REBIF TITRATION PACK SOSY	P	SP
REBIF SOSY	P	SP
TASCENSO ODT	NP	SP
TECFIDERA STARTER PACK CDPK (Use <i>dimethyl fumarate</i>)	P	SP
TECFIDERA CPDR (Use <i>dimethyl fumarate</i>)	P	SP
<i>teriflunomide</i>	NP	SP
TYSABRI	NP	SP
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		
<i>gabapentin (once-daily)</i> TABS	NP	
GRALISE MISC	NP	
GRALISE TABS	NP	
GRALISE TABS (Use <i>gabapentin (once-daily)</i>)	NP	
LYRICA CR (Use <i>pregabalin (once-daily)</i>)	NP	
<i>pregabalin (once-daily)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	NP	MP
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	NP	
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	P	
<i>pimozide</i>	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(2 ea daily)
NICORETTE MINI LOZG 2 MG (<i>Use nicotine polacrilex</i>)	NF	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(20 ea daily)
NICORETTE STARTER KIT GUM 2 MG (<i>Use nicotine polacrilex</i>)	NF	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(24 ea daily)
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NF	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(24 ea daily)
NICORETTE LOZG 2 MG (<i>Use nicotine polacrilex</i>)	NF	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(20 ea daily)
<i>nicotine polacrilex GUM</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(24 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex LOZG</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(20 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(56 ea per fill retail)
<i>nicotine PT24 TD 7 MG/24HR</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s)
<i>nicotine PT24 TD 14 MG/24HR, 21 MG/24HR</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(1 ea daily)
NICOTROL INHALER INHA	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(16.8 ea daily; 504 ea per 30 days retail)
NICOTROL NS SOLN	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(4 ml daily; 120 ml per 30 days retail)
<i>varenicline tartrate TABS</i>	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(2 ea daily)
<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
WAINUA	NP	SP
Vasomotor Symptom Agents		

Drug Name	Drug Tier	Requirements/Limits
BRISDELLE (Use paroxetine mesylate (vasomotor))	NF	
paroxetine mesylate (vasomotor)	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
BRONCHITOL	NP	SP
BRONCHITOL TOLERANCE TEST	NP	SP
KALYDECO PACK	NP	SP
KALYDECO TABS	NP	SP
ORKAMBI PACK	NP	SP
ORKAMBI TABS	NP	SP
PULMOZYME	P	SP
SYMDEKO	NP	SP
TRIKAFTA TBPk	NP	SP
TRIKAFTA THPK	NP	SP
Pulmonary Fibrosis Agents		
ESBRIET CAPS (Use pirfenidone)	NP	SP
ESBRIET TABS (Use pirfenidone)	NP	SP
OFEV	NP	SP
pirfenidone CAPS	NP	SP
pirfenidone TABS	NP	SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	
Tetracyclines		

Drug Name	Drug Tier	Requirements/Limits
demeclocycline hcl TABS	P	
DORYX MPC TBEC	NP	
DORYX TBEC 50 MG, 80 MG, 200 MG (Use doxycycline hyclate)	NP	
doxycycline (monohydrate) CAPS	P	
doxycycline (monohydrate) SUSR	P	
doxycycline (monohydrate) TABS	P	
doxycycline hyclate CAPS	P	
doxycycline hyclate SOLR	P	
doxycycline hyclate TABS	P	
doxycycline hyclate TBEC	NP	
minocycline hcl CAPS	P	
minocycline hcl TABS	P	
minocycline hcl TB24	NP	
MINOLIRA TB24	NP	
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (Use minocycline hcl)	NP	
tetracycline hcl CAPS	P	
VIBRAMYCIN CAPS (Use doxycycline hyclate)	NP	
VIBRAMYCIN SUSR (Use doxycycline (monohydrate))	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	P	MP
propylthiouracil	P	MP
Thyroid Hormones		
ADTHYZA TABS	P	MP
ARMOUR THYROID TABS	P	MP

Drug Name	Drug Tier	Requirements/Limits
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NP	MP
ERMEZA SOLN OR	NP	
<i>levothyroxine sodium CAPS</i>	NP	
<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	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	MP
TIROSINT CAPS	NP	
TIROSINT CAPS	NP	
TIROSINT CAPS (<i>Use levothyroxine sodium</i>)	NP	
TIROSINT-SOL SOLN OR	NP	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
BENTYL SOLN IM (<i>Use dicyclomine hcl</i>)	NF	
<i>chlordiazepoxide hcl-clidinium bromide</i>	NP	
CUVPOSA SOLN OR (<i>Use glycopyrrolate</i>)	NP	
DARTISLA ODT TBDP	NP	
<i>dicyclomine hcl CAPS</i>	P	
<i>dicyclomine hcl SOLN OR</i>	P	QL(40 ml daily)
<i>dicyclomine hcl TABS</i>	P	
GLYCATE TABS	NP	
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	P	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate ELIX</i>	P	
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	P	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	P	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
LEVSIN/SL SUBL (<i>Use hyoscyamine sulfate</i>)	NP	
LEVSIN SOLN IJ 0.5 MG/ML (<i>Use hyoscyamine sulfate</i>)	NF	
LEVSIN TABS (<i>Use hyoscyamine sulfate</i>)	NP	
LIBRAX (<i>Use chlordiazepoxide hcl-clidinium bromide</i>)	NP	
<i>methscopolamine bromide</i>	NP	
ROBINUL FORTE TABS (<i>Use glycopyrrolate</i>)	NP	QL(4 ea daily)
ROBINUL TABS (<i>Use glycopyrrolate</i>)	NP	QL(4 ea daily)
H-2 Antagonists		
<i>cimetidine TABS</i>	P	RX/OTC
<i>famotidine SUSR</i>	P	
<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC
<i>nizatidine CAPS</i>	P	
PEPCID AC MAXIMUM STRENGTH TABS (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID AC TABS (<i>Use famotidine</i>)	NF	
PEPCID AC TABS (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID TABS (<i>Use famotidine</i>)	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP (<i>Use sucralfate</i>)	P	
CARAFATE TABS (<i>Use sucralfate</i>)	NP	QL(4 ea daily)
<i>sucralfate SUSP</i>	P	
<i>sucralfate TABS</i>	P	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NP	
DEXILANT (<i>Use dexlansoprazole</i>)	NP	
<i>dexlansoprazole</i>	NP	
<i>esomeprazole magnesium CPDR 40 MG</i>	NP	
<i>esomeprazole magnesium CPDR 20 MG</i>	NP	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium PACK</i>	NP	
FIRST PANTOPRAZOLE SUSP	NP	
<i>lansoprazole CPDR</i>	NP	QL(2 ea daily)
<i>lansoprazole TBDD</i>	P	RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR (<i>Use esomeprazole magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (<i>Use esomeprazole magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (<i>Use esomeprazole magnesium</i>)	NP	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (<i>Use esomeprazole magnesium</i>)	NP	
NEXIUM PACK	NP	
NEXIUM PACK (<i>Use esomeprazole magnesium</i>)	NP	
<i>omeprazole CPDR</i>	P	QL(2 ea daily)
<i>pantoprazole sodium PACK</i>	NP	
<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 ea daily)
<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 ea daily)
PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC
PREVACID SOLUTAB TBDD (<i>Use lansoprazole</i>)	NP	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
PREVACID CPDR 30 MG (Use lansoprazole)	NP	QL(2 ea daily)
PRILOSEC PACK	NP	
PROTONIX PACK (Use pantoprazole sodium)	NP	
PROTONIX TBEC 40 MG (Use pantoprazole sodium)	NP	QL(2 ea daily)
PROTONIX TBEC 20 MG (Use pantoprazole sodium)	NP	QL(1 ea daily)
rabeprazole sodium TBEC	NP	
Ulcer Drugs - Prostaglandins		
CYTOTEC (Use misoprostol)	NP	
misoprostol	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	NP	
bismuth subcitrate potassium-metronidazole-tetracycline	NP	
KONVOMEK SUSR	NP	
omeprazole-sodium bicarbonate CAPS	NP	RX/OTC
omeprazole-sodium bicarbonate PACK	NP	
PYLERA (Use bismuth subcitrate potassium-metronidazole-tetracycline)	NP	
PYLERA (Use bismuth subcitrate potassium-metronidazole-tetracycline)	NF	
TALICIA	NP	
ZEGERID CAPS (Use omeprazole-sodium bicarbonate)	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ZEGERID PACK 1680 MG-40 MG (Use omeprazole-sodium bicarbonate)	NF	
ZEGERID PACK (Use omeprazole-sodium bicarbonate)	NP	
URINARY ANTISPASMODICS - Drugs to Treat		
Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	NP	MP
DETROL LA CP24 (Use tolterodine tartrate)	NP	QL(1 ea daily); MP
DETROL LA CP24 4 MG (Use tolterodine tartrate)	NF	
DETROL TABS (Use tolterodine tartrate)	NP	QL(2 ea daily); MP
DITROPAN XL TB24 5 MG, 10 MG (Use oxybutynin chloride)	NF	QL(2 ea daily); MP
fesoterodine fumarate	NP	
GELNIQUE GEL 10 %	NP	
oxybutynin chloride SOLN	P	
oxybutynin chloride TABS 2.5 MG	P	
oxybutynin chloride TABS 5 MG	P	QL(3 ea daily); MP
oxybutynin chloride TB24	P	QL(2 ea daily); MP
OXYTROL PTTW	NP	RX/OTC
solifenacin succinate TABS	P	MP
tolterodine tartrate CP24	NP	QL(1 ea daily); MP
tolterodine tartrate TABS	NP	QL(2 ea daily); MP
TOVIAZ (Use fesoterodine fumarate)	NP	
tropium chloride CP24	NP	MP
tropium chloride TABS	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
VESICARE LS SUSP	NP	
VESICARE TABS 10 MG (Use solifenacin succinate)	NF	MP
VESICARE TABS (Use solifenacin succinate)	NP	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
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	MP
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BCG VACCINE	P	
BEXSERO	P	
BIOTHRAX	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	
PENBRAYA	P	
PNEUMOVAX 23	P	
PNEUMOVAX 23/1 DOSE	P	
PREVNAR 13	P	
PREVNAR 20	P	
TRUMENBA	P	
TYPHIM VI SOLN	P	
TYPHIM VI SOSY	P	
VAXCHORA	P	

Drug Name	Drug Tier	Requirements/Limits
VAXNEUVANCE	P	
VIVOTIF	P	
Viral Vaccines		
ABRYSVO	P	AL(At least 60 yrs old)
ACAM2000	P	
AFLURIA QUADRIVALENT 2021-2022 SUSP	P	
AFLURIA QUADRIVALENT 2021-2022 SUSY	P	
AFLURIA QUADRIVALENT 2022-2023 SUSP	P	
AFLURIA QUADRIVALENT 2022-2023 SUSY	P	
AFLURIA QUADRIVALENT 2023-2024 SUSP	P	
AFLURIA QUADRIVALENT 2023-2024 SUSY	P	
AREXVY	P	AL(At least 60 yrs old)
COMIRNATY 2023-24 SUSP	P	
COMIRNATY 2023-24 SUSY	P	
COMIRNATY SUSP	P	
DENGVAXIA	P	
ENGERIX-B SUSP 20 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply
ENGERIX-B SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply
FLUAD QUADRIVALENT 2021-2022	P	
FLUAD QUADRIVALENT 2022-2023	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRIVALENT 2023-2024	P		FLULAVAL QUADRIVALENT 2023-2024 SUSY	P	
FLUARIX QUADRIVALENT 2021-2022 SUSY	P		FLUMIST QUADRIVALENT	P	
FLUARIX QUADRIVALENT 2022-2023 SUSY	P		FLUZONE HIGH-DOSE PF 2021-2022	P	
FLUARIX QUADRIVALENT 2023-2024 SUSY	P		FLUZONE HIGH-DOSE PF 2022-2023	P	
FLUBLOK QUADRIVALENT 2021-2022	P		FLUZONE HIGH-DOSE PF 2023-2024	P	
FLUBLOK QUADRIVALENT 2022-2023	P		FLUZONE QUADRIVALENT 2021-2022 SUSP	P	
FLUBLOK QUADRIVALENT 2023-2024	P		FLUZONE QUADRIVALENT 2021-2022 SUSY	P	
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P		FLUZONE QUADRIVALENT 2022-2023 SUSP	P	
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P		FLUZONE QUADRIVALENT 2022-2023 SUSY	P	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P		FLUZONE QUADRIVALENT 2023-2024 SUSP	P	
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P		FLUZONE QUADRIVALENT 2023-2024 SUSY	P	
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	P		GARDASIL 9 SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	P		GARDASIL 9 SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	P		HAVRIX	P	
FLULAVAL QUADRIVALENT 2022-2023 SUSY	P		HEPLISAV-B SOSY	P	3 rtl MAX fill; 999 rtl day(s) supply
			IMOVAX RABIES (H.D.C.V.) SUSR	P	
			IPOL INACTIVATED IPV	P	
			IXIARO	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JANSSEN COVID-19 VACCINE	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	P	
JYNNEOS	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	P	
M-M-R II SOLR	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	P	
MODERNA COVID-19 VACCINE, BIVALENT ORIGINAL AND OMICRON	P		PFIZER-BIONTECH COVID-19VACCINE SUSP	P	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	P		PREHEVBRIO	P	3 rtl MAX fill; 999 rtl day(s) supply
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	P		PRIORIX SUSR	P	
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	P		PROQUAD SUSR	P	
MODERNA COVID-19 VACCINE6-11Y SUSP	P		RABAVERT	P	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	P		RECOMBIVAX HB SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply
MODERNA COVID-19 VACCINE SUSP	P		RECOMBIVAX HB SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply
NOVAVAX COVID-19 VACCINE	P		ROTARIX SUSP	P	
NOVAVAX COVID-19 VACCINE/2023-24	P		ROTARIX SUSR	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	P		ROTATEQ SOLN	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	P		SHINGRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	P		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	P		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	P	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	P		SPIKEVAX COVID-19 VACCINE SUSP	P	
			STAMARIL SUSR	P	
			TICOVAC	P	
			TWINRIX SUSY	P	

Illinois YouthCare

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
VAQTA	P	
VARIVAX INJ	P	2 rtl MAX fill; 999 rtl day(s) supply
YF-VAX INJ	P	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	NP	
TRIMO-SAN	NP	
Vaginal Anti-infectives		
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	QL(40 gm per fill retail)
CLEOCIN SUPP	P	
<i>clindamycin phosphate vaginal CREA</i>	P	QL(40 gm per fill retail)
CLINDESSE	NP	
GYNAZOLE-1	NP	
<i>metronidazole vaginal</i>	P	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 ea per fill retail)
NUVESSA	NP	
<i>terconazole vaginal CREA 0.4 %</i>	P	QL(45 gm per fill retail)
<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 gm per fill retail)
<i>terconazole vaginal SUPP</i>	P	QL(3 ea per fill retail)
VANDAZOLE	NP	QL(70 gm per fill retail)
XACIATO GEL	NP	
Vaginal Contraceptive - pH Modulators		
PHEXXI	P	
Vaginal Estrogens		
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NP	QL(43 gm per 30 days retail; 129 gm per 90 days mail); MP

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal CREA</i>	P	QL(43 gm per 30 days retail; 129 gm per 90 days mail); MP
<i>estradiol vaginal TABS</i>	NP	MP
ESTRING RING	NP	MP
FEMRING	NP	MP
IMVEXXY MAINTENANCE PACK INST	NP	MP
IMVEXXY STARTER PACK INST	NP	MP
PREMARIN	P	QL(43 gm per 30 days retail; 129 gm per 90 days mail); MP
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP	MP
Vaginal Progestins		
CRINONE GEL	NP	
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	QL(4 ea per 365 days retail)
AUVI-Q SOAJ 0.1 MG/0.1ML	P	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	QL(4 ea per 365 days retail)
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	QL(4 ea per 365 days retail)
EPIPEN-JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	QL(4 ea per 365 days retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	NP	SP

Drug Name	Drug Tier	Requirements/Limits
NORTHERA (Use droxidopa)	NP	SP
Vasopressors		
midodrine hcl	P	MP
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR (Use cholecalciferol)	NF	
cholecalciferol CAPS 1.25 MG, 1.25 MG, 25 MCG, 50 MCG, 125 MCG, 1000 UNIT, 2000 UNIT, 5000 UNIT, 50000 UNIT	P	
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML	P	
cholecalciferol TABS 10 MCG, 25 MCG, 400 UNIT, 1000 UNIT	P	
D3 BABY DROPS LIQD OR	P	
DRISDOL CAPS (Use ergocalciferol)	NF	
D-VI-SOL LIQD OR (Use cholecalciferol)	NF	
EQ D3 DROPS INFANTS/CHILDRENS LIQD OR	P	
ergocalciferol CAPS	P	
ergocalciferol SOLN OR	P	
MEPHYTON TABS (Use phytonadione)	NF	
phytonadione TABS 5 MG	P	
UPSPRING BABY VITAMIN D LIQD OR	P	
VITAMIN D3 LIQD OR 5000 UNIT/ML	P	
Water Soluble Vitamins		
niacin CPCR 250 MG, 500 MG	P	

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	acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650	

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ALIVE EVERYDAY IMMUNE					

alprazolam TBDP _____	1291	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML _____	200	
ALPROLIX _____	85	AMD FOAM DRESSING/TOPSHEET 4"X4" PADS _____	91	amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML _____	200
ALREX SUSP (Use loteprednol etabonate)_____	198	AMELUZ GEL _____	62	amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML _____	201
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril) _____	33	AMERGE (Use naratriptan hcl) _	175	amoxicillin & pot clavulanate TABS 125 MG-250 MG _____	201
ALTOPREV TB24 20 MG, 40 MG, 60 MG _____	32	AMICAR TABS 500 MG (Use aminocaproic acid) _____	88	amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG	201
ALTRENO LOTN _____	59	amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML _____	3	amoxicillin & pot clavulanate TB12	201
ALTRIXA TABS _____	188	amiloride & hydrochlorothiazide _	78	amoxicillin CAPS _____	200
alum & mag hydrox-simethicone LIQD _____	11	amiloride hcl TABS _____	78	amoxicillin CHEW 125 MG, 250 MG ..	200
alum & mag hydrox-simethicone SUSP _____	11	aminocaproic acid TABS 500 MG .	.88	AMOXICILLIN SUSR (Use amoxicillin) _____	200
ALUMINUM HYDROXIDE SUSP 320 MG/5ML _____	11	amiodarone hcl TABS _____	13	amoxicillin SUSR _____	200
ALUNBRIG TABS _____	40	AMITIZA (Use lubiprostone) _____	83	amoxicillin TABS _____	200
ALUNBRIG TBPK _____	40	amitriptyline hcl TABS _____	23	amoxicillin-clarithromycin w/ lansoprazole THPK _____	208
ALVESCO _____	14	AMJEVITA SOAJ _____	4	amphetamine sulfate TABS _____	1
alvimopan _____	84	AMJEVITA SOSY _____	4	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG _____	1
amantadine hcl CAPS _____	42	AMLADEX TABS _____	188	amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG- 12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG- 6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG _____	1
amantadine hcl SOLN _____	42	amlodipine besylate TABS _____	51	amphetamine-dextroamphetamine TABS _____	1
amantadine hcl TABS _____	42	amlodipine besylate-atorvastatin calcium _____	52		
AMARYL 1 MG, 2 MG (Use glimepiride) _____	27	amlodipine besylate-benazepril hcl 34			
AMARYL 4 MG (Use glimepiride) ..	27	amlodipine besylate-olmesartan medoxomil _____	34		
AMBIEN CR TBCR (Use zolpidem tartrate) _____	88	amlodipine besylate-valsartan ____	34		
AMBIEN TABS (Use zolpidem tartrate) _____	88	amlodipine-valsartan- hydrochlorothiazide _____	34		
ambrisentan _____	53	amoxapine _____	23		
amcinonide CREA _____	64	amoxicillin & pot clavulanate CHEW ..	200		
AMD FOAM DRESSING 4"X4" PADS		amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML _____	200		

ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM _____	201	APIDRA SOLN _____	25	ARAVA (Use leflunomide) _____	6
ampicillin CAPS 500 MG _____	200	APIDRA SOLOSTAR SOPN _____	25	ARAZLO LOTN _____	59
ampicillin sodium IV 1 GM, 2 GM, 10 GM _____	200	APLENZIN _____	21	ARCALYST _____	5
AMPYRA (Use dalfampridine) _____	203	APOKYN SOCT _____	42	AREXVY _____	209
AMRIX CP24 (Use cyclobenzaprine hcl) _____	194	apomorphine hydrochloride SOCT _____	42	arformoterol tartrate _____	15
AMVUTTRA _____	204	APPE-CURB CAPS _____	180	ARICEPT TABS 23 MG (Use donepezil hydrochloride) _____	202
ANAFRANIL (Use clomipramine hcl) 23		apraclonidine hcl _____	197	ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride) _____	202
anagrelide hcl _____	86	aprepitant CAPS _____	29	ARIKAYCE _____	3
anastrozole _____	39	aprepitant MISC _____	29	ARIMIDEX (Use anastrozole) _____	39
ANCOBON (Use flucytosine) _____	29	APRETUDE _____	46	aripiprazole SOLN OR _____	45
ANDROGEL GEL TD (Use testosterone) _____	10	APRISO CP24 (Use mesalamine) _____	83	aripiprazole TABS _____	45
ANDROGEL PUMP GEL TD 1.62 % (Use testosterone) _____	10	APTENSIO XR CP24 (Use methylphenidate hcl) _____	2	aripiprazole TBDP _____	45
ANGELIQ _____	81	APTOM _____	17	ARISTADA _____	45
ANNOVERA _____	56	APTIVUS CAPS _____	46	ARISTADA INITIO _____	45
ANORO ELLIPTA _____	15	AQ INSULIN SYRINGE/0.5ML/30G X 5/16" _____	124	ARIXTRA (Use fondaparinux sodium) _____	16
ANTARA 30 MG _____	31	AQ INSULIN SYRINGE/1ML/29G X 1/2" _____	124	armodafinil _____	2
ANTIOXIDANT FORMULA TABS 180		AQ INSULIN SYRINGE/1ML/31G X 5/16" _____	124	ARMONAIR DIGIHALER _____	14
ANTIVERT CHEW (Use meclizine hcl) _____	28	AQINJECT PEN NEEDLE/31G X 3/16" _____	124	ARMOUR THYROID TABS _____	205
ANTIVERT TABS 50 MG (Use meclizine hcl) _____	28	AQINJECT PEN NEEDLE/32G X 5/32" _____	124	ARNUITY ELLIPTA _____	14
ANUSOL-HC EX (Use hydrocortisone (rectal)) _____	11	AQUALANCE LANCETS ULTRA THIN 30G _____	100	AROMASIN (Use exemestane) _____	39
ANZEMET TABS 50 MG _____	28	AQUORAL SOLN _____	179	ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol) _____	5
APETIBEX CAPS _____	180	ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML _____	87	ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol) _____	5
APEXICON E CREA _____	64	ARANESP ALBUMIN FREE SOSY 87		ASACOL HD TBEC (Use mesalamine) _____	83
				asenapine maleate _____	44
				ASMANEX HFA AERO _____	14
				ASMANEX TWISTHALER 120	

METERED DOSES AEPB _____	14	SAFETYSYRINGE/1ML/31G X 15/64" _____	124	cilexetil-hydrochlorothiazide)_____	34
ASMANEX TWISTHALER 14				atazanavir sulfate CAPS _____	46
METERED DOSES AEPB _____	14	ASSURE ID PRO SAFETY PENNEEDLES 30G X 5MM_____	124	ATELVIA TBEC (Use risedronate sodium) _____	79
ASMANEX TWISTHALER 30				atenolol & chlorthalidone _____	34
METERED DOSES AEPB _____	14	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" _____	124	atenolol TABS _____	50
ASMANEX TWISTHALER 60				ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam) _____	12
METERED DOSES AEPB _____	14	ASSURE II CHECK STRIP STRP ..	72	ATIVAN TABS 1 MG (Use lorazepam) _____	12
aspirin buffered (cal carb-mag carb- mag oxide) _____	7	ASSURE II STRP _____	72		
aspirin CHEW _____	7	ASSURE II TEST STRIPS STRP ..	72		
aspirin-dipyridamole _____	86	ASSURE LANCE LANCETS ____	100	atomoxetine hcl _____	2
ASPRUZYO SPRINKLE PACK __	12	ASSURE LANCE LANCETS 21G .	100	ATORVALIQ SUSP _____	32
ASSURE 3 METER KIT _____	100	ASSURE LANCE PLUS SAFETYLANCETS 25G _____	100	atorvastatin calcium TABS _____	32
ASSURE 3 TEST STRIPS STRP ..	72	ASSURE LANCE PLUS SAFETYLANCETS 30G _____	100	atovaquone _____	36
ASSURE 4 BLOOD GLUCOSE METER DEVI _____	100	ASSURE LANCE SAFETY LANCET 28G _____	100	atovaquone-proguanil hcl _____	37
ASSURE 4 TEST STRIPS STRP ..	72	ASSURE PLATINUM BLOOD GLUCOSE METER DEVI _____	100	ATRALIN GEL (Use tretinoin) ____	59
ASSURE COMFORT LANCETS ULTRA THIN 28G _____	100	ASSURE PLATINUM TEST STRIPS STRP _____	72	atropine sulfate (ophthalmic) OINT .	196
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G _____	100	ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI _____	100	atropine sulfate (ophthalmic) SOLN .	196
ASSURE HAEMOLANCE PLUS LOW FLOW 25G _____	100	ASSURE PRISM MULTI TEST STRIPS STRP _____	72	ATROPINE SULFATE SOLN 1 % .	196
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G _____	100	ASSURE PRO BLOOD GLUCOSE METER DEVI _____	100	ATROVENT HFA _____	13
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G _____	100	ASSURE PRO TEST STRIPS STRP .	72	AUBAGIO (Use teriflunomide) __	203
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE _____	100	ASTAGRAF XL CP24 _____	177	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate) ____	201
ASSURE ID DUO PRO SAFETY PEN NEEDLES 31G X 5MM _____	124	ATACAND (Use candesartan cilexetil) _____	33	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML _____	201
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64" _____	124	ATACAND HCT (Use candesartan		AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) .	201
ASSURE ID INSULIN				AUGTYRO _____	40
				AUM INSULIN SAFETY PEN NEEDLE/31GX4MM _____	124

AUM INSULIN SAFETY PEN NEEDLE/31GX5MM _____	124	AURORA PEN NEEDLES 31G X6MM _____	125	AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) __	59
AUM MINI INSULIN PEN NEEDLE/32GX4MM _____	124	AURORA PEN NEEDLES 31G X8MM _____	125	AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) __	60
AUM MINI INSULIN PEN NEEDLE/32GX5MM _____	124	AURORA UNIFINE PENTIPS/32GX5/32" _____	125	AVODART (Use dutasteride) _____	85
AUM MINI INSULIN PEN NEEDLE/32GX6MM _____	124	AURORA UNIFINE PENTIPS/MINI/31GX3/16" _____	125	AVONEX PEN AJKT _____	203
AUM MINI INSULIN PEN NEEDLE/32GX8MM _____	124	AURYXIA _____	84	AVONEX PSKT _____	203
AUM MINI INSULIN PEN NEEDLE/33GX4MM _____	124	AUSTEDO PATIENT TITRATION KIT TBPK _____	202	AVSOLA _____	83
AUM MINI INSULIN PEN NEEDLE/33GX5MM _____	124	AUSTEDO TABS _____	203	AVYCAZ _____	53
AUM MINI INSULIN PEN NEEDLE/33GX6MM _____	125	AUSTEDO XR PATIENT TITRATION KIT TEPK _____	202	AYGESTIN TABS (Use norethindrone acetate) _____	201
AUM PEN NEEDLE/32GX4MM ..	125	AUSTEDO XR TB24 _____	202	AYVAKIT _____	40
AUM PEN NEEDLE/32GX5MM ..	125	AUTO-LANCET MINI MISC _____	101	AZACTAM (Use aztreonam) _____	37
AUM PEN NEEDLE/32GX6MM ..	125	AUTO-LANCET MISC _____	101	AZASITE _____	197
AUM PEN NEEDLE/33GX4MM ..	125	AUTOLET II CLINISAFE KIT _____	101	azathioprine TABS 50 MG _____	177
AUM PEN NEEDLE/33GX5MM ..	125	AUTOLET IMPRESSION LANCING DEVICE MISC _____	101	azathioprine TABS 75 MG, 100 MG 177	
AUM PEN NEEDLE/33GX6MM ..	125	AUTOLET LANCING DEVICE MISC . 101		azelaic acid GEL _____	70
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC _____	125	AUTOLET LITE CLINISAFE KIT ..	101	azelastine hcl (ophth) _____	199
AUM SAFETY PEN NEEDLE/31G X 4MM _____	125	AUTOLET LITE STARTER PACK KIT _____	101	azelastine hcl 0.1 %, 137 MCG/SPRAY _____	195
AUM SAFETY PEN NEEDLE/31G X 5MM _____	125	AUTOLET MINI MISC _____	101	azelastine hcl 0.15 % _____	195
AURORA LANCET SUPER THIN30G _____	100	AUTOLET PLUS MISC _____	101	azelastine hcl-fluticasone propionate SUSP _____	194
AURORA LANCET THIN 23G ____	101	AUVELITY _____	21	AZILECT (Use rasagiline mesylate) ... 43	
AURORA PEN NEEDLES 29GX12MM _____	125	AUVI-Q SOAJ 0.1 MG/0.1ML ____	212	azithromycin PACK _____	90
		AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML _____	212	azithromycin SUSR 100 MG/5ML_	90
		AVALIDE (Use irbesartan- hydrochlorothiazide) _____	34	azithromycin SUSR 200 MG/5ML ..	90
		AVAPRO (Use irbesartan) _____	33	azithromycin TABS 250 MG _____	90
				azithromycin TABS 500 MG _____	90
				azithromycin TABS 600 MG _____	90

AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS ____	180	BAND-AID FLEXIBLE ROLLEDGAUZE 3" X 2.1 YARDS MISC_____	91	BAXDELA TABS_____	82
AZO HORMONAL HEALTH HAPPY CYCLE TABS _____	180	BAND-AID FLEXIBLE ROLLEDGAUZE 4" X 2.1 YARDS MISC_____	91	BCG VACCINE _____	209
AZOPT (Use brinzolamide) ____	199	BAND-AID GAUZE PADS LARGE4" X 4" PADS _____	91	b-complex w/ c & folic acid CAPS	179
AZOR (Use amlodipine besylate-olmesartan medoxomil) _____	34	BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS _____	91	b-complex w/ c & folic acid TABS	179
AZOR 5 MG-40 MG (Use amlodipine besylate-olmesartan medoxomil) _	34	BAND-AID GAUZE PADS SMALL2" X 2" PADS _____	91	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	125
AZSTARYS_____	2	BAND-AID KLING ROLLED GAUZE LARGE 4" X 2.5 YDS MISC ____	91	BD 10ML LUER-LOK SYRINGE20G X 1-1/2"_____	125
aztreonam_____	37	BAND-AID KLING ROLLED GAUZE MEDIUM 3" X 2.5 YDS MISC ____	91	BD 10ML LUER-LOK SYRINGE21G X 1" _____	125
AZULFIDINE EN-TABS TBEC (Use sulfasalazine) _____	83	BAND-AID KLING ROLLED GAUZE SMALL 2" X 2.5 YDS MISC ____	91	BD 10ML LUER-LOK SYRINGE21G X 1-1/2"_____	125
AZULFIDINE TABS (Use sulfasalazine) _____	83	BANZEL SUSP (Use rufinamide) ..	17	BD 10ML LUER-LOK SYRINGE21G X 1-1/2"_____	125
BABY DDROPS LIQD OR (Use cholecalciferol) _____	213	BANZEL TABS (Use rufinamide) _	18	BD 10ML LUER-LOK SYRINGE22GX1" _____	125
bacitracin (ophthalmic) _____	197	BAQSIMI ONE PACK POWD_____	24	BD 1ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25G X 5/8"	125
bacitracin-polymyxin b (ophth) __	197	BAQSIMI TWO PACK POWD ____	24	BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"_____	125
bacitracin-poly-neomycin-hc ____	198	BARACLUDE SOLN_____	48	BD 3ML LUER-LOK SYRINGE/20G X 1" _____	125
baclofen SOLN OR 5 MG/5ML, 10 MG/5ML _____	194	BARACLUDE TABS (Use entecavir) .	48	BD 3ML LUER-LOK SYRINGE/21G X 1" _____	125
baclofen SUSP _____	194	BARIATRIC FUSION CHEW ____	180	BD 3ML LUER-LOK SYRINGE/21G X 1-1/2"_____	125
baclofen TABS _____	194	BARIATRIC MULTIVITAMINS/IRON CAPS _____	180	BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"_____	125
BACMIN TABS _____	180	BASAGLAR KWIKPEN SOPN ____	25	BD 3ML LUER-LOK SYRINGE/25G X 1" _____	125
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) __	36	BASAGLAR TEMPO PEN SOPN ..	25	BD 3ML LUER-LOK SYRINGE/26G X 5/8" _____	125
BACTRIM TABS (Use sulfamethoxazole-trimethoprim) __	36	BASIC AM TABS _____	180	BD 3ML SYRINGE LUER-LOK	
BAFIERTAM _____	203	BASIC PM TABS _____	180		
BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron) _____	55				
balsalazide disodium CAPS _____	83				
BALVERSA_____	40				

21GX1-1/2" _____	125	BD ECLIPSE SYRINGE LUER- LOK/3ML/25G X 1" _____	126	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" _____	126
BD 3ML SYRINGE LUER-LOK 22GX1" _____	125	BD ECLIPSE SYRINGE/1ML/27GX1/2" _____	126	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" _	126
BD 3ML SYRINGE LUER-LOK 22GX1-1/2" _____	125	BD ECLIPSE SYRINGE/1ML/30GX1/2" _____	126	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" _	126
BD 3ML SYRINGE LUER-LOK 23GX1" _____	125	BD ECLIPSE SYRINGE/NEEDLE/LUER- LOK/3ML/22G X 1" _____	126	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM ____	126
BD 3ML SYRINGE LUER-LOK 25GX1-1/2" _____	125	BD ECLIPSE SYRINGE/NEEDLE/LUER- LOK/3ML/23G X 1" _____	126	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" .	126
BD 3ML SYRINGE LUER-LOK 25GX5/8" _____	125	BD ECLIPSE SYRINGE/NEEDLE/LUER- LOK/3ML/23G X 1" _____	126	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM _____	126
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2"	125	BD ECLIPSE SYRINGE/NEEDLE/LUER- LOK/3ML/25G X 5/8" _____	126	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" _	126
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1" 125		BD INSULIN SYRINGE LUER- LOK/U-100/1ML _____	126	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ..	126
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8" .	125	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" ____	126	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM ____	127
BD 5ML LUER-LOK SYRINGE/20G X 1" _____	126	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" _____	126	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" .	127
BD 5ML LUER-LOK SYRINGE/20G X 1-1/2" _____	126	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" _____	126	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM _____	127
BD 5ML LUER-LOK SYRINGE/21G X 1" _____	126	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" .	126	BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM	127
BD 5ML LUER-LOK SYRINGE/21G X 1-1/2" _____	126	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" .	126	BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 1/2" ____	127
BD 5ML LUER-LOK SYRINGE/22G X 1" _____	126	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" .	126	BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM _____	127
BD 5ML LUER-LOK SYRINGE/22G X 1-1/2" _____	126	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" ..	126	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" _____	127
BD AUTOSHIELD DUO 30G X 5MM	126	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" _____	126	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" _____	127
BD ECLIPSE NEEDLE/LUER-LOK SYRINGE 3ML/23G X 1-1/2" ____	126	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" _____	126	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" _____	127
BD ECLIPSE SYRINGE 3ML/21G X 1" _____	126				

BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	127	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM _____	127	BD SAFETYGLIDE SYRINGE 3ML/25GX1" _____	128
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM _____	127	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM _____	127	BD SAFETYGLIDE SYRINGE 5ML/22GX1.5" _____	128
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM _____	127	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM _____	127	BD SLIP TIP SYRINGE/NEEDLE/1ML/26G X 5/8"	128
BD INSULIN SYRINGE/1ML/27G X 12.7MM _____	127	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" _____	127	BD SWABS SINGLE USE _____	121
BD INSULIN SYRINGE/1ML/29G X 12.7MM _____	127	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM _____	127	BD SWABS SINGLE USE BUTTERFLY _____	121
BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2" _____	127	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM _____	127	BD SYRINGE 10ML/20G X 1" _____	128
BD INSULIN SYRINGE/U- 100/2ML/27.5G X 5/8" _____	127	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM _____	127	BD SYRINGE LUER-LOK 3ML/NEEDLE BLUNT FILL 18G X 1- 1/2" _____	128
BD INTEGRA SYRINGE RETRACTING SAFETY/3ML/21G X 1" _____	127	BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK _____	127	BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 6MM _____	128
BD INTEGRA SYRINGE/3ML 25GX1" _____	127	BD SAFETYGLIDE 1ML 27GX5/8" . 127		BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM _____	128
BD INTEGRA SYRINGE/3ML/21G X 1-1/2" _____	127	BD SAFETYGLIDE 21G X 1-1/2" . 128		BD VEO INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 6MM . 128	
BD INTEGRA SYRINGE/3ML/22G X 1.5" _____	127	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" _____	128	BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM _____	128
BD INTEGRA SYRINGE/3ML/23G X 1" _____	127	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ..	128	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64" . 128	
BD INTEGRA SYRINGE/3ML/25G X 5/8 _____	127	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" _____	128	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" _	128
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT _____	101	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" _____	128	BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64" . 128	
BD LOGIC BLOOD GLUCOSE MONITOR KIT _____	101	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..	128	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64" . 128	
BD LUER LOCK SYRINGE/1ML/20G X 1" _____	127	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" _____	128	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64" . 128	
BD LUER-LOK SYRINGE W/ECLIPSE NEEDLE _____	127	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..	128	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64" . 128	
BD MICROTAINER LANCETS _____	101	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" _____	128	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64" . 128	
		BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" .		BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64" . 128	

BENADRYL ALLERGY CAPS (Use diphenhydramine hcl) _____	30	besilate) _____	199	BETIMOL _____	196
BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) ..	30	BERINERT KIT _____	86	BETOPTIC-S SUSP _____	196
BENADRYL ALLERGY TABS (Use diphenhydramine hcl) _____	30	BESIVANCE _____	197	BEVESPI AEROSPHERE _____	15
BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl) ..	30	BETADINE OPHTHALMIC PREP 197		bexarotene (topical) _____	63
benazepril & hydrochlorothiazide ..	34	betaine _____	80	bexarotene _____	41
benazepril hcl 40 MG _____	33	betamethasone dipropionate (topical) CREA _____	64	BEXSERO _____	209
benazepril hcl 5 MG, 10 MG, 20 MG ..	33	betamethasone dipropionate (topical) LOTN _____	64	BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) __	55
BENEFIX KIT _____	85	betamethasone dipropionate (topical) OINT _____	64	bicalutamide _____	39
BENICAR (Use olmesartan medoxomil) _____	33	betamethasone dipropionate augmented CREA _____	64	BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML _____	201
BENICAR 5 MG (Use olmesartan medoxomil) _____	33	betamethasone dipropionate augmented GEL 0.05 % _____	64	BICILLIN L-A SUSY _____	200
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) __	34	betamethasone dipropionate augmented LOTN _____	64	BIDIL (Use isosorbide dinitrate-hydralazine hcl) _____	52
BENLYSTA SOAJ _____	178	betamethasone dipropionate augmented OINT _____	64	BIGFOOT UNITY PROGRAM KIT KIT _____	101
BENLYSTA SOSY _____	178	betamethasone dipropionate augmented CREA _____	64	BIJUVA _____	81
BENSAL HP OINT _____	68	betamethasone valerate CREA __	64	BIKTARVY 120 MG-30 MG-15 MG	46
BENTYL SOLN IM (Use dicyclomine hcl) _____	206	betamethasone valerate FOAM __	64	BIKTARVY 200 MG-50 MG-25 MG	46
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin) _____	60	betamethasone valerate LOTN __	64	BILTRICIDE (Use praziquantel) __	11
BENZNIDAZOLE _____	11	betamethasone valerate OINT ____	64	bimatoprost SOLN _____	199
benzonatate 100 MG _____	57	BETAPACE AF (Use sotalol hcl (afib/af)) _____	50	BIMZELX SOAJ _____	63
benzonatate 200 MG _____	57	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl) _____	50	BIMZELX SOSY _____	63
benzoyl peroxide-erythromycin GEL ..	60	BETASERON KIT _____	203	BINAXNOW COVID-19 AG CARD HOME TEST KIT _____	72
benztropine mesylate TABS _____	42	betaxolol hcl (ophth) SOLN _____	196	BINOSTO TBEF _____	79
bepotastine besilate _____	199	betaxolol hcl _____	50	BIO-35 GLUTEN-FREE CAPS __	180
BEPREVE (Use bepotastine		bethanechol chloride _____	209	BIO-35 IRON FREE CAPS _____	180
		BETHKIS NEBU (Use tobramycin) ..	3	BIOCAL CAPS _____	180
				BIOGUARD BARRIER	

DRESSING/LARGE ROLL MISC .. 91	BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT _____ 101	VALVED HOLDING CHAMBER/ADULT DEVI _____ 169
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS _____ 91	BLOOD GLUCOSE SYSTEM PAK KIT _____ 101	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI _____ 169
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS _____ 91	BLOOD GLUCOSE TEST STRIPS PREMIUM STRP _____ 72	BREATHE EASE NEBULIZER MASK/CHILD MISC _____ 169
BIOLYTE SOLN _____ 176	BLOOD GLUCOSE TEST STRIPS STRP _____ 72	BREATHE EASE NEBULIZER MASK/INFANT MISC _____ 169
BIOSCANNER GLUCOSE TEST STRIPS STRP _____ 72	BLOOD GLUCOSE TEST STRIPS333 STRP _____ 72	BREATHE EASE/LARGE MASK DEVI _____ 169
BIOTEL CARE BLOOD GLUCOSE TEST STRIPS STRP _____ 72	BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI _ 101	BREATHE EASE/MEDIUM MASK DEVI _____ 169
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT _____ 101	BLULINK GLUCOSE TEST STRIPS STRP _____ 72	BREATHE EASE/SMALL MASK DEVI _____ 169
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT _____ 101	BONEUP 3 PER DAY CAPS ___ 180	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI 169
BIOTHRAX _____ 209	BONEUP CAPS _____ 180	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI _____ 169
bisacodyl SUPP _____ 90	BONEUP VEGETARIAN TABS _ 180	BREO ELLIPTA _____ 15
bisacodyl TBEC _____ 90	BONIVA TABS (Use ibandronate sodium) _____ 79	BREXAFEMME _____ 29
bismuth subcitrate potassium-metronidazole-tetracycline ____ 208	BONJESTA TBCR _____ 29	BREZTRI AEROSPHERE _____ 15
bismuth subsalicylate CHEW 262 MG 27	BOOSTNOW IMMUNE SUPPORT CAPS _____ 180	BRILINTA _____ 86
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML _____ 27	BOOSTRIX SUSP _____ 206	brimonidine tartrate (topical) _____ 70
bismuth subsalicylate TABS _____ 27	BOOSTRIX SUSY _____ 206	brimonidine tartrate 0.1 %, 0.15 % 197
bisoprolol & hydrochlorothiazide __ 34	bosentan TABS _____ 53	brimonidine tartrate 0.2 % _____ 197
bisoprolol fumarate _____ 50	BOSULIF CAPS _____ 40	brimonidine tartrate-timolol maleate .. 196
BLEPH-10 SOLN (Use sulfacetamide sodium (ophth)) _____ 197	BOSULIF TABS _____ 40	brinzolamide _____ 199
BLOOD GLUCOSE MONITORINGSYSTEM 333 DEVI 101	BPROTECTED PEDIA POLY-VITE SOLN OR _____ 191	BRISDELLE (Use paroxetine mesylate (vasomotor)) _____ 205
BLOOD GLUCOSE MONITORINGSYSTEM KIT ____ 101	BPROTECTED PEDIA POLY-VITE/IRON SOLN _____ 190	BRIUMVI _____ 203
	BRAFTOVI 75 MG _____ 40	BRIVIACT SOLN OR 10 MG/ML _ 18
	BREATHE COMFORT ANTI-STATIC	

BRIVIACT TABS _____	18	bumetanide) _____	78	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG _____	9
BRIXADI SOSY _____	10	BUPHENYL POWD (Use sodium phenylbutyrate) _____	80	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG _____	9
bromfenac sodium (ophth) 0.07 %, 0.09 %	199	BUPHENYL TABS (Use sodium phenylbutyrate) _____	80	butalbital-aspirin-caffeine CAPS ____	7
bromocriptine mesylate CAPS ____	42	buprenorphine hcl SUBL _____	10	butalbital-aspirin-caffeine w/cod ____	9
bromocriptine mesylate TABS 2.5 MG _____	42	buprenorphine hcl-naloxone hcl dihydrate FILM SL _____	10	butorphanol tartrate NA 10 MG/ML 10	
brompheniramine & phenyleph ELIX . 57		buprenorphine hcl-naloxone hcl dihydrate SUBL _____	10	BUTRANS PTWK (Use buprenorphine) _____	10
brompheniramine & pseudoeph ELIX 58		buprenorphine PTWK _____	10	BYDUREON BCISE AUIJ _____	25
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML _____	58	bupropion hcl (smoking deterrent) 204		BYETTA SOPN 10 MCG/0.04ML ..	25
BROMSITE (Use bromfenac sodium (ophth)) _____	199	bupropion hcl TABS _____	21	BYETTA SOPN 5 MCG/0.02ML ____	25
BRONCHITOL _____	205	bupropion hcl TB12 100 MG ____	21	BYSTOLIC (Use nebivolol hcl) ____	50
BRONCHITOL TOLERANCE TEST . 205		bupropion hcl TB12 150 MG ____	21	BYSTOLIC 5 MG (Use nebivolol hcl) . 50	
BROVANA (Use arformoterol tartrate) _____	15	bupropion hcl TB12 200 MG ____	21	CABENUVA _____	46
BRUKINSA _____	40	bupropion hcl TB24 150 MG ____	21	cabergoline _____	81
BRYHALI LOTN _____	64	bupropion hcl TB24 300 MG ____	21	CABOMETYX TABS _____	40
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC _____	169	bupropion hcl TB24 450 MG ____	21	CABTREO _____	60
budesonide (inhalation) SUSP ____	14	buspirone hcl 15 MG _____	12	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium) ____	52
budesonide (intrarectal) _____	10	buspirone hcl 5 MG, 10 MG ____	12	CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate) _____	1
budesonide CPEP _____	56	buspirone hcl 7.5 MG, 30 MG ____	12	caffeine citrate SOLN OR _____	1
budesonide TB24 _____	56	butalbital-acetaminophen CAPS 50 MG-300 MG _____	7	CALAN SR TBCR (Use verapamil hcl) _____	51
budesonide-formoterol fumarate dihydrate _____	15	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG ____	7	calcipotriene CREA _____	63
BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide)) ____	7	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG ____	7	CALCIPOTRIENE FOAM _____	63
bumetanide TABS _____	78	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG ____	7		
BUMEX TABS 0.5 MG (Use		butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG ____	7		

calcipotriene OINT _____	63	CAPLYTA _____	43	diltiazem hcl) _____	51
calcipotriene SOLN _____	63	CAPRELSA _____	40	CARDIZEM LA TB24 180 MG, 240	
calcipotriene-betamethasone		captopril & hydrochlorothiazide____	34	MG, 300 MG, 360 MG, 420 MG (Use	
dipropionate OINT _____	64	captopril _____	33	diltiazem hcl) _____	51
calcipotriene-betamethasone		CARAC CREA (Use fluorouracil		CARDIZEM TABS 30 MG, 60 MG,	
dipropionate SUSP _____	64	(topical)) _____	63	120 MG (Use diltiazem hcl) _____	51
calcitonin (salmon) NA _____	79	CARAFATE SUSP (Use sucralfate)		CARDURA (Use doxazosin	
calcitriol (topical) _____	63	207		mesylate) _____	34
calcitriol CAPS _____	80	CARAFATE TABS (Use sucralfate)		CARDURA 2 MG, 4 MG, 8 MG (Use	
calcitriol SOLN OR _____	80	207		doxazosin mesylate) _____	34
calcium acetate (phosphate binder)		CARBAGLU (Use carglumic acid) 80		CARDURA XL _____	85
CAPS _____	84	carbamazepine CHEW _____	18	CAREFINE PEN NEEDLE	
calcium acetate (phosphate binder)		carbamazepine CP12 _____	18	32GX4MM _____	128
TABS _____	84	carbamazepine SUSP _____	18	CAREFINE PEN NEEDLES	
calcium carbonate (antacid) CHEW		carbamazepine TABS _____	18	29GX1/2" _____	128
500 MG _____	11	carbamazepine TB12 _____	18	CAREFINE PEN NEEDLES	
calcium carbonate (antacid) SUSP	11	CARBATROL CP12 (Use		30GX5/16" _____	128
CALCIUM CARBONATE CHEW 500		carbamazepine) _____	18	CAREFINE PEN NEEDLES	
MG _____	176	carbidopa _____	42	31GX6MM _____	128
calcium carbonate-cholecalciferol		carbidopa-levodopa TABS _____	42	CAREFINE PEN NEEDLES	
TABS 200 UNIT-600 MG, 5 MCG-		carbidopa-levodopa TBCR _____	42	32GX5MM _____	128
600 MG _____	176	carbidopa-levodopa TBDP _____	42	CAREFINE PEN NEEDLES	
calcium polycarbophil TABS _____	89	carbidopa-levodopa-entacapone . .	42	32GX6MM _____	128
CAL-DAY 1000 TABS _____	180	CARDIOCOM LANCING DEVICE		CAREONE ADVANCED	
CALQUENCE _____	40	MISC _____	101	LANCINGDEVICE MISC _____	101
camphor & menthol LOTN _____	63	CARDIZEM CD CP24 120 MG, 180		CAREONE BLOOD GLUCOSE	
CAMZYOS _____	52	MG, 300 MG (Use diltiazem hcl		MONITORING SYSTEM/PREMIUM	
CANASA SUPP (Use mesalamine)		coated beads) _____	51	KIT _____	101
83		CARDIZEM CD CP24 240 MG (Use		CAREONE BLOOD GLUCOSE	
candesartan cilexetil _____	33	diltiazem hcl coated beads) _____	51	MONITORING SYSTEM/VALUE KIT .	
candesartan cilexetil-		CARDIZEM CD CP24 360 MG (Use		101	
hydrochlorothiazide _____	34	diltiazem hcl coated beads) _____	51	CAREONE BLOOD GLUCOSE	
capecitabine _____	38	CARDIZEM LA TB24 120 MG (Use		TEST STRIPS/PREMIUM STRP _	72
				CAREONE BLOOD GLUCOSE	
				TEST STRIPS/VALUE STRP _____	72

CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ___	128	PEN NEEDLES/33G X 5/32" ___	129	CARESENS N FELIZ DEVI ___	101
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" ..	129	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/23G X 1" .	129	CARESENS N GLUCOSE MONITORING SYSTEM DEVI__	101
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" ___	129	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/25G X 1" .	129	CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI _____	101
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" ..	129	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/23G X 1" .	129	CARETOUCH 2 CPAP HOSE HANGER MISC _____	169
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" ___	129	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1" .	129	CARETOUCH 4"X4" MISC _____	71
CAREONE INSULIN SYRINGES/1ML/31GX5/16" _____	129	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1" .	129	CARETOUCH ALCOHOL PREP PADS _____	121
CAREONE LANCET SUPER THIN/30G _____	101	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 5/8" .	129	CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT ___	101
CAREONE LANCET THIN _____	101	CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1" _____	129	CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP _____	72
CAREONE UNIFINE PENTIPS 29GX12MM _____	129	CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1-1/2" _____	129	CARETOUCH CPAP & BIPAP HOSE/6FT MISC _____	169
CAREONE UNIFINE PENTIPS 31GX5MM _____	129	CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1" _____	129	CARETOUCH CPAP MASK WIPES MISC _____	169
CAREONE UNIFINE PENTIPS 31GX6MM _____	129	CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1-1/2" _____	129	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC .	169
CAREONE UNIFINE PENTIPS 31GX8MM _____	129	CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1" _____	129	CARETOUCH CPAP TUBE CLEANING BRUSH MISC _____	169
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM _____	129	CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1-1/2" _____	129	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" ___	129
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM ___	129	CAREPOINT SYRINGE/LUER LOCK/3ML/25GX1" _____	129	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" ___	129
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM ___	129	CARESENS LANCETS _____	101	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" _____	129
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM _____	129	CARESENS N BLOOD GLUCOSEMONITORING SYSTEM DEVI _____	101	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" _____	130
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM _____	129	CARESENS N BLOOD GLUCOSETEST STRIPS STRP _	72	CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16" _____	130
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM ___	129	CARESENS N FELIZ BT DEVI _	101	CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16" _____	130

CARETOUCH INSULIN SYRINGE 0.5ML/30GX5/16" _____	130	CARETOUCH SAFETY LANCETS/30G _____	102	CATAPRES-TTS-2 (Use clonidine)	34
CARETOUCH LANCING DEVICE WITH EJECTOR MISC . .	101	CARETOUCH TWIST LANCETS 28G _____	102	CATAPRES-TTS-3 (Use clonidine)	34
CARETOUCH LUER LOCK 3ML/22GX1" _____	130	CARETOUCH TWIST LANCETS 30G _____	102	CAYSTON _____	37
CARETOUCH LUER LOCK 3ML/22GX1-1/2" _____	130	CARETOUCH TWIST LANCETS 33G _____	102	cefaclor CAPS _____	54
CARETOUCH LUER LOCK 3ML/23GX1" _____	130	CARETOUCH TWIST LANCETS MULTI COLOR/30G _____	102	CEFACLOR ER TB12 _____	54
CARETOUCH LUER LOCK 3ML/23GX1-1/2" _____	130	CARETOUCH UNIVERSAL CPAP FILTERS MISC _____	169	cefaclor SUSR 125 MG/5ML, 375 MG/5ML _____	54
CARETOUCH LUER LOCK 3ML/25GX1" _____	130	carglumic acid _____	80	cefadroxil CAPS _____	53
CARETOUCH LUER LOCK 3ML/25GX1-1/2" _____	130	carisoprodol TABS _____	194	cefadroxil SUSR _____	53
CARETOUCH LUER LOCK 3ML/25GX5/8" _____	130	CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))	80	cefadroxil TABS _____	53
CARETOUCH PEN NEEDLE 29GX1/2" _____	130	CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers)) _____	80	CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML _____	54
CARETOUCH PEN NEEDLE 33GX5/32" _____	130	CARNITOR TABS (Use levocarnitine (metabolic modifiers)) _____	80	cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG _____	54
CARETOUCH PEN NEEDLES 31GX X 6 MM _____	130	CAROSPIR SUSP (Use spironolactone) _____	78	CEFAZOLIN SODIUM SOLR IJ 100 GM, 300 GM _____	54
CARETOUCH PEN NEEDLES 31GX 5MM _____	130	carteolol hcl (ophth) _____	196	CEFAZOLIN SODIUM SOSY IV 1 GM/10ML, 2 GM/20ML _____	54
CARETOUCH PEN NEEDLES 31GX 8MM _____	130	carvedilol 25 MG _____	49	CEFAZOLIN SODIUM/DEXTROSE SOLR _____	54
CARETOUCH PEN NEEDLES 32GX 4MM _____	130	carvedilol 3.125 MG, 6.25 MG, 12.5 MG _____	49	CEFAZOLIN SODIUM/SODIUM CHLORIDE SOLN 0.9 %-3 GM/100ML _____	54
CARETOUCH PEN NEEDLES 32GX 5MM _____	130	carvedilol phosphate _____	49	CEFAZOLIN SOLN _____	54
CARETOUCH SAFETY LANCETS/26G _____	101	CASGEVY _____	87	CEFAZOLIN/SODIUM CHLORIDE SOLN 0.9 %-2 GM/100ML _____	54
CARETOUCH SAFETY LANCETS/28G _____	102	CASODEX (Use bicalutamide) _____	39	cefdinir CAPS _____	54
		CASTOR OIL _____	54	cefdinir SUSR _____	54
		castor oil OIL 100 % _____	90	cefepime hcl SOLR IJ 1 GM _____	54
		CATAPRES-TTS-1 (Use clonidine)	34	CEFEPIME SOLN _____	54
				CEFEPIME/DEXTROSE _____	54
				cefixime CAPS _____	54

cefixime SUSR _____	54	CELEBREX (Use celecoxib) _____	5	CENTRUM FRESH/FRUITY ADULTS CHEW _____	181
CEFOXITIN SODIUM _____	54	celecoxib _____	5	CENTRUM KIDS CHEW _____	189
cefoxitin sodium IV 1 GM, 2 GM__	54	CELEXA TABS 10 MG (Use citalopram hydrobromide) _____	21	CENTRUM MEN TABS _____	181
cefpodoxime proxetil SUSR _____	54	CELEXA TABS 20 MG (Use citalopram hydrobromide) _____	21	CENTRUM MINIS ADULTS 50+ TABS _____	181
cefpodoxime proxetil TABS _____	54	CELEXA TABS 40 MG (Use citalopram hydrobromide) _____	21	CENTRUM MINIS MEN 50+ TABS 181	
cefprozil SUSR 125 MG/5ML _____	54	CELLCEPT CAPS (Use mycophenolate mofetil) _____	177	CENTRUM MINIS WOMEN 50+ TABS _____	181
cefprozil SUSR 250 MG/5ML _____	54	CELLCEPT SUSR (Use mycophenolate mofetil) _____	177	CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW _____	181
cefprozil TABS _____	54	CELLCEPT TABS (Use mycophenolate mofetil) _____	177	CENTRUM SILVER 50+MEN TABS (Use multiple vitamins w/ minerals) 181	
ceftazidime IJ 1 GM, 6 GM _____	54	CELONTIN (Use methsuximide) _	20	CENTRUM SILVER 50+WOMEN TABS (Use multiple vitamins w/ minerals) _____	181
CEFTAZIDIME/DEXTROSE _____	54	CENTANY AT KIT _____	61	CENTRUM SILVER ADULT 50+ TABS (Use multiple vitamins w/ minerals) _____	181
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG _____	54	CENTANY OINT _____	61	CENTRUM SILVER ADULTS 50+ TABS (Use multiple vitamins w/ minerals) _____	181
CEFTRIAZONE SODIUM IJ 100 GM .	54	CENTRAVITES 50 PLUS TABS ..	180	CENTRUM SILVER ADULTS 50+ TABS (Use multiple vitamins w/ minerals) _____	181
ceftriaxone sodium in dextrose____	54	CENTRAVITES ADULTS TABS ..	180	CENTRUM SILVER CHEW _____	181
CEFTRIAZONE/DEXTROSE _____	54	CENTRUM ADULT MULTIGUMMIES CHEW _____	180	CENTRUM SILVER TABS (Use multiple vitamins w/ minerals)____	181
cefuroxime axetil TABS _____	54	CENTRUM ADULTS 50+ MULTIGUMMIES CHEW _____	180	CENTRUM SILVER CHEW _____	181
CELEBRATE MULTI-COMPLETE18 CAPS _____	180	CENTRUM ADULTS TABS (Use multiple vitamins w/ minerals) _	180	CENTRUM SILVER ULTRA WOMENS TABS _____	181
CELEBRATE MULTI-COMPLETE18 CHEW _____	180	CENTRUM CARDIO TABS _____	180	CENTRUM SPECIALIST HEART TABS _____	181
CELEBRATE MULTI-COMPLETE36 CAPS _____	180	CENTRUM FLAVOR BURST ADULT CHEW _____	180	CENTRUM SPECIALIST IMMUNE SUPPORT TABS _____	181
CELEBRATE MULTI-COMPLETE36 CHEW _____	180	CENTRUM FLAVOR BURST CHEW .	181	CENTRUM SPECIALIST VISION TABS _____	181
CELEBRATE MULTI-COMPLETE45 CAPS _____	180	CENTRUM FLAVOR BURST KIDS CHEW _____	189	CENTRUM ULTRA WOMENS TABS 181	
CELEBRATE MULTI-COMPLETE45 CHEW _____	180	CENTRUM FRESH/FRUITY ADULTS 50+ CHEW _____	181		
CELEBRATE MULTI-COMPLETE60 CAPS _____	180				
CELEBRATE MULTI-COMPLETE60 CHEW _____	180				

CENTRUM VITAMINTS CHEW _	181	bromide_____	206	cholestyramine POWD _____	31
CENTRUM WOMEN TABS (Use multiple vitamins w/ minerals)___	181	chlordiazepoxide-amitriptyline __	202	choline fenofibrate _____	32
cephalexin CAPS _____	54	chlorhexidine gluconate (mouth- throat) _____	178	CIALIS 2.5 MG, 10 MG, 20 MG (Use tadalafil) _____	52
cephalexin SUSR _____	54	chlorhexidine gluconate SOLN EX 4 %	45	CIALIS 5 MG (Use tadalafil) _____	52
cephalexin TABS _____	54	chloroquine phosphate TABS 250 MG _____	37	CIBINQO _____	67
CEQUA SOLN _____	197	chloroquine phosphate TABS 500 MG _____	37	ciclopirox GEL _____	61
CERALYTE 70 SOLN _____	176	chlorpheniramine maleate SYRP _	30	ciclopirox KIT _____	61
CERASPORT EX1 SOLN _____	176	chlorpheniramine maleate TABS _	30	ciclopirox olamine CREA _____	61
CERASPORT SOLN _____	176	chlorpromazine hcl CONC _____	45	ciclopirox olamine SUSP _____	61
CERTAVITE SENIOR TABS ____	181	chlorpromazine hcl TABS 10 MG . .	45	ciclopirox SHAM _____	61
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS _____	181	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG _____	45	ciclopirox SOLN _____	61
CERTAVITE/ANTIOXIDANTS TABS . 181		chlorthalidone 25 MG, 50 MG ____	78	cilostazol _____	86
cetirizine hcl CHEW _____	30	chlorzoxazone TABS _____	194	CILOXAN OINT _____	197
cetirizine hcl SOLN OR _____	30	CHOICEFUL MULTIVITAMIN CAPS . 181		CIMDUO _____	46
cetirizine hcl SYRP OR _____	30	CHOICEFUL MULTIVITAMIN CHEW	181	cimetidine TABS _____	207
cetirizine hcl TABS _____	30	CHOLBAM _____	82	CIMZIA KIT _____	83
cetirizine-pseudoephedrine _____	58	cholecalciferol CAPS 1.25 MG, 1.25 MG, 25 MCG, 50 MCG, 125 MCG, 1000 UNIT, 2000 UNIT, 5000 UNIT, 50000 UNIT _____	213	CIMZIA PSKT _____	83
cevimeline hcl _____	179	cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML _	213	CIMZIA STARTER KIT PSKT ____	83
CHEMET _____	28	cholecalciferol TABS 10 MCG, 25 MCG, 400 UNIT, 1000 UNIT ____	213	cinacalcet hcl _____	80
CHEMSTRIP-K STRP _____	72	cholestyramine light PACK _____	31	CINQAIR _____	13
CHENODAL _____	82	cholestyramine light POWD _____	31	CIPRO SUSR _____	82
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) _____	5	cholestyramine PACK _____	31	CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl) _____	82
CHILDRENS GUMMIES CHEW ..	189			CIPRODEX (Use ciprofloxacin- dexamethasone) _____	200
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen) _____	5			ciprofloxacin hcl (ophth) SOLN__	197
chlordiazepoxide hcl CAPS _____	12			ciprofloxacin hcl (otic) _____	199
chlordiazepoxide hcl-clidinium				ciprofloxacin hcl TABS 100 MG ____	82
				ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG _____	82

ciprofloxacin in d5w _____	82	SOLN (Use loratadine) _____	30	CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI _____	102
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML _____	82	CLARITIN REDITABS JUNIORS TBDP (Use loratadine) _____	30	CLEVER CHEK AUTO-CODE TEST STRIPS STRP _____	72
ciprofloxacin-dexamethasone ____	200	CLARITIN REDITABS TBDP (Use loratadine) _____	30	CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI__	102
ciprofloxacin-fluocinolone acetone . 200		CLARITIN SOLN (Use loratadine) .	30	CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP ____	72
CITALOPRAM HYDROBROMIDE CAPS _____	21	CLARITIN TABS (Use loratadine) .	30	CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT ____	102
citalopram hydrobromide SOLN __	21	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)____	58	CLEVER CHEK LANCETS ULTRATHIN _____	102
citalopram hydrobromide TABS 10 MG _____	21	CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)____	58	CLEVER CHEK LANCETS ULTRATHIN 30G _____	102
citalopram hydrobromide TABS 20 MG _____	21	CLASSIC PRENATAL TABS ____	191	CLEVER CHEK TEST STRIPS STRP _____	72
citalopram hydrobromide TABS 40 MG _____	21	CLEANLET LANCETS 28G ____	102	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI .	170
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 _____	191	clemastine fumarate TABS 1.34 MG . 30		CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI ____	170
CITRANATAL ASSURE _____	191	CLEOCIN (Use clindamycin hcl) _	37	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI _____	170
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG .	191	CLEOCIN CREA (Use clindamycin phosphate vaginal) _____	212	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	170
CITRANATAL BLOOM _____	191	CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride) _____	37	CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI__	102
CITRANATAL DHA _____	191	CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML ____	37		
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG _____	191	CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML (Use clindamycin phosphate) _____	37		
CITRANATAL MEDLEY _____	191	CLEOCIN PHOSPHATE SOLN IJ 900 MG/6ML (Use clindamycin phosphate) _____	37		
clarithromycin SUSR 125 MG/5ML 90		CLEOCIN SUPP _____	212		
clarithromycin SUSR 250 MG/5ML 90		CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) _____	60		
clarithromycin TABS _____	90				
clarithromycin TB24 _____	91				
CLARITIN ALLERGY CHILDRENS					

CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP _____ 72	EZINSULIN SYRINGE/1ML/28G X 1/2" _____ 131	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM __ 131
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM _____ 130	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" _____ 131	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM __ 131
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM _____ 130	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" _____ 131	CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT _____ 102
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" _____ 130	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16" _____ 131	CLEVER CHOICE MICRO TESTSTRIPS STRP _____ 72
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" _____ 130	CLEVER CHOICE COMFORT EZLANCETS 21G _____ 102	CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI _____ 102
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" _____ 130	CLEVER CHOICE COMFORT EZLANCETS 23G _____ 102	CLEVER CHOICE NO CODING TEST STRIPS STRP _____ 72
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" _____ 130	CLEVER CHOICE COMFORT EZLANCETS 28G _____ 102	CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI _____ 102
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" _____ 130	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM .. 131	CLEVER CHOICE TALK NO CODING TEST STRIPS STRP __ 72
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" _____ 130	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM __ 131	CLICKFINE PEN NEEDLE 32GX5/32" _____ 131
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" _____ 130	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM __ 131	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" _____ 131
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" _____ 130	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM __ 131	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" _____ 131
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" _____ 130	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM __ 131	CLICKFINE PEN NEEDLES 31G X 1/4" _____ 131
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" _____ 130	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM __ 131	CLICKFINE PEN NEEDLES 31G X 3/16" _____ 131
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" _____ 130	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM __ 131	CLICKFINE PEN NEEDLES 31G X 5/16" _____ 131
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" _____ 130	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM __ 131	CLICKFINE PEN NEEDLES 31G X 8MM _____ 131
CLEVER CHOICE COMFORT	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM __ 131	CLICKFINE PEN NEEDLES 32G X 5/32" _____ 131
		CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" _____ 131

CLIMARA PRO _____	81	clindamycin phosphate-tretinoin ___	60	clonidine hcl TABS _____	34
CLIMARA PTWK 0.025 MG/24HR (Use estradiol) _____	81	CLINDAMYCIN/SODIUM CHLORIDE	37	clonidine hcl TB24 _____	34
CLIMARA PTWK 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR (Use estradiol) _____	81	CLINDESSE _____	212	clopidogrel bisulfate 300 MG ____	86
CLINDACIN ETZ _____	60	CLINITEST RAPID COVID- 19ANTIGEN SELF-TEST KIT ____	72	clopidogrel bisulfate 75 MG ____	86
CLINDACIN PAC _____	60	clobazam SUSP _____	17	clorazepate dipotassium TABS ____	12
CLINDAGEL GEL (Use clindamycin phosphate (topical)) _____	60	clobazam TABS _____	17	clotrimazole (topical) CREA ____	61
clindamycin hcl _____	37	clobetasol propionate CREA 0.05 % .. 65		clotrimazole (topical) SOLN ____	61
clindamycin palmitate hydrochloride . 37		clobetasol propionate emollient base 0.05 % ..	65	clotrimazole _____	178
clindamycin phosphate (topical) FOAM _____	60	clobetasol propionate emulsion ____	65	clotrimazole w/ betamethasone CREA _____	62
clindamycin phosphate (topical) GEL 60		clobetasol propionate FOAM ____	65	clotrimazole w/ betamethasone LOTN _____	62
clindamycin phosphate (topical) LOTN _____	60	clobetasol propionate GEL 0.05 %	65	clozapine TABS 100 MG ____	44
clindamycin phosphate (topical) SOLN _____	60	clobetasol propionate LIQD ____	65	clozapine TABS 25 MG, 50 MG, 200 MG _____	44
clindamycin phosphate (topical) SWAB _____	60	clobetasol propionate LOTN ____	65	clozapine TBDP _____	44
clindamycin phosphate in d5w ____	37	clobetasol propionate LOTN ____	65	CLOZARIL TABS 100 MG (Use clozapine) _____	44
clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	37	clobetasol propionate OINT 0.05 % 65		CLOZARIL TABS 25 MG (Use clozapine) _____	44
clindamycin phosphate SOLN IJ 9 GM/60ML, 9000 MG/60ML _____	37	clobetasol propionate SHAM ____	65	CLOZARIL TABS 50 MG, 200 MG (Use clozapine) _____	44
clindamycin phosphate vaginal CREA	212	clobetasol propionate SOLN 0.05 % .. 65		C-NATE DHA CAPS _____	191
clindamycin phosphate-benzoyl peroxide (refrigerate) _____	60	CLOBEX LOTN 0.05 % (Use clobetasol propionate) _____	65	CO MONITOR DEVI _____	170
clindamycin phosphate-benzoyl peroxide GEL _____	60	clocortolone pivalate _____	65	CO MONITOR REPLACEMENT TPIECES MISC _____	170
		CLODAN KIT _____	65	COAGADDEX _____	85
		CLODERM (Use clocortolone pivalate) _____	65	COAGUCHEK LANCETS ____	102
		clomipramine hcl _____	23	coal tar extract SHAM 0.5 %, 1 % ..	70
		clonazepam TABS _____	17	COARTEM _____	37
		clonazepam TBDP _____	17	CODEINE SULFATE TABS 15 MG .	8
		clonidine _____	34	codeine sulfate TABS 30 MG ____	8
		clonidine hcl (adhd) TB12 _____	2		

CODEINE SULFATE TABS 60 MG .8	COMBIGAN (Use brimonidine tartrate-timolol maleate) _____ 196	ULTRA THIN 31G _____ 102
COLACE CAPS 100 MG (Use docusate sodium) _____ 90	COMBIPATCH PTTW _____ 81	COMFORT TOUCH PEN NEEDLES/31G X 4MM _____ 132
COLAZAL CAPS (Use balsalazide disodium) _____ 83	COMBIVENT RESPIMAT AERS _ 15	COMFORT TOUCH PEN NEEDLES/31G X 5MM _____ 132
colchicine CAPS _____ 85	COMBIVIR (Use lamivudine-zidovudine) _____ 46	COMFORT TOUCH PEN NEEDLES/31G X 6 MM _____ 132
colchicine TABS _____ 85	COMETRIQ KIT _____ 40	COMFORT TOUCH PEN NEEDLES/31G X 8 MM _____ 132
colchicine w/ probenecid _____ 85	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" __ 131	COMFORT TOUCH PEN NEEDLES/32G X 4MM _____ 132
COLCRYS TABS (Use colchicine) .85	COMFORT ASSURED LANCETS MICRO THIN 33G _____ 102	COMFORT TOUCH PEN NEEDLES/32G X 5MM _____ 132
COLD & ALLERGY CHILDRENS LIQD _____ 58	COMFORT ASSURED LANCETS SUPER THIN 28G _____ 102	COMFORT TOUCH PEN NEEDLES/32G X 6MM _____ 132
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO _____ 68	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" _____ 131	COMFORT TOUCH PEN NEEDLES/32G X 8MM _____ 132
COLEMAN INSECT REPELLENT/HIGH & DRY AERO .68	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" 131	COMFORT TOUCH PEN NEEDLES/33G X 5/32" _____ 132
COLEMAN INSECT REPELLENT/SPORTSMEN AERO 68	COMFORT EZ MICRO/32G X 4MM . 131	COMFORT TOUCH PEN NEEDLES/33GX 3/16" _____ 132
colesevelam hcl PACK _____ 31	COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM _____ 131	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G _____ 102
colesevelam hcl TABS _____ 31	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM _____ 131	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G _____ 102
COLESTID FLAVORED GRAN (Use colestipol hcl) _____ 31	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM _____ 132	COMIRNATY 2023-24 SUSP ___ 209
COLESTID FLAVORED PACK (Use colestipol hcl) _____ 31	COMFORT EZ SHORT/31G X 8MM . 132	COMIRNATY 2023-24 SUSY ___ 209
COLESTID GRAN (Use colestipol hcl) _____ 31	COMFORT EZ/31G X 5MM ____ 132	COMIRNATY SUSP _____ 209
COLESTID PACK (Use colestipol hcl) _____ 31	COMFORT EZ/31G X 6MM ____ 132	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI _ 170
COLESTID TABS (Use colestipol hcl) _____ 31	COMFORT LANCETS _____ 102	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE
colestipol hcl GRAN _____ 31	COMFORT TOUCH ALCOHOL PREP PADS _____ 121	
colestipol hcl PACK _____ 31	COMFORT TOUCH LANCETS	
colestipol hcl TABS _____ 31		

MASK DEVI _____	170	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM DEVI _____	103	COREG 25 MG (Use carvedilol)___	50
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI _____	170	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT _____	103	COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol) _____	50
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI _____	170	CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT _____	103	COREG CR (Use carvedilol phosphate) _____	50
COMPEED SKIN PROTECTOR DRESSING/MEDIUM/OVAL MISC	91	CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT _____	103	CORGARD TABS 20 MG, 40 MG (Use nadolol) _____	50
COMPEED SKIN PROTECTOR DRESSING/SMALL/STRIP MISC	.91	CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT _____	103	CORGARD TABS 80 MG (Use nadolol) _____	50
COMPLERA _____	46	CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI _____	103	CORIFACT _____	85
COMPLETENATE CHEW _____	191	CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM KIT _____	103	CORLANOR SOLN _____	53
COMPOUND W FAST ACTING GEL+CONSEAL GEL (Use salicylic acid) _____	68	CONZIP CP24 (Use tramadol hcl) _	8	CORLANOR TABS _____	53
COMTAN (Use entacapone) _____	42	COOL BLOOD GLUCOSE MONITORING KIT KIT _____	103	CORTEF TABS (Use hydrocortisone)	56
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl) _	2	COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI _	103	CORTENEMA (Use hydrocortisone (intrarectal)) _____	10
CONCERTA TBCR 36 MG (Use methylphenidate hcl) _____	2	COOL BLOOD GLUCOSE TEST STRIPS STRP _____	72	CORTIFOAM EX 10 % _____	10
CONDYLOX GEL (Use podofilox) .	68	COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS _____	91	CORTISONE ACETATE TABS _	56
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI__	102	COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS _____	91	CORTISPORIN-TC _____	200
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT _____	102	COPAXONE SOSY (Use glatiramer acetate) _____	203	COSENTYX SENSOREADY PEN SOAJ _____	63
CONTOUR BLOOD GLUCOSE TEST STRIPS STRP _____	72	COPAXONE SOSY 40 MG/ML (Use glatiramer acetate) _____	203	COSENTYX SOSY _____	63
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT _____	102	COPIKTRA _____	40	COSENTYX UNOREADY SOAJ _	63
CONTOUR NEXT BLOOD GLUCOSE TEST STRP _____	72			COSOPT (Use dorzolamide hcl- timolol maleate) _____	196
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT _____	103			COSOPT PF (Use dorzolamide hcl- timolol maleate) _____	196
				COTELLIC _____	40
				COTEMPLA XR-ODT TBED _____	2
				COVID-19 AT-HOME TEST KIT KIT ..	73
				COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT _____	73
				COVID-19 OTC ANTIGEN TESTKIT	

2-PACK KIT _____	73	GAUZE/36"X36" MISC _____	92	PADS _____	92
COVRSITE COVER DRESSING PADS _____	91	CURITY #10 GAUZE BOLT/OVAL FOLD/36"X300' MISC _____	92	CURITY COVER SPONGES 4"X4" PADS _____	92
COVRSITE PLUS COMPOSITE DRESSING PADS _____	91	CURITY ALCOHOL PREPS/MEDIUM 2 PLY _____	121	CURITY DRESSING SPONGES 4"X4" 6 PLY PADS _____	92
COZAAR (Use losartan potassium) 33		CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS _____	92	CURITY GAUZE PADS 2"X2" 12 PLY PADS _____	92
CREON CPEP _____	77	CURITY ALL PURPOSE SPONGES 2"X2" PADS _____	92	CURITY GAUZE PADS 3"X3" PADS . 92	
CRESEMBA CAPS _____	29	CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS _____	92	CURITY GAUZE PADS 4"X4" 12 PLY PADS _____	92
CRESTOR TABS 5 MG, 10 MG, 20 MG (Use rosuvastatin calcium) __	32	CURITY ALL PURPOSE SPONGES 4 PLY PADS _____	92	CURITY GAUZE SPONGE 2"X2" 8 PLY PADS _____	92
CRESTOR TABS 5 MG, 10 MG, 40 MG (Use rosuvastatin calcium) __	32	CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS _____	92	CURITY GAUZE SPONGE 2"X2"12 PLY PADS _____	92
CRINONE GEL _____	212	CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS .	92	CURITY GAUZE SPONGE 3"X3" 12 PLY PADS _____	92
cromolyn sodium (mastocytosis) ..	82	CURITY ALL PURPOSE SPONGES 4"X4" PADS _____	92	CURITY GAUZE SPONGE 4"X4" 12 PLY PADS _____	92
cromolyn sodium (nasal) 5.2 MG/ACT _____	195	CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS _____	92	CURITY GAUZE SPONGE 4"X4" 16 PLY PADS _____	92
cromolyn sodium (ophth) _____	199	CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS _____	92	CURITY GAUZE SPONGE 4"X4"16 PLY PADS _____	93
cromolyn sodium NEBU _____	13	CURITY AMD ANTIMICROBIALPACKING STRIPS 1"X3' MISC _____	92	CURITY GAUZE SPONGES 4"X4" 12 PLY PADS _____	93
crotamiton LOTN _____	70	CURITY AMD ANTIMICROBIALPACKING STRIPS 1/2"X3' MISC _____	92	CURITY GAUZE SPONGES 4"X4" 8 PLY PADS _____	93
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW _____	181	CURITY AMD ANTIMICROBIALPACKING STRIPS 1/4"X3' MISC _____	92	CURITY IODOFORM PACKING STRIP 1"X15' MISC _____	93
CUPRIMINE CAPS (Use penicillamine) _____	177	CURITY COVER SPONGE 4"X4" PADS _____	92	CURITY IODOFORM PACKING STRIP 1/4"X15' MISC _____	93
CURAD HOLD TITE TUBULAR STRETCH BANDAGE/LARGE/5YDS MISC _____	92	CURITY COVER SPONGES 3"X3"			
CURITY #10 BURN DRESSING/READY CUT GAUZE/12"X12" MISC _____	92				
CURITY #10 BURN DRESSING/READY CUT GAUZE/18"X18" MISC _____	92				
CURITY #10 BURN DRESSING/READY CUT					

STRIP 2"X15' MISC _____	93	CUVPOSA SOLN OR (Use glycopyrrolate) _____	206	CVS LANCETS MICRO-THIN 33G .	103
CURITY IODOFORM PACKING STRIP MISC _____	93	CUVRIOR _____	177	CVS LANCETS ORIGINAL _____	103
CURITY MESH GAUZE BANDAGEROLL 1"X30' MISC ____	93	CVS ADULT 50+ EYE HEALTH CAPS _____	181	CVS LANCETS THIN 26G _____	103
CURITY MESH GAUZE BANDAGEROLL 2"X30' MISC ____	93	CVS ADVANCED GLUCOSE METER KIT _____	103	CVS LANCETS ULTRA THIN 30G .	103
CURITY MESH GAUZE BANDAGEROLL 3"X30' MISC ____	93	CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	73	CVS LANCETS ULTRA-THIN 30G .	103
CURITY MESH GAUZE BANDAGEROLL 4"X30' MISC ____	93	CVS AIRSHIELD IMMUNITY SUPPORT CHEW _____	181	CVS LANCING DEVICE MISC ____	103
CURITY NON-ADHERENT STRIPS 1/2"X12' MISC _____	93	CVS ALCOHOL PREP PADS ____	122	CVS ONE DAILY MENS 50+ ADVANCED TABS _____	181
CURITY NON-ADHERENT STRIPS 3"X3" PADS _____	93	CVS COLD & ALLERGY CHILDRENS LIQD _____	58	CVS ONE DAILY WOMENS 50+ADVANCED TABS _____	181
CURITY PLAIN PACKING STRIP MISC _____	93	CVS EYE HEALTH ADULT 50+ CAPS _____	181	CVS PREP PADS _____	122
CURITY SPONGES/CELLULOSE FILLED/2"X 2" PADS _____	93	CVS GAUZE PAD 3"X3" PADS ____	93	CVS SPECTRAVITE ADULT 50+ CHEW _____	181
CURITY SPONGES/CELLULOSE FILLED/4"X 4" PADS _____	93	CVS GAUZE PADS 2"X2" 12-PLY PADS _____	93	CVS SPECTRAVITE ADULT 50+ TABS _____	182
CURITY TRIANGULAR BANDAGE 40"X40"X56" MISC _____	93	CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS _____	93	CVS SPECTRAVITE ADULTS TABS .	182
CUTIVATE LOTN (Use fluticasone propionate) _____	65	CVS GAUZE PADS STERILE 4"X4" PADS _____	93	CVS SPECTRAVITE ULTRA MEN50+ TABS _____	182
CUTTER AERO _____	69	CVS GLUCOSE METER TEST STRIPS STRP _____	73	CVS SPECTRAVITE ULTRA MENS HEALTH TABS _____	182
CUTTER ALL FAMILY AERO ____	69	CVS GUMMY DINOS CHEW ____	189	CVS SPECTRAVITE ULTRA WOMEN TABS _____	182
CUTTER BACKWOODS AERO ____	69	CVS GUMMY DINOS CHILDRENS CHEW _____	189	CVS SPECTRAVITE WOMEN CHEW _____	182
CUTTER BACKWOODS DRY AERO _____	69	CVS GUMMY MULTIVITAMIN KIDS CHEW _____	189	CVS TOTAL HOME INSECT REPELLENT AERO _____	69
CUTTER DRY AERO _____	69	CVS IMMUNE SUPPORT CAPS .	181	CVS TUBULAR GAUZE MISC ____	93
CUTTER SKINSATIONS AERO ____	69	CVS INSECT REPELLENT AERO .	69	CVS ULTRA THIN LANCETS ____	103
CUTTER SPORT AERO _____	69	CVS LANCETS 21G _____	103	CVS VISION HEALTH CAPS ____	182
		CVS LANCETS MICRO THIN 33G .	103	cyanocobalamin SOLN IJ 1000 MCG/ML _____	87

cyclobenzaprine hcl CP24 _____	194	CYSTADROPS _____	199	RELIEF TABS _____	30
cyclobenzaprine hcl TABS 5 MG, 10 MG _____	194	CYSTAGON CAPS _____	84	DAYPRO TABS (Use oxaprozin) ___	5
cyclobenzaprine hcl TABS 7.5 MG 194		CYSTARAN _____	199	DAYTRANA PTCH 10 MG/9HR, 20 MG/9HR, 30 MG/9HR (Use methylphenidate) _____	2
CYCLOGYL (Use cyclopentolate hcl)	196	CYTOMEL TABS (Use liothyronine sodium) _____	206	DAYTRANA PTCH 15 MG/9HR (Use methylphenidate) _____	2
CYCLOGYL _____	196	CYTOTEC (Use misoprostol) ___	208	DAYVIGO _____	89
CYCLOGYL 0.5 % _____	196	D.H.E. 45 SOLN IJ (Use dihydroergotamine mesylate) ___	175	D-CARE BLOOD GLUCOSE STRP 73	
CYCLOMYDRIL _____	196	D3 BABY DROPS LIQD OR _____	213	D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	103
cyclopentolate hcl 1 % _____	196	dabigatran etexilate mesylate CAPS 75 MG, 150 MG _____	17	DDAVP TABS (Use desmopressin acetate) _____	80
cyclophosphamide CAPS _____	38	DAILY MULTIPLE VITAMINS TABS ... 188		DECUBI-VITE CAPS _____	182
CYCLOPHOSPHAMIDE TABS ___	38	dalfampridine _____	203	deferasirox PACK _____	28
cycloserine _____	38	DALIRESP (Use roflumilast) ___	14	deferasirox TABS _____	28
CYCLOSET _____	25	DANTRIUM CAPS 25 MG (Use dantrolene sodium) _____	194	deferasirox TBSO _____	28
cyclosporine (ophth) EMUL ___	197	dantrolene sodium CAPS _____	194	deferiprone TABS _____	28
cyclosporine CAPS _____	177	dapagliflozin propanediol _____	27	DEKAS BARIATRIC CHEW ___	182
cyclosporine modified (for microemulsion) CAPS _____	177	dapagliflozin propanediol-metformin hcl _____	23	DEKAS PLUS CAPS _____	182
cyclosporine modified (for microemulsion) SOLN _____	177	dapsone (topical) _____	60	DEKAS PLUS CHEW _____	182
CYLTEZO AJKT _____	4	dapsone _____	37	DEKAS PLUS LIQD _____	189
CYLTEZO PSKT _____	4	DAPTACEL _____	206	DEKAS PLUS OCEAN CAPS ___	182
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT _____	4	DARAPRIM (Use pyrimethamine) 38		DELESTROGEN (Use estradiol valerate) _____	81
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT _____	4	darifenacin hydrobromide _____	208	DELSTRIGO _____	46
CYMBALTA CPEP (Use duloxetine hcl) _____	22	DARTISLA ODT TBDP _____	206	DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex) _____	57
cyproheptadine hcl SYRP _____	31	darunavir TABS _____	46	DELSYM SUER (Use dextromethorphan polistirex) ___	57
cyproheptadine hcl TABS _____	31	DAURISMO _____	39	DELZICOL CPDR (Use mesalamine)	
CYSTADANE (Use betaine) ___	80	DAYAVITE TABS _____	182		
		DAYBUE _____	195		
		DAYHIST ALLERGY 12 HOUR			

83		DERMACEA GAUZE FLUFF ROLL	DERMACEA NON-WOVEN
demeclocycline hcl TABS _____	205	4-1/2"X4-1/8YD 6PLY MISC _____	93 SPONGES 4"X4" 6 PLY PADS ____
DEMSEER (Use metyrosine) _____	33	DERMACEA GAUZE ROLL 2"X4-	DERMACEA STRETCH BANDAGE
DENAVIR (Use penciclovir) _____	64	1/8YD MISC _____	93 ROLL 2"X12' MISC _____
DENGVAXIA _____	209	DERMACEA GAUZE ROLL 3"X4-	DERMACEA STRETCH BANDAGE
DEPAKOTE ER TB24 (Use		1/8YD MISC _____	93 ROLL 3"X12' MISC _____
divalproex sodium) _____	20	DERMACEA GAUZE ROLL 4"X4-	DERMACEA STRETCH BANDAGE
DEPAKOTE SPRINKLES CSDR		1/8YD MISC _____	94 ROLL 4"X12' MISC _____
(Use divalproex sodium) _____	20	DERMACEA GAUZE ROLL 6"X4-	DERMACEA STRETCH BANDAGE
DEPAKOTE TBEC (Use divalproex		1/8YD MISC _____	94 ROLL 6"X12' MISC _____
sodium) _____	20	DERMACEA GAUZE SPONGE 2"X2"	DERMACEA STRETCH
DEPEN TITRATABS TABS (Use		12 PLY PADS _____	94 BANDAGE2"X4-1/8YD MISC ____
penicillamine) _____	177	DERMACEA GAUZE SPONGE 2"X2"	DERMACEA STRETCH
DEPO-ESTRADIOL _____	81	8 PLY PADS _____	94 BANDAGE3"X4-1/8YD MISC ____
DEPO-PROVERA		DERMACEA GAUZE SPONGE 3"X3"	DERMACEA STRETCH
CONTRACEPTIVE SUSP IM (Use		12 PLY PADS _____	94 BANDAGE4"X4-1/8YD MISC ____
medroxyprogesterone acetate		DERMACEA GAUZE SPONGE 3"X3"	DERMACEA STRETCH
(contraceptive)) _____	56	8 PLY PADS _____	94 BANDAGE6"X12.3' MISC ____
DEPO-PROVERA		DERMACEA GAUZE SPONGE 4"X4"	DERMACEA STRETCH
CONTRACEPTIVE SUSY IM (Use		12 PLY PADS _____	94 BANDAGE6"X4-1/8YD MISC ____
medroxyprogesterone acetate		DERMACEA GAUZE SPONGE 4"X4"	DERMACEA STRETCH
(contraceptive)) _____	56	16 PLY PADS _____	94 BANDAGEROLL 3"X12' MISC ____
DEPO-SUBQ PROVERA 104 SUSY		DERMACEA GAUZE SPONGE 4"X4"	DERMACEA STRETCH
SC _____	56	8 PLY PADS _____	94 BANDAGEROLL 4"X12' MISC ____
DERMACEA DRAIN SPONGES		DERMACEA I.V. DRAIN SPONGES	DERMACEA STRETCH
4"X4" PADS _____	93	2"X2" PADS _____	94 BANDAGEROLL 6"X12' MISC ____
DERMACEA GAUZE FLUFF ROLL		DERMACEA I.V. DRAIN SPONGES	DERMACEA TYPE VII GAUZE 2"X2"
2"X3YD MISC _____	93	4"X4" PADS _____	94 12 PLY PADS _____
DERMACEA GAUZE FLUFF ROLL		DERMACEA I.V. SPONGES 2"X2"	DERMACEA TYPE VII GAUZE 2"X2"
2.25"X3 YD 6 PLY MISC _____	93	PADS _____	94 8 PLY PADS _____
DERMACEA GAUZE FLUFF ROLL		DERMACEA NON-WOVEN	DERMACEA TYPE VII GAUZE 3"X3"
3.4"X3.6 YD 6 PLY MISC _____	93	SPONGES 2"X2" 4 PLY PADS ____	94 12 PLY PADS _____
DERMACEA GAUZE FLUFF ROLL		DERMACEA NON-WOVEN	DERMACEA TYPE VII GAUZE 3"X3"
3.4"X3-1/2YD 6PLY MISC _____	93	SPONGES 3"X3" 4 PLY PADS ____	94 12PLY PADS _____
DERMACEA GAUZE FLUFF ROLL		DERMACEA NON-WOVEN	DERMACEA TYPE VII GAUZE 4"X4"
4.5"X4.1 YD 6 PLY MISC _____	93	SPONGES 4"X4" 4 PLY PADS ____	94 12 PLY PADS _____

DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS _____	95	desogestrel-ethinyl estradiol (triphasic) _____	55	DEXCOM G6 RECEIVER _____	103
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS _____	95	desonide CREA _____	65	DEXCOM G6 SENSOR _____	103
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS _____	95	desonide LOTN _____	65	DEXCOM G6 TRANSMITTER __	103
DERMACINRX LIDOGEL GEL ____	68	desonide OINT _____	65	DEXCOM G7 RECEIVER _____	103
DERMACINRX MULTITAM TABS . 182		DESOWEN CREA (Use desonide)	65	DEXCOM G7 SENSOR _____	103
DERMACINRX PRETRATE TABS . 191		desoximetasone CREA 0.05 % __	65	DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate) __	1
DERMACINRX RIBOTIN-E TABS . 182		desoximetasone CREA 0.25 % __	65	DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate) _____	1
DERMACINRX ZINTREXYL-C TABS.....182		desoximetasone GEL _____	65	DEXILANT (Use dexlansoprazole) . 207	
DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide) ____	65	desoximetasone LIQD _____	65	dexlansoprazole _____	207
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide) ____	65	desoximetasone OINT 0.05 % ____	65	dexmethylphenidate hcl CP24 ____	2
DERMAVITE TABS _____	182	desoximetasone OINT 0.25 % ____	65	dexmethylphenidate hcl TABS 2.5 MG _____	2
DERMOTIC (Use fluocinolone acetonide (otic)) _____	200	DESOXYN (Use methamphetamine hcl) _____	1	dexmethylphenidate hcl TABS 5 MG, 10 MG _____	2
DESCOVY 120 MG-15 MG _____	46	DESVENLAFAXINE ER _____	22	DEXTENZA INST _____	198
DESCOVY 200 MG-25 MG _____	46	desvenlafaxine succinate 100 MG .	22	dextroamphetamine sulfate CP24 10 MG, 15 MG _____	1
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG __	23	desvenlafaxine succinate 25 MG, 50 MG _____	22	dextroamphetamine sulfate CP24 5 MG _____	1
desipramine hcl TABS 25 MG ____	23	DETROL LA CP24 (Use tolterodine tartrate) _____	208	dextroamphetamine sulfate SOLN _	1
desmopressin acetate spray _____	80	DETROL LA CP24 4 MG (Use tolterodine tartrate) _____	208	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1	
desmopressin acetate spray refrigerated _____	80	DETROL TABS (Use tolterodine tartrate) _____	208	dextroamphetamine sulfate TABS 5 MG, 10 MG _____	1
desmopressin acetate TABS ____	80	dexamethasone ELIX _____	56	dextromethorphan polistirex LQCR . 57	
desogestrel & ethinyl estradiol ____	55	DEXAMETHASONE INTENSOL CONC _____	56	dextromethorphan polistirex SUER . 57	
desogestrel-ethinyl estradiol (biphasic) _____	55	dexamethasone sodium phosphate (ophth) _____	198	dextromethorphan-doxyamine- acetaminophen LIQD _____	58
		dexamethasone SOLN _____	56		
		dexamethasone TABS _____	57		
		dexamethasone TBPK _____	57		
		DEXATRAN CAPS _____	182		

dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML- 15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML_____ 58	TEST STRIPS STRP _____ 73	diclofenac potassium CAPS _____ 5
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML- 10 MG/5ML, 200 MG/10ML-20 MG/10ML _____ 58	DIATHRIVE LANCETS _____ 103	diclofenac potassium TABS 25 MG .5
dextromethorphan-phenylephrine- acetaminophen CAPS _____ 58	DIATHRIVE LANCETS ULTRA THIN 30G _____ 103	diclofenac potassium TABS 50 MG .5
dextrose SOLN 5 % _____ 195	DIATHRIVE LANCING DEVICE MISC _____ 103	diclofenac sodium (actinic keratoses) EX _____ 63
DHIVY TABS _____ 42	DIATHRIVE PEN NEEDLE/31 G X 6MM _____ 132	diclofenac sodium (ophth) _____ 199
DHS TAR GEL SHAM (Use coal tar extract) _____ 70	DIATHRIVE PEN NEEDLE/31 GX 8MM _____ 132	diclofenac sodium (topical) GEL EX 62
DHS TAR SHAM (Use coal tar extract) _____ 70	DIATHRIVE PEN NEEDLE/31GX 5MM _____ 132	diclofenac sodium (topical) SOLN EX.....62
DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT _____ 103	DIATHRIVE PEN NEEDLE/32GX 4MM _____ 132	diclofenac sodium TB24 .....5
DIABETES MONITORING DIGITAL SOLUTION KIT _____ 103	DIATHRIVE+ BLOOD GLUCOSEMONITORING SYSTEM/BLUETOOTH DEVI __ 103	diclofenac sodium TBEC .....5
DIACOMIT CAPS _____ 18	DIATHRIVE+ BLOOD GLUCOSETEST STRIPS STRP _ 73	diclofenac w/ misoprostol TBEC ...5
DIACOMIT PACK _____ 18	DIATROL TABS _____ 182	dicloxacillin sodium .....201
DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 3ML/22GX1-1/2" . 132	DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI __ 103	dicyclomine hcl CAPS .....206
DIALYVITE SUPREME D TABS ..182	DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP _____ 73	dicyclomine hcl SOLN OR .....206
DIASTAT ACUDIAL GEL 10 MG (Use diazepam (anticonvulsant)) _ 17	diazepam (anticonvulsant) GEL __ 17	dicyclomine hcl TABS .....206
DIASTAT ACUDIAL GEL 20 MG (Use diazepam (anticonvulsant)) _ 17	diazepam CONC _____ 12	DIFFERIN GEL 0.1 % (Use adapalene) _____ 60
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant)) _____ 17	diazepam SOLN OR 5 MG/5ML__ 12	DIFICID SUSR _____ 91
DIATHRIVE BLOOD GLUCOSE METER DEVI _____ 103	diazepam TABS _____ 12	DIFICID TABS _____ 91
DIATHRIVE BLOOD GLUCOSE	diazoxide _____ 24	diflorasone diacetate CREA _____ 65
	dichlorphenamide _____ 78	diflorasone diacetate OINT _____ 65
	DICLEGIS TBEC (Use doxylamine- pyridoxine) _____ 29	DIFLUCAN SUSR (Use fluconazole) . 29
	diclofenac epolamine PTCH EX __ 62	DIFLUCAN TABS 100 MG (Use fluconazole) _____ 29
	diclofenac potassium (migraine) . 175	DIFLUCAN TABS 150 MG (Use fluconazole) _____ 29
		DIFLUCAN TABS 200 MG (Use fluconazole) _____ 29
		DIFLUCAN TABS 50 MG (Use fluconazole) _____ 29

diflunisal TABS _____	7	DIMETAPP CHILDREN'S COLD& ALLERGY LIQD _____	58	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC _____	170
difluprednate _____	198	dimethyl fumarate CDPK _____	203	DISPOSABLE PAPER MOUTHPIECE MISC _____	170
digoxin SOLN OR 0.05 MG/ML ____	52	dimethyl fumarate CPDR _____	203	disulfiram _____	201
digoxin TABS 0.0625 MG, 62.5 MCG 52		DIOVAN HCT (Use valsartan- hydrochlorothiazide) _____	34	DITROPAN XL TB24 5 MG, 10 MG (Use oxybutynin chloride) _____	208
digoxin TABS 0.125 MG, 125 MCG, 250 MCG _____	52	DIOVAN TABS (Use valsartan) ____	33	DIURIL SUSP _____	78
dihydroergotamine mesylate SOLN NA 4 MG/ML _____	175	DIPENTUM _____	83	divalproex sodium CSDR _____	20
DILANTIN (Use phenytoin sodium extended) _____	20	diphenhydramine hcl (sleep) CAPS 50 MG _____	88	divalproex sodium TB24 _____	20
DILANTIN _____	20	diphenhydramine hcl (sleep) TABS 25 MG _____	88	divalproex sodium TBEC _____	20
DILANTIN INFATABS CHEW (Use phenytoin) _____	20	diphenhydramine hcl CAPS ____	30	DIVIGEL GEL (Use estradiol) ____	81
DILANTIN-125 SUSP (Use phenytoin) _____	20	diphenhydramine hcl ELIX 12.5 MG/5ML _____	30	docusate sodium CAPS 100 MG, 250 MG _____	90
DILAUDID LIQD (Use hydromorphone hcl) _____	8	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	30	docusate sodium LIQD _____	90
DILAUDID TABS (Use hydromorphone hcl) _____	8	diphenhydramine hcl TABS 25 MG 30		docusate sodium SYRP _____	90
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG _____	51	diphenhydramine hcl TABS 25 MG 30		DOCUSATE SODIUM SYRP ____	90
diltiazem hcl coated beads CP24 240 MG _____	51	diphenoxylate w/ atropine LIQD ____	28	docusate sodium TABS _____	90
diltiazem hcl coated beads CP24 360 MG _____	51	diphenoxylate w/ atropine TABS _	28	dofetilide _____	13
diltiazem hcl CP12 _____	51	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ..	206	donepezil hydrochloride TABS 23 MG _____	202
diltiazem hcl CP24 120 MG, 180 MG . 51		DIPROLENE OINT (Use betamethasone dipropionate augmented) _____	65	donepezil hydrochloride TABS 5 MG, 10 MG _____	202
diltiazem hcl CP24 240 MG _____	51	dipyridamole _____	86	donepezil hydrochloride TBDP ____	202
diltiazem hcl extended release beads	51	disopyramide phosphate CAPS ____	13	DOPTELET _____	87
diltiazem hcl TABS	51	DISPOSABLE MOUTHPIECE FULL RANGE MISC _____	170	DORAL (Use quazepam) _____	88
diltiazem hcl TB24	51	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	170	DORYX MPC TBEC _____	205
		DISPOSABLE MOUTHPIECE/LOW RANGE MISC _____	170	DORYX TBEC 50 MG, 80 MG, 200 MG (Use doxycycline hyclate) ____	205
				dorzolamide hcl _____	199
				dorzolamide hcl-timolol maleate .	196
				DOVATO _____	46

DOVONEX CREA (Use calcipotriene)	100/0.3/31G X 5/16" _____	132	100/0.5ML/31G X 5/16" _____	133
.....	63			
doxazosin mesylate	.....	34	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 1/2" _____	132 133
doxepin hcl (antipruritic)	.....	63	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 15/64" _____	132 133
doxepin hcl (sleep)	.....	88	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 5/16" _____	132 133
doxepin hcl CAPS	.....	23	DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64" _____	132 104
doxepin hcl CONC	.....	23	DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2" _____	132 104
doxercalciferol CAPS	.....	80	DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 15/64" _____	132 133
doxycycline (monohydrate) CAPS . 205			DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 5/16" _____	132 133
doxycycline (monohydrate) SUSR . 205			DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 5/16" _____	132 133
doxycycline (monohydrate) TABS . 205			DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 5/16" _____	132 133
doxycycline (rosacea) _____	70		DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 5/16" _____	132 133
doxycycline hyclate CAPS _____	205		DROPLET INSULIN SYRINGE U- 100/1ML/30G X 1/2" _____	132 133
doxycycline hyclate SOLR _____	205		DROPLET INSULIN SYRINGE U- 100/1ML/30G X 15/64" _____	132 133
doxycycline hyclate TABS _____	205		DROPLET INSULIN SYRINGE U- 100/1ML/30G X 5/16" _____	132 133
doxycycline hyclate TBEC _____	205		DROPLET INSULIN SYRINGE U- 100/1ML/30G X 5/16" _____	132 133
doxylamine succinate (sleep) _____	88		DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64" _____	133 133
doxylamine-pyridoxine TBEC _____	29		DROPLET INSULIN SYRINGE U- 100/1ML/31G X 5/16" _____	133 133
DRISDOL CAPS (Use ergocalciferol) . 213			DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64" _____	133 133
dronabinol CAPS _____	29		DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64" _____	133 133
DROPLET GENTEEL LANCING DEVICE MISC _____	103		DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 5/16" _____	133 133
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" _____	132		DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 5/16" _____	133 133
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" _____	132		DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2" _____	133 133
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" _____	132		DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 15/64" _____	133 133
DROPLET INSULIN SYRINGE U-			DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 15/64" _____	133 133

5/16"	133	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	134	DUETACT (Use pioglitazone hcl- glimepiride)	23
DROPLET PEN NEEDLES 32G X 5/32"	133	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	134	DUEXIS (Use ibuprofen-famotidine) . 5	
DROPLET PEN NEEDLES 32GX4MM	133	drosiprenone-ethinyl estradiol.....	55	DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	90
DROPLET PEN NEEDLES 32GX5MM	133	drosiprenone-ethinyl estradiol- levomefolate calcium	55	DULCOLAX SUPP (Use bisacodyl) 90	
DROPLET PEN NEEDLES 32GX6MM	133	DROXIA CAPS	87	DULCOLAX TBEC (Use bisacodyl) 90	
DROPLET PEN NEEDLES 32GX8MM	133	droxidopa	212	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	15
DROPLET PERSONAL LANCETS30G	104	DRUG MART ADJUSTABLE LANCING DEVICE MISC	104	DULERA 50 MCG/ACT-5 MCG/ACT . 15	
DROPSAFE ALCOHOL PREP PADS	122	DRUG MART LANCETS THIN	104	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	22
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	133	DRUG MART ON-THE-GO LANCETS GENTLE 30G	104	duloxetine hcl CPEP 40 MG	22
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	133	DRUG MART UNIFINE PENTIPS 31GX5MM	134	DUOBRII	65
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	133	DRUG MART UNIFINE PENTIPS29G X 12MM	134	DUO-CARE TEST STRIPS STRP .73	
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	133	DRUG MART UNIFINE PENTIPS31GX6MM	134	DUPIXENT SOPN	67
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	133	DRUG MART UNIFINE PENTIPS31GX8MM	134	DUPIXENT SOSY 100 MG/0.67ML 67	
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	134	DRUG MART UNIFINE PENTIPS32GX4MM	134	DUPIXENT SOSY	67
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	133	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	134	DUREX EXTRA SENSITIVE THIN DEVI	98
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	134	DRUG MART UNILET LANCETSSUPER THIN 30G	104	DUREZOL (Use difluprednate) _ dutasteride	198 85
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	134	DRUG MART UNILET LANCETSULTRA THIN 28G	104	dutasteride-tamsulosin hcl	85
		DRUG MART UNILET MICRO THIN LANCETS 33G	104	D-VI-SOL LIQD OR (Use cholecalciferol)	213
		DRYMAX EXTRA PADS	95	DYANAVEL XR CHER	1
		DUAKLIR PRESSAIR	15	DYANAVEL XR SUER	1
		DUAVEE	81	DYMISTA SUSP (Use azelastine hcl-	

fluticasone propionate) _____	194	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" .	134	EASY FLOW AIR NOZZLE MISC .	170
DYNAGINATE CALCIUM ALGINATE DRESSING 2"X2" MISC _____	71	EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16" ____	134	EASY FLOW BLACK/BLUE DEVI .	170
DYNAGINATE CALCIUM ALGINATE DRESSING 4"X8" MISC _____	71	EASY COMFORT LANCETS ____	104	EASY FLOW BLACK/ORANGE DEVI	170
DYNAGINATE CALCIUM ALGINATE DRESSING 4-1/4"X4-1/4" MISC _	71	EASY COMFORT LANCETS 30G/PULL TOP _____	104	EASY FLOW BLACK/RED DEVI .	170
DYNAGINATE CALCIUM ALGINATE ROPE DRESSING 2GMX30CM MISC_____	71	EASY COMFORT LANCETS 30G/THIN TOP _____	104	EASY FLOW BLACK/WHITE DEVI .	171
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) ____	91	EASY COMFORT LANCETS TWIST TOP _____	104	EASY FLOW BLACK/YELLOW DEVI	171
EASIVENT MISC _____	170	EASY COMFORT PEN NEEDLES31GX1/4" _____	134	EASY FLOW HEPA FILTER MISC .	171
EASIVENT/MASK-LARGE MISC .	170	EASY COMFORT PEN NEEDLES31GX3/16" _____	134	EASY FLOW WHITE/BLUE DEVI .	171
EASIVENT/MASK-MEDIUM MISC .	170	EASY COMFORT PEN NEEDLES31GX5/16" _____	134	EASY FLOW WHITE/GREEN DEVI .	171
EASIVENT/MASK-SMALL MISC .	170	EASY COMFORT PEN NEEDLES32GX5/32" _____	134	EASY FLOW WHITE/PINK DEVI .	171
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EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" ____	134	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM _____	134	EASY MINI EJECT LANCING DEVICE MISC _____	104
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EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	136	EASY TOUCH LANCETS 28G/TWIST _____	104	EASY TOUCH PEN NEEDLES 32GX5/32" _____	137
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		EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED__	104	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED _____	105
		EASY TOUCH LANCETS 32G/PULL- TOP _____	104	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED _____	105
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EASY TOUCH SAFETY SYRINGE/3ML/21G X 1" _____	137	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1" _____	137	EASYMAX 15 TEST STRIPS STRP ...	73
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1" _____	137	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1" _____	138	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI .	105
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2" _____	137	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8" _____	138	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT .	105
EASY TOUCH SAFETY SYRINGE/3ML/23G X 1" _____	137	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/21GX1-1/2" _____	138	EASYMAX TEST STRIPS STRP _	73
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EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" _____	137	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25G X 1" _____	138	EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1-1/2" _____	138
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" _____	137	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25G X 1" _____	138	EASYPOINT NEEDLE/SYRINGE 3ML/23 G X 1" _____	138
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE _____		EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25G X 1" _____	138	EASYPOINT NEEDLE/SYRINGE 3ML/25G X 1" _____	138
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE _____		EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25G X 5/8" _____	138	EASYPOINT NEEDLE/SYRINGE 3ML/25G X 5/8" _____	138
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE _____		EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE _____		EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT ____	105

EASYPRO BLOOD GLUCOSE TEST STRIPS STRP _____	73	EGRIFTA SV _____	79	GLUCOSETEST STRIPS STRP _	73
EASYPRO PLUS KIT _____	105	ELEMENT AUTOCODE SYSTEM KIT _____	105	EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI ..	105
EASYPRO PLUS STRP _____	73	ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI _____	105	EMBRACE LANCETS ULTRA THIN 30G _____	105
EBASE CONTROLLER KIT MISC 171		ELEMENT COMPACT TEST STRIPS STRP _____	73	EMBRACE LANCING DEVICE WITH EJECTOR MISC _____	105
econazole nitrate CREA _____	62	ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI _____	105	EMBRACE PEN NEEDLES/29G X 12MM _____	138
ED BRON GP LIQD _____	58	ELEMENT PLUS BLOOD GLUCOSE METER DEVI _____	105	EMBRACE PEN NEEDLES/30G X 5MM _____	138
EDARBI _____	33	ELEMENT TEST STRIPS STRP _	73	EMBRACE PEN NEEDLES/30G X 8MM _____	138
EDARBYCLOR _____	34	ELEPSIA XR TB24 _____	18	EMBRACE PEN NEEDLES/31G X 5MM _____	138
EDECIN (Use ethacrynic acid) _	78	ELESTRIN GEL _____	81	EMBRACE PEN NEEDLES/31G X 6MM _____	138
EDLUAR SUBL _____	88	eletriptan hydrobromide _____	175	EMBRACE PEN NEEDLES/31G X 8MM _____	138
EDURANT _____	46	ELIDEL (Use pimecrolimus) ____	68	EMBRACE PEN NEEDLES/31G X 8MM _____	138
efavirenz CAPS 200 MG _____	46	ELIQUIS STARTER PACK TBPK .	16	EMBRACE PEN NEEDLES/32G X 4MM _____	138
efavirenz CAPS 50 MG _____	46	ELIQUIS TABS _____	16	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G _____	105
efavirenz TABS _____	46	ELLA _____	56	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G _____	105
efavirenz-emtricitabine-tenofovir disoproxil fumarate _____	46	ELLUME COVID-19 HOME TEST KIT _____	73	EMBRACE PRO BLOOD GLUCOSE METER DEVI _____	105
efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG-300 MG _____	46	ELMIRON CAPS _____	84	EMBRACE PRO BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI _____	105
efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG _____	46	ELOCTATE _____	85	EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI _____	105
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl) _____	22	ELYXYB _____	175	EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT ____	105
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl) _____	23	EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI _____	105	EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP _____	73
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl) _____	23	EMBRACE BLOOD GLUCOSE TEST STRIPS STRP _____	73	EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT ____	105
EFFIENT (Use prasugrel hcl) ____	86	EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT _____	105	EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP _____	73
EFUDEX CREA (Use fluorouracil (topical)) _____	63	EMBRACE EVO BLOOD			
EGATEN _____	11				

EMBRACE WAVE BLOOD GLUCOSE METER DEVI _____	105	enalapril maleate TABS _____	33	ENTYVIO SOLR _____	83
EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP . .	73	ENBRACE HR _____	191	ENTYVIO SOPN _____	83
EMCYT _____	39	ENBREL MINI SOCT _____	6	ENVARBUS XR TB24 _____	177
EMEND CAPS 80 MG (Use aprepitant) _____	29	ENBREL SOLN _____	6	EPANED SOLN (Use enalapril maleate) _____	33
EMEND SUSR _____	29	ENBREL SOSY _____	6	EPCLUSA PACK _____	48
EMEND TRIPACK CAPS (Use aprepitant) _____	29	ENBREL SURECLICK SOAJ _____	6	EPCLUSA TABS _____	48
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW _____	182	ENDARI _____	87	EPIDIOLEX _____	18
EMERGEN-C VITAMIN C CHEW 182		ENDOMETRIN INST _____	212	EPIDUO GEL (Use adapalene- benzoyl peroxide) _____	60
EMFLAZA SUSP _____	57	ENFAMIL ENFALYTE SOLN ____	176	EPIFOAM FOAM _____	65
EMFLAZA TABS (Use deflazacort) 57		ENGERIX-B SUSP 20 MCG/ML . .	209	epinastine hcl (ophth) _____	199
EMGALITY SOAJ _____	175	ENGERIX-B SUSY _____	209	epinephrine (anaphylaxis) SOAJ .	212
EMGALITY SOSY _____	175	ENJAYMO _____	86	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) _____	212
EMPAVELI _____	86	ENLITE GLUCOSE SENSOR ____	105	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) _____	212
EMSAM _____	21	enoxaparin sodium SOLN IJ 300 MG/3ML _____	16	EPIVIR HBV SOLN _____	48
emtricitabine CAPS _____	46	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML _____	16	EPIVIR HBV TABS (Use lamivudine (hbv)) _____	48
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG _____	46	enoxaparin sodium SOSY 30 MG/0.3ML, 80 MG/0.8ML, 150 MG/ML _____	16	EPIVIR SOLN (Use lamivudine) ____	46
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG _____	46	enoxaparin sodium SOSY 40 MG/0.4ML _____	16	EPIVIR TABS 150 MG (Use lamivudine) _____	46
EMTRIVA CAPS (Use emtricitabine) . 46		enoxaparin sodium SOSY 60 MG/0.6ML _____	16	EPIVIR TABS 300 MG (Use lamivudine) _____	46
EMTRIVA SOLN _____	46	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML _____	16	eplerenone _____	35
EMVERM CHEW _____	12	ENSTILAR FOAM _____	65	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML _____	87
enalapril maleate & hydrochlorothiazide _____	34	entacapone _____	42	epoprostenol sodium _____	52
enalapril maleate SOLN _____	33	ENTADFI _____	85	EPRONTIA SOLN _____	18
		entecavir TABS _____	48	EPZICOM (Use abacavir sulfate- lamivudine) _____	46
		ENTEREG (Use alvimopan) _____	84		
		ENTRESTO _____	52		

EQ BLOOD GLUCOSE TEST STRIPS STRP _____	73	EQL COLOR LANCETS 21G ____	106	EQL THIN LANCETS 26G _____	106
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS _____	182	EQL COLOR LANCETS MICRO THIN 33G _____	106	EQUALYTE SOLN (Use oral electrolytes)_____	176
EQ D3 DROPS INFANTS/CHILDRENS LIQD OR	213	EQL GAUZE PADS 2"X2"/SMALL PADS _____	95	EQUETRO _____	43
EQ GAUZE PADS 4"X4" PADS ____	95	EQL GAUZE PADS 4"X4"/LARGE PADS _____	95	ergocalciferol CAPS _____	213
EQ MULTIVITAMIN GUMMIES CHILDRENS CHEW _____	189	EQL GAUZE STERILE PADS 3"X3" PADS _____	95	ergocalciferol SOLN OR _____	213
EQ MULTIVITAMINS ADULT GUMMY CHEW _____	182	EQL GUMMIES CHILDRENS CHEW	189	ergoloid mesylates TABS _____	204
EQ MULTIVITAMINS CHILDRENS GUMMY CHEW _____	189	EQL INSULIN SYRINGE/0.3ML/29G X 1/2" _____	138	ergotamine w/ caffeine SUPP ____	175
EQ ONE DAILY MENS 50+ TABS .	182	EQL INSULIN SYRINGE/0.3ML/30G X 5/16" _____	138	ERIVEDGE _____	39
EQ ONE DAILY MENS HEALTH TABS _____	182	EQL INSULIN SYRINGE/0.3ML/31G X 5/16" _____	138	ERLEADA _____	39
EQ ONE DAILY WOMENS 50+ TABS _____	182	EQL INSULIN SYRINGE/0.5ML/29G X 1/2" _____	138	erlotinib hcl _____	39
EQ ONE DAILY WOMENS HEALTH TABS _____	182	EQL INSULIN SYRINGE/0.5ML/30G X 5/16" _____	138	ERMEZA SOLN OR _____	206
EQ SPACE CHAMBER ANTI-STATIC DEVI _____	171	EQL INSULIN SYRINGE/0.5ML/31G X 5/16" _____	138	ERTACZO _____	62
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI ____	171	EQL INSULIN SYRINGE/1ML/29G X 1/2" _____	138	ertapenem sodium IJ _____	36
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI _	171	EQL INSULIN SYRINGE/1ML/30G X 5/16" _____	138	ERYGEL GEL (Use erythromycin (acne aid)) _____	60
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI ____	171	EQL INSULIN SYRINGE/1ML/31G X 5/16" _____	138	ERYPED 200 SUSR (Use erythromycin ethylsuccinate) ____	91
EQL ALCOHOL SWABS _____	122	EQL ONE DAILY ADULT GUMMIES CHEW _____	182	ERYPED 400 SUSR (Use erythromycin ethylsuccinate) ____	91
EQL CENTURY MATURE ADULTS50+ TABS _____	182	EQL ONE DAILY MENS TABS _	182	erythromycin (acne aid) GEL ____	60
EQL CENTURY MENS TABS ____	182	EQL PRENATAL FORMULA TABS .	191	erythromycin (acne aid) PADS ____	60
EQL CENTURY WOMENS TABS .	182	EQL SUPER THIN LANCETS 30G .	106	erythromycin (acne aid) SOLN ____	60
				erythromycin (ophth) _____	197
				ERYTHROMYCIN _____	197
				erythromycin base CPEP _____	91
				erythromycin base TABS _____	91
				erythromycin base TBEC _____	91
				erythromycin ethylsuccinate SUSR .	91
				erythromycin ethylsuccinate TABS	91
				erythromycin stearate TABS 250 MG .	

91	estradiol vaginal CREA_____	212	EVERSENSE E3 SENSOR/HOLDER	
ESBRIET CAPS (Use pirfenidone) .	estradiol vaginal TABS _____	212	.....	106
205	estradiol valerate _____	81	EVERSENSE E3 SMART	
ESBRIET TABS (Use pirfenidone) .	ESTRING RING _____	212	TRANSMITTER _____	106
205	ESTROFACTORS TABS _____	188	EVERSENSE SENSOR/HOLDER .	
escitalopram oxalate SOLN _____	21	ESTROVEN MENOPAUSE	EVERSENSE SMART	
escitalopram oxalate TABS 10 MG .	21	SUPPLEMENT TABS _____	182	TRANSMITTER _____
21	eszopiclone_____	88	EVISTA (Use raloxifene hcl) _____	79
escitalopram oxalate TABS 20 MG .	21	ethacrynic acid _____	78	EVOCLIN FOAM (Use clindamycin
21	ethambutol hcl TABS _____	38	phosphate (topical)) _____	60
escitalopram oxalate TABS 5 MG .	21	ethosuximide CAPS _____	20	EVOLUTION AUTOCODE DEVI .
ESGIC TABS (Use butalbital-	7	ethosuximide SOLN _____	20	EVOLUTION AUTOCODE STRP_
acetaminophen-caffeine) _____	7	ethynodiol diacet & eth estrad 35	55	EVOTAZ _____
esomeprazole magnesium CPDR 20	207	MCG-1 MG _____	55	EVOXAC (Use cevimeline hcl) _
MG _____	207	ethynodiol diacet & eth estrad 50	55	EXCEL COMFORT POINT INSULIN
esomeprazole magnesium CPDR 40	207	MCG-1 MG _____	55	PEN NEEDLES 31G X 4MM ____
MG _____	207	etodolac CAPS _____	5	EXCILON AMD
esomeprazole magnesium PACK 207		etodolac TABS _____	5	ANTIMICROBIALDRAIN SPONGES
ESPEROCT _____	85	etodolac TB24 _____	5	4"X4" 6 PLY PADS _____
estazolam _____	88	etonogestrel-ethinyl estradiol ____	56	EXCILON AMD
esterified estrogens &	81	etoposide CAPS _____	41	ANTIMICROBIALNON-WOVEN
methyltestosterone _____	81	etravirine 100 MG _____	46	SPONGES 4"X4" 6 PLY PADS __
ESTRACE CREA (Use estradiol	212	etravirine 200 MG _____	46	EXCILON DRAIN SPONGE 4"X4"
vaginal) _____	212	EUCRISA _____	70	PADS _____
ESTRACE TABS (Use estradiol) _	81	EVAMIST SOLN _____	82	EXCILON DRAIN SPONGES 4"X4" 6
estradiol & norethindrone acetate	81	EVEKEO ODT TBDP _____	1	PLY PADS _____
TABS _____	81	EVEKEO TABS (Use amphetamine	1	EXCILON I.V. SPONGES 2"X2" 6
estradiol GEL _____	81	sulfate) _____	1	PLY PADS _____
estradiol PTTW _____	81	everolimus (immunosuppressant) .	177	EXEL COMFORT POINT INSULIN
estradiol PTWK 0.025 MG/24HR _	81	177		PEN NEEDLES 29G X 12MM __
estradiol PTWK 0.05 MG/24HR, 0.06	81	everolimus TABS _____	40	EXEL COMFORT POINT INSULIN
MG/24HR, 0.075 MG/24HR, 0.1	81	everolimus TBSO _____	40	PEN NEEDLES 31G X 6MM ____
MG/24HR, 37.5 MCG/24HR _____	81			EXEL COMFORT POINT INSULIN
estradiol TABS _____	82			PEN NEEDLES 31G X 8MM ____

EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" ____	139	EYE MULTIVITAMIN CAPS ____	182	LUBRICATED/SPERMICIDE MISC	98
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" ____	139	EYE MULTIVITAMIN/LUTEIN CAPS .	182	FARESTON (Use toremifene citrate)	39
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" ____	139	EYE MULTIVITAMIN/SODIUM TABS	182	FARXIGA _____	27
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" ____	139	EYSUVIS SUSP _____	198	FASENRA PEN SOAJ _____	13
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" ____	139	E-Z JECT LANCETS _____	106	FASENRA SOSY _____	13
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" ____	139	E-Z JECT LANCETS 21G _____	106	febuxostat _____	85
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" ____	139	E-Z JECT LANCETS COLOR ____	106	FEIBA _____	85
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" ____	139	E-Z JECT LANCETS SUPER THIN 30G _____	106	felbamate SUSP _____	19
EXELON 13.3 MG/24HR (Use rivastigmine) _____	202	E-Z JECT LANCETS THIN 26G .	106	felbamate TABS _____	19
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine) ____	202	EZALLOR SPRINKLE CPSP ____	32	FELBATOL SUSP (Use felbamate)	19
exemestane _____	39	ezetimibe _____	32	FELBATOL TABS (Use felbamate)	20
EXFORGE (Use amlodipine besylate-valsartan) _____	34	ezetimibe-simvastatin _____	31	FELDENE CAPS (Use piroxicam) _	5
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide) ____	34	E-ZJECT LANCETS MICRO-THIN 33G _____	106	felodipine _____	51
EXJADE TBSO (Use deferasirox) .	28	EZ-LETS LANCETS 21G _____	106	FEMARA (Use letrozole) _____	39
EXKIVITY _____	39	EZ-LETS LANCETS 26G SUPER-SOFT _____	106	FEMHRT (Use norethindrone acetate-ethinyl estradiol) _____	81
EXPIRATORY MOUTHPIECE MISC .	171	EZ-LETS LANCETS 28G ULTRA-SOFT _____	106	FEMRING _____	212
EXSERVAN FILM _____	195	EZ-LETS LANCETS 30G _____	106	fenofibrate CAPS _____	32
EXTAVIA KIT _____	203	FABHALTA _____	86	fenofibrate micronized 134 MG, 200 MG _____	32
EXTINA FOAM (Use ketoconazole (topical)) _____	62	FABIOR FOAM _____	60	fenofibrate micronized 30 MG, 90 MG	32
EYE HEALTH CAPS _____	182	famciclovir _____	49	fenofibrate micronized 43 MG, 130 MG _____	32
EYE HEALTH/LUTEIN TABS ____	182	famotidine SUSR _____	207	fenofibrate micronized 67 MG ____	32
		famotidine TABS 20 MG, 40 MG .	207	fenofibrate TABS 160 MG _____	32
		FANAPT _____	43	fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG _____	32
		FANAPT TITRATION PACK _____	43	fenofibrate TABS 54 MG _____	32
		FANTASY LUBRICATED MISC ____	98		
		FANTASY			

fenofibric acid _____	32	ferrous sulfate TBEC 325 MG ____	88	32G _____	106
FENOGLIDE TABS (Use fenofibrate) .	32	fesoterodine fumarate _____	208	FIFTY50 SUPERIOR	
fenoprofen calcium CAPS 400 MG . .5		FETZIMA CP24 _____	23	COMFORTINSULIN	
fenoprofen calcium TABS _____	5	FETZIMA TITRATION PACK C4PK .		SYRINGE/0.3ML/31G X 5/16" ____	139
fenfentanyl citrate LPOP _____	8	23		FIFTY50 SUPERIOR	
fenfentanyl citrate TABS _____	8	FEVERALL JUNIOR STRENGTH		COMFORTINSULIN	
fenfentanyl PT72 12 MCG/HR, 25		SUPP _____	7	SYRINGE/0.5ML/31G X 5/16" ____	139
MCG/HR, 50 MCG/HR, 75 MCG/HR,		fexofenadine hcl TABS 180 MG __	30	FIFTY50 SUPERIOR	
100 MCG/HR _____	8	fexofenadine hcl TABS 60 MG ____	30	COMFORTINSULIN	
fenfentanyl PT72 37.5 MCG/HR, 62.5		FIASP FLEXTOUCH SOPN _____	25	SYRINGE/1ML/31G X 5/16" ____	139
MCG/HR, 87.5 MCG/HR _____	8	FIASP PENFILL SOCT _____	25	FIFTY50 UNILET LANCETS 33G .	106
FENTORA TABS (Use fentanyl		FIASP PUMPCART SOCT _____	25	FILTER AIR PP MISC _____	171
citrate) _____	8	FIASP SOLN _____	25	FINACEA FOAM _____	70
FEOSOL TABS (Use ferrous sulfate		FIFTY50 ALCOHOL PREP PADS .		FINACEA GEL (Use azelaic acid) .	70
dried) _____	87	122		finasteride _____	85
FER-IN-SOL SOLN (Use ferrous		FIFTY50 GLUCOSE METER 2.0 KIT .		FINE 30 _____	106
sulfate) _____	87	106		FINGERSTIX LANCETS _____	106
FERRETTS TABS _____	87	FIFTY50 GLUCOSE TEST STRIP		fingolimod hcl _____	203
FERRIPROX SOLN _____	28	2.0 STRP _____	73	FINTEPLA _____	18
FERRIPROX TABS (Use		FIFTY50 PEN NEEDLES 31G X3/16"		FIORICET CAPS (Use butalbital-	
deferiprone) _____	28	(5MM) _____	139	acetaminophen-caffeine) _____	7
FERRIPROX TWICE-A-DAY TABS .		FIFTY50 PEN NEEDLES 31G X5/16"		FIORICET/CODEINE 30 MG-40 MG-	
28		(8MM) _____	139	50 MG-300 MG (Use butalbital-	
ferrous fumarate TABS 324 MG __	87	FIFTY50 PEN NEEDLES 31GX5MM		acetaminophen-caffeine w/ codeine) .	
ferrous sulfate dried TABS 200 MG .		.....	139	9	
87		FIFTY50 PEN NEEDLES/31GX8MM		FIRAZYR SOSY (Use icatibant	
ferrous sulfate SOLN 15 MG/ML _	88	.....	139	acetate) _____	86
ferrous sulfate SOLN 220 MG/5ML,		FIFTY50 PEN NEEDLES/32GX4MM		FIRDAPSE _____	38
300 MG/6.8ML _____	88	.....	139	FIRST PANTOPRAZOLE SUSP .	207
ferrous sulfate TABS 65 MG, 325 MG		FIFTY50 PEN NEEDLES/32GX6MM		FIRVANQ SOLR OR 25 MG/ML (Use	
.....	88	.....	139	vancomycin hcl) _____	36
FERROUS SULFATE TBEC (Use		FIFTY50 SAFETY SEAL LANCETS		FIRVANQ SOLR OR 50 MG/ML (Use	
ferrous sulfate) _____	88	30G _____	106	vancomycin hcl) _____	36
		FIFTY50 SAFETY SEAL LANCETS		FITNESS TABS FOR MEN	

AM/PM/LYCOPENE TABS _____	182	FLINTSTONES	FLUARIX QUADRIVALENT 2022-2023 SUSY _____	210
FITNESS TABS FOR WOMEN		FLINTSTONES GUMMIES/IMMUNITY SUPPORT/EXTRA C CHEW ____	FLUARIX QUADRIVALENT 2023-2024 SUSY _____	210
AM/PM/LYCOPENE TABS _____	182	FLINTSTONES SOUR GUMMIES CHEW _____	FLUBLOK QUADRIVALENT 2021-2022	210
FLAGYL CAPS (Use metronidazole) .	36	FLINTSTONES	FLUBLOK QUADRIVALENT 2022-2023	210
FLAREX _____	198	TODDLER/TASTISMOOTH CHEW .	FLUBLOK QUADRIVALENT 2023-2024	210
flavoxate hcl _____	209	189	FLUCELVAX QUADRIVALENT 2021-2022 SUSP _____	210
flecainide acetate _____	13	FLINTSTONES/IMMUNITY SUPPORT CHEW _____	FLUCELVAX QUADRIVALENT 2021-2022 SUSY _____	210
FLECTOR PTCH EX (Use diclofenac epolamine) _____	62	189	FLUCELVAX QUADRIVALENT 2022-2023 SUSP _____	210
FLEET ENEMA ENEM (Use sodium phosphates) _____	90	FLOLAN (Use epoprostenol sodium)	FLUCELVAX QUADRIVALENT 2023-2024 SUSP _____	210
FLEET OIL ENEM (Use mineral oil) .	90	52	FLUCELVAX QUADRIVALENT 2022-2023 SUSY _____	210
FLEET PEDIATRIC ENEM (Use sodium phosphates) _____	90	FLOMAX (Use tamsulosin hcl) ____	FLUCELVAX QUADRIVALENT 2023-2024 SUSP _____	210
FLEQSUVY SUSP (Use baclofen) .	194	85	FLUCELVAX QUADRIVALENT 2022-2023 SUSY _____	210
FLEXICHAMBER ADULT MASK/SMALL _____	171	FLORIVA PLUS SOLN _____	FLUCELVAX QUADRIVALENT 2023-2024 SUSP _____	210
FLEXICHAMBER CHILD MASK/LARGE _____	171	190	FLUCELVAX QUADRIVALENT 2022-2023 SUSY _____	210
FLEXICHAMBER CHILD MASK/SMALL _____	171	FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST (Use fluticasone propionate (inhalation)) .	FLUCELVAX QUADRIVALENT 2023-2024 SUSP _____	210
FLEXICHAMBER DEVI _____	171	14	FLUCELVAX QUADRIVALENT 2023-2024 SUSY _____	210
FLINTSTONES COMPLETE CHEW .	189	FLOVENT DISKUS AEPB 50 MCG/BLIST (Use fluticasone propionate (inhalation)) _____	fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	29
FLINTSTONES		14	fluconazole SUSR _____	29
COMPLETE/CALCIUM & VITAMIN D CHEW _____	189	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT _____	fluconazole TABS 100 MG _____	29
FLINTSTONES GUMMIES CHEW .	189	14	fluconazole TABS 150 MG _____	29
FLINTSTONES GUMMIES COMPLETE CHEW _____	189	FLOVENT HFA 44 MCG/ACT ____	fluconazole TABS 200 MG _____	29
FLINTSTONES GUMMIES		14	fluconazole TABS 50 MG _____	29
		FLOW-EZE VENTED NEEDLE ..	FLUCONAZOLE/SODIUM CHLORIDE _____	29
		139	flucytosine _____	29
		FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT _____	fludrocortisone acetate TABS ____	57
		73	FLULAVAL QUADRIVALENT 2021-2022 SUSY _____	210
		FLUAD QUADRIVALENT 2021-2022		
		209		
		FLUAD QUADRIVALENT 2022-2023		
		209		
		FLUAD QUADRIVALENT 2023-2024		
		210		
		FLUARIX QUADRIVALENT 2021-2022 SUSY _____		
		210		

FLULAVAL QUADRIVALENT 2022-2023 SUSY _____	210	fluphenazine hcl CONC _____	45	fluvastatin sodium CAPS _____	32
FLULAVAL QUADRIVALENT 2023-2024 SUSY _____	210	fluphenazine hcl ELIX _____	45	fluvastatin sodium TB24 _____	32
FLUMIST QUADRIVALENT _____	210	fluphenazine hcl TABS _____	45	fluvoxamine maleate CP24 _____	22
flunisolide (nasal) 0.025 % _____	195	flurandrenolide CREA _____	66	fluvoxamine maleate TABS 100 MG ...	22
fluocinolone acetonide (otic) _____	200	flurandrenolide LOTN _____	66	fluvoxamine maleate TABS 25 MG, 50 MG _____	22
fluocinolone acetonide CREA _____	65	flurazepam hcl _____	88	FLUZONE HIGH-DOSE PF 2021-2022 _____	210
fluocinolone acetonide OIL _____	65	flurbiprofen sodium _____	199	FLUZONE HIGH-DOSE PF 2022-2023 _____	210
fluocinolone acetonide OINT _____	65	flurbiprofen TABS 100 MG _____	5	FLUZONE HIGH-DOSE PF 2023-2024 _____	210
fluocinolone acetonide SOLN _____	65	flutamide _____	39	FLUZONE QUADRIVALENT 2021-2022 SUSP _____	210
fluocinonide CREA 0.05 % _____	65	fluticasone furoate-vilanterol _____	15	FLUZONE QUADRIVALENT 2021-2022 SUSY _____	210
fluocinonide CREA 0.1 % _____	65	fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT _____	14	FLUZONE QUADRIVALENT 2022-2023 SUSP _____	210
fluocinonide emulsified base _____	65	fluticasone propionate (inhalation) AEPB 50 MCG/ACT _____	14	FLUZONE QUADRIVALENT 2022-2023 SUSY _____	210
fluocinonide GEL _____	65	fluticasone propionate (nasal) SUSP .	195	FLUZONE QUADRIVALENT 2022-2023 SUSP _____	210
fluocinonide OINT _____	65	fluticasone propionate CREA 0.05 % .	66	FLUZONE QUADRIVALENT 2022-2023 SUSY _____	210
fluocinonide SOLN _____	66	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT _____	14	FLUZONE QUADRIVALENT 2023-2024 SUSP _____	210
FLUORESC EIN		fluticasone propionate hfa 44 MCG/ACT _____	14	FLUZONE QUADRIVALENT 2023-2024 SUSY _____	210
SODIUM/BENOXINATE		fluticasone propionate LOTN _____	66	FLYP HYPERSONIQ CARTRIDGE MISC _____	171
HYDROCHLORIDE _____	199	fluticasone propionate OINT _____	66	FML FORTE SUSP _____	198
fluorometholone (ophth) SUSP _____	198	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT _____	15	FML LIQUIFILM SUSP (Use fluorometholone (ophth)) _____	198
fluorouracil (topical) CREA 0.5 % ..	63	fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT _____	15	FOCALIN TABS 2.5 MG (Use dexmethylphenidate hcl) _____	2
fluorouracil (topical) CREA 5 % _____	63	fluticasone-salmeterol AERO _____	15	FOCALIN TABS 5 MG, 10 MG (Use dexmethylphenidate hcl) _____	2
fluorouracil (topical) SOLN _____	63			FOCALIN XR CP24 (Use	
fluoxetine hcl (pmdd) TABS _____	204				
fluoxetine hcl CAPS _____	21				
fluoxetine hcl CPDR _____	22				
fluoxetine hcl SOLN _____	22				
fluoxetine hcl TABS _____	22				
FLUOXETINE HYDROCHLORIDE					
TABS (Use fluoxetine hcl) _____	22				
fluphenazine decanoate _____	45				

dexamethylphenidate hcl)_____ 2	FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI _ 106	FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI _____ 107
FOLAGENT DHA CAPS _____ 183	FORA GD50 BLOOD GLUCOSE TEST STRIPS STRP _____ 74	FORA V12 BLOOD GLUCOSE TEST STRIPS STRP _____ 74
FOLAMED DHA CAPS _____ 183	FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI _____ 106	FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI __ 107
FOLCYTEINE TABS _____ 188	FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP _____ 74	FORA V20 BLOOD GLUCOSE TEST STRIPS STRP _____ 74
folic acid TABS 1 MG _____ 87	FORA LANCETS _____ 106	FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI__ 107
folic acid TABS 400 MCG, 800 MCG . 87	FORA LANCING DEVICE MISC . .106	FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT ____ 107
FOLIFLEX TABS _____ 183	FORA LANCING DEVICE/CLEARCAP MISC ____ 106	FORA V30A BLOOD GLUCOSE TEST STRIPS STRP _____ 74
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fondaparinux sodium _____ 16	FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP .. 74	FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI _____ 107
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FORA D15G BLOOD GLUCOSE TEST STRIPS STRP _____ 74	FORA V10 BLOOD GLUCOSE TEST STRIPS STRP _____ 74	FORFIVO XL TB24 (Use bupropion hcl) _____ 21
FORA D20 BLOOD GLUCOSE TEST STRIPS STRP _____ 74	FORA V10/V12/D10/D20 BLOOD GLUCOSE TEST STRIPS/LANCETS 30G KIT _____ 106	formaldehyde SOLN 10 % _____ 45
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS STRP _____ 74	FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI _____ 107	formoterol fumarate NEBU _____ 15
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT ____ 106		FORTESTA GEL TD (Use testosterone) _____ 10
FORA G20 BLOOD GLUCOSE TEST STRIPS STRP _____ 74		FORTISCARE BLOOD GLUCOSETEST STRIP STRP __ 74
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FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI__ 106		
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GAUZE PADS 3"X3" PADS _____	95	gentamicin sulfate (topical) CREA.	61	GERI-FREEDA SENIOR FORMULA TABS _____	183
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glipizide TABS 5 MG, 10 MG _____	27	140		GLOSTRIPS STRP 1 MG _____	199
glipizide TB24 _____	27	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" ..	140	GLUCAGEN HYPOKIT _____	24
glipizide-metformin hcl _____	23	140		glucagon (rdna) _____	24
GLOBAL ALCOHOL PREP EASEPADS _____	122	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" ..	140	GLUCAGON EMERGENCY KIT (Use glucagon (rdna)) _____	24
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM _____	139	140		GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR _____	24
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM _____	139	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" _____	140	GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI _____	108
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140		140			
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" _____	140	GLOBAL INJECT EASE LANCETS 30G _____	108		
140		140			
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" _____	140	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" _____	140		

BLOOD GLUCOSE MONITORING SYSTEM KIT _____	108	GLUCOCOM TEST STRIPS STRP 75	glycerin (laxative) SUPP 2 GM, 2.1 GM, 80.7 % _____	89	
GLUCOCARD SHINE DEVI ____	108	GLUCONAVII BLOOD GLUCOSE MONITORING SYSTEM KIT _____	109	GLYCERIN ADULT SUPP (Use glycerin (laxative)) _____	89
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT _____	108	GLUCONAVII BLOOD GLUCOSE TEST STRIPS STRP _	75	glycopyrrolate SOLN OR 1 MG/5ML . .	206
GLUCOCARD SHINE KIT ____	108	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" _____	140	glycopyrrolate TABS 1 MG, 2 MG	206
GLUCOCARD SHINE TEST STRIPS STRP _____	75	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" _____	140	GLYNASE (Use glyburide micronized) _____	27
GLUCOCARD SHINE XL DEVI _	108	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" _____	140	GLYXAMBI _____	23
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GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT _____	109	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" _____	140	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" _____	140
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT _____	109	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" _____	140	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" _____	141
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GLUCOCARD VITAL TEST STRIPS STRP _____	75	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" _____	140	GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI _____	109
GLUCOCARD X-METER KIT ____	109	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" _____	140	GNP EASY TOUCH GLUCOSE TEST STRIPS STRP _____	75
GLUCOCARD X-SENSOR STRP .	75	GLUCOSE METER TEST STRIPS ADVANCED STRP _____	75	GNP INSULIN SYRINGE/0.3ML/29G X 1/2" _____	141
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI _____	109	GLUCOTROL XL TB24 (Use glipizide) _____	27	GNP INSULIN SYRINGE/0.3ML/30G X 5/16" _____	141
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT ____	109	GLUMETZA TB24 (Use metformin hcl) _____	24	GNP INSULIN SYRINGE/0.3ML/31G X 5/16" _____	141
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT _____	109	glyburide micronized 1.5 MG, 3 MG, 6 MG _____	27	GNP INSULIN SYRINGE/0.5ML/28G X 1/2" _____	141
GLUCOCOM LANCETS 28G ____	109	glyburide TABS _____	27	GNP INSULIN SYRINGE/0.5ML/29G X 1/2" _____	141
GLUCOCOM LANCETS 30G ____	109	glyburide-metformin _____	23	GNP INSULIN SYRINGE/0.5ML/30G X 5/16" _____	141
GLUCOCOM LANCETS 33G ____	109	GLYCATE TABS _____	206	GNP INSULIN SYRINGE/0.5ML/31G	

X 5/16" _____	141	GLUCOSE METER KIT _____	109	GOJJI CONTROL SOLUTION NORMAL SOLN _____	109
GNP INSULIN SYRINGE/1ML/29G X 1/2" _____	141	GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT _____	109	GOJJI LANCING DEVICE/CLEAR CAP MISC _____	109
GNP INSULIN SYRINGE/1ML/30G X 5/16" _____	141	GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP _____	75	GOJJI STERILE LANCETS 30G .	109
GNP INSULIN SYRINGE/1ML/31G X 5/16" _____	141	GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..	75	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate) _____	89
GNP INSULIN SYRINGES/0.3ML/30GX5/16"	141	GNP TRUETRACK SMART SYSTEM STRP _____	75	GONITRO PACK _____	12
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	141	GNP ULTICARE PEN NEEDLES/31GX5/16" _____	141	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" ____	141
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GNP LANCETS THIN 26G _____	109	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM ____	141	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL _____	109
GNP LANCING SYSTEM DEVICE MISC _____	109	GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM _____	141	GOODSENSE LANCING DEVICE MISC _____	109
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GNP STERILE GAUZE PADS 2"X2" PADS _____	95	GOJJI BLOOD GLUCOSE TESTSTRIPS STRP _____	75	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" _____	141
GNP STERILE GAUZE PADS 3"X3" PADS _____	95	GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP _____	75	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" _____	141
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GNP STERILE LANCETS 30G__	109				
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guaifenesin SYRP _____ 59	HADLIMA SOSY _____ 4	HALOG SOLN _____ 66
guaifenesin TB12 600 MG _____ 59	HAEGARDA SOLR SC _____ 86	haloperidol decanoate _____ 44
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guaifenesin-codeine SYRP _____ 58	HAEMOLANCE LOW FLOW LANCETS _____ 110	haloperidol TABS 0.5 MG, 1 MG, 10 MG _____ 44
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HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"142	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM142	UNIFINEPENTIPS PLUS 33GX5/32"142 H-E-B INCONTROL
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HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" _____ 142	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM ____ 142	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML, 300 MG/2ML _____ 85
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" _____ 142	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" .. 142	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT ____ 86
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM ____ 142	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"142	heparin sodium (porcine) lock flush 10 UNIT/ML _____ 16
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC _____ 110	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"142	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML _____ 16
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM _____ 142	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM142	HEPARIN SODIUM SOLN IJ 5000

UNIT/ML _____	16	143	PNKT _____	4
HEPARIN SODIUM SOSY IJ 5000		HM ULTICARE MINI PEN	HUMIRA PSKT _____	4
UNIT/0.5ML _____	16	NEEDLES/31G X 5MM (3/16") _	HUMULIN 70/30 KWIKPEN SUPN	25
HEPLISAV-B SOSY _____	210	HM ULTICARE SHORT PEN	HUMULIN 70/30 SUSP _____	25
HEPSERA (Use adefovir dipivoxil)		NEEDLES 31GX8MM _____	143	HUMULIN N KWIKPEN SUPN ____
48		HORIZANT _____	204	HUMULIN N SUSP _____
HETLIOZ CAPS (Use tasimelteon)		HULIO AJKT _____	4	HUMULIN R SOLN IJ _____
89		HULIO PSKT _____	4	HUMULIN R U-500
HETLIOZ LQ SUSP _____	89	HUMALOG JUNIOR KWIKPEN		(CONCENTRATED) SOLN SC _
HIBERIX SOLR IJ _____	209	SOPN _____	25	HUMULIN R U-500 KWIKPEN SOPN
HIBICLENS SOLN EX (Use		HUMALOG KWIKPEN SOPN 100		SC _____
chlorhexidine gluconate) _____	45	UNIT/ML _____	25	HW EMBRACE PRO BLOOD
HIGH POTENCY MULTIVITAMIN		HUMALOG KWIKPEN SOPN 200		GLUCOSE METER DEVI _____
TABS _____	188	UNIT/ML _____	25	HW EMBRACE PRO BLOOD
HIGH POTENCY		HUMALOG MIX 50/50 KWIKPEN		GLUCOSE TEST STRIPS STRP ..
MULTIVITAMIN/BETA-CAROTENE		SUPN _____	25	75
TABS _____	183	HUMALOG MIX 50/50 SUSP ____	25	HW EMBRACE TALK BLOOD
HIGH POTENCY		HUMALOG MIX 75/25 KWIKPEN		GLUCOSE MONITOR DEVI ____
MULTIVITAMIN/FOLIC ACID TABS		SUPN _____	25	110
183		HUMALOG MIX 75/25 SUSP ____	25	HW EMBRACE TALK BLOOD
HIPREX (Use methenamine		HUMALOG SOCT _____	25	GLUCOSE MONITORING SYSTEM
hippurate) _____	37	HUMALOG SOLN IJ _____	25	KIT _____
HM CASTOR OIL _____	54	HUMALOG TEMPO PEN SOPN _	25	110
HM COMPLETE MEN TABS ____	183	HUMATE-P SOLR _____	86	HW EMBRACE TALK BLOOD
HM DIBROMM COLD AND		HUMATROPE CART IJ _____	79	GLUCOSE TEST STRIPS STRP ..
ALLERGY CHILDRENS LIQD ____	58	HUMIRA PEDIATRIC CROHNS		75
HM HAIR/SKIN/NAILS TABS ____	183	DISEASE STARTER PACK PSKT	80	HYCAMTIN CAPS _____
HM STERILE ALCOHOL PREP		MG/0.8ML _____	4	42
PADS _____	122	HUMIRA PEN PNKT _____	4	HYCODAN SOLN (Use hydrocodone
HM STERILE PADS 2"X2" PADS ..	95	HUMIRA PEN-CD/UC/HS STARTER		bitartrate-homatropine
95		PNKT _____	4	methylbromide) _____
HM STERILE PADS PADS _____	95	HUMIRA PEN-PEDIATRIC UC		57
HM ULTICARE INSULIN		STARTER PACK PNKT _____	4	hydralazine hcl TABS _____
SYRINGE/1ML/30G X 1/2" _____	143	HUMIRA PEN-PS/UV STARTER		35
HM ULTICARE INSULIN				HYDRALYTE FREEZER POPS
SYRINGE/U-100/0.3ML/31G X 5/16"				SOLN _____
				176
				HYDRALYTE SOLN _____
				176
				HYDREA (Use hydroxyurea) ____
				41
				HYDROCELL ADHESIVE
				DRESSING 4"X4" PADS _____
				95
				HYDROCELL DRESSING 4"X4"

PADS _____	95	lipo base _____	66	206
hydrochlorothiazide CAPS _____	78	hydrocortisone butyrate LOTN ____	66	hyoscyamine sulfate TB12 0.375 MG . 206
hydrochlorothiazide TABS _____	78	hydrocortisone butyrate OINT ____	66	hyoscyamine sulfate TBDP 0.125 MG.....206
hydrocodone bitartrate CP12 _____	8	hydrocortisone butyrate SOLN ____	66	HYPERRHO S/D SOSY IM 1500 UNIT _____ 200
hydrocodone bitartrate T24A _____	8	HYDROCORTISONE COMPLETE KIT THPK _____	66	HYPOLANCE AST LANCING KIT KIT _____ 110
hydrocodone bitartrate-homatropine methylbromide SOLN _____	57	hydrocortisone TABS _____	57	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ _____ 4
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML _____	9	hydrocortisone valerate CREA ____	66	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY _____ 4
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG _____	9	hydrocortisone valerate OINT ____	66	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY _____ 4
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG _____	9	hydrocortisone w/acetic acid ____	200	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ .. 4
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG .	9	HYDROCORTISONE/ACETIC ACID (Use hydrocortisone w/acetic acid) . 200		HYRIMOZ SOAJ _____ 4
hydrocortisone (intrarectal) _____	10	hydromorphone hcl LIQD _____	8	HYRIMOZ SOSY _____ 4
hydrocortisone (rectal) EX 1 % ____	11	HYDROMORPHONE HCL SUPP _	8	HYSINGLA ER T24A _____ 8
hydrocortisone (rectal) EX 2.5 % _	11	hydromorphone hcl TABS _____	8	HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use alum & mag hydrox-simethicone) .. 11
hydrocortisone (topical) CREA 0.5 % . 66		hydromorphone hcl TB24 _____	8	HY-VEE LANCETS _____ 110
hydrocortisone (topical) CREA 1 % . 66		hydroquinone CREA 4 % _____	70	HY-VEE THIN LANCETS _____ 110
hydrocortisone (topical) CREA 2.5 % . 66		hydroxychloroquine sulfate _____	38	HYZAAR (Use losartan potassium & hydrochlorothiazide) _____ 35
hydrocortisone (topical) LOTN 2.5 % . 66		HYDROXYM GEL _____	66	ibandronate sodium TABS _____ 79
hydrocortisone (topical) OINT 1 %, 2.5 %	66	hydroxyurea _____	41	IBRANCE CAPS _____ 40
hydrocortisone butyrate CREA ____	66	hydroxyzine hcl SYRP _____	12	IBRANCE TABS _____ 40
hydrocortisone butyrate hydrophilic		hydroxyzine hcl TABS _____	12	IBSRELA _____ 83
		hydroxyzine pamoate CAPS _____	12	
		HYFTOR _____	68	
		HYLAZINC TABS _____	183	
		hyoscyamine sulfate ELIX ____	206	
		hyoscyamine sulfate SOLN OR 0.125 MG/ML _____	206	
		hyoscyamine sulfate SUBL 0.125 MG	206	
		hyoscyamine sulfate TABS 0.125 MG		

ibuprofen CAPS _____	5	imipenem-cilastatin IV _____	36	IMVEXXY STARTER PACK INST .	
ibuprofen SUSP 100 MG/5ML ____	6	imipramine hcl TABS _____	23	212	
ibuprofen SUSP _____	6	imipramine pamoate _____	23	IN TOUCH BLOOD GLUCOSE TEST	
ibuprofen TABS _____	6	imiquimod 3.75 % _____	67	STRIPS STRP _____	75
ibuprofen-famotidine _____	6	imiquimod 5 % _____	67	IN TOUCH DEVI _____	110
ICAPS AREDS FORMULA TABS .		IMITREX 5 MG/ACT, 20 MG/ACT		IN TOUCH LANCING DEVICE MISC .	
183		(Use sumatriptan) _____	175	110	
icatibant acetate SOSY _____	86	IMITREX STATDOSE REFILL SOCT		IN TOUCH STERILE LANCETS30G .	
ICLUSIG _____	40	4 MG/0.5ML (Use sumatriptan		110	
icosapent ethyl _____	31	succinate) _____	175	INBRIJA CAPS _____	42
IDACIO (2 PEN) AJKT _____	4	IMITREX STATDOSE REFILL SOCT		IN-CHECK DIAL	
IDACIO (2 SYRINGE) PSKT ____	4	6 MG/0.5ML (Use sumatriptan		INSPIRATORYFLOW TRAINER	
IDACIO STARTER PACKAGE FOR		succinate) _____	175	DEVI _____	171
CROHNS DISEASE AJKT _____	4	IMITREX STATDOSE SYSTEM		IN-CHECK INSPIRATORY	
IDACIO STARTER PACKAGE FOR		SOAJ 4 MG/0.5ML (Use sumatriptan		FLOWMETER/NASAL WITH MASK	
PLAQUE PSORIASIS AJKT _____	5	succinate) _____	175	DEVI _____	171
IDELVION _____	86	IMITREX STATDOSE SYSTEM		IN-CHECK INSPIRATORY	
IDHIFA _____	40	SOAJ 6 MG/0.5ML (Use sumatriptan		FLOWMETER/ORAL DEVI ____	171
IGLUCOSE BLOOD GLUCOSE		succinate) _____	175	INCONTROL ULTICARE MINI PEN	
MOITORING SYSTEM KIT ____	110	IMITREX TABS (Use sumatriptan		NEEDLES/31G X 6MM ____	143
IGLUCOSE BLOOD GLUCOSE		succinate) _____	175	INCONTROL ULTICARE MINI PEN	
TEST STRIPS STRP _____	75	IMMUNE ESSENTIALS DAILY CAPS		NEEDLES/31GX8MM _____	143
IHEALTH COVID-19		.....183		INCONTROL ULTICARE MINI PEN	
ANTIGENRAPID TEST KIT ____	75	IMMUNE SUPPORT CHEW ____	183	NEEDLES/32G X 4MM _____	143
IHEEZO _____	198	IMODIUM A-D CAPS (Use		INCRELEX _____	79
ILARIS SOLN _____	5	loperamide hcl) _____	28	INCRUSE ELLIPTA _____	13
ILEVRO _____	199	IMODIUM A-D SOLN (Use		indapamide TABS 1.25 MG, 2.5 MG .	
ILUMYA _____	63	loperamide hcl) _____	28	78	
imatinib mesylate _____	40	IMODIUM A-D TABS (Use		INDERAL LA CP24 (Use propranolol	
IMBRUVICA CAPS _____	40	loperamide hcl) _____	28	hcl) _____	50
IMBRUVICA SUSP _____	40	IMOVAX RABIES (H.D.C.V.) SUSR .		INDERAL XL _____	50
IMBRUVICA TABS _____	40	210		indomethacin CAPS 25 MG, 50 MG 6	
		IMURAN TABS (Use azathioprine) .		indomethacin CPCR _____	6
		177		indomethacin SUPP _____	6
		IMVEXXY MAINTENANCE PACK		indomethacin SUSP _____	6
		INST _____	212		

INFANRIX _____	206	SOPN _____	26	INSULIN SYRINGE/1ML/28G X 1/2" .	143
INFANTS ADVIL SUSP (Use ibuprofen) _____	6	INSULIN DEGLUDEC SOLN _____	26	INSULIN SYRINGE/1ML/29G X 1/2" .	143
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT ____	110	INSULIN GLARGINE MAX SOLOSTAR SOPN _____	26	INSULIN SYRINGE/1ML/30G X 5/16"	143
INFINITY BLOOD GLUCOSE TEST STRIPS STRP _____	75	INSULIN GLARGINE SOLN _____	26	.....	143
INFINITY VOICE KIT _____	110	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML _____	26	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" _____	143
INFINITY VOICE STRP _____	75	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML _____	26	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" _____	143
INFLECTRA SOLR _____	83	INSULIN GLARGINE-YFGN SOLN .	26	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" _____	143
INFLIXIMAB _____	83	INSULIN GLARGINE-YFGN SOPN .	26	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" _____	143
INGREZZA CAPS _____	203	INSULIN LISPRO JUNIOR KWIKPEN SOPN _____	26	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" _____	143
INGREZZA CPPK _____	203	INSULIN LISPRO KWIKPEN SOPN ..	26	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" _____	143
INLYTA _____	39	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN _____	26	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" _____	143
INNOPRAN XL _____	50	INSULIN LISPRO SOLN IJ _____	26	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" _____	143
INNOSPIRE REPLACEMENT FILTER MISC _____	171	INSULIN SYRINGE 1ML/31G X1/4" .	143	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" _____	143
INQOVI _____	40	INSULIN SYRINGE/0.3ML/30G X 5/16" _____	143	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" _____	143
INREBIC _____	40	INSULIN SYRINGE/0.3ML/31G X 5/16" _____	143	INSULIN SYRINGE/U-100/1ML/29G X 1/2" _____	143
INSPIREASE DRUG DELIVERYSYSTEM MISC _____	171	INSULIN SYRINGE/0.5ML/27G X 1/2" _____	143	INSULIN SYRINGE/U-100/1ML/30G X 5/16" _____	143
INSPIRA (Use eplerenone) _____	35	INSULIN SYRINGE/0.5ML/28G X 1/2" _____	143	INSULIN SYRINGE/U-100/1ML/31G X 5/16" _____	143
INSULIN ASPART FLEXPEN SOPN .	25	INSULIN SYRINGE/0.5ML/30G X 5/16" _____	143	INSULIN SYRINGES 0.3ML/31G X 1/4" _____	143
INSULIN ASPART PENFILL SOCT .	26	INSULIN SYRINGE/0.5ML/31G X 5/16" _____	143	INSULIN SYRINGES 0.5ML/31G X 1/4" _____	143
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN _____	26				
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP _____	26				
INSULIN ASPART SOLN IJ _____	26				
INSULIN DEGLUDEC FLEXTOUCH					

INSULIN SYRINGES/U- 100/0.5ML/27GX1/2" _____	143	INSUPEN ULTRAFIN 31GX8MM . 144	ipratropium-albuterol SOLN _____	15	
INSULIN SYRINGES/U- 100/0.5ML/28GX1/2" _____	144	INTELENCE (Use etravirine) _____	46	irbesartan _____	33
INSULIN SYRINGES/U- 100/0.5ML/29GX1/2" _____	144	INTELENCE _____	46	irbesartan-hydrochlorothiazide ____	35
INSULIN SYRINGES/U- 100/0.5ML/30GX5/16" _____	144	INTELENCE 200 MG (Use etravirine)	46	IRESSA (Use gefitinib) _____	39
INSULIN SYRINGES/U- 100/0.5ML/31GX5/16" _____	144	INTELISWAB COVID-19 RAPID TEST KIT _____	75	ISENTRESS CHEW 100 MG ____	46
INSULIN SYRINGES/U- 100/1ML/27GX1/2" _____	144	INTRAROSA _____	212	ISENTRESS CHEW 25 MG ____	47
INSULIN SYRINGES/U- 100/1ML/28GX1/2" _____	144	INTUNIV (Use guanfacine hcl (adhd)) _____	2	ISENTRESS HD TABS _____	46
INSULIN SYRINGES/U- 100/1ML/29GX1/2" _____	144	INVANZ IJ (Use ertapenem sodium) . 36		ISENTRESS PACK _____	47
INSULIN SYRINGES/U- 100/1ML/29GX1/2" _____	144	INVEGA 1.5 MG (Use paliperidone) . 43		ISENTRESS TABS _____	47
INSULIN SYRINGES/U- 100/1ML/30GX1/2" _____	144	INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone) _____	43	isoniazid SYRP _____	38
INSULIN SYRINGES/U- 100/1ML/31GX5/16" _____	144	INVEGA HAFYERA _____	43	isoniazid TABS _____	38
INSUPEN 29G X 12MM _____	144	INVEGA SUSTENNA _____	43	ISOPTO CARPINE SOLN 1 % (Use pilocarpine hcl) _____	196
INSUPEN 31G X 5MM _____	144	INVEGA TRINZA _____	43	ISORDIL TITRADOSE TABS (Use isosorbide dinitrate) _____	12
INSUPEN 31G X 8MM _____	144	INVELTYS SUSP _____	198	isosorbide dinitrate TABS _____	12
INSUPEN 32G X 4MM _____	144	INVOKAMET TABS _____	24	isosorbide dinitrate-hydralazine hcl . 52	
INSUPEN 33GX4MM _____	144	INVOKAMET XR TB24 _____	23	isosorbide mononitrate TABS ____	12
INSUPEN PEN NEEDLES 32G X4MM _____	144	INVOKANA _____	27	isosorbide mononitrate TB24 ____	12
INSUPEN SENSITIVE 32GX6MM . 144		IONIL-T SHAM (Use coal tar extract) . 70		isotretinoin 10 MG, 20 MG, 40 MG	60
INSUPEN SENSITIVE 32GX8MM . 144		IOPIDINE _____	197	isotretinoin 25 MG, 30 MG, 35 MG	60
INSUPEN ULTRAFIN 30GX8MM . 144		IPOLE INACTIVATED IPV _____	210	isradipine CAPS _____	51
INSUPEN ULTRAFIN 31GX6MM . 144		ipratropium bromide (nasal) 0.03 % . 195		ISTALOL SOLN (Use timolol maleate (ophth)) _____	196
		ipratropium bromide (nasal) 0.06 % . 195		ISTURISA _____	79
		ipratropium bromide SOLN 0.02 %	13	itraconazole CAPS _____	29
				itraconazole SOLN _____	29
				ivermectin (pediculicide) _____	70
				ivermectin (rosacea) _____	70
				ivermectin _____	12

IWILFIN _____	41	JUBLIA _____	62	ALGINATEDRESSING 4"X4" MISC	71
IXIARO _____	210	JULUCA _____	47	KENDALL CALCIUM	
IXINITY SOLR _____	86	JUST 4 KIDZ		ALGINATEDRESSING 4"X5-1/2"	
IYUZEH SOLN _____	199	MULTIVITAMIN+PROBIOTIC CHEW		MISC _____	71
J & J GAUZE 2"X2" 8 PLY PADS .	.95	.....	190	KENDALL CALCIUM	
J & J GAUZE 4"X4" 12 PLY PADS	95	JUXTAPID 5 MG, 10 MG, 20 MG, 30		ALGINATEDRESSING 6"X10" MISC .	
J & J GAUZE 4"X4" 8 PLY PADS .	.95	MG _____	32	71	
J & J GAUZE SPONGES 12-PLY 4"		JYLAMVO SOLN _____	38	KENDALL CALCIUM	
X 4" MISC _____	95	JYNARQUE TABS _____	81	ALGINATEDRESSING 8"X4" MISC	
J & J GAUZE SPONGES 16-PLY 4"		JYNARQUE TBPk _____	81	71	
X 4" MISC _____	95	JYNNEOS _____	211	KENDALL CALCIUM	
J & J GAUZE SPONGES 8-PLY 4" X		KALBITOR _____	86	ALGINATEDRESSING PLUS 4"X4"	
4" MISC _____	95	KALETRA SOLN (Use lopinavir-		MISC _____	71
JADENU SPRINKLE PACK (Use		ritonavir) _____	47	KENDALL CALCIUM	
deferasirox) _____	28	KALETRA TABS 25 MG-100 MG		ALGINATEDRESSING ROPE 12"	
JADENU TABS (Use deferasirox) .	28	(Use lopinavir-ritonavir) _____	47	MISC _____	71
JAKAFI _____	40	KALETRA TABS 50 MG-200 MG		KENDALL CALCIUM	
JALYN (Use dutasteride-tamsulosin		(Use lopinavir-ritonavir) _____	47	ALGINATEDRESSING ROPE 24"	
hcl) _____	85	KALYDECO PACK _____	205	MISC _____	71
JANSSEN COVID-19 VACCINE .	211	KALYDECO TABS _____	205	KENDALL CALCIUM	
JANUMET TABS _____	24	KAMELEON LUBRICATED MISC .	98	ALGINATEDRESSING ROPE 36"	
JANUMET XR TB24 _____	24	KAPSPARGO SPRINKLE CS24 _	50	MISC _____	71
JANUVIA _____	25	KATERZIA _____	51	KENDALL HYDROPHILIC	
JARDIANCE _____	27	KAZANO (Use alogliptin-metformin		FOAMDRESSING 2"X2" PADS __	96
JARDIANCE 10 MG _____	27	hcl) _____	24	KENDALL HYDROPHILIC	
JAYPIRCA _____	40	KENALOG AERS (Use triamcinolone		FOAMDRESSING 4"X4" PADS __	96
JENTADUETO TABS _____	24	acetamide (topical)) _____	66	KENDALL HYDROPHILIC	
JENTADUETO XR TB24 _____	24	KENDALL CALCIUM		FOAMPLUS DRESSING 2"X2"	
JESDUVROQ _____	87	ALGINATEDRESSING 12"X24"		PADS _____	96
JIVI _____	86	MISC _____	71	KENDALL HYDROPHILIC	
JOENJA _____	177	KENDALL CALCIUM		FOAMPLUS DRESSING 3"X3"	
JORNAY PM CP24 _____	2	ALGINATEDRESSING 2"X2" MISC		PADS _____	96
		71		KENDALL HYDROPHILIC	
		KENDALL CALCIUM		KEPPRA SOLN OR 100 MG/ML	
				(Use levetiracetam) _____	18
				KEPPRA TABS 1000 MG (Use	

levetiracetam) _____	18	KERLIX X-RAY DETECTABLE	98		
KEPPRA TABS 250 MG, 750 MG (Use levetiracetam) _____	18	SPONGES EXTRA LARGE 1-5/8" MISC _____	96	KIMONO PLUS SPERMICIDE LUBRICATED MISC _____	98
KEPPRA TABS 500 MG (Use levetiracetam) _____	18	KERYDIN (Use tavaborole) _____	62	KIMONO PLUS SPERMICIDE/LUBRICATED MISC .	98
KEPPRA XR TB24 (Use levetiracetam) _____	18	KESIMPTA _____	203	KIMONO PS LUBRICATED MISC .	98
KERENDIA _____	80	ketoconazole (topical) CREA ____	62	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC .	98
KERLIX AMD ANTIMICROBIALBANDAGE ROLL 4-1/2"X12.3YD 6 PLY MISC _____	96	ketoconazole (topical) FOAM ____	62	KIMONO SENSATION LUBRICATED MISC _____	98
KERLIX AMD ANTIMICROBIALBANDAGE ROLL/6 PLY/4.5"X4-1/8YD MISC _____	96	ketoconazole (topical) SHAM 2 % .	62	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC .	98
KERLIX BANDAGE ROLL 2-1/4"X9' 6PLY MISC _____	96	ketoconazole _____	29	KIMONO SPECIAL DEVI _____	98
KERLIX BANDAGE ROLL 3-7/16"X3- 3/16' 6PLY MISC _____	96	KETODAN KIT _____	62	KINDERLYTE PREMAX SOLN _	176
KERLIX BANDAGE ROLL 4-1/2"X4- 1/8YD 6PLY MISC _____	96	KETONE STRP _____	75	KINDERLYTE SOLN _____	176
KERLIX BANDAGE ROLL 4- 1/2"X9.3' 8PLY MISC _____	96	KETONE TEST STRIPS STRP ____	75	KINERET SOSY _____	5
KERLIX BANDAGE ROLL/6 PLY/MEDIUM MISC _____	96	ketoprofen CP24 _____	6	KINNEY LANCETS _____	111
KERLIX GAUZE ROLL LARGE 4.5"X 4.1YD 6 PLY MISC _____	96	ketorolac tromethamine (ophth) 0.4 %	199	KINNEY THIN LANCETS _____	111
KERLIX GAUZE ROLL MEDIUM3.4"X3.6YD 6 PLY MISC .	96	ketorolac tromethamine (ophth) 0.5 %	199	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" _____	144
KERLIX GAUZE ROLL SMALL 2.25"X 3YD 6 PLY MISC _____	96	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY ____	6	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" _____	144
KERLIX SPONGES 4" X 4" 12 PLY PADS _____	96	ketorolac tromethamine TABS ____	6	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" _____	144
KERLIX SPONGES 4" X 4" 16 PLY PADS _____	96	KETOSTIX STRP _____	75	KINRIX SUSY _____	206
KERLIX X-RAY DETECTABLE PACKING SPONGE 4-1/2"X22" MISC _____	96	KEVEYIS (Use dichlorphenamide) . 78		KISQALI _____	40
		KEVZARA SOAJ _____	5	KISQALI FEMARA 200 DOSE ____	40
		KEVZARA SOSY _____	5		
		KEYLOSA TABS _____	183		
		KIMONO COLORS DEVI _____	98		
		KIMONO LUBRICATED MISC ____	98		
		KIMONO MAXX/LARGE FLARE MISC _____	98		
		KIMONO MICRO THIN MISC _____	98		
		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC .			

KISQALI FEMARA 400 DOSE ____	40	TABS _____	191	KROGER INSULIN SYRINGE/1ML/31G X 5/16" ____	145
KISQALI FEMARA 600 DOSE ____	40	K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS _____	183	KROGER LANCETS _____	111
KITABIS PAK NEBU (Use tobramycin) _____	3	K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) .	177	KROGER LANCETS 21G _____	111
KLARON (Use sulfacetamide sodium (acne)) _____	60	K-PHOS NO 2 _____	84	KROGER LANCETS MICRO THIN33G _____	111
KLING FLUFF MISC _____	96	KRAZATI _____	40	KROGER LANCETS SUPER THIN 111	
KLONOPIN TABS (Use clonazepam)	17	KRINTAFEL _____	38	KROGER LANCETS THIN ____	111
KLOXXADO LIQD _____	28	KROGER AUTOLET LANCING DEVICE MISC _____	111	KROGER LANCETS THIN 26G ..	111
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G _____	144	KROGER BLOOD GLUCOSE MONITORING KIT KIT _____	111	KROGER LANCETS ULTRATHIN30G _____	111
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G _____	144	KROGER BLOOD GLUCOSE TESTSTRIPS STRP _____	75	KROGER LANCING DEVICE MISC 111	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G _____	144	KROGER HEALTHPRO GLUCOSETEST STRIPS STRP _	75	KROGER PEN NEEDLES 29G X12MM _____	145
KMART VALU PLUS INSULIN SYRINGE/1ML/29G _____	144	KROGER HEALTHPRO TWIST LANCETS/26G _____	111	KROGER PEN NEEDLES 31G X8MM _____	145
KMART VALU PLUS INSULIN SYRINGE/1ML/30G _____	144	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" ____	144	KROGER PEN NEEDLES 31GX1/4"	145
KOATE SOLR _____	86	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ____	144	KROGER PEN NEEDLES/31G X1/4"	145
KOATE-DVI SOLR 1000 UNIT ____	86	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ____	144	KROGER PEN NEEDLES/31G X3/16" _____	145
KOGENATE FS KIT _____	86	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" ____	144	KROGER PEN NEEDLES/31G X5/16" _____	145
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC _____	171	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ____	144	KROGER PEN NEEDLES/32G X5/32" _____	145
KOMBIGLYZE XR (Use saxagliptin- metformin hcl) _____	24	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ____	144	KROGER PEN NEEDLES/33G X5/32" _____	145
KONVOMEF SUSR _____	208	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" ____	144	KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT 111	
KORLYM (Use mifepristone (hyperglycemia)) _____	24	KROGER INSULIN SYRINGE/1ML/29G X 1/2" ____	144	KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP ..	75
KOSELUGO _____	40	KROGER INSULIN SYRINGE/1ML/30G X 5/16" ____	145		
KOVALTRY _____	86				
KP PRENATAL MULTIVITAMINS					

K-TAB TBCR (Use potassium chloride) _____	177	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine) .	18	DESIGN _____	111
KUVAN PACK (Use sapropterin dihydrochloride) _____	80	LAMICTAL STARTER/TAKING VALPROATE KIT (Use lamotrigine) .	18	LANCETS MICRO THIN 33G ____	111
KUVAN TABS (Use sapropterin dihydrochloride) _____	80	LAMICTAL TABS (Use lamotrigine) .	18	LANCETS SUPER THIN 28G ____	111
K-Y ME & YOU EXTRA LUBRICATED DEVI _____	98	LAMICTAL XR KIT _____	18	LANCETS THIN _____	111
K-Y ME & YOU INTENSE DEVI ____	98	LAMICTAL XR TB24 (Use lamotrigine) _____	18	LANCETS ULTRA THIN _____	111
KYNMOBI TITRATION KIT KIT ____	42	lamivudine (hbv) TABS _____	48	LANCETS ULTRA THIN 30G ____	111
labetalol hcl TABS 100 MG _____	50	lamivudine SOLN _____	47	LANCING DEVICE MISC _____	111
labetalol hcl TABS 200 MG _____	50	lamivudine TABS 150 MG _____	47	LANREOTIDE ACETATE _____	81
labetalol hcl TABS 300 MG _____	50	lamivudine TABS 300 MG _____	47	lansoprazole CPDR _____	207
lacosamide SOLN OR 10 MG/ML .	18	lamivudine-zidovudine _____	47	lansoprazole TBDD _____	207
lacosamide TABS _____	18	lamotrigine CHEW _____	18	lanthanum carbonate CHEW ____	84
LACRISERT _____	196	lamotrigine KIT 25 MG _____	18	LANTUS SOLN _____	26
lactic acid (ammonium lactate) CREA	67	lamotrigine TABS _____	18	LANTUS SOLOSTAR SOPN ____	26
lactic acid (ammonium lactate) LOTN 12 % _____	67	lamotrigine TB24 _____	18	LANZO MISC _____	111
lactulose (encephalopathy) _____	83	lamotrigine TBDP _____	18	lapatinib ditosylate _____	40
lactulose SOLN _____	89	LAMPIT _____	36	LASIX TABS (Use furosemide) ____	78
LAGEVRIO _____	49	LANCET DEVICE ADJUSTABLE MISC _____	111	latanoprost SOLN _____	199
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine) _____	18	LANCET DEVICE WITH EJECTOR MISC _____	111	LATUDA (Use lurasidone hcl) ____	43
LAMICTAL ODT KIT (Use lamotrigine) _____	18	LANCETS _____	111	LEADER ADVANCED LANCING DEVICE MISC _____	111
LAMICTAL ODT KIT _____	18	LANCETS 30G _____	111	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" ____	145
LAMICTAL ODT TBDP (Use lamotrigine) _____	18	LANCETS 30G TWIST TOP ____	111	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" ____	145
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine) _____	18	LANCETS 30G/TWIST TOP ____	111	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" ____	145
		LANCETS 33G EXTRA FINE ____	111	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" ____	145
		LANCETS 33G UNIVERSAL		LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" ____	145
				LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" ____	145

LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" ____	145	LEQVIO _____	33	levonorgestrel & eth estradiol TABS	55
LEADER INSULIN SYRINGE/1ML/28G X 1/2" _____	145	LESCOL XL TB24 (Use fluvastatin sodium) _____	32	levonorgestrel (emergency oc) 1.5 MG _____	56
LEADER INSULIN SYRINGE/1ML/29G X 1/2" _____	145	LETAIRIS (Use ambrisentan) ____	53	levonorgestrel-eth estradiol (triphasic) _____	55
LEADER INSULIN SYRINGE/1ML/30G X 5/16" ____	145	letrozole _____	39	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG _____	55
LEADER INSULIN SYRINGE/1ML/31G X 5/16" ____	145	leucovorin calcium TABS _____	41	levonorgestrel-ethinyl estradiol (continuous) _____	55
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" _____	145	LEUKERAN _____	38	levonorgestrel-ethinyl estradiol-iron 55	
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" ____	145	LEUKINE SOLR IJ _____	87	levorphanol tartrate TABS _____	8
LEADER UNIFINE PENTIPS/MINI/31GX3/16" _____	145	levabuterol hcl _____	15	levothyroxine sodium CAPS ____	206
LEADER UNIFINE PENTIPS/NANO/32GX5/32"	145	levabuterol tartrate _____	15	levothyroxine sodium TABS ____	206
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	145	levamlodipine maleate _____	51	LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate) _____	207
LEDIPASVIR/SOFOSBUVIR TABS 48		LEVEMIR FLEXPEN SOPN ____	26	LEVSIN TABS (Use hyoscyamine sulfate) _____	207
leflunomide _____	6	LEVEMIR FLEXTOUCH SOPN ____	26	LEVSIN/SL SUBL (Use hyoscyamine sulfate) _____	207
LEMTRADA _____	203	LEVEMIR SOLN _____	26	LEVULAN KERASTICK SOLR ____	63
lenalidomide _____	177	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML _____	18	LEXAPRO TABS 10 MG (Use escitalopram oxalate) _____	22
LENVIMA 10 MG DAILY DOSE ____	39	levetiracetam TABS 1000 MG ____	18	LEXAPRO TABS 20 MG (Use escitalopram oxalate) _____	22
LENVIMA 12MG DAILY DOSE ____	39	levetiracetam TABS 250 MG, 750 MG _____	18	LEXAPRO TABS 5 MG (Use escitalopram oxalate) _____	22
LENVIMA 14 MG DAILY DOSE ____	39	levetiracetam TABS 500 MG ____	18	LEXETTE FOAM _____	66
LENVIMA 18 MG DAILY DOSE ____	39	levetiracetam TB24 _____	18	LEXIVA SUSP _____	47
LENVIMA 20 MG DAILY DOSE ____	39	levobunolol hcl 0.5 % _____	196	LEXIVA TABS (Use fosamprenavir calcium) _____	47
LENVIMA 24 MG DAILY DOSE ____	39	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML _____	80	LIALDA TBEC (Use mesalamine) .	.83
LENVIMA 4 MG DAILY DOSE ____	39	levocarnitine (metabolic modifiers) TABS _____	80	LIBERTY BLOOD GLUCOSE METER DEVI _____	111
LENVIMA 8 MG DAILY DOSE ____	39	levocetirizine dihydrochloride TABS 30			
LEQEMBI _____	202	levofloxacin in d5w _____	82		
		levofloxacin SOLN IV _____	82		
		levofloxacin SOLN OR _____	82		
		levofloxacin TABS _____	82		

LIBERTY MEDICAL LANCETS 30G . 111	LIDOTRAL CREA _____ 68	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" __ 145
LIBERTY MINI LANCING DEVICE MISC _____ 111	LIDOTRAL/MENTHOL LIQD ____ 68	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" ____ 146
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI . 111	LIDOTRAN CREA _____ 68	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" _____ 146
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP _____ 75	LIKMEZ SUSP _____ 36	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" _____ 146
LIBERTY TEST STRIPS STRP __ 75	linezolid SUSR _____ 37	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" _____ 146
LIBRAX (Use chlordiazepoxide hcl- clidinium bromide) _____ 207	linezolid TABS _____ 37	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" _____ 146
LICART PT24 _____ 62	LINZESS _____ 83	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" _____ 146
lidocaine hcl (mouth-throat) 2 % .. 178	liothyronine sodium TABS _____ 206	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" _____ 146
lidocaine hcl (mouth-throat) 4 % .. 178	LIPITOR TABS (Use atorvastatin calcium) _____ 32	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" _____ 146
lidocaine hcl CREA 3 % _____ 68	LIPITOR TABS 20 MG, 80 MG (Use atorvastatin calcium) _____ 32	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2" _____ 146
lidocaine hcl PRSY _____ 68	LIPOFEN CAPS (Use fenofibrate) .32	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2" _____ 146
lidocaine hcl SOLN _____ 68	LIQREV SUSP _____ 53	LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16" _____ 146
LIDOCAINE HCL- HYDROCORTISONE ACETATE WITH ALOE GEL _____ 10	lisdexamphetamine dimesylate CAPS 1	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16" _____ 146
LIDOCAINE HYDROCHLORIDE CREA _____ 68	lisdexamphetamine dimesylate CHEW . 1	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16" _____ 146
lidocaine OINT _____ 68	lisinopril & hydrochlorothiazide ____ 35	LITETOUCH LANCETS MICRO THIN 33G _____ 111
lidocaine PTCH 5 % _____ 68	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG _____ 33	LITETOUCH MASK LARGE MISC . 171
lidocaine-hydrocortisone acetate (rectal) CREA EX _____ 10	LITE TOUCH LANCETS _____ 111	LITETOUCH MASK MEDIUM MISC ... 171
lidocaine-hydrocortisone acetate (rectal) KIT _____ 10	LITE TOUCH LANCING PEN MISC . 111	LITETOUCH MASK SMALL MISC . 171
lidocaine-prilocaine CREA _____ 68	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI ____ 145	LITETOUCH PEN NEEDLES 29GX12.7MM _____ 146
lidocaine-prilocaine KIT _____ 68	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" ____ 145	LITETOUCH PEN NEEDLES 31G X 6MM _____ 146
LIDODERM PTCH (Use lidocaine) 68	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" __ 145	
LIDOREX GEL _____ 68	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" __ 145	
	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" __ 145	

LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT _____	146	LODOSYN (Use carbidopa) _____	42	loratadine & pseudoephedrine TB12 ..	58
LITETOUCH PEN NEEDLES 31GX8MM SHORT _____	146	LOHIST-D LIQD _____	58	loratadine & pseudoephedrine TB24 ..	58
LITETOUCH PEN NEEDLES/31G X 3/16" _____	146	LOKELMA _____	178	loratadine SOLN _____	30
LITETOUCH PEN NEEDLES/31G X 5MM/MINI _____	146	LOMOTIL TABS (Use diphenoxylate w/ atropine) _____	28	loratadine TABS _____	30
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT _____	146	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" __	146	loratadine TBDP 10 MG _____	30
lithium _____	43	LONGS LANCETS STANDARD .	111	lorazepam CONC _____	13
lithium carbonate CAPS _____	43	LONGS LANCETS THIN _____	111	lorazepam TABS 0.5 MG, 2 MG__	13
lithium carbonate TABS _____	43	LONGS LANCETS ULTRA THIN	111	lorazepam TABS 1 MG_____	13
lithium carbonate TBCR _____	43	LONSURF _____	40	LORBRENA _____	40
LITHOBID TBCR (Use lithium carbonate)_____	43	loperamide hcl CAPS _____	28	LOREEV XR CS24 _____	13
LITHOSTAT _____	85	loperamide hcl SOLN 1 MG/7.5ML	28	losartan potassium & hydrochlorothiazide_____	35
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN _____	194	loperamide hcl TABS _____	28	losartan potassium _____	33
LIVALO (Use pitavastatin calcium)	32	LOPID TABS (Use gemfibrozil) __	32	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day)) _____	55
LIVE BETTER ADVANCED LANCING DEVICE MISC _____	111	lopinavir-ritonavir SOLN _____	47	LOTEMAX GEL (Use loteprednol etabonate)_____	198
LIVE BETTER LANCET SUPERTHIN 30G_____	111	lopinavir-ritonavir TABS 25 MG-100 MG _____	47	LOTEMAX OINT _____	198
LIVE BETTER LANCET ULTRATHIN 28G_____	111	lopinavir-ritonavir TABS 50 MG-200 MG _____	47	LOTEMAX SM GEL _____	198
LIVER DETOX TABS _____	183	LOPRESSOR TABS 100 MG (Use metoprolol tartrate) _____	50	LOTEMAX SUSP (Use loteprednol etabonate)_____	198
LIVITA CHILDREN LIQD _____	190	LOPRESSOR TABS 50 MG (Use metoprolol tartrate) _____	50	LOTENSIN 10 MG, 20 MG (Use benazepril hcl)_____	33
LIVTENCITY_____	48	LOPROX _____	62	LOTENSIN 40 MG (Use benazepril hcl) _____	33
LO LOESTRIN FE TABS _____	55	LOPROX CREA (Use ciclopirox olamine) _____	62	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) ..	35
LOCOID LIPOCREAM _____	66	LOPROX KIT _____	62	loteprednol etabonate GEL_____	198
LOCOID LOTN (Use hydrocortisone butyrate) _____	66	LOPROX SHAMPOO SHAM (Use ciclopirox) _____	62	loteprednol etabonate SUSP 0.5 %	198
		LOPROX SUSP (Use ciclopirox olamine) _____	62		

LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl) _____	35	LUNESTA 1 MG, 3 MG (Use eszopiclone) _____	88	SYRINGE/U-100/0.3ML/29G X 1/2" ..	146
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical)) _____	62	LUPKYNIS _____	177	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	146
LOTRONEX (Use alosetron hcl) _	84	lurasidone hcl _____	43	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" ..	146
lovastatin TABS 10 MG, 20 MG _	32	LUTEIN PLUS/ZEAXANTHIN TABS ..	183	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" ..	146
lovastatin TABS 40 MG _____	32	LUXIQ FOAM (Use betamethasone valerate) _____	66	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" ..	146
LOVAZA (Use omega-3-acid ethyl esters) _____	31	LUZU (Use luliconazole) _____	62	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" ..	146
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium) _____	17	LYBALVI _____	202	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" ..	146
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium) ..	17	LYDEXA CREA _____	68	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" ..	146
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium) _____	17	LYFGENIA _____	87	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" ..	146
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium) _____	17	LYNPARZA TABS _____	40	MAGELLAN SYRINGE/HYPODERMIC SAFETY NEEDLE/1ML/23G X 1" _____	146
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium) _____	17	LYRICA CAPS (Use pregabalin) _	18	magnesium citrate _____	90
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium) .	17	LYRICA CR (Use pregabalin (once-daily)) _____	203	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML _____	90
loxapine succinate _____	44	LYRICA SOLN (Use pregabalin) _	19	magnesium oxide (mg supplement) TABS 400 MG _____	176
lubiprostone _____	83	LYSODREN _____	39	magnesium oxide TABS 400 MG ..	11
LUCEMYRA _____	201	LYSTEDA TABS (Use tranexamic acid) _____	88	magnesium TABS 400 MG, 400 MG ..	176
LUCIRA CHECK IT COVID-19TEST KIT KIT _____	75	LYTGOBI _____	40	MAGOX 400 TABS (Use magnesium oxide (mg supplement)) _____	176
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT _____	75	LYUMJEV KWIKPEN SOPN _____	26	MALARONE (Use atovaquone-proguanil hcl) _____	37
luliconazole _____	62	LYUMJEV SOLN _____	26	malathion _____	70
LUMAKRAS _____	40	LYUMJEV TEMPO PEN SOPN _	26	MARATHON MEDICAL PENTIPS29GX12MM _____	146
LUMIGAN SOLN 0.01 % _____	199	LYVISPAH PACK _____	194	MARATHON MEDICAL	
LUNESTA (Use eszopiclone) _____	88	MACROBID (Use nitrofurantoin monohyd macro) _____	37		
		MACRODANTIN (Use nitrofurantoin macrocrystal) _____	37		
		mafenide acetate PACK _____	64		
		MAG-200 TABS (Use magnesium oxide (mg supplement)) _____	176		
		MAGELLAN INSULIN SAFETY			

PENTIPS31GX5MM _____	146	NEEDLE/29G X 5/16" _____	147	LANCETNORMAL _____	112
MARATHON MEDICAL PENTIPS31GX8MM _____	146	MAXIDEX SUSP OP _____	198	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM _____	147
MARATHON MEDICAL PENTIPS32GX4MM _____	146	MAXITROL OINT (Use neomycin- polymy-dexameth) _____	198	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM _____	147
maraviroc TABS 150 MG _____	47	MAXITROL SUSP (Use neomycin- polymy-dexameth) _____	198	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM _____	147
maraviroc TABS 300 MG _____	47	MAXI-TUSS PE MAX LIQD _____	58	MEDLANCE PLUS EXTRA LANCETS 21G _____	112
MARINOL CAPS 2.5 MG (Use dronabinol) _____	29	MAXX LUBRICATED MISC _____	98	MEDLANCE PLUS LANCETS ____	112
MARPLAN _____	21	MAXX PLUS SPERMICIDE LUBRICATED MISC _____	98	MEDLANCE PLUS LANCETS LITE 25G _____	112
MASK VORTEX/CHILD/FROG__	171	MAXZIDE TABS (Use triamterene & hydrochlorothiazide) _____	78	MEDLANCE PLUS LITE LANCETS 25G _____	112
MASK VORTEX/TODDLER/LADYBUG .	171	MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide) _____	78	MEDLANCE PLUS SPECIAL LANCETS 0.8MM _____	112
MASONATAL TABS _____	191	MAYZENT STARTER PACK TBPK 203		MEDLANCE PLUS SUPERLITE 30G	112
MATULANE _____	41	MAYZENT TABS _____	203	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX _____	112
MAVENCLAD _____	203	meclizine hcl TABS 12.5 MG, 25 MG, 50 MG _____	28	MEDLANCE PLUS UNIVERSAL LANCETS 21G _____	112
MAVYRET PACK _____	49	meclofenamate sodium CAPS _____	6	MEDLANCE PLUS/LITE 25G ____	112
MAVYRET TABS _____	49	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" ____	147	MEDLANCE/EXTRA _____	112
MAXALT TABS 10 MG (Use rizatriptan benzoate) _____	175	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" ____	147	MEDLANCE/LITE _____	112
MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate) _____	175	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE _____	111	MEDLANCE/UNIVERSAL _____	112
MAXICOMFORT II PEN NEEDLES/31G X 1/4" _____	146	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW _____	112	MEDROL DOSEPAK TBPK (Use methylprednisolone) _____	57
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" 147		MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW _____	112	MEDROL TABS (Use methylprednisolone) _____	57
MAXI-COMFORT INSULIN SYRINGES 27G X 1/2" _____	147	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW ____	112	MEDROL TABS _____	57
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16" _____	147	MEDICHOICE SAFETY LANCETEXTRA _____	112	medroxyprogesterone acetate (contraceptive) SUSP IM _____	56
MAXI-COMFORT SAFETY PEN		MEDICHOICE SAFETY		medroxyprogesterone acetate (contraceptive) SUSY IM _____	56

medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG _____	201	MEIJER PEN NEEDLES 29G X12MM _____	147	MENEST _____	82
mefenamic acid CAPS _____	6	MEIJER PEN NEEDLES 31G X6MM	147	MENOSTAR PTWK _____	82
mefloquine hcl _____	38	MEIJER PEN NEEDLES 31G X8MM	147	MENQUADFI _____	209
MEGA MULTI FOR MEN TABS ..	183	MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT .	112	MENS 50+ ADVANCED CAPS _	183
MEGA MULTI FOR WOMEN TABS .	183	MEIJER SUPER THIN LANCETS .	112	MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS __	183
MEGAVITE FRUITS & VEGGIES TABS _____	183	MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT _____	112	MENS 50+ MULTIVITAMIN TABS .	183
MEGAVITE GOLDEN YEARS 55+ TABS _____	183	MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT _____	112	MENS MULTI VITAMIN & MINERAL FORMULA TABS _____	183
megestrol acetate (appetite)____	201	MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..	75	MENS MULTIVITAMIN CHEW __	183
megestrol acetate SUSP _____	39	MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT .	112	MENS MULTIVITAMIN TABS __	183
megestrol acetate TABS _____	39	MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP ..	76	menthol-methyl salicylate (liniments) CREA _____	68
MEIJER ALCOHOL SWABS EXTRA- THICK _____	122	MEKINIST SOLR _____	41	MENVEO SOLN _____	209
MEIJER BLOOD GLUCOSE MONITORING KIT KIT _____	112	MEKINIST TABS _____	41	MENVEO SOLR _____	209
MEIJER BLOOD GLUCOSE TESTSTRIPS STRP _____	75	MEKTOVI _____	41	meperidine hcl SOLN OR 50 MG/5ML _____	8
MEIJER COLOR LANCETS UNIVERSAL 33G _____	112	meloxicam CAPS _____	6	meperidine hcl TABS 50 MG ____	8
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT _____	112	meloxicam TABS _____	6	MEPHYTON TABS (Use phytonadione) _____	213
MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS STRP ..	75	melphalan _____	38	meprobamate _____	12
MEIJER LANCETS _____	112	memantine hcl CP24 _____	202	MEPRON (Use atovaquone) ____	36
MEIJER LANCETS THIN _____	112	memantine hcl SOLN 2 MG/ML _	202	mercaptopurine TABS _____	39
MEIJER LANCETS UNIVERSAL21G	112	memantine hcl TABS _____	202	meropenem _____	36
MEIJER LANCETS UNIVERSAL30G	112	MENACTRA _____	209	MEROPENEM/SODIUM CHLORIDE	36
MEIJER LANCETS UNIVERSAL33G	112	MENATROL CAPS _____	183	mesalamine CP24	83

mesalamine TBEC 1.2 GM _____	83	METHADOSE CONC (Use methadone hcl) _____	8	methylphenidate hcl SOLN _____	2
mesalamine TBEC 800 MG _____	83	METHADOSE SUGAR-FREE CONC (Use methadone hcl) _____	8	methylphenidate hcl TABS _____	2
mesalamine w/ cleanser _____	83	methamphetamine hcl _____	1	methylphenidate hcl TB24 18 MG, 27 MG, 36 MG _____	2
MESNEX TABS _____	41	methazolamide TABS _____	78	methylphenidate hcl TB24 54 MG _	2
MESTINON SOLN OR (Use pyridostigmine bromide) _____	38	methenamine hippurate _____	37	methylphenidate hcl TBCR 10 MG, 20 MG _____	2
MESTINON TABS (Use pyridostigmine bromide) _____	38	methenamine mandelate 0.5 GM, 1 GM _____	37	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG _____	2
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide) _____	38	methenamine-hyoscamine-methylene blue-sodium phosphate TABS _____	36	methylphenidate hcl TBCR 27 MG, 36 MG, 54 MG _____	2
METADATE CD CPCR (Use methylphenidate hcl) _____	2	methenamine-hyosc-methylene blue-benzoic acid-phenyl sal _____	36	methylphenidate hcl TBCR 36 MG _	2
METAMUCIL FREE & NATURAL POWD (Use psyllium) _____	89	methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS _____	36	METHYLPHENIDATE HYDROCHLORIDE ER TBCR _____	2
METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium) _____	89	methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG	36	methylphenidate PTCH 10 MG/9HR, 20 MG/9HR, 30 MG/9HR _____	3
METAMUCIL POWD (Use psyllium) ..	89	methimazole TABS _____	205	methylphenidate PTCH 15 MG/9HR ..	3
metaxalone _____	194	methocarbamol TABS 500 MG, 750 MG _____	194	methylprednisolone TABS _____	57
metformin hcl SOLN _____	24	methotrexate sodium TABS 2.5 MG	39	methylprednisolone TBPK _____	57
metformin hcl TABS 1000 MG _____	24	methoxsalen rapid _____	63	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML _____	83
metformin hcl TABS 500 MG _____	24	methscopolamine bromide _____	207	metoclopramide hcl TABS _____	83
metformin hcl TABS 625 MG _____	24	methsuximide _____	20	metolazone _____	78
metformin hcl TABS 850 MG _____	24	methyldopa TABS _____	34	metoprolol & hydrochlorothiazide TABS _____	35
metformin hcl TB24 500 MG, 1000 MG _____	24	methylergonovine maleate TABS	200	metoprolol succinate TB24 200 MG	50
metformin hcl TB24 500 MG _____	24	METHYLIN SOLN (Use methylphenidate hcl) _____	2	metoprolol succinate TB24 25 MG, 50 MG, 100 MG _____	50
methadone hcl CONC _____	8	methylphenidate hcl CHEW _____	2	metoprolol tartrate TABS 100 MG ..	50
methadone hcl SOLN OR _____	8	methylphenidate hcl CP24 _____	2	metoprolol tartrate TABS 25 MG, 50 MG _____	50
methadone hcl TABS 10 MG _____	8	methylphenidate hcl CPCR _____	2	metoprolol tartrate TABS 37.5 MG,	
methadone hcl TABS 5 MG _____	8				
methadone hcl TBSO _____	8				

75 MG _____	50	MICRODOT PEN NEEDLE/33G X 4 MM _____	147	minoxidil 2.5 MG, 10 MG _____	35
METROLOTION LOTN (Use metronidazole (topical)) _____	70	MICRODOT TEST STRIPS STRP	76	MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350) _____	89
metronidazole (topical) CREA ____	70	MICRODOT XTRA TEST STRIPS STRP _____	76	MIRALAX PACK (Use polyethylene glycol 3350) _____	89
metronidazole (topical) GEL 0.75 % 70		MICROLET LANCETS _____	112	MIRALAX POWD (Use polyethylene glycol 3350) _____	89
metronidazole (topical) GEL 1 % _	70	MICROLET NEXT MISC _____	112	MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (Use pramipexole dihydrochloride) _____	42
metronidazole (topical) LOTN ____	70	MICROSPACER MISC _____	172	MIRAPEX ER TB24 1.5 MG (Use pramipexole dihydrochloride) ____	42
metronidazole CAPS _____	36	midazolam hcl SYRP _____	88	MIRASORB SPONGES 2" X 2" MISC	96
METRONIDAZOLE SOLN (Use metronidazole) _____	36	midodrine hcl _____	213	MIRASORB SPONGES 4" X 4" MISC	96
metronidazole SOLN _____	36	MIFEPREX (Use mifepristone) ____	81	MIRCERA _____	87
metronidazole TABS _____	36	mifepristone (hyperglycemia) ____	24	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) _____	55
metronidazole vaginal _____	212	mifepristone _____	81	mirtazapine TABS 15 MG _____	20
metyrosine _____	33	miglitol _____	23	mirtazapine TABS 30 MG _____	20
mexiletine hcl _____	13	MIGRANAL SOLN NA (Use dihydroergotamine mesylate) ____	175	mirtazapine TABS 7.5 MG, 45 MG	20
MICAFUNGIN _____	29	MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe) _____	55	mirtazapine TBDP 15 MG _____	20
micafungin sodium _____	29	mineral oil ENEM _____	90	mirtazapine TBDP 30 MG _____	20
MICARDIS (Use telmisartan) ____	33	MINI LANCING DEVICE MISC ____	112	mirtazapine TBDP 45 MG _____	20
MICARDIS HCT (Use telmisartan- hydrochlorothiazide) _____	35	MINIELITE FILTER REPLACEMENTS MISC _____	172	misoprostol _____	208
miconazole nitrate vaginal SUPP	200	MINILINK REAL-TIME TRANSMITTER _____	112	MITIGARE CAPS (Use colchicine)	85
MG _____	212	MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT ..	112	MM BLOOD GLUCOSE MONITORING SYSTEM KIT ____	113
miconazole-zinc oxide-white petrolatum _____	62	MINIPRESS CAPS (Use prazosin hcl) _____	34	MM BLULINK GLUCOSE TEST STRIPS STRP _____	76
MICROCHAMBER DEVI _____	172	MINIVELLE PTTW (Use estradiol)	82	MM EASY TOUCH BLOOD GLUCOSE METER KIT _____	113
MICROCHAMBER MISC _____	172	minocycline hcl CAPS _____	205		
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT ____	112	minocycline hcl TABS _____	205		
MICRODOT PEN NEEDLE/31G X 6 MM _____	147	minocycline hcl TB24 _____	205		
MICRODOT PEN NEEDLE/32G X 4 MM _____	147	MINOLIRA TB24 _____	205		

MM EASY TOUCH GLUCOSE TEST STRIPS STRP _____ 76	VACCINE/BIVALENT/6MO-5Y _____ 211	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" _____ 148
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" _____ 147	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 _____ 211	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" _____ 148
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" _____ 147	MODERNA COVID-19 VACCINE6-11Y SUSP _____ 211	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" _____ 148
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" _____ 147	MODERNA COVID-19 VACCINE6MO-5Y SUSP _____ 211	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" _____ 148
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" _____ 147	moexipril hcl _____ 33	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" _____ 148
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" _____ 147	molindone hcl 5 MG, 25 MG _____ 45	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" _____ 148
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" _____ 147	mometasone furoate (nasal) SUSP . 195	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" _____ 148
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" _____ 147	mometasone furoate CREA _____ 66	MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" _____ 148
MM LANCING DEVICE MISC _____ 113	mometasone furoate OINT _____ 66	MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" _____ 148
MM PEN NEEDLES 31G X 1/4" . 147	mometasone furoate SOLN _____ 66	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" _____ 148
MM PEN NEEDLES 31G X 3/16" . 147	MONOJECT 3ML SYRINGE/STANDARD HYPODERMIC NEEDLE/21GX1-1/2" _____ 147	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" _____ 148
MM PEN NEEDLES 31G X 5/16" . 147	MONOJECT INSULIN SYRINGE/1ML _____ 147	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" _____ 148
MM PEN NEEDLES 32G X 5/32" . 147	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" _____ 147	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML _____ 148
MM TWIST LANCETS _____ 113	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" _____ 147	MONOJECT LIFESHIELD BLUNTCANNULA/LUER LOCK SYR/3ML/18G X 1" _____ 148
M-M-R II SOLR _____ 211	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" _____ 147	MONOJECT LIFESHIELD SYRINGE/12ML/18GX1" _____ 148
M-NATAL PLUS TABS _____ 192	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" _____ 148	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/18G X 1" _____ 148
modafinil _____ 3	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" _____ 148	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/20G X 1-1/2" _____ 148
MODERNA COVID-19 VACCINE SUSP _____ 211	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" _____ 148	
MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON _____ 211		
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .. 211		
MODERNA COVID-19		

SYRINGE/SAFETY NEEDLE/12ML/21G X 1" _____	148	SYRINGE/SAFETY NEEDLE/3ML/25G X 5/8" _____	149	LOCK/3ML/27G X 1-1/4" _____	149
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1-1/2" ____	148	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/20G X 1-1/2" ____	149	MONOJECT SYRINGE/LUER LOCK/6ML/20G X 1-1/2" _____	149
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/23G X 1" _____	148	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1" _____	149	MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1-1/2" _____	149
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 1" _____	148	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1-1/2"	149	MONOJECT SYRINGE/LUER- LOCK/3ML/21G X 1" _____	149
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 5/8" _____	148	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/22G X 1-1/2"	149	MONOJECT SYRINGE/LUER- LOCK/3ML/21G X 1-1/2" _____	149
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1" _____	148	MONOJECT MEDICATION TRANSFER NEEDLE/20GX1" ____	149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/20GX1" _____	149
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1-1/2" ____	148	MONOJECT SYRINGE/12ML/18GX1" _____	149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/20GX1-1/2" ____	149
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1" _____	148	MONOJECT SYRINGE/12ML/20GX1-1/2" ____	149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/21GX1" _____	149
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1-1/2" ____	148	MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1" _____	149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/22GX1" _____	150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1-1/2" ____	148	MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1-1/2" _____	149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/22GX1-1/2" ____	150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1" _____	148	MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1" _____	149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/23GX1" _____	150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1-1/2" ____	149	MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2" _____	149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/25GX1" _____	150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/23G X 1" _____	149	MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1" _____	149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/25GX1-1/4" ____	150
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 1" _____	149	MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8" _____	149	MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/25GX5/8" _____	150
MONOJECT MAGELLAN		MONOJECT SYRINGE/LUER			

MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/3ML/27GX1-1/4" ____ 150	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" . 150	moxifloxacin hcl TABS _____ 82 MPD SAFETY LANCET 21G/1.8MM . 113
MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/6ML/20GX1-1/2" ____ 150	MONOLET LANCETS _____ 113 MONOLET OPD LANCETS ____ 113	MPD SAFETY LANCET 28G/1.8MM . 113
MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/6ML/21G X1" _____ 150	MONOLETTOR SAFETY LANCETS . 113	MPD SAFETY LANCET 30G/1.8MM . 113
MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/6ML/21GX1-1/2" ____ 150	montelukast sodium CHEW _____ 14 montelukast sodium PACK _____ 14 montelukast sodium TABS _____ 14	MPD SAFETY LANCETS 23G/1.8MM _____ 113 MS CONTIN TBCR (Use morphine sulfate) _____ 8
MONOJECT SYRINGE/STANDARDHYPODERMI C NEEDLE/6ML/22GX1-1/2" ____ 150	MONUROL (Use fosfomycin tromethamine) _____ 37	MS INSULIN SYRINGE/0.3ML/31G X 5/16" _____ 150
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" _____ 150	MOOD FOOD CAPS _____ 183 MOOD FOOD ES CAPS _____ 183	MS INSULIN SYRINGE/0.5ML/31G X 5/16" _____ 150
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" _____ 150	morphine sulfate beads _____ 8 morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG _____ 8	MS INSULIN SYRINGE/1ML/31G X 5/16" _____ 150
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" _____ 150	morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML . 8	MUCINEX CHILDRENS STUFFYNOSE AND CHEST CONGESTION LIQD (Use phenylephrine-guaifenesin) _____ 58
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" _____ 150	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML _____ 8	MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin) _____ 59
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" _____ 150	morphine sulfate SUPP _____ 8 morphine sulfate TABS _____ 8 morphine sulfate TBCR _____ 8	MUCINEX TB12 (Use guaifenesin) . 59
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" _____ 150	MOTTEGRITY _____ 82 MOTPOLY XR CP24 _____ 19	MULPLETA _____ 87 MULTAQ _____ 13
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" _____ 150	MOTRIN INFANTS DROPS SUSP (Use ibuprofen) _____ 6	MULTI VITAMIN TABS _____ 188 MULTI VITAMIN/D-3 TABS ____ 188
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" . 150	MOUNJARO _____ 25 MOVANTIK _____ 84	MULTI-BETIC DIABETES TABS .183 MULTI-LANCET DEVICE 2 KIT _ 113 MULTI-LANCET DEVICE MISC _ 113
	moxifloxacin hcl (ophth) SOLN OP . 197	MULTI-MAC _____ 192 multiple vitamin TABS _____ 188

multiple vitamins w/ calcium TABS . 179	MVW COMPLETE FORMULATION CAPS _____ 184	mycophenolate sodium 360 MG .178
multiple vitamins w/ iron TABS__ 179	MVW COMPLETE FORMULATION CHEW_____ 190	MYCOZYL HC LIQD_____ 62
multiple vitamins w/ minerals CAPS . 183	MVW COMPLETE FORMULATIOND3000 CAPS __ 184	MYDAYIS CP24 (Use amphetamine- dextroamphetamine) _____ 1
multiple vitamins w/ minerals CHEW . 184	MVW COMPLETE FORMULATIOND3000 CHEW _ 190	MYDRIACYL SOLN (Use tropicamide) _____ 196
multiple vitamins w/ minerals TABS . 184	MVW COMPLETE FORMULATIOND500 CAPS ____ 184	MYFEMBREE _____ 81
MULTIVITAMIN + FLUORIDE CHEW 190	MVW COMPLETE FORMULATIOND5000 CHEW _ 190	MYFORTIC 180 MG (Use mycophenolate sodium) _____ 178
MULTIVITAMIN ADULT TABS__ 188	MVW COMPLETE FORMULATIONMINIS CAPS __ 184	MYFORTIC 360 MG (Use mycophenolate sodium) _____ 178
MULTIVITAMIN ADULTS TABS .184	MVW HI-D ADEK GUMMIES CHEW . 184	MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT _____ 113
MULTIVITAMIN GUMMIES CHILDRENS CHEW _____ 190	MVW HI-D DROPS WITH EXTRA VITAMIN D LIQD _____ 190	MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP _____ 76
MULTIVITAMIN INFANT & TODDLER SOLN OR _____ 191	MVW MODULATOR FORMULATION CAPS _____ 184	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G ____ 113
MULTIVITAMIN INFANT/TODDLER SOLN OR _____ 191	MVW MODULATOR FORMULATION MINIS CAPS _____ 184	MYLERAN TABS _____ 38
MULTIVITAMIN MEN TABS____ 184	MVW MODULATOR FORMULATIONPEDIATRIC DROPS LIQD _____ 190	MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone) . 82
MULTI-VITAMIN MONOCAPS TABS . 184	MYAMBUTOL TABS 400 MG (Use ethambutol hcl) _____ 38	MYLICON INFANTS GAS RELIEF SUSP (Use simethicone) _____ 82
MULTIVITAMIN TABS _____ 184	MYCAMINE (Use micafungin sodium) _____ 29	MYRBETRIQ SRER _____ 209
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN . 191	MYCAPSSA CPDR _____ 81	MYRBETRIQ TB24 _____ 209
MULTIVITAMIN WITH FLUORIDE CHEW _____ 190	MYCOBUTIN (Use rifabutin) ____ 38	MYSOLINE (Use primidone) ____ 19
MULTIVITAMIN WOMEN TABS .184	mycophenolate mofetil CAPS____ 177	nabumetone _____ 6
MULTIVITAMIN/ZINC STRESSFORMULA TABS _____ 184	mycophenolate mofetil SUSR __ 177	nadolol TABS 20 MG, 40 MG, 80 MG 50
MULTI-VIT-FLOR CHEW _____ 190	mycophenolate mofetil TABS____ 178	naftifine hcl CREA 62
mupirocin calcium (topical) _____ 61	mycophenolate sodium 180 MG .. 178	naftifine hcl GEL 2 % 62
mupirocin OINT _____ 61		NAFTIN GEL (Use naftifine hcl) __ 62
		NAFTIN GEL _____ 62

NALFON CAPS (Use fenoprofen calcium) _____	6	naproxen SUSP _____	6	172	
NALFON TABS (Use fenoprofen calcium) _____	6	naproxen TABS _____	6	NEBUPENT IN (Use pentamidine isethionate) _____	36
NALMEFENE HYDROCHLORIDE IJ . 28		naproxen TBEC _____	6	nefazodone hcl _____	22
NALOCET TABS _____	9	naproxen-esomeprazole magnesium	6	NEOMULTIVITE TABS _____	188
naloxone hcl LIQD _____	28	naratriptan hcl	175	neomycin sulfate TABS _____	3
naloxone hcl SOCT _____	28	NARCAN LIQD (Use naloxone hcl) . 28		neomycin-bacitracin zn-polymyxin . 197	
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML _____	28	NARDIL (Use phenelzine sulfate) .21		neomycin-bacitracin-polymyxin OINT . 61	
naloxone hcl SOSY _____	28	NASALCROM (Use cromolyn sodium (nasal)) _____	195	neomycin-polymy-dexameth OINT . 198	
naltrexone hcl _____	28	NASCOBAL SOLN NA (Use cyanocobalamin) _____	87	neomycin-polymy-dexameth SUSP . 198	
NAMENDA TABS (Use memantine hcl) _____	202	NASONEX 24HR SUSP (Use mometasone furoate (nasal)) ____	195	neomycin-polymyxin w/ pramoxine . 61	
NAMENDA TABS 10 MG (Use memantine hcl) _____	202	NATACYN _____	197	neomycin-polymyxin-gramicidin _ 197	
NAMENDA TITRATION PAK TABS (Use memantine hcl) _____	202	NATAL PNV TABS _____	192	neomycin-polymyxin-hc (ophth) ..198	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use memantine hcl)____	202	NATAZIA _____	55	neomycin-polymyxin-hc (otic) SOLN .. 200	
NAMENDA XR CP24 7 MG, 14 MG, 28 MG (Use memantine hcl)____	202	nateglinide _____	27	neomycin-polymyxin-hc (otic) SUSP .. 200	
NAMZARIC C4PK _____	202	NATROBA (Use spinosad) _____	70	NEORAL CAPS (Use cyclosporine modified (for microemulsion))____	178
NAMZARIC CP24 _____	202	NAT-RUL THERAVITE-M/HIGHPOTENCY TABS _____	184	NEORAL SOLN (Use cyclosporine modified (for microemulsion))____	178
NAPRELAN TB24 (Use naproxen sodium) _____	6	NATRUL-VITES TABS _____	184	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) ____	61
NAPRELAN TB24 500 MG (Use naproxen sodium) _____	6	NATURAL FIBER LAXATIVE POWD . 89		NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine) . 61	
naproxen sodium TABS 275 MG, 550 MG _____	6	NAYZILAM _____	17	NEO-SYNALAR _____	61
naproxen sodium TB24 375 MG, 500 MG _____	6	nebivolol hcl _____	50	NEO-SYNALAR KIT _____	61
naproxen sodium TB24 750 MG ____	6	NEBULIZER AIR TUBE/PLUGS MISC _____	172	NEOVITE TABS _____	184
		NEBULIZER CUP/TUBING DEVI . 172			
		NEBULIZER MASK ADULT MISC . 172			
		NEBULIZER MASK CHILD MISC .			

NERLYNX_____	41	ADHESIVE PAD 2-3/8"X45" MISC	96	nicotine polacrilex LOZG_____	204
NESINA (Use alogliptin benzoate) 25		NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) .207		nicotine PT24 TD 14 MG/24HR, 21 MG/24HR _____	204
NESTABS_____	192	NEXIUM 24HR CPDR (Use esomeprazole magnesium) _____	207	nicotine PT24 TD 7 MG/24HR __	204
NESTABS DHA _____	192	NEXIUM CPDR 20 MG (Use esomeprazole magnesium) _____	207	NICOTINE TRANSDERMAL SYSTEM KIT _____	204
NESTABS ONE _____	192	NEXIUM CPDR 40 MG (Use esomeprazole magnesium) _____	207	NICOTROL INHALER INHA_____	204
NEUAC KIT_____	60	NEXIUM PACK (Use esomeprazole magnesium) _____	207	NICOTROL NS SOLN _____	204
NEULASTA ONPRO KIT PSKT __	87	NEXIUM PACK_____	207	nifedipine CAPS _____	51
NEULASTA SOSY _____	87	NEXLETOL_____	31	nifedipine TB24 30 MG, 90 MG __	51
NEUPOGEN SOLN _____	87	NEXLIZET _____	31	nifedipine TB24 60 MG _____	51
NEUPOGEN SOSY _____	87	NEXTSTELLIS _____	55	nilutamide _____	39
NEUPRO _____	42	NGENLA_____	79	nimodipine CAPS _____	51
NEURONTIN CAPS (Use gabapentin)_____	19	niacin (antihyperlipidemic) TBCR ..	32	NINLARO _____	41
NEURONTIN SOLN (Use gabapentin)_____	19	niacin CPCR 250 MG, 500 MG _	213	nisoldipine_____	51
NEURONTIN TABS 600 MG (Use gabapentin)_____	19	NIASPAN TBCR (Use niacin (antihyperlipidemic)) _____	33	nitazoxanide TABS _____	36
NEURONTIN TABS 800 MG (Use gabapentin)_____	19	NICADAN TABS_____	184	nitisinone CAPS _____	80
NEUTEK 2TEK TEST STRIPS STRP	76	NICADAN ZX TABS _____	184	NITRO-BID OINT _____	12
NEUTROGENA T/GEL SHAM 0.5 % (Use coal tar extract) _____	70	nicardipine hcl CAPS _____	51	NITRO-DUR PT24 (Use nitroglycerin)	12
NEVANAC _____	199	NICAZEL TABS _____	184	NITRO-DUR PT24 0.1 MG/HR, 0.3 MG/HR, 0.8 MG/HR (Use nitroglycerin) _____	12
nevirapine SUSP _____	47	NICORETTE GUM (Use nicotine polacrilex) _____	204	NITRO-DUR PT24 _____	12
nevirapine TABS_____	47	NICORETTE LOZG 2 MG (Use nicotine polacrilex) _____	204	nitrofurantoin _____	37
nevirapine TB24 100 MG _____	47	NICORETTE MINI LOZG 2 MG (Use nicotine polacrilex) _____	204	NITROFURANTOIN _____	37
nevirapine TB24 400 MG _____	47	NICORETTE STARTER KIT GUM 2 MG (Use nicotine polacrilex) _____	204	nitrofurantoin macrocrystal _____	37
NEXAVAR (Use sorafenib tosylate) ..	41	nicotine polacrilex GUM _____	204	nitrofurantoin monohyd macro ____	37
NEXCARE ABSOLUTE WATERPROOF PREMIUM				nitroglycerin PT24_____	12
				nitroglycerin SOLN TL 0.4 MG/SPRAY_____	12
				nitroglycerin SUBL _____	12

NITROLINGUAL SOLN TL (Use nitroglycerin) _____	12	estradiol-fe _____	55	NOVA MAX GLUCOSE TEST STRIPS STRP _____	76
NITROSTAT SUBL (Use nitroglycerin) _____	12	norethindrone-eth estradiol (triphasic) _____	55	NOVA SAFETY LANCETS 23G ..	113
NITROSTAT SUBL 0.4 MG, 0.6 MG (Use nitroglycerin) _____	12	NORGESIC FORTE (Use orphenadrine w/ aspirin & caff) ___	194	NOVA SAFETY LANCETS 28G .	113
NITYR TABS _____	80	norgestimate-ethinyl estradiol (triphasic) _____	55	NOVA SUREFLEX LANCETS ___	113
NIVA THYROID TABS _____	206	norgestimate-ethinyl estradiol _____	55	NOVA SUREFLEX LANCING DEVICE MISC _____	113
NIVA-PLUS TABS _____	192	norgestrel & ethinyl estradiol 30 MCG-0.3 MG _____	55	NOVAVAX COVID-19 VACCINE	211
NIVESTYM SOLN _____	87	NORITATE CREA _____	70	NOVAVAX COVID-19 VACCINE/2023-24 _____	211
NIVESTYM SOSY _____	87	NORLIQVA SOLN _____	51	NOVOEIGHT _____	86
nizatidine CAPS _____	207	NORPACE CAPS (Use disopyramide phosphate) _____	13	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM _____	150
NO IRON MULTIPLE VITAMIN/MINERALS TABS _____	184	NORPACE CR CP12 _____	13	NOVOFINE PEN NEEDLE 32G X 6MM _____	151
NOCDURNA SUBL _____	80	NORPRAMIN TABS 10 MG (Use desipramine hcl) _____	23	NOVOFINE PLUS PEN NEEDLE 32G X 4MM _____	151
NORDITROPIN FLEXPPO SOPN .	79	NORPRAMIN TABS 25 MG (Use desipramine hcl) _____	23	NOVOLIN 70/30 FLEXPEN RELION SUPN _____	26
norelgestromin-ethinyl estradiol ___	56	NORTHERA (Use droxidopa) ___	213	NOVOLIN 70/30 FLEXPEN SUPN	26
norethin acet & estrad-fe CAPS ___	55	nortriptyline hcl CAPS _____	23	NOVOLIN 70/30 RELION SUSP _	26
norethin acet & estrad-fe CHEW _	55	nortriptyline hcl SOLN _____	23	NOVOLIN 70/30 SUSP _____	26
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG _____	55	NORVASC TABS (Use amlodipine besylate) _____	51	NOVOLIN N FLEXPEN RELION SUPN _____	26
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG _____	55	NORVASC TABS 10 MG (Use amlodipine besylate) _____	51	NOVOLIN N FLEXPEN SUPN _____	26
norethindrone & eth estradiol _____	55	NORVIR PACK _____	47	NOVOLIN N RELION SUSP _____	26
norethindrone & ethinyl estradiol-fe	55	NORVIR TABS (Use ritonavir) ___	47	NOVOLIN N SUSP _____	26
norethindrone (contraceptive) _____	56	NOSE CLIP MISC _____	172	NOVOLIN R FLEXPEN RELION SOPN IJ _____	26
norethindrone acet & eth estra ___	55	NOURIANZ _____	42	NOVOLIN R FLEXPEN SOPN IJ _	26
norethindrone acetate TABS _____	201	NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI _	113	NOVOLIN R RELION SOLN IJ _____	26
norethindrone acetate-ethinyl estradiol _____	81	NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT _____	113	NOVOLOG FLEXPEN RELION	

SOPN _____	26	10 YDS MISC _____	96	nystatin TABS _____	29
NOVOLOG FLEXPEN SOPN _____	26	NUBEQA _____	39	nystatin-triamcinolone CREA _____	62
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN _____	26	NUCALA SOAJ _____	13	nystatin-triamcinolone OINT _____	62
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN _____	26	NUCALA SOLR _____	13	NYVEPRIA _____	87
NOVOLOG MIX 70/30 RELION SUSP _____	27	NUCALA SOSY _____	13	OB COMPLETE ONE _____	192
NOVOLOG MIX 70/30 SUSP _____	27	NUCYNTA ER TB12 _____	8	OB COMPLETE PETITE _____	192
NOVOLOG PENFILL SOCT _____	27	NUCYNTA TABS _____	8	OB COMPLETE PREMIER _____	192
NOVOLOG RELION SOLN IJ _____	27	NUEDEXTA _____	204	OB COMPLETE TABS _____	192
NOVOLOG SOLN IJ _____	27	NULYTELY (Use peg 3350- potassium chloride-sod bicarbonate- sod chloride) _____	89	OB COMPLETE/DHA _____	192
NOVOSEVEN RT _____	86	NUPLAZID CAPS _____	43	OBIZUR _____	86
NOVOTWIST PEN NEEDLE 32GX 5MM _____	151	NUPLAZID TABS 10 MG _____	43	OCALIVA _____	82
NOXAFIL PACK _____	29	NURTEC _____	175	OCEAN NASAL SPRAY SOLN (Use saline) _____	194
NOXAFIL SUSP (Use posaconazole)	29	NUTRICAP TABS _____	184	OCREVUS _____	203
NOXAFIL TBEC (Use posaconazole) .	29	NUTROPIN AQ NUSPIN 10 SOPN .	79	octreotide acetate SOLN _____	81
NP THYROID 120 TABS _____	206	NUTROPIN AQ NUSPIN 20 SOPN .	79	octreotide acetate SOSY _____	81
NP THYROID 15 TABS _____	206	NUTROPIN AQ NUSPIN 5 SOPN .	79	OCUFLOX (Use ofloxacin (ophth)) .	197
NP THYROID 30 TABS _____	206	NUVARING (Use etonogestrel- ethinyl estradiol) _____	56	OCULAR VITAMINS TABS _____	184
NP THYROID 60 TABS _____	206	NUVESSA _____	212	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT .	184
NP THYROID 90 TABS _____	206	NUVIGIL (Use armodafinil) _____	3	OCUVITE ADULT 50+ CAPS _____	184
NPLATE _____	87	NUWIQ KIT _____	86	OCUVITE ADULT FORMULA CAPS .	184
NU GAUZE 4PLY 4"X4" PADS _____	96	NUWIQ SOLR _____	86	OCUVITE LUTEIN CAPS _____	184
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC _____	96	NUZYRA TABS _____	205	ODEFSEY _____	47
NU GAUZE PACKING STRIPS PLAIN 1/2" X 5 YDS MISC _____	96	NYMALIZE SOLN 6 MG/ML _____	51	ODOMZO _____	39
NU GAUZE UTERINE PACKINGSTRIPS IODOFORM 8" X		nystatin (mouth-throat) _____	178	OFEV _____	205
		nystatin (topical) CREA _____	62	OFF ACTIVE AERO _____	69
		nystatin (topical) OINT _____	62	OFF DEEP WOODS AERO _____	69
		nystatin (topical) POWD EX _____	62	OFF DEEP WOODS DRY AERO _____	69

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OFF FAMILYCARE SMOOTH & DRY AERO _____ 69	omega-3-acid ethyl esters _____ 31	
OFF SMOOTH & DRY AERO____ 69	omeprazole CPDR _____ 207	OMNIPOD GO 35 UNITS/DAY KIT . 113
ofloxacin (ophth) _____ 197	omeprazole-sodium bicarbonate CAPS _____ 208	OMNIPOD GO 40 UNITS/DAY KIT . 113
ofloxacin (otic) _____ 199	omeprazole-sodium bicarbonate PACK _____ 208	OMNITROPE SOCT _____ 79
ofloxacin 300 MG _____ 82	OMNARIS SUSP _____ 195	OMNITROPE SOLR SC _____ 79
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olanzapine TBDP _____ 44	OMNIPOD DASH INTRO KIT (GEN 4) KIT _____ 113	ondansetron hcl TABS 4 MG, 8 MG . 28
olanzapine-fluoxetine hcl _____ 202	OMNIPOD DASH PDM KIT (GEN 4) KIT _____ 113	ondansetron TBDP _____ 28
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olmesartan medoxomil- hydrochlorothiazide _____ 35	OMNIPOD GO 15 UNITS/DAY KIT . 113	ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW _____ 184
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ONE DAILY WOMENS TABS ___	184	ONE-A-DAY PROACTIVE 65+ TABS	185	ONE-A-DAY WOMENS FORMULA TABS (Use multiple vitamins w/ calcium) _____	179
ONE DIALY MULTIVITAMIN WOMENS TABS _____	184	ONE-A-DAY SCOOBY-DOO GUMMIES CHEW (Use pediatric multiple vitamin w/ minerals) ___	190	ONE-A-DAY WOMENS PETITES TABS (Use multiple vitamins w/ minerals) _____	185
ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT ___	114	ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS ___	185	ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (Use multiple vitamins w/ minerals) .	185
ONE DROP BLOOD GLUCOSE TEST STRIPS STRP _____	76	ONE-A-DAY VITACRAVES ADULT CHEW _____	185	ONE-A-DAY WOMENS TABS ___	185
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ONE FLOW TESTER TUBE MOUTHPIECE MISC _____	172	ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW _____	185	ONE-A-DAY/JOLLY RANCHER CHEW _____	190
ONE VITE DAILY MULTIVITAMIN TABS _____	188	ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (Use pediatric multiple vitamins)_	191	ONE-DAILY MULTI CAPS CAPS .	185
ONE-A-DAY ENERGY TABS ___	184	ONE-A-DAY VITACRAVES SOURGUMMIES CHEW _____	185	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G ___	114
ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin) _____	188	ONE-A-DAY VITACRAVES WOMENS GUMMIES CHEW ___	185	ONETOUCH DELICA PLUS LANCETS FINE 30G _____	114
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW _____	185	ONE-A-DAY VITACRAVES WOMENS MULTI CHEW _____	185	ONETOUCH DELICA PLUS LANCING DEVICE MISC _____	114
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW .	185	ONE-A-DAY WEIGHT SMART ADVANCED TABS (Use multiple vitamins w/ minerals) _____	185	ONETOUCH DELICA SAFETY LANCING DEVICE _____	114
ONE-A-DAY MENOPAUSE FORMULA TABS _____	185	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (Use multiple vitamins w/ minerals) _____	185	ONETOUCH DELICA SAFETY LANCING DEVICE 30G _____	114
ONE-A-DAY MENS 50+ ADVANTAGE TABS _____	185	ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (Use multiple vitamins w/ minerals) ___	185	ONETOUCH SOLUTIONS RX STARTER KIT KIT _____	114
ONE-A-DAY MENS 50+ TABS ___	185	ONE-A-DAY WOMENS 50+ TABS .	185	ONETOUCH ULTRA 2 KIT _____	114
ONE-A-DAY MENS HEALTH FORMULA TABS _____	185	ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (Use multiple		ONETOUCH ULTRA STRP _____	76
ONE-A-DAY MENS PRO EDGE TABS _____	185			ONETOUCH ULTRASOFT 2 LANCETS FINE 30G _____	114
ONE-A-DAY MENS TABS (Use multiple vitamin) _____	188			ONETOUCH ULTRASOFT LANCETS _____	114
ONE-A-DAY MENS TABS _____	185			ONETOUCH VERIO FLEX BLOOD	

GLUCOSE MONITORING SYSTEM DEVI _____	MISC _____	172	ORKAMBI PACK _____	205
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT _____	OPTIFAST POST BARIATRIC CHEW _____	185	ORKAMBI TABS _____	205
ONETOUCH VERIO REFLECT KIT 114	OPTIMUM AIRVITES CHEW ____	185	ORLADEYO _____	86
ONETOUCH VERIO TEST STRIPS STRP _____	OPTISOURCE POST BARIATRIC SURGERY CHEW _____	186	orphenadrine citrate TB12 ____	194
ONEVITE TABS _____	OPTIUMEZ TEST STRIPS STRP .	76	orphenadrine w/ aspirin & caff ____	194
ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DISPO SABLE MISC _____	OPTIVITE P.M.T. TABS (Use multiple vitamins w/ minerals) ____	186	ORSERDU _____	40
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC .	OPURITY TABS _____	186	oseltamivir phosphate CAPS 30 MG .	49
172	OPURITY/BYPASS OPTIMIZED CHEW _____	186	oseltamivir phosphate CAPS 45 MG .	49
ONEXTON GEL _____	OPVEE NA _____	28	oseltamivir phosphate CAPS 75 MG .	49
ONFI SUSP (Use clobazam) ____	OPZELURA _____	67	oseltamivir phosphate SUSR ____	49
ONFI TABS (Use clobazam) ____	ORACIT _____	84	OSENI 15 MG-12.5 MG, 45 MG-12.5 MG (Use alogliptin-pioglitazone) __	24
ONGENTYS _____	oral electrolytes SOLN _____	176	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone) ____	24
ONGLYZA (Use saxagliptin hcl) _	ORAVIG _____	178	OSMOLEX ER TB24 129 MG, 193 MG _____	42
ONUREG TABS _____	ORENCIA CLICKJECT SOAJ ____	6	OSPHENA _____	79
OPILL _____	ORENCIA SOLR _____	6	OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS _____	186
OPSUMIT _____	ORENCIA SOSY _____	6	OTEZLA TABS _____	6
OPTICHAMBER DIAMOND DEVI 172	ORENITRAM TBCR _____	52	OTEZLA TBPK _____	6
OPTICHAMBER DIAMOND MISC 172	ORENITRAM TITRATION KIT MONTH 1 TEPK _____	52	OTOVEL (Use ciprofloxacin- fluocinolone acetonide) _____	200
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI _____	ORENITRAM TITRATION KIT MONTH 2 TEPK _____	52	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
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC _____	ORENITRAM TITRATION KIT MONTH 3 TEPK _____	52	OVACE PLUS WASH GEL (Use sulfacetamide sodium) _____	63
OPTICHAMBER DIAMOND/SMALLFACE MASK	ORFADIN CAPS (Use nitisinone) .	80	OVACE PLUS WASH LIQD (Use sulfacetamide sodium) _____	63
	ORFADIN SUSP _____	80		
	ORGOVYX _____	39		
	ORIAHNN _____	81		
	ORLISSA _____	79		

OVACE WASH LIQD (Use sulfacetamide sodium) _____	63	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG _____	9	SET DEVI _____	172
OXAL TAPE MISC _____	114	OXYCONTIN T12A _____	8	PARI MANUAL INTERRUPTER DEVI _____	172
OVIDE (Use malathion) _____	70	oxymorphone hcl TABS _____	8	PARI MASK SET MISC _____	173
oxaprozin TABS _____	6	oxymorphone hcl TB12 _____	9	PARI SMARTMASK BABY/ELBOW MISC _____	173
oxazepam CAPS _____	13	OXYTROL PTTW _____	208	PARI SOFT PLASTIC ADULT MASK MISC _____	173
OXBRYTA TABS _____	87	OZEMPIC SOPN _____	25	PARI SOFT PLASTIC PEDIATRIC MASK MISC _____	173
OXBRYTA TBSO _____	87	OZOBAX DS SOLN OR (Use baclofen) _____	194	PARI TREK S COMBO PACK DEVI ...	173
oxcarbazepine SUSP _____	19	paliperidone _____	43	PARI VORTEX ADULT MASK ____	173
oxcarbazepine TABS _____	19	PAMELOR CAPS (Use nortriptyline hcl) _____	23	paricalcitol CAPS _____	80
OXERVATE _____	198	PANDA MASK LARGE _____	172	PARLODEL CAPS (Use bromocriptine mesylate) _____	42
oxiconazole nitrate CREA _____	62	PANDA MASK MEDIUM _____	172	PARLODEL TABS (Use bromocriptine mesylate) _____	42
OXISTAT CREA (Use oxiconazole nitrate) _____	62	PANDA MASK SMALL _____	172	paroxetine hcl SUSP _____	22
OXISTAT LOTN _____	62	PANDEL _____	66	paroxetine hcl TABS 10 MG _____	22
OXTELLAR XR TB24 _____	19	pantoprazole sodium PACK _____	207	paroxetine hcl TABS 20 MG _____	22
oxybutynin chloride SOLN _____	208	pantoprazole sodium TBEC 20 MG . 207		paroxetine hcl TABS 30 MG, 40 MG ..	22
oxybutynin chloride TABS 2.5 MG . 208		pantoprazole sodium TBEC 40 MG . 207		paroxetine hcl TABS 24 _____	22
oxybutynin chloride TABS 5 MG ..	208	PARADIGM REAL-TIME TRANSMITTER _____	114	paroxetine mesylate (vasomotor) . 205	
oxybutynin chloride TB24 _____	208	PARI ALTERA NEBULIZER HANDSET MISC _____	172	PARVLEX TABS _____	186
oxycodone hcl CAPS _____	8	PARI BABY CONVERSION KITSIZE 1 MISC _____	172	PATADAY (Use olopatadine hcl) .	199
oxycodone hcl CONC 100 MG/5ML	8	PARI BABY CONVERSION KITSIZE 2 MISC _____	172	PATANASE (Use olopatadine hcl (nasal)) _____	195
oxycodone hcl SOLN _____	8	PARI BABY CONVERSION KITSIZE 3 MISC _____	172	PAXIL CR TB24 (Use paroxetine hcl)	22
oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG _____	8	PARI ERAPID NEBULIZER HANDSET MISC _____	172	PAXIL SUSP (Use paroxetine hcl)	22
oxycodone hcl TABS _____	8	PARI EXPIRATORY FILTER VALVE		PAXIL TABS 10 MG (Use paroxetine	
oxycodone w/ acetaminophen SOLN . 9					
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG _____	9				

hcl) _____ 22	PEDIARIX SUSY _____ 206	PEN NEEDLES 31GX8MM (5/16") . 151
PAXIL TABS 20 MG (Use paroxetine hcl) _____ 22	PEDIATRIC DISPOSABLE MOUTPIECE MISC _____ 173	PEN NEEDLES 31GX8MM ____ 151
PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl) _____ 22	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC . 173	PEN NEEDLES 32G X 4MM ____ 151 PEN NEEDLES 32G X 5MM ____ 151
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PC LANCETS SUPER THIN 30G . 114	pediatric multivitamins w/fl SOLN 190	PEN NEEDLES 33G X 5/32" ____ 151
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR _____ 191	pediatric multivitamins w/fl SOLN 190	PEN NEEDLES/29G X 1/2" ____ 151
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN _____ 191	PEDIATRIC PANDA MASK ____ 173	PEN NEEDLES/31G X 1/4" ____ 151
PC UNIFINE PENTIPS 29G X1/2" . 151	pediatric vitamins acd w/ fluoride SOLN _____ 190	PEN NEEDLES/31G X 3/16" ____ 151
PC UNIFINE PENTIPS 31G X5MM MINI _____ 151	PEDVAX HIB SUSP _____ 209	PEN NEEDLES/31G X 5/16" ____ 151
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT _____ 151	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR _____ 89	PEN NEEDLES/31G X 6MM ____ 151
PC UNIFINE PENTIPS 31G X8MM SHORT _____ 151	peg 3350-potassium chloride-sod bicarbonate-sod chloride _____ 89	PEN NEEDLES/32G X 5/32" ____ 151
ped multivitamins w/fl & iron SOLN . 189	PEGASYS SOSY _____ 49	PENBRAYA _____ 209
PEDIA-LAX SUPP (Use glycerin (laxative)) _____ 89	PEMAZYRE _____ 41	peniclovir _____ 64
PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes) ____ 176	PEN NEEDLES _____ 151	penicillamine CAPS _____ 177
PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes) _____ 176	PEN NEEDLES 29GX12MM ____ 151	penicillamine TABS _____ 177
PEDIALYTE SINGLES SOLN (Use oral electrolytes) _____ 176	PEN NEEDLES 30GX5MM ____ 151	penicillin g potassium _____ 200
PEDIALYTE SOLN (Use oral electrolytes) _____ 176	PEN NEEDLES 30GX8MM ____ 151	PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE _____ 200
PEDIAPRED SOLN (Use prednisolone sodium phosphate) _ 57	PEN NEEDLES 31G X 3/16" ____ 151	PENICILLIN G PROCAINE _____ 200
	PEN NEEDLES 31G X 5MM ____ 151	penicillin g sodium _____ 200
	PEN NEEDLES 31G X 6MM ____ 151	penicillin v potassium SOLR ____ 200
	PEN NEEDLES 31G X 8MM ____ 151	penicillin v potassium TABS ____ 200
	PEN NEEDLES 31GX5/16" ____ 151	PENNSAID SOLN EX _____ 62
	PEN NEEDLES 31GX5MM ____ 151	PENTACEL _____ 206
	PEN NEEDLES 31GX6MM (1/4") . 151	pentamidine isethionate IN _____ 36
		PENTASA CPCR (Use mesalamine) . 83
		PENTASA CPCR _____ 83

pentazocine w/ naloxone hcl_____ 10	PERFOROMIST NEBU (Use formoterol fumarate) _____ 15	PRED PADS _____ 122
PENTIPS 29G X 12MM _____ 151	PERIDEX (Use chlorhexidine gluconate (mouth-throat))_____ 178	PHARMACIST CHOICE ALCOHOLPREP PADS _____ 122
PENTIPS 29GX12MM _____ 151	perindopril erbumine _____ 33	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT _____ 114
PENTIPS 31G X 5MM _____ 151	permethrin CREA _____ 70	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP _____ 76
PENTIPS 31G X 8MM _____ 151	permethrin LIQD EX _____ 70	PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI _____ 114
PENTIPS 31GX5MM _____ 151	perphenazine TABS _____ 45	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC .173
PENTIPS 31GX6MM _____ 151	perphenazine-amitriptyline _____ 202	
PENTIPS 31GX8MM _____ 151	PERSERIS PRSY _____ 43	
PENTIPS 32G X 4MM _____ 151	PERTZYE CPEP _____ 77	
PENTIPS 32GX4MM _____ 151	PEXEVA _____ 22	
PENTIPS 32GX6MM _____ 151	PFIZER-BIONTECH COVID-19VACCINE SUSP _____ 211	PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP _____ 76
pentoxifylline _____ 86	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP _____ 211	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN 114
PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine) _____ 207	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP 211	PHARMACIST CHOICE ULTRA THIN LANCETS _____ 114
PEPCID AC TABS (Use famotidine) .. 207	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP _____ 211	PHARMACIST CHOICE ULTRA THIN LANCETS 28G _____ 114
PEPCID TABS (Use famotidine) ..207	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....211	PHARMACIST CHOICE ULTRA THIN LANCETS 30G _____ 114
PEPTO BISMOL TABS (Use bismuth subsalicylate) _____ 27	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP .211	PHARMACIST CHOICE ULTRA THIN LANCETS 31G _____ 114
PEPTO-BISMOL CHEW (Use bismuth subsalicylate) _____ 27	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y __ 211	PHARMACIST CHOICE ULTRA THIN LANCETS 33G _____ 114
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate) 27	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ..211	PHARMACY COUNTER LANCETS . 114
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate) _____ 27	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 211	PHEBURANE PLLT _____ 80
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen) _____ 9	PFLEX MISC _____ 173	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG _____ 85
PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen) .. 9	PHARMACIST CHOICE ALCOHOL	phenelzine sulfate _____ 21
PERFECT LANCETS 30G _____ 114		
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G _____ 114		

phenobarbital ELIX _____	88	pilocarpine hcl (oral) 5 MG _____	179	bisulfate) _____	86
phenobarbital TABS _____	88	pilocarpine hcl (oral) 7.5 MG ____	179	PLEGRIDY SOPN _____	203
phenoxybenzamine hcl _____	33	pilocarpine hcl SOLN 1 %, 2 %, 4 % ...	196	PLEGRIDY SOSY IM _____	203
phenylephrine hcl (mydriatic) SOLN				PLEGRIDY STARTER PACK SOPN .	
10 % _____	196	pimecrolimus _____	68	203	
phenylephrine hcl (mydriatic) SOLN		pimozide _____	204	PLEGRIDY STARTER PACK SOSY	
2.5 % _____	196	pindolol TABS _____	50	SC _____	203
phenylephrine hcl (oral) TABS ____	195	pioglitazone hcl _____	27	PNEUMOVAX 23 _____	209
phenylephrine-cocoa butter 0.25 %-		pioglitazone hcl-glimepiride ____	24	PNEUMOVAX 23/1 DOSE _____	209
85.39 %, 0.25 %-88.44 % _____	11	pioglitazone hcl-metformin hcl TABS .	24	PNV-DHA+DOCUSATE _____	192
phenylephrine-dm LIQD 2.5				PNV-OMEGA _____	192
MG/5ML-5 MG/5ML _____	58	PIP BLOOD GLUCOSE		POCKET CHAMBER DEVI _____	173
phenylephrine-dm SOLN _____	58	MONITORING SYSTEM DEVI__	114	POCKET SPACER DEVI _____	173
phenylephrine-mineral oil-petrolatum		PIP BLOOD GLUCOSE TEST STRIP		POCKETCHEM EZ BLOOD	
0.25 %-74.9 %-14 % _____	11	STRP _____	76	GLUCOSE MONITORING SYSTEM	
phenylephrine-shark liver oil-cocoa		PIP LANCETS/28G _____	114	KIT _____	114
butter _____	11	PIP LANCETS/30G _____	114	POCKETCHEM EZ BLOOD	
phenylephrine-shark liver oil-mineral		PIP PEN NEEDLES 31G X 5MM		GLUCOSE TEST STRIPS STRP ..	76
oil-petrolatum _____	11	151		PODOCON-25 SOLN _____	68
phenytoin CHEW _____	20	PIP PEN NEEDLES 32G X 4MM		podofilox GEL _____	68
phenytoin sodium extended 100 MG,		151		podofilox SOLN _____	68
200 MG, 300 MG _____	20	piperacillin sodium-tazobactam		POGO AUTOMATIC BLOOD	
phenytoin SUSP _____	20	sodium _____	201	GLUCOSE MONITORING SYSTEM	
PHEXXI _____	212	PIQRAY 200MG DAILY DOSE__	41	DEVI _____	114
PHOSLYRA SOLN _____	84	PIQRAY 250MG DAILY DOSE__	41	polyethylene glycol 3350 PACK ____	89
PHOSPHOLINE IODIDE _____	196	PIQRAY 300MG DAILY DOSE__	41	POLYETHYLENE GLYCOL 3350	
PHYTOMULTI TABS _____	186	pirfenidone CAPS _____	205	POWD _____	201
phytonadione TABS 5 MG _____	213	pirfenidone TABS _____	205	polyethylene glycol 3350 POWD _	89
PIFELTRO _____	47	piroxicam CAPS _____	6	POLYMEM NON-ADHESIVE PAD	
PILLOW MASK/ADULT MISC ____	173	pitavastatin calcium _____	32	PADS _____	96
PILLOW MASK/CHILD MISC ____	173	PLAN B ONE-STEP (Use		polymyxin b-trimethoprim _____	197
PILLOW MASK/PEDIATRIC MISC		levonorgestrel (emergency oc)) ____	56	polysaccharide iron complex CAPS	
173		PLAVIX 75 MG (Use clopidogrel		150 MG _____	88

POLYTRIM (Use polymyxin b-trimethoprim)_____	197	potassium citrate (alkalinizer) TBCR 15 MEQ, 540 MG, 1080 MG, 1620 MG _____	84	prednisolone sodium phosphate SOLN 15 MG/5ML _____	57
POLY-VI-FLOR CHEW _____	190	potassium citrate-citric acid PACK _____	84	prednisolone sodium phosphate SOLN 20 MG/5ML _____	57
polyvinyl alcohol 1.4 % _____	196	potassium citrate-citric acid SOLN _____	84	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML _____	57
POLY-VI-SOL SOLN OR _____	191	PRADAXA CAPS (Use dabigatran etexilate mesylate) _____	17	prednisolone sodium phosphate TBDP _____	57
POLY-VI-SOL/IRON SOLN _____	191	PRADAXA CAPS _____	17	prednisolone SOLN _____	57
POLY-VITA SOLN OR _____	191	PRADAXA PACK _____	17	prednisolone TABS _____	57
POLY-VITA/IRON SOLN _____	191	PRALUENT SOAJ _____	33	PREDNISONE INTENSOL CONC _____	57
POLY-VITE PEDIATRIC SOLN OR .	191	pramipexole dihydrochloride TABS .	42	prednisone SOLN _____	57
POLY-VITE/IRON SOLN _____	191	pramipexole dihydrochloride TB24 _____	42	prednisone TABS _____	57
POMALYST _____	40	pramoxine hcl (rectal) FOAM EX _____	11	prednisone TBPK _____	57
PONVORY 14-DAY STARTER PACK TBPK _____	203	prasugrel hcl _____	86	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" ..	152
PONVORY TABS _____	203	pravastatin sodium _____	32	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" ..	152
posaconazole SUSP _____	29	praziquantel _____	12	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" ..	152
posaconazole TBEC _____	29	prazosin hcl CAPS _____	34	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" ..	152
pot & sod citrates w/citric ac SOLN .	84	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" _____	152	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" .	152
pot phosphate monobasic w/ sod phosphate dibasic & monobasic .	177	PRECISION THINS GP LANCET .	115	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	152
potassium bicarbonate TBEF _____	177	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	76	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	152
potassium chloride CPCR 10 MEQ .	177	PRECISION XTRA KIT _____	115	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	152
potassium chloride CPCR 8 MEQ .	177	PRECOSE (Use acarbose) _____	23	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	152
potassium chloride microencapsulated crystals er _____	177	PRED FORTE (Use prednisolone acetate (ophth)) _____	198	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	152
potassium chloride PACK OR 20 MEQ _____	177	PRED MILD _____	198	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	152
potassium chloride SOLN OR 10 %, 20 % _____	177	prednicarbate OINT _____	66	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	152
potassium chloride TBCR 8 MEQ, 10 MEQ _____	177	prednisolone acetate (ophth) _____	198	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	152
		PREDNISOLONE SODIUM PHOSPHATE _____	198	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	152

150 MCG-10 UNIT-40 MG-600 MCG-18 MG _____	193	PREVENT SAFETY PEN NEEDLES 31GX1/4" _____	152	primidone 125 MG _____	19
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 .	193	PREVENT SAFETY PEN NEEDLES 31GX5/16" _____	152	primidone 50 MG, 250 MG _____	19
PRENATE PIXIE _____	193	PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental)) .	178	PRIORIX SUSR _____	211
PRENATE RESTORE _____	193	PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental)) ____	178	PRISTIQ 100 MG (Use desvenlafaxine succinate)_____	23
PRENATRIX TABS _____	193	PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental))_____	178	PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)_____	23
PRENATRYL TABS _____	193	PREVNAR 13 _____	209	PRISTIQ 50 MG (Use desvenlafaxine succinate) _____	23
PREPARATION H (Use phenylephrine-mineral oil-petrolatum) _____	11	PREVNAR 20 _____	209	PRO COMFORT ALCOHOL PADS .	122
PRESCRIPTION SUPPORT CAPS .	186	PREVYMIS TABS _____	48	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC _____	173
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS _____	186	PREZCOBIX _____	47	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC _____	173
PRESERVISION AREDS 2 CAPS .	186	PREZISTA SUSP _____	47	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI _____	173
PRESERVISION AREDS 2 CHEW .	186	PREZISTA TABS (Use darunavir) .	47	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" ____	152
PRESERVISION AREDS CAPS .	186	PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG _____	47	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" ..	152
PRESERVISION AREDS TABS .	186	PRIFTIN _____	38	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" _	152
PRESERVISION/LUTEIN CAPS .	186	PRILOSEC PACK _____	208	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" ____	152
PRETOMANID _____	38	PRIMACARE _____	193	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" ____	152
PREVACID 24HR CPDR (Use lansoprazole) _____	207	PRIMAPORE 11-3/4"X4" MISC ____	96	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ____	152
PREVACID CPDR 30 MG (Use lansoprazole) _____	208	PRIMAPORE 13-3/4"X4" MISC ____	96	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" ____	152
PREVACID SOLUTAB TBDD (Use lansoprazole) _____	207	PRIMAPORE 2-7/8"X2" MISC ____	96	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" ____	152
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4" _____	152	PRIMAPORE 4"X3-1/8" MISC ____	97	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ____	152
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16" _____	152	PRIMAPORE 6"X3-1/8" MISC ____	97	PRO COMFORT LANCETS 30G .	115
		PRIMAPORE 8"X4" MISC _____	97	PRO COMFORT LANCETS 31G .	115
		PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate) ____	38	PRO COMFORT PEN NEEDLES/31G X 8MM _____	152
		primaquine phosphate TABS ____	38		
		PRIMAXIN IV IV 500 MG-500 MG (Use imipenem-cilastatin) _____	36		

PRO COMFORT PEN NEEDLES/32G X 4MM	152	PROCTOFOAM FOAM EX (Use pramoxine hcl (rectal))	11	PROFOLA TABS	186
PRO COMFORT PEN NEEDLES/32G X 5MM	152	PROCTOFOAM HC FOAM EX	11	progesterone CAPS 100 MG	201
PRO COMFORT PEN NEEDLES/32G X 6MM	152	PROCYSBI CPDR	84	progesterone CAPS 200 MG	201
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	115	PROCYSBI PACK	84	progesterone OIL	201
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	115	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	115	PROGLYCEM (Use diazoxide)	24
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	76	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	115	PROGRAF CAPS (Use tacrolimus) 178	
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	115	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	115	PROGRAF PACK	178
PROAIR DIGIHALER	15	PRODIGY INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	152	PROLATE SOLN	9
PROAIR HFA AERS (Use albuterol sulfate)	15	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	152	PROLATE TABS	9
PROAIR RESPICLICK AEPB	15	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	152	PROLENSA (Use bromfenac sodium (ophth))	199
probenecid	85	PRODIGY LANCING DEVICE MISC . 115		PROMACTA PACK	87
PRO-CAL TABS	186	PRODIGY NO CODING BLOOD GLUCOSE KIT	115	PROMACTA TABS	87
PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)	51	PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	76	promethazine & phenylephrine SYRP	58
PROCARDIA XL TB24 60 MG (Use nifedipine)	51	PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	115	promethazine hcl SOLN OR 6.25 MG/5ML	31
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	173	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	115	promethazine hcl SUPP	31
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	173	PRODIGY SAFETY LANCETS	115	promethazine hcl TABS	31
PROCERV HP TABS	186	PRODIGY TWIST TOP LANCETS 115		promethazine w/codeine SOLN	58
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	173	PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	115	promethazine w/codeine SYRP	58
prochlorperazine	45	PROFILNINE	86	promethazine-dm SYRP	58
prochlorperazine maleate TABS	45			promethazine-phenylephrine-codeine	58
PROCRIPT	87			PROMETRIUM CAPS 100 MG (Use progesterone)	201
				PROMETRIUM CAPS 200 MG (Use progesterone)	201
				PRONEB ULTRA FILTER SET MISC	173
				propafenone hcl CP12	13
				propafenone hcl TABS	13

proparacaine hcl _____	198	10 MG/5ML-30 MG/5ML-2 MG/5ML .	NEEDLE/32G X4MM _____	153
PROPEL MINI/STRAIGHT		58	PURE COMFORT SAFETY PEN	
DELIVERY SYSTEM IMPL_____	195	pseudoephedrine hcl TABS _____	NEEDLE 31G X 5MM _____	153
propranolol hcl CP24 _____	50	pseudoephedrine hcl TB12_____	PURE COMFORT SAFETY PEN	
propranolol hcl SOLN OR 20		pseudoephedrine-ibuprofen TABS	NEEDLE 31G X 6MM _____	153
MG/5ML, 40 MG/5ML_____	50	58	PURE COMFORT SAFETY PEN	
propranolol hcl TABS _____	50	PSS SELECT GP LANCETS _____	NEEDLE 32G X 4MM _____	153
propylthiouracil _____	205	115	PURIXAN SUSP _____	39
PROQUAD SUSR_____	211	psyllium CAPS 0.08 MG-5 MG-400	PX ADVANCED LANCING DEVICE	
PRORENAL+D TABS_____	186	MG, 0.52 GM, 400 MG _____	MISC _____	115
PRORENAL+D/OMEGA-3 CAPS	186	89	PX EXTRA SHORT PEN NEEDLES	
PROSCAR (Use finasteride) _____	85	psyllium POWD 25 %, 28.3 %, 30.9	31GX6MM _____	153
PROTECT CARDIO AF CAPS _____	186	%, 43 %, 49 %, 51.7 %, 58.6 % _____		
PROTECT PLUS SO CAPS _____	186	89	PX INSULIN SYRINGE/U-	
PROTEGRA CAPS _____	186	PTS PANELS EGLU STRP _____	100/0.5ML/30G X 1/2" _____	153
PROTONIX PACK (Use pantoprazole		PTS PANELS GLUCOSE TEST	PX LANCET AUTO INJECTOR MISC	
sodium) _____	208	STRP _____	.....115	
PROTONIX TBEC 20 MG (Use		PULMICORT FLEXHALER AEPB .	PX LANCETS MICROTHIN 33G .	115
pantoprazole sodium) _____	208	14	PX LANCETS ULTRA THIN _____	115
PROTONIX TBEC 40 MG (Use		PULMICORT SUSP (Use	PX LANCETS ULTRA THIN 28G .	
pantoprazole sodium) _____	208	budesonide (inhalation)) _____	115	
protriptyline hcl _____	23	14	PX MINI PEN NEEDLES 31GX5MM .	
PROVENTIL HFA AERS (Use		PULMOZYME _____	153	
albuterol sulfate) _____	15	205	PX PEN NEEDLE 29GX12MM _____	153
PROVERA (Use		PURE COMFORT 3-BALL BREATH	PX PEN NEEDLE 31GX8MM _____	153
medroxyprogesterone acetate) _____	201	EXERCISER DEVI _____	PX PRENATAL MULTIVITAMINS	
PROVIGIL (Use modafinil)_____	3	173	TABS _____	193
PROVIT TABS _____	186	PURE COMFORT LANCETS 30G .	PX SHORTLENGTH PEN	
PROZAC CAPS (Use fluoxetine hcl) .		115	NEEDLES/31GX8MM _____	153
22		PURE COMFORT PEN NEEDLE	PYLERA (Use bismuth subcitrate	
PRUDOXIN (Use doxepin hcl		32G X6MM _____	potassium-metronidazole-	
(antipruritic)) _____	63	153	tetracycline) _____	208
pseudoephed-bromphen-dm SYRP		PURE COMFORT PEN NEEDLE	pyrazinamide _____	38
		32G X8MM _____	pyrethrins-piperonyl butoxide SHAM	
		PURE COMFORT PEN	4 %-0.3 %-0.33 %, 4 %-0.33 % _____	70
		NEEDLE/32G X 5MM _____	PYRIDIDIUM TABS (Use	
		PURE COMFORT PEN		

phenazopyridine hcl)_____ 85	QC UNILET LANCETS 33G/MICRO THIN _____ 115	QUICKTEK TEST STRIPS STRP_ 76
pyridostigmine bromide SOLN OR 38	QELBREE _____ 2	QUICKVUE AT-HOME COVID-19 TEST KIT _____ 76
pyridostigmine bromide TABS ___ 38	QINLOCK _____ 41	QUILLICHEW ER CHER _____ 3
pyridostigmine bromide TBCR ___ 38	QNASL _____ 195	QUILLIVANT XR SRER _____ 3
pyrimethamine _____ 38	QNASL CHILDRENS _____ 195	QUIN B STRONG TABS_____ 186
QBRELIS SOLN _____ 33	QTERN _____ 24	quinapril hcl _____ 33
QC ADVANCED LANCING DEVICE MISC _____ 115	QUADRACEL SUSP _____ 206	quinapril-hydrochlorothiazide 12.5 MG-10 MG _____ 35
QC ALCOHOL SWABS _____ 122	QUADRACEL SUSY _____ 206	quinapril-hydrochlorothiazide 12.5 MG-20 MG _____ 35
QC ALL PURPOSE DRESSINGS4"X4" PADS _____ 97	QUAKE DEVI _____ 173	quinapril-hydrochlorothiazide 25 MG-20 MG _____ 35
QC BORDER ISLAND GAUZE PAD 2"X2" PADS _____ 97	QUALAQUIN CAPS (Use quinine sulfate) _____ 38	quinidine gluconate TBCR _____ 13
QC CASTOR OIL _____ 54	QUARTETTE (Use levonorgestrel-ethinyl estradiol (91-day)) _____ 55	quinidine sulfate TABS _____ 13
QC DIBROMM CHILDRENS COLD& ALLERGY LIQD _____ 58	quazepam _____ 88	quinine sulfate CAPS 324 MG ___ 38
QC LANCETS SUPER THIN ___ 115	QUDEXY XR CS24 (Use topiramate) . 19	QUINTABS TABS _____ 188
QC LANCETS ULTRA THIN _____ 115	QUESTRAN LIGHT POWD (Use cholestyramine light) _____ 31	QUINTABS-M TABS _____ 186
QC MULTI-VITE TABS _____ 186	QUESTRAN PACK (Use cholestyramine) _____ 31	QUINTET AC BLOOD GLUCOSE MONITORING SYSTEM DEVI _____ 115
QC OCUHEALTH VISION SUPPORT 2 CAPS _____ 186	QUESTRAN POWD (Use cholestyramine) _____ 31	QUINTET AC BLOOD GLUCOSE TEST STRIPS STRP _ 76
QC PEN NEEDLES 29G X 12MM . 153	quetiapine fumarate TABS 150 MG . 44	QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI__ 116
QC PEN NEEDLES 31G X 6MM .153	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG _____ 44	QUINTET BLOOD GLUCOSE TEST STRIPS STRP _____ 76
QC PEN NEEDLES 31G X 8MM .153	quetiapine fumarate TABS 300 MG, 400 MG _____ 44	QULIPTA _____ 175
QC PRENATAL TABS _____ 193	quetiapine fumarate TB24 _____ 44	QUTENZA _____ 68
QC STERILE PADS PADS _____ 97	QUFLORA PEDIATRIC CHEW _ 190	QUVIVIQ _____ 89
QC TRIACTING DAYTIME CHILDRENS SYRP _____ 59	QUFLORA PEDIATRIC SOLN ___ 190	QVAR REDHALER _____ 14
QC UNIFINE PENTIPS 32GX4MM . 153	QUICKTEK KIT _____ 115	RA ALCOHOL SWABS _____ 122
QC UNILET LANCETS 28G/ULTRA THIN _____ 115		RA CENTRAL-VITE TABS _____ 186

RA E-ZJECT LANCETS 28G ____	116	RANEXA TB12 (Use ranolazine) _	12	READYLANCE SAFETY LANCETS/23G/1.8MM _____	116
RA E-ZJECT LANCETS THIN 26G .		ranolazine TB12 _____	12	READYLANCE SAFETY LANCETS/26G/1.8MM _____	116
116		RAPAFLO (Use silodosin) _____	85	READYLANCE SAFETY LANCETS/28G/1.8MM _____	116
RA E-ZJECT LANCETS THIN 28G .		RAPAFLO 8 MG (Use silodosin) _	85	READYLANCE SAFETY LANCETS/30G/1.6MM _____	116
116		RAPAMUNE SOLN (Use sirolimus) .		READYLANCE SAFETY LANCETS/28G/1.8MM _____	116
RA E-ZJECT LANCETS ULTRATHIN 30G _____	116	178		READYLANCE SAFETY LANCETS/30G/1.6MM _____	116
RA INSULIN SYRINGE/0.5ML/29G X 1/2" _____	153	RAPAMUNE TABS (Use sirolimus) .		REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" _____	153
RA INSULIN SYRINGE/1ML/29G X 1/2" _____	153	178		100/0.5ML/29G X 1/2" _____	153
RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" _____	153	rasagiline mesylate _____	43	REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" _____	153
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" _____	153	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 _____	4	REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2" _____	153
RA PEN NEEDLES 31G X 5MM3/16"	153	RAVICTI _____	80	REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2" _____	153
RA PEN NEEDLES 31G X 8MM5/16"	153	RAYA SURE PEN NEEDLE 29GX 12MM _____	153	REALITY LANCETS _____	116
RA PRENATAL FORMULA/FOLICACID TABS ____	193	RAYA SURE PEN NEEDLE 31GX 4MM _____	153	REALITY LATEX CONDOMS/LUBRICATED MISC_	98
RA PRENATAL TABS	193	RAYA SURE PEN NEEDLE 31GX 5MM _____	153	REALITY LATEX/ULTRA TEXTURED DEVI _____	98
RA STERILE PADS 2"X2" PADS ..	97	RAYA SURE PEN NEEDLE 31GX 6MM _____	153	REALITY LATEX/ULTRA THIN DEVI .	98
RA STERILE PADS 3"X3" PADS ..	97	RAYA SURE PEN NEEDLE 31GX 8MM _____	153	REALITY SWABS _____	122
RA STERILE PADS 4"X4" PADS ..	97	RAYALDEE _____	80	REALITY TRIGGER LANCETS _	116
RABAVERT _____	211	RAYAVIT TABS _____	186	REBIF REBIDOSE SOAJ _____	203
rabeprazole sodium TBEC _____	208	RAYOS TBEC _____	57	REBIF REBIDOSE TITRATIONPACK SOAJ _____	203
RADIAURA CREA _____	66	RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC _____	97	REBIF SOSY _____	203
RADICAVA ORS STARTER KIT SUSP _____	195	RAZADYNE ER CP24 (Use galantamine hydrobromide) _____	202	REBIF TITRATION PACK SOSY	203
RADICAVA ORS SUSP _____	195	READYLANCE SAFETY LANCETS/21G/2.2MM _____	116	REBINYN _____	86
raloxifene hcl _____	79			REBLOZYL _____	87
ramelteon _____	89			RECOMBINATE SOLR _____	86
ramipril CAPS _____	33			RECOMBIVAX HB SUSP _____	211

RECOMBIVAX HB SUSY _____	211	STRIPS STRP _____	76	RELION PEN NEEDLES 31G X8MM	154
RECORLEV _____	79	RELION INSULIN SYRINGE 0.5ML/31G X 15/64" _____	153	RELION PEN NEEDLES 31GX5/16" 154	
RECTIV (Use nitroglycerin (intra- anal)) _____	11	RELION INSULIN SYRINGE 1ML/31GX15/64" _____	153	RELION PEN NEEDLES 31GX6MM 154	
REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM KIT _____	116	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64" _____	153	RELION PEN NEEDLES 31GX8MM 154	
REFUAH PLUS BLOOD GLUCOSETEST STRIPS STRP _	76	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" _____	153	RELION PEN NEEDLES 32G X4MM	154
REGLAN TABS (Use metoclopramide hcl) _____	83	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" _____	154	RELION PEN NEEDLES 32G X5/32"	154
REGULOID POWD _____	89	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" _____	154	RELION PEN NEEDLES 32GX4MM 154	
RELAFEN DS _____	6	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64" _____	154	RELION PEN NEEDLES/31G X1/4" 154	
RELENZA DISKHALER _____	49	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16" _____	154	RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP ..	76
RELEUKO SOLN _____	87	RELION KETONE TEST STRIPS STRP _____	76	RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI _____	116
RELEUKO SOSY _____	87	RELION LANCETS MICRO- THIN33G _____	116	RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI _____	116
RELEXXII TBCR 18 MG, 27 MG, 54 MG _____	3	RELION LANCETS THIN 26G ____	116	RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT _____	116
RELEXXII TBCR 36 MG _____	3	RELION LANCETS ULTRA- THIN30G _____	116	RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI _____	116
RELEXXII TBCR 45 MG, 63 MG, 72 MG _____	3	RELION LANCING DEVICE KIT ..	116	RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI__	116
RELION 2-IN-1 LANCET DEVICES 30G _____	116	RELION LANCING DEVICE MISC . 116		RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP _____	77
RELION 2-IN-1 LANCING DEVICE 25G _____	116	RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT ____	116	RELION SHORT PEN NEEDLES31GX8MM _____	154
RELION 2-IN-1 LANCING DEVICE 30G _____	116	RELION MINI PEN NEEDLES 31GX6MM _____	154	RELION TRUE METRIX AIR BLOOD	
RELION ALCOHOL SWABS ____	122	RELION PEN NEEDLES 29GX12MM	154		
RELION ALL-IN-ONE COMPACTBLOOD GLUCOSE TESTING SYSTEM _____	116	RELION PEN NEEDLES 31G X6MM	154		
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT _____	116				
RELION CONFIRM/MICRO TEST					

GLUCOSE METER/BLUETOOTH KIT _____ 116	REMICADE _____ 83	2"X2" MISC _____ 71
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP _____ 77	REMODULIN SOLN IJ _____ 52	RESTORE CALCICARE DRESSING 4"X4" MISC _____ 71
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT ____ 116	RENAGEL (Use sevelamer hcl) _ 84	RESTORE CALCICARE DRESSING 4"X8" MISC _____ 71
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS STRP _____ 77	RENAPLEX-D TABS _____ 186	RESTORE CALCIUM ALGINATEDRESSING 4"X4" MISC . 71
RELION ULTRA THIN LANCETS/30G _____ 116	RENFLEXIS _____ 83	RESTORE CONTACT LAYER/NON- ADHERENT 2"X2" PADS _____ 97
RELION ULTRA THIN LANCETS30G 116	RENVELA PACK (Use sevelamer carbonate) _____ 84	RESTORE FOAM DRESSING BORDERED 4"X4" PADS _____ 97
RELION ULTRA THIN PLUS LANCETS 32G _____ 116	RENVELA TABS (Use sevelamer carbonate) _____ 84	RESTORE FOAM DRESSING NON- BORDERED 4"X4" PADS _____ 97
RELION ULTRA THIN PLUS LANCETS 33G _____ 117	repaglinide _____ 27	RESTORE ODOR ABSORBING DRESSING 4"X4" PADS _____ 97
RELISTOR SOLN _____ 84	REPATHA PUSHTRONEX SYSTEM SOCT _____ 33	RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS _____ 97
RELISTOR TABS _____ 84	REPATHA SOSY _____ 33	RESTORIL 15 MG, 30 MG (Use temazepam) _____ 88
RELNATE DHA CAPS _____ 193	REPATHA SURECLICK SOAJ ____ 33	RESTORIL 7.5 MG, 22.5 MG (Use temazepam) _____ 88
RELPAKX (Use eletriptan hydrobromide) _____ 175	REPEL FAMILY AERO _____ 69	RETACRIT _____ 87
RELTONE CAPS _____ 82	REPEL FAMILY DRY AERO ____ 69	RETEVMO _____ 41
RELYVRIO _____ 195	REPEL HUNTERS FORMULA AERO 69	RETIN-A CREA 0.025 % (Use tretinoin) _____ 60
REMEDIENT CAPS _____ 186	REPEL SPORTSMEN AERO ____ 69	RETIN-A CREA 0.05 %, 0.1 % (Use tretinoin) _____ 60
REMERON SOLTAB TBDP 15 MG (Use mirtazapine) _____ 20	REPEL SPORTSMEN DRY AERO . 69	RETIN-A GEL (Use tretinoin) ____ 60
REMERON SOLTAB TBDP 30 MG (Use mirtazapine) _____ 20	REPEL SPORTSMEN MAX AERO . 69	RETIN-A MICRO (Use tretinoin microsphere) _____ 60
REMERON SOLTAB TBDP 45 MG (Use mirtazapine) _____ 20	REPEL SPORTSMEN MAX LOTN 69	RETIN-A MICRO _____ 60
REMERON TABS 15 MG (Use mirtazapine) _____ 20	REPLACEMENT AIR FILTER MISC .. 173	RETIN-A MICRO PUMP (Use tretinoin microsphere) _____ 60
REMERON TABS 30 MG (Use mirtazapine) _____ 21	REPLACEMENT FILTERS MISC .173	RETROVIR CAPS (Use zidovudine) ...
	RESTASIS EMUL (Use cyclosporine (ophth)) _____ 197	
	RESTASIS MULTIDOSE EMUL .. 197	
	RESTORE CALCICARE DRESSING 12" ROPE MISC _____ 71	
	RESTORE CALCICARE DRESSING	

47	SOSY IM _____	200	riluzole TABS _____	195
RETROVIR SYRP (Use zidovudine) ..	RHOPRESSA _____	198	rimantadine hydrochloride TABS _	49
47	ribavirin (hepatitis c) CAPS _____	49	RINVOQ _____	3
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	ribavirin (hepatitis c) TABS 200 MG 49		RIOMET SOLN (Use metformin hcl) ..	24
173	ribavirin _____	49	risedronate sodium TABS 150 MG	79
REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC _____	RIDAURA _____	5	risedronate sodium TABS 35 MG_	79
173	rifabutin _____	38	risedronate sodium TABS 5 MG, 30 MG _____	79
REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	rifampin CAPS _____	38	risedronate sodium TBEC _____	79
174	RIGHTEST GD500 LANCING DEVICE MISC _____	117	RISPERDAL CONSTA (Use risperidone microspheres) _____	43
REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) ..	RIGHTEST GL300 LANCETS _	117	RISPERDAL CONSTA 50 MG (Use risperidone microspheres) _____	43
53	RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT _____	117	RISPERDAL SOLN (Use risperidone)	43
REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) ..	RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT _____	117	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 44	
53	RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT _____	117	risperidone microspheres _____	44
REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) ..	RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP ..	77	risperidone SOLN _____	44
53	RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP_	77	risperidone TABS _____	44
REVLIMID _____	177		risperidone TBDP _____	44
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT ____	117		RITALIN LA CP24 (Use methylphenidate hcl) _____	3
REXALL BLOOD GLUCOSE TEST STRIPS STRP _____	77		RITALIN TABS (Use methylphenidate hcl) _____	3
REXALL LANCETS ULTRA THIN 117	RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP ..	77	RITEFLO DEVI _____	174
REXULTI _____	45		ritonavir TABS _____	47
REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate) _____	47		rivastigmine 13.3 MG/24HR _____	202
REYATAZ PACK _____	47		rivastigmine 4.6 MG/24HR, 9.5 MG/24HR _____	202
REYVOW _____	175		rivastigmine tartrate CAPS _____	202
REZLIDHIA _____	41			
REZUROCK _____	177			
REZVOGLAR KWIKPEN _____	27			
RHOFADE _____	70			
RHOGAM ULTRA-FILTERED PLUS				

RIXUBIS SOLR _____	86	ROZEREM (Use ramelteon) _____	89	1ML/29GX1/2" _____	154
rizatriptan benzoate TABS _____	175	ROZLYTREK CAPS _____	41	SAFETY INSULIN SYRINGES	
rizatriptan benzoate TBDP _____	175	ROZLYTREK PACK _____	41	1ML/30GX1/2" _____	154
ROBINUL FORTE TABS (Use glycopyrrolate) _____	207	RUBRACA _____	41	SAFETY LANCET 30G/PRESSURE ACTIVATED _____	117
ROBINUL TABS (Use glycopyrrolate) _____	207	rufinamide SUSP _____	19	SAFETY LANCETS _____	117
ROBITUSSIN COUGH+CHEST CONGESTION DM LIQD (Use dextromethorphan-guaifenesin) _____	59	rufinamide TABS _____	19	SAFETY LANCETS 21G _____	117
ROCALTROL CAPS (Use calcitriol) _____	80	RUKOBIA _____	47	SAFETY LANCETS 23G _____	117
ROCALTROL SOLN OR (Use calcitriol) _____	80	RYALTRIS _____	194	SAFETY LANCETS 28G _____	117
ROCKLATAN _____	198	RYBELSUS TABS _____	25	SAFETY LANCETS/PRESSURE ACTIVATED/28G _____	117
roflumilast _____	14	RYDAPT _____	41	SAFETY PEN NEEDLES/30G X3/16" _____	154
ROLLED GAUZE 2"X2YD MISC _____	97	RYKINDO SRER _____	44	SAFETY PEN NEEDLES/30G X5/16" _____	154
ROLVEDON _____	87	RYSTIGGO _____	177	SAFETY SYRINGES/NEEDLE 10ML/20GX1-1/2" _____	154
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG _____	42	RYTARY CPCR _____	42	SAFETY SYRINGES/NEEDLE 10ML/22GX1-1/2" _____	154
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG _____	42	RYTHMOL SR CP12 (Use propafenone hcl) _____	13	SAFETY SYRINGES/NEEDLE 1ML/25GX5/8" _____	154
ropinirole hydrochloride TB24 _____	42	SABRIL PACK (Use vigabatrin) _____	20	SAFETY SYRINGES/NEEDLE 1ML/27GX1/2" _____	154
ROSDAN KIT _____	70	SABRIL TABS (Use vigabatrin) _____	20	SAFE-T-LANCE LOW FLOW 25G 117	
rosuvastatin calcium TABS _____	32	SAFE-T-LANCE NORMAL FLOW21G _____	117	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ..	117
ROTARIX SUSP _____	211	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW _____	117	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 117	
ROTARIX SUSR _____	211	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 117		SAFETY SYRINGES/NEEDLE 3ML/20GX1" _____	154
ROTATEQ SOLN _____	211	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" _____	154	SAFETY SYRINGES/NEEDLE 3ML/20GX1-1/2" _____	154
ROWASA (Use mesalamine w/ cleanser) _____	83	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" _____	154	SAFETY SYRINGES/NEEDLE 3ML/21GX1" _____	154
ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl) _____	9	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" _____	154	SAFETY SYRINGES/NEEDLE 3ML/21GX1-1/2" _____	154
ROXYBOND TABA _____	9	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" _____	154	SAFETY SYRINGES/NEEDLE 3ML/22GX1" _____	154
		SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" _____	154	SAFETY SYRINGES/NEEDLE 3ML/22GX1-1/2" _____	154

SAFETY SYRINGES/NEEDLE 3ML/23GX1" _____	154	SAPHRIS 5 MG, 10 MG (Use asenapine maleate) _____	44	SB INSULIN SYRINGE/U- 100/1ML/29G X 1/2" _____	155
SAFETY SYRINGES/NEEDLE 3ML/25GX5/8" _____	155	sapropterin dihydrochloride PACK	80	SB INSULIN SYRINGE/U- 100/1ML/30G X 5/16" _____	155
SAFETY SYRINGES/NEEDLE 5ML/20GX1-1/2" _____	155	sapropterin dihydrochloride TABS	.80	SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16" _____	155
SAFETY SYRINGES/NEEDLE 5ML/21GX1-1/2" _____	155	SAPS CARE ALCOHOL PREP PADS _____	122	SB LANCETS THIN _____	117
SAFETY SYRINGES/NEEDLE 5ML/22GX1-1/2" _____	155	SAPS HEALTH ALCOHOL PREPPADS _____	122	SB LANCETS ULTRA THIN _____	117
SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium) _____	55	SAPS HEALTH CARE ALCOHOLPREP PADS _____	122	SCEMBLIX _____	41
SAIZEN IJ _____	79	SAPS HEALTH CARE TWIST TOP LANCETS _____	117	scopolamine _____	28
SALICATE LIQD _____	68	SAPS HEALTH PLUS TWIST TOP LANCETS 30G _____	117	SEASONIQUE (Use levonorgestrel- ethinyl estradiol (91-day)) _____	55
salicylic acid FOAM _____	68	SAPS HEALTH TWIST TOP LANCETS 30G _____	117	SECUADO _____	44
salicylic acid GEL 6 % _____	68	SAPSCARE TWIST TOP LANCETS 30G _____	117	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" .	155
salicylic acid LIQD 27.5 % _____	68	SARNA LOTN (Use camphor & menthol) _____	63	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	155
SALICYLIC ACID OINT _____	68	SAVAYSA _____	16	SECURESAFE SAFETY PEN NEEDLES/30G X 5/16" _____	155
saline SOLN _____	195	SAVELLA TABS _____	202	SECURESAFE SYRINGE/NEEDLE/1ML/27G X 1/2"	155
salsalate _____	7	SAVELLA TITRATION PACK MISC	202	SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1"	155
SALYCIM CREA _____	68	SAWYER INSECT REPELLENT AERO _____	69	SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1- 1/2" _____	155
SAMI THE SEAL REPLACEMENTFILTERS MISC .	174	SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN .	69	SECURESAFE SYRINGE/NEEDLE/3ML/22G X 1- 1/2" _____	155
SAMSCA TABS (Use tolvaptan) _____	81	saxagliptin hcl _____	25	SECURESAFE SYRINGE/NEEDLE/3ML/22G X 1- 1/2" _____	155
SANCUSO PTCH _____	28	saxagliptin-metformin hcl _____	24	SECURESAFE	
SANDIMMUNE CAPS (Use cyclosporine) _____	178	SB ALCOHOL PREP PADS _____	122	SECURESAFE SYRINGE/NEEDLE/3ML/22G X 1- 1/2" _____	155
SANDIMMUNE SOLN OR _____	178	SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" _____	155	SECURESAFE	
SANDOSTATIN LAR DEPOT KIT .	81	SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" _____	155	SECURESAFE	
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate) _____	81				
SAPHRIS (Use asenapine maleate) .	44				

SYRINGE/NEEDLE/3ML/25G X 5/8" 155	sennosides TABS 8.6 MG _____ 90	DEVICE MISC _____ 117
SEGLENTIS _____ 9	sennosides-docusate sodium TABS . 89	SHOPKO ON-THE-GO COMFORTLANCETS 30G _____ 117
SEGLUROMET _____ 24	SENOKOT S TABS (Use sennosides-docusate sodium) ____ 89	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM __ 155
SELECT-LITE DEVICE/LANCETS KIT _____ 117	SENOKOT TABS (Use sennosides) . 90	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM ____ 155
SELECT-LITE LANCING DEVICE MISC _____ 117	SENSIPAR (Use cinacalcet hcl) _ 80	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM . 155
SELECT-OB CHEW _____ 193	SENTRY SENIOR/LUTEIN TABS . 186	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM __ 155
SELECT-OB+DHA MISC _____ 193	SENTRY TABS _____ 186	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4 MM _____ 155
selegiline hcl CAPS _____ 43	SEREVENT DISKUS _____ 15	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4 MM _____ 155
selegiline hcl TABS _____ 43	SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use quetiapine fumarate) _____ 44	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5M M _____ 155
selenium sulfide LOTN 2.5 % _____ 63	SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate) _____ 44	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM . . 155
selenium sulfide SHAM 2.25 % __ 64	SEROQUEL XR TB24 (Use quetiapine fumarate) _____ 44	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8 MM _____ 155
SELSUN BLUE DAILY LOTN (Use selenium sulfide) _____ 64	SEROSTIM SC 4 MG, 5 MG, 6 MG . 79	SHOPKO UNILET LANCETS SUPER THIN 30G _____ 117
SELSUN BLUE LOTN (Use selenium sulfide) _____ 64	sertraline hcl CONC _____ 22	SHOPKO UNILET LANCETS ULTRA THIN 28G _____ 117
SELSUN BLUE MEDICATED LOTN (Use selenium sulfide) _____ 64	sertraline hcl TABS 100 MG _____ 22	SIDEROL TABS _____ 186
SELZENTRY SOLN _____ 47	sertraline hcl TABS 25 MG, 50 MG . 22	SIDESTREAM ADULT FACE MASK MISC _____ 174
SELZENTRY TABS (Use maraviroc) . 47	SERTRALINE HYDROCHLORIDE CAPS _____ 22	SIDESTREAM PEDIATRIC FACEMASK MISC _____ 174
SELZENTRY TABS 25 MG, 75 MG, 150 MG _____ 47	sevelamer carbonate PACK _____ 84	SIDESTREAM PEDIATRIC
SELZENTRY TABS 300 MG (Use maraviroc) _____ 47	sevelamer carbonate TABS _____ 84	
SEMGLEE SOLN _____ 27	sevelamer hcl _____ 84	
SEMGLEE SOPN _____ 27	SEVENFACT _____ 86	
SE-NATAL 19 CHEW _____ 193	SFROWASA ENEM _____ 83	
SE-NATAL 19 TABS _____ 193	SHINGRIX _____ 211	
sennosides LIQD _____ 90	SHOPKO AUTOLET LANCING	
sennosides SYRP 8.8 MG/5ML __ 90		

FACEMASK/SAMI THE SEAL MISC . 174	sulfadiazine) _____ 64	(pediculicide)) _____ 70
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC _____ 174	SILVER NITRATE SOLN 0.5 % ___ 64	SKYRIZI PEN SOAJ _____ 63
SIDESTREAM PLUS ADULT FACE MASK MISC _____ 174	silver sulfadiazine _____ 64	SKYRIZI PSKT _____ 63
SIGNIFOR _____ 81	SIMBRINZA _____ 197	SKYRIZI SOCT _____ 83
SIGNIFOR LAR _____ 81	simethicone CHEW 80 MG _____ 82	SKYRIZI SOLN _____ 83
SIKLOS TABS _____ 87	simethicone LIQD OR 20 MG/0.3ML . 82	SKYRIZI SOSY _____ 63
sildenafil citrate (pulmonary hypertension) SOLN _____ 53	simethicone SUSP _____ 82	SKYTROFA _____ 79
sildenafil citrate (pulmonary hypertension) SUSR _____ 53	SIMPLE DIAGNOSTICS LANCING DEVICE MISC _____ 117	SLYND _____ 56
sildenafil citrate (pulmonary hypertension) TABS _____ 53	SIMPONI ARIA SOLN _____ 5	SM ALCOHOL PREP PADS _____ 122
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC _____ 174	SIMPONI SOAJ _____ 5	SM BANDAGE ROLL 4.5"X144" MISC _____ 97
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC _____ 174	SIMPONI SOSY _____ 5	SM COLD & ALLERGY CHILDRENS LIQD _____ 59
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC ___ 174	simvastatin TABS _____ 32	SM GAUZE PADS 2"X2" PADS ___ 97
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC _____ 174	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa- levodopa) _____ 42	SM GAUZE PADS 3"X3" PADS ___ 97
SILIGENTLE SILICONE FOAMDRESSING/BORDERED PADS _____ 97	SINGLE-LET _____ 117	SM GAUZE PADS 4"X4" PADS ___ 97
SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS _____ 97	SINGULAIR CHEW (Use montelukast sodium) _____ 14	SM MICRO THIN LANCETS 33G 117
SILIQ _____ 63	SINGULAIR PACK (Use montelukast sodium) _____ 14	SM ONE DAILY ESSENTIAL TABS 179
silodosin _____ 85	SINGULAIR TABS (Use montelukast sodium) _____ 14	SM ONE DAILY MENS TABS ___ 186
SILVADENE (Use silver Index 101	SINUVA IMPL _____ 195	SM ONE DAILY WOMENS TABS 186
	sirolimus SOLN _____ 178	SM PRENATAL VITAMINS TABS 193
	sirolimus TABS _____ 178	SM ROLLED GAUZE BANDAGE 2"X4.1YD MISC _____ 97
	SIRTURO _____ 38	SM ROLLED GAUZE BANDAGE 3"X4.1YD MISC _____ 97
	SITAVIG TABS BU _____ 49	SM STERILE PADS 2"X2" PADS . .97
	SIVEXTRO TABS _____ 37	SM STERILE PADS PADS _____ 97
	SKIN HAIR & NAILS ADVANCED BEAUTY CAPS _____ 186	SM TRUEDRAW LANCING DEVICE MISC _____ 117
	SKLICE (Use ivermectin	

SMART DIABETES VANTAGE LANCING DEVICE MISC _____ 117	SMARTY PANTS KIDS COMPLETE AND FIBER CHEW _____ 190	CLEANSER IN UREA EMUL ____ 60
SMART SENSE COLOR LANCETS UNIVERSAL 33G _____ 118	sodium bicarbonate (antacid) TABS 325 MG, 650 MG _____ 11	SOFOSBUVIR/VELPATASVIR TABS.....49
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT _____ 118	sodium chloride (gu irrigant) 0.9 % 84	SOF-WICK 4"X4" PADS _____ 97
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP 77	sodium chloride (inhalant) NEBU 0.9 %, 3 %59	SOF-WIK MISC _____ 97
SMART SENSE STANDARD LANCETS UNIVERSAL 21G ____ 118	sodium chloride flush _____ 177	SOGROYA _____ 79
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G ____ 118	sodium chloride SOLN IV 0.9 % .. 177	SOHONOS _____ 194
SMART SENSE THIN LANCETSUNIVERSAL 26G ____ 118	SODIUM CHLORIDE SOLN OR (Use sodium chloride) _____ 177	solifenacin succinate TABS ____ 208
SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP _____ 77	sodium citrate & citric acid _____ 84	SOLQUA 100/33 _____ 24
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT _____ 118	sodium fluoride (dental) CREA__ 178	SOLIRIS _____ 86
SMARTEST BLOOD GLUCOSE TEST STRIPS STRP _____ 77	sodium fluoride (dental) GEL ____ 178	SOLO TABS _____ 186
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI _____ 118	sodium fluoride (dental) PSTE DT . 178	SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (Use minocycline hcl) _____ 205
SMARTEST EJECT STARTER KIT KIT _____ 118	sodium fluoride (dental) SOLN 0.2 % . 178	SOLOSEC _____ 3
SMARTEST LANCETS 28G ____ 118	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG _____ 176	SOLTAMOX SOLN _____ 40
SMARTEST PERSONA STARTERKIT KIT _____ 118	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML _____ 176	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI _____ 118
SMARTEST PRONTO STARTERKIT KIT _____ 118	sodium fluoride-potassium nitrate GEL _____ 178	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT _____ 118
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI _____ 118	SODIUM OXYBATE SOLN ____ 202	SOLUS V2 AUDIBLE TEST STRP .77
SMARTEST PROTEGE STARTERKIT KIT _____ 118	sodium phenylbutyrate POWD ____ 80	SOLUS V2 LANCING DEVICE MISC . 118
	sodium phenylbutyrate TABS ____ 80	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G _____ 118
	sodium phosphates ENEM _____ 90	SOLUS V2 TWIST LANCETS 30G . 118
	sodium polystyrene sulfonate POWD . 178	SOMA TABS (Use carisoprodol) ..194
	sodium polystyrene sulfonate SUSP OR 15 GM/60ML _____ 178	SOMATULINE DEPOT _____ 81
	SODIUM SULFACETAMIDE/SULFUR	SOOTHENEB NBL 100 CHILD MASK MISC _____ 174
		SOOTHENEB NBL 100

MEDICATION CUP MISC _____	174	SPONGEBOB SQUAREPANTS GUMMIES CHEW _____	190	STERILE GAUZE PADS 3"X3" PADS	97
SOOTHENEB NBL 100 MESH CAP MISC _____	174	SPORANOX CAPS (Use itraconazole) _____	29	STERILE PADS 2"X2" PADS ____	97
SOOTHENEB NBL100 ADULT MASK MISC _____	174	SPORANOX PULSEPAK CAPS (Use itraconazole) _____	29	STERILE PADS 3"X3" PADS ____	97
sorafenib tosylate _____	41	SPORANOX SOLN (Use itraconazole) _____	30	STERILE PADS 4"X4" PADS ____	97
SORILUX FOAM _____	63	SPRAVATO 56MG DOSE _____	21	STIMUFEND _____	87
sotalol hcl (afib/afib) _____	51	SPRAVATO 84MG DOSE _____	21	STIOLTO RESPIMAT _____	15
sotalol hcl TABS 240 MG _____	51	SPRITAM TB3D _____	19	STIVARGA _____	41
sotalol hcl TABS 80 MG, 120 MG, 160 MG _____	51	SPRYCEL _____	41	STRATTERA (Use atomoxetine hcl) . 2	
SOTYKTU _____	63	STALEVO 100 (Use carbidopa- levodopa-entacapone) _____	42	STRETCH GAUZE BANDAGE MISC 97	
SOTYLIZE SOLN OR _____	51	STALEVO 125 (Use carbidopa- levodopa-entacapone) _____	42	STRIBILD _____	47
SOVALDI PACK _____	49	STALEVO 150 (Use carbidopa- levodopa-entacapone) _____	43	STRIVERDI RESPIMAT _____	15
SOVALDI TABS _____	49	STALEVO 200 (Use carbidopa- levodopa-entacapone) _____	43	STROMECTOL (Use ivermectin)_	12
SPECTRAVITE TABS _____	186	STALEVO 50 (Use carbidopa- levodopa-entacapone) _____	43	STROVITE FORTE TABS (Use multiple vitamins w/ minerals)____	186
SPIKEVAX COVID-19 VACCINE SUSP _____	211	STALEVO 75 (Use carbidopa- levodopa-entacapone) _____	43	STROVITE ONE TABS _____	186
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP _____	211	STAMARIL SUSR _____	211	SUBLOCADE SOSY _____	10
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY _____	211	STEGLATRO _____	27	SUBOXONE FILM SL (Use buprenorphine hcl-naloxone hcl dihydrate) _____	10
spinosad _____	70	STEGLUJAN _____	24	sucralfate SUSP _____	207
SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) .	13	STELARA 130 MG/26ML _____	83	sucralfate TABS _____	207
SPIRIVA RESPIMAT AERS _____	13	STELARA SOSY _____	63	SUDAFED CHILDRENS LIQD __	195
SPIRO PD DEVI _____	174	STERILANCE TL _____	118	SUDAFED CONGESTION TABS (Use pseudoephedrine hcl) _____	195
spironolactone & hydrochlorothiazide	78	STERILE BANDAGE ROLL 2.25"X3YD MISC _____	97	SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral)) _____	195
spironolactone SUSP _____	78	STERILE GAUZE PADS 2"X2" PADS	97	SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	195
spironolactone TABS 25 MG, 100 MG _____	78			SULAR 8.5 MG, 17 MG, 34 MG (Use	
spironolactone TABS 50 MG _____	78				

nisoldipine) _____	51	sulindac TABS _____	6	SUPREME TEST STRIPS STRP_	77
sulfacetamide sodium (acne) ____	60	SUMADAN KIT _____	61	SURE COMFORT ALCOHOL PREP PADS _____	122
sulfacetamide sodium (ophth) OINT 197		SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) __	61	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4" . .	155
sulfacetamide sodium (ophth) SOLN . 197		SUMADAN XLT KIT _____	61	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	155
sulfacetamide sodium GEL _____	64	sumatriptan _____	175	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" ..	156
sulfacetamide sodium LIQD _____	64	sumatriptan succinate SOAJ 4 MG/0.5ML _____	175	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" . .	156
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 % _____	61	sumatriptan succinate SOAJ 6 MG/0.5ML _____	175	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" . .	156
sulfacetamide sodium w/ sulfur EMUL 10 %-1 % _____	61	sumatriptan succinate SOCT 4 MG/0.5ML _____	175	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" . .	156
sulfacetamide sodium w/ sulfur FOAM _____	61	sumatriptan succinate SOCT 6 MG/0.5ML _____	175	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	156
sulfacetamide sodium w/ sulfur LIQD . 61		sumatriptan succinate SOLN 6 MG/0.5ML _____	176	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" . .	156
sulfacetamide sodium w/ sulfur PADS 10 %-4 % _____	61	sumatriptan succinate TABS ____	176	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/28G X 1/2" ..	156
sulfacetamide sodium w/ sulfur SUSP 8 %-4 % _____	61	sumatriptan-naproxen sodium __	175	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	156
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 % ____	61	SUMAXIN CP KIT _____	61	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	156
sulfacetamide sod-prednisolone SOLN _____	198	SUMAXIN PADS _____	61	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	156
sulfadiazine TABS _____	205	sunitinib malate _____	41	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	156
sulfamethoxazole-trimethoprim SUSP	36	SUNLENCA SOLN _____	47	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . .	156
sulfamethoxazole-trimethoprim TABS	36	SUNLENCA TBPK _____	47	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . .	156
SULFAMYLON CREA _____	64	SUNOSI _____	2	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . .	156
SULFAMYLON PACK 5 % (Use mafenide acetate) _____	64	SUPER ANTIOXIDANT CAPS __	186	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . .	156
sulfasalazine TABS _____	83	SUPER THIN LANCETS _____	118	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . .	156
sulfasalazine TBEC _____	83	SUPERIOR MENS MULTI TABS .	187	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . .	156
		SUPERIOR WOMENS MULTI TABS . 187		SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . .	156
		SUPPORT-500 CAPS _____	187	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	156
		SUPRAX CAPS (Use cefixime) __	54	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	156
		SUPRAX SUSR 100 MG/5ML (Use cefixime) _____	54		

SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" . 156	NEEDLES30GX5/16" SHORT ___ 156	SYMTUZA_____ 48
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" . 156	SURE COMFORT PEN NEEDLES31GX3/16" (5MM) ___ 156	SYNALAR CREA (Use fluocinolone acetonide) _____ 66
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" . 156	SURE COMFORT PEN NEEDLES31GX5/16" (8MM) ___ 156	SYNALAR CREAM KIT _____ 66
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" . 156	SURE COMFORT PEN NEEDLES32GX5/32" (4MM) ___ 156	SYNALAR OINT (Use fluocinolone acetonide) _____ 67
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" . 156	SURE COMFORT PEN NEEDLES32GX5/32" _____ 156	SYNALAR OINTMENT KIT _____ 66
SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM ..156	SURE COMFORT PEN NEEDLES32GX6MM _____ 156	SYNALAR SOLN (Use fluocinolone acetonide) _____ 67
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM . 156	SURELITE LANCETS _____ 118	SYNALAR TS _____ 66
SURE COMFORT LANCETS 18G . 118	SURGICAL GAUZE SPONGE PADS . 97	SYNAREL _____ 79
SURE COMFORT LANCETS 21G . 118	SUSTIVA CAPS 200 MG (Use efavirenz) _____ 47	SYNJARDY TABS _____ 24
SURE COMFORT LANCETS 23G . 118	SUSTIVA CAPS 50 MG (Use efavirenz) _____ 47	SYNJARDY XR TB24 _____ 24
SURE COMFORT LANCETS 28G . 118	SUSTIVA TABS (Use efavirenz) _ 47	SYNTHROID TABS (Use levothyroxine sodium) _____ 206
SURE COMFORT LANCETS 30G . 118	SUTENT (Use sunitinib malate) _ 41	SYPRINE (Use trientine hcl) ___ 177
SURE COMFORT LANCING PEN MISC _____ 118	SYMBICORT (Use budesonide- formoterol fumarate dihydrate)___ 15	SYRINGE/HYPODERMIC
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM___ 156	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl) . 202	SAFETY12ML 18GX1" _____ 156
SURE COMFORT PEN	SYMDEKO _____ 205	SYRINGE/LUER LOCK/10ML/21G X 1" _____ 156
	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)____ 48	SYRINGE/LUER LOCK/3ML/20G X 1" _____ 156
	SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate) _____ 48	SYRINGE/LUER LOCK/3ML/20G X 1-1/2" .....156
	SYMLINPEN 120 SOPN _____ 23	SYRINGE/LUER LOCK/3ML/20GX1- 1/2" _____ 156
	SYMLINPEN 60 SOPN _____ 23	SYRINGE/LUER LOCK/3ML/21G X 1" _____ 156
	SYMPAZAN FILM _____ 17	SYRINGE/LUER LOCK/3ML/21G X 1-1/2" .....156
	SYMPROIC _____ 84	SYRINGE/LUER LOCK/3ML/21GX1" .....157
		SYRINGE/LUER LOCK/3ML/21GX1- 1/2" _____ 157

SYRINGE/LUER LOCK/3ML/22G X 1" _____ 157	SYRINGES/LUER LOCK/10ML/21G X 1" _____ 157	tacrolimus CAPS _____ 178
SYRINGE/LUER LOCK/3ML/22G X 1-1/2" _____ 157	SYRINGES/LUER LOCK/10ML/22GX1" _____ 157	tadalafil (pulmonary hypertension) TABS _____ 53
SYRINGE/LUER LOCK/3ML/22GX1" _____ 157	SYRINGES/LUER LOCK/10ML/22GX1-1/2" _____ 157	tadalafil 5 MG _____ 52
SYRINGE/LUER LOCK/3ML/22GX1- 1/2" _____ 157	SYRINGES/LUER LOCK/1ML/20GX1" _____ 157	TADLIQ SUSP _____ 53
SYRINGE/LUER LOCK/3ML/23G X 1" _____ 157	SYRINGES/LUER LOCK/5ML/20GX1" _____ 157	TAFINLAR CAPS _____ 41
SYRINGE/LUER LOCK/3ML/23G X 1-1/2" _____ 157	SYRINGES/LUER LOCK/5ML/20GX1-1/2" _____ 157	TAFINLAR TBSO _____ 41
SYRINGE/LUER LOCK/3ML/23GX1" _____ 157	SYRINGES/LUER LOCK/5ML/21GX1" _____ 157	tafluprost _____ 199
SYRINGE/LUER LOCK/3ML/25G X 1" _____ 157	SYRINGES/LUER LOCK/5ML/21GX1-1/2" _____ 157	TAGRISSE _____ 39
SYRINGE/LUER LOCK/3ML/25G X 1-1/2" _____ 157	SYRINGES/LUER LOCK/5ML/22GX1-1/2" _____ 157	TAKHZYRO SOLN _____ 86
SYRINGE/LUER LOCK/3ML/25G X 5/8" _____ 157	SYRINGES/LUER SLIP/1ML/25GX5/8" _____ 157	TAKHZYRO SOSY _____ 86
SYRINGE/LUER LOCK/3ML/25GX1" _____ 157	SYSTANE ICAPS AREDS2 CHEW 187	TALICIA _____ 208
SYRINGE/LUER LOCK/3ML/25GX5/8" _____ 157	SYSTANE ICAPS AREDS2 TABS 187	TALTZ SOAJ _____ 63
SYRINGE/LUER LOCK/5ML/20G X 1-1/2" _____ 157	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS _ 179	TALTZ SOSY _____ 63
SYRINGE/LUER SLIP/1ML/25G X 5/8" _____ 157	TABLOID _____ 39	TALZENNA _____ 41
SYRINGE/LUER SLIP/1ML/26G X 3/8" _____ 157	TABRECTA _____ 41	TAMIFLU CAPS 30 MG (Use oseltamivir phosphate) _____ 49
SYRINGE/LUER SLIP/1ML/27G X 1/2" _____ 157	TACLONEX OINT (Use calcipotriene- betamethasone dipropionate) _____ 67	TAMIFLU CAPS 45 MG (Use oseltamivir phosphate) _____ 49
SYRINGES/LUER LOCK/10ML/20GX1" _____ 157	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate) _____ 67	TAMIFLU CAPS 75 MG (Use oseltamivir phosphate) _____ 49
SYRINGES/LUER LOCK/10ML/20GX1-1/2" _____ 157	tacrolimus (topical) OINT 0.1 % _____ 68	TAMIFLU SUSR (Use oseltamivir phosphate) _____ 49
	tacrolimus (topical) OINT _____ 68	tamoxifen citrate TABS _____ 40
		tamsulosin hcl _____ 85
		TARCEVA (Use erlotinib hcl) _____ 39
		TARGRETIN (Use bexarotene (topical)) _____ 63
		TARGRETIN (Use bexarotene) _____ 41
		TARPEYO CPDR _____ 57
		TASCENSO ODT _____ 203
		TASIGNA _____ 41

tasimelteon CAPS _____	89	100/0.5ML/31G X 5/16" _____	158	TEGRETOL TABS (Use carbamazepine) _____	19
TASMAR (Use tolcapone) _____	42	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" _____	158	TEGRETOL-XR TB12 (Use carbamazepine) _____	19
tavorole _____	62	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" _____	158	TEGSEDI _____	204
TAVALISSE _____	86	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" _____	158	TEKTURNA (Use aliskiren fumarate) _____	35
TAVNEOS _____	86	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" _____	158	TEKTURNA HCT 12.5 MG-300 MG, 25 MG-300 MG _____	35
TAYTULLA CAPS (Use norethin acet & estrad-fe) _____	56	TECHLITE LANCETS _____	118	TELFAMAD ADHESIVE BANDAGE 2"X3.75" MISC _____	98
tazarotene CREA _____	63	TECHLITE LANCETS 26G _____	118	telmisartan _____	34
TAZAROTENE FOAM _____	61	TECHLITE LANCETS 30G _____	118	telmisartan-amlodipine _____	35
tazarotene GEL _____	63	TECHLITE PEN NEEDLES 29GX 10MM _____	158	telmisartan-hydrochlorothiazide _____	35
TAZVERIK _____	41	TECHLITE PEN NEEDLES 29GX 12MM _____	158	temazepam 15 MG, 30 MG _____	88
TDVAX SUSP _____	206	TECHLITE PEN NEEDLES 31GX 5MM _____	158	temazepam 7.5 MG, 22.5 MG _____	88
TECFIDERA CPDR (Use dimethyl fumarate) _____	203	TECHLITE PEN NEEDLES/31GX 8MM _____	158	TEMODAR CAPS 100 MG, 140 MG (Use temozolomide) _____	38
TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate) _____	203	TECHLITE PEN NEEDLES/32GX 6MM _____	158	TEMODAR CAPS 180 MG, 250 MG (Use temozolomide) _____	38
TECHLITE AST LANCETS _____	118	TECHLITE PLUS PEN NEEDLES 32G X 4MM _____	158	TEMOVATE CREA (Use clobetasol propionate) _____	67
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2" _____	157	TEGADERM FILM TRANSPARENT DRESS/FRAME STYLE 1-3/4"X1-3/4" MISC _____	97	TEMOVATE OINT (Use clobetasol propionate) _____	67
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16" _____	157	TEGADERM FOAM DRESSING 2"X2" PADS _____	97	temozolomide CAPS 180 MG, 250 MG _____	38
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64" _____	157	TEGADERM FOAM DRESSING 4"X4" PADS _____	97	temozolomide CAPS 5 MG, 20 MG, 100 MG, 140 MG _____	38
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" _____	157	TEGADERM FOAM DRESSING ROLL 4"X24" MISC _____	98	TEMPO REFILL KIT _____	118
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" _____	157	TEGRETOL SUSP (Use carbamazepine) _____	19	TEMPO WELCOME KIT _____	118
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" _____	157			TENDEROL UNDERCAST PADDING 2"X4 YD MISC _____	98
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" _____	157			TENDEROL UNDERCAST PADDING 3"X4 YD MISC _____	98

TENDEROL UNDERCAST PADDING 4"X4 YD MISC _____	98	ADSORBED ADULT SUSP _____	206	THERABETIC MULTI-VITAMIN TABS _____	187
TENDEROL UNDERCAST PADDING 6"X4 YD MISC _____	98	tetrabenazine _____	203	THERAGAUZE PADS _____	98
TENIVAC INJ _____	206	tetracaine hcl (ophth) _____	198	THERAGRAN-M ADVANCED 50 PLUS TABS _____	187
tenofovir disoproxil fumarate TABS . 48		tetracycline hcl CAPS _____	205	THERAGRAN-M ADVANCED TABS . 187	
TENORETIC 100 (Use atenolol & chlorthalidone) _____	35	tetrahydrozoline hcl (ophth) 0.05 % . 197		THERAGRAN-M PREMIER 50 PLUS TABS _____	187
TENORETIC 50 (Use atenolol & chlorthalidone) _____	35	TEXACORT SOLN 2.5 % _____	67	THERAGRAN-M PREMIER TABS . 187	
TENORMIN TABS (Use atenolol) .	50	TEZSPIRE SOAJ _____	13	THERAGRAN-M TABS _____	187
TEPMETKO _____	41	TEZSPIRE SOSY _____	13	THERA-M TABS _____	187
terazosin hcl _____	34	TGT BLOOD GLUCOSE MONITORING SYSTEM KIT ____	118	THERAMILL FORTE CAPS ____	187
terbinafine hcl TABS _____	29	TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT _____	118	THERANATAL LACTATION ONE CAPS _____	187
terbutaline sulfate TABS _____	15	TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP _____	77	THERA-TABS M TABS _____	187
terconazole vaginal CREA 0.4 % .	212	TGT BLOOD GLUCOSE TEST STRIPS STRP _____	77	THEREMS MULTIVITAMIN TABS . 189	
terconazole vaginal CREA 0.8 %	212	TGT LANCET MICRO THIN 33G . 118		THEREMS-M TABS _____	187
terconazole vaginal SUPP _____	212	TGT LANCET THIN 26G _____	118	THINLETS GP LANCETS _____	119
teriflunomide _____	203	TGT LANCET ULTRA THIN 30G . 119		THIOLA EC TBEC (Use tiopronin) .85	
TESTIM GEL TD (Use testosterone) . 10		TGT LANCING DEVICE MISC ____	119	THIOLA TABS (Use tiopronin) ____	85
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML _____	10	THALITONE _____	78	thioridazine hcl _____	45
testosterone cypionate SOLN IM 100 MG/ML _____	10	THALOMID _____	177	thiothixene _____	45
testosterone cypionate SOLN IM 200 MG/ML _____	10	THEO-24 CP24 _____	16	THRESHOLD IMT MISC _____	174
testosterone enanthate SOLN IM . .	10	theophylline ELIX _____	16	THRESHOLD PEP DEVI _____	174
testosterone GEL TD 1 %, 1.62 %, . 10 MG/ACT, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM _____	10	theophylline SOLN _____	16	THRIVITE 19 TABS _____	187
testosterone SOLN _____	10	theophylline TB12 _____	16	THRIVITE RX TABS _____	193
TETANUS/DIPHThERIA TOXOIDS-		theophylline TB24 _____	16	THYQUIDITY SOLN OR _____	206
		THERA M PLUS TABS _____	187	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG _____	206
		THERA TABS _____	189	tiagabine hcl _____	20

TIAZAC (Use diltiazem hcl extended release beads) _____	51	TOBI NEBU (Use tobramycin) _____	3	tolterodine tartrate CP24 _____	208
TIBSOVO _____	41	TOBI PODHALER CAPS _____	3	tolterodine tartrate TABS _____	208
TICOVAC _____	211	TOBRADEX OINT _____	198	tolvaptan TABS _____	81
TIGLUTIK SUSP _____	195	TOBRADEX ST SUSP _____	198	TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate) _____	19
TIKOSYN (Use dofetilide) _____	13	TOBRADEX SUSP (Use tobramycin-dexamethasone) _____	198	TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate) _____	19
timolol maleate (ophth) SOLG 0.25 % _____	196	tobramycin (ophth) SOLN _____	197	TOPAMAX TABS 100 MG (Use topiramate) _____	19
timolol maleate (ophth) SOLG 0.5 % _____	196	tobramycin NEBU _____	3	TOPAMAX TABS 200 MG (Use topiramate) _____	19
timolol maleate (ophth) SOLN _____	196	tobramycin sulfate SOLN IJ 1.2 GM/30ML _____	3	TOPAMAX TABS 25 MG, 50 MG (Use topiramate) _____	19
timolol maleate TABS _____	51	tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML _____	3	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" _____	158
TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth)) _____	196	tobramycin sulfate SOLR _____	3	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" _____	158
TIMOPTIC SOLN (Use timolol maleate (ophth)) _____	196	tobramycin-dexamethasone SUSP _____	198	TOPCARE LANCETS MICRO-THIN 33G _____	119
TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth)) _____	196	TOBEX OINT _____	197	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" _____	158
TIMOPTIC-XE SOLG 0.5 % (Use timolol maleate (ophth)) _____	196	TODAYS HEALTH ADVANCED LANCING DEVICE MISC _____	119	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" _____	158
tinidazole _____	36	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" _____	158	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" _____	158
tiopronin TABS _____	85	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" _____	158	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" _____	158
tiotropium bromide monohydrate CAPS _____	13	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" _____	158	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" _____	158
TIROSINT CAPS (Use levothyroxine sodium) _____	206	TODAYS HEALTH SUPER THINLANCETS 30G _____	119	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" _____	158
TIROSINT CAPS _____	206	TODAYS HEALTH ULTRA THINLANCETS 28G _____	119	tolcapone _____	42
TIROSINT-SOL SOLN OR _____	206	tolmetin sodium CAPS _____	6	tolmetin sodium TABS 600 MG _____	6
TIVICAY PD TBSO _____	48	tolmetin sodium TABS 600 MG _____	6	tolnaftate SOLN _____	62
TIVICAY TABS _____	48	TOLSURA CAPS _____	30	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" _____	158
tizanidine hcl CAPS _____	194			TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" _____	158
tizanidine hcl TABS _____	194				
TM-DAILY VITE TABS _____	189				

TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" _____	158	toremifene citrate _____	40	TRAVATAN Z SOLN (Use travoprost)	199
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" _____	158	toremide TABS 20 MG _____	78	TRAVEL LANCETS 30G _____	119
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2" _____	158	toremide TABS 5 MG, 10 MG, 100 MG _____	78	TRAVEL LANCETS ADVANCED 28G _____	119
TOPICORT CREA 0.05 % (Use desoximetasone) _____	67	TOSYMRA _____	176	travoprost SOLN _____	199
TOPICORT CREA 0.25 % (Use desoximetasone) _____	67	TOUJEO MAX SOLOSTAR SOPN 27		trazodone hcl TABS 300 MG ____	22
TOPICORT GEL (Use desoximetasone) _____	67	TOUJEO SOLOSTAR SOPN ____	27	trazodone hcl TABS 50 MG, 100 MG, 150 MG _____	22
TOPICORT LIQD (Use desoximetasone) _____	67	TOVET KIT _____	67	TRECATOR _____	38
TOPICORT OINT 0.05 % (Use desoximetasone) _____	67	TOVIAZ (Use fesoterodine fumarate)	208	TRELEGY ELLIPTA _____	15
TOPICORT OINT 0.25 % (Use desoximetasone) _____	67	TRACLEER TABS (Use bosentan) 53		TREMFYA SOPN _____	63
topiramate CP24 _____	19	TRACLEER TBSO _____	53	TREMFYA SOSY _____	63
topiramate CPSP 15 MG _____	19	TRADJENTA _____	25	treprostinil SOLN IJ _____	52
topiramate CPSP 25 MG _____	19	tramadol hcl CP24 100 MG, 200 MG, 300 MG _____	9	TRESIBA FLEXTOUCH SOPN __	27
topiramate CS24 _____	19	tramadol hcl SOLN _____	9	TRESIBA SOLN _____	27
topiramate TABS 100 MG _____	19	tramadol hcl TABS 25 MG, 100 MG	9	tretinoin (chemotherapy) _____	41
topiramate TABS 200 MG _____	19	tramadol hcl TABS 50 MG _____	9	tretinoin CREA 0.025 % _____	61
topiramate TABS 25 MG, 50 MG _	19	tramadol hcl TB24 _____	9	tretinoin CREA 0.05 %, 0.1 % ____	61
TOPPER DRESSING SPONGES 4"X4" MISC _____	98	TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl) _____	9	tretinoin GEL 0.01 %, 0.025 % ____	61
TOPROL XL TB24 200 MG (Use metoprolol succinate) _____	50	trandolapril-verapamil hcl _____	35	tretinoin GEL 0.05 % _____	61
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 50		tranexamic acid TABS _____	88	tretinoin microsphere _____	61
		TRANSDERM-SCOP (Use scopolamine) _____	28	TRETTEN _____	86
		TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium) _____	13	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG _____	39
		tranylcypromine sulfate _____	21	triamcinolone acetonide (mouth) .	179
				triamcinolone acetonide (topical) AERS _____	67
				triamcinolone acetonide (topical) CREA 0.025 % _____	67
				triamcinolone acetonide (topical) CREA 0.1 % _____	67

triamcinolone acetonide (topical) CREA 0.5 % _____ 67	oxcarbazepine) _____ 19	TRUE COMFORT PEN NEEDLES31G X 5MM _____ 158
triamcinolone acetonide (topical) LOTN _____ 67	TRILEPTAL TABS (Use oxcarbazepine) _____ 19	TRUE COMFORT PEN NEEDLES31G X 6MM _____ 159
triamcinolone acetonide (topical) OINT 0.025 % _____ 67	TRILIPIX (Use choline fenofibrate) 32	TRUE COMFORT PEN NEEDLES32G X 4MM _____ 159
triamcinolone acetonide (topical) OINT 0.05 % _____ 67	trimethobenzamide hcl CAPS _____ 28	TRUE COMFORT PRO ALCOHOLPREP PADS _____ 122
triamcinolone acetonide (topical) OINT 0.1 % _____ 67	trimethoprim TABS _____ 36	TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16" _____ 159
triamcinolone acetonide (topical) OINT 0.5 % _____ 67	trimipramine maleate CAPS _____ 23	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" _____ 159
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP _____ 59	TRIMO-SAN _____ 212	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" _____ 159
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG _____ 78	TRINATAL RX 1 TABS _____ 193	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" _____ 159
triamterene & hydrochlorothiazide TABs _____ 78	TRINTELLIX _____ 22	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" _____ 159
triamterene CAPS _____ 78	TRISTART DHA _____ 193	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" _____ 159
triazolam _____ 89	TRISTART FREE _____ 193	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" _____ 159
TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide) _____ 35	TRISTART ONE _____ 193	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16" _____ 159
TRICARE TABS _____ 193	TRIUMEQ PD TBSO _____ 48	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" _____ 159
TRICOR TABS (Use fenofibrate) _____ 32	TRIUMEQ TABS _____ 48	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" _____ 159
trientine hcl _____ 177	TRIZIVIR _____ 48	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" _____ 159
trifluoperazine hcl TABS _____ 45	TROGARZO _____ 48	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" _____ 159
trifluridine _____ 197	TROKENDI XR CP24 200 MG (Use topiramate) _____ 19	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" _____ 159
trihexyphenidyl hcl SOLN _____ 42	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (Use topiramate) _____ 19	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" _____ 159
trihexyphenidyl hcl TABS _____ 42	tropicamide SOLN _____ 196	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" _____ 159
TRIJARDY XR _____ 24	trospium chloride CP24 _____ 208	TRUE COMFORT PRO PEN NEEDLES 31G X 5MM _____ 159
TRIKAFTA TBPK _____ 205	trospium chloride TABS _____ 208	TRUE COMFORT PRO PEN NEEDLES 31G X 6MM _____ 159
TRIKAFTA THPK _____ 205	TRUDHESA _____ 175	TRUE COMFORT PRO PEN NEEDLES 31G X 8MM _____ 159
TRILEPTAL SUSP (Use	TRUE COMFORT ALCOHOL PREP PADS _____ 122	TRUE COMFORT PRO PEN

NEEDLES 32G X 4MM _____	159	TRUE FOCUS BLOOD GLUCOSE SELF MONITORING METER DEVI _____	119	TRUEDRAW LANCING DEVICE MISC _____	119
TRUE COMFORT PRO PEN NEEDLES 32G X 5MM _____	159	TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP _____	77	TRUELYTE SOLN _____	176
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM _____	159	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI _____	119	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM _____	160
TRUE COMFORT PRO PEN NEEDLES 33G X 4MM _____	159	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI _____	119	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM _____	160
TRUE COMFORT PRO PEN NEEDLES 33G X 5MM _____	159	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT _____	119	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM _____	160
TRUE COMFORT PRO PEN NEEDLES 33G X 6MM _____	159	TRUE METRIX AIR W/BLUETOOTH SMART KIT _____	119	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM _____	160
TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16" __	159	TRUE METRIX BLOOD GLUCOSE METER KIT _____	119	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM _____	160
TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16" __	159	TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP _	77	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" _____	160
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16" __	159	TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN _____	119	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" _____	160
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16" __	159	TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN _____	119	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" _____	160
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/32GX5/16" _____	159	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN _____	119	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" _____	160
TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" ..	159	TRUE METRIX DEVI _____	119	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" _____	160
TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	159	TRUE METRIX GO BLOOD GLUCOSE METER KIT _____	119	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" _____	160
TRUE COMFORT SAFETY LANCETS/30G _____	119	TRUE METRIX PRO GLUCOSE TEST STRIPS STRP _____	77	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" _____	160
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM _____	159	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	77	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/28G X 1/2" _____	160
TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM _____	159	TRUE MULTIVITAMIN TABS _____	189	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/29G X 1/2" _____	160
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM _____	160	TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD _____	119	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/30G X 5/16" _____	160
TRUE COMFORT TWIST TOP LANCETS 30G _____	119	TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD _____	119	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/31G X 5/16" _____	160
				TRUEPLUS LANCETS 26G _____	119

TRUEPLUS LANCETS 28G _____	119	TRULICITY _____	25	TRUSTEX/RIA NON-LUBRICATED MISC _____	99
TRUEPLUS LANCETS 28G SUPER THIN _____	119	TRUMENBA _____	209	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (Use emtricitabine-tenofovir disoproxil fumarate) _____	48
TRUEPLUS LANCETS 30G _____	119	TRUQAP _____	41	TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate) _____	48
TRUEPLUS LANCETS 30G ULTRA THIN _____	119	TRUSOPT (Use dorzolamide hcl) 199		TUBING/WING TIP MISC _____	174
TRUEPLUS LANCETS 33G _____	119	TRUSTEX COLOR CONDOMS + LUBE MISC _____	98	TUDORZA PRESSAIR _____	13
TRUEPLUS LANCETS 33G MICRO THIN _____	119	TRUSTEX LUBRICATED EXTRALARGE MISC _____	98	TUKYSA _____	39
TRUEPLUS PEN NEEDLES 29GX12MM _____	160	TRUSTEX LUBRICATED EXTRASTRENGTH MISC _____	98	TUMS CHEW (Use calcium carbonate (antacid)) _____	11
TRUEPLUS PEN NEEDLES 31GX5MM _____	160	TRUSTEX LUBRICATED MISC _____	99	TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid)) .	11
TRUEPLUS PEN NEEDLES 31GX6MM _____	160	TRUSTEX LUBRICATED/RIBBED/STUDED MISC _____	98	TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid)) _____	11
TRUEPLUS PEN NEEDLES 31GX8MM _____	160	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC _____	99	TURALIO 125 MG _____	41
TRUEPLUS PEN NEEDLES 32GX4MM _____	160	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC _____	99	T-VITES TABS _____	187
TRUEPLUS SAFETY LANCETS 28G	119	TRUSTEX LUBRICATED/SPERMICIDE MISC 99		TWINRIX SUSY _____	211
TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT _____	119	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC _____	99	TWIRLA _____	56
TRUETEST STRIPS STRP _____	77	TRUSTEX NON-LUBRICATED MISC	99	TWIST TOP LANCETS 30G _____	120
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI__	119	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC _____	99	TYBLUME CHEW _____	56
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT _____	119	TRUSTEX/RIA LUBRICATED MISC . . 99		TYBOST _____	48
TRUETRACK BLOOD GLUCOSE TEST STRP _____	77	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC _____	99	TYKERB (Use lapatinib ditosylate) 41	
TRUETRACK SMART SYSTEM KIT . 120		TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 99		TYLENOL CAPS (Use acetaminophen) _____	7
TRUETRACK TEST STRP _____	77			TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen) _____	7
TRULANCE _____	82			TYLENOL CHILDRENS SUSP (Use acetaminophen) _____	7
				TYLENOL EXTRA STRENGTH	

TABS (Use acetaminophen)_____ 7	ULTICARE INSULIN	ULTICARE INSULIN
TYLENOL FOR CHILDREN/ADULTS	SYRINGE/0.3ML/29G X 1/2" .....160	SYRINGE/SHORT/1ML/31G X 5/16"
SUSP (Use acetaminophen)_____ 7	ULTICARE INSULIN	.....161
TYLENOL INFANTS PAIN+FEVER	SYRINGE/0.3ML/30G X 1/2" .....160	ULTICARE INSULIN SYRINGE/U-
SUSP (Use acetaminophen)_____ 7	ULTICARE INSULIN	100/0.3ML/30G X 1/2" _____ 161
TYLENOL TABS (Use	SYRINGE/0.3ML/30G X 5/16" __ 160	ULTICARE INSULIN SYRINGE/U-
acetaminophen) _____ 7	ULTICARE INSULIN	100/0.3ML/31G X 5/16" _____ 161
TYPHIM VI SOLN_____ 209	SYRINGE/0.5ML/28G X 1/2" .....160	ULTICARE INSULIN SYRINGE/U-
TYPHIM VI SOSY_____ 209	ULTICARE INSULIN	100/0.5ML/30G X 1/2" _____ 161
TYSABRI _____ 203	SYRINGE/0.5ML/29G X 1/2" .....160	ULTICARE INSULIN SYRINGE/U-
TYVASO DPI MAINTENANCE KIT	ULTICARE INSULIN	100/0.5ML/31G X 5/16" _____ 161
POWD _____ 52	SYRINGE/0.5ML/30G X 1/2" .....160	ULTICARE INSULIN SYRINGE/U-
TYVASO DPI TITRATION KIT	ULTICARE INSULIN	100/1ML/30G X 1/2" _____ 161
POWD _____ 52	SYRINGE/0.5ML/30G X 5/16" __ 160	ULTICARE INSULIN SYRINGE/U-
TYVASO REFILL SOLN IN _____ 53	ULTICARE INSULIN	100/1ML/31G X 5/16" _____ 161
TYVASO SOLN IN _____ 53	SYRINGE/1ML/28G X 1/2" _____ 161	ULTICARE INSULIN
TYVASO STARTER SOLN IN ____ 53	ULTICARE INSULIN	SYRINGEULTRAFINE U-
UBRELVY_____ 175	SYRINGE/1ML/29G X 1/2" _____ 161	100/0.3ML/31G X 5/16" _____ 161
UCERIS (Use budesonide	ULTICARE INSULIN	ULTICARE INSULIN
(intrarectal)) _____ 10	SYRINGE/1ML/30G X 1/2" _____ 161	SYRINGEULTRAFINE U-
UCERIS TB24 (Use budesonide) ..57	ULTICARE INSULIN	100/0.5ML/31G X 5/16" _____ 161
UDAMIN SP TABS 12.5 MG-1000	SYRINGE/SHORT/0.3ML/30G X	ULTICARE MICRO PEN NEEDLES
MCG-250 MCG-2.5 MG-17 MG-7.5	5/16" _____ 161	31G X 8MM _____ 161
MG-100 MCG-75 UNIT-320 MG ..187	ULTICARE INSULIN	ULTICARE MICRO PEN NEEDLES
UDENYCA ONBODY SOSY ____ 87	SYRINGE/SHORT/0.3ML/31G X	32G X 4MM _____ 161
UDENYCA SOAJ _____ 87	5/16" _____ 161	ULTICARE MICRO PEN
UDENYCA SOSY_____ 87	ULTICARE INSULIN	NEEDLES/31G X 1/4" _____ 161
ULORIC (Use febuxostat) _____ 85	SYRINGE/SHORT/0.5ML/30G X	ULTICARE MICRO PEN
ULTICARE ALCOHOL SWABS ..122	5/16" _____ 161	NEEDLES/31G X 5/16" _____ 161
ULTICARE INSULIN SAFETY	ULTICARE INSULIN	ULTICARE MICRO PEN
SYRINGE/0.5ML/29G X 1/2" ____ 160	SYRINGE/SHORT/0.5ML/31G X	NEEDLES/32G X 4MM _____ 161
ULTICARE INSULIN SAFETY	5/16" _____ 161	ULTICARE MICRO PEN
SYRINGE/1ML/29G X 1/2" _____ 160	ULTICARE INSULIN	NEEDLES/32G X 5/32" _____ 161
	SYRINGE/SHORT/1ML/30G X 5/16"	ULTICARE MINI PEN NEEDLES
	.....161	

31GX6MM _____ 161	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4" 162	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM _____ 162
ULTICARE MINI PEN NEEDLES		
ULTI-FINE IV _____ 161	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4" 162	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN _____ 162
ULTICARE MINI PEN NEEDLES/31G X 6MM _____ 161	ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4" 162	
ULTICARE MINI PEN NEEDLES/32G X 1/4" _____ 161	ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4" _____ 162	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32" _____ 162
ULTICARE MINI PEN NEEDLES31GX6MM _____ 161	ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X1/4" _____ 162	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA _____ 163
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16" ____ 161	ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C _____ 162	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN _____ 163
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE _____ 161	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C _____ 162	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI _____ 163
ULTICARE PEN NEEDLES 31GX 5MM/MINI _____ 161	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON _____ 162	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN _____ 163
ULTICARE PEN NEEDLES/29GX 12.7MM _____ 162	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO _____ 162	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN _____ 163
ULTICARE SAFETY SYRINGE/LOW DEAD SPACE/1.5ML/22GX1-1/2" 162	ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C _____ 162	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 8MM/SHARPS CONTAIN _____ 163
ULTICARE SHORT PEN NEEDLES 31GX8MM _____ 162	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS _____ 162	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN _____ 163
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV _____ 162	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS _____ 162	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA _____ 163
ULTICARE SHORT PEN NEEDLES/31G X 8MM _____ 162	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C _____ 162	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN _____ 163
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16" _____ 162	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI _____ 162	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN _____ 163
ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2" . 162	ULTIGUARD SAFEPACK MINI PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER _____ 162	ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC _____ 120
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 5/8" . 162		
ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 1" MISC _ 162		
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 1/2" ____ 162		

ULTILET ALCOHOL SWABS _____	122	ULTRA FLO INSULIN PEN NEELE	4MM _____	164
ULTILET CLASSIC LANCETS _____	120	31GX8MM _____		163
ULTILET LANCETS _____	120	ULTRA FLO INSULIN SYRINGE		
ULTILET LANCETS 33G _____	120	0.3ML/29G X 1/2" _____		163
ULTILET PEN NEEDLE		ULTRA FLO INSULIN SYRINGE		
29GX12.7MM _____	163	0.3ML/30GX1/2" _____		163
ULTILET PEN NEEDLE 31GX5MM ..		ULTRA FLO INSULIN SYRINGE		
163		0.3ML/30GX5/16" _____		163
ULTILET PEN NEEDLE 31GX8MM ..		ULTRA FLO INSULIN SYRINGE		
163		0.3ML/31GX5/16" _____		163
ULTILET PEN NEEDLE 32GX4MM ..		ULTRA FLO INSULIN SYRINGE		
163		0.5ML/29GX1/2" _____		163
ULTILET PEN NEEDLE		ULTRA FLO INSULIN SYRINGE		
32GX4MM/SHORT _____	163	0.5ML/30GX1/2" _____		163
ULTILET SAFETY LANCETS 21G X		ULTRA FLO INSULIN SYRINGE		
2.2MM _____	120	0.5ML/30GX5/16" _____		163
ULTILET SAFETY LANCETS 23G		ULTRA FLO INSULIN SYRINGE		
120		0.5ML/31GX5/16" _____		163
ULTILET SHORT PEN NEEDLES		ULTRA FLO INSULIN SYRINGE 1/2		
31GX5/16" _____	163	UNIT/0.3ML/30GX1/2" _____		163
ULTILET SHORT PEN		ULTRA FLO INSULIN SYRINGE 1/2		
NEEDLES31GX3/16" _____	163	UNIT/0.3ML/30GX5/16" _____		164
ULTOMIRIS _____	86	ULTRA FLO INSULIN SYRINGE 1/2		
ULTRA BONEUP TABS _____	187	UNIT/0.3ML/31GX5/16" _____		164
ULTRA COMFORT INSULIN		ULTRA FLO INSULIN SYRINGE		
SYRINGE/U-100/0.3ML/30G X 5/16"		1M/29GX1/2" _____		164
.....	163	ULTRA FLO INSULIN SYRINGE		
ULTRA FLO INSULIN PEN NEEDLE		1ML/30GX1/2" _____		164
31GX5MM _____	163	ULTRA FLO INSULIN SYRINGE		
ULTRA FLO INSULIN PEN NEEDLE		1ML/30GX5/16" _____		164
32GX4MM _____	163	ULTRA FLO INSULIN SYRINGE		
ULTRA FLO INSULIN PEN NEEDLE		1ML/31GX5/16" _____		164
33GX4MM _____	163	ULTRA NEB NEBULIZER		
ULTRA FLO INSULIN PEN		ACCESSORIES KIT MISC _____		174
NEEDLES _____	163	ULTRA THIN LANCETS 31G _____		120
		ULTRA THIN PEN NEEDLES 32G X		
		4MM _____		164
		ULTRA-CARE ALCOHOL PREP		
		PADS _____		122
		ULTRACARE INSULIN SYRINGE/U-		
		100/0.3ML/30G X 5/16" _____		164
		ULTRACARE INSULIN SYRINGE/U-		
		100/0.3ML/31G X 5/16" _____		164
		ULTRACARE INSULIN SYRINGE/U-		
		100/0.5ML/30G X 1/2" _____		164
		ULTRACARE INSULIN SYRINGE/U-		
		100/0.5ML/30G X 5/16" _____		164
		ULTRACARE INSULIN SYRINGE/U-		
		100/0.5ML/31G X 5/16" _____		164
		ULTRACARE INSULIN SYRINGE/U-		
		100/1ML/30G X 1/2" _____		164
		ULTRACARE INSULIN SYRINGE/U-		
		100/1ML/30G X 5/16" _____		164
		ULTRACARE INSULIN SYRINGE/U-		
		100/1ML/31G X 5/16" _____		164
		ULTRA-CARE LANCETS 30G _____		120
		ULTRACARE PEN NEEDLES/31G X		
		1/4" _____		164
		ULTRACARE PEN NEEDLES/31G X		
		3/16" _____		164
		ULTRACARE PEN NEEDLES/31G X		
		5/16" _____		164
		ULTRACARE PEN NEEDLES/32G X		
		1/14" _____		164
		ULTRACARE PEN NEEDLES/32G X		
		3/16" _____		164
		ULTRACARE PEN NEEDLES/32G X		
		5/32" _____		164
		ULTRACARE PEN NEEDLES/33G X		
		5/32" _____		164
		ULTRACET (Use tramadol-		
		acetaminophen) _____		10

ULTRAM TABS (Use tramadol hcl) .9	UNASYN BULK PACK IV (Use ampicillin & sulbactam sodium) _ 201	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 8MM _____ 165
ULTRA-THIN II AUTO LANCET .120	UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (Use ampicillin & sulbactam sodium) _____ 201	UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM _____ 165
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" .164	UNIFINE PEN NEEDLE/32G X4MM .164	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM _____ 165
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" .164	UNIFINE PENTIPS 29GX12MM .165	UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16" _____ 165
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" .164	UNIFINE PENTIPS 31G X 3/16" .165	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" _____ 165
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" .164	UNIFINE PENTIPS 31GX5MM__ 165	UNIFINE ULTRA PEN NEEDLE/31GX5MM _____ 165
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" .164	UNIFINE PENTIPS 31GX6MM__ 165	UNIFINE ULTRA PEN NEEDLE/31GX6MM _____ 165
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" ..164	UNIFINE PENTIPS 31GX8MM__ 165	UNIFINE ULTRA PEN NEEDLE/31GX8MM _____ 165
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" ..164	UNIFINE PENTIPS 32GX4MM__ 165	UNIFINE ULTRA PEN NEEDLE/31GX8MM _____ 165
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" .164	UNIFINE PENTIPS 32GX6MM__ 165	UNIFINE ULTRA PEN NEEDLE/32GX4MM _____ 165
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" .164	UNIFINE PENTIPS 33GX4MM__ 165	UNIFINE ULTRA PEN NEEDLE/32GX4MM _____ 165
ULTRA-THIN II LANCETS 28G ..120	UNIFINE PENTIPS PLUS 29GX12MM _____ 165	UNILET COMFORTOUCH LANCET .120
ULTRA-THIN II LANCETS 30G ..120	UNIFINE PENTIPS PLUS 31GX5MM _____ 165	UNILET EXCELITE _____ 120
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" _____ 164	UNIFINE PENTIPS PLUS 31GX6MM _____ 165	UNILET EXCELITE II _____ 120
ULTRA-THIN II PEN NEEDLES 29GX1/2" _____ 164	UNIFINE PENTIPS PLUS 31GX8MM _____ 165	UNILET G.P. LANCET _____ 120
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" __ 164	UNIFINE PENTIPS PLUS 32GX4MM _____ 165	UNILET G.P. SUPERLITE LANCET .120
ULTRATHON INSECT REPELLENT 8 AERO _____ 70	UNIFINE PENTIPS PLUS 33GX 5/32" _____ 165	UNILET GP 28 ULTRA THIN ____ 120
ULTRATHON INSECT REPELLENT LOTN _____ 70	UNIFINE PENTIPS PLUS 33GX4MM _____ 165	UNILET LANCET _____ 120
ULTRAVATE LOTN _____ 67	UNIFINE PENTIPS PLUS/30GX 3/16" _____ 165	UNILET LANCETS MICRO-THIN33G _____ 120
	UNIFINE PENTIPS/30G X 3/16" .165	UNILET LANCETS SUPER-THIN30G _____ 120
	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM _____ 165	UNILET LANCETS ULTRA-THIN 28G _____ 120
		UNILET SUPERLITE LANCET__ 120
		UNISOM SLEEPGELS CAPS (Use

diphenhydramine hcl (sleep)) _____	88	UPTRAVI SOLR _____	53	hcl) _____	48
UNISOM SLEEPTABS (Use doxylamine succinate (sleep)) _____	88	UPTRAVI TABS _____	53	VALCYTE TABS (Use valganciclovir hcl) _____	48
UNISTIK 3 GENTLE _____	120	UPTRAVI TITRATION PACK TBPK 53		valganciclovir hcl SOLR _____	48
UNISTIK PRO SAFETY LANCET 21G _____	120	urea CREA 39 %, 41 % _____	67	valganciclovir hcl TABS _____	48
UNISTIK PRO SAFETY LANCET 25G _____	120	urea CREA 40 % _____	67	valproate sodium SOLN OR 250 MG/5ML _____	20
UNISTIK PRO SAFETY LANCET 28G _____	120	UREA CREA _____	67	valproic acid CAPS _____	20
UNISTIK SAFETY LANCETS 28G 120		urea in lactic acid vehicle _____	67	valsartan SOLN _____	34
UNISTIK SAFETY LANCETS 30G 120		urea LOTN 40 % _____	67	valsartan TABS _____	34
UNISTIK TOUCH SAFETY LANCETS 21G _____	120	UREA/SALICYLIC ACID CREA _____	68	valsartan-hydrochlorothiazide _____	35
UNISTIK TOUCH SAFETY LANCETS 23G _____	120	URIBEL _____	36	VALTOCO 10 MG DOSE LIQD _____	17
UNISTIK TOUCH SAFETY LANCETS 28G _____	120	UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer)) _____	84	VALTOCO 15 MG DOSE LQPK _____	17
UNISTIK TOUCH SAFETY LANCETS 30G _____	120	UROCIT-K 15 TBCR (Use potassium citrate (alkalinizer)) _____	84	VALTOCO 20 MG DOSE LQPK _____	17
UNISTRIP1 GENERIC STRP _____	77	UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer)) _____	84	VALTOCO 5 MG DOSE LIQD _____	17
UNIVERSAL 1 LANCETS THIN26G 120		UROGESIC-BLUE TABS (Use methenamine-hyoscamine-methylene blue-sodium phosphate) _____	36	VALTRESX 1 GM (Use valacyclovir hcl) _____	49
UNIVERSAL 1 LANCETS ULTRA THIN 30G _____	120	URSO 250 TABS (Use ursodiol) _____	82	VALTRESX 500 MG (Use valacyclovir hcl) _____	49
UNIVERSAL 1 LANCETS/33G/MICRO-THIN _____	120	URSO FORTE TABS (Use ursodiol) _____	165	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . .	
UPSFRING BABY IRON & IMMUNITY LIQD _____	190	ursodiol CAPS _____	82	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" 165	
UPSFRING BABY VITAMIN D LIQD OR _____	213	ursodiol TABS 250 MG _____	82	VALUE PLUS LANCETS STANDARD 21G _____	120
UPSFRINGBABY MULTIVITAMIN/IRON LIQD _____	190	ursodiol TABS 500 MG _____	82	VALUE PLUS LANCETS SUPERTHIN 30G _____	120
		UZEDY SUSY _____	44	VALUE PLUS LANCETS THIN 26G .	120
		VAGIFEM TABS (Use estradiol vaginal) _____	212	VALUE PLUS LANCING DEVICE MISC _____	120
		valacyclovir hcl 1 GM, 1000 MG _____	49	VALUMARK LANCET SUPER THIN	
		valacyclovir hcl 500 MG _____	49		
		VALCHLOR _____	63		
		VALCYTE SOLR (Use valganciclovir			

30G _____	120	VANISHPOINT SAFETY	VANISHPOINT SYRINGE/3ML/20G
VALUMARK LANCET ULTRA THIN		SYRINGE/10ML/21GX1-1/2" _____	166 X 1-1/2" _____ 166
28G _____	120	VANISHPOINT SAFETY	VANISHPOINT SYRINGE/3ML/21G
VALUMARK PEN NEEDLES		SYRINGE/3ML/20GX1" _____	166 X 1" _____ 166
29GX12MM _____	165	VANISHPOINT SAFETY	VANISHPOINT SYRINGE/3ML/21G
VALUMARK PEN NEEDLES 31GX		SYRINGE/3ML/20GX1-1/2" _____	166 X 1-1/2" _____ 166
6MM _____	165	VANISHPOINT SAFETY	VANISHPOINT SYRINGE/3ML/22G
VALUMARK PEN NEEDLES 31GX		SYRINGE/3ML/21GX1" _____	166 X 1" _____ 166
8MM _____	165	VANISHPOINT SAFETY	VANISHPOINT SYRINGE/3ML/22G
VANOCIN CAPS 125 MG (Use		SYRINGE/3ML/21GX1-1/2" _____	166 X 1-1/2" _____ 166
vancomycin hcl) _____	36	VANISHPOINT SAFETY	VANISHPOINT SYRINGE/3ML/23G
VANOCIN CAPS 250 MG (Use		SYRINGE/3ML/22GX1" _____	166 X 1" _____ 166
vancomycin hcl) _____	36	VANISHPOINT SAFETY	VANISHPOINT SYRINGE/3ML/23G
vancomycin hcl CAPS 125 MG	36	SYRINGE/3ML/22GX1-1/2" _____	166 X 1-1/2" _____ 166
vancomycin hcl CAPS 250 MG	36	VANISHPOINT SAFETY	VANISHPOINT SYRINGE/3ML/25G
vancomycin hcl SOLR OR 25 MG/ML		SYRINGE/3ML/23GX1" _____	166 X 1" _____ 166
.....	36	VANISHPOINT SAFETY	VANISHPOINT SYRINGE/3ML/25G
vancomycin hcl SOLR OR 50		SYRINGE/3ML/23GX1-1/2" _____	166 X 1-1/2" _____ 166
MG/ML, 250 MG/5ML _____	36	VANISHPOINT SAFETY	VANISHPOINT SYRINGE/3ML/25G
VANAZOLE _____	212	SYRINGE/3ML/25GX1" _____	166 X 5/8" _____ 166
VANFLYTA _____	41	VANISHPOINT SAFETY	VANISHPOINT SYRINGE/5ML/21G
VANISHPOINT INSULIN		SYRINGE/3ML/25GX1-1/2" _____	166 X 1-1/2" _____ 166
SYRINGE/0.5ML/30G X 1/2" _____	165	VANISHPOINT SAFETY	VANOS CREA (Use fluocinonide) .67
VANISHPOINT INSULIN		SYRINGE/3ML/25GX5/8" _____	166 VAQTA _____ 212
SYRINGE/0.5ML/30G X 3/16" _____	165	VANISHPOINT SAFETY	varenicline tartrate TABS _____ 204
VANISHPOINT INSULIN		SYRINGE/5ML/21GX1" _____	166 varenicline tartrate TBPK _____ 204
SYRINGE/0.5ML/30G X 5/16" _____	165	VANISHPOINT SAFETY	VARIVAX INJ _____ 212
VANISHPOINT INSULIN		SYRINGE/5ML/21GX1-1/2" _____	166 VASCEPA (Use icosapent ethyl) ..31
SYRINGE/1ML/29G X 1/2" _____	165	VANISHPOINT SAFETY	166 VASERETIC 25 MG-10 MG (Use
VANISHPOINT INSULIN		VANISHPOINT SYRINGE/10ML/21G	enalapril maleate &
SYRINGE/1ML/29G X 5/16" _____	165	SYRINGE/5ML/22GX1-1/2" _____	166 hydrochlorothiazide) _____ 35
VANISHPOINT INSULIN		X 1-1/2" _____	166 VASOTEC TABS (Use enalapril
SYRINGE/1ML/30G X 3/16" _____	166	VANISHPOINT SYRINGE/1ML/25G	maleate) _____ 33
VANISHPOINT INSULIN		X 1" _____	166 VAXCHORA _____ 209
SYRINGE/1ML/30G X 5/16" _____	166	VANISHPOINT SYRINGE/3ML/20G	VAXELIS SUSP _____ 206
		X 1" _____	166

VAXELIS SUSY _____	206	VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT ____	121	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM ____	167
VAXNEUVANCE _____	209	VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI _____	121	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM__	167
VELETRI (Use epoprostenol sodium) _____	53	VERASENS BLOOD GLUCOSE TEST STRIPS STRP _____	77	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM ____	167
VELPHORO _____	84	VEREGEN _____	61	VERIFINE INSULIN SYRINGE1ML/29G X 12MM ____	167
VELTASSA _____	178	VERELAN CP24 120 MG, 180 MG, 240 MG (Use verapamil hcl) _____	52	VERIFINE INSULIN SYRINGE1ML/31G X 8MM ____	167
VEMLIDY _____	49	VERELAN CP24 360 MG (Use verapamil hcl) _____	52	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM _____	167
VENCLEXTA STARTING PACK TBPK _____	39	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl) _____	52	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM _____	167
VENCLEXTA TABS _____	39	VERELAN PM CP24 300 MG (Use verapamil hcl) _____	52	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM _____	167
VENEXA FE TABS _____	187	VERIFINE INSULIN PEN NEEDLE 29G X 12MM _____	166	VERIFINE PLUS PEN NEEDLE/32G X 4MM _____	167
VENEXA TABS _____	187	VERIFINE INSULIN PEN NEEDLE 31G X 5MM _____	166	VERIFINE SAFETY LANCET MINI 21G X 2.4MM _____	121
VENLAFAXINE BESYLATE ER ____	23	VERIFINE INSULIN PEN NEEDLE 31G X 8MM _____	166	VERIFINE SAFETY LANCET MINI 23G X 1.8MM _____	121
venlafaxine hcl CP24 150 MG ____	23	VERIFINE INSULIN PEN NEEDLE 32G X 4MM _____	166	VERIFINE SAFETY LANCET MINI 28G X 1.8MM _____	121
venlafaxine hcl CP24 37.5 MG ____	23	VERIFINE INSULIN PEN NEEDLE 32G X 6MM _____	167	VERIFINE SAFETY LANCET MINI 30G X 1.8MM _____	121
venlafaxine hcl CP24 75 MG ____	23	VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM ____	167	VERIFINE UNIVERSAL LANCETS 28G _____	121
venlafaxine hcl TABS _____	23	VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM ..	167	VERIFINE UNIVERSAL LANCETS 30G _____	121
venlafaxine hcl TB24 _____	23	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM ____	167	VERIFINE UNIVERSAL LANCETS 33G _____	121
VENTAVIS _____	53	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM ____	167	VERKAZIA EMUL _____	197
VENTOLIN HFA AERS (Use albuterol sulfate) _____	16	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM ____	167	VERQUOVO _____	53
VENTRIXYL FE TABS _____	187	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM ____	167	VERSACLOZ SUSP _____	44
VENTRIXYL TABS _____	187				
VEOPOZ _____	86				
verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ____	52				
verapamil hcl CP24 300 MG, 360 MG _____	51				
verapamil hcl TABS _____	52				
verapamil hcl TBCR _____	52				
VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl) _____	52				

VERSAPAP DEVI _____	174	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM 167	VISION HEALTH CAPS _____	187
VERSAPAP/UNIVERSAL TUBING DEVI _____	174	VIDA MIA UNILET LANCETS SUPER THIN 30G _____	VISION OPTIMIZER CAPS ____	187
VERZENIO _____	41	VIDA MIA UNILET LANCETS ULTRA THIN 28G _____	VISTA ADVANCED AREDS2 FORMULA CAPS _____	187
VESICARE LS SUSP _____	209	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM ____	VISTA ADVANCED DRY EYE FORMULA CAPS _____	187
VESICARE TABS (Use solifenacin succinate) _____	209	vigabatrin PACK _____	VISTARIL CAPS 25 MG (Use hydroxyzine pamoate) _____	12
VESICARE TABS 10 MG (Use solifenacin succinate) _____	209	vigabatrin TABS _____	VISTARIL CAPS 50 MG (Use hydroxyzine pamoate) _____	12
VEVYE SOLN _____	197	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth)) _____	VISTOGARD _____	28
VFEND SUSR (Use voriconazole) .	30	VIIBRYD TABS (Use vilazodone hcl) . 22	VITABEX CAPS _____	187
VFEND TABS (Use voriconazole) .	30	vilazodone hcl TABS _____	VITABEX PLUS CAPS _____	187
V-GO 20 KIT _____	121	VIMOVO (Use naproxen- esomeprazole magnesium) _____	VITACHEW ADULT MULTI VITAMIN CHEW _____	187
V-GO 30 KIT _____	121	VIMPAT SOLN OR 10 MG/ML (Use lacosamide) _____	VITACHEW MULTIPLE VITAMINCHILDRENS CHEW ____	190
V-GO 40 KIT _____	121	VIMPAT TABS (Use lacosamide) ..	VITAFOL FE+ _____	193
VIBERZI _____	84	VINATE DHA RF _____	VITAFOL GUMMIES _____	193
VIBRAMYCIN CAPS (Use doxycycline hyclate) _____	205	VIOKACE TABS _____	VITAFOL STRIPS _____	193
VIBRAMYCIN SUSR (Use doxycycline (monohydrate)) ____	205	VIRACEPT TABS 250 MG _____	VITAFOL ULTRA _____	193
VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF LIQD (Use dextromethorphan-doxylamine- acetaminophen) _____	59	VIRACEPT TABS 625 MG _____	VITAFOL-NANO _____	194
VICKS NYQUIL HBP COLD & FLU LIQD (Use dextromethorphan- doxylamine-acetaminophen) _____	59	VIRAZOLE (Use ribavirin) _____	VITAFOL-OB TABS _____	194
VICTOZA _____	25	VIREAD POWD _____	VITAFOL-OB+DHA MISC _____	194
VIDA MIA AUTOLET LANCINGDEVICE MISC _____	121	VIREAD TABS (Use tenofovir disoproxil fumarate) _____	VITAFOL-ONE CAPS _____	194
VIDA MIA UNIFINE PENTIPS32GX4MM _____	167	VIREAD TABS _____	VITAJoy MULTI GUMMIIES ADULT CHEW _____	187
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM _____	167	VIRT-NATE DHA CAPS _____	VITALETS CHILDRENS CHEW _	190
		VIRT-PN DHA _____	VITAMEDMD ONE RX/QUATREFOLIC _____	194
		VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth)) _____	VITAMIN D3 COMPLETE TABS ..	187
			VITAMIN D3 LIQD OR 5000 UNIT/ML _____	213

VITAPEARL _____	194	VIVAGUARD INO BLOOD GLUCOSE METER DEVI _____	121	CHAMBER DEVI _____	174
VITAROCA PLUS TABS (Use multiple vitamins w/ minerals)____	187	VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP ..	77	VOSEVI _____	49
VITASANA TABS _____	187	VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI _____	121	VOTRIENT (Use pazopanib hcl) _	41
VITATRUM TABS _____	187	VIVAGUARD LANCETS _____	121	VP INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" _____	167
VITEYES CLASSIC ADVANCED CAPS _____	187	VIVAGUARD LANCING DEVICE MISC _____	121	VRAYLAR CAPS _____	43
VITEYES CLASSIC CAPS _____	188	VIVAGUARD SAFETY LANCETS/28G _____	121	VRAYLAR CPPK _____	43
VITEYES CLASSIC MACULAR SUPPORT CAPS _____	187	VIVELLE-DOT PTTW (Use estradiol) 82		VTAMA _____	63
VITEYES CLASSIC MULTIIVITAMIN TABS _____	187	VIVITROL _____	28	VUITY SOLN _____	196
VITEYES CLASSIC MULTIVITAMIN TABS _____	187	VIVJOA _____	30	VUMERITY _____	203
VITEYES CLASSIC/OMEGA-3 CAPS	187	VIVOTIF _____	209	VUSION (Use miconazole-zinc oxide-white petrolatum) _____	62
VITEYES CLASSIC+OMEGA-3 CAPS _____	188	VIZIMPRO _____	39	VYEPTI _____	175
VITEYES OPTIC NERVE SUPPORT TABS _____	188	VOGELXO GEL TD (Use testosterone) _____	10	VYJUVEK _____	71
VITRAKVI CAPS _____	41	VOGELXO PUMP GEL TD (Use testosterone) _____	10	VYNDAMAX _____	53
VITRAKVI SOLN _____	41	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) .	62	VYNDAMAX _____	53
VITRAMYN TABS _____	188	VONJO _____	41	VYTORIN (Use ezetimibe- simvastatin) _____	31
VITRANOL FE TABS _____	188	VONVENDI _____	86	VYVANSE CAPS _____	1
VITRANOL TABS _____	188	voriconazole SUSR _____	30	VYVANSE CHEW _____	1
VITREXATE FE TABS _____	188	voriconazole TABS _____	30	VYVGART _____	177
VITREXATE TABS _____	188	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI _____	174	VYVGART HYTRULO _____	177
VITREXYL TABS _____	188	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI _____	174	VYZULTA _____	199
VITREXYL/IRON TABS _____	188	VORTEX VALVED HOLDING		WAINUA _____	204
VITRUM 50+ ADULT-MULTI IRON FREE TABS _____	188			WAKIX _____	2
VITRUM 50+ SENIOR MULTI TABS . 188				WAL-BORN VITAMIN C CHEW ..	188
				WALGREENS ADVANCED TRAVELLANCETS 28G _____	121
				WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G _____	121
				WALGREENS COMFORT	

ASSUREDLANCETS SUPER THIN/28G _____	(Use bupropion hcl) _____	21	XARELTO STARTER PACK TBPK	16
WALGREENS LANCETS _____	WELLBUTRIN XL TB24 300 MG (Use bupropion hcl) _____	21	XARELTO SUSR _____	16
WALGREENS THIN LANCETS ..	WELLFOLA TABS _____	188	XARELTO TABS 10 MG _____	16
WALGREENS ULTRA THIN LANCETS _____	WESCAP-C DHA _____	194	XARELTO TABS 15 MG _____	16
WAL-TAP COLD/ALLERGY LIQD .	WESCAP-PN DHA _____	194	XARELTO TABS 2.5 MG _____	16
warfarin sodium TABS _____	WESNATAL DHA COMPLETE _	194	XARELTO TABS 20 MG _____	16
WAVESENSE AMP KIT _____	WESNATE DHA CAPS _____	194	XATMEP SOLN _____	39
WEBCOL ALCOHOL PREP LARGE 1 PLY _____	WESTAB PLUS TABS _____	194	XCOPRI TABS _____	20
WEBCOL ALCOHOL PREP LARGE 2 PLY _____	WESTGEL DHA _____	194	XCOPRI TBPK _____	20
WEBCOL ALCOHOL PREP MEDIUM 2 PLY _____	white petrolatum-mineral oil ____	196	XDEMVY _____	197
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM _____	WILATE KIT _____	86	XELJANZ SOLN _____	3
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM _____	WINDMILL TRAINER MISC ____	174	XELJANZ TABS _____	3
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM _____	WINLEVI _____	61	XELJANZ XR TB24 _____	3
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS ____	188	XELODA (Use capecitabine) ____	39
WELCHOL PACK (Use colesevelam hcl) _____	WOMENS 50+ MULTIVITAMIN TABS _____	188	XELPROS EMUL _____	199
WELCHOL TABS (Use colesevelam hcl) _____	WOMENS MULTI GUMMIES CHEW .	188	XELSTRYM _____	1
WELLBUTRIN SR TB12 100 MG (Use bupropion hcl) _____	WOMENS MULTI VITAMIN & MINERAL FORMULA TABS ____	188	XENAZINE (Use tetrabenazine) .	203
WELLBUTRIN SR TB12 150 MG (Use bupropion hcl) _____	WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW _	188	XEPI _____	61
WELLBUTRIN SR TB12 200 MG (Use bupropion hcl) _____	XACIATO GEL _____	212	XERAC AC _____	70
WELLBUTRIN XL TB24 150 MG	XADAGO _____	43	XERESE _____	64
	XALATAN SOLN (Use latanoprost)	199	XHANCE EXHU _____	195
	XALKORI CAPS _____	41	XIFAXAN _____	36
	XALKORI CPSP _____	41	XIGDUO XR _____	24
	XANAX TABS (Use alprazolam)___	13	XIIDRA _____	197
	XANAX XR TB24 (Use alprazolam)	13	XOFLUZA _____	49
			XOLAIR SOLR _____	13
			XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML _____	13
			XOPENEX HFA (Use levalbuterol tartrate) _____	16

XOSPATA _____	41	AJKT _____	5	ZELBORAF _____	41
XPOVIO _____	40	YUMVS MULTI ZERO CHEW ____	188	ZEMBRACE SYMTOUCH SOAJ .176	
XPOVIO 60 MG TWICE WEEKLY 40		YUMVS ZERO DIABETIC MULTIVITAMIN CHEW _____	188	ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol) _____	80
XPOVIO 80 MG TWICE WEEKLY 40		YUMVSKIDS MULTI ZERO CHEW 190		ZENIFIBER 2"X2" MISC _____	71
XTAMPZA ER _____	9	YUPELRI _____	13	ZENIFIBER 4"X5" MISC _____	71
XTANDI CAPS _____	40	YUSIMRY _____	5	ZENIFIBER 6"X6" MISC _____	71
XTANDI TABS _____	40	zafirlukast _____	14	ZENIFIBER 8"X8" MISC _____	71
XULTOPHY 100/3.6 _____	24	zaleplon _____	89	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT _____	78
XYLIDERM _____	68	ZANAFLEX CAPS (Use tizanidine hcl) _____	194	ZEPATIER _____	49
XYNTHA _____	86	ZANAFLEX TABS 4 MG (Use tizanidine hcl) _____	194	ZEPOSIA 7-DAY STARTER PACK CPPK _____	203
XYNTHA SOLOFUSE _____	86	ZARONTIN CAPS (Use ethosuximide) _____	20	ZEPOSIA CAPS _____	203
XYREM SOLN _____	202	ZARONTIN SOLN (Use ethosuximide) _____	20	ZEPOSIA STARTER KIT CPPK . .	203
XYWAV _____	202	ZARXIO _____	87	ZERVIAE _____	199
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride) ____	31	ZATEAN-PN DHA _____	194	ZESTORETIC (Use lisinopril & hydrochlorothiazide) _____	35
YASMIN 28 (Use drospirenone- ethinyl estradiol) _____	56	ZAVZPRET _____	175	ZESTRIL TABS (Use lisinopril) ____	33
YAZ (Use drospirenone-ethinyl estradiol) _____	56	ZEGALOGUE SOAJ _____	24	ZETIA (Use ezetimibe) _____	32
YCANTH SOLN _____	68	ZEGALOGUE SOSY _____	24	ZETONNA AERS _____	195
YELETS TEENAGE FORMULA TABS _____	188	ZEGERID CAPS (Use omeprazole- sodium bicarbonate) _____	208	ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2" ____	167
YF-VAX INJ _____	212	ZEGERID PACK (Use omeprazole- sodium bicarbonate) _____	208	ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16" ____	167
YONSA _____	40	ZEGERID PACK 1680 MG-40 MG (Use omeprazole-sodium bicarbonate) _____	208	ZEV RX INSULIN SYRINGE/1ML/30G X 1/2" ____	167
YOUR LIFE MULTI ADULT GUMMIES CHEW _____	188	ZEJULA CAPS _____	41		
YUFLYMA 1-PEN KIT AJKT _____	5	ZEJULA TABS _____	41		
YUFLYMA 2-PEN KIT AJKT _____	5	ZELAPAR TBDP _____	43		
YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML _____	5				
YUFLYMA CD/UC/HS STARTER					

ZEVRX INSULIN SYRINGE/1ML/30G X 5/16" _____	167	azithromycin _____	90	ZOMIG SOLN (Use zolmitriptan) _____	176
ZEVRX PEN NEEDLES 31G X 5MM _____	167	ZITHROMAX SUSR 100 MG/5ML (Use azithromycin) _____	90	ZOMIG SOLN 2.5 MG _____	176
ZEVRX PEN NEEDLES 31G X 6MM _____	167	ZITHROMAX SUSR 200 MG/5ML (Use azithromycin) _____	90	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan) _____	176
ZEVRX PEN NEEDLES 31G X 8MM _____	167	ZITHROMAX TABS 250 MG (Use azithromycin) _____	90	ZONALON (Use doxepin hcl (antipruritic)) _____	63
ZEVRX PEN NEEDLES 32G X 4MM _____	167	ZITHROMAX TABS 500 MG (Use azithromycin) _____	90	ZONISADE SUSP _____	19
ZEVRX STERILE ALCOHOL PREP PADS _____	122	ZITHROMAX TRI-PAK TABS (Use azithromycin) _____	90	zonisamide CAPS _____	19
ZEVRX TWIST TOP LANCETS 30G 121		ZITHROMAX Z-PAK TABS (Use azithromycin) _____	90	ZOO FRIENDS MULTI GUMMIES CHEW _____	190
ZIAC (Use bisoprolol & hydrochlorothiazide) _____	35	ZITUVIO _____	25	ZORTRESS (Use everolimus (immunosuppressant)) _____	178
ZIAGEN SOLN (Use abacavir sulfate) _____	48	ZMA CLEAR SUSP _____	61	ZORYVE _____	63
ZIAGEN TABS (Use abacavir sulfate) _____	48	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin) _____	32	ZORYVE _____	64
ZIANA (Use clindamycin phosphate-tretinoin) _____	61	ZOLINZA _____	41	ZOSYN _____	201
zidovudine CAPS _____	48	zolmitriptan SOLN 2.5 MG _____	176	ZOVIRAX CREA (Use acyclovir topical) _____	64
zidovudine SYRP _____	48	zolmitriptan SOLN 5 MG _____	176	ZOVIRAX OINT (Use acyclovir topical) _____	64
zidovudine TABS _____	48	zolmitriptan TABS _____	176	ZOVIRAX SUSP (Use acyclovir) _____	49
ZIEXTENZO _____	87	zolmitriptan TBDP _____	176	ZTALMY _____	19
ZILBRYSQ _____	86	ZOLOFT CONC (Use sertraline hcl) _____	22	ZTLIDO PTCH _____	68
zileuton TB12 _____	14	ZOLOFT TABS 100 MG (Use sertraline hcl) _____	22	ZUBSOLV SUBL _____	10
ZIMHI SOSY _____	28	ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl) _____	22	ZURZUVAE _____	21
ZIOPTAN (Use tafluprost) _____	199	ZOLPIDEM TARTRATE CAPS _____	89	ZYCLARA (Use imiquimod) _____	68
ziprasidone hcl _____	43	zolpidem tartrate SUBL _____	89	ZYCLARA PUMP (Use imiquimod) _____	68
ziprasidone mesylate _____	43	zolpidem tartrate TABS _____	89	ZYCLARA PUMP _____	68
ZIRGAN GEL _____	197	zolpidem tartrate TBCR _____	89	ZYDELIG _____	41
ZITHROMAX PACK (Use		ZOMACTON SOLR SC _____	79	ZYFLO TABS _____	14
				ZYKADIA TABS _____	41
				ZYLET _____	198

ZYLOPRIM (Use allopurinol) _____ 85

ZYMAXID (Use gatifloxacin (ophth)) .
197

ZYPITAMAG 2 MG, 4 MG _____ 32

ZYPREXA RELPREVV _____ 44

ZYPREXA SOLR (Use olanzapine) .
45

ZYPREXA TABS 15 MG, 20 MG
(Use olanzapine) _____ 45

ZYPREXA TABS 2.5 MG, 5 MG (Use
olanzapine) _____ 45

ZYPREXA TABS 7.5 MG, 10 MG
(Use olanzapine) _____ 45

ZYPREXA ZYDIS TBDP (Use
olanzapine) _____ 44

ZYRTEC ALLERGY TABS (Use
cetirizine hcl) _____ 31

ZYRTEC CHEW 10 MG (Use
cetirizine hcl) _____ 31

ZYRTEC CHILDRENS ALLERGY
CHEW 10 MG (Use cetirizine hcl) . 31

ZYRTEC CHILDRENS ALLERGY
SOLN OR (Use cetirizine hcl) _____ 31

ZYRTEC-D
ALLERGY/CONGESTION (Use
cetirizine-pseudoephedrine) _____ 59

ZYRTEC-D ALLERGY/SINUS (Use
cetirizine-pseudoephedrine) _____ 59

ZYTIGA (Use abiraterone acetate) .
40

ZYVANA CAPS _____ 188

ZYVOX SUSR (Use linezolid) _____ 37

ZYVOX TABS (Use linezolid) _____ 37