

Capital Health Plan NetResults Formulary

March 2025

Please consider talking to your doctor about prescribing preferred medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug list, also known as a formulary, is regularly updated. You can view the most up-to-date list, or the specialty drug list, at www.myprime.com.

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Introduction

Capital Health Plan (CHP) is pleased to present the Drug Guide for the NetResults Formulary. Your plan's covered drug list, or formulary, is a list of medications that your prescription drug plan covers. This formulary is a closed formulary. This means that all available covered medications are shown. Medications that are not shown are not covered. **Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe medications on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.**

At Capital Health Plan, our goal is to give members access to safe and effective prescription drugs. Please refer to this guide for information and present the guide to your doctor if you require a prescription. The CHP NetResults Formulary contains covered drugs for a broad range of diseases.

Generic drugs are shown in lower-case boldface type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand.

Brand prescription drugs are shown in capital letters followed by the generic name.

To save the most money on prescription drugs, take this drug list with you each time you visit your physician. Consider asking your physician to prescribe generic and formulary drugs, if appropriate. Any and all decisions that require or pertain to independent professional medical judgment or training, or the need for, and dosage of, a prescription drug must be made solely by you and your physician in accordance with the patient/physician relationship.

If you do not see your drug on this list, questions may be directed to Capital Health Plan at 850.383.3311 or 877.247.6512, Monday through Friday, from 8 a.m. – 5 p.m. State of Florida Members please call 877.392.1532, Monday through Friday, from 7 a.m. – 7 p.m. or visit www.myprime.com.

This document represents a summary of coverage, is not inclusive, and does not guarantee coverage.

Brand Drugs and Generic Drugs

Classification

Prescription drugs are classified as either a Brand drug or a Generic drug. Capital Health Plan uses the Brand or Generic status provided by a nationally recognized company providing drug product information. The Brand/Generic status for a specific drug/specific marketer can sometimes change over the life of a product in the marketplace and change from Brand to Generic or from Generic to Brand. Such changes might change your copayment/co-insurance share. Brand drug or Generic drug status is never based upon a product having a trade name. Generic drugs often have trade names.

Drug selection

Each drug chosen for this formulary was analyzed for its safety, efficacy and value by a Pharmacy and Therapeutics Committee (P&T Committee). The P&T Committee is comprised of independent practicing doctors and pharmacists and meets at least quarterly. Decisions to add or remove drugs from the NetResults formulary are based on the drug's safety, efficacy, uniqueness, and cost. You can find recent changes and the current version of the Drug Guide at www.myprime.com. CHP may choose to not add a drug and hence not list it in the Drug Guide because of effectiveness or safety concerns, or because a similar, more cost-effective drug is already on the NetResults formulary. New drugs are Non-Preferred until reviewed and approved for inclusion by the P&T Committee. CHP encourages providers to prescribe Preferred drugs. While coverage may be provided for Non-Preferred drugs, members are required to pay the highest copayment or cost share for drugs on this tier. Drug coverage is subject to change at any time, but the drug list will be updated monthly. There are many reasons why drug coverage or tier placement may change. Some examples are listed below.

- The tier level of a drug may increase or the drug may no longer be covered when an equivalent generic drug becomes available.
- The tier level of a drug may decrease if the cost of the drug decreases.

Additional Coverage Considerations

Coverage is limited to prescription drugs approved by the Food and Drug Administration (FDA) as evidenced by a New Drug Application (NDA), Abbreviated New Drug Application (ANDA), or Biologics License Application (BLA) on file. Any legal requirements or group specific benefits for coverage will supersede this (e.g. preventive drugs per the Affordable Care Act). Newly marketed prescription drugs will not be covered until the P&T Committee has had an opportunity to review the drug, to determine whether the drug will be covered and if so, which tier will apply based on safety, efficacy, and the availability of other products within that class of drugs. If your physician feels that a new drug is medically necessary prior to P&T Committee evaluation, a non-formulary exception request for coverage may be submitted.

Generic drugs

CHP encourages the use of generic drugs as a way to provide high-quality drugs at a reduced cost. Generic drugs are as safe and effective as their brand counterparts, but are usually less expensive. Generic drugs are manufactured under the same strict requirements of the Food and Drug Administration's (FDA's) current Good Manufacturing Practice regulations required for brand drugs in manufacturing, strength, purity and quality.

An FDA-approved generic drug may be substituted for the brand counterpart when it:

- Contains the same active ingredient(s) as the brand drug.
- Is identical in strength, dosage form and route of administration.
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

To encourage use of generic drugs, Preferred brand drugs typically move to a Non-Preferred brand tier after an equivalent generic version becomes available.

If you choose to receive a brand name prescription drug and a generic equivalent is available, you may be subject to a reduced benefit and a higher out-of-pocket expense.

Member prescription benefit

General Definitions of Terms

Tier A: Affordable Care Act (ACA) – Preventive medications listed under the Affordable Care Act with limited or \$0 cost sharing.

Tier 1: PREFERRED GENERIC MEDICATIONS (p) – A generic medication is called by its chemical name; a manufacturer assigns a brand name. Both generic and brand name products have the same active ingredients. Overall, the generic medication is just as safe and effective as the brand name medication. Preferred generic drugs are generally the most cost-effective. Includes most generic drugs.

Tier 2: NON-PREFERRED GENERIC MEDICATIONS (np) –The price of a non-preferred generic medication is usually lower than that of a brand name medication. Includes most generic drugs.

Tier 3: PREFERRED BRAND MEDICATIONS (P) –These drugs may cost more than generics, but less than non-preferred brands.

Tier 4: NON-PREFERRED BRAND MEDICATIONS (NP) –Non-preferred brand medications may have generic equivalents. Once a branded medication is available as a generic product, the branded medication will move to

a non-preferred brand tier status and the generic medication will become a non-preferred generic medication unless listed otherwise in the formulary. Non-preferred brand name drugs are generally higher in costs than preferred brand name drugs.

Tier 5: PREFERRED SPECIALTY MEDICATIONS (PS) – Specialty medications are typically high cost, self-administered (oral or injectable) drugs that require considerable support to manage and administer. These drugs often treat rare, chronic conditions and may require unique delivery or dispensing considerations. Additional patient support, safety monitoring, compliance and patient training may be required to manage these conditions. Specialty drugs are indicated with a dot in the *Specialty* column.

Tier 6: NON-PREFERRED SPECIALTY MEDICATIONS (NPS) – Non-Preferred Specialty medications are typically high cost, self-administered (oral or injectable) drugs that require considerable support to manage and administer. These drugs often treat rare, chronic conditions and may require unique delivery or dispensing considerations. Additional patient support, safety monitoring, compliance and patient training may be required to manage these conditions. Specialty drugs are indicated with a dot in the *Specialty* column.

Please refer to your Summary of Benefits and Coverage document to see what copay applies for each of your medication tiers.

The Capital Health Plan NetResults Drug List is a closed formulary and certain drug classes are excluded from coverage. Investigational and cosmetic (such as Propecia for hair growth) drugs are excluded (not covered). Coverage, copayment, and additional restrictions and exclusions may vary depending on the individual plan design. Please refer to the policy and benefit information you received from Capital Health Plan.

All tiers may contain drugs otherwise categorized as generic, brand, or specialty. Preferred drugs may offer a clinical or cost advantage over non-preferred drugs within the same therapeutic category. Coverage and copayment/co-insurance levels vary depending on the plan. Drugs that require Prior Authorization, Step Therapy, or that have Dispensing Limits or are considered Limited Distribution are noted in the Prescription Drug List.

Limitations

- Cost share is the amount the Member pays the Participating Pharmacy at the time of service for each covered prescription drug, as specifically set forth in the Summary of Benefits and Coverage. Manufacturer (or other third party) rebates, discounts, coupons, or other similar financial assistance programs (whether direct or indirect) **should not be used** to satisfy a member's out-of-pocket cost-sharing responsibilities; therefore, such amounts **may not accumulate** towards any Deductible, Coinsurance, Copayment, or Out-of-Pocket Maximums hereunder **** as allowed by state and federal guidelines**
- A prescription unit or refill will be covered up to a 90-day supply for generic and brand drugs (at 3 copays per 90 day supply) at Retail or Mail Order Pharmacies. Specialty drugs are limited up to a 30 day supply. Refills on prescriptions are not covered until at least 75% of the previous prescription has been used based on the dosage schedule prescribed by the physician.
- Certain drugs may be subject to additional requirements or limits on coverage. These requirements and limits may include prior authorization, quantity limits, and/or step therapy. The drugs listed as requiring prior authorization, quantity limits, or step therapy are subject to change at any time. For more information or instructions on how to meet these requirements, please contact Member Services at 850-383-3311, Monday through Friday, 8 a.m. to 5 p.m.

- A preferred prescription drug then in effect may be reclassified as a non-preferred prescription drug on the date the FDA approves a bioequivalent generic prescription drug. CHP reserves the right to add, remove or reclassify any prescription drug on the formulary at any time.
- All new prescription drugs that are approved by the FDA for marketing are excluded during the 12 consecutive months that immediately follow the date of the FDA's approval unless CHP, at its sole discretion, decides to waive this exclusion with respect to a particular prescription drug.

Affordable Care Act

Please note, some drugs may have limited or \$0 cost-sharing under the Affordable Care Act; examples of categories of drugs that may be subject to limited or \$0 cost share include aspirin, breast cancer prevention drugs, fluoride supplements, folic acid supplements, gonorrhea prophylaxis (newborn), iron supplements, some smoking cessation, vitamin D supplements, and some contraceptive drugs and devices. These drugs will be noted next to the drug with a dot under the ACA column. If you do not find the drug you are searching for, call Member Services to find out if the drug is available over-the-counter, or is covered under your medical benefit.

Utilization management (UM)

Some medicines have special requirements where your doctor must provide clinical information to Prime Therapeutics before the medicine will be approved and covered by the plan. **This is called utilization management.**

Specific Prior Authorization and Quantity Limit Utilization Management criteria is in place on certain categories of medications.

Prior Authorizations

Some drugs require Prior Authorization (PA) before coverage is approved. Drugs subject to PA require that specific clinical criteria are met to demonstrate the medical necessity of the drug before it is covered under your benefits. Only drugs that are medically necessary are covered, which helps keep the cost of drugs and your benefits lower. If it's determined you need a PA for a certain drug, your doctor must send a PA request form to Prime Therapeutics for approval. If the request is not approved, please remember that there is an appeals process available to you and/or you may choose to buy the drug at your own expense.

Detailed PA information can be found at

<https://www.myprime.com/v/CHP/COMMERCIAL/CHPDRUG/en/forms.html>.

Quantity Limits

A Quantity Limit (QL) controls the maximum amount of medicine covered per prescription. It can also identify age restrictions and the amount of medicine allowed. Quantity limits are placed in certain categories and are based upon FDA-approved drug labeling. These limits help encourage safe and proper use. If the drug list shows that there is a QL, your doctor must submit a PA request to Prime Therapeutics for review if he/she wants to exceed the QL for your medicine. Clinical information will be required to be submitted with the PA request to explain why you need to exceed the quantity limit. If the PA request is approved, your medicine will be covered by your plan. If the request is not approved, there is an appeals process available to you or you may choose to buy the medicine at your own expense.

Detailed QL information can be found at

<https://www.myprime.com/v/CHP/COMMERCIAL/CHPDRUG/en/forms.html>.

Step Therapy

Your benefit plan includes a step therapy program. This means you may need to try another proven, cost-effective drug before coverage may be available for the drug included in the step therapy program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. If step therapy is required for a drug listed in this document, it will be noted next to the drug with a dot under the step therapy column.

Specialty

Specialty pharmaceuticals require special patient monitoring and handling, and unique education prior to use. These specialty medicines also require your doctor to submit a Prior Authorization (PA) request to Prime Therapeutics for review.

CHP has contracted with select specialty pharmacies that specialize in these therapies. Members who want to minimize their cost-sharing are required to obtain the specialty medicines from Accredo. To find out more information about Accredo and to see the list and phone numbers of the pharmacy, please contact the Member Services number on your identification card.

To review the listing of Specialty Drugs, please refer to the following webpage:

<https://www.myprime.com/v/CHP/COMMERCIAL/CHPDRUG/en/find-medicine.html>, search under Other Helpful Documents.

Limited Distribution Drugs

Limited distribution drugs have a restriction on which pharmacies have access to and can dispense certain drugs, thereby limiting where the member may obtain the prescription. Capital Health Plan members may be required to use Accredo or other pharmacy for limited distribution prescription drugs. If a drug has limits on where it can be filled, it will be noted next to the drug with a dot under the limited distribution column.

Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of medication, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Some plans may exclude coverage for certain agents or drug categories, like those used for weight loss.

Over-the-counter exclusions: Your benefit plan may not provide coverage for prescription medications that have an over-the-counter version. You should refer to your benefit plan material for details about your particular benefits.

Compounded medications: Your benefit plan may not provide coverage for compounded medications. Please see your plan materials or call the number on the back of your ID card to determine whether compounded medications are covered and/or verify your payment amount.

Repackaged medications: Repackaged versions of medications already available on the market are not covered.

Abbreviation Key

aer aerosol
cap capsules
chew chewable
conc concentrate
cr controlled release
dr delayed release
ec enteric coated
equiv equivalent
er extended release
gm gram
inhal inhaler
inj injection
liqd liquid
mg milligram
ml milliliter

nebu nebulizer
odt orally disintegrating tabs
oint ointment
ophth ophthalmic
osm osmotic release
pack packets
powd powder
pttw twice-weekly patch
sl sublingual
soln solution
suppos suppositories
susp suspension
tab tablets
td transdermal
w/ with

This guide is subject to change. Please visit the web site, www.myprime.com for updates.



Nondiscrimination and Accessibility Notice (ACA §1557)

Capital Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). Capital Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, or sex (including pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes).

Capital Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at one of the numbers listed below. If you believe that Capital Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Capital Health Plan's Compliance and Privacy Officer:

2140 Centerville Place

Tallahassee, FL 32308

Phone: Member Services 850-383-3311, 1-877-247-6512, TTY 850-383-3534 or 1-877-870-8943, Fax: 850-523-7419, Email: memberservices@chp.org. Medicare members or prospective members call 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - March 31; 8:00 a.m. - 8:00 p.m., Monday - Friday, April 1 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 7:00 p.m.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Right select electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Have a disability? Speak a language other than English? Call to get help for free. 1-877-247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943

Vous souffrez d'un handicap ? Vous parlez une autre langue que l'anglais ? Appelez pour obtenir une aide gratuite. 1 877 247 6512, Téléscripateur/ATME 850 383 3534 ou 1 877 870 8943

Hai una disabilità? Non parli inglese? Chiama uno di questi numeri per chiedere assistenza gratuita: 1-877-247-6512, TTY/TDD 850-383-3534 o 1-877-870-8943

جهاز الاتصال الهاتفي 1-877-247-6512 هل تعاني من إعاقة؟ هل تتحدث لغة غير اللغة الإنجليزية؟ اتصل للحصول على المساعدة المجانية. أو 1-877-870-8943، 850-383-3534 (TDD/TTY) للصم/الهاتف النصي

Haben Sie eine Behinderung? Möchten Sie mit uns in einer anderen Sprache als Englisch kommunizieren? Rufen Sie an, um kostenlos Unterstützung zu erhalten. 1-877-247-6512, TTY/TDD 850-383-3534 oder 1-877-870-8943

¿Tiene una discapacidad? ¿Habla algún otro idioma que no sea inglés? Llame para obtener ayuda gratis. 1-877-247-6512, TTY/TDD 850-383-3534 o al 1-877-870-8943

ها تماس بگيريد. ناتوانی خاصی دارید؟ به زبانی بجز انگلیسی صحبت می کنید؟ برای دریافت کمک رایگان با این شماره 1-877-247-6512 یا 850-383-3534 به شماره DDT/YTT یا 1-877-870-8943

અવગતિ છે? ઇંગલિશ કરતાં અન્ય ભાષા બોલો છો? વળશું કે મદદ મેળવવા કોલ કરો. 1-877-247-6512, TTY/TDD 850-383-3534 અથવા 1-877-870-8943 પર

Ou gen yon andikap? Ou pale yon lang ki pa Anglè? Rele pou jwenn èd pou gratis? 1-877-247-6512, TTY/TDD 850-383-3534 oswa 1-877-870-8943

장애가 있으십니까? 영어가 아닌 다른 언어를 사용하십니까? 전화하십시오. 무료로 도와드립니다. 1-877-247-6512, TTY/TDD 850-383-3534 또는 1-877-870-8943

Jesteś osobą niepełnosprawną? Mówisz w języku innym niż j. angielski? Zadzwoń, aby uzyskać bezpłatną pomoc. 1-877-247-6512, TTY/TDD 850-383-3534 lub 1-877-870-8943

Tem algum tipo de incapacidade? Fala outra língua que não o inglês? Ligue para obter ajuda gratuitamente. 1-877-247-6512, TTY/TDD 850-383-3534 ou 1-877-870-8943

Ваши возможности ограничены по состоянию здоровья? Вы не говорите по-английски? Обратитесь за бесплатной помощью по телефону: 1-877-247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943

您是残障人士吗？您不会说英语吗？请拨打电话以免免费获取帮助。电话号码：1-877-247-6512；TTY/TDD（听障人士）：850-383-3534 或 1-877-870-8943

Ikaw ba ay may kapansanan? Ikaw ba ay nakakapagsalita ng ibang wika maliban sa Ingles? Tumawag upang makakuha ng libreng tulong. 1-877-247-6512, TTY/TTD 850-383-3534 o sa 1-877-870-8943.

您是否是障礙人士？您是否不會講英語？請撥打電話以取得免費協助。1-877-247-6512，聽障者請使用 TTY/TDD 850-383-3534 或 1-877-870-8943

พการหรือเปลลา? พดภาษาอนทไมไซภาษาองกฤษหรือเปลลา? โทรเพขอความชวยเหลือฟรี 1-877-247-6512, TTY/TDD 850-383-3534 หรือ 1-877-870-8943

Quý vị có khuyết tật? Quý vị nói ngôn ngữ khác mà không phải tiếng Anh? Vui lòng gọi để được trợ giúp miễn phí. 1-877-247-6512, TTY/TDD 850-383-3534 hoặc 1-877-870-8943

If you have any questions or concerns related to this, please call our Member Services Department, Monday through Friday 8:00 am – 5:00 pm at 850-383-3311 or 1-877-247-6512. Medicare members or prospective members call 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - March 31; 8:00 a.m. - 8:00 p.m., Monday - Friday, April 1 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 7:00 p.m. Capital Health Plan contact information is located on our website: <https://capitalhealth.com/contact>

Approved by Compliance Committee: 8/23/2016; Revised 5/3/17; Revised 11/14/17; Revised 8/21/18; Revised 7/17/19; Revised 2/22/23; Revised 8/22/24

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS		
PENICILLINS		
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg, 250 mg	4	
amoxicillin (trihydrate) cap 250 mg, 500 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg, 875 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate chew tab 400-57 mg	4	
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
ampicillin cap 500 mg	1	
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	4	
dicloxacillin sodium cap 250 mg, 500 mg	2	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	4	
penicillin v potassium tab 250 mg, 500 mg	1	
CEPHALOSPORINS		
CEFACLOR - cefaclor cap 250 mg, 500 mg	4	
CEFADROXIL - cefadroxil tab 1 gm	4	
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	2	
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml, 250 mg/5ml	2	
cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)	2	
cefepodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	2	
cefepodoxime proxetil tab 100 mg, 200 mg	2	
cefprozil for susp 125 mg/5ml, 250 mg/5ml	2	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	2	
cefuroxime axetil tab 250 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cephalexin cap 250 mg, 500 mg	1	
cephalexin cap 750 mg (Keflex)	2	
cephalexin for susp 125 mg/5ml, 250 mg/5ml	2	
MACROLIDES		
azithromycin for susp 100 mg/5ml (Zithromax)	2	
azithromycin for susp 200 mg/5ml (Zithromax)	1	
azithromycin tab 250 mg, 500 mg (Zithromax)	1	
azithromycin tab 600 mg	2	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	4	
clarithromycin tab er 24hr 500 mg	2	
clarithromycin tab 250 mg, 500 mg	2	
DIFICID - fidaxomicin for susp 40 mg/ml	3	
DIFICID - fidaxomicin tab 200 mg	3	
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	4	
ERYTHROMYCIN ETHYLSUCCINA - erythromycin ethylsuccinate tab 400 mg	4	
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	2	
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	2	
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	2	
erythromycin tab 250 mg, 500 mg	2	
ZITHROMAX - azithromycin powd pack for susp 1 gm	4	
TETRACYCLINES		
demeclocycline hcl tab 150 mg, 300 mg	2	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg (Vibramycin)	1	
doxycycline hyclate tab 20 mg, 100 mg	1	
doxycycline monohydrate cap 50 mg, 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	2	
doxycycline monohydrate tab 50 mg, 100 mg	1	
doxycycline monohydrate tab 75 mg, 150 mg	2	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg, 100 mg	2	
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	4	LD
tetracycline hcl cap 250 mg, 500 mg	2	
FLUOROQUINOLONES		

Drug Name	Drug Tier	Requirements/Limits
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	4	
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 500 mg/5ml (10%) (10 gm/100ml)	4	
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	2	
levofloxacin tab 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	2	
OFLOXACIN - ofloxacin tab 300 mg	4	
ofloxacin tab 400 mg	2	
AMINOGLYCOSIDES		
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	6	LD, PA, QL (28 vials/28 days), SP
HUMATIN - paromomycin sulfate cap 250 mg	3	LD
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	6	LD, SP
neomycin sulfate tab 500 mg	1	
TOBI PODHALER - tobramycin inhal cap 28 mg	6	LD, SP
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	6	SP
tobramycin nebu soln 300 mg/5ml (Tobi)	5	SP
tobramycin nebu soln 300 mg/4ml (Bethkis)	5	SP
SULFONAMIDES		
sulfadiazine tab 500 mg	2	
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	2	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg (Myambutol)	2	
isoniazid syrup 50 mg/5ml	2	
isoniazid tab 100 mg	2	
isoniazid tab 300 mg	1	
PRETOMANID - pretomanid tab 200 mg	4	LD
PRIFTIN - rifapentine tab 150 mg	3	
pyrazinamide tab 500 mg	2	
rifabutin cap 150 mg (Mycobutin)	2	
rifampin cap 150 mg, 300 mg	2	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)	6	LD, SP
TRECTOR - ethionamide tab 250 mg	4	
ANTIFUNGALS		

Drug Name	Drug Tier	Requirements/Limits
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg	4	PA
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	2	
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	1	
flucytosine cap 250 mg, 500 mg (Ancobon)	2	
griseofulvin microsize susp 125 mg/5ml	2	
griseofulvin microsize tab 500 mg	2	
griseofulvin ultramicrosize tab 125 mg, 250 mg	2	
itraconazole cap 100 mg (Sporanox)	2	QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	2	PA, QL (1200 mls/30 days)
ketoconazole tab 200 mg	2	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	3	PA
nystatin tab 500000 unit	2	
posaconazole susp 40 mg/ml (Noxafil)	2	PA
posaconazole tab delayed release 100 mg (Noxafil)	2	PA
terbinafine hcl tab 250 mg	1	QL (30 tablets/30 days)
voriconazole for susp 40 mg/ml (Vfend)	2	PA
voriconazole tab 50 mg, 200 mg (Vfend)	2	PA
ANTIVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	2	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	2	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	2	QL (30 tablets/30 days)
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml (Zovirax)	2	
acyclovir tab 400 mg, 800 mg	1	
adefovir dipivoxil tab 10 mg (Hepsera)	2	
APRETUDE - cabotegravir im extended release susp 600 mg/3ml	5	LD, SP
APTIVUS - tipranavir cap 250 mg	3	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)	2	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	2	QL (60 capsules/30 days)
BARACLUDGE - entecavir oral soln 0.05 mg/ml	3	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	3	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	3	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	3	QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	2	QL (60 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
darunavir tab 800 mg (Prezista)	2	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	3	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	3	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	3	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	3	QL (30 tablets/30 days)
efavirenz tab 600 mg (Sustiva)	2	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	2	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	2	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	2	QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	2	QL (30 capsules/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	2	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	2	AC, QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	3	QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	3	QL (680 mls/28 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	2	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	5	PA, QL (28 packets/28 days), SP
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	5	PA, QL (28 tablets/28 days), SP
EPIVIR - lamivudine oral soln 10 mg/ml	4	QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	3	QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	4	QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intelence)	2	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	3	QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	2	
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	2	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	6	QL (60 vials/30 days), SP
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	3	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	5	PA, QL (28 packets/28 days), SP
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	5	PA, QL (28 tablets/28 days), SP
INTELENCE - etravirine tab 25 mg	3	QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	3	QL (60 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	3	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	3	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	3	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	3	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	3	QL (180 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	3	QL (120 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	3	QL (40 capsules/30 days)
lamivudine oral soln 10 mg/ml (Epivir)	2	QL (960 mls/30 days)
lamivudine tab 100 mg (hbv) (Epivir hbv)	2	
lamivudine tab 150 mg (Epivir)	2	QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	2	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	2	QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	3	PA, QL (28 tablets/28 days)
LIVTENCITY - maribavir tab 200 mg	6	LD, QL (120 tablets/30 days), SP
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	2	QL (480 mls/30 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	2	QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	2	QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	2	QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	2	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	5	PA, QL (140 packets/28 days), SP
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA, QL (90 tablets/30 days), SP
NEVIRAPINE - nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg (Viramune xr)	2	QL (30 tablets/30 days)
nevirapine tab 200 mg	1	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	3	QL (360 packets/30 days)
NORVIR - ritonavir tab 100 mg	4	QL (360 tablets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	3	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	2	QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	2	QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	2	QL (300 mls/120 days)

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (30 tablets/30 days)
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA, SP
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA, SP
PIFELTRO - doravirine tab 100 mg	3	QL (30 tablets/30 days)
PREVYMIS - letermovir pellet pack 20 mg, 120 mg	4	QL (800 packets/365 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	4	QL (200 tablets/365 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	3	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	3	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	3	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	3	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (40 blisters/120 days)
RETROVIR - zidovudine cap 100 mg	4	QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	4	QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	4	QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	4	QL (30 capsules/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	3	QL (240 packets/30 days)
RIBAVIRIN - ribavirin cap 200 mg	6	SP
RIBAVIRIN - ribavirin tab 200 mg	6	SP
ritonavir tab 100 mg (Norvir)	2	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	3	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	3	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 150 mg	3	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	3	QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	5	PA, QL (28 tablets/28 days), SP
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	5	PA, QL (28 packets/28 days), SP
SOVALDI - sofosbuvir tab 200 mg, 400 mg	5	PA, QL (28 tablets/28 days), SP
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd f tab 150-150-200-300 mg	3	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	3	LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	3	LD, QL (5 tablets/365 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	3	QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	3	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	3	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	2	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	3	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	3	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	3	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	3	QL (180 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	2	QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg (Valtrex)	1	
valacyclovir hcl tab 1 gm (Valtrex)	2	
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	2	
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	2	
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	3	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	3	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/ gm	3	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	3	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 300 mg	4	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA, QL (30 tablets/30 days), SP
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	4	QL (2 tablets/120 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	4	QL (960 mls/30 days)
zidovudine cap 100 mg (Retrovir)	2	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	2	QL (1920 mls/30 days)
zidovudine tab 300 mg	2	QL (60 tablets/30 days)
ANTIMALARIALS		
ARAKODA - tafenoquine succinate tab 100 mg (base equivalent)	4	
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	2	
chloroquine phosphate tab 250 mg, 500 mg	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
hydroxychloroquine sulfate tab 100 mg	1	
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	2	

Drug Name	Drug Tier	Requirements/Limits
hydroxychloroquine sulfate tab 300 mg, 400 mg	2	
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	4	
mefloquine hcl tab 250 mg	2	
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	2	
pyrimethamine tab 25 mg (Daraprim)	2	
quinine sulfate cap 324 mg (Qualaquin)	2	
ANTHELMINTICS		
albendazole tab 200 mg (Albenza)	2	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	3	LD
EMVERM - mebendazole chew tab 100 mg	4	
ivermectin tab 3 mg (Stromectol)	2	
praziquantel tab 600 mg (Biltricide)	2	
ANTI-INFECTIVE AGENTS - MISC.		
atovaquone susp 750 mg/5ml (Mepron)	2	
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	6	LD, SP
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	2	
dapsone tab 25 mg, 100 mg	2	
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	2	
IMPAVIDO - miltefosine cap 50 mg	3	
LAMPIT - nifurtimox tab 30 mg, 120 mg	4	LD
linezolid for susp 100 mg/5ml (Zyvox)	2	PA
linezolid tab 600 mg (Zyvox)	2	
methenamine hippurate tab 1 gm (Hiprex)	2	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg (Flagyl)	1	
NITAZOXANIDE - nitazoxanide tab 500 mg	2	QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg, 50 mg (Macrochantin)	2	
nitrofurantoin macrocrystalline cap 100 mg (Macrochantin)	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1	
nitrofurantoin susp 25 mg/5ml	2	PA
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	2	
SIVEXTRO - tedizolid phosphate tab 200 mg	4	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1	
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1	
tinidazole tab 250 mg, 500 mg	2	
trimethoprim tab 100 mg	2	
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	2	
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	2	
vancomycin hcl for oral soln 25 mg/ml (base equivalent), 50 mg/ml (base equivalent) (Firvanq)	2	
XIFAXAN - rifaximin tab 200 mg	4	
XIFAXAN - rifaximin tab 550 mg	3	
BIOLOGICALS		
VACCINES		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	AC	AC
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	AC	AC
AFLURIA 2024-2025 - influenza virus vaccine split im susp	AC	AC
AFLURIA 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	AC	AC
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	AC	AC
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	AC	AC
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	AC	AC
COMIRNATY 2024-25 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	AC	AC
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	AC	AC
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	AC	AC
FLUAD 2024-2025 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	AC	AC
FLUARIX 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	AC	AC
FLUBLOK 2024-2025 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	AC	AC
FLUCELVAX 2024-2025 - influenza virus vac tiss-cult subunit im susp	AC	AC
FLUCELVAX 2024-2025 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	AC	AC

Drug Name	Drug Tier	Requirements/Limits
FLULAVAL 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	AC	AC
FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	AC	AC
FLUZONE HIGH-DOSE 2024-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	AC	AC
FLUZONE 2024-2025 - influenza virus vaccine split im susp	AC	AC
FLUZONE 2024-2025 - influenza virus vaccine split pf susp pref syringe 0.5 ml	AC	AC
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	AC	AC
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	AC	AC
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	AC	AC
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	AC	AC
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	AC	AC
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	3	
IPOLE INACTIVATED IPV - poliovirus vaccine, ipv injection	AC	AC
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	AC	AC
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	AC	AC
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	AC	AC
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	AC	AC
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	AC	AC
MODERNA COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	AC	AC
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	AC	AC
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	AC	AC
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	AC	AC
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	AC	AC
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	AC	AC
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	AC	AC

Drug Name	Drug Tier	Requirements/Limits
PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	AC	AC
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	AC	AC
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	AC	AC
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	AC	AC
RABAVERT - rabies vaccine, pcec for inj	4	
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	AC	AC
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	AC	AC
ROTARIX - rotavirus vaccine, live oral susp	AC	AC
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	AC	AC
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	AC	AC
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	AC	AC
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	AC	AC
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	AC	AC
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	AC	AC
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	AC	AC
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	AC	AC
VIVOTIF - typhoid vaccine cap delayed release	4	
TOXOIDS		
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	AC	AC
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	AC	AC
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	AC	AC
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	AC	AC
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	AC	AC
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	AC	AC
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	AC	AC

Drug Name	Drug Tier	Requirements/Limits
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	AC	AC
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	AC	AC
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	AC	AC
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	AC	AC
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	AC	AC
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	AC	AC
BIOLOGICALS MISC		
GRASTEK - timothy grass pollen allergen ext sl tab 2800 bau	4	PA, QL (30 tablets/30 days)
ODACTRA - dust mite mixed ext sl tab 12 sq-hdm	4	PA, QL (30 tablets/30 days)
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	6	LD, PA, QL (1 kit/180 days), SP
PALFORZIA LEVEL 1 - peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	6	LD, PA, QL (90 capsules/30 days), SP
PALFORZIA LEVEL 10 - peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	6	LD, PA, QL (120 capsules/30 days), SP
PALFORZIA LEVEL 11 (MAINT - peanut allergen powder-dnfp maintenance packet 300 mg)	6	LD, PA, QL (30 packets/30 days), SP
PALFORZIA LEVEL 11 (TITRA - peanut allergen powder-dnfp titration packet 300 mg)	6	LD, PA, QL (30 packets/30 days), SP
PALFORZIA LEVEL 2 - peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	6	LD, PA, QL (180 capsules/30 days), SP
PALFORZIA LEVEL 3 - peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	6	LD, PA, QL (90 capsules/30 days), SP
PALFORZIA LEVEL 4 - peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	6	LD, PA, QL (30 capsules/30 days), SP
PALFORZIA LEVEL 5 - peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	6	LD, PA, QL (60 capsules/30 days), SP
PALFORZIA LEVEL 6 - peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	6	LD, PA, QL (120 capsules/30 days), SP
PALFORZIA LEVEL 7 - peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	6	LD, PA, QL (60 capsules/30 days), SP
PALFORZIA LEVEL 8 - peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	6	LD, PA, QL (120 capsules/30 days), SP
PALFORZIA LEVEL 9 - peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	6	LD, PA, QL (60 capsules/30 days), SP
RAGWITEK - short ragweed pollen allergen extract sl tab 12 amb a 1-u	4	PA, QL (30 tablets/30 days)
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTICS		
abiraterone acetate tab 250 mg (Zytiga)	5	PA, QL (120 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
abiraterone acetate tab 500 mg (Zytiga)	5	PA, QL (60 tablets/30 days), SP
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	5	LD, SP
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	6	LD, PA, QL (60 tablets/30 days), SP
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	5	LD, PA, QL (240 capsules/30 days), SP
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	5	LD, PA, QL (30 tablets/180 days), SP
ALUNBRIG - brigatinib tab 30 mg	5	LD, PA, QL (120 tablets/30 days), SP
ALUNBRIG - brigatinib tab 90 mg, 180 mg	5	LD, PA, QL (30 tablets/30 days), SP
anastrozole tab 1 mg (Arimidex)	1	SP
AUGTYRO - repotrectinib cap 40 mg	6	PA, QL (240 capsules/30 days), SP
AUGTYRO - repotrectinib cap 160 mg	6	PA, QL (60 capsules/30 days), SP
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	5	LD, PA, QL (30 tablets/30 days), SP
BALVERSA - erdafitinib tab 3 mg	6	LD, PA, QL (90 tablets/30 days), SP
BALVERSA - erdafitinib tab 4 mg	6	LD, PA, QL (60 tablets/30 days), SP
BALVERSA - erdafitinib tab 5 mg	6	LD, PA, QL (30 tablets/30 days), SP
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	6	LD, PA, QL (2 syringes/28 days), SP
bexarotene cap 75 mg (Targretin)	5	PA, SP
bicalutamide tab 50 mg (Casodex)	5	SP
BOSULIF - bosutinib cap 50 mg	5	LD, PA, QL (30 capsules/30 days), SP
BOSULIF - bosutinib cap 100 mg	5	LD, PA, QL (150 capsules/30 days), SP
BOSULIF - bosutinib tab 100 mg	5	LD, PA, QL (90 tablets/30 days), SP
BOSULIF - bosutinib tab 400 mg, 500 mg	5	LD, PA, QL (30 tablets/30 days), SP
BRAFTOVI - encorafenib cap 75 mg	6	LD, PA, QL (180 capsules/30 days), SP
BRUKINSA - zanubrutinib cap 80 mg	5	LD, PA, QL (120 capsules/30 days), SP
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	5	LD, PA, QL (30 tablets/30 days), SP
CALQUENCE - acalabrutinib maleate tab 100 mg	5	LD, PA, QL (60 tablets/30 days), SP
capecitabine tab 150 mg, 500 mg (Xeloda)	5	PA, SP
CAPRELSA - vandetanib tab 100 mg	5	LD, PA, QL (60 tablets/30 days), SP
CAPRELSA - vandetanib tab 300 mg	5	LD, PA, QL (30 tablets/30 days), SP
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	5	LD, PA, QL (1 carton/28 days), SP
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	5	LD, PA, QL (1 carton/28 days), SP
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	5	LD, PA, QL (1 carton/28 days), SP
COPIKTRA - duvelisib cap 15 mg, 25 mg	6	LD, PA, QL (56 capsules/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	5	LD, PA, QL (63 tablets/28 days), SP
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	5	SP
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	5	SP
dasatinib tab 20 mg (Sprycel)	5	PA, QL (90 tablets/30 days), SP
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	5	PA, QL (30 tablets/30 days), SP
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	6	LD, PA, QL (60 tablets/30 days), SP
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	6	LD, PA, QL (30 tablets/30 days), SP
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	5	SP
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	5	SP
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	5	SP
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	5	SP
ERIVEDGE - vismodegib cap 150 mg	5	LD, PA, QL (30 capsules/30 days), SP
ERLEADA - apalutamide tab 60 mg	5	LD, PA, QL (120 tablets/30 days), SP
ERLEADA - apalutamide tab 240 mg	5	LD, PA, QL (30 tablets/30 days), SP
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	5	PA, QL (60 tablets/30 days), SP
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	5	PA, QL (30 tablets/30 days), SP
ETOPOSIDE - etoposide cap 50 mg	5	SP
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	5	PA, QL (60 tablets/30 days), SP
everolimus tab for oral susp 3 mg (Afinitor disperz)	5	PA, QL (90 tablets/30 days), SP
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	5	PA, QL (30 tablets/30 days), SP
exemestane tab 25 mg (Aromasin)	2	SP
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	6	LD, PA, QL (21 capsules/28 days), SP
FRUZAQLA - fruquintinib cap 1 mg	6	PA, QL (84 capsules/28 days), SP
FRUZAQLA - fruquintinib cap 5 mg	6	PA, QL (21 capsules/28 days), SP
GAVRETO - pralsetinib cap 100 mg	6	LD, PA, QL (120 tablets/30 days), SP
gefitinib tab 250 mg (Iressa)	5	PA, QL (30 tablets/30 days), SP
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	5	LD, PA, QL (30 tablets/30 days), SP
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	5	SP
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	5	PA, SP
hydroxyurea cap 500 mg (Hydrea)	5	SP

Drug Name	Drug Tier	Requirements/Limits
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	5	LD, PA, QL (21 capsules/28 days), SP
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	5	LD, PA, QL (21 tablets/28 days), SP
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	5	LD, PA, QL (30 tablets/30 days), SP
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	6	LD, PA, QL (30 tablets/30 days), SP
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	5	PA, QL (90 tablets/30 days), SP
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	5	PA, QL (60 tablets/30 days), SP
IMBRUVICA - ibrutinib cap 70 mg	5	LD, PA, QL (30 capsules/30 days), SP
IMBRUVICA - ibrutinib cap 140 mg	5	LD, PA, QL (90 capsules/30 days), SP
IMBRUVICA - ibrutinib oral susp 70 mg/ml	5	LD, PA, QL (216 mls/30 days), SP
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	5	LD, PA, QL (30 tablets/30 days), SP
INLYTA - axitinib tab 1 mg	5	LD, PA, QL (180 tablets/30 days), SP
INLYTA - axitinib tab 5 mg	5	LD, PA, QL (120 tablets/30 days), SP
INQOVI - decitabine-cedazuridine tab 35-100 mg	6	LD, PA, QL (5 tablets/28 days), SP
INREBIC - fedratinib hcl cap 100 mg	6	LD, PA, QL (120 capsules/30 days), SP
IWILFIN - eflornithine hcl tab 192 mg	6	PA, QL (240 tablets/30 days), SP
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	5	LD, PA, QL (60 tablets/30 days), SP
JAYPIRCA - pirtobrutinib tab 50 mg	6	LD, PA, QL (30 tablets/30 days), SP
JAYPIRCA - pirtobrutinib tab 100 mg	6	LD, PA, QL (60 tablets/30 days), SP
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days), SP
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days), SP
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days), SP
KOSELUGO - selumetinib sulfate cap 10 mg	6	LD, PA, QL (240 capsules/30 days), SP
KOSELUGO - selumetinib sulfate cap 25 mg	6	LD, PA, QL (120 capsules/30 days), SP
KRAZATI - adagrasib tab 200 mg	6	LD, PA, QL (180 tablets/30 days), SP
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	5	PA, QL (180 tablets/30 days), SP
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	5	LD, PA, QL (30 capsules/30 days), SP
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	5	LD, PA, QL (90 capsules/30 days), SP
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	5	LD, PA, QL (60 capsules/30 days), SP
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	5	LD, PA, QL (90 capsules/30 days), SP
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	5	LD, PA, QL (60 capsules/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	5	LD, PA, QL (90 capsules/30 days), SP
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	5	LD, PA, QL (30 capsules/30 days), SP
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	5	LD, PA, QL (60 capsules/30 days), SP
letrozole tab 2.5 mg (Femara)	1	SP
leucovorin calcium tab 5 mg, 15 mg, 25 mg	2	SP
LEUKERAN - chlorambucil tab 2 mg	5	SP
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	5	SP
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	5	SP
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	LD, PA, QL (60 tablets/28 days), SP
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	LD, PA, QL (80 tablets/28 days), SP
LORBRENA - lorlatinib tab 25 mg	6	LD, PA, QL (90 tablets/30 days), SP
LORBRENA - lorlatinib tab 100 mg	6	LD, PA, QL (30 tablets/30 days), SP
LUMAKRAS - sotorasib tab 120 mg	6	LD, PA, QL (240 tablets/30 days), SP
LUMAKRAS - sotorasib tab 240 mg	6	LD, PA, QL (120 tablets/30 days), SP
LUMAKRAS - sotorasib tab 320 mg	6	LD, PA, QL (90 tablets/30 days), SP
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	5	SP
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	5	SP
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	SP
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	SP
LYNPARZA - olaparib tab 100 mg, 150 mg	5	LD, PA, QL (120 tablets/30 days), SP
LYSODREN - mitotane tab 500 mg	5	LD, PA, SP
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	6	LD, PA, QL (84 tablets/28 days), SP
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	6	LD, PA, QL (112 tablets/28 days), SP
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	6	LD, PA, QL (140 tablets/28 days), SP
MATULANE - procarbazine hcl cap 50 mg	5	LD, PA, SP
megestrol acetate susp 40 mg/ml	2	SP
megestrol acetate tab 20 mg, 40 mg	1	SP
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	PA, QL (13 bottles/28 days), SP
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	5	PA, QL (90 tablets/30 days), SP
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	5	PA, QL (30 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI - binimetinib tab 15 mg	6	LD, PA, QL (180 tablets/30 days), SP
mercaptopurine tab 50 mg	5	SP
mesna tab 400 mg (Mesnex)	2	SP
MESNEX - mesna tab 400 mg	3	SP
METHOTREXATE SODIUM - methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2	
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)	4	
methotrexate sodium for inj 1 gm	2	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2	
methotrexate sodium tab 2.5 mg (base equiv)	1	
MYLERAN - busulfan tab 2 mg	5	SP
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	6	LD, PA, QL (180 tablets/30 days), SP
nilutamide tab 150 mg (Nilandron)	5	SP
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	5	LD, PA, QL (3 capsules/28 days), SP
NUBEQA - darolutamide tab 300 mg	5	PA, QL (120 tablets/30 days), SP
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	5	LD, PA, QL (30 capsules/30 days), SP
OGSIVEO - nirogacestat hydrobromide tab 50 mg	6	LD, PA, QL (180 capsules/30 days), SP
OGSIVEO - nirogacestat hydrobromide tab 100 mg	6	LD, PA, QL (56 days/28 days), SP
OGSIVEO - nirogacestat hydrobromide tab 150 mg	6	LD, PA, QL (56 tablets/28 days), SP
OJEMDA - tovorafenib for oral susp 25 mg/ml	6	PA, QL (8 bottles/28 days), SP
OJEMDA - tovorafenib tab 100 mg	6	PA, QL (24 tablets/28 days), SP
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	6	LD, PA, QL (30 tablets/30 days), SP
ONUREG - azacitidine tab 200 mg, 300 mg	6	PA, QL (14 tablets/28 days), SP
ORGOVYX - relugolix tab 120 mg	6	LD, PA, QL (30 tablets/30 days), SP
ORSERDU - elacestrant hydrochloride tab 86 mg	6	LD, PA, QL (90 tablets/30 days), SP
ORSERDU - elacestrant hydrochloride tab 345 mg	6	LD, PA, QL (30 tablets/30 days), SP
pazopanib hcl tab 200 mg (base equiv) (Votrient)	5	PA, QL (120 tablets/30 days), SP
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	6	LD, PA, QL (14 tablets/21 days), SP
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (28 tablets/28 days), SP
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (56 tablets/28 days), SP
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (56 tablets/28 days), SP
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	5	LD, PA, QL (21 capsules/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	5	LD, SP
QINLOCK - ripretinib tab 50 mg	6	LD, PA, QL (90 tablets/30 days), SP
RETEVMO - selpercatinib tab 40 mg	5	LD, PA, QL (90 tablets/30 days), SP
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	5	LD, PA, QL (60 tablets/30 days), SP
REZLIDHIA - olutasidenib cap 150 mg	6	LD, PA, QL (60 capsules/30 days), SP
ROZLYTREK - entrectinib cap 100 mg	5	LD, PA, QL (30 capsules/30 days), SP
ROZLYTREK - entrectinib cap 200 mg	5	LD, PA, QL (90 capsules/30 days), SP
ROZLYTREK - entrectinib pellet pack 50 mg	5	LD, PA, QL (336 packets/28 days), SP
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	5	LD, PA, QL (120 tablets/30 days), SP
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days), SP
SCSEMBLIX - asciminib hcl tab 20 mg	6	LD, PA, QL (60 tablets/30 days), SP
SCSEMBLIX - asciminib hcl tab 40 mg	6	LD, PA, QL (240 tablets/30 days), SP
SCSEMBLIX - asciminib hcl tab 100 mg	6	LD, PA, QL (120 tablets/30 days), SP
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	4	SP
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	5	PA, QL (120 tablets/30 days), SP
SPRYCEL - dasatinib tab 20 mg	5	PA, QL (90 tablets/30 days), SP
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	5	PA, QL (30 tablets/30 days), SP
STIVARGA - regorafenib tab 40 mg	5	LD, PA, QL (84 tablets/28 days), SP
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	5	PA, QL (90 capsules/30 days), SP
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	5	PA, QL (30 capsules/30 days), SP
TABLOID - thioguanine tab 40 mg	5	SP
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	PA, QL (112 tablets/28 days), SP
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	5	PA, QL (120 capsules/30 days), SP
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	PA, QL (840 tablets/28 days), SP
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	5	LD, PA, QL (30 tablets/30 days), SP
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	5	LD, PA, QL (30 capsules/30 days), SP
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	5	LD, PA, QL (90 capsules/30 days), SP
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1	AC

Drug Name	Drug Tier	Requirements/Limits
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	5	PA, QL (120 capsules/30 days), SP
TAZVERIK - tazemetostat hbr tab 200 mg	6	LD, PA, QL (240 tablets/30 days), SP
temozolomide cap 5 mg, 20 mg	5	PA, SP
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	5	PA, SP
TEPMETKO - tepotinib hcl tab 225 mg	6	LD, PA, QL (60 tablets/30 days), SP
TIBSOVO - ivosidenib tab 250 mg	5	LD, PA, QL (60 tablets/30 days), SP
toremifene citrate tab 60 mg (base equivalent) (Fareston)	5	SP
tretinoin cap 10 mg	5	PA, SP
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	6	LD, PA, QL (64 tablets/28 days), SP
TRUQAP - capivasertib tab 200 mg	6	LD, PA, QL (64 tablets/28 days), SP
TUKYSA - tucatinib tab 50 mg	6	LD, PA, QL (300 tablets/30 days), SP
TUKYSA - tucatinib tab 150 mg	6	LD, PA, QL (120 tablets/30 days), SP
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	6	LD, PA, QL (120 capsules/30 days), SP
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	6	LD, PA, QL (28 tablets/28 days), SP
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	6	LD, PA, QL (56 tablets/28 days), SP
VENCLEXTA - venetoclax tab 10 mg	5	LD, PA, QL (60 tablets/30 days), SP
VENCLEXTA - venetoclax tab 50 mg	5	LD, PA, QL (30 tablets/30 days), SP
VENCLEXTA - venetoclax tab 100 mg	5	LD, PA, QL (180 tablets/30 days), SP
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	5	LD, PA, QL (1 pack/180 days), SP
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	5	LD, PA, QL (60 tablets/30 days), SP
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	5	LD, PA, QL (180 capsules/30 days), SP
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	5	LD, PA, QL (60 capsules/30 days), SP
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	5	LD, PA, QL (300 mls/30 days), SP
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	6	LD, PA, QL (30 tablets/30 days), SP
VONJO - pacritinib citrate cap 100 mg	6	LD, PA, QL (120 capsules/30 days), SP
WELIREG - belzutifan tab 40 mg	6	LD, PA, QL (90 tablets/30 days), SP
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg	5	LD, PA, QL (120 capsules/30 days), SP
XALKORI - crizotinib cap sprinkle 150 mg	5	LD, PA, QL (180 capsules/30 days), SP
XALKORI - crizotinib cap 200 mg, 250 mg	5	LD, PA, QL (120 capsules/30 days), SP
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	6	LD, PA, QL (90 tablets/30 days), SP
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)	6	LD, PA, QL (1 box/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	6	LD, PA, QL (24 tablets/28 days), SP
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	6	LD, PA, QL (32 tablets/28 days), SP
XTANDI - enzalutamide cap 40 mg	5	LD, PA, QL (120 capsules/30 days), SP
XTANDI - enzalutamide tab 40 mg	5	LD, PA, QL (120 tablets/30 days), SP
XTANDI - enzalutamide tab 80 mg	5	LD, PA, QL (60 tablets/30 days), SP
YONSA - abiraterone acetate micronized tab 125 mg	5	LD, PA, QL (120 tablets/30 days), SP
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	5	LD, PA, QL (30 tablets/30 days), SP
ZELBORAF - vemurafenib tab 240 mg	5	LD, PA, QL (240 tablets/30 days), SP
ZOLINZA - vorinostat cap 100 mg	5	LD, PA, QL (120 capsules/30 days), SP
ZYDELIG - idelalisib tab 100 mg, 150 mg	5	LD, PA, QL (60 tablets/30 days), SP
ZYKADIA - ceritinib tab 150 mg	5	LD, PA, QL (90 tablets/30 days), SP
ENDOCRINE AND METABOLIC DRUGS		
CORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg (Entocort ec)	2	
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	4	
dexamethasone elixir 0.5 mg/5ml	2	
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	4	
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone acetate tab 0.1 mg	1	
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	2	
MEDROL - methylprednisolone tab 2 mg	4	
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1	
methylprednisolone tab 4 mg, 16 mg, 32 mg (Medrol)	1	
methylprednisolone tab 8 mg (Medrol)	2	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	2	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	2	
prednisolone soln 15 mg/5ml	1	
PREDNISONE - prednisone oral soln 5 mg/5ml	3	
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	2	

Drug Name	Drug Tier	Requirements/Limits
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1	
ANDROGEN-ANABOLIC		
danazol cap 50 mg, 100 mg, 200 mg	2	PA
METHITEST - methyltestosterone oral tab 10 mg	4	PA, QL (600 capsules/30 days)
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	2	PA, QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	2	PA, QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	4	PA, QL (1 vial/28 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	2	PA, QL (60 packets/30 days)
testosterone td gel 12.5 mg/act (1%)	2	PA, QL (4 bottles/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	2	PA, QL (2 bottles/30 days)
testosterone td soln 30 mg/act	2	PA, QL (2 bottles/30 days)
ESTROGENS		
ALORA - estradiol td patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr	4	QL (8 patches/28 days)
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg	4	
BIJUVA - estradiol-progesterone cap 0.5-100 mg, 1-100 mg	4	
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	3	QL (4 patches/28 days)
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	4	QL (8 patches/28 days)
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	3	
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	4	QL (1 pump/30 days)
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	2	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	2	QL (1 pump/30 days)
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%) (Divigel)	2	QL (30 packets/30 days)
estradiol td gel 1.25 mg/1.25gm (0.1%) (Divigel)	2	QL (37.5 grams/30 days)
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	2	QL (8 patches/28 days)

Drug Name	Drug Tier	Requirements/Limits
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	2	QL (4 patches/28 days)
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)	2	
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	3	QL (1 pump/30 days)
EVAMIST - estradiol transdermal spray 1.53 mg/spray	4	QL (5 bottles/93 days)
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	4	
MENOSTAR - estradiol td patch weekly 14 mcg/24hr	4	QL (4 patches/28 days)
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	3	PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt)	2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack	3	PA, QL (1 box/28 days)
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	3	
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	3	
CONTRACEPTIVES		
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	4	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	AC	AC
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	AC	AC
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	AC	AC
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	AC	AC
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	AC	AC
DROSPIRENONE/ETHINYL ESTR - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	AC	AC
ELLA - ulipristal acetate tab 30 mg	AC	AC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	AC	AC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	AC	AC
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette)	AC	AC

Drug Name	Drug Tier	Requirements/Limits
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	AC	AC
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	AC	AC
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	AC	AC
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	AC	AC
levonorgestrel tab 1.5 mg	AC	AC
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	AC	AC
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	AC	AC
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	3	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	AC	AC
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	AC	AC
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	4	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	AC	AC
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 1 mg-35 mcg	AC	AC
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	AC	AC
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	AC	AC
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	AC	AC
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	AC	AC
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	AC	AC
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	AC	AC
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	AC	AC
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	AC	AC
norethindrone tab 0.35 mg	AC	AC
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	AC	AC
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	AC	AC

Drug Name	Drug Tier	Requirements/Limits
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	AC	AC
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	AC	AC
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	AC	AC
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	AC	AC
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	4	
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	4	
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1	
norethindrone acetate tab 5 mg (Aygestin)	2	
progesterone cap 100 mg (Prometrium)	1	
progesterone cap 200 mg (Prometrium)	2	
progesterone im in oil 50 mg/ml	2	
ANTIDIABETICS		
Antidiabetics		
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	2	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	3	
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	3	
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	4	PA, QL (4 pens/28 days)
diazoxide susp 50 mg/ml (Proglycem)	2	
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	3	QL (30 tablets/30 days)
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	1	
GLIPIZIDE - glipizide tab 2.5 mg	4	
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg (Glucotrol)	1	
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	2	
GLUCAGON EMERGENCY KIT FO - glucagon (rdna) for inj kit 1 mg	4	
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	3	
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	4	
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	3	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3	
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3	
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	3	QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	3	QL (30 tablets/30 days)
metformin hcl tab er 24hr 500 mg	1	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg	1	QL (60 tablets/30 days)
metformin hcl tab 500 mg, 850 mg, 1000 mg	1	
mifepristone tab 300 mg (Korlym)	5	PA, QL (120 tablets/30 days), SP
MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg	4	
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	3	PA, QL (4 pens/180 days)
MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	2	
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	3	PA, QL (3 pens/28 days)
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1	
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	2	
repaglinide tab 0.5 mg, 1 mg, 2 mg	2	
RYBELSUS - semaglutide tab 3 mg	3	PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	3	PA, QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3	QL (6 pens/30 days), ST
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	3	QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	3	QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	3	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 3 mg/0.5ml, 4.5 mg/0.5ml	3	PA, QL (2 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	3	QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	3	QL (5 pens/30 days), ST
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	3	
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	3	
Rapid-Acting Insulins		
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	3	QL (100 mls/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	3	QL (100 mls/30 days)
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	3	QL (100 mls/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (100 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (100 mls/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen- injector 100 unit/ml (0.5 unit dial)	3	QL (100 mls/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	3	QL (100 mls/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	3	QL (100 mls/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	3	QL (100 mls/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	3	QL (100 mls/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	QL (100 mls/30 days)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/ transmit port 100 unit/ml	3	QL (100 mls/30 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG - insulin aspart inj soln 100 unit/ml	3	QL (100 mls/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	3	QL (100 mls/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	3	QL (100 mls/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	3	QL (100 mls/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	3	QL (100 mls/30 days)
Short-Acting Insulins		
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (100 mls/30 days)
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	3	QL (100 mls/30 days)
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (100 mls/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	3	QL (100 mls/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	3	QL (100 mls/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	3	QL (100 mls/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	3	QL (100 mls/30 days)
RELION R - insulin regular (human) inj 100 unit/ml	3	QL (100 mls/30 days)
Intermediate-Acting Insulins		
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (100 mls/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (100 mls/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (100 mls/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (100 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (100 mls/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (100 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (100 mls/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (100 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (100 mls/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (100 mls/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (100 mls/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (100 mls/30 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (100 mls/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (100 mls/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (100 mls/30 days)
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3	QL (100 mls/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (100 mls/30 days)
Basal Insulins		
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	3	QL (100 mls/30 days)
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	3	QL (100 mls/30 days)
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	3	QL (100 mls/30 days)
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	3	QL (100 mls/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (100 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (100 mls/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	3	QL (100 mls/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	3	QL (100 mls/30 days)
THYROID AGENTS		
ADTHYZA - thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg	4	
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	4	
ERMEZA - levothyroxine sodium oral solution 150 mcg/5ml	4	
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	4	
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	1	
liothyronine sodium tab 5 mcg, 25 mcg (Cytomel)	1	
liothyronine sodium tab 50 mcg (Cytomel)	2	
methimazole tab 5 mg, 10 mg (Tapazole)	1	

Drug Name	Drug Tier	Requirements/Limits
NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	4	
NP THYROID 120 - thyroid tab 120 mg (2 grain)	4	
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	4	
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	4	
NP THYROID 60 - thyroid tab 60 mg (1 grain)	4	
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	4	
propylthiouracil tab 50 mg	2	
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	3	
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	4	
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	4	
TIROSINT - levothyroxine sodium cap 13 mcg, 25 mcg, 37.5 mcg, 44 mcg, 50 mcg, 62.5 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	4	
TIROSINT-SOL - levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 37.5 mcg/ml, 44 mcg/ml, 50 mcg/ml, 62.5 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml	4	
OXYTOCICS		
CERVIDIL - dinoprostone vaginal inserts 10 mg	4	
methylergonovine maleate tab 0.2 mg	2	
ENDOCRINE and METABOLIC AGENTS - MISC.		
ACTHAR - corticotropin inj gel 80 unit/ml	6	LD, PA, SP
ACTHAR GEL - corticotropin subcutaneous gel auto-injector 40 unit/0.5ml, 80 unit/ml	6	LD, PA, SP
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	4	
alendronate sodium oral soln 70 mg/75ml	2	
alendronate sodium tab 10 mg, 35 mg	1	
alendronate sodium tab 70 mg (Fosamax)	1	
betaine powder for oral solution (Cystadane)	5	SP
cabergoline tab 0.5 mg	2	
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	2	
calcitonin (salmon) nasal soln 200 unit/act	2	
calcitriol cap 0.25 mcg (Rocaltrol)	1	
calcitriol cap 0.5 mcg (Rocaltrol)	2	
carglumic acid soluble tab 200 mg (Carbaglu)	5	PA, SP

Drug Name	Drug Tier	Requirements/Limits
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	5	SP
clomiphene citrate tab 50 mg	2	
desmopressin acetate inj 4 mcg/ml (Ddavp)	2	
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%	2	
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	2	
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	2	
FOSAMAX PLUS D - alendronate sodium-cholecalciferol tab 70-2800 mg-unit, 70-5600 mg-unit	4	
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	6	LD, PA, QL (14 capsules/28 days), SP
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	5	PA, SP
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	5	PA, SP
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	5	LD, SP
ISTURISA - osilodrostat phosphate tab 1 mg	6	LD, PA, QL (240 tablets/30 days), SP
ISTURISA - osilodrostat phosphate tab 5 mg	6	LD, PA, QL (300 tablets/30 days), SP
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	6	LD, PA, QL (56 tablets/28 days), SP
JYNARQUE - tolvaptan tab 15 mg	6	LD, PA, QL (60 tablets/30 days), SP
JYNARQUE - tolvaptan tab 30 mg	6	LD, PA, QL (30 tablets/30 days), SP
KERENDIA - finerenone tab 10 mg, 20 mg	3	QL (30 tablets/30 days), ST
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	2	
levocarnitine tab 330 mg (Carnitor)	2	
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg)	5	SP
LUPRON DEPOT-PED (3-MONTH - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg)	5	SP
LUPRON DEPOT-PED (6-MONTH - leuprolide acet (6 month) for im inj pediatric kit 45 mg)	5	SP
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	6	LD, PA, SP
MYCAPSSA - octreotide acetate cap delayed release 20 mg	6	LD, SP
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	5	LD, SP
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	5	LD, SP
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	6	LD, SP
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	6	SP
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	5	SP

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	5	SP
OMNITROPE - somatropin for inj 5.8 mg	5	LD, PA, SP
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	5	LD, PA, SP
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	6	LD, PA, QL (8 capsules/28 days), SP
ORFADIN - nitisinone susp 4 mg/ml	5	LD, SP
ORLISSA - elagolix sodium tab 150 mg (base equiv)	3	PA, QL (30 tablets/30 days)
ORLISSA - elagolix sodium tab 200 mg (base equiv)	3	PA, QL (60 tablets/30 days)
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	6	LD, PA, SP
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	2	
paricalcitol cap 4 mcg	2	
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	6	LD, PA, SP
raloxifene hcl tab 60 mg (Evista)	2	AC
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	6	LD, PA, SP
REVCOVI - elapegamase-IVr im soln 2.4 mg/1.5ml (1.6 mg/ml)	5	LD, SP
risedronate sodium tab 5 mg, 30 mg	2	
risedronate sodium tab 35 mg, 150 mg (Actonel)	2	
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	5	LD, PA, SP
sapropterin dihydrochloride tab 100 mg (Kuvan)	5	LD, PA, SP
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	6	LD, SP
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg	6	LD, PA, SP
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	6	LD, PA, SP
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	5	PA, SP
sodium phenylbutyrate tab 500 mg (Buphenyl)	5	PA, SP
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	6	LD, SP
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	5	LD, PA, SP
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	6	SP
teriparatide soln pen-inj 600 mcg/2.4ml (Forteo)	5	PA, QL (1 pen/28 days), SP
tolvaptan tab 15 mg (Samsca)	5	QL (30 tablets/365 days), SP
tolvaptan tab 30 mg (Samsca)	5	QL (60 tablets/365 days), SP

Drug Name	Drug Tier	Requirements/Limits
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	LD, PA, QL (1 pen/30 days), SP
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	6	LD, PA, QL (30 vials/30 days), SP
CARDIOVASCULAR AGENTS		
CARDIOTONICS		
DIGOXIN - digoxin oral soln 0.05 mg/ml	4	PA
digoxin oral soln 0.05 mg/ml (Digoxin)	2	PA
digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)	2	
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1	
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)	4	
ANTIANGINAL AGENTS		
isosorbide dinitrate tab 5 mg (Isordil titradose)	2	
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	2	
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg	2	
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1	
NITRO-BID - nitroglycerin oint 2%	4	
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	4	
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	4	
nitroglycerin sl tab 0.3 mg, 0.4 mg (Nitrostat)	1	
nitroglycerin sl tab 0.6 mg (Nitrostat)	2	
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	2	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	2	
NITROLINGUAL - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	2	
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	2	
BETA BLOCKERS		
acebutolol hcl cap 200 mg, 400 mg	2	
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1	
betaxolol hcl tab 10 mg, 20 mg	2	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	2	
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1	

Drug Name	Drug Tier	Requirements/Limits
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg, 300 mg	2	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	1	
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	1	
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1	
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	2	
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	1	
pindolol tab 5 mg, 10 mg	2	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	3	PA, QL (2400 mls/30 days)
propranolol hcl cap er 24hr 60 mg, 80 mg (Inderal la)	1	
propranolol hcl cap er 24hr 120 mg, 160 mg (Inderal la)	2	
propranolol hcl oral soln 20 mg/5ml	1	PA, QL (4800 mls/30 days)
propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg	1	
propranolol hcl tab 60 mg	2	
sotalol hcl (afib/af) tab 80 mg, 120 mg (Betapace af)	1	
sotalol hcl (afib/af) tab 160 mg (Betapace af)	2	
sotalol hcl tab 80 mg, 120 mg (Betapace)	1	
sotalol hcl tab 160 mg (Betapace)	2	
sotalol hcl tab 240 mg	2	
timolol maleate tab 5 mg, 10 mg, 20 mg	2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1	
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	2	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg, 240 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cardizem cd)	1	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg (Tiazac)	1	
diltiazem hcl extended release beads cap er 24hr 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	2	
diltiazem hcl tab er 24hr 120 mg (Cardizem la)	2	
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1	
diltiazem hcl tab 90 mg	2	
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1	
nifedipine cap 10 mg, 20 mg	2	
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1	
NIMODIPINE - nimodipine oral soln 60 mg/20ml (3 mg/ml)	4	QL (3600 mls/30 days)
nimodipine cap 30 mg	2	
NYMALIZE - nimodipine oral soln 6 mg/ml	4	PA, QL (1260 mls/21 days)
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	2	
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	1	
verapamil hcl tab 40 mg, 80 mg, 120 mg	1	
ANTIARRHYTHMICS		
amiodarone hcl tab 100 mg	2	
amiodarone hcl tab 200 mg	1	
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	2	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	2	
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg, 150 mg	2	
mexiletine hcl cap 150 mg, 200 mg, 250 mg	2	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	3	
NORPACE - disopyramide phosphate cap 100 mg, 150 mg	4	
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg, 150 mg	4	
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	2	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg, 300 mg	2	
quinidine gluconate tab er 324 mg	2	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	4	
ANTIHYPERTENSIVES		
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	2	
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	2	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)	2	
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1	
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	2	

Drug Name	Drug Tier	Requirements/Limits
benazepril & hydrochlorothiazide tab 5-6.25 mg	2	
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	2	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	1	
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	2	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	2	
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	2	
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	2	
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	2	
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	2	
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1	
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1	
eplerenone tab 25 mg, 50 mg (Inspra)	2	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1	
guanfacine hcl tab 1 mg, 2 mg	2	
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1	
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1	
lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg (Zestril)	1	
lisinopril tab 20 mg (Prinivil)	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	1	
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	1	
METHYLDOPA - methyl dopa tab 250 mg, 500 mg	4	
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	2	
minoxidil tab 2.5 mg, 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
moexipril hcl tab 7.5 mg, 15 mg	2	
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	2	
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg	4	
perindopril erbumine tab 4 mg	2	
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	2	
prazosin hcl cap 1 mg, 2 mg (Minipress)	1	
prazosin hcl cap 5 mg (Minipress)	2	
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)	2	
QUINAPRIL/HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 20-25 mg	4	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	1	
telmisartan tab 20 mg (Micardis)	1	
telmisartan tab 40 mg, 80 mg (Micardis)	2	
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	4	
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	
trandolapril tab 1 mg, 2 mg, 4 mg	1	
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg (Diovan hct)	1	
valsartan-hydrochlorothiazide tab 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	2	
VECAMYL - mecamlamine hcl tab 2.5 mg	6	LD, SP
DIURETICS		
acetazolamide cap er 12hr 500 mg	2	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	2	
amiloride hcl tab 5 mg	1	
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	4	
bumetanide tab 0.5 mg (Bumex)	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	2	

Drug Name	Drug Tier	Requirements/Limits
chlorthalidone tab 25 mg, 50 mg	1	
DIURIL - chlorothiazide susp 250 mg/5ml	4	PA, QL (1200 mls/30 days)
EDECIN - ethacrynic acid tab 25 mg	4	
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	6	LD, PA, QL (8 kits/180 days), SP
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1	
indapamide tab 1.25 mg, 2.5 mg	1	
methazolamide tab 25 mg, 50 mg	2	
metolazone tab 2.5 mg, 5 mg, 10 mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	2	
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	1	
toremide tab 5 mg, 10 mg, 20 mg, 100 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1	
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1	
triamterene cap 50 mg, 100 mg (Dyrenium)	2	
VASOPRESSORS		
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	3	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	2	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	2	
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	2	
ANTIHYPERLIPIDEMICS		
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)	1	
cholestyramine light powder 4 gm/dose (Questran light)	2	
cholestyramine powder 4 gm/dose (Questran)	2	
colesevelam hcl tab 625 mg (Welchol)	2	
colestipol hcl granule packets 5 gm (Colestid flavored)	2	
colestipol hcl granules 5 gm (Colestid flavored)	2	
colestipol hcl tab 1 gm (Colestid)	2	
ezetimibe tab 10 mg (Zetia)	1	
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	2	

Drug Name	Drug Tier	Requirements/Limits
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	1	
fenofibrate tab 48 mg, 145 mg (Tricor)	1	
fenofibrate tab 54 mg, 160 mg	1	
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	2	
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	2	
gemfibrozil tab 600 mg (Lopid)	1	
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv)	6	LD, PA, QL (30 capsules/30 days), SP
JUXTAPID - lomitapide mesylate cap 20 mg (base equiv), 30 mg (base equiv)	6	LD, PA, QL (60 capsules/30 days), SP
lovastatin tab 10 mg	1	
lovastatin tab 20 mg, 40 mg	1	AC
NEXLETOL - bempedoic acid tab 180 mg	3	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	3	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	2	
pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg	1	AC
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (6 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (2 cartridges/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	1	
simvastatin tab 5 mg	1	
simvastatin tab 10 mg, 20 mg, 40 mg, 80 mg (Zocor)	1	
VASCEPA - icosapent ethyl cap 0.5 gm	2	PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	2	PA, QL (120 capsules/30 days)
CARDIOVASCULAR AGENTS - MISC.		
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	6	LD, PA, QL (90 tablets/30 days), SP
ambriasantan tab 5 mg, 10 mg (Letairis)	5	LD, PA, QL (30 tablets/30 days), SP
bosentan tab 62.5 mg, 125 mg (Tracleer)	5	PA, QL (60 tablets/30 days), SP
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	6	LD, PA, QL (30 capsules/30 days), SP
CAVERJECT IMPULSE - alprostadil for inj kit 10 mcg, 20 mcg	4	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	3	LD, PA, QL (600 mls/30 days)
EDEX - alprostadil for inj kit 10 mcg, 20 mcg, 40 mcg	4	

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	3	PA, QL (240 capsules/30 days)
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	3	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	2	
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	2	PA, QL (60 tablets/30 days)
OPSUMIT - macitentan tab 10 mg	5	LD, PA, QL (30 tablets/30 days), SP
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	6	LD, PA, SP
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	6	LD, PA, QL (1 pack/180 days), SP
sildenafil citrate tab 20 mg (Revatio)	5	PA, QL (90 tablets/30 days), SP
sildenafil citrate tab 25 mg, 50 mg, 100 mg (Viagra)	1	QL (6 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	5	PA, QL (60 tablets/30 days), SP
tadalafil tab 2.5 mg, 5 mg (Cialis)	1	QL (30 tablets/30 days)
tadalafil tab 10 mg, 20 mg (Cialis)	1	QL (6 tablets/30 days)
TRACLEER - bosentan tab for oral susp 32 mg	5	LD, PA, QL (120 tablets/30 days), SP
TYVASO - treprostinil inhalation solution 0.6 mg/ml	6	LD, PA, QL (7 packages/28 days), SP
TYVASO REFILL KIT - treprostinil inhalation solution 0.6 mg/ml	6	LD, PA, QL (1 kit/28 days), SP
TYVASO STARTER KIT - treprostinil inhalation solution 0.6 mg/ml	6	LD, PA, QL (1 kit/180 days), SP
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	5	LD, PA, QL (60 tablets/30 days), SP
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	5	LD, PA, QL (1 package/180 days), SP
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	6	LD, PA, QL (270 ampules/30 days), SP
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	3	PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days), SP
VYNDALOG - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days), SP
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	6	LD, PA, QL (1 kit/21 days), SP
ERECTILE DYSFUNCTION		
CAVERJECT IMPULSE - alprostadil for inj kit 10 mcg, 20 mcg	4	
EDEX - alprostadil for inj kit 10 mcg, 20 mcg, 40 mcg	4	
sildenafil citrate tab 25 mg, 50 mg, 100 mg (Viagra)	1	QL (6 tablets/30 days)
tadalafil tab 2.5 mg, 5 mg (Cialis)	1	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
tadalafil tab 10 mg, 20 mg (Cialis)	1	QL (6 tablets/30 days)
RESPIRATORY AGENTS		
ANTI-HISTAMINES		
carbinoxamine maleate tab 4 mg	2	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	4	
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
desloratadine tab 5 mg (Clarinet)	1	
levocetirizine dihydrochloride tab 5 mg	1	
promethazine hcl oral soln 6.25 mg/5ml	1	
promethazine hcl suppos 12.5 mg, 25 mg	2	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1	
PROMETHEGAN - promethazine hcl suppos 50 mg	4	
RYCLORA - dexchlorpheniramine maleate oral soln 2 mg/5ml	4	
NASAL AGENTS - SYSTEMIC and TOPICAL		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles/30 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 bottle/30 days)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2	QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2	QL (3 bottles/30 days)
olopatadine hcl nasal soln 0.6% (Patanase)	2	QL (1 bottle/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	4	PA, QL (2 bottles/30 days)
COUGH/COLD/ALLERGY		
acetylcysteine inhal soln 10%, 20%	2	
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	4	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7% (Hypersal)	1	
ANTI-ASTHMATIC and BRONCHODILATOR AGENTS		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	3	QL (1 inhaler/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	2	QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	
albuterol sulfate soln nebu 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	2	
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg, 4 mg	2	
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (60 blisters/30 days)

Drug Name	Drug Tier	Requirements/Limits
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	2	
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act, 200 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 inhalers/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	3	QL (1 inhaler/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act	3	QL (60 blisters/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate- formoterol aers 160-9-4.8 mcg/act	3	QL (1 canister/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	2	
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	3	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	2	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3	QL (3 inhalers/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto- injector 30 mg/ml	5	LD, PA, QL (1 pen/56 days), SP
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	2	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	2	QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3	QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	1	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	2	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	2	

Drug Name	Drug Tier	Requirements/Limits
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	1	
montelukast sodium tab 10 mg (base equiv) (Singulair)	1	
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	5	LD, PA, QL (3 syringes/28 days), SP
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	5	LD, PA, QL (.4 syringe/28 days), SP
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	5	LD, PA, QL (3 syringes/28 days), SP
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 inhaler/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 inhalers/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	2	
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3	QL (60 blisters/30 days)
SPIRIVA HANDHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 inhaler/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	3	QL (1 inhaler/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	2	QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	2	
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	5	LD, PA, QL (1 pen/28 days), SP
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	4	
theophylline elixir 80 mg/15ml	2	
theophylline soln 80 mg/15ml	2	
theophylline tab er 12hr 300 mg, 450 mg	2	
theophylline tab er 24hr 400 mg, 600 mg	2	
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	3	QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	5	LD, PA, SP
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	5	LD, PA, SP

Drug Name	Drug Tier	Requirements/Limits
zafirlukast tab 10 mg, 20 mg (Accolate)	2	
zileuton tab er 12hr 600 mg	2	
RESPIRATORY AGENTS - MISC.		
CUROSURF - poractant alfa intratracheal susp 120 mg/1.5ml, 240 mg/3ml	4	
GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	6	LD, SP
INFASURF - calfactant in nacl 0.9% intratracheal susp 35 mg/ml	4	
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	5	LD, PA, QL (60 packets/30 days), SP
KALYDECO - ivacaftor tab 150 mg	5	LD, PA, QL (60 tablets/30 days), SP
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	6	LD, PA, QL (60 capsules/30 days), SP
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	6	LD, PA, QL (60 packets/30 days), SP
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	6	LD, PA, QL (120 tablets/30 days), SP
PIRFENIDONE - pirfenidone tab 534 mg	6	PA, QL (21 tablets/180 days), SP
pirfenidone cap 267 mg (Esbriet)	5	PA, QL (180 capsules/30 days), SP
pirfenidone tab 267 mg (Esbriet)	5	PA, QL (180 tablets/30 days), SP
pirfenidone tab 801 mg (Esbriet)	5	PA, QL (90 tablets/30 days), SP
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	SP
SURVANTA INTRATRACHEAL - beractant in nacl 0.9% intratracheal susp 25 mg/ml	4	
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	LD, PA, QL (60 tablets/30 days), SP
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	LD, PA, QL (60 tablets/30 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5	LD, PA, QL (56 packets/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5	LD, PA, QL (56 packets/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	5	LD, PA, QL (90 tablets/30 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	5	LD, PA, QL (90 tablets/30 days), SP
GASTROINTESTINAL AGENTS		
LAXATIVES		
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	4	
lactulose solution 10 gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1	AC

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely)	2	AC
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
ANTIDIARRHEALS		
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1	
DIPHENOXYLATE/ATROPINE - diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
MOTOFEN - difenoxin w/ atropine tab 1-0.025 mg	4	
ULCER DRUGS		
cimetidine hcl soln 300 mg/5ml	2	PA, QL (1200 mls/30 days)
dexlansoprazole cap delayed release 30 mg, 60 mg (Dexilant)	2	QL (60 capsules/30 days)
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	2	
dicyclomine hcl tab 20 mg	1	
esomeprazole magnesium for delayed release susp packet 5 mg (Nexium)	2	QL (30 packets/30 days)
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)	2	QL (60 packets/30 days)
esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)	2	QL (30 packets/30 days)
famotidine for susp 40 mg/5ml	2	PA, QL (2400 mls/30 days)
famotidine tab 40 mg (Pepcid)	1	
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	2	PA, QL (1350 mls/30 days)
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	2	
lansoprazole cap delayed release 15 mg (Prevacid)	2	QL (60 capsules/30 days)
lansoprazole cap delayed release 30 mg (Prevacid)	1	QL (60 capsules/30 days)
LANSOPRAZOLE/AMOXICILLIN/ - amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	4	
methscopolamine bromide tab 2.5 mg, 5 mg	2	
misoprostol tab 100 mcg, 200 mcg (Cytotec)	1	
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	4	QL (30 packets/30 days), ST
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	4	QL (30 packets/30 days), ST
NIZATIDINE - nizatidine cap 300 mg	4	

Drug Name	Drug Tier	Requirements/Limits
nizatidine cap 150 mg	2	
omeprazole cap delayed release 10 mg, 20 mg, 40 mg	1	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	1	QL (60 tablets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	1	QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	2	
ANTIEMETICS		
ANZEMET - dolasetron mesylate tab 50 mg	4	QL (7 tablets/30 days)
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	2	QL (2 packs/30 days)
aprepitant capsule 40 mg	2	
aprepitant capsule 80 mg (Emend)	2	QL (4 capsules/30 days)
aprepitant capsule 125 mg	2	QL (2 capsules/30 days)
dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol)	2	
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	3	QL (6 packs/30 days)
granisetron hcl tab 1 mg	2	QL (14 tablets/30 days)
meclizine hcl tab 25 mg	1	
ONDANSETRON HCL - ondansetron hcl tab 24 mg	4	QL (1 tablet/30 days)
ondansetron hcl oral soln 4 mg/5ml	1	QL (100 ml/30 days)
ondansetron hcl tab 4 mg (Zofran)	1	QL (21 tablets/30 days)
ondansetron hcl tab 8 mg	1	QL (21 tablets/30 days)
ondansetron orally disintegrating tab 4 mg, 8 mg	1	QL (21 tablets/30 days)
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	2	
trimethobenzamide hcl cap 300 mg	1	
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	3	LD, QL (4 tablets/30 days)
DIGESTIVE AIDS		
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	3	
SUCRAID - sacrosidase soln 8500 unit/ml	6	LD, PA, QL (300 mls/30 days), SP
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	3	
GASTROINTESTINAL AGENTS- MISC.		
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	2	
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	4	
balsalazide disodium cap 750 mg (Colazal)	2	

Drug Name	Drug Tier	Requirements/Limits
BYLVAY - odevoxibat cap 400 mcg, 1200 mcg	6	LD, PA, SP
BYLVAY (PELLETS) - odevoxibat pellets cap sprinkle 200 mcg, 600 mcg	6	LD, PA, SP
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	2	
calcium acetate (phosphate binder) tab 667 mg	2	
CHENODAL - chenodiol tab 250 mg	5	LD, SP
CIMZIA - certolizumab pegol prefilled syringe kit 200 mg/ml	6	PA, QL (1 kit/180 days), SP
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	6	PA, QL (1 kit/180 days), SP
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	2	
DIPENTUM - olsalazine sodium cap 250 mg	4	
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	5	LD, PA, QL (2 pens/28 days), SP
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental), 1000 mg (elemental)	4	
GATTEX - teduglutide (rdna) for inj kit 5 mg	6	LD, PA, SP
IQIRVO - elafibranor tab 80 mg	6	LD, PA, QL (30 tablets/30 days), SP
lactulose (encephalopathy) solution 10 gm/15ml	1	
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	2	
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	6	LD, PA, SP
lubiprostone cap 8 mcg (Amitiza)	2	PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	2	PA, QL (60 capsules/30 days)
mesalamine cap dr 400 mg (Delzicol)	2	
mesalamine cap er 24hr 0.375 gm (Apriso)	2	
mesalamine enema 4 gm	2	
mesalamine suppos 1000 mg (Canasa)	2	
mesalamine tab delayed release 800 mg	2	
mesalamine tab delayed release 1.2 gm (Lialda)	2	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	2	
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	1	
METOCLOPRAMIDE ODT - metoclopramide hcl orally disintegrating tab 5 mg (base eq)	4	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	3	PA, QL (30 tablets/30 days)
OCALIVA - obeticholic acid tab 5 mg, 10 mg	6	LD, PA, QL (30 tablets/30 days), SP
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	5	LD, PA, QL (2 syringes/28 days), SP
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	5	LD, PA, QL (2 pens/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	2	
sevelamer carbonate tab 800 mg (Renvela)	2	
sevelamer hcl tab 400 mg	2	
sevelamer hcl tab 800 mg (Renagel)	2	
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	5	PA, QL (1 pen/56 days), SP
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	5	PA, QL (1 cartridge/56 days), SP
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	2	
sulfasalazine tab 500 mg (Azulfidine)	1	
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	3	PA, QL (30 tablets/30 days)
TRULANCE - plecanatide tab 3 mg	3	PA, QL (30 tablets/30 days)
ursodiol cap 300 mg	2	
ursodiol tab 250 mg (Urso 250)	2	
ursodiol tab 500 mg (Urso forte)	2	
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	3	
VIBERZI - eluxadoline tab 75 mg, 100 mg	4	
VOWST - fecal microbiota spores, live-brpk caps	6	LD, PA, QL (12 capsules/365 days), SP
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	6	LD, SP
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	6	LD, PA, QL (2 pens/28 days), SP
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	6	LD, PA, QL (2 pens/28 days), SP
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	6	LD, PA, QL (2 syringes/28 days), SP
GENITOURINARY AGENTS		
URINARY ANTISPASMODICS		
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	2	
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	2	
flavoxate hcl tab 100 mg	2	
mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)	2	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	3	
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab er 24hr 5 mg, 10 mg (Ditropan xl)	1	
oxybutynin chloride tab er 24hr 15 mg	1	
oxybutynin chloride tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1	
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	2	
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	2	
tropium chloride cap er 24hr 60 mg	2	
tropium chloride tab 20 mg	2	
VAGINAL PRODUCTS		
clindamycin phosphate vaginal cream 2% (Cleocin)	2	
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	4	
ENCARE - nonoxynol-9 vaginal suppos 100 mg	AC	AC
estradiol vaginal cream 0.1 mg/gm (Estrace)	2	QL (255 grams/365 days)
estradiol vaginal tab 10 mcg (Vagifem)	2	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	3	QL (1 ring/90 days)
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	4	
INTRAROSA - prasterone vaginal insert 6.5 mg	4	
metronidazole vaginal gel 0.75%	2	
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	4	
NUVESSA - metronidazole vaginal gel 1.3%	4	
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	AC	AC
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	4	AC
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	4	
terconazole vaginal cream 0.4%, 0.8%	2	
terconazole vaginal suppos 80 mg	2	
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	AC	AC
VANAZOLE - metronidazole vaginal gel 0.75%	4	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	4	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	AC	AC
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	AC	AC
GENITOURINARY AGENTS - MISC.		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	5	LD, SP
dutasteride cap 0.5 mg (Avodart)	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	2	
ELMIRON - pentosan polysulfate sodium caps 100 mg	4	PA
FILSPARI - sparsentan tab 200 mg, 400 mg	6	LD, PA, QL (30 tablets/30 days), SP
finasteride tab 5 mg (Proscar)	1	

Drug Name	Drug Tier	Requirements/Limits
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	3	
LITHOSTAT - acetohydroxamic acid tab 250 mg	4	
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	2	
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	2	
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	2	
silodosin cap 4 mg, 8 mg (Rapaflo)	2	
sodium citrate & citric acid soln 500-334 mg/5ml	2	
tamsulosin hcl cap 0.4 mg (Flomax)	1	
THIOLA EC - tiopronin tab delayed release 100 mg, 300 mg	4	LD
tiopronin tab delayed release 100 mg, 300 mg (Thiola ec)	2	LD
tiopronin tab 100 mg (Thiola)	2	LD
CENTRAL NERVOUS SYSTEM DRUGS		
ANTI-ANXIETY AGENTS		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	1	
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1	
buspirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg	1	
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1	
clorazepate dipotassium tab 3.75 mg, 15 mg	2	
clorazepate dipotassium tab 7.5 mg (Tranxene t)	2	
diazepam conc 5 mg/ml	2	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1	
hydroxyzine hcl syrup 10 mg/5ml	2	
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1	
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	4	
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	1	
lorazepam conc 2 mg/ml	2	
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1	
meprobamate tab 200 mg, 400 mg	2	
oxazepam cap 10 mg, 15 mg, 30 mg	2	
ANTIDEPRESSANTS		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	1	
amitriptyline hcl tab 150 mg	2	
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg	2	
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	1	QL (60 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	1	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	1	QL (60 tablets/30 days)
bupropion hcl tab 100 mg	1	QL (120 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	2	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	2	
desipramine hcl tab 10 mg, 25 mg (Norpramin)	2	
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	2	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	2	QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg	1	
doxepin hcl cap 50 mg, 75 mg, 100 mg, 150 mg	2	
doxepin hcl conc 10 mg/ml	1	
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	1	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	4	
escitalopram oxalate soln 5 mg/5ml (base equiv)	2	QL (600 mls/30 days)
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	4	QL (30 capsules/30 days), ST
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/180 days), ST
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4	QL (4 capsules/28 days), ST
fluoxetine hcl cap 10 mg (Prozac)	1	QL (30 capsules/30 days)
fluoxetine hcl cap 20 mg (Prozac)	1	QL (120 capsules/30 days)
fluoxetine hcl cap 40 mg (Prozac)	1	QL (60 capsules/30 days)
fluoxetine hcl solution 20 mg/5ml	2	QL (600 mls/30 days)
fluvoxamine maleate tab 25 mg	1	QL (30 tablets/30 days)
fluvoxamine maleate tab 50 mg	2	QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	2	QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg	1	
MARPLAN - isocarboxazid tab 10 mg	4	
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	2	QL (30 tablets/30 days)
mirtazapine tab 7.5 mg	2	QL (30 tablets/30 days)
mirtazapine tab 15 mg, 30 mg (Remeron)	1	QL (30 tablets/30 days)
mirtazapine tab 45 mg	1	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	4	
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1	
nortriptyline hcl soln 10 mg/5ml	2	
paroxetine hcl tab 10 mg, 20 mg, 40 mg (Paxil)	1	QL (30 tablets/30 days)
paroxetine hcl tab 30 mg (Paxil)	1	QL (60 tablets/30 days)
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	4	
protriptyline hcl tab 5 mg, 10 mg	2	
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	2	QL (300 mls/30 days)
sertraline hcl tab 25 mg, 50 mg (Zoloft)	1	QL (30 tablets/30 days)
sertraline hcl tab 100 mg (Zoloft)	1	QL (60 tablets/30 days)
tranylcypromine sulfate tab 10 mg (Parnate)	2	
trazodone hcl tab 50 mg, 100 mg, 150 mg	1	
trimipramine maleate cap 25 mg, 50 mg, 100 mg	2	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	4	QL (30 tablets/30 days), ST
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	1	QL (30 capsules/30 days)
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	1	QL (90 capsules/30 days)
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1	QL (90 tablets/30 days)
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	2	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	5	QL (28 capsules/365 days), SP
ZURZUVAE - zuranolone cap 30 mg	5	QL (14 capsules/365 days), SP
ANTIPSYCHOTICS		
aripiprazole oral solution 1 mg/ml	2	QL (900 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	2	QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg (Abilify)	1	QL (30 tablets/30 days)
aripiprazole tab 20 mg, 30 mg (Abilify)	2	QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	2	QL (60 tablets/30 days)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	2	
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	4	QL (90 tablets/30 days), ST
clozapine orally disintegrating tab 25 mg	2	QL (270 tablets/30 days)
clozapine orally disintegrating tab 100 mg	2	QL (90 tablets/30 days)
clozapine orally disintegrating tab 150 mg	2	QL (180 tablets/30 days)
clozapine orally disintegrating tab 200 mg	2	QL (120 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
clozapine tab 25 mg (Clozaril)	1	QL (90 tablets/30 days)
clozapine tab 50 mg (Clozaril)	2	QL (90 tablets/30 days)
clozapine tab 100 mg (Clozaril)	2	QL (270 tablets/30 days)
clozapine tab 200 mg (Clozaril)	2	QL (120 tablets/30 days)
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	4	
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	4	QL (60 tablets/30 days), ST
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	QL (1 pack/180 days), ST
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	2	
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	4	
haloperidol lactate oral conc 2 mg/ml	2	
haloperidol tab 0.5 mg, 1 mg	1	
haloperidol tab 2 mg, 5 mg, 10 mg, 20 mg	2	
LITHIUM CARBONATE - lithium carbonate cap 150 mg, 300 mg, 600 mg	4	
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)	1	
lithium carbonate cap 300 mg	1	
lithium carbonate tab er 300 mg (Lithobid)	1	
lithium carbonate tab er 450 mg	1	
lithium carbonate tab 300 mg	1	
lithium oral solution 8 meq/5ml	2	
LITHOBID - lithium carbonate tab er 300 mg	4	
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	2	
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	2	QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	2	QL (60 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	4	
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	2	QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg (Zyprexa)	1	QL (30 tablets/30 days)
olanzapine tab 20 mg (Zyprexa)	2	QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	2	QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	2	QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	2	
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
prochlorperazine suppos 25 mg	2	
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	1	QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	1	QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	2	QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 300 mg, 400 mg (Seroquel xr)	2	QL (60 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	1	QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	1	QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	3	QL (30 tablets/30 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	QL (60 tablets/30 days), ST
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	2	QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	2	QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	2	QL (480 mls/30 days)
risperidone tab 0.25 mg	1	QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	1	QL (60 tablets/30 days)
risperidone tab 4 mg (Risperdal)	1	QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	4	QL (30 patches/30 days), ST
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	2	
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	2	
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	2	
VERSACLOZ - clozapine susp 50 mg/ml	4	QL (540 mls/30 days), ST
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	2	QL (60 capsules/30 days)
HYPNOTICS		
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	3	QL (30 tablets/30 days), ST
DAYVIGO - lemborexant tab 5 mg, 10 mg	4	QL (30 tablets/30 days), ST
estazolam tab 1 mg, 2 mg	2	
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	1	QL (30 tablets/30 days)
FLURAZEPAM HYDROCHLORIDE - flurazepam hcl cap 15 mg, 30 mg	4	
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	6	LD, PA, QL (158 mls/30 days), SP
phenobarbital elixir 20 mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 60 mg, 100 mg	1	
phenobarbital tab 32.4 mg, 64.8 mg, 97.2 mg	2	
ramelteon tab 8 mg (Rozerem)	2	QL (30 tablets/30 days)
tasimelteon capsule 20 mg (Hetlioz)	5	PA, QL (30 capsules/30 days), SP
temazepam cap 15 mg, 30 mg (Restoril)	1	
zaleplon cap 5 mg, 10 mg	1	QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	1	QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	1	QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)	2	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg (Adderall)	1	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	2	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	2	QL (90 tablets/30 days)
armodafinil tab 50 mg (Nuvigil)	1	
armodafinil tab 150 mg, 200 mg, 250 mg (Nuvigil)	2	
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	2	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	2	QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	2	
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	2	QL (120 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	2	QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg (Focalin)	1	QL (60 tablets/30 days)
dexmethylphenidate hcl tab 10 mg (Focalin)	2	QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	2	QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	2	QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	2	QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	2	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	2	QL (180 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	1	QL (30 tablets/30 days)
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	6	LD, PA, QL (10 vials/30 days), SP
METHAMPHETAMINE HCL - methamphetamine hcl tab 5 mg	2	QL (150 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	2	QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	2	QL (30 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg	2	QL (90 tablets/30 days)
methylphenidate hcl chew tab 10 mg	2	QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	2	QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	2	QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	2	QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	2	QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	2	QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg (Ritalin)	1	QL (90 tablets/30 days)
methylphenidate hcl tab 20 mg (Ritalin)	2	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg	4	QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 36 mg	4	QL (60 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	2	
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	3	PA, QL (30 tablets/30 days)
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.		
acamprosate calcium tab delayed release 333 mg	2	
ADDYI - flibanserin tab 100 mg	4	LD, PA, QL (30 tablets/30 days)
AUSTEDO - deutetrabenazine tab 6 mg	6	PA, QL (60 tablets/30 days), SP
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg	6	PA, QL (120 tablets/30 days), SP
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg, 18 mg, 30 mg, 36 mg, 42 mg, 48 mg	6	PA, QL (30 tablets/30 days), SP
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg	6	PA, QL (60 tablets/30 days), SP
AUSTEDO XR PATIENT TITRAT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	6	PA, QL (28 tablets/180 days), SP
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days), SP
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days), SP
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (1 box/28 days), SP
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	AC	AC
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	4	
dalfampridine tab er 12hr 10 mg (Ampyra)	5	PA, QL (60 tablets/30 days), SP
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	5	QL (56 capsules/180 days), SP

Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	5	QL (60 capsules/30 days), SP
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	5	QL (60 capsules/180 days), SP
disulfiram tab 250 mg, 500 mg	2	
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1	
donepezil hydrochloride tab 5 mg, 10 mg (Aricept)	1	
donepezil hydrochloride tab 23 mg (Aricept)	2	
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg	4	
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	5	QL (30 tablets/30 days), SP
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	2	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	2	
GILENYA - fingolimod hcl cap 0.25 mg (base equiv)	6	PA, QL (30 tablets/30 days), SP
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	3	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	3	QL (12 syringes/28 days)
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	6	LD, PA, QL (28 capsules/180 days), SP
INGREZZA - valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	6	LD, PA, QL (30 capsules/30 days), SP
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	6	LD, PA, QL (30 capsules/30 days), SP
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	PA, QL (1 syringe/28 days), SP
lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	2	
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	4	
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	6	LD, PA, QL (30 packets/30 days), SP
LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak	6	LD, PA, QL (28 packets/180 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	5	LD, PA, QL (8 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	5	LD, PA, QL (10 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	5	LD, PA, QL (12 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	5	LD, PA, QL (14 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	5	LD, PA, QL (9 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	5	LD, PA, QL (20 tablets/301 days), SP
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	5	LD, PA, QL (120 tablets/30 days), SP
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	5	LD, PA, QL (30 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	5	LD, PA, QL (7 tablets/180 days), SP
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	5	LD, PA, QL (1 pack/180 days), SP
memantine hcl oral solution 2 mg/ml	2	PA, QL (300 mls/30 days)
memantine hcl tab 5 mg, 10 mg (Namenda)	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	2	
nicotine polacrilex gum 2 mg, 4 mg	AC	AC
nicotine polacrilex lozenge 2 mg, 4 mg	AC	AC
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	AC	AC
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	AC	AC
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	AC	AC
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	AC	AC
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	4	
PIMOZIDE - pimozone tab 1 mg, 2 mg	4	
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	5	LD, PA, QL (2 pens/28 days), SP
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	LD, PA, QL (2 syringes/28 days), SP
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	LD, PA, QL (2 syringes/28 days), SP
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	5	LD, PA, QL (1 kit/180 days), SP
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	LD, PA, QL (1 kit/180 days), SP
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	5	PA, QL (1 carton/28 days), SP
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	5	PA, QL (1 carton/28 days), SP
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (1 kit/180 days), SP
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (1 kit/180 days), SP
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	2	
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	2	

Drug Name	Drug Tier	Requirements/Limits
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	3	QL (60 tablets/30 days), ST
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3	QL (1 pack/180 days), ST
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	6	LD, PA, QL (3 bottles/30 days), SP
teriflunomide tab 7 mg, 14 mg (Aubagio)	5	QL (30 tablets/30 days), SP
tetrabenazine tab 12.5 mg (Xenazine)	5	PA, QL (240 tablets/30 days), SP
tetrabenazine tab 25 mg (Xenazine)	5	PA, QL (120 tablets/30 days), SP
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	AC	AC
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	AC	AC
VUMERITY - diroximel fumarate capsule delayed release 231 mg	5	LD, PA, QL (120 capsules/30 days), SP
WAINUA - eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	6	LD, PA, QL (1 pen/30 days), SP
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	6	LD, PA, QL (540 mls/30 days), SP
ZEPOSIA - ozanimod hcl cap 0.92 mg	5	PA, QL (30 capsules/30 days), SP
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	5	PA, QL (28 capsules/180 days), SP
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	5	PA, QL (7 capsules/180 days), SP
ANALGESICS AND ANESTHETICS		
ANALGESICS - NON-NARCOTIC		
aspirin chew tab 81 mg	AC	AC
aspirin tab delayed release 81 mg	AC	AC
butalbital-acetaminophen tab 50-325 mg	2	QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	1	QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	2	QL (180 capsules/30 days)
diflunisal tab 500 mg	2	
TENCON - butalbital-acetaminophen tab 50-325 mg	4	QL (180 tablets/30 days)
ANALGESICS - NARCOTIC		
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mls/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	4	QL (2700 mls/30 days)

Drug Name	Drug Tier	Requirements/Limits
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	3	PA, QL (60 films/30 days)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	2	QL (6 tablets/90 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	2	QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	2	QL (60 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	2	QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tablets/30 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	2	QL (180 capsules/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	2	QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	2	QL (7.5 ml/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg, 60 mg	4	QL (180 tablets/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	2	QL (180 tablets/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)	2	PA, QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	4	PA, QL (60 capsules/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen soln 10-325 mg/15ml	4	QL (2700 mls/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen tab 2.5-325 mg	3	QL (240 tablets/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	QL (2700 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	1	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	2	QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg, 10-200 mg	4	QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	2	QL (1440 mls/30 days)
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	2	PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg (Dilaudid)	1	QL (180 tablets/30 days)
hydromorphone hcl tab 8 mg (Dilaudid)	2	QL (180 tablets/30 days)
methadone hcl conc 10 mg/ml (Methadose)	2	QL (90 mls/30 days)

Drug Name	Drug Tier	Requirements/Limits
methadone hcl soln 5 mg/5ml (Methadone hcl)	2	QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	2	QL (450 mls/30 days)
methadone hcl tab for oral susp 40 mg	2	QL (90 tablets/30 days)
methadone hcl tab 5 mg	1	QL (90 tablets/30 days)
methadone hcl tab 10 mg	2	QL (90 tablets/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 20 mg/5ml	4	QL (1350 mls/30 days)
MORPHINE SULFATE - morphine sulfate tab 15 mg	3	QL (360 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg	3	QL (180 tablets/30 days)
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	4	PA, QL (60 capsules/30 days)
morphine sulfate oral soln 10 mg/5ml	1	QL (2700 mls/30 days)
morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)	2	QL (1350 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	2	QL (270 mls/30 days)
morphine sulfate tab er 15 mg (Ms contin)	1	PA, QL (90 tablets/30 days)
morphine sulfate tab er 30 mg, 60 mg, 100 mg, 200 mg (Ms contin)	2	PA, QL (90 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	1	QL (360 tablets/30 days)
morphine sulfate tab 30 mg (Morphine sulfate)	2	QL (180 tablets/30 days)
NUCYNTA - tapentadol hcl tab 50 mg, 75 mg, 100 mg	4	QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	4	PA, QL (60 tablets/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	2	QL (270 mls/30 days)
oxycodone hcl soln 5 mg/5ml	2	QL (5400 mls/30 days)
oxycodone hcl tab 5 mg (Roxicodone)	1	QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	1	QL (180 tablets/30 days)
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	2	QL (180 tablets/30 days)
oxycodone hcl tab 20 mg	2	QL (180 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)	2	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	1	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	2	QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	2	QL (180 tablets/30 days)
oxymorphone hcl tab 5 mg, 10 mg	2	QL (180 tablets/30 days)
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	4	PA, QL (60 tablets/30 days)
TRAMADOL HCL ER - tramadol hcl tab er 24hr biphasic release 100 mg, 200 mg, 300 mg	4	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	2	PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	1	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1	QL (240 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg	3	PA, QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg	3	PA, QL (240 capsules/30 days)
ANALGESICS - ANTI-INFLAMMATORY		
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	5	PA, QL (2 pens/28 days), SP
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	5	PA, QL (2 pens/28 days), SP
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	5	PA, QL (2 syringes/28 days), SP
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 40 mg/0.4ml	5	PA, QL (2 pens/28 days), SP
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 40 mg/0.4ml	5	PA, QL (2 syringes/28 days), SP
ARCALYST - rilonacept for inj 220 mg	6	LD, PA, QL (8 vials/28 days), SP
celecoxib cap 50 mg, 100 mg, 200 mg (Celebrex)	1	
celecoxib cap 400 mg (Celebrex)	2	
diclofenac potassium tab 50 mg	2	
diclofenac sodium tab delayed release 25 mg	2	
diclofenac sodium tab delayed release 50 mg, 75 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	2	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	2	
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA, QL (8 vials/28 days), SP
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	5	PA, QL (4 syringes/28 days), SP
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA, QL (4 cartridges/28 days), SP
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA, QL (4 pens/28 days), SP
etodolac cap 200 mg, 300 mg	2	
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	2	
etodolac tab 400 mg (Lodine)	2	
etodolac tab 500 mg	2	
fenoprofen calcium tab 600 mg (Nalfon)	2	
FLURBIPROFEN - flurbiprofen tab 50 mg	4	ST
flurbiprofen tab 100 mg	2	
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	5	PA, QL (2 syringes/28 days), SP
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	5	PA, QL (2 pens/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	5	PA, QL (2 syringes/28 days), SP
HUMIRA PEN - adalimumab auto-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	5	PA, QL (2 pens/28 days), SP
HUMIRA PEN-CD/UC/HS START - adalimumab auto-injector kit 80 mg/0.8ml	5	PA, QL (1 kit/180 days), SP
HUMIRA PEN-PS/UV STARTER - adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA, QL (1 kit/180 days), SP
ibuprofen tab 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine tab 800-26.6 mg (Duexis)	2	
indomethacin cap er 75 mg	1	
indomethacin cap 25 mg, 50 mg	1	
KETOPROFEN ER - ketoprofen cap er 24hr 200 mg	4	ST
ketorolac tromethamine tab 10 mg	1	QL (20 tablets/5 days)
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	6	PA, QL (2 syringes/28 days), SP
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	6	PA, QL (2 pens/28 days), SP
leflunomide tab 10 mg, 20 mg (Arava)	2	
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	4	ST
mefenamic acid cap 250 mg	2	
meloxicam tab 7.5 mg, 15 mg (Mobic)	1	
nabumetone tab 500 mg, 750 mg	1	
naproxen sodium tab 275 mg, 550 mg	2	
naproxen tab 250 mg, 375 mg	1	
naproxen tab 500 mg (Naprosyn)	1	
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	6	LD, PA, QL (30 tablets/30 days), SP
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	6	PA, QL (4 syringes/28 days), SP
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	6	PA, QL (4 syringes/28 days), SP
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	5	PA, QL (1 kit/180 days), SP
OTEZLA - apremilast tab 30 mg	5	PA, QL (60 tablets/30 days), SP
OTREXUP - methotrexate soln pf auto-injector 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	ST
oxaprozin tab 600 mg (Daypro)	2	
piroxicam cap 10 mg (Feldene)	1	
piroxicam cap 20 mg (Feldene)	2	
RIDAURA - auranofin cap 3 mg	4	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	5	LD, PA, QL (30 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
RINVOQ - upadacitinib tab er 24hr 45 mg	5	LD, PA, QL (84 tablets/365 days), SP
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	LD, PA, QL (360 mls/30 days), SP
SIMLANDI - adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml	5	PA, QL (2 syringes/28 days), SP
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA, QL (2 pens/28 days), SP
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA, QL (2 pens/28 days), SP
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	5	PA, QL (1 syringe/28 days), SP
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	5	PA, QL (1 syringe/28 days), SP
sulindac tab 150 mg, 200 mg	1	
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	5	PA, QL (4 pens/28 days), SP
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	5	PA, QL (4 syringes/28 days), SP
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	5	PA, QL (240 mls/30 days), SP
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	5	PA, QL (60 tablets/30 days), SP
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	5	PA, QL (240 tablets/365 days), SP
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	5	PA, QL (30 tablets/30 days), SP
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	5	PA, QL (120 tablets/365 days), SP
MIGRAINE PRODUCTS		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	3	PA, QL (1 injection device/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	3	PA, QL (3 injection devices/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	3	PA, QL (3 syringes/84 days)
almotriptan malate tab 6.25 mg, 12.5 mg	2	QL (12 tablets/30 days)
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	2	QL (24 ampules/28 days), ST
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)	2	QL (12 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (1 injection device/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (1 injection device/28 days)
ERGOMAR - ergotamine tartrate sl tab 2 mg	4	QL (20 tablets/28 days), ST
ERGOTAMINE TARTRATE/CAFFE - ergotamine w/ caffeine tab 1-100 mg	4	QL (40 tablets/28 days), ST

Drug Name	Drug Tier	Requirements/Limits
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	2	QL (18 tablets/30 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	2	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	3	PA, QL (16 tablets/30 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	3	PA, QL (30 tablets/30 days)
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	3	PA, QL (8 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (18 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)	2	QL (12 inhalers/30 days)
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	2	QL (10 vials/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	2	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	1	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	3	PA, QL (16 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	2	QL (12 tablets/30 days)
GOUT AGENTS		
allopurinol tab 100 mg, 300 mg (Zyloprim)	1	
colchicine tab 0.6 mg (Colcrys)	2	
colchicine w/ probenecid tab 0.5-500 mg	2	
febuxostat tab 40 mg, 80 mg (Uloric)	2	
probenecid tab 500 mg	2	
NEUROMUSCULAR DRUGS		
ANTICONVULSANTS		
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	3	
BRIVIACT - brivaracetam oral soln 10 mg/ml	4	
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	4	
CARBAMAZEPINE - carbamazepine chew tab 200 mg	4	
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	2	
carbamazepine chew tab 100 mg	2	
carbamazepine susp 100 mg/5ml (Tegretol)	2	
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	2	
carbamazepine tab 200 mg (Tegretol)	2	

Drug Name	Drug Tier	Requirements/Limits
CARBATROL - carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	4	
clobazam suspension 2.5 mg/ml (Onfi)	2	
clobazam tab 10 mg, 20 mg (Onfi)	2	
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	1	
DIACOMIT - stiripentol cap 250 mg, 500 mg	6	SP
DIACOMIT - stiripentol packet 250 mg, 500 mg	6	SP
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	2	
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	4	
DILANTIN INFATABS - phenytoin chew tab 50 mg	4	
DILANTIN-125 - phenytoin susp 125 mg/5ml	4	
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	2	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	1	
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml	5	LD, PA, SP
ethosuximide cap 250 mg (Zarontin)	2	
ethosuximide soln 250 mg/5ml (Zarontin)	2	
felbamate susp 600 mg/5ml (Felbatol)	2	
felbamate tab 400 mg, 600 mg (Felbatol)	2	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	6	LD, PA, QL (360 mls/30 days), SP
FYCOMPA - perampanel susp 0.5 mg/ml	4	
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	4	
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	1	
gabapentin oral soln 250 mg/5ml (Neurontin)	2	
gabapentin tab 600 mg, 800 mg (Neurontin)	1	
lacosamide oral solution 10 mg/ml (Vimpat)	2	
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	2	
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	4	
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	4	
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	4	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	2	
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	2	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	1	
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	2	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	2	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	2	
levetiracetam oral soln 100 mg/ml (Keppra)	2	
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	2	
levetiracetam tab 250 mg, 500 mg (Keppra)	1	
levetiracetam tab 750 mg, 1000 mg (Keppra)	2	
methsuximide cap 300 mg (Celontin)	2	
MYSOLINE - primidone tab 50 mg, 250 mg	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 sprays/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	2	
oxcarbazepine tab 150 mg (Trileptal)	1	
oxcarbazepine tab 300 mg, 600 mg (Trileptal)	2	
phenytoin chew tab 50 mg (Dilantin infatabs)	2	
phenytoin sodium extended cap 100 mg (Dilantin)	2	
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	2	
phenytoin susp 125 mg/5ml (Dilantin-125)	2	
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica)	1	QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	1	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	2	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
primidone tab 50 mg (Mysoline)	1	
primidone tab 250 mg (Mysoline)	2	
rufinamide susp 40 mg/ml (Banzel)	2	
rufinamide tab 200 mg, 400 mg (Banzel)	2	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg	4	
TEGRETOL - carbamazepine susp 100 mg/5ml	4	
TEGRETOL - carbamazepine tab 200 mg	4	
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	4	
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	2	

Drug Name	Drug Tier	Requirements/Limits
TOPIRAMATE - topiramate sprinkle cap 50 mg	4	
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	2	PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	2	PA, QL (60 capsules/30 days)
topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)	2	PA, QL (30 capsules/30 days)
topiramate cap er 24hr 200 mg (Trokendi xr)	2	PA, QL (60 capsules/30 days)
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	2	
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	2	
valproic acid cap 250 mg	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	QL (5 boxes/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	QL (5 boxes/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	4	QL (5 boxes/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	QL (5 boxes/30 days)
vigabatrin powd pack 500 mg (Sabril)	5	LD, SP
vigabatrin tab 500 mg (Sabril)	5	LD, SP
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	4	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	4	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	4	
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	4	
ZARONTIN - ethosuximide cap 250 mg	4	
ZARONTIN - ethosuximide soln 250 mg/5ml	4	
zonisamide cap 25 mg (Zonegran)	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg (Zonegran)	2	
ZTALMY - ganaxolone susp 50 mg/ml	6	LD, SP
ANTIPARKINSON AGENTS		
amantadine hcl cap 100 mg	2	
amantadine hcl soln 50 mg/5ml	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	6	LD, SP
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	5	SP
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	2	
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	2	
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	2	
carbidopa & levodopa tab 10-100 mg (Sinemet)	1	
carbidopa & levodopa tab 25-100 mg (Sinemet)	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa tab 25 mg (Lodosyn)	2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	2	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	2	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	2	
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	4	
DUOPA - carbidopa-levodopa enteral susp 4.63-20 mg/ml	4	LD
entacapone tab 200 mg (Comtan)	2	
INBRIJA - levodopa inhal powder cap 42 mg	5	LD, SP
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	4	
pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg (Mirapex)	1	
pramipexole dihydrochloride tab 0.25 mg, 1.5 mg	1	
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	2	
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
RYTARY - carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	4	
selegiline hcl cap 5 mg	2	
selegiline hcl tab 5 mg	2	
tolcapone tab 100 mg (Tasmar)	2	
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	4	
trihexyphenidyl hcl tab 2 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
NEUROMUSCULAR AGENTS		
DAYBUE - trofinetide oral soln 200 mg/ml	6	LD, PA, QL (8 bottles/30 days), SP
DUVYZAT - givinostat hcl oral susp 8.86 mg/ml	6	PA, QL (3 bottles/30 days), SP
EVRYSDI - risdiplam for soln 0.75 mg/ml	6	LD, PA, QL (240 mls/30 days), SP
RADICAVA ORS - edaravone oral susp 105 mg/5ml	6	LD, PA, QL (50 mls/28 days), SP
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	6	LD, PA, QL (70 mls/180 days), SP
riluzole tab 50 mg (Rilutek)	5	SP
SKYCLARYS - omaveloxolone cap 50 mg	6	PA, QL (90 capsules/30 days), SP
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tab 10 mg, 20 mg	1	
carisoprodol tab 250 mg (Soma)	2	
carisoprodol tab 350 mg (Soma)	1	
chlorzoxazone tab 500 mg	2	
cyclobenzaprine hcl tab 5 mg, 10 mg	1	
dantrolene sodium cap 25 mg, 50 mg (Dantrium)	2	
dantrolene sodium cap 100 mg	2	
metaxalone tab 400 mg	2	
metaxalone tab 800 mg (Skelaxin)	2	
methocarbamol tab 500 mg, 750 mg	1	
orphenadrine citrate tab er 12hr 100 mg	2	
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Norgesic forte)	2	
SOHONOS - palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg	6	LD, SP
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1	
ANTIMYASTHENIC AGENTS		
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	6	LD, PA, QL (300 tablets/30 days), SP
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	2	
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	2	
pyridostigmine bromide tab 60 mg (Mestinon)	2	
NUTRITIONAL PRODUCTS		
VITAMINS		
cholecalciferol cap 1.25 mg (50000 unit)	1	
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1	
phytonadione tab 5 mg (Mephyton)	2	
MULTIVITAMINS		

Drug Name	Drug Tier	Requirements/Limits
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	3	
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	3	
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	3	
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	3	
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	3	
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	3	
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	3	
MINERALS and ELECTROLYTES		
FLORICAL - sodium fluoride w/ calcium carb cap 8.3-364 mg	4	
FLORICAL - sodium fluoride w/ calcium carb tab 8.3-364 mg	4	
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	4	
GALZIN - zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc)	4	
MONOCAL - sodium monofluorophosphate-calcium carb tab 22.75-625 mg	4	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	2	
potassium chloride cap er 8 meq, 10 meq	1	
POTASSIUM CHLORIDE ER - potassium chloride tab er 15 meq	4	
potassium chloride microencapsulated crys er tab 10 meq, 20 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	2	
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	2	
potassium chloride powder packet 20 meq	2	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	1	
potassium phosphate monobasic tab 500 mg (K-phos)	2	
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	3	AC
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	3	AC
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1	AC

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS		
HEMATOPOIETIC AGENTS		
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	5	PA, SP
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	5	PA, SP
carbonyl iron susp 15 mg/1.25ml (elemental iron)	AC	AC
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	5	LD, PA, QL (60 capsules/30 days), SP
cyanocobalamin inj 1000 mcg/ml	1	
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	5	LD, PA, QL (60 tablets/30 days), SP
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	6	SP
FERRETT'S CHEWABLE IRON - carbonyl iron chew tab 18 mg (elemental iron)	4	
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	AC	AC
ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)	AC	AC
folic acid cap 0.8 mg	AC	AC
folic acid tab 400 mcg, 800 mcg	AC	AC
folic acid tab 1 mg	1	
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5	SP
glutamine (sickle cell) powd pack 5 gm (Endari)	5	PA, SP
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	4	
IRON CHEWS PEDIATRIC - carbonyl iron chew tab 15 mg (elemental iron)	4	
IRON UP - polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	AC	AC
LEUKINE - sargramostim lyophilized for inj 250 mcg	6	SP
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml	4	PA
MULPLETA - lusutrombopag tab 3 mg	5	PA, QL (7 tablets/7 days), SP
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	5	SP
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	SP
NOVAFERRUM PEDIATRIC DROP - polysaccharide iron complex liquid 15 mg/ml (fe equiv)	AC	AC
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	5	SP

Drug Name	Drug Tier	Requirements/Limits
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	6	PA, QL (30 packets/30 days), SP
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv)	6	PA, QL (30 tablets/30 days), SP
PROMACTA - eltrombopag olamine tab 50 mg (base equiv), 75 mg (base equiv)	6	PA, QL (60 tablets/30 days), SP
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	5	PA, SP
SIKLOS - hydroxyurea tab 100 mg, 1000 mg	6	SP
XOLREMDI - mavorixafor cap 100 mg	6	LD, PA, QL (120 capsules/30 days), SP
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	SP
ANTICOAGULANTS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	2	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	2	QL (120 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (1 pack/180 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	2	QL (30 syringes/90 days)
enoxaparin sodium inj 300 mg/3ml (Lovenox)	2	QL (10 vials/90 days)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	2	QL (30 syringes/90 days)
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml	4	QL (30 syringes/90 days)
FRAGMIN - dalteparin sodium subcutaneous soln 10000 unit/4ml	4	QL (30 vials/90 days)
FRAGMIN - dalteparin sodium subcutaneous soln 95000 unit/3.8ml	4	QL (10 vials/90 days)
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	4	
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	2	
heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml	2	
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 150 mg	4	QL (60 packets/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg	4	QL (120 packets/30 days)
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
XARELTO - rivaroxaban for susp 1 mg/ml	3	QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
HEMOSTATICS		
tranexamic acid tab 650 mg (Lysteda)	2	
HEMATOLOGICAL AGENTS - MISC.		
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	5	PA, SP
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	5	PA, SP
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	5	LD, PA, SP
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	5	LD, PA, SP
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	6	PA, SP
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	5	LD, PA, SP
ALTUVIIIIO - antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	5	PA, SP
anagrelide hcl cap 0.5 mg (Agrylin)	2	
anagrelide hcl cap 1 mg	2	
aspirin-dipyridamole cap er 12hr 25-200 mg	2	
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	5	PA, SP
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit	6	LD, PA, QL (10 vials/30 days), SP
BRILINTA - ticagrelor tab 60 mg, 90 mg	3	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	6	LD, QL (58 vials/365 days), SP
cilostazol tab 50 mg, 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1	
COAGADDEX - coagulation factor x (human) for inj 250 unit, 500 unit	5	LD, SP
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	5	LD, SP
dipyridamole tab 25 mg, 50 mg, 75 mg	2	
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	5	PA, SP

Drug Name	Drug Tier	Requirements/Limits
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	5	LD, PA, QL (8 vials/28 days), SP
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	5	LD, PA, SP
FABHALTA - iptacopan hcl cap 200 mg	5	LD, PA, QL (60 capsules/30 days), SP
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	5	SP
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	5	SP
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	5	LD, PA, QL (27 vials/28 days), SP
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	5	LD, PA, QL (18 vials/28 days), SP
HEMLIBRA - emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml)	5	LD, PA, SP
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	5	LD, PA, QL (4 vials/28 days), SP
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	5	PA, SP
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	5	PA, SP
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	5	LD, PA, QL (6 syringes/30 days), SP
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	5	PA, SP
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	5	LD, PA, SP
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	5	PA, SP
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit, 4000 unit	5	PA, SP
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	5	PA, SP
KOATE-DVI - antihemophilic factor (human) for inj 500 unit, 1000 unit	5	PA, SP
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	5	PA, SP
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	5	PA, SP
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	5	PA, SP
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	5	LD, PA, SP

Drug Name	Drug Tier	Requirements/Limits
NUWIQ - antihemophilic factor recombinant (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	5	LD, PA, SP
NUWIQ - antihemophilic factor recombinant (bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	5	LD, PA, SP
NUWIQ - antihemophilic factor recombinant (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	5	LD, PA, SP
NUWIQ - antihemophilic factor recombinant (bdd-rfviii,sim) for inj 250 unit, 500 unit	5	LD, PA, SP
OBIZUR - antihemophilic factor (recombinant porc) rpfviii for inj 500 unit	5	LD, SP
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	6	LD, PA, QL (30 capsules/30 days), SP
pentoxifylline tab er 400 mg	2	
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	2	
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	5	PA, SP
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	6	LD, PA, QL (56 tablets/28 days), SP
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg	6	LD, PA, QL (7 tablets/365 days), SP
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	6	LD, PA, QL (14 tablets/365 days), SP
REBINYN - coagulation factor ix recombinant glycopegylated for inj 500 unit, 1000 unit, 2000 unit, 3000 unit	5	LD, PA, SP
RECOMBINATE - antihemophilic factor recombinant (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	5	PA, SP
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	5	LD, SP
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	5	PA, SP
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	6	LD, PA, QL (8 vials/30 days), SP
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)	6	LD, PA, SP
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	5	LD, PA, QL (2 vials/28 days), SP
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	5	LD, PA, QL (2 syringes/28 days), SP
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	6	LD, PA, QL (60 tablets/30 days), SP
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	5	LD, SP
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	5	PA, SP
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	5	PA, SP

Drug Name	Drug Tier	Requirements/Limits
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	5	PA, SP
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	5	PA, SP
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	5	PA, SP
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	5	PA, SP
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	5	PA, SP
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	4	
TOPICAL PRODUCTS		
OPHTHALMIC AGENTS		
ALOCRIAL - nedocromil sodium ophth soln 2%	4	ST
ALOMIDE - Iodoxamide tromethamine ophth soln 0.1%	4	
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	4	
ATROPINE SULFATE - atropine sulfate ophth soln 1%	4	
atropine sulfate ophth soln 1% (Atropine sulfate)	2	
AZASITE - azithromycin ophth soln 1%	4	
azelastine hcl ophth soln 0.05%	1	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
bacitracin-polymyxin b ophth oint	1	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
bepotastine besilate ophth soln 1.5% (Bepreve)	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3	
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	4	
bimatoprost ophth soln 0.03%	2	QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	2	
brinzolamide ophth susp 1% (Azopt)	2	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	2	
CARTEOLOL HCL - carteolol hcl ophth soln 1%	4	
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	1	
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	4	
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	4	
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	4	

Drug Name	Drug Tier	Requirements/Limits
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1	
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	6	LD, SP
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	6	LD, SP
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	4	
diclofenac sodium ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05% (Durezol)	2	
dorzolamide hcl ophth soln 2% (Trusopt)	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1	
epinastine hcl ophth soln 0.05%	2	
erythromycin ophth oint 5 mg/gm	1	
FLAREX - fluorometholone acetate ophth susp 0.1%	4	
fluorometholone ophth susp 0.1% (Fml liquifilm)	2	
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	4	
gatifloxacin ophth soln 0.5% (Zymaxid)	2	
gentamicin sulfate ophth soln 0.3%	1	
ILEVRO - nepafenac ophth susp 0.3%	4	
ketorolac tromethamine ophth soln 0.4% (Acular Is)	2	
ketorolac tromethamine ophth soln 0.5% (Acular)	1	
latanoprost ophth soln 0.005% (Xalatan)	1	QL (2.5 mls/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	4	
LOTEMAX - loteprednol etabonate ophth oint 0.5%	4	
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	4	
loteprednol etabonate ophth gel 0.5% (Lotemax)	2	
loteprednol etabonate ophth susp 0.2% (Alrex)	2	
loteprednol etabonate ophth susp 0.5% (Lotemax)	2	
MAXIDEX - dexamethasone ophth susp 0.1%	4	
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	2	
NATACYN - natamycin ophth susp 5%	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1	
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymygramicid op sol 1.75-10000-0.025mg-unt-mg/ml	4	
ofloxacin ophth soln 0.3% (Ocuflox)	1	

Drug Name	Drug Tier	Requirements/Limits
OXERVATE - cenegermin-bkby ophth soln 0.002% (20 mcg/ml)	6	LD, PA, QL (56 vials/56 days), SP
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1	
prednisolone acetate ophth susp 1% (Pred forte)	2	
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	4	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	2	PA, QL (60 vials/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	4	QL (2.5 mls/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	4	
sulfacetamide sodium ophth soln 10% (Bleph-10)	2	
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	4	
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	2	QL (30 containers/30 days)
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	1	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
tobramycin ophth soln 0.3% (Tobrex)	1	
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	2	
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	2	QL (2.5 mls/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
ZERVIAE - cetirizine hcl ophth soln 0.24% (base equiv)	4	ST
ZIRGAN - ganciclovir ophth gel 0.15%	4	
ZYLET - loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	4	
OTIC AGENTS		
acetic acid otic soln 2%	2	
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)	2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	2	
CIPROFLOXACIN/FLUOCINOLON - ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%	4	
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	4	
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	2	
hydrocortisone w/ acetic acid otic soln 1-2%	2	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin otic soln 0.3%	2	
OTOVEL - ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%	4	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg (Evoxac)	2	
chlorhexidine gluconate soln 0.12% (Peridex)	1	
clotrimazole troche 10 mg	2	
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3	
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate gel 1.1-5%	3	
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	1	
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	4	
PARODONTAX - stannous fluoride paste 0.454%	4	
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	2	
PREVIDENT RINSE - sodium fluoride rinse 0.2%	4	
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	3	
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3	
SENSODYNE COMPLETE PROTEC - stannous fluoride paste 0.454%	4	
SENSODYNE RAPID RELIEF - stannous fluoride paste 0.454%	4	
SENSODYNE REPAIR & PROTEC - stannous fluoride paste 0.454%	4	
sodium fluoride cream 1.1% (Prevident 5000 plus)	1	AC
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1	AC
sodium fluoride paste 1.1% (Prevident 5000 boost)	1	AC
sodium fluoride rinse 0.2% (Prevident rinse)	1	AC
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	1	AC
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	1	AC
stannous fluoride conc 0.63%	2	AC
stannous fluoride gel 0.4%	2	AC
triamcinolone acetonide dental paste 0.1%	2	

Drug Name	Drug Tier	Requirements/Limits
ANORECTAL AGENTS		
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	4	
CORTIFOAM - hydrocortisone acetate perianal foam 10% (90 mg/dose)	3	
hydrocortisone acetate suppos 25 mg	2	
hydrocortisone enema 100 mg/60ml (Cortenema)	2	
hydrocortisone perianal cream 1% (Proctocort)	2	QL (454 grams/30 days)
hydrocortisone perianal cream 2.5% (Anusol-hc)	2	
nitroglycerin oint 0.4% (Rectiv)	2	
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	4	
DERMATOLOGICALS		
acitretin cap 10 mg, 25 mg (Soriatane)	2	
acitretin cap 17.5 mg	2	
acyclovir oint 5% (Zovirax)	2	
adapalene cream 0.1% (Differin)	2	PA
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	5	LD, PA, QL (2 pens/28 days), SP
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	5	LD, PA, QL (4 syringes/28 days), SP
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	2	QL (120 grams/30 days)
alclometasone dipropionate cream 0.05%	2	QL (120 grams/30 days)
ALTRENO - tretinoin lotion 0.05%	4	PA
azelaic acid gel 15% (Finacea)	2	
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	2	
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	4	QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	1	QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	2	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	2	QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	2	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	2	QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	2	QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	2	QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	2	QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	2	QL (135 grams/30 days)
bexarotene gel 1% (Targretin)	5	PA, SP
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	2	

Drug Name	Drug Tier	Requirements/Limits
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)	4	
calcipotriene cream 0.005% (Dovonex)	2	
CALCITRIOL - calcitriol oint 3 mcg/gm	4	
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	5	PA, QL (30 tablets/30 days), SP
ciclopirox gel 0.77%	2	
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	2	
ciclopirox olamine susp 0.77% (base equiv)	2	
ciclopirox shampoo 1% (Loprox shampoo)	2	
ciclopirox solution 8% (Penlac Nail Lacquer)	2	QL (6.6 mls/30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	2	
clindamycin phosphate gel 1%	2	
clindamycin phosphate lotion 1% (Cleocin-t)	2	
clindamycin phosphate soln 1%	2	
clindamycin phosphate swab 1%	2	
clobetasol propionate cream 0.05% (Temovate)	2	QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	2	QL (210 grams/28 days)
clobetasol propionate gel 0.05%	2	QL (210 grams/28 days)
clobetasol propionate oint 0.05% (Temovate)	2	QL (210 grams/28 days)
clobetasol propionate soln 0.05%	2	QL (200 mls/28 days)
clocortolone pivalate cream 0.1% (Cloderm)	2	QL (135 grams/30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	
CORDRAN - flurandrenolide tape 4 mcg/sqcm	4	QL (1 box/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	5	LD, PA, QL (1 pack/28 days), SP
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	5	LD, PA, QL (1 syringe/28 days), SP
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	5	LD, PA, QL (1 pack/28 days), SP
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	5	LD, PA, QL (1 injection device/28 days), SP
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	5	LD, PA, QL (1 pen/28 days), SP
CROTAN - crotamiton lotion 10%	4	
desonide cream 0.05% (Desowen)	2	QL (120 grams/30 days)
desonide oint 0.05%	2	QL (120 grams/30 days)
desoximetasone cream 0.25% (Topicort)	2	QL (120 grams/30 days)
desoximetasone oint 0.25% (Topicort)	2	QL (120 grams/30 days)
diclofenac sodium soln 1.5%	2	QL (2 bottles/30 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	5	PA, QL (2 pens/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT - dupilumab subcutaneous soln auto-injector 300 mg/2ml	5	PA, QL (4 pens/28 days), SP
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA, QL (2 syringes/28 days), SP
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA, QL (4 syringes/28 days), SP
econazole nitrate cream 1%	2	
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	3	
ERTACZO - sertaconazole nitrate cream 2%	4	
ERY - erythromycin pads 2%	4	
erythromycin gel 2% (Erygel)	2	
erythromycin soln 2%	2	
EXELDERM - sulconazole nitrate cream 1%	4	
EXELDERM - sulconazole nitrate solution 1%	4	
FILSUVEZ - birch triterpenes gel 10%	6	LD, PA, SP
finasteride tab 1 mg (Propecia)	1	
fluocinolone acetonide cream 0.01%	2	QL (120 grams/30 days)
fluocinolone acetonide cream 0.025% (Synalar)	2	QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	2	QL (118.28 ml/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	2	QL (118.28 ml/30 days)
fluocinolone acetonide oint 0.025% (Synalar)	2	QL (120 grams/30 days)
fluocinolone acetonide soln 0.01% (Synalar)	2	QL (120 mls/30 days)
FLUOCINONIDE - fluocinonide gel 0.05%	4	QL (120 grams/30 days)
fluocinonide cream 0.05%	2	QL (120 grams/30 days)
fluocinonide cream 0.1% (Vanos)	2	QL (240 grams/28 days)
fluocinonide emulsified base cream 0.05%	2	QL (120 grams/30 days)
fluocinonide oint 0.05%	2	QL (120 grams/30 days)
fluocinonide soln 0.05%	2	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	4	
fluorouracil cream 5% (Efudex)	2	PA, QL (240 grams/90 days)
fluorouracil soln 5%	2	
fluticasone propionate cream 0.05%	1	QL (120 grams/30 days)
fluticasone propionate oint 0.005%	2	QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	2	
gentamicin sulfate oint 0.1%	2	
halobetasol propionate cream 0.05%	2	QL (200 grams/28 days)
HYDROCORTISONE - hydrocortisone lotion 2.5%	4	QL (118 mls/30 days)
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate cream 0.1%	4	QL (135 grams/30 days)

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone cream 2.5%	1	QL (454 grams/30 days)
hydrocortisone oint 2.5%	1	QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	2	QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%	4	LD, PA, QL (7 tubes/84 days)
imiquimod cream 5% (Aldara)	2	QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	2	
ketoconazole cream 2%	2	
ketoconazole shampoo 2%	1	
lactic acid (ammonium lactate) cream 12%	2	
lactic acid (ammonium lactate) lotion 12%	2	
lidocaine hcl soln 4%	2	PA, QL (150 mls/30 days)
lidocaine oint 5%	1	PA, QL (100 grams/30 days)
lidocaine patch 5% (Lidoderm)	2	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (60 grams/30 days)
MAFENIDE ACETATE - mafenide acetate packet for topical soln 5% (50 gm)	4	
malathion lotion 0.5% (Ovide)	2	
METHOXSALEN - methoxsalen rapid cap 10 mg	4	
metronidazole cream 0.75% (Metrocream)	2	
metronidazole gel 0.75%	2	
metronidazole gel 1% (Metrogel)	2	
mometasone furoate cream 0.1%	2	QL (135 grams/30 days)
mometasone furoate oint 0.1%	1	QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	2	QL (120 mls/30 days)
mupirocin oint 2%	1	
NAFTIFINE HCL - naftifine hcl cream 1%	4	
NATROBA - spinosad susp 0.9%	4	
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	4	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	2	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2	
oxiconazole nitrate cream 1% (Oxistat)	2	
PANRETIN - alitretinoin gel 0.1%	4	
penciclovir cream 1% (Denavir)	2	
permethrin cream 5% (Elimite)	2	
PODOFILOX - podofilox soln 0.5%	4	
REGANEX - becaplermin gel 0.01%	4	

Drug Name	Drug Tier	Requirements/Limits
SANTYL - collagenase oint 250 unit/gm	4	
selenium sulfide lotion 2.5%	1	
silver sulfadiazine cream 1% (Silvadene)	1	
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA, QL (1 syringe/84 days), SP
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	PA, QL (1 pen/84 days), SP
SOOLANTRA - ivermectin cream 1%	2	
SOTYKTU - deucravacitinib tab 6 mg	5	LD, PA, QL (30 tablets/30 days), SP
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	6	PA, QL (2 syringes/28 days), SP
SPINOSAD - spinosad susp 0.9%	4	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA, QL (1 vial/84 days), SP
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA, QL (1 syringe/84 days), SP
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA, QL (1 syringe/56 days), SP
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	4	
SULCONAZOLE NITRATE - sulconazole nitrate solution 1%	4	
sulfacetamide sodium lotion 10% (acne) (Klaron)	2	
SULFAMYLON - mafenide acetate cream 85 mg/gm	4	
tacrolimus oint 0.03%, 0.1% (Protopic)	2	ST
tazarotene cream 0.05% (Tazorac)	2	
tazarotene cream 0.1% (Tazorac)	2	PA
tazarotene gel 0.05%, 0.1% (Tazorac)	2	PA
TAZORAC - tazarotene cream 0.05%	3	
TREMFYA - guselkumab soln auto-injector 100 mg/ml	5	PA, QL (1 pen/56 days), SP
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	5	PA, QL (1 pen/28 days), SP
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA, QL (1 syringe/56 days), SP
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	5	PA, QL (1 syringe/28 days), SP
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	2	PA
tretinoin gel 0.01% (Retin-a)	2	PA
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1	QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	2	QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	1	QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	1	QL (120 grams/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	5	LD, SP
VEREGEN - sinecatechins oint 15%	4	
MISCELLANEOUS PRODUCTS		
ANTIDOTES		
CHEMET - succimer cap 100 mg	3	
deferiprone tab 500 mg, 1000 mg (Ferriprox)	5	SP

Drug Name	Drug Tier	Requirements/Limits
FERRIPROX - deferiprone oral soln 100 mg/ml	6	LD, SP
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	3	
naloxone hcl inj 0.4 mg/ml	2	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	2	
naloxone hcl soln prefilled syringe 2 mg/2ml	2	
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	4	
NALOXONE HYDROCHLORIDE - naloxone hcl soln prefilled syringe 0.4 mg/ml	3	
naltrexone hcl tab 50 mg	2	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	3	
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	3	
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	4	
DIAGNOSTIC PRODUCTS		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	3	QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	3	QL (204 strips/30 days)
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	3	QL (204 strips/30 days)
ONETOUCH ULTRA - glucose blood test strip	3	QL (204 strips/30 days)
ONETOUCH ULTRA BLUE TEST - glucose blood test strip	3	QL (204 strips/30 days)
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	3	QL (204 strips/30 days)
ONETOUCH VERIO TEST STRIP - glucose blood test strip	3	QL (204 strips/30 days)
MEDICAL DEVICES		
ACCU-CHEK FASTCLIX LANCET - lancets kit	3	
ACCU-CHEK FASTCLIX LANCET - lancets	3	
ACCU-CHEK SAFE-T-PRO LANC - lancets	3	
ACCU-CHEK SOFTCLIX LANCET - lancets kit	3	
ACCU-CHEK SOFTCLIX LANCET - lancets	3	
ACTI-LANCE LANCETS 28G - lancets	3	
ACTI-LANCE LITE SAFETY LA - lancets	3	
ACTI-LANCE SPECIAL SAFETY - lancets	3	
ACTI-LANCE UNIVERSAL SAFE - lancets	3	
ADJUSTABLE LANCING DEVICE - lancet devices	3	
ADVANCED MOBILE LANCET 30 - lancets	3	
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	3	
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
ADVOCATE LANCETS - lancets	3	
ADVOCATE LANCETS 30G - lancets	3	
ADVOCATE LANCING DEVICE - lancet devices	3	
ADVOCATE RAPID-SAFE LANCI - lancet devices	3	
ADVOCATE SAFETY LANCETS - lancets	3	
ADVOCATE SAFETY LANCETS 2 - lancets	3	
AF LANCETS SUPER THIN - lancets	3	
AGAMATRIX ULTRA-THIN LANC - lancets	3	
AIMSCO TWIST LANCETS 32G - lancets	3	
AIMSCO TWIST LANCETS 33G - lancets	3	
ANTI-STICK IMMUNIZATION - syringe/needle (disp) 1 ml 25 x 5/8"	3	
AQ INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	3	
AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	3	
AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	3	
AQINJECT PEN NEEDLE/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
AQINJECT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
AQUALANCE LANCETS UL - lancets	3	
ASSURE COMFORT LANCETS UL - lancets	3	
ASSURE ID DUO PRO SAFETY - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
ASSURE ID PRO SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	3	
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	3	
ASSURE LANCE LANCETS - lancets	3	
ASSURE LANCE LANCETS 21G - lancets	3	
ASSURE LANCE PLUS SAFETY - lancets	3	
ASSURE LANCE SAFETY LANCE - lancets	3	
AT LAST LANCETS - lancets	3	

Drug Name	Drug Tier	Requirements/Limits
AUM INSULIN SAFETY PEN NE - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	3	
AUM MINI INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
AUM MINI INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
AUM PEN NEEDLE/32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
AUM PEN NEEDLE/32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	3	
AUM PEN NEEDLE/32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	3	
AUM PEN NEEDLE/33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
AUM PEN NEEDLE/33GX5MM - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	3	
AUM PEN NEEDLE/33GX6MM - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	3	
AUM READYGARD DUO SAFETY - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
AUM SAFETY PEN NEEDLE/31 - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	3	
AURORA LANCET SUPER THIN - lancets	3	
AURORA LANCET THIN 23G - lancets	3	
AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	3	
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
AUTO-LANCET - lancet devices	3	
AUTO-LANCET MINI - lancet devices	3	
AUTOLET II CLINISAFE - lancets kit	3	
AUTOLET IMPRESSION LANCIN - lancet devices	3	
AUTOLET LANCING DEVICE - lancet devices	3	
AUTOLET LITE CLINISAFE - lancets kit	3	
AUTOLET LITE STARTER PACK - lancets kit	3	
AUTOLET MINI - lancet devices	3	
AUTOLET PLATFORMS - lancets misc.	3	
AUTOLET PLUS - lancet devices	3	
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	3	
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	3	

Drug Name	Drug Tier	Requirements/Limits
BARDIA BULB IRRIGATION SY - syringe (disposable) 60 ml	3	
BARDIA PISTON IRRIGATION - syringe (disposable) 60 ml	3	
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	3	
BD ALLERGIST TRAY SYRINGE - allergy tray kit 1 ml 27 x 1/2"	3	
BD ALLERGY SYRINGE 0.5ML/ - tuberculin/allergy syringe/needle (disp) 1/2 ml 27 x 1/2", 1/2 ml 27 x 3/8"	3	
BD ALLERGY SYRINGE 1ML/27 - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	3	
BD ALLERGY SYRINGE/NEEDLE - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	3	
BD ALLERGY/SYRINGE/NEEDLE - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3	
BD AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	3	
BD BLUNT FILL NEEDLE/FILT - needle (disp) 18 x 1-1/2"	3	
BD BLUNT FILL NEEDLE/18G - needle (disp) 18 x 1-1/2"	3	
BD DISPOSABLE NEEDLE REGU - needle (disp) 25 x 1"	3	
BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"	3	
BD ECLIPSE NEEDLE 21G X 1 - needle (disp) 21 x 1", 21 x 1-1/2"	3	
BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	3	
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	3	
BD ECLIPSE NEEDLE 27G X 1 - needle (disp) 27 x 1/2"	3	
BD ECLIPSE NEEDLE/LUER-LO - needle (disp) 30 x 1/2"	3	
BD ECLIPSE NEEDLE/LUER-LO - syringe/needle (disp) 3 ml 23 x 1-1/2"	3	
BD ECLIPSE NEEDLE/18G X 1 - needle (disp) 18 x 1-1/2"	3	
BD ECLIPSE NEEDLE/23G X 1 - needle (disp) 23 x 1"	3	
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	3	
BD ECLIPSE SYRINGE LUER-L - syringe/needle (disp) 3 ml 25 x 1"	3	
BD ECLIPSE SYRINGE 3ML/21 - syringe/needle (disp) 3 ml 21 x 1"	3	
BD ECLIPSE SYRINGE/NEEDLE - syringe/needle (disp) 3 ml 22 x 1", 3 ml 23 x 1", 3 ml 25 x 5/8"	3	
BD ECLIPSE SYRINGE/1ML/27 - syringe/needle (disp) 1 ml 27 x 1/2"	3	
BD ECLIPSE SYRINGE/1ML/30 - syringe/needle (disp) 1 ml 30 x 1/2"	3	
BD ECLIPSE 18G X 1-1/2" - needle (disp) 18 x 1-1/2"	3	
BD ECLIPSE 23G X 1" NEEDL - needle (disp) 23 x 1"	3	

Drug Name	Drug Tier	Requirements/Limits
BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"	3	
BD HYPODERMIC NEEDLES 16G - needle (disp) 16 x 1"	3	
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1", 18 x 1-1/2"	3	
BD HYPODERMIC NEEDLES 19G - needle (disp) 19 x 1", 19 x 1-1/2"	3	
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1", 21 x 2"	3	
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1", 22 x 1-1/2"	3	
BD HYPODERMIC NEEDLES 23G - needle (disp) 23 x 3/4", 23 x 1"	3	
BD HYPODERMIC NEEDLES 25G - needle (disp) 25 x 1-1/2"	3	
BD HYPODERMIC NEEDLES 26G - needle (disp) 26 x 1/2"	3	
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	3	
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 0.3 ml 28 x 1/2", u-100 1/2 ml 28 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2"	3	
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	3	
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	3	
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 2 ml 27.5 x 5/8"	3	
BD INSULIN SYRINGE/U-500/ - insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	3	
BD INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	3	
BD INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	3	
BD INSULIN SYRINGE/1ML/27 - insulin syringe/needle u-100 1 ml 27 x 1/2"	3	
BD INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	3	
BD INTEGRA RETRACTABLE NE - needle (disp) 23 x 1"	3	

Drug Name	Drug Tier	Requirements/Limits
BD INTEGRA SYRINGE RETRAC - syringe/needle (disp) 3 ml 21 x 1"	3	
BD INTEGRA SYRINGE/3ML 25 - syringe/needle (disp) 3 ml 25 x 1"	3	
BD INTEGRA SYRINGE/3ML/21 - syringe/needle (disp) 3 ml 21 x 1-1/2"	3	
BD INTEGRA SYRINGE/3ML/22 - syringe/needle (disp) 3 ml 22 x 1-1/2"	3	
BD INTEGRA SYRINGE/3ML/23 - syringe/needle (disp) 3 ml 23 x 1"	3	
BD INTEGRA SYRINGE/3ML/25 - syringe/needle (disp) 3 ml 25 x 5/8"	3	
BD LUER LOCK SYRINGE/1ML/ - syringe/needle (disp) 1 ml 20 x 1"	3	
BD LUER-LOK SYRINGE W/ECL - syringe/needle (disp) 1 ml 25 x 5/8"	3	
BD LUER-LOK SYRINGE 10ML - syringe (disposable) 10 ml	3	
BD LUER-LOK SYRINGE/3ML - syringe (disposable) 3 ml	3	
BD LUER-LOK SYRINGE/5ML - syringe (disposable) 5 ml	3	
BD MICROTAINER LANCETS - lancets	3	
BD NEEDLE SAFETYGLIDE/27G - needle (disp) 27 x 5/8"	3	
BD NEEDLE 30G X 1" - needle (disp) 30 x 1"	3	
BD NEEDLE/16G X 1-1/2" - needle (disp) 16 x 1-1/2"	3	
BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"	3	
BD NEEDLE/19G X 1" - needle (disp) 19 x 1"	3	
BD NEEDLE/20G X 1-1/2" - needle (disp) 20 x 1-1/2"	3	
BD NEEDLE/20G X 1" - needle (disp) 20 x 1"	3	
BD NEEDLE/21G 1-1/2" - needle (disp) 21 x 1-1/2"	3	
BD NEEDLE/22G X 1-1/2" - needle (disp) 22 x 1-1/2"	3	
BD NEEDLE/25G X 5/8" - needle (disp) 25 x 5/8"	3	
BD NEEDLE/25G X 7/8" - needle (disp) 25 x 7/8"	3	
BD NEEDLE/27G X 1/2" - needle (disp) 27 x 1/2"	3	
BD NEEDLE/30G X 1/2" - needle (disp) 30 x 1/2"	3	
BD NOKOR NEEDLE ADMIX THI - needle (disp) 18 x 1-1/2"	3	
BD NOKOR NEEDLE 5 MICRON - filter needle 18 x 1-1/2"	3	
BD NOKOR VENTED NEEDLE 18 - needle (disp) 18 x 1"	3	
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	3	
BD PEN NEEDLE/MINI/ULTRA - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm (1/2")	3	
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
BD PLASTIPAK SYRINGE/3ML/ - syringe/needle (disp) 3 ml 21 x 1"	3	
BD PLASTIPAK SYRINGES ALL - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	3	
BD PLASTIPAK 3ML SYRINGE/ - syringe (disposable) 3 ml	3	
BD PRECISIONGLIDE NEEDLE - needle (disp) 27 x 3/8", 27 x 1-1/2"	3	
BD PRECISIONGLIDE 23GX1-1 - needle (disp) 23 x 1-1/2"	3	
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	3	
BD SAFETYGLIDE HYPODERMIC - needle (disp) 18 x 1-1/2", 25 x 5/8"	3	
BD SAFETYGLIDE INJECTION - needle (disp) 23 x 1-1/2"	3	
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	3	
BD SAFETYGLIDE NEEDLE 25G - needle (disp) 25 x 1"	3	
BD SAFETYGLIDE NEEDLE/SHI - needle (disp) 22 x 1-1/2"	3	
BD SAFETYGLIDE SHIELDED N - needle (disp) 23 x 1"	3	
BD SAFETYGLIDE SYRINGE 3M - syringe/needle (disp) 3 ml 25 x 1"	3	
BD SAFETYGLIDE SYRINGE 5M - syringe/needle (disp) 5 ml 22 x 1-1/2"	3	
BD SAFETYGLIDE 1ML 27GX5/ - syringe/needle (disp) 1 ml 27 x 5/8"	3	
BD SAFETYGLIDE 21G X 1-1/ - needle (disp) 21 x 1-1/2"	3	
BD SAFETYGLIDE 21G X 1-1/ - syringe/needle (disp) 3 ml 21 x 1-1/2"	3	
BD SAFETYGLIDE 21G X 1" - needle (disp) 21 x 1"	3	
BD SLIP TIP SYRINGE/NEEDL - syringe/needle (disp) 1 ml 26 x 5/8"	3	
BD SLIP TIP SYRINGE/1ML - syringe (disposable) 1 ml	3	
BD SLIP TIP SYRINGE/3ML - syringe (disposable) 3 ml	3	
BD SYRINGE BLUNT PLASTIC - syringe (disposable) 10 ml	3	
BD SYRINGE LEUR-LOK TIP 1 - syringe (disposable) 10 ml	3	
BD SYRINGE LUER SLIP/20ML - syringe (disposable) 20 ml	3	

Drug Name	Drug Tier	Requirements/Limits
BD SYRINGE LUER-LOK 3ML/N - syringe/needle (disp) 3 ml 18 x 1-1/2"	3	
BD SYRINGE LUER-LOK/1ML - syringe (disposable) 1 ml	3	
BD SYRINGE LUER-LOK/10ML - syringe (disposable) 10 ml	3	
BD SYRINGE LUER-LOK/20 ML - syringe (disposable) 20 ml	3	
BD SYRINGE LUER-LOK/5 ML - syringe (disposable) 5 ml	3	
BD SYRINGE LUER-LOK/50 ML - syringe (disposable) 50 ml	3	
BD SYRINGE SLIP TIP 1ML - syringe (disposable) 1 ml	3	
BD SYRINGE SLIP TIP/LUER- - syringe (disposable) 50 ml	3	
BD SYRINGE SLIP TIP/10ML - syringe (disposable) 10 ml	3	
BD SYRINGE 10ML/20G X 1" - syringe/needle (disp) 10 ml 20 x 1"	3	
BD SYRINGE 5ML LUER SLIP - syringe (disposable) 5 ml	3	
BD TB SYRINGE/NEEDLE/1ML/ - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	3	
BD TUBERCULIN SYRINGE/NEE - tuberculin/allergy syringe/needle (disp) 1 ml 21 x 1"	3	
BD TUBERCULIN SYRINGE/SAF - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 3/8"	3	
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	3	
BD 1/2ML TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1/2 ml 27 x 1/2"	3	
BD 1ML ALLERGY SYRINGE SA - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	3	
BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"	3	
BD 1ML SYRINGE/SAFETYGLID - syringe/needle (disp) 1 ml 25 x 5/8"	3	
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	3	
BD 10ML CONTROL SYRINGE L - syringe (disposable) 10 ml	3	
BD 10ML LUER-LOK SYRINGE - syringe/needle (disp) 10 ml 20 x 1-1/2", 10 ml 21 x 1", 10 ml 21 x 1-1/2", 10 ml 22 x 1"	3	
BD 10ML SYRINGE/DUAL CANN - syringe (disposable) 10 ml	3	
BD 20ML SYRINGE LUER-LOK - syringe (disposable) 20 ml	3	
BD 3ML LUER-LOK SYRINGE 1 - syringe/needle (disp) 3 ml 18 x 1-1/2"	3	

Drug Name	Drug Tier	Requirements/Limits
BD 3ML LUER-LOK SYRINGE/2 - syringe/needle (disp) 3 ml 20 x 1", 3 ml 21 x 1", 3 ml 21 x 1-1/2", 3 ml 23 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 1", 3 ml 26 x 5/8"	3	
BD 3ML SYRINGE LUER-LOK 2 - syringe/needle (disp) 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1-1/2"	3	
BD 3ML SYRINGE/SAFETYGLID - syringe/needle (disp) 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8"	3	
BD 30ML SYRINGE LUER-LOK - syringe (disposable) 30 ml	3	
BD 5ML LUER-LOK SYRINGE/2 - syringe/needle (disp) 5 ml 20 x 1", 5 ml 20 x 1-1/2", 5 ml 21 x 1", 5 ml 21 x 1-1/2", 5 ml 22 x 1", 5 ml 22 x 1-1/2"	3	
BD 50ML SYRINGE LUER-LOK - syringe (disposable) 50 ml	3	
CARDIOCOM LANCING DEVICE - lancet devices	3	
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	3	
CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	3	
CAREFINE PEN NEEDLES 31GX - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
CAREFINE PEN NEEDLES 32GX - insulin pen needle 32 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
CAREONE ADVANCED LANCING - lancet devices	3	
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
CAREONE LANCET SUPER THIN - lancets	3	
CAREONE LANCET THIN - lancets	3	
CAREONE LANCET ULTRA THIN - lancets	3	
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	3	
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
CAREONE UNIFINE PENTIPS P - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
CAREPOINT PRECISION POLY - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 27 x 1/2", 30 x 1/2"	3	

Drug Name	Drug Tier	Requirements/Limits
CAREPOINT PRECISION SYRIN - syringe (disposable) 1 ml, (disposable) 3 ml, (disposable) 5 ml, (disposable) 10 ml, (disposable) 20 ml, (disposable) 30 ml, (disposable) 60 ml	3	
CAREPOINT PRECISION SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	3	
CAREPOINT SAFETY 1ST NEED - needle (disp) 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2"	3	
CAREPOINT SAFETY 1ST SYRI - syringe/needle (disp) 1 ml 23 x 1", 1 ml 25 x 1", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1"	3	
CAREPOINT SYRINGE/LUER LO - syringe/needle (disp) 3 ml 20 x 1", 3 ml 20 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 1"	3	
CARESENS LANCETS - lancets	3	
CARETOUCH CATHETER TIP 60 - syringe (disposable) 60 ml	3	
CARETOUCH HYPODERMIC NEED - needle (disp) 18 x 1-1/2", 20 x 1", 22 x 1", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1", 27 x 1-1/2"	3	
CARETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
CARETOUCH LANCING DEVICE - lancet devices	3	
CARETOUCH LUER LOCK SYRIN - syringe (disposable) 1 ml, (disposable) 3 ml, (disposable) 5 ml, (disposable) 10 ml	3	
CARETOUCH LUER LOCK 3ML/2 - syringe/needle (disp) 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 5/8", 3 ml 25 x 1", 3 ml 25 x 1-1/2"	3	
CARETOUCH LUER SLIP SYRIN - syringe (disposable) 1 ml, (disposable) 5 ml, (disposable) 10 ml	3	
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	3	
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	3	
CARETOUCH SAFETY LANCETS/ - lancets	3	
CARETOUCH TWIST LANCETS M - lancets	3	
CARETOUCH TWIST LANCETS 2 - lancets	3	

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH TWIST LANCETS 3 - lancets	3	
CAYA - diaphragm arc-spring	AC	AC
CHOSEN LANCETS 30G - lancets	3	
CHOSEN LANCING DEVICE - lancet devices	3	
CHOSEN SAFETY LANCETS 28G - lancets	3	
CLEANLET LANCETS 28G - lancets	3	
CLEVER CHEK LANCETS ULTRA - lancets	3	
CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	3	
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	3	
CLEVER CHOICE COMFORT EZ - lancets	3	
CLICKFINE PEN NEEDLE UNIV - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
CLICKFINE PEN NEEDLE 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
CLICKFINE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
CLICKFINE PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
CLICKFINE UNIVERSAL PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
COAGUCHEK LANCETS - lancets	3	
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	3	
COMFORT ASSURED LANCETS M - lancets	3	
COMFORT ASSURED LANCETS S - lancets	3	
COMFORT EZ INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	3	

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ MICRO/32G X 4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
COMFORT EZ PRO SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	3	
COMFORT EZ PRO SAFETY PEN - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	3	
COMFORT EZ SHORT/31G X 8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
COMFORT EZ/31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
COMFORT EZ/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
COMFORT LANCETS - lancets	3	
COMFORT TOUCH LANCETS ULT - lancets	3	
COMFORT TOUCH PEN NEEDLES - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
COMFORT TOUCH PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
COMFORT TOUCH PLUS SAFETY - lancets	3	
COMFORT TOUCH TWIST LANCE - lancets	3	
CONDOMS-MALE – VARIOUS	AC	AC
CONTOUR HIGH CONTROL - blood glucose calibration - liquid - high	3	
CONTOUR LOW CONTROL - blood glucose calibration - liquid - low	3	
CONTOUR NEXT CONTROL LEVE - blood glucose calibration - liquid - normal, - low	3	
CONTOUR NORMAL CONTROL - blood glucose calibration - liquid - normal	3	
CRONO SYRINGE - syringe/needle (disp) 10 ml 19g x 1-1/2", 20 ml 19g x 1-1/2"	3	
CVS LANCETS MICRO THIN 33 - lancets	3	
CVS LANCETS MICRO-THIN 33 - lancets	3	
CVS LANCETS ORIGINAL - lancets	3	
CVS LANCETS THIN 26G - lancets	3	
CVS LANCETS ULTRA THIN 30 - lancets	3	
CVS LANCETS ULTRA-THIN 30 - lancets	3	
CVS LANCETS 21G - lancets	3	
CVS LANCING DEVICE - lancet devices	3	

Drug Name	Drug Tier	Requirements/Limits
CVS ULTRA THIN LANCETS - lancets	3	
DEXCOM G6 RECEIVER - continuous glucose system receiver	3	QL (1 receiver/365 days), ST
DEXCOM G6 SENSOR - continuous glucose system sensor	3	QL (3 sensors/30 days), ST
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	3	QL (1 receiver/90 days), ST
DEXCOM G7 RECEIVER - continuous glucose system receiver	3	QL (1 receiver/365 days), ST
DEXCOM G7 SENSOR - continuous glucose system sensor	3	QL (3 sensors/30 days), ST
DIATHRIVE LANCETS - lancets	3	
DIATHRIVE LANCETS ULTRA T - lancets	3	
DIATHRIVE LANCING DEVICE - lancet devices	3	
DIATHRIVE PEN NEEDLE/31 G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
DIATHRIVE PEN NEEDLE/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
DIATHRIVE PEN NEEDLE/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
DROPLET GENTEEL LANCING D - lancet devices	3	
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 30 x 15/64", u-100 0.5 ml 30 x 15/64", u-100 1 ml 30 x 15/64", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	3	
DROPLET INSULIN SYRINGE 0 - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2"	3	
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle u-100 1 ml 29 x 1/2"	3	
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	3	
DROPLET LANCETS ULTRA THI - lancets	3	
DROPLET LANCING DEVICE - lancet devices	3	
DROPLET MICRON 34G X 9/64 - insulin pen needle 34 g x 3.5 mm (9/64")	3	
DROPLET PEN NEEDLE/MICRON - insulin pen needle 34 g x 3.5 mm (9/64")	3	
DROPLET PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	3	
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	3	

Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 30G X - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	3	
DROPLET PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
DROPLET PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
DROPLET PEN NEEDLES 31GX6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
DROPLET PEN NEEDLES 31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	3	
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	3	
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	3	
DROPLET PERSONAL LANCETS - lancets	3	
DROPSAFE ACTI-LANCE SAFTE - lancets	3	
DROPSAFE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	3	
DROPSAFE SAFETY PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
DROPSAFE SICURA - needle (disp) 25 x 1"	3	
DRUG MART LANCETS THIN - lancets	3	
DRUG MART LANCETS ULTRA T - lancets	3	
DRUG MART ON-THE-GO LANCE - lancets	3	
DRUG MART UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	3	
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
DRUG MART UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
DRUG MART UNILET LANCETS - lancets	3	
DRUG MART UNILET MICRO TH - lancets	3	
DUANE READE LANCET ALTERN - lancets	3	
DUANE READE LANCET SUPER - lancets	3	

Drug Name	Drug Tier	Requirements/Limits
DUANE READE LANCET ULTRA - lancets	3	
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	3	
DUANE READE UNIFINE PENTI - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
E-Z JECT LANCETS - lancets	3	
E-Z JECT LANCETS COLOR - lancets	3	
E-Z JECT LANCETS SUPER TH - lancets	3	
E-Z JECT LANCETS THIN 26G - lancets	3	
E-Z JECT LANCETS 21G - lancets	3	
E-ZJECT LANCETS MICRO-THI - lancets	3	
EASY COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
EASY COMFORT LANCETS - lancets	3	
EASY COMFORT LANCETS TWIS - lancets	3	
EASY COMFORT LANCETS 30G/ - lancets	3	
EASY COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
EASY COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
EASY COMFORT PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
EASY COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
EASY COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
EASY GLIDE PEN NEEDLES 33 - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
EASY GLIDE SYRINGE/CATHET - syringe (disposable) 60 ml	3	
EASY GLIDE SYRINGE/LUER L - syringe (disposable) 1 ml, (disposable) 3 ml, (disposable) 5 ml, (disposable) 10 ml, (disposable) 20 ml, (disposable) 30 ml, (disposable) 60 ml	3	
EASY GLIDE SYRINGE/SLIP L - syringe (disposable) 1 ml	3	
EASY MINI EJECT LANCING D - lancet devices	3	
EASY MINI LANCING DEVICE - lancet devices	3	
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	3	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK NEEDL - needle (disp) 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 3/4", 22 x 1", 22 x 1-1/2", 23 x 5/8", 23 x 1", 23 x 1-1/2", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1/2", 27 x 1/2", 27 x 1" (25 mm), 28 x 1/2" (12.7 mm), 29 x 1/2" (12.7 mm), 30 x 5/16" (8 mm), 30 x 1/2", 31 x 5/16" (8 mm)	3	
EASY TOUCH FLIPLOCK SAFE - syringe/needle (disp) 3 ml 18 x 1"	3	
EASY TOUCH FLIPLOCK SAFET - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	3	
EASY TOUCH FLIPLOCK SAFET - syringe/needle (disp) 1 ml 25 x 1", 1 ml 26 x 3/8", 1 ml 27 x 1/2", 3 ml 18 x 1-1/2", 3 ml 19 x 1" (25 mm), 3 ml 19 x 1.5" (40 mm), 3 ml 20 x 1", 3 ml 20 x 1-1/2", 3 ml 21 x 1", 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 5/8", 3 ml 25 x 1", 5 ml 18 x 1" (25 mm), 5 ml 20 x 1", 5 ml 20 x 1-1/2", 5 ml 21 x 1", 5 ml 21 x 1-1/2", 5 ml 22 x 1-1/2", 5 ml 25 x 1" (25 mm), 5 ml 25 x 5/8" (16 mm), 10 ml 18g x 1" (25 mm), 10 ml 18g x 1.5" (40 mm), 10 ml 20 x 1", 10 ml 20 x 1-1/2", 10 ml 21 x 1", 10 ml 21 x 1-1/2", 10 ml 22 x 1-1/2", 10 ml 25 x 1" (25 mm)	3	
EASY TOUCH FLURINGE FLIPL - syringe/needle (disp) 1 ml 25 x 1"	3	
EASY TOUCH FLURINGE FLU T - syringe/needle (disp) 1 ml 25 x 1"	3	
EASY TOUCH FLURINGE SHEAT - syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1"	3	
EASY TOUCH FLURINGE SYRIN - syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1"	3	
EASY TOUCH HYPODERMIC NEE - needle (disp) 16 x 1", 16 x 1-1/2", 18 x 1", 18 x 1.25" (30 mm), 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 3/4", 23 x 1", 23 x 1-1/4", 23 x 1-1/2", 24 x 1", 24 x 1.25" (30 mm), 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 3/8", 26 x 1/2", 26 x 5/8", 27 x 1/2", 27 x 1-1/4", 27 x 1-1/2", 30 x 1/2", 30 x 1", 31 x 5/16" (8 mm), 32 x 5/16" (8 mm)	3	
EASY TOUCH INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 27 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
EASY TOUCH LANCETS 21G/PR - lancets	3	
EASY TOUCH LANCETS 23G/PR - lancets	3	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 26G/PR - lancets	3	
EASY TOUCH LANCETS 26G/PU - lancets	3	
EASY TOUCH LANCETS 28G/PR - lancets	3	
EASY TOUCH LANCETS 28G/PU - lancets	3	
EASY TOUCH LANCETS 28G/TW - lancets	3	
EASY TOUCH LANCETS 30G/BU - lancets	3	
EASY TOUCH LANCETS 30G/PR - lancets	3	
EASY TOUCH LANCETS 30G/PU - lancets	3	
EASY TOUCH LANCETS 30G/TW - lancets	3	
EASY TOUCH LANCETS 32G/PR - lancets	3	
EASY TOUCH LANCETS 32G/PU - lancets	3	
EASY TOUCH LANCETS 32G/TW - lancets	3	
EASY TOUCH LANCETS 33G/TW - lancets	3	
EASY TOUCH LANCING DEVICE - lancet devices	3	
EASY TOUCH PEN NEEDLE 30 - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	3	
EASY TOUCH PEN NEEDLE/30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	3	
EASY TOUCH PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	3	
EASY TOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
EASY TOUCH SAFETY LANCETS - lancets	3	
EASY TOUCH SAFETY PEN NEE - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
EASY TOUCH SAFETY PEN NEE - insulin pen needle 30 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
EASY TOUCH SAFETY SYRINGE - syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1", 3 ml 20 x 1", 3 ml 21 x 1", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1"	3	
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	3	
EASY TOUCH SHEATHLOCK SAF - syringe/needle (disp) 3 ml 21 x 1", 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1", 5 ml 21 x 1-1/2", 5 ml 22 x 1-1/2", 5 ml 25 x 1" (25 mm), 10 ml 21 x 1-1/2", 10 ml 22 x 1-1/2", 10 ml 25 x 1" (25 mm)	3	
EASY TOUCH SHEATHLOCK SYR - needles & syringes	3	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SYRINGE BARREL - needles & syringes	3	
EASY TOUCH SYRINGE BARREL - syringe (disposable) 20 ml, (disposable) 60 ml	3	
EASY TOUCH TUBERCULIN FLI - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 5/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	3	
EASY TOUCH TUBERCULIN SHE - syringe/needle (disp) 1 ml 26 x 5/8"	3	
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	3	
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	3	
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	3	
EASYPOINT NEEDLE 23G X 1" - needle (disp) 23 x 1"	3	
EASYPOINT NEEDLE 25G X 1" - needle (disp) 25 x 1"	3	
EASYPOINT NEEDLE 25G X 5/ - needle (disp) 25 x 5/8"	3	
EASYPOINT NEEDLE 25GX1-1/ - needle (disp) 25 x 1-1/2"	3	
EASYPOINT NEEDLE/SYRINGE - syringe/needle (disp) 3 ml 18 x 1", 3 ml 18 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1"	3	
EASYPOINT NEEDLE/18G X 1- - needle (disp) 18 x 1-1/2"	3	
EASYPOINT NEEDLE/18G X 1" - needle (disp) 18 x 1"	3	
EASYPOINT NEEDLE/20G X 1- - needle (disp) 20 x 1-1/2"	3	
EASYPOINT NEEDLE/20G X 1" - needle (disp) 20 x 1"	3	
EASYPOINT NEEDLE/21G X 1- - needle (disp) 21 x 1-1/2"	3	
EASYPOINT NEEDLE/21G X 1" - needle (disp) 21 x 1"	3	
EASYPOINT NEEDLE/22G X 1- - needle (disp) 22 x 1-1/2"	3	
EASYPOINT NEEDLE/22G X 1" - needle (disp) 22 x 1"	3	
EMBECTA INSULIN SYRINGE/U - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	3	
EMBRACE LANCETS ULTRA THI - lancets	3	
EMBRACE LANCING DEVICE WI - lancet devices	3	
EMBRACE PEN NEEDLES/29G X - insulin pen needle 29 g x 12 mm (1/2")	3	
EMBRACE PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
EMBRACE PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
EMBRACE PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	

Drug Name	Drug Tier	Requirements/Limits
EMBRACE PRESSURE ACTIVATE - lancets	3	
EQL COLOR LANCETS MICRO T - lancets	3	
EQL COLOR LANCETS 21G - lancets	3	
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
EQL INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	3	
EQL INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	3	
EQL INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	3	
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
EQL SUPER THIN LANCETS 30 - lancets	3	
EQL THIN LANCETS 26G - lancets	3	
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
EZ-LETS LANCETS 21G - lancets	3	
EZ-LETS LANCETS 26G SUPER - lancets	3	
EZ-LETS LANCETS 28G ULTRA - lancets	3	
EZ-LETS LANCETS 30G - lancets	3	
FC2 FEMALE CONDOM - condoms - female	AC	AC
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	AC	AC
FIFTY50 PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	3	
FIFTY50 SAFETY SEAL LANCE - lancets	3	
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
FIFTY50 UNILET LANCETS 33 - lancets	3	
FINGERSTIX LANCETS - lancets	3	
FLOW-EZE VENTED NEEDLE - hypodermic needles (disposable)	3	
FORA LANCETS - lancets	3	

Drug Name	Drug Tier	Requirements/Limits
FORA LANCING DEVICE - lancet devices	3	
FORA LANCING DEVICE/CLEAR - lancet devices	3	
FREESTYLE LANCETS - lancets	3	
FREESTYLE UNISTICK II LAN - lancets	3	
GENTEEL BUTTERFLY TOUCH L - lancets	3	
GENTEEL CONTACT TIPS/BLUE - lancets misc.	3	
GENTEEL CONTACT TIPS/CLEA - lancets misc.	3	
GENTEEL CONTACT TIPS/GREE - lancets misc.	3	
GENTEEL CONTACT TIPS/ORAN - lancets misc.	3	
GENTEEL CONTACT TIPS/RAIN - lancets misc.	3	
GENTEEL CONTACT TIPS/VIOL - lancets misc.	3	
GENTEEL CONTACT TIPS/YELL - lancets misc.	3	
GENTEEL LANCING KIT/BUTTE - lancets kit	3	
GENTEEL NOZZLES - lancets misc.	3	
GENTEEL PLUS LANCING DEVI - lancet devices	3	
GENTLE-LET LANCETS GENERA - lancets	3	
GENTLE-LET LANCETS SAFETY - lancets	3	
GENTLE-LET PLATFORMS 2.4M - lancets misc.	3	
GENTLE-LET PLATFORMS 3.0M - lancets misc.	3	
GLOBAL EASE INJECT PEN NE - insulin pen needle 29 g x 12 mm (1/2")	3	
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
GLOBAL EASE INJECT PEN NE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	3	
GLOBAL EASY GLIDE PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
GLOBAL INJECT EASE LANCET - lancets	3	
GLOBAL INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	3	
GLOBAL INSULIN SYRINGES/U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	3	
GLOBAL LANCING DEVICE - lancet devices	3	
GLUCOCOM LANCETS 28G - lancets	3	

Drug Name	Drug Tier	Requirements/Limits
GLUCOCOM LANCETS 30G - lancets	3	
GLUCOCOM LANCETS 33G - lancets	3	
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
GNP CLICKFINE UNIVERSAL P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	3	
GNP INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	3	
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	3	
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	3	
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	3	
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	3	
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	3	
GNP LANCETS THIN 26G - lancets	3	
GNP LANCETS 21G - lancets	3	
GNP LANCING SYSTEM DEVICE - lancet devices	3	
GNP PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
GNP PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
GNP PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
GNP PEN NEEDLES 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	3	
GNP STERILE LANCETS 28G - lancets	3	
GNP STERILE LANCETS 30G - lancets	3	
GNP STERILE LANCETS 33G - lancets	3	
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
GNP ULTICARE PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	3	

Drug Name	Drug Tier	Requirements/Limits
GNP ULTIGUARD SAFEPAK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
GNP ULTIGUARD SAFEPAK/MI - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	3	
GNP ULTIGUARD SAFEPAK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1 ml 28 x 1/2"	3	
GOJJI LANCING DEVICE/CLEA - lancet devices	3	
GOJJI STERILE LANCETS 30G - lancets	3	
GOODSENSE CLICKFINE SAFET - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
GOODSENSE COLOR LANCETS M - lancets	3	
GOODSENSE LANCETS MICRO-T - lancets	3	
GOODSENSE LANCETS ULTRA-T - lancets	3	
GOODSENSE LANCING DEVICE - lancet devices	3	
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	3	
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
H-E-B IN CONTROL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
H-E-B INCONTROL ADVANCED - lancet devices	3	
H-E-B INCONTROL LANCETS M - lancets	3	
H-E-B INCONTROL LANCETS S - lancets	3	
H-E-B INCONTROL LANCETS U - lancets	3	
H-E-B INCONTROL PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	3	
HAEMOLANCE - lancets	3	
HAEMOLANCE LOW FLOW LANCE - lancets	3	
HAEMOLANCE PLUS - lancets	3	
HAEMOLANCE PLUS HIGH FLOW - lancets	3	
HAEMOLANCE PLUS LOW FLOW - lancets	3	
HAEMOLANCE PLUS MAX FLOW - lancets	3	

Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE PLUS PEDIATRIC - lancets	3	
HEALTH CARE LANCING DEVIC - lancet devices	3	
HEALTHWISE INSULIN SYRING - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	3	
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	3	
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
HY-VEE LANCETS - lancets	3	
HY-VEE THIN LANCETS - lancets	3	
HYPODERMIC NEEDLES 18GX1- - needle (disp) 18 x 1-1/2"	3	
HYPODERMIC NEEDLES 18GX1" - needle (disp) 18 x 1"	3	
HYPODERMIC NEEDLES 20GX1- - needle (disp) 20 x 1-1/2"	3	
HYPODERMIC NEEDLES 20GX1" - needle (disp) 20 x 1"	3	
HYPODERMIC NEEDLES 21GX1- - needle (disp) 21 x 1-1/2"	3	
HYPODERMIC NEEDLES 21GX1" - needle (disp) 21 x 1"	3	
HYPODERMIC NEEDLES 22GX1- - needle (disp) 22 x 1-1/2"	3	
HYPODERMIC NEEDLES 22GX1" - needle (disp) 22 x 1"	3	
HYPODERMIC NEEDLES 23GX1- - needle (disp) 23 x 1-1/2"	3	
HYPODERMIC NEEDLES 23GX1" - needle (disp) 23 x 1"	3	
HYPODERMIC NEEDLES 25GX1- - needle (disp) 25 x 1-1/2"	3	
HYPODERMIC NEEDLES 25GX5/ - needle (disp) 25 x 5/8"	3	
HYPODERMIC NEEDLES 26GX1/ - needle (disp) 26 x 1/2"	3	
HYPODERMIC NEEDLES 27GX1- - needle (disp) 27 x 1-1/2"	3	
HYPODERMIC NEEDLES 27GX1/ - needle (disp) 27 x 1/2"	3	

Drug Name	Drug Tier	Requirements/Limits
HYPOLANCE AST LANCING KIT - lancets kit	3	
IHEALTH LANCING DEVICE - lancet devices	3	
IN TOUCH LANCING DEVICE - lancet devices	3	
IN TOUCH STERILE LANCETS - lancets	3	
INCONTROL ULTICARE MINI P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
INSULIN SYRINGE 1ML/31G X - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	3	
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	3	
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	3	
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	3	
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	3	
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	3	
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	3	
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	3	
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	3	
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	3	
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	3	
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	3	
INSULIN SYRINGES 0.3ML/31 - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	3	
INSULIN SYRINGES 0.5ML/31 - insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	3	
INSULIN SYRINGES/U-100/0. - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	3	

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES/U-100/1M - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	3	
INSUPEN 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	3	
INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
INSUPEN 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
INSUPEN 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
KINNEY LANCETS - lancets	3	
KINNEY THIN LANCETS - lancets	3	
KINRAY INSULIN SYRINGE PR - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
KINRAY INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	3	
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 0.3 ml, u-100 1/2 ml, u-100 1 ml	3	
KROGER AUTOLET LANCING DE - lancet devices	3	
KROGER HEALTHPRO TWIST LA - lancets	3	
KROGER INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	3	
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	3	
KROGER LANCETS - lancets	3	
KROGER LANCETS MICRO THIN - lancets	3	
KROGER LANCETS SUPER THIN - lancets	3	
KROGER LANCETS THIN - lancets	3	
KROGER LANCETS THIN 26G - lancets	3	
KROGER LANCETS ULTRATHIN - lancets	3	
KROGER LANCETS 21G - lancets	3	
KROGER LANCING DEVICE - lancet devices	3	
KROGER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	3	
KROGER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	

Drug Name	Drug Tier	Requirements/Limits
KROGER PEN NEEDLES 31GX1/ - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
KROGER PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
KROGER PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
KROGER PEN NEEDLES/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
LANCET DEVICE ADJUSTABLE - lancet devices	3	
LANCET DEVICE WITH EJECTO - lancet devices	3	
LANCET TRANSPORTER CASE - lancets misc.	3	
LANCETS - lancets	3	
LANCETS - BAYER ASCENCIA - lancets	3	
LANCETS MICRO THIN 33G - lancets	3	
LANCETS SUPER THIN 28G - lancets	3	
LANCETS THIN - lancets	3	
LANCETS ULTRA THIN 30G - lancets	3	
LANCETS 28G THIN - lancets	3	
LANCETS 30G - lancets	3	
LANCETS 30G TWIST TOP - lancets	3	
LANCETS 30G/TWIST TOP - lancets	3	
LANCETS 33G EXTRA FINE - lancets	3	
LANCETS 33G UNIVERSAL DES - lancets	3	
LANCING DEVICE	3	
LANZO - lancet devices	3	
LEADER ADVANCED LANCING D - lancet devices	3	
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	3	
LEADER LANCETS COLORED - lancets	3	
LEADER SUPER THIN LANCET - lancets	3	
LEADER THIN LANCETS - lancets	3	
LEADER UNIFINE PENTIPS PL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
LEADER UNIFINE PENTIPS/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
LEADER UNIFINE PENTIPS/NA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	

Drug Name	Drug Tier	Requirements/Limits
LEADER UNIFINE PENTIPS/PL - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
LIBERTY MEDICAL LANCETS 3 - lancets	3	
LIFESCAN UNISTIK 2 DEEP P - lancets	3	
LITE TOUCH LANCETS - lancets	3	
LITE TOUCH LANCING PEN - lancet devices	3	
LITETOUCH INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
LITETOUCH LANCETS MICRO T - lancets	3	
LITETOUCH PEN NEEDLES 29G - insulin pen needle 29 g x 12.7 mm (1/2")	3	
LITETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
LITETOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
LITETOUCH PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
LIVE BETTER ADVANCED LANC - lancet devices	3	
LIVE BETTER LANCET SUPER - lancets	3	
LIVE BETTER LANCET ULTRA - lancets	3	
LIVE BETTER PEN NEEDLES 2 - insulin pen needle 29 g x 12 mm (1/2")	3	
LIVE BETTER PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
LONGS INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	3	
LONGS LANCETS STANDARD - lancets	3	
LONGS LANCETS THIN - lancets	3	
LONGS LANCETS ULTRA THIN - lancets	3	
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	3	
MAGELLAN SYRINGE/HYPODERM - syringe/needle (disp) 1 ml 23 x 1"	3	
MAGELLAN TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"	3	
MARATHON MEDICAL PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	3	

Drug Name	Drug Tier	Requirements/Limits
MARATHON MEDICAL PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
MARATHON MEDICAL PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
MAXI-COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1 ml 28 x 1/2"	3	
MAXI-COMFORT SAFETY PEN N - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
MAXICOMFORT II PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
MAXICOMFORT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1 ml 27 x 1/2"	3	
MEDIC INSULIN SYRINGE/0.3 - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	3	
MEDIC INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	3	
MEDICHOICE PRE-SET SAFETY - lancets	3	
MEDICHOICE SAFETY LANCET - lancets	3	
MEDICINE SHOPPE LANCETS - lancets	3	
MEDICINE SHOPPE LANCETS T - lancets	3	
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	3	
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
MEDLANCE PLUS EXTRA LANCE - lancets	3	
MEDLANCE PLUS LANCETS LIT - lancets	3	
MEDLANCE PLUS LITE LANCET - lancets	3	
MEDLANCE PLUS SPECIAL LAN - lancets	3	
MEDLANCE PLUS SUPERLITE 3 - lancets	3	
MEDLANCE PLUS UNIVERSAL L - lancets	3	
MEDLANCE PLUS/LITE 25G - lancets	3	
MEIJER COLOR LANCETS UNIV - lancets	3	
MEIJER LANCETS - lancets	3	
MEIJER LANCETS THIN - lancets	3	
MEIJER LANCETS UNIVERSAL - lancets	3	
MEIJER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	3	
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
MEIJER SUPER THIN LANCETS - lancets	3	
MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	

Drug Name	Drug Tier	Requirements/Limits
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
MICROLET LANCETS - lancets	3	
MICROLET NEXT - lancet devices	3	
MINI LANCING DEVICE - lancet devices	3	
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
MM LANCING DEVICE - lancet devices	3	
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
MM TWIST LANCETS - lancets	3	
MONOJECT ALLERGIST TRAY/D - allergy tray kit 1 ml 27 x 1/2"	3	
MONOJECT ALLERGIST TRAY/P - allergy tray kit 1/2 ml 28 x 1/2", 1 ml 28 x 1/2"	3	
MONOJECT BLUNT CANNULA/20 - needle (disp) 20 x 1-1/2"	3	
MONOJECT BLUNT CANNULA/21 - needle (disp) 21 x 1"	3	
MONOJECT BLUNTIP SYRINGE/ - syringe (disposable) 3 ml, (disposable) 6 ml	3	
MONOJECT CONTROL SYRINGE/ - syringe (disposable) 12 ml, (disposable) 20 ml	3	
MONOJECT FILTER NEEDLE 18 - filter needle 18 x 1-1/2"	3	
MONOJECT FILTER NEEDLE/20 - filter needle 20 x 1-1/2"	3	
MONOJECT FILTER NEEDLE/5U - filter needle 18 x 1-1/2"	3	
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 14 x 1", 14 x 2", 16 x 5/8", 16 x 3/4", 16 x 1-1/2", 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 1", 25 x 5/8", 25 x 1-1/4", 25 x 2", 27 x 1/2", 27 x 1-1/4"	3	
MONOJECT HYPO/ALUM HUB/16 - needle (disp) 16 x 1"	3	
MONOJECT HYPO/ALUM HUB/18 - needle (disp) 18 x 1-1/2"	3	
MONOJECT HYPO/POLYPROPYLE - needle (disp) 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 3/4", 23 x 1", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1/2", 27 x 1/2", 30 x 3/4"	3	

Drug Name	Drug Tier	Requirements/Limits
MONOJECT HYPODERMIC NEEDL - needle (disp) 18 x 1", 27 x 1-1/2", 30 x 3/4"	3	
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	3	
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	3	
MONOJECT INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 25 x 5/8", u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	3	
MONOJECT INTRODUCER NEEDL - needle (reusable) 18 x 1-1/4"	3	
MONOJECT LIFESHIELD BLUNT - syringe/needle (disp) 3 ml 18 x 1"	3	
MONOJECT LIFESHIELD SYRIN - syringe/needle (disp) 12 ml 18 x 1"	3	
MONOJECT MAGELLAN SAFETY - needle (disp) 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 5/8", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 5/8", 23 x 1", 25 x 5/8", 25 x 1"	3	
MONOJECT MAGELLAN SYRINGE - syringe/needle (disp) 1 ml 23 x 1", 1 ml 25 x 5/8", 1 ml 25 x 1", 3 ml 20 x 1", 3 ml 20 x 1-1/2", 3 ml 21 x 1", 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1", 6 ml 18 x 1", 6 ml 20 x 1-1/2", 6 ml 21 x 1", 6 ml 21 x 1-1/2", 6 ml 22 x 1-1/2", 12 ml 18 x 1", 12 ml 20 x 1-1/2", 12 ml 21 x 1", 12 ml 21 x 1-1/2", 12 ml 22 x 1-1/2"	3	
MONOJECT MEDICATION TRANS - hypodermic needles (disposable)	3	
MONOJECT PHARMACY TRAY/LU - syringe (disposable) 3 ml, (disposable) 6 ml, (disposable) 12 ml, (disposable) 20 ml, (disposable) 35 ml, (disposable) 60 ml	3	
MONOJECT PHARMACY TRAY/RE - syringe (disposable) 1 ml	3	
MONOJECT PISTON SYRINGE/C - syringe (disposable) 140 ml	3	
MONOJECT PISTON SYRINGE/L - syringe (disposable) 140 ml	3	
MONOJECT PISTON SYRINGE/R - syringe (disposable) 140 ml	3	
MONOJECT SOFTPACK 20ML/LL - syringe (disposable) 20 ml	3	
MONOJECT SOFTPACK 20ML/LT - syringe (disposable) 20 ml	3	
MONOJECT SOFTPACK 35ML/CA - syringe (disposable) 35 ml	3	

Drug Name	Drug Tier	Requirements/Limits
MONOJECT SOFTPACK 35ML/LL - syringe (disposable) 35 ml	3	
MONOJECT SOFTPACK 35ML/RE - syringe (disposable) 35 ml	3	
MONOJECT SOFTPACK 60ML/LL - syringe (disposable) 60 ml	3	
MONOJECT SOFTPACK 60ML/RE - syringe (disposable) 60 ml	3	
MONOJECT STANDARD HYPODER - needle (disp) 14 x 1-1/2", 18 x 1", 18 x 1-1/2", 19 x 1", 19 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 1", 21 x 1-1/2", 21 x 2", 22 x 1", 22 x 1-1/2", 23 x 1", 25 x 5/8", 25 x 1", 25 x 1-1/2", 26 x 1-1/2", 27 x 1/2"	3	
MONOJECT SYRINGE PHARMACY - syringe (disposable) 1 ml	3	
MONOJECT SYRINGE 6ML - syringe (disposable) 6 ml	3	
MONOJECT SYRINGE/CATHETER - syringe (disposable) 35 ml, (disposable) 60 ml	3	
MONOJECT SYRINGE/ECCENTRI - syringe (disposable) 20 ml, (disposable) 35 ml, (disposable) 60 ml	3	
MONOJECT SYRINGE/LUER LOC - syringe (disposable) 3 ml, (disposable) 6 ml, (disposable) 20 ml, (disposable) 35 ml, (disposable) 60 ml	3	
MONOJECT SYRINGE/LUER LOC - syringe/needle (disp) 3 ml 20 x 3/4", 3 ml 20 x 1", 3 ml 20 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1", 3 ml 27 x 1-1/4", 6 ml 20 x 1-1/2", 6 ml 21 x 1", 6 ml 21 x 1-1/2"	3	
MONOJECT SYRINGE/LUER-LOC - syringe (disposable) 3 ml, (disposable) 6 ml, (disposable) 12 ml, (disposable) 60 ml, (disposable) 140 ml	3	
MONOJECT SYRINGE/LUER-LOC - syringe/needle (disp) 3 ml 21 x 1", 3 ml 21 x 1-1/2"	3	
MONOJECT SYRINGE/REG LUER - syringe (disposable) 3 ml, (disposable) 6 ml, (disposable) 12 ml, (disposable) 20 ml, (disposable) 35 ml	3	
MONOJECT SYRINGE/REGULAR - syringe (disposable) 3 ml, (disposable) 6 ml, (disposable) 60 ml	3	
MONOJECT SYRINGE/STANDARD - syringe/needle (disp) 3 ml 20 x 1", 3 ml 20 x 1-1/2", 3 ml 21 x 1", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1", 3 ml 25 x 1-1/4", 3 ml 27 x 1-1/4", 6 ml 20 x 1-1/2", 6 ml 21 x 1", 6 ml 21 x 1-1/2", 6 ml 22 x 1-1/2"	3	
MONOJECT SYRINGE/TOOMEY T - syringe (disposable) 60 ml	3	
MONOJECT SYRINGE/12ML/18G - syringe/needle (disp) 12 ml 18 x 1"	3	

Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE/12ML/20G - syringe/needle (disp) 12 ml 20 x 1-1/2"	3	
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	3	
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 28 x 1/2"	3	
MONOJECT TUBERCULIN SYRIN - syringe (disposable) 1 ml	3	
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1/2 ml 28 x 1/2", 1 ml 25 x 5/8", 1 ml 26 x 3/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	3	
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 0.3 ml 31 x 5/16"	3	
MONOJECT 1ML LUER LOCK TU - syringe (disposable) 1 ml	3	
MONOJECT 20ML SYRINGE REG - syringe (disposable) 20 ml	3	
MONOJECT 3ML SYRINGE/STAN - syringe/needle (disp) 3 ml 21 x 1-1/2"	3	
MONOLET LANCETS - lancets	3	
MONOLET OPD LANCETS - lancets	3	
MONOLETTOR SAFETY LANCETS - lancets	3	
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	3	
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	3	
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	3	
MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	3	
MULTI-LANCET DEVICE - lancet devices	3	
MULTI-LANCET DEVICE 2 - lancets kit	3	
MYGLUCOHEALTH MGH SOFTLAN - lancets	3	
NORM-JECT LUER LOCK SYRIN - syringe (disposable) 10 ml, (disposable) 20 ml	3	
NORM-JECT TUBERKULIN 1ML - syringe (disposable) 1 ml	3	
NOVA SAFETY LANCETS 23G - lancets	3	
NOVA SAFETY LANCETS 28G - lancets	3	

Drug Name	Drug Tier	Requirements/Limits
NOVA SUREFLEX LANCETS - lancets	3	
NOVA SUREFLEX LANCING DEV - lancet devices	3	
NOVOFINE PEN NEEDLE 32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	3	
NOVOFINE PLUS PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
NOVOPEN ECHO - injection device for insulin	3	
OMNIFLEX DIAPHRAGM - diaphragms	AC	AC
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	PA, QL (30 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	3	PA, QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir	3	PA, QL (30 pods/30 days)
ONETOUCH DELICA LANCETS E - lancets	3	
ONETOUCH DELICA LANCETS F - lancets	3	
ONETOUCH DELICA LANCING D - lancet devices	3	
ONETOUCH DELICA PLUS LANC - lancet devices	3	
ONETOUCH DELICA PLUS LANC - lancets	3	
ONETOUCH DELICA SAFETY LA - lancets	3	
ONETOUCH LANCETS - lancets	3	
ONETOUCH ULTRA CONTROL - blood glucose calibration - liquid	3	
ONETOUCH ULTRA CONTROL SO - blood glucose calibration - liquid	3	
ONETOUCH ULTRASOFT 2 LANC - lancets	3	
ONETOUCH VERIO LEVEL 3 CO - blood glucose calibration - liquid	3	
ONETOUCH VERIO LEVEL 4 CO - blood glucose calibration - liquid - high	3	
PC UNIFINE PENTIPS 29G X - insulin pen needle 29 g x 12 mm (1/2")	3	
PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
PEN NEEDLE/5-BEVEL TIP/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	3	
PEN NEEDLES 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	3	
PEN NEEDLES 30GX5MM - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	3	
PEN NEEDLES 30GX8MM - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	3	
PEN NEEDLES 31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
PEN NEEDLES 31GX5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
PEN NEEDLES 31GX6MM (1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
PEN NEEDLES 31GX8MM (5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
PEN NEEDLES 32G X 5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	3	
PEN NEEDLES 32G X 6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	3	
PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
PEN NEEDLES 33G X 5/32" - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
PEN NEEDLES/29G X 1/2" - insulin pen needle 29 g x 12 mm (1/2")	3	
PEN NEEDLES/31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
PEN NEEDLES/31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
PEN NEEDLES/31G X 5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
PEN NEEDLES/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES/32G X 5/32" - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
PENTIPS GENERIC PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	3	
PENTIPS GENERIC PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
PENTIPS GENERIC PEN NEEDL - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	3	
PENTIPS 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	3	
PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	3	
PENTIPS 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
PENTIPS 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
PERFECT LANCETS 30G - lancets	3	
PERFECT POINT SAFETY LANC - lancets	3	
PERFECT POINT SAFTEY NEED - needle (disp) 25 x 1"	3	
PERFECT PRESSURE ACTIVATE - lancets	3	
PHARMACIST CHOICE SELECT - lancets	3	
PHARMACIST CHOICE ULTRA T - lancets	3	
PHARMACY COUNTER LANCETS - lancets	3	
PIP LANCETS/28G - lancets	3	
PIP LANCETS/30G - lancets	3	
PIP PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
PIP PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
POLY HUB NEEDLE/18G X 1-1 - needle (disp) 18 x 1-1/2"	3	
POLY HUB NEEDLE/18G X 1" - needle (disp) 18 x 1"	3	
POLY HUB NEEDLE/21G X 1-1 - needle (disp) 21 x 1-1/2"	3	
POLY HUB NEEDLE/21G X 1" - needle (disp) 21 x 1"	3	

Drug Name	Drug Tier	Requirements/Limits
POLY HUB NEEDLE/22G X 1-1 - needle (disp) 22 x 1-1/2"	3	
POLY HUB NEEDLE/22G X 1" - needle (disp) 22 x 1"	3	
POLY HUB NEEDLE/23G X 1-1 - needle (disp) 23 x 1-1/2"	3	
POLY HUB NEEDLE/23G X 1" - needle (disp) 23 x 1"	3	
POLY HUB NEEDLE/25G X 1-1 - needle (disp) 25 x 1-1/2"	3	
POLY HUB NEEDLE/25G X 1" - needle (disp) 25 x 1"	3	
POLY HUB NEEDLE/25G X 5/8 - needle (disp) 25 x 5/8"	3	
POLY HUB NEEDLE/27G X 1-1 - needle (disp) 27 x 1-1/4"	3	
POLY HUB NEEDLE/27G X 1/2 - needle (disp) 27 x 1/2"	3	
POLY HUB NEEDLE/30G X 1/2 - needle (disp) 30 x 1/2"	3	
PRECISION SURE-DOSE INSUL - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	3	
PREFERRED PLUS INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	3	
PREFERRED PLUS LANCETS CO - lancets	3	
PREFERRED PLUS LANCETS SU - lancets	3	
PREFERRED PLUS LANCETS TH - lancets	3	
PREFERRED PLUS UNIFINE PE - insulin pen needle 29 g x 12 mm (1/2")	3	
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
PREVENT DROPSAFE SAFETY P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
PREVENT SAFETY PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
PRO COMFORT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	3	
PRO COMFORT LANCETS 30G - lancets	3	
PRO COMFORT LANCETS 31G - lancets	3	
PRO COMFORT PEN NEEDLES/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
PRO COMFORT PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
PRO COMFORT SAFETY LANCET - lancets	3	
PRODIGY INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	3	
PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 28 x 1/2"	3	

Drug Name	Drug Tier	Requirements/Limits
PRODIGY LANCING DEVICE - lancet devices	3	
PRODIGY PRESSURE ACTIVATE - lancets	3	
PRODIGY SAFETY LANCETS - lancets	3	
PRODIGY TWIST TOP LANCETS - lancets	3	
PURE COMFORT LANCETS 30G - lancets	3	
PURE COMFORT PEN NEEDLE 3 - insulin pen needle 32 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
PURE COMFORT PEN NEEDLE/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	3	
PURE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
PURE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
PX ADVANCED LANCING DEVIC - lancet devices	3	
PX EXTRA SHORT PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
PX INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	3	
PX LANCETS MICROTHIN 33G - lancets	3	
PX LANCETS ULTRA THIN - lancets	3	
PX LANCETS ULTRA THIN 28G - lancets	3	
PX MINI PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
PX PEN NEEDLE 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	3	
PX PEN NEEDLE 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
QC ADVANCED LANCING DEVIC - lancet devices	3	
QC INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	3	
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2"	3	
QC INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	3	
QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	3	
QC LANCETS SUPER THIN - lancets	3	
QC LANCETS ULTRA THIN - lancets	3	
QC PEN NEEDLES 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	3	
QC PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
QC PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	

Drug Name	Drug Tier	Requirements/Limits
QC UNIFINE PENTIPS 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
QC UNILET LANCETS 28G/ULT - lancets	3	
QC UNILET LANCETS 33G/MIC - lancets	3	
QUICK TOUCH INSULIN PEN N - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	3	
RA E-ZJECT LANCETS THIN 2 - lancets	3	
RA E-ZJECT LANCETS ULTRA - lancets	3	
RA E-ZJECT LANCETS 28G - lancets	3	
RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16"	3	
RA INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	3	
RA INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	3	
RA PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
RA PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
RAYA SURE PEN NEEDLE 29G - insulin pen needle 29 g x 12 mm (1/2")	3	
RAYA SURE PEN NEEDLE 31G - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
READYLANCE SAFETY LANCETS - lancets	3	
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2"	3	
REALITY LANCETS - lancets	3	
REALITY TRIGGER LANCETS - lancets	3	
RELION INSULIN SYRINGE 0. - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	3	
RELION INSULIN SYRINGE 1M - insulin syringe/needle u-100 1 ml 31 x 15/64"	3	
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	3	
RELION LANCETS - lancets	3	
RELION LANCETS MICRO-THIN - lancets	3	
RELION LANCETS THIN 26G - lancets	3	
RELION LANCETS ULTRA-THIN - lancets	3	
RELION LANCING DEVICE - lancet devices	3	
RELION LANCING DEVICE - lancets kit	3	

Drug Name	Drug Tier	Requirements/Limits
RELION MINI PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
RELION PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	3	
RELION PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
RELION PEN NEEDLES 31GX5/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
RELION PEN NEEDLES 31GX6M - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
RELION PEN NEEDLES 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
RELION PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
RELION PEN NEEDLES 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
RELION PEN NEEDLES/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
RELION SHORT PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
RELION THIN LANCETS - lancets	3	
RELION ULTRA THIN LANCETS - lancets	3	
RELION ULTRA THIN PLUS LA - lancets	3	
RELION 2-IN-1 LANCET DEV - lancets	3	
RELION 2-IN-1 LANCING DEV - lancets	3	
REXALL LANCETS ULTRA THIN - lancets	3	
RIGHTEST GD-L500 ALTERNAT - lancets misc.	3	
RIGHTEST GD500 LANCING DE - lancet devices	3	
RIGHTEST GL300 LANCETS - lancets	3	
SAFETY LANCET 30G/PRESSUR - lancets	3	
SAFETY LANCETS - lancets	3	
SAFETY LANCETS 21G - lancets	3	
SAFETY LANCETS 23G - lancets	3	
SAFETY LANCETS 28G - lancets	3	
SAFETY LANCETS/PRESSURE A - lancets	3	
SAFETY PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
SAPS HEALTH CARE TWIST TO - lancets	3	
SAPS HEALTH PLUS TWIST TO - lancets	3	
SAPS HEALTH TWIST TOP LAN - lancets	3	
SAPSCARE TWIST TOP LANCET - lancets	3	

Drug Name	Drug Tier	Requirements/Limits
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	3	
SB LANCETS THIN - lancets	3	
SB LANCETS ULTRA THIN - lancets	3	
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	3	
SECURESAFE SAFETY HYPODER - needle (disp) 19 x 1", 19 x 1-1/2", 21 x 1-1/2", 22 x 1", 25 x 1-1/2", 26 x 1/2", 27 x 1/2"	3	
SECURESAFE SAFETY INSULIN - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	3	
SECURESAFE SAFETY PEN NEE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	3	
SECURESAFE SYRINGE/NEEDLE - syringe/needle (disp) 1 ml 25 x 1-1/2", 1 ml 27 x 1/2", 3 ml 20 x 1", 3 ml 20 x 1-1/2", 3 ml 21 x 1-1/2", 3 ml 22 x 1-1/2", 3 ml 25 x 5/8"	3	
SELECT-LITE DEVICE/LANCET - lancets kit	3	
SELECT-LITE LANCING DEVIC - lancet devices	3	
SIMPLE DIAGNOSTICS LANCIN - lancet devices	3	
SINGLE-LET - lancets	3	
SM MICRO THIN LANCETS 33G - lancets	3	
SM TRUEDRAW LANCING DEVIC - lancet devices	3	
SMART DIABETES VANTAGE LA - lancet devices	3	
SMART SENSE COLOR LANCETS - lancets	3	
SMART SENSE STANDARD LANC - lancets	3	
SMART SENSE SUPER THIN LA - lancets	3	
SMART SENSE THIN LANCETS - lancets	3	
SMARTEST LANCETS 28G - lancets	3	
SOLUS V2 LANCING DEVICE - lancet devices	3	
SOLUS V2 PRESSURE ACTIVAT - lancets	3	
SOLUS V2 TWIST LANCETS 30 - lancets	3	
STERILANCE TL - lancets	3	
SUPER THIN LANCETS - lancets	3	
SURE COMFORT AUTOKEEPER S - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
SURE COMFORT AUTOKEEPER S - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
SURE COMFORT INSULIN SYRI - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6	3	

Drug Name	Drug Tier	Requirements/Limits
mm), u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"		
SURE COMFORT LANCETS 18G - lancets	3	
SURE COMFORT LANCETS 21G - lancets	3	
SURE COMFORT LANCETS 23G - lancets	3	
SURE COMFORT LANCETS 28G - lancets	3	
SURE COMFORT LANCETS 30G - lancets	3	
SURE COMFORT LANCING PEN - lancet devices	3	
SURE COMFORT PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	3	
SURE COMFORT PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	3	
SURE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
SURE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	3	
SURELITE LANCETS - lancets	3	
SYRINGE/HYPODERMIC SAFETY - syringe/needle (disp) 12 ml 18 x 1"	3	
SYRINGE/LUER LOCK/10ML - syringe (disposable) 10 ml	3	
SYRINGE/LUER LOCK/10ML/21 - syringe/needle (disp) 10 ml 21 x 1"	3	
SYRINGE/LUER LOCK/20ML - syringe (disposable) 20 ml	3	
SYRINGE/LUER LOCK/3ML - syringe (disposable) 3 ml	3	
SYRINGE/LUER LOCK/3ML/20G - syringe/needle (disp) 3 ml 20 x 1", 3 ml 20 x 1-1/2"	3	
SYRINGE/LUER LOCK/3ML/21G - syringe/needle (disp) 3 ml 21 x 1", 3 ml 21 x 1-1/2"	3	
SYRINGE/LUER LOCK/3ML/22G - syringe/needle (disp) 3 ml 22 x 1", 3 ml 22 x 1-1/2"	3	
SYRINGE/LUER LOCK/3ML/23G - syringe/needle (disp) 3 ml 23 x 1", 3 ml 23 x 1-1/2"	3	
SYRINGE/LUER LOCK/3ML/25G - syringe/needle (disp) 3 ml 25 x 5/8", 3 ml 25 x 1", 3 ml 25 x 1-1/2"	3	
SYRINGE/LUER LOCK/5ML - syringe (disposable) 5 ml	3	
SYRINGE/LUER LOCK/5ML/20G - syringe/needle (disp) 5 ml 20 x 1-1/2"	3	
SYRINGE/LUER LOCK/60ML - syringe (disposable) 60 ml	3	
SYRINGE/LUER SLIP/1ML - syringe (disposable) 1 ml	3	
SYRINGE/LUER SLIP/1ML/25G - syringe/needle (disp) 1 ml 25 x 5/8"	3	
SYRINGE/LUER SLIP/1ML/26G - syringe/needle (disp) 1 ml 26 x 3/8"	3	

Drug Name	Drug Tier	Requirements/Limits
SYRINGE/LUER SLIP/1ML/27G - syringe/needle (disp) 1 ml 27 x 1/2"	3	
SYRINGE/LUER SLIP/10ML - syringe (disposable) 10 ml	3	
SYRINGE/LUER SLIP/3ML - syringe (disposable) 3 ml	3	
SYRINGE/LUER SLIP/35ML - syringe (disposable) 35 ml	3	
SYRINGE/LUER SLIP/5ML - syringe (disposable) 5 ml	3	
SYRINGE/LUER SLIP/60ML - syringe (disposable) 60 ml	3	
SYRINGES/LUER LOCK/WITHOU - syringe (disposable) 3 ml, (disposable) 5 ml, (disposable) 10 ml, (disposable) 20 ml, (disposable) 30 ml, (disposable) 60 ml	3	
SYRINGES/LUER LOCK/1ML/20 - syringe/needle (disp) 3 ml 20 x 1"	3	
SYRINGES/LUER LOCK/10ML/2 - syringe/needle (disp) 10 ml 20 x 1", 10 ml 20 x 1-1/2", 10 ml 21 x 1", 10 ml 22 x 1", 10 ml 22 x 1-1/2"	3	
SYRINGES/LUER LOCK/5ML/20 - syringe/needle (disp) 5 ml 20 x 1", 5 ml 20 x 1-1/2"	3	
SYRINGES/LUER LOCK/5ML/21 - syringe/needle (disp) 5 ml 21 x 1", 5 ml 21 x 1-1/2"	3	
SYRINGES/LUER LOCK/5ML/22 - syringe/needle (disp) 5 ml 22 x 1-1/2"	3	
SYRINGES/LUER SLIP/WITHOU - syringe (disposable) 1 ml	3	
SYRINGES/LUER SLIP/1ML/25 - syringe/needle (disp) 1 ml 25 x 5/8"	3	
TECHLITE AST LANCETS - lancets	3	
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	3	
TECHLITE LANCETS - lancets	3	
TECHLITE LANCETS 26G - lancets	3	
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 12 mm (1/2")	3	
TECHLITE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	3	
TECHLITE PLUS PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
TGT ADVANCED LANCING DEVI - lancet devices	3	
TGT LANCET ALTERNATE SITE - lancets	3	
TGT LANCET MICRO THIN 33G - lancets	3	

Drug Name	Drug Tier	Requirements/Limits
TGT LANCET SUPER THIN 30G - lancets	3	
TGT LANCET THIN 23G - lancets	3	
TGT LANCET THIN 26G - lancets	3	
TGT LANCET ULTRA THIN 28G - lancets	3	
TGT LANCET ULTRA THIN 30G - lancets	3	
TGT LANCING DEVICE - lancet devices	3	
TODAYS HEALTH ADVANCED LA - lancet devices	3	
TODAYS HEALTH ORIGINAL PE - insulin pen needle 29 g x 12 mm (1/2")	3	
TODAYS HEALTH SHORT PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
TODAYS HEALTH SUPER THIN - lancets	3	
TODAYS HEALTH ULTRA THIN - lancets	3	
TOOMEY SYRINGE - syringe (disposable) 70 ml	3	
TOPCARE CLICKFINE UNIVERS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
TOPCARE LANCETS MICRO-THI - lancets	3	
TOPCARE ULTRA COMFORT INS - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
TRAVEL LANCETS ADVANCED 2 - lancets	3	
TRUE COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	3	
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	3	
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
TRUE COMFORT SAFETY INSUL - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100	3	

Drug Name	Drug Tier	Requirements/Limits
1/2 ml 30 x 1/2", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"		
TRUE COMFORT SAFETY LANCE - lancets	3	
TRUE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
TRUE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
TRUE COMFORT TWIST TOP LA - lancets	3	
TRUEDRAW LANCING DEVICE - lancet devices	3	
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	3	
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
TRUEPLUS LANCETS 26G - lancets	3	
TRUEPLUS LANCETS 28G - lancets	3	
TRUEPLUS LANCETS 28G SUPE - lancets	3	
TRUEPLUS LANCETS 30G - lancets	3	
TRUEPLUS LANCETS 30G ULTR - lancets	3	
TRUEPLUS LANCETS 33G - lancets	3	
TRUEPLUS LANCETS 33G MICR - lancets	3	
TRUEPLUS SAFETY LANCETS 2 - lancets	3	
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	3	
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
TWIST TOP LANCETS 30G - lancets	3	
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	3	
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	3	
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
ULTICARE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	

Drug Name	Drug Tier	Requirements/Limits
ULTICARE MICRO PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
ULTICARE MICRO PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
ULTICARE MINI PEN NEEDLES - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
ULTICARE MINI PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	3	
ULTICARE MINI SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	3	
ULTICARE ORIGINAL PEN NEE - insulin pen needle 29 g x 12.7 mm (1/2")	3	
ULTICARE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
ULTICARE PEN NEEDLES/29G - insulin pen needle 29 g x 12.7 mm (1/2")	3	
ULTICARE SHORT PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
ULTICARE SHORT SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	3	
ULTICARE SYRINGE/LOW DEAD - syringe/needle (disp) 1 ml 22 g x 1-1/2"	3	
ULTICARE SYRINGE/LOW DEAD - syringe/needle (disp) 3 ml 22 x 1-1/2"	3	
ULTICARE TUBERCULIN SAFET - syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 27 x 5/8", 1 ml 28 x 1/2"	3	
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1"	3	
ULTICARE U-100 INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm)	3	
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	3	
ULTIGUARD SAFEPACK INSULI - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
ULTIGUARD SAFEPACK MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
ULTIGUARD SAFEPACK PEN NE - insulin pen needle 29 g x 12.7 mm (1/2")	3	
ULTIGUARD SAFEPACK/MICRO - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	3	
ULTIGUARD SAFEPACK/SHORT - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
ULTIGUARD SAFEPACK/SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	3	
ULTIGUARD SAFEPACK/TINY P - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	3	
ULTILET CLASSIC LANCETS - lancets	3	
ULTILET LANCETS - lancets	3	
ULTILET LANCETS 33G - lancets	3	
ULTILET PEN NEEDLE 29GX12 - insulin pen needle 29 g x 12.7 mm (1/2")	3	
ULTILET PEN NEEDLE 31GX5M - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
ULTILET PEN NEEDLE 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
ULTILET PEN NEEDLE 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
ULTILET SAFETY LANCETS 21 - lancets	3	
ULTILET SAFETY LANCETS 23 - lancets	3	
ULTILET SHORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
ULTRA COMFORT INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	3	
ULTRA FLO INSULIN PEN NEE - insulin pen needle 29 g x 12 mm (1/2")	3	
ULTRA FLO INSULIN PEN NEE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
ULTRA FLO INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
ULTRA FLO INSULIN PEN NEE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
ULTRA FLO INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
ULTRA INSULIN SYRINGE/U-1 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	3	
ULTRA THIN LANCETS 28G - lancets	3	
ULTRA THIN LANCETS 31G - lancets	3	
ULTRA THIN PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	

Drug Name	Drug Tier	Requirements/Limits
ULTRA-CARE LANCETS 30G - lancets	3	
ULTRA-THIN II AUTO LANCET - lancets	3	
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
ULTRA-THIN II LANCETS 28G - lancets	3	
ULTRA-THIN II LANCETS 30G - lancets	3	
ULTRA-THIN II MINI PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
ULTRA-THIN II PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	3	
ULTRA-THIN II PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
ULTRACARE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	3	
ULTRACARE PEN NEEDLES/33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
UNIFINE PENTIPS PLUS 29GX - insulin pen needle 29 g x 12 mm (1/2")	3	
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
UNIFINE PENTIPS PLUS 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
UNIFINE PENTIPS PLUS 33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
UNIFINE PENTIPS PLUS 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
UNIFINE PENTIPS PLUS/30G - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	3	
UNIFINE PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	3	
UNIFINE PENTIPS 31G X 3/1 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
UNIFINE PENTIPS 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
UNIFINE PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
UNIFINE PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
UNIFINE PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
UNIFINE PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
UNIFINE PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	3	
UNIFINE PENTIPS 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
UNIFINE PENTIPS/30G X 3/1 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	3	
UNIFINE PROTECT SAFETY PE - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
UNIFINE PROTECT SAFETY PE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
UNIFINE SAFECONTROL PEN N - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
UNIFINE SAFECONTROL PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
UNIFINE SAFECONTROL PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
UNILET COMFORTOUCH LANCET - lancets	3	
UNILET EXCELITE - lancets	3	
UNILET EXCELITE II - lancets	3	
UNILET G.P. LANCET - lancets	3	
UNILET G.P. SUPERLITE LAN - lancets	3	
UNILET GP 28 ULTRA THIN - lancets	3	
UNILET LANCET - lancets	3	
UNILET LANCETS MICRO-THIN - lancets	3	
UNILET LANCETS SUPER-THIN - lancets	3	
UNILET LANCETS ULTRA-THIN - lancets	3	
UNILET SUPERLITE LANCET - lancets	3	
UNISTIK CZT COMFORT - lancets	3	

Drug Name	Drug Tier	Requirements/Limits
UNISTIK CZT NORMAL - lancets	3	
UNISTIK NORMAL - lancets	3	
UNISTIK PRO SAFETY LANCET - lancets	3	
UNISTIK SAFETY LANCETS 28 - lancets	3	
UNISTIK SAFETY LANCETS 30 - lancets	3	
UNISTIK TOUCH SAFETY LANC - lancets	3	
UNISTIK 1 - lancets misc.	3	
UNISTIK 1 - lancets	3	
UNISTIK 2 - lancets misc.	3	
UNISTIK 2 - lancets	3	
UNISTIK 2 COMFORT - lancets	3	
UNISTIK 2 EXTRA - lancets misc.	3	
UNISTIK 2 EXTRA - lancets	3	
UNISTIK 2 NEONATAL - lancets	3	
UNISTIK 2 NORMAL - lancets	3	
UNISTIK 2 SUPER - lancets misc.	3	
UNISTIK 2 SUPER - lancets	3	
UNISTIK 3 - lancets misc.	3	
UNISTIK 3 - lancets	3	
UNISTIK 3 COMFORT - lancets	3	
UNISTIK 3 EXTRA - lancets	3	
UNISTIK 3 GENTLE - lancets	3	
UNISTIK 3 NEONATAL - lancets	3	
UNISTIK 3 NORMAL - lancets	3	
UNIVERSAL 1 LANCETS THIN - lancets	3	
UNIVERSAL 1 LANCETS ULTRA - lancets	3	
UNIVERSAL 1 LANCETS/33G/M - lancets	3	
VALUE HEALTH INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	3	
VALUE PLUS LANCETS STANDA - lancets	3	
VALUE PLUS LANCETS SUPER - lancets	3	
VALUE PLUS LANCETS THIN 2 - lancets	3	
VALUE PLUS LANCING DEVICE - lancet devices	3	
VALUMARK LANCET SUPER THI - lancets	3	
VALUMARK LANCET ULTRA THI - lancets	3	
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	3	
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
VANISHPOINT ALLERGY SYRIN - allergy tray kit 1 ml 27 x 1/2"	3	

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 3/16" (5 mm), u-100 0.5 ml 30 x 3/16" (5 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16"	3	
VANISHPOINT SAFETY SYRINGE - syringe/needle (disp) 3 ml 20 x 1", 3 ml 20 x 1-1/2", 3 ml 21 x 1", 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 5/8", 3 ml 25 x 1", 3 ml 25 x 1-1/2", 5 ml 21 x 1", 5 ml 21 x 1-1/2", 5 ml 22 x 1-1/2", 10 ml 21 x 1-1/2"	3	
VANISHPOINT SYRINGE/1ML/2 - syringe/needle (disp) 1 ml 25 x 1"	3	
VANISHPOINT SYRINGE/10ML/ - syringe/needle (disp) 10 ml 21 x 1-1/2"	3	
VANISHPOINT SYRINGE/3ML/2 - syringe/needle (disp) 3 ml 20 x 1", 3 ml 20 x 1-1/2", 3 ml 21 x 1", 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 5/8", 3 ml 25 x 1", 3 ml 25 x 1-1/2"	3	
VANISHPOINT SYRINGE/5ML/2 - syringe/needle (disp) 5 ml 21 x 1-1/2"	3	
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"	3	
VERIFINE INSULIN PEN NEED - insulin pen needle 29 g x 12 mm (1/2")	3	
VERIFINE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
VERIFINE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	3	
VERIFINE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
VERIFINE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	3	
VERIFINE PLUS INSULIN PEN - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	3	
VERIFINE PLUS INSULIN PEN - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
VERIFINE PLUS PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
VERIFINE SAFETY LANCET MI - lancets	3	
VERIFINE UNIVERSAL LANCET - lancets	3	
VIVAGUARD LANCETS - lancets	3	
VIVAGUARD LANCETS 30G - lancets	3	

Drug Name	Drug Tier	Requirements/Limits
VIVAGUARD LANCING DEVICE - lancet devices	3	
VIVAGUARD SAFETY LANCETS - lancets	3	
VIVAGUARD SAFETY LANCETS/ - lancets	3	
VP INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	3	
WALGREENS COMFORT ASSURED - lancets	3	
WALGREENS LANCETS - lancets	3	
WALGREENS THIN LANCETS - lancets	3	
WALGREENS ULTRA THIN LANC - lancets	3	
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	AC	AC
YALE NEEDLES 21G X 1-1/4" - needle (disp) 21 x 1-1/4"	3	
ZEV RX INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2"	3	
ZEV RX INSULIN SYRINGE/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2"	3	
ZEV RX PEN NEEDLES 31G X 5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	3	
ZEV RX PEN NEEDLES 31G X 6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	3	
ZEV RX PEN NEEDLES 31G X 8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	3	
ZEV RX PEN NEEDLES 32G X 4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	3	
ZEV RX TWIST TOP LANCETS 3 - lancets	3	
1ML VANISHPOINT TUBERCULI - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1", 1 ml 27 x 1/2"	3	
1ST CHOICE LANCETS SUPER - lancets	3	
1ST CHOICE LANCETS THIN - lancets	3	
1ST CHOICE LANCETS ULTRA - lancets	3	
1ST TIER UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	3	
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	3	
1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	3	

Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNIFINE PENTIPS - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	3	
10ML SYRINGE ECCENTRIC TI - syringe (disposable) 10 ml	3	
10ML SYRINGE LUER-LOK TIP - syringe (disposable) 10 ml	3	
3ML LUER LOCK SAFETY SYRI - syringe (disposable) 3 ml	3	
3ML LUER LOCK SAFETY SYRI - syringe/needle (disp) 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1"	3	
30ML SYRINGES LUER LOCK - syringe (disposable) 30 ml	3	
ASSORTED CLASSES		
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	4	
azathioprine tab 50 mg (Imuran)	2	
azathioprine tab 75 mg, 100 mg	2	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	6	LD, PA, QL (4 syringes/28 days), SP
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	6	LD, PA, QL (4 syringes/28 days), SP
cyclosporine cap 25 mg, 100 mg (Sandimmune)	2	
cyclosporine modified cap 25 mg, 100 mg (Neoral)	2	
cyclosporine modified cap 50 mg	2	
cyclosporine modified oral soln 100 mg/ml (Neoral)	2	
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	6	LD, PA, QL (1 syringe/28 days), SP
ENVARUSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	4	
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	2	
JOENJA - leniolisib phosphate tab 70 mg	6	LD, PA, QL (60 tablets/30 days), SP
lenalidomide caps 2.5 mg (Revlimid)	5	PA, QL (30 capsules/30 days), SP
lenalidomide cap 5 mg, 10 mg (Revlimid)	5	PA, QL (30 capsules/30 days), SP
lenalidomide cap 15 mg, 20 mg, 25 mg (Revlimid)	5	PA, QL (21 capsules/28 days), SP
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	3	
LUPKYNIS - voclosporin cap 7.9 mg	6	LD, PA, QL (180 tablets/30 days), SP
mycophenolate mofetil cap 250 mg (Cellcept)	2	
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	2	
mycophenolate mofetil tab 500 mg (Cellcept)	2	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	2	
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
NEORAL - cyclosporine modified cap 25 mg, 100 mg	4	
NEORAL - cyclosporine modified oral soln 100 mg/ml	4	
penicillamine tab 250 mg (Depen titratabs)	5	SP
PROGRAF - tacrolimus cap 0.5 mg, 1 mg, 5 mg	4	
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	4	
REVLIMID - lenalidomide caps 2.5 mg	5	LD, PA, QL (30 capsules/30 days), SP
REVLIMID - lenalidomide cap 5 mg, 10 mg	5	LD, PA, QL (30 capsules/30 days), SP
REVLIMID - lenalidomide cap 15 mg, 20 mg, 25 mg	5	LD, PA, QL (21 capsules/28 days), SP
REZUROCK - belumosudil mesylate tab 200 mg	6	LD, PA, QL (30 tablets/30 days), SP
SANDIMMUNE - cyclosporine cap 25 mg, 100 mg	4	
sirolimus oral soln 1 mg/ml (Rapamune)	2	
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	2	
sodium polystyrene sulfonate powder	2	
sodium polystyrene sulfonate susp 15 gm/60ml	2	
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	2	
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	2	
THALOMID - thalidomide cap 50 mg	5	LD, PA, QL (90 capsules/30 days), SP
THALOMID - thalidomide cap 100 mg	5	LD, PA, QL (120 tablets/30 days), SP
trientine hcl cap 250 mg (Syprine)	5	SP
VELTASSA - patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	3	
VIJOICE - alpelisib (pros) oral granules packet 50 mg	6	PA, QL (28 packets/28 days), SP
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BRILINTA.....	74	calcitonin (salmon) nasal soln 200 unit/act.....	30
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso).....	81	CALCITRIOL.....	82
brimonidine tartrate ophth soln 0.2%.....	77	calcitriol cap 0.25 mcg (Rocaltrol).....	30
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan).....	77	calcitriol cap 0.5 mcg (Rocaltrol).....	30
brinzolamide ophth susp 1% (Azopt).....	77	calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	47
BRIVIACT.....	65	calcium acetate (phosphate binder) tab 667 mg.....	47
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....	77		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel).....	69		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel).....	69		
BRUKINSA.....	14		

CALQUENCE.....	14	CARESENS LANCETS.....	95
CAMZYOS.....	39	CARETOUCH CATHETER TIP 60.....	95
candesartan cilexetil-hydrochlorothiazide tab 16-12.5		CARETOUCH HYPODERMIC NEED.....	95
mg, 32-12.5 mg, 32-25 mg (Atacand hct).....	36	CARETOUCH INSULIN SYRINGE.....	95
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg		CARETOUCH LANCING DEVICE.....	95
(Atacand).....	36	CARETOUCH LUER LOCK 3ML/2.....	95
capecitabine tab 150 mg, 500 mg (Xeloda).....	14	CARETOUCH LUER LOCK SYRIN.....	95
CAPRELSA.....	14	CARETOUCH LUER SLIP SYRIN.....	95
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	36	CARETOUCH PEN NEEDLE 29GX.....	95
CAPVAXIVE.....	10	CARETOUCH PEN NEEDLE 33GX.....	95
CARBAMAZEPINE.....	65	CARETOUCH PEN NEEDLES 31.....	95
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg		CARETOUCH PEN NEEDLES 31G.....	95
(Carbatrol).....	65	CARETOUCH PEN NEEDLES 32G.....	95
carbamazepine chew tab 100 mg.....	65	CARETOUCH SAFETY LANCETS/.....	95
carbamazepine susp 100 mg/5ml (Tegretol).....	65	CARETOUCH TWIST LANCETS 2.....	95
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg		CARETOUCH TWIST LANCETS 3.....	96
(Tegretol-xr).....	65	CARETOUCH TWIST LANCETS M.....	95
carbamazepine tab 200 mg (Tegretol).....	65	carglumic acid soluble tab 200 mg (Carbaglu).....	30
CARBATROL.....	66	carisoprodol tab 250 mg (Soma).....	70
CARBIDOPA/LEVODOPA ODT.....	69	carisoprodol tab 350 mg (Soma).....	70
carbidopa & levodopa tab er 25-100 mg, 50-200		CARTEOLOL HCL.....	77
mg.....	69	carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	
carbidopa & levodopa tab 25-250 mg.....	69	(Coreg).....	33
carbidopa & levodopa tab 10-100 mg (Sinemet).....	69	CAVERJECT IMPULSE.....	39
carbidopa & levodopa tab 25-100 mg (Sinemet).....	69	CAYA.....	96
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg		CAYSTON.....	9
(Stalevo 50).....	69	CEFACTOR.....	1
carbidopa-levodopa-entacapone tabs 18.75-75-200		CEFADROXIL.....	1
mg (Stalevo 75).....	69	cefadroxil cap 500 mg.....	1
carbidopa-levodopa-entacapone tabs 25-100-200 mg		cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	1
(Stalevo 100).....	69	cefdinir cap 300 mg.....	1
carbidopa-levodopa-entacapone tabs 31.25-125-200		cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	1
mg (Stalevo 125).....	69	cefixime for susp 100 mg/5ml, 200 mg/5ml	
carbidopa-levodopa-entacapone tabs 37.5-150-200		(Suprax).....	1
mg (Stalevo 150).....	69	cefpodoxime proxetil for susp 50 mg/5ml, 100	
carbidopa-levodopa-entacapone tabs 50-200-200 mg		mg/5ml.....	1
(Stalevo 200).....	69	cefpodoxime proxetil tab 100 mg, 200 mg.....	1
carbidopa tab 25 mg (Lodosyn).....	69	cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	1
carbinoxamine maleate tab 4 mg.....	41	cefprozil tab 250 mg.....	1
carbonyl iron susp 15 mg/1.25ml (elemental iron).....	72	cefprozil tab 500 mg.....	1
CARDIOCOM LANCING DEVICE.....	94	cefuroxime axetil tab 250 mg, 500 mg.....	1
CAREFINE PEN NEEDLE 32GX4.....	94	celecoxib cap 50 mg, 100 mg, 200 mg (Celebrex).....	62
CAREFINE PEN NEEDLES 29GX.....	94	celecoxib cap 400 mg (Celebrex).....	62
CAREFINE PEN NEEDLES 30GX.....	94	cephalexin cap 250 mg, 500 mg.....	2
CAREFINE PEN NEEDLES 31GX.....	94	cephalexin cap 750 mg (Keflex).....	2
CAREFINE PEN NEEDLES 32GX.....	94	cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	2
CAREONE ADVANCED LANCING.....	94	CERDELGA.....	72
CAREONE INSULIN SYRINGES/.....	94	CERVIDIL.....	30
CAREONE LANCET SUPER THIN.....	94	cevimeline hcl cap 30 mg (Evoxac).....	80
CAREONE LANCET THIN.....	94	CHEMET.....	85
CAREONE LANCET ULTRA THIN.....	94	CHENODAL.....	47
CAREONE UNIFINE PENTIPS P.....	94	CHLORDIAZEPOXIDE/AMITRIPT.....	56
CAREPOINT PRECISION POLY.....	94	chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg.....	50
CAREPOINT PRECISION SYRIN.....	95	chlorhexidine gluconate soln 0.12% (Peridex).....	80
CAREPOINT SAFETY 1ST NEED.....	95	chloroquine phosphate tab 250 mg, 500 mg.....	8
CAREPOINT SAFETY 1ST SYRI.....	95	chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg,	
CAREPOINT SYRINGE/LUER LO.....	95	200 mg.....	52

chlorthalidone tab 25 mg, 50 mg.....	38	clindamycin phosphate swab 1%.....	82
chlorzoxazone tab 500 mg.....	70	clindamycin phosphate vaginal cream 2% (Cleocin).....	49
cholecalciferol cap 1.25 mg (50000 unit).....	70	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....	82
cholestyramine light powder 4 gm/dose (Questran light).....	38	CLINDESSE.....	49
cholestyramine powder 4 gm/dose (Questran).....	38	clobazam suspension 2.5 mg/ml (Onfi).....	66
CHOSEN LANCETS 30G.....	96	clobazam tab 10 mg, 20 mg (Onfi).....	66
CHOSEN LANCING DEVICE.....	96	clobetasol propionate cream 0.05% (Temovate).....	82
CHOSEN SAFETY LANCETS 28G.....	96	clobetasol propionate emollient base cream 0.05%.....	82
CIBINQO.....	82	clobetasol propionate gel 0.05%.....	82
ciclopirox gel 0.77%.....	82	clobetasol propionate oint 0.05% (Temovate).....	82
ciclopirox olamine cream 0.77% (base equiv) (Loprox).....	82	clobetasol propionate soln 0.05%.....	82
ciclopirox olamine susp 0.77% (base equiv).....	82	clocortolone pivalate cream 0.1% (Cloderm).....	82
ciclopirox shampoo 1% (Loprox shampoo).....	82	clomiphene citrate tab 50 mg.....	31
ciclopirox solution 8% (Penlac Nail Lacquer).....	82	clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil).....	51
cilostazol tab 50 mg, 100 mg.....	74	clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	66
CIMDUO.....	4	clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin).....	66
cimetidine hcl soln 300 mg/5ml.....	45	clonidine hcl tab er 12hr 0.1 mg (Kapvay).....	55
CIMZIA.....	47	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	36
CIMZIA STARTER KIT.....	47	clonidine td patch weekly 0.1 mg/24hr (Catapres- tts-1).....	36
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar).....	31	clonidine td patch weekly 0.2 mg/24hr (Catapres- tts-2).....	36
CIPRO.....	3	clonidine td patch weekly 0.3 mg/24hr (Catapres- tts-3).....	36
CIPROFLOXACIN/FLUOCINOLON.....	79	clopidogrel bisulfate tab 75 mg (base equiv) (Plavix).....	74
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex).....	79	clorazepate dipotassium tab 3.75 mg, 15 mg.....	50
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan).....	77	clorazepate dipotassium tab 7.5 mg (Tranxene t).....	50
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal).....	79	clotrimazole troche 10 mg.....	80
ciprofloxacin hcl tab 750 mg (base equiv).....	3	clotrimazole w/ betamethasone cream 1-0.05%.....	82
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro).....	3	CLOZAPINE ODT.....	52
citalopram hydrobromide oral soln 10 mg/5ml.....	51	clozapine orally disintegrating tab 25 mg.....	52
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa).....	51	clozapine orally disintegrating tab 100 mg.....	52
CLARITHROMYCIN.....	2	clozapine orally disintegrating tab 150 mg.....	52
clarithromycin tab er 24hr 500 mg.....	2	clozapine orally disintegrating tab 200 mg.....	52
clarithromycin tab 250 mg, 500 mg.....	2	clozapine tab 25 mg (Clozaril).....	53
CLEANLET LANCETS 28G.....	96	clozapine tab 50 mg (Clozaril).....	53
CLEMASTINE FUMARATE.....	41	clozapine tab 100 mg (Clozaril).....	53
CLEVER CHEK LANCETS ULTRA.....	96	clozapine tab 200 mg (Clozaril).....	53
CLEVER CHOICE COMFORT EZ.....	96	COAGADDEX.....	74
CLICKFINE PEN NEEDLE 32GX.....	96	COAGUCHEK LANCETS.....	96
CLICKFINE PEN NEEDLES 31G.....	96	COARTEM.....	8
CLICKFINE PEN NEEDLES 32G.....	96	CODEINE SULFATE.....	60
CLICKFINE PEN NEEDLE UNIV.....	96	codeine sulfate tab 30 mg (Codeine sulfate).....	60
CLICKFINE UNIVERSAL PEN N.....	96	colchicine tab 0.6 mg (Colcrys).....	65
CLIMARA PRO.....	22	colchicine w/ probenecid tab 0.5-500 mg.....	65
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin).....	9	colesevelam hcl tab 625 mg (Welchol).....	38
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr).....	9	colestipol hcl granule packets 5 gm (Colestid flavored).....	38
clindamycin phosphate gel 1%.....	82	colestipol hcl granules 5 gm (Colestid flavored).....	38
clindamycin phosphate lotion 1% (Cleocin-t).....	82	colestipol hcl tab 1 gm (Colestid).....	38
clindamycin phosphate soln 1%.....	82	COMBIPATCH.....	22

COMBIVENT RESPIMAT.....	42	CYCLOMYDRIL.....	77
COMETRIQ.....	14	cyclopentolate hcl ophth soln 1% (Cyclogyl).....	78
COMFORT ASSIST INSULIN SY.....	96	CYCLOPHOSPHAMIDE.....	15
COMFORT ASSURED LANCETS M.....	96	cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide).....	15
COMFORT ASSURED LANCETS S.....	96	cycloserine cap 250 mg.....	3
COMFORT EZ/31G X 5MM.....	97	cyclosporine cap 25 mg, 100 mg (Sandimmune).....	137
COMFORT EZ/31G X 6MM.....	97	cyclosporine modified cap 50 mg.....	137
COMFORT EZ INSULIN SYRING.....	96	cyclosporine modified cap 25 mg, 100 mg (Neoral).....	137
COMFORT EZ MICRO/32G X 4M.....	97	cyclosporine modified oral soln 100 mg/ml (Neoral).....	137
COMFORT EZ PRO SAFETY PEN.....	97	cyproheptadine hcl syrup 2 mg/5ml.....	41
COMFORT EZ SHORT/31G X 8M.....	97	cyproheptadine hcl tab 4 mg.....	41
COMFORT LANCETS.....	97	CYSTADROPS.....	78
COMFORT TOUCH LANCETS ULT.....	97	CYSTAGON.....	49
COMFORT TOUCH PEN NEEDLES.....	97	CYSTARAN.....	78
COMFORT TOUCH PLUS SAFETY.....	97		
COMFORT TOUCH TWIST LANCE.....	97	D	
COMIRNATY 2024-25.....	10	dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa).....	73
COMPLERA.....	4	dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa).....	73
CONDOMS-MALE – VARIOUS.....	97	dalfampridine tab er 12hr 10 mg (Ampyra).....	56
CONTOUR BLOOD GLUCOSE TES.....	86	danazol cap 50 mg, 100 mg, 200 mg.....	22
CONTOUR HIGH CONTROL.....	97	dantrolene sodium cap 100 mg.....	70
CONTOUR LOW CONTROL.....	97	dantrolene sodium cap 25 mg, 50 mg (Dantrium).....	70
CONTOUR NEXT BLOOD GLUCOS.....	86	dapsone tab 25 mg, 100 mg.....	9
CONTOUR NEXT CONTROL LEVE.....	97	DAPTACEL.....	12
CONTOUR NORMAL CONTROL.....	97	darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....	48
CONTOUR PLUS BLOOD GLUCOS.....	86	darunavir tab 600 mg (Prezista).....	4
COPIKTRA.....	14	darunavir tab 800 mg (Prezista).....	5
CORDRAN.....	82	dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel).....	15
CORIFACT.....	74	dasatinib tab 20 mg (Sprycel).....	15
CORLANOR.....	39	DAURISMO.....	15
CORTIFOAM.....	81	DAYBUE.....	70
CORTISPORIN-TC.....	79	DAYVIGO.....	54
COSENTYX.....	82	deferiprone tab 500 mg, 1000 mg (Ferriprox).....	85
COSENTYX SENSOREADY PEN.....	82	DELSTRIGO.....	5
COSENTYX UNOREADY.....	82	demeclocycline hcl tab 150 mg, 300 mg.....	2
COTELLIC.....	15	DENTA 5000 PLUS SENSITIVE.....	80
CREON.....	46	DEPO-ESTRADIOL.....	22
CRESEMBA.....	4	DEPO-SUBQ PROVERA 104.....	23
CROMOLYN SODIUM.....	77	DESCOVY.....	5
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom).....	47	desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg.....	51
cromolyn sodium soln nebu 20 mg/2ml.....	42	desipramine hcl tab 10 mg, 25 mg (Norpramin).....	51
CRONO SYRINGE.....	97	desloratadine tab 5 mg (Clarinx).....	41
CROTAN.....	82	desmopressin acetate inj 4 mcg/ml (Ddavp).....	31
CUROSURF.....	44	desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	31
CVS LANCETS 21G.....	97	desmopressin acetate preservative free (pf) inj 4 mcg/ ml (Ddavp).....	31
CVS LANCETS MICRO-THIN 33.....	97	desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp).....	31
CVS LANCETS MICRO THIN 33.....	97		
CVS LANCETS ORIGINAL.....	97		
CVS LANCETS THIN 26G.....	97		
CVS LANCETS ULTRA-THIN 30.....	97		
CVS LANCETS ULTRA THIN 30.....	97		
CVS LANCING DEVICE.....	97		
CVS ULTRA THIN LANCETS.....	98		
cyanocobalamin inj 1000 mcg/ml.....	72		
cyclobenzaprine hcl tab 5 mg, 10 mg.....	70		
CYCLOGYL.....	77		

desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette).....	23	diclofenac sodium tab delayed release 50 mg, 75 mg.....	62
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	23	diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50).....	62
desonide cream 0.05% (Desowen).....	82	diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75).....	62
desonide oint 0.05%.....	82	dicloxacillin sodium cap 250 mg, 500 mg.....	1
desoximetasone cream 0.25% (Topicort).....	82	dicyclomine hcl cap 10 mg.....	45
desoximetasone oint 0.25% (Topicort).....	82	dicyclomine hcl oral soln 10 mg/5ml.....	45
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq).....	51	dicyclomine hcl tab 20 mg.....	45
DEXAMETHASONE.....	21	DIFICID.....	2
dexamethasone elixir 0.5 mg/5ml.....	21	diflunisal tab 500 mg.....	59
DEXAMETHASONE INTENSOL.....	21	difluprednate ophth emulsion 0.05% (Durezol).....	78
DEXAMETHASONE SODIUM PHOS.....	78	DIGOXIN.....	33
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	21	digoxin oral soln 0.05 mg/ml (Digoxin).....	33
DEXCOM G6 RECEIVER.....	98	digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin).....	33
DEXCOM G7 RECEIVER.....	98	digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin).....	33
DEXCOM G6 SENSOR.....	98	dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45).....	64
DEXCOM G7 SENSOR.....	98	DILANTIN.....	66
DEXCOM G6 TRANSMITTER.....	98	DILANTIN-125.....	66
dexlansoprazole cap delayed release 30 mg, 60 mg (Dexilant).....	45	DILANTIN INFATABS.....	66
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr).....	55	diltiazem hcl cap er 24hr 120 mg.....	34
dexmethylphenidate hcl tab 2.5 mg, 5 mg (Focalin).....	55	diltiazem hcl cap er 24hr 180 mg, 240 mg.....	34
dexmethylphenidate hcl tab 10 mg (Focalin).....	55	diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	34
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine).....	55	diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cardizem cd).....	34
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine).....	55	diltiazem hcl extended release beads cap er 24hr 240 mg, 300 mg, 360 mg, 420 mg (Tiazac).....	34
dextroamphetamine sulfate oral solution 5 mg/5ml.....	55	diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg (Tiazac).....	34
dextroamphetamine sulfate tab 5 mg.....	55	diltiazem hcl tab er 24hr 120 mg (Cardizem la).....	34
dextroamphetamine sulfate tab 10 mg.....	55	diltiazem hcl tab 90 mg.....	34
DIACOMIT.....	66	diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem).....	34
DIATHRIVE LANCETS.....	98	dimethyl fumarate capsule delayed release 120 mg (Tecfidera).....	56
DIATHRIVE LANCETS ULTRA T.....	98	dimethyl fumarate capsule delayed release 240 mg (Tecfidera).....	57
DIATHRIVE LANCING DEVICE.....	98	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa).....	57
DIATHRIVE PEN NEEDLE/31G.....	98	DIPENTUM.....	47
DIATHRIVE PEN NEEDLE/32G.....	98	DIPHENOXYLATE/ATROPINE.....	45
DIATHRIVE PEN NEEDLE/31 G.....	98	diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil).....	45
diazepam conc 5 mg/ml.....	50	dipyridamole tab 25 mg, 50 mg, 75 mg.....	74
diazepam oral soln 1 mg/ml.....	50	disopyramide phosphate cap 100 mg, 150 mg (Norpace).....	35
DIAZEPAM RECTAL GEL.....	66	disulfiram tab 250 mg, 500 mg.....	57
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial).....	66	DIURIL.....	38
diazepam tab 2 mg, 5 mg, 10 mg (Valium).....	50	divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles).....	66
diazoxide susp 50 mg/ml (Proglycem).....	25	divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote).....	66
diclofenac potassium tab 50 mg.....	62	divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er).....	66
diclofenac sodium ophth soln 0.1%.....	78		
diclofenac sodium soln 1.5%.....	82		
diclofenac sodium tab delayed release 25 mg.....	62		

dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn).....	35	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz).....	23
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	57	DROXIA.....	72
donepezil hydrochloride tab 5 mg, 10 mg (Aricept).....	57	DRUG MART LANCETS THIN.....	99
donepezil hydrochloride tab 23 mg (Aricept).....	57	DRUG MART LANCETS ULTRA T.....	99
DOPTELET.....	72	DRUG MART ON-THE-GO LANCE.....	99
dorzolamide hcl ophth soln 2% (Trusopt).....	78	DRUG MART UNIFINE PENTIPS.....	99
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt).....	78	DRUG MART UNILET LANCETS.....	99
DOVATO.....	5	DRUG MART UNILET MICRO TH.....	99
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura).....	36	DUANE READE LANCET ALTERN.....	99
doxepin hcl cap 10 mg, 25 mg.....	51	DUANE READE LANCET SUPER.....	99
doxepin hcl cap 50 mg, 75 mg, 100 mg, 150 mg.....	51	DUANE READE LANCET ULTRA.....	100
doxepin hcl conc 10 mg/ml.....	51	DUANE READE UNIFINE PENTI.....	100
doxycycline hyclate cap 50 mg.....	2	DUAVEE.....	22
doxycycline hyclate cap 100 mg (Vibramycin).....	2	DULERA.....	42
doxycycline hyclate tab 20 mg, 100 mg.....	2	duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta).....	51
doxycycline monohydrate cap 50 mg, 100 mg.....	2	DUOPA.....	69
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin).....	2	DUPIXENT.....	82
doxycycline monohydrate tab 50 mg, 100 mg.....	2	dutasteride cap 0.5 mg (Avodart).....	49
doxycycline monohydrate tab 75 mg, 150 mg.....	2	dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn).....	49
dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol).....	46	DUVYZAT.....	70
DROPLET GENTEEL LANCING D.....	98	E	
DROPLET INSULIN SYRINGE 0.....	98	EASY COMFORT INSULIN SYRI.....	100
DROPLET INSULIN SYRINGE 1.....	98	EASY COMFORT LANCETS.....	100
DROPLET INSULIN SYRINGE/U.....	98	EASY COMFORT LANCETS 30G/.....	100
DROPLET INSULIN SYRINGE U.....	98	EASY COMFORT LANCETS TWIS.....	100
DROPLET LANCETS ULTRA TH.....	98	EASY COMFORT PEN NEEDLES.....	100
DROPLET LANCING DEVICE.....	98	EASY COMFORT SAFETY PEN N.....	100
DROPLET MICRON 34G X 9/64.....	98	EASY GLIDE PEN NEEDLES 33.....	100
DROPLET PEN NEEDLE/MICRON.....	98	EASY GLIDE SYRINGE/CATHET.....	100
DROPLET PEN NEEDLES 29GX1.....	98	EASY GLIDE SYRINGE/LUER L.....	100
DROPLET PEN NEEDLES 31GX5.....	99	EASY GLIDE SYRINGE/SLIP L.....	100
DROPLET PEN NEEDLES 31GX6.....	99	EASY MINI EJECT LANCING D.....	100
DROPLET PEN NEEDLES 31GX8.....	99	EASY MINI LANCING DEVICE.....	100
DROPLET PEN NEEDLES 32GX4.....	99	EASYPOINT NEEDLE/18G X 1.....	103
DROPLET PEN NEEDLES 32GX5.....	99	EASYPOINT NEEDLE/20G X 1.....	103
DROPLET PEN NEEDLES 32GX6.....	99	EASYPOINT NEEDLE/21G X 1.....	103
DROPLET PEN NEEDLES 32GX8.....	99	EASYPOINT NEEDLE/22G X 1.....	103
DROPLET PEN NEEDLES 29G X.....	98	EASYPOINT NEEDLE/18G X 1".....	103
DROPLET PEN NEEDLES 30G X.....	99	EASYPOINT NEEDLE/20G X 1".....	103
DROPLET PEN NEEDLES 31G X.....	99	EASYPOINT NEEDLE/21G X 1".....	103
DROPLET PEN NEEDLES 32G X.....	99	EASYPOINT NEEDLE/22G X 1".....	103
DROPLET PERSONAL LANCETS.....	99	EASYPOINT NEEDLE/SYRINGE.....	103
DROPSAFE ACTI-LANCE SAFTE.....	99	EASYPOINT NEEDLE 25GX1-1/.....	103
DROPSAFE INSULIN SAFETY S.....	99	EASYPOINT NEEDLE 25G X 5/.....	103
DROPSAFE SAFETY PEN NEEDL.....	99	EASYPOINT NEEDLE 23G X 1".....	103
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DROPSAFE SICURA.....	99	EASY TOUCH ALLERGY TRAY S.....	100
DROSPIRENONE/ETHINYL ESTR.....	23	EASY TOUCH FLIPLOCK NEEDL.....	101
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28).....	23	EASY TOUCH FLIPLOCK SAFE.....	101
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz).....	23	EASY TOUCH FLIPLOCK SAFET.....	101
		EASY TOUCH FLURINGE FLIPL.....	101
		EASY TOUCH FLURINGE FLU T.....	101
		EASY TOUCH FLURINGE SHEAT.....	101

EASY TOUCH FLURINGE SYRIN.....	101	EMBRACE LANCETS ULTRA THI.....	103
EASY TOUCH 32GX5MM.....	103	EMBRACE LANCING DEVICE WI.....	103
EASY TOUCH 32GX6MM.....	103	EMBRACE PEN NEEDLES/29G X.....	103
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EASY TOUCH LANCETS 21G/PR.....	101	EMBRACE PRESSURE ACTIVATE.....	104
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EASY TOUCH LANCETS 26G/PR.....	102	EMGALITY.....	64
EASY TOUCH LANCETS 28G/PR.....	102	EMPAVELI.....	75
EASY TOUCH LANCETS 30G/PR.....	102	EMSAM.....	51
EASY TOUCH LANCETS 32G/PR.....	102	emtricitabine caps 200 mg (Emtriva).....	5
EASY TOUCH LANCETS 26G/PU.....	102	emtricitabine-tenofovir disoproxil fumarate tab	
EASY TOUCH LANCETS 28G/PU.....	102	100-150 mg, 133-200 mg, 167-250 mg (Truvada).....	5
EASY TOUCH LANCETS 30G/PU.....	102	emtricitabine-tenofovir disoproxil fumarate tab	
EASY TOUCH LANCETS 32G/PU.....	102	200-300 mg (Truvada).....	5
EASY TOUCH LANCETS 28G/TW.....	102	EMTRIVA.....	5
EASY TOUCH LANCETS 30G/TW.....	102	EMVERM.....	9
EASY TOUCH LANCETS 32G/TW.....	102	enalapril maleate & hydrochlorothiazide tab 5-12.5	
EASY TOUCH LANCETS 33G/TW.....	102	mg.....	36
EASY TOUCH LANCING DEVICE.....	102	enalapril maleate & hydrochlorothiazide tab 10-25 mg	
EASY TOUCH PEN NEEDLE 30.....	102	(Vaseretic).....	36
EASY TOUCH PEN NEEDLE/30.....	102	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	
EASY TOUCH PEN NEEDLES 29.....	102	(Vasotec).....	36
EASY TOUCH PEN NEEDLES 31.....	102	ENBREL.....	62
EASY TOUCH PEN NEEDLES 32.....	102	ENBREL MINI.....	62
EASY TOUCH PEN NEEDLES/31.....	102	ENBREL SURECLICK.....	62
EASY TOUCH SAFETY LANCETS.....	102	ENCARE.....	49
EASY TOUCH SAFETY PEN NEE.....	102	ENGERIX-B.....	10
EASY TOUCH SAFETY SYRINGE.....	102	enoxaparin sodium inj 300 mg/3ml (Lovenox).....	73
EASY TOUCH SHEATHLOCK SAF.....	102	enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40	
EASY TOUCH SHEATHLOCK SYR.....	102	mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120	
EASY TOUCH SYRINGE BARREL.....	103	mg/0.8ml, 150 mg/ml (Lovenox).....	73
EASY TOUCH TUBERCULIN FLI.....	103	ENSPRYNG.....	137
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econazole nitrate cream 1%.....	83	entacapone tab 200 mg (Comtan).....	69
EDECRIN.....	38	entecavir tab 0.5 mg, 1 mg (Baraclude).....	5
EDEX.....	39	ENTRESTO.....	40
EDURANT.....	5	ENTYVIO PEN.....	47
E.E.S. 400.....	2	ENVARUS XR.....	137
efavirenz-emtricitabine-tenofovir df tab 600-200-300		EPCLUSA.....	5
mg (Atripla).....	5	EPIDIOLEX.....	66
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg		epinastine hcl ophth soln 0.05%.....	78
(Symfi).....	5	epinephrine solution auto-injector 0.15 mg/0.3ml	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg		(1:2000) (Epipen-jr 2-pak).....	38
(Symfi lo).....	5	epinephrine solution auto-injector 0.3 mg/0.3ml	
efavirenz tab 600 mg (Sustiva).....	5	(1:1000) (Epipen 2-pak).....	38
ELESTRIN.....	22	EPIVIR.....	5
eletriptan hydrobromide tab 20 mg (base equivalent),		epplerenone tab 25 mg, 50 mg (Inspra).....	36
40 mg (base equivalent) (Relpax).....	64	EQL COLOR LANCETS 21G.....	104
ELIGARD.....	15	EQL COLOR LANCETS MICRO T.....	104
ELIQUIS.....	73	EQL INSULIN SYRINGE/0.3ML.....	104
ELIQUIS STARTER PACK.....	73	EQL INSULIN SYRINGE/0.5ML.....	104
ELLA.....	23	EQL INSULIN SYRINGE/1ML/2.....	104
ELMIRON.....	49	EQL INSULIN SYRINGE/1ML/3.....	104
ELOCTATE.....	74	EQL SHORT PEN NEEDLES 31G.....	104
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EQL THIN LANCETS 26G.....	104	ESTRING.....	49
EQL ULTRA SHORT PEN NEEDL.....	104	ESTROGEL.....	23
EQUETRO.....	53	eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta).....	54
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol).....	70	ethambutol hcl tab 100 mg.....	3
ERGOLOID MESYLATES.....	57	ethambutol hcl tab 400 mg (Myambutol).....	3
ERGOMAR.....	64	ethosuximide cap 250 mg (Zarontin).....	66
ERGOTAMINE TARTRATE/CAFFE.....	64	ethosuximide soln 250 mg/5ml (Zarontin).....	66
ERIVEDGE.....	15	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	23
ERLEADA.....	15	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	23
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva).....	15	etodolac cap 200 mg, 300 mg.....	62
erlotinib hcl tab 25 mg (base equivalent) (Tarceva).....	15	etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....	62
ERMEZA.....	29	etodolac tab 500 mg.....	62
ERTACZO.....	83	etodolac tab 400 mg (Lodine).....	62
ERY.....	83	ETOPOSIDE.....	15
ERYTHROMYCIN ETHYLSUCCINA.....	2	etravirine tab 100 mg, 200 mg (Intelence).....	5
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules).....	2	EVAMIST.....	23
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400).....	2	everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz).....	15
erythromycin gel 2% (Erygel).....	83	everolimus tab for oral susp 3 mg (Afinitor disperz).....	15
erythromycin ophth oint 5 mg/gm.....	78	everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor).....	15
erythromycin soln 2%.....	83	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress).....	137
erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	2	EVOTAZ.....	5
erythromycin tab 250 mg, 500 mg.....	2	EVRYSDI.....	70
escitalopram oxalate soln 5 mg/5ml (base equiv).....	51	EXELDERM.....	83
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro).....	51	exemestane tab 25 mg (Aromasin).....	15
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium).....	45	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin).....	38
esomeprazole magnesium for delayed release susp packet 5 mg (Nexium).....	45	ezetimibe tab 10 mg (Zetia).....	38
esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium).....	45	E-Z JECT LANCETS.....	100
ESPEROCT.....	75	E-Z JECT LANCETS COLOR.....	100
estazolam tab 1 mg, 2 mg.....	54	E-Z JECT LANCETS 21G.....	100
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	22	E-ZJECT LANCETS MICRO-THI.....	100
estradiol & norethindrone acetate tab 1-0.5 mg (Activella).....	22	E-Z JECT LANCETS SUPER TH.....	100
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel).....	22	E-Z JECT LANCETS THIN 26G.....	100
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace).....	22	EZ-LETS LANCETS 21G.....	104
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%) (Divigel).....	22	EZ-LETS LANCETS 30G.....	104
estradiol td gel 1.25 mg/1.25gm (0.1%) (Divigel).....	22	EZ-LETS LANCETS 26G SUPER.....	104
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot).....	22	EZ-LETS LANCETS 28G ULTRA.....	104
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara).....	23	F	
estradiol vaginal cream 0.1 mg/gm (Estrace).....	49	FABHALTA.....	75
estradiol vaginal tab 10 mcg (Vagifem).....	49	famciclovir tab 125 mg, 250 mg, 500 mg.....	5
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen).....	23	famotidine for susp 40 mg/5ml.....	45
		famotidine tab 40 mg (Pepcid).....	45
		FANAPT.....	53
		FANAPT TITRATION PACK.....	53
		FARXIGA.....	25
		FASENRA PEN.....	42
		FC2 FEMALE CONDOM.....	104
		febuxostat tab 40 mg, 80 mg (Uloric).....	65
		FEIBA.....	75
		felbamate susp 600 mg/5ml (Felbatol).....	66

felbamate tab 400 mg, 600 mg (Felbatol).....	66	fluocinolone acetonide cream 0.025% (Synalar).....	83
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	34	fluocinolone acetonide oil 0.01% (body oil) (Derma- smoothe/fs bod).....	83
FEMCAP.....	104	fluocinolone acetonide oil 0.01% (scalp oil) (Derma- smoothe/fs sca).....	83
fenofibrate micronized cap 67 mg, 134 mg, 200 mg.....	39	fluocinolone acetonide oint 0.025% (Synalar).....	83
fenofibrate tab 54 mg, 160 mg.....	39	fluocinolone acetonide (otic) oil 0.01% (Dermotic).....	79
fenofibrate tab 48 mg, 145 mg (Tricor).....	39	fluocinolone acetonide soln 0.01% (Synalar).....	83
fenoprofen calcium tab 600 mg (Nalfon).....	62	FLUOCINONIDE.....	83
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/ hr, 75 mcg/hr, 100 mcg/hr (Duragesic).....	60	fluocinonide cream 0.05%.....	83
FERRETT'S CHEWABLE IRON.....	72	fluocinonide cream 0.1% (Vanos).....	83
FERRIPROX.....	86	fluocinonide emulsified base cream 0.05%.....	83
ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe).....	72	fluocinonide oint 0.05%.....	83
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe).....	72	fluocinonide soln 0.05%.....	83
FETZIMA.....	51	FLUORIDEX SENSITIVITY REL.....	80
FETZIMA TITRATION PACK.....	51	FLUORIMAX 5000 SENSITIVE.....	80
FIASP.....	27	fluorometholone ophth susp 0.1% (Fml liquifilm).....	78
FIASP FLEXTOUCH.....	27	FLUOROURACIL.....	83
FIASP PENFILL.....	27	fluorouracil cream 5% (Efudex).....	83
FIBRYGA.....	75	fluorouracil soln 5%.....	83
FIFTY50 PEN NEEDLES/31GX8.....	104	FLUOXETINE DR.....	51
FIFTY50 PEN NEEDLES/32GX4.....	104	fluoxetine hcl cap 10 mg (Prozac).....	51
FIFTY50 PEN NEEDLES/32GX6.....	104	fluoxetine hcl cap 20 mg (Prozac).....	51
FIFTY50 PEN NEEDLES 31GX5.....	104	fluoxetine hcl cap 40 mg (Prozac).....	51
FIFTY50 PEN NEEDLES 31G X.....	104	fluoxetine hcl solution 20 mg/5ml.....	51
FIFTY50 SAFETY SEAL LANCE.....	104	FLUPHENAZINE HCL.....	53
FIFTY50 SUPERIOR COMFORT.....	104	fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	53
FIFTY50 UNILET LANCETS 33.....	104	FLUPHENAZINE HYDROCHLORID.....	53
FILSPARI.....	49	FLURAZEPAM HYDROCHLORIDE.....	54
FILSUVEZ.....	83	FLURBIPROFEN.....	62
finasteride tab 1 mg (Propecia).....	83	FLURBIPROFEN SODIUM.....	78
finasteride tab 5 mg (Proscar).....	49	flurbiprofen tab 100 mg.....	62
FINGERSTIX LANCETS.....	104	FLUTICASONE PROPIONATE/SA.....	42
ingolimod hcl cap 0.5 mg (base equiv) (Gilenya).....	57	fluticasone propionate cream 0.05%.....	83
FINTEPLA.....	66	fluticasone propionate nasal susp 50 mcg/act.....	41
FIRDAPSE.....	70	fluticasone propionate oint 0.005%.....	83
FLAREX.....	78	fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus).....	42
flavoxate hcl tab 100 mg.....	48	fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent).....	39
flecainide acetate tab 50 mg.....	35	fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl).....	39
flecainide acetate tab 100 mg, 150 mg.....	35	fluvoxamine maleate tab 25 mg.....	51
FLORICAL.....	71	fluvoxamine maleate tab 50 mg.....	51
FLORIVA.....	71	fluvoxamine maleate tab 100 mg.....	51
FLOW-EZE VENTED NEEDLE.....	104	FLUZONE 2024-2025.....	11
FLUAD 2024-2025.....	10	FLUZONE HIGH-DOSE 2024-20.....	11
FLUARIX 2024-2025.....	10	folic acid cap 0.8 mg.....	72
FLUBLOK 2024-2025.....	10	folic acid tab 400 mcg, 800 mcg.....	72
FLUCELVAX 2024-2025.....	10	folic acid tab 1 mg.....	72
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan).....	4	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra).....	73
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan).....	4	FORA LANCETS.....	104
flucytosine cap 250 mg, 500 mg (Ancobon).....	4	FORA LANCING DEVICE.....	105
fludrocortisone acetate tab 0.1 mg.....	21	FORA LANCING DEVICE/CLEAR.....	105
FLULAVAL 2024-2025.....	11	FOSAMAX PLUS D.....	31
FLUMIST NASAL VACCINE 202.....	11		
fluocinolone acetonide cream 0.01%.....	83		

fosamprenavir calcium tab 700 mg (base equiv) (Lexiva).....	5	GENTLE-LET LANCETS SAFETY.....	105
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol).....	9	GENTLE-LET PLATFORMS 2.4M.....	105
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	36	GENTLE-LET PLATFORMS 3.0M.....	105
fosinopril sodium tab 10 mg, 20 mg, 40 mg	36	GENVOYA.....	5
FOSRENOL.....	47	GILENYA.....	57
FOTIVDA.....	15	GILOTRIF.....	15
FRAGMIN.....	73	GLASSIA.....	44
FREESTYLE LANCETS.....	105	glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone).....	57
FREESTYLE UNISTICK II LAN.....	105	glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone).....	57
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova).....	65	GLEOSTINE.....	15
FRUZAQLA.....	15	glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	25
FULPHILA.....	72	GLIPIZIDE.....	25
FUROSCIX.....	38	glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	25
furosemide oral soln 10 mg/ml	38	glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	25
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	38	glipizide tab 5 mg	25
FUZEON.....	5	glipizide tab 10 mg (Glucotrol)	25
FYCOMPA.....	66	GLOBAL EASE INJECT PEN NE.....	105
G		GLOBAL EASY GLIDE INSULIN.....	105
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin).....	66	GLOBAL EASY GLIDE PEN NEE.....	105
gabapentin oral soln 250 mg/5ml (Neurontin)	66	GLOBAL INJECT EASE INSULI.....	105
gabapentin tab 600 mg, 800 mg (Neurontin)	66	GLOBAL INJECT EASE LANCET.....	105
GALAFOLD.....	31	GLOBAL INSULIN SYRINGE/U.....	105
GALANTAMINE HYDROBROMIDE.....	57	GLOBAL INSULIN SYRINGES/U.....	105
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	57	GLOBAL LANCING DEVICE.....	105
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	57	GLUCAGON EMERGENCY KIT FO.....	25
GALZIN.....	71	GLUCOCOM LANCETS 28G.....	105
GARDASIL 9.....	11	GLUCOCOM LANCETS 30G.....	106
gatifloxacin ophth soln 0.5% (Zymaxid)	78	GLUCOCOM LANCETS 33G.....	106
GATTEX.....	47	GLUCOPRO INSULIN SYRINGE/.....	106
GAVILYTE-C.....	44	glutamine (sickle cell) powd pack 5 gm (Endari)	72
GAVRETO.....	15	glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	26
gefitinib tab 250 mg (Iressa)	15	GLYBURIDE MICRONIZED.....	25
gemfibrozil tab 600 mg (Lopid)	39	glyburide tab 1.25 mg, 2.5 mg, 5 mg	25
GENOTROPIN.....	31	glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	45
GENOTROPIN MINISQUICK.....	31	glycopyrrolate tab 1 mg	45
gentamicin sulfate cream 0.1%	83	glycopyrrolate tab 2 mg	45
gentamicin sulfate oint 0.1%	83	GLYXAMBI.....	26
gentamicin sulfate ophth soln 0.3%	78	GNP CLICKFINE UNIVERSAL P.....	106
GENTEEL BUTTERFLY TOUCH L.....	105	GNP INSULIN SYRINGE/0.3ML.....	106
GENTEEL CONTACT TIPS/BLUE.....	105	GNP INSULIN SYRINGE/0.5ML.....	106
GENTEEL CONTACT TIPS/CLEA.....	105	GNP INSULIN SYRINGE/1ML/2.....	106
GENTEEL CONTACT TIPS/GREE.....	105	GNP INSULIN SYRINGE/1ML/3.....	106
GENTEEL CONTACT TIPS/ORAN.....	105	GNP INSULIN SYRINGES/1/2M.....	106
GENTEEL CONTACT TIPS/RAIN.....	105	GNP INSULIN SYRINGES/0.3M.....	106
GENTEEL CONTACT TIPS/VIOL.....	105	GNP INSULIN SYRINGES/1ML/.....	106
GENTEEL CONTACT TIPS/YELL.....	105	GNP INSULIN SYRINGES/3ML/.....	106
GENTEEL LANCING KIT/BUTTE.....	105	GNP LANCETS 21G.....	106
GENTEEL NOZZLES.....	105	GNP LANCETS THIN 26G.....	106
GENTEEL PLUS LANCING DEVI.....	105	GNP LANCING SYSTEM DEVICE.....	106
GENTLE-LET LANCETS GENERA.....	105	GNP PEN NEEDLES 31GX5MM.....	106
		GNP PEN NEEDLES 31GX8MM.....	106
		GNP PEN NEEDLES 32GX4MM.....	106

GNP PEN NEEDLES 32GX6MM.....	106	H-E-B INCONTROL LANCETS S.....	107
GNP STERILE LANCETS 28G.....	106	H-E-B INCONTROL LANCETS U.....	107
GNP STERILE LANCETS 30G.....	106	H-E-B IN CONTROL PEN NEED.....	107
GNP STERILE LANCETS 33G.....	106	H-E-B INCONTROL PEN NEEDL.....	107
GNP ULTICARE PEN NEEDLES.....	106	H-E-B IN CONTROL UNIFINE.....	107
GNP ULTICARE PEN NEEDLES/.....	106	HEMLIBRA.....	75
GNP ULTIGUARD SAFEPAK/MI.....	107	HEMOPIL M.....	75
GNP ULTIGUARD SAFEPAK/SH.....	107	HEPARIN SODIUM.....	73
GNP ULTRA COMFORT INSULIN.....	107	heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/	
GOJJI LANCING DEVICE/CLEA.....	107	ml, 10000 unit/ml, 20000 unit/ml.....	73
GOJJI STERILE LANCETS 30G.....	107	heparin sodium (porcine) pf inj 1000 unit/ml, 5000	
GOODSENSE CLICKFINE SAFET.....	107	unit/0.5ml.....	73
GOODSENSE COLOR LANCETS M.....	107	HEPLISAV-B.....	11
GOODSENSE LANCETS MICRO-T.....	107	HETLIOZ LQ.....	54
GOODSENSE LANCETS ULTRA-T.....	107	HIBERIX.....	11
GOODSENSE LANCING DEVICE.....	107	HM ULTICARE INSULIN SYRIN.....	108
GOODSENSE PEN NEEDLE/PENF.....	107	HM ULTICARE MINI PEN NEED.....	108
granisetron hcl tab 1 mg.....	46	HM ULTICARE SHORT PEN NEE.....	108
GRASTEK.....	13	HUMALOG.....	27
griseofulvin microsize susp 125 mg/5ml.....	4	HUMALOG JUNIOR KWIKPEN.....	27
griseofulvin microsize tab 500 mg.....	4	HUMALOG KWIKPEN.....	27
griseofulvin ultramicrosize tab 125 mg, 250 mg.....	4	HUMALOG MIX 75/25.....	28
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg		HUMALOG MIX 50/50 KWIKPEN.....	28
(base equiv), 3 mg (base equiv), 4 mg (base equiv)		HUMALOG MIX 75/25 KWIKPEN.....	28
(Intuniv).....	55	HUMALOG TEMPO PEN.....	27
guanfacine hcl tab 1 mg, 2 mg.....	36	HUMATE-P.....	75
GVOKE HYPOPEN 1-PACK.....	26	HUMATIN.....	3
GVOKE HYPOPEN 2-PACK.....	26	HUMIRA.....	63
GVOKE KIT.....	26	HUMIRA PEN.....	63
GVOKE PFS.....	26	HUMIRA PEN-CD/UC/HS START.....	63
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H		HUMULIN 70/30.....	28
HADLIMA.....	62	HUMULIN 70/30 KWIKPEN.....	28
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HAEMOLANCE LOW FLOW LANCE.....	107	HUMULIN R U-500 (CONCENTR.....	28
HAEMOLANCE PLUS.....	107	HUMULIN R U-500 KWIKPEN.....	28
HAEMOLANCE PLUS HIGH FLOW.....	107	HYCAMTIN.....	15
HAEMOLANCE PLUS LOW FLOW.....	107	hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	36
HAEMOLANCE PLUS MAX FLOW.....	107	hydrochlorothiazide cap 12.5 mg.....	38
HAEMOLANCE PLUS PEDIATRIC.....	108	hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....	38
halobetasol propionate cream 0.05%.....	83	HYDROCODONE/IBUPROFEN.....	60
haloperidol lactate oral conc 2 mg/ml.....	53	hydrocodone-acetaminophen soln 7.5-325	
haloperidol tab 0.5 mg, 1 mg.....	53	mg/15ml.....	60
haloperidol tab 2 mg, 5 mg, 10 mg, 20 mg.....	53	hydrocodone-acetaminophen tab 5-325 mg.....	60
HARVONI.....	5	hydrocodone-acetaminophen tab 10-325 mg, 7.5-325	
HAVRIX.....	11	mg.....	60
HEALTH CARE LANCING DEVIC.....	108	HYDROCODONE BITARTRATE/AC.....	60
HEALTHWISE INSULIN SYRING.....	108	HYDROCODONE BITARTRATE ER.....	60
HEALTHWISE MICRON PEN NEE.....	108	hydrocodone-ibuprofen tab 7.5-200 mg.....	60
HEALTHWISE MINI PEN NEEDL.....	108	HYDROCODONE POLISTIREX/CH.....	41
HEALTHWISE PEN NEEDLES 29.....	108	HYDROCORTISONE.....	83
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		hydrocortisone enema 100 mg/60ml (Cortenema).....	81

hydrocortisone oint 2.5%.....	84	IMBRUVICA.....	16
hydrocortisone perianal cream 2.5% (Anusol-hc).....	81	IMCIVREE.....	55
hydrocortisone perianal cream 1% (Proctocort).....	81	imipramine hcl tab 10 mg, 25 mg, 50 mg.....	51
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef).....	21	imiquimod cream 5% (Aldara).....	84
hydrocortisone valerate cream 0.2%.....	84	IMOVAX RABIES (H.D.C.V.).....	11
hydrocortisone w/ acetic acid otic soln 1-2%.....	79	IMPAVIDO.....	9
hydromorphone hcl liqd 1 mg/ml (Dilaudid).....	60	INBRIJA.....	69
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg.....	60	INCONTROL ULTICARE MINI P.....	109
hydromorphone hcl tab 2 mg, 4 mg (Dilaudid).....	60	INCRELEX.....	31
hydromorphone hcl tab 8 mg (Dilaudid).....	60	INCRUSE ELLIPTA.....	42
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hydroxychloroquine sulfate tab 100 mg.....	8	indomethacin cap er 75 mg.....	63
hydroxychloroquine sulfate tab 300 mg, 400 mg.....	9	indomethacin cap 25 mg, 50 mg.....	63
hydroxychloroquine sulfate tab 200 mg (Plaquenil).....	8	INFANRIX.....	12
hydroxyurea cap 500 mg (Hydrea).....	15	INFASURF.....	44
hydroxyzine hcl syrup 10 mg/5ml.....	50	INGREZZA.....	57
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....	50	INLYTA.....	16
HYDROXYZINE PAMOATE.....	50	INQOVI.....	16
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril).....	50	INREBIC.....	16
HYFTOR.....	84	INSULIN GLARGINE-YFGN.....	29
HYPODERMIC NEEDLES 18GX1-.....	108	INSULIN SYRINGE/0.3ML/30G.....	109
HYPODERMIC NEEDLES 20GX1-.....	108	INSULIN SYRINGE/0.3ML/31G.....	109
HYPODERMIC NEEDLES 21GX1-.....	108	INSULIN SYRINGE/0.5ML/28G.....	109
HYPODERMIC NEEDLES 22GX1-.....	108	INSULIN SYRINGE/0.5ML/30G.....	109
HYPODERMIC NEEDLES 23GX1-.....	108	INSULIN SYRINGE/0.5ML/31G.....	109
HYPODERMIC NEEDLES 25GX1-.....	108	INSULIN SYRINGE/0.5ML/31G.....	109
HYPODERMIC NEEDLES 27GX1-.....	108	INSULIN SYRINGE/1ML/29G X.....	109
HYPODERMIC NEEDLES 25GX5/.....	108	INSULIN SYRINGE/1ML/30G X.....	109
HYPODERMIC NEEDLES 26GX1/.....	108	INSULIN SYRINGE/NEEDLE 0.....	109
HYPODERMIC NEEDLES 27GX1/.....	108	INSULIN SYRINGE/NEEDLE 1M.....	109
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HYPODERMIC NEEDLES 20GX1".....	108	INSULIN SYRINGE/U-100/0.5.....	109
HYPODERMIC NEEDLES 21GX1".....	108	INSULIN SYRINGE/U-100/1ML.....	109
HYPODERMIC NEEDLES 22GX1".....	108	INSULIN SYRINGE 1ML/31G X.....	109
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HY-VEE THIN LANCETS.....	108	INSULIN SYRINGES 0.5ML/31.....	109
I		INSUPEN 33GX4MM.....	110
ibandronate sodium tab 150 mg (base equivalent) (Boniva).....	31	INSUPEN 29G X 12MM.....	110
IBRANCE.....	16	INSUPEN 31G X 5MM.....	110
ibuprofen-famotidine tab 800-26.6 mg (Duexis).....	63	INSUPEN 31G X 8MM.....	110
ibuprofen tab 400 mg, 600 mg, 800 mg.....	63	INSUPEN 32G X 4MM.....	110
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr).....	75	INTELENCE.....	5
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ILEVRO.....	78	ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	42
imatinib mesylate tab 100 mg (base equivalent) (Gleevec).....	16	ipratropium bromide inhal soln 0.02%.....	42
imatinib mesylate tab 400 mg (base equivalent) (Gleevec).....	16	ipratropium bromide nasal soln 0.03% (21 mcg/ spray).....	41
		ipratropium bromide nasal soln 0.06% (42 mcg/ spray).....	41
		IQIRVO.....	47
		irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide).....	36
		irbesartan tab 75 mg, 150 mg, 300 mg (Avapro).....	36

IRON CHEWS PEDIATRIC.....	72	KINRIX.....	12
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ISENTRESS HD.....	6	KLOXXADO.....	86
isoniazid syrup 50 mg/5ml.....	3	KMART VALU PLUS INSULIN S.....	110
isoniazid tab 100 mg.....	3	KOATE.....	75
isoniazid tab 300 mg.....	3	KOATE-DVI.....	75
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg		KOGENATE FS.....	75
(Bidil).....	40	KOSELUGO.....	16
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....	33	KOVALTRY.....	75
isosorbide dinitrate tab 5 mg (Isordil titradose).....	33	K-PHOS NO 2.....	50
ISOSORBIDE MONONITRATE.....	33	KRAZATI.....	16
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120		KRINTAFEL.....	9
mg.....	33	KROGER AUTOLET LANCING DE.....	110
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg		KROGER HEALTHPRO TWIST LA.....	110
(Absorica).....	84	KROGER INSULIN SYRINGE/0.....	110
ISTURISA.....	31	KROGER INSULIN SYRINGE/1M.....	110
itraconazole cap 100 mg (Sporanox).....	4	KROGER INSULIN SYRINGE/U.....	110
itraconazole oral soln 10 mg/ml (Sporanox).....	4	KROGER LANCETS.....	110
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base		KROGER LANCETS 21G.....	110
equiv) (Corlanor).....	40	KROGER LANCETS MICRO THIN.....	110
ivermectin tab 3 mg (Stromectol).....	9	KROGER LANCETS SUPER THIN.....	110
IWILFIN.....	16	KROGER LANCETS THIN.....	110
IXINITY.....	75	KROGER LANCETS THIN 26G.....	110
J		KROGER LANCETS ULTRATHIN.....	110
JAKAFI.....	16	KROGER LANCING DEVICE.....	110
JANUMET.....	26	KROGER PEN NEEDLES/31G X.....	111
JANUMET XR.....	26	KROGER PEN NEEDLES/32G X.....	111
JANUVIA.....	26	KROGER PEN NEEDLES/33G X.....	111
JARDIANCE.....	26	KROGER PEN NEEDLES 29G X.....	110
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JULUCA.....	6	labetalol hcl tab 100 mg.....	34
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JYNARQUE.....	31	lacosamide oral solution 10 mg/ml (Vimpat).....	66
JYNNEOS.....	11	lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	
K		(Vimpat).....	66
KALETRA.....	6	lactic acid (ammonium lactate) cream 12%.....	84
KALYDECO.....	44	lactic acid (ammonium lactate) lotion 12%.....	84
KERENDIA.....	31	lactulose (encephalopathy) solution 10 gm/15ml.....	47
KESIMPTA.....	57	lactulose solution 10 gm/15ml.....	44
ketoconazole cream 2%.....	84	LAGEVRIO.....	6
ketoconazole shampoo 2%.....	84	LAMICTAL XR.....	66
ketoconazole tab 200 mg.....	4	lamivudine oral soln 10 mg/ml (Epivir).....	6
KETOPROFEN ER.....	63	lamivudine tab 150 mg (Epivir).....	6
ketorolac tromethamine ophth soln 0.5% (Acular).....	78	lamivudine tab 300 mg (Epivir).....	6
ketorolac tromethamine ophth soln 0.4% (Acular		lamivudine tab 100 mg (hbv) (Epivir hbv).....	6
Is).....	78	lamivudine-zidovudine tab 150-300 mg (Combivir).....	6
ketorolac tromethamine tab 10 mg.....	63	lamotrigine tab chewable dispersible 5 mg, 25 mg	
KEVZARA.....	63	(Lamictal chewable di).....	67
KINNEY LANCETS.....	110	lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg,	
KINNEY THIN LANCETS.....	110	250 mg, 300 mg (Lamictal xr).....	67
KINRAY INSULIN SYRINGE/0.....	110	lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	
KINRAY INSULIN SYRINGE PR.....	110	(Lamictal).....	67

lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not).....	67	LENVIMA 18 MG DAILY DOSE.....	16
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak).....	67	LENVIMA 20 MG DAILY DOSE.....	16
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak).....	67	LENVIMA 24 MG DAILY DOSE.....	17
LAMPIT.....	9	letrozole tab 2.5 mg (Femara).....	17
LANCET DEVICE ADJUSTABLE.....	111	leucovorin calcium tab 5 mg, 15 mg, 25 mg.....	17
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LANCETS - BAYER ASCENCIA.....	111	LEUPROLIDE ACETATE.....	17
LANCETS 30G.....	111	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....	17
LANCETS 30G/TWIST TOP.....	111	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate).....	42
LANCETS 33G EXTRA FINE.....	111	levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex).....	42
LANCETS 28G THIN.....	111	levetiracetam oral soln 100 mg/ml (Keppra).....	67
LANCETS 30G TWIST TOP.....	111	levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr).....	67
LANCETS 33G UNIVERSAL DES.....	111	levetiracetam tab 250 mg, 500 mg (Keppra).....	67
LANCETS MICRO THIN 33G.....	111	levetiracetam tab 750 mg, 1000 mg (Keppra).....	67
LANCETS SUPER THIN 28G.....	111	LEVOBUNOLOL HCL.....	78
LANCETS THIN.....	111	levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)....	31
LANCETS ULTRA THIN 30G.....	111	levocarnitine tab 330 mg (Carnitor).....	31
LANCET TRANSPORTER CASE.....	111	levocetirizine dihydrochloride tab 5 mg.....	41
LANCING DEVICE.....	111	levofloxacin oral soln 25 mg/ml.....	3
LANOXIN.....	33	levofloxacin tab 250 mg, 500 mg, 750 mg.....	3
LANSOPRAZOLE/AMOXICILLIN/.....	45	levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette).....	23
lansoprazole cap delayed release 15 mg (Prevacid).....	45	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	24
lansoprazole cap delayed release 30 mg (Prevacid).....	45	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	24
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol).....	47	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	24
LANZO.....	111	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	24
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb).....	16	levonorgestrel tab 1.5 mg.....	24
latanoprost ophth soln 0.005% (Xalatan).....	78	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique).....	24
LEADER ADVANCED LANCING D.....	111	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique).....	24
LEADER INSULIN SYRINGE/0.....	111	LEVOTHYROXINE SODIUM.....	29
LEADER INSULIN SYRINGE/1M.....	111	levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid).....	29
LEADER LANCETS COLORED.....	111	LIBERTY MEDICAL LANCETS 3.....	112
LEADER SUPER THIN LANCET.....	111	lidocaine hcl soln 4%.....	84
LEADER THIN LANCETS.....	111	lidocaine hcl viscous soln 2%.....	80
LEADER UNIFINE PENTIPS/MI.....	111	lidocaine oint 5%.....	84
LEADER UNIFINE PENTIPS/NA.....	111	lidocaine patch 5% (Lidoderm).....	84
LEADER UNIFINE PENTIPS/PL.....	112	lidocaine-prilocaine cream 2.5-2.5%.....	84
LEADER UNIFINE PENTIPS PL.....	111	LIFESCAN UNISTIK 2 DEEP P.....	112
LEDIPASVIR/SOFOSBUVIR.....	6	linezolid for susp 100 mg/5ml (Zyvox).....	9
leflunomide tab 10 mg, 20 mg (Arava).....	63	linezolid tab 600 mg (Zyvox).....	9
lenalidomide cap 15 mg, 20 mg, 25 mg (Revlimid).....	137	liothyronine sodium tab 5 mcg, 25 mcg (Cytomel).....	29
lenalidomide cap 5 mg, 10 mg (Revlimid).....	137	liothyronine sodium tab 50 mcg (Cytomel).....	29
lenalidomide caps 2.5 mg (Revlimid).....	137	lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic).....	36
LENVIMA 4 MG DAILY DOSE.....	17		
LENVIMA 8 MG DAILY DOSE.....	17		
LENVIMA 10 MG DAILY DOSE.....	16		
LENVIMA 12MG DAILY DOSE.....	16		
LENVIMA 14 MG DAILY DOSE.....	16		

lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg (Zestril)	36	loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	53
lisinopril tab 20 mg (Prinivil)	36	lubiprostone cap 8 mcg (Amitiza)	47
LITETOUCH INSULIN PEN NEE.....	112	lubiprostone cap 24 mcg (Amitiza)	47
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LITE TOUCH LANCING PEN.....	112	LUMRYZ STARTER PACK.....	57
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LITETOUCH PEN NEEDLES 29G.....	112	LUPRON DEPOT (3-MONTH).....	17
LITETOUCH PEN NEEDLES 31G.....	112	LUPRON DEPOT (4-MONTH).....	17
LITHIUM CARBONATE.....	53	LUPRON DEPOT (6-MONTH).....	17
lithium carbonate cap 300 mg	53	LUPRON DEPOT-PED (1-MONTH).....	31
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)	53	LUPRON DEPOT-PED (3-MONTH).....	31
lithium carbonate tab er 450 mg	53	LUPRON DEPOT-PED (6-MONTH).....	31
lithium carbonate tab er 300 mg (Lithobid)	53	lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	53
lithium carbonate tab 300 mg	53	lurasidone hcl tab 80 mg (Latuda)	53
lithium oral solution 8 meq/5ml	53	LYNPARZA.....	17
LITHOBID.....	53	LYSODREN.....	17
LITHOSTAT.....	50	LYTGOBI.....	17
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LIVMARLI.....	47	MAFENIDE ACETATE.....	84
LIVTENCITY.....	6	MAGELLAN INSULIN SAFETY S.....	112
lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	57	MAGELLAN SYRINGE/HYPODERM.....	112
LOKELMA.....	137	MAGELLAN TUBERCULIN SAFET.....	112
LO LOESTRIN FE.....	24	malathion lotion 0.5% (Ovide)	84
LONGS INSULIN SYRINGE/0.5.....	112	MARATHON MEDICAL PENTIPS.....	112
LONGS LANCETS STANDARD.....	112	maraviroc tab 150 mg (Selzentry)	6
LONGS LANCETS THIN.....	112	maraviroc tab 300 mg (Selzentry)	6
LONGS LANCETS ULTRA THIN.....	112	MARPLAN.....	51
LONSURF.....	17	MATULANE.....	17
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	6	MAVENCLAD.....	57
lopinavir-ritonavir tab 100-25 mg (Kaletra)	6	MAVYRET.....	6
lopinavir-ritonavir tab 200-50 mg (Kaletra)	6	MAXICOMFORT II PEN NEEDLE.....	113
lorazepam conc 2 mg/ml	50	MAXI-COMFORT INSULIN SYRI.....	113
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	50	MAXICOMFORT INSULIN SYRIN.....	113
LORBRENA.....	17	MAXI-COMFORT SAFETY PEN N.....	113
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	36	MAXIDEX.....	78
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	36	MAYZENT.....	57
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LOTEMAX SM.....	78	meclizine hcl tab 25 mg	46
loteprednol etabonate ophth gel 0.5% (Lotemax)	78	MECLOFENAMATE SODIUM.....	63
loteprednol etabonate ophth susp 0.2% (Alrex)	78	MEDICHOICE PRE-SET SAFETY.....	113
loteprednol etabonate ophth susp 0.5% (Lotemax)	78	MEDICHOICE SAFETY LANCET.....	113
lovastatin tab 10 mg	39	MEDICINE SHOPPE LANCETS.....	113
lovastatin tab 20 mg, 40 mg	39	MEDICINE SHOPPE LANCETS T.....	113
		MEDICINE SHOPPE PEN NEEDL.....	113
		MEDIC INSULIN SYRINGE/0.3.....	113
		MEDIC INSULIN SYRINGE/0.5.....	113
		MEDLANCE PLUS/LITE 25G.....	113
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MEDLANCE PLUS LANCETS LIT.....	113	methenamine hippurate tab 1 gm (Hiprex).....	9
MEDLANCE PLUS LITE LANCET.....	113	methimazole tab 5 mg, 10 mg (Tapazole).....	29
MEDLANCE PLUS SPECIAL LAN.....	113	METHITEST.....	22
MEDLANCE PLUS SUPERLITE 3.....	113	methocarbamol tab 500 mg, 750 mg.....	70
MEDLANCE PLUS UNIVERSAL L.....	113	METHOTREXATE SODIUM.....	18
MEDROL.....	21	methotrexate sodium for inj 1 gm.....	18
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac).....	24	methotrexate sodium inj pf 1000 mg/40ml (25 mg/ ml).....	18
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac).....	24	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml).....	18
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera).....	25	methotrexate sodium tab 2.5 mg (base equiv).....	18
mefenamic acid cap 250 mg.....	63	METHOXSALEN.....	84
mefloquine hcl tab 250 mg.....	9	methscopolamine bromide tab 2.5 mg, 5 mg.....	45
megestrol acetate susp 40 mg/ml.....	17	methsuximide cap 300 mg (Celontin).....	67
megestrol acetate tab 20 mg, 40 mg.....	17	METHYLDOPA.....	36
MEIJER COLOR LANCETS UNIV.....	113	methylergonovine maleate tab 0.2 mg.....	30
MEIJER LANCETS.....	113	methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la).....	56
MEIJER LANCETS THIN.....	113	methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....	56
MEIJER LANCETS UNIVERSAL.....	113	methylphenidate hcl chew tab 10 mg.....	56
MEIJER PEN NEEDLES 29G X.....	113	methylphenidate hcl chew tab 2.5 mg, 5 mg.....	56
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MEIJER SUPER THIN LANCETS.....	113	methylphenidate hcl soln 10 mg/5ml (Methylin).....	56
MEKINIST.....	17	methylphenidate hcl tab er 10 mg, 20 mg.....	56
MEKTOVI.....	18	methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta).....	56
meloxicam tab 7.5 mg, 15 mg (Mobic).....	63	methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta).....	56
memantine hcl oral solution 2 mg/ml.....	58	methylphenidate hcl tab 5 mg, 10 mg (Ritalin).....	56
memantine hcl tab 5 mg, 10 mg (Namenda).....	58	methylphenidate hcl tab 20 mg (Ritalin).....	56
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa).....	58	METHYLPHENIDATE HYDROCHLO.....	56
MENEST.....	23	methylprednisolone tab 4 mg, 16 mg, 32 mg (Medrol).....	21
MENOSTAR.....	23	methylprednisolone tab 8 mg (Medrol).....	21
MENQUADFI.....	11	methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak).....	21
MENVEO.....	11	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	47
meprobamate tab 200 mg, 400 mg.....	50	metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan).....	47
mercaptapurine tab 50 mg.....	18	METOCLOPRAMIDE ODT.....	47
mesalamine cap dr 400 mg (Delzicol).....	47	metolazone tab 2.5 mg, 5 mg, 10 mg.....	38
mesalamine cap er 24hr 0.375 gm (Apriso).....	47	metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....	36
mesalamine enema 4 gm.....	47	metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl).....	34
mesalamine suppos 1000 mg (Canasa).....	47	metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....	34
mesalamine tab delayed release 1.2 gm (Lialda).....	47	metoprolol tartrate tab 50 mg, 100 mg (Lopressor)....	34
mesalamine tab delayed release 800 mg.....	47	metronidazole cream 0.75% (Metrocream).....	84
mesna tab 400 mg (Mesnex).....	18	metronidazole gel 0.75%.....	84
MESNEX.....	18	metronidazole gel 1% (Metrogel).....	84
metaxalone tab 400 mg.....	70	metronidazole tab 250 mg.....	9
metaxalone tab 800 mg (Skelaxin).....	70	metronidazole tab 500 mg (Flagyl).....	9
metformin hcl tab er 24hr 500 mg.....	26	metronidazole vaginal gel 0.75%.....	49
metformin hcl tab er 24hr 750 mg.....	26	mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	35
metformin hcl tab 500 mg, 850 mg, 1000 mg.....	26		
methadone hcl conc 10 mg/ml (Methadose).....	60		
methadone hcl soln 5 mg/5ml (Methadone hcl).....	61		
methadone hcl soln 10 mg/5ml (Methadone hcl).....	61		
methadone hcl tab for oral susp 40 mg.....	61		
methadone hcl tab 5 mg.....	61		
methadone hcl tab 10 mg.....	61		
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mifepristone tab 300 mg (Korlym).....	26	MONOJECT 1ML LUER LOCK TU.....	117
MIGLITOL.....	26	MONOJECT 3ML SYRINGE/STAN.....	117
MINI LANCING DEVICE.....	114	MONOJECT 20ML SYRINGE REG.....	117
minocycline hcl cap 50 mg.....	2	MONOJECT PHARMACY TRAY/LU.....	115
minocycline hcl cap 75 mg, 100 mg.....	2	MONOJECT PHARMACY TRAY/RE.....	115
minoxidil tab 2.5 mg, 10 mg.....	36	MONOJECT PISTON SYRINGE/C.....	115
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MIRCERA.....	72	MONOJECT PISTON SYRINGE/R.....	115
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mg (Remeron soltab).....	51	MONOJECT SOFTPACK 20ML/LL.....	115
mirtazapine tab 7.5 mg.....	51	MONOJECT SOFTPACK 35ML/LL.....	116
mirtazapine tab 45 mg.....	51	MONOJECT SOFTPACK 60ML/LL.....	116
mirtazapine tab 15 mg, 30 mg (Remeron).....	51	MONOJECT SOFTPACK 20ML/LT.....	115
misoprostol tab 100 mcg, 200 mcg (Cytotec).....	45	MONOJECT SOFTPACK 35ML/RE.....	116
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10ML SYRINGE LUER-LOK TIP.....	137	MONOJECT SYRINGE/CATHETER.....	116
30ML SYRINGES LUER LOCK.....	137	MONOJECT SYRINGE/ECCENTRI.....	116
1ML VANISHPOINT TUBERCULI.....	136	MONOJECT SYRINGE/LUER-LOC.....	116
MM INSULIN SYRINGE/U-100/.....	114	MONOJECT SYRINGE/LUER LOC.....	116
MM LANCING DEVICE.....	114	MONOJECT SYRINGE/12ML/18G.....	116
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modafinil tab 100 mg, 200 mg (Provigil).....	56	MONOJECT SYRINGE PHARMACY.....	116
MODERNA COVID-19 VACCINE.....	11	MONOJECT TB SYRINGE-NDL 1.....	117
moexipril hcl tab 7.5 mg, 15 mg.....	37	MONOJECT TUBERCULIN SAFET.....	117
MOLINDONE HYDROCHLORIDE.....	53	MONOJECT TUBERCULIN SYRIN.....	117
mometasone furoate cream 0.1%.....	84	MONOJECT ULTRA COMFORT IN.....	117
mometasone furoate oint 0.1%.....	84	MONOLET LANCETS.....	117
mometasone furoate solution 0.1% (lotion).....	84	MONOLET OPD LANCETS.....	117
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MONOJECT ALLERGIST TRAY/D.....	114	montelukast sodium chew tab 4 mg (base equiv), 5	
MONOJECT ALLERGIST TRAY/P.....	114	mg (base equiv) (Singulair).....	43
MONOJECT BLUNT CANNULA/20.....	114	montelukast sodium tab 10 mg (base equiv)	
MONOJECT BLUNT CANNULA/21.....	114	(Singulair).....	43
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MONOJECT FILTER NEEDLE 18.....	114	morphine sulfate oral soln 10 mg/5ml.....	61
MONOJECT FILTER NEEDLE/20.....	114	morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	61
MONOJECT FILTER NEEDLE/5U.....	114	morphine sulfate oral soln 20 mg/5ml (Morphine	
MONOJECT HYPO/ALUM HUB/16.....	114	sulfate).....	61
MONOJECT HYPO/ALUM HUB/18.....	114	morphine sulfate tab er 30 mg, 60 mg, 100 mg, 200 mg	
MONOJECT HYPO/ALUM HUB/LU.....	114	(Ms contin).....	61
MONOJECT HYPO/POLYPROPYLE.....	114	morphine sulfate tab er 15 mg (Ms contin).....	61
MONOJECT HYPODERMIC NEEDL.....	115	morphine sulfate tab 15 mg (Morphine sulfate).....	61
MONOJECT INSULIN SYRINGE.....	115	morphine sulfate tab 30 mg (Morphine sulfate).....	61

MOTOFEN.....	45	NEOMYCIN/POLYMYXIN/GRAMIC.....	78
MOUNJARO.....	26	neomycin-bacitrac zn-polymyx	
MOVANTIK.....	47	5(3.5)mg-400unt-10000unt op oin.....	78
moxifloxacin hcl ophth soln 0.5% (base equiv)		neomycin-polymyxin-dexamethasone ophth oint 0.1%	
(Vigamox).....	78	(Maxitrol).....	78
moxifloxacin hcl tab 400 mg (base equiv).....	3	neomycin-polymyxin-dexamethasone ophth susp	
MRESVIA.....	11	0.1% (Maxitrol).....	78
MS INSULIN SYRINGE/0.3ML/.....	117	neomycin-polymyxin-hc otic soln 1%.....	80
MS INSULIN SYRINGE/0.5ML/.....	117	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000	
MS INSULIN SYRINGE/1ML/29.....	117	unit/ml-1%.....	80
MS INSULIN SYRINGE/1ML/30.....	117	neomycin sulfate tab 500 mg.....	3
MS INSULIN SYRINGE/1ML/31.....	117	NEORAL.....	138
MULPLETA.....	72	NEO-SYNALAR.....	84
MULTAQ.....	35	NERLYNX.....	18
MULTI-LANCET DEVICE.....	117	NEUPRO.....	69
MULTI-LANCET DEVICE 2.....	117	NEVIRAPINE.....	6
mupirocin oint 2%.....	84	nevirapine tab er 24hr 400 mg (Viramune xr).....	6
MYALEPT.....	31	nevirapine tab 200 mg.....	6
MYCAPSSA.....	31	NEXIUM.....	45
mycophenolate mofetil cap 250 mg (Cellcept).....	137	NEXLETOL.....	39
mycophenolate mofetil for oral susp 200 mg/ml		NEXLIZET.....	39
(Cellcept).....	137	niacin tab er 500 mg (antihyperlipidemic), 750 mg	
mycophenolate mofetil tab 500 mg (Cellcept).....	137	(antihyperlipidemic), 1000 mg (antihyperlipidemic)	
mycophenolate sodium tab dr 180 mg (mycophenolic		(Niaspan).....	39
acid equiv), 360 mg (mycophenolic acid equiv)		nicotine polacrilex gum 2 mg, 4 mg.....	58
(Myfortic).....	137	nicotine polacrilex lozenge 2 mg, 4 mg.....	58
MYFEMBREE.....	23	nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21	
MYGLUCOHEALTH MGH SOFTLAN.....	117	mg/24hr.....	58
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MYRBETRIQ.....	48	NICOTROL NS.....	58
MYSOLINE.....	67	nifedipine cap 10 mg, 20 mg.....	34
N		nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....	34
nabumetone tab 500 mg, 750 mg.....	63	nifedipine tab er 24hr osmotic release 30 mg, 60 mg,	
nadolol tab 20 mg, 40 mg, 80 mg (Corgard).....	34	90 mg (Procardia xl).....	35
NAFTIFINE HCL.....	84	nilutamide tab 150 mg (Nilandron).....	18
naloxone hcl inj 0.4 mg/ml.....	86	NIMODIPINE.....	35
naloxone hcl inj 4 mg/10ml.....	86	nimodipine cap 30 mg.....	35
naloxone hcl nasal spray 4 mg/0.1ml (Narcan).....	86	NINLARO.....	18
naloxone hcl soln prefilled syringe 2 mg/2ml.....	86	NITAZOXANIDE.....	9
NALOXONE HYDROCHLORIDE.....	86	nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)....	31
naltrexone hcl tab 50 mg.....	86	NITRO-BID.....	33
naproxen sodium tab 275 mg, 550 mg.....	63	NITRO-DUR.....	33
naproxen tab 250 mg, 375 mg.....	63	nitrofurantoin macrocrystalline cap 25 mg, 50 mg	
naproxen tab 500 mg (Naprosyn).....	63	(Macrochantin).....	9
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base		nitrofurantoin macrocrystalline cap 100 mg	
equiv) (Amerge).....	65	(Macrochantin).....	9
NATACYN.....	78	nitrofurantoin monohydrate macrocrystalline cap 100	
NATAZIA.....	24	mg (Macrobid).....	9
nateglinide tab 60 mg, 120 mg.....	26	nitrofurantoin susp 25 mg/5ml.....	9
NATROBA.....	84	nitroglycerin oint 0.4% (Rectiv).....	81
NAYZILAM.....	67	nitroglycerin sl tab 0.3 mg, 0.4 mg (Nitrostat).....	33
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base		nitroglycerin sl tab 0.6 mg (Nitrostat).....	33
equivalent), 10 mg (base equivalent), 20 mg (base		nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4	
equivalent) (Bystolic).....	34	mg/hr, 0.6 mg/hr (Nitro-dur).....	33
NEFAZODONE HYDROCHLORIDE.....	52	nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	
		(Nitrolingual pumpspr).....	33

NITROLINGUAL.....	33	NOVOFINE PEN NEEDLE 32G X.....	118
NITRO-TIME.....	33	NOVOFINE PLUS PEN NEEDLE.....	118
NITYR.....	31	NOVOLIN 70/30.....	28
NIVA THYROID.....	30	NOVOLIN 70/30 FLEXPEN.....	29
NIVESTYM.....	72	NOVOLIN 70/30 FLEXPEN REL.....	29
NIZATIDINE.....	45	NOVOLIN 70/30 RELION.....	29
nizatidine cap 150 mg.....	46	NOVOLIN N.....	28
norelgestromin-ethinyl estradiol td ptwk 150-35		NOVOLIN N FLEXPEN.....	28
mcg/24hr.....	24	NOVOLIN N FLEXPEN RELION.....	28
norethindrone & ethinyl estradiol-fe chew tab 0.4		NOVOLIN N RELION.....	28
mg-35 mcg.....	24	NOVOLIN R.....	28
norethindrone & ethinyl estradiol-fe chew tab 0.8		NOVOLIN R FLEXPEN.....	28
mg-25 mcg (Generess fe).....	24	NOVOLIN R FLEXPEN RELION.....	28
norethindrone & ethinyl estradiol tab 0.5 mg-35		NOVOLIN R RELION.....	28
mcg.....	24	NOVOLOG.....	28
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg,		NOVOLOG FLEXPEN.....	28
1 mg-35 mcg.....	24	NOVOLOG FLEXPEN RELION.....	28
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20		NOVOLOG MIX 70/30.....	29
mcg, 1.5 mg-30 mcg.....	24	NOVOLOG MIX 70/30 PREFILL.....	29
norethindrone ace & ethinyl estradiol tab 1 mg-20		NOVOLOG MIX 70/30 RELION.....	29
mcg, 1.5 mg-30 mcg.....	24	NOVOLOG PENFILL.....	28
norethindrone ace-eth estradiol-fe chew tab 1 mg-20		NOVOLOG RELION.....	28
mcg (24) (Minastrin 24 fe).....	24	NOVOPEN ECHO.....	118
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20		NOVOSEVEN RT.....	75
mcg (24).....	24	NOXAFIL.....	4
norethindrone acetate-ethinyl estradiol tab 1 mg-5		NP THYROID 15.....	30
mcg.....	23	NP THYROID 30.....	30
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5		NP THYROID 60.....	30
mcg (Femhrt).....	23	NP THYROID 90.....	30
norethindrone acetate tab 5 mg (Aygestin).....	25	NP THYROID 120.....	30
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35		NUBEQA.....	18
mg-mcg (Estrostep fe).....	24	NUCALA.....	43
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35		NUCYNTA.....	61
mg-mcg.....	24	NUCYNTA ER.....	61
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-		NULIBRY.....	31
mcg.....	24	NURTEC.....	65
norethindrone tab 0.35 mg.....	24	NUVARING.....	25
norgestimate & ethinyl estradiol tab 0.25 mg-35		NUVESSA.....	49
mcg.....	25	NUWIQ.....	76
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25		NUZYRA.....	2
mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg.....	25	NYMALIZE.....	35
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	25	nystatin cream 100000 unit/gm.....	84
NORM-JECT LUER LOCK SYRIN.....	117	nystatin oint 100000 unit/gm.....	84
NORM-JECT TUBERKULIN 1ML.....	117	nystatin susp 100000 unit/ml.....	80
NORPACE.....	35	nystatin tab 500000 unit.....	4
NORPACE CR.....	35	nystatin topical powder 100000 unit/gm.....	84
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg		nystatin-triamcinolone cream 100000-0.1 unit/gm-	
(Pamelor).....	52	%.....	84
nortriptyline hcl soln 10 mg/5ml.....	52	nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	84
NORVIR.....	6	NYVEPRIA.....	72
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NOVA SAFETY LANCETS 28G.....	117	OCALIVA.....	47
NOVA SUREFLEX LANCETS.....	118	OCTREOTIDE ACETATE.....	31
NOVA SUREFLEX LANCING DEV.....	118	octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000	
NOVAVAX COVID-19 VACCINE/.....	11	mcg/ml (1 mg/ml).....	32
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octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin).....	31	ONETOUCH VERIO TEST STRIP.....	86
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ODEFSEY.....	6	OPFOLDA.....	32
ODOMZO.....	18	OPSUMIT.....	40
OFEV.....	44	OPTIONS GYNOL II VAGINAL.....	49
OFLOXACIN.....	3	OPVEE.....	86
ofloxacin ophth soln 0.3% (Ocuflox).....	78	ORAVIG.....	80
ofloxacin otic soln 0.3%.....	80	ORENCIA.....	63
ofloxacin tab 400 mg.....	3	ORENCIA CLICKJECT.....	63
OGSIVEO.....	18	ORENITRAM.....	40
OJEMDA.....	18	ORENITRAM TITRATION KIT M.....	40
OJJAARA.....	18	ORFADIN.....	32
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis).....	53	ORGOVYX.....	18
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg (Zyprexa).....	53	ORIAHNN.....	23
olanzapine tab 20 mg (Zyprexa).....	53	ORLISSA.....	32
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor).....	37	ORKAMBI.....	44
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct).....	37	ORLADEYO.....	76
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar).....	37	orphenadrine citrate tab er 12hr 100 mg.....	70
olopatadine hcl nasal soln 0.6% (Patanase).....	41	orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Norgesic forte).....	70
OLUMIANT.....	63	ORSERDU.....	18
omeprazole cap delayed release 10 mg, 20 mg, 40 mg.....	46	oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu).....	6
OMNIFLEX DIAPHRAGM.....	118	oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu).....	6
OMNIPOD DASH INTRO KIT (G.....	118	oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu).....	6
OMNIPOD DASH PODS (GEN 4).....	118	OTEZLA.....	63
OMNIPOD 5 DEXCOM G7G6 INT.....	118	OTOVEL.....	80
OMNIPOD 5 DEXCOM G7G6 POD.....	118	OTREXUP.....	63
OMNIPOD 5 LIBRE2 PLUS G6.....	118	oxaprozin tab 600 mg (Daypro).....	63
OMNITROPE.....	32	oxazepam cap 10 mg, 15 mg, 30 mg.....	50
OMVOH.....	47	oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal).....	67
ONDANSETRON HCL.....	46	oxcarbazepine tab 300 mg, 600 mg (Trileptal).....	67
ondansetron hcl oral soln 4 mg/5ml.....	46	oxcarbazepine tab 150 mg (Trileptal).....	67
ondansetron hcl tab 8 mg.....	46	OXERVATE.....	79
ondansetron hcl tab 4 mg (Zofran).....	46	oxiconazole nitrate cream 1% (Oxistat).....	84
ondansetron orally disintegrating tab 4 mg, 8 mg.....	46	oxybutynin chloride solution 5 mg/5ml.....	48
ONETOUCH DELICA LANCETS E.....	118	oxybutynin chloride tab er 24hr 15 mg.....	48
ONETOUCH DELICA LANCETS F.....	118	oxybutynin chloride tab er 24hr 5 mg, 10 mg (Ditropan xl).....	48
ONETOUCH DELICA LANCING D.....	118	oxybutynin chloride tab 5 mg.....	48
ONETOUCH DELICA PLUS LANC.....	118	oxycodone hcl conc 100 mg/5ml (20 mg/ml).....	61
ONETOUCH DELICA SAFETY LA.....	118	oxycodone hcl soln 5 mg/5ml.....	61
ONETOUCH LANCETS.....	118	oxycodone hcl tab 10 mg.....	61
ONETOUCH ULTRA.....	86	oxycodone hcl tab 20 mg.....	61
ONETOUCH ULTRA BLUE TEST.....	86	oxycodone hcl tab 15 mg, 30 mg (Roxicodone).....	61
ONETOUCH ULTRA CONTROL.....	118	oxycodone hcl tab 5 mg (Roxicodone).....	61
ONETOUCH ULTRA CONTROL SO.....	118	oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet).....	61
ONETOUCH ULTRASOFT 2 LANC.....	118	oxycodone w/ acetaminophen tab 5-325 mg (Percocet).....	61
ONETOUCH ULTRA TEST STRIP.....	86	oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet).....	61
ONETOUCH VERIO LEVEL 3 CO.....	118	oxycodone w/ acetaminophen tab 10-325 mg (Percocet).....	61
ONETOUCH VERIO LEVEL 4 CO.....	118		

oxymorphone hcl tab 5 mg, 10 mg.....	61	PEN NEEDLES/31G X 6MM.....	119
OXYMORPHONE HYDROCHLORIDE.....	61	PEN NEEDLES 31GX5/16".....	119
OZEMPIC.....	26	PEN NEEDLES 31G X 3/16".....	119
P		PEN NEEDLES 33G X 5/32".....	119
PALFORZIA INITIAL DOSE ES.....	13	PEN NEEDLES 30GX5MM.....	119
PALFORZIA LEVEL 1.....	13	PEN NEEDLES 30GX8MM.....	119
PALFORZIA LEVEL 2.....	13	PEN NEEDLES 31GX5MM.....	119
PALFORZIA LEVEL 3.....	13	PEN NEEDLES 31GX8MM.....	119
PALFORZIA LEVEL 4.....	13	PEN NEEDLES 32GX4MM.....	119
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PALFORZIA LEVEL 6.....	13	PEN NEEDLES 31G X 5MM.....	119
PALFORZIA LEVEL 7.....	13	PEN NEEDLES 31G X 6MM.....	119
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PALFORZIA LEVEL 10.....	13	PEN NEEDLES 32G X 5MM.....	119
PALFORZIA LEVEL 11 (MAINT.....	13	PEN NEEDLES 32G X 6MM.....	119
PALFORZIA LEVEL 11 (TITRA.....	13	PEN NEEDLES 31GX8MM (5/16.....	119
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg		PEN NEEDLES 31GX6MM (1/4".....	119
(Invega).....	53	PENTACEL.....	12
paliperidone tab er 24hr 6 mg (Invega).....	53	pentamidine isethionate for nebulization soln 300 mg	
PALYNYIQ.....	32	(Nebupent).....	9
PANRETIN.....	84	PENTIPS GENERIC PEN NEEDL.....	120
pantoprazole sodium ec tab 20 mg (base equiv), 40		PENTIPS 31GX5MM.....	120
mg (base equiv) (Protonix).....	46	PENTIPS 31GX6MM.....	120
paricalcitol cap 4 mcg.....	32	PENTIPS 31GX8MM.....	120
paricalcitol cap 1 mcg, 2 mcg (Zemplar).....	32	PENTIPS 32GX4MM.....	120
PARODONTAX.....	80	PENTIPS 29GX12MM.....	120
paroxetine hcl tab 10 mg, 20 mg, 40 mg (Paxil).....	52	PENTIPS 29G X 12MM.....	120
paroxetine hcl tab 30 mg (Paxil).....	52	PENTIPS 31G X 5MM.....	120
PAXLOVID.....	7	PENTIPS 31G X 8MM.....	120
pazopanib hcl tab 200 mg (base equiv) (Votrient).....	18	PENTIPS 32G X 4MM.....	120
PC UNIFINE PENTIPS 29G X.....	118	pentoxifylline tab er 400 mg.....	76
PC UNIFINE PENTIPS 31G X.....	118	PERFECT LANCETS 30G.....	120
PEDIARIX.....	12	PERFECT POINT SAFETY LANC.....	120
PEDVAX HIB.....	11	PERFECT POINT SAFTEY NEED.....	120
PEGASYS.....	7	PERFECT PRESSURE ACTIVATE.....	120
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236		PERINDOPRIL ERBUMINE.....	37
gm (Golytely).....	44	perindopril erbumine tab 4 mg.....	37
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln		permethrin cream 5% (Elimite).....	84
100 gm (Moviprep).....	45	PERPHENAZINE/AMITRIPTYLIN.....	58
peg 3350-kcl-sod bicarb-nacl for soln 420 gm		perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....	53
(Nulytely).....	45	PFIZER-BIONTECH COVID-19.....	11
PEG-PREP.....	45	PHARMACIST CHOICE SELECT.....	120
PEMAZYRE.....	18	PHARMACIST CHOICE ULTRA T.....	120
PENBRAYA.....	11	PHARMACY COUNTER LANCETS.....	120
penciclovir cream 1% (Denavir).....	84	PHEBURANE.....	32
penicillamine tab 250 mg (Depen titratabs).....	138	PHENELZINE SULFATE.....	52
PENICILLIN V POTASSIUM.....	1	phenobarbital elixir 20 mg/5ml.....	54
penicillin v potassium tab 250 mg, 500 mg.....	1	phenobarbital tab 32.4 mg, 64.8 mg, 97.2 mg.....	55
PEN NEEDLE/5-BEVEL TIP/32.....	118	phenobarbital tab 15 mg, 16.2 mg, 30 mg, 60 mg, 100	
PEN NEEDLES.....	119	mg.....	55
PEN NEEDLES/29G X 1/2".....	119	phenoxybenzamine hcl cap 10 mg (Dibenzyline).....	37
PEN NEEDLES/31G X 1/4".....	119	phenytoin chew tab 50 mg (Dilantin infatabs).....	67
PEN NEEDLES/31G X 3/16".....	119	phenytoin sodium extended cap 200 mg, 300 mg	
PEN NEEDLES/31G X 5/16".....	119	(Phenytek).....	67
PEN NEEDLES/31G X 5/16".....	119	phenytoin sodium extended cap 100 mg (Dilantin).....	67
PEN NEEDLES/32G X 5/32".....	120	phenytoin susp 125 mg/5ml (Dilantin-125).....	67

PHEXXI.....	49	potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab).....	71
phytonadione tab 5 mg (Mephyton).....	70	potassium chloride tab er 8 meq (600 mg).....	71
PIFELTRO.....	7	potassium citrate tab er 5 meq (540 mg) (Urocit-k 5).....	50
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine).....	79	potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10).....	50
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen).....	80	potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15).....	50
PIMOZIDE.....	58	potassium phosphate monobasic tab 500 mg (K-phos).....	71
pindolol tab 5 mg, 10 mg.....	34	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral).....	71
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met).....	26	PRADAXA.....	73
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos).....	26	pramipexole dihydrochloride tab 0.25 mg, 1.5 mg.....	69
PIP LANCETS/28G.....	120	pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg (Mirapex).....	69
PIP LANCETS/30G.....	120	prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient).....	76
PIP PEN NEEDLES 31G X 5MM.....	120	pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg.....	39
PIP PEN NEEDLES 32G X 4MM.....	120	praziquantel tab 600 mg (Biltricide).....	9
PIQRAY 200MG DAILY DOSE.....	18	prazosin hcl cap 1 mg, 2 mg (Minipress).....	37
PIQRAY 250MG DAILY DOSE.....	18	prazosin hcl cap 5 mg (Minipress).....	37
PIQRAY 300MG DAILY DOSE.....	18	PRECISION SURE-DOSE INSUL.....	121
PIRFENIDONE.....	44	prednisolone acetate ophth susp 1% (Pred forte).....	79
pirfenidone cap 267 mg (Esbriet).....	44	PREDNISOLONE SODIUM PHOSP.....	79
pirfenidone tab 267 mg (Esbriet).....	44	prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....	21
pirfenidone tab 801 mg (Esbriet).....	44	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	21
piroxicam cap 10 mg (Feldene).....	63	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred).....	21
piroxicam cap 20 mg (Feldene).....	63	prednisolone soln 15 mg/5ml.....	21
PLEGRIDY.....	58	PREDNISON.....	21
PLEGRIDY STARTER PACK.....	58	prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....	22
PNEUMOVAX 23.....	12	prednisone tab therapy pack 10 mg (48).....	21
PODOFILOX.....	84	prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21).....	21
POLY HUB NEEDLE/18G X 1-1.....	120	PREFERRED PLUS INSULIN SY.....	121
POLY HUB NEEDLE/21G X 1-1.....	120	PREFERRED PLUS LANCETS CO.....	121
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POLY HUB NEEDLE/25G X 1-1.....	121	PREFERRED PLUS UNIFINE PE.....	121
POLY HUB NEEDLE/27G X 1-1.....	121	pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica).....	67
POLY HUB NEEDLE/25G X 5/8.....	121	pregabalin cap 225 mg, 300 mg (Lyrica).....	67
POLY HUB NEEDLE/27G X 1/2.....	121	pregabalin soln 20 mg/ml (Lyrica).....	67
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POLY HUB NEEDLE/23G X 1".....	121	PRENATAL PLUS.....	71
POLY HUB NEEDLE/25G X 1".....	121	PRENATAL-U.....	71
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posaconazole susp 40 mg/ml (Noxafil).....	4		
posaconazole tab delayed release 100 mg (Noxafil).....	4		
potassium chloride cap er 8 meq, 10 meq.....	71		
POTASSIUM CHLORIDE ER.....	71		
potassium chloride microencapsulated crys er tab 15 meq.....	71		
potassium chloride microencapsulated crys er tab 10 meq, 20 meq.....	71		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....	71		
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PREVIDENT 5000 SENSITIVE.....	80	PURE COMFORT SAFETY PEN N.....	122
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primaquine phosphate tab 26.3 mg (15 mg base)		PX LANCETS ULTRA THIN.....	122
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primidone tab 250 mg (Mysoline).....	67	PX PEN NEEDLE 29GX12MM.....	122
PRIORIX.....	12	pyrazinamide tab 500 mg.....	3
probenecid tab 500 mg.....	65	pyridostigmine bromide oral soln 60 mg/5ml	
prochlorperazine maleate tab 5 mg (base equivalent),		(Mestinon).....	70
10 mg (base equivalent).....	53	pyridostigmine bromide tab er 180 mg (Mestinon	
prochlorperazine suppos 25 mg.....	54	timespan).....	70
PRO COMFORT INSULIN SYRIN.....	121	pyridostigmine bromide tab 60 mg (Mestinon).....	70
PRO COMFORT LANCETS 30G.....	121	pyrimethamine tab 25 mg (Daraprim).....	9
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PRODIGY TWIST TOP LANCETS.....	122	QC LANCETS SUPER THIN.....	122
PROFILNINE.....	76	QC LANCETS ULTRA THIN.....	122
progesterone cap 100 mg (Prometrium).....	25	QC PEN NEEDLES 29G X 12MM.....	122
progesterone cap 200 mg (Prometrium).....	25	QC PEN NEEDLES 31G X 6MM.....	122
progesterone im in oil 50 mg/ml.....	25	QC PEN NEEDLES 31G X 8MM.....	122
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PROMACTA.....	73	QC UNILET LANCETS 33G/MIC.....	123
promethazine hcl oral soln 6.25 mg/5ml.....	41	QC UNILET LANCETS 28G/ULT.....	123
promethazine hcl suppos 12.5 mg, 25 mg.....	41	QINLOCK.....	19
promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	41	QUADRACEL.....	13
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propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg		(Seroquel xr).....	54
(Rythmol sr).....	35	quetiapine fumarate tab er 24hr 50 mg (Seroquel	
propafenone hcl tab 150 mg.....	35	xr).....	54
propafenone hcl tab 225 mg, 300 mg.....	35	quetiapine fumarate tab er 24hr 150 mg (Seroquel	
PROPRANOLOL HCL.....	34	xr).....	54
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propranolol hcl cap er 24hr 120 mg, 160 mg (Inderal		quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200	
la).....	34	mg (Seroquel).....	54
propranolol hcl oral soln 20 mg/5ml.....	34	quetiapine fumarate tab 300 mg, 400 mg	
propranolol hcl tab 60 mg.....	34	(Seroquel).....	54
propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg.....	34	QUICK TOUCH INSULIN PEN N.....	123
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PROQUAD.....	12	quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	
protriptyline hcl tab 5 mg, 10 mg.....	52	(Accupril).....	37
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quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)	37	RELION PEN NEEDLES 31G X.....	124
quinidine gluconate tab er 324 mg	35	RELION PEN NEEDLES 32G X.....	124
QUINIDINE SULFATE.....	35	RELION PEN NEEDLES 31GX5/.....	124
quinine sulfate cap 324 mg (Qualaquin)	9	RELION PEN NEEDLES 31GX6M.....	124
QULIPTA.....	65	RELION PEN NEEDLES 31GX8M.....	124
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RABAVERT.....	12	RELION SHORT PEN NEEDLES.....	124
rabeprazole sodium ec tab 20 mg (Aciphex)	46	RELION THIN LANCETS.....	124
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RA E-ZJECT LANCETS THIN 2.....	123	REPATHA.....	39
RA E-ZJECT LANCETS ULTRA.....	123	REPATHA PUSHTRONEX SYSTEM.....	39
RAGWITEK.....	13	REPATHA SURECLICK.....	39
RA INSULIN SYRINGE/0.5ML/.....	123	RESTASIS.....	79
RA INSULIN SYRINGE/1ML/29.....	123	RETACRIT.....	73
RA INSULIN SYRINGE/U-100/.....	123	RETEVMO.....	19
raloxifene hcl tab 60 mg (Evista)	32	RETROVIR.....	7
ramelteon tab 8 mg (Rozerem)	55	REVCIVI.....	32
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	37	REVLIMID.....	138
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	33	REXALL LANCETS ULTRA THIN.....	124
RA PEN NEEDLES 31G X 5MM.....	123	REXTOVY.....	86
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rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	69	REYATAZ.....	7
RAVICTI.....	32	REYVOW.....	65
RAYA SURE PEN NEEDLE 29G.....	123	REZLIDHIA.....	19
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REALITY LANCETS.....	123	RIBAVIRIN.....	7
REALITY TRIGGER LANCETS.....	123	RIDAURA.....	63
REBIF.....	58	rifabutin cap 150 mg (Mycobutin)	3
REBIF REBIDOSE.....	58	rifampin cap 150 mg, 300 mg	3
REBIF REBIDOSE TITRATION.....	58	RIGHTEST GD-L500 ALTERNAT.....	124
REBIF TITRATION PACK.....	58	RIGHTEST GD500 LANCING DE.....	124
REBINYN.....	76	RIGHTEST GL300 LANCETS.....	124
RECOMBINATE.....	76	riluzole tab 50 mg (Rilutek)	70
RECOMBIVAX HB.....	12	RINVOQ.....	63
REGRANEX.....	84	RINVOQ LQ.....	64
RELENZA DISKHALER.....	7	risedronate sodium tab 5 mg, 30 mg	32
RELION 2-IN-1 LANCET DEV.....	124	risedronate sodium tab 35 mg, 150 mg (Actonel)	32
RELION 2-IN-1 LANCING DEV.....	124	RISPERIDONE ODT.....	54
RELION INSULIN SYRINGE 0.....	123	risperidone orally disintegrating tab 4 mg	54
RELION INSULIN SYRINGE/U.....	123	risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	54
RELION INSULIN SYRINGE 1M.....	123	risperidone soln 1 mg/ml (Risperdal)	54
RELION LANCETS.....	123	risperidone tab 0.25 mg	54
RELION LANCETS MICRO-THIN.....	123	risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	54
RELION LANCETS THIN 26G.....	123	risperidone tab 4 mg (Risperdal)	54
RELION LANCETS ULTRA-THIN.....	123	ritonavir tab 100 mg (Norvir)	7
RELION LANCING DEVICE.....	123	rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	58
RELION MINI PEN NEEDLES 3.....	124	rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	58
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rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt).....	65	selegiline hcl cap 5 mg.....	69
rizatriptan benzoate tab 5 mg (base equivalent).....	65	selegiline hcl tab 5 mg.....	69
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt).....	65	selenium sulfide lotion 2.5%.....	85
roflumilast tab 250 mcg, 500 mcg (Daliresp).....	43	SELZENTRY.....	7
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg.....	69	SEMGLEE.....	29
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor).....	39	SE-NATAL 19.....	71
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ROTATEQ.....	12	SENSODYNE RAPID RELIEF.....	80
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RUBRACA.....	19	SEREVENT DISKUS.....	43
RUCONEST.....	76	sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft).....	52
rufinamide susp 40 mg/ml (Banzel).....	67	sertraline hcl tab 25 mg, 50 mg (Zoloft).....	52
rufinamide tab 200 mg, 400 mg (Banzel).....	67	sertraline hcl tab 100 mg (Zoloft).....	52
RUKOBIA.....	7	sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela).....	48
RYBELSUS.....	26	sevelamer carbonate tab 800 mg (Renvela).....	48
RYCLORA.....	41	sevelamer hcl tab 400 mg.....	48
RYDAPT.....	19	sevelamer hcl tab 800 mg (Renagel).....	48
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SAFETY LANCET 30G/PRESSUR.....	124	SIGNIFOR.....	32
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SAFETY LANCETS/PRESSURE A.....	124	sildenafil citrate tab 25 mg, 50 mg, 100 mg (Viagra).....	40,40
SAFETY LANCETS 21G.....	124	sildenafil citrate tab 20 mg (Revatio).....	40
SAFETY LANCETS 23G.....	124	silodosin cap 4 mg, 8 mg (Rapaflo).....	50
SAFETY LANCETS 28G.....	124	silver sulfadiazine cream 1% (Silvadene).....	85
SAFETY PEN NEEDLES/30G X.....	124	SIMBRINZA.....	79
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SANTYL.....	85	SIMLANDI 1-PEN KIT.....	64
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan).....	32	SIMLANDI 2-PEN KIT.....	64
sapropterin dihydrochloride tab 100 mg (Kuvan).....	32	SIMPLE DIAGNOSTICS LANCIN.....	125
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SAPS HEALTH CARE TWIST TO.....	124	simvastatin tab 5 mg.....	39
SAPS HEALTH PLUS TWIST TO.....	124	simvastatin tab 10 mg, 20 mg, 40 mg, 80 mg (Zocor).....	39
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SAVELLA.....	59	sirolimus oral soln 1 mg/ml (Rapamune).....	138
SAVELLA TITRATION PACK.....	59	sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune).....	138
SB INSULIN SYRINGE/U-100/.....	125	SIRTURO.....	3
SB LANCETS THIN.....	125	SIVEXTRO.....	9
SB LANCETS ULTRA THIN.....	125	SKYCLARYS.....	70
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SECURESAFE SAFETY INSULIN.....	125	SMART SENSE COLOR LANCETS.....	125
SECURESAFE SAFETY PEN NEE.....	125	SMART SENSE STANDARD LANC.....	125
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		SM MICRO THIN LANCETS 33G.....	125
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		sodium chloride soln nebu 3%.....	41

sodium chloride soln nebu 7% (Hypersal)	41	1ST CHOICE LANCETS THIN.....	136
sodium citrate & citric acid soln 500-334 mg/5ml	50	1ST CHOICE LANCETS ULTRA.....	136
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SODIUM FLUORIDE/POTASSIUM.....	80	STERILANCE TL.....	125
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	71	STIOLTO RESPIMAT.....	43
sodium fluoride cream 1.1% (Prevident 5000 plus)	80	STIVARGA.....	19
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	80	STRENSIQ.....	32
sodium fluoride paste 1.1% (Prevident 5000 boost)	80	STRIBILD.....	7
SODIUM FLUORIDE 5000 PPM.....	80	STRIVERDI RESPIMAT.....	43
sodium fluoride rinse 0.2% (Prevident rinse)	80	1ST TIER UNIFINE PENTIPS.....	136
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sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	32	sucralfate tab 1 gm (Carafate)	46
sodium phenylbutyrate tab 500 mg (Buphenyl)	32	SULCONAZOLE NITRATE.....	85
sodium polystyrene sulfonate powder	138	SULFACETAMIDE SODIUM.....	79
sodium polystyrene sulfonate susp 15 gm/60ml	138	SULFACETAMIDE SODIUM/PRED.....	79
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	45	sulfacetamide sodium lotion 10% (acne) (Klaron)	85
SOFOSBUVIR/VELPATASVIR.....	7	sulfacetamide sodium ophth soln 10% (Bleph-10)	79
SOHONOS.....	70	sulfadiazine tab 500 mg	3
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	49	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	10
SOLQUA 100/33.....	26	sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	10
SOLTAMOX.....	19	sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	10
SOLUS V2 LANCING DEVICE.....	125	SULFAMYLON.....	85
SOLUS V2 PRESSURE ACTIVAT.....	125	sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	48
SOLUS V2 TWIST LANCETS 30.....	125	sulfasalazine tab 500 mg (Azulfidine)	48
SOMAVERT.....	32	sulindac tab 150 mg, 200 mg	64
SOOLANTRA.....	85	sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)	65
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	19	sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	65
sotalol hcl (afib/af) tab 80 mg, 120 mg (Betapace af)	34	sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	65
sotalol hcl (afib/af) tab 160 mg (Betapace af)	34	sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	65
sotalol hcl tab 240 mg	34	sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	19
sotalol hcl tab 80 mg, 120 mg (Betapace)	34	sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	19
sotalol hcl tab 160 mg (Betapace)	34	SUNLENCA.....	7
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SYMFI.....	7	tasimelteon capsule 20 mg (Hetlioz).....	55
SYMFI LO.....	7	TAVALISSE.....	76
SYMPROIC.....	48	tazarotene cream 0.05% (Tazorac).....	85
SYMTUZA.....	8	tazarotene cream 0.1% (Tazorac).....	85
SYNAREL.....	32	tazarotene gel 0.05%, 0.1% (Tazorac).....	85
SYNJARDY.....	26	TAZORAC.....	85
SYNJARDY XR.....	27	TAZVERIK.....	20
SYNTHROID.....	30	TDVAX.....	13
SYRINGE/HYPODERMIC SAFETY.....	126	TECHLITE AST LANCETS.....	127
SYRINGE/LUER LOCK/10ML.....	126	TECHLITE INSULIN SYRINGE.....	127
SYRINGE/LUER LOCK/20ML.....	126	TECHLITE LANCETS.....	127
SYRINGE/LUER LOCK/3ML.....	126	TECHLITE LANCETS 26G.....	127
SYRINGE/LUER LOCK/5ML.....	126	TECHLITE PEN NEEDLES/31G.....	127
SYRINGE/LUER LOCK/60ML.....	126	TECHLITE PEN NEEDLES/32G.....	127
SYRINGE/LUER LOCK/10ML/21.....	126	TECHLITE PEN NEEDLES 29G.....	127
SYRINGE/LUER LOCK/3ML/20G.....	126	TECHLITE PEN NEEDLES 31G.....	127
SYRINGE/LUER LOCK/3ML/21G.....	126	TECHLITE PLUS PEN NEEDLES.....	127
SYRINGE/LUER LOCK/3ML/22G.....	126	TEGRETOL.....	67
SYRINGE/LUER LOCK/3ML/23G.....	126	TEGRETOL-XR.....	67
SYRINGE/LUER LOCK/3ML/25G.....	126	TELMISARTAN/AMLODIPINE.....	37
SYRINGE/LUER LOCK/5ML/20G.....	126	telmisartan tab 40 mg, 80 mg (Micardis).....	37
SYRINGE/LUER SLIP/1ML.....	126	telmisartan tab 20 mg (Micardis).....	37
SYRINGE/LUER SLIP/10ML.....	127	temazepam cap 15 mg, 30 mg (Restoril).....	55
SYRINGE/LUER SLIP/3ML.....	127	temozolomide cap 5 mg, 20 mg.....	20
SYRINGE/LUER SLIP/35ML.....	127	temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg	
SYRINGE/LUER SLIP/5ML.....	127	(Temodar).....	20
SYRINGE/LUER SLIP/60ML.....	127	TENCON.....	59
SYRINGE/LUER SLIP/1ML/25G.....	126	TENIVAC.....	13
SYRINGE/LUER SLIP/1ML/26G.....	126	tenofovir disoproxil fumarate tab 300 mg (Viread).....	8
SYRINGE/LUER SLIP/1ML/27G.....	127	TEPMETKO.....	20
SYRINGES/LUER LOCK/1ML/20.....	127	terazosin hcl cap 1 mg (base equivalent), 2 mg (base	
SYRINGES/LUER LOCK/10ML/2.....	127	equivalent), 5 mg (base equivalent), 10 mg (base	
SYRINGES/LUER LOCK/5ML/20.....	127	equivalent).....	37
SYRINGES/LUER LOCK/5ML/21.....	127	terbinafine hcl tab 250 mg.....	4
SYRINGES/LUER LOCK/5ML/22.....	127	terbutaline sulfate tab 2.5 mg, 5 mg.....	43
SYRINGES/LUER LOCK/WITHOU.....	127	terconazole vaginal cream 0.4%, 0.8%.....	49
SYRINGES/LUER SLIP/1ML/25.....	127	terconazole vaginal suppos 80 mg.....	49
SYRINGES/LUER SLIP/WITHOU.....	127	teriflunomide tab 7 mg, 14 mg (Aubagio).....	59
T		teriparatide soln pen-inj 600 mcg/2.4ml (Forteo).....	32
TABLOID.....	19	testosterone cypionate im inj in oil 100 mg/ml (Depo-	
TABRECTA.....	19	testosterone).....	22
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf).....	138	testosterone cypionate im inj in oil 200 mg/ml (Depo-	
tacrolimus oint 0.03%, 0.1% (Protopic).....	85	testosterone).....	22
tadalafil tab 2.5 mg, 5 mg (Cialis).....	40,40	TESTOSTERONE ENANTHATE.....	22
tadalafil tab 10 mg, 20 mg (Cialis).....	40,41	testosterone td gel 12.5 mg/act (1%).....	22
tadalafil tab 20 mg (pah) (Adcirca).....	40	testosterone td gel 20.25 mg/act (1.62%) (Androgel	
TAFINLAR.....	19	pump).....	22
tafluprost preservative free (pf) ophth soln 0.0015%		testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm	
(Zioptan).....	79	(1%) (Androgel).....	22
TAGRISO.....	19	testosterone td soln 30 mg/act.....	22
TAKHZYRO.....	76	tetrabenazine tab 12.5 mg (Xenazine).....	59
TALZENNA.....	19	tetrabenazine tab 25 mg (Xenazine).....	59
tamoxifen citrate tab 10 mg (base equivalent), 20 mg		tetracycline hcl cap 250 mg, 500 mg.....	2
(base equivalent).....	19	TEZSPIRE.....	43
tamsulosin hcl cap 0.4 mg (Flomax).....	50	TGT ADVANCED LANCING DEVI.....	127
		TGT LANCET ALTERNATE SITE.....	127

TGT LANCET MICRO THIN 33G.....	127	TOPCARE ULTRA COMFORT INS.....	128
TGT LANCET SUPER THIN 30G.....	128	TOPIRAMATE.....	68
TGT LANCET THIN 23G.....	128	topiramate cap er 24hr 25 mg, 50 mg, 100 mg	
TGT LANCET THIN 26G.....	128	(Trokendi xr).....	68
TGT LANCET ULTRA THIN 28G.....	128	topiramate cap er 24hr 200 mg (Trokendi xr).....	68
TGT LANCET ULTRA THIN 30G.....	128	topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100	
TGT LANCING DEVICE.....	128	mg, 150 mg (Qudexy xr).....	68
THALOMID.....	138	topiramate cap er 24hr sprinkle 200 mg (Qudexy	
THEO-24.....	43	xr).....	68
theophylline elixir 80 mg/15ml.....	43	topiramate sprinkle cap 15 mg, 25 mg (Topamax	
theophylline soln 80 mg/15ml.....	43	sprinkle).....	68
theophylline tab er 12hr 300 mg, 450 mg.....	43	topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	
theophylline tab er 24hr 400 mg, 600 mg.....	43	(Topamax).....	68
THIOLA EC.....	50	toremifene citrate tab 60 mg (base equivalent)	
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	54	(Fareston).....	20
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....	54	torseamide tab 5 mg, 10 mg, 20 mg, 100 mg.....	38
THYQUIDITY.....	30	TOUJEO MAX SOLOSTAR.....	29
THYROID.....	30	TOUJEO SOLOSTAR.....	29
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg		TRACLEER.....	40
(Gabitril).....	67	tramadol-acetaminophen tab 37.5-325 mg	
TIBSOVO.....	20	(Ultracet).....	61
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)....	79	TRAMADOL HCL ER.....	61
timolol maleate tab 5 mg, 10 mg, 20 mg.....	34	tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg.....	61
tinidazole tab 250 mg, 500 mg.....	10	tramadol hcl tab 50 mg (Ultram).....	61
tiopronin tab delayed release 100 mg, 300 mg (Thiola		trandolapril tab 1 mg, 2 mg, 4 mg.....	37
ec).....	50	tranexamic acid tab 650 mg (Lysteda).....	74
tiopronin tab 100 mg (Thiola).....	50	tranylcypromine sulfate tab 10 mg (Parnate).....	52
TIROSINT.....	30	TRAVEL LANCETS ADVANCED 2.....	128
TIROSINT-SOL.....	30	travoprost ophth soln 0.004% (benzalkonium free)	
TIVICAY.....	8	(bak free) (Travatan z).....	79
TIVICAY PD.....	8	trazodone hcl tab 50 mg, 100 mg, 150 mg.....	52
tizanidine hcl tab 2 mg (base equivalent).....	70	TRECTOR.....	3
tizanidine hcl tab 4 mg (base equivalent)		TRELEGY ELLIPTA.....	43
(Zanaflex).....	70	TREMFYA.....	85
TOBI PODHALER.....	3	TRESIBA.....	29
TOBRADEX.....	79	TRESIBA FLEXTOUCH.....	29
TOBRAMYCIN.....	3	tretinoin cap 10 mg.....	20
tobramycin-dexamethasone ophth susp 0.3-0.1%		tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a).....	85
(Tobradex).....	79	tretinoin gel 0.01% (Retin-a).....	85
tobramycin nebu soln 300 mg/4ml (Bethkis).....	3	TRETEN.....	76
tobramycin nebu soln 300 mg/5ml (Tobi).....	3	triamcinolone acetonide cream 0.025%, 0.1%,	
tobramycin ophth soln 0.3% (Tobrex).....	79	0.5%.....	85
TODAYS HEALTH ADVANCED LA.....	128	triamcinolone acetonide dental paste 0.1%.....	80
TODAYS HEALTH ORIGINAL PE.....	128	triamcinolone acetonide lotion 0.025%, 0.1%.....	85
TODAYS HEALTH SHORT PEN N.....	128	triamcinolone acetonide oint 0.5%.....	85
TODAYS HEALTH SUPER THIN.....	128	triamcinolone acetonide oint 0.025%, 0.1%.....	85
TODAYS HEALTH ULTRA THIN.....	128	triamterene & hydrochlorothiazide cap 37.5-25	
TODAY SPONGE.....	49	mg.....	38
tolcapone tab 100 mg (Tasmar).....	69	triamterene & hydrochlorothiazide tab 37.5-25 mg	
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol		(Maxzide-25).....	38
la).....	49	triamterene & hydrochlorothiazide tab 75-50 mg	
tolterodine tartrate tab 1 mg, 2 mg (Detrol).....	49	(Maxzide).....	38
tolvaptan tab 15 mg (Samsca).....	32	triamterene cap 50 mg, 100 mg (Dyrenium).....	38
tolvaptan tab 30 mg (Samsca).....	32	trientine hcl cap 250 mg (Syprine).....	138
TOOMEY SYRINGE.....	128	trifluoperazine hcl tab 1 mg (base equivalent), 2 mg	
TOPCARE CLICKFINE UNIVERS.....	128	(base equivalent), 5 mg (base equivalent), 10 mg	
TOPCARE LANCETS MICRO-THI.....	128	(base equivalent).....	54

TRIFLURIDINE.....	79	ULTICARE MINI PEN NEEDLES.....	130
TRIHEXYPHENIDYL HCL.....	69	ULTICARE MINI SAFETY PEN.....	130
trihexyphenidyl hcl tab 2 mg, 5 mg.....	69	ULTICARE ORIGINAL PEN NEE.....	130
TRIJARDY XR.....	27	ULTICARE PEN NEEDLES/29G.....	130
TRIKAFTA.....	44	ULTICARE PEN NEEDLES 31G.....	130
trimethobenzamide hcl cap 300 mg.....	46	ULTICARE SHORT PEN NEEDLE.....	130
trimethoprim tab 100 mg.....	10	ULTICARE SHORT SAFETY PEN.....	130
trimipramine maleate cap 25 mg, 50 mg, 100 mg.....	52	ULTICARE SYRINGE/LOW DEAD.....	130
TRINATE.....	71	ULTICARE TUBERCULIN SAFET.....	130
TRINTELLIX.....	52	ULTICARE U-100 INSULIN SY.....	130
TRIUMEQ.....	8	ULTIGUARD INSULIN SYRINGE.....	130
TRIUMEQ PD.....	8	ULTIGUARD SAFEPACK/MICRO.....	130
tropium chloride cap er 24hr 60 mg.....	49	ULTIGUARD SAFEPACK/MINI P.....	130
tropium chloride tab 20 mg.....	49	ULTIGUARD SAFEPACK/SHORT.....	131
TRUE COMFORT INSULIN SYRI.....	128	ULTIGUARD SAFEPACK/SYRING.....	131
TRUE COMFORT PEN NEEDLES.....	128	ULTIGUARD SAFEPACK/TINY P.....	131
TRUE COMFORT PRO INSULIN.....	128	ULTIGUARD SAFEPACK INSULI.....	130
TRUE COMFORT PRO PEN NEED.....	128	ULTIGUARD SAFEPACK MINI P.....	130
TRUE COMFORT SAFETY INSUL.....	128	ULTIGUARD SAFEPACK PEN NE.....	130
TRUE COMFORT SAFETY LANCE.....	129	ULTI-LANCE AUTOMATIC/ CLE.....	129
TRUE COMFORT SAFETY PEN N.....	129	ULTILET CLASSIC LANCETS.....	131
TRUE COMFORT TWIST TOP LA.....	129	ULTILET LANCETS.....	131
TRUEDRAW LANCING DEVICE.....	129	ULTILET LANCETS 33G.....	131
TRUEPLUS 5-BEVEL PEN NEED.....	129	ULTILET PEN NEEDLE 29GX12.....	131
TRUEPLUS INSULIN SYRINGE.....	129	ULTILET PEN NEEDLE 31GX5M.....	131
TRUEPLUS INSULIN SYRINGE/.....	129	ULTILET PEN NEEDLE 31GX8M.....	131
TRUEPLUS LANCETS 26G.....	129	ULTILET PEN NEEDLE 32GX4M.....	131
TRUEPLUS LANCETS 28G.....	129	ULTILET SAFETY LANCETS 21.....	131
TRUEPLUS LANCETS 30G.....	129	ULTILET SAFETY LANCETS 23.....	131
TRUEPLUS LANCETS 33G.....	129	ULTILET SHORT PEN NEEDLES.....	131
TRUEPLUS LANCETS 33G MICR.....	129	ULTRACARE INSULIN SYRINGE.....	132
TRUEPLUS LANCETS 28G SUPE.....	129	ULTRA-CARE LANCETS 30G.....	132
TRUEPLUS LANCETS 30G ULTR.....	129	ULTRACARE PEN NEEDLES/31G.....	132
TRUEPLUS SAFETY LANCETS 2.....	129	ULTRACARE PEN NEEDLES/32G.....	132
TRULANCE.....	48	ULTRACARE PEN NEEDLES/33G.....	132
TRULICITY.....	27	ULTRA COMFORT INSULIN SYR.....	131
TRUMENBA.....	12	ULTRA FLO INSULIN PEN NEE.....	131
TRUQAP.....	20	ULTRA FLO INSULIN SYRINGE.....	131
TRUVADA.....	8	ULTRA INSULIN SYRINGE/U-1.....	131
TUKYSA.....	20	ULTRA-THIN II AUTO LANCET.....	132
TURALIO.....	20	ULTRA-THIN II INSULIN SYR.....	132
TWINRIX.....	12	ULTRA-THIN II LANCETS 28G.....	132
TWIST TOP LANCETS 30G.....	129	ULTRA-THIN II LANCETS 30G.....	132
TYBLUME.....	25	ULTRA-THIN II MINI PEN NE.....	132
TYBOST.....	8	ULTRA-THIN II PEN NEEDLES.....	132
TYENNE.....	64	ULTRA THIN LANCETS 28G.....	131
TYMLOS.....	33	ULTRA THIN LANCETS 31G.....	131
TYVASO.....	40	ULTRA THIN PEN NEEDLES 32.....	131
TYVASO REFILL KIT.....	40	UNIFINE PENTIPS/30G X 3/1.....	133
TYVASO STARTER KIT.....	40	UNIFINE PENTIPS 31G X 3/1.....	132
U		UNIFINE PENTIPS 31GX5MM.....	133
UBRELVY.....	65	UNIFINE PENTIPS 31GX6MM.....	133
ULTICARE INSULIN SAFETY S.....	129	UNIFINE PENTIPS 31GX8MM.....	133
ULTICARE INSULIN SYRINGE.....	129	UNIFINE PENTIPS 32GX4MM.....	133
ULTICARE INSULIN SYRINGE/.....	129	UNIFINE PENTIPS 32GX6MM.....	133
ULTICARE MICRO PEN NEEDLE.....	130	UNIFINE PENTIPS 33GX4MM.....	133
		UNIFINE PENTIPS 29GX12MM.....	132

UNIFINE PENTIPS 31G X 6MM.....	132	valganciclovir hcl tab 450 mg (base equivalent)	
UNIFINE PENTIPS 31G X 8MM.....	133	(Valcyte).....	8
UNIFINE PENTIPS PLUS/30G.....	132	valproate sodium oral soln 250 mg/5ml (base	
UNIFINE PENTIPS PLUS 33G.....	132	equiv).....	68
UNIFINE PENTIPS PLUS 29GX.....	132	valproic acid cap 250 mg.....	68
UNIFINE PENTIPS PLUS 31GX.....	132	valsartan-hydrochlorothiazide tab 160-25 mg,	
UNIFINE PENTIPS PLUS 32GX.....	132	320-12.5 mg, 320-25 mg (Diovan hct).....	37
UNIFINE PENTIPS PLUS 33GX.....	132	valsartan-hydrochlorothiazide tab 80-12.5 mg,	
UNIFINE PROTECT SAFETY PE.....	133	160-12.5 mg (Diovan hct).....	37
UNIFINE SAFECONTROL PEN N.....	133	valsartan tab 40 mg, 80 mg, 160 mg, 320 mg	
UNIFINE ULTRA PEN NEEDLE/.....	133	(Diovan).....	37
UNILET COMFORTOUCH LANCET.....	133	VALTOCO 5 MG DOSE.....	68
UNILET EXCELITE.....	133	VALTOCO 10 MG DOSE.....	68
UNILET EXCELITE II.....	133	VALTOCO 15 MG DOSE.....	68
UNILET G.P. LANCET.....	133	VALTOCO 20 MG DOSE.....	68
UNILET G.P. SUPERLITE LAN.....	133	VALUE HEALTH INSULIN SYRI.....	134
UNILET GP 28 ULTRA THIN.....	133	VALUE PLUS LANCETS STANDA.....	134
UNILET LANCET.....	133	VALUE PLUS LANCETS SUPER.....	134
UNILET LANCETS MICRO-THIN.....	133	VALUE PLUS LANCETS THIN 2.....	134
UNILET LANCETS SUPER-THIN.....	133	VALUE PLUS LANCING DEVICE.....	134
UNILET LANCETS ULTRA-THIN.....	133	VALUMARK LANCET SUPER THI.....	134
UNILET SUPERLITE LANCET.....	133	VALUMARK LANCET ULTRA THI.....	134
UNISTIK 1.....	134	VALUMARK PEN NEEDLES 31G.....	134
UNISTIK 2.....	134	VALUMARK PEN NEEDLES 29GX.....	134
UNISTIK 3.....	134	vancomycin hcl cap 250 mg (base equivalent)	
UNISTIK 2 COMFORT.....	134	(Vancocin).....	10
UNISTIK 3 COMFORT.....	134	vancomycin hcl cap 125 mg (base equivalent)	
UNISTIK CZT COMFORT.....	133	(Vancocin hcl).....	10
UNISTIK CZT NORMAL.....	134	vancomycin hcl for oral soln 25 mg/ml	
UNISTIK 2 EXTRA.....	134	(base equivalent), 50 mg/ml (base equivalent)	
UNISTIK 3 EXTRA.....	134	(Firvang).....	10
UNISTIK 3 GENTLE.....	134	VANDAZOLE.....	49
UNISTIK 2 NEONATAL.....	134	VANFLYTA.....	20
UNISTIK 3 NEONATAL.....	134	VANISHPOINT ALLERGY SYRIN.....	134
UNISTIK NORMAL.....	134	VANISHPOINT INSULIN SYRIN.....	135
UNISTIK 2 NORMAL.....	134	VANISHPOINT SAFETY SYRING.....	135
UNISTIK 3 NORMAL.....	134	VANISHPOINT SYRINGE/1ML/2.....	135
UNISTIK PRO SAFETY LANCET.....	134	VANISHPOINT SYRINGE/10ML/.....	135
UNISTIK SAFETY LANCETS 28.....	134	VANISHPOINT SYRINGE/3ML/2.....	135
UNISTIK SAFETY LANCETS 30.....	134	VANISHPOINT SYRINGE/5ML/2.....	135
UNISTIK 2 SUPER.....	134	VANISHPOINT TUBERCULIN SY.....	135
UNISTIK TOUCH SAFETY LANC.....	134	VAQTA.....	12
UNIVERSAL 1 LANCETS/33G/M.....	134	varenicline tartrate tab 0.5 mg (base equiv), 1 mg	
UNIVERSAL 1 LANCETS THIN.....	134	(base equiv).....	59
UNIVERSAL 1 LANCETS ULTRA.....	134	varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start	
UPTRAVI.....	40	pack.....	59
UPTRAVI TITRATION PACK.....	40	VARIVAX.....	12
ursodiol cap 300 mg.....	48	VARUBI.....	46
ursodiol tab 250 mg (Urso 250).....	48	VASCEPA.....	39
ursodiol tab 500 mg (Urso forte).....	48	VAXELIS.....	13
V		VAXNEUVANCE.....	12
valacyclovir hcl tab 1 gm (Valtrex).....	8	VCF VAGINAL CONTRACEPTIVE.....	49
valacyclovir hcl tab 500 mg (Valtrex).....	8	VECAMYL.....	37
VALCHLOR.....	85	VELIVET.....	25
valganciclovir hcl for soln 50 mg/ml (base equiv)		VELPHORO.....	48
(Valcyte).....	8	VELTASSA.....	138
		VEMLIDY.....	8

VENCLEXTA.....	20	WALGREENS COMFORT ASSURED.....	136
VENCLEXTA STARTING PACK.....	20	WALGREENS LANCETS.....	136
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent) (Effexor xr).....	52	WALGREENS THIN LANCETS.....	136
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr).....	52	WALGREENS ULTRA THIN LANC.....	136
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent).....	52	warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg.....	73
VENTAVIS.....	40	WEGMANS UNIFINE PENTIPS P.....	136
VENTOLIN HFA.....	43	WELIREG.....	20
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan).....	35	WIDE-SEAL SILICONE DIAPHR.....	136
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr).....	35	WILATE.....	76
verapamil hcl tab 40 mg, 80 mg, 120 mg.....	35	WINREVAIR.....	40
VEREGEN.....	85	X	
VERIFINE INSULIN PEN NEED.....	135	XALKORI.....	20
VERIFINE INSULIN SYRINGE.....	135	XARELTO.....	74
VERIFINE INSULIN SYRINGE/.....	135	XARELTO STARTER PACK.....	74
VERIFINE PLUS INSULIN PEN.....	135	XCOPRI.....	68
VERIFINE PLUS PEN NEEDLE/.....	135	XELJANZ.....	64
VERIFINE SAFETY LANCET MI.....	135	XELJANZ XR.....	64
VERIFINE UNIVERSAL LANCET.....	135	XERMELO.....	48
VERQUVO.....	40	XHANCE.....	41
VERSACLOZ.....	54	XIFAXAN.....	10
VERZENIO.....	20	XIGDUO XR.....	27
VIBERZI.....	48	XOFLUZA.....	8
vigabatrin powd pack 500 mg (Sabril).....	68	XOLAIR.....	43
vigabatrin tab 500 mg (Sabril).....	68	XOLREMDI.....	73
VIJOICE.....	138	XOSPATA.....	20
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd).....	52	XPOVIO.....	20
VIRACEPT.....	8	XPOVIO 60 MG TWICE WEEKLY.....	21
VIREAD.....	8	XPOVIO 80 MG TWICE WEEKLY.....	21
VITRAKVI.....	20	XTAMPZA ER.....	62
VIVAGUARD LANCETS.....	135	XTANDI.....	21
VIVAGUARD LANCETS 30G.....	135	XULTOPHY 100/3.6.....	27
VIVAGUARD LANCING DEVICE.....	136	XYNTHA.....	77
VIVAGUARD SAFETY LANCETS.....	136	XYNTHA SOLOFUSE.....	77
VIVAGUARD SAFETY LANCETS/.....	136	XYWAV.....	59
VIVOTIF.....	12	Y	
VIZIMPRO.....	20	YALE NEEDLES 21G X 1-1/4".....	136
VONJO.....	20	YONSA.....	21
VONVENDI.....	76	Z	
voriconazole for susp 40 mg/ml (Vfend).....	4	zafirlukast tab 10 mg, 20 mg (Accolate).....	44
voriconazole tab 50 mg, 200 mg (Vfend).....	4	zaleplon cap 5 mg, 10 mg.....	55
VOSEVI.....	8	ZARONTIN.....	68
VOWST.....	48	ZARXIO.....	73
VOXZOGO.....	33	ZEGALOGUE.....	27
VP INSULIN SYRINGE/U-100/.....	136	ZEJULA.....	21
VRAYLAR.....	54	ZELBORAF.....	21
VUMERITY.....	59	ZENPEP.....	46
VYNDAMAX.....	40	ZEPOSIA.....	59
VYNDAQEL.....	40	ZEPOSIA 7-DAY STARTER PAC.....	59
W		ZEPOSIA STARTER KIT.....	59
WAINUA.....	59	ZERVIATE.....	79
		ZEVRX INSULIN SYRINGE/0.5.....	136
		ZEVRX INSULIN SYRINGE/1ML.....	136
		ZEVRX PEN NEEDLES 31G X 5.....	136

ZEVRX PEN NEEDLES 31G X 6.....	136
ZEVRX PEN NEEDLES 31G X 8.....	136
ZEVRX PEN NEEDLES 32G X 4.....	136
ZEVRX TWIST TOP LANCETS 3.....	136
ZIAGEN.....	8
zidovudine cap 100 mg (Retrovir).....	8
zidovudine syrup 10 mg/ml (Retrovir).....	8
zidovudine tab 300 mg.....	8
zileuton tab er 12hr 600 mg.....	44
ZIMHI.....	86
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg	
(Geodon).....	54
ZIRGAN.....	79
ZITHROMAX.....	2
ZOKINVY.....	138
ZOLINZA.....	21
zolmitriptan tab 2.5 mg, 5 mg (Zomig).....	65
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien	
cr).....	55
zolpidem tartrate tab 5 mg, 10 mg (Ambien).....	55
zonisamide cap 50 mg.....	68
zonisamide cap 25 mg (Zonegran).....	68
zonisamide cap 100 mg (Zonegran).....	68
ZONTIVITY.....	77
ZORTRESS.....	138
ZTALMY.....	68
ZURZUVAE.....	52
ZYDELIG.....	21
ZYKADIA.....	21
ZYLET.....	79
ZYMFENTRA 1-PEN.....	48
ZYMFENTRA 2-PEN.....	48
ZYMFENTRA 2-SYRINGE.....	48